Recovery and Resilience

2011 Annual Report
Dear Friends,

I’m proud to introduce our first ever annual report. Our theme this year is “Recovery and Resilience,” and we believe that these words have been crucial to our efforts in 2011. The stories and the numbers you’ll find here all tell the same tale -- and it’s one of people banding together as a family, as an organization, and as a community to overcome challenges, obstacles and odds. It’s about patients bouncing back from spinal cord injuries and returning to work and school when many doubted they would survive at all. It’s about a boy from rural Haiti whose mother couldn’t afford to send him to school, graduating from university with a medical degree and a dream of serving the community he grew up in. It’s about dedicated staff and community members working together to care for the sick and injured in the aftermath of disaster.

This report reflects on a year of challenge and change in Haiti, but it also reflects on a year of challenge and change at SBHF. In 2011, we’ve forged new partnerships with organizations like USAID, UNICEF and Dartmouth College and spearheaded many exciting new programs and initiatives. This report also emphasizes the importance of rebuilding and SBHF’s role in making sure that the Haitian people play an integral part in leading and implementing these efforts.

The future of health care and development in the communities we work with looks bright. That’s a testament to the phenomenal efforts so far in recovery, but more importantly, it’s a testament to the resilient spirit of the Haitian people. I’m happy to call you a partner and we hope that in reading this report, you’re inspired to continue supporting our work in Haiti.

Sincerely,

Conor Shapiro
President and CEO of the St. Boniface Haiti Foundation

MISSION

The St. Boniface Haiti Foundation is committed to helping those in need when no one else can. We work side-by-side with the people of Haiti to break the cycle of poverty and alleviate suffering through health care, education and community development. We work with compassion, respect and love for the people and communities we serve.

VISION

The St. Boniface Haiti Foundation will distinguish itself as a leader in redefining health care delivery, education and community development in Haiti. We will be recognized for our passion in providing quality care to the poorest of the poor in Haiti. We work towards the goal of building healthy, independent and self-sustaining communities.

Letter from the President
Providing a home and a future for SCI patients in Haiti.

When the earthquake hit on January 12, 2010, Kenny Theosomy was already suffering from a spinal cord injury (SCI) that left him paralyzed from the waist down. Kenny, a 24-year-old electrician from Port-au-Prince, was repairing wires when he was electrocuted and fell. He struggled to survive without a wheelchair, a job or any access to medication and basic services. In the confusion of the earthquake, Kenny was brought aboard the U.S.N.S. Comfort for care as part of the humanitarian aid effort. But when it came time for the ship to return to the U.S., Kenny, and a group of SCI patients were left with no place to go.

That's when SBHF received a call, asking if we could take over caring for Kenny and some of the other patients on board. With no facilities or formal program in place, but armed with the conviction that we had to help if no one else could, SBHF accepted its first group of SCI patients in February 2010. Several months later, Christian Blind Mission, USAID and World Learning stepped in as funding partners and SBHF opened a national spinal cord injury rehabilitation and reintegration program in Fond-des-Blancs.

To date we've enrolled 48 people in the program and the majority of those have been successfully reintegrated into their communities. Our dedicated SCI team spends many hours on the road each week, checking in with those in our community-based program and delivering supplies and medicine to their homes. When a person with an SCI is admitted to our program they are fitted for wheelchairs and taught how to maximize their own mobility; they receive physical and occupational therapy; family members are trained in caregiving; they attend psycho-social support sessions to deal with the emotional trauma that comes with an SCI injury and they have access to vocational training -- like jewelry-making or computer skills. And when they're ready to leave SBHF, a professionally trained team assists with the transition and conducts monthly follow-up visits. To date, 15 locally-hired staff members have been trained in SCI rehabilitation and reintegration.

“We work with people to ensure that they have the support to realize their goals of returning to work, school or parenting,” says Betsy Sherwood, the SCI Program Coordinator. “But I think above all this program is important because it’s saving lives. Before, most people with SCI’s without access to services like these would be discharged back into their communities and could ultimately die from secondary complications,” Sherwood says.

And what about Kenny? He now works for SBHF as a peer-educator and wheelchair repair technician. When new SCI people are admitted into the program, Kenny is there to make them feel welcome and help them realize that in Haiti, life doesn’t have to end with a disability.
When cholera first appeared in Haiti in late 2010, people on the roadsides in remote mountain villages would cover their noses and mouths with t-shirts as a St. Boniface ambulance trundled past, on its way to deliver some sick or injured person to the St. Boniface Hospital in Fond-des-Blancs. They did so because they were afraid they might catch cholera from whoever was inside.

Their reaction was a testament to how poorly understood cholera was when the first case was diagnosed in Haiti in October 2010, a century after the last outbreak of the disease.

So before cholera spread to Haiti’s southern region, SBHF devised an aggressive plan to educate the people in our catchment area on the prevention and treatment of this water-borne disease.

So our teams of community health workers -- more than 50 trained local volunteers led by a staff of nurses -- fanned out across our region in an effort to reach the approximately 120,000 people living in our catchment area. They brought laptops and played videos, they supplied chlorine and soap and demonstrated how to purify water and properly wash hands. SBHF set up 40 oral rehydration points in different communities to provide rehydrating salts and educational materials on cholera prevention.

Many did not realize that cholera can’t be caught from breathing air -- it’s contracted when the victim ingests food or water contaminated by the fecal matter of an infected individual.

The disease has killed 7,000 in Haiti, but community outreach is the cure.

The bacteria then infects the small intestine and causes severe diarrhea, vomiting and fever which can rapidly lead to dehydration and death. And in a country with no sanitation system, a disease like cholera can turn epidemic in a flash. To deal with the onslaught of cases, the SBHF team set up a cholera treatment center on the hospital campus -- downstream and a safe distance away to avoid contaminating the general water supply. A half dozen tents were erected and outfitted with cholera cots. Staff installed water pumps, disinfecting stations and a separate kitchen to guard against cross-contamination.

The spring rains brought a spike in cases -- nearly 200 in May 2011 alone. At the close of 2011, 853 people had been treated for cholera at St. Boniface Hospital.

Nationally, more than 500,000 have been infected, more than 7,000 have died. The epidemic, although it has slowed, is not over. Cholera bacteria can survive in the ground water for many years, waiting to return with every rainy season in Haiti.

“Cholera will probably be endemic in Haiti due to low education levels, precarious socio-economic conditions, poor sanitation and limited access to clean water,” says Dr. Inobert Pierre, director general of the hospital. “But what has been very encouraging to us is the low prevalence of cholera in the areas where we intervened the most.”
Pierre Evens Lalanne, known as Evens, was 13 years old when he started working after school at St. Boniface Hospital as a ménage, or housekeeper. “I loved being at the hospital,” Evens says. “I went to school in Fond-des-Blancs and then after school I came to work at the hospital.” He started helping out in the pharmacy, and then with food distribution to children and the elderly. But Evens was also a promising student whose family was running out of money to pay for his school tuition. His father had abandoned his mother and two sisters and his mother was challenged to put food on the table, much less cover school fees for Evens.

So SBHF stepped in and enrolled Evens in our scholarship program. Evens passed the 8th grade -- the highest grade then available in Fond-des-Blancs, and went on to a secondary school in Port-au-Prince. “I had so, so, so much work,” Evens remembers. “But I studied hard.” But he passed and after graduation, SBHF offered Evens a university scholarship that covered his housing, food, books and fees.

And when it came time to declare a course of study, he didn’t have to think hard about his decision. “I wanted to study medicine so that I could return to Fond-des-Blancs and work in the hospital,” Evens says. With the support of the scholarship program, he spent seven years pursuing a medical degree at Université Lumière Faculté de Médecine. He graduated in 2011, at the age of 28, and returned to his family’s home in Fond-des-Blancs to work as a doctor at St. Boniface Hospital.

In fiscal year 2011, SBHF disbursed more than 800 primary and secondary school scholarships and seven university scholarships to students like Evens, who otherwise would not be able to attend school. In a country where, according to the World Bank, less than half of all children complete primary school, education is an important component in improving health care and living standards. And it’s a benefit not accessible to everyone -- the majority of schools in Haiti are private and require tuition, book fees and uniforms to attend.

“Before St. Boniface arrived, young people here had no opportunities,” he says. “I could have worked in Les Cayes, or Port-au-Prince, but I wanted to return here, to work in my own community.” Evens plans to pursue a specialty in surgery with a residency at a hospital in the U.S. so he can bring the skill back to Fond-des-Blancs and become the hospital’s first resident surgeon.

“Education.”
## Our Work in 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient visits</td>
<td>48,404</td>
</tr>
<tr>
<td>Children treated</td>
<td>10,310</td>
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</tbody>
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## Our Work this Year by the Numbers

### Health Care
- Babies delivered: 750
- Prenatal check-ups: 3,049
- Dental check-ups: 3,165
- Malaria tests: 1,949
- HIV tests: 14,186
- Vaccines administered: 3,418
- Doses of vitamin A: 2,001
- Emergency room visits: 2,949
- Surgeries: 334

### Education
- Primary and secondary school scholarships: 810
- University scholarships: 7
- Adult education scholarships: 40
- Teachers trained: 180

### Community
- Community health workers trained: 65
- Metric tons of food delivered: 2,207
- Food for work employees: 1,930
- Trees planted: 5,900
- Pounds of vegetables grown: 2,001
Staff members outside St. Boniface Hospital.

A baby is weighed to check for signs of malnutrition.

17-year-old Mamaille Louis-Jeunes learns the art of jewelry making in the SCI program.

Students at the rural Kapin School play soccer.

Rosita, who is blind, lives at the Kay Gran Moun elderly home.

A boy demonstrates hand-washing during a community health visit.

A child waits nervously for a vaccine.
Financials

Individual & Corporate Donations $2,098,122
Foundation Grants $681,941
Government Grants $1,336,497
In-Kind Income $3,557,570
Total Revenues* $7,673,930

Expenses FY2011
Program Expenses 92%
Administrative Expenses 5%
Fundraising Expenses 3%

Programs $5,410,716
Fundraising $175,140
Administrative $304,200
Total Expenses* $5,890,056

* A post-earthquake influx of in-kind donations and inventory reporting accounts for over a $1 million discrepancy between revenues and expenses in FY2011.

Partners

AmeriCares
Ascension Health
Boston's Community Medical Group
Camden Foundation
Catholic Medical Mission Board
Catholic Relief Services
Centers for Disease Control
Chartrand Foundation
Christian Blind Mission
Cruz Roja (Spanish Red Cross)
Dartmouth College
Direct Relief International
Food for the Poor
The Haitian Ministry of Health/MSPP
Handicap International
Healing Hands for Haiti
HELP-Hilfe zur Selbsthilfe e.V. Haiti
Hershey Family Foundation
IC-Haiti
Ignatian Volunteer Corp
John Snow, Inc. (JSI)

Lincoln School of Brookline
Loyola University Chicago
New England Revolution
Partners In Health
Physicians for Haiti
Polska-Haiti Foundation
Queen of Peace Parish (Gainesville, FL)
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St. Vincent’s HealthCare (Jacksonville, FL)
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The St. Boniface Haiti Foundation employs 200 people at a headquarters' office in the Boston area, a field office and hospital in Fond-des-Blancs, a clinic in Villa and an office in Port-au-Prince, Haiti. More than 95% of our employees are Haitian.

Haiti
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Jean Denis Lys, Program Manager
Dr. Wendell Blaise, Medical Director
Betsy Sherwood, SCI Program Coordinator
Ellen Boldon, Nutrition Program Coordinator
Nancy Seraphin, Monitoring & Evaluation
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It began in 1983 with a Walk for Hunger at the poorest parish in a working-class section of Quincy, Massachusetts. The parishioners of St. Boniface decided to donate half the money they raised in the walk to the poor of Quincy and the other half to Mother Theresa's newly-opened Home for Children in Port-au-Prince, Haiti. They were told their money would be graciously accepted under one condition: That they hand-deliver it to Haiti themselves.

And they did. After the trip, the group, led by Father Jerry Osterman and parishioner Nannette Canniff, made a commitment to continue fundraising for Haiti. Eventually, they traveled to the remote town of Fond-des-Blancs in the mountains of southern Haiti where they were impressed with the hospitality and resiliency of a community suffering in conditions of extreme poverty. They decided to build a clinic and then a few years later, a school, and eventually the St. Boniface Hospital, which was completed in 1992.

Since that time the St. Boniface Haiti Foundation has grown into a non-governmental organization drawing support from donors and partners at the national and international level with nearly 200 employees in the U.S. and Haiti serving more than 55,000 patients and thousands of community members in southern Haiti every year.

And we couldn't do any of it without your support. Thank you!

(above) Hospital construction began in 1990; (left) An early vaccination team departs Fond-des-Blancs and founders Father Jerry and Nannette Canniff with Sister Monique, a missionary in Haiti.
The girl on the cover is named Ismerline. She was 12-years-old when she came to St. Boniface Hospital after being injured in the earthquake. She was at school near her home in Carrefour when the quake struck. With a fractured femur bone and a serious injury to her left eye, Ismerline was brought aboard the U.S.N.S. Comfort for treatment. Surgeons there operated on her leg and her eye and she was later transported via helicopter to St. Boniface for follow-up care and rehabilitation.

When Ismerline arrived in Fond-des-Blancs, she had an external fixator on her leg and was experiencing significant pain at the site of her eye surgery. Our staff started her in physical therapy and she made significant progress, learning to walk again.

During the five months Ismerline was with us, her mother and brother stayed at the hospital. The whole family participated in psycho-social support group activities and were an important addition to a group of patients who were all recovering from the physical and emotional injuries of the earthquake. Ismerline was our youngest patient, but without a doubt one of the most resilient. She was determined to overcome her injury and return to her family and community in Port-au-Prince. By July 2010, Ismerline was well enough to return home. She is now back in Port-au-Prince, living with her parents and siblings and attending secondary school.

For our patients and our staff, Ismerline represented survival and hope. She constantly inspired those around her with her positive outlook and determination to see a better future.