When people ask what Konbit Sante means, we most often simply say that it means “working together for health.” A konbit is an important and meaningful concept in Haiti with deep cultural roots. It originally described the group of friends and neighbors who would come together to prepare a person’s small plot of land because the land owner was too poor to hire help. This idea has since come to apply to many such collaborative efforts. Perhaps the closest concept we are familiar with here in New England is the traditional barn-raising.

The simple idea behind Konbit Sante, a konbit for health, is similar: to garner volunteer help to assist a global neighbor build a health system that they own, and that meets their needs. We do this with the understanding that the world becomes a better place for all of us when the lot of our poorest neighbors is improved. We don’t believe that our approach – helping to build the capacity within the Haitian public health care system versus starting a separate parallel system of care – is unique, but it is certainly extremely rare. While the vision is elegant in its simplicity, it is not simple to implement, which is why it has not been the path most often taken.

In 2001, Dr. Michael Taylor had the germ of an idea—that a community of people who have enjoyed great resources and privilege could form such a konbit with a community of people who have not— which has matured into a very substantial and important partnership. It has now been seven years since Konbit Sante’s first visit to Cap Haitien, Haiti. When we first discussed the proposed relationship with the leadership of the Justinian Hospital, they were wary. Despite a critical need for support, their hesitation reflected their experience with some visitors who had offered help and either never returned or who became quickly discouraged and left. While there have indeed been challenges at every step, our commitment to the relationship has only deepened over time, as has our mutual understanding. Today the Ministry of Health in the Northern Department views Konbit Sante as one of its most substantial partners. We have often been told, “You are not big, but you are here with us every step of the way”.

The Konbit Sante model has evolved and matured since those early years. We have invested a great deal of time and effort to gain an understanding of the circumstances and challenges that our Haitian colleagues face in trying to provide care, and have built our organization to help meet those challenges with them. We have recruited and developed groups of volunteers who share a common expertise and interest, to form long-term relationships with their counterparts in Haiti and to work together to improve their services. Today there are ongoing clinical partnerships in pediatrics, internal medicine, women’s health, surgery, urology, emergency medicine, public health, and mental health. There are also partnerships to improve the conditions in which care is provided by upgrading facilities, the water supply, electricity, medical equipment, and computers and information systems. Volunteers collect and send two 40-foot containers of badly needed mostly-donated supplies.

Dear Friends of Konbit Sante,

When people ask what Konbit Sante means, we most often simply say that it means “working together for health.” A konbit is an important and meaningful concept in Haiti with deep cultural roots. It originally described the group of friends and neighbors who would come together to prepare a person’s small plot of land because the land owner was too poor to hire help. This idea has since come to apply to many such collaborative efforts. Perhaps the closest concept we are familiar with here in New England is the traditional barn-raising.

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and equipment each year. Most recently, we have been working closely with the hospital leadership to improve administrative and management functions as well. We have put together a small staff in the U.S. to give us the capacity to coordinate all of these activities, and manage our resources well. We have built a bigger Haitian staff in Haiti, who are developing and managing programs, teaching future Haitian clinicians, and strengthening the public system.

While there are many examples to choose from, this annual report will have a special focus on the work of the Women’s Health Committee’s effort to improve maternal outcomes, and the work done by the Infrastructure Team to improve the quality and quantity of water available to the hospital. They both exemplify the konbit model in that they have strong and dedicated volunteer leadership, significant time and resources were invested into doing a thorough assessment of the situation before suggesting solutions, all interventions were jointly planned with partners in Haiti, and their implementation is integrated into the Haitian system. They both have required, and have received, broader community support here and in Haiti. This is a painstaking, long, and sometimes frustrating process, but we believe that it is the only way to make truly sustainable positive change that will outlive our involvement there.

Through this annual report, our first, we hope to share some important particulars about our organization, including our fiscal and programmatic standing. Dr. Coq, the medical director of the Justinian Hospital, shared his view of the depth and importance of our connection when he addressed a group gathered in Portland to hear about our work, by saying: “Let me address some recommendations to you…Konbit Sante shares our vision, so follow it…Konbit Sante is our arm, please support its action…Konbit Sante dreams for us, so dream with it because we are the main character of its dreaming…Konbit Sante is our voice, so listen to it because it can articulate to you our needs, our hope.”

Thanks to the many people and supporters who have joined this konbit in big and small ways to make all of this happen. We trust that you will find both transparency and inspiration in this report and we look forward to continuing to work together for a better tomorrow.

Sincerely,

Nathan M. Nickerson, RN, MSN, DrPH
Executive Director
Highlights of 2008
During the past year, collaborative teams working here and in Haiti...

conducted an in-depth review of assets and needs in emergency medicine and surgery at Justinian Hospital. We recruited strong clinical leadership in the U.S. to begin collaborations with chiefs of service in Haiti to develop clinical protocols and address myriad needs;

worked with the Ministry of Health to treat hookworm in some of the poorest neighborhoods in Cap-Haitien. The initial outcomes study, conducted by Konbit Sante and supported by the Conservation, Food & Health Foundation, shows significant reductions in serious anemia in the target area;

hired five additional agents sante (community health workers), for a total of eight, to do post-discharge follow up with pediatric patients and to provide a package of services in the impoverished Fort St. Michel and Petit Anse neighborhoods. One result is a dramatic increase in the number of patients being identified and treated for tuberculosis;

built a new pediatric emergency room with funding from the Dorothea Haus Ross Foundation to improve and expand critical pediatric care. We have added an additional pediatrician and expanded support for the pediatric feeding program, with funding from the SG Foundation and the Francis Hollis Brain Foundation;

improved the radiology unit so there are now two functioning X-ray machines and a skilled Haitian radiology staff;

developed basic protocols and strategies for infection control at Justinian Hospital in collaboration with the Director of Nursing and with funding from the Pan American Health Education Foundation;

continued clinical capacity-building partnerships in internal medicine, nursing, OB/GYN, pediatrics, psychiatry, public health, and urology;

hired an OB/GYN physician to spearhead a new women’s health initiative at Fort St. Michel supported by USAID/MSH/SDSH PROJECT;

improved hospital infrastructure, including electrical and water systems upgrades;

provided educational scholarships for three Haitian surgeons to train at Maine Medical Center and for the hospital administrator of the Justinian Hospital to train at the Franklin Memorial Hospital; and

shipped two large containers of much-needed, mostly-donated medical equipment and supplies. We have continued to strengthen the supply inventory capacity of the hospital by providing shelving and storage equipment, developing inventory procedures, and supporting the salary of an inventory manager.
In Haiti, 80 percent of births take place outside a hospital or clinic and few women receive prenatal care. Their maternal mortality ratio of nearly seven out of 1,000 pregnancies is the highest in the Western Hemisphere and on par with many sub-Saharan African countries. This is in stark contrast to neighboring Dominican Republic, where mortality rates are less than one-quarter of those in Haiti, or the U.S. where rates are 50 times lower than those in Haiti.

Our work to improve maternal outcomes began in 2005 when we received a grant from the Conservation, Food & Health Foundation to study women’s health needs in Cap-Haïtien. This research, done in collaboration with the maternity service at Justinian Hospital, the nursing school in Cap-Haïtien, local women’s health groups, and members of the community, serves as the foundation for our work. Dr. Eva Lathrop, an OB/GYN from Atlanta who completed her residency at Maine Medical Center, heads Konbit Sante’s women’s health committee and is fortunate to be able to spend a considerable amount of time in Haiti while also working on a separate grant to study post-delivery contraceptive needs and practices.

In Haiti, we were very happy to have Dr. Youaseline Telemaque join our team this year. Dr. Telemaque, who completed her residency at Justinian Hospital and who played an instrumental role in our assessment of women’s health needs, is now supported by Konbit Sante to play a pivotal role in improving maternal outcomes. She provides prenatal consultation and performs uncomplicated deliveries at the new women’s unit at the Fort St. Michel clinic. She also reaches out to traditional birth attendants, or matrons, who attend the majority of births in the community, providing continuing education, collecting monthly information about delivery outcomes, and distributing safe birthing kits. She is providing continuing education, collecting monthly information about delivery outcomes in the community, and distributing safe birthing kits. High-risk pregnancies are referred to Justinian Hospital, and to strengthen the link between the clinic and the hospital, Dr. Telemaque participates in daily rounds at the Justinian. She is also establishing a community/public health training component in which medical residents spend one day a week working at the Fort St. Michel clinic. This work is funded by the United States Agency for International Development (USAID/MSH/SDSH PROJECT).

According to Dr. Lathrop, “Dr. Telemaque is a true educator and leader, and her addition to the Konbit Sante and Fort St. Michel staff will have tremendous impact on the way women’s health and women’s lives are viewed, valued, and cared for in the Cap-Haïtien community.” Although she just started to work in August, Dr. Telemaque already has several hundred women enrolled in her prenatal program and has more than 25 matrons attending monthly training sessions.
Focus on Infrastructure
Improving Water at Justinian Hospital

In 2001, when we first visited Justinian Hospital - a 250-bed teaching hospital and the largest public facility in northern Haiti - they had one well that could yield about 4,000 gallons of water per day, or less than three percent of the water used by a comparably-sized U.S. hospital. Although clean at the well, the distribution system was so broken that the water was contaminated even before it reached the storage tank.

In 2002 we were fortunate to recruit Hugh Tozer, senior water engineer with Woodard & Curran, to lead our water konbit. He began by doing a professional survey of the facilities and an evaluation of needs. This took considerable time and effort but it has provided the background necessary for making the most critical improvements in a carefully planned way. Hugh now chairs Konbit Sante’s infrastructure team which oversees all our projects related to water, electricity, medical equipment repair, and computers.

In 2007, Hugh and his Haitian and American colleagues took the first steps to improve the water supply by disinfecting the 40,000-gallon water storage tank and replacing broken underground pipes between the well and the tank. They next tackled insufficient water stored in the tank resulting from power failures and the lack of an efficient method to switch the pump from public power to a backup generator. In 2008, the team installed a new power supply for the existing well pump, allowing the pump to start automatically whenever there is power from the city, the hospital generator, or a newly-installed battery backup. These changes maximize the quantity and quality of water from the existing well.

The next step for Konbit Sante will be to install an additional pump, pump house, and power supply for a new well that was recently drilled by the UNOPS (an independent organization that works on infrastructure projects in United Nations peacekeeping settings). Following that, we will tackle the big project of improving distribution of water in appropriate amounts and qualities within the hospital campus. This is a major project because of the many existing small storage tanks that are easily contaminated. To address sustainability issues related to the water system, we are working with hospital management to establish a plan and protocols for troubleshooting and protecting the system. To date, very generous funding for the water project has come from Rotary International, GlobalGiving, and individual donors.
Konbit Sante by the Numbers
Fiscal Year September 1, 2007 – August 31, 2008

2008 Total Income

<table>
<thead>
<tr>
<th>Revenue Category</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Donations</td>
<td>168,252</td>
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<tr>
<td>In-kind Donations</td>
<td>303,335</td>
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<tr>
<td>Foundations and Grants</td>
<td>182,880</td>
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<tr>
<td>Other</td>
<td>9,721</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$664,188</strong></td>
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</tbody>
</table>

Note: Revenue does not reflect value of volunteer time and skills contributed.

2008 Total Expenses

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment and Supplies</td>
<td>252,573</td>
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<tr>
<td>Other Clinical Initiatives (Surgery, Emergency, Mental Health)</td>
<td>12,646</td>
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<td>Community Health</td>
<td>28,608</td>
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<td>Women’s Health</td>
<td>15,743</td>
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<td>Internal Medicine</td>
<td>19,523</td>
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<td>Pediatrics</td>
<td>58,034</td>
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<tr>
<td>Infrastructure</td>
<td>42,971</td>
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<td>Administration Expenses</td>
<td>54,711</td>
</tr>
<tr>
<td>General Program Expenses</td>
<td>154,361</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$639,171</strong></td>
</tr>
</tbody>
</table>

Fiscal Year 2008 Net Income: $25,017
Where Would We Be Without You?

We gratefully acknowledge the many contributions made to Konbit Sante during fiscal year 2008 (September 1, 2007 through August 31, 2008).

Konbit Sante wishes to express appreciation for foundation grants from the following organizations:

Francis Hollis Brain Foundation
Conservation, Food & Health Foundation
GlobalGiving
Pan American Health and Education Foundation
Dorothea Haus Ross Foundation
Rotary International
SG Foundation
United States Agency for International Development (USAID/MSH/SDSH PROJECT)

Thanks to in-kind donors who provided space to work, medical equipment and supplies, educational opportunities for our Haitian colleagues, and much more:

1330 Dental Associates
Allen Screen and Digital Printing
Allergy & Asthma Associates of Maine
Samuel Broaddus, MD
Dr. Richard and Bea Broder-Oldach
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Our special appreciation to those who have generously volunteered their time to travel to Haiti during the past year, and also to those who have rolled up their sleeves at home to make our work possible:

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Gail Ayre, RN
Samuel Broaddus, MD*
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And to the many others who help load containers of equipment and supplies.

*Traveled to Haiti
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