

December 5, 2009

To whom it may concern,

The main goal of the Foundation "Manos Unidas Por Colombia" is to improve the quality of life of poor families; providing them with education, health care, housing and economical development. We work for the general well being of the people.

We have 4 major programs:

- 1- Medical Health Week "Mision Colombia"
- 2- "Creating Enterprise" Program
- 3- Program to include handicapped patients in the working environment.
- 4- Diabetes and Hypertension Program

**1- "MISION COLOMBIA"**

This mission was born thanks to the idea that Dr. Armando Sardi de Lima, Colombian surgeon, Director of The Institute for Cancer Care and Chief of Surgical Oncology at Mercy Medical Center in Baltimore, Maryland, USA, had of bringing different specialty doctors to Cali for the medical health week.

**STATISTICS**

**"Mision Colombia" has become the most important medical health week that we have had in Colombia so far.**

It began at the Isaias Duarte Cancino Hospital, in the Aguablanca district in 2006, where 35 doctors attended 3,027 patients that had no medical security. They did specialized medical consults, surgical procedures and diagnostic images. We gave out to the patients 15,000 medicines for free.

In 2007, we had 42 doctors that attended 4.185 patients and we gave out to the patients 200.000 medicines for free.

In 2008, 50 doctors attended 5,078 patients in 4 different hospitals in the city: Isaias Duarte Cancino Hospital, Instituto de Ciegos y Sordos (Institute for the Blind and Deaf), Hospital Universitario del Valle, Fundacion Valle de Lilly and we gave out 280,000 doses of free medicines.

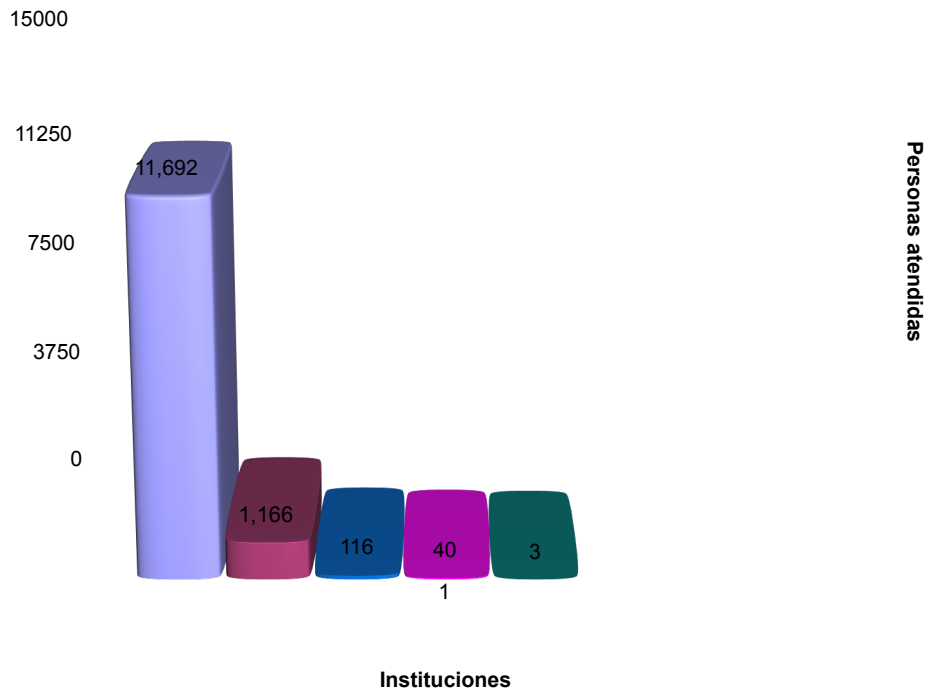
YEAR	INSTITUTIONS	DOCTORS	PATIENTS	MEDICINES GIVEN OUT
2006	1	35	3.027	15.000
2007	1	42	4.185	200.000
2008	4	50	5.078	280.000

We will be a little bit more specific about the medical health week that we had during February of 2009, where we had 83 people from the States and a big group of Colombian doctors, medicine students and practitioners.

These are the following results:

- **Hospital Isaías Duarte Cancino:** free billing for 11,692 services that were given to our poorest and most vulnerable population of the Valle del Cauca state, making sure that they had full medical coverage, including medical consults, medicines, hospital stays, diagnostic aids and surgical procedures.
- **Carlos Carmona Hospital:** 1.166 people we attended among OBGYN consults, lab exams, X-rays, surgical procedures and dentist ratings.
- **Hospital Universitario del Valle:** 116 reconstructive plastic surgeries and ophthalmology procedures were done.
- **Clínica Fundación Valle del Lili:** 3 high complex reconstructive plastic surgeries procedures and specialized diagnostic tests.
- **Instituto de Ciegos y Sordos (Blind and Deaf Institute):** 40 cataracts surgeries and 36 pterygium surgeries were carried out.

### Personas atendidas por Instituciones Febrero 2009



***The total amount of donations that were given to the hospitals and to the patients every day of the Medical Health Week, represented in professional fees (surgeries and specialized consults), anesthesia and hospital supplies, medical equipment and medicines: \$ 2.800.000.000***

## **2 – CREATING ENTERPRISE PROGRAM**

These workshops are designed to create and promote different alternatives to generate income. These workshops would be given in the Aguablanca District in Cali, where there are more than one million people living in absolute poverty.

**1- How to summon people:** we gather adults; study each case and design an economical plan for each “enterprising family”. We preferably do this with a homogeneous population.

**2-Awareness:** we carry out a process of recognizing the people's skills, abilities and expectations to be able to offer specific entrepreneur tools to the families. This is done during 4 hours per group.

**3-Evaluation:** For a total of 12 hours, 4 hours a day, we evaluate the profile of the "Young Entrepreneurs"

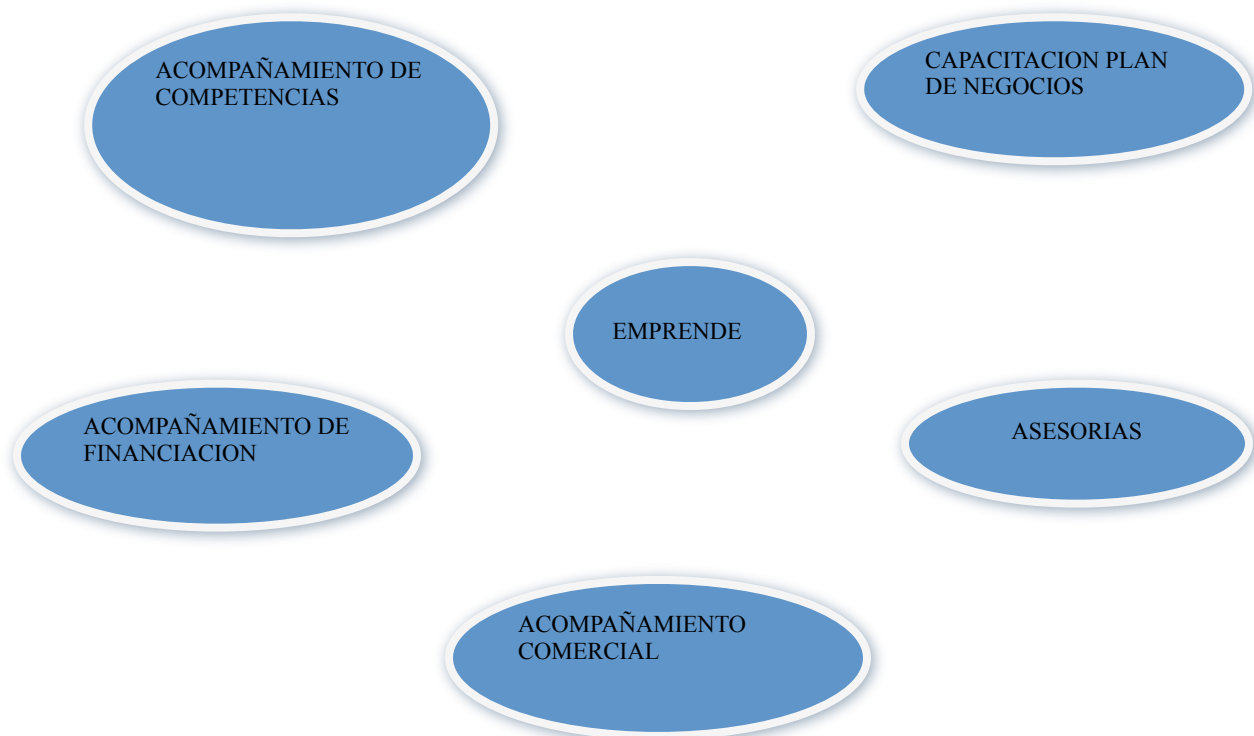
**4-Life Project:** Once the group has been selected, we begin the training process that will enable them to construct their own business plan. This workshop is called "Life Project" and has a total of 12 hours per group.

**5-Entrepreneur Profile Assessment:** This is where we carry out different group activities where we will be able to identify potential entrepreneurs. This workshops has a dustration of 12 hours.

### **HISTORICAL RESULTS:**

**We began with a group of 150 people, out of which 32 were able to create their own enterprise, with a cost of \$ 65.000.000 (U\$ 32.500), an effectiveness of 53.1% and with a sustainability of 12 months. These enterprises generated 1.5 jobs.**

### **MANAGEMENT OF ENTERPRISE ECOSYSTEM**



**Competency:** support to improve competitiveness.

**Business plan training:** financial, technical and legal validation.

**Financing support:** selection of plans

**Technical or specialized advice:** in administrative and production management.

**Commercial advice:** identify the market demands and participation. We are looking for working opportunities with high level managerial visits.

### **3 – PROGRAM TO INCLUDE HANDICAPPED PATIENTS IN THE WORKING ENVIRONMENT**

**This program is directed to Handicapped and to Soldiers' Victims of Landmines.**

The two programs focus on qualifying these people in order to place them within the group of enterprises that are working on the labor inclusion program and whose tax benefits become attractive to hiring handicapped people.

The program for the handicapped is a merely social project whose main objective is to generate functional rehabilitation and occupational therapy opportunities that enable the social and labor inclusion of people with motor, psychic, cognitive and language handicaps. They are chosen randomly within a group of people that are between 15 to 55 years old and classified to follow the right procedure. This project handles carpentry, handcrafts, and ornamentation workshops and it promotes employment generation through the manufacturing of their products that they can commercialize and generate their own resources to allow a bit more independence despite their handicaps. The group of social integration focuses, through artistic activities, on stimulating and on creating instruments with recycled materials, and on doing handcrafts, dance and theater presentations that facilitate the integration of young kids and teenagers with handicaps.

This program benefits 100 people directly and 220 of their relatives.

**General Objective:**

To generate whole functional rehabilitation opportunities that allows the social and labor inclusion of handicapped people.

**Specific Objectives:**

- To perform a functional evaluation of the handicapped
- To empower the handicapped population in independence and functionality processes.
- To generate opportunities for personality development to handicapped people.
- To facilitate strategies for functional rehabilitation.
- To qualify people according to their handicap evaluation, so that they become independent and productive.

**PROGRAMS WITH CIVILIANS AND ARMY VICTIMS OF LANDMINES**

This is another program for physical and mental rehabilitation of landmine victims that has a low cost due to the special rates that we have been able to establish with the Hospital Universitario del Valle and to the favorable discounts of the enterprises that produce the prosthesis in Antioquia. This program is directed specially to kids and army victims of the armed conflict.

**General Objective:**

To recover physically and mentally, civilians and army victims of landmines, to procure their work placement according to the determined advice after the pertinent occupational therapy is done.

**Specific Objectives:**

- To do the necessary physical therapies for the proper conservation of the stump.(Amputated limb)
- To provide excellent quality prostheses.
- To do the necessary occupational therapies once the prosthesis is obtained.
- To qualify the people according to their educational level.
- To locate people in a productive job according to their new physical condition.

#### **4) Diabetes and Hypertension Program**

### **GENERAL TREATMENT OF THE DIABETIC PATIENT**

#### **PLACE FOR IMPLEMENTATION**

Aguablanca district in Cali, Colombia, South America.

Population of the district approximately 1,000,000

Hospitals: - Carlos Carmona Hospital

- Isaias Duarte Cancino Hospital.

#### **OUTLINE OF THE PROBLEM**

Diabetes has been considered a pandemic disease affecting more than 150 million people around the world. It is estimated that by the year 2025, there will be nearly 300 million affected.

The risk of having diabetes is 7% for the general population; though it increases with age, 20% of people over 70 may acquire it.

One out of 4 adults over 40 has intolerance to carbohydrates and one out of 7 present an abnormal fasting blood sugar level. These are two early stages of the disease.

At the moment of the diagnosis, 50% of the diabetics already have some kind of cardiovascular disease. Seventy percent of them die due to these causes.

Diabetes is the second cause of blindness; it is the cause of more than 50% of the non traumatic amputations, and nearly half of the patients on dialysis are diabetic. Furthermore, other complications like digestive and urinary problems are more frequent than what is currently being diagnosed.

Diabetes has become a growing health problem throughout the world. The incidence continues to increase due to sedentary life and obesity. Obesity has been the main factor associated with the genetic risk as well the consumption enriched in carbohydrates, among others.

## **PROGRAM DEVELOPMENT**

Several studies have confirmed that an early diagnosis and an intensive treatment with a multidisciplinary medical team are the only way of slowing down or avoiding the final catastrophic stages of this disease.

Half of the diabetic population doesn't even know they have it. Consequently, complications have already occurred before the diagnosis is made. Sadly, the chronic complications such as retinopathy, nephropathy, and cardiovascular diseases are made in advanced stages due to the lack of specialized institutions and personal who are able to diagnose the disease correctly.

The general public and the diabetic population do not have access to specialized clinics where a highly qualify multidisciplinary approach is available.

People that have a higher risk of developing diabetes are those over 45, patients with a family history of diabetes, those that are obese, or have suffered diabetes during pregnancy. This population does not have adequate coverage of their medical needs.

Consequently it is necessary to cover the needs of those at risk by offering a multidisciplinary service with trained and experienced personnel

### **PROGRAM OBJECTIVES:**

- 1) To offer the patience with cardiovascular risk an optimal scientific, technological and human service, backed up by a multidisciplinary team.
- 2) Comply with the management protocol that allows the early diagnosis of the sickness, and the treatment that will slow it down avoiding chronic complications that will affect the quality of life of the patient and will produce a high cost to public health.
- 3) To offer prompt assistance to severe complications, like hypo and hyperglycemia or any infectious disease that can place the patient's quality of life at risk, such as the diabetic foot.
- 4) To work with the multidisciplinary team in a coordinated way to allow the intervention with the patient from different aspects of the sickness.  
(Endocrinologist, Internist, Nephrologist, Vascular Surgeon, Infectious Disease Doctor, Orthopedist, Dentist, Psychologist, Nutritionist, Nurse, Social Worker, etc.)

3) To impact on the epidemiological indicators for morbidity and mortality for diabetes and hypertension within a medium and long range period of time. (Reduce the risks for blindness caused by retinopathy, dialysis caused by kidney failure, amputation caused by arterial disease and death.)

4) To educate the patient and their families so that they can attend regular controls, follow the treatment as indicated and seek help in case of acute complications.

5) To offer immediate access to evaluations with an specialist when necessary.

6) To intervene over the population with no apparent sickness that might have important risk factors by means of an early diagnosis, educational programs and adjustments to lifestyles.

7) To offer constant support and counseling to patients in the program in order for them to solve their doubts promptly: equipment management, nutrition, general cares, treatment, etc.

## **PROGRAM REQUIREMENTS**

### **Required Personnel.**

Endocrinologist	Internist
Infectious disease	Vascular surgeon
Nephrologist	Ophthalmologist
Odontologist	Psychologist
Dietician	Nurse
Social worker	Neurologist
Anesthesiologist	Physical therapy

### **Diagnostic Resources**

Laboratory	Glycemia	Lipid profile
	Creatinine	Urinalysis
	BUN	Microalbuminuria
	Hemoglobine A1c	Uric Acid
	24 hour urine	
	Echocardiogram	Glucometer
	X-Rays	

### **Services**

Cardiology Group

Hospitalization  
Emergency room  
Surgery

## **PROGRAM IMPLEMENTATION**

### **1) Nurse check up** (duration 15 minutes) 6 times per year

**PATIENT ADMITTANCE:** The nurse fills in the admittance file with the patient's general data.

She orders the necessary lab exams for the initial consult (Basal Glycemia and 2 hours, creatinine , urinalyses, lipid profile, glycated hemoglobine A1c ). Except for glycemia. Patients can bring their own exams if they have been taken within the last 6 months.

On the appointment date, the nurse evaluates the medical history of the patient, does the preconsult taking the blood pressure, weight, size and glicemia if needed and checks to verifies that the patient has brought the correct tests.

The nurse will evaluate the patient's weight, blood pressure and blood sugar values, bi-monthly or monthly depending on the status of the patient. Ongoing education on the disease will be reinforced at each visit.

The nurse will participate in the ongoing educational modules- She will be teaching the patient to manage the glucometer and how to administer insulin when needed.

### **2) Medical Control is performed by the Endocrinologist** (20 to 30 min) 3 to 4 visits per year

The patient is seen by the Endocrinologist who performs a complete medical history and physical exam, including a vascular check of inferior extremities.

The doctor will diagnose and define the specific risk for each patient and next steps needed for proper patient care. He also provides ongoing education with the patient and refers patients to other specialists if needed.

### **3) Dietician Consult** (20 min.) 3 visits per year

Each patient will be evaluated individually and a nutritional plan will be defined taking into consideration the patient's health state, his preferences and his socio-economical status.

The nutritionist will participate in the educational modules coordinating workshops on nutrition.

### **4) Psychological Consults** (30 min.) 2 visits per year

If the doctor considers it to be necessary, he will refer the patient to be checked by the psychologist. The psychologist will try to improve the patient's adherence to the program as well as the acceptance of his health condition. The doctor will also offer the necessary support in special personal situations. The psychologist will also participate in the educational modules.

## **5) EDUCATIONAL MODULES**

Each patient will receive a written copy of each module.

The educational sessions will take place once or twice a month.

The sessions will last approximately one hour.

All the members of the health group will participate in the modules.

Pharmaceutical companies will help support the programs and logistics.

## **6) Topics for presentation**

- A) General aspects
- B) Severe complications, management of oral medications and insulin
- C) Workshop on insulin (Only for patients that are treated with insulin)
- D) Workshop on nutrition
- E) Exercise
- F) Chronic complications (Retinopathy, Kidney failure, IM, amputations, neuropathies)
- G) Self monitoring
- H) Vaccination, Sexual life
- I) General Health Care (Mammogram, cytology, PSA, urology, dentistry)

## **ENTERPRISES THAT HAVE SUPPORTED OUR WORK**

Throughout these working years, the Foundation "Manos Unidas por Colombia" has received help and cooperation from enterprises and laboratories to carry out its programs.

- Laboratorios: Abbott, Tecnoquímicas, Wyeth Consumer Health Care \$250.000.000
- Asocaña \$120.000.000

• Comando Sur de Los Estados Unidos	\$700.000.000
• NRC : Empresa de alimentos	\$552.000.000
• Expreso Palmira	\$40.000.000
• Empresa de Buses Blanco y Negro:	\$28.000.000
• Propal	\$15.000.000
• Cámara de Comercio de Cali	\$20.000.000
• Fundación Suramericana	\$5.000.000
• Ingenio Mayaguez	\$
	12.000.000
• Ingenio Riopaila Castilla	\$14.000.000
• Bavaria.	\$10.000.000
• Particulares	\$100.000.000

### **COST OF SPONSORSHIP**

The total cost of sponsorship is \$ 550,000,000 (US\$ 275,000.00) represented as follows:

**Cost of the fifth medical mission (February 2010): \$200,000,000 (US\$ 100,000.00)**

**Estimated costs:**

- Drugs	US\$ 38,000
- Laboratory, X-rays	US\$ 10,000
- Additional supplies not donated	US\$ 12,000
- Local Transportation to hospitals	US\$ 7,000
(All doctors, nurses and volunteers pay for their own flight, hotel accommodations and meals).	
- Insurance for Medical malpractice in Colombia	US\$ 6,000
- Meals for medical personal, hospital support, volunteers, translators)	US\$ 12,000
- Snacks for patients	US\$ 9,000
- Administrative cost in Colombia (Director, social worker, accountant, secretary, etc)	US\$ 6,000

With this money we will provide service for 8,000 patients including approximately 700 surgeries, specialized consults and complete treatment with the medicine and the laboratory tests required.

**“Creating Enterprise Programs” Cost \$ 150,000,000 (US\$75,000.00)**

With this money we will create 64 new companies that will generate at least, 100 new jobs.

**Qualification program for labor inclusion: Cost \$ 200,000,000  
(US\$ 100,000.00)**

With this money we will qualify 50 people with motor, auditory, visual or mild intellectual retardation handicaps so that we can offer them functional habilitation, education and labor inclusion.

**Diabetes and Hypertension Program; Cost is being completed**

At present the program is already operating with an internist, nurse coordinator and social worker. The Carlos Carmona and Isaias Duarte Hospitals are already treating over 1,500 patients with diabetes. Most of them are also hypertensive.

Manos Unidas por Colombia Foundation, will assist with the program development and has volunteers working actively getting the funding necessary. Through their work they have obtained support of Tecnoquímicas laboratory to supply the treatment for 500 patients for the whole year.

The endocrinologist Dr. Ines Lucia Martinez has donated her time to be the consultant for the program on an ongoing basis.

At present we are in the process of completing all cost analysis to make sure that a determined large number of patients can be guaranteed adequate treatment and follow up. We hope with the support of everyone involved to cover the treatment as discussed in the program for at least 1000 patients and hopefully the total uninsured diabetic population of the district of Aguablanca in Cali, Colombia.

We hope these programs are of your interest so that with your invaluable help we can accomplish them.

Cordially,

Luz Helena Orozco Varela  
Executive Director

