



INSTITUTIONAL DEVELOPMENT PLAN 2010-2014

St. John Eye Hospital - Jerusalem

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

Contract No. 294-C-00-08-00225-00

Deliverable: 1.1.2.1, 2.1.2.6

Submitted on February 25, 2010

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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. John Eye Hospital - Jerusalem 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) health information systems/medical records; (2) patient handling/flow; (3) recruiting, development, and retention of management; and (4)

databases/management reporting systems. As for the longer term, Years Two through Five, St. John Eye Hospital - Jerusalem will work on the following eight elements:

- 1) Information systems
- 2) Influencing policy makers
- 3) Staff participation
- 4) Recruiting, development, and retention of staff
- 5) Volunteer management
- 6) Revenue generation
- 7) Communications strategy
- 8) Building and office space

The Institutional Development Plan is a “living” document; as St. John Eye Hospital - Jerusalem 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. John Eye Hospital - Jerusalem. 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 St. John Eye Hospital - Jerusalem, as follows:

- 1) Improve patient service to internationally recognized standards.
- 2) Expand services to meet most, if not all, the expectations and needs of the Palestinian community at large in terms of primary, secondary, and tertiary eye care needs.

1.2 Implementation Team

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

Name	Position
Mr. Rod Bull	Chief Executive
Mr. George Akroush	Development & External Relations Executive.
Mrs. Jackie Jaidy	Nursing Director (retired Oct 2009).
Ms. Denise Bridle	Human Resources Manager
Ms. Nicky Wynne	Head of Fundraising and Marketing.

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. John Eye Hospital - Jerusalem 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 St. John Eye Hospital - Jerusalem 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-Health Information Systems / Medical Records	Major discrepancies, no configuration, missing information, manual feeding	Having Reliable data which will enable SJEH to deliver quality eye care services and will facilitate first-rate planning and designing responsive projects.	Introducing a new HMIS System. Integrating the Health data of all departments in one reliable system.
2- Patient Handling / Flow	There are many indicators which shows that SJEH has a day-to-day problem in managing the patients flow, delays, lapse of time, overcrowding, inconsistent procedures, no clear directions, all have been noticed lately following the growth of services across the WBGs.	SJEH wishes to adopt international standards in the field of patients flow and management that respects the patients' privacy and integral to the provision of quality services in an effective and efficient manner.	Commission a specialist company to conduct an evaluation mission.
3- Recruiting, development, retention of management	Standard career paths in place without considering managerial development; very limited training, coaching, and feedback; inadequate performance appraisals; no systems/processes to identify promising new managers	Well-planned processes to recruit, develop, and retain key managers; relevant and regular internal and external training, coaching/feedback, and consistent performance appraisals are institutionalized.	Expand the management team's core capabilities by conducting regular training. Identify suitable performance appraisals for managers.
4- Databases, management reporting systems.	Electronic databases and management reporting systems exist in only a few areas; systems perform and report some basic features, more issues have to be included as well and configuration across the different data systems is badly needed.	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes, M&E and comparing to baselines, and financial information; widely used and essential in increasing information sharing and efficiency.	Introduce a comprehensive management reporting systems for all departments and divisions.

2.2 Medium Term Plan, Five Years

Priority Item #	Current Situation	Desired Situation	Suggested Intervention/s
1-Information systems.	SJEH has a number of stand-alone systems which are neither integrated nor fully reliable.	Fully integrated and reliable system in place which enables SJEH to plan future programs.	An independent consultant will be appointed to study the current status and recommend appropriate solutions.
2- Influencing of Policy Makers.	SJEH has a strong association with many local community based organizations but a lot needs to be done with the Governmental bodies as well as with the United Nations Agencies to help construct National policies and strategies.	SJEH is always called on to participate in substantive policy discussions and always shares its information with the Governmental bodies and the WHO.	Adopt a proactive PR approach and construct a solid PR plan with the officials and decision makers especially from the Governmental bodies and United Nations agencies.
3.Staff participation	Limited participation from the Heads of Departments and very few senior staff participate in decision making.	Comprehensive systems and processes to ensure the maximum participation in decision making from all staff regardless of their department and position.	Yearly and collective participation in designing and reviewing the strategic plan, especially from the Heads of Departments and their staff.
4-Recruiting, Development, & Retention of General staff.	Very limited training, coaching and feedback. Lack of regular performance appraisals.	Targeted development plans for key employees, regular training, coaching/feedback, steady and methodological means to develop staff's skills and personal growth.	Engage all staff members from all Medical and non medical departments in identifying their training needs.
5-Volunteer management.	No active recruitment of volunteers (only passive recruitment such as people who contact SJEH international office; no defined roles for volunteers to fill; few systems in place to train and support volunteers.	Active recruitment of volunteers on a regular basis; wide range of volunteer roles available; written job descriptions for most common volunteer positions; some systems exist to track and manage volunteers; volunteer orientations and trainings take place periodically.	Policies and assessments of need for volunteer recruitment, orientation, retention, and training are in place across all departments.
6-Revenue Generation	Almost 30% from ST. John income is generated from the PA, UNRWA, and the Israeli Sick Funds, given the unique specialized services	Significant internal revenue generation; experienced and skilled in areas such as cause-related marketing, fee-for-services, and retailing; revenue-generating	Approaching the existing health care regulators and providers in order to renegotiate St. John services. Promoting St. John

	provided by SJEH it has become essential to increase this percentage and attract more clients.	activities support, but don't distract from, focus on creating social impact.	specialized services to other health care providers, corporations, health insurance providers, and sick funds across the West Bank and Gaza.
7- Communications Strategy.	No communications plan or articulated communications strategy in place, but key messages defined and stakeholders identified; communications to stakeholders are fairly inconsistent.	Communications plan and strategy in place and updated on a frequent basis; stakeholders and their values identified, and communications to each of those stakeholders customized; communications always carry a consistent and powerful message	A Communications Strategy specialist will be commissioned to produce an inclusive communications plan with all the stakeholders.
8- Building and Office Space.	Physical infrastructure can be made to work well enough to suit organization's most important and immediate needs; a number of improvements could increase effectiveness and efficiency.	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed to enhance organization's effectiveness and efficiency; favorable locations for clients and employees.	A Professional architect should be contracted to study and evaluate the existing space challenges (medical, Para medical as well as administrative) and recommend proper solutions.

SECTION 3.0 DEVELOPMENT PLAN FRAMEWORK

3.1 Priority Item I, Year I

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>
<p>Health Information Systems / Medical Records (2.08)</p> <p>Introducing a new HMIS System. Integrating the Health data of all departments in one reliable system.</p>	Establish a MIS/IT committee (multi – disciplinary clinical + Managerial + Finance	Jan 2010	Feb 2010	Commitment By Management to support the needed action.	CEO, Medical Director, IT Manager, Financial Controller.	Staff Resources
	Assess current infrastructure, hardware + software	March 2010	March 2010	Assessment Report	IT Manager, External Consultant	\$2,000
	Purchase / customize HMIS to fit conceptual design	April 2010	May 2010	System in place	CEO, medical Director, Finance, and IT Dept.	\$30,000
	Test new program and adjust program as per observed results	May 2010	June 2010	Get responses from companies.	Records clerks, Finance Department, administration Dept, and IT Manager.	Staff Resources
	Train Staff	June 2010	July 2010	Number of trained staff	IT manager, System provider.	Staff Resources.
	Launch system	July 2010	July 2010	Trained staff uses new system.	IT Manager	Part of suppliers contract
Assumptions	Availability of funds and technology.					

3.2 Priority Item 2, Year 1

Patient Handling/Flow

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Patient Handling / Flow (2.16) Commission a specialist company to conduct an evaluation mission.	Commission a specialist company to undertake an evaluation mission.	January 2010	March 2010	Contract	CEO, Finance Department	\$3000
	Receive the specialist recommendations	March 2010	March 2010	Final Report	CEO, Medical Director, Nursing Director, Finance Dept.	Staff resources.
	Induct the relevant staff members across all departments	March 2010	April 2010	Training manuals, minutes of meetings	All relevant medical and non-medical staff	Staff resources
	Introduce some physical changes if needed	April 2010	September 2010	Contracts (Supervision and management, contractors)	CEO, Administration Dept, Medical and Nursing Managers	\$25,000
Assumptions	Availability of funds					

3.3 Priority Item 3, Year I

Recruiting, Development, and Retention of 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>
Recruiting, Development, and Retention of Management	Secure the commitment of the Board	May 2010	May 2010	Minutes of Meeting	CEO, Executive Members	Staff resources
3.09	Needs Assessment and development of a professional appraisal plan	July 2010	September 2010	Needs Assessment report	CEO and the Executive members	Staff resources.
Expand the management team's core capabilities by conducting regular training.	Implementation of training and development plan	September 2010	December 2010	Training and conferences attended	Executive members	\$20,000
Identify suitable performance appraisals for managers						
Assumptions	Availability of funds					

3.4 Priority Item 4, Year I

Databases/Management Reporting Systems

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Databases/Management Reporting Systems 4.13 Introduce a comprehensive management reporting systems for all departments and divisions.	Needs assessment is conducted by the IT department and external consultant.	June 2010	July 2010	Needs assessment report	Executive members.	\$10,000
	Proper Information Technology systems are identified for all departments.	July 2010	August 2010	Demos for all departments, meetings minutes with Heads of divisions.	IT Dept and Executive members.	Staff resources.
	Management reporting systems are tested and installed.	September 2010	October 2010	Procurement contracts, invoices, software and hardware.	IT Dept, Heads of Units, Executive members.	\$30,000
	Comprehensive data base and management systems are integrated.	November 2010	November 2010	Technical Reports run from the newly installed systems and tested against baseline information.	IT Dept, Heads of Units, Executive members.	Staff resources.
Assumptions	Availability of funds.					

3.5 PRIORITY ITEM 5, YEARS 2-5

Information Systems

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Information Systems 2.07 An independent consultant will be appointed to study the current status and recommend appropriate solutions.	Establish information system committee.	March 2011	May 2011	Committee members appointed.	CEO	Staff resources.
	Conduct Needs Assessment.	June 2011	September 2011	Needs assessment document, Contract, Terms of reference.	Executive committee	\$12,000
	Proper systems are indentified, tested, and installed.	October 2011	December 2011	Information systems, contracts with respective suppliers.	Administrant and Finance Departments.	\$30,000
	Conduct Staff training.	November 2011	January 2012	Qualified and trained staff.	Executive members.	Staff resources.
Assumptions	Availability of funds.					

3.6 PRIORITY ITEM 6, YEARS 2-5

Influencing Policy Makers

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Influencing Policy Makers 2.28 Adopt a proactive PR approach and construct a solid PR plan with the officials and decision makers especially from the Governmental bodies and United Nations agencies	Conduct a comprehensive assessment of needs.	January 2011	March 2011	Assessment of Needs Document	Development and External Relations Manager, CEO, Nursing Director.	Staff Resources.
	Draft a PR and communication strategy with the Government and the United Nations agencies.	March 2011	April 2011	PR and communication Plan.	Development and External Relations Manager and CEO.	Staff resources.
	Organize a National Conference on Eye care Services.	September 2011	September 2011	National Conference.	All Executive Members and senior staff, support services divisions.	\$20,000
	Drafting National policies on the specialized health care services.	October 2011	December 2011	Policies drafts.	Medical Director, Nursing Director.	\$5,000
Assumptions	Availability of funding.					

3.7 PRIORITY ITEM 7, YEARS 2-5

Staff Participation

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
<p style="text-align: center;">Staff Participation 2.33</p> <p>Yearly and collective participation in designing and reviewing the strategic plan, especially from the Heads of Departments and their staff.</p>	Conduct internal brainstorming seminars.	February 2011	March 2011	Needs assessment reports across all departments	Development Executive and Heads of Departments.	Staff resources
	Conduct Training sessions in Strategic planning and SWOT analysis.	April 2011	May 2011	50 staff members trained.	External Consultant	\$5,000
	Share the Strategic plan with the relevant staff members.	May 2011	July 2011	Strategic plan shared with 50 staff members	Executive Members and CEO.	Staff resources
	Produce the SP and issue a policy to review it on regular basis.	September 2011	December 2011	Policy is issued. Strategic plan for 2011-2014 is produced.	CEO, Executive members	Staff resources.
Assumptions	Availability of funds.					

3.8 PRIORITY ITEM 8, YEARS 2-5

Recruiting, Development, and Retention of Staff

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Recruiting, Development, & Retention of General Staff 3.10 Engage all staff members from all Medical and non medical departments in identifying their training needs.	Identify the training needs through a needs assessment and conducting a series of workshops.	May 2012	July 2012	Training topics identified across all departments.	CEO, Executive Members	Staff resources
	Needs Assessment and development of a comprehensive training program.	July 2012	September 2012	Needs Assessment report / Comprehensive training program produced.	External Consultant, The Executive members, Heads of divisions.	\$3,000
	Implementation of training and development plan	September 2012	December 2013	Training and conferences attended	Executive members	\$200,000
Assumptions	Availability of funds.					

3.9 PRIORITY ITEM 9, YEARS 2-5

Volunteer Management

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Volunteer Management 3.11 Policies and assessments of need for volunteer recruitment, orientation, retention, and training are in place across all departments	Identify the need for international and local volunteers.	June 2013	July 2013	Needs assessment document.	CEO and the Executive Members.	Staff resources.
	Drafting professional policies for recruiting, inducting, retaining, and training volunteers.	August 2013	October 2013	Policies produced and approved.	External consultant, CEO and the Executive members.	\$5,000
	Active recruitment of volunteers local and internationally.	November 2013	March 2014	Advertisements, emails and vacancies announcements.	CEO, Human resources Department and London Office.	Staff resources.
	Volunteers are trained and engaged.	December 2013	May 2014	Volunteer lists.	CEO, Human resources, and the Hospitals Executive members.	\$40,000
Assumptions	Board approval.					

3.10 PRIORITY ITEM 10, YEARS 2-5

Revenue Generation

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
<p>Revenue Generation 4.06 Approaching the existing health care regulators and providers in order to renegotiate St. John services. Promoting St. John specialized services to other health care providers, corporations, health insurance providers, and sick funds across the West Bank and Gaza.</p>	Constructing a promotional and communication plan with the existing clients of St. John.	February 2012	March 2012	Plan is produced. Meetings are conducted.	CEO, Development Department and Finance.	Staff resources.
	Constructing a promotional and communication plan with other health care providers.	February 2012	March 2012	Plan is produced. Meetings are conducted.	CEO, Development Department and Finance.	Staff resources.
	Conducting a feasibility study on potential income generating projects.	January 2013	March 2013	Feasibility study documents.	Development and Finance Departments.	\$10,000
	Implementing income generation projects.	April 2013	December 2014	Income generating projects in place.	CEO, Administration dept, Finance Dept, and Development Dept.	\$300,000
Assumptions	Board approval and Availability of funds					

3.11 PRIORITY ITEM 11, YEARS 2-5

Communications Strategy

<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>
Communications Strategy 4.07 A Communications Strategy specialist will be commissioned to produce an inclusive communications plan with all the stakeholders.	Commission a Communications Strategy specialist.	January 2011	February 2011	A specialist is appointed.	CEO, Development department, Finance dept.	\$8,000
	Organizing interviews with the relevant staff members (Jerusalem and London).	February 2011	April 2011	Meetings and situation analysis reports.	External consultant and senior staff members.	Staff resources.
	Communication Strategy is produced.	April 2011	May 2011	Communication Strategy plan/ document.	External Consultant.	\$2,000
	Communication Strategy is implemented.	May 2011	December 12	Media materials, promotional materials, PR plan.	Development and Fundraising Departments.	Staff resources.
Assumptions	Availability of funds					

3.12 PRIORITY ITEM 12, YEARS 2-5

Building and Office Space

Intervention	Activities	Start Date	End Date	Objectively Verifiable Indicators-Outputs	Responsibility	Resources Needed (US\$)
Building and Office Space 4.14 A Professional architect should be contracted to study and evaluate the existing space challenges (medical, Paramedical as well as administrative) and recommend proper solutions.	Selecting the architectural company and preparation of plans	January 2013	April 2013	Architectural plans	CEO and Administrative Director.	\$15,000
	Applying for a license from the relevant authorities.	April 2013	December 2013	The license.	CEO, Administration Director.	\$5,000
	Selecting the contracting company.	December 2013	December 2013	Contracting company selected	Administrative Director and clinic director	Staff resources
	Implementation of building contract	December 2013	December 2014	Building going on.	CEO, Administration Director.	\$300,000
Assumptions	Availability of funds and permits from the Palestinian and Israeli Authorities.					

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. John Eye Hospital - Jerusalem 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 St. John Eye Hospital - Jerusalem 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:

- Centralized decision making at the London office creates delays affects the creativity and initiative of the local staff in Jerusalem.
- The inconstant policy of decreasing the reliance on the St John for eye care services by the Ministry of Health has reduced the number of referrals to the hospital.

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.