



HEALTHY FAMILIES,
RESILIENT COMMUNITIES

2017 ANNUAL REPORT

WEBSITE

www.care2communities.org

CONTACT

info@care2communities.org
(617) 559-1032

EXECUTIVE DIRECTOR'S LETTER

Dear Friends,

Haiti doesn't lack for medical clinics.

There are clinics all over the country, of varying levels of capacity and quality, that offer the basic rudiments of healthcare delivery. Last year, the Bulletin of the World Health Organization published a study that found that over 91% of the Haitian population lives within 5 km of a health facility, but only 23% of the population lives within 5 km of a high-quality health facility. Why is that?

Many healthcare providers argue that it is better to offer something, rather than nothing at all. But at C2C, we strive to transform the way healthcare is delivered in Haiti in perpetuity, rather than just patching gaps. We hold a long view. And the only way to change the future is to tackle the financial sustainability of health services in Haiti. C2C is proving that primary care can be accessible, affordable, and that low user fees can, over time, fuel successful health businesses. We don't think of our patients as fortunate beneficiaries; we consider our patients to be our valued clients, who deserve a clinical experience that is comprehensive, timely, affordable, supportive – and effective. They deserve to get well and stay healthy.

In 2017, we served over 15,000 people with clinical care and reached another 30,056 with supportive, community-based services. At three clinic sites, we've demonstrated that affordable user fees can fuel growth and sustainability, by generating over \$100,000 in earned revenue. We accomplished so much in 2017, but I am most proud of the following successes:

- Patients are healthier because a C2C clinic is a reliable local resource offering families the services they need, where and when they need them
- The Ministry of Health has endorsed our work and our model through a catalytic new public-private partnership with C2C that will give flagging public clinics a "new life"
- We have reduced our US overhead by 50%, boosting total program spending to 83%

We have achieved a level of operational excellence that has the potential to transform every public clinic in every community across Haiti. In 2018, our growing network of clinics will leverage the assets the Ministry of Health already has in place – infrastructure, trained personnel, and a commitment to data collection – by taking that system to the next level to fill the gaps that break down care delivery and undermine access and quality.

Our success is a testament to the generous people and institutions who believe that our approach is a novel, powerful way to effect systems-level change. Thank you for all you do to support our efforts. We consider your support a privilege and we are proud to offer you, in return, accountability, transparency, and results.

Sincerely,



ALLISON HOWARD-BERRY
EXECUTIVE DIRECTOR

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ACHIEVEMENTS & GOALS

Acul du Nord clinic

- 6,323 total patient visits in 2017 – a 48% increase from last year
- 98% of patients say they would refer friends and family to C2C
- Top 3 conditions treated: gastric infection, urinary or genital infections, and hypertension
- 1,475 pregnant women received comprehensive antenatal and infant care
- 10,373 community members reached through outreach efforts by Community Health Workers



Chauvel clinic

- Opened doors to patients in April 2017
- Features high-capacity diagnostic lab with chemistry analysis
- Top 3 conditions treated: typhoid, anemia, infections
- 3,811 total patient visits
- School outreach program launched in November 2017

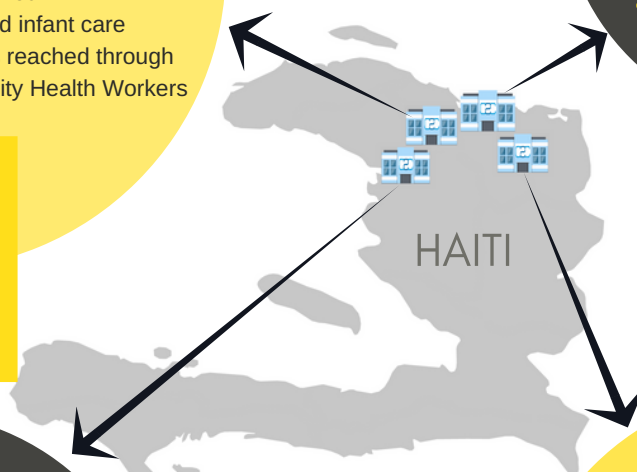


Sinek clinic

- Grand Opening: March 2018
- Public-private partnership with the Haitian Ministry of Health aims to double patient volume, ensure timely vaccination coverage for all Sinek children, triple the pharmacy stock, and add 7 new diagnostics on-site
- In 2016-2017, the Sinek clinic received a quality score of 43%; C2C will elevate this to 75% within one year

Camp Coq clinic

- 5,662 total patient visits in 2017 – a 30% increase from last year
- 96% of patients report high satisfaction
- Top 3 conditions treated: parasitosis, infections, and hypertension
- 1,204 pregnant women received complete antenatal and infant care
- 19,683 community members reached through outreach efforts by Community Health Workers



GOAL 1

Improve the health of Haitian families by making high-quality primary care accessible and effective

A recent [study](#) in the Bulletin of the World Health Organization found that while 91% of the population lived within 5km of a health facility, only 23% lives within 5 km of a high-quality health facility. Having a local clinic in a community is only as good as the care being delivered: quality staff, a reliable supply chain, sound management, and community outreach. C2C brings failing government clinics up to their full potential. Delivering high-quality care requires operational acumen, clinical expertise, and a true partnership with patients. But meaningfully, measurably improving health in Haiti requires improving access and quality, as well as improving the health-seeking behaviors that drive decision-making.

GOAL 2

Demonstrate a path to financial sustainability for primary care

The public health system in Haiti is catastrophically under-resourced and only 4.4% of the government budget is allocated to health. The deficit of service delivery is stark and foreign aid and the charitable sector cannot meet the financial needs of the health system. There isn't enough aid to do the job and, ultimately, hundreds of millions of annual aid hasn't worked thus far. We posit that supporting the Ministry of Health to run their facilities with operational and clinical excellence, charging attainable user fees for high quality care, will transform health access and outcomes in Haiti – in perpetuity.

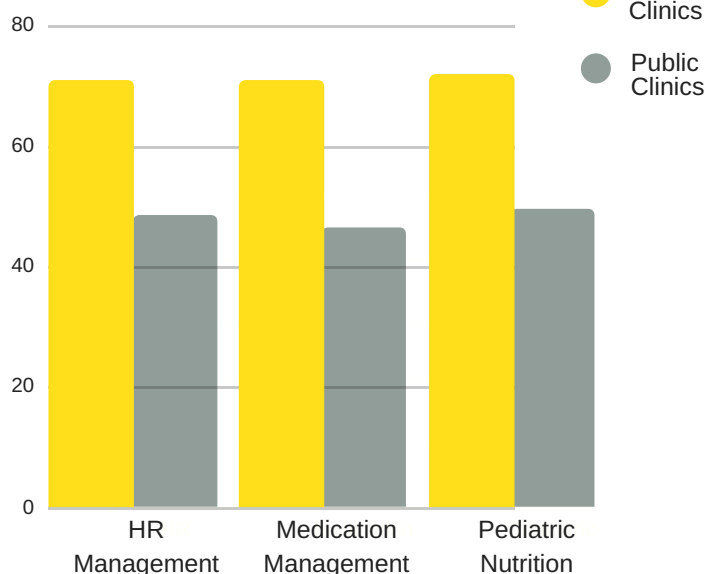
GOAL 3

Achieve systems-level change to guarantee health access for all

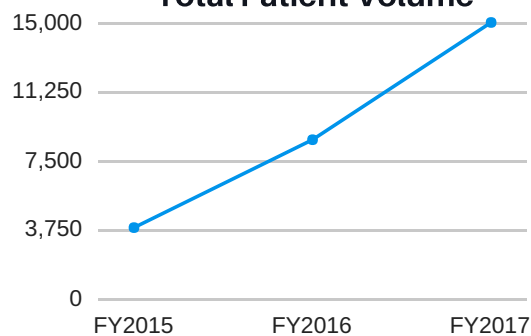
A market-based model will catalyze enduring systems-level change in Haiti, in a way that charity dollars alone simply cannot achieve in the long-term. The World Bank recently released a [report](#) stating that “... *unless primary health care is prioritized with greater access to essential treatment for the people most in need, universal health coverage will not be possible.*” A functional and effective primary care system in Haiti is the only way to transform the health profile of its people by treating and preventing the leading causes of mortality nationwide.

METRICS

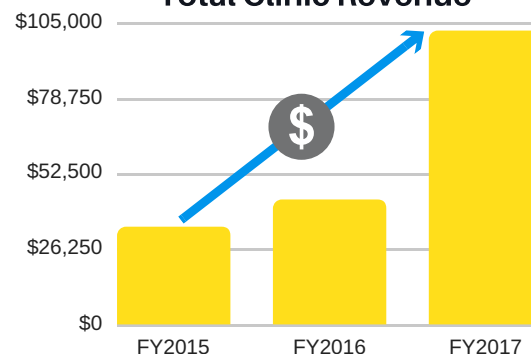
Government Quality Evaluation Ranking



Total Patient Volume

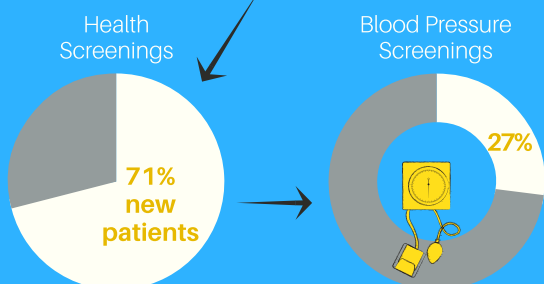


Total Clinic Revenue



Community Health Screenings

4,991



4,991 patients were reached through weekly community health screenings. 71% of them were never treated by C2C before

4,331 patients were reached for blood pressure screenings. 27% of them had high blood pressure and were referred to a C2C clinic

Patient Vists

14,991



74% increase since 2016

Malnutrition Screenings

593



114% increase since 2016

Community members reached at home

25,010



through 5,220 household visits

Maternal Care Visits

2,679



35% increase since 2016

SPECIAL INITIATIVES:

Malnutrition



Through our partnership with the Ministry of Health, as well as generous funding from the Meyer & Esther Mazor Foundation and the Clif Bar Family Foundation, C2C screened 593 children for clinical malnutrition in 2017 and admitted 242 medically malnourished children into the a 12-week, progressive rehabilitation and treatment program. 1 in 5 children in Haiti is malnourished and our treatment program targets the poorest of the poor. Families of these children have no money for food and, in many cases, we have had to subsidize the cost of travel to and from the treatment site in order to ensure malnourished patients complete the rehabilitation program. This program is saving children's lives and is an inexpensive effort that the community clinic model makes possible.

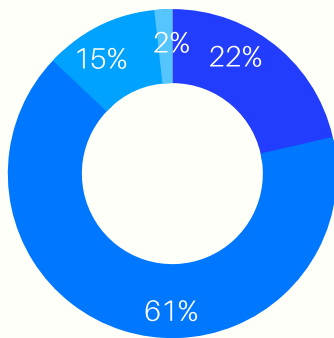


Maternal and Child Health

C2C was awarded the "Stars in Maternal, Child and Newborn Health" grant award from Grand Challenges Canada (a partnership of the Gates Foundation, USAID, and the Canadian Institutes of Health) to deliver a ground-breaking program for expectant mothers which pairs home-based education and support with a complete protocol of antenatal care, robust postpartum care, as well as newborn care, including vaccinations, through baby's first year. We will enroll 750 women in the program to track improved outcomes for mothers and infants to determine to how the home-based behavior change intervention improves key health and behavioral indicators.

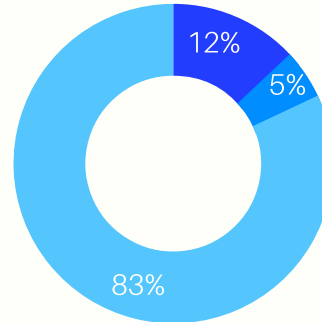
FINANCIALS

REVENUE:
\$914,464



Foundations
& Corporations
\$196,808
Individuals
\$599,914
Earned Income
\$102,255
Other Revenue
\$15,486

EXPENSES:
\$970,252



Programs
\$780,717
General &
Administrative
\$48,404
Fundraising
\$141,131

2017 Highlights:



C2C increased
program spending
from 72% to **83%**
in the past year

Total Clinic Revenue
increased by
200%
in just 2 years



“C2C has demonstrated over many years that they hold the highest standards for quality and affordability. Their clinics are models of operational excellence and I believe that C2C's operating model can transform public sector clinics across Haiti. C2C is a valued partner of the Haitian Ministry of Health.”

Dr. Ernst-Robert Jasmin
Director of the Northern Department
Haitian Ministry of Health

IMPACT THROUGH PARTNERSHIPS:

We would like to thank the following partners that help in various ways to improve and expand our care services in the communities we serve:



Vitamin Angels works to combat malnutrition by connecting at-risk communities with nutritional support. Through our partnership, we are able to provide life changing vitamins and minerals to pregnant women, nursing mothers, and children under five. To support these populations, Vitamin Angels supply our clinics with Vitamin A to save lives and reduce illness, Albendazole to reduce the burden of worms and improve micronutrient status, and multivitamins for pregnant & breastfeeding women to support fetal growth and thereby reduce neonatal and infant mortality.



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OUR VISION:

Accessible, affordable, high-quality healthcare for every family in Haiti – today and in the future.

OUR MISSION:

To create a model for sustainable, community-based healthcare in Haiti that transforms the status quo, meets the needs of poor and low-income people, and empowers families to lead healthier lives.



We are honored to have many donors who share our passion for building a lifesaving, sustainable health care system for Haiti. Thank you for your generosity.

Clif Bar Family Foundation, Coverys Community Healthcare Foundation, Emerging Markets Trade Association, Grand Challenges Canada, Henry E. Niles Foundation, International Foundation, Izumi Foundation, Jack Tarver Foundation, James and Louise C Roche Foundation, Meyer and Esther Mazor Foundation, New Hampshire Charitable Foundation, Rathmann Family Foundation, Roy A Hunt Foundation, Sheehan Family Foundation, Westernacher Charity

Lucy Anda, Jeffrey and Ruthie Barker, Mark and Jane Berry, Daniel Blake, David and Colleen Burt, Jeanette Callahan, Rea Cassidy, Miriam and Thomas Christof, Charles and Martha Clapp, Eileen Commane, Walter and Brenda Conlin, Jack Connors Jr., Peter and Gretchen Crowley, Claire Dillavou Jarashow, Richard Dwyer, Connie Eagan, Frances Edwards and John Clausen, Karen Edwards and Marty Lowenthal, Lubna Elia, Laurie Emrich, Daniel and Vanessa Foley, Reginald and Barbie Foster, Dale and Robyn Garth, William and Lynda Glavin, William and Cynthia Goebelbecker, Sharon Gonsalves, Thomas and Janet Gorman, Dick and Nancy Greene, Mary and Michael Guilfoile,

Stephen and Mary Hines, John and Beth Howard, Tony and Susan Howland, Donald and Agnes Hunsicker, Elizabeth Johansen, Bettye Kearse, Robert King, Olivia Kistner, Mary Lee, Joseph Lemay, Karin Stanley-Lockman and Sheldon Lockman, Charles Lower, Eileen McCarthy, Robert and Kristina McCooey, Kevin McGrath, Chris McGrath, Brian and Elizabeth McGuire, Liza and Jeff Meyerhardt, Chris and Eileen Millard, Mark and Mary Miller, Roger and Margot Milliken, Milton Millman, Juanita Miranda and Robert Mondello, Mary Alice and Paul Moynahan, Kristin Mumford, Tom and Christy Murphy, Mary Flynn Myers, Robert and Kate Niehaus, Jack and Nancy O'Connell, Kenneth and Margaret Perkins, Florence Pierre, Camille Preston,

Bernard and Sue Pucker, James Quinlan, Joan Quinlan, Barbara Raho, Robin Reed, Marie Marthe Saint Cyr, Tedd and Ella Saunders, Ian and Camille Schmidek, Jane Shang, Elizabeth Sheehan, Gerald and Maureen Sheehan, Meg Sheehan, Carmel Shields, Nicholas and Marie Spellman, Molly Stranahan, Sandra Stratford, Brendan and Kerry Swords, Mona Eliassen Taliaferro and David Taliaferro, Bill Tomlinson, Jens Touborg, Nigel and Joanna Travis, Peter Urbanczyk, Shefteh Veyssi, Robert and Martha Wally, Mark and Lisa Walsh, Ian Weiss, Heather and Will Willis, Bronwen Wirta, James Wolff, Susan Zellweger, Sally Ourieff and Bruce Zetter.



213 4th Street East, 4th Floor, St. Paul, MN 55101