

Spectrum of Organizational Guiding Principles
Where are we?

Organizational Culture and Values	
Assumes good intent will result in good impact and success.	Critically self-reflects– honestly examines values, motivations, accomplishments, and failures.
Provides an opportunity to serve or “do service” while seeing an interesting place	Works to advance human rights.
Assumption that the work is “good” and “charitable” and therefore the motives are unquestionable.	Introspective and transparent about motives.
Mission Focus - Sustainable Capacity Building	
Strong focus on personal growth and experiences of US-based participants.	Strong focus on building local capacity and impact.
Little or no provision for follow-up results in little sustained impact.	Focus on sustainability and follow-up.
Intermittent or sporadic presence.	Continuity of presence and maintenance of effort.
Capacity building relies on short-term stand-alone workshops, seminars, and conferences.	Training is integrated into, and augments and supports, longer term strategic quality improvement efforts. Emphasizes train-the-trainer approaches so that capacity becomes institutionalized and sustainable, and less reliant on external expertise.
Avoids engaging civil servants	Identifies civil servants who are qualified, committed, honest, “champions of positive change” and builds administrative capacity around them.
Little concern for building management and governance capacity	Building management, leadership, and governance capacity are central pursuits.
Does jobs that local people can do (often at higher cost when travel, etc is calculated)	Preferentially hires local people
Promotes dependence	Ultimately success is measured by the degree that the health system is able to function and provide good care on its own
Mission Focus - Maximum Local Direction	

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Agenda is driven by interests, priorities, and needs of the visitors.	Agenda is driven by local needs and priorities.
Affiliate with, and support American institutions and facilities establishing parallel systems of care. Often a disconnection from and/or disregard for local systems.	Favors and supports Haitian institutions that the poor identify as representing their interests in order to be more successful in meeting their mandate.
Avoids the host government oversight and regulatory attempts for NGOs	Supports the regulation of international non-state providers and makes every effort to abide by regulations and laws.
Treats data obtained in host country as “open-source” and free to use and distribute.	Treats data and information as primarily owned by and living with the host institutions and seeks permission to share or use them.
Research is driven by external priorities and funding that may or may not coincide with local priorities.	Research is in response to local research questions
NGO governed by US stakeholders and interests.	Introduces meaningful and substantial organizational governance role for Haitians.
Very often utilized by US clinical trainees to practice and broaden their experience, often with a different standard for qualification of trainee provider, appropriate supervision, and credentialing, than is expected in the US .	The prime focus of engaging US health trainees in the work is not to further the interests of the trainee, but is instead unambiguously linked to addressing local health system needs.
Often disconnected from the community “served”	Effort to connect and listen to the community served. Great effort to identify local priorities and establish honest lines of communication that allow partners to frankly share their vision without fear of losing support.
Quality of Partnership	
Sees others as the beneficiaries of generosity and largess.	Sees others as full and capable partners.
Assumptions about who is the giver and receiver, the teacher and student (i.e. “teach a man to fish” narrative).	Joint problem solving and accompaniment with all partners bringing their respective capacities to the table
Maintains/preserves power differentials.	Recognizes power differentials and consciously works to acknowledge them and mitigate them in all relations.

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Assumes that the receiving institutions welcome all efforts and that they are all a net benefit.	Considers the costs to the receiving institutions as well as the benefits.
Charity perspective	Human rights perspective: Advocates on behalf of persons who suffer from the indignities of abject poverty.
Intercultural relations	
Usually insufficient time spent together to deconstruct assumptions about the other.	Commits to investing in significant face time, humble listening, persistence, and study.
A sense of being “called” to share a better way; “non-religious evangelism”	Focused on finding “Haitian” solutions to problems, not simply advocating replication of how things are done in the US.
Imposes cultural and methodological framework onto mission partners.	Approaches work and people with cultural humility and an appreciation of what we don’t know.
Celebrates the organization/group as heroes primarily responsible for any impact.	Celebrates the local people who work every day for change as the heroes.
Sees no need or makes no effort to learn language or culture.	Invests in attaining a deep and broad understanding of local realities and thinking, including making an effort to learn local language and culture
Little thought given to the impact of historical and present oppression and the role that it plays in current relations.	Recognizes the impact and influence of imperialism, racism, classism, and history.
Operates from a “needs” and “deficits” orientation: looking at the other as a collection of needs and weaknesses that need to be fixed.	Approaches work from a strengths perspective; oriented toward seeing and reinforcing the strengths in others .
Program Planning	
Planning consists of figuring out how to use available resources (people or materials).	Planning: These are the interventions that we have identified with our partners to be the highest priority and most impactful; how do we find the needed resources (people and materials) to realize them?

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Proliferates ever-changing fragmented projects and studies.	Programs are focused and well-structured with clear objectives and desired outcomes, and clearly defined mutual expectations that are revisited on a periodic basis.
Interventions are based on good intentions and common sense.	Interventions based on evidence and contextualized best practice; i.e. Strategies are tailored to the unique context, challenges and strengths of the local community
Focus is on delivery of one-on-one clinical services.	Focus is systemic and multi-sectorial.
Assumed understanding of situations on the ground without need for assessment.	Interventions are based on joint comprehensive situational assessments and agreed-upon strategies .
Resource management (human, material, funds)	
Expertise is less valued than motivation among volunteers. Everyone is welcome and encouraged to come, despite what they are bringing to the table; a “beggars can’t be choosers” mentality (“push” systems for materials and people).	Promote a “pull” system in which specific needed resources are identified and sought, including selective recruitment of human resources so that skill sets match needs and agreed-upon objectives. Content expertise and suitability for the work are priorities in identifying volunteers.
Distort salary schemes and draw off public staff into private sector by paying more.	Pay supported salaries that are sustainable if/when the health system picks them up.
Carries or imports all needs.	Buys locally, when available.
Accountability	
Usually no measurement of impact--resulting in seeing and claiming results that aren’t necessarily there.	Rigorous monitoring and evaluation.
Usually measures outcomes in terms of quantity or value of activities.	Measures outcomes in terms of impact or benefit to the end beneficiary, the community.
Possibly accountable to funders, but not to local people (beneficiaries or authorities).	Accountable to funders, local partners and communities, and health authorities.

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Myopic focus on own project and work with little regard for collateral impact.

Understands that all work we do has impact beyond the boundaries of our engagement, and is alert to how our work is impacting others.