



# INSTITUTIONAL DEVELOPMENT PLAN 2010-2014

## St. John Gaza Eye Clinic

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. John Gaza Eye Clinic 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) developing a strategic plan; (3) staffing levels; and (4) buildings and office space. As for the longer term, Years Two through Five, St. John Gaza Eye Clinic will work on the following eight elements:

- 1) Medical equipment, tools, and instruments
- 2) Information systems
- 3) Drugs and medical supplies
- 4) Recruiting, development, and retention of management
- 5) Fundraising
- 6) Advocacy
- 7) Recruiting, development, and retention of general staff
- 8) Constituent involvement

The Institutional Development Plan is a “living” document; as St. John Gaza Eye Clinic 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 Gaza Eye Clinic. The Plan serves as a short to medium term development plan for the organization and presents action plans 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 St. John Gaza Eye Clinic 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 Gaza Eye Clinic, as follows:

- 1) Improve medical services to internationally recognized standards
- 2) Expand services to meet most, if not all, the expectations and needs of the Gaza community with regard to eye care.

### 1.2 Implementation Team

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

Name	Position
Dr. Jom'a El Jazzar	Clinic Director
Fouad El Najjar	Head Nurse
Amer El Baba	Accountant
Hanan Abo Abdulla	Staff Nurse

### 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 Gaza Eye Clinic 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 Gaza Eye Clinic 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
<b>1-Health Information Systems / Medical Records</b>	Mainly manual, space not enough for files.	Fully computerized, better available space management.	1. Allocate larger space area for medical records. 2. Computerized program
<b>2-Organization's Strategic Plan</b>	The hospital in Jerusalem had a strategic plan and the clinic in Gaza did not have one	To develop a strategic plan.	Develop a strategic plan aligned with the Jerusalem plan.
<b>3-Staffing Levels</b>	Lack of staff, different jobs done by same employee	Increase the number of specialized staff	Assign a committee to study staffing needs and plan..
<b>4-Buildings &amp; Office Space</b>	Physical facilities are limited for the volume of service and beneficiaries.	Physical facilities double the area of the current building.	Increase the physical facilities by renting or/ buying new facilities.

## 2.2 MEDIUM TERM PLAN, YEARS 2-5

Priority Item #	Current Situation	Desired Situation	Suggested Intervention/s
<b>1-Medical Equipment, Tools &amp; Instruments.</b>	Serious problem in Supplies. Not working or shortages of equip. & tools	Securing the flow of necessary supplies and equipment	1 – Listing of needed tools and broken equipment. 2 – Estimating the costs. 3 – Securing the funding. 4 – Announcing for suppliers.
<b>2-Information Systems</b>	Shortage of software, hardware and training.	Basic information systems for better reporting and planning.	Develop software for information systems. Purchase the required hardware to support it
<b>3-Drugs and Medical Supplies.</b>	Drugs shortage is a serious problem & inability to secure them locally.	Required stock to be sufficient and have a computerized inventory system.	Develop a computerized inventory system, secure drugs on time and allocate more space.
<b>4-Recruiting, Development, &amp; Retention of Management.</b>	Management depends on the Eye Hospital staff in Jerusalem for guidance.	Increased local management decisions such as planning and controlling.	1 – Expand the management team’s core capabilities 2 – Conduct the required training and increase collaboration with Jerusalem.
<b>5-Fundraising.</b>	Funds badly needed to develop the clinic, lack of fundraising capabilities	Develop a local fund raising team with good skills in cooperation with Jerusalem.	Develop a fundraising plan
<b>6-Advocacy</b>	Advocacy work is focused only on short-term achievements; long-term strategy does not exist; campaign targets are sometimes vague; organizing tactics may not be those	Primary focus is on growing constituent capacity and social capital to tackle issues/problems; advocacy work is aligned with that focus; a carefully developed strategy for long-term change exists,	To institutionalize advocacy work, by setting strategies and plans for the organization

	best suited to the constituency. Board is not a part of this activity.	with appropriate campaign targets and organizing tactics. Board actively assumes its role in developing the strategy and supports the implementation of activities. ensure that management team reflects the diversity of the community and constituents	
<b>7-Recruiting, Development, &amp; Retention of General Staff.</b>	Lack of continuous training program staff qualifications are not up to date	Drawing a plan for continuous training and development by making the necessary new recruitments.	1 –Continuous training and development program. 2 – Recruit and retain staff with new qualifications.
<b>8-Constituent Involvement.</b>	Constituent involvement is limited; planning involves little constituent input; constituents not trained or supported in their involvement	Variety of systems in place to actively recruit and involve constituents; constituents are considered as partners and take on a wide variety of roles in organization, including volunteer positions of leadership.	Appoint a committee to study better ways of involving constituents.

## 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>
<b>Health Information Systems / Medical Records (2.08)</b>  Allocate larger space area for medical records.  Computerized program	Establish a MIS /IT committee multidisciplinary 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	Feb 2010	March 2010	Committed by board and mgmt.	Clinical Director, MIS / IT + Clinical Staff + Finance, consultant	\$2,000
	Assess current infrastructure, hardware + software	March 2010	March 2010	Assessment Report	IT Director, consultant	\$2,000
	Purchase / customize MIS to fit conceptual design	April 2010	July 2010	System in place	Clinical Director, MIS / IT + Finance, consultant	\$20,000
	Test new program and adjust as per observed results	July 2010	July 2010	Get responses from companies.	Clinic director MIS / IT and clinical staff	Staff Resources
	Train Staff	July 2010	Sep 2010	Shifting to larger place; instillation of computer w/ software	Clinic director MIS / IT and vendor	\$3,000
	Launch system	Aug 2010	Sep 2010	Trained staff uses new system.	Clinic director	Part of suppliers contract
	Assumptions	Availability of funds and technology				

### 3.2 PRIORITY ITEM 2, YEAR I

#### Strategic Plan

<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>
<b>Organization's Strategic Plan (1.04)</b>  Develop a strategic plan aligned with the Jerusalem plan.	Commitment by board and top management	Jan 2010	Jan 2010	Committed board and Management	Clinic Director	Staff Resources
	Establish Strategic Planning Committee	Feb 2010	Feb 2010	Committee Members Appointed	Clinic Director	Staff Resources
	Draft SOW	Feb 2010	Feb 2010	SOW Drafted	Clinic Director, committee members	Staff Resources
	Strategic Planning Conducted	March 2010	June 2010	Strategic Planning Document	Clinic Director and External Consultants	\$8,000
Assumptions	Availability of funds					

### 3.3 PRIORITY ITEM 3, YEAR I

#### Staffing Levels

<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>
<b>Staffing Levels (4.01)</b>  Assign a committee to study staffing needs and plan..	Staffing needs reported to top management pending approval	Jan 2010	Feb 2010	Board and top management approval.	Clinic director	Staff Resources
	Advertise the need for 1 VR doctor 1 receptionist 3 nurses.	March 2010	April 2010	Advertisement and number of applications	Clinic Director	\$100
	Appoint interview committee	May 2010	May 2010	Candidates selected	Chief executive Director	Staff Resources
	Appointment of new staff	June 2010	June 2010	Contracts	Clinic Director	\$40,000 Every 6 months
Assumptions	Availability of funds					

### 3.4 PRIORITY ITEM 4, YEAR I

#### 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>
<b>Buildings &amp; Office Space (4.14)</b>  Increase the physical facilities by renting or/ buying new facilities	Internal planning for new building	Jan 2010	Feb 2010	Plans and commitment by board and top management	Executive Director	Staff Resources
	Selecting the architectural company and preparation of plans	Feb 2010	Feb 2010	Architectural plans	Administrative Director and clinic director.	\$6,000
	Applying for a license from the municipality	March 2010	May 2010	The license.	Clinic director architect	\$ 3000
	Selecting the contracting company.	May 2010	June 2010	Contracting company selected	Administrative Director and clinic director	Staff resources
	Implementation of building contract	June 2010	Sept 2010	Building going on.	Clinic director, contracting company and architect	\$100,000
	Procuring office furniture	Oct 2010	Dec 2010	Furniture procured	Clinic director, administrator	\$ 20,000
	<b>Assumptions</b>	Availability of funds and building materials due to Israeli restrictions				

### 3.5 PRIORITY ITEM 5, YEARS 2-5

#### Medical Equipment, Tools, and Instruments

<b>Intervention</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Objectively Verifiable Indicators-Outputs</b>	<b>Responsibility</b>	<b>Resources Needed (US\$)</b>
<b>Medical Equipment, Tools &amp; Instruments (4.11)</b>  1 – Listing of needed tools and broken equipment.  2 – Estimating the costs.  3 – Securing the funding.  4 – Announcing for suppliers.	Form a committee to study the clinical needs for equipment, tools and instruments with recurrent needs for surgical tools.	Jan 2010	March 2010	Report	Clinic Director	Staff Resources
	Estimating costs and securing management commitment to secure needed funds.	April 2010	May 2010	Cost report and top management commitment	Clinic director and administrator	Staff resources.
	Bidding for the equipment and tools	June 2010	June 2010	Tender documents	Clinic director. And administrator	Staff resources.
	Purchase of equipment and tools.	Oct 2010	Dec 2010	Receiving the equipment.	Clinic Director and administrator	\$100,000
	<b>Assumptions</b>	Availability of funds and permission to buy technology based equipment				

### 3.6 PRIORITY ITEM 6, YEARS 2-5

#### Information Systems

<b>Intervention</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Objectively Verifiable Indicators-Outputs</b>	<b>Responsibility</b>	<b>Resources Needed (US\$)</b>
<b>Information Systems (2.07)</b>  Develop software for information systems. Purchase the required hardware to support it	Securing commitment by board and top management	Jan 2010	Jan 2010	Committed board and Management	Clinic director	Staff Resources
	Establish Information Systems Development Committee	Feb 2010	Feb 2010	Committee Members Appointed	Clinic director and administrative director	Staff Resources
	Conduct Needs Assessment	Feb 2010	April 2010	Needs Assessment Document	Clinic director administrative director, IT director and external consultants	3000
	Draft conceptual framework, systems, required software and hardware	April 2010	June 2010	Integrated information system	Clinic director administrative director, IT director and external consultants	20,000
	Staff Training	June 2010	June 2010	Qualified and trained staff	Clinic director administrative director, IT director and external consultants	2000
<b>Assumptions</b>	Availability of funding and access to electronic equipment					

### 3.7 PRIORITY ITEM 7, YEARS 2-5

#### Drugs and Medical Supplies

<b>Intervention</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Objectively Verifiable Indicators-Outputs</b>	<b>Responsibility</b>	<b>Resources Needed (US\$)</b>
<b>Drugs and Medical Supplies</b>  <b>(2.14)</b>  Develop a computerized inventory system, secure drugs on time and allocate more space.	Establish a drugs and medical supplies committee	June 2011	June 2011	Names of committee members	Clinic director	Staff Resources
	Publish an official formulary and establish protocol for admitting new drugs and supplies	July 2011	Aug 2011	Committee Members Appointed	Clinic director pharmacist and Committee	Staff Resources
	Build Procurement & stock System	Sept 2011	Nov 2011	Procurement & stock management manuals.	Clinic director External Consultants	8,000
	Train on protocols and systems	Dec 2011	Dec 2011	Trainee lists	Clinic director External Consultants	3,000
<b>Assumptions</b>	Availability of funds and materials					

### 3.8 PRIORITY ITEM 8, YEARS 2-5

#### 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>
<b>Recruiting, Development, &amp; Retention of Management. (3.09)</b>  Expand the management team's core capabilities  Conduct the required training and increase collaboration with Jerusalem.	Secure commitment of board management to recruit and establish a management development plan.	Jan 2011	March 2011	Commitment by Management.	Board and Executive Director	Staff Resources
	Needs assessment and development of plan	April 2011	April 2011	Need assessment report and plan	Clinic director.	Staff Resources
	Recruitment of executive	April 2011	May 2011	Employment contract	Clinic director	Monthly salary of \$2,500-\$3,000
	Implementation of development plan	May 2011	Oct 2011	Training and conferences attended	Clinic director.	\$6,000
<b>Assumptions</b>	Availability of funds and access outside of Gaza					

### 3.9 PRIORITY ITEM 9, YEARS 2-5

#### Fundraising

<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>
Fundraising (4.04)  Develop a fundraising plan	Convince the management board to expand fund raising duties at the Jerusalem office and include the local management team in Gaza.	Jan 2011	Feb 2011	Commitment By Management to the idea.	Clinic Director	Staff Resources
	Orientation and training in fundraising	April 2011	May 2011	Number of staff trained	Clinic director.	\$3,000
	Truncate strategic plan into projects and / or programs	May 2011	June 2011	Strategic plan adjusted	Clinic Manager , fund raising officer	Staff Resources
	Promote projects with donors	July 2011	Ongoing	Number of projects funded	Clinic Manager , fund raising officer	Staff Resources
	Evaluate funding success and failure (funding levels and types of projects and types of donors)	July 2012	July 2012	Evaluation report	Clinic Manager ,	Staff Resources
<b>Assumptions</b>	Board and top management approval					

### 3.10 PRIORITY ITEM 10, YEARS 2-5

#### Advocacy

<b>Intervention</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Objectively Verifiable Indicators-Outputs</b>	<b>Responsibility</b>	<b>Resources Needed (US\$)</b>
<b>Advocacy (2.32)</b>  To institutionalize advocacy work, by setting strategies and plans for the organization	Develop job description of advocacy staff member and delegate responsibility	Jan 2013	Jan 2013	Job description drafted, staff member selected	Clinic Director and external consultants	\$500
	Draft advocacy strategy	Jan 2013	Feb. 2013	Strategy drafted	Clinic Director and external consultants	\$ 1,000
	Build networks and alliances	Feb. 2013	Ongoing	List of networks and alliances made and sustained	Advocacy officer	Staff resources
	Plan innovative programs	April 2013	April 2013	Advocacy work plan	Advocacy officer	Staff resources
	Evaluate advocacy Initiative	April 2014	May 2014	Evaluation report	External consultant	\$2,000
<b>Assumptions</b>	Availability of funds					

### 3.11 PRIORITY ITEM 11, 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>
<b>Recruiting, Development, &amp; Retention of General Staff (3.10)</b>  Continuous training and development program.  Recruit and retain staff with new qualifications.	Plan for in service training and development of general staff.	Jan 2011	Feb 2011	Presentation of plan.	Clinic Director	Staff Resources
	Develop curricula and other training material	March 22011	April 2011	Materials developed	Clinic Director and senior staff	Staff resources.
	Implement training	May 2011	Dec 2011	Number of employees trained	Clinic Director and senior staff	\$ 3,000
	Conduct Customer satisfaction survey	May 2012	June 2012	Survey report	Clinic Director and quality assurance officer	Staff resources.
<b>Assumptions</b>	Availability of funds					

### 3.12 PRIORITY ITEM 12, YEARS 2-5

#### Constituent Involvement

<b>Intervention</b>	<b>Activities</b>	<b>Start Date</b>	<b>End Date</b>	<b>Objectively Verifiable Indicators-Outputs</b>	<b>Responsibility</b>	<b>Resources Needed (US\$)</b>
<b>Constituent Involvement (2.31)</b> Appoint a committee to study better ways of better involvement of constituents.	Establish constituent involvement Planning Committee and Identify constituents	Jan 2013	Feb 2013	Committed board and Management	Clinic Director and external consultant	\$1,000
	Design and implement a constituent involvement plan. Develop general strategies and set specific goals	March 2013	June 2013	Plan and implementation documents	Clinic Director and external consultant	\$4,000
	Implement Plan	June 2013	June 2014	Number of constituents	Clinic Director, Administrator	\$8,000
	Monitor and evaluate plan	June 2013	June 2014	Number of new constituents	Clinic Director, Administrator	Staff Resources
<b>Assumptions</b>	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 St. John Gaza Eye Clinic 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 Gaza Eye Clinic 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:**

- Lack of coordination between the Gaza office and the West Bank Hospital.
- Resources are limited in comparison to the number of patients.
- The total dependability of the Gaza clinic on the West Bank head office for fundraising.

## **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.