



USAID | **WEST BANK/GAZA**
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INSTITUTIONAL DEVELOPMENT PLAN 2010-2014

St. Joseph Hospital

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

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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.

St. Joseph Hospital 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) revenue generation; (2) computers, applications, network, and email; (3) management of legal and liability matters; and (4) website. As for the longer term, Years Two through Five, St. Joseph Hospital will work on the following eight elements:

- 1) Database/ Management Reporting system
- 2) Volunteer management
- 3) Staffing levels
- 4) Stock control
- 5) Monitoring of program environment
- 6) Evaluation and organizational learning
- 7) Health information systems-Medical records
- 8) Evaluation of external Environment and community needs

The Institutional Development Plan is a “living” document; as St. Joseph Hospital 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 St. Joseph Hospital. 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 organization, as follows:

- 1) Continue providing medical, social, and cultural services to the Palestinian society, particularly to the poor and marginalized.
- 2) Incorporate all medical specialties within the hospital and become associated with the University so as to become a University Hospital.
- 3) Integrate Information Technology in all programs and activities at the hospital.
- 4) Transform the hospital into an effective, efficient, and sustainable institution.

1.2 Implementation Team

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

Name	Position
Dr. M Farhat	Head of Surgery
Mr. Khader Dowany	Accounting
Mr. George Siniora	Head of human resources
Mr. Simon Najjar	Head of purchase department
Mr. Jack Shqeir	Head of biomedical engineering

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. St. Joseph 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 NGO staff 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
Revenue Generation (4.06)	Actively seeking sources	Being more active ,and diversify sources	Creating more Medical services that satisfy community needs, increase Advertising
Computers, applications, network And email (4.10)	Basic level	Advanced use of computers for reports and communication	Employee training & development, hardware, software and network acquisition.
Management of legal and liability matters (4.15)	No formal training of staff	Formal and continuous education and reporting to risk management	Employee training in legal & liability requirements.
Website (4.12)	Basic non interactive website	Updated, interactive website	Developing a more interactive website.

2.2 Medium Term Plan, Five Years

Priority Item #	Current Situation	Desired Situation	Suggested Intervention/s
Database/ Management Reporting system (4.13)	Non computerized	Fully computerized, constant updating	Develop Database/ Health and Management Reporting System that is responsive to the needs of the organization..
Volunteer management (3.11)	No volunteers	Capable and professional Volunteers, with continuous recruitment	Setting up a plan recruiting developing and utilizing volunteer capabilities.
Staffing levels (4.01)	Professional and lean team	Increase number with specialized training	Increase employment education in few areas.
Stock control (2.36)	Manual and not computerized	Completely computerized	Development of Stock control Management System.
Monitoring of program environment (2.25)	Suboptimal monitoring of program environment	Active monitoring of program environment	Introduce system to monitor environmental factors
Evaluation and organizational learning (2.05)	Basic evaluation system	Advanced evaluation system	Implementing comprehensive evaluation system.
Health information systems-Medical records (2.08)	Partially computerized	Fully computerized	Develop computerized and integrated HMIS system
Assessment of external Environment and community needs (2.27)	Reactive to the needs of the environment	To actively engage in assessment of the external environment	Systematic assessments of the external environment

SECTION 3.0 DEVELOPMENT PLAN FRAMEWORK

3.1 Priority Item 1, Year 1

Revenue Generation

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators- Outputs	Responsibility	Resources Needed (US\$)
Revenue Generation Offering more Medical services that satisfy community needs, increase advertising	Advertising	Jan 2010	June 2010	Advertisements and number of admissions	Administrator	\$ 5000
	Marketing Research	Jan 2010	Nov 2010	Reports	Marketing Unit	\$7000
	Negotiation with Israeli Kopat Kholim to increase patients admission	Jan 2010	Dec 2010	Amended contracts	Management	Staff resources
Assumptions	Financial resources					

3.2 Priority Item 2, Year 1

Computers, applications, network, and email

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Computers, applications, network And email	Computer & internet use training of employees	Jan 2010	June 2010	Increased use of the internet for communicating	Administrator	\$ 3000
	Acquiring more computers to different department	Jan 2010	Mar 2010	Number of computers installed and effectiveness of computer use.	Administrator	\$ 7,000
Employee training & development, hardware acquisition.	Creating email addresses to all key employees	Jan 2010	Feb 2010	Number of employees using emails	Administrator	\$200
	Internet access to key employees	Jan 2010	Feb 2010	Number of employees connected to the internet	Management	\$ 2000
Assumptions	Availability of financial resources					

3.3 Priority Item 3, Year I

Management of legal and liability matters

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Management of legal and liability matters	Establishing an in-house legal and liability department	Jan 2010	Dec 2010	Contracts signed	Administrator	\$7000
Employee training in legal & liability requirements	Training all key employees in legal responsibility	Jan 2010	Dec 2010	Improvement in understanding legal issues relating to each key employees functions	Management	\$ 4000
Assumptions	Availability of financial resources					

3.4 Priority Item 4, Year I

Website

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Website Developing a more interactive website.	Contracting a web design company	Jan 2010	Mar 2010	Contact signed	Administrator	\$ 8000
	Assessment of items that must included in the website	Jan 2010	Mar 2010	Assessment report	Administrator and vendor	Part of contract
	Studies of the Cost & benefit of enabling patients to take appointment through the website	Jan 2010	Mar 2010	Study report	Administrator and vendor	\$ 2500
	Launch Website	May 2010	May 2010	Website online	Administrator and vendor	Part of contract
Assumptions	Availability of financial resources					

3.5 PRIORITY ITEM 5, YEARS 2-5

Database/management reporting system

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Database/ Management Reporting System Develop Database/ Health and Management Reporting System that is responsive to the needs of the organization.	Establish Database/ Health and Management Reporting System	Jan 2011	April 2011	Database/ Health and Management Reporting System established	Finance, management, medical team and vendor	\$ 15000
	Purchases of more computers (Work stations)	March 2011	April 2011	Computers installed	Purchasing Dep.	\$ 12000
	Conduct training sessions in database	April 2011	June 2011	Number of employees capable of using database system	Management medical team and vendor	\$ 6000
Assumptions	Availability of financial resources					

3.6 PRIORITY ITEM 6, YEARS 2-5

Volunteer management

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Volunteer management Setting up a plan recruiting developing and utilizing volunteer capabilities.	Initial Assessment (Why volunteers, skills, tasks, benefits, long term)	Jan 2011	Feb 2011	Assessment report	Human Resources	Staff Resources
	Develop job/ task descriptions	March 2011	April 2011	Job descriptions	Human Resources	Staff Resources
	Recruitment and selection	May 2011	June 2011	Number of applicants and volunteers recruited	Human Resources	Staff Resources
	Orient and train	Sept 2011	Oct 2011	Number of volunteers receiving training	Human Resources	\$4,000
Assumptions	Availability of financial resources and capability of obtaining visas					

3.7 PRIORITY ITEM 7, YEARS 2-5

Staffing Levels

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Staffing levels Developing employees in specific specializations to fill different posts and levels.	Training needs assessment	Jan 2011	Feb 2011	Assessment report	Human Resources, medical team	Staff resources
	Training delivery	Dec 2011	Dec 2012	Number of staff trained	Human resources, external consultants	\$ 10,000
	Staffing to fill gaps	Dec 2010	Jan 2013	Contracts signed	Human resources	\$ 30,000 +
Assumptions	Availability of funds					

3.8 PRIORITY ITEM 8, YEARS 2-5

Stock Control

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Stock control Development of Stock control Management System	Analysis of Stock control Management systems and identify needs at St Joseph	Jan 2011	March 2011	Assessment report	Administrator, finance and consultant	\$ 2000
	Stock control management system developed and introduced	March 2011	May 2011	New system operational	Administrator, finance and consultant	\$ 5000
	Orientation and training of staff on new system	June 2011	July 2011	Control over stock	Administrator, finance and consultant	\$ 3000
Assumptions	Availability of funds					

3.9 PRIORITY ITEM 9, YEARS 2-5

Monitoring of Program Environment

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Monitoring of program environment Introduce system to monitor environmental factors	Awareness building and analysis of environmental aspects in monthly staff meetings	Jan 2010	Ongoing	Minutes of meetings	Executive director	Staff resources
	Environmental scanning and analysis at the department level	Jan 2010	Ongoing	Minutes of meetings	Department heads	Staff resources
	Incorporating results of general staff meeting and departmental meetings in program planning	Mar 2010	Ongoing	Programs are based upon adapted behavior and cultural appropriateness	Executive director	Staff resources
Assumptions	Management commitment					

3.10 PRIORITY ITEM 10, YEARS 2-5

Evaluation and organizational learning

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Evaluation and organizational learning Implementing full evaluation system	Assessing organizational tendency towards building a culture for using evaluations for organizational learning	Jan 2011	March 2011	Guidelines approved	Executive director, Human resource and consultant	\$ 2,000
	Conduct training on evaluations techniques and lessons learned	March 2011	May 2011	Number of staff trained	Executive director, Human resource and consultant	\$ 2000
	Monitoring of reports and programs	June 2011	June 2012	Staff capable in incorporating evaluations in their work	Executive director, and department heads	Staff resources
Assumptions	Availability of funds					

3.11 PRIORITY ITEM II, YEARS 2-5

Health information systems/medical records

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
<p>Health information systems-Medical records</p> <p>Develop computerized and integrated HMIS system</p>	Establish a MIS/IT committee (multi – disciplinary clinical + Managerial + Finance	Jan 2010	Feb 2010	Commitment By Management to support the needed action.	Clinical Director, MIS / IT + Clinical Staff + Finance.	Staff Resources
	Draft a conceptual framework (flowcharts and critical path analysis) for what MIS will do	June 2009 (Started)	July 2009	Committed board and Management, reports delivered	Executive Director, MIS / IT + Clinical Staff + Finance, consultant	\$2,000
	Assess current infrastructure, hardware + software and purchase new	Aug 2009	Sept 2009	Assessment Report	Administrator IT Director, consultant	\$10,000
	Purchase / customize MIS to fit conceptual design	Sept 2009	Dec 2010	System in place	Executive Director, Clinical Director, MIS / IT + Finance, consultant	\$50,000
	Test new program and adjust program as per observed results	Dec 2010	Dec 2010	Get responses from companies.	Clinical Director MIS / IT and clinical staff	Staff Resources
	Train Staff	Dec 2010	Feb 2010	Number of staff trained	Clinical Director MIS / IT and vendor	Part of suppliers contract
	Launch system	Feb 2010	Ongoing	Trained staff uses new system.	Clinic director	Part of suppliers contract
	Assumptions					

3.12 PRIORITY ITEM 12, YEARS 2-5

Assessment of external environment and community needs

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators	Responsibility	Resources Needed (US\$)
Assessment of external Environment and community needs Systematic assessments of the external environment	Establish assessment committee	Jan 2010	Feb 2010	Committee Members identified	Executive director	Staff resources
	Conduct SWOT analysis	Feb 2010	March 2010	SWOT Report	Executive director and department heads	\$ 2,000
	Conduct Marketing research	March 2010	June 2010	Market research reports that identified needs and marketing segments	Marketing Unit and outside consultants	\$ 7000
	Incorporate results in program planning	July 2010	Ongoing	Program plans	Executive director Department heads	Staff resources
Assumptions	Availability of funding					

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 St. Joseph Hospital 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 St. Joseph Hospital 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 beneficiaries who are able to pay fees for service.

Specific factors:

- St. Joseph Hospital is trying to change its target group from being a community based hospital to a referral hospital for all the West Bank and Gaza. There are many challenges associated with that in terms of core competencies and capabilities.

Comment [F1]: Are they beneficiaries? Or should we just say individuals?

Comment [MSOffice2]: I think clients?

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.

Comment [MSOffice3]: Please use bullets instead of dashes

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.