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PROGRAM DEVELOPMENT FOR OT IN HAITI

Program Development for Occupational Therapy Education in Haiti:

Strategic Planning and Case Statement

Janet O'Flynn

A doctoral project submitted in partial fulfillment of the requirements for
the degree of Doctor of Occupational Therapy,
St. Catherine University, St. Paul, Minnesota

May, 2015

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PROGRAM DEVELOPMENT FOR OT IN HAITI

**St. Catherine University
Doctor of Occupational Therapy**

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Abstract

The profession of occupational therapy is not yet recognized in Haiti. An opportunity opened in 2012 to start professional educational programs in occupational therapy and physical therapy at a Haitian university. Operational planning, strategic planning, and fundraising began informally. In 2015 a formal planning process was held. The method for this case study was program development, using mission and vision, SWOC analysis, and goal setting. A Logic Model was used for writing a case statement and letters of inquiry for grant funds. Conclusions were that fundraising work was crucially important, flexibility was needed to respond to unpredictable external factors, and cultural humility and cultural mediators were essential. Finally, the World Federation of Occupational Therapy guidelines provided a wider context for a new educational program, with their emphasis on starting an occupational therapy professional association and building a broad base of support for the profession in a new country.

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Introduction

The country of Haiti has a population of over 10 million, of whom over 1.8 million are estimated to have a disability (World Health Organization [WHO], 2015). The unusually high number of disabilities, beyond expected levels, is attributed to additional injuries sustained during the massive destruction of the capital city, Port-au-Prince, and surrounding towns in an earthquake on January 12, 2010 (Klappa, Audette, & Do, 2014; Pan American Health Organization [PAHO], 2010, 2011a, 2011b). Injuries such as limb fractures requiring emergency amputation, traumatic brain injuries, spinal cord injuries, and mental health trauma resulted in disabling conditions among survivors (Klappa et al., 2014).

According to the Pan American Health Organization (2011a), one priority for international development in Haiti should be professional training for rehabilitation personnel. For many years, rehabilitation in Haiti has been provided by non-governmental organizations that are staffed by volunteer occupational therapists and physical therapists from overseas, and by locally trained rehabilitation technicians. However, the occupational therapist and physical therapist volunteers from overseas express their dismay at the inadequacy of the rehabilitation services they can provide on a short-term basis (Klappa et al., 2014).

In recent years Haitians have started to implement local provision of rehabilitation. There are over 24 Haitian physical therapists who received their four-year degree in the Dominican Republic or elsewhere (D. English of Health Volunteers

Overseas, personal communication, 2013). Rehabilitation agencies have also worked in recent years to formalize a training program for rehabilitation technicians (A. Scifo of Handicap International, personal communication, 2013). There is now one new master's degree program in physical therapy that opened in September 2014, at the University of the Aristide Foundation (R. Johnson of SUNY Stony Brook, personal communication, 2014). There are no four-year degree programs in occupational or physical therapy in Haiti, even though a report from the WHO states that the best model of health care delivery in an under-resourced country is to create teams of highly skilled professionals, such as occupational therapists, physical therapists, and nurses (WHO, 2010).

In July 2011, an informal request was made to start a rehabilitation department in partnership with an excellent nursing school that is part of a university, in Léogâne, Haiti. Talks with the wider community of rehabilitation providers in April, 2013 established the desirability of this plan. Permission was granted in April, 2013 and reaffirmed in February 2014, by that Haitian University to facilitate the start of a rehabilitation department that would offer two new four-year degree programs, one in occupational therapy (OT) and the other in physical therapy (PT). A nonprofit organization, Haiti Rehabilitation Foundation, was created in 2014 to support the new degree programs. In the year ahead, the efforts of the new nonprofit organization will be extended to supporting the small number of foreign occupational therapists living and working in Haiti who want to form an occupational therapy association, as recommended by the World Federation of Occupational Therapy (World Federation of Occupational Therapy [WFOT], 2008).

The purposes of this project were to develop the strategic plan and core fundraising documents that are essential in program development for those OT and PT educational programs. The completion of these steps was essential to provide the foundation for curriculum development, communication with stakeholders, and fundraising. The program developers (a new nonprofit board and an academic committee) experienced unexpected setbacks and misunderstandings. However, there were also many positive discoveries about intercultural collegial support. The new degree programs are on track to open in September of 2015.

Review of Literature

Description of Rehabilitation Needs in Haiti

The World Health Organization [WHO] is the agency of the United Nations that studies health needs around the world and provides a vehicle for international aid to promote health, both in crises (*humanitarian assistance*) and in improvement of infrastructure (*development*) (WHO, n.d.). According to the WHO, in 2013 Haiti had a population of 10,317,000. The *live birth rate* per 1000 people was high (264.6), but *infant mortality* was also high (73 per 1000 live births). *Life expectancy* at birth was 62 years, but *healthy life expectancy* was only 52 years. Gross national income per capita was \$1,710: placing Haiti in the category of Low income according to the World Bank (WHO, 2015).

A comparison of statistics from the year 2000 to the year 2013 showed a decrease in deaths from HIV/AIDS, malaria, and tuberculosis (WHO, 2015). This improvement was corroborated by Watts in *The Lancet*, a British medical journal, in 2014, as follows: “Infant and maternal mortality are falling, longevity is increasing, and doctors, officials, and aid workers are cautiously confident that this long-beleaguered country is on a path to a healthier future” (p. 1413). However, conditions that are more often associated with developed countries showed an increase: high blood pressure leading to stroke, and ischemic heart disease. Tobacco use and obesity were almost at zero, presumably due to the high cost of cigarettes and food (WHO, 2015). A recent revision presented in the *World Report on Disability* (WHO, 2011a) presents an

evolving definition of disability based on the International Classification of Functioning, Disability and Health (WHO, 2001). Disability is defined as difficulty with any or all of three areas of function: body functions, executing activities, and access to participation (WHO, 2011a, p.7). Disability is described as a continuum:

The ICF [International Classification of Functioning, Disability and Health] is universal because it covers all human functioning and treats disability as a continuum rather than categorizing people with disabilities as a separate group: disability is a matter of more or less, not yes or no. However, policy-making and service delivery might require thresholds to be set for impairment severity, activity limitations, or participation restriction. (WHO, 2011a, p.5)

The *World Report on Disability* also “includes the first new disability prevalence estimates since the 1970s” (WHO, 2011b). The estimates were derived from analysis of the *WHO World Health Survey* administered in 2004 in 59 countries (WHO, 2011a). Using a cut-off point of 40, on a scale of 0 (no disability) to 100 (full disability), the international prevalence of disability is 15.6% (indicating an increase from estimates in the 1970’s of 10%). For higher income countries that figure is 11.8%, but for lower income countries the figure is 18% (p. 24). For Haiti, that would mean that 18% of 10,317,000 people are estimated to have a disability: a total of 1,857,060 people. In fact, that number may be higher due to the number of survivors of the earthquake in 2010 who received life-changing injuries (Landry, Nakhle, Nixon, & Quigley, 2010).

A study by the WHO (2015) provides a way to calculate *Disability-adjusted Life Years*, signifying years of healthy life lost due to disability. The main causes of

disability in Haiti, measured in this way, were “maternal, neonatal, and nutritional;... unintentional injuries;... non-communicable diseases;... and neuropsychiatric conditions” (WHO, 2015, p.3).

The revised definition of disability no longer discriminates between physical and mental causes of decreased function and access (WHO, 2011a). Good information is now available on the prevalence and context of mental illness, and that information is factored into statistics on disabilities. In January 2010, following the earthquake that did massive damage in Haiti, the World Health Organization commissioned *Culture and mental health in Haiti: A literature review* (WHO/PAHO, 2010). That review found complex interactions between mental health, mental illness, and culture. Although “there are no reliable data on the prevalence of mental health problems in Haiti” (p. 13), the distribution of diagnoses at one psychiatric hospital was estimated as follows: “schizophrenia (50%), bipolar disorder with mania (30%), other psychoses (15%) and epilepsy (5%)” (p. 13).

Current Mechanisms for Addressing Rehabilitation Needs in Haiti

Several first-person accounts by occupational therapists and physical therapists discuss the experience of volunteering in Haiti. Suzanne Stark, occupational therapist from South Africa, spent three months in Haiti in 2010 after the earthquake as a volunteer for CBM (formerly Christian Blind Mission), a non-governmental aid organization. She reported that

prior to the earthquake, the Haitian government did not provide rehabilitation services as part of health care. Blanchet and Tataryn (2012) documented that more than half of the people accessing rehabilitation services four months after

the earthquake were not earthquake victims. This is an indication not only of the lack of services available prior to the earthquake, but also the high need for services. In one of the IDP [Internally Displaced Persons] camps Marie brought her child to our team. She claimed that the child was injured during the earthquake and was in need of therapeutic services. Upon further discussion she admitted that the child was born with cerebral palsy but she feared she would be denied access to our services if the child was not an earthquake victim. (Stark, 2013, p.21)

Physical therapy faculty members Michel D. Landry, Stephanie A. Nixon, and two physical therapy students from the University of Toronto volunteered in Haiti after the earthquake. They reported their discovery that “this cohort of people who survived, but who have new disabilities, adds to the sizable cohort of persons with disabilities who lived in Haiti prior to the earthquake” (Landry, Quigley, Nakhle, & Nixon, 2010, p. 123). Thus, they said, “These new needs add to Haiti’s pre-earthquake demand resulting from years of poverty-related illness and accidents, with limited access to physical therapy or other forms of rehabilitation” (Landry et al., 2010).

Physical therapy professor Susan Klappa, with J. Audette and S. Do, took a group of physical therapy students to Haiti after the earthquake. The students wrote reflections on their disaster relief work: one such reflection highlights the inadequacy of the care they were able to provide:

The lack of resources, trying to communicate with the doctors, and watching these patients who had injuries that could easily be dealt with here in the States and watching them potentially lose limbs or life...Even the poorest of poor here

[in the U.S.] still have more food than these people had. (Klappa, Audette, & Do, 2013)

In addition to a disjointed stream of foreign occupational therapists and physical therapists, Haitian rehabilitation is supported by locally trained rehabilitation technicians. With grant support from non-governmental organizations, including the U.S. Agency for International Development (USAID), a series of training programs have been held for rehabilitation technicians. Personal interviews with several cohorts of rehabilitation technician graduates (Bigelow, 2010) revealed the following themes: a range of employment situations, from appropriate placement, to underemployment, to unemployment; very limited supervision by professional occupational therapists or physical therapists; and an unmet need for continuing education for career advancement (pp. 658–660). The difficulty of finding meaningful jobs with reasonable pay for rehabilitation technicians has had a dampening effect on the plans for opening an academic department for professional degrees in occupational therapy and physical therapy (D. English, personal communication, 2013).

Folk healers also play a role as rehabilitation providers. Haitians with mental illness or physical limitations value both biomedical interventions and traditional folk healing, but in rural areas there are rarely any biomedical options (WHO/PAHO, 2010). Folk healing, within the tradition of voodoo or vodoun, involves the assistance of a traditional healer who uses religious ceremonies to address the context of the community in which the person lives, including any positive or negative emotions between neighbors or family members (WHO/PAHO, 2010).

Strategies for Addressing Rehabilitation Needs in Haiti and Under-resourced countries

A study of pharmacy technicians in Malawi provides a rationale for moving away from rehabilitation training and toward professional education and licensure (Lim, Anderson, & McGrath, 2012). The government of Malawi made a strategic decision to invest in training many pharmacy technicians who would be posted in rural pharmacies to serve as dispensers of medications, instead of investing in professional education for fewer but more highly skilled pharmacists. This approach is known in international development literature as *task-shifting*, using the *human capital* approach to education (p.654).

The skills toolkit becomes essential in governments' ambition to train the 'right' skills or health worker cadres in the most cost effective ways. The mantra is to train the 'right' cadres of health workers with the 'right' skills in order to deliver the 'right' services to the 'right' population at the 'right' time and the 'right' place (Birch, 2002). (Lim, Anderson, & McGrath, 2012, p.655)

The result of that training effort however was unexpected and negative. Within a short time the pharmacy depots were empty, as the technicians had sold the contents and kept the money.

Low pay, as well as lack of opportunities for career development, has severely demotivated pharmacy technicians in the public service. Inevitably, this resulted in low job performance, and even crime. The 'culture' of pilfering public resources was normalised [sic] as a way of 'compensation' from government to its mistreated servants. (Lim et al., 2012, p.659)

This account of the reasons for the unintended consequences is reminiscent of the complaints of the rehabilitation technicians in Haiti, who reported lack of professional supervision, and lack of opportunities to make progress in a career path (Bigelow, 2010). This is a cautionary tale for occupational therapists who are working to bring professional education to another under-resourced country. It may be preferable to start with education to prepare fully equipped professionals in occupational therapy and physical therapy, before implementing education for rehabilitation technicians.

In under-resourced countries, it is not uncommon for informally trained or under-trained personnel to have to carry on the work of rehabilitation. The World Federation of Occupational Therapy requires that the process of developing a professional association must include “a clause to ensure justice is done to pioneers in occupational therapy who lacked opportunity for formal professional education” (World Federation of Occupational Therapy [WFOT], 2008, p. 45). Engagement of stakeholders including persons with disabilities, other medical professionals, and governmental agencies is also required (WFOT, 2008).

Building Education Programs for the Rehabilitation Workforce

The World Federation of Occupational Therapy standard for length of program for an entry-level occupational therapy program is three years, but the World Federation encourages program developers to design four-year programs if possible (WFOT, 2002). The label for a four-year degree differs in different countries: in the U.S. it is called a bachelor’s degree, while in Haiti it is called a *license* (as *bachelor’s* refers to a high school diploma) (F. Casséus, personal communication, 2014). The

World Federation standard for occupational therapy faculty is that they should have one degree more advanced than the students they teach (WFOT, 2002). For physical therapy, the minimum standard length of program is four years. The qualifications for physical therapy faculty are the same for a four-year degree. The World Confederation of Physical Therapy also addresses the academic requirements for faculty in countries with an entry-level master's or doctoral degree (World Confederation of Physical Therapy [WCPT], 2011).

The path to development of occupational therapy education varies from country to country. The profession may be introduced in small steps by one foreign occupational therapist, as Britta Pagh Jensen did in Iran in 1971 (Rassafiani & Zeinali, 2007). It may be introduced by a government program, designed to give legitimacy to what had been a combined occupational and physical therapy training course (Lopes & Hahn, 2004). It may be introduced by the government as an academic program, but with clinical education (fieldwork) completed overseas because no clinics exist in the country, as happened in the Seychelles Islands within the past five years (L. Narayanan, personal communication, 2015).

Description of World Federation of Occupational Therapy Approved Education Programs and Process for Developing Programs

The World Federation of Occupational Therapy offers a thorough program of support for new educational programs in occupational therapy. The World Federation offers a manual containing the *minimum standards for the education of occupational therapists* (WFOT, 2002). They also offer guidelines for approaching this process in a short manual called *Advice for the establishment of a new programme for the education*

of occupational therapists (WFOT, 2004). Furthermore, guidelines for introducing occupational therapy to a country where it is unfamiliar are available in a longer manual called *Developing occupational therapy profession [sic] in countries which are not yet members of WFOT* (2008). There are some practical consequences of successful engagement with this oversight process. Graduates of an approved program in a country with full membership are eligible to apply for jobs in another country with full membership, if the educational standards for regulation of practice in both countries are the same. In addition, fieldwork students from one country can receive supervision from occupational therapists in another country, as long as specified training and education requirements for the supervisors are met. (K. Barrett, personal communication, 2013). The World Federation of Occupational Therapy recognition assists therapists with these kinds of professional issues.

The processes of developing the profession and opening an educational program are closely linked, but one is not a prerequisite for the other. Two tiers of membership are available in the World Federation of Occupational Therapy. *Associate membership* allows any country “which has an occupational therapy association with an approved constitution” to become “an associate member of WFOT” (WFOT, 2008, p.10). For *full membership*, the country must also have an “educational programme” (p.10). In addition to the guidance provided by these documents, representatives of the WFOT are available for personal meetings with stakeholders, including government organizations and universities.

Description of World Confederation for Physical Therapy Process: Similarity to World Federation of Occupational Therapy Process

The WCPT addresses many of the same components of educational program development as does the WFOT. There is a manual with guidelines for developing an entry-level curriculum (WCPT, 2011). The manual lists further resources for clinical education, for developing a system of regulation, for assuring adequate qualifications for faculty, and for continuing education for practitioners (WCPT, 2011, p. 3). The WCPT does not have a system for approving academic programs, however.

Key Issues in Developing a Successful Rehabilitation Educational Program

Intercultural communication. The words *intercultural*, *cross-cultural*, and *multicultural* are used interchangeably by some authors, and are differentiated distinctly by others (United Church of Canada, 2011; see also Bensley and Brookins-Fisher, 2009; Kinebanian and Stomph, 2010; Ko, 2008; Minkler and Wallerstein, 2008; Spencer-Oatey, 2012;). For those who differentiate these terms, a gradation of meaning is present (Ko, 2008, pp. 12–14; United Church of Canada, 2011). A brief summary compiled by the United Church of Canada (2011) gives the following succinct definitions: multicultural refers to living “alongside one another”; cross-cultural refers to “some reaching across boundaries”; and intercultural refers to “comprehensive mutuality, reciprocity, and equality” (pp. 1–2).

In order to achieve intercultural communication, partners must have an adequate level of cultural competency. The World Federation of Occupational Therapy states that *cultural competency* requires certain *attitudes*, *knowledge*, and *skills* (Kinébanian & Stomph, 2009). The attitude of “suspend[ing] the assumption of superiority, not seeing new worlds to conquer, but new worlds to respect” (Bateson, 1989, in Kinébanian & Stomph, 2009, p. 41) is primary. It can be acquired by an examination

of one's own cultural biases, leading to *cultural humility* (Minkler & Wallerstein, 2008, p.100).

Knowledge of relevant history, current demographic data, and formal cultural factors such as religious practices gives essential preparation for intercultural communication, but this knowledge is always partial (Bensley & Brookins-Fisher, 2009, pp. 34, 39; see also Doll, 2010; Kinébanian & Stomph, 2009; Kronenberg and Pollard, 2006; Martin and Chaney, 2008; Spector, 2004). Cultures can be compared on parameters such as individualist versus collectivist, high versus low power distance, high versus low uncertainty avoidance, high versus low gender equality, and high versus low context provided for communication (Ledlow & Coppola, 2011, p. 304). Knowledge of this kind is partial because it does not allow for individual differences: each individual has a unique interaction with her or his own culture (Spector, 2004).

Skills can be developed and strategies implemented to facilitate intercultural communication. A simple beginning is the skill of careful observation, so that during an intercultural encounter the nonverbal behavior of the communication partner can be subtly and unobtrusively matched (Martin & Chaney, 2008, p. 60). Seeking out the best communication medium possible should be a priority: a “media-rich” mode of communication reduces ambiguity. The term “media-rich” is counter-intuitive: it describes a continuum of communication in which a one-to-one, face-to-face meeting is the most “media-rich” since it provides many nonverbal cues including body language and tone of voice. By the same token email is a limited medium, providing only written text (Ledlow and Coppola, 2011). Qualitative research on a long-term British–Sino educational project revealed several ways to improve communication

(Spencer-Oatey, 2013). The Chinese academic partners preferred private individual email messages instead of mass emails to all participants. The burden of language translation initially was borne entirely by the Chinese partners; communication and resentment decreased when the British partners employed translators and some began learning Chinese. Communication improved when there were cultural mediators on the team: people with life experience in both cultures who were able to speak both languages (Spencer-Oatey, 2013).

The history of uneven relationships of power between the U.S. and Haiti also affects communication. Relationships between communication partners are affected by factors described by *postcolonial theory* (Minkler & Wallerstein, 2008), and *occupational justice* (Townsend, 1993; Nillson & Townsend, 2010). Postcolonialism is relevant to the current situation in Haiti. Haiti was a colony of France. The French settlers eliminated all the native Taino population; and brought in residents of countries in Africa as property, to work in slavery. The slaves launched a successful rebellion and attained independence from France, but world recognition for the new nation came very slowly and at a high financial cost (Youngblood-Coleman, 2013). This painful beginning of the history of present day Haiti influences Haitian life today.

The theory of historical trauma posits that traumatic assaults on past generations, most notably the colonization of the Americas, created a psychological and physical health effect among the descendants of those affected. The historical events of the colonization are among the important root causes of both high rates of physical and psychological health disparities and of

weak mainstream political will to ameliorate them. (Minkler & Wallerstein, 2008, p.96)

The theory of occupational injustice also helps in understanding the weight of these intercultural communication challenges. Nilsson and Townsend (2010) state

Occupational injustice is an outcome of social policies and other forms of governance that structure how power is exerted to restrict participation in the everyday occupations of populations and individuals....The governance of societies is typically structured so that some people experience social inclusion, privilege, and entitlement to choose what they do, while others experience social exclusion and restrictions, such as deprivation of full participation in everyday occupations” (p.58).

Certainly the inability of Haitians to obtain a professional degree in occupational therapy or physical therapy is a form of occupational deprivation.

Capacity-building. According to the *Guidebook for Planning Education in Emergencies and Reconstruction* by the United Nations Educational, Scientific and Cultural Organization (UNESCO/IIEP, 2006), *capacity-building* means “the process by which individuals, groups, organizations, institutions and societies increase their abilities to: (a) perform core functions, solve problems, define and achieve objectives; and (b) understand and deal with their development needs in a broad context and in a sustainable manner” (p. 1).

In a developing nation, resources given to higher education have a capacity-building effect due to the power of *knowledge transfer* (Ajawin, 2012; Mendenhall, 2014). Graduates with valued or prestigious professions change the narrative of a

country (Bigelow, 2010; Jadotte, 2006). In Haiti, the need for professional education for occupational therapists and physical therapists is evident to many stakeholders (Bigelow, 2010; Klappa, Audette, & Do, 2014; Landry et al., 2010). Mendenhall (2014) discusses the need of nonprofit organizations to build their own technical capacity as well, strengthening their own base of expertise by engaging practitioners who have specialized skills (p. 74).

Sustainability. Capacity is a precursor to *sustainability*: where capacity in a under-resourced country is limited, new programs from overseas are less sustainable (Bigelow, 2010; Klappa, Audette & Do, 2014; Lim, Anderson & McGrath, 2012). Sustainability planning is defined by Doll (2010) as “the process by which a program team identifies strategies and roles and responsibilities in a formal plan to maintain the future of the organization” (p 321). Sustainability does not necessarily mean that the organization needs to be self-funded: it can mean that there is a plan to “search for and garner resources continually that will support the program” (Doll, 2010, p. 321). It also refers to more than financial issues: the continued appropriateness of the mission and the provision of human resources are part of a sustainability plan (Mendenhall, 2014). For education from early childhood through high school graduation, the goal for sustainability is considered to be eventual funding by the government of the country (Mendenhall, 2014). For higher education, however, a permanent support group may be appropriate. The executive director of the Haiti Nursing Foundation makes the case that no U.S. university or college is funded entirely by tuition. For higher education in the U.S., there are fund-drives, and the expectation of alumni support. The same will be needed in Haiti (M. Lane, personal communication, 2015).

Lack of attention to sustainability for education programs results in premature ending of programs (Doll, 2010; Gros, 2011). Many of the mistakes made by NGOs in under-resourced countries are in the category of unsustainable development (Gros, 2011; Mendenhall, 2014). In Haiti the history of unsustainable development is long and painful (DiAquoi (Ed.), 2011; Gros, 2011; Jadotte, 2006; Shamsie, 2012).

Laying the Foundation for Program Development of the OT and PT Educational Programs in Haiti

Logic Model. *Logic Model* is the term given to a “user-friendly tool” developed by a “collaborative effort” to “support the work of grantees in Latin American and the Caribbean” (William K. Kellogg Foundation [WKKF], 2004, p. IV). The purpose of completing a Logic Model is to facilitate group planning that will naturally allow evaluation of the results of the grant activities (p. 1).

A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to see (p.1).

According to the *Logic Model Development Guide* (WKKF, 2004), a Logic Model has five sections. The first two include work that is planned, while the last three describe the results that are intended. The model is shown, slightly adapted, in Figure 1.

Figure 1. The Basic Logic Model

Resources / Inputs ➔	Activities ➔	Outputs ➔	Outcomes ➔	Impact
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Note. Adapted from “Logic Model Development Guide” by the William K. Kellogg Foundation, 2004, p. 1.

A Logic Model shows a “sequence of activities” as it is read from left to right (pp. 1-2). It provides a “road map” (p. 3) for the project. Here are the assumptions on which it rests.

Certain *resources* are needed to operate your program.

If you have access to them, *then* you can use them to accomplish your planned *activities*.

If you accomplish your planned activities, *then*, you will, it is hoped, deliver the amount of product and/or service that you intended [*outputs*].

If you accomplish your planned activities to the extent intended, *then* your participants will benefit in specific ways [*outcomes*].

If these benefits to participants are achieved, *then* certain changes in organizations, communities, or systems might occur under specified conditions [*impact*]. (WKKF, 2004, p. 7)

Strategic Planning. *Strategic planning* is only one of the kinds of planning used when groups work together on tasks: not all planning involves strategizing about the big picture (Doll, 2010, p. 75; Ledlow & Coppola, 2011, pp. 140-141). *Operational planning* can be defined as “finding the best methods, processes, and systems to

accomplish the mission/purpose, strategies, goals, and objectives of the organization in the most effective, efficient, and efficacious way possible” (Ledlow & Coppola, 2011, p. 140). By contrast, strategic planning is “concerned with finding the best future for the organization” (Ledlow & Coppola, 2011, p. 141). Other terms used for strategic planning are *business planning* (Theisen, 2008), and *long-range planning* (Hutton & Phillips, 2006). If an organization is not internally or externally stable it may be better to do “shorter-range planning” for a period of a year rather than the three to five years of “longer-range planning” (McKay, 1993, p. 2).

Strategic planning includes the following components: *mission*, *vision*, and sometimes *values*; *environmental analysis*; *goal-setting*; *action plan*; and plan for *evaluation* of effectiveness (Bensley & Brookins-Fisher, 2009; Covey, 2004; Doll, 2010; Hutton & Phillips, 2006; Ledlow & Coppola, 2011; Theisen, 2008). The components appear with some variations, but cover these fields (Doll, 2010; Theisen, 2008)).

The group process involved in writing the mission statement is crucial to the plan (Gilfoyle, Grady, & Nielson, 2011; Hutton & Phillips, 2006). The mission statement gives a clear statement of the intended work, the method, and the motivation for the activities of the organization (Doll, 2010, p. 42; Bensley & Brookins-Fisher, 2009, p. 43; Ledlow & Coppola, 2011, p.142). The vision statement is the endpoint towards which the actions of the organization will be directed: it describes the dream of what the organization can become (Hutton & Phillips, 2006) or what the new situation in the world will be as a result of the organization’s actions (Ledlow & Coppola, p. 141). A brief statement of values may be included in the mission statement (Hutton &

Phillips, 2006) or may be written as a separate document that provides “the day-to-day operating principles that the members of the culture use to guide their behavior”

(Ledlow & Coppola, 2011, p. 232).

The environmental analysis can be framed by a *SWOT analysis*, which refers to Strength, Weaknesses, Opportunities, and Threats (Doll, 2010; Hutton & Phillips, 2006; Ledlow and Coppola, 2011; McKay, 1993; Theisen, 2008). A *SWOC analysis* substitutes the word *Challenges* or *Constraints* for Threats (Marquis, n.d.; University of Guelph, n.d.) but is otherwise the same instrument. A SWOT or SWOC analysis “investigates internal strengths and weaknesses and external opportunities and threats” (Ledlow & Coppola, 2011, p. 98).

Setting *goals* is the crucial step between environmental assessment and effective results. Goals can be long-term, with the addition of *objectives* that are short-term and measurable (Hutton & Phillips, 2006, p.145; Ledlow & Coppola, 2011, p. 217). Two suggested rubrics for writing objectives include *ABCD* and *SMART*. *ABCD* is a mnemonic for Audience, Behavior, Condition, and Degree (Doll, 2010, p.44). *SMART* is a mnemonic for Specific, Measurable, Attainable, Relevant, and Timely (Doll, 2010, p. 45; Theisen, 2008, p. 13). Objectives are essential to “align organizational resources to meet the stated goals” (Ledlow & Coppola, 2011, p. 217).

There are variable forms for the *action plan*, also known as the *action steps*, *implementation plan*, or *work plan* (Doll, 2010; Hutton & Phillips, 2006; Ledlow & Coppola, 2011; McKay, 1993; Theisen, 2008). Each item on the plan carries the name (or role) of a person who will be responsible for it, and an expected completion date (Doll, 2010; Hutton & Phillips, 2006; Ledlow and Coppola, 2011; McKay, 1993;

Theisen, 2008). A timeline showing all the planned steps in sequence is part of the action plan. A budget is also part of the action plan and it is meant to be in active use during the course of the strategic plan (Doll, 2010; Hutton & Phillips, 2006).

The action plan allows assessment against benchmarks for the purpose of project evaluation. Three kinds of evaluation each have a different focus: *process evaluation*, *impact or goal-based evaluation*, and *outcome evaluation* (Doll, 2010, P. 49; Hutton & Phillips, 2006). Evaluation instruments may vary from simple review of project documentation to interviews, focus groups, and questionnaires (Hutton & Phillips, 2006; Theisen, 2008).

Key Fundraising Documents: Case Statement and Grant Application

Writing an application for a grant is very similar to writing a strategic plan (Doll, 2010; Hutton & Phillips, 2006). Almost all of the components of a strategic plan can be used in a grant application. Hutton & Phillips (2006) listed eight parts of a grant application: “cover letter and summary,... introduction or background,... problem statement or needs assessment,... goals, objectives and outcomes,... methods, ...evaluation,...budget,...[and] future and additional funding” (p. 275). All of those, except the initial cover letter and the section on methods, are the components of a written strategic plan (Doll, 2010; Hutton & Phillips, 2006; Wason, 2004).

A *case statement* is a “short, compelling argument for supporting the nonprofit” (Hutton & Phillips, 2006, p. 226). It can be given to individual donors, or can be put into a brochure to mail as part of a fundraising campaign (Hutton & Phillips, 2006, p. 227).

The purposes of this project are to develop a strategic plan and core fundraising documents that are essential in program development for the occupational therapy and physical therapy educational programs.

Approach

Description of the Initiative for Rehabilitation Education in Haiti

The names used for the entities in this project bear some explanation, as there are different terms for an academic department in the U.S. and in Haiti, and some titles are in French. In Haiti an academic *department* is called a *faculty*, or *faculté* in French. The word order is usually reversed, so *university of...* or *department of...* comes first in the title. Titles of faculty administrators are unfamiliar to us: *Rector* and *Vice-Rector* are used instead of *President* and *Vice-President*. Some ecclesiastical terms used in the Episcopal churches of Haiti and of the U.S. may be unfamiliar, such as *Canon to the Ordinary*. Please refer to Table 1, *Acronyms*.

Table 1
Acronyms

Acronym	Full Title
BSEIPH	<i>Bureau de Secrétaire de l'État pour L'Intégration des Personnes Handicapées</i> : Bureau of the Secretary of State for Persons with Handicaps
Canon to the Ordinary	An Episcopal priest who is appointed to be on the cathedral staff (canon) and give direct assistance to the primary Bishop (the Ordinary)
DFMS	Domestic and Foreign Missionary Society: the formal legal name of the Episcopal Church in the U.S.
<i>FSIL</i>	<i>Faculté des Sciences Infirmière de Léogâne</i> : Dept. of Nursing Sciences in Léogâne
<i>FSRL</i>	<i>Faculté des Sciences Réhabilitation de Léogâne</i> : Department of Rehabilitation Sciences in Léogâne
HNF	Haiti Nursing Foundation

HRF	Haiti Rehabilitation Foundation
OT	Occupational Therapy
PAHO	Pan-American Health Organization
PT	Physical Therapy
Rector	President of a University
<i>UNEPH</i>	<i>Université Episcopale d'Haïti</i> : Episcopal University of Haiti
Vice-Rector	Vice-President of a University
WCPT	World Confederation of Physical Therapy
WFOT	World Federation of Occupational Therapy
WHO	World Health Organization

Note. French terms are italicized in this table.

Brief History of this Doctoral Project

In February, 2014, this author met with university administrators at the Episcopal University of Haiti (*UNEPH*, which is the acronym for its name in French: please refer to Table 1, *Acronyms*). The Rector of UNEPH reaffirmed the intention to give the author permission to facilitate the start of a rehabilitation department to offer two new four-year degree programs, one in occupational therapy (OT) and the other in physical therapy (PT). The new department was to be located in the town of Léogâne, and would be called the *Faculté des Sciences Réhabilitation de Léogâne (FSRL)*. It was to be affiliated with UNEPH's nursing school that is already there, the *Faculté des Sciences Infirmière de Léogâne (FSIL)*.

Brief Description of Stakeholders. The UNEPH administrators acted to form an advisory board made up of the five people present at the first meeting in Haiti in February, 2014. The UNEPH advisory board included two university administrators, the dean of the nursing school, the Canon to the Ordinary (see Table 1) from the Episcopal Diocese of Haiti, and the U.S. project coordinator. In August of 2014, the first meeting of the Haiti Rehabilitation Foundation (HRF) board was held in West Hartford, Connecticut. The first five members of the HRF board included the U.S. project coordinator, a social worker, a retired nurse, a public health project manager, and a Haitian rehabilitation technician who now lives in Boston. There are now seven members of the HRF board, with the addition of two Haitian-American occupational therapy faculty members. The HRF board has held five meetings.

Brief Description of the Program. The UNEPH advisory board agreed upon two four-year degree programs: one in occupational therapy and the other in physical

therapy. The first year of classes for all students would include basic sciences, French composition, and English. This is the plan for the nursing curriculum as well, so shared classes would be taught by existing faculty members. However, it is also important for OT students to begin to build their professional identities as therapists immediately (S. Coppola, personal communication, May, 18, 2015). To introduce the students to professional issues, it would be necessary for nursing classes to be supplemented during the first year by tutorials on rehabilitation. These would be led by volunteer occupational therapists and physical therapists. Observation in clinics would also be required during the first year. For the second and subsequent years, occupational therapists and physical therapists would take some classes together but would also have classes in the content specific to their new profession.

Two other models were discussed with the UNEPH advisory board and were rejected at that time as premature. The first was to begin with an entry-level master's degree for some of the nurses who were just completing their four-year degree. The second was to offer a weekend format for the cohort of students who have had training as rehabilitation technicians so that they could still work during the week.

The Logic Model for Strategic Planning

The following information is also available in Logic Model format in Appendix C.

Situation. The strategic plan was developed in response to the situation of need for logistical and financial support for professional education for rehabilitation providers in Haiti. An accredited Haitian university had offered to host the program, and the existing nursing school for that university had offered to share some resources. The following stakeholders had demonstrated a commitment to the strategic planning

process: the UNEPH advisory board, including the dean of the nursing school, and the HRF board and academic committee.

Priorities. The *Mission* and *Vision* of the nursing school were available in text documents at the beginning of this process. The *Values* of the nursing school were discovered as a graphic statement displayed on a banner at FSIL. Human resources for this effort included faculty volunteers and volunteers on the HRF Board. Logistical resources included email communication lists and videoconferencing software. Financial resources included early donations from local churches, from one Episcopal diocese, and from the network of friends and acquaintances of the volunteers. To understand the context of strategic planning, it may help to understand that three other groups had a stake in protecting their professional domain: the approximately 24 physical therapists who have four-year degrees from a university in the Dominican Republic, an unknown number of rehabilitation technicians who have received formal training in Haiti, and the administrators of the new master's degree program at the University of the Aristide Foundation (D. English, personal communication, 2014).

Collaborators with this project included the dean of the nursing school (at FSIL), more than one U.S. Episcopal parish, and managers at three Haitian clinics. The University of the Aristide Foundation (UNIFA) that has a new master's degree program in PT could be considered a *competitor* for resources. It could also be considered a potential *collaborator* as the graduates with master's degrees could be employed as faculty members for FSRL upon graduation. The intended outcome of this strategic planning effort was effective OT and PT education, funded adequately, that would produce graduates at a rate that could be absorbed by the Haitian job market.

Inputs (also known as Resources). There was one staff member who was paid by the HRF board. She was an interim part-time assistant who lived and studied on the campus of the nursing school in Léogâne. There were eight active volunteers: five members of the HRF Board, and three faculty volunteers making up the academic committee. This group of volunteers had at that time donated over 900 hours of volunteer time. Approximately \$20,000 had been donated to the project over the first two years of development. The recruitment video cost \$4,000 of that amount, and \$10,000 of the remaining fund had been used for travel for volunteers to Haiti for organizational meetings, leaving approximately \$6,000 for travel for this project.

The research base for this project can be found in the *Review of Literature*. Equipment available for the project included personal laptops and phones for internet and telephone communications. Technology resources included a Google group for initial communication with all stakeholders. A website and Facebook page provided publicity and a forum for engaging with partners. Skype (a free program) and GoToMeeting (a subscription program) were used for video-conferencing. Partners at the time of the strategic planning process included UNEPH, FSIL, HNF, the Episcopal Diocese of Central New York, and the Outreach Committee of St. Thomas's Episcopal Church in Hamilton, NY.

Procedures (also known as Activities). The first activity of this project was the development of written documents for review by the planning partners. The U.S. project coordinator assembled and edited drafts of statements of *Mission, Vision, Values, SWOC Analysis*, and *Budget* before the first strategic planning meetings. The plan was to present the drafts to the full planning group, incorporate input from

participants, and then to submit them again to the same group. The hope was that further documents, a *Timeline* and an *Action Plan*, would emerge from the planning meetings. Assessment of all documents for the plan would be reviewed by the U.S. project coordinator, edited for inconsistencies, and then resubmitted to the group.

The Logic Model for Developing Fundraising Documents

Situation. External financing was needed to hire an academic leader (dean or program director), recruit new students, pay faculty, and buy books and technology resources. Our assets included an estimated 900 hours of “in-kind” donations of volunteer time. At the New York state rate of \$26.45 per hour for volunteer hours, that is a donation of \$23,805. In addition, stakeholder engagement can be demonstrated by the fact that all members of the HRF Board had made financial contributions to the development of this program.

Priorities. One resource available was the database of the names, addresses, emails, and primary contact people for almost 200 donors to this project. For local support, this project had early financial backing by St. Thomas’s Episcopal parish and by the diocese of central New York. The next level of church organization, the Province, was considering taking this on as a project. The executive director of the Haiti Nursing Foundation (HNF) collaborated by giving technical assistance and recommending funding strategies. Members of the HRF Board, including the academic committee, disseminated information about the project and its need for funding to their network of connections. There was competition for funds, too: the field of nonprofit organizations related to Haiti is dense. Many organizations support Haitian projects and solicit funds (Gros, 2011, p.146).

The intended outcome of the fundraising portion of this doctoral project changed somewhat after the doctoral proposal was submitted. Further reading revealed that 75% to 80% of funds for nonprofits usually comes from direct donations (Wason, 2004, p.6). For that reason, the specific aim of this project became to write a case statement that would support either direct donations or grant funding, instead of grant funding alone.

Inputs (also known as Resources). The doctoral project had no paid staff for this part of the work. There were eight dedicated volunteers, including the HRF Board and the academic committee. As reported above, our assets included over 900 hours of “in-kind” donations of volunteer time. At the New York state rate of \$26.45 per hour for volunteer hours, that is a donation of \$23,805. The *Review of Literature* discussed the research base for this fundraising effort.

Equipment used for this project included personal laptops and phones, for internet and telephone communications. Technology tools included a database of donors on a Dropbox site and a crowd-funding campaign on the IndieGoGo website from March 16 to April 25, 2015. Partners in the fundraising effort included UNEPH, HNF, the Episcopal Diocese of New York (offering a fundraising seminar), the Episcopal Diocese of Central New York, and the Outreach Committee of St. Thomas’s Episcopal Church in Hamilton, NY.

Procedures to be followed (also known as Activities).

The first procedure was to develop a case statement (Hutton & Phillips, 2006; Wason, 2004, p. 307). The next was to write appropriate letters of inquiry for several

grant-makers (Wason, 2004, p. 102). The case statement required a proposed budget, which was to be developed by the U.S. project coordinator, incorporating best estimates from Haiti Nursing Foundation and from the UNEPH advisory board. In fact, three budgets were eventually developed, in support of three different strategic scenarios (described as *full budget*, *modified budget*, and *pilot program budget*.) Another planned procedure was to write a newsletter to send to all donors. Finally, an assessment of all fundraising projects was planned as a follow-up to the first procedures. The assessment was intended to allow re-adjustment of budget based on current income and upcoming expenses, in consultation with the HRF board (Ledlow & Coppola, 2011).

Results

Summary of the Strategic Planning Process

The documents developed as part of this strategic planning process included

- Mission, Vision, and Values;
- SWOC (Strengths, Weaknesses, Opportunities, and Challenges) Analysis;
- Goals; and
- Budget.

The process began with a review of all the similar documents that were available from the nursing school, FSIL. The U.S. project coordinator wrote drafts modeled after the FSIL documents, adding information unique to the rehabilitation department, FSRL. In February, 2015, a series of meetings were held in Haiti. Most of the meetings were in Léogâne at the guesthouse of the nursing school, with one in Port-au-Prince at the main campus of UNEPH. Over the course of three days, the U.S. project coordinator met with the three academic committee members and the treasurer of the HRF Board. The Dean of the nursing school attended two of those meetings. The UNEPH advisory board members were in attendance at one meeting. Between meetings, the academic committee visited two clinical education sites and interviewed two prospective students. Upon return to the U.S., the U.S. project coordinator submitted notes on all meetings to those who had attended, and wrote proposed Goals and Objectives derived from the meetings. Follow-up meetings were held by video-

conference with the HRF board members and with the academic committee members, where opportunities for review were offered.

Final Strategic Plan

Mission.

Haiti Rehabilitation Foundation (required for incorporation in New York state). The corporation is a Not for Profit [sic] organized to promote the education of medical rehabilitation providers through logistical and financial support for students in the field of medical rehabilitation in Haiti, to enable them to further their education, so that they may provide medical rehabilitation to individuals in need in the Country of Haiti. (J. Straub, personal communication, October, 2014)

Faculté des Sciences Réhabilitation de Léogâne (FSRL) mission. The Faculty of Rehabilitation shares the mission of the Episcopal University of Haiti: a commitment to teaching, research, and service, and its recognition of the power of a Christian message in all we do. Our mission is to offer professional programs of study in occupational therapy and physical therapy, incorporating community-based rehabilitation principles and practices to prepare our graduates for effective health care service as clinicians, leaders, researchers, and agents of change. (J. O'Flynn, personal communication, March 9, 2015)

Vision. The *Vision* statement was written by members of the HRF board and the academic committee, as follows.

The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of rehabilitation as a discipline of science, caring, and compassion. The program will be an expression of rehabilitation as a ministry of Jesus Christ, who willed that in every circumstance people with and without disabilities would be seen as whole and valuable persons. The spiritual dimension is an integral part of rehabilitation, along with teaching and healing.

Further, the Faculty of Rehabilitation will provide professional service to the community. Through education, scholarship, and service, the Faculty of Rehabilitation will facilitate individuals' wellness, productivity, participation, and quality of life within their community. The Faculty of Rehabilitation will provide continuing education and post-baccalaureate education to meet the needs of the professions of occupational therapy and physical therapy through scholarly activity. (HRF board, February, 2015)

Values (three parts).

1. Core values of the Faculty of Rehabilitation include integrity, community engagement, commitment to excellence, leadership, scholarship and practice, justice, collaboration, and spirituality. (HRF board, February, 2015)
2. The Faculty of Rehabilitation is a department of the Episcopal University of Haiti and shares the religious vision of that institution and its parent Church. This is a vision in which the Church was brought into

being by our Lord Jesus Christ to serve the needs of the world. Thus the Faculty of Rehabilitation serves in a way that respects the dignity of every human being and is open to students of all religious beliefs. (St. Catherine University Religious Statement, 2015; D. O'Flynn, personal communication, 2015)

3. The OT and PT degree programs adhere to international standards of the World Federation of Occupational Therapy and the World Confederation of Physical Therapy (WFOT, 2002; WCPT, 2011).

Strengths, Weaknesses, Opportunities, Challenges (SWOC) Analysis

Table 2

SWOC Analysis

STRENGTHS	WEAKNESSES
Experienced UNEPH/FSIL faculty and administrators	We do not have a bank account or a financial process.
New organization, Haiti Rehabilitation Foundation (HRF) formed to support FSRL	We do not have a firm, realistic budget for the coming year.
HRF has a website and facebook page that are attracting interest.	We do not have a governing board in Haiti for FSRL.
U.S. faculty volunteers have written the outlines for OT, PT, and clinical education curricula.	Limited PT presence in Haiti
Strong Episcopal partnership ties between U.S. Episcopal church and UNEPH/FSIL/FSRL	Limited OT presence in Haiti
Strong Episcopal partnership ties between U.S. Episcopal church and St. Vincent's Center	No national OT association
St. Vincent's has long experience with interactions with the disability community.	Limited fieldwork placement opportunities, especially in rural areas
	Donations so far amount to only \$17,000, with \$6,000 in the bank.
	So far no university partnerships have been created.

St. Vincent's will offer fieldwork opportunities.

PT association (Physiotherapie Société d'Haïti) was recently recognized by Haitian government.

Donations have already been made, held by the U.S. Episcopal Church in NY.

World Rehabilitation Fund has expressed interest in advisory (although not financial) partnership.

World Federation of Occupational Therapy has documents in French and English.

World Confederation of Physical Therapists has expressed interest.

We have a French video about OT for potential students.

We have an employee: our interim administrative assistant.

Funding will be needed both for start up and for long-term ongoing support.

OPPORTUNITIES

Success of two new nursing programs at UNEPH/FSIL

Land is available at the same site with UNEPH/FSIL

Dean of Nursing wants to provide interprofessional education for the nursing students, which would be possible with this rehabilitation department.

OT and PT together will provide interprofessional learning.

Haiti Rehabilitation Foundation subscribes to *GoToMeeting* which offers a platform that is possible to access from Haiti and U.S.

CHALLENGES

Communication between U.S. and Haiti is challenging due to language differences, culture, and distance.

Volunteer faculty will initially have to include foreigners as well as Haitians.

Rehab technicians and graduates of the nursing school have an interest in attending the four-year degree program, but prefer weekend classes so they can work.

Interest from Haitian-American OTs and PTs

A proposal is ready to present to the Haitian government.

A Dean Search announcement has been written and posted, and interviews held.

A fundraising campaign on social media is underway.

Goals

Nine goals were determined. The objectives that accompany each goal are available in Appendix C.

1. Curriculum development will be completed to allow planning for French translation, textbooks, tech and lab resources, and volunteer faculty.
2. Volunteer faculty recruitment will begin: the first step will be engagement with the candidates.
3. Contact information database will be upgraded.
4. Staff will be recruited, interviewed, and hired in a timely manner to allow active engagement in planning for student recruitment, interviewing, and admission.
5. The dean or acting dean will handle student recruitment, application process, and selection.
6. The governing board in Haiti will be formed and will have its first meeting to formulate its own guidelines.
7. Financial payment structures will be set up to convey funds to Haiti.
8. Tax-exempt status will be achieved for a growing HRF board.
9. Funds will be found for immediate expenses.

(J. O’Flynn, personal communication, 2015)

Long-term goals. The planning process might properly be considered *operational planning* instead of *strategic planning* because it stopped short of long-term goals (Ledlow & Coppola, 2011; McKay, 2001). However, informally, long-term goals were addressed briefly. Individual members of the Haiti Rehabilitation Foundation board expressed hopes that the traditional four-year curriculum design could be supplemented to improve access to prospective students. For instance, a four-year program could eventually have a weekend option for working people. The program could articulate with the rehabilitation technician program in some way, allowing for a shorter course of study for those who have already taken 1200 hours of training. That option might include competency evaluations for clinical skills. UNEPH/FSRL could collaborate with the physical therapy master’s degree program at UNIFA, the Université de la Fondation Aristide. In addition to these individual statements about possible developments for FSRL, the Haiti Rehabilitation Foundation board as a group expressed one long-term goal: to offer a master’s degree in OT as soon as possible.

The evolution of this strategic plan is in Appendix D, but without these long-term goals. They are included here in the hope that they will be addressed in another season of planning.

Fundraising

The role of grant-writing versus soliciting direct donations evolved during the course of this project. The texts on developing university programs (Doll, 2010; Gilfoyle, Grady, & Nielson, 2011) emphasized writing grants to foundations for

support. However, it became clear in reading about nonprofit development that it is unusual to receive grant funds before a program starts. According to Hutton and Phillips (2006), “start-up grants from foundations or corporations are rare and next to impossible to obtain before the IRS recognizes your organization’s tax-exempt status, so don’t plan on receiving any grants from outside organizations (p. 22). Even after the start-up phase, nonprofits usually receive 75% to 80% of their funding from direct donations (Wason, 2004, p. 6). An example of a letter of inquiry (Wason, 2004, p. 102) to a grant-making foundation is here: the letter was turned down by the foundation, however. A case statement (Hutton & Phillips, 2006, p. 226) is also here, showing the document that was most often presented when asking for direct donations.

Example of Letter of Inquiry for Grant Application Process

Foundation Manager
xxxx Foundation

Dear Ms. xxxx,

I have been reading the information on the xxxx Foundation website, and I have just watched the Mission and Guidelines video. What a wonderful set of projects you have supported! I would like to propose an addition to that portfolio –

I am an occupational therapist, currently enrolled in the OT Doctorate program at St. Catherine University in St. Paul. The program is online, allowing me to live and work at home in xxx xxxx. My doctoral project provides a remarkably close match to the mission of the xxxx Foundation. It starts with the steady stream of OT and PT volunteers who have been traveling to Haiti for many years from all across the U.S.. The need for rehabilitation in Haiti is high. Out of a country of 8 million people, over 1 million are estimated to have a disability. There are no academic programs for occupational therapists in Haiti, and no four-year degree program for physical therapists. That situation is about to change, however!

The Episcopal University of Haiti has signed an agreement with my small group of volunteer faculty, both OT and PT, from three U.S. universities, to start professional degree programs in OT and PT in September of 2015. The opportunity for Haitian students to earn a bachelor’s in OT or in PT, and to serve the rehabilitation needs of Haitian patients, is exciting and innovative. The opening of two new professional programs will increase the number of under-represented providers in the field. It will

give an education to those in need, so that they can help others who are the most in need.

The plan will engage volunteer faculty in the U.S. and Canada for the first eight to ten years, until the first Haitian OT and PT graduates can earn advanced degrees and become instructors in the program. The connection between volunteer providers in the U.S. and the Haitian rehabilitation clinics and hospitals is strong already, as U.S. therapists have been staffing those facilities. We have spoken to clinic directors in Haiti who are eager to hire Haitian professional therapists. Our vision for the future includes having access to strong clinical sites, staffed by Haitian OTs and PTs, for our U.S. students to go to for fieldwork. We can see that the Haitians will move into the role of teachers and leaders in their own health care system.

I think this is a project that the xxxx Foundation could be proud of. It engages many volunteers who have a strong commitment to service in Haiti already. It is an excellent example of collaboration between OT and PT, as the programs will be developed in tandem.

The emphasis on start-up costs is exactly what we need at this time, as well. We are working on long-term plans, developing our fundraising approach. Nothing succeeds like success, though – it is true that a leadership gift from an eminent foundation gives a seal of approval to a project and invites donors to make a commitment for the long-term. I hope that you also can see the possibilities for this project! Would you give us an opportunity to make a formal application?

Thank you for your good work, and thank you for considering a further conversation about this!

Sincerely, xxxx

Case Statement Including Proposed Budget.

March 7, 2015: JOIN US TO MAKE HISTORY IN HAITI!
Rehabilitation Department Development
Beginning with Pilot Program for 2015-2016



There are no professional four-year degree programs for Occupational Therapy (OT) or Physical Therapy (PT) in Haiti. Occupational and physical therapists from many countries have visited Haiti for decades, bringing the vision and skills that are needed to give people with disabilities new possibilities for their lives. However, for the first time, Haitians will soon be able to receive a four-year professional therapy education without having to leave the country. The Episcopal University of Haiti will enroll the first four-year program classes of OT and PT students in a newly-formed rehabilitation department, beginning in September of 2015. This is not a U.S. university: it is a Haitian university, investing in its work of building capacity for and by Haitians. This emerging program offers a unique opportunity. It is an opportunity to support an historic first: the first four-year academic degree programs for occupational therapists and physical therapists in a country that has not had these programs before!

Does Haiti need therapists?

YES! Haiti has a high number of people with disabling conditions. The following paragraph is an excerpt from the Pan American Health Organization's *Fact Sheet for Disability and Rehabilitation in Haiti*, from the period of 2010-2011.

The number of people with disabilities in Haiti prior to the earthquake was approximately 10% of the population or 800,000 people. Following the earthquake the total number of people with ... disabilities may have risen to 1.1 million. Approximately 310,930 people were injured and the number of people with mental health conditions has increased above pre-earthquake baseline rates (2-3 % for severe mental disorders and 10% for moderate and mild).
http://www.paho.org/hai/index.php?option=com_content&view=article&id=7015&Itemid=249&lang=en

Why the Episcopal University, and why now?

The Episcopal Church, Diocese of Haiti, Province 2, has had a strong presence in Haiti since 1861. The Bishops and clergy of the Diocese are Haitian. Health care and literacy are hallmarks of the Episcopal Church in Haiti, with 254 schools, 2 hospitals, and 13 clinics - serving numbers of people well beyond members of the denomination. The Episcopal University of Haiti (called UNEPH, using the first letters of the French title) offers eight programs, on three campuses.

The success of UNEPH's new academic nursing programs at the Léogâne campus (called FSIL, using the first letters of the French title) has been the inspiration for beginning these new degree programs. In 2005, UNEPH admitted students to the first four-year bachelor's degree in nursing program in Haiti. Those nurses graduated in 2009. There are now 81 FSIL graduates with BSN degrees, and 78 of them are working in Haiti. In addition, in 2013, FSIL launched the first master's degree program for nurses. 19 students are now studying to earn a Family Nurse Practitioner Master's degree, in partnership with alumni and members of the nursing faculty from Hunter College, City University of New York.

The success of these programs at the nursing school shows the way for the new programs in OT and PT. Curricula will meet the international standards established by the World Federation of Occupational Therapy (WFOT) and the World Confederation

of Physical Therapy (WCPT). Students will do their fieldwork in rural areas as well as in Port-au-Prince, with the intention of growing along with the public health service, which is now expanding in the countryside. NGOs in Haiti have already hired many of the nurses who graduated from FSIL. The newly graduated OTs and PTs will also be valuable to NGOs offering rehabilitation services in Haiti.

Need for funding

Expenses for the pilot program for the first year, which will consist of general health studies and basic sciences, are projected to be \$49,660 U.S.D. That amount is for program and for lecturer salaries. That amount will increase to \$274,660 U.S.D in Year Two of the programs due to the need for salaries for additional administrative staff, increased travel for volunteer faculty, and the purchase of a vehicle. Tuition, room and board, and supplies including technology for one student will cost \$3500 per year. Students will be asked to pay \$2500 per year. Furthermore, in Year Two, new construction will be needed for additional dormitories and for classrooms and labs. The projected cost of new construction will be approximately \$2.5 million. (Please see Budget details in Appendix.)

An additional source of income will also become available when the students begin the specialization portion of their education. U.S. and other international universities will be invited to write research grants in collaboration with the OT and PT faculty and students in order to find and document appropriate therapy practice for under-resourced countries. The experience of providing rehabilitation in Haiti, especially in rural areas, will become a resource for other countries world-wide with similar health care provision challenges. In the long run, graduate programs for these professions are anticipated. The goal is to have Haitian faculty who can take their place as contributors in the international rehabilitation community.

DONOR SUPPORT

An individual donor can support these Rehabilitation programs at UNEPH through the website of the Haiti Rehabilitation Foundation (www.xxxx.org), using a debit or credit card.

Donations may also be made by check. **Checks should be written to “DFMS” (Domestic and Foreign Missionary Society of the Episcopal Church), and clearly marked as “OT and PT” in the comments section.** They can be mailed to DFMS Development Office, Episcopal Church Center, xxxx, xxxx, xxxx.

Parishes and schools may want to consider sponsoring individual students, or undertaking a fundraising project on behalf of the school. Xxxx xxxx Haitian coffee can be sold with profits designated to support the Rehab Dept.! Details at www.xxxxxxxx.

For more information, and for opportunities for a speaker to visit the parish or diocese, please contact the Rev. xxxx and xxxx xxxx, xxxx, xxxx xxxxx, xxxxxxx.

OPERATING BUDGET FOR 2015–2016 for THE FIRST YEAR OF FSRL,

Pilot Program

Anticipated INCOME

Tuition for 2014-2015 School year: 12 students enrolled at \$250 per month, X 10 months, 10 paying full student fees	\$25,000
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Anticipated Contributed Income

Online fundraising (IndieGoGo)	\$22,400
Individual student sponsorships (direct campaign)	\$5,000

TOTAL INCOME EXPECTED FROM ALL SOURCES	\$52,400
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EXPENSES**Personnel expenses**

Dean (half-time)	\$18,000 salary + <u>\$3,600</u> benefits
	\$21,600

Dean's Assistant and Clinical Education Coordinator	
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Stipend for visiting speaker every month	\$500
Stipend for additional sections of courses taught by current Haitian faculty	\$6.00 per hour per course = \$3,060
Stipend for interim administrative assistant (Feb. 2015 through July 2015)	\$1,400

TOTAL	\$26,560
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Non-personnel expenses

Health Campaign Media expense, to introduce unfamiliar profession(s) to Haitian prospective students (TV & radio)	\$3,000
Rent for housing (in FSIL Guest House) for Dean- 4 nights per month X \$75, includes meals	\$300
Travel for dean interviews	\$2,000
Office space rent	\$3,000

Room and board for dean interviews	\$300
Textbooks and tablets with software for 20 students- (will be needed in the second year)	
Fiber Optic cable: sharing monthly costs with FSIL	\$300 month X 12 months = \$3,600
Uniform and supplies 10 students x \$500	\$5,000
Monthly fee to UNEPH for administration	\$500 X 12 = \$6,000
Ten percent to Episcopal Diocese of Haiti	\$5,000
TOTAL NON-PERSONNEL EXPENSES	\$23,100
TOTAL	\$49,660

OPERATING BUDGET FOR 2016-2017 (not including construction)

Anticipated INCOME

Tuition, room and board, for 2016-2017 school year: 34 students enrolled (two classes of students, 12 from first class and 22 from second class): 30 students paying full fees	\$75,000
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Anticipated Contributed Income

Individual donations (annual campaign)	\$20,000
Grant writing for vehicle	\$ 50,000
Grant writing	\$ 88,000
Individual student sponsorships	\$10,000
TOTAL INCOME EXPECTED FROM ALL SOURCES	\$ 242,960

EXPENSE

Personnel expenses

Dean	\$36,000 salary + <u>\$7,200</u> benefits
	\$43,200

Dean's Assistant & Clinical Education Coordinator	\$24,000 salary + \$4,800 benefits
	\$28,800
Housing in FSRL building	0
Stipend for visiting speaker every week	\$ 500
Salary for additional sections of courses taught by current Haitian faculty	\$3,060
Driver	\$6,000
Accountant/Bookkeeper	\$12,000
Rehab Dept. Secretary	\$12,000
TOTAL PERSONNEL EXPENSES	\$105,560
Nonpersonnel expenses	
Travel stipends for volunteer program developers and faculty (20, at \$800 per ticket)	\$16,000.
Room and board for volunteer program developers and faculty (\$75 per night X 15 nights for each three week stay = \$900 per stay)	\$7200
Books and tablet for student use (tablets for entering class; books for both classes)	\$22,400
Fiberoptic cable: sharing monthly costs with FSIL	\$300 month X 12 months = \$3,600
Uniform and supplies 20 students x \$500	\$10,000
Purchase of FSRL vehicle	\$50,000
Gas and maintenance	\$2,200
Monthly fee to UNEPH for administration	\$500 X 12 = \$6,000
Ten percent to Episcopal Diocese of Haiti	\$20,000
TOTAL NONPERSONNEL EXPENSES	\$137,400
TOTAL EXPENSES	\$242,960

Discussion

Implications and Learning Related to Strategic Planning

Although the explicit intention for this project was *strategic planning*, the actual work done might better be described as *operational planning* (Ledlow & Coppola, 2011; McKay, 2001). Strategic planning focuses on the future, but planners differ on how far into the future a planning process should look. For Doll (2010), a strategic plan “aids an organization in defining its direction for the next year or so” (p. 75). Other planning experts, however, expect to see a three- to five-year timeline for strategic planning (Hutton & Phillips, 2006; McKay, 1993). The mission and vision of this project touched on the future, but most of the content of the process concerned operations in the present and in the next 12 months. McKay (1993) considered that longer-range strategic planning is still important in a changing environment, with the caveat that it may not be possible to do if the organization is not yet stable: “Board and staff also need the time to plan, which means that they must not be using every minute to carry out *functions required for survival* [emphasis added]” (p. 2). In this case, the goals are all short-term and do reflect a concern for functions required for survival (McKay, 1993). *Operational planning*, as defined by Ledlow and Coppola (2011), is about “finding the best methods, processes, and systems to accomplish the mission/purpose, strategies, goals, and objectives of the organization” (p.140). *Strategic planning* will be the term used in this discussion, however.

The information available to the U.S. project coordinator at any given point in this process was partial and unclear. The model of decision-making that would fit best

with this process is a “reality-based model” (Ledlow & Coppola, 2011, pp. 144–149). This is an alternative to “rational (willful choice) models” (p. 145) in which all the relevant factors are transparent. Situations that need this approach are described as follows:

ambiguous (do not know what to ask or do) situations where time and information are limited or constrained and ‘perfect information’ is impossible to acquire, where organization structure/hierarchy is loosely coupled, and where the organizational persona seems to embody organized anarchy (chaos).

(Ledlow & Coppola, 2011, p. 145)

Takahashi (1997, as cited in Ledlow & Coppola, 2011) explains the process that is described as “reality-based”: “In this model, ... sets of problems, solutions, energy, and participants--[are] dumped into a can as it is produced ...: when the can is full, a decision is made and removed from the scenario. (p. 145)

This process can also be understood as movement from the first stage of a nonprofit to the second: from the *idea* stage to the *start-up* stage (Stevens, 2001, pp. 28-30). The *idea* stage “reflects a founding perception of a societal...vacuum and a personal mandate to do something about it” (p. 27).

The *start-up* stage is characterized by high energy, and strong dependence on the vision of the founder(s). Unless otherwise seeded by a large progenitive grant, the *start-up* stage is almost always characterized by the proverbial ‘shoestring budget’....By nature of the stage, *start-ups* are always doing things for the first time, and generally have neither the time nor inclination to

systematize activities, since all their energy goes to getting their services into the community. (Stevens, 2001, pp. 28–29)

Thus the strategic planning project was absolutely necessary, as it provided a format for communication, prioritizing, and action. By the same token, it was also incomplete and provisional, subject to frequent changes. Issues arose with the strategic planning process itself, similar to those discussed by Nauffal and Nasser (2012): unfamiliarity with the process, limited buy-in, and unclear timelines. Commitment to the strategic planning process by the advisory board in Haiti was limited, for reasons to be discussed. The Haiti Rehabilitation Foundation (HRF) board and the academic committee were committed to the process but were unable to plan ahead for the working sessions because the U.S. project coordinator did not give the materials well in advance.

Implications and Learning Related to Fundraising Documents

One basic misunderstanding arose with different funding structures for university programs in the U.S. and Haiti. This problem is cited by Spencer-Oatey (2012, p. 250) as a potential source of friction. In the U.S., a university that is opening a new program would be expected to pay the salaries for the Dean and faculty members. It took many months for the U.S. project coordinator to realize that the salaries at UNEPH would be the responsibility of the HRF Board. In addition, the new rehabilitation department would be expected to pay a flat fee to the university to obtain registrar services so that the OT and PT students could get credit for coursework. Furthermore, a percentage of all funds sent to UNEPH would be asked as an

administrative fee to the Episcopal Diocese of Haiti. This information was incorporated into the most recent budget (see Appendix E).

The problem with the misunderstanding of the payment structure was compounded by the false expectation by the U.S. project coordinator that most of the funding would come from grant agencies. In fact most nonprofits receive 75% to 80% of their funds from direct donations (Wason, 2004, p.6). Information on how to conduct a fundraising campaign was gathered slowly: the launch of the fundraising effort was delayed. It is possible that a strong fundraising result would have allowed the program to start a year ago, without the second delay in September of 2014.

Key Issues in Developing a Successful Rehabilitation Educational Program

One of the reasons for the limited commitment by the Haitian advisory board to the strategic planning process was the ongoing difficulty with communication between the U.S. project coordinator and the Haitian advisory board, due to the language difference, over-reliance on email as a medium, and cultural norms for private vs. public communication. It was not just that the strategic planning process itself was unknown. In fact, the process of strategic planning was somewhat familiar to the Rector and Vice-Rector of UNEPH. A PowerPoint presentation had been given to visitors from the organization known as Colleges and Universities of the Anglican Communion on February 12, 2014 (Bernard, J.-L. & Joseph, R., 2014). It gave an overview of the number of students and faculty, and the six colleges that made up the university. It also listed the damages done by the earthquake and the estimated costs of rebuilding. It might be best considered a “case statement” in support of a funding request for immediate needs. The PowerPoint did not address long-term goals for UNEPH. The

figures for students and faculty of the college of nursing (FSIL) were omitted from that PowerPoint presentation. That presentation was in English and French.

Another document from October 2007 by the governing board of the nursing school (FSIL) gave a list of long-term goals for the nursing school (FSIL Governing Board, 2007). One of the goals is directly relevant to this project.

Develop strategic plans for the development of an Educational Center for Health where programs of Continuing Education for multiple health care disciplines would reside, i.e.,

- i. Medical doctors
- ii. Nurses
- iii. Medical lab technicians
- iv. Biomedical repair and maintenance
- v. Physical therapy
- vi. Hospital plant maintenance. (FSIL Governing Board, 2007, p.1)

This document, in English, has not yet been part of the discussions about opening the new Department of Rehabilitation, but it may be helpful in future talks.

The burden of language translation, according to Spencer-Oatey (2012) should be borne by parties on both sides of an inter-cultural partnership (pp. 250-251). Three of the four Haitian members of the UNEPH advisory board spoke English, and the fourth (the Rector of UNEPH) understood English fairly well but did not speak it. The U.S. project coordinator knew French, but not fluently. In an email, the dean of the nursing school said that there was no need to send the same email in French as well as English. When the communications reverted to English only, however, there was a loss

in that the rector stopped contributing directly and conveyed messages only through the vice-rector. In addition, the number of words per email from the Haitian partners decreased: the U.S. project coordinator would send long complex messages and receive lean (and sometimes cryptic) replies.

Over-reliance on email caused some information to be lost in transmission. Ledlow and Coppola (2011) discuss “media-richness theory” (pp. 121-123) in which modes of communication are considered to be on a continuum depending on the amount of information they convey. The medium that is most rich in information is a one-to-one, face-to-face conversation, because it conveys nonverbal information and emotional meaning. Video-conferences, followed in decreasing order by telephone calls, are still both more media-rich than are emails. To compound the problem, during the first year of communications the U.S. project coordinator often sent group emails, intended to update all participants at one time. It was not until later that the silence from the UNEPH advisory board after every such email demonstrated the inappropriateness of that approach. It is probable that the Haitian culture places more value on rank than does the U.S. culture, and that it seemed insulting to the university administrators to receive information of general knowledge instead of privileged insider information. That problem was explicitly addressed in an interview with a Chinese faculty member in a university partnership with British faculty, as follows.

Sending mass emails is a good way. But when we send such emails, it will infringe Chinese principles. If I send such an email to a person in a higher

position, s/he [sic] will feel offended....Sending emails to superiors is not a good way, because it shows no regard for status differences between people.

(Spencer-Oatey, 2012, p. 252)

Two of the most negative interactions over the past two years arose because of errors made by the U.S. project coordinator in two emails. The first was an attempt at humor that was received in Haiti as straight information, of an offensive sort. The second was a detailed record (the *Minutes*) of a one-to-one, face-to-face interview in Haiti between a university administrator and the U.S. project coordinator. The Minutes contained sensitive information including the salary of the administrator, which greatly offended the administrator. (Fortunately, by that point, the emails were not being sent to all participants, so the sensitive information was removed before the confidentiality was breached.)

Power imbalances between the U.S. project coordinator and the UNEPH advisory board were not explicitly discussed but did influence communication. The situation of knowledge transfer was part of an ongoing postcolonial dynamic (Gros, 2011; Jadotte, 2006; Mendenhall, 2014; Shamsie, 2012) in which the roles of the dominant U.S. culture and the dominated Haitian culture unavoidably continued to influence interactions. Both parties in this interaction held power, but not equally and not in the same areas. The university in Haiti held the power to grant or withhold access to an accredited Haitian university, without which the whole project would have to be terminated. The UNEPH board also maintained all responsibility and privilege of contacting the Haitian government to request licensure for the new professionals to emerge. On the other hand, the U.S. project coordinator had avenues for funding that

were not available to members of the Haitian advisory board. In addition, the U.S. team had many partners and communicated with each other frequently, giving them the power of increased information about how the program was developing at any time.

The series of decisions that unfolded over the past two years demonstrate a power imbalance, only visible in retrospect. In April of 2013, UNEPH agreed to host the new OT and PT programs, but when UNEPH proposed the starting date of September 2013 and requested modest funds for it, the U.S. project coordinator declared a delay was needed in order to marshal human resources and to raise funds. In February of 2014, the U.S. project coordinator again opened negotiations and UNEPH again announced an opening date of September of the same year (2014). For both of those opening dates, the UNEPH advisory board proposed admitting an entering class of OT and PT students who would take basic science classes with the nursing students and who would be supervised by the dean of nursing. On both occasions, the U.S. project coordinator resisted that plan, holding onto the idea that the new OT and PT programs must have their own dean to ensure fidelity to the emerging curriculum for rehabilitation. Finally in 2015, in April, the U.S. project coordinator realized that it would only be possible to start the program under the conditions proposed by UNEPH. The major funds needed to hire a dean had not been found, and according to the consultant on fundraising they could not be found unless a program were already open and functioning. The power to proceed or to call a halt was with the U.S. project coordinator, and so was the power to take two years to understand the merit of the program initially proposed by UNEPH.

The communication gap was somewhat narrowed by the presence on the Haitian and the U.S. teams of “cultural mediators” (Spencer-Oatey, 2012, p. 252): people who were bilingual and who had extensive experience in both cultures. On the Haitian advisory board were two members who had spent extensive time in the U.S. and spoke English fluently. On the U.S. nonprofit board (HRF) was a former Haitian rehabilitation technician who had lived in both the U.S. and Haiti and spoke English very well. These mediators were essential in bringing about any degree of mutual understanding.

Spencer-Oatey (2012) and Nauffal and Nasser (2012) emphasize the need to take the time to build trust between team members. This project demonstrates that principle. On two occasions of meetings in Haiti, the U.S. project coordinator issued an invitation to advisory board members to come to a restaurant for a shared meal after a meeting. When the invitation was first issued, the offer was briefly acknowledged but dismissed as “not necessary.” On the second try, it was not even acknowledged. On the other hand, at crucial moments when communication was poor or appeared unlikely to happen at all, the member of the UNEPH advisory board whom the U.S. project coordinator had known for 18 years was able to send a direct and clear message to all parties to start the process of communication again.

Some of the factors that contributed to the struggles to raise funds for this plan were outside of the control of the U.S. and Haitian program developers. One factor was a shift in the ability of the Episcopal Church in the U.S. (DFMS) to support this program financially. At the outset of the agreement, in April of 2013, the DFMS Chief Development Officer invited the U.S. project coordinator to write a case statement so

that DFMS could promote the project as part of its development work. DFMS also invited the members of the HRF board-to-be to open an account with them, so that the first donations would be tax-deductible. Information about the prospect of these new programs appeared in the fundraising newsletters sent to the wider church by the DFMS Development Office. However, after this promising beginning, the work of the DFMS became more focused on the priority for funding the infrastructure for the Episcopal Diocese of Haiti, following the devastating losses from the earthquake in 2010. The Haiti Rehabilitation Foundation was hoping to raise funds within U.S. Episcopal Church circles, and did not realize the limits on those resources. Since the priority of the Episcopal Diocese of Haiti was to rebuild diocesan buildings and pre-existing programs, church support for FSRL had a low priority.

In addition to these external factors concerning funding, there was an internal factor that added pressure and stress to the process. The World Federation of Occupational Therapy (WFOT) recommended that the effort to introduce OT into a new country should begin with “local institutions and persons within OT or related to it” (WFOT, 2008, p.27). The suggestions included “develop an overall interest group (which then develops to being the national association concerning OT” (p. 27). The WFOT recommended pursuing activities such as “offer[ing] presentations to health care services, educational institutions, national and international congresses”, and contacting “other professionals in the health care field such as physicians, physiotherapists, psychologists, etc”, and, most importantly, “potential consumers (individuals and groups)” (pp. 27-28). The U.S. project coordinator chose to begin with the educational program rather than beginning with organizing the resources in Haiti

that would create a demand for the new profession. The reason this less-well-founded approach seemed plausible is that the Haitian university was eager to have a PT program, which is a familiar and desirable profession in Haiti. The university was willing to accept an OT program also, based on the idea of forming interprofessional teams. That shortfall in planning for the OT professional association is now being corrected, as stated in one of the next sections, titled *Recommendations for the Future*.

Finally, one difficulty with the development of these plans was simply the lack of a person in place in Haiti who was able to dedicate time directly to this project. All of the faculty in Haiti were already busy with full-time work and did not have the hours in the week to do extra work toward this program development. In May of 2015, the U.S. project coordinator contacted the UNEPH advisory board to ask if she would be acceptable as an acting dean for the new programs for the first academic year. The UNEPH board agreed that that would be helpful. The U.S. project coordinator will be going to Haiti to volunteer as *Acting Dean* for the first academic year, which will eliminate the difficulty of trying to do this work at a distance. The project appeared to have weathered all the difficulties detailed in this discussion, as of May of 2015.

Limitations

A limitation of this project was the limited feedback from the perspective of the Haitian partners in planning. The intermittent silence of the Haitian advisory board members was a kind of information, but it was undifferentiated. However, according to postcolonial theory (Minkler & Wallerstein, 2008), it is essential to “accept that outsiders cannot fully understand community and interpersonal dynamics” (p. 102).

Recommendations for the future

Haiti Program. A volunteer from the program development team will be needed to serve as acting dean until full funding is gained. The U.S. project coordinator will take that role for the first year, beginning in the summer of 2015. The program can begin with a small group of students, under the umbrella of the nursing school, which will provide a sense of stability and courses in the basic sciences.

According to the World Federation of Occupational Therapy, two components are needed to establish full membership: “a country which has *an occupational therapy association* with an approved constitution and *educational programme* [emphases added] may become a full member of WFOT” (WFOT, 2008, p.26). There are many preparatory steps that can be taken in Haiti to build the awareness of the role of this profession. An American occupational therapist who lives and works in the north of Haiti has expressed interest in convening an occupational therapy association. An occupational therapist from Chile who lives and works in the south of Haiti has already begun meeting with rehab technicians and other non-occupational therapists to promote an OT approach to rehabilitation. The Haiti Rehabilitation Foundation Board can facilitate networking between these two therapists. Fundraising efforts could include support for the new OT association (and possibly the PT association) to fund continuing education. The two leading occupational therapists can make helpful contacts with the PT professional association and with the Bureau de Secrétaire de l’État pour l’Intégration des Personnes Handicapées (BSEIPH).

Educational Rehabilitation Programs in Under-resourced countries. One difficulty in starting occupational therapy programs in under-resourced countries

is that the occupational therapy profession itself may be little known in that country. The World Federation of Occupational Therapy gives good guidance for thinking of the wider picture of developing the profession itself, not just the educational program (WFOT, 2008). The paths that have been used vary by country, from governmental initiative to individual action (Lopes & Hahn, 2004; Rassafiani & Zeinali, 2008). This case study may be helpful to other occupational therapists who are hoping to start an educational program: starting with the occupational therapy association may turn out to be less pressured, less expensive, and, in the long run, very fruitful.

For the development of the educational programs in OT, several factors were shown to be very helpful. It was vital to strive for cultural humility, from the beginning to the end of the project (Minkler & Wallerstein, 2008, p. 100). It was necessary to work with cultural mediators (Spencer-Oatey, 2012, p.252). Finding out the different funding mechanisms for universities in the two different countries was surprisingly difficult but essential (Spencer-Oatey, 2012, p. 250). It was necessary to have staff and/or faculty in the country, not just at a distance. Finally, it was necessary to be flexible and persistent, over the course of several years. For that purpose, strong and supportive colleagues were essential.

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Appendices

Appendix A

Background Information and Initial Letters of Agreement

The following two letters from Université Episcopale d'Haïti (UNEPH) in February, 2014, bear some explaining. There are three items of background information that led to the writing of the letters.

1. My husband is an Episcopal priest who worked for some time (from 1995 to 1998) on an international task force charged with facilitating the formation of a new independent province of the Episcopal Church, consisting of Cuba, the Dominican Republic, Haiti, and Puerto Rico. During those years he became friends with a Haitian Episcopal priest and clinical psychologist. When the friend was put in charge of St. Vincent's Center for Handicapped Children, my husband offered to have me go to Haiti to help plan training and therapy provision for the outpatient therapy clinic. I first visited St. Vincent's in 1997, and have been making visits as a volunteer periodically ever since.
2. My volunteer work has been done in coordination with a U.S. support group for St. Vincent's, called Friends of St. Vincent's. The director of that support group is a nurse in the U.S. When the Episcopal University of Haiti opened the first four-year bachelor's degree programs in Haiti for nurses, the director of Friends of St. Vincent's sponsored a nursing student. The student had an interrupted course of study, requiring

frequent communication between the director and the dean of the nursing school over the course of five years.

3. St. Vincent's has had a long-standing desire for professional occupational and physical therapists to staff the outpatient therapy clinic. When the director of Friends of St. Vincent's and I discussed the success of the new nursing programs, we decided that it might be possible to launch OT and PT degree programs as well. Together we visited briefly with the dean in Léogâne in the summer of 2012 and received her encouragement. In September of 2012, I enrolled in the OT Doctorate program at St. Catherine University based on an interview with the OTD program director in which we discussed the possibility of using the OTD curriculum as a method to inform the planning needed to start the two new degree programs. In Haiti in April of 2013, my husband and I met with our Haitian friend who is the clergyman and psychologist, as well as with the director of St. Vincent's, dean of the nursing school, rector of the university, vice-rector of the university, director of the Friends of St. Vincent's, and representatives of ten different rehabilitation programs to investigate the need and desire for these two new programs. The consensus of that meeting was that we should go ahead and work toward that goal. My husband received the first letter of agreement (attached).

In February of 2014, the following people met at the UNEPH main campus in Port-au-Prince: rector of UNEPH; vice-rector of UNEPH; our friend who was by then representing the Episcopal Diocese of Haiti; dean of the nursing school, and me. The five of us agreed to form an advisory board to facilitate the launching of two new bachelor's degrees, one in OT and the other in PT, to constitute a new academic

Department called the Rehabilitation Department (Faculté Science Réhabilitation de Léogâne or FSRL).



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The Rev. Donnel O'Flynn
 St. Thomas' Episcopal Church
 12 ½ Madison Street
 Hamilton, NY 13346

Port-au-Prince le 25 Avril 2013

Dear Fr. O'Flynn:

We were wonderful to meet you in HAITI and we have to thank you for your efforts to assist us in seeking support for the proposed new rehabilitation department at the Episcopal University of Haiti. This letter is to confirm our full support for this new department, which is to be called the Faculté des Sciences de Readaptation at Leogane (FSRL).

This new entity will offer 2 fields with four years baccalaureate degrees: one in Ergotherapy (Ergothérapie) and the other in Physiotherapy (Physiothérapie). We are at present seeking recognition and licensing procedures for these two professions at the Haitian ministries of Health and Education.

Funds raised by you and your associates will be deposited in a new account at the Episcopal Church Center. All donations should come to the Domestic and Foreign Missionary Society, annotated for OT/PT Department. They should be sent to the Episcopal Church Center; attention: Development Office, 815 Second Avenue, New York, NY 10017. You would be so kind as to inform us regularly about all the opportunities you get in fact for the implantation of this department at Leogane.

We are very pleased with this new undertaking and wish you the very best in your work.

Sincerely,

Dr. Lucien Jean Bernard, Rector

Dr. Robert R. Joseph, Vice-Rector

CC: Mgr. Jean Zache Duracin
 Evêque de l'Eglise Episcopale
 Communion Anglicane
 Président du Haut Conseil de l'UNEPH



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Port-au-Prince, March 12 2014

Mrs. Janet C. O'FLYNN,
MS, OTR/L


Mrs. O'FLYNN,

The Rectorate appreciates your efforts for the establishment of the Faculty of Rehabilitation at Léogâne (FSRL) in particular and for the UNEPH development in general. That God supports us in this noble effort!

In response to your questions and suggestions:

1. We understand that you need a shirt presentation (2-pages documents) with pictures to show the UNEPH Campus and the FSRL Campus. That is very important for funds raising from potential donors. We ship them for you in attachment.
2. For the budget, we should rather maintain the same that you already proposed in the last meeting at UNEPH.
3. We also retain the proposal for Dr. Kate Barrett, OTD, ORT / L. She will join the Rectorate to help us to lead with the board the implementation of the new FSRL as well as the construction of new campus UNEPH. Already, we wish to her warm welcome to UNEPH.
4. We'll leave to you the privilege to prepare the video (content and form) and we can see it after for approval before its distribution. You have enough qualified human resources to mentor you in this video project.
5. We must to put everything at point before starting official, courtesy or motivation visits within Haitian institutions interested in the question.

We remain at your disposal for any information that could advance our efforts.


Dr. Lucien Jean BENARD
Rector of UNEPH




Dr. Robert R. JOSEPH
Vice- Rector of UNEPH

Cc: -Mgr Jean Zaché DURACIN, Evêque de l'Eglise Episcopale d'Haïti, Communion Anglicane et Président du Haut Conseil de l'UNEPH
- Rév Chanoine Frantz CASSEUS
- Madame Hilda ALCENDOR, Doyenne de la Faculté des Sciences Infirmières de Léogâne

Appendix B

Specific Process For Strategic Planning

The purpose for conducting a strategic planning process is to engage stakeholders in the life of an organization. People are more likely to work toward goals if they have participated in setting the goals (Hutton and Phillips, 2006). An analogy comes to mind from the field of visual cognition: an object is perceived as one thing when all the parts of it move at the same time (Iwaki, Bonmassar, & Belliveau, 2013). Another analogy comes from Aristotle's *De Anima (On the Soul, Bk.II Ch.4*, trans. 1941): a creature is living (animated, or "en-souled") if it can move "all as one thing". In the same way, a group of people can become one coherent and living organization by moving all as one thing.

There are several guiding principles that I will use for this process.

- The process will attempt to represent as many groups of stakeholders as possible (Mbugua & Rarieya, 2014; Conway, McKay, & Yorke, 1994).
- The process will be collaborative: that is, the outcome of each step will emerge from all members of the planning group, and will not be predetermined (Hallinan, 2006; Mbugua & Rerieya, 2014).
- The process will result in consensus: that is, every member of the group will be able to live and work with the outcomes, without reservation, even if it was not the first choice for each participant (Bolton, 1979; Gilfoyle, Grady, & Nielson, 2011).
- Group members will reflect on the strategic planning process itself, to give closure to the process (Bolton, 1979).

- Finally, the actions taken based on the plan will be evaluated for effectiveness and will be modified by a subsequent planning process, within the next 18 to 24 months (Hallinan, 2006; Theisen, 2008).

In order to achieve engagement of all team members, meetings for the strategic planning process will be face-to-face rather than by video-conference (Ledlow & Coppola, 2011). The social interaction process for each meeting will begin with an icebreaker activity and end with a celebration of the accomplishments of that meeting (Gilfoyle, Grady, & Nielson, 2011). Tools will include nametags, poster paper, and markers. Space will include a plenary meeting room as well as additional rooms for break-out sessions. Time allotted for the meetings will include more than one session, with time in between for reflection (Hutton & Phillips, 2006; Nauffal & Nasser, 2012; Theisen, 2008).

Guidelines for the meeting will be that

- only one person talks at a time;
- all voices are expected to be heard at least once during each session;
- brainstorming sessions will be conducted without critique from other participants, and ideas will be posted without names of originators attached;
- sessions that include critique will focus on ideas, not on people; and
- information and ideas that are not relevant to the current discussion will be recorded in a “parking lot” and addressed at another time. (Hutton & Phillips, 2006; Gilfoyle, Grady, & Nielson, 2011)

Although strategic planning can take weeks or months, depending on the number of people involved, the number of different groups, and the number of different

geographic or cultural locations (Binder, 2007), this planning will be confined to two-day sessions for each component group of stakeholders, followed by distribution of printed results. There may also be an invitation to a later plenary session, held as a combination of face-to-face and video-conference.

Strategic planning is a five-step process:

1. Articulating a common vision
2. Analyzing the environment in which the organization will act
3. Agreeing on goals associated with that vision
4. Making a practical plan for moving toward the goals
5. Evaluating that progress at a later time (Hutton & Phillips, 2006; Nauffal & Nasser, 2012)

The same steps can be further defined as the following:

1. Mission, Vision, and Values [*articulating a common vision*]
2. SWOT or SWOC Analysis (Strengths/Weaknesses/Opportunities/Threats or Challenges) [*analyzing the environment in which the organization will act*]
3. Goal setting [*agreeing on goals associated with that vision*]
4. Timeline, Budget, and Action plan [*making a practical plan for moving toward the goals*]
5. Evaluation plan [*evaluating that progress at a later time*] (Hutton & Phillips, 2006; Thiesen, 2008)

Planning Retreat Agendas

January 2015, Haiti Rehabilitation Foundation (HRF) board. This planning process will be focused on the logistical and financial support of the FSRL program.

Xxx, Chair pro tem, will open the meeting with a welcome and will review the guidelines for the group process. The HRF secretary will take minutes.

- Mission, Vision, and Values: this section will begin with a reading of the Mission statement from our new Articles of Incorporation. Ideas of words to express our shared Vision will be elicited by brainstorming and will be written on an easel by a volunteer scribe and set aside temporarily. Values will be elicited in the same way. Participants will be asked to use colored paper dots to mark three Values that are most representative of their work with the HRF board. The three with the most dots will be stated in the final report as the most salient Values. The group will then return to the statements of Vision and will choose components to combine into one statement.
- SWOT or SWOC environmental analysis: four pre-labeled easel papers will be available so that group contributions can be recorded by a scribe on each appropriate page. Weaknesses and Challenges pages will be taken down temporarily, leaving only Strengths and Opportunities.
- Goals: the group will be directed to review the Strengths and Opportunities, silently or aloud, then separate into two small groups to write two goals each for HRF for the next three to five years. They will return and a spokesperson for each small group will present the goals to the full group. By consensus, two to four goals will be chosen.
- Timeline, Budget, and first steps toward an Action Plan: any known occasions that affect the HRF timeline for January to April, 2015 will be drawn up in a plenary group session. The calendar will remain in view to aid with creating an

Action Plan the next day. The treasurer will lead a plenary group in estimating income and costs to fill in a budget for the HRF. Participants will be asked to choose one or more goals on which they will agree to work and to sign their names (or initials) on the corresponding goal on the easel paper.

- Goal elaboration: Participants who have chosen a specific goal will break out into smaller groups to work on making the goal SMART: Specific, Measurable, Attainable, Realistic, and Timely (Thiesen, 2008).
- The group will end the first day's work after the goals are written.
- The next day, the group will reconvene to write an Action Plan. Each goal will be pre-written on a separate easel paper. The plenary group will participate in supplying a strategy and short-term objectives to work toward the goal. The plenary group will also attach an estimated budget figure to each goal and will place the short-term or interim objectives on the timeline.
- Evaluation plan: a portion of the monthly meetings from February until the following November will be allotted to evaluation of progress toward objectives. A planning retreat will be held in January of 2016 to assess progress during the year.
- Celebration! The group retreat will end with a shared meal.

February 2015, HRF board academic committee. In advance of this meeting to be held in Haiti, the four members of this group will decide if they would like to include any more participants. Suggestions may be made by any team member and will be agreed upon by consensus. The strategic planning retreat will be in the middle or at the end of the week of shared residency in Haiti. This planning process will be focused

on the academic program of FSRL. Participants will have the *Action Plan* developed by HRF board.

The U.S. project coordinator will open the meeting by reviewing the guidelines for the process.

- The Mission and Vision of UNEPH/FSIL (Department of Nursing) will be pre-printed on easel paper. Brainstorming will be elicited to add or change wording to reflect the intention and hopes of FSRL (Department of Rehabilitation). A new easel page will be opened for brainstorming on Values that apply to the new rehab programs. Participants will be given three colored paper dots and asked to mark the top three Values that will shape our work. Suggested changes to the Mission and Vision statements will then be reviewed and a scribe will assemble them into statements specific to FSRL (Department of Rehabilitation).
- The SWOT or SWOC environmental analysis process will be the same as for HRF.
- The process for the Goals will be the same as for HRF.
- The process for the Timeline, Budget, and first steps of an Action Plan will be the same as for HRF.
- The goals will be elaborated in the same way as for HRF.
- The day's work will end after the goals have been written in SMART format (Thiesen, 2008).
- The next day, the group will reconvene to write an Action Plan. Each goal will be pre-written on a separate easel paper. The plenary group will participate in supplying a strategy and short-term objectives to work toward the goal. The

plenary group will also attach an estimated budget figure to each goal, and will place the short-term or interim objectives on the timeline.

- Evaluation plan: a portion of the monthly meetings from February until the following September will be allotted to evaluation of progress toward objectives. A planning retreat will be held in August of 2015 to assess progress during the first half of the year.
- Celebration! The group retreat will end with a shared meal.

Process For Grant Management

For the purpose of applying for and managing a grant, a Logic Model will also be developed. The Logic Model is a planning tool created at the request of a W. K. Kellogg Foundation (WKKF) Program Director in Latin America who wanted a “user-friendly” planning tool for grant-funded projects in Latin America and the Caribbean (W.K.Kellogg Foundation [WKKF], 2004). It is used not for planning for the long-term organizational strategy, but rather for organizing a grant-funded project. The information in a Logic Model overlaps with the information in a traditional strategic plan, but covers a narrower field.

Here are the steps in a basic Logic Model:

- Inputs, or Resources
- Activities;
- Outputs
- Outcomes
- Impact

The Logic Model focuses on the practical management of resources and activities by aligning the activities with the goals.

- The final step, *Impact*, can be determined first: it is analogous to the *Vision* in strategic planning (WKKF, 2004).
- The first step, *Inputs*, can include positive resources as well as negative barriers: it is analogous to the *Strengths* and *Challenges* portion of a *SWOC analysis*, and the *Budget*.
- *Outputs* and *Outcomes* are analogous to *Goals*.
- The *Activities* section is analogous to a timeline and action plan.

The program developers and the UNEPH advisory board will meet during the time in Haiti in February to write the Logic Model. It will need to be tailored to fit the conditions of the grant that is to be received.

Appendix C

Logic Models for Strategic Planning and for Fundraising Documents

The following two Logic Models (WKKF, 2004) were produced to support this doctoral project. They present the same information contained in the narrative text above but in a tabular format that may be easier to read. They are both truncated: they do not include Outcomes, although they do include preparatory material (Situation and Priorities), Inputs/Resources, and Procedures/Activities. Development of these Logic Models was helpful in isolating the strategic planning and fundraising tasks from the wider project development tasks that were also underway for the academic programs.

Table C1

Logic Model for Strategic Planning

Situation	Priorities	Inputs, aka Resources	Procedures to be followed, aka Activities
Needs: Logistical and financial support for professional education for rehabilitation providers needed Assets: Accredited university in Haiti offering to host the new rehabilitation programs; the existing nursing program is offering to share resources Stakeholder Engagement: UNEPH advisory board, FSIL Dean, and the Haiti	Mission, Vision, and Values: The Mission and Vision of the nursing school were available at the beginning of this process, as well as a graphic statement (a banner) of the Values of the nursing school. Resources: <u>Human</u> resources included faculty volunteers and board of directors volunteers; <u>logistical</u> resources included email communication and GoToMeeting video-conferencing software; and <u>financial</u> resources included early	Staff: One interim, part-time administrative assistant worked for the HRF Board on the Léogâne campus. Volunteers: Three faculty members formed a volunteer academic committee, and five original members formed the board of directors for the Haiti Rehabilitation Foundation board. Time: Over 900 hours of time had been donated to this project over the past three years. Money: Approximately	Conduct meetings: Meet with the HRF Board, the academic committee, Dean of FSIL, and UNEPH advisory board. Develop products: Planned products included statements of Mission, Vision, and

Rehabilitation Foundation (HRF) Board and academic committee are engaged with this process.	<p>donations from local church and personal friends and acquaintances.</p> <p>Local dynamics: A group of professional PTs and a group of trained rehabilitation technicians had a stake in protecting their professional terrain.</p> <p>Collaborators included FSIL, U.S. Episcopal parishes, and three Haitian clinics (St. Vincent's, Healing Hands for Haiti, Saint-Esprit).</p> <p>Competitors included UNIFA and SUNY Stony Brook.</p> <p>Intended outcomes: A strategic plan for funding and logistical support for effective therapy education that produces graduates at a rate that can be absorbed by the Haitian job market.</p>	<p>\$20,000 had been given during the first three years of this planning process. Of that, \$14,000 had been used for a recruitment video and for travel for multiple people to Haiti for planning meetings.</p> <p>Research base: The literature review discussed the research base for this project.</p> <p>Equipment: Personal laptop and phone equipment had been used for internet and telephone communications.</p> <p>Technology: A Google Group was used initially for communication with all stakeholders. A website and Facebook page were developed in the fall of 2014. Skype (a free program) and GoToMeeting (a subscription program) were used for video-conferencing.</p> <p>Partners: UNEPH, FSIL, HNF, Episcopal Diocese of central New York, St. Thomas's Episcopal Church Outreach Committee</p>	<p>Values; SWOC analysis (U.Guelph, n.d.); Budget; Timeline; and Action Plan.</p> <p>Assess: Project coordinator planned to review products of this process, edit for inconsistencies, and resubmit to the group.</p>
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Table C2
Logic Model for Raising Funds

Situation	Priorities	Inputs	Procedures to be followed
<p>Needs: External financing was needed to hire dean, recruit students, pay faculty, and to buy books and technology resources.</p> <p>Assets: Our group of volunteers had donated an estimated 900 hours of volunteer time. At the NY state rate of \$26.45 per hour, that is \$23,805.</p> <p>Stakeholder engagement: All members of the Haiti Rehabilitation Foundation Board had contributed financially to the funding for this project.</p>	<p>Resources: The U.S. project coordinator created a database of names, addresses, emails, and primary contact person for donors to this project, and the PT grad students at Quinnipiac University, led by Julie Booth, updated the database.</p> <p>Local dynamics: This project had early support from our local Episcopal parish and diocese. The next level of church organization, the Province, has also been considering taking this on as a project.</p> <p>Collaborators: The executive director of Haiti Nursing Foundation collaborated by giving technical assistance and recommending funding strategies. The HRF Board including the academic committee disseminated information to their</p>	<p>Staff: No paid staff members worked on the fundraising project.</p> <p>Volunteers: Eight HRF Board members and academic committee members constituted a dedicated volunteer corps.</p> <p>Time: Our group of volunteers had donated an estimated 900 hours of volunteer time. At the NY state rate of \$26.45 per hour, that is \$23,805.</p> <p>Money: Since the beginning of this project in 2012, we had taken in about \$20,000. About \$14,000 had been used to make a recruitment video and to pay for travel for volunteers to Haiti to do organizational planning.</p> <p>Research base: The literature review discussed the research base for this project.</p> <p>Equipment:</p>	<p>Develop products: Write a case statement (Wason, 2004, p.307)</p> <p>Write appropriate letters of inquiry (Wason, 2004, p. 102)</p> <p>Develop budget: Incorporate best estimates from Haiti Nursing Foundation and from UNEPH advisory board; design two budgets for two strategic scenarios.</p> <p>Write a newsletter: distribute to donors</p> <p>Assess: Periodically assess current income and upcoming</p>

<p>network of connections.</p> <p>Competitors: The field of nonprofit organizations was dense. Many organizations in Haiti solicited funds from donors.</p> <p>Intended outcomes: 75% of funds for nonprofits come from direct donations (Wason, 2004, p.6). Applications for a combination of direct and grant funding are the intended outcome of this project.</p>	<p>Personal laptop and phone equipment were used for internet and telephone communications.</p> <p>Technology: The database of donors was available on a Dropbox site. A crowd-funding campaign was open as well on an IndieGoGo site.</p> <p>Partners: UNEPH, HNF, Episcopal Diocese of Central New York, St. Thomas's Episcopal Church Outreach Committee</p>	<p>expenses; consult with board on strategy for raising and spending funds (Ledlow & Coppola, 2011)</p>
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Adapted from "Logic Model" by Board of Regents of the University of Wisconsin system. (2002).

Appendix D

Goals Emerging From February 2015 Strategic Planning Meetings In Haiti

These goals are based on a series of planning meetings that occurred from February 16 until March 16, 2015. There are nine goals, with specific objectives for each one. The goals arose from a series of meetings over several days. Three groups were involved in the meetings. First, the Haiti Rehabilitation Foundation (HRF) board met, including the president, two vice-presidents, secretary, and treasurer. Second, the academic advisory committee met to support the work of the HRF board. That meeting included the U.S. project coordinator, the OT program developer, PT program developer; and clinical education developer.

Third, the UNEPH Advisory Committee met, including the Rector of UNEPH; Vice-Rector of UNEPH; and Dean of nursing school, with the academic advisory committee, treasurer of the HRF Board, and U.S. project coordinator. One guest joined the advisory board meeting: a priest from the Episcopal Diocese of Haiti.

Table D

Goals Resulting From Strategic Planning Meetings

Goal Area	Goal	What has to be done	By when	By whom	Reviewed by.....(pls add your initials)
1. Curriculum development will be completed in a timely manner to allow planning for French translation, textbooks, tech and lab resources, and volunteer faculty.					
1.a Curricula	OT & PT curricula to provide exposure to concepts and practices to supplement	Subjects covered, frequency, format of supplemental lectures, available in	July 30, 2015	new Dean & academic advisory committee	

	<u>first year</u> courses in basic sciences will be complete	English and French			
1.b Curricula	OT & PT curricula for <u>second year</u> will be complete: syllabi, textbooks, and tech resources needed	Complete syllabi for second year of four year degree program, available in English and French	October 30, 2015	Teams assembled by academic advisory committee	
2. Volunteer faculty recruitment will begin, with engagement with candidates.					
2.a Volunteer faculty	Collect names and CVs of faculty who have already offered to volunteer	Enter existing candidates for volunteer faculty into a database; collect CVs in electronic file	June 1, 2015, to give to new Dean	academic advisory committee	
2.b Volunteer faculty	Contact faculty with appropriate background .	Review database and CVs; contact faculty with appropriate background for second year courses.	(Wait until June-- Consult with new Dean to see if this help is needed)	New Dean and academic advisory committee	
3. Contact information database will be upgraded.					
3.a Contact	Allow access to current contact database for volunteers, donors, grant prospects	Ask Qxxxx students to put database on Dropbox where it can be added to and corrected	March 20, 2015	PT program developm ent	DONE by March 20, 2015! XXX
4. Staff will be recruited, interviewed, and hired in a timely manner to allow active engagement in planning for student recruitment, interviewing and admission.					
4.a Staff	<u>Interim</u> <u>administrative</u> <u>assistant</u> hired	Job description and payment logistics	Feb. 18, 2015	Treasurer & administra	MET! XXX

	(contract signed)	discussed and agreed upon		tive assistant	
4.b Staff	Advertisements for Dean posted in three locations	Chronicle of Higher Education; LinkedIn; Facebook pages (HRF); website for haitirehab.org	March 1, 2015	U.S. project coordinator	MET! XXX
4.c Staff	Dean applicants-- video or phone screening	After review of letter of inquiry, viable candidates receive screening interview	March 31, 2015	U.S. project coordinator	MET for three candidates XXX
4.d Staff	Dean applicants-- video interview with Academic Advisory Committee	Viable candidates receive academic advisory committee video interview; make recommendations to HRF Board	Schedule by April 10, 2015	U.S. project coordinator or with academic advisory committee	MET for two candidates XXX but one more pending
4.e Staff	Dean applicants-- video interview with HRF Board	Viable candidates receive video interview	Schedule by April 17, 2015	HRF board	
4.f Staff	Dean applicants-- travel to Haiti to meet UNEPH and FSIL administration	Viable candidates receive tour and introductions	April 20 to May 20, 2015	HRF board member accompanies candidate & makes introductions	
4.g Staff	Job offer				

	made by HRF board			
4.h Staff	Employment contract needed	Review employment agreement recently provided by executive director of HNF, and revise as needed	By mid-May, 2015	HRF board
4.i Staff	Dean hired; Salary begins	Employment agreement signed, payment for housing arranged, paycheck arranged	June 1, 2015	HRF Board
4.j Staff	Job description for admin assistant/clinical education coordinator needed	Review other employment agreements, revise as needed	July 1, 2015	Dean and HRF Board
4.k Staff	Job offer for associate or assistant made by HRF?			
5. Student recruitment, application process, and selection.				
5.a Student	Make student recruitment plan	Provide film with correct phone numbers to UNEPH communication students	By April 3, 2015	UNEPH will put up ads, paid for by HRF (see 9.f below)
5.b Student	Make student application plan	Contact Dean of FSIL for application form(s), exam information, interview	June 1, 2015	New Dean

schedule					
6. The governing board in Haiti will be formed and will have its first meeting to formulate its own guidelines.					
6.a Governing Board	Fill out the roster of new Board members: Start with Dean of FSRL (who is not yet hired)	HRF board to compose list of recommended members and send it to Bishop for approval	By visit of Dean candidate to Haiti (April or May, 2015)	HRF board	
6.b Governing Board	Adopt guidelines	HRF board needs to ask the Bishop for guidelines. If none, HRF board needs to write proposed guidelines for Board activities in English and French and submit them to FSRL governing board members for review and modification	Before the start of dean candidate June 1, 2015)	HRF board, in consultation with HNF and FSIL governing board (if available)	
7. Financial payment structures will be set up.					
7.a Financial	Treasurer of HRF will set up payment process for interim admin assistant	Consult w/administrative assistant about preferred method, make first payment	February 28, 2015	HRF treasurer	MET! XXX
7.b Financial	Signature cards for bank account will be sent to UNEPH advisory board for dean and administrative assistant	When dean is hired and accepts job, signatures will be given to UNEPH board	June 1, 2015 (or earlier, during candidate's visit to Léogâne)	HRF board: treasurer	
8. Nonprofit status will be achieved for a growing HRF Board.					

8.a Nonprofit	IRS 1023 will be completed and submitted	HRF board will find and hire appropriate lawyer or accountant to do this for us	April 25, 2015, when IndieGoGo campaign is completed	HRF board	
8.b Nonprofit	Board will consider merge with HNF board	Board president will contact CEO of HNF for recommended approach	By March 28, 2015	Board president will make contact	MET XXX
8.c Nonprofit	Board will add members	Two invited members will be encouraged to join	No deadline	Treasurer will meet with new board candidate in New York city	DONE! XXX & XXX have joined the board! XXX
9. Funds needed now					
9.a Funds	Expand fundraising efforts	Form new advisory committee for fundraising	March 13, 2015	Treasurer and volunteer	MET XXX
9.b Funds	Expand fundraising efforts	Invite additional members	March 17, 2015		
9.c Funds	IndieGoGo campaign	Launch campaign, monitor daily	March 16, to April 26, 2015	HRF academic advisory committee for fundraising:	
9.d Funds	Identify grant sources	Meet with Colgate University grant advisor.	March 9, 2015	HRF board president	MET XXX
9.e Funds	Make contact, and obtain invitation to submit full application	Call, email, write, potential sources identified	March 20, 2015	extended HRF academic advisory committee for	

					fundraising
9.f Funds	Pay for media campaign in Haiti run by UNEPH	Send \$1000 per month for three months to UNEPH Communication s Department, to put up ads	First month needed will begin May 1, 2015	Treasurer will send payment	
9.g Funds	Augment budget appropriately to cover 10% for Episcopal Diocese	Consider having HRF board member attend Episcopal U.S.- Haiti Partnership meeting in Atlanta on Friday May 8	Review budget and add the 10% by Friday May 8	HRF board	DONE: 10 % now reflected in budget XXX
Goal Area	Goal	What has to be done	By when	By whom	Reviewed by.....(pls add your initials)

Appendix E

Evolution of Strategic Plan and Fundraising Documents

The documents developed as part of this strategic planning process included *Mission, Vision, and Values; Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis* (Marquis, A., n.d.; University of Guelph, n.d.); *Goals*; and *Budget* (Doll, 2010; Hutton and Phillips, 2006). The final version of each document has already been presented in the main body of this paper. This appendix shows the evolution of the documents during the course of the past 12 to 15 months. It may be useful to see the path of the changes over the course of this process. The evolution of these documents was already in progress before the limited time period for this doctoral project. Each set of documents will be reviewed in turn.

The present version of the *Mission, Vision, and Values* statements of the Faculté des Sciences Réhabilitation de Léogâne (FSRL) is drawn from several sources.

Mission, Vision, and Values

Mission. The Mission Statement of the Faculté des Sciences Infirmières de Léogâne (FSIL), written on October 1, 2004, is as follows.

FSIL Mission Statement, October 1, 2004. The Faculté des Sciences Infirmières (Faculty of Nursing Science) shares the Université Episcopale d'Haïti (Episcopal University of Haiti's) commitment to teaching, research, and service and its recognition of the power of a Christian message in all we do. Our mission is to offer a professional program of study in nursing science,

incorporating public health principles and practices, to prepare its graduates for effective health care service as clinicians, leaders, and agents of change (Faculté des Sciences Infirmières de Léogâne , 2004).

The U.S. project coordinator wrote the first mission statement of the Faculté des Sciences Réhabilitation (FSRL) on March 30, 2013 by, based on the FSIL Mission Statement.

FSRL Mission Statement #1, March 30, 2013. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of rehabilitation as a discipline of science, caring, and compassion.

The program will be an expression of rehabilitation as a ministry of Jesus Christ, who willed that in every circumstance people with disabilities would be seen as whole and valuable persons. The spiritual dimension is an integral part of rehabilitation.

Further, the Collaborative Rehabilitation Degrees Program will provide continuing education and post-baccalaureate education to meet the needs of the Haitian community. This includes the provision of professional service to the community and promotion of the professions of occupational therapy and physical therapy through scholarly activity. In order to provide a truly collaborative education, it should be located in proximity to FSIL.

This mission statement was presented to the UNEPH administrators in April, 2013, and was received without comment. A year later, on May 9, 2014, the academic

committee members wrote the second version of the mission statement. During the academic committee's work session at Quinnipiac University, in Hamden, Connecticut, a discussion was held about the FSRL mission and vision. Group members read the existing mission and vision statements of FSIL. The group proposed a recommendation to the Episcopal University of Haiti (UNEPH) to use the same mission and vision statements as for FSIL but with the inclusion of the new programs. This could be achieved by making minimal changes to the FSIL nursing mission, as follows (additions in italics).

FSRL Mission Statement #2, May 9, 2014. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of nursing, OT, and PT as disciplines of science, caring, and compassion. The program will be an expression of nursing and rehabilitation sciences as a ministry of Jesus Christ where the spiritual dimension is an integral component along with teaching and healing. Further, the School will provide continuing education and post-baccalaureate education to meet the needs of the Haitian community. This includes the provision of professional service to the community and promotion of the nursing, OT, and PT professions through scholarly activity.

During the subsequent year, it became clear that the university administrators did not have an interest in blending these two departments together into one school of health sciences. In the meantime, the supporting organization for the new rehab department, Haiti Rehabilitation Foundation (HRF) brainstormed and composed its

own mission statement during a board meeting. The intention was to be as succinct and focused as possible. Here is the version that the HRF secretary recorded.

Haiti Rehabilitation Foundation Mission Statement #1, October 26, 2014.

“The purpose of the Haiti Rehabilitation Foundation is to support professional education for occupational and physical therapists at the university level in Haiti.” (J. Straub, personal communication, October 26, 2014)

The previous statement was submitted to the state of New York as part of the application for incorporation, but was turned down as not specific enough. The agent submitting our application recommended a more specific but more cumbersome statement. The recommended statement also mis-stated the primary purpose of HRF.

Haiti Rehabilitation Foundation Mission Statement #2, November 10, 2014.

The corporation is a Not for Profit [sic] organized to provide financial funding for medical rehabilitation providers in Haiti, to enable them to further than [sic] education, which may help them to provide medical rehabilitation to individuals in need in the Country [sic] of Haiti. The corporation will also promote the education of medical rehabilitation providers through information and financial funding. (L. Burton, personal communication, November 10, 2014)

The U.S. project coordinator rewrote the HRF mission statement and submitted it to the members of the HRF board, who approved the new statement as follows.

Haiti Rehabilitation Foundation Mission Statement #3, November 10, 2014.

The corporation is a Not for Profit organized to promote the education of medical rehabilitation providers through logistical and financial support for

students in the field of medical rehabilitation in Haiti, to enable them to further their education, so that they may provide medical rehabilitation to individuals in need in the Country of Haiti.

That experience with a poorly-written mission statement for HRF reinforced the need to have a well-written and accurate mission statement for FSRL. The U.S. project coordinator returned to the *FSIL Mission Statement of October 1, 2004*, to do another revision. This proposed mission statement is most like the original one from March 30, 2013, based on the FSIL statement. It cites “community-based rehabilitation principles and practices” in the place where the nursing school cited “public health principles and practices”. The reason for choosing “community-based rehabilitation principles and practices” (CBR) is the endorsement of the CBR model by the World Federation of Occupational Therapy, or WFOT (WFOT, 2004).

FSRL Mission Statement #3, March 9, 2015. The Faculty of Rehabilitation shares the mission of the Episcopal University of Haiti: a commitment to teaching, research, and service, and its recognition of the power of a Christian message in all we do. Our mission is to offer professional programs of study in occupational therapy and physical therapy, incorporating community-based rehabilitation principles and practices, to prepare our graduates for effective health care service as clinicians, leaders, researchers, and agents of change.

Vision

The vision statement of the Faculté des Sciences Réhabilitation (FSIL), written on October 1, 2004, is as follows.

FSIL Vision Statement, October 1, 2004. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of nursing as a discipline of science, caring and compassion. The program will be an expression of nursing as a ministry of Jesus Christ where the spiritual dimension is an integral component along with teaching and healing. Further, the School will provide continuing education and post baccalaureate education to meet the needs of the Haitian community. This includes the provision of professional service to the community and promotion of the nursing profession through scholarly activity. (Board of Faculté des Sciences Infirmières de l'Université Episcopale d'Haïti, October 1, 2004)

In preparation for the first official meeting (in April 2013) with UNEPH administrators, and with other providers of rehabilitation, the U.S. project coordinator proposed this vision statement on March 30, 2013. It is based on the FSIL vision statement

FSRL Vision Statement #1, March 30, 2013. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of rehabilitation as a discipline of science, caring, and compassion. The program will be an expression of rehabilitation as a ministry of Jesus Christ, who willed that in every circumstance people with disabilities would be seen as whole and

valuable persons. The spiritual dimension is an integral part of rehabilitation. Further, the Collaborative Rehabilitation Degrees Program will provide continuing education and post-baccalaureate education to meet the needs of the Haitian community. This includes the provision of professional service to the community and promotion of the professions of occupational therapy and physical therapy through scholarly activity. In order to provide a truly collaborative education, it should be located in proximity to FSIL.

This vision statement served the purpose of making a case for support of the project as well as the purpose of articulating a vision that could be shared for planning. It was never used for the second purpose, as a “vision that could be shared for planning,” however. The first time the program developers met in person to begin planning the process of developing the curriculum, the group sense was that any vision statement we adopted should be similar to the vision statement by FSIL. During the meeting at Quinnipiac University, Hamden, Connecticut, on May 9, 2014, the group proposed that UNEPH consider using the same vision statement, to include the new OT and PT programs as well. (Additions are in italics below.)

FSRL Vision Statement #2, May 9, 2014. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of nursing, *OT, and PT* as disciplines of science, caring and compassion. The program will be an expression of nursing *and rehabilitation sciences* as a ministry of Jesus Christ where the spiritual dimension is an integral component along with teaching and

healing. Further, the School will provide continuing education and post-baccalaureate education to meet the needs of the Haitian community. This includes the provision of professional service to the community and promotion of the nursing, *OT*, and *PT* professions through scholarly activity.

However, in the same way as for the mission statement, the UNEPH administrators showed no interest in joining the two departments into one school of health sciences. Meanwhile, the Haiti Rehabilitation Foundation board wrote a simple vision statement to accompany the application for articles of incorporation, as follows.

Haiti Rehabilitation Foundation Vision Statement #1, November 16, 2014.

“With the development of professional occupational and physical therapists, Haitians who have disabilities will be restored as community members. In addition, prevention of disability will improve.”

In February 2015, Dr. Kate Barrett wrote this succinct vision statement, inspired by the *Vision* statement published by FSIL in the new auditorium, just dedicated in Nov. 2014.

FSRL Vision Statement #3, February 18, 2015. Vision: Through education, scholarship, and service, the Episcopal University of Haiti Rehabilitation Program facilitates individuals’ wellness, productivity, participation, and quality of life within their community.

The U.S. project coordinator incorporated this statement into a revised vision statement, based on the FSIL vision statement. It is most like the original one from March 30, 2013. There is an added phrase (“and without disabilities”) and the last sentence has been removed.

FSRL Vision Statement #4, March 9, 2015. The program will provide its graduates with theoretical and clinical skills necessary for further professional education and growth, and an environment in which they can develop a desire for life-long learning and a passion for the ethical practice of rehabilitation as a discipline of science, caring, and compassion.

The program will be an expression of rehabilitation as a ministry of Jesus Christ, who willed that in every circumstance people with and without disabilities would be seen as whole and valuable persons. The spiritual dimension is an integral part of rehabilitation, along with teaching and healing.

Further, the Faculty of Rehabilitation will provide professional service to the community. Through education, scholarship, and service, the Faculty of Rehabilitation will facilitate individuals' wellness, productivity, participation, and quality of life within their community. The Faculty of Rehabilitation will provide continuing education and post- baccalaureate education to meet the needs of the professions of occupational therapy and physical therapy through scholarly activity.

Values

FSIL Value Statement, February 18, 2015. The content of the FSIL statement of values was found in a graphic depiction of a triangle on a banner with the title, "Valeurs Essentielles de FSIL" (*Essential Values of FSIL*) in the new auditorium at the nursing school. The triangle contained the symbol of FSIL: a lighted lamp, on a shield. The words "Soins Infirmière" (Nursing Care) were also printed inside the triangle. At each corner on the outside of the triangle two or three values were listed.

At the top were the words, “Honneté/Intégrité/Communication” (Honesty/Integrity/Communication). On the bottom left were the words, “Amour et Empathie” (Love and Empathy). On the bottom right were the words, “Service et Engagement” (Service and Engagement).

The following values for FSRL were articulated by Dr. Kate Barrett based on the values of the faculty of nursing at FSIL published on the banner.

FSRL Values Statement #1, February 18, 2015. Core values of the Faculty of Rehabilitation include integrity, community engagement, commitment to excellence, leadership, scholarship and practice, justice, collaboration, and spirituality.

The U.S. project coordinator also saw the need for a clarifying values statement concerning religious beliefs of faculty and applicants. The coordinator requested an opinion from an Episcopal priest in the U.S. who is very familiar with the work in Haiti (D. O’Flynn, personal communication, 2015). In addition, the statement on *Roman Catholic Identity* found on the website of St. Catherine University in St. Paul, Minnesota was consulted. The short passage here is based on those two sources.

Episcopal Church Identity Statement. The Faculty of Rehabilitation is a department of the Episcopal University of Haiti and shares the religious vision of that institution and its parent Church. This is a vision in which the Church was brought into being by our Lord Jesus Christ to serve the needs of the world. Thus the Faculty of Rehabilitation serves in a way that respects the dignity of every human being, and is open to students of all religious beliefs. (cf. St. Catherine University, 2015)

International Standards. Finally, the U.S. project coordinator added an explicit reference to international standards, as follows: “The OT and PT degree programs adhere to international standards of the World Federation of Occupational Therapy (WFOT, 2002) and the World Confederation of Physical Therapy (WCPT, 2011).”

Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis

The first SWOC analysis was prepared by the U.S. project coordinator for initial presentation to the UNEPH advisory board in November 2013.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Strong Episcopal partnership ties between U.S. Episcopal church and UNEPH/FSIL • Strong Episcopal partnership ties between U.S. Episcopal church and St. Vincent’s Center • St. Vincent’s has long experience with interactions with the disability community. • St. Vincent’s will offer fieldwork opportunities. • Experienced UNEPH/FSIL faculty and administrators • PT association (Physiotherapie Societe d’Haiti) has recently been recognized by Haitian govt. • Donations have already been made. • A major funding source has expressed interest. • WFOT has made documents available in English and French. • Good knowledge and experience of St. Kate’s faculty • Good guidance from mentors 	<ul style="list-style-type: none"> • Lack of OT presence in Haiti • No national OT association • Limited PT presence in Haiti • Lack of a process for professional recognition / credentialing for OT or PT • Lack of jobs for new graduates • Limited fieldwork placement opportunities, especially in rural areas • Donations so far amount to only \$1600. • So far no university-to-university partnerships have been created.
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Recent success of two new nursing programs at UNEPH/FSIL 	<ul style="list-style-type: none"> • Communication is challenging due to language differences and

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|--|--|
| <ul style="list-style-type: none"> • Land is available at the same site with UNEPH/FSIL. • Dean of Nursing wants to provide InterProfessional education for her nursing students, via this Rehab Department. • Offer of backing of Episcopal Church Center structure, personnel, expertise for this project • Episcopal Church Center subscribes to “Go To Meeting” which offers a platform that is easy to access from Haiti and U.S. • Strong interest from Haitian-American OTs and PTs • Travel grant is available from Lady Allen of Hurtwood Memorial Trust. | <ul style="list-style-type: none"> distance. • Faculty will initially have to include foreigners as well as Haitians. • Rehab aides or technicians have expressed interest in attending the bachelor’s degree program, but will probably need to start over as first-year students, taking basic sciences. • Due to political history, collaboration with the closest academic Rehab Dept (in the Dominican Republic) may not be advisable. • Funding will be needed both for start-up and for ongoing support. |
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The UNEPH advisory board received this document (in English and in French) as part of the packet of planning materials prepared by the U.S. project coordinator.

Members of the board did not comment specifically on this document although the overall impression of having the materials received positive comment. A subsequent revision by the U.S. project coordinator for a meeting on February 14, 2014, showed only slight changes. In column one, *Strengths*, a phrase was added as follows:

“Donations have already been made, *held by the U.S. Episcopal Church in NY.*” In the *Challenges* section of column two, a clarifying phrase was added: “Communication *between U.S. and Haiti* is challenging due to language differences and distance.” Items or words removed are indicated by strike-throughs.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Experienced UNEPH/FSIL faculty 	<ul style="list-style-type: none"> • We do not have a bank account or

<p>and administrators</p> <ul style="list-style-type: none"> • New organization, Haiti Rehabilitation Foundation (HRF), has been formed to support FSRL. • HRF has a website and facebook page that are attracting interest. • U.S. faculty volunteers have written the outlines for OT, PT, and clinical education curricula. • Strong Episcopal partnership ties between U.S. Episcopal church and UNEPH/FSIL/FSRL • Strong Episcopal partnership ties between U.S. Episcopal church and St. Vincent's Center • St. Vincent's has long experience with interactions with the disability community. • St. Vincent's will offer fieldwork opportunities. • PT association (Physiotherapie Société d'Haiti) was recently recognized. • Donations have already been made, held by the U.S. Episcopal Church in NY. • A major funding source has expressed interest. • World Rehabilitation Fund has expressed interest in partnership. • World Federation of Occupational Therapy has documents in French and English. • World Confederation of Physical Therapists has expressed interest. • We have a French video about OT for potential students. • We have an employee, our administrative assistant! 	<p>a financial process to send money to UNEPH.</p> <ul style="list-style-type: none"> • We do not have a firm, realistic budget for the coming year. • We do not have a governing board in Haïti for FSRL. • Limited PT presence in Haiti • Lack of OT presence in Haiti • No national OT association • Limited fieldwork placement opportunities, especially in rural areas • Lack of a process for professional recognition / credentialing for OT or PT • Lack of jobs for new graduates • Donations so far amount to only \$17,000, with \$6,000 in the bank. • So far no university-to-university partnerships have been created.
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Recent success of two new nursing programs at UNEPH/FSIL • Land is available at the same site with UNEPH/FSIL • Dean of Nursing wants to provide 	<ul style="list-style-type: none"> • Communication between U.S. and Haiti is challenging due to language differences and distance • Faculty will initially have to include foreigners as well as

<p>interprofessional education for her nursing students, which would be possible with this Rehabilitation Dept.</p> <ul style="list-style-type: none"> • Offer of backing of Episcopal Church Center structure, personnel, expertise for this project • Episcopal Church Center Haiti Rehabilitation Foundation subscribes to “Go To Meeting” which offers a platform that is possible to access from Haiti and the U.S. • Interest from Haitian-American OTs and PTs • A proposal is ready to give to the Haitian government • A dean search announcement has been written and posted • A fundraising campaign is ready to begin on the internet (IndieGoGo) • Travel grant is offered by Lady Allen of Hurtwood Memorial Trust: an application has been made 	<p>Haitians</p> <ul style="list-style-type: none"> • Rehab aides or technicians have an interest in attending the four-year degree program, but would probably need to start over as “freshmen” to cover the basic sciences prefer weekend classes so they can work • Due to political history, collaboration with the closest academic Rehabilitation Dept, (in the Dominican Republic) may not be advisable • Funding will be needed both for start up and for long-term ongoing support
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During the next year, the SWOC analysis above was included in a set of orientation materials given to new faculty volunteers for program development. The U.S. project coordinator again reviewed and revised it in advance of the strategic planning meetings in Haiti in February 2015, as follows. Items added are indicated in italics.

These are the revisions from February 18, 2015.

STRENGTHS	WEAKNESSES
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World Rehabilitation Fund has expressed interest in *financial* partnership. Canadian OT competencies, in French, have been identified and incorporated. A new film has been made for fundraising via IndieGoGo.

OPPORTUNITIES	CHALLENGES
OT and PT will be taught interprofessionally also (in addition to interprofessional education with nursing)	Communication between U.S. and Haiti is challenging due to language differences, <i>culture</i> , and distance. <i>Volunteer</i> faculty will initially have to include foreigners as well as Haitians. Rehab technicians <i>and graduate nurses</i> have an interest in attending the four-year degree program, but prefer weekend classes so they can work.

Members of the HRF Board and the academic committee who met in Haiti

reviewed the SWOC analysis carefully, by taking turns reading it aloud and commenting. No items were removed, and only a few items were added or modified.

Goals

The work of goal setting was implicit for most of this planning process. The *SWOC Analysis* and *Budget* implied the following short-term goals: develop curriculum, identify faculty leaders, raise funds, recruit students, make connection with fieldwork sites, and develop job market for new graduates. The *Mission*, *Vision*, and *Values* implied the following long-term goals: graduate fully prepared OTs and PTs who will enter into interprofessional practice in Haiti. There were two times when explicit goals were linked to a Logic Model (William K. Kellogg Foundation, 2004): the first was in November of 2013, and the second, using a revision of the same document, was in February of 2015.

Activities listed on that Logic Model were as follows:

- FSRL forms a governing board for academic affairs.

- HRF board members write an application for a major grant.
- FSRL hires dean (program director) and locates faculty.
- FSRL designs appropriate curricula, including sharing basic science classes with nursing students.
- FSRL applies to government for recognition of new graduates.
- FSRL enrolls students in classes and clinical education, leading to graduation.
- WFOT affiliates work to form OT professional association.
- FSRL and advisory board market new graduates to NGOs and to Haitian government.

There were two *Outputs* of these activities: students will enroll, and will graduate successfully, and nursing students will have interprofessional collaboration with OT and PT students.

Short-term outcomes were as follows:

- More Haitians will have paying jobs.
- Graduates will be hired as inter-professional team.
- Haitian rehabilitation staff will have authority in making clinical decisions.

The next two categories in this Logic Model, *Mid-term Outcomes* and *Long-term Outcomes* are included in the *Goals* in Appendix D. They also appear in the *Case for Support* as aspirational or visionary statements, and they were discussed informally by the academic committee and by HRF Board members.

Evolution of the Budget: A Shifting Target

A review of the budgets proposed for this project reveals a shifting understanding about many aspects of the organizational plan. The first budget was

written by the U.S. project coordinator and presented in January 2014 to the UNEPH advisory board. Subsequent budgets appeared in various iterations of the Case for Support that was requested by the Development Office of the Episcopal Church. The HRF board and academic committee did the first major review of the budget in February 2015 for the purpose of this strategic planning project. Then in April 2015 the full HRF board and academic committee revised the budget to achieve the current *pilot program* version in the current *Case for Support* on page 42 of this paper.

Three budget categories showed wide fluctuations from month to month, or even from week to week. The first category that fluctuated was the income expected from student tuition (see Table E1). The second category that fluctuated was the predicted expense for personnel costs (see Table E2). The third was the predicted expense for non-personnel items (see Table E3). These tables provide a vivid demonstration of the difficulty of establishing the financial needs of the developing programs.

Table E1
Varying Calculations for the Income From Students for First Year of Program

Dates of budget proposals	Projected number of students	How income was determined	Projected amount of income
January 2014 (precise date unknown)	40	50% of students pay \$150 per month; \$1500 for 10-month year X 20 students	\$30,000
2-14-14	20	50% of students pay \$150 per month; \$1500 for 10-month year X 10 students	\$15,000
3-24-14 3-31-14 4-9-14 4-15-14 4-27-14 5-3-14	40	50% of students pay \$125 per month; \$1250 for 10 month year X 20 students	\$25,000

5-12-14			
3-7-15	20	All students pay \$250 per month: \$2500 for 10 month year X 20 students	\$50,000
3-7-15	12	10 students pay \$250 per month X 10 months; 2 students on scholarship	\$25,000
4-11-15 final	10	10 students pay \$250 per month X 10 months to FSIL for basic science courses	0

Table E2

Varying Calculations of Salaried Personnel Expenses

Dates of budget proposals	Projected staff members needed	Projected costs, without/with benefits
January 2014 (precise date unknown)	2 part-time rehab profession lecturers in Haiti	\$5,000 X2 = \$10,000 without benefits
	Additional sections of courses taught by current Haitian nursing faculty	\$15,345 without benefits
2-14-14	2 program directors	\$50,000 with additional cost for benefits \$15,000
3-24-14	2 part-time rehab profession lecturers in Haiti	\$4,500
3-31-14		
4-9-14	Additional sections of courses taught by current Haitian nursing faculty	\$18,000
4-15-14		
4-27-14		
5-12-14		
3-7-15	Dean	\$36,000
	Assistant and Clinical Ed coordinator	\$24,000
	Visiting speaker every week	\$9,000
	Additional sections of courses taught by current Haitian nursing faculty	\$6 per hour = \$3,060
	Interim administrative assistant (Feb. 2015–July 2015)	\$1,400

3-7-15 pilot program	Dean - half-time	\$18,000 salary with additional cost for benefits \$3,600
	Stipend for visiting speaker every month	\$500
	Additional sections of courses taught by current Haitian nursing faculty	\$6 per hour = \$3,060
	Interim administrative assistant (Feb. 2015–July 2015)	\$1,400
4-11-15 final	(No dean or program directors)	0
	(Cost of additional section of faculty covered by student tuition paid to nursing school)	0
	(Visiting volunteer speakers)	0

Table E3
Varying Calculations of Nonpersonnel Costs

Dates of budget proposals	Projected items needed	Projected nonpersonnel costs
January 2014 (precise date unknown)	Student recruitment media: making a film, ads on TV and radio	\$6,000
	Books and computers for students	\$30,000
	Travel (airfare, room and board) for volunteer program developers and faculty	\$11,600
2-14-14	Travel for volunteer program developers and faculty	\$8,000
	Books and computers for students	\$30,000
3-24-14 3-31-14 4-9-14 4-15-14 4-27-14 5-3-14 5-12-14	Student recruitment media: making a film, ads on TV and radio	
	Travel (airfare, room and board) for volunteer program developers and faculty	\$11,600
	Scholarships for tuition,	\$75,000

	room and board for students	
	Books and technology (tablets) for student use	\$40,000
3-7-15	Student recruitment media cost for ads on TV and radio (film already made and paid for)	\$3,000
	Rent for housing for dean in FSIL guest house	\$1500 X 11 months = \$16,500
	Meals for dean	\$900 X 11 months - \$9,900
	Travel (airfare, room and board) for volunteer program developers and faculty	\$11,600
	Textbooks and tablets with software for 20 students	\$22,400
	Fiber optic cable: sharing monthly costs with FSIL	\$300 month X 12 months = \$3,600
	Uniform and supplies 20 students x \$500	\$10,000
	Monthly fee to UNEPH for administration	\$500 X 12 = \$6,000
3-7-15 pilot program	Student recruitment media cost for ads on TV and radio (film already made)	\$3,000
	Rent for housing (in FSIL Guest House) for Dean who lives in Port-au-Prince: 4 nights per month X \$75, includes meals	\$300
	Travel for dean interviews	\$2,000
	Office space rent	\$3,000
	Textbooks and tablets with software for 20 students (will be needed in the second year)	
	Fiber optic cable: sharing monthly costs with FSIL	\$300 month X 12 months = \$3,600
	Uniform and supplies 10 students x \$500	\$5,000
	Monthly fee to UNEPH for administration	\$500 X 12 = \$6,000
	Ten percent to Episcopal Diocese of Haiti	\$5,000
4-11-15	Student recruitment media	\$3,000

final	cost for ads on TV and radio (film already made)	
	Textbooks and tablets with software for 12 students	12 textbooks X \$60 = \$500 12 tablets = \$5,000
	Fiber optic cable: sharing monthly costs with FSIL	\$300 month X 12 months = \$3,600
	Uniform and supplies 10 students x \$500	\$5,000
	Monthly fee to UNEPH for administration	\$500 X 12 = \$6,000
	Ten percent to Episcopal Diocese of Haiti	\$5,000