











2013 Annual Report

Konbit Sante
(AP-HAITIEN HEALTH PARTNERSHIP

Lespwa fe viv: Hope gives the strength to carry on.

Dear friends,

There is good news in Haiti. Did you know, for example, that between 1990 and 2010 the rate by which mothers die in childbirth in Haiti declined by nearly one-half?

People often ask me, "How are things in Haiti?" Recently, someone asked me that very question, immediately followed



by the remark "I would be afraid to go there after all I have heard about it; the poverty, the violence, the corruption—." The interaction brought home to me the disconnect between what I know about the country—its beauty, its complexities, the great strides made in recent years—and the dominant narrative that continues to exist about Haiti here at home.

The common perceptions hardly need repeating: "The poorest country in our hemisphere;" or "Nothing ever gets better there." While the first statement is true, both are tired, one-dimensional, and fail to recognize important progress being made. How many people know that infant mortality has decreased by 25%, and under-five mortality has decreased by 22% in the past 15 years? Childhood vaccination rates are up and severe malnutrition down. A recent UN study on global homicide rates shows that the murder rate in Haiti is dropping; lower now than in many popular Caribbean vacation destinations.

That there is still a long way to go to alleviate preventable sickness and death speaks to the remaining challenges, but these things are moving in the right direction in spite of the many disasters and obstacles that Haiti has endured. As daunting and challenging as the very real problems are in Haiti, the good news is that they are not intractable or beyond hope.

We at Konbit Sante continue to feel honored to be a small part of this forward movement in Haiti. I was excited this year that the hospital administration of the second largest public hospital in Haiti, Justinian University Hospital (JUH), demonstrated their commitment to improved management in many concrete ways. Perhaps one of the most telling was asking us to take a comprehensive look at their financial systems and make recommendations on how they could be more accountable and transparent. Of course, we were very pleased to take on the task, and look forward to supporting their continued management improvements in any way we can.

I find hope in the community work being done by the new Haitian health organization ULS, which established a clinic in an underserved area of Cap-Haitien called Bande de Nord. We were very pleased to help them grow in their capacity and look forward to building the relationship further.

This year we restructured our Haitian administrative leadership and now have a program manager dedicated exclusively to community initiatives. Her reach and connection in the community has been amazing. I find hope in the way that the pediatric service at JUH has embraced the collection of data on patient outcomes to guide interventions aimed at lowering newborn deaths in the service. I am thrilled to help facilitate the work of partner organizations like SOIL, who are introducing household sanitation in some of the poorest area of Cap Haitien in this age of cholera, and our continued work with Haiti Hospital Appeal, utilizing mobile clinics to reach women and children often marginalized from the formal health system. I find hope in the construction of new facilities at the Justinian Hospital and improvements to the electrical systems throughout the hospital as the result of the assessment and advocacy work that we have done.

"Many people who have seen firsthand what is going on tell a Haitian story of steadfastness, friendship, and daily actions that work to meet the needs of all those in Haiti who surely deserve health and well-being in their lives."

A couple of years ago, one of our Haitian staff told me that he was discouraged by the slow rate of change and wasn't sure that real change was possible. I told him that I didn't always know what to believe about the bigger picture, but I did know that I believed in him and what he was doing. I continue to believe in the growing number of people who remain committed to manifesting the change they want to see.

We are truly privileged to support such agents for positive change whose work is marked by dogged persistence against the odds, dedication to service, and humility and compassion in the pursuit of helping others. I hope that this report gives you a glimpse of the work that your support has made possible over the past year and why the many people who have seen firsthand what is going on tell a Haitian story counter to—or perhaps more complete than—the one most often repeated; a story of steadfastness, of friendship, of daily actions that work to meet the needs of all those in Haiti who surely deserve health and well-being in their lives.

Thank you for being a part of the community of people who are making this narrative of resilience and hope a reality.

Sincerely,

Nathan M. Nickerson, RN, DrPH

Executive Director

Amid Shared Burden and Effort, a Song Rises and the Konbit Endures

Dear Friends,

When I joined the *konbit* in 2010, it was just after the devastating earthquake that claimed hundreds of thousands of lives. I didn't really know what had happened, not until I witnessed the first buses that started to bring those poor souls to the hospital. This sad story has been



told time and time again, so I won't impose yet another version upon you. No, instead, I would like to talk about a few people whose work, despite harsh conditions, brings hope to my country.

Konbit Sante has been working with the Haitian public health system, with two health facilities in Cap-Haitïen, for many years now. Bring-

ing in supplies and equipment is the easiest part of our partnership. Nurturing this partnership by listening and understanding each other, this is challenging. Making sure that Haitian voices are heard and their view implemented whenever possible is what we long for. We try to do away with the "we know better" attitude. Sure, nothing is perfect and just because you've been doing something for a long time doesn't mean it's the best way. There are times when we need to offer our partners other perspectives. But in no way should it be "directives." We take pride in this ongoing effort to make this a real *konbit*.

What is a *konbit*, I hear you ask? In rural Haiti, farmers

"We sometimes feel our efforts are like a drop of water into the ocean. But what is an ocean if not the sum of all those drops?"

only have rudimentary tools to work with. There's no big machinery to till the land. The trick is then to join forces to do by hand what the machine would have done. All capable women and men gather in one farmer's field to help him out. Then the magic happens. What would have been near impossible just became possible. With lots of songs and laughter, with a camaraderie that's stronger than the obstacles ahead. Everyone there will work for free, knowing that when their turn comes, everyone will also be here for them.

Konbit Sante has little resources and the health facilities in Cap- Haitïen have to struggle to give just the basic care. The work is challenging; the rules are always changing. It has become more and more difficult for organizations to work in the country for all sorts of reasons. But we are committed to our vision to help achieve a health system that can stand on its own two feet. We sometimes feel our efforts are like a drop of water into the ocean. But what is an ocean if not the sum of all those drops?

Being part of this *konbit* has brought me incredible joy and pride—I've also made some good friends along the way. I've also experienced some frustrations. At times, we might feel doubtful about the outcomes. The field looks too wide, too difficult. The workers are getting tired. Can we make it? But then a song rises. Not really a song at first, maybe a whisper, which will be echoed by many others, transforming itself into an invigorating song. And all of a sudden, the field is not that big, all of a sudden the men and women feel rejuvenated and tackle the work remaining.

So yes there's hope. This is what the konbit is all about. You too can be part of this *konbit*. You too can bring a glimmer of hope in the eyes of a mother or future mother. You can bring a smile to the face of a child. Because you know, as we say here in Haiti: *Men anpil*, *chay pa lou*. With your help, the load can only get lighter.

Cordialement,

Jose Raymour
In-country Director

About Our Name

In Creole, a *konbit* refers to a traditional method of working together to till your friends' fields as well as your own. The people working together side by side as equals toward a common purpose, each contributing what they are able, form the *konbit*. *Sante* means health. The health of the Haitian people is our common purpose, and the *konbit* includes everyone with their "shoulder to the plow"- Haitian community groups, the Haitian government, US and international funders, and you, our donors and volunteers.

Konbit Sante's mission



To support the Haitian vision of a strong health system to improve the health of the people in northern Haiti. How do we help build a strong, sustainable health system? Like any structure, a health system needs the right building blocks, including:

- Well-trained workers
- Quality health care services
- Medicine, supplies and equipment
- Infrastructure like safe buildings, clean water, and sanitation

Together with our partners, Konbit Sante improves these building blocks, so that Haiti can one day have a health system that really meets the needs of its people—from door-to-door community outreach all the way to hospital care. The goal is always to enhance the capacity of Haitians to provide care to their citizenry.

In our annual report we want to show you how your contributions have improved these essential building blocks over the past year.

US Board of Directors

President:

EJ Lovett III, PhD

Vice Presidents:

Brian Dean Curran

Malcolm Porteous Rogers, MD

Secretary:

Marianne Ringel

Treasurer:

Robert N. MacKinnon, Jr.

Directors:

Stephen Larned, MD

Eva Lathrop, MD

Nancy Martz

Jeffrey Musich P.E.

Marion Knox

Jon Queally

Amanda Similien John Shoos

Jonathon Simon, DSc, MPH

Hugh Tozer P.E.

David Verrill

Clerk:

Peter Plumb, Esq.

Aipi_`m\i_ıKm\nd_`io@h`mobn5

J. Michael Taylor, MD, MPH

Board Advisor:

Henry Perry, MD, PhD, MPH

Cap-Haitien Advisory Board

Max Laroche

Marie-Carmelle Leconte, MD Jose Raymour

Administrative Staff

US Office:

Executive Director:

Nathan Nickerson, DrPH, RN

Program Specialist:

Tezita Negussie, MPH, MSW

Logistics & Information Technology

Coordinator:

Daniel Muller

Financial Specialist:

Richard Williams, MBA

Cap-Haitien Office:

In-country Director:

Iose Ravmour

Community Health Program Manager:

Clotilde Saint- Jean, RN

Financial Manager and

Supply Chain Coordinator:

Ruddy Emmanuel Adeca



Well-trained Workers

A profile of Dr. Rony St. Fleur

Dr. Rony St. Fleur is a Konbit Sante supported pediatrician at Justinain University Hospital (JUH) and



the Hospital at Fort St Michel (FSM). He is also an advocate for children's health who uses his role as an educator, a health care provider, and an administrator to make his vision of compassionate, quality care a reality for the thousands of children who are treated annually in Haiti's second largest public hospital. Dr. St. Fleur is among Konbit Sante's many

valued colleagues. Using his own words, we are happy to introduce this extraordinary doctor and the important work he does for his patients, JUH, and this *konbit*.

Tell us about your early years: Where were you born? Where did you grow up?

I was born and grew up in Saint Marc, in the Artibonite Department. I left Saint Marc to attend high school in Port-au-Prince. After that, I went to the State University where I got my medical degree in 1999. I spent a year in Gonaives for my social service, then three years at the Justinian Hospital in Cap-Haitien where I did my residency in Pediatrics.



Dr. St Fleur workd bid ioc`ik`_d\ord\in`rqd\`ij a>\k'C\ddi icj nkdb\d

Why did you decide to become pediatrician?

When I was a child, I was often sick and there weren't any pediatricians in Saint Marc to take care of many children like me, so I decided to be not just a doctor, but a pediatrician. I grew up with that idea. Time didn't change my mind. Also, as a person, I like the challenge. I believe everything can change if only one person wants it.

What is a typical day like for you at JUH?

I can say my work starts at 8:00 AM with the morning report where I review the new admissions with the residents. Depending on the number of new admissions, the morning report can last 1 to 1 1/2 hours. We also benefit from looking at the charts of all patients who have died; the "mortality review." After that I consult on patients with problems, and then I go to the outpatient clinic to see about 25 patients there. Three days a week we have lectures or discuss a challenging case. At 2:00 PM I usually meet the chiefs of the service to decide what materials we will need for the night. I usually leave the pediatric unit at 3:00 PM, but sometimes I come back at night if a senior resident needs my help.

What do you find most challenging and rewarding about your work?

We have to train the medical residents most of the time to work with their minds and their fingers. Making a diagnosis with technology is often a luxury at Justinian. In spite of what we lack, we do miracles every day. We often discharge kids who are now healthy that came in with very little hope.

What would you say to donors and supporters of the pediatric unit?

I can't imagine life in the pediatric unit without Konbit Sante or without help from outside. The majority of our clients can't pay. We had a program called MATS: Manman Ak Timoun en Sante which paid for kids under five years old that began two years ago, but it's ending now. The administration is making a great effort to improve the situation, but without help I don't think they can go far.



Nursing staff at Fort San Michel health clinic receive patients for care.



Clotilde Saint-Jean, RN (left) coordinating a mobile clinic for women and children.

'Training the Trainers': Building Capacity for Community Health Workers (CHW's)

Konbit Sante participated in the Government of Haiti's nation-wide effort to train community health workers in a new curriculum developed by the Haitian Ministry of Health. The new curriculum prepares community health workers to educate, refer, and provide basic services to community members on a range of health issues. Whereas the previous curricula often focused on helping community health workers respond to specific health problems, such as HIV/AIDS or tuberculosis, the new curriculum and accompanying training program ensures that each community health worker can address a variety of health issues, including family planning, child immunization, and cholera. The Ministry hopes to significantly lower rates of preventable illness and death by equipping all community health workers with broader range of knowledge and skills.

As a long-time partner of the Ministry of Health, Konbit Sante was invited to participate in a "train-the-trainer" workshop in Port-au-Prince in early 2013. Our program manager for community health, Ms. Clotilde St. Jean, was one of those who attended the training on the new curriculum. She returned to Cap-Haitien to organize and facilitate a series of workshops for local community health workers between March and June. Training participants included community health workers from Konbit Sante, Unite de Loute pour Sante, and Baptist Convention Hospital. In the course of the coming year, Ms. St. Jean will develop mechanisms to measure the impact of the training on the performance of community health workers.

FY 13 Program Highlights

Programs

Child Health

 Conducted Quality Improvement data collection concerning child mortality, and medicine usage

Women Health

- Stakeholder presentation of study on women's preference for place of delivery
- Coordinated mobile outreach prenatal clinics
- Established community-based transportation for obstetrical emergencies

Community Health

- Provided capacity-building support for a new Haitian health clinic
- Offered trainings for community health workers
 Supply Chain
- Built electronic databases for equipment and supplies
- Provided recommendations for supply chain improvements
- Delivered containers and moved to new warehouse space

Infrastructure

- Completed facility improvements at Fort St. Michel Hospital
- o Installed and maintained a hospital sterilizer
- o Managed repairs to the Mobile Medical Unit
- Facilitated electrical upgrade and the planned construction of a new pediatric building

Management

 Conducted a hospital-wide financial study and offered recommendations for improvement

Training

- Traveling volunteers provided on-site training to multiple hospital services
- Development of teleconferencing and distance learning

Research

- Partnered with a study on the impact of a nutritional supplement on growth stunting
- Partnered with a study on the contribution of unsafe abortion to the maternal mortality rate
- Invited to present an abstract at the 2013 International Family Planning Conference on post-partum family planning service delivery

Partnerships strengthening:

• Supported and helped facilitate successful projects with partners including, SOIL and TiKay (as a fiscal agent), Smile Train, and others.



Medicine, Supplies and Equipment

Meet Konbit Sante Volunteer: George Crockett

George Crockett is a "man behind the scenes" and usually out of public view, but he is well-known to Konbit Sante in the U.S. for his tireless work in the warehouse. He makes his tremendous contribution and impact by coordinating, receiving, packing and sending medical equipment and supplies to the organizational partners in Haiti. George began volunteering after the earthquake, and continues until this day.

George has a deep insight into health service needs gained from his travels with Rotary International. "Most of my international volunteer time over the last 8 years has been on medical service missions in Africa and South

America. I witnessed the severe limitations they have providing the most basic service for the lack of supplies," George stated. "Konbit Sante fully recognizes this in its programming. Without the supplies and the equipment many of the other programs would be severely limited. It is rewarding to know that my small part can help someone receive care."



George's work, in tandem with Konbit Sante staff and a cadre of other volunteers, has been instrumental in successfully collecting and shipping five 40-foot shipping containers of donated medical supplies, equipment, and medications from across the New England since the earthquake and subsequent cholera epidemic over the past three years. The organization is both proud and grateful to have George as part of this *konbit*!



Nurse Sherlie Jean-Louis sharing results of nutrition study with participant mothers.



Infrastructure

Teleconference Trainings

One aspect that affects many areas of Konbit Sante's work is the distance that exists between our US staff and volunteers and their Haitian counterparts. The distance between patients and health facilities within Haiti is also a challenge. This past year, we have worked to bridge the distance through teleconferencing and distant trainings. Although nothing can replace working together in person, side-by-side, we have found teleconferencing to be a complementary tool to share knowledge, strengthen relationships, and offer trainings.

For example, Konbit Sante has partnered with the Haiti Medical Education Project (MEP) from New York to offer weekly Wednesday morning seminars, usually in French, to med-ical residents and staff at the Justinian Hospital. We are using teleconferencing to meet, discuss, and plan in ways that would have been impossible in the past. This year we were able to share and discuss the fi ndings from the Dia-betes Study remotely using this technology, and volunteer groups are able to meet for monthly program planning and updates with their colleagues in Haiti. We have also begun to plan, with support from Maine Medical Center (MMC), for conducting interactive medical simulations. MMC's state of the art teaching facility offers the ability to customize trainings that directly reflect the resources available to medical personnel in Haiti.

This is still a work in progress, and there is still the need for improving internet access and communications, but we are learning together how using appropriately applied technology can shorten the distance between all of us.



Behind the Scenes: Being A Catalyst for Change

Sometimes Konbit Sante's impact results from actions we have taken that, while not always in the spotlight, facilitate positive changes and work to support communities taking action to improve their health and environment.

• SOIL (www.mysoil.org), has been a long-time friend and innovative partner focused on improving sanitation in urban areas. Konbit Sante's involvement furthered a pilot project in which more than 2600 people have benefited from household composting toilets that have been introduced within a densely populated area of Cap-



Haitien with this project. Improved sanitation is integral to the health of the community, especially in light of the cholera epidemic.

• *TiKay, Haiti* (www.tikayhaiti.org) is an organization that offers quality tuberculosis care at the General Hospital in Port-au-Prince. Our agreement with their approach of building the capacity for care convinced us to support their efforts to introduce text messages and mobile support to assist patients in following their medication regimens.

Konbit Sante also advocated and worked on specific projects to improve care that are being implemented by others.

- The professional electrical evaluation of the Justinian Hospital that we proposed and completed in FY12 has served as the catalyst and basis for a major upgrade, funded by USAID, to the electrical distribution system.
- The original concept paper and preliminary architectural design work for a brand new pediatric facility at the Justinian Hospital is now entering the final stages of planning and funding by professional contractors with USAID.

JUH pediatric?

Current pediatric facility.

While these will not officially be "Konbit Sante projects," we are pleased that our advocacy, foundational work, or contributing role on these have made their realization possible.



Quality Health Care Services

Data and Service Delivery: Evaluation Leads to Improvements

Konbit Sante uses data to inform the development, implementation, and evaluation of projects. Data help identify priority action areas and focus the use of resources where the greatest need and potential for change exist. Konbit Sante and partners use data primarily in two ways: to design new projects and to evaluate existing ones. The two following examples show how the organization used data to design and evaluate projects in the past year.

First, Konbit Sante's volunteer child health technical advisory group adapted a tool used in the United States to improve quality of care and medical education for use by our partners in the Pediatric Department at JUH. Pediatric residents and educators from the department use the tool to analyze each death that occurs in the service to determine the cause and whether it was potentially preventable, and to help guide future interventions. Using this process, they have focused on a number of problems that may be contributing to the infant mortality rate, particularly among newborns. Based on these findings, Konbit Sante and the Pediatric Department at JUH have designed a project that will address both the systems and treatment-based causes of neonatal deaths at JUH.

Secondly, Konbit Sante conducted an evaluation of its obstetrical emergency transportation project. The project was designed to transport women experiencing a complication during home birth to a hospital. The project



Women's health researchers en route to lead a a 'pnibripk')

linked traditional birth attendants to community members who could provide transportation when an emergency arose. The evaluation found that although the project is very popular, there are still logistical and communication issues that needed to be addressed for the project to have greater impact. Following the evaluation, Konbit Sante has changed the way the project is implemented in order to address the issues raised.

Konbit Sante is working to introduce this cycle of quality improvement into all of our collaborative efforts; (a) identify and measure the problem, (b) identify feasible solutions, (c) implement them, and (d) measure whether they had the desired impact. It is only through this step by step process that sustainable incremental progress is made.

A Mobile Medical Unit from Maine Now Delivers Health to Women and Children



It wasn't an easy journey, but the Mobile Medical Unit (MMU) is now serving the health care needs of women and children in Cap-Haitien. This 30 foot long, custom-made truck consisting of 2 exam rooms, a working bathroom and

a nurses' station was first donated to Konbit Sante by our friends at the Maine Migrant Health Program. There were many challenges and hurdles in transporting such a vehicle from Maine to Haiti, and in clearing customs once it arrived, but with the patience and perseverance of our staff on the ground, it finally was delivered to our site in early 2013. Thanks to an in-kind grant from Chemonics/ USAID, the truck was subsequently thoroughly renovated, both mechanically and structurally.

Konbit Sante has been collaborating with Haiti Hospital Appeal and the Haitian Ministry of Health for several years to provide outreach health services for women and children in poor communities where people are less likely to access care at fixed facilities. They were usually held in churches and schools lacking in infrastructure or privacy.

We are committed to continuing those outreach services, and are thrilled that they can now be expanded in scope and conducted in a better equipped and more dignified setting.



Woman receiving birthing kit inside MMU.

2013 Financial Recap

September 1, 2012 - August 31, 2013:

Program expenses were allocated as planned FY13 and were kept within the approved budget.

Grant income supporting Konbit Sante-implemented programs remained essentially unchanged from the prior year. This year Konbit Sante managed grants for other partners totaling \$200,000. There were no major construction or capital projects in FY13 as there had been in the prior year, resulting in an overall decline of total grant and foundation funding (program and capital).

Donor Income from our annual campaign and major fundraiser, Maine Walks with Haiti, increased slightly over the prior year.

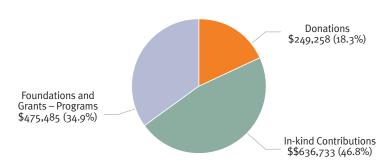
Total In-Kind contributions grew about 250%, in part due to a \$400,000 donation of medicines and medical supplies by Direct Relief International, California, that

were shipped on our 15th 40-foot shipping container, making it the highest value one we have ever sent.

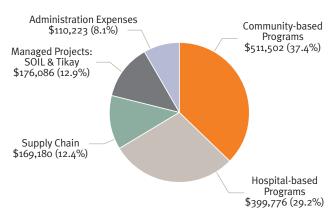
Reserves (total net assets) have decreased by \$82,445 in FY13; the third year of declining reserves. Decreases in reserves resulted from the scale-up of programs and the resultant expenditures of funds raised in 2010 and dedicated to our 3-year earthquake response plan. These earthquake relief funds were exhausted prior to FY13 and current revenue levels will not support the same scaled-up level of programming indefinitely, without additional new revenue.

For complete financial statements including a comparison to the prior year, please go to www.konbitsante.org and visit our *Funding Page*.

Total Income: \$1,361,476



Total Expenses: \$1,366,767



Drawn from Reserves: \$5,291

Total Income

Donations: Restricted and unrestricted funds from individuals and groups.

Foundations and Grants: Funds received from public and private funding sources for specific health-related programs or capital improvements.

In-kind Contributions: Includes the value of donated medical equipment and supplies as well as the value of our donated office and warehouse spaces.

Revenue does not reflect the in-kind value of volunteer time and skills contributed. Value of the professional time volunteers spent in Haiti is estimated at \$93,500 in FY13.

Total Expenses

Community-based Programs: includes support for women's and children's public health programming through the health center in FSM, and the ULS health center in Bande de Nord; pediatric and prenatal mobile outreach clinics, community health workers, training for traditional birth attendants, mother's and father's group, TB services, and vaccination campaigns.

Hospital-based Programs: includes healthcare and nutrition services for infants and children; nursing and medical resident trainings; development and support of clinical initiatives such as nursing, wound care, and emergency medicine; technical assistance on management issues; and facility & infrastructure improvements at the Justinian Hospital.

Supply Chain Program includes: Procurement, shipping, inventory management and distribution costs for equipment, medicines and supplies.

Managed Projects- SOIL & TiKay: Konbit Sante served as the grant recipient and fiscal manager for two important health-related projects implemented by partner organizations SOIL and TiKay and described elsewhere in this report; one focused on household sanitation and one on improving TB care.

Administration Expenses: U.S. and Haiti operations teams, operating expenses, and organizational development.

Each category includes materials and supplies; salary, benefit, and training expenses for employees; merit incentives; travel costs; and U.S. programmatic expenses for that program area.

Donors and Volunteers

FY 2013 In Kind Donors

Amitie Hispaniola
Bam Bam Bakery
J.B. Brown & Sons
City of Portland
Direct Relief International
Green Seeds Design
Hope International
Development Agency
Maine Medical Center
Martin's Point Health Care
Majella Insight

Middle East Children's Alliance Northern Data Systems Orthopaedic Associates Partners for World Health Plastic & Hand Surgical

Portland Foot & Ankle St. Lawrence Arts & Community Center

Associates

Traveling Volunteers - FY13

Dr. Erin Berry-Bibee
Dr. Tracey Beard
Jeffrey Caulfield
Seraina Egli
Bretta Hixson, MPH
Dr. Carol Kuhn
Dr. Eva Lathrop
Dr. Ann Lemire
Bob MacKinnon
Jeff Musich, P.E.

Dr.MichaelQuinn
Marianne Ringel
Dr. Mac Rogers
Meike Schleiff, MPH
Dr. Kristen Sciacca
Kim Simonian, MPH
Dr. Ralph St. Fort
Hugh Tozer, P.E.
David Verrill

Donated Professional Services

Many people offer their time and professional skills as volunteers, assisting with all aspects of our work including communications, outreach, strategic planning and events. There are too many people to thank in this report, but these volunteers are our cornerstone and have our sincerest gratitude. This year we would like to especially recognize the outstanding commitment of our Finance Committee, who have developed and maintained a financial model of accountability and transparency that allows you, the donor, to track every dollar. We are indebted to David Verrill, Steve Larned, Nate Huckel-Bauer, Hugh Tozer, Marianne Ringel, & Mike Kilmartin for their trustworthy expertise.

Exceptional Long Term Donors

Two southern Maine businesses deserve special recognition and appreciation for their long term support.

Northern Data Systems (NDS) has provided free office space for our U.S. headquarters for over eight years. NDS' founder, Charlie Stevens and his family, have gone above and beyond in their support, traveling to Haiti, offering IT expertise and staying involved in our efforts.

J.B Brown & Sons has provided free warehouse space for medical supplies and equipment that we have shipped to Haiti for over five years.

Konbit Sante is humbled by the exceptional people at these socially responsible businesses and the support and solidarity they continue to offer.

Grant Support

Konbit Sante wishes to express appreciation for grant support from the following funders:

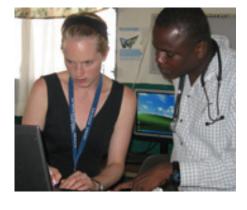
Alive and Thrive/Washington University

Chemonics (USAID Office of Transitional Initiatives)

Direct Relief International

Emory University

GlobalGiving
Grand Challenges Canada
Management Sciences for Health (USAID/SDSH Project)
WestWind Foundation







Donations

\$10,000 and up

John Emery Dr. Matt Liang & Diane Garthwaite Kathleen Lannan

\$5,000 - \$9,999

Ekedahl Family Foundation Gipson Family Foundation Dr. Steve and Polly Larned Daniel Raymond Nickerson Foundation Dr. Raymond and Doris Nickerson Dr. J. Michael & Wendy Taylor **Westwind Foundation**

\$1,000 - \$4,999 Anonymous Anonymous Dr. Warren & Heidi Alpern Dr. Sam Broaddus and Sandra Jensen Carrine Burns Mary Clark George and Stephanie Crockett Woodard & Curran Dr. John and Diane Devlin Elliot Badgley Foundation Inc. James and Mary Ann Emswiler Fox Family Charitable Foundation Trust Gorham Savings Bank Patricia and Cyrus Hagge Dr. Terence Harrist James and Beverly Hay IDEXX Laboratories Inc. Joel Karp Dr. Carol Kuhn F. S. Larned, Jr. Coalter Lathrop Dr. EJ and Lynne Lovett Maine Medical Center Martin's Point Health Care John Mayer Mr. Donald and Marilyn McDowell Susan & Frank McGinty Michael Ryan & Mary Lou McGregor

Dr. Eva Lathrop and Dr. Robert

leff and Elaine Musich Nate and Nancy Nickerson Phelps Family Foundation Dan and Elinor Redmond Marianne Ringel

Linda Robinson Dr. Malcolm and Sue Rogers

Robert Roswell

George W and Kate M Rowe Fund lenny Scheu and John Ryan John Shoos and Lisa Merchant Dr. Richard and Louise Sullivan Dr. Laalitha Surapaneni Hugh Tozer and Kathryn Reid Dr. William and Sheri Traverse **UNUM Group** Waynflete School Katharine Watson Daniel and Fran Zilkha Michael Zilkha

\$500 - \$999 **AMICA Companies Foundation** Ellen Asherman John and Maggie Atwood Dr. John and Georgia Bancroft Bangor Savings Bank Dr. Peter and Jackie Bates Jennifer Andrews and Mark Battista Richard Boudreau Ruth Burdett Southern Maine Medical Center Biddeford - Saco Rotary Club Gregg Lipton and Sara Crisp Dean Curran Carrie Cwiak Joseph Dekay Steve Douglas James and Rebecca Evarts Peter and Linda Gammons Gail Gilbert Cara and Michael Gordon Dr. Robert Hillman Edward and Sherelyn Hixson John Hixson and Janet Hobbs Sandi Ste. George and Phillip Hoose James and Elizabeth Kilbreth Marni and Roy Kolarsick Dr. Nanny-Co Lathrop Richard & Nancy Lemieux Dr. Ann Lemire Lovett Collins Associates, LLC Lucas Tree Experts Robert MacKinnon and Jane O'Conor Polly Maroni Dr. Robert McAfee

Susan McLaughlin

Moriah Moser

Dr. Suzanne Olbricht

Avis and Fred Miller

Gerald McCue and Sheila Molinari

Dr. Daniel Morgenstern and

OA Centers for Orthopaedics

Parker Richard Pulkkinen Thomas and leanette Puorro Jon and Amanda Queally Ginny Remeika Nancy Roach Anne Russell Eleanor Baker & Tom Saturley Sherman Family Foundation Karen Shoos Anna Sides Kim Simonian Ursula and Bill Slavick Dr. Jo Ellen Linder and Samuel Solish Anne Spiegel Maxine Spohr Bob and Kari Suva Laura Traverse Richard Upton Richard Walker Dan Wellehan Phil and Sue Wheeler Drs. Peter Elias and Mary Williams

Drs. Jefferson and Deborah

\$250 - \$499

Anonymous Anonymous Anonymous Dr. Payson and Lisa Adams John Arrison Jane Blair Victoria & Erno Bonebakker Robert and Sandy Burnham Cathy Caron William and Susan Caron, Jr. John Higgins and Nancy Chatfield Gail and Peter Cinelli Flatbread Co. Christopher Coyne Dr. Robert P. Smith & Margaret Creighton Teresa Doucet Drs. Eileen Reilly and Ed Downes Priscilla Dreyman Philicia Duncan Gerald Fairman Anne and Leo Famolare Sand Dollar Foundation Terrance and Sally Gray Greely4 Haiti Clare Hallward Davis and Jane Hartwell Edward Hollidge Gene Hopkins Paul and Mary Hosford

Elizabeth Eisenhardt and

Nathaniel Huckel-Bauer InterMed Win and Kyle Irwin Deema Ismail G.M. Johnson Ruth Johnson Mike and Anne Kilmartin Anthony Kleitz John Attwood and Karen Kurkjian Ann Laliberte Terry Lehnen and Ted Larned William and Polly Larned John Lazarus Marlene Lynch Mike and Amara Lynch Capt. D. R. and Joyce MacKinnon David MacKinnon Michael Connors and Ann MacSweeney E John Martin Joseph McCue Dr. Elizabeth Ackerson and Alan McIlhenny, Jr. Emile Mehanna Drs. Stephanie Boggs and Stephen Mette Keith Armitage and Maria Mincek Lydia Moland Dana Mollicone Carol Moore Ruth & Elizabeth Muller Iane O'Conor Stephen Palmer The Community Church Pepperell Walter Pomeroy Bikram Yogan College of India, Portland Dr. Michael Roy Pamela Merchant and Kirby Sack Dr. John & Karen Saucier Mel and Pamela Shaftel Kamal Shemisa Dr.Jonathon Simon Maine Episcopal Missionary Nathan and Christina Stehouwer Peter Steketee David Mention and Dorothy Streett Charles Tarrio Shruti Tiwari Suzanne Trazoff Susan Veligor David and Jackie Verrill The Episcopal Church of St. Mary

the Virgin

Patricia White

Jeremy Wintersteen

2013 Annual Report

Konbit Sante



Community health worker Madam Senat visiting \new mother.

How You Can Help

Konbit Sante depends on generous donations from individuals and organizations to fund our programs. Donations of cash, stocks, or in-kind items are greatly appreciated. A remittance envelope is enclosed for your convenience or you may visit our website at www.konbitsante.org to make a donation on line.

Thank you!

May We Send You Occasional E-news?

It's easy, it's green and it's a great way to learn more about how Konbit Sante is working to improve health care in northern Haiti. To receive electronic updates, please visit www.konbitsante.org and look for Follow Us on the right margin. (You can decide to unsubscribe at any time.) Also follow us on Facebook by clicking on the Facebook icon located at the bottom of the web page.

We Welcome Your Comments:

info@konbitsante.org

Konbit Sante Cap-Haitien Health Partnership is a 501(c)3 not-for-profit corporation organized in the State of Maine.



CONDIT SANTE (AND TO CAR-HAITIEN HEALTH PARTNERSHIP