



2011 Annual Report

HEALTH AND EDUCATION

Good Infrastructure + High-Quality Services = Improved Health

Mano a Mano **constructed 10 new community health clinics** in 2011; at year-end 2011 we have 127 clinics throughout Bolivia. Our clinics follow a [community-driven model](#) that emphasizes long-term sustainability; 123 of our clinics receive no funding from the US and are financially self-sufficient.

Maternal and child health is the primary focus, and in 2011 our clinics delivered 1,637 babies with 1,626 live births. That's an infant mortality rate of 0.68%, or 6.8 infant deaths per 1,000 live births. In rural Bolivia the infant mortality rate is about 80/1,000. Without the availability of Mano a Mano's primary health care, statistically we would expect about 131 infants to have died during birth, but in our clinics there were only 11 deaths. **Our clinics reduce the infant mortality rate by 91.5%!**

Infant Mortality Rate

- Number of births in 2011
- Number of infant deaths in Mano clinics
- Expected infant deaths in rural Bolivia

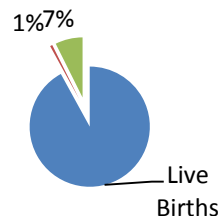


Figure 1. Dedication of clinic in Chunavi in May 2011

Mano a Mano's health model provides acute care through its clinics. In 2011 our 127 clinics:

- Had 779,764 total patient contacts:
 - 116,762 exams for children under 5 years old
 - Provided 72,912 Ob/Gyn exams
 - Provided 20,968 prenatal exams
- Mano a Mano dentists (there are 72 on staff) provided 156,232 dental consults:
 - 87,954 dental exams
 - 21,973 dental treatments
 - 7,295 dental extractions
 - 39,010 fluoride applications
- Provided 53,657 vaccinations
- Hosted 10 3-day continuing [health education](#) workshops for Mano a Mano medical staff

As part of our integrated approach to community development, Mano a Mano also constructed sanitation, teacher housing, and schools in four communities:

- Calachaca – 2 classrooms, 2 teacher housing units
- Apote – 12 fully-furnished classrooms, community bathrooms
- Santiago – 2 fully-furnished teacher housing units
- Koarca – 1 classroom, 1 teacher housing unit, 1 community bathroom (all fully-furnished)

ECONOMIC DEVELOPMENT

Building Huge Infrastructure Projects in Difficult Conditions

Roads and water are essential for rural communities. Farmers in Bolivia depend on their crops to feed their families and sell their surplus to support their basic needs. Water is life; without access to water they are forced to rely on a very short and unpredictable rainy season. If they do manage to have produce to sell, they often can't get it to nearby markets in time due to inadequate roads.

Mano a Mano addresses these problems by constructing agricultural water reservoirs and roads. In 2011, Mano a Mano was busy on two of the largest and most difficult road and water projects we have undertaken:

- The 2 major reservoirs that comprise the Sancayani water reservoir are complete. The cement channel that will carry water from high altitude springs is under construction and will be done in April 2012. The reservoirs were dedicated in March 2012 with the [entire community and travelers from the US present](#). This has been easily one of the most challenging projects we have ever done; it required the hard work of hundreds of people spending thousands of hours in the constant cold and difficult conditions of the high altitude (Sancayani is 14,000 feet above sea level). It will provide water to more than 20,000 Bolivians!



Figure 2. People gathered to dedicate the Sancayani reservoir

- [The 56 km. El Palmar road](#) is the largest road project that Mano a Mano has undertaken. 28 km have been completed. The government officials from this area are funding construction of a \$1,000,000 bridge that will connect this gravel road to the paved road to Tarija. The road has presented serious challenges to our personnel who have endured extreme heat and humidity, plus mosquitos, to complete our first road project in the tropics. Support from the communities that will benefit from the road has been excellent.

[A 10 km road from Malcastaca to Santa Rosa](#) has also been completed and dedicated.

In addition to a number of other road and water projects under construction, in 2011 Mano a Mano initiated new projects for economic development. A clean water project to build cisterns is underway, which will give rural families the ability to store clean water underground for drinking and watering small garden plots. We also began planning a demonstration and training center to teach subsistence farmers best practices for water project maintenance and productive use of water, as well as train the heavy machine operators and diesel mechanics who work on and operate the machines that build these projects.

AVIATION

New Planes, Emergency Flights, and Weekend Health Clinics

In Bolivia, [getting around is very difficult](#). Roads, which are in very poor condition to begin with, wind up and down the Andes Mountains and often require 4x4 jeeps. In the tropical lowlands to the East, roads are often nonexistent, limiting transportation to river boats or walking to larger cities. In emergencies in these rural areas, it may take people hours or even days to get access to medical care when they need attention immediately.



Figure 3. Our new twin-engine plane arrives at the hangar in Cochabamba

Our aviation fleet expanded in 2011, having [received 2 twin-engine airplanes](#) to complement the 2 single-engine Cessna planes that have been our mainstay since 2005. These new planes greatly increase our capacity by allowing us to make longer-distance flights (and fly faster), carry more people and cargo, and increase safety. In addition to getting new planes, Mano a Mano's core aviation program is to provide rural Bolivians air transport to receive emergency care in city hospitals. In 2011 we provided 321 emergency air rescues; many of these patients would have died without this service.

Mano a Mano also transports volunteer medical professionals in Bolivia to provide [free weekend health clinics](#) (called jornadas) in rural areas. Many of these jornadas would be 10-20 hours by car each way from Cochabamba, whereas by plane it is an hour or two, allowing the doctors and nurses to spend the majority of their time seeing patients rather than traveling. **Last year we provided 20 jornadas.**

Weekend health clinics and emergency flights are the two main services of our aviation program, but it is also a crucial asset in supporting Mano a Mano's other programs. Staff from Mano a Mano shared this recent story about transporting a motor for our heavy equipment that needed repairs:

"We sent the starter motor for the D6M dozer to Cochabamba for repair via TAM (Bolivian airline) several days ago. We hardly knew how to get it there because Tarija is paralyzed by road blockades. Now everything from Tarija is blocked, all roads and air transport from there, so we decided to call for the Apoyo Aereo aircraft. AA flew the repaired starter motor to the landing strip in El Palmar and our personnel rode on horseback to get it. This transport was well coordinated via radio communication. Aviation for some may just be for comfort but for us it is of great utility. Travel by land is impossible with everything blockaded. We have gained 6 – 7 days of work by investing in 2 hours of flight. We know of others who are still parked in Tarija and cannot return to work."

FINANCIALS

Our 2011 audit is still in process and will be added as soon as it is complete. For previous year's audited financial statements please visit our website - <http://manoamano.org/media/publications/>.

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