MANO A MANO INTERNATIONAL PARTNERS

2009 Annual Report

Celebrating: Fifteen Years – 100 Medical Centers

Dedication of Mano a Mano's 100th clinic in Mizque – June, 2009

Mano a Mano's first annual Fall Community Gathering in St. Paul, MN – October, 2009

MANO A MANO'S EARLY YEARS: 1994 - 2000

We created Mano a Mano in 1994 with a vision and purpose that seemed vast and complex at the time – to collect donations of surplus medical supplies and instruments in Minnesota and send them to Bolivia. We collected 500 pounds of instruments that year and thought we had achieved a major accomplishment. By now, fifteen years later, our "kitchen table" operation has shipped 2,700,000 pounds of medical items to Bolivian health care programs, including our own clinics. And that's only part of the story.

Finding that our medical donations could not help the rural Bolivians in greatest need because there were no clinics, no physicians, no nurses in these areas, we decided to focus on creating healthcare facilities and programs in their communities, building and opening one – two clinics each year. We collected funds to pay for building materials, community residents volunteered their labor, and family members designed the buildings. All of this work, in both the U.S. and Bolivia, was accomplished by volunteers who were guided by the simple yet powerful premise that groups of committed individuals can reach across national boundaries to make a dramatic difference in the lives of others.

Fast forward to 2009: our counterparts at Mano a Mano – Bolivia opened clinic #100 in Mizque, Bolivia!! This "clinic" is actually a 27-bed hospital that specializes in maternal and infant care. During its dedication one Mizque resident said, *"Our town has existed for 406 years. We have waited that long for this hospital. Now, thanks to Mano a Mano, our wives and children won't die"*.

THE NEED Mano a Mano seeks to address the concurrent problems of extreme material poverty and premature death in rural Bolivia. Bolivia is Latin America's poorest nation. The impact of its pervasive poverty falls especially hard on those who live in rural regions. Annual income of rural families averages $200 – $300. While life expectancy in urban areas of the country has increased from 50 to 66 during the past two decades, and maternal death rates have decreased from 650 to 290 per 100,000, these gains have occurred primarily in urban areas. Comparison of rural and urban infant and child mortality rates illustrate the disparities. While 8% of rural infants die within one month of birth (Pan American Health Organization), the rate for urban infants is 4%. Twelve percent of rural children die before age five, compared to 9% of their urban counterparts (World Health Organization). The rate of maternal deaths during or shortly after childbirth in rural areas of about 500 per 100,000 births (compared to 37 in neighboring Chile) is the highest in Latin America.

Access to high quality health care can make a dramatic difference in maternal and child survival. When family planning and pre-natal care are available and births are attended by trained personnel, both maternal and child survival rates improve. Disparities between urban and rural Bolivia in access to attended deliveries are particularly striking: 77% of urban Bolivian births are now attended by a trained health care provider, while only 38% of rural deliveries are assisted by trained personnel.

The majority of rural Bolivians are essentially excluded from the formal economic structure of the country. Only 16% of these families have access to electricity, with only 15% having an available source of water (not potable) near their homes.

Bolivia's median age is sixteen. While school attendance is compulsory through sixth grade, large numbers of rural children do not attend school, in many cases because classrooms and teachers are not available. While Bolivian cities have an over-supply of trained medical and education professionals, Bolivia's rural areas find it very difficult to recruit and retain them. Most professionals decline offers to work in

communities in which the only available housing consists of one-room, dirt-floor adobe homes and the facilities in which they must work are barely habitable. Those who accept rural positions frequently travel to the city for supplies and fail to return for weeks at a time, leaving their patients with no one to care for them and the children with no one to teach them. Rural families are highly motivated to address these issues.

Mano a Mano attracts and retains qualified medical personnel to its rural clinics by incorporating living quarters into the clinic building and offering a clean, well-equipped clinic in which to work.

PARTNERSHIPS: THE FRAMEWORK FOR SUCCESS Residents of Bolivia's poorest rural communities struggle to survive in economic and political environments in which they are often isolated and powerless. Construction projects are extremely difficult to fund, since communities and organizations can rarely accumulate sufficient funds at one point in time to cover costs; loans and mortgages are rarely available. In partnership with local communities, Bolivian government agencies, and Bolivian businesses, Mano a Mano has implemented a consistently successful, low-cost approach to building and operating clinics, schools and teacher housing, as well as sanitation and road improvement projects.

Community residents participate in all aspects of planning, construction, and operation of these facilities. Mano a Mano staff organizes residents to partner with them, always beginning with the assumption that villagers are capable, motivated individuals who lack the material and educational resources required to improve their circumstances. Extensive discussions lay the groundwork for developing formal agreements among the elected community leaders, municipal officials (the municipality is similar in composition to a county in the U.S.), and Mano a Mano and define, prior to construction, the contributions and responsibilities of each participating entity.

Community leaders meet with Mano a Mano – Bolivia to discuss their project

While Mano a Mano provides funding for construction, skilled labor, and heavy equipment, community volunteers contribute all of the unskilled labor and any locally available building materials such as sand or gravel. Local governments fund such items as refrigerators for clinics, laundry tubs for the sanitation facilities, and fuel for the heavy equipment used to re-grade roads and air strips. In addition, Mano a Mano seeks small contributions, such as floor tiles and cement, from local businesses. The agreements among participants become the blueprint for ongoing relationships between Mano a Mano and its partners. By the time a project has been completed, villagers have developed an intense pride in their accomplishments, a sense of ownership of their new facilities, and a view of themselves as competent individuals who can make things happen.

Mano a Mano uses every available opportunity to stimulate community involvement, reinforcing this sense of ownership of and responsibility for projects. Throughout its work with the community, it focuses on long-term viability. Before building a clinic, it requires that the Bolivian government begin to fund the salary of either the physician or the nurse from the time of clinic opening, and the other position within three years. Mano a Mano's success in convincing government officials to include clinic staff positions in their

permanent budgets is unprecedented. Ninety-nine of its clinics have reached the point of financial independence from Mano a Mano. They are sustained through government funding of staff salaries, by billing the municipality for services to pregnant women and children under six, and through charging 15-30 cents per visit to patients who are able to pay. Mano a Mano continues to provide medical supervision and continuing education to ensure continued high-quality care, and supplies the clinics with donated medical inventory.

Mano a Mano staff engages community leaders in making all decisions regarding project operations, teaching them about administration, financing, and ongoing maintenance. Their experience in partnering with Mano a Mano and their own government officials to construct and operate community projects reinforces their motivation and capacity to take action that will benefit the entire community. Mano a Mano's remarkable capacity to leverage funds and in-kind donations from within Bolivia makes an invaluable contribution to long-term viability of its clinics and community projects. These projects in turn provide a significant impetus for community development. Micro-businesses spring up near clinics, selling food and household products. In several cases, previously isolated communities have been added to bus routes, increasing villagers' access to the outside world.

RESULTS ACCOMPLISHED IN 2009

Medical Surplus Re-distribution Program

- Mano a Mano's Twin Cities' volunteers collected, sorted, and prepared for shipment 125,000 pounds of medical supplies and equipment.
- With the donated supplies and equipment, Mano a Mano equipped 10 new clinics and supplied all clinics in its network.
- In addition Mano a Mano staff and volunteers filled 244 requests for donated items from health care programs that serve the poor and from 526 individuals who needed equipment such as walkers and wheelchairs.

US volunteers loading container for shipment

Equipping clinic with supplies

Community Clinic Program

Dedication of Villa Pereira clinic in April 2009

- Mano a Mano constructed 10 community clinics in 2009, and equipped and supplied them with medical donations from the Twin Cities.

- During 2009 Mano a Mano clinics
  - Had 488,627 patient visits
  - Vaccinated 35,160 women and children
  - Delivered 2,294 infants
  - Provided health education to 323,188 individuals
- Mano a Mano trained an average of 10 volunteers in each clinic community to serve as health promoters. They explain clinic services to other residents and encourage their use, assist with health education classes, and serve as first responders.
- By year-end 343 medical personnel (including 49 dentists) worked in Mano a Mano clinics. All are Bolivian and received their medical education in Bolivia.
- Mano a Mano's supervising physicians and other volunteer medical professionals have designed an excellent program of continuing education for these staff members. Last year all staff attended training sessions, including workshops organized for them in Cochabamba.

Mano a Mano's continuing education program is unparalleled in Bolivia. Clinic physicians, nurses and dentists attend at least two two-day workshops in Cochabamba every year. Ninety percent of participants state that these workshops improve the quality of care that they provide to their patients.

In April, Mano a Mano held its first International Acute Health Care Conference at the Mano a Mano – Bolivia office in Cochabamba. Physicians and nurses from Regions Hospital in St. Paul, MN traveled at their own expense to provide workshop training in emergency medicine for 50 Mano a Mano clinic staff. The focus on emergency medicine emerged from lists of training priorities developed by clinic staff.

Practice station demonstrating casting during April conference

We received this note from Dr. Carson Harris, lead physician for the workshop. "*Our host, Mano a Mano – Bolivia (MMB), was gracious, friendly, generous, and showered us with amazing Bolivian hospitality! We had a great group of educators on this trip, and I must say I was very proud of their professionalism, their desire to teach, their team spirit to accomplish our objectives, and their courage to march into un-chartered territory (i.e., teaching at an international conference). Everyone participated and gave it their all. We were well-received by all of the attendees.*

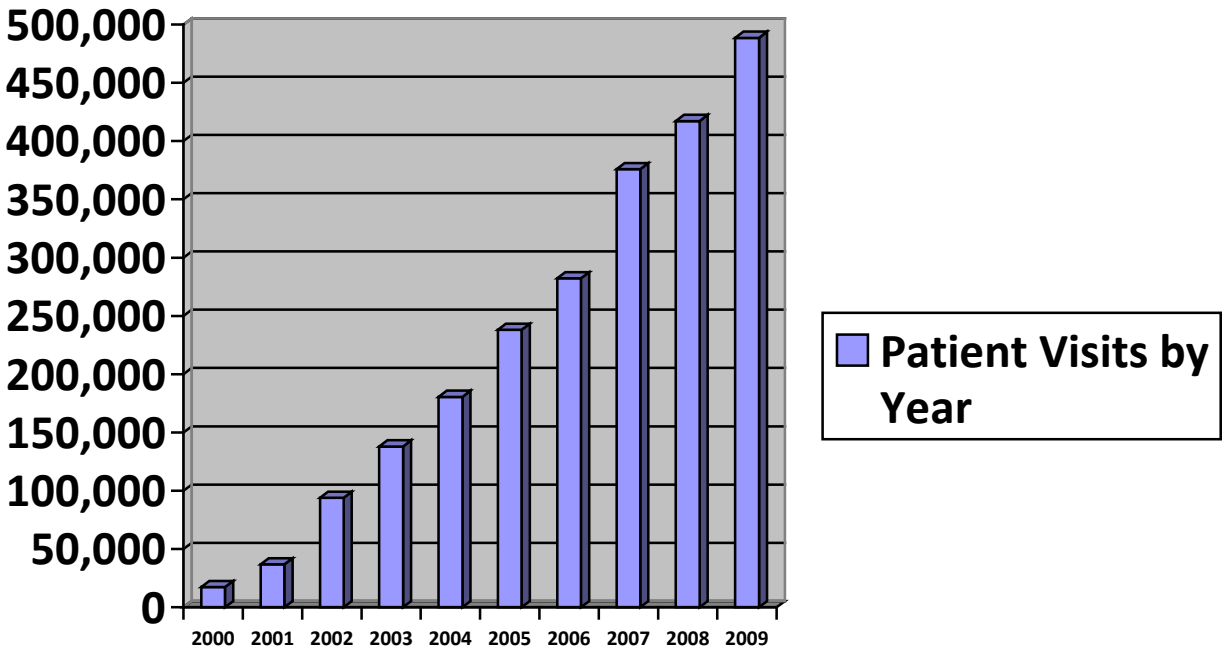
The success of the first conference led to planning a second conference that took place in December 2009. In addition to Mano a Mano clinic staff, the conference was opened to other Bolivian medical professionals. That the conference drew 350 participants testifies to the level of interest in the Bolivian medical community for continuing education programs.

Each clinic sets service and outcome goals each year under the direction of the Health Ministry and Mano a Mano – Bolivia's supervising physicians. In addition to providing health care through its community clinics, Mano a Mano arranges for specialists to travel to rural communities during weekends to provide specialty services that would not otherwise be available. Volunteer specialists dedicated over 1,000 hours to care for patients in weekend clinics last year.

The following graphs reveal that the expansion of health care infrastructure into additional communities consistently results in immediate and extensive use of clinic services. In many clinic communities residents had never seen a physician or nurse until their clinic opened, yet they clearly act on the value they place on having access to care.

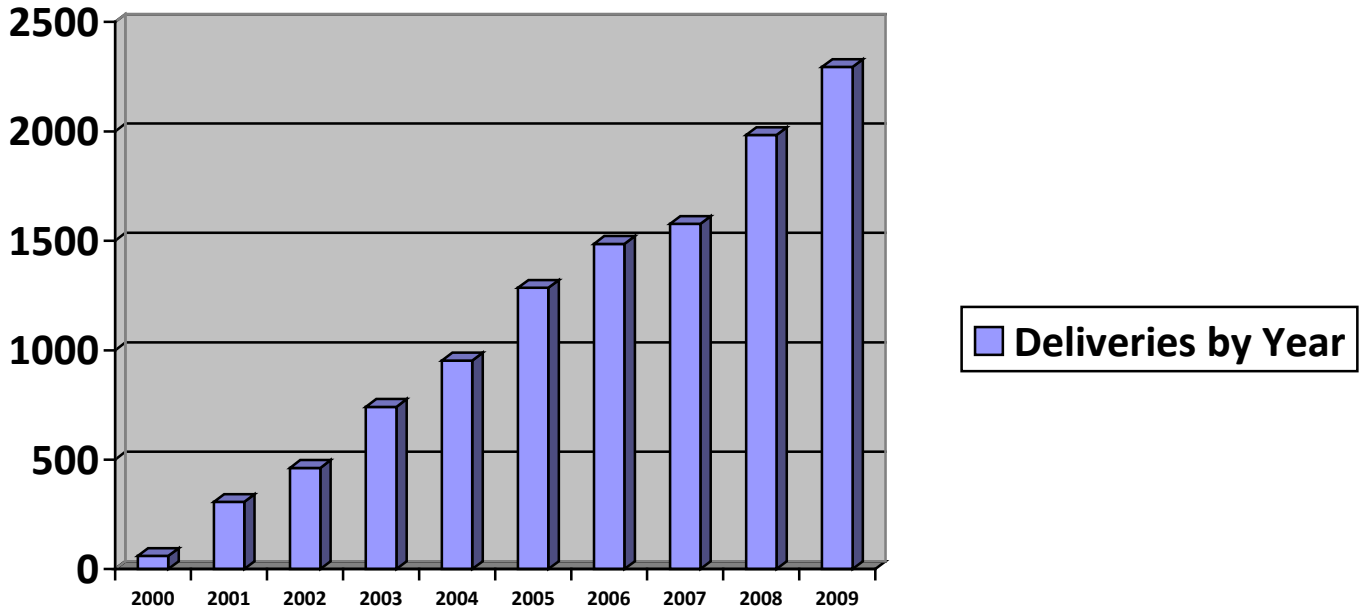
Patient Visits by Year: 2000 through 2009

(Number of clinics reporting = 103)



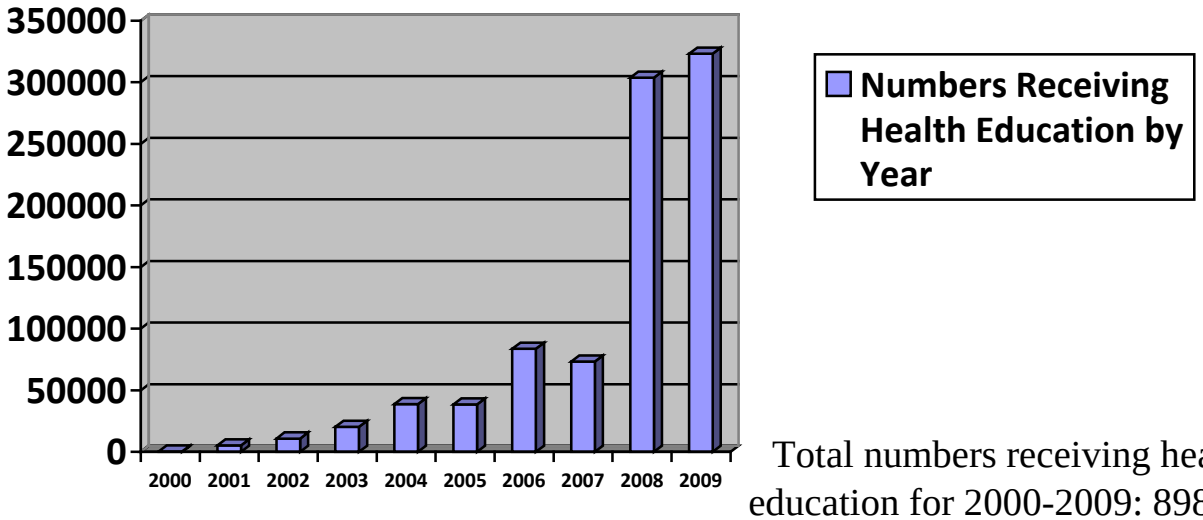
Total patient contacts for 2000-2009: 2,268,485

Graph 2 Deliveries by Year: 2000 through 2009
(Number of clinics reporting = 103)



Total deliveries for 2000-2009: 11,148

Graph 3 Numbers Receiving Health Education by Year: 2000 through 2009
(Number of clinics reporting = 103)



Total numbers receiving health education for 2000-2009: 898,222

Table 1 Funding Sources for Clinic Staff – 12/09

(Number of clinics reporting = 103)

	Doctors	Nurses	Dentists	Total Number	%
Mano a Mano	2.50	1.00	2.00	5.50	1.60
Bolivian Health Ministry	95.00	151.00	33.00	279.00	81.34
Local Municipalities	13.50	10.00	10.00	33.50	9.77
Other	6.00	15.00	4.00	25.00	7.29
Total	117.00	177.00	49.00	343.00	100.00

- Bolivian sources currently fund 98.4% of the clinic staff salaries, a substantially greater portion than the projected 50%.
- 99 of the clinics have attained complete financial independence from Mano a Mano; Bolivian sources provide staff salaries, clinics bill a national health care fund for services to pregnant women and children through age five, other patients pay 15 to 30 cents per clinic visit. These funds cover the operating costs of the clinic.
- Long-term viability also depends on well-qualified staff that provides high quality care and education. Clinic staff participates in Mano a Mano's continuing education program, regardless of the source of their salaries.

Environmental Health Program

- Mano a Mano – Bolivia improved 57.5 km of rural roads.
- Mano a Mano built public bathrooms, showers, and laundry washing facilities in 3 communities in 2009, bringing to 32 the number of communities in which these projects have been completed.

Infrastructure for Education: School Classrooms and Housing for Teachers

- Mano a Mano constructed school classrooms in 5 communities; 37 communities now have new classrooms built in partnership with Mano a Mano;

- Mano a Mano built housing for teachers and their families in 5 communities; 34 communities now have clean brick housing for their teachers.

The communities in which Mano a Mano works have been literally transformed through planning for, constructing and operating clinics and other facilities. Every aspect of this process is directed toward long-term viability by involving the Bolivian entities that will assume ultimate responsibility for their funding and operation. These results have been accomplished through efficient use of funds and the contribution of hundreds of thousands of volunteer hours.

MANO A MANO WATER AND ROAD PROGRAMS INCREASE ECONOMIC WELL-BEING

AGRICULTURAL WATER PROGRAM - THE NEED

Fertile highland Andean valleys could produce abundant crops of corn, potatoes, and fresh vegetables. Sadly, lack of means to retain rain water for use during the dry season results in stunted crop growth and, during especially dry years, near total crop failure, and insufficient water to sustain livestock. During the winter of 2009 an estimated 30,000 farmers in this region lost livestock because there was insufficient water to sustain them. This tragic occurrence further impoverished families who subsist on less than $1.00 per day.

Farmers plant few, if any, vegetable crops during the dry season because they must carry water to them from distant water sources. Together, these problematic circumstances result in failure to meet the nutritional and economic needs of the local population.

RESPONSE TO THE NEED

Mano a Mano International Partners works through Mano a Mano – Nuevo Mundo to complete water projects. We received this note from its director. *"It is difficult to comprehend the life of the campesinos who live, or survive, in the high mountains, searching the sky for a sign of rain so they will have something to harvest. When it rains, the water will flow through the rivers until it reaches the sea. Their only hope is to hold a little of this water to irrigate, even moisten, their plantings during the long months of drought.. They feel that the lack of water is a life or death situation for them. Our hope is that you will be able to secure funds to support this project so that these families will have water for themselves and their livestock to drink and to irrigate their crops, so that, more than surviving, they will have the opportunity to stay on the land and still provide a healthy life for their children."*

Mano a Mano responds to their need by building three types of water-holding facilities:

- Deep mountain ravine reservoirs that capture natural spring water, rain and snow melt and retain it in the ravine with cement structures, then distribute it to farm plots through an extensive structure of tubes and canals.
- Field reservoirs created by damming a river and thus creating a lake with 20-foot sides that hold a portion of the water that swells the river during the rainy season. The remaining water flows back into the river. Farmers receive water through a tube and canal structure.
- Ponds which are strategically located in communities in which farm plots are scattered over large mountainous areas where a reservoir is not feasible.

Reservoirs serve an average of 600 families with a population of about 3,600, while ponds serve from 5 – 35 individuals. Each type of project retains water for crop irrigation, watering livestock, and household use.

Mano a Mano organizes community residents to participate in every phase of these projects. Local farmers provide hundreds of hours of volunteer labor, and contribute 5 – 8% of the project cost, as well as locally available materials such as sand, gravel and rock. Municipalities contribute an additional 20 - 25% of project costs. Mano a Mano works alongside these farmer volunteers with its heavy machinery and professional machine operators, plus contributing any additional funds required to complete the project. It assists the farmers who will receive reservoir water to form a water cooperative that will establish user fees, manage water release schedules, and maintain the reservoir or pond.

Water project goals:

- Increase community capacity to raise sufficient quantities and varieties of foods to provide a healthy diet for its population.

- Increase farm family income through production of grain and livestock that can be sold in larger city markets.

RESULTS ACCOMPLISHED IN 2009

- Mano a Mano completed construction of its third large agricultural water reservoir in the community of Choquechampi last year. While farmers in nearby communities are experiencing near-total crop failure due to extremely dry conditions, Choquechampi farmers have watered their fields and expect a full crop.

The Ucuchi reservoir (left) lies in a wide ravine. Ucuchi has become an appealing weekend get-away and fishing village as a result of having this beautiful facility. The Laguna Sulti reservoir (right) lies on 160 acres of relatively flat land and is also stocked with fish.
Farmers in both of these communities have doubled their incomes through strategic use of water.

The Choquechampi reservoir (left) lies in a steep ravine and has the most complex construction.

The photo on the right shows a completed water-holding pond. This pond has been filled with water by recent rains.

Farmers in each of these communities have raised excellent crops with water from their facilities. In each case, families have set aside enough corn and potatoes (the basis of their diet) to last until next season and their incomes have at least doubled.

Water is released to furrows of corn at selected times during the growing season.

The larger ear of corn (left) received reservoir water. The small ear was harvested during the previous season when water was not available after the rain stopped.

The potatoes shown above received two water releases. This farm family harvested enough to each throughout the dry season from half of their plot. They plan to sell the other half and use it to improve their home.

ROAD CONSTRUCTION PROGRAM - THE NEED

Bolivia's marginal road infrastructure fails to reach into most rural communities, seriously impeding their potential to market their produce or to participate in any aspect of the country's developing economy. Rural residents recognize that passable roads hold the key to their economic well-being.

RESPONSE TO THE NEED

Mano a Mano constructs roads that connect rural areas to city markets so farmers can sell their produce. Using its community organization/participation approach, Mano a Mano partners with local residents and their municipal governments to plan and execute the project. Community residents contributed over 40,000 volunteer hours to water and road projects during 2009.

RESULTS ACCOMPLISHED IN 2009

Farmers in Cotagaita, where we completed several roads in 2008, tell us that they now fill their farm plots with grape and strawberry plants. Before their roads were built, they had to travel for three days to reach a major market for their produce. They rarely planted fruit because it could not tolerate the lengthy ride. Now they travel for an hour and their fruit arrives in good condition. Having a road on which to transport their produce has made it possible for them to nearly triple their annual income.

- Nuevo Mundo built 78 kilometers of new roads. As soon as roads were completed trucks, buses and motorcycles appeared, as if they had been waiting for the ribbon to be cut.

MANO A MANO'S AVIATION PROGRAM CREATES ACCESS TO ISOLATED AREAS

THE NEED

Bolivia's rural communities often lack the most basic services because gaining access to them is so difficult. During the past two winters severe flooding has isolated many small tropical communities from their food supply. Roads are few and far between in these areas, making small aircraft the transportation of choice for moving people and goods from one area of Bolivia to another.

RESPONSE TO THE NEED

Mano a Mano owns two 6-passenger aircraft that it uses to:

- Transport rural patients to urban hospitals when their health needs cannot be met locally
- Flies volunteer medical professionals to remote areas to provide medical and dental care
- Move medical supplies to inaccessible regions
- Deliver food and clothing to disaster areas

Last year Mano a Mano received funds with which to purchase a hangar, located in the Beni Department, along with tooling and aircraft parts. Since the majority of our emergency flights and weekend clinics are located in the Beni, having this hangar available saves air time and improves response capabilities.

We also expanded our hangar in Cochabamba to increase space for aircraft repair and maintenance. Mano a Mano – Apoyo Aereo received the coveted major maintenance overhauls facility license which allows us to maintain our aircraft as well as those belonging to others. Each of these expansions provides opportunities for us to earn funds to help cover the cost of the program.

RESULTS

- Airlifted 538 patients to life-saving care in urban centers since this program began;
- Delivered 46,000 pounds of food to flood victims
- Flew 627 hours in 2009, exceeding its goal of 600 hours.

VOLUNTEERS: THE CORE OF MANO A MANO'S WORK FORCE

While Mano a Mano now has two paid staff in the U.S., the major portion of its work is still taken on by volunteers. Twin Cities' volunteers contributed 17,837 hours last year, valued at $361,199.25, seeking donations, picking up medical supplies and preparing them for shipment, writing proposals and reports, improving our technical support, leading trips to Bolivia, essentially every task required to run an effective, accountable organization.

In Bolivia, medical professionals from Cochabamba donated 1,032 hours of their time providing specialist services to Mano a Mano clinics on weekends. Mano a Mano – Bolivia's urban volunteers spent over 5,307 hours unloading and distributing medical cargo and preparing new clinics, schools and teacher housing for opening in 2009. Members of the rural communities in which projects were completed contributed 49,936 hours to their projects. Their extensive involvement deepens their commitment to maintain and use their facilities and projects, and ensures that they will be sustained over the long term. Our programs simply could not function without the efforts of these generous and dedicated individuals.

ACCOUNTABILITY: OUR HALLMARK

Good stewardship is Mano a Manos' most fundamental guiding principle. We maintain accounting systems in both the United States and Bolivia that provide detailed accounting of expenditures and produce quarterly financial reports. Daily clinic income and expenditures within the clinics are controlled and supervised by clinic medical personnel. Every effort is made to contain costs by ensuring cost effective purchase of all materials, involvement of volunteers in all aspects of the work, and by seeking donations of medical inventory in the U.S. and of building materials in Bolivia.

MANO A MANO'S PLANS/GOALS FOR 2010

- Collect up to 200,000 pounds of donated medical supplies and equipment in the Twin Cities and ship them to Bolivia.
- Solidify the capacity of Mano a Mano International Partners to sustain and expand its health and economic development programs over the long term.
- Equip and supply all Mano a Mano clinics with medical donations from Twin Cities' health care facilities.
- Continue to distribute medical supplies and equipment to at least 100 health care facilities outside the Mano a Mano network.
- Construct and open ten clinics and establish their health care programs.
- Maintain the clinic program's current level of preventing maternal and infant mortality
- Complete two to six environmental health projects.
- Improve schools and teacher housing in two to six communities.
- Build one major agricultural water reservoir
- Construct 50 farm ponds
- Complete 75 km of roads
- Double farm family income through water and road projects
- Support two weekend health clinics monthly with air transport
- Airlift at least 50 patients to health care in urban centers

We thank you on behalf of Mano a Mano staff and volunteers in the United States and Bolivia. Mothers and children survive and thrive as a result of your compassionate giving. Rural Bolivian communities have been transformed. Albert Schweitzer believed that, "Those among us who will be really happy are those who have sought and found how to serve". Thank you for setting an example of generosity that has made it possible for us to make a genuine and sustainable difference in lives of hundreds of thousands of Bolivians.

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