



Health Work Committees Strategic

2014 - 2016

March 2014

Introduction

Health Work Committees (HWC) strongly believes in the importance of strategic planning for the success and sustainability of the organization. HWC has developed and renewed its strategic plan every three years in the since 2006. The current strategic plan was implemented in November, 2013 by the board of directors and staff members of HWC. This has been done based on the notion that the strategic planning would represent the entitlement of the organization to timeframe on its work.

The plan has been prepared based on a series of principles that guarantee results that meet the needs of the organization. The principles used for the strategic planning process include, developing methodology based on values and results; in addition to the importance of taking decisions and working within the framework of efficient operation facing the organization's financial crisis which requires creative thinking to guarantee overcoming it within the timeframe of the current strategic plan.

The strategic planning process has been done by following a number of logically interconnected and sequential steps, each step was essential introduction for moving to the following step; this has included forming the team to conduct the strategic planning process, forming the main elements of the strategic plan, identifying the main results and goals of operation, and finally, setting the detailed and activities plan.

On the other hand, the strategic planning process is considered a milestone for the organization; it was a learning process for leading an institution, and an exercise for providing direction and leadership for the process of change in the organization. Also, it offered a new perception for envisioning and preparing for the future and understanding it with optimism.

The administration of the organization has adopted Result Based Management methodology (RBM) that included setting Key Performance Indicators (KPIs) and operation goals for different departments and units in the organization in addition to setting evaluation process for the results. Results Based Management (RBM) methodology was promoted at different levels of the organization.

Several issues have been taken into consideration through the strategic planning process:

- 1- Goals and results are comprehensive for all dimension of the organization's work; horizontally (the geographical distribution of the organization's work) and vertically (the technical specialties and the supporting organizational units including the financial and administrative department, etc).
- 2- To ensure the compatibility between the strategic plan and HWC organizational structure and its efficient fulfillment for the requirement of implementation.
- 3- To focus on developing the quality of performance and services provided.
- 4- To focus on the relation between the organization and the beneficiaries. In addition to the needs of beneficiaries according to the beneficiaries' point of view.
- 5- To promote participatory approach in the strategic planning process in a way that guarantees the participation of different groups at all the levels of the organization's administration.

Methodology of operation

The three-year strategic planning process for 2014-2016 was based on technical and practical methodology to meet a number of requirements, which make up the vision of the organization's administration. The methodology takes into consideration the following:

1. **The severe financial crisis, the organization has been facing, and considering different scenarios that can actively contribute to overcoming it.**
2. **The growing needs of the poor and marginalized populations in order to provide accessible developmental and health services including all governorates, Area "C", locations behind the apartheid wall, and inside East Jerusalem.**
3. **The requirements of the Palestinian Health System including the health policies and the National Health Strategy.**
4. **The coordination and collaborations between different stakeholders and actors within the health sectors including health service providers and other developmental organizations.**
5. **The need for drafting health policies and laws as well as modifying the existing ones according to the health needs of the citizens and assuring their well being.**
6. **The strategic plan takes into consideration the main sectors of the organization's focus:**
 - 6.1. The correlation in organization's right-based approach work in the developmental sector and the health services sector:
 - 6.1.1 In the Health sector: the organization main working units; School Health Program, Women's Health Program, Well Baby Program, and Mobile Clinics Program, Primary Healthcare, General Medicine, and Emergency Medicine clinics. It also includes specialized healthcare, daycare surgery centers, radiology services, and laboratory services. The sector also has its own divisions that provide financial and administrative services for the organizations.
 - 6.1.2 The Development sector: the main working units that include developmental models targeting youth, people with disabilities, elderly, children and women.
 - 6.1.3 The organizational hierarchy that demonstrates good governance practices and promotes integrity, transparency and accountability. The structure includes general assembly, board of directors, the administration, financial and the public relations departments of the organization that support the work of all the organization's sectors as it adheres to its laws, systems, policies and protocols.
 - 6.1.4 Integrating gender policy in the strategic planning process and promoting this approach verbally and practically by using appropriate mechanisms.
7. **The strategic plan will lead to:**
 - 7.1. Promoting and strengthening the capacity and the operational efficiency of the organization to ultimately overcome the financial crisis that has been reflected on both the administrative and service provision levels.
 - 7.2. Capability to promote the organization's programs, projects and activities and enhancing the quality of services focusing on the right –based approach.

- 7.3. Improving the health, development, financial and administrative general concepts, management systems, and codes of conduct of the organization in accordance with the Palestinian Law.
- 7.4. Leading and providing direction for building the capacity and skills of the staff members, in addition to increasing their effectiveness, efficiency and loyalty to the organization.
- 7.5. Promoting organization's competency and cooperative among local, national and international organizations.
- 7.6. Strategic plan is acceptable by the local and international partners.

8. According to the technical aspect of the strategic planning process, the following methodologies have been used:

- 8.1. "Results Based Planning" methodology:
 - 8.1.1. To guide all the staff members and the management systems of the organization to pay attention to results more than paying attention to activities.
 - 8.1.2. To clearly present the results for the partners, funders, and other actors of the organization.
 - 8.1.3. To demonstrate the activities' real effects on people's lives and its cost effectiveness.
 - 8.1.4. To facilitate performance reporting and enhancing the monitoring and evaluation systems based on the responsibility of each team
- 8.2. "Value Based Planning" methodology: is extremely important in planning for development and service organizations that focus on the human rights dimension in their work, which represents the upper value of the leadership of the organization in addition to identifying all the ruling values and oriented to the work of the organization from the perspective of all the relevant categories.
- 8.3. The strategic planning process has been developed using the Pfiffer model for Applied Strategic Planning for the following reasons:
 - 8.3.1. It focuses on presenting the independent values of those involved in the organization.
 - 8.3.2. Being singled out for special planning stage of the planning process: participatory planning and the formation of the planning team to lead and guide the process towards the goals of the organization to focus on the dimensions of the crisis since the start of the strategic planning process.
 - 8.3.3. It provides a link between the strategic plans and the operational plans: the translation of missions and visions of the strategic plan have been translated into practical steps and projects to be implemented on the ground with specific measurable outcomes.

9. Methods and mechanisms of operation used in the strategic planning process:

- 9.1. Revision and office work of the organizations main documents and reports, including the annual and department reports, as well as reports from 2013 have been reviewed. Strategic plans from previous years have also been revised.

9.2. Individual interviews with several board of directors' members and the general director of the organization.

9.3. Exploratory studies: two exploratory studies on beneficiaries' satisfaction and staff members' satisfaction have been conducted.

9.4. Workshops: several workshops have been completed by all the sectors in the organization as part of the strategic planning process.

10. The stages of the strategic planning process: the strategic planning process was based on using the Pfeiffer model for Applied Strategic Planning with minor modifications as it has taken the unique characteristics of the organization into consideration; the stages of the strategic planning process are as follows:

10.1. Planning for the strategic planning process.

10.2. Identify the values.

10.3. Formulate a vision

10.4. Review of the mission

10.5. Identify the main areas of operation LOBs.

10.6. Identify and formulate the main units of operation SBUs.

10.7. Formulate the main results and indicators of performance.

10.8. Analysis of gaps.

10.9. Approving and generalizing the strategic plan (to explain and generalize it to those who are interested).

10.10. Formulating the operation strategic plan.

THE OUTCOMES

The Organization's Work Context

Demographic, Social and Economical Indicators:

Demographics: According to the Palestinian Central Bureau of Statistics, Palestinian population was 4,356,931 persons at the end of 2012. Sixty-two percent of the Palestinian population lives in the northern governorates of Palestine (West Bank and Jerusalem) and 38% of them live in the southern governorates (Gaza Strip). Males account for 51% of the total Palestinian population, while the females account for 49% of the total population. The age distribution of the Palestinian population includes a total of 40% that are less than 15 years old, while the percentage of those older than 65 years old is 2.9%. The percentage of the youth, between 15-29 years old, is 30%. The average size of a family is 5.6 persons. While the average population growth rate is 3% and the average life expectancy is 72.2 years old (there is a difference in the average life expectancy based on gender as the average life expectancy is higher among females). The crude fertility rate is 27.1, while the crude mortality rate is 2.6. Thus, there has been a substantial increase in the population of Palestinian youth. It is expected that the number of the Palestinian population will reach five million by 2016.

The total area of Palestine is 6,020 km². In 2012, the population density was 724 persons per one km².

According to the 2011 Palestinian Central Bureau of Statistics, there were 114 settlements in the West Bank and 356,932 settlers that have been residing in Palestinian territories, hindering the movement of the Palestinians and dividing the West Bank into cantons (PCBS).

Area C accounts for 61% of the West Bank. Israeli's regulations impose restrictions and limitations on Area "C" of the West Bank. This has had a negative effect on the economical activities in Area "C", which prevent the growth and development of the work in it. This is despite the fact that Area "C" is richer with natural resources than Areas A and B (PCBS, 2011).

Based on the International Bank estimations of 2012, the foreign funding in the Palestinian territory has declined by more than 50%. The national GDP has decreased from 9% in the years 2008-2011 to 5.6% in 2012. The total GDP in 2012 was 6,797.3 million dollar. The individual's share was 1,679.3 dollar.

While the total GNP was 7,232 million dollar. The individual's share was 1,786.7 dollar, thus the deficit was 775.9 million dollar.

With regard to the Palestinian commerce, the value of imports amounted to 4221 million dollars in 2011, of which 2938 million dollars imports from Israel and \$ 444 million from European Union, and \$ 162 million from Arab states and \$ 76 million from the United States and the rest are from different countries.

The exports reached 720 million dollars in 2011 including 618 million to Israel, 74 million to Arab countries and the rest to other countries. The deficit between the exports and the imports in 2011 was 3,501 million dollars.

This clearly shows that dependency of the Palestinian economy and its reliance on the Israeli economy.

In terms of employment in Palestine, according to the statistical survey of the labor force in the second quarter of 2013 (PCBS), the percentage of those who are more than 15 years in the labor force, is 43%, with 44.4% of them working in the West Bank. The gap between the male and female workers is still large with 68.7% being males and 16.6% females. The average percentage of unemployment is still high at 22% and it is the highest among youth.

In terms of income, the average daily income for those who work in construction projects in the Palestinian territory was around 87 NIS. During the same time, the average daily income of those who work in Israel was around 170 NIS. Moreover, 96,000 Palestinian workers were working in Israel and 20,000 Palestinian workers were working in the settlements (PCBS, 2013).

Health Services Indicators

Primary Healthcare

In 2012, the Palestinian Ministry of Health report indicated that there are 750 primary health-care clinics and centers in Palestine including 603 health centers and clinics in the West Bank. The number of the Palestinian Ministry of health's clinics and centers lays at 460 health centers including 61.3% of all the total health centers and clinics in Palestine. In regards to workers in the health sector, the number of the physicians who are registered at the Palestinian union of physicians in Palestine for the year 2012 is 8,810 physicians, a 2.2 physicians per 1000 of the population on average. The number of nurses who are registered in the Palestinian union of nurses in Palestine for the year 2012 is 11,633 nurses; about 2.7 nurses per 1000 of the population on average (Ministry of Health Report 2012).

The number of those who have made visits to the General Medicine clinics located in the West Bank is 2,159,898 people. The total number of those who have made visits for the specialized clinics also located in the West Bank is 442,923 people. The number of those who made use of the nursing services in the General Medicine clinics of the primary health care centers in the West Bank is 1,855,988 (Ministry of Health Report, 2012).

Public Health

Since 1982 there have not been any cases reported or registered in Palestine for leprosy or diphtheria. Since 1988, despite the occurrence and epidemic of these diseases in neighboring countries there have not been any polio cases, rabies, or cholera cases registered or reported in Palestine either. However currently there are still challenges being faced in controlling the spread of many diseases in Palestine such as meningitis, hepatitis, brucellosis, tuberculosis, and AIDS (Ministry of Health Report, 2012).

There is a high prevalence of chronic diseases associated with changes in the lifestyles of people including absence of physical activity and bad nutrition habits. All these factors have contributed to the increase in the prevalence of cardiovascular diseases, diabetes and psychological disorders (Ministry of Health Report, 2012).

The percentage of people who are suffering from at least one chronic disease in Palestine is 18.1%. The percentage of people who are suffering from chronic diseases in the West Bank is 19.3%, which is higher than the percentage of people who are suffering from chronic diseases in the Gaza Strip (Ministry of Health Report, 2012).

Based on data from 2010, the percentage of male smokers who were 18 years and above, is greater than the percentage of female smokers of the same age group. The percentage of male smokers is 42.2%, while the percentage of female smokers is 2.3% (Ministry of Health, 2012). The data has indicated that there is a clear difference between the percentage of smokers in the West Bank and the percentage of smokers in Gaza Strip; the percentage of male smokers is 49.75% in the West Bank and 28.6% in Gaza Strip. While the percentage of female smokers is 3.5% in the West Bank and only 0.2% in the Gaza Strip.

Children's Health

Mortality rate among children, who are less than 5 years old

The mortality rate for children less than 5 years old for the year 2010 has varied across locations and sex. The mortality rate was 21 per 1000 live births in the West Bank, and 26.8 per 1000 live births in the Gaza Strip. The data showed that there was a difference in the rate of mortality rate between males and females. The mortality rate among males, who are less than 5 years old, has increased. The mortality rate among males who are less than 5 years old was 26.6 per 1000 live births, while the mortality rate among females of the same age group, was 20.1 per 1000 live births. The average infant mortality rate was 18.9 per 1000 live births in Palestine; the infant mortality rate was 18.1 per 1000 live births and 20.1 per 1000 live births in the West Bank and the Gaza Strip respectively (Ministry of Health Report, 2012).

Child Care:

The Ministry of Health provides primary healthcare services for children less than 3 years old. Those services are free of charge. Based on the data of the ministry of health, 46.6% of the children who are between 9-12 months are anemic. The growth indicators showed that 0.7% of the children are suffering from general weakness, 1.1% of them are underweight, 1.8% of them are overweight, and 1.5% of them are suffering from stunting (Ministry of Health Report, 2012).

Malnutrition among children, who are under five years old

In 2010, moderate or severe stunting was higher among male children, who are under five years old, than female children of the same age group; the percentage of moderate or severe stunting was 11.9% among males and 10.0% among females. The percentage of moderate or severe stunting among children, who are under five years old, was 11.5% in the West Bank and 10.4% in the Gaza Strip (Ministry of Health Report, 2012).

Breastfeeding:

In Palestine, 95.8% of the children who are between 0-23 months of age, were breastfed in 2010; 95.4% in the West Bank and 96.4% in the Gaza Strip. The data has indicated that 61.5% of the children of the same age group were fed during the first hour of birth; the percentage of children of the same age group, who were breastfed during the first hour of birth, was 66% in Gaza. This percentage is higher than that found in the West Bank, which was 58.3%. Furthermore, it appeared that the percentage of children of the

same age group who were breastfed during the first hour of birth stunting among children differed depending on the area of residence. The lowest percentage of children of the same age group who were breastfed during the first hour of birth was 58% among the children residing in rural areas. The percentage of children of the same age group, who were breastfed during the first hour of birth was 62.1% among the children residing in urban areas and 63.3% for children residing on campus (Ministry of Health Report, 2012).

Sexual and Reproductive Health:

Women's Health

The maternal mortality rate in Palestine was 28.2 per 100,000 live births in 2011, compared to 32 per 100,000 live births in 2010.

The average fertility rate for women, who are at reproductive age (15-49) years old, was found to be 4.2 child per woman in stunting among children 2010.

The report of the Ministry of Health has indicated that 99.1% of the births have occurred at hospitals or were delivered safely at homes under the supervision of trained and specialized health staff. The report also indicated that the percentage of home delivery was 0.9% only in 2012 and 49.3% of the births have occurred at the hospitals of the Ministry of Health (Ministry of Health Report, 2012).

Prenatal care

Women in rural areas have the least visits to a professional during their last pregnancy. The percentage of women, between 15-49 years old, who visited a professional health care provider four visits or more during their pregnancy, was 89.9% in rural areas, compared to 94.6% in the urban areas and 96.5% in refugee camps (Ministry of Health Report, 2012).

Family Planning

Married women, who are 15-49 years old and residing in rural area, use family planning methods more than women of the same age group and residing in urban areas and camps. The percentage of women, 15-49 years old, who use family planning methods was 53.7% in rural areas, 52.5% in urban areas and 50.5% in refugee camps.

In Palestine, the percentage of married women, who are 15-49 years old and use family planning methods, was 52.5% in 2010; this includes 55.1% in the West Bank and 48.2% in the Gaza Strip.

In Palestine, data has showed that the most used family planning method among married women, who are 15-49 years old, is IUD; the percentage of women, who use IUD, is 26.3%. The popularity of using pills as a method for family planning comes next; the percentage of using pills for family planning among married women is 7% (Ministry of Health Report, 2012).

School Health

School health has been supported by several health service providers as it is considered one of the main components of the services that have been provided. The Ministry of Health and the Ministry of Higher Education through school health units incorporated within the ministries, support school health.

Head lice and vision problems are the most common problems among students. Head lice among students are 9%, while the percentage of vision problems for those whom obtained medical examinations was found to be 12%. This is in addition to dental health problems, which included tooth decay, filling and falling of teeth. The percentage of those with dental problems was found to be 2.9%.

Health awareness in schools is one of the most important components of the school health program; the number of activities, which were conducted at schools in 2011-2012, was 65,163 activities; this has benefited 29,344 males and 35,819 females. The health awareness has addressed topics linked with healthy life styles.

The parties, which have been providing school health services, have focused on the psychological health; the number of cases, which were diagnosed with psychological health problems, was 1,121 cases mostly among females; 560 of those cases have been referred to specialized psychological health clinics; the diagnosis has included bedwetting, learning disabilities, retardation, epilepsy, violence and depression. The number of activities related to the psychological health, which were provided, was 2,017 activities (Ministry of Health Report, 2012).

In regards to the school environment, the number of water samples, which were tested from the water tanks, was 814 samples; the highest percentage of contamination was found in Hebron. The reason behind that is the presence of wells in most of the village's schools, to which chloride is not added to it regularly. This is in addition to the ignorance of cleaning the tanks of the schools.

Also, the school health service providers have provided attention for the school canteens.

Secondary Healthcare Services

The number of hospitals in Palestine has reached 79 hospitals in 2012 with 5,487 beds; there have been 25 governmental hospitals with 2,979 beds, which accounts for 54.3% of the total number of beds in Palestine. The number of private hospitals has reached 54 hospitals with 2,508 beds, which accounts for 45.7% of the total number of beds in Palestine. The number of hospitals, which are related to non-for profit organizations, was 33 hospitals (Ministry of Health Report, 2012).

The Role of Non-Governmental Organizations in Palestinian Health Sector Development

The Palestinian civil organizations have a unique feature. This is due to its origins and historical development, which makes it different than the civil based organizations in other countries. It also differs from the concepts and theoretical principles known about the civil based organizations. Usually, civil based organizations develop within a state; we have found that the majority of the Palestinian civil based organizations were formed in the absence of a state, and at times when there were absence for independence and national freedom. On the contrary, it was formed in the presence of the occupation and in the absence of sovereignty and the right of citizenship. Thus, the Palestinian civil based organizations were formed to strengthen and promote the solidarity of the nation and to fulfill its health and development needs based on a human rights approach. Since its development, it has been seeking to reach out for the marginalized and poor communities. It has been putting forth a great effort to become closer to its communities and fulfill its needs through its different health centers, clinics and programs.

The health organizations have worked with marginalized and remote communities (during that time most of the communities and groups in different locations were considered marginalized). This has continued until the signing of the Oslo agreement, which led to the establishment of the Palestinian Authority and the development of several ministries including the Palestinian Ministry of Health. The Ministry of Health has started to operate and influence the work of the health civil based organizations in hopes to start working together to become national partners.

Civil based organizations began to consider the deep connection between the concept of health and development. Moreover, they have taken into account the influence of the social determinants, culture, politics, and economy on the highest level of health. That can be attained, as they integrated the concept of development with the concept of health. Additionally, it has established pioneering health modules for targeting the marginalized groups including women, children, youth, people with disabilities and the elderly.

Health civil based organizations have continued to provide primary healthcare services. Nonetheless, the service provision role is also influenced with the ongoing changes. These changes include the presence of the Palestinian Ministry of Health, which have been providing primary health care services, and the outcomes of Oslo agreement. Those changes have produced new reality, which suggests the importance of promoting appropriate use for the resources through building partnerships with the ministry of health in different locations. In addition to building health and development on a right based approach. Thus, it will complement the work of the Ministry of Health, which focuses on the provision of health services.

The health civil based organizations have been playing effective and important role in the Palestinian health system and influencing its policies and legislations. The Palestinian health civil based organizations have been working on exposing the violations for the human rights made by the Israeli occupying forces including the health rights. This has required promoting tools of lobbying and advocacy and increasing health awareness for all groups of the society including their rights. It has also been promoting the importance of defending and demanding those rights either from national government or international countries.

Health civil based organizations have an important role in the Palestinian health system as it has been influencing its policies and legislations. This role has become more important and thus there is a need to promote it. The relationship between the Palestinian health organizations and the Palestinian Ministry of Health is deteriorating as there is a lack of coordination between the two as well as the fact that the ministry of health is limiting the future opportunities for the organizations work. This has been manifested in the termination of many partnership agreements between Palestinian health organizations and the Palestinian Ministry of Health. The Palestinian Ministry of Health has been opening many clinics and centers in locations where health civil based organizations have been operating already. Moreover, the Palestinian Health Council has stopped working because of the requirement to have a license for the centers and the health services.

The health civil based organizations are required to hold the government and its official parties, primarily the Palestinian Ministry of Health, accountable, if the required standards are not met. The health civil based organizations have not been effective in promoting this role; this implies that this role is required to be strengthened and promoted collectively in accordance with the responsibilities and authorities expected from the health civil based organizations.

There are a number of challenges that the health civil based organizations are facing and are threatening its existence and sustainability. One of those challenges is the change in the scope of international funding; from services funding to funding advocacy, capacity building and training considering that Palestinian Authority is responsible for the provision of all health services. Additionally, the presence of conditional funding provided by many international governments and organizations, such funding has been rejected by several organizations.

This would require from the civil based organizations in general and health and developmental organizations in particular reestablishing the relationship among them in a way that will allow them to face such challenges and obstacles. Finally, there is a need to conceptualize the relationship with the Palestinian Ministry of Health based on participation, integration and respect for the different roles.

Health Work Committees

General Context

Health work Committees has continued to effectively serve the Palestinian communities as a whole specifically focusing on the marginalized and poor groups as well as those who are targeted by the occupying forces despite the challenges and the severe financial crisis that it has been facing.

The organization has been moving forward steadily and with confidence despite that the Palestinian political scene is still the same if not even worsening; the Israeli occupation has been continuing its confiscation of the national resources. And it has been imposing its control through the confiscation the land, siege and the destruction of each house, village, and town. This has been disturbing the lives of the people and negatively affected the work of the organization. In regards to the ongoing negotiations, it won't lead to acceptable solutions for the Palestinian nation in the presence of siege on Gaza and the internal division.

The Financial Crisis

The financial crisis, which many different Palestinian civil based organizations have been facing, has been escalating. Despite the fact that HWC is aware of this, it has continued to suffer from the inadequacy of the resources available and the escalation of the financial crisis. Thus, the organization has realized the importance of reevaluating its expenditures and revenues in an attempt to reduce the gap between the two. HWC has also been searching for resources to overcome the accumulated deficit. This would require increasing the relations' network and searching for more donors that are willing to provide funds from Arab countries as well as international countries.

During the financial crisis the organization was not able to provide its employees their salaries for several months. This pressured the organization to implement strategies to rationalize its expenditures and increase its revenues. It has evaluated the work of each of its centers and its operational expenditures. Based on the evaluation, a number of interventions were developed to rationalize its operational expenditures. These include fewer working days in some centers and a decrease in the number of staff members. Moreover, some of the centers have started to provide services in the afternoon, because there is less competition from other service providers.

There has been an increasing need for these services and for specialized services especially in the clinics located in villages. The fees of the services have been evaluated and modified accordingly. Over the time, there has been a substantial effect from these interventions, with a 5% rise in the revenue from 2011 to 2012. On the other hand, the organization's overall revenue from all other sources, especially the revenues from international and national donors, has decreased by 13% in 2012 compared to the previous year.

The organization mission

Health Work Committees was and still is carrying on a mission and a philosophy based on human rights, struggle and patriotism focusing on serving the poor, the marginalized and those vulnerable and affected by the occupation, aiming to reach a free Palestinian society that enjoys a comprehensive, fair, and sophisticated health rights.

Employment

By the end of 2012, the number of the organization's employees, working at different locations, was 263 with 64% females. There are 45 employees on projects and 40 part time. Since 2011, the number of employees has decreased.

In addition to the organization's general staff members, there are physicians and specialists who work on a contractual basis. There are more than 100 specialists that are working in the main centers (Beit Sahour, Halhul, Qalqilya and Tubas).

Primary Healthcare Department

The organization provides high quality primary healthcare services for thousands of the Palestinian annually through its permanent centers, mobile clinics and health programs. There are a total of 17 health centers and clinics and 29 mobile clinics' marginalized locations. The services of the primary health care department are provided at several locations of Palestine's governorates.

The primary healthcare departments supervise health programs in its permanent centers and mobile clinics, including:

1. Women's Health Program
2. Well Baby Program
3. Diabetes care program
4. School Health Program at East Jerusalem

The number of the department staff members is 148 in addition to more than 100 physicians and specialists, who are working in more than 19 specialties.

The level of work and services provided in the health centers vary depending on the size of the population in the area of operation. The Emergency Medicine services, General Medicine services, Women's Health Services, Well Baby program services and the Laboratory services are main services that have been provided in all of the organization's centers and clinics including the mobile clinic program. The Radiology services have been provided in five health centers. This is in addition to specialized health services including dentistry health services. Beit Sahour Health Center and Qalqilya Health Center are unique because they both provide daycare surgery services.

The total number of patients at the locations, where Health Work Committees' centers are operating, was 430,302 patients in 2012. The number of patients, who have been treated at the organization's health centers and clinics, is 97,202 patients, which accounts for 23% of the patients in these locations; this includes 46% males and 54% females. The total number of visits for HWC's health centers and clinics without repetition was 112,130 visits.

In regards to the age distribution of the beneficiaries; the minimum percentage of the age group among beneficiaries was those who are above sixty years old with 6%, while the highest percentage of the age group among beneficiaries was of those who are between 26-40 years old with 22%.

89% of beneficiaries were not insured and 9% of them have been considered as social cases and the fee of the services has been waved for them. The percentage of the new patients was 25%.

The Health Information System program is part of the Primary Healthcare department. The Health Information System program monitors and sets health indicators, which the department depends on. The indicators have improved in a way that is easier to attain precise information about the services provided (Nursing, Medical, Emergency and the Specialized services).

Dunya Women Cancer Center

Dunya Women Cancer center is the first and only diagnostic women cancer center of its kind in Palestine established in 2011, it provides diagnostic services effectively for women in addition to developing treatment plans for its patients and has been proven to have effective referral and follow-up systems. The center has been under the supervision of HWC with its own 3 years strategic plan.

HWC is an active member in committees and national collations, interested in health and development such as the Committee of Chronic Diseases, Committee for Compacting Smoking, the National Committee for Promoting Health Awareness, the Committee for Breastfeeding, and others. This is in addition to its participation in the Health Cluster, which is led by the World Health Organization.

Department of Community Development and Programs

HWC has established the Department of Community Development and Programs in order to reach the strategic goal of the organization in building community developmental models for meeting the needs of the community groups and local community. There are a total of 27 staff members in a variety of departments and centers.

The Elderly Club in Beit Sahour, the Oasis Center for people with disabilities in Beit Sahour, Shepherds Field Kindergarten and Nursery, Nidal Center in Jerusalem and Jadal center in Beit Sahour. The programs are supervised by the department including the community based rehabilitation (CBR) program for people with disabilities, the youth program and Kanan program in Jerusalem.

The Community Based Rehabilitation program in the south locations

The organization began this program in 1994 and it consists of three departments: the community based rehabilitation unit in Halhoul in addition to the CBR1 and CBR2 programs. The community rehabilitation unit is administered in participation with the regional committees for rehabilitation in the south including, Health Work Committees, Palestinian Red Crescent and the Arab Association for Rehabilitation.

This program organizes several educational extra curriculum activities in addition to several homes visits to cater to the health needs and provide services for the disabled, meetings and interviews for discussion with several organizations that have been working in the area especially the organizations working in the field of disability.

Moreover, it facilitates their access to other organizations and departments especially those at the government level.

The program operates on a right-based approach to guarantee living with dignity for people with disabilities. There is a focus on providing awareness sessions and campaigns, which have been organized in all locations, and are also accessible to those in the south.

The Elderly Club / Beit Sahour

The club was established due to the efforts and the support of Health Work Committees since 1998 in collaboration with the Family Development Association in Beit Sahour. It has been working to build models for promoting the social roles of the elderly in a way that it guarantees fulfilling their needs and defending their rights. It has implemented several awareness, cultural, social, and entertainment activities in addition to the provision of health activities.

There are 150 total members in the club. The club has been enhancing all means of living with integrity for the elderly. It has been advocating for the rights of the elderly by lobbying decision makers in all the organizations and actors in the field of human rights to implement and put in effect the law of the elderly.

Shepherd's Field Kindergarten and Nursery/ Beit Sahour

The nursery has been established since 1996; it has welcomed more than 100 children ranging from those enrolled in the nursery up until Kindergarten. The nursery runs on a curriculum basis for developing children's sensory and cognitive skills within their social context. Moreover, it is distinctive for utilizing supervision and follow-up methods. It focuses on developing advanced scientific methods for the upbringing of the children and educating the children. There is also a focus on maintaining a clean and quiet working environment while working as one team.

The Ministry of Education has ranked the nursery the first among all the kindergartens and nurseries in the Bethlehem governorate for the year 2012. The Nursery was recognized during a conference organized by the Ministry of Education, in participation with the principles of the kindergartens and nurseries of Bethlehem governorate.

The Oasis Center

The Oasis Center was established in 1998 and works towards the rehabilitation of people with mental disabilities through vocational and professional training like recycled candle-making and recycling paper into greeting cards.

The center aims at building a distinctive model for increasing the capacity and enhancing the security and respect of people with mental disabilities through the provision of different health services, hosting trainers from universities and other civil based organizations, as well as organizing several social activities and events.

Jadal Center for Culture and Development / Beit Sahour

The center was established in 2000 through the implementation of several community activities in cooperation with other organizations and community centers and programs. The center has been working to correspond to the increasing developmental needs of the Palestinian community in line with the organizations vision in hopes to contribute to the development of the its rights, national culture and identity in both humanitarian and progressive dimensions. This has been done through the promotion of community and cultural dialogue, the production of awareness books, organizing political, economical, social, cultural workshops and other activities, which is in accordance with the aims of the center. Currently, the center is not active.

Nidal Center for Culture and Development / Old City of Jerusalem

Nidal center has been active through its different developmental programs and projects as part of the public and institutional movement in East Jerusalem to highlight the issues and problems that the city and its residents have been facing due to the Israeli occupation, the judaization of the city, the displacement of its residents and threat of the settlement campaign. This is in addition to developing youth leaders, who are aware of their rights, national culture, and promoting the national identity in both its humanitarian and progressive dimensions.

Through the organization's efforts and pressure in the Israeli courts, Nidal center was re-opened after the Israeli occupation forces closed it for three years. Since then, efforts have been focused on regaining the importance of the existence of the center in the Old City of East Jerusalem. The center's human resources' requirements necessary for the operation of the center and the excursion of its responsibilities and duties have been revised and are due to be implemented. This is in addition to the three major developmental programs and projects of East Jerusalem:

1. Promoting the role of the youth in defending the right to health program: the program aims at building the capacity of the youth on defending the right to health in cooperation with other CBOs in East Jerusalem, Bethlehem, and Hebron.
2. Increasing the active participation of the youth program: this program has been funded by the European Union as it was implemented in cooperation with the Union of Palestinian Women Committees and Spanish organization. The main objective of the program is to increase the participation of the Palestinian youth in extracurricular activities in 6 different locations in East Jerusalem.
3. Kanan project: The work for this project resumed in cooperation with a number of Palestinian organizations. This is in addition to the Italian Corporation project for supporting youth activity.

"Kanan" is the name, which was suggested for the project that has been implemented by six non-governmental Palestinian organizations working in different social, cultural, political and rights fields. The project began in the middle of 2012 and it aims at focusing on the efforts of these organizations on one project, which is holding the name "Kanan" to stand together against the challenges and political pressure that Palestinians in Jerusalem have been facing.

The project aims at promoting and strengthening the Jerusalemite Palestinian representation at the international level through building and promoting the leadership skills among the youth so they become aware of their rights.

Public Relations Department

There are five staff members working in the public relations department. This department aims at enhancing the organization's local, regional and international relations, raising funds, and promoting national and international awareness about the rights of the Palestinians and the health situation in Palestine. It has been pursuing its goals through participation in networks, coalitions and conferences, and hosting several national and international delegations. The media, in its different forms, plays a critical role in the department. The media is used for promoting health and developmental rights, as well as, promoting its relation with private and non-governmental organizations.

The organization has participated in several local, national and international coalitions and networks.

The department has continued to promote the organization's relation with its partners and the community. Meetings are held occasionally to discuss ways of developing cooperation and coordination mechanisms based on shared visions. The organization has been participating in conferences, activities and programs organized by the Palestinian civil based organizations. Furthermore, it has been actively participating in many national events. The organization has been welcoming several official and non-official delegations within the framework of international exchange in solidarity with the Palestinian cause. The organization has partnerships with 44 funders including 19 new funder sin 2012. The department promotes and establishes relations with local and regional partners by submitting proposals to find donors that are willing to fund the organization.

The department has been facing several external challenges including the changes in the international scope of funding and its scarcity in the current international economical crisis. The number of the potential funders has reduced substantially and there has been a decrease in the number of new partnerships formed. Subsequently, those few new funders are only funding short-term projects concerning purchasing equipment, which does not cover operational expenses or developmental programs. The role of the funders has changed as they have now stopped financing services; instead they finance capacity building activities, gender issues, and advocacy activities.

Financial and Administrative Department

The Financial and Administrative Departments work is connected with all the organization's departments in order to enhance the performance and development of the organization's work. The department has 13 staff members working in several units: accounting unit, procurement unit, human resources unit, information system unit, and the warehouse unit. The department oversees all financial measures according to asset accounting principles that are subject to monitoring and audit by the Board of Directors represented by the treasurer and board members, in addition to the internal audit, and annual external audit by Talal Abu-Ghazaleh Company.

The warehouse and the procurement unit: In 2012, the organization witnessed a decrease in the activities provided by the procurement department. This has been evident due to the decline in the value of purchases carried out and the number of tenders, which decreased from 104 in 2011 to 44 currently.

The computerized programs are distinctive; the fixed assets computerized program has been activated; an inventory has been completed for all the fixed assets of the organizations and included into the new system. Auditing and reviewing the assets is in the process. The value of the assets has been matched with what is in the accounting program.

The updates have included the human resources program as it was implemented in all the centers of the organization, and it has been linked with the salaries system of the organization.

Continuous Training and Education

The organization believes in the philosophy of development and investment in the human resources capital. It has been organizing several professional trainings for improving its staff. This is in addition to attending workshops, conferences and symposiums, which have been organized by the Ministry of Health, the non-governmental and international organizations.

Gender

The organization focuses on gender issues in different aspects of the organization's work. This has been reflected through several indicators. One of the most important indicators is that the organization has been conducting gender audits for the organization. The following is a list of the indicators and recommendations concerning the subject matter:

1. The presence of a political will and commitment from the governing bodies of the organization to integrate the objective of increasing the capacity of women and gender equity along with health development and the promotion of health rights (the majority of the organizations staff, directors of centers and the general director of HWC are all women).
2. The organization supervises two programs related to women's health (Women's Health Program, Dunya Women Cancer Center). These programs sponsor comprehensible policies specifically for women and should be protected.
3. Participation in local, national and international forums.
4. Despite the fact that the organization did not implement and issue a code of conduct, which accounts for gender or policies related to gender, it has however taken into consideration the recommendations made by the gender audit report, which was completed in 2013. It was suggested that a number of actions have to be taken into consideration including implementing a specific policy related to gender issues, establishment of accountability system regards gender issues, review the elements of the strategic plan of the organization within this framework and the establishment of a development strategy for the staff members including introductory subjects about gender issues and its relation to the work of the organization ... etc.

Further description of the different dimensions of the organizations work is made available in the organization context analysis, which is attached to this report (points of strengths, weaknesses, opportunities and threats).

Core Values:

Values are considered of utmost importance to the organization. The cultural system of the organization and its values has been analyzed including the behavioral practices. This has been completed through the distribution of a specific questionnaire to all members participating in the strategic plan process during the first meeting. Twenty-seven people including the directors and the higher administration attended the first meeting. The questionnaire included 10 sections as it is presented in the following table.

The analysis was based on measuring the average of all the 27 responses for each section and its different components separately. The analysis was developed for identifying the strength, the weakness and how much the values are rooted in the organization. In general, the results of the analysis have indicated that there is some weakness in several fields, which was due to the financial crisis that the organization faced in the past. The results indicate the importance of adopting the following values verbally and practically:

Organization's culture system	The values adopted by the organization	Related behavioral practices, which need to be activated and promoted
Personnel and organizational belonging	Promote the sense of belonging to the organization.	<ol style="list-style-type: none"> 1. Promote occupational security among the staff members. 2. Facilitate participation at all levels. 3. Improve and strengthen means of active communication. 4. Promote the sense of belonging to the organization and promote the identity of the organization.
Performance and distinction	Promote the spirit of innovation, development and improvement of the quality of performance.	<ol style="list-style-type: none"> 1. Promote and encourage working within a team. 2. Investment in human resources. 3. Encourage accountability, follow up, monitoring and incentives. 4. Promote the spirit of voluntarily work. 5. Encourage creativity programs (distinction). 6. Adherence of the professional performance in accordance with the international standards.

Communicate and work as a team	Work as a team at different levels.	1. Promote and encourage participatory and team work.
Leadership and supervision	Establishing distinctive leadership model.	1. Working within a team. a. Develop and signify a personnel as a leader in the organization. b. Develop and signify the organization as a leader in the society.
Efficiency (profitability and expenses)	Working effectively and actively.	1. Adopting efficient administration in the administration of human and financial resources.
Relation with co-workers	Strengthen communication and internal relations.	1. Mutual respect and professionalism among co-workers.
Relation with beneficiaries	<ol style="list-style-type: none"> 1. The administration should pay attention to increase beneficiaries' satisfaction. (Paying attention to the physical appearance and hygiene of the centers. Quality. 2. Adopt and promote the idea that implies that "the patient's interest comes first". 3. Establishment of suggestion box for beneficiaries and staff members. 4. Revitalize the incentive system for the staff members. 5. Adopt the open door policy. 6. Take the suggestions of the staff members into consideration and invest on it. 	
Innovation	Working with the spirit of innovation and distinction.	<ol style="list-style-type: none"> 1. To find awards system for successful innovations performed by the staff members. 2. Encourage innovations.

Training and development of the staff members	Promote the principle that implies that the human is the ultimate asset.	1. Building the capacity of the staff members continuously.
Openness and honesty	Adopt the principle of transparency, openness and honesty.	1. Organize periodical meetings for the staff at different levels. 2. Put a suggestion box in all of the location based on specific strategy. 3. Put a clear mechanism at different administration levels. 4. Promote the participation of the board of directors in communicating with the staff and the general context. 5. Activate union work inside the organization.
Gender	Sensitivity towards gender issues	1. Implement gender sensitive policy.
Voluntary work	Show a high value for voluntary work.	1. Implement a strategy for voluntary work activities.
National role	Promote the role of the organization as a leading national and right based organization.	1. Play nationally political role and right based community role.

There should be a great focus on all of those values and to schedule all the behavioral practices for each one and integrate it within the work of the organization.

Priorities for Working in the Organization

The Organization's Main Areas of Work

Influence the national health and development policies.

Develop and increase sources of funding

Develop public and media relations

Develop international relations

Improve services

Enhance the popularity of the organization

Promote the role of the union and the national role of the organization

Envision the organization

Improve the human resources

Improve the internal financial resources

Re-new the development programs at the marginalized locations.

Develop and improve the services and their quality

Attain beneficiaries' satisfaction

Promote and strengthen the culture of the organization

Promote internal communication

Strengthen the organizational structure

Reconsider the different internal policies and systems

Strategic Component:

Vision of the Organization

A Free Palestinian Society Enjoying its Health and Development Rights Based on Equity and Justice (Social Justice)

The mission of the organization has been modified as follows:

Mission of the Organization

As a Leading Palestinian Non-Governmental Health and Developmental Organization, Health Work Committees works in a Rights-Based Approach providing Health Services and building development models to all segments of the Palestinian Population particularly the poor and the marginalized; and, lobbying and advocating in support of favorable policies and legislations for the realization of free democratic society and its citizens enjoying their social rights.

Fields and Units of Work

Areas of Work

Provision of healthcare services on a right based approach
Provision of community development services from a right based approach
Building distinctive right based models in both cases
Lobbying and advocacy in order to modify the rules, systems, developmental, health and national polices

Main Work Units

Primary Healthcare department
Community Development Department and Programs
Advocacy and policies department
Financial and Administrative Department
Public Relations Department

HWC Goals

- 1. Real and tangible financial self-reliance**
- 2. Provision of health services and healthcare programs' services with high quality and in response to the needs of the Palestinian society for the beneficiaries with 10% annual increase in comparison with the year 2013.**
- 3. Supporting the marginalized group and forming lobbying groups working in the right of people with disabilities, elderly, youth, children, and women taking the gender indicator into consideration.**
- 4. Modify and approve equitable health, development and social policies and laws and health work committees active role in the formulation of health and development polices.**
- 5. Active role of Health Work Committees in coalition, which is related to the priorities of its work.**
- 6. Active and administration and financially efficient and cover its operation expenses.**
- 7. Good and attractive reputation at the local, national and international level (active, honest, attractive).**
- 8. Active and effective organization that applies good governance practices.**
- 9. Health Work Committees is a leading organization in the political and national work.**
- 10. Promote voluntarily work as a major component in all the programs and activities of the organization in a way that makes the organization distinctive in this regard.**
- 11. Devote clear and distinctive efforts in any of the development fields that contribute in defending Jerusalem and promote the steadfastness of its population.**
- 12. Applying total quality principles in all its programs and the current and future activities of HWC.**

Long and medium term results based on the main organizational units

1. Primary Healthcare Department: by the end of 2016:

1.1. Achieved the level of balance between revenues and expenses (1:1: revenues: expenses).

1.2. Health services and health program's services are provided with high quality and responding to the needs of the Palestinian society for the beneficiaries by 10% annually in comparison with the year 2013.

1.2.1. Increase in the General Medicine Services by 10% annually.

1.2.2. Increase in the number of operations by 10% annually.

1.2.3. Increase in the specialized services by 10% annually.

1.2.4. Increase in the number of beneficiaries from emergency services by 10% annually.

1.2.5. Increase in the number of beneficiaries from women's health program's services by 10% annually.

1.2.6. Increase in the number of beneficiaries from nursing activities by 10% annually.

1.2.7. Continuing the provision of school health program services quantity and quality for the same target group.

1.2.8. Increase in the number of beneficiaries from laboratory services by 10%.

1.2.9. Increase in the number of beneficiaries from radiology services by 10%.

1.2.10. Increase in the number of beneficiaries from pharmaceutical services by 10%.

1.2.11. Continuing the provision of Well Baby program services as it is until the end of the program.

1.2.12. Continuing the provision of mobile clinic services as it is until the end of the program.

1.2.13. Continuing the provision of chronic disease program's services as it is until the end of the program.

1.2.14. Increase in health awareness activities by 10%.

2. Community Development Department and Programs: at the end of the year 2016:

2.1. 10 lobbying and advocacy groups are formed in the field of the right of people with disabilities, the elderly, the youth, the children and the women by taking into consideration the gender indicator.

2.1.1. Models for lobbying and advocating for the rights and needs of people with disabilities advanced and developed based on international laws related to the disability issues.

2.1.2. The local community has active role in the community rehabilitation model, which has been operating within the organization.

2.1.3. Activate Jadal Center for Culture and Development.

2.1.4. Model for advocating for the rights and the needs of the elderly advanced and improved in accordance with the elderly law (Presidential Document) and a life full with dignity for 160 elderly in a way that increase the social role of this group.

- 2.1.5. The local society has active role in the elderly club model.
- 2.1.6. Activate Nidal Center as a community model in the old city of Jerusalem.
- 2.1.7. Continuing the development of leading active youthful model in the Palestinian society especially in Jerusalem – Tawasul network.
- 2.1.8. Continuing the work at the Shepherds Field Kindergarten and Nursery.
- 2.1.9. Building 3 new women development models – models for fulfilling the issues and needs of the women groups especially those in the marginalized Palestinian locations.

3. Advocacy and policies department: by the end of the year 2016:

- 3.1. Implemented equitable development and health policies.
- 3.2. HWC has active role within the collations that is connected with its work priorities.
 - 3.2.1. Increase the society's awareness on human rights (social and health).
 - 3.2.2. The community's advocacy and lobbying groups have the capacity and active in initiating laws and policies, which are related to health and social issues.

4. Financial and Administrative Department

- 4.1. Health Work Committees is active and financially and administration efficient and it covers its operation expenses.
 - 4.1.1. Accounting:
 - 4.1.1.1. The organization's financial system is updated in accordance with the organization's principles and the international principles (integrity, transparency and accountability).
 - 4.1.2. Procurement
 - 4.1.2.1. All the organization's procurement has been completed in accordance with the procurement system and fixed timeframe.
 - 4.1.3. Warehouse:
 - 4.1.3.1. Provision of the health clinics and centers with its requirement in accordance with the quantity and quality requested in a timely manner.
 - 4.1.4. Human Resources:
 - 4.1.4.1. Active system for recruiting and maintaining human resources.
 - 4.1.4.2. Human resources policies and programs up to date.
 - 4.1.4.3. The organization's human resources have high professional and administrative skills.
 - 4.1.5. Information technology:
 - 4.1.5.1. The accuracy of the outcomes of the system 100%.
 - 4.1.5.2. All the departments are making use of the outcomes of the information system.

5. Public relation and media department: at the end of 2016:

5.1. One million and two hundred thousand dollars is raised from different donors.

5.2. The organization is of strong and attractive reputation at the local, national and international level (active, honest, attractive).

5.2.1. Local relations:

5.2.1.1. The organization's advocacy for the right to health in Area "C".

5.2.1.2. The organization active in local collations.

5.2.1.3. The voluntary program is established and documented within the working systems of the organization.

5.2.1.4. There is a policy for partnership and cooperation with local organizations and companies.

5.2.1.5. The organization has funding relation with 5 local organizations.

5.2.2. Arab relations:

5.2.2.1. The organization is active in the Arab's collations.

5.2.2.2. The organization has funding relations with 6 Arab organizations.

5.2.3. International relations:

5.2.3.1. Health Work Committees is organization attractive for international volunteer.

5.2.3.2. Health Work Committees is active organization at the international level.

5.2.3.3. Health Work Committees is organization attractive for funding.

5.2.3.4. The organization has funding relations with 50 international organizations.

5.2.4. Media:

5.2.4.1. The organization has a brand name.

6. Executive Committee: by the end of 2016:

6.1. Active and efficient and apply good governance practices.

6.1.1. The members are proud of working for the organization.

6.1.2. The beneficiary's satisfaction has reached 80%.

6.1.3. The organization is sensitive to gender issues.

6.2. The financial resources has increased by 30% annually to reach 1:1 (revenues to expenses).

6.2.1. Health Work Committees is nongovernmental organization, which covers its operational expenses.

6.3. 100% coverage for the accumulated deficit till the end of 2013.

7. Board of directors: by the end of 2016:

7.1. Health Work Committees is leading organization in the national and political work.

7.1.1. The organization's board of directors is active and effective.

7.1.2. The organization is presented in the national boards and unions.

Operational Strategy

In order to lay down short-term results, SWOT analysis has been completed. This analysis in addition to other analysis has produced the main areas and sub areas of the organization's work leading to the operational strategy.

Main Areas:

1. Influence national health and development policies.

1.1. Influence the general polices in the field of health and development through networking, lobbying and advocacy for the health and development rights.

1.2. Activate the national and union role of the organization.

2. Support and develop the financial resources

2.1. Recruit external funding

2.1.1. Increase and intensify the external tours in order to get funding.

2.1.2. Building relations with new funders

2.1.2.1. Organize visits for funding recruitment for Arab and south America's countries.

2.1.2.2. Approach Palestinian and Arab communities in the outside.

2.1.3. Approach small funding opportunities (Short term projects).

2.1.4. Recruit groups (friends who can recruit donations for the organization through sponsoring certain services or centers at the local, national and international level).

2.1.5. Rejection of conditional funding and its conditions.

2.1.5.2. Expose the organizations, which sign and accept conditional funding.

2.2. Raising local funding

2.2.1. Study the local society's resources and the available opportunities for funding and approach the private sector.

2.3. Developing Self-Financing recourses.

2.3.1. Increase productivity and rationalizing expenditures (increase revenues and decrease expenditures).

2.3.2. Develop the organization's revenues through activating supporting services.

2.3.3. Building relationships with insurance companies and improve mechanisms of collecting health insurance's receivables.

2.3.4. Conduct quarterly events for collecting donations.

2.3.5. Activate the investment of the money and revenues of the organization in a way that promote sustainability and continuity.

2.3.6. Invest on the building related to the organization.

2.3.6.1. Lease the building of Tubas.

2.3.6.2. Equip Beit Sahour Hospital

3. Support and develop human resources

3.1. Conduct a survey of the workers.

3.2. Conduct a study to measure the professional satisfaction of the staff.

3.3. Incentives for the workers.

3.3.1. Activate the incentives policies in the organization to promote the relation between the staff members and the organization, which means the gradual and partial implementation of the incentive system, which is based on evaluating the performance.

3.3.2. Activation of moral incentives

3.3.3. Promote the social relation between the staff members of the organization through several of social occasions.

3.4. Recruitment and protection of human resources.

3.4.1. Investment on the improvement of the human resources professionally and at the occupation level.

3.4.2. Approve and disseminate the systems among all staff members.

3.4.3. Regularly in the payment of the salaries with 100%.

3.4.4. Secure the provision of end of service benefits.

3.4.5. Initiate training program for new graduate connected with specific time-frame with the organization.

3.4.6. Initiate continuous education and training program and link it with the requirement for working in the organization for specific period of time.

3.4.7. Recruit new and high quality specialties and connect it with special incentives.

3.4.8. Offer scholarships for studying needed specialties.

3.5. Activate the voluntarily work.

3.6. Integrate gender issues.

3.7. Study the opportunities available for disguised unemployment among workers.

4. Develop financial resources

4.1. Equipments and tools

4.1.1. Conducting a survey for the equipments and the tools to identify the date of its usage, its maintenance or substitution through funding projects.

4.1.2. Redistribute the equipments based on the needs of the centers to cover the shortages in the departments.

4.1.3. Establish a policy and protocols for the maintenance of the used equipments.

4.1.4. Promote the staff member's responsibility for the equipments being used.

4.2. Tools and supplies:

4.2.1. Provision of the centers and clinics with the medication and medical disposables periodically.

4.3. Improve the infrastructure in the centers.

4.3.1. Improve the infrastructure of the centers through coverage from the local society.

5. Improve the quality and kind of the services provided.

5.1. Health services

- 5.1.1.** Reactivate the work of the quality control committees and facilitate its work (coordination, nursing, laboratory, warehouse, establish health promotion committee, etc.).
- 5.1.2.** Vertical development for the services.
- 5.1.3.** Activate the existence services and improve it (Laboratory/ Radiology).
- 5.1.4.** Continuing the provision of services based on comprehensive approach.
- 5.1.5.** Evaluate the performance of the center and the beneficiaries satisfaction (conduct beneficiaries satisfaction study).
- 5.1.6.** Review the existing professional protocols and update it and initiate new protocols in accordance with the needs of the work.
- 5.1.7.** Provision of high quality equipments, which produce services and developing and propose through project and within priorities.
- 5.1.8.** Promote monitoring and follow up of the professional performance each according to its specialty and the evaluation and monitoring program.
- 5.1.9.** promote the work on the ideal use of the database in a way that support the establishment of interventions and taking decisions for improving the work.
- 5.1.10.** Provide laboratory and medical supplies.
- 5.1.11.** Equip Beit Sahour hospital.
- 5.1.12.** Opening the maternity unit at Qalqilia center.
- 5.1.13.** Improve the information system related to registering and documentation of services.
- 5.1.14.** Review the prices of the services and compare it with similar organization.

5.2. Development services

- 5.2.1.** Increase the production lines at the Oasis center.
- 5.2.2.** Activate the work of the washer machine at the elderly center.
- 5.2.3.** Increase the number of services provided at the development centers.
- 5.2.4.** Invest on the second floor of the elderly club.

6. Development of international and local relations and media

- 6.1.** Active representation of the organization in international and regional collations.
- 6.2.** Expand and improve the local, Arabic and international relations.
- 6.3.** Advertise the organization on the media at the national and international level.
- 6.4.** Opening connection and developing cooperation with organizations and universities nationally and internationally.
- 6.5.** Advertise for the services of the organization
- 6.6.** Improve the imaginary reputation of the organization and building a strong reputation (Branding).
- 6.7** Promote the role of the media in all of the fields of the organization's work.

7. Media and development awareness and internal communication

- 7.1. Initiate full time media vacancy, which include responsibility over the social media.
- 7.2. Conduct programs. Radio and TV. shows to promote the presence and the status of the organization among local society through the media.
- 7.3. Evaluate the successful model experience, its documentation, dissemination and promotion.
- 7.4. Activate the electronic page.
- 7.5. Distribute press releases and conduct press conferences periodically.
- 7.6. Invest in the publication in the newspapers and local magazines for promoting the organization.
- 7.7. Activate the media in its all forms and make use of all forms of media.
- 7.8. Advertise for the organization internally.
- 7.9. Promote the social communication

8. Coordination and complementarity with other organizations

- 8.1. Successful models
 - 8.1.1. Promote for the successful models
- 8.2. Collations and the national role.
 - 8.2.1.1. Activate the role of the organization in the professional and national collations (new and old).
 - 8.2.1.2. Promote the existence during national occasions (demonstrations).
 - 8.2.1.3. Support the union's work and union's membership.
 - 8.2.1.4. Promote the collaboration with the local society.
 - 8.2.1.5. Organize activities in each location with the local communities.
- 8.3. Policies and the ministry of health towards other organizations
 - 8.3.1. Continuous follow up for what is released by the ministry and affect the work of the organization and its role and to response to any existing challenge.
 - 8.3.2. Improve the coordination relation with the ministry in a way that support the public interest bases on clear standards.
 - 8.3.3. Activate the health committee at PNGO.
- 8.4. The policies of the ministry of health, which is linked with Palestinian health and social system.
 - 8.4.1. Review the policies and laws related to health.
 - 8.4.2. Increase the efficiency of the organization and build the skills of the organization's staff in relation to the policies and rights.
 - 8.4.3. Organizing campaigns for modifying/ establish/ activate law etc.
 - 8.4.4. Activate the role of the organization in the related national committees.

9. Organizational infrastructure

- 9.1. Review the administrative and organizational structure and fulfill the departments and some vacancies at different administrative structure.
- 9.2. Reactivate the policies and systems.

10. Different polices and internal systems

- 10.1. Activate the work with the indicator system and improve the policies of systems, evaluation and monitoring.
- 10.2. Invest in the health database and conduction of studies and benefit from it.

11. Increase productivity and rationalizing expenditures.

- 11.1. Activate the process of investing in the existing services in the clinics and health centers.

12. Activate the role of the general assembly of the organization

- 12.1. Activate the general assembly and its activities.
- 12.2. Increase the popular work of the organization.
- 12.3. Establishment of the organization's Friends Committees.
- 12.4. Reactivate the role of the organization at local unions.
- 12.5. Conducting regional periodical meetings for members of the general assembly with other centers and regional directors.
- 12.6. Establishment of direction and curriculum for activating the organization's relation with the institutional and local community.

13. Develop and build on the work of the organization in Jerusalem

- 13.1. Establishment of development projects in Jerusalem.

14. Develop the work of the organization in the poor and marginalized location of Area C.

15. The political and security situation

- 15.1. The regions which are under siege and checkpoints.
 - 15.1.1. Human resources from the regions, which face the threat of termination.
 - 15.1.2. Train and rehabilitate the volunteers in those locations.
- 15.2. In case of closing or invading the centers
 - 15.2.1. Take precautionary measures to protect the data and the properties of the organization.
 - 15.2.2. Document the occupation's violations and making use of it to expose its policies in cooperation with the regional and international organizations.
- 15.3. in case of detention of a staff member of the organization.
- 15.4. Legal follow up and documentation of cases of detention.
- 15.5. Expose the practices and policies through activities and media campaigns.