



INSTITUTIONAL DEVELOPMENT PLAN 2010-2014

Bethlehem Arab Society for Rehabilitation

**PALESTINIAN HEALTH SECTOR REFORM AND
DEVELOPMENT PROJECT (THE FLAGSHIP PROJECT)**

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CONTENTS

Acronyms	2
Overview	3
Section 1.0 Introduction	5
1.1 Strategic Objectives	5
1.2 Implementation Team	5
1.3 Implementation of the Institutional Development Plan	6
Section 2.0 Interventions Table	7
2.1 Short Term Plan (first year)	7
2.2 Medium Term Plan (five years)	8
Section 3.0 Development Plan Framework	10
3.1 Priority Item 1: Year 1 Decision Making Processes	10
3.2 Priority Item 2: Year 1 Organization’s Strategic Plan	11
3.3 Priority Item 3: Year 1 Knowledge Management	12
3.4 Priority Item 4: Year 1 Databases/Management Reporting Structure	13
3.5 Priority Item 5: Years 2-5 Recruiting, Development, and Retention of General Staff	14
3.6 Priority Item 6: Years 2-5 Board Involvement and Support	15
3.7 Priority Item 7: Years 2-5 Health Information Systems/Medical Records	16
3.8 Priority Item 8: Years 2-5 Financial Sustainability	18
3.9 Priority Item 9: Years 2-5 Proposal Development	19
3.10 Priority Item 10: Years 2-5 Building and Office Space	20
3.11 Priority Item 11: Years 2-5 Evaluation/Performance Measurement	21
3.12 Priority Item 12: Years 2-5 Revenue Generation	22
Section 4.0 Risks and Challenges	23
Section 5.0 Monitoring and Evaluation	24

Acronyms

IDP	Institutional Development Plan
IDaRA	Institutional Development and Reform Associates
MoH	Ministry of Health
NGO	Non-Governmental Organization
OCAT	Organizational Capacity Assessment Tool
USAID	United States Agency for International Development

OVERVIEW

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

To complement the MoH's health sector reform initiatives, the Flagship Project, through its subcontract with Institutional Development and Reform Associates (IDaRA), is providing organizational development assistance to 15 NGOs in the West Bank and Gaza. This report presents the institutional development plan developed by the NGO to outline institutional development, training, and technical assistance interventions needed.

Institutional Development Plan Process

The Flagship Project selected seven NGOs in Gaza and eight in the West Bank, in coordination with USAID. The NGOs were selected based on their capacity as organizations that offer community health, rehabilitation, and hospital care services.

The process started by visits to the NGOs for preliminary assessment of the current situation of the NGOs and then orienting the NGOs' board and management on capacity building interventions in which they will be engaged. The next step was the development of the self assessment tool, Star/OCAT by IDaRA, which was presented to the NGOs during a three-day workshop. The workshop included training on the use of the tool, the role of the change agents that would lead the process within the organizations, and other health management concepts.

Each NGO prepared an assessment report that highlighted 12 priority areas which would be the main elements for preparing an Institutional Development Plan. The implementation of the IDP is intended to improve the performance of the organization and transform it into a more effective, efficient, and sustainable institution.

In line with the implementation of the plan, NGO staff members will also participate in training and coaching interventions provided by IDaRA in various clinical and management areas identified during the assessment.

The Bethlehem Arab Society for Rehabilitation seeks to promote best practices in all of its reform initiatives as set out in this plan, and in accordance with the priorities endorsed by key stakeholders including board members and senior management officials. Year One focus areas will include (1) decision making processes; (2) strategic planning; (3) knowledge management; and (4) databases/management reporting structure. As for

the longer term, Years Two through Five, the Bethlehem Arab Society for Rehabilitation will work on the following eight elements:

- 1) Recruiting, development, and staff retention
- 2) Board involvement and support
- 3) Health information systems / medical records
- 4) Financial sustainability
- 5) Proposal development
- 6) Building and office space
- 7) Evaluation / performance management
- 8) Revenue generation

The Institutional Development Plan is a “living” document; as the Bethlehem Arab Society for Rehabilitation implements its plan, staff will continuously review and update the plan to ensure timely and realistic achievement of results.

SECTION I.0 INTRODUCTION

The Institutional Development Plan 2010-2014 outlines the interventions for strengthening the capacity of the Bethlehem Arab Society for Rehabilitation. The Plan serves as a short to medium term development plan for the organization and presents action plans for priority for development under priority capacity elements. Staff will systematically review and update the plans as part of its planning process.

It is essential to create a culture that supports the vision, mission and values of the organization in order to have a successful institutional development plan. In addition the staff and employees of the organization should understand their role, the changes the organization will go through, the role of the board, top management and the change agents.

1.1 Strategic Objectives

The development plan is in line with the Strategic Objectives (SO) of the Bethlehem Arab Society for Rehabilitation, as follows:

- 1) To strengthen, set-up, organize and coordinate all the services needed for a comprehensive approach on prevention, early detection, early diagnosis and medical treatment.
- 2) To train the needed human resources in the field of orthopedic pediatric management and provide specialized training programs for human resource development in different aspects: professional and administrative.
- 3) To promote research.
- 4) To improve the quality of life of Palestinians with special needs and promote their inclusion into all aspects of community life by providing them with high quality medical, rehabilitation, educational and vocational services and equal opportunities.
- 5) Changing negative societal attitudes, transferring knowledge and expertise, as well as promoting advocacy for their rights and actively participating in policy making for special needs provision and rehabilitation as a contribution towards building up a new civil society that advocates freedom, equality and justice for all citizens.
- 6) To promote and ameliorate services that lead to the inclusion of persons with special needs in Palestine.
- 7) To provide support facilities and linkages with other organizations and programs working in the field of rehabilitation or medical fields.
- 8) To serve as a national specialized referral and resource centre for the transfer of knowledge and expertise in various rehabilitation and medical related fields.

1.2 Implementation Team

The Institutional Development Committee includes change agents, members of the assessment committee and others.

Name	Position
Mr. Mousa Darwish	Deputy Chairman
Dr. Edmund Shehadeh	Executive Director
Mr. Imad Abumohor	Deputy Executive Director
Dr. Zuhair Qumsieh	Medical Director
Mr. George Khair	Matron

1.3 Implementation of the Institutional Development Plan

Implementation of the IDP should be conducted by the Implementation Committee members led by the Executive Director and Change Agents. Al Ittihad Hospital will link its strategic plan, annual work plans, the resources available, and the IDP to ensure that they are aligned with one another and the process is institutionalized.

Selected staff members /change agents will participate in the next phase of the capacity building interventions by IDaRA, a portion of which is dedicated to the enhancement of the capacity of the staff of Bethlehem Arab Society for Rehabilitation to manage the IDP and implement the 12 priority elements. This, in turn, will contribute to achieving the developmental outputs and objectives.

During the first six months of 2010 staff members will also participate in the following interventions provided by IDaRA:

- 1) Technical assistance and coaching in various management areas identified during the needs assessment.
- 2) Technical assistance and coaching in various clinical areas identified during the needs assessment.
- 3) A 40-hour training course in management related issues.
- 4) A 40-hour training course in clinical issues.

For control purposes, the monitoring and evaluation plan is outlined below in section four. It will serve as the basis for evaluating progress regarding the changes to be made, as outlined in the IDP, over the next four years.

SECTION 2.0 INTERVENTIONS TABLE

2.1 Short Term Plan, Year I

Priority Item #	Current Situation	Desired Situation	Suggested Intervention/s
1. Decision Making Processes	Major decisions are taken by the executive committee	More authority must be given to working staff at managerial level in order to participate in the decision making process	As part of reshaping BASR's structure, a new senior leadership team (SLT) will be formed to speed up decision making. The team consists of Director of operations, Director of Rehabilitation, Medical Director and Director of programs and project development headed by the Executive Director
2. Organization's Strategic Plan	Due to difficult financial constraints and lack of funds the development of the strategic plan was delayed	To review and update the strategic plan	BASR has managed some funds to start developing its strategic plan. External consultant from one of BASR's funders has volunteered in assisting in the development of the strategic plan.
3. Knowledge Management	New recruits and staff at all levels are verbally informed about the systems.	Management systems must be reviewed on a regular basis and be documented in a knowledge management system	Establishing a comprehensive knowledge management system
4. Databases / Management Reporting Systems	A database is available and proper reporting can be extracted but not fully detailed as needed. Improvement to management reporting system is essential	To be able to have a clear picture and detailed information about current medical, financial and support activities	To develop an integrated electronic database and management reporting systems for tracking patients, staff, volunteers, and program outcomes

2.2 Medium Term Plan, Five Years

Priority Item #	Current Situation	Desired Situation	Suggested Intervention/s
1. Recruiting, Development, & Retention of General Staff	Most of BASR staff believe in its mission and vision. BASR's staff have financial commitment towards their families. BASR cannot offer high salaries as its financial resources are limited. Training of staff is always on BASR's priorities and contacts are made with international donors to secure training for its staff at all levels when needed.	Recruit the experienced and well trained as well as provide development programs and training for the new recruits and staff members to retain them	To plan for the efficient recruitment, development and retention of general staff
2. Board Involvement & Support	Most of public Relations and contacts are done by the Executive Director	More efforts should be made by Board members on the issue of public relations and add new technical members to the Board	Conduct Board Development
3. Health Information Systems / Medical Records	Medical information system does not provide detailed information on all medical services provided to patients.	An integrated information system and medical records	A Hospital-wide programme to deliver a modern suite of IT applications including a Healthcare Management Information System (HMIS)
4. Financial Sustainability	In the prevailing political, social and economical situation, BASR always supported the marginalized and social cases benefiting from available services at the cost of its sustainability.	To sustain its operations by having a diverse income base and not depending solely on donors for funding.	Develop a comprehensive and integrated financial sustainability plan for the organization

5.Proposal Development	75% of BASR's budget is from fundraising activities and internal capacity is weak.	To have the internal capacity of writing winning proposals	Provide training to key individuals as to the concepts of project proposal development in all of its phases
6. Building and Office space	The current space does not accommodate future plans for expansion	Greater facilities that accommodate required patient capacity and qualified teams	Planning for the expansion of the hospital infrastructure and services to meet future demand
7. Evaluation / Performance Measurement	Monitoring by direct observation of staff	To have the right tools, skills and knowledge to measure performance	To develop an integrated evaluation and performance measurement system
8.Revenue Generation	Depending on funding from selling medical services to the Palestinian Ministry of Health, insurance companies, UNRWA and private institutions and companies to cover BASR expenses. The financial situation has deteriorated after the 2008 financial crisis and BASR has reduced its general budget from \$7.5 million in 2008 to \$6.2 in 2009	Greater revenue to be generated from services and less dependent on support from donors	To assess the current status and develop a revenue generation system

SECTION 3.0 DEVELOPMENT PLAN FRAMEWORK

3.1 Priority Item I, Year I

Decision making process

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators-Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Decision making process (I.19) As part of reshaping BASR's structure, a new senior leadership team (SLT) will be formed to speed up decision making. The team consists of Director of operations, Director of Rehabilitation, Medical Director and Director of programs and project development headed by the Executive Director	Propose participative decision making concept to board	Jan 2010	Jan 2010	Board members approve the Senior Leadership Team (SLT) concept	Executive Director	Staff Resources
	Establish / adjust the organization chart	Jan 2010	Feb 2010	New Organization chart established	Executive director and external consultant	\$5,000
	Prepare job description for SLT	Feb 2010	Feb 2010	Four job descriptions prepared	Executive director and external consultant	Same contract
	Nominate Senior leadership members (SLT)	March 2010	March 2010	Four SLT members nominated	Executive Director	Staff Resources
	Write new contract with SLT	Apr 2010	Apr 2010	Four contracts signed	Executive Director	\$14,400 Annually
	Establish framework for decision making	April 2010	May 2010	Framework Drafted	Executive director and external consultant	\$3,000
	Provide opportunities and training to strengthen involvement at the levels of <i>Autonomy, Participation, and Influence</i>	May 2010	June 2011	Report on training and level of participation in decision making	Executive director and external consultant	\$3,000
Assumption	Availability of funding and Board commitment					

3.2 Priority Item 2, Year I

Strategic Planning Development Ability

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators – Outputs	Responsibility	Resources Needed (US\$)
<p>Organization's Strategic Plan (1.04)</p> <p>BASR has managed some funds to start developing its strategic plan. External consultant from one of BASR's funders has volunteered in developing the strategic plan</p>	Preparatory Work / Mobilization.	Jan 2010	Feb 2010	Workshops conducted	Senior Management with support of external trainer / facilitator	Staff resources + US\$1000
	One-day orientation workshop.	Mar 2010	Mar 2010	Roles & responsibilities of the various parties are defined and documented	Senior Management	Staff resources
	Conduct internal environment assessment.	Apr 2010	Apr 2010	Report on BASR Internal Environment	Assigned team of Mgmt and Staff	Staff resources
	Conduct external environment assessment.	May 2010	Jun 2010	Report on BASR External Environment	Assigned team of Mgmt and Staff	Staff resources
	Produce an Analytical Report on the Internal and External Environment of BASR – Strategic Issues	Jul 2010	Jul 2010	Analytical report	Assigned team of Mgmt and Staff	Staff resources
	Conduct a three day workshop to produce strategic document	Jul 2010	Jul 2010	Strategic document	Senior Management	Staff resources
	Develop three year work plan	Aug 2010	Aug 2010	Work plan	Senior Management	Staff resources
Assumption						

3.3 Priority Item 3, Year I

Knowledge Management

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators – Outputs	Responsibility	Resources Needed (US\$)
Knowledge Management (3.07)	Establish a core team to identify the knowledge bases of the organization.	Jan. 2010	Jan. 2010	Core team created and knowledge bases identified	Senior Leadership Team	Staff Resources
Establishing a comprehensive knowledge management system	Develop ToR to establish knowledge management system	Mar. 2010	Mar. 2010	ToR developed	External Consultant	\$500
	Identify possible vendors and/or technology that can accomplish tasks and assignments.	April 2010	April 2010	Vendors and technology identified	Consultant and Information Technology	\$400
	Select vendor to create the system.	April 2010	April 2010	Contract with vendor	Administrative Manager, IT manager	Staff Resources
	Create the comprehensive knowledge management system	May 2010	July 2010	Knowledge management system created	The Vendor and the Information Technology manager, Consultant	\$15,000
	Provide training	Aug. 2010	Sept. 2010	Training provided to ensure that appropriate staff have the information and skills necessary to utilize the knowledge management system.	The Vendor and the Information Technology manager. Consultant	\$3,000
	Implement the KMS	Oct. 2010	Oct. 2011	The KM system in use by staff	The Vendor and the Information Technology manager	\$5,000
	Solicit feedback on the effectiveness of the knowledge management system.	Oct. 2011	Nov. 2011	Analysis of survey results, validation report	KMS Steering Committee	Staff Resources
	Modify the knowledge management system based on feedback.	Dec. 2011	Dec. 2011	Changes, improvements incorporated	The Vendor and the Information Technology manager	\$1,000
	Assumption	Financial resource availability				

3.4 Priority Item 4, Year I

Databases management reporting systems

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Databases/ Management Reporting Systems (4.13) To develop an integrated electronic database and management reporting systems for tracking patients, staff, volunteers, program outcomes	Commitment by board and top management	May 2010	May 2010	Committed board and Management	Senior Leadership Team, IT Director,	Staff Resources
	Establish assessment Committee	June 2010	June 2010	Committee Members Appointed	Senior Leadership Team, IT Director	Staff Resources
	Assessment conducted	July 2010	Sept 2010	Assessment report	Senior Leadership Team, IT Director	6,000
	Databases Developed based on the assessment	Oct 2010	Dec 2010	Databases and reporting systems functioning	IT Director, Finance Director and external consultant	515,000
Assumption	Availability of financial resources					

3.5 PRIORITY ITEM 5, YEARS 2-5

Recruiting, Development, and Retention of General Staff

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
<p>Recruiting, Development and Retention of General Staff (3.10)</p> <p>To plan for the efficient recruitment, development and retention of general staff</p>	Establish estimate of future roles and responsibilities (from demand/activity/scale estimation, the related estimated Department-by-Department budgets, and expected changes	March 2011	June 2011	Estimate report of future roles and responsibilities. Department budgets	Human Resource Director	\$15,000
	Map the future roles and responsibilities to job descriptions (updating as necessary)	June 2011	Sept 2011	Job descriptions drafted	Human Resource Director	\$ 10,000
	Establish professional competency framework	Nov 2011	Nov 2011	Competency framework document	Executive Director, Human Resource Director external consultants	\$6,000
	Initiate competency assessment as part of the existing annual performance management framework	Dec 2011	Jan 2012	Integrated report competency assessment and annual performance management framework	Executive Director, Human Resource Director external consultants	\$12000
	Perform gap analysis on resources and competencies	Feb 2012	March 2012	Gaps identified	Executive Director, Human Resource Director external consultants	\$7,000
	Develop and implement programme to close the gap (through recruitment, redeployment, training or redundancy),	April 2012	April 2014	Recruitment , training and employment records and future plans	Executive Director, Human Resource Director external consultants	To be decided

	and plan for future expansion of Hospital capability					
	To seek training opportunities overseas to train resident doctor in the vitro retinal ophthalmologic surgery	April 2012	April 2014	Training certificate on vitro retinal	Medical Director	\$10000
	To train ENT surgeon overseas in major ear surgery.	April 2012	April 2014	Training certificate	Medical Director	\$30000
	To train for six month period two staff nurses in the ICU medical services	April 2012	April 2014	Training certificates / attendance sheet	Medical Director	\$15000
	To train for six month period resident doctor in ICU management	April 2012	April 2014	Training certificate	Medical Director	\$18000
	To qualify medically an orthoptist through overseas scholarship.	April 2012	April 2014	Specialty certificate	Medical Director	\$15000 every year
Assumption	Availability of funds					

3.6 PRIORITY ITEM 6, YEARS 2-5

Evaluation/Performance Measurement

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Board Involvement and Support (I.12) Conduct Board Development	Conduct a series of Board development activities including a Board Retreat to emphasize the roles and responsibilities of Board members	Jan 2011	Dec 2011	Majority of Board members attended the training and Retreat. Board is actively engaged as documented in the minutes of the meetings.	Board members, Executive Director and External specialist	\$5,000
Assumption	Board Commitment					

3.7 PRIORITY ITEM 7, YEARS 2-5

Health Information Systems/Medical Records

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Health Information Systems / Medical Records (2,08) A Hospital-wide programme to deliver a modern suite of IT applications including a Healthcare Management Information System (HMIS)	Establish a Hospital wide IS project team with full support of all user functions and departments (including nursing and clinical specialities) – this may be a re-constituted form of the existing IT Committee	Jan 2011	Jan 2011	Team members selected	Hospital Director to establish, including selection of Chair	Staff Resources
	Agree on the contents of an IT Strategic Plan and commission its production	Jan 2011	Jan 2011	Content draft	Hospital Director	Staff Resources
	Establish project team(s), initially this will support the production of the IT Strategic Plan and re-plan the HMIS project	Feb 2011	Feb 2011	Project teams identified	IT Committee	\$ 9,000
	Re-validate and prioritise user requirements for the HMIS. This prioritisation will support a phased implementation approach to minimise risks, costs and time-to-deliver This activity must include consideration of process and staff capability/acceptance implications	Feb 2011	April 2011	Report drafted	IT Committee (in conjunction with the HMIS project team)	\$30,000

	Carry out research to confirm the likely capability of providers to deliver the desired specification, and issue an Invitation to Tender	May 2011	May 2011	Vendors and capabilities identified	IT Committee (in conjunction with the HMIS project team)	Staff Resources
	Carry out vendor evaluation, and select preferred bidder	June 2011	July 2011	Vendor selected	IT Committee (in conjunction with the HMIS project team)	Staff Resources
	Agree with preferred bidder the provision of mock-up demonstration version of software for "hands-on" user trials	July 2011	July 2011	Agreement on demonstration version	IT Committee (in conjunction with the HMIS project team)	Staff Resources
	Conduct final evaluation, and confirm vendor appointment	Aug 2011	Aug 2011	Contract drafted	IT Committee (in conjunction with the HMIS project team)	Staff Resources
	Produce business case and documentation for donor requirements	Aug 2011	Sept 2011	XXXX	IT Committee (in conjunction with the HMIS project team)	Staff Resources
	System implementation process, involving: implementation, user acceptance testing, user training, roll out, etc.	Sept 2011	Sept 2012	System launched	IT Committee (in conjunction with the HMIS project team)	\$80,000
Assumption	Availability of Financial Resources					

3.8 PRIORITY ITEM 8, YEARS 2-5

Financial Sustainability

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Financial Sustainability (2.2 4) Develop a comprehensive and integrated financial sustainability plan for the organization	ToR prepared and distributed	Jan 2010	Jan 2010	ToRs finalized and distributed among potential vendors	Administrative director and Financial Director	Staff Resources
	Offers Evaluated	Feb 2010	Feb 2010	Offers received and evaluated	Administrative director and Financial Director Evaluation Committee	Staff Resources
	Facilitator Selected	Feb 2010	Feb 2010	Best facilitator selected	Administrative director and Financial Director Evaluation Committee	Staff Resources
	Financial Sustainability training conducted	March 2010	May 2010	Income generation projects succeeded	Administrative director and Financial Director External Consultant	\$4,500
	Establish Sustainability Team	May 2010	May 2010	Responsible team and TORs	Administrative director and Financial Director	Staff Resources
	Plan for the sustainability of the institution	June 2010	July 2010	Comprehensive Sustainability Plan	Administrative director and Financial Director	Staff Resources
	Assumption					

3.9 PRIORITY ITEM 9, YEARS 2-5

Proposal Development

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Proposals Development (3.06) Introduce key individuals to concepts of project proposal development in all of its phases with the need to develop some basic English language skills	Choose a special team to be trained in proposal development	Feb 2010	Feb 2010	Selection of team members/trainees	Administrative Director and Financial Director	Staff Resources
	Selection of trainers and agreement on a training plan	March 2010	March 2010	Contract and training plan	Administrative Director and external consultant	Staff Resources
	Implementation of the proposal development training plan	April 2010	May 2010	Staff members trained four proposals have been developed	Administrative Director and external consultant	\$ 4,000
	Develop proposals development plan linked to sustainability plan	June 2010	July 2010	Work plan	Senior Management	Staff resources
Assumption	Availability of funds					

3.10 PRIORITY ITEM 10, YEARS 2-5

Building and Office Space

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Building and Office Space (4.14) Planning for the expansion of the hospital infrastructure and services to meet future demand	To establish a cardiovascular dept.	Jan 2013	Dec 2013	Board of Directors approval. Inventory list of equipment procured and staff contracts	Board of Director Executive Director and Cardiology unit head	\$350000
	To increase the capacity of the ICU from 3 beds to 5 beds.	Jan 2013	May 2013	Number of ICU beds ready for use	Executive Director, medical Director	\$55000
	To set up a blood bank at BASR's laboratory	Jun 2013	Dec 2013	Blood bank ready equipped and staff trained	Medical Director / Medical Lab Director	\$75000
	To install medical gases and suction system in the inpatient rooms of the first floor in the existing building	Jun 2013	Dec 2013	Civil, electric and mechanical site plans and works accomplished,	Executive Director / Medical Engineer	\$75000
	Establish orthopedic pediatric surgery hospital	Jan 2013	Dec 2014	Hospital ready for use	Executive Director and Senior Leadership Team	\$5,500,000
Assumption	Commitment of donors implemented					

3.11 PRIORITY ITEM 11, YEARS 2-5

Evaluation/Performance Management

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Evaluation/ Performance Measurement (2.03) Establishing integrated performance measurement system	Establish performance measurement committee.	Jan. 2011	Jan. 2011	Committee members selected	Executive Director	Staff Resources
	Creation of subgroups to examine specific needs	Jan. 2011	Jan. 2011	Subgroups created	Integrated Performance Measurement Committee	Staff Resources
	Facilitate initial sub-group fact findings	Feb. 2011	Feb. 2011	Final Executive Report with integrated performance recommendations	External Consultant	\$ 500
	Develop the integrated performance measurement system plan.	Mar. 2011	Mar. 2011	Integrated performance measurement plan developed and written.	External Consultant	\$1,000
	Identify possible vendors and/or technology that can accomplish tasks and assignments.	April 2011	April 2011	Possible vendors identified	Consultant and Information Technology	\$400
	Select vendor	April 2011	April 2011	Vendor selected	Executive Director	Staff Resources
	Create the integrated performance measurement system	May 2011	July 2011	The integrated performance measurement system created	The Vendor and the Information Technology Director	\$10,000
	Provide training to ensure that appropriate staff have the information and skills necessary to utilize the integrated performance measurement system.	Aug. 2011	Sept. 2011	Training provided	The Vendor and the Information Technology Director	\$5,000
	Implement the integrated	Oct. 2011	Oct. 2012	The integrated performance	The Vendor and	\$1,000

	performance measurement system.			measurement system implemented	the Information Technology Director	
	Solicit feedback on the effectiveness of the integrated performance measurement system.	Oct. 2012	Nov. 2012	Analysis of survey results, validation report	Integrated Performance Measurement Committee	Staff Resources
	Modify the integrated performance measurement system based on feedback.	Dec. 2012	Dec. 2012	Improvements implemented	Integrated Performance Measurement Committee	\$1,000
Assumption	Availability of funding					

3.12 PRIORITY ITEM 12, YEARS 2-5

Revenue Generation

<i>Intervention</i>	<i>Activities</i>	<i>Start Date</i>	<i>End Date</i>	<i>Objectively Verifiable Indicators – Outputs</i>	<i>Responsibility</i>	<i>Resources Needed (US\$)</i>
Revenue Generation (4.06) To assess the current status and develop a revenue generation system	Establish a revenue generation committee	Jan 2011	Jan 2011	Committee members identified	Administrative Director, Financial Manager	Staff Resources
	Asses the revenue generating units and costing procedures in the organization	Jan 2011	March 2011	Assessment Report	Administrative Director, Financial Manager and External Consultants	\$2,000
	Training in proposal writing and project management.	April 2011	May 2011	Qualified and trained staff	Administrative Director and External Consultants	5000
	Identifying and establishing profit centers	June 2011	Dec 2011	New profit centers identified and established	Administrative Director, Financial Manager and External Consultants	20,000
Assumption	Availability of Funds					

SECTION 4.0 RISKS AND CHALLENGES

Many of the initiatives outlined in the Institutional Development Plan are designed to address specific priorities that were identified during the institutional assessment process. Despite all efforts, it is impossible to identify, predict, and plan for all potential challenges. The success of the Bethlehem Arab Society for Rehabilitation in achieving the desired outputs according to the IDP will depend on general and specific factors such as those listed below.

General factors:

- The achievement of the Institutional Development Plan depends upon the Bethlehem Arab Society for Rehabilitation obtaining significant resources such as recruiting and retaining high performing staff, and the availability of qualified external consultants.
- The global economy could result in further stress on donor countries and agencies thus funding will become a continuous problem especially for infrastructure, equipment and core budgets.
- Political instability remains a serious risk for both Gaza and the West Bank and especially for Gaza where access to technology and building materials is restricted.
- Economic hardships are reducing the number of clients who are able to pay fees for service.

Specific factors:

- Board members do not have diverse backgrounds and do not show active participation.
- Due to the nature of the work it is essential to increase the number of volunteers which has not been a priority.

SECTION 5.0 MONITORING AND EVALUATION

The implementation of the Institutional Development Plan (IDP) activities will be monitored and evaluated on a regular basis in order to make timely adjustments to the Plan as necessary.

Monitoring, evaluation and reporting procedures:

- Monitor the incorporation of the IDP activities into the annual work plan on a regular basis and to continuously implement them in line with the programs and projects.
- Develop semi-annual and annual progress reports based on the annual work plan and the IDP.
- Dissemination of the annual results to stakeholders.

Institutional framework for monitoring and evaluation:

The Executive Director or one of his assistants is responsible for coordinating the monitoring and evaluation process. This includes:

- Coordinating the IDP implementation and evaluation.
- Managing the data and the database needed for monitoring.
- Making suggestions and modifications based on the monitoring and evaluation analysis to improve the IDP and the implementation plan.
- Developing reports for board approval.
- Assessing and analyze the outputs and the impact of the IDP implementation.