

## Effectiveness Review of Disability Inclusive Development in Projects Supporting Persons with Disabilities

### Misean Cara Effectiveness Review Oct - Dec 2020

<b>Project Title:</b>	NPFS Developing Services for People with Disabilities : Kay Ste Germaine Special Needs School and Rehabilitation Centre
<b>Member (MO):</b>	Viatores Christi
<b>Location:</b>	Haiti
<b>MC Project Code:</b>	VO1/HTI/2012/17 [Project Code Provided by NPFS: V01/MED/0518/05]
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<b>MC Funding:</b>	Corresponding: €105,931.00; €50,000; €390,000 <sup>1</sup>
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<sup>1</sup> According to documents provided for desktop research; financial staff from MC or NPFS may have more accurate numbers

<sup>2</sup> Photo kindly provided by NPFS, Children washing their hands with their teacher amid the COVID-19 Pandemic.

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### SECTION A. BACKGROUND

#### A.1. Brief description of the project

Nuestros Pequeños Hermanos (NPH) is a faith based organisation supporting homes for vulnerable children (including those who are orphaned or abandoned) and provides nurturing support through education, healthcare and spiritual formation<sup>3</sup>. NPH was founded in Mexico in 1954. It has since grown to operate homes for children in Bolivia, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Haiti.

NPH has operated in Haiti since 1987, where it is known as Nos Petits Frères et Sœurs (NPFS). The first establishment was St. Helene, a home for abandoned and orphaned children in the mountainous area of Kenscoff. St. Helene is now a complex which includes Kay Christine, multiple schools, and a chapel. NPFS also includes under its purview: St. Damien Pediatric Hospital, Father Wasson Angels of Light (FWAL) including the St. Anne Baby House and St. Louis Home, and St. Kay Germaine, Kay Gabriel and Kay Elaine Rehabilitation Outpatient Centres. These programmes include: inpatient medical treatment, outpatient rehabilitation and therapy for adults and children with neurological disabilities, housing, caretaking, and education for displaced or otherwise vulnerable children, and more. For the purposes of this review ‘NPFS Developing Services for People with Disabilities,’ the programmes which relate directly to disability services will be in focus. These are: St. Helene, including Kay Christine, St. Kay Germaine, Kay Gabriel and Kay Elaine Rehabilitation Outpatient Centres.

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<sup>3</sup> NPH (2000) <https://www.nph.org/mission>

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In summary: the primary three areas of focus for this review were: Special Education, Therapy (physical, occupational, and speech therapy for adults and children with neurological disabilities), training for partner organisations and parents for community-based rehabilitation and special education.

### A.2. Summary of data collection process (number and role of participants, methodology, etc.)

This review has been conducted through multiple stages in order to validate and triangulate findings and information about the programs and structures of NPFS. Each of these stages were made possible by the generous time and effort of Misean Cara, Out of the Box colleagues, and especially NPFS staff and beneficiaries who were generous with their time and stories throughout the process. The review comprised the following stages: (A) A desk review following the review of project documents generously provided by Misean Cara as well as information provided through the websites and other online platforms of Misean Cara, Viatores Christi, and NPFS. (B) Key Informant Interviews (C) Key Beneficiary Interviews (D) Collation, analysis, and reporting of results in relation to Effectiveness Framework Criteria.

Stages (B) and (C) were the vital interaction points with those directly involved with NPFS programmes: the Key Informant Interviews and the Key Beneficiary Interviews. Regarding the Key Informant Interviews: there were seven interviews held on 21 and 22 October 2020. The sample interviewed was balanced between Haitian (4) and Expatriate interviewees (3). Key Informants were staff and management of NPFS programmes as a whole or specific administrative or programmatic aspects. Regarding the Key Beneficiary Interviews: there were four interviews held on 11 November 2020. All beneficiary interviewees were Haitian with one exception regarding a partner organisation which was represented by one Haitian and one expatriate; all interviewees are adults. Key Beneficiary sample included: direct patients of the Physical Therapy programme, Parents of children who are patients of the Physical Therapy programme, Parents of children who are students at the education programme, and leadership of a partner organisation from a rural area of Haiti whose volunteers and employees are trained in community based rehabilitation by NPFS. Of the total 11 interviews, three were conducted in English, one was conducted in French with the interpretation assistance of an Out of the Box team member, and seven were conducted in Haitian Creole with the assistance of a professional interpreter based in Haiti. All interviewing activities were conducted remotely through Zoom, with the exception of the interpreter being present in person with the Key Beneficiary during the 11 November interviews. The presence of the interpreter assisted communication, in particular between beneficiaries who have recovered from stroke, as well as facilitating trust and comfort between beneficiary and interviewer. All parties' safety was prioritized regarding: transportation and road conditions (beneficiaries arrived early to avoid flooding issues) and Coronavirus (all remote or socially distanced).

## SECTION B. COUNTRY CONTEXT AND DISABILITY

### B.1. Understanding of Disability

National: The WHO estimates that about 800,000 Haitians have disabilities; 200,000 of them being children . Unfortunately, the demographics within these numbers regarding specific disabilities does not exist, particularly a hindrance for less visible neurological and physiological disabilities. Persons with disabilities in Haiti are often faced with stigma and fear, despite their constitutional rights and Haiti's 2009 ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities. Despite the existence of many Disabled Persons Organisations (DPO) in Haiti , their lack of access to and inclusion in governmental processes is continually a barrier to the fulfillment of their rights. It remains that there are not laws to implement the tenets of the CRPD.

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**Institutional:** The vast majority of services for Haitians with disabilities are provided by international NGOs and faith-based organisations, due to the absence of support from the Haitian government. With a severe lack of teacher training for all of Haiti's education system, let alone special education training, a lack of inclusion for students with disabilities, and a lack of facilities to identify students with special needs let alone the resources to accommodate them, the situation for Haitians with disabilities is dire. Due to resource scarcity, social stigma, and the multitude of challenges facing all Haitians, NPFS looks to intervene at the educational and social levels.

**Community:** Persons with disabilities in Haiti face near constant discrimination, stigma, and other social barriers in their communities. The lack of mainstreaming disability in education, community, and the workplace keeps disabled Haitians marginalized. Families may feel shame or fear for having a child with a disability, too often leading to the abandonment of infants and children with disabilities at hospitals and other public centres.

**Individual:** The evidence of Disabled Persons' Organisations (DPO) in Haiti and the Secretariat of Persons with Disabilities shows that there are people in Haiti who have had the opportunity to develop a positive identity as a disabled person. Furthermore, the increase in physical disability after incidents like the 2010 earthquake both makes disability more visible and perhaps makes people more empathetic. It has also been noted that natural disasters, while increasing the vulnerability of people with disabilities, also contributed to a shift in understanding of disability. This shift was away from the long held and widespread belief that disability was caused or chosen by divine or other-worldly forces. Nevertheless, disabled Haitians remain some of the most marginalized people in the country.

### B.2. Important policies and structures

**National:** The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities were ratified in 2009, however the infrastructure to implement the tenets of the convention is lacking. Efforts toward building the legal and physical infrastructure took place in 2012 with the creation of the Law on the Integration of Persons with Disabilities. Unfortunately, the implementation or operationalization of these legal structures toward accessibility has yet to be seen. In 2018, The Office de la Protecteur du Citoyen made a statement of support toward the Law on the Integration of Persons with Disabilities, but further noted the conditions in Haiti were a barrier to its implementation.

**Institutional:** The medical model of disability is systematically enforced. This can be seen through the sparse legislation focusing on physical accessibility, and making no mention of access to information, gender, and human rights. In 2011, a person with a disability (Gerald Oriol) was appointed the Secretary of State for the Integration of Persons with Disabilities. This title also included a large staff working at the secretariat dedicated to this effort an expansion of the Bureau of the Secretary of State for the Integration of Persons with Disabilities (BSEIPH) created in 2007.

**Community:** Due to the scarcity of institutional and governmental action on disability, INGOs, NGOs, mission, or church-led charities and initiatives are the driving force of the vast majority of disability action in Haiti. This trend runs deep enough that even the Secretary of State for Persons with Disabilities founded a foundation to conduct disability advocacy and coordination. The few special education schools are often led by NGO, mission, or charitable efforts, even fewer schools exist which mainstream disability.

## SECTION C: PERFORMANCE AGAINST EFFECTIVENESS FRAMEWORK CRITERIA

The current effectiveness review considers rating criteria by project cycle (C.1) and by intervention sector and level (C.2). All aspects of the project are reviewed according to the four main pillars of disability inclusive development based on the United Nations Convention on the Rights of Persons with Disabilities: **1) Accessibility, 2) Meaningful Participation and Inclusion, 3)**

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**Equality and Non-discrimination and 4) Accountability.** Sub-criteria are presented in the Effectiveness Review Framework in Appendix A.1.





### C.1. EFFECTIVENESS REVIEW BY PROJECT CYCLE

The effectiveness review by project cycle includes the following:


1. Effectiveness of project design (Table 1)
2. Effectiveness of project planning (Table 2)
3. Effectiveness of project delivery (Table 3)
4. Effectiveness of project monitoring & evaluation (Table 4)
5. Effectiveness of disability mainstreaming (Table 5)
6. Effectiveness of gender inclusion (Table 6)
7. Effectiveness of the missionary approach to development (Table 7)

The rating summary visual is shown in Appendix A.2.




The four-point rating system is applied to the relevant criteria, as follows:

Rating Symbol	Rating Description
	<ul style="list-style-type: none"> <li><b>Green</b> – There is strong evidence demonstrating that the project rates well against the criteria. <u>Limited improvements</u> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Green-Amber</b> – There is evidence demonstrating that the project rates relatively well against the criteria. <u>Some improvements</u> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Amber-Red</b> – There is limited evidence that the project meets the criteria. <u>Significant improvements</u> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Red</b> – There is no/extremely weak evidence that the project meets the criteria. <u>Immediate and major changes</u> need to be made to strengthen the project's implementation and/or evidencing.</li> </ul>


### EVIDENCE SUMMARY BY PROJECT CYCLE

Table 1: EFFECTIVENESS OF PROJECT DESIGN		
Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li><b>What evidence is there that accessible formats, structures and communication methods were put in place to ensure information and feedback to and from beneficiaries?</b></li> </ul> <p>For both therapy and educational programmes, regular meetings are held with parents of children participating in these services. These meetings often include voting on decision making where the parents are empowered to help make programmatic decisions. Trainings for home based or community based therapy or learning are also a place where beneficiaries can engage in a feedback loop. There is a current goal to increase the opportunity for adults with disabilities to participate in sharing feedback.</p>

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<b>Meaningful participation and inclusion</b>		<ul style="list-style-type: none"> <li>• <b>Were the needs of beneficiaries identified and prioritized? How? If not, why?</b></li> </ul> <p>The vast majority of beneficiaries come to NPFS through the hospitals which share their campus. Beneficiaries are referred by their doctors and medical staff have a close working relationship with NPFS staff that includes the open exchange of training on disability as well as information sharing about the needs of each patient. Students attending the education program are often either referred because they are also participating in therapy or they are referred by other schools. In both cases, NPFS has developed a reputation for high quality service and attracts beneficiaries through that and their affordability. Not all those who come to NPFS are admitted to therapy or the educational programme. This is due to capacity as well as the knowledge and expertise staff has regarding what they provide. For example, they are able to assess if a student is a good match and if not, refer them elsewhere. Beneficiaries of the therapy programme are prescribed a schedule of appointments and at home exercises by their therapist, students have educational plans that are communicated between teachers and families. AS the therapy and educational programs run in parallel and funding does not seem to be in competition between them, there is no need to prioritize or deprioritise.</p> <ul style="list-style-type: none"> <li>• <b>Were PWDs actively involved in the project design, planning and delivery, especially in decision-making processes? How? If not, why?</b></li> </ul> <p>The inclusion of disabled adults at the earlier stages is a goal if NPFS. However, because this is a long-running program, the 'design' is a fluid process and looks more like a feedback loop. Therefore, the inclusion of the disabled perspective in this way is highly recommended. Currently, there are only a few disabled adults participating in decision making.</p>
<b>Equality and Non-discrimination</b>		<ul style="list-style-type: none"> <li>• <b>Were beneficiaries selected while ensuring non-discrimination? If not, why?</b></li> </ul> <p>Beneficiaries are selected, or sourced, primarily through the hospitals which share a campus with Kay Ste Germaine. There is no selection process for the therapy or education programmes that would result in discrimination. The only reasons for potential beneficiaries being turned away are: lack of capacity or lack of expertise or services for a particular disability. In both cases the person would be referred elsewhere and NPFS would coordinate this referral to ensure they were cared for. One example on non-discrimination is that beneficiaries of the therapy programme are not assigned times, only a day. They cannot pay for an earlier or more timely appointment – all beneficiaries must wait their turn. However, staff and beneficiaries note different levels of socioeconomic privilege which may impact contextual factors such as transportation or familiar support and resources.</p>
<b>Accountability</b>		<ul style="list-style-type: none"> <li>• <b>Were child protection, safeguarding, and risk assessment principles respected in the design of the project? If not, why?</b></li> </ul> <p>The presence of a highly trained and knowledgeable Child Protection Officer provides great confidence in the child protection, safeguarding, and risk assessment standards at NPFS. Furthermore, issues in this realm seemed to be top-of-mind for many staff members particularly in light of dangerous contextual factors such as kidnappings in their area.</p>

**Table 2: EFFECTIVENESS OF PROJECT PLANNING**

Pillar	Rating	Explanation of rating
<b>Accessibility</b>		<ul style="list-style-type: none"> <li>• <b>What evidence is there that project planning successfully met the accessibility sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>Programmes are built to be as accessible as possible for all beneficiaries. If potential beneficiaries can be better suited elsewhere, they are referred. This leaves the program able</p>

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		to fully tailor and serve the individualised accommodation and adaptation needs of each beneficiary through their education and/or therapy.
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li><b>What evidence is there that project planning successfully met the inclusion sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>There is no evidence that programmes are planned based on SMART objectives. However, disability inclusion is central to all program planning in order to uphold the rights and dignity of all beneficiaries and invest in their capabilities. The involvement of persons with disabilities in project planning could be increased.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li><b>What evidence is there that project planning successfully met the non-discrimination sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>Operational practices and programmes at NPFS promote equality and non-discrimination. Staff and beneficiaries are gender balanced and diverse. However, there are factors outside of programmatic control which impact equality such as gender bias and socioeconomic inequalities in Haiti. Training for parents and families has been effective in lifting some stigma from disability and encouraging families to invest in the education of their children with disabilities. Further targeted efforts toward awareness raising about discrimination could be conducted.</p>
Accountability		<ul style="list-style-type: none"> <li><b>What evidence is there that project planning successfully met the accountability sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>Risk management and resilience are important to NPFS leadership, but more resources will be needed to fully invest in these structures. Accountability structures are sound within the existing organisation but will need to be expanded as programs grow. An example of this is to provide follow up training on side for partner organisations which have been trained by NPFS in physiotherapy and community-based rehabilitation. As the pool of beneficiaries grows off the NPFS site in Port Au Prince, it's accountability structures must become wider as well.</p>

**Table 3: EFFECTIVENESS OF PROJECT DELIVERY**

Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li><b>What evidence is there that project delivery successfully met the accessibility sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>NPFS programmes are holistically beneficiary focused in that they provide therapy treatment and education in a way that is not only disability inclusive but disability-centric. Considering the holistic needs of each beneficiary as a whole person through individualised curricula and therapy programmes. However, the extension into sustainable livelihoods for disabled youth and the inclusion of more adults with disabilities in program design could improve this aspect of the programme.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li><b>What evidence is there that project delivery successfully met the inclusion sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>NPFS programmes consistently show marked improvements in the outcomes for beneficiaries in the therapy programme, education and development for beneficiaries in the education programme, and knowledge and skills in both trainings for parents as well as training for partner organisations. This could be expanded to promoting inclusion outside of NPFS programmes and/or finding a way to further model their inclusive practices.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li><b>What evidence is there that project planning successfully met the non-discrimination sub-criteria? If the criteria were not met, please explain why.</b></li> </ul>



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		Operational practices and programmes at NPFS promote equality and non-discrimination. Staff and beneficiaries are gender balanced and diverse. However, there are factors outside of programmatic control which impact equality such as gender bias and socioeconomic inequalities in Haiti. Training for parents and families has been effective in lifting some stigma from disability and encouraging families to invest in the education of their children with disabilities. Further targeted efforts toward awareness raising about discrimination could be conducted.
Accountability		<ul style="list-style-type: none"> <li><b>What evidence is there that project delivery successfully met the accountability sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>While the paperwork and structures sometimes feel burdensome for NPFS, they are dedicated to maintaining the relationship with Misesan Cara and other supportive entities and therefore have constructed robust processes and staff capacities for following accountability and other criteria. This includes upskilling and promoting an accountant to successfully manage all Human Resources.</p>





Table 4: EFFECTIVENESS OF PROJECT MONITORING & EVALUATION		
Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li><b>What evidence is there that project M&amp;E successfully met the accessibility sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>Monitoring and Evaluation have been conducted successfully on multiple occasions at NPFS and there is an understanding of its use and importance. However, the perspective of beneficiaries with disabilities in this process in a meaningful and effective way is often hindered by cultural barriers and creative adaptation is needed to make tools accessible.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li><b>What evidence is there that project M&amp;E successfully met the inclusion sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>Monitoring and Evaluation internally has proven more successful than externally. This is due to some lack of alignment between humanitarian and 'Western' or 'Global Northern' structures and the realities and culture of the local context. Processes used by local social workers to track cases, for example, have proved more inclusive and meaningful due to their cultural comprehension and sensitivity.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li><b>What evidence is there that project M&amp;E successfully met the non-discrimination sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>In instances where Monitoring &amp; Evaluation was not culturally sensitive, knowledgeable, or adaptive, it may not be able to equally include all perspectives. For example, beneficiaries or staff who have more access to education may be more able to meaningfully participate in Monitoring &amp; Evaluation exercises which are designed to be applied at a large scale, and not designed for the Haitian or Disability context; therefore skewing the results of the Monitoring &amp; Evaluation effort.</p>
Accountability		<ul style="list-style-type: none"> <li><b>What evidence is there that project M&amp;E successfully met the accountability sub-criteria? If the criteria were not met, please explain why.</b></li> </ul> <p>In instances where Monitoring &amp; Evaluation was not culturally sensitive, knowledgeable, or adaptive, it may not be successful in properly achieving its objectives. For example, if</p>




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		beneficiaries did not feel comfortable or could not meaningfully participate in a focus group, their perspective could not be fed into an accountability structure or used for feedback.
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**Table 5: EFFECTIVENESS OF DISABILITY MAINSTREAMING**

Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li><b>Do all member organization development projects include a disability perspective? If not, why?</b> The disability perspective is present in program staff, however, this may be increased through a multi-year plan which includes the upskilling and education of graduates of the education program to form a group or committee to advise NPFS programs from a disability perspective.</li> <li><b>Are all member organization development projects are fully accessible to all persons with a disability? If not, why?</b> Yes, all programmes are disability-centric and therefore are fully accessible. However, barriers to accessing programmes at NPFS are sometimes caused by inaccessible transportation or other contextual factors.</li> </ul>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li><b>Do member organization development project designs and plans include the participation of PWDs? If not, why?</b> Programmes at NPFS promote participation of persons with disability foremost in the programmes themselves. However, it may be useful to pursue additional education for beneficiaries and awareness raising in the community about how to make activities outside of NPFS more accessible and inclusive. For example, adapting community event materials at NPFS and teaching children about how to access and enjoy these events or activities.</li> </ul>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li><b>Do all member organization development projects equally target all segments of the community, including PWDs in a non-discriminatory manner?</b> Programmes only target children and adults which disabilities and their families as well as the secondary beneficiaries who receive training through NPFS. While there are likely socioeconomic or other factors contributing to inequalities that may impact the beneficiaries access or enjoyment of services, NPFS does all in its power to promote equality and non-discrimination – such as not having any financial means for patients to pay for better or faster therapy or educational services.</li> </ul>
Accountability		<ul style="list-style-type: none"> <li><b>Is disability disaggregated data planned for and collected across all member organization projects? If not, why?</b> It is not evident that there are processes for disability disaggregated data collection and processing across all projects. However, individualised records and plans for therapy and for education are kept and maintained throughout long term care. This would be an opportunity to provide support through training or installation of an expert consultant to build a system for data collection and tracking.</li> </ul>



**Table 6: EFFECTIVENESS OF GENDER INCLUSION**

Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li><b>Do women with disability have equitable access to services and project activities? If not, why?</b> Yes, programmes are equally open to people with disabilities of all genders. Furthermore, some programmes target women more – particularly training for mothers and a seed distribution programme for women who are farmers. However, stigma or lack of investment</li> </ul>



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		by families for girls with disabilities is a contextual and cultural factor that may impact the gender balance of the education programme.
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>Are women with disability consulted in the need analysis, and participate in decision-making processes related to project design, planning and delivery? If not, why?</li> </ul> <p>Leadership team and staff comprise many women. However, women with disabilities are not a large presence in the programmatic design and decision-making. As stated throughout this review, the lack of input from adults with disabilities (both men and women) is a place where NPFS could improve in the long term by investing in the support of beneficiaries after they have completed therapy and education programmes and/or by encouraging the formation of networks between beneficiaries.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li>Do women with disability benefit equally from the project as others? If not, why?</li> </ul> <p>Programmes are equally open to people with disabilities of all genders. However, stigma or lack of investment by families for girls with disabilities is a contextual and cultural factor that may impact the gender balance of the education programme. Vocational and income generation activities may increase opportunities for women with disabilities and would be an opportunity to further target disabled women as a beneficiary demographic.</p>
Accountability		<ul style="list-style-type: none"> <li>Is the staff trained on disability inclusion and gender equality? If not, why?</li> </ul> <p>There was no evidence that gender equality was included in staff or other types of training. However, gender balance is present as a standard throughout all programming and in the ethos of the organisation.</p>

**Table 7: EFFECTIVENESS OF MISSIONARY APPROACH TO DEVELOPMENT**

Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li>Does the organization ensure a multi-sectoral systems approach to respond to the needs of PWDs, through a holistic and rights-based view of PWDs? If not, why?</li> </ul> <p>The ethos of the organisation is a holistic one that fully embodies the human rights based approach to disability. However, the reach of programmes extends to health and education and may not currently have the capacity to extend. Further investment could be applied to this effort.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>Were the needs of beneficiaries identified and prioritized? How? If not, why?</li> </ul> <p>The ongoing and robust structure of the Therapy and Education programmes lend themselves well to fitting the individualised needs of each beneficiary within the wider organisation. The permanent nature of staff and leadership promotes personal relationships which lead to a deep understanding of needs and accommodations. Needs are prioritised based on alignment with programmatic offerings, which is why NPFS is sought. Needs external to programme may be served (housing support, microfinance) but are supplemental.</p> <ul style="list-style-type: none"> <li>Were PWDs actively involved in the project design, planning and delivery, especially in decision-making processes? How? If not, why?</li> </ul> <p>There is no evidence of a strong involvement of persons with disabilities in project design, planning, and delivery. As discussed more in depth in the recommendations section, the systematic marginalization and lack of support for adults with disabilities (post-education) leads to a dearth of adults with disabilities who are able to advise on this level. NPFS may have an opportunity (with proper support) to grow a committee of alumnus and former beneficiaries to form an advisory body.</p>

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Equality and Non-discrimination		<ul style="list-style-type: none"> <li>Are relevant and sustainable budgeting and funding, including income-generation initiatives, set in place for the sustainability of disability-focused and disability-inclusive projects? If not, why?</li> </ul> <p>Income generation and microfinance opportunities such as the making of holiday crafts to be sold abroad are present but limited. There is clear interest and knowledge of the importance of these activities, but resource constraints are a barrier. Vocational education and training as well as income generation activities are the logical next step and current weak point of NPFS programmes.</p>
Accountability		<ul style="list-style-type: none"> <li>What evidence is there of capacity-building of staff and local members on disability-inclusive development?</li> </ul> <p>Staff, leadership and those trained in partner organisations at all levels have been clearly impacted by a meaningful education experience with NPFS that is based on human rights and dignity for all persons with disabilities. The united understanding of beneficiaries with disabilities as capable and worthy is at times the antithesis of what is believed and shown in the community outside of NPFS and throughout Haiti. This is also clearly reflected in what parents and families of beneficiaries learn.</p>

### C.2. EFFECTIVENESS REVIEW BY SECTOR AND INTERVENTION LEVEL





#### RATING BY SECTOR

The effectiveness review by sector includes the following sectors:

1. Education (Table 8)
2. Health (Table 9)
3. Employment and livelihoods (Table 10)
4. Social protection and quality of living (Table 11)

The effectiveness review sub-criteria are presented in the Effectiveness Review Framework (Appendix A.1.). **The rating summary visual by sector is shown in Appendix A.3.** *N.B: Empty Spaces indicate where the Effectiveness Review Framework (Appendix A.1.) was not applicable.*

The four-point rating system is applied to the relevant criteria, as follows:

Rating Symbol	Rating Description
	<ul style="list-style-type: none"> <li><b>Green</b> – There is strong evidence demonstrating that the project rates well against the criteria. <b>Limited improvements</b> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Green-Amber</b> – There is evidence demonstrating that the project rates relatively well against the criteria. <b>Some improvements</b> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Amber-Red</b> – There is limited evidence that the project meets the criteria. <b>Significant improvements</b> could be made to strengthen the project's implementation and/or evidencing.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Red</b> – There is no/extremely weak evidence that the project meets the criteria. <b>Immediate and major changes</b> need to be made to strengthen the project's implementation and/or evidencing.</li> </ul>

## Effectiveness Review of Disability Inclusive Development 2020

### EVIDENCE SUMMARY BY SECTOR













Table 8: EDUCATION		
Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accessibility in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>The education programme of NPFS is one of its most resourced focuses and one that has some of the greatest impact. It's use of individualised special education methods for the students with disabilities provides fully accessible education. Training about special education is also provided, but this could be expanded to have a greater impact on communities and public policies.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted meaningful participation and inclusion in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Teachers and staff of the education programme are highly trained and equipped to provide fully inclusive and meaningful education to the students. There is also training to increase the knowledge on special education for those in partner organisations. However, this training could be scaled up to further impact and raise awareness about inclusive and special education in Haiti.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted equality and non-discrimination in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Educational practices and programmes at NPFS promote equality and non-discrimination. However, there are factors outside of programmatic control which impact equality such as gender bias and socioeconomic inequalities in Haiti. Training for parents and families has been effective in lifting some stigma from disability and encouraging families to invest in the education of their children with disabilities.</p>
Accountability		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accountability in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>The school director is dedicated to the organisation of their staff and is a vital aspect of the feedback and accountability structures for parents, families, students and teachers. The director is also integrated into the organisational infrastructure of NPFS and therefore maintains compliance and accountability with the mission and vision of the organisation as a whole.</p>

Table 9: HEALTH		
Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accessibility in health at various levels (individual, parents/caregivers, community, organizations/schools, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>The integration of all NPFS's programmes with its adjoining hospitals is a great indicator of the accessibility and prioritization of health access. This occurs at the individual level where beneficiaries are cared for and referred consistently. This also occurs at the organisational and community level where NPFS provides training on disability awareness and community-based rehabilitation for those in rural communities as well as to improve healthcare professional practices in hospitals.</p>





## Effectiveness Review of Disability Inclusive Development 2020

Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted meaningful participation and inclusion in health at various levels (individual, parents/caregivers, community, organizations/schools, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Beneficiaries who have supporters or advocates have better access to meaningful inclusion in their health information and decisions. However, those who do not have this may struggle to be fully informed or included in healthcare decision making in regard to their therapy programme.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted equality and non-discrimination in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Educational practices and programmes at NPFS promote equality and non-discrimination. However, there are factors outside of programmatic control which impact equality such as gender bias and socioeconomic inequalities in Haiti. Training for parents and families has been effective in lifting some stigma from disability and encouraging families to invest in the education of their children with disabilities.</p>
Accountability		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accountability in education at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>The school director is dedicated to the organisation of their staff and is a vital aspect of the feedback and accountability structures for parents, families, students and teachers. The director is also integrated into the organisational infrastructure of NPFS and therefore maintains compliance and accountability with the mission and vision of the organisation as a whole.</p>

**Table 10: EMPLOYMENT AND LIVELIHOODS**

Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accessibility in employment at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Limited but intentional efforts toward microfinance and vocational opportunities for families and beneficiaries are duly noted. As well as the equal and diverse hiring practices for NPFS staff. However, provision of employment is not a focus area of these programmes.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted meaningful participation and inclusion in employment at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>See Above</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted equality and non-discrimination in employment at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>See Above</p>
Accountability		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accountability in employment at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>See Above</p>

## Effectiveness Review of Disability Inclusive Development 2020

Table 11: SOCIAL PROTECTION AND QUALITY OF LIVING		
Pillar	Rating	Explanation of rating
Accessibility		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accessibility in social protection at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Programmes provide training on social protection for beneficiaries, caregivers, families, and staff. However, this it not yet extended to community or public policies and media. Organisations and other entities look to NPFS as an example for social protection, but there may not be formal programming in this space. Further community and public awareness raising would likely be a prerequisite to promoting social protect for persons with disabilities at this level.</p>
Meaningful participation and inclusion		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted meaningful participation and inclusion in social protection at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Social protection and other programmes are fully accessible and make efforts to meaningful inclusion and participation. However, contextual factors particularly those which are socioeconomic in nature often impact the accessibility to programmes at large and meaningful participation of adults with disabilities in the community is sometimes missing.</p>
Equality and Non-discrimination		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted equality and non-discrimination in health at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>Educational practices and programmes at NPFS promote equality and non-discrimination. However, there are factors outside of programmatic control which impact equality such as gender bias and socioeconomic inequalities in Haiti. Training for parents and families has been effective in lifting some stigma from disability and encouraging families to invest in the education of their children with disabilities.</p>
Accountability		<ul style="list-style-type: none"> <li>What evidence is there that the project promoted accountability in social protection at various levels (individual, parents/caregivers, community, organizations/schools/teachers, public policies and media)? If criteria were not met, please explain why.</li> </ul> <p>NPFS programmes have close connections and opportunities for feedback with parents particularly when they gather for training. The trust and loyalty also keeps the programme accountable and knowledgeable of the changing needs of beneficiaries. However, this does not extend to the community or public levels.</p>

### SECTION D: OTHER ASPECTS

#### 1. Were there additional outcomes or achievements not foreseen in the original project proposal? If so, what were they and how did they come about?

NPFS has had an incredible impact beyond the direct beneficiaries. NPFS is a leader in disability awareness raising in its local communities as well as setting the model and example for other disability initiatives and programmes throughout Haiti. Its reach extends to rural northwest Haiti, one of the most impoverished regions of the country where the organization Aksyon Gasmy provides community based rehabilitation and education. Each of the staff members of this organization have been trained by NPFS as complete novices. This impact has also been seen on the influence on Haitian University programmes who, with influence from NPFS, have established education regarding physiotherapy. On the more immediate level, NPFS staff have been able to raise awareness of disability among patients and staff at the hospitals they share a campus with as well as advising and educating medical professionals on disability.

### **2. In any case where the objectives were not fully met, what were the reasons for this?**

Based on the report from the Monitoring and Evaluation conducted in 2017, some main findings seem to remain true for NPFS. Therefore, while the implementation of Monitoring and Evaluation is important, the investment in its application is equally vital. For example, the 2017 report noted issues of: slowness of change, managing instability, and struggling to grow and scale programmes. Without resources (financial, structural, and human expertise) NPFS has not been able to make changes based on the lessons learned.

### **3. Were any changes introduced after project inception? What were the reasons for these changes and what was the impact on project outputs and outcomes?**

The constant unpredictability of the Haitian context has near constant impacts on programming. Political instability, manifestations, and demonstrations as well as extreme weather and, of course, the COVID-19 pandemic are all barriers to beneficiaries accessing the therapy and education programmes. These also impact funding which is expected to have a trickle down impact on what beneficiaries may be required to pay for access to programmes. While these contextual factors of Haiti are expected, they cannot be specifically predicted. All of that said, NPFS leadership, staff, and beneficiaries are incredibly resilient and have been creative and mindful in adapting.

## SECTION E: RECOMMENDATIONS

### **4. How can the project be improved for better disability inclusive development? (focus on strengths and weaknesses)**

#### **Strengths and Related Recommendations:**

- The approach of the staff and structures of NPFS are its core strength and foundation. Its clear positioning in the human rights and dignity approach to disability is present in each activity as they strive towards full equality, meaningful participation, and inclusion. This mindset is paired with a deep passion and commitment from NPFS leadership which is clearly inspiring to those within the staff as well as organisations and individuals working in the disability sector throughout Haiti. This confidence and maintenance of high standards and passion inspires loyalty and trust from families, beneficiaries, and other stakeholders. A recommendation related to this strength is to operationalize this expertise by scaling up existing trainings for stakeholders regarding special education and therapy knowledge and skills for community-based education and rehabilitation.
- Relatedly, the therapy program of NPFS has had a major impact on not only its immediate beneficiaries but on the profession of Physiotherapy in Haiti. This was not a recognized profession or taught at the university level in Haiti until recently. Due in part to the excellent modeling and training opportunities at NPFS, there are now two universities offering PT education. A recommendation based on this is to attempt to replicate this success for the education program. There is potential for NPFS to provide training and a model for special education in Haiti, where there is no governmental special education curriculum. Guidance by an entity like NPFS could insert special education into schools so they could become inclusive of disabled students. Scaling the training efforts and integrating additional advocacy on the University, Institutional, and Governmental levels would be hugely impactful.
- Hope for impact at the institutional and governmental level comes not only from the influence on universities, but on the recognition by the Haitian government of NPFS as a 'public utility'. This classification provides them certain rights and protections they would not have as a charity, as well as perhaps providing them access or respect they would need to further advocate for disability legislation and awareness.



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- The holistic approach and inclusive environment of NPFS is another aspect of its strength, striving towards sustainable and healthy livelihoods for each beneficiary and viewing each as a person with their own unique family and community structures, opportunities, and needs. An example of this is the efforts NPFS has made towards vocational training for older students who have aged out of the education program, crafting microfinance program, supporting families with housing, providing hygiene kits, providing seed packs for farmers (particularly women), and training for families about home based rehabilitation and education and safeguarding. A recommendation based on this strength is to put more structure and invest more infrastructure towards these efforts. One off efforts, perhaps linked to funding initiatives towards a certain project, reap short term rewards. However, long term sustainable programs such as a robust combined vocational and microfinance initiative for young persons with disabilities and their families could be hugely impactful.
- At the inception of NPFS, it was forward thinking – the founder made a seemingly unorthodox decision to buy land that was open and even isolated. This proved to be one of the program’s greatest assets as they’ve been able to grow. A recommendation based on this is to not stop growing and to get back some of the forward looking and long term planning. The resilience of the program, deep roots in the community, loyalty of families and staff, strong network with other initiatives and organisations in Haiti, all provide strength and reason to continue investing. While the tumult and unpredictability of the Haitian context is a constant barrier, each of these recommendations would benefit from the investment in long term planning and programmatic work that goes beyond the sustaining of current programs to thinking of ways to scale and pivot towards existing strengths.

### Weaknesses and Related Recommendations:

- Similar to above, one of the main weaknesses of NPFS is that their resources and current operational systems don’t allow for long term planning. Their programmatic planning typically runs on a two-year cycle and growth is based on immediate needs. Plans lack strategy, long term thinking, and the ability to think about impacts beyond the micro level of immediate beneficiary results to systematic, life long, and community level impacts. Resources and expertise are needed to assist NPFS in developing strategic plans, anticipating when more support will be needed, predictions or a greater understanding of economic impacts, etc. One aspect of this is lightening some of the daily responsibilities of NPFS leadership in order for them to have more bandwidth to do this type of thinking and planning. This would require the finding to hire high level local professional who has project management experience, particularly with systems of humanitarian funding such as with UNICEF and USAID. The challenges of the Haitian context include instability and tumult as well as dependency on foreign aid and resources. While these challenges may force NPFS into a model of short-term planning, there are way to build resilience structures and invest in future planning that can survive even the unpredictable near future.
- In this context, there are many factors that are outside of the control of NPFS programs that have a great impact on beneficiaries and the organization as a whole. Limitations of capacity and resources force NPFS to put a limit on admissions for therapy and education programs and forces them to turn people away and refer them elsewhere. Widespread poverty and disability stigma lead to the abandonment of disabled children, while NPFS serves the need of taking in and caring for these children, they cannot solve the unemployment and poverty experienced by families and communities that cause child abandonment. Systematic issues also lead to inequalities. For example, NPFS staff recognise that parents who are more educated and have slightly more financial security are much more likely to bring their children for therapy or educational programmes. While families cannot pay for a more convenient appointment and NPFS has structures of fairness, families with more security are often able to accompany beneficiaries to appointments or bring them in cars to avoid the hazards and challenges of public transportation. Of course, the political instability and violence in Haiti exists alongside environmental challenges and extreme weather – leaving beneficiaries stranded, stroke patients even passing away at home and beneficiaries’ progress from school or therapy fading away while not being able to access programmes. Transportation issues were mentioned by nearly every NPFS staff and

beneficiary contacted for this study. Financial issues such as the impact of COVID and the economic instability causing a price increase for beneficiaries is also a concern as well as general safety. While no recommendation could address the many factors outside of NPFS' control and it is worth saying that no one organization can or should be responsible for solving all things for all people – these are the challenges that should be considered in further strategic and financial planning in order to provide support that is flexible and resilient.<sup>45</sup>

- One additional weakness, or rather an aspect that could be strengthened, is community building between beneficiaries and their families. While beneficiaries and their families are deeply loyal and committed to NPFS as an organization and to the leadership and staff, they do not seem to connect with each other. Connection and community between beneficiaries with disabilities could foster life-long impacts of identity building. Connections between families could build support networks and places of mutual understanding. A recommendation may be to form parents' groups or beneficiary groups to take part in training or recreational activities, in a way that is culturally-appropriate and relevant. This may also be facilitated by WhatsApp groups to share information about NPFS programs.
- In all of NPFS programs reviewed here, there were two concrete things identified as missing, both from the therapy program: Patient Advocates and a Waiting Room or area. In the therapy program, beneficiaries noted that coming with a family member, spouse, or parent was not only beneficial but necessary. Particularly for beneficiaries who were recovering from a stroke, the supporter role was vital. This person would take notes of therapist and doctor instructions, and often speak for or on behalf of the beneficiary who likely struggled to use their speech. For patients who were perhaps more financially privileged and had a family member who could travel and attend appointments with them this was a major component to the success of their therapy as well as them feeling comfortable and empowered. However, there are beneficiaries who do not have this support and attend alone. In this case, it is recommended that there be a staff member or volunteer assigned to the role of patient advocate. This person would take notes for the beneficiary, ensure they had a safe way to arrive at and go home from appointments, and coordinate their care in any way they could. They would also serve as an intermediary between the therapist and patient for any communication accommodation. Ideally, this advocate could also assist or coordinate with keeping patient records and keeping family members informed of patient care.
- The other missing aspect is a safe place for beneficiaries to wait for appointments or a different structure to service times. Beneficiaries are assigned a day to attend appointments, but not a time. Due to concerns of traffic and needing to get to work or school, most patients strive to get the first few appointments of the day. This means they arrive at the facility before it opens and must wait outside the gate. As expressed by beneficiaries, this is unsafe and uncomfortable. It is recommended that a sheltered room inside or outside of the gate is made accessible to beneficiaries and their families for this purpose. This could also be a place where families and beneficiaries could meet each other. Furthermore, if the need was identified and this was a viable solution, NPFS could potentially conduct

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<sup>4</sup> Upon discussing the issues of patient advocates and waiting areas arisen during beneficiary interviews, program leadership replied (via email): "...all child and adult patients are accompanied by a parent or a carer. Some of the more disabled stroke patients are even accompanied by 2 carers. The parents or the carers are the patient advocates in Haiti. We have internal waiting areas and a canteen for patients and their carers. Many purchase and eat food freshly prepared on site." Discrepancies in stated facilities and beneficiary statement in the interviews may need to be further clarified.

<sup>5</sup> Upon discussing the issues of waiting areas and security arisen during beneficiary interviews, program leadership replied (via email): "For security reasons, we cannot open our gates before 6 am. Our therapy services do not commence until 7 am. We have waiting areas by our gates and patients and carers are supervised by our security agents between 6 am and 6h 30 am and afterwards they are permitted entry to canteen, waiting areas and toilets. We have commenced the construction of child and adult accessible toilets and changing rooms for our therapy patients, including a potty training area. We are based in a security red-zone, hence the security precautions. It is not safe for patients to be on the road before first light nor for our staff too." Discrepancies in stated facilities and beneficiary statement in the interviews may need to be further clarified.

periodic clinics either closer to the homes of some beneficiaries (perhaps in a borrowed church space) or at their normal facility on a weekend day or at another time that might conflict less with education or work responsibilities.

- One of the largest frustrations and weaknesses of NPFS is regarding the education program. The many merits of the program's curriculum and operation as well as its supportive and inclusive dynamic are met with the unfortunate truth that children age out at about 14 years old. There is nowhere for them to continue onto and often nothing for them to do. This has the potential to lead to mental and emotional hardship as they lose the structure and community they've cherished as well as leaves them stranded without a bridge to a sustainable livelihood. The life skills program and vocational training started by NPFS is extremely promising. But this program must be invested in and scaled, especially as class sizes grow and more and more young people will be finishing school every year. This program would be for ages 14 – 20 where youth with disabilities can learn life skills as well as vocational skills. Integrated into this program would be opportunities for them to earn money, such as making and selling crafts to be sold overseas or items to be sold locally. The NPFS leadership is in full recognition of this need and has hit their capacity of what they can do with the resources they have. Resource scarcity is the main barrier to this initiative, lack of capital and the human and financial resources to build this programme. This weakness is an aspect of a vicious cycle in the disability community at large, but evidence of it is seen at NPFS as well. Because there is a lack of opportunity for young adults and adults with disabilities, even if they are educated and supported in childhood, they go back into marginalisation. Then, organisations like NPFS do not have a robust group of disabled people to advise and be included in programmatic design and implementation, nor do children with disabilities have disabled role models. Investment in a robust post-school vocational training programme could bridge the gap to a sustainable livelihood and finally grow a community of educated and supported disabled adults who could be involved at a programmatic level at NPFS as well as engage in the wider community and begin to shift community attitudes about disability.

### **5. How can the effective practices of missionary development organisations in this area be extended or replicated as part of Misesan Cara's strategic approach (thus establishing signposts for Misesan Cara's proposed development of disability discussion paper)?**

- Organizations such as NPFS can be better supported by the larger missionary development community through a more long-term strategic approach. Processes such as effectiveness reviews or strategic planning may place the same model on projects with a defined start and end date and programs which are permanent. These frameworks do not suit permanent programs and may not properly measure their success or help them in planning. While the concrete timelines suit funding structures more easily, they do not properly align with the activities and needs of an ongoing program.
- For example, those interviewed at NPFS express their desire for assistance in long term planning and forecasting. While this approach may seem futile in a context which is very tumultuous, the long- term view may actually help programs and their staff be more resilient. However, structures built for shorter term projects often do not employ this type of thinking. This report recommends the use of consultants periodically, perhaps every 2 – 5 years, to perform an assessment of the program and work with staff to forecast long term goals as well as forewarn and make contingency plans for any potential barriers or issues (i.e. economic recession, political instability, etc.).
- Another example would be budgeting. Short term programs are more likely to be able to budget their entire program and stay within it. However, ongoing and permanent programs require operational and other costs which do not fit as neatly in a budget. They also often have financial needs that fall outside of the funding cycle. Funding needs outside of the cycle or urgent needs are also hindered by the extensive paperwork and processes required by even a simple request, one staff member described. Due to the trust and close relationship a permanent program has built with the member organization and Misesan Cara, this report recommends perhaps the development of a more streamlined system for providing support for certain organizations with whom there is a long history of trust.
- Programatically, Misesan Cara may be interested in investing resources which support persons with disabilities in all of their life stages. NPFS provides therapy for those of diverse ages. However, their educational programs only extend to a child's teenage years. The efforts toward vocational training and opportunities with craft making are a great foundation, but further investment in sustainable adulthood is a long term goal programs like NPFS and organisations like Misesan Cara may consider.

## ANNEXES

## A.1. EFFECTIVENESS REVIEW FRAMEWORK











Appendix A.1.  
Effectiveness Review F


## A.2. EFFECTIVENESS REVIEW BY PROJECT CYCLE – SUMMARY OF RATING

<i>Appendix A.2.</i>		UNCRPD RIGHTS-BASED FOUR PILLARS			
	Project cycle	Accessibility	Meaningful participation and inclusion	Equality and Non-discrimination	Accountability
Disability-specific projects	Effectiveness of project design	GA	GA	GA	G
	Effectiveness of project planning	G	GA	G	GA
	Effectiveness of project delivery	GA	G	G	G
	Effectiveness of project monitoring and evaluation	GA	GA	GA	G
Disability-inclusive projects	Effectiveness of mainstreaming	G	G	G	G























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Women and gender-focus	Effectiveness of gender inclusion				
Organizational capacity	Effectiveness of missionary approach to development				

### A.3. EFFECTIVENESS REVIEW BY SECTOR AND INTERVENTION LEVEL – SUMMARY OF RATING

Appendix A.3. EVIDENCE RATING BY SECTOR					
Sector	Level	Accessibility	Meaningful participation and inclusion	Equality and Non-discrimination	Accountability
All sectors	Individual				
	Parents and caregivers				
	Community				
	Organizational				
	Public policy and media				
Education	Individual				
	Parents and caregivers				
	Community				
	Organizational				
	Public policy and media				

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Health	Individual				
	Parents and caregivers				
	Community				
	Organizational				
	Public policy and media				
Employment and livelihoods	Individual				
	Parents and caregivers				
	Community				
	Organizational				
	Public policy and media				
Social protection and quality of living	Individual				
	Parents and caregivers				
	Community				
	Organizational				
	Public policy and media				

### A.4. QUOTES FROM PARTICIPANTS

1. **Quote One:** “The challenges are many, because we’re talking about a country like Haiti that have very limited structure to address the needs for people with disability.”
2. **Quote Two:** “I will say that it is a difficult situation for the parents because they sometimes would hesitate to bring the children to school that because they would say “even if I do provide education to my child, because of the disability there isn’t much chance that this kid will be helpful to me in the future”... In Haiti there is a culture where parents rely on the children when they group up to help the parents investment on them. So... they would rather invest all that they have into other children in the family... But we have to say that it has changed quite considerably. With all the training we provide to the parents more and more they are accepting the situation and they are sending their children to school.... In terms of the society, the community there is still this rejection for disability I cannot say that 100% they are really supportive and accepting disability for all the opportunities they can get to make a difference in their life. ...It’s still a very difficult situation.”
3. **Quote Three:** “She really likes therapy! That’s why she’s making so much progress. She would not miss one day of therapy for anything.”
4. **Quote Four:** “Before, I didn’t see anyone who had had a stroke...but after with my own therapy I would see it’s important... People who had suffered a stroke would say “look, I am sick, I can’t speak, I can’t move, what will I do? What will I do?” But now I see it is therapy - Because I think – I’ve seen that therapy can help me to speak well... and to sing, sing, sing!”
5. **Quote Five:** “My child was an inpatient at the children’s hospital and as the child was there, he was referred to Kay Ste Germaine for therapy sessions and it was through the therapy sessions that he was also connected to the school and they accepted my child for school.”
6. **Quote Six:** “There is no way that I could afford therapy session somewhere else or a school that would be appropriate for my child.”
7. **Quote Seven:** “There are many disability programs, but Kay Ste Germaine is the one place that does it with the most professionalism, the most love, the most affection. and this is why I always wanted to collaborate with them when I do anything related to disability.”
8. **Quote Eight:** “This is challenge in these conditions but with the help of Almighty God we will achieve what we want to do in this field.”
9. **Quote Nine:** “Our main objective is to proclaim the rights, value, and dignity of people and children dealing with disabilities as the Haitian Government doesn’t recognize such rights and dignity in the area.”
10. **Quote Ten:** “Developing activities related to people living with disabilities is quite a challenge in a community where people don’t even talk about disability.”



### A.5. STORIES OF CHANGE

In order to provide a more diverse and robust view of different types of beneficiaries, use cases, and stories of change, stories were sourced from beneficiaries who were not interviewed in the (C) Key Beneficiary Interviews stage of the review.

Furthermore, multiple stories included below were written by beneficiaries themselves, in order to reduce the potential bias of the interviewer and provide a direct view of the beneficiary's own experience and thoughts. This collection of stories represents how the impact of NPFS programmes reach beneficiaries of various ages, genders, and nationalities and includes direct beneficiaries, their parents, families, and those trained by NPFS leadership.

Further photos to show even more programmatic detail have been provided in a separate file.

### Story One - Jefferson Casseus & his Mother Carly

Jefferson was born with cerebral palsy and the doctors at the time gave his mother no hope for his further. They did not ever think that he would walk, attend school etc. At 11 months old Jefferson was referred to Kay Ste Germaine Therapy Programme. The Haitian staff who were in training under the guidance of Norma Lopez from Argentina have worked diligently with Jefferson. Jefferson and his mother were



[Jefferson with his team-mates Ketia and Christopher]

and still are highly motivated for him to walk, run and play that they practiced the therapy exercises at home every day. Jefferson also benefitted from our volunteer Speech and Language therapists, going from non-verbal to verbal.

Through perseverance, faith and hard work he has been able to prove the doctors wrong. Throughout the years, they rarely missed a therapy session. When Jefferson was one and a half years old he commenced “kindergarten” at Kay Germaine where his teacher re-inforced the skills which he learned in therapy as well as commenced teaching him his colours etc. At Kay Ste Germaine Special Needs School he thrived in education and in his physical development.

In 2016, Jefferson was selected to represent Haiti at the West Palm Beach Special Olympics in horse-riding. It was an amazing experience for Jefferson, doing his country so proud and, also personally. Throughout the trip kept had everyone singing songs and smiling. No matter the length of the day, he was always smiling and so thankful for every little experience. He loved the taste of so many new foods and sights.

In 2018, Jefferson had achieved as much as he could at Kay Ste Germaine school, and the search began to find a school in his own community which would accept him and his difficulties. His mother was able to find a school and thanks to all of the hard work – Jefferson was accepted in the school and is now fully integrated. He really likes his new school and new friends. He misses his friends at Kay Ste Germaine and riding the horses every week. He still comes to Ste Germaine for physical therapy during his school holidays and for special events. He is such a great role-model for the other students and gives hope to the parents of little children struggling with Cerebral Palsy. He dreams of becoming a surgeon who can fix the arms and legs of children with disabilities.

Jefferson’s mother Carly is an integral part of the Kay Ste Germaine community. She is a member of our Mother’s Programme which makes handmade cards. Carly’s specialty is embroidered cards. A skill which she learned under the guidance of Maeve Bracken – a Viatores Christi volunteer from 2008 to 2010. Her salary gives the family stability and a healthy future. Both Jefferson and his mother are deeply religious and attend weekly services. We wish Jefferson every success in his future and are so proud of the kind and always smiling teenager which he has grown to be.





## Story Two: Joeline Petit- Homme– Physical Therapy Graduate

My name is Joeline Petit-Homme. I grew up at Nos Petits Freres et Soeurs Kay Ste Helene Home in Kenscoff from the age of 3 months. My mother had died and her family were not able to take care of me. They looked for the best option they could for me. A place which would be safe and provide me with a good education.

At the Kay Ste Helene School I completed my Pre-school and Primary School Education. I loved to learn. For Secondary School I moved to the Salesian Sisters' College Marie Dominique Mazzarello School in Petion-ville. In 2012, I commenced studying at Notre Dame University to gain my Nursing Diploma and Nursing License. On graduating, I realised that I still wanted to learn more. I applied for work experience at Kay Ste Germaine Rehabilitation Centre and spent 5 months learning new skills and developing a greater understanding of how Physical Therapy can change peoples' lives for the better. I learned so much under Norma Lopez (Argentinian Bobath Instructor) and all of the therapists working there.

In 2017, I was very fortunate that the Episcopal University of Haiti's newly opened Physical Therapy Programme was offering Educational Scholarships. I applied and I was successful. Thanks to the support of Misean Cara funding via Viatores Christi, I had the financial support for my rent and daily living expenses. The college campus is located outside of Port-au-Prince at Leogane – which was the epicenter of the devastating earthquake which hit Haiti in 2010.

Many of our courses have been taught remotely using Zoom in collaboration with Universities in the U.S. and Canada. I have gained great experience during all my work placements in the various specialties of Physical Therapy such as orthopedic, neurological and pediatric areas. In 2019, I had an opportunity to do a work placement in the

U.S. This gave me another perspective. I am proud of my results, always achieving a 90 % average. I am now awaiting my final year results and am looking forward excitedly to graduating on the 13<sup>th</sup> of December.

On Monday, the 7<sup>th</sup> of December I will commence training at Kay Ste Germaine's Rehabilitation Centre in preparation for working as a Physical Therapist next door at St Luke Family Hospital, one of our Outreach Partners. I am looking forward to this work and new challenges.

My hopes and dreams are for me personally are that I will marry and have two children, my own family. Also, I would love to continue to further my studies and achieve a Masters in Pediatric Neurology in the not too distant future.



### Story Three: Wilfo Fontus

My name is Wilflo Fontus, I have been attending Kay Ste Germaine Rehabilitation Centre since I was a victim of a shooting incident 6 years when I was leaving work. At the time I was just 6 months away from completing my degree in Civil Engineering. I was working 40 hours per week in the Administration of St Luke Family Hospital and attending University evenings and every weekend.

As a result of my accident I am paralyzed in both of my legs and only have limited movement in my left hand. Thankfully, I have a motorised wheelchair and with the physical therapy twice per week at Kay Ste Germaine I can use my right hand to work on my computer and to do many of the necessary daily activities. With the support of my sister and my Carers I have been able to return to working full-time and studying online. The medical team at St Luke Family Hospital take care of all of my medical needs.

The physical therapy I receive keeps me in as good physical condition as possible which minimises illnesses and ensures that I keep the mobility and strength which I have. The therapists have become my good friends and give me moral and emotional support when I am feeling down. I appreciate their friendship and their support.

I have accepted that I cannot become a Civil Engineer. I have used the many skills which I learned in my studies at University to continue to work in Administration and to be able to study online. Every morning I work in the Hospital as a member of the Social Work Team, this helps me to keep in touch with people who are suffering and to do our best to support them in their times of urgent need. In the evenings I work side-by-side with Fr Rick Frechette in Administration activities such as Accounting and Purchasing for all of the St Luke Medical Programmes. I have completed online Diplomas in Social Work, Accounting and Finance, Pharmacy Management and English to ensure that I can do my work to the highest of standards. I also write stories and reports for the blog of St Luke Foundation for Haiti website and Facebook pages.

My hopes and dreams for the future include to marrying, having two children and our own home and continuing to work and study subjects which are relevant to my life and work.



### Story Four: GABRIELA MARIA GONZALEZ – Volunteer Physical Therapist from Argentina

My name is Gabriela María González, I am 33 years old, I am licenced therapist in Kinesiology and Physiotherapy. I'm from Argentina, from the city of Córdoba. I grew up in the city of Cordoba, as soon as I finished High School I studied two years of Physical Education, then I knew that I wanted to continue with a profession that has implications with movement so I decided to change my career and start studying for my Masters in Kinesiology and Physiotherapy at the National University of Córdoba.



My studies took five years to complete, then I was offered an opportunity to complete a two-year residency at the Learning Center of Cordoba. At the Learning Center, therapeutic treatments are as per the Bobath Neurology Treatment Concept. We learned how to carry out neurological evaluations of infants, children and adults as per the Bobath Concept and then to prepare and carry out individualised treatment plans and treatments of the patients. There I began to meet with the Bobath Instructor, Norma Isabel Lopez, as she visited her old patients, colleagues and friends on her return trips from Haiti. I took the Basic Bobath Pediatric Course, then found work in various therapeutic centers which practice using the Bobath Concept. With team-work and developing good communication skills I learned how to continually develop my professional skills.

I decided to come to Haiti, after taking a course which was run by Norma on Cerebral Palsy in adults. During the course I had an opportunity to talk with her and her friends who had also previously volunteered with her in Haiti. I decided to come, for the possibility of giving a little what one knows to help others, from my profession, with love and respect, and above all humility.

My time in Haiti, began on the 4th of February 2020, Norma accompanied me from Cordoba to Port-au-Prince. She had previously explained clearly to me the political, social and economic instability situation of the country. That life is lived from day-to-day is lived in this country. At that time there were "kidnappings", then in March "Corona Virus", it was a year in which we constantly had great caution with the clothes indicated to work, cleanliness of the place, the importance that we all understand the social distance especially in the beautiful workplace "Kay Cristine", run by Gena Heraty, inhabited by 30 adults and 2 children with disabilities.

I started by working two days per week at the Kay Ste Germaine Special Needs School's Therapy room supporting the local Haitians therapists whom Norma has trained and three days per week in Kay Christine, in the town of Kenscoff. After the Corona Virus arrived in Haiti, all of the schools in the country were immediately closed by a Presidential Decree and I began working full-time at Kay Christine and continuing to learn and become more fluent at speaking Haitian Creole.

It is of great importance to me to adapt to the culture, to know the customs, to learn the language, to be able to help and teach Haitians who work in the therapy at Kay Christine. Respect, patience and humility, are the main values to by which I work from day-to-day. Kay Christine is my home, my chosen Haitian family. Everyone is very friendly, respectful to me, from adults, teenagers and children who live there and the workers too.

Gena, Jacinta and Norma are the fundamental pillars in my experience in Haiti and through their long years of experience in Haiti are a great support to me. They have made it easier to adapt to the situation and for me to be able to work in this great programme. At present, I am participating on the Viatores Christi training weekends online, contining to advance my proficiency in Haitian Creole and to Learn English.