

TI KAY, HAITI
Prospectus - 2014





Ti Kay means “Little House” in Haitian Kreyol. TB was traditionally the “malady of the little house,” where those with the disease were quarantined. In Haiti, it has become the disease of those with the littlest of houses, or no house at all.

Ti Kay provides a volunteer medical doctor and supplemental nursing care to individuals with tuberculosis, all while ensuring that this care is free for inpatients and outpatients alike.

The overarching goal of Ti Kay is to support and contribute to the growing vitality and sustainability of the Haitian public health system.

What is Ti Kay?

Ti Kay Inc is a medical non-profit organization that aims to treat, and hence prevent, tuberculosis (TB) and HIV.



Foundations: Ti Kay began after the 2010 earthquake in Haiti when a Haitian nurse and a US doctor (Megan Coffee) established an inpatient program for the care of TB patients in January 2010. Since then, the TB Clinic treated over 3,000 patients, with the assistance of up to 40 Haitian nurses and other staff in addition to over 100 expatriate volunteers.

All patients were seen, regardless of their condition or their ability to pay. No other inpatient facility existed in Port-au-Prince for these adults critically ill with TB. Many were in critical condition; in the US, they would have been admitted to an intensive care unit. Patients who were admitted to the inpatient ward typically required oxygen to breathe while their body fought the infection in their lungs, or required intravenous fluids and feeding tubes. These patients were often so unstable that they required 24-hour nursing care. Others needed close monitoring and assistance to take their medications.

Haiti has the highest per capita tuberculosis (TB) burden in the Western hemisphere (3 in 1000 per year). After HIV/AIDS, TB is the country’s greatest infectious cause of mortality in both youth and adults. Rates of TB detection have risen with increased testing, since the 2010 earthquake that devastated Haiti and left 1.5 to 1.8 million people homeless displaced individuals initially lived in crowded housing or tents. Many patients live on less than \$1 US dollars a day TB is spread through the air from one person to another in crowded environments and reactivated in times of insufficient nutrition or concurrent illness.



Next Steps

In 2014, the TB inpatient ward was required to close for post-earthquake reconstruction. Another hospital has generously offered a building for the TB Clinic to re-open. We are currently fundraising to meet the additional funding needs this requires.

Continuity is lifesaving. Throughout this period, outpatients (the majority of patients) were able to follow up and receive medications at their original clinic.

We continue to follow with out patients. We are working to ensure they and future patients have access to the support they need.

Maintaining continuous care is crucial. TB treatment cares mosts patients in 6 months. Some patients lapse and do not take medications daily. Their TB can become fatal or develop drug resistance.

Patients may not initially trust the medical system or may have to chose between eating and paying for transportation to medical appointments. Ti Kay works to address the realities patients face so that patients are able to overcome TB.

Drug adherence is particularly important for HIV positive patients. Over 25% of TB patients at the clinic were HIV+. About 4 new patients a week were diagnosed and rapidly enrolled in an HIV clinic and started on HIV medications. Most hospitalized TB patients were HIV infected, as they were slower to heal from TB and opportunistic infections. In partnership with HIV clincs in the area, Ti Kay supported multifaceted programs to ensure patients received the health care they needed for HIV and TB.



Core services provided to Ti Kay patients

Oxygen	Ti Kay maintains a constant supply of oxygen for outpatients. Most patients would not otherwise have access to oxygen that they need for breathing. Patients, when they were hospitalized, were monitored around the clock to determine their evolving oxygen needs. Supplemental oxygen is titrated as needed. Some patients are supplied with oxygen and monitored at home, through tanks or machines coupled with generators given the need for continuous electricity.
Home Services	A hospital is not just a building. The services provided within the hospital can be extended into communities. Patients with chronic disease or who cannot be in the hospital have home oxygen, nursing care, physical therapy, and counselling through Ti Kay. Those who trained to provide inpatient services train outpatient providers
Training the Trainers	Ti Kay has trained healthcare workers to provide types of care needed - but not usually available - in Haiti. These services include respiratory and oxygen therapy, physical therapy, nutrition, as well as basic critical care nursing. Training has been through apprenticeship and a curriculum designed for basic respiratory and physical therapy training
Supportive Care: Medication, Nutrition	Critically ill patients rely on providers for all their needs. They cannot walk, let alone walk to a pharmacy. Some may have no family willing or able to care for them; their disease is chronic and there remains stigma surrounding HIV. Ti Kay ensures all medications are free for patients, including for those diseases other than TB and HIV. Patients also have their basic needs met. Food is crucial to healing, particularly as many patients arrive as adults weighing less than 60 lbs. We provide freshly prepared, hot meals each day for and caregivers help those reluctant to eat, as those with severe malnutrition or those who believe fasting will heal them, may be reluctant to eat. Others if they do not have clean sheets or clothes may feel ashamed and want to leave. We attempt to maintain the dignity of those who feel they have nothing.
HIV Case Management: Medication coordination, Cand Outreach	<p>HIV counsellors and community health workers provide counseling and support for newly diagnosed HIV patients. They also provide education around treatment and how to prevent the spread of HIV. Counselors educate patients about informing partners of their status and explain issues of medication resistance, all in ways that are accessible to patients with little formal schooling.</p> <p>Medications to treat opportunistic infections are made free for patients, to ensure thursh that makes eating painful, as well as severe diseases such as cryptococcal meningitis and PCP a.re treated. Treating HIV and TB involves treating a myriad of related diseases</p> <p>Robust follow-up and counseling keeps patients from falling through the cracks. Counselors meet, call, and visit new and old patients to ensure medication adherence. All patients when first diagnosed or discharged from the hospital are taken to their homes by a health worker. This allows the counselor to know first hand what the patient faces and to get to know family and neighbors who can assist if the counselor needs to return if the patient is not properly taking the medications.</p>

Patient Adherence System	<p>The Patient Adherence System presents an innovative approach to supporting patients struggling to take their medications daily. The system incorporates the thoughtful work of counselors and recent patients, who are able to relate to patients. These past patients, who often were once reluctant to take medications themselves, call patients to check in and discuss their concerns. Patients may stop prioritizing their medications once they start to feel better - or they may think the drugs are working too slowly. Peer influence, buttressed by the work of trained counselors, allows us to ensure patients are taking their medications well.</p> <p>The tracking of patient appointments is done through a database created by Ti Kay volunteers. Through this database we are able to quickly generate lists of patients who miss appointments and provide the list to patient callers or role models. When these patients cannot be reached over the telephone or do not come for an appointment, the clinic has outreach counselors who go to patients' homes to provide counseling and ensure continuation of the patient's treatment</p>
Volunteer Involvement	<p>Ti Kay has an active volunteer program. Medical volunteers assist in direct patient care and the training of the local nurses and support staff. Non medical volunteers assist in grant writing, management of supplies, IT support, fundraising and more. All volunteers are self funded.</p> <p>Non-medical volunteers who help patients with eating, walking, toileting, and other activities of daily living and are instrumental in providing physical therapy services to patients. Physical therapy is a crucial part of recovery from TB yet it is virtually unheard of in Haiti. Patients are taken for walks and shown manageable exercise regimens designed to prevent deep vein thrombosis and deconditioning. Non-medical volunteers have made this a core clinic service and have brought this vital treatment into the purview of the local health system.</p>
Patient Travel	<p>Our patients come from many different areas of Haiti and often must travel a great distance to attend clinic appointments where they receive life-saving medication. The expense of this travel is a barrier to many patients who receive care on a continual basis. As part of the clinic program, transport costs are covered, ensuring the patient is able to return to clinic for their next visit.</p>



Through treatment and the adherence program, Ti Kay saw 85% of TB patients complete their treatment on time. We also work with patients who have initiated treatment elsewhere, transferred for care when critically ill and returning to their initial facilities closer to home to complete treatment.

Ti Kay Schools Program

Ti Kay’s Schools Program was established to address the educational barriers faced by children with Tuberculosis or HIV and those who had parent incapacitated by or lost to TB or HIV. School in Haiti costs \$300 per year or more, a nearly insurmountable cost for many in Haiti. For these children, school becomes a dream. Our schools program makes this dream a reality for children affected by HIV or TB.

Ti Kay pays the institution directly to ensure the funds are properly spent. Funding is spent on school fees, uniforms, trans-port, and exam fees. We assist with meals. Our team also provides counseling to these students, as the children face many hardships coping with their illness or the loss of a parent.



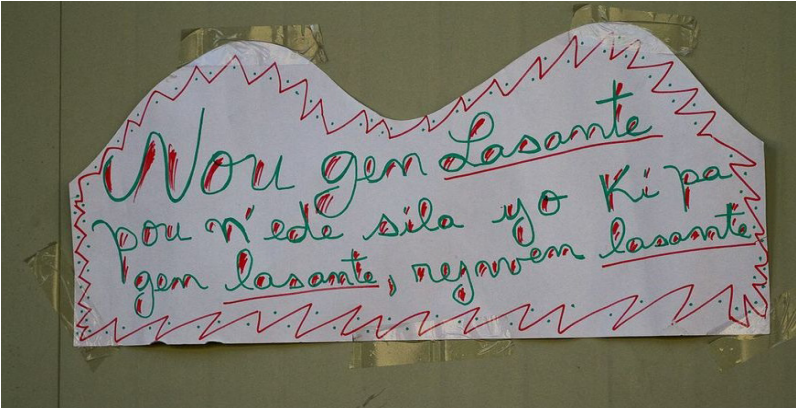
In 2010, a three year old boy came to the TB Clinic daily. His face lit up when he saw her, his mother. She was the most beautiful woman in the world to him. She was an inpatient, quite ill, coinfectd with TB and HIV. Her skin was covered in ulcers. A huge hole took the place of her lungs. The boy too was covered in skin ulcers; he had been infected with HIV at birth.

She lived. He lived.

The mother’s TB has been cured for 4 years. They both take HIV medication. The boy’s younger sister was born without infection.

Ti Kay funds the boy’s schooling.

His mom returned to proudly show his report card.



Ti Kay Allocation of Funds and Annual Budget



The allocation of funds at Ti Kay falls into four categories: resources spent on the inpatient ward; resources spent on the outpatient program; patient care services; and administrative fees.

- Just over 93% of money spent in 2012 for the inpatient ward was spent directly on medical care: 47% was spent on oxygen, 17% on patient nutrition, 10% on medications, 4% on medical tests such as lab tests and X rays, and 3% on medical sup-plies such as IV tubing and lab tubes.
- The remaining 7% of money spent for the inpatient ward was spent on telephone minutes (1.5%), delivery expenses (2.5%), the Ti Kay Schools Program (2.0%) and expenses incurred during hurricane season such as tarps and ropes (1.0%).
- Office expenses, including computers, amounted to about 2% of the total budget.

Almost 11% of the total budget was spent on outpatient care and the support of TB treatment completion:

- 66% of this money supported to out-patients in the form of transportation (36%) and phone cards (29%).
- Caller expenses for the Patient Adherence Sys-tem, where old patients for call new patients to encourage daily adherence to medications and give appointment reminders accounted for 16% of the total outpatient expenditures.
- Patient care services (counseling, daily care services, community health and oxygen ser-vices) amounted to just over 28% of the total budget.
- Ti Kay provides medical procedures for free. Approximately 6% of the total budget was spent in administrative fees. Bank fees accounted for 71% of these costs: 0.85% spent on ATM fees and 3.9% on wire fees. These expenses are unavoidable because of the infrastructure in Port-au-Prince. The remaining 0.66% of the budget was used to support nursing volunteers w... had worked for a year for free.

No money from grants or dona-tions to Ti Kay in 2012 was used to pay expatriate salaries. Aside from the purchase of specific computers and elec-tronics that could only be made in the US, the money generated by Ti Kay is spent in Haiti on Haitians. Patients at the TB clinic receive care, free of charge, in the form of oxygen, food, medications, medical tests and treatment support.

CALLING ALL NURSES

TRAVEL
WITH A
PURPOSE

Volunteer

WWW.TIKAYHAITI.ORG



The commitment of Ti Kay to treating TB as ef-fectively as possible is reflected in the decision of its volunteers and contributors to live and work locally in Haiti, often under austere conditions.

International volunteers provide their own fund-ing, live simply - often in tents - and take public transport. Volunteers are able to establish a level of trust with patients, as these living conditions enable them to learn Kreyol and participate more intimately in the Haitian community.

This commitment ensures that the maximum amount of resources are directed to the people who need them immediately, and that funds are neither misdirected nor diluted.

Ti Kay is proud to function as a piece, not a separate entity, of the Haitian healthcare system. Ti Kay volunteers provide training to Haitians who are working in the public health system. This participation and cooperation helps to ensure that the coun-try’s health delivery system functions more efficiently and effec-tively. Ti Kay also contributes directly to the local economy by purchasing food from local caterers and street vendors. These eco-nomic inputs increase the sustainability of the Haitian economy.

13

SAVE A LIFE
CHANGE YOUR WORLD

VOLUNTEER

Medical and nonmedical volunteers needed

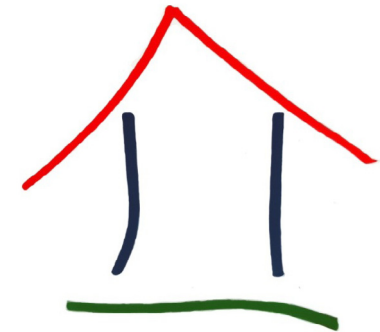
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TB CLINIC
PORT AU PRINCE
HAITI



Megan Coffee, an MD, PhD (DPhil) trained in the US and board certified in internal medicine and infectious diseases, volunteers her services running the TB ward. Dr. Coffee works alongside sixteen Haitian nurses who are the backbone of the clinic's operations. The clinic's contributors are recruited from the local population and trained by Dr. Coffee, many of whom are former patients who have recovered from TB and want to help their community. Indeed, the Haitian nurses and service providers at the clinic are proud to be making a difference for their country.

Ti Kay is committed to building the best possible healthcare systems and giving maximum support to its patients in the most cost efficient way available. By working within the Haitian healthcare system, providing training such that local Haitians can contribute, and living and engaging with the community, we are able to make a unique difference in Haiti.



Ti Kay, Inc. is a 501(c)3 organization. All donations are tax-deductible in the United States.

For Donations:

<http://www.tikayhaiti.org/donate.html>

For all other inquiries and mailings:

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