Resource Guide

Generated November 20, 2026 · 6 open facilities · closed facilities are not listed · call before you go: details change quickly

Haiti

Dispensaire de Cornillon (MSPP)

Medical Facility · Open

18.6755°N, 71.9516° W (from Resource Finder), Cornillon

Phone P: 1340 H: 1340034
Service Temporary

1/29/11 HEAS Post from MSF Belgium
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MSF Belgium was yesterday in Cornillon and St Vincent de Paul.

Tomorrow we will start to support the hospital in St Vincent de Paul with more material and we will prepare 2 small CTU's in the 2 areas were the cases from last week are coming from (Palmas and Marturrein).

Cornillon: the cases are mainly from an area named Bouchon, on the road to Cornillon. The number of cases is decreasing now as the pick seems to occur last week.
In Cornillon there is not CTU.
Ilaria Porta
Emergency Medical Coordinator
MSF OCB Haiti

1/4/11– Lpar Note: Although we do not even know if this Dispensaire is open, I have put it as responding to cholera to make it fall in the correct list. Will adjust that at a later time if necessary.

1/3/11 Email from Dr. Charmaine Lewis
I have never met an auxiliary nurse at the CdS–Cornillon. (This is a MSPP health center, by the way, not supported by an NGO.) In my 30+ visits to my site over 6 years, passing the CdS–Cornillon every time, I have never seen it open. As far as I know, they are not treating any cholera patients there.

We would love for them to start a CTU there, and our Haitian Medical Director, Dr. Leopold Bourgouin, has been appealing to the MSPP to start something there, since we feel that the 4+ hour walk from Cornillon (the village) to us is too much for a cholera patient, not to mention the patients who live on the other side of Cornillon.

1/3/11 Email from Dr. Charmaine from Centre de Sante St. Vincent de Paul
We are hearing that there are many more community deaths down the mountain (between Thomazeau and Cornillon the village) –– which is too far for us to reach as far as cholera is concerned. We've requested that the MSPP set up a CTU at least at their Centre de Sante de Cornillon, more centrally located, but have not heard. They do not staff this CdS routinely, deferring to us for probably 95%+ of the region's medical care. We have our community health workers out and about trying to help as much as possible. But it's 60,000 people, 2 doctors, and 10 CHWs. It's not enough. We're lucky we haven't seen more cases. Perhaps our remoteness has been a blessing in some ways.

I believe the typical staff there is an auxiliary nurse and occasionally a resident doing a year of social service.
The resident usually also comes up to our facility to rotate (the the CdS Cornillon sees like <50 pts per month, and we are seeing about 900 a month, not including cholera these days).
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; MSPP (Haiti – Department of Public Health & Population
Updated Jan 29, 2011 · https://reliefdb.org/shelters/7429

Cholera Treatment Unit– CTU, Mathurin (supported by MSF Belgium) Standby

Medical Facility · Standby

GPS Coords per Dr. Charmine Lewis; 18 39 27.64 N, 71 49 33.37 W, Mathurin
Service Temporary

1/29/11: Post on HEAS from LLaria Porta, MSF Belgium
Tomorrow we will start to support the hospital in St Vincent de Paul with more material and we will prepare 2 small CTU's in the 2 areas were the cases from last week are coming from (Palmas and Marturrein).
(Spelling corrected by Dr. Lewis to be Mathurin)

Services offered: Medical, Facility, Cholera, Rehydration Center (CTU or UTC)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; Border Clinic (Haiti); MSF (Médecins Sans Frontières) – Doctors Without Borders
Updated Mar 20, 2013 · https://reliefdb.org/shelters/7598

Centre de Sante St. Vincent de Paul – "CTC – CHOLERA TREATMENT CENTER" (Supported by: Serve Haiti)

Medical Facility · Open

USA Address:; 999 Peachtree St. NE; Ste 2300; Atlanta, GA; Route de Grand–Bois/Comillon, Pointe (At the end of the road in Grand Bois); GPS COORD Confirmed by Dr. Charmaine Lewis : 18 39 14.26N –71 52 14.22W, Near Pointe & St. Pierre

Phone	00 P: H: 1349002
Web	www.servehaiti.org
Checks payable to	Serve Haiti
Service	Permanent

11/26/12: Three new cases of Cholera reported on HEAS. lpar

5/10/11 Email from Charmaine Lewis
We got another 35 patients today! This is actually worse than the original outbreak for us.

Significant increase in cholera cases
Monday, May 9, 2011 6:42 PM
From: "Charmaine Lewis"
To: haiti–epidemic–advisory–system@googlegroups.com

The Centre de Sante St. Vincent de Paul Health Center in Pointe (commune/region of Grand–Bois/Cornillon in the Departement de L'Ouest) saw 43 cases of cholera and had 2 deaths today. This is a significant increase from the past days and weeks, when we had between 4 and 15 cases at most. This has completely overcome the capacity of our cholera tent at our site, and we are trying to determine if we have the assets needed to open other CTUs in the region.

Our in–country Medical Director suspects that this increase is due to a substantial amount of rainfall in parts of the region, and a complete lack of clean water sources in another part of the region.

Thanks –
Charmaine Lewis

––
Charmaine A. Lewis, MD, MPH
US Medical Director, ServeHAITI
serveHAITI.org

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In Cornillon there is not CTU.
Ilaria Porta
Emergency Medical Coordinator
MSF OCB Haiti

1/25/11 Email from Dr. Lewis
I think our staff is exhausted. Our medical director in Haiti is really really wonderful –– truly one of the best clinicians I've ever worked with, in the US included, and he was chosen to do a mini–masters program for 6 months in PAP on sanitation and water security. This was all before the cholera outbreak. So our second MD is manning the clnic 4 days a week, and he goes back Fri–Sun. It's worked out so far because there is so much to do in PAP as well to get supplies, lobby, etc, but his voice of authority is much more potent than hers (God bless her for being a female Haitian MD... not an easy job). Our nursing staff is quite good as well, but the nurses aides, who would normally do a lot of the routine cholera care, have not been as easy to deal with. The stigma of cholera is severe there, and retaining aides has been a problem. We try to find locals to do the jobs because we want to employ local people AND if we do not then we also have to house/feed/etc. And frankly, it's hard to find city dwellers to come out to work for us. We do have a great social worker, and we've been doing our best broadcasting messages over our community radio station, but...

Not to mention that moving the overflow cholera patients in and out of the building means massive decontamination all the time....

Basically, I wish I could tell them that it will only be a couple/few more weeks and then this will "blow over" and they'll go back to what is "normal" for them... 1000 clinic patients/month, 30 deliveries, and 30 hospital stays for stuff other than cholera. But they see the numbers going up, and they know the truth. Dr. Leo will finish his program in the next few weeks, which will help.

1/24/11 Email from Dr. Lewis
Number of cholera pts climbing to around 30pts.

Number of pts. last week : 68 cases from 17–23 Jan
Number of fatalities last week: 2
percentage on IV fluids vs ORS last week 100% get IVFs to start. They are transitioned to ORS when/if they are not vomiting, and then IVFs are stopped when they appear hydrated. (Honestly, it's a protocol that could use improvement. We are working on it.)

1/8/11 Email from Dr Lewis to Dr. Jim Wilson

I have attached a version of the MSPP report with a few columns added, including the most important one for our ground staff –– Lits occupes

Our tent only has capacity for 10, so the key there is that if we go over 10 lits occupes, we have to move the cholera back into our facility which shuts down operations otherwise.

We are used to seeing 60 – 100 clinic patients per day, delivering 30 babies a month, and hospitalizing 20 – 30 non–cholera cases per month.

Fortunately, we have not had very many deaths. We have received more reports from the community that there have been some but we have not been able to easily confirm (we asked them to report names, localities, and if they had been to our health center, bring us their patient card so that we could document their death in our system). The MSPP has asked us to report community deaths if we can confirm. So most of those "0" in the chart attached are probably not accurate. It's hard keeping track of 60,000 people in rural Haiti.

I am waiting to hear back regarding our RL burn rate.... but we did get some from promess

As far as what we received from PROMESS:
3000 cap CIPRO
600 tabs DOXY
1400 tabs OMEPRAZOLE
1000 MED GLOVES
50 DISP GOWNS
72 L OF RL – I need to confirm whether this is 72 or 720... ambiguous on worksheet from Promess... and makes a big difference.
57 L OF D5NS
300 18G CATH
200 22G CATH
400 20G CATH
6 GAL ISOPRO ALCOHOL
24 BOTTLES OF 250ML POVIDINE
10 BOXES OF GAUZE (used for autoclave)

Thanks so much for all you are doing –– this is the most productive collaboration I've ever witnessed in Haiti –

Charmaine

Google Earth map of this site:

http://maps.google.com/maps/ms?ie=UTF8&hl=en&msa=0&ll=18.654139,–71.870697&spn=0.002963,0.006518&t=h&z=18&msid=217883840396378520603.00049957968b775fae1b1>

1/5/11: Email from Dr. Lewis
I can't think of another NGO to contact for our region. We tend to be the people the residents come to for support in various projects (we have other people in the org that do microfinance/Econ – we supported a Fonkize branch several yrs ago;, water– we've drilled 4 wells and have 2 more planned; education – we do yearly teacher training courses and helped intall a computer cluster and bought the computers for the one secondary school which is nearer Cornillon the village; road improvements, etc.). We train the MD residents, auxiliary nurses, RNs in social service. We run a volunteer dental program and have started a peds dental program in the schools. I could go on and on.

In the field of health though, I think that Save the Children was also funded by PEPFAR(–NPI?) a few yrs ago.

1/3/11: Email from Dr. Lewis
All of the cholera patients come to us in the region, unless they walk to Thomazeau (the western subregion, called Premiere Plaine Celeste) or take a mule to LasCahobas (the northernmost subregion, or Genipailler). But we get folks from everywhere in

our region, and the largest portion of our population lives in the mountains surrounding us... including Haitians working over the border sometimes.

I will fill out the form online so that you guys can understand our capacity.

We are not officially recognized by the MSPP, ourselves, despite the fact that they place residents in our care for training for years, were funded by PEPFAR–NPI for HIV work for 4 years, and sent us our CTU tent and some meager supplies. So we are going through the non–MSPP sanctioned methods of getting supplies through PROMESS –– and haven't succeeded yet.

DATED 1–3–11:

Facility NAME: CENTRE DE SANTE – ST. VINCENT DE PAUL

Facility Type if applies (CTC, CTU, CTP post): CTU

On the ground contact (Name, Email & Phone#):

HAITIAN MEDICAL DIRECTOR – LEOPOLD BOURGOUIN, MD (Creole, French, English, Spanish) fleo20fleo20 @ gmail.com 3480 2403

LOGISTICS/DRIVER – Mr Anice Philibert – (Creole only)
tel 3499 4985

Supporting Organization(s) (eg. MSPP, MSF, MTI? etc.): ServeHAITI (www.servehaiti.org). The MSPP via UNICEF provided us with one 10–patient tent, 6 cots, and several buckets initially)

Principal Contact in US – if applies (Name, Email & Phone #):

U.S. MEDICAL DIRECTOR – CHARMAINE LEWIS, MD MPH charmainealewis @gmail.com 910.274.1222

Facility Location: 18 39 14.26N –71 52 14.22W
Department: OUEST
Commune: GRAND–BOIS (ALSO CALLED CORNILLON)
Village/Town: NONE, but located near Pointe and St. Pierre

Street Address and/or directions/GPS coordinates: 18 39 14.26N –71 52 14.22W

Describe accessibility to your site (e.g. Passable roads? Helicopter Landing Pad or spot? Airstrip for small planes? Please provide conditions for air landings and GPS coordinates):

We are located at the end of the only road traveling through the region, which is sometimes impassable in extremely wet weather (due to mud and flooding) or extremely dry weather (rock slides) or sometimes in between (vehicles that break down on the road are usually impassable). The access to this road is via Croix des Bouquets, then Thomazeau. As soon as you cross over the river bed at the eastern most side of Thomazeau, it is Grand Bois. It is approximately a 6 hour drive from the PAP airport/Toussaint Louverture to our site.

We have enough flat land adjacent to our Health Center to land a helicopter, and in fact have done this in the past (in 2007, I believe, with Air Calvary and last year post–earthquake when we couldn't access our site from the road). There is no land available in our region, to our knowledge, that is flat and long enough to land a small plane, and no airstrip.

Days per week clinc/hosp. is open? 6 days/week for routine visits, 7/365 for emergencies, hospitalizations, and obstetrical care

Medical Staffing (How many Doctors, Nurses, Non Medical Staff on hand)?:

1. One Medical Director (Dr. Bourgouin)
2. Usually 1 – 2 residents doing social service training
3. 2 RNs
4. 2 auxiliary nurses
5. 1 social worker
6. 1 pharmacy technician
7. 10 community health workers

Top Three Medical Supply needs (List by PRIORITY please):

1. Second tent for CTU including cots and buckets for cholera care
2. non–sterile gloves
3. chlorine bleach

Other supply needs:

1. open tent to cover disinfection areas
2. IVFs (LR, NS)
3. IV catheters – 18g, 20g, 22g
4. ORS
5. Aquatabs
6. gauze for sterilization/autoclave of instruments

7. masks
8. soap/hygeine kits
9. liter bottles to prepare ORS
10. sheets, blankets (we are located in the mountains, and it is quite cold at night in winter)
11. plastic chairs
12. antibiotics including Cipro, Doxy, and Azithro suspension

Has your staff received any training for Cholera?: the MSPP gave a lecture re: preparing bleach solutions to the staff when the tent was dropped off

Is your community receiving education on Cholera prevention? Yes, via the community radio station that is located on the second floor of our Health Center

Date began treating Cholera patients?: OCT 28, 2010

Total number of patients since that date: 152

Total number of fatalities since that date: 7

Number of Cholera patients in the last week?: 58

Number of fatalities in the last week? 1

Last week, has number of Cholera patients stabilized, increased, decreased or is fluctuating?: INCREASED

Bed Capacity for the entire hospital? (non-cholera treatment areas) 3 PEDS, 3 OB, 7 ADULT MED, 2 ISOLATION

Bed Capacity for Cholera patients?: CTU tent with 10 beds

How far are Cholera patients having to travel to receive treatment at your facility?: AS MANY AS 6 HOURS

If you are not a CTC, how will patients get access to the nearest CTC? How far away is it? NEAREST IS PROBABLY THOMAZEAU OR LASCAHOBAS. THEY CAN ACCESS THOMAZEAU VIA THE ROAD IF A TAP-TAP IS AVAILABLE (they do not travel up to our site however) OR VIA MULE/WALKING TO LASCAHOBAS (there is no road)

Percentage of Cholera patients that require inpatient treatment/IV Fluids?: 100%

Closest CTC to your facility (Please provide location and how long does it take to get there): THOMAZEAU IS 5 HOURS AWAY BY CAR, LASCAHOBAS IS MAYBE 6 OR MORE VIA MULE

Does your Facility provide Mobile Medical Clinics to the community?: NO

If you have not seen any cholera patients, do you have:

1. Educational Materials:
2. ORS or ingredients to make your own:
3. IV Ringers and supplies

What is your water source?: WELL, CISTERN

Is your water purified? YES

If so, through a holding tank or through buckets? BUCKETS

Can you pick up supplies? Where?: YES, PAP

What is the population of the area your facility serves: 60,000 + (post earthquake we saw a surge in new patients, and have 20,000 charts at our facility at this time)

Additional Comments about your situation: We are the only medical care open 7/365 in our region, and we are the only cholera treatment available. The MSPP has a Centre de Sante in the village of Cornillon that is rarely open and is not treating cholera. Instead, the MSPP has deferred to us for all care. We are not officially recognized by the MSPP. We were a recipient of a PEPFAR-NPI grant from Nov 2006 to Nov 2010 for HIV prevention.

This site is designated as a "CTC" per the PAHO list dated 12/22/10

CTC Definition:

Center for the treatment of Cholera (CTC): a center set up for the treatment of cholera with a staff recruited for this 40 to 300 beds which receives the sick suspects of cholera. In the case ideal, there are tents for rehydration iv and tents or rooms for the phase of re-convalescensce. Capable of processing of complications such as pulmonary edema. Open 24 on 24/ 7 on 7. Receives the sick who come spontaneously and cases referred to it.

CONTACTS:

Dr. Leopold Bourgouin Haitian Med Dir 3480-2403 fleo20fleo20@gmail.com
Dr. Charmain Lewis (Serve Haiti) charmainealewis@gmail.com

The location on the PAHO/MSPP list dated 12/22/10 is inaccurate. The correct location is updated on this facility record. The GPS coordinates are noted but NOT verified.

1/3/11 HEAS POST from Dr. Charmaine Lewis
(Lpar note: New coordinates have now been confirmed)
Our biggest need is another tent -- we have one with a capacity of 12 but have outgrown it since Christmas Eve. Seems cholera has made it to the most vulnerable spots in Grand-Bois, and we now have cholera patients inside our hospital wards (capacity of 15). This is problematic because we don't have enough separate space for hospitalization of our non-cholera patients. We thankfully have a separate mother-baby ward so we can still deliver babies with some worries about cross contamination.

We have had 92 cases in the past month, although 12 more admissions yesterday (not included). We have had 4 deaths. This is approximately double from the prior month. We are hearing that there are many more community deaths down the mountain (between Thomazeau and Cornillon the village) -- which is too far for us to reach as far as cholera is concerned. We've requested that the MSPP set up a CTU at least at their Centre de Sante de Cornillon, more centrally located, but have not heard. They do not staff this CdS routinely, deferring to us for probably 95%+ of the region's medical care. We have our community health workers out and about trying to help as much as possible. But it's 60,000 people, 2 doctors, and 10 CHWs. It's not enough. We're lucky we haven't seen more cases. Perhaps our remoteness has been a blessing in some ways.

Below is the list that our Haitian medical director compiled for PROMESS. It's quite inclusive. We haven't heard yet what they can get for us, if anything. I think we'll have more information from them tomororw.

Otherwise, as I know it, the biggest ongoing needs for the CTU are disposable gowns, gloves, bleach, IVFs, soap, aquatabs.

MATERIELS
60 gallons de Chlorox / Bleach
10 caisses de gants non sterile
200 Paires de gants sterile
1000 blouses disposable
30 caisses de RL
10 caisses de Normal saline
10 caisses de Dextrose Normal saline
5 caisses de dextrose saline 0.45%
5 caisses de dextrose saline 0.33 %
300 intracath 18 G
400 intracath 20 G
200 intracath 22 G
6 gallons alcool
6 gallons Povidone iodine// Betadine
6 gallons d'eau Oxygenee
6 rouleaux de gaze (nous disposons de sterilisateur / d'autoclave
10 rouleaux de coton
1000 masques
12 Mops
6 balais
10 gallons Pinol ou Cresol ou Mistollin
10 gallons Liquide pour vaisselles
1200 Kits d'hygiene pour distribution dans les zones les plus touchees
1200 buckets ou filters pour traiter de l'eau pour distribution dans les familles qui n'ont pas beneficie de notre programme Gift of Water dans laquelle nous avions touche 1600 familles beneficiaires au cours des 3 dernieres annees.
20000 aquatabs
2000 savon de toilettes
6 caisses de savon pour lessives
EQUIPEMENTS
20 bottes en caoutchouc pointure 8 a 11
2 tentes de 10 places chaque
une(1) tente ouverte
20 a 24 cadres (lits)
24 Brancards
2 chateaux d'eau de 200 gallons chaque
4 Grosses poubelles a couvercle
4 douzaines de couvertures Chaudes (laines) il fait tres froid ici 13 a 18 degre celsius en soiree.
4 douzaines de Couverturse legeres (draps)
2 latrines disposable
3 brouettes

2 Press–mop
8 tables en Plastic
24 chaises en plastics

HEAS UPDATE 11/14/10:
We are in the process of sendin in relief from the US, getting some ORS from USAID, and trying to source some aquatabs in PAP. The MSPP has dropped off 2 additional cots for a total of 6. We are not inundated – we are in pretty good shape at this time.
Thanks–
Charmaine Lewis

HEAS UPDATE 11/14/10:

Re: Has this need been met? : Request For Materiel Assistance: Centre de Sante St. Vincent de Paul
Sunday, November 14, 2010 9:51 AM
From: "Charmaine Lewis"
To: "haiti–epidemic–advisory–system@googlegroups.com" <haiti–epidemic–advisory–system@googlegroups.com>

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Thanks–
Charmaine Lewis

On Nov 14, 2010, at 12:16 PM, Amy King wrote:

Has this need been met?

HEAS UPDATE 11–11–10:

Update from Centre de Sante St. Vincent de Paul

We have had at least 11 more cases at our facility. A major risk factor for our cases was attendance at a voudou ceremony in St. Pierre, and we are considering all of these patients as point sources for our local outbreak.

We have also received reports of multiple fatalities in the field – at least one was a school–aged child who died within hours. They did not present to our facility for care.

The MSPP has dropped off a UNICEF tent, 16 buckets, 1 box of gloves and masks, 1000 sachets of ORS, a scant amount of IVFs, and 20 body bags to prepare for more cases. Our inpatient facility (capacity is really only 10–12 pts) is full at this time with cholera pts. The MSPP does have a health center in the village of Cornillon, but is not staffing it in favor of our services. The MSPP did not distribute cots or blankets for patients to be treated in the tents (the average temperature at night there at this time of year is about 45–55 degrees farenheit.)

I have looked at all of the maps available and do not see any of Grand–Bois/Cornillon mapped (we are often forgotten!) The coordinates for our facility, in case you would like to stick us on a map, are 18.6747805 –71.9528918.

The local residents are using aquatabs that we have provided and filtering water through our local water purification system called Gift of Water. Unfortunately, this system is a home–based system and not available to all families, which has meant that families with systems are filtering all of their neighbors water, thus exhausting their own system. We have sent something like 30,000 tabs, but they are already asking for more.

Due to our remote location and a very challenging road, made worse by the recent hurricane, it will take some time to gather needed supplies. It would be best not to wait until we have tens or hundreds of cholera patients in a tiny tent. We would really appreciate it if anyone has an in–country source (that is actually distributing supplies) for:

* aquatabs
* ORS sachets
* cots
* blankets

Thanks again for your hard work –
Charmaine Lewis
––
Charmaine A. Lewis, MD, MPH
US Medical Director, ServeHAITI
serveHAITI.org

11/7/10 HEAS Post:

St. Vincent de Paul Health Center in Grand–Bois (the northeasternmost region in the Departement de L'Ouest) has had 5 cases of cholera (unconfirmed pending stool evaluation at the LNSP) and one death. All cases occurred in patients living just south of the Central Plateau.

Thank you.

Charmaine A. Lewis MD MPH
US Medical Director
ServeHAITI

HEAS UPDATE 11–6–10:

"We have had 5 unconfirmed cases of cholera in Grand–Bois/Cornillon (northeasternmost region of le Departement de L'Ouest) at the Centre de Sante–St. Vincent de Paul, with one mortality since the outbreak. All 5 cases came from the subregion of Grand–Bois just south of the Central Plateau, near LasCahobas.

Our facility has access to inpatient services, IV fluids, and antibiotics, but does not have the laboratory capacity for cholera diagnostics. We have community health workers on the ground searching for new cases in the suspect villages and have been making public health announcements on our community radio since the outbreak".

Supported by ServeHaiti
Internal Medicine, Cardiology, Infectious Disease
Pharmacy Available
Can receive non–trauma urgent care
Accessible by road
No surgical capability
Has EKG and ultrasound

a dedicated OB/Gyn suite, an isolation ward, a laboratory, a children's ward, dorm rooms for visiting groups, office space, and a large community meeting room.

Update from ServeHAITI February 15,2010

Through the generosity of a private donor, our third delegation since the earthquake, traveled to Port–au–Prince on a private plane. Carrying over 700 pounds of medical supplies, they arrived Tuesday, February 9 and headed immediately to our clinic in Grand Bois.

This group included Dr. Charmaine Lewis, US Medical Director (North Carolina), volunteer coordinator Liz McDermott and electrician Dave Schumacher (Iowa), pharmacist Roger Berens, (Michigan) and Peter Anderson, Treasurer (Atlanta). Their work goals included finishing the new Labor & Delivery room at the clinic, checking on the wells in neighboring Latwazon and the clinic and, as always, attending to the many patients who arrive at the clinic on a daily basis.

Because most of the people travel a great distance to reach the clinic, there is often little to be done for them once they arrive. But for each tragedy that occurs, there are also miracles. This trips' miracle was the safe delivery of a boy whose mother tragically died on the way to the clinic. Named "Jesus" by the staff, he will need to be taken to a hospital for further care.

Dr. Leo and his staff at the clinic, continue to be most grateful for all that ServeHAITI is able to do for them. We could not do this work if not for the prayers and support from all of our friends, donors and volunteers.

Health Center
The Health Center was finished in February 2009, with the completion of the much–needed second story addition. The clinic now consists of living quarters for the medical director, a dedicated OB/Gyn suite, an isolation ward, a laboratory, a children's ward, dorm rooms for visiting groups, office space, and a large community meeting room.

Medical
ServeHAITI's Medical team sets forth a vision of healthy people in healthy communities in Grand–Bois, Haiti via a strong dedication to the improvement of community development, education, prevention, and care of individual health issues. This vision is achieved through the application of evidence–based measures and guided by the demands of the target population.

Deworming Program
Baseline data gathered in 2005 indicates 40% of school aged children in the Grand–Bois region are infected with worms. Members of the medical team and the Health Center have begun a collaborative effort with a non–profit organization that has experience with deworming children in Haiti. In spring of 2008, we began dispensing deworming medication to children. The cost of medicine to deworm a child for one year is only $.02. Make a donation

Nutrition Program
Based on data collected from a nutrition survey conducted in 2007, recommendations and implementation of nutritional supplementation, such as iodine, have been made. A family garden pilot project is underway to battle childhood malnutrition. Dr. Leopold has planted a well established garden directly in front of the health center.

Pharmacy
The Medical Team of ServeHAITI is responsible for selecting medications for a formulary and providing these essential medications to the Health Center. Approximately 60–70% of the medications for the health center are donated at a greatly reduced price. The remainder are donated.

Birth Assistants
ServeHAITI's goal is to reinstate a more developed mother–fetal program which would include 3 prenatal visits, obstetric ultrasound, delivery, and postpartum check for mother and baby.

Primary and Acute Care
The St. Vincent de Paul Health Center is the hub of primary and acute care for the region of Grand–Bois. Serving more than 800 patients per month, the Health Center offers primary care services for chronic diseases such as hypertension, diabetes and malnutrition. Acute care services include an inpatient ward for the care of illnesses such as pneumonia, heart failure, diarrheal diseases and injuries. Oxygen treatment/nebulization are also available. An electrocardiogram machine (EKG) was delivered to the Health Center in March 2008; and, with contributions from Sacred Heart Church in Atlanta, an ultrasound machine was purchased and put to use for the first time in August 2009.

Point of use Water Filtration System
Grand–Bois has no indoor plumbing, no municipal water supply, no wells, and no electricity to pump water. Families collect water in buckets from streams, lakes, springs or cisterns. This water is often contaminated and water born disease is common. ServeHAITI is currently sponsoring a point–of–use water filtration program under the direction of Gift of Water. Gift of Water provides bucket–based water filtration systems and trains technicians who monitor water quality and proper operation of the units.

Over 1000 families are currently participating in the program. To date, over $26,000 has been utilized to provide over 1,400 units to households in the region. We are researching the possibility of using a one bucket system due to the fact that Gift of Water will be disbanding at the end of 2009.

Microfinance – Fonkoze
Fonloze is Haiti's Alternative Bank for the Organized Poor. They are the largest micro–finance institution offering a full range of financial services to the rural–based poor in Haiti.

Fonkoze is committed to the economic and social improvement of the people and communities of Haiti and to the reduction of poverty in the country.

Established in 1994, Fonkoze currently has over 100,000 depositors, over 40,000 active borrowers (99% of whom are women), and 33 branch offices spread throughout every region of Haiti. The services offered by Fonkoze include:

* Solidarity group and individual loans that are used to start or expand a small business;
* Savings products geared towards meeting the needs of the poor;
* Currency exchange services that allow Haitians to change US dollars into Haitian gourdes at a preferential rate;
* Money transfer services that allow Haitians living overseas the opportunity to transfer funds to Haiti at a very low cost; and
* Literacy, business skills, and good health practices training.

As of December 31, 2007, Fonkoze had over $9.5 million in savings deposits, over $9 million in loans outstanding. Loans overdue more than 30 days were 6.9%.

ServeHAITI raised and provided $55,000 as infrastructure funding necessary to establish and construct the bank branch location, its staffing and financial support, nearest to the Health Center in Latwazon.

Education
ServeHAITI's Education Committee strives to improve access to quality education for the community of Grand–Bois. We work in solidarity with the educators and community leaders to ensure all efforts are culturally appropriate, responsive to the needs of the educators and community, relevant to economic development, and guided by evidence–based measures.

Although Haitians place a high value on education, few can afford to send their children to school. While public education is free in Haiti, the cost is still quite high for Haitian families who must pay for uniforms, textbooks, and supplies. Primary school enrollment is dropping due to economic factors. Sixty percent of rural households suffer from chronic food insecurity, and food must come before education. Thus, education remains a key obstacle to economic and social advancement in Haiti.

Furthermore, due to a weak state provision of education services, public education is less common, with private and parochial schools accounting for about 90% of primary schools. Tuition for these private school students comes largely from donations and/or sponsoring a student. It is estimated that less than 25% of children finish the 5th grade. Secondary education (grades 7–14) is not available in most rural areas of Haiti.

ServeHAITI recognizes that improving education will involve multiple initiatives conducted over many years. We are working with the Grand–Bois community to improve education at the preschool, primary, secondary, and vocational levels. Efforts to date include teacher training and making small enhancements to the primary school building.

Incinerator and Outdoor Kitchen
With the expansion of the medical facility complete, ServeHAITI's attention turned to addressing the remaining facilities' needs.

1. An incinerator to handle the disposal of trash and medical waste.
2. An outdoor kitchen and dining area for the staff will be built adjacent to the Health Center.

The incinerator will be located on the eastern border of the property away from the main building. Plans call for fire brick construction with a tall chimney.

The kitchen, poured over a concrete floor, will be constructed of block and corrugated metal as designed by ServeHAITI volunteer Bob Balke, the clinic's architect. As planned, the kitchen will provide the staff with ventilated cooking and food preparation areas, electricity and running water. Construction will be performed by ServeHAITI volunteers while also providing work for local Haitian workers.

Both the incinerator and kitchen should be operational by the end of 2009.

Infrastructure – Electricity
Using the expertise of our volunteer engineers, we designed and installed cost–optimized power systems at the Health Center, church and school. These incorporate diesel generators, battery storage, inverters and solar power. We couple this with a strong energy–conservation consciousness as we try to learn how to live simply with a low carbon footprint from the Haitians. Next year we plan to expand our renewable energy supply with more solar panels and possibly a wind turbine.

Satellite Communication System
There is no telephone or cell phone service in the region, but in 2007 ServeHAITI broke through this communication isolation by installing a high–speed internet system that connects through an earth satellite. Now, the Health Center's medical staff has access to the world's internet, enabling them to instantly solicit advice from and send referrals to other medical professionals throughout Haiti and around the world. In coming years, we plan to expand accessibility by connecting the school in St. Pierre and establishing a public internet cafe near the Health Center.

Reforestation & Landscaping
Deforestation of the Haitian mountains is a widely recognized problem. Likewise, local farmers need more agricultural diversity. In an effort to bridge this gap, Dr. Leopold, the Health Center's resident Medical Director, has cultivated a large, diverse garden in front of the Health Center with plans to expand it onto land adjacent to the Health Center. Landscaping designs are in progress to create a green oasis on the Health Center grounds. Another goal is to work with local farmers to further their knowledge in tools and techniques from a trained agronomist. Volunteers and sponsors are needed to pursue these projects.

Road Repair
Community meetings identify the poor roads as the biggest obstacle to improving the well being of the region. While direct road construction is likely beyond our resources or expertise, we are consulting with road engineers and local political leaders to investigate options. This is another opportunity for knowledgeable volunteers and contributors.

Main record at:
https://reliefdb.org/shelters/7427

Services offered: CHOLERA Epidemic Supplies * (ANY/ALL Types); Community Garden Program; Demographic Served: Sustainable Communities; Medical, Equipment, EKG (12 Lead) w/Printer & Electrodes; Medical, Equipment, Ultrasound Machine; Medical, Facility, Capacity, Hospital Beds; Medical, Facility, Cholera, Rehydration Center (CTU or UTC); Medical, Facility, Hospital, Acute Care Hospital; Medical, Facility, Urgent Care (Non Trauma); Medical, Services, Cardiology; Medical, Services, Cholera, Isolation Unit; Medical, Services, Deworming; Medical, Services, Gynecology; Medical, Services, Infectious Disease; Medical, Services, Internal Medicine; Medical, Services, Laboratory / Lab Services; Medical, Services, Malnutrition; Medical, Services, Nutrition; Medical, Services, Obstetrics; Medical, Services, Pediatrics; Medical, Services, Pharmacy; Medical, Services, Prenatal Care; Medical, Services, Primary Care
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Border Clinic (Haiti); MSPP (Haiti – Department of Public Health & Population; United Nations – UNICEF (United Nations International Childrens Emergency Fund); USAID
Updated Nov 26, 2012 · https://reliefdb.org/shelters/5647

Cholera Treatment Unit– CTU, Palmes (supported by MSF Belgium) Standby

Medical Facility · Standby

GPS Coords per Dr. Charmine Lewis; 18 38 23.79 N, 71 50 04.55 W, Palmes
Service Temporary

1/29/11: Post on HEAS from LLaria Porta, MSF Belgium
Tomorrow we will start to support the hospital in St Vincent de Paul with more material and we will prepare 2 small CTU's in the 2 areas were the cases from last week are coming from (Palmas and Marturrein).
(Spelling corrected by Dr. Lewis to be Mathurin)

Services offered: Medical, Facility, Cholera, Rehydration Center (CTU or UTC)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; Border Clinic (Haiti); MSF (Médecins Sans Frontières) – Doctors Without Borders
Updated Mar 20, 2013 · https://reliefdb.org/shelters/7597

Centre de Sante de St. Pierre

Medical Facility

Medical Clinic
GPS from Resource Finder; 18.67 48 N, 71.9529 W
Phone 00 P: 13402 H: 1340035
Service Temporary

Services offered: Medical, Facility, Clinic, Outpatient Clinic
Campaigns: 2010 /2011 Haiti Cholera Epidemic; Border Clinic (Haiti)
Updated Jan 13, 2011 · https://reliefdb.org/shelters/7525

Has Plassac Uf 8

Medical Facility

GPS from Resource Finder; 18.7000 N, 719167 W
Phone 00 P: 95746 H: 1349001
Service Temporary

Services offered: Medical, Facility, Clinic, Outpatient Clinic
Campaigns: 2010 /2011 Haiti Cholera Epidemic; Border Clinic (Haiti)
Updated Jan 12, 2011 · https://reliefdb.org/shelters/7506