



**Strategic Plan
(2011 – 2013)**

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Background

The Health Work Committees (“HWC”), as a legal entity, was established in 1985 by a group of Palestinian volunteers who worked in the health sector for the purpose of meeting the health care needs of the Palestinian population living under Israeli occupation in the West Bank and Gaza Strip. At that time HWC provided health services under the legal name "Popular Committees for Medical Services" and its main objective was to build the infrastructure of the Palestinian National Health Services as an integral component of the Palestinian struggle against Israeli occupation. The early phase was characterized by volunteers who provided health services from mobile clinics to marginalized poor communities all over the West Bank and Gaza. During this phase the committees also succeeded in opening and operating two permanent clinics, one in Jabalia Refugee Camp (Gaza) and the second in Idna Village (Hebron-WB).

The inception phase of the HWC occurred during a period of general national uprising characterized by the establishment of umbrella organizational frameworks that addressed national, political and developmental interests, and the proliferation of strategic initiatives aimed at reinforcing the Palestinians’ cause and intertwining the development efforts with national liberation. Operationally, health services were delivered mainly through “open clinic” days with wide public outreach. Financially, HWC implemented relatively small-scale projects that were operationally leveraged through reliance on volunteers, and thus required low budgets.

At that early stage, HWC operated as an organizational manifestation of the national movements that aimed to reinforce the Palestinian cause and resist occupation. Overtime HWC shifted gradually to institutional operational structures. By the early nineteen-nineties, HWC was already staffed with a professional team working in harmony with its identity as a people’s organization targeting marginalized groups.

With the outbreak of the first intifada in 1987, the number of volunteers increased in response to the growing health needs of the Palestinians who endured difficult times as a consequence of the severe measures of the Israeli military occupation inflicted upon Palestinians. Hundreds of doctors, nurses and health workers volunteered to support HWC efforts which culminated in the inauguration of 45 permanent health clinics able to provide primary health care and emergency services. Thus the corollary to the increase in volunteers was the simultaneous growth in the number of HWC mobile clinics and relief efforts, which covered most areas of the West Bank and Gaza Strip. Thereinafter, services expanded to include health services and programs addressing school health, women's health, laboratory services, and dental health care services.

By the end of the first intifada and the advent of the Palestinian Authority, the Palestinian Ministry of Health (“MoH”) became responsible for health services. Following the Oslo accords, HWC focused on formulating a strategy for financial and operational sustainability that would allow it to improve quality of health services provided and to cope with its limited resources. In this context, a number of clinics and health centers were closed in an effort to focus on developing a limited number of high quality centers. In addition HWC addressed various other important issues including organizational capacity building, civil society issues, and creating successful development models. Generally, it was at that point that HWC took its institutional

shape, expanded and diversified its programs, and increased its financial and staff resources. The Palestinian Authority imposed a new political and legal environment in which there was an escalation of a national debate on topics such as development, integrating the roles of public and private health service providers, and competition in addition to defining roles, priorities and responsibilities to ensure that funds and other resources are directed towards addressing real priorities for the Palestinian people. In the post-Oslo geopolitical scene, HWC created two separate administrative bodies in the West Bank and Gaza Strip, whereby each body remained relatively independent to achieve HWC's overall political, health and development vision through unique strategies appropriate to each locality.

With the beginning of the second intifada in the year 2000, HWC was present in the field and devoted its human and organizational capabilities to serving the Palestinians and to alleviating the siege and isolation imposed by the occupation. In response to the prolonged siege and closures that impacted health conditions and violated human rights, HWC adjusted its strategy to include emergency care.

The health services provided by HWC were of significant importance given the inability of the Palestinian Authority to assume its responsibilities in the health sector. As such, the public, the Palestinian Authority and various key institutions appreciated HWC and other similar NGOs for their distinctive performance.

Since its inception, and throughout its history HWC has operated as a civil society organization, serving in the health sector and maintaining a development agenda while striving to defend the health rights of the occupied Palestinian people. HWC has vigorously responded to the health and development needs of Palestinian society, particularly marginalized groups and has monitored health violations resulting from occupation that violates international law and human rights. In this regard, HWC believes in the universality of health rights, and the right to quality health care, especially for oppressed peoples. As such, civil society organizations operating in health and development sectors in Palestine must work with other Arab and international organizations, combining their efforts in order to build awareness of, and influence policy and action to protect Palestinians from the potential negative health consequences of globalization.

Background of the strategic planning process

Over the past few years, several developments have taken place on the macro-environmental level, including the geopolitical divergence between the West Bank and Gaza Strip; formation of the Palestinian emergency government in the West Bank, which resulted in relative economic stability; and improvements in health services in general. On the internal level, HWC went through administrative changes that resulted in varying levels of instability.

This coincided with the end of the previous strategic plan and the advent of a new era which prompted the Board of Directors to take a number of important decisions intended to address the challenges posed by the external environment and ensure the sustainability and continuity of HWC activities. Towards this goal, HWC's Board of Directors along with senior management contracted Al-Markaz (Al-Markaz for Development and Marketing Consultancies) to sup-

port this effort and facilitate the strategic planning process as per well-delineated Terms of Reference. Al Markaz assigned two of its senior consultants, Walid V. Nammour and Ahmad Uwaidat to carry out the assignment.

The assessment of HWC involved a comprehensive scanning of HWC's internal and external environment and an overview of its Organizational Capacity. The purpose is to explore the Strengths and Areas for Improvement that do exist within the internal environment as well as the Threats and Opportunities facing the organization from its external environment, and use these as organizational learning tools with a forward-looking approach to determine how to maximize the impact of HWC. The results will serve as main inputs into the three-year strategic plan (2011 – 2013). The environmental scan of both the internal and external environments, utilizing the SWOT Analysis technique (Strengths, Weaknesses, Opportunities and Threats) was carried out during the preparatory phase and confirmed during the main Strategic Planning Workshop. The environmental scan was oriented toward discovering and documenting facts and trends in the organization's operating environment that are likely to affect the HWC in its future work. It was used early on in the Strategic Planning Workshop to orient the participants to the context in which HWC's mission is carried out. Synthesis of the findings from different sources reflected consistency in the identification of the key areas that are described below and include:

- Positioning of the HWC and its services within the sector, and the need for these services / activities.
- Assessment of the HWC staff's capacity to meet the Palestinians' needs in the areas of health development, particularly for targeted communities.
- Forecasting of the changing trends at the macro level in the next three years, and the correspondent impact on the changing circumstances and working conditions of the HWC, particularly in the areas of health development and / or various specific health services.
- Identification of the obstacles constraining the development of HWC services.
- Selection of the most strategic priorities as a framework for the formulation of the HWC's mission, strategic objectives and the associated organizational structure.

The assessment methodology included the study of relevant documents provided by HWC and other pertinent literature; interviews with members of the Board of Directors, HWC management, branches and staff, in addition to 5 focus groups discussions to solicit the participants' opinions on progress, obstacles and areas for improvement; interviews with other stakeholders; observation and analysis. Further follow-up sessions with senior managers including the Board Chair, Mr. Yacoub Ighnimat, General Director Dr. Ibrahim Lada'a and other senior managers and program officers solicited their opinions on the results of the evaluation particularly relative

to the Strengths and Weaknesses identified through the overall evaluation. The process included a four-day Strategic Planning Workshop held during the period December 15 – December 18, 2011 at the HWC branch in Beit Sahour, and followed by small group discussions at more of an operational level to produce the operational plans and related logical framework.

Organizational Context

The founders of HWC played a key role in determining the organization's political, economic and social vision; they played a pivotal role in leading and directing the organization in its early stages. Later, as HWC grew its organizational requirements expanded and it employed more diverse professional expertise. As a result, although the founders continued to be at the core of the decision making process, the organizational setting of the HWC was institutionalized without jeopardizing the social and political vision of the founders.

As a result of continuously responding to the local developments, in the year 2004 HWC experienced profound development. During three years of the Intifada the organization played a leading role in national civil society in the general and domestic health sector. In response to the escalating need for sustainable provision of developed health services in accordance with universal standards for health and human rights and to the believe among the staff of the importance of developing internal work systems, structures and mechanisms, HWC revised its strategies and systems, to respond positively to the ever changing conditions. The scope of their effort spanned the following:

- Revising of the HWC strategic objectives and work strategies to respond to macro-level environmental challenges, especially in the area of restoring the values of the voluntary work.
- Developing an operational definition for the rights-based health concept.
- Developing new work mechanisms to boost the sustainability prospects for HWC as an entity and for its health and development services.
- Upgrading its internal systems and mechanisms.
- Strengthening the internal structures and organizational culture and philosophy, and rehabilitating many of the concepts and intrinsic values upon which HWC was founded.

The development efforts continued in the year 2006, when further improvements were made to the administrative and financial systems, quality management, IT management, and monitoring, evaluation and reporting pathways which benefited middle level management. A critical approach was used, whereby an As-Is situation was reviewed and challenged in accordance with

good governance, transparency and accountability best practices. Furthermore, participation in administrative and financial planning processes expanded in line with the growth in manpower, which exceeded 283 employees. The corollary was that health and development programs achievements (especially those targeting women's health) were more effective in meeting needs compared to the previous year; in fact they exceeded the targets established in the previous plan. In this context, the organizational setting and management of the sixteen health centres and the four health programs, namely women's health, child health, rehabilitation and school health were developed and empowered. HWC was able to provide health services in 123 locations (including 68 schools) providing services to about 360 thousand clients. More than 25 thousand beneficiaries received services through community development programs implemented in 23 locations in Jerusalem, West Bethlehem, Qalqilya, Nablus, and Beit Sahour. In addition, mobile clinics provided health services to thirty-six villages inhabited primarily by poor, marginalized groups and the elderly.

The above developments contributed to enhancing the core vision of HWC **"as a Palestinian health and development non-governmental organization, distinguished for providing quality and comprehensive health care and building development models for all sectors within the society, particularly the poor and the marginalized. HWC was created for the purpose of empowering and enhancing the steadfastness of the Palestinian people by promoting participatory management and recruiting qualified professional staff able to influence the public and relevant sector policies to achieve a comprehensive health care system as a core human right based on all international human rights conventions and agreements."** The strategic objectives have been identified in response to the organization's goal to promote and protect the health and development rights of the Palestinian society; comply with total quality management requirements in all fields of the organization's work; and promote the rights of health and social development of Palestinian society in line with the organization's vision.

In the year 2008, HWC witnessed changes in its core and strategic leadership, losing three core members who had championed the organization since its inception, namely, the death of late Dr. Ahmad Maslamani, followed by the death of late Dr. Kamal Zina and the resignation of Dr. Majed Nassar.

The late Dr. Ahmed Maslamani played a pivotal role in leading and directing HWC. His charisma and his strong presence institutionally, publically and politically afforded him influence beyond his role as General Manager of HWC. As often occurs in such situations, a vacuum in leadership emerged causing a sequence of changes that impacted the senior management and executive committee, which in turn negatively impacted HWC internally and externally.

With this challenging organizational background, the HWC Board of Directors commissioned the three-year strategic planning process in 2010 in order to:

- re-evaluate HWC's needs and priorities in response to political, social, and administrative changes

- evaluate HWC's work and the services it provides focusing on organizational development in light of the need to develop and enable higher quality services, especially for marginalized groups and the poor
- promote a rights-based health approach internally and externally
- articulate the HWC goals and objectives
- maintain the organization's regional and international networks, restructure the HWC, and mitigate negative financial consequences as well as other similar matters.

As a forward-looking document, the strategic plan is intended to orchestrate HWC's direction for the next three years, not only in terms of technical matters, but also relative to strategic issues which include, inter alia: i) determining the scope and role of HWC in the areas of health and development, ii) developing goals and priorities, iii) developing mechanisms to maintain the network of regional and international networks, iv) restructuring HWC's organizational structure, and v) meeting HWC financial obligations.

Political context

After the emergence of the Palestinian Authority, a new political and legal situation developed, leading to several interactions with non-governmental institutions, which ultimately resulted in establishment of laws pertaining to associations and civil society organizations. Accordingly, civil institutions' practices were aligned with the requirements of the law; however, uncertainty and doubts remained in the context of the relationship among the parties.

Following the emergence of the Palestinian Authority large amounts of funding were pumped in to support local systems, in addition to funding provided to civil society institutions to support implementation of projects focused primarily on human rights, democracy, gender and small enterprise development. During that period, financial support was politicized to support the peace process and conflict prevention agenda. This coincided with the decline of funding from Arab sources.

Subsequently, the second intifada erupted, which had a huge impact on the overall political, economic and social development of the Palestinians and Palestinian institutions. Among its consequences were:

- Severe deterioration of the Palestinian economic situation (i.e. destruction, siege, ..etc).
- Relative weakening of the development and administrative functions of the Palestinian Authority.
- Shifts in funding priorities in light of high rates of unemployment and poverty.

Admittedly, the Israeli measures were brutally aimed to dispel the possibility of establishing an independent Palestinian state. Therefore, these procedures, particularly the construction of the apartheid wall, the escalation of construction of settlements, the ineffectual negotiation processes, the blockades on different Palestinian locales, and the war on Gaza led to the political impasse. Political instability resulting from the Israeli measures and attacks weakened the economic structure and annexation to the Israeli economy distorted the Palestinian economy. Consequently, the economic crisis of the Palestinian Authority worsened under the siege imposed by on the Palestinian territories by the Israelis during the Intifada, exacerbated by the subsequent international and Israeli embargo on the Palestinian National Authority.

The Palestinian elections in the beginning of the year 2006 imposed a new political era on the Palestinian people, which led, after local interactions and foreign intervention, to a political and geographical division between the West Bank and Gaza Strip. Thus the Palestinian internal dispute has been intensifying, looming to a de facto political and geographic rift between the two parts of the homeland; the West Bank and Gaza Strip. Afterward, in late 2008, war broke out in Gaza Strip, which led to destruction, serious injury, and loss of life, and contributed to deepening of the de facto division.

Directly after the division, an emergency government was formed in the West Bank, which has received recognition from Palestinian Authority donors including the World Bank. Funded by large budgets, the formation of the government led to some improvements in the economic situation of residents and public sector employees in the West Bank. Additionally, consumption, and the economy in general received a boost in parallel with improvements in public services, especially health services.

As an organization, HWC has strived to be independent and has maintained its progressive democracy geared toward meeting community needs in areas of health and development away from funds that come with conditions and political agendas. This approach has posed consequent challenges for the HWC.

Key Points:

- **Despite the political changes that coincided with the establishment of the Palestinian Authority, Palestinians are still living under occupation, and still enduring the struggle to achieve national liberation; accordingly, linking development to a liberation process remains a central issue.**
- **The political situation relative to the Palestinian territories is expected to persist over the coming few years. It is anticipated that during this time the Palestinian Authority will be given a life line that secures public sector salaries and provision of public services through American – Israeli attempts to arrange a settlement,**

Funding Context

During the nineties, fundamental changes occurred in the relationship between donors and Palestinian NGOs; this change was due to the restructuring of Western development assistance following the Cold War era. Other changes happened at the level of the Palestinian situation relative to the political changes that followed the Oslo Accords. During this period Arab aid dwindled, while development assistance associated with the West increased in a political effort to "support the peace process."

In other words, the solidarity aspects of the support declined in comparison to the situation during the first intifada (in late eighties), and became politically oriented to enhance the "peace process".

In the last decade of the last century many funding agencies focused on supporting projects involving partnership between Palestinians and Israelis. Beside these projects, funding also continued for other community development projects either through the PNA or NGOs; however the nature and the criteria for funding remained politically oriented. As a result, many civil society organizations complied with the donors' priorities as a means of accessing funding.

Generally, the donor community is not homogeneous; the goals and pledges of funding institutions vary according to their references and their financing sources. Most of the funding agencies with governmental sources of funding are more politically conditioned than other organizations. Some funding agencies are linked to political parties and consider the party's policies as the framework for their funding policies; other agencies may receive their funds from religious institutions like churches. These agencies are relatively less linked to the governmental policies, and they are more flexible in their mechanisms, terms and the volume of funding.

Furthermore, the majority of Palestinian NGOs depend on external sources. Most of these NGOs do not have self-financing sources and the capacity of the local community to finance these organizations is very limited, which makes these NGOs highly dependent on external funding.

To overcome the limited possibilities of funding from local sources, HWC has been selective in building its future funding relationships with parties without contradicting its mission or value system, so it has been refused any conditional support. This has caused historical financial shortages, especially in the last few years when the majority of external support has been channeled to governmental institutions. This is expected to increase in the future, so the organization requires alternative working policies to face the financial deficit and maintain its activities.

Key Points:

- **Arab funding has declined because of U.S. and foreign pressure on Arab funding resources.**
- **Despite the limited size of funds from international civil society organizations, these funds are less politicized and more stable than foreign government funds.**

Demographic and Social Context

The Palestinian Central Bureau of Statistics (PCBS) estimated the number of people in the Palestinian Territories in mid-2010 to be 4 million individuals of whom 2.5 million live in the West Bank, and 1.5 million live in the Gaza Strip, distributed as follows:

- 45% of the population are refugees (30% live in the West Bank, and 69% in the Gaza Strip)
- Gender distribution: 103 males per 100 females
- Young society: median age is 18.3 years; about 41% of the population is under the age of fifteen (15 years)
- There has been a marked improvement in the rate of survival since the beginning of the last decade, as expected survival rates have increased by 4-7 years during the past decade and a half. Life expectancy for both males and females was 67.0 years in 1992; by mid-2010 it had increased to 70.8 years for males and 73.6 years for females and it is expected to rise in the coming years to reach about 72.0 years for males and 75.0 years for females in 2015. The raise in expected survival rates at birth has resulted in large numbers of older people in the Palestinian territories, which points to the need to study and research the situation and services provided for the elderly in the Palestinian territories.
- Birth rates are declining: according to estimates by PCBS, the crude birth rate will drop from 3.27 in 2009 to 3.19 in 2015.
- Low mortality rates: The same PCBS estimates indicate a reduction in the mortality rate from 4.3 per 1,000 persons in 2009 to 3.6 per 1,000 persons in 2015.
- Marriage: marriage rates are high: 8.8 per 1,000 persons. In terms of early marriage it is still widespread, noting that there has been some improvement, as males' average age at marriage increased from 23 years in 1997 to 24.8 in 2009. The marriage age increased

for females from 18 to 19 years old, but 28% of women are still marrying first-degree relatives.

Family size, birth and death rates:

- The data indicate that there was a decrease in the average family size in the Palestinian territories; the average family size decreased to 5.8 persons in 2007 compared to 6.4 persons in 1997. More specifically, the average family size in the West Bank decreased to 5.5 persons in 2007 compared to 6.1 persons in 1997, while in the Gaza Strip, the average family size decreased to 6.5 persons in 2007 compared to 6.9 persons in 1997.
- The crude birth rate decreased in the Palestinian territories from 42.7 births per 1000 persons in 1997 to 32.7 births in 2009; this is due to the low fertility rate in the Palestinian territories. It is noted, however, that there is variation in the crude birth rate between the West Bank and the Gaza Strip, as the crude birth rate declined in the West Bank from 41.2 births in 1997 to 30.1 births in 2009, whereas in the Gaza Strip, the crude birth rate decreased from 45.4 births in 1997 to 36.9 births in 2009.
- The crude mortality rate decreased in the Palestinian Territory from 4.9 deaths per 1,000 persons in 1997 to 4.3 deaths per 1,000 persons in 2009, but is noted that there are differences in the crude mortality rates in the West Bank and Gaza Strip. The crude mortality rate in the West Bank decreased from 5.1 deaths in 1997 to 4.4 deaths in 2009, while in the Gaza Strip it decreased from 4.7 deaths in 1997 to 4.1 deaths in 2009.
- PCBS has reported that the Infant Mortality Rate (death at less than one year) in Palestine has reached 25.3 per 1,000 persons, although it was 23 children per 1,000 persons in the West Bank governorates.
- PCBS also indicates that the Child Mortality Rate (death at under the age of five) was 33.2 deaths per 1,000 persons in 1990, and decreased to 28 per 1,000 persons in 2009 (although the rate was 26 per 1,000 persons in the West Bank).

Poverty:

It is estimated that in 2007 66% of households in the Palestinian territories lived at or below the poverty rate, including 75% of households in the Gaza Strip, compared to 59% in the West Bank; estimates also showed that 48% of households in the Palestinian territories suffer from extreme poverty. The PCBS stressed their findings of a significant reduction in poverty rates in 2010, as the ratio decreased to less than 50%. It must be noted, however, that changes in the methodology used to calculate poverty rates, which resulted from discussions with the World Bank, contributed to the decline in the poverty rate.

Gender indicators

Female education is considered one of the most important social rights and it is one of the most prominent indicators of equality between men and women, with implications for sustainable community development. In 2008, the percentage of females age 15 years and over who enrolled in further education reached 23.7% versus 21.8% for males.

On the other hand the data showed, for the same period, that 9.1% of Palestinian females aged 15 years and over are illiterate, compared to 2.9% of males, which indicates the need to work on reducing the literacy gap between females and males. Further, 15.1% of females hold certificates of primary school completion compared to 17.4% of males, and 7.6% of females hold bachelor's degrees or higher, compared to 14.9% of males.

The participation of women in employment is an important, required step in the overall development process. In 2008, the percentage of females 15 years and over participating in the labor force in the Palestinian territories reached 15.2% versus 66.8% for males. Participation in the West Bank involved 17.1% of females and 68.3% of males, while in the Gaza Strip participation reached a level of 11.7% among females and 64.0% among males.

The percentage of females of 15 years and over participating in the labor force in the Palestinian territories was highest in the countryside, at 18.7%, followed by 14.3% in urban areas and 12.7% in refugee camps.

A total of 61.2% of households headed by females in the occupied Palestinian territories are poor. In 2007 in the Palestinian territories the poverty rate among households headed by females reached 61.2% compared to 56.9% of households headed by males. Difficult circumstances stemming from the abusive Israeli procedures against the Palestinian people continues to be the major cause of the increasing prevalence of poverty among households -- the poverty rate among households headed by women who have 7 or more children reached 79.7%, while 68.6% of women-headed households with 5-6 children live in poverty. The poverty rate has decreased among households with fewer children; in 2007 49.3% of families with 1-2 children were living in poverty.

With regard to marital status for females, the PCBS surveys in 2008 indicated that more than half of women (55.4%) aged 15 years and over are currently married, 6.4% are widowed, 1.2% are divorced, and 0.3% are separated from their husbands. An additional 36.8% of females of the same age group are single.

In 2007, 90.9% of females of 15 years and over were literate. Relative to political and public life, in 2007 about 9.5% of members of the Council of Ministers were female, compared to 4.0% in 2006. Among all journalists working in the Palestinian Territories in 2008, 14.3% were women, while about 10.0% of the total number of judges working in 2007 was women. More than half of the employees in the nursing sector were female.

- Development programs that have been implemented through the various channels have had limited impact on efforts to make substantial and long-term changes to enable the Palestinian people to rely on their own resources.
- Targeting the poor means to eventually target the majority of the community in

Health context

The Ministry of Health's total expenditures in 2009 accounted for 10.5% of the total budget of the Palestinian National Authority. The funding for the health sector comes from taxes, health insurance premiums, treatment fees and direct payment, in addition to donations and international grants. The expenditures of the Ministry of Health increased by 39% between 2000 and 2005, while GDP remained stable during this period. The Ministry of Health spent \$ 223 million in 2007 and \$ 315 million in 2008. In the Reform and Development Plan for 2008 – 2010, \$ 100 million has been allocated within the fixed capital investment budget for the development of a plan for quality health services, and \$ 20 million to develop the capacity to allocate resources in ways that will provide and secure better health services. These two plans are key elements in the work of the health sector. Staff salaries accounted for 48% of the budget, while other operating expenses (especially treatment abroad, medicines and supplies) accounted for the remaining 52% of the budget.

Number and percentage of persons with health insurance: The data issued by the PCBS shows that the percentage of people with health insurance in the occupied Palestinian territories amounted to about 63% of the total population of the West Bank and Gaza Strip in 2009. That is to say, 37% of the population of the West Bank and Gaza Strip were without health insurance in 2009.

With respect to private insurance, it is a very limited resource, taking into consideration that only a limited percentage of the population have private sector insurance due to its high cost.

The number of primary care centers: Data from the Ministry of Health shows that there has been an increase in the number of governmental primary care centers in the Palestinian territories: the number of these centers increased from 454 centers in 1994 to 693 centers and clinics in the 2009. Thus, 239 government health centers were opened between 1994 and 2009, resulting in an increase of 52.9% compared to 1994.

In general, the increase achieved in the number of governmental medical centers is a direct result of the Israeli blockade and the policy that isolates the geographic areas of Palestine. Since the beginning of these repressive Israeli measures the Ministry of Health has attempted to provide medical services, in cooperation with medical NGOs and international institutions, to relieve the most critical health needs of the population, and to provide them with at least

the minimum medical services. For this reason the Ministry has tended to establish medical centers in areas that lack them. It should be noted that the centers that have been established are centers of primary care services that provide first aid, and that they were not established in centers of their own, but rather were given rooms in the premises of a resident organization in the locality, such as a village council or other institution.

Number of visitors: The primary health care unit in the Ministry of Health registered 1,775,388 visits to doctors in primary health care centers in the West Bank in 2009. The number of visits to nurses in primary care centers reached a total of 1,042,284.

Number of clinics operated by non-governmental organizations: There were a total number of about 185 health clinics operated by non-governmental organizations in 2003; the number increased to about 194 in 2009 according to the records of the Palestinian Ministry of Health. Yet should be noted that these institutions increased their health services in other forms; for example most of them began operating mobile clinics to fulfill the demands of the needy marginalized regions and needs imposed by the unique circumstances in the Palestinian territories. These clinics were the easiest way to provide medical services to the largest possible number of communities, since each of these clinics move among a group of communities. Although these mobile clinics cannot provide all of the necessary medical services to an individual community's population since they do not continue to function within a single community, nonetheless they at least partially meet the needs of a group of communities. This approach is necessary under the circumstances that prevail in the Palestinian territories.

UNRWA centers and clinics: the number of these centers rose slightly in the Palestinian territories, from 51 centers in 2001, to 53 centers in 2009.

The number of hospitals and beds: There are about 76 hospitals in Palestine, including 44 general hospitals with a capacity of 784 beds, 10 specialized hospitals with a capacity of 805 beds, 18 maternity hospitals with a capacity of 350 beds, and 4 hospitals providing rehabilitation services and physical therapy with a capacity of 165 beds. Among these, there are 52 hospitals in the West Bank, including East Jerusalem, and 24 in Gaza Strip.

The Treatment Abroad Bill: With regard to purchasing services from abroad, and specifically after the Treatment Abroad Bill reached a cost of USD 60 million, the Ministry of Health decided to run the Palestine Medical Compound as a model for administrative and financial decentralization to enable it to attract qualified health experts from the private sector and from abroad to enhance the quantity and quality of services provided. The hope is in this way to eventually provide medical services that will help reduce the costs of treatment abroad.

The Racial Expansion and Annexation Wall: approximately 32.7% of Palestinian villages will suffer from lack of access to health services in the governorates of the West Bank upon the

completion of construction of the wall. In addition, 71 clinics will be isolated in the wake of the completion of the wall; 41 clinics have already been isolated completely, directly influencing 450 thousand Palestinians and having a more general impact on an additional 800 thousand Palestinians. The construction of the wall is part of a comprehensive Israeli policy that started with settlements, then established checkpoints, and finally began construction of the wall which cuts through the West Bank and creates ghettos. The purpose of extending the 35 km wall deep into the region of Salfit and Qalqilya, is to isolate Jerusalem from the West Bank, to expand settlements in these regions and in Bethlehem and Hebron, and to create ghettos. At this point 64 Palestinian communities are isolated in 28 ghettos.

Moreover, Israel has established a number of permanent or mobile military checkpoints within the ghettos to further divide the land which has already been partitioned, and to further its control which clearly impacts the lives of citizens and specifically health and development.

A survey on “the impact of the annexation and expansion wall on the social and economic realities of the Palestinian communities which the wall passes through,” implemented in June 2008, showed that from the beginning of construction to the end of June 2008 a total of 3,880 families have been displaced by the wall of annexation and expansion which passes through their communities. At the end of May 2005 the number of displaced families was 2,448. By the end of June, 2008, a total of 27,841 individuals had been displaced from communities through which the Expansion and Annexation Wall passed, compared to 14,364 persons displaced before the end of May 2005.

City of Jerusalem and Israeli Judaizing procedures: The situation in the occupied city of Jerusalem is impacted where the wall, settlements, and military checkpoints cause serious health problems. Entire populations in Jerusalem villages such as Anata, Shuafat, Al Zaeem, Sheikh Saad, East Sawahreh, Al Ram, Abu Dees, Al Ezareeh, Beit Ikksa, Old Beit Hanina, and all southwestern towns and villages of Jerusalem, have been isolated from the most important health facilities that serve them in the city of Jerusalem, including St. John’s Eye Hospital, Al Maqased, and Red Crescent hospitals. In addition the withdrawal of the identity cards of Palestinians who hold Jerusalem IDs but have spent time outside of the city (an estimated 70 thousand Palestinians) prevents them from reaching the city of Jerusalem. This has resulted in withdrawal of their health insurance following claims that they no longer live in the city. The situation also isolates residents of the West Bank and Gaza Strip from the holy city.

Health indicators:

- PCBS reports that the Infant Mortality Rate of (deaths of children less than one year of age) reached 25.3 deaths per 1,000 persons in Palestine, and 23 deaths per thousand in the West Bank governorates.

- PCBS also reports that in 1990 the Child Mortality Rate (deaths of children under the age of five) was 33.2 deaths per 1,000 persons, while in 2009 the rate was 28 deaths per 1000 persons (in the West Bank the rate was 26 deaths per 1,000 persons).
- The percentage of vaccinated children in Palestine is among the highest in the world at approximately 97%, while the reported rate in the Gaza Strip is 100% .
- During 2009 51 specialized doctors and 276 general physicians were working in primary health care in the Ministry of Health in the West Bank governorates, while 79 specialized doctors and 506 general physicians were working in the Gaza Strip governorates.
- Maternal Mortality Rate: 48.8% of women in Palestine are of childbearing age, i.e. 15-49 years. The maternal mortality rate reported at the national level is 38 per 100 thousand live births. The Ministry of Health formed a national high committee to examine the recording and reporting of maternal deaths because reported maternal mortality in the Gaza Strip is very low due to the current political situation and does not reflect reality.
- Total Fertility Rate: According to data available from the Palestinian Central Bureau of Statistics, the total fertility rate among women during the reproductive period (15-49 years of age) is 4.6 births per woman at the national level (5.4 births in the Gaza Strip and 4.2 births in the West Bank).
- Births: Statistics indicate that the majority (98.9%) of births occur in hospitals or maternity centers in Palestine and that hospitals operated by the Ministry of Health play a major role in this area, covering 56% of births. This confirms that the majority of Palestinian women choose to give birth in hospitals in general and in the Ministry of Health hospitals in particular because they provide good services, and because health insurance which provides financial coverage for the birth is available for the majority of the Palestinian population. Thus the public hospitals are the preferred option in most cases.
- Family planning programs: These programs receive a high level of attention from the various health service providers in general, and the Ministry of Health in particular. In 2009 the number of primary health care centers that provide family planning services increased to 159 centers that provide family planning services in various governorates in Palestine, including 139 centers in the West Bank and 20 centers in the Gaza Strip. In 2009 beneficiaries paid about 142,789 visits to the family planning programs (51,591 visits in the Gaza Strip, and 91,198 in the West Bank). A total of 43,582 women used fam-

ily planning services for the first time during the same period. The main contraceptive method used by the new beneficiaries in Palestine in 2009 was the Pill, with the proportion of women who use this method reaching 64.8% compared to the 14.7% of Palestinian women who used IUDs.

- Oral and dental health: the Ministry of Health owns and operates a total of 52 dental clinics, 24 of them in primary health care centers in the West Bank, and 24 in centers in the Gaza Strip. Hundreds more dental clinics are operated by both the non-governmental and private sectors. The Ministry of Health data from 2009 indicates there were a total of 143,026 visitors to dental clinics that year (32% in the West Bank, 68% in the Gaza Strip). Services included 51,517 fillings for teeth (34.4% in the West Bank, 65.6% in the Gaza Strip), 191 cases of minor surgery (5.8% in the West Bank, 94.2% in the Gaza Strip), 32,956 tooth extractions (30% in the West Bank, 70% in the Gaza Strip), and 37,156 cases of periodontal treatment (1.1% in the West Bank, 98.9% in Gaza Strip).
- Laboratories: Within the Ministry of Health there are 192 laboratories, including 4 central laboratories (two in the West Bank, and two in the Gaza Strip), 23 laboratories in hospitals (12 in the West Bank and 11 in the Gaza Strip), and 165 laboratories in primary health care centers (128 in the West Bank, and 37 in the Gaza Strip).
- Hospitals: The Ministry of Health is perceived as the main provider of secondary care services (hospital services) in Palestine. There are a total of 75 working hospitals in Palestine, with a combined capacity of 5,058. Fifty of the hospitals and 3,045 beds are located in West Bank governorates and the rest are in the Gaza Strip. Of these, the Ministry of Health owns and manages 25 hospitals with a total capacity of 2,917 beds distributed among all governorates in the Palestinian Territories. In addition to the hospitals owned by the Ministry of Health, NGOs own 30 hospitals with a capacity of 1,639 beds, and providers in the private sector own 19 hospitals with a capacity of 439 beds. The UN Relief and Works Agency owns one 63-bed hospital in Qalqilya governorate. As for the Ministry of Health hospitals, they cover almost all of the specialties, including general surgery and its sub-specialties, internal medicine, pediatrics, mental health services and other specialties.
- Disability: The final results of the General Census of Population, Housing and Establishment of 2007 indicated that 107,785 persons in the West Bank (5.3% of the total population of the West Bank) have at least one disability. This group includes 55,557 males and 52,228 females. The Census results also showed that 22.6% of all individuals who have at least one disability are from Hebron governorate while only 1.7% of those with disabilities live in Jericho and the Jordan Valley Governorate. On the other hand,

vision disabilities are the most prevalent in the rest of the West Bank, effecting 60,041 individuals including 29,562 males and 30,479 females. Of these, 21.5% live in Hebron Governorate, while 1.7% live in Jericho and the Jordan Valley Governorate. When the Census was conducted, the least common type of disability in the West Bank was communications disabilities which were found in 14,781 individuals including 7,899 males and 6,882 females.

- Private non-governmental hospitals provide rehabilitation and physiotherapy services, along with outpatient and emergency services for patients who are not covered by governmental health insurance. Twelve of the government hospitals in the Palestinian Territories have dialysis units and provided 107,026 treatments in 2009.
- The government hospitals also offer diagnostic services such as X-rays and laboratory testing. In 2009 the Palestine governmental hospitals took a total of 827,067 x-rays.

Primary care services provided by the Ministry of Health:

Services provided within the framework of health centers and primary care clinics: According to the Public Health Act, the Ministry of Health is the responsible for setting policies, governing the health sector and serving as the primary provider of health care. The Act reflects the belief that all Palestinians (including East Jerusalem residents, those marginalized people who live on the other side of the wall and the inhabitants of the Jordan Valley) have the right to receive quality health care.

Preventive and curative health services provided by primary care centers and clinics can be summarized in the following areas: women's health, child health, internal medicine, dermatology, oral health, eye health and vision care, health education activities and school health, as well as laboratory and other services. Health centers are viewed as a starting point for health activities and various other community programs such as women's health, school health and rehabilitation, all of which adopt the broad concept of health and its close association with the comprehensive community development.

As indicated in its strategy plan, The Palestinian Ministry of Health's vision for the future is to achieve two main goals: first, to ensure that all Palestinian citizens have easy access to high quality health services, and second, to ensure that the health services provided are sustainable.

As such, the Ministry of Health:

- works to secure a wide range of basic health services that cover most areas of the West Bank and Gaza
- is best equipped to provide health services at the required level of coverage and potentials
- is the authority that is best qualified to provide and secure health rights for all citizens

- may be an ideal partner for non-governmental organizations – working partnerships and integrated efforts could offer new opportunities to improve the health services and health status of the Palestinians, and could remove the threats that a competitive environment might produce
- All health indicators -- physical, psychological, developmental, and gender -- were found to be low when compared to developed countries and other neighboring Arab countries. This situation demands the development of strategic plans that support the budgets, organizational and administrative structures, and active professional staff, including all health and social services providers required to develop the laws needed to enhance the application of the right to health principle. The strategic plans must also define the mechanisms that will be needed to implement these laws, addressing the roles and responsibilities of the legislative, executive, and judicial authorities. NGOs and the Union of Health Work Committees play a fundamental and important role in the development of the health system, particularly in terms of health and development policies and strategies.

Key Points:

- **The Ministry of Health works to secure a wide range of basic health services that cover most areas of the West Bank and Gaza**
- **is best equipped to provide health services at the required level of coverage and potentials**
- **is the authority that is best qualified to provide and secure health rights for all citizens**
- **may be an ideal partner for non-governmental organizations – working partnerships and integrated efforts could offer new opportunities to improve the health services and health status of the Palestinians, and could remove the threats that a competitive environment might**
- **All health indicators -- physical, psychological, developmental, and gender -- were found to be low when compared to developed countries and other neighboring Arab countries. This situation demands the development of strategic plans that support the budgets, organizational and ad-**

Health Work Committee – Today

Given the aforementioned context, HWC is very relevant to the Palestinian environment, having realized significant achievements in support of the health status of the Palestinian people. HWC is performing its role through 300 employees working in all of the organization departments and units. Below is a summary of the HWC's programs and the activities that respond to the main strategies developed by the organization:

Primary health care services and programs:

The primary health care department encompasses the bulk of the activities that the HWC implements. This department provides its primary health services through:

- 16 permanent health centers and clinics spread across the West Bank, furnished with the most modern laboratory and radiology equipment.
- 37 mobile clinics that allow the HWC to extend its services to 37 remote localities outside of the reach of the 16 static site clinics

In providing its services HWC is complying with the requirements of total quality management. When this report was written, the following committees had been instituted:

1. Education and health enhancement committee
2. Laboratory committee
3. Nursing committee
4. Professional work committee
5. Environment committee
6. Pharmaceutical committee

The primary care department provided services to about 415,000 people in 2009. In addition to its clinic services, the department provides broader health services through several distinctive health programs like:

Woman's Health program: The program provides reproductive and sexual health services to 55,000 woman, compromising 70% of the women targeted by the program. The program works to empower women to access their reproductive and sexual health rights, and to enhance their

involvement in community activities. The program pursues its objectives through active community participation with a special focus on women as agents of change. The program includes specialized services such as early detection of diseases, especially breast cancer and cervical cancer, as well as health awareness and education activities. The program organizes women's health days, training workshops that focus on the legal and rights aspects of life and health. In addition to celebrating International Women's Day, HWC has played a pivotal role in the National Campaign Against Violence Against Women and is active in the National Forum Against Violence Against Women. The HWC is a member of the Arabic Women's Network, "Rua'a," through which the program representatives participate in the International Conference on the State of Women, and give presentations on the violations committed against Arab women under occupation, especially Palestinian women.

School health program: HWC now offers public health-related services to about 30,000 students in Jerusalem, from the first grade in primary school to the twelfth grade of secondary school. The program includes many activities and events such as early detection of diseases through eye examinations for students in the first grade through the seventh grade, dental and mouth examinations for first, fourth, seventh and tenth grade students, and health promotion and disease prevention services for the students and employees of the school. This program is the most specialized of the NGO-operated school health programs in Jerusalem, which suffer shortages of health services because of the Israeli occupation.

Healthy Child program: this program is implemented in different HWC centers and clinics, where the health children's health status is monitored and followed up, with services including blood tests, weight-height assessments, and nutrition interventions. In 2009 the program served about 10,185 children and detected 98 congenital malformations and 932 cases of severe disease.

Diabetes Care program: This program offers preventative, therapeutic and educational services to people with diabetes and enables them to deal with their disease and to prevent complications. The fees charged are purely symbolic. In addition, the program organizes events to promote health education and awareness of diabetes, and produces publications on self-care for patients with diabetes along with educational posters and signs.

Community-based Rehabilitation program: The program aims at increasing the independence and social integration of disabled people in southern regions of the West Bank by improving their quality of life through increased independence, productivity and integration into society. The program includes rehabilitation of homes and organizations, awareness-raising activities and field visits and entertainment trips, summer camps and various health care activities for people with special needs. The program has a special, well-equipped rehabilitation unit located in Hal-houl clinical center. The aim of this unit is to build a module and develop rehabilitation services

in the southern areas of the West Bank, offering assessment, diagnosis, treatment, follow-up and transfer of children with special needs through mutual coordination with the other rehabilitation services in the region, which adapt the community-based rehabilitation methodology to the local context.

Community development programs:

Besides the health programs described above, HWC has several community development programs and centers that target services rooted in various sectors of development to several groups within Palestinian society, especially youth, women and children. Among the most important programs and centers are:

Nidal Center – Jerusalem/ Old City: the Nidal Center was opened in 1999 in an old rehabilitated house in the Old City of Jerusalem. The Center strives to develop the local community through:

- Training programs for youth
- Women's empowerment programs
- Improvements in the environmental conditions in the Old City
- Cultural exchange programs with other countries

The center initiates a variety of activities including youth, women, development and infrastructure projects; in the last year, the Center secured more than \$250,000 to cover the costs of its activities in the Old City of Jerusalem.

Community Development Program in Salfit and Qalqilya: This program is based on the concept of empowering local communities to be active agents of development and change. Among its development services, this Center offers training and capacity building activities, and organizes lectures and visits enabling different groups and delegations to interact with the people in the region. In addition to the recreational and cultural activities and the Center hosts celebrations on relevant national and international occasions.

Development Program in the Western region of Bethlehem: The program focuses on strengthening the human and physical resources of the population in the western villages of Bethlehem Governorate by empowering community based organizations and building their capacities in the target areas.

Al Waha Centre for Persons with Special Needs / Beit Sahour: The program seeks to build a distinctive model for empowering people with mental disabilities and securing suitable protection and respect for them. In addition, the Centre works to make health services available to them and invites university faculty and experts from different specialized organizations to provide them with professional care for them. Finally, the center organizes many community and recreational activities.

Elderly people's club / Beit Sahour: the club work to build a model of health care for elderly people that serves them without separating them from their families. The Club's programs address their needs and advocate for their rights, while also offering a number of awareness-raising cultural, social, and recreational activities in addition to on-going health activities.

Jadel Center /Beit Sahour: the Jadal Centre responds to the developmental needs of Palestinian society in line with the HWC vision, focusing on developing knowledge and awareness of national rights and building a progressive national and human identity through the promotion of cultural dialogue within the community. The Centre also organizes awareness-building political, economic and social seminars and workshops.

Shepherds' Field Nursery and Kindergarten / Beit Sahour: The aim is to build a model that establishes a healthy and educational environment for kids and strengthens their capacity for educational growth. The staff also work to improve and develop methods of teaching and learning by working and coordinating with other relevant organizations in the region.

General programs and activities:

In addition to the above, the organization plays important roles and facilitates public activities at local and international levels. HWC is an active member of many coalitions and networks that advocate for national, human and health rights. The organization also plays an important role in interacting with the media and participating in other awareness-raising activities that disclose the Israeli Occupation's violations and practices against the Palestinians. HWC builds relationships of solidarity that support the Palestinian people and their resistance against the Israeli practices, especially the efforts against the separation apartheid wall, and against the violations against Palestinians' rights to health and health care. HWC plays an active role at the local level to influence public health laws and regulations that are relevant to the Palestinian citizens' health, and it has strong presence within the Palestinian NGOs network which plays an active role in the debates and advocacy efforts focusing on national issues such as democracy, election, funding, transparency and accountability. HWC also advocates for political, legal and cultural concerns that are relevant to Jerusalem.

HWC has international and regional representation, participating in global forums in European, Euro-Mediterranean and Mediterranean countries, and it engages in mutual support and solidarity visits with various partners in Spain, Belgium, Netherlands, Italy, UAE, Philippines and other countries. Through its participation, the HWC has been successful in influencing the direction of these forums and in securing funds for many of its programs and activities.

Results of analysis of internal and external environment: Strengths and Areas for Improvement

In this section, the key strengths and potential areas for improvement are explored through group discussions with those who participated in the final strategic workshop:

Strengths:

- The progressive concepts and beliefs of the HWC, its vision, which focuses on supporting the causes of the people, its long history of working with people to enhance their steadfastness and its proven commitment to devoting all efforts and resources to defend Jerusalem
- The HWC's commitment to refuse any funds tied to conditions that might divert it from its vision and its value systems
- The heritage and history of the HWC's membership in many networks and coalitions and its ability to influence these networks at national and regional levels
- As a result of the above, the HWC and its work have earned recognition and respect from other organizations and the general public, and the organization enjoys a very positive image
- The strong value systems in the organization that are based on transparency and accountability to the people, and HWC's commitment to ensuring independence and the Palestinian cause, must be well rooted and maintained at the HWC
- Institutionalization, a strong financial system, policies and procedures are transparent and effective
- The enhanced attitude towards conducting regular planning exercises, developing effective systems, and procedures and standardizing work mechanisms
- The HWC has developed diversified programs including its health and development programs, and its unique school health program has become "a point of reference" within public health work in Palestine
- The HWC's ownership of all of its main offices and clinics, and of its fixed assets hedges against potential risks
- The ability of the HWC to cover a portion of its operating expenses itself

- The HWC enjoys diversified, experienced, committed and qualified human resources

Areas for Improvement:

- A lack of focus within the organization's main direction, and vagueness of the objectives linked to the secondary care services.
- Too many staff members are in the organization's general assembly, and the activity level of the general assembly members is poor.
- Internal management conflicts that have been prevailing for quite a good time are having a negative impact on the organization as a whole.
- The presence of bureaucracy and overstaffing at the administrative levels, in addition to some overlap between organizational functions, as well as the absence of an active incentive system may threaten retention of some qualified employees, as some of HWC's professionals have moved to other institutions for better pay.
- The public relations, public information and publicity efforts to support the organization and its activities are weak.
- The lack of funding resources means that the HWC's continuing dependence on foreign funds is a constant threat for the organization, while the weak investment initiatives threaten any long term self-funding strategy.
- There has been a decline in the organization's capacity building, self learning and learning organization environment
- Poor internal communication between different programs and branches, and the presence of a kind of narrow minded administration in some branches, as well as the HWC's limited response to the branches' needs is relatively low.
- Weak documentation and a poor management information system pose challenges to the HWC's efforts to provide accurate, precise information in friendly and timely manner.

Opportunities:

- The possibility of selling some of the HWC health services to the Ministry of Health and other insurance agencies
- The growing needs for higher quality health services
- Limited health services available through UNRWA
- Increasing trends toward adapting a rights-based approach in the health sector

- Challenges posed by the occupation, especially in Jerusalem, are an open appeal for any HWC to play an active leading role
- Poor national health policies and weak application of those policies
- High prospects for funding health programs and services

Threats:

- Limited number of funding sources for HWC and weak self funding possibilities.
- The threat of the occupation to impose restrictions and measures against HWC especially in Jerusalem
- The negative consequences of the global financial crisis.
- Internal Palestinian political divisions which impact the work of the civil society organizations
- The absence of an active Legislative Council that discusses and issues laws, and monitors government policies and practices.

Organizational Capacity Assessment of HWC

This section looks at the HWC’s organizational capacity and is intended to alert the organization to potential areas of improvement and strategic possibilities pertaining to its capacity. In this context, the word “capacity” is interpreted broadly to include the existing conditions that together will enable HWC to plan and implement its programs effectively and efficiently.

The analysis herein draws on interviews carried out with the Chairman of the Board, the general manager and the functional managers, focus group discussions with staff and other relevant stakeholders, and information drawn from various reports and documents made available to the consulting team. These sources are complemented by information gleaned through other means including the consultants’ observation and participation in orientation meetings early in the assignment. The consultant would like to note that HWC’s management and staff are aware of many of the challenges identified below.

In order to assess the HWC’s organizational capacity, the team followed a modified “Capacity Framework” model (The McKinsey Capacity Assessment Grid) that defines non-profit capacity in a pyramid of seven essential elements. The model was adapted to meet the HWC’s organizational capacity assessment needs whereby the information was collected through the approaches described above, rather than by asking the people at HWC to score the organization

on each aspect of organizational capacity by selecting the predetermined text that best describes the organization's current status or performance.

As such, the review looked at the following seven essential elements of HWC's capacity:

- A. Three higher-level elements – aspirations, strategy, and organizational skills
- B. Three foundational elements – systems and infrastructure, human resources, and organizational structure
- C. The cultural element that serves to connect all the others.

Within this approach, the following definitions may be helpful:

- 1 Aspirations: An organization's vision, mission and strategic goals which together reflect the organization's *raison-d'être*
- 2 Strategy: The combined set of programs aimed at achieving the organization's goals
- 3 Organizational skills: The organization's capabilities as reflected in its planning, implementation, performance management, external relations, and other factors
- 4 Human Resources: The collective experiences and commitment of the organization's governance and staff
- 5 Systems and Infrastructure: The administrative systems and its physical and technological facilities
- 6 Organizational Structure: The governance of the organization, functions of the various divisions, roles and responsibilities, as well as individual job descriptions
- 7 Culture: The bond that brings everybody in the organization together including shared values, principles and norms

Aspirations

HWC's written mission clearly expresses the organization's reason for existence. It describes an enduring reality that reflects the values and goals broadly held within the organization and at different levels including governance, management, and staff, but may lack clarity in the meanings of some words and expressions. In fact, almost all those who were interviewed or participated in any manner in the process have a clear and specific understanding of what HWC aspires to become or achieve. At the same time, although such a mission may seem to be demanding yet achievable, it may not be explicitly translated into a set of concrete goals with key performance indicators that can direct actions or set priorities even though there may be gen-

eral but inconsistent and imprecise knowledge within the organization of overarching goals and what it aims to achieve.

Strategies:

Strategies have been developed, are linked to the mission of the HWC, and seem relatively coherent and actionable. The strategy has limited influence over day-to-day behavior. Realistic targets for long term impact do exist in some key areas; however, those targets are mostly focused on “inputs” or “outputs” (things to do right) and as such the targets lack milestones and do not incorporate ways of measuring impact. Most programs and services are well defined and relevant but are somewhat scattered and not fully integrated into a clear strategy especially relative to the secondary health services. With regard to program growth and replication, it seems that within HWC there is an occasional assessment of the possibilities of scaling up existing programs, and some of the development projects have been replicated or have prompted creation of new programs, where new programs are typically created largely in response to funding availability. There is a valid but limited systematic mechanism for assessing the existing projects in order to improve the effectiveness of the HWC’s response to the needs of the beneficiaries. Concerning funding, HWC is dependent on a few donors largely of the same type, which may have a negative impact on the organization’s long-term sustainability.

Organization's skills:

Performance measurement: The performance is partially measured, as the organization regularly collects data on program activities and outputs (e.g. number of beneficiaries, cases, etc.) but lacks evidence-driven impact measurements reflecting the socioeconomic and livelihood status of the target groups. Finally some efforts are made to compare HWC program performance with that of external parties, and internal performance data is partially used to improve the organization’s performance.

Planning: There is good knowledge of the changes in the external environment, players and alternative models, however HWC’s ability to respond rapidly and adapt behavior based on the acquired knowledge is limited at this stage. HWC has the ability and tendency to develop and refine a relatively concrete, realistic strategic plan and the process of strategic planning is now well incorporated into the organizational culture, although no reviews of existing strategic plans have been carried out to update and modify the objectives and strengthen performance. Operational plans that the Board of Directors reviews and endorses have been developed on an annual basis. In addition, there seem to be some solid financial plans that are regularly updated and budgets are integrated into operations. Performance to budget is monitored regularly. The plan and budget have clear programmatic categories and the budget also follows these same categories.

Human resource development plan: The organization lacks a deliberate high level HR development plan that is based on a tailored needs assessment for various categories of staff members and is linked to strategic planning activities.

Income and fund raising: The fund raising skills are generally weak and the HWC lacks highly qualified expertise within the parameters permitted by the HWC mission and vision. Their self-income resources are at a relatively reasonable level, where the self-source income (like fees) cover approximately 45% of the total running costs. This level can be somewhat improved by reducing administrative expenses related to salaries and unnecessary rent expenses.

External relationship building and management: the HWC seems to have built, leveraged, and maintained strong, high impact relationships with a variety of NGOs that share similar development visions and values and most importantly HWC has good stable relations mutually beneficial collaboration with some donors who have common values. HWC has a strong presence among local communities, is reasonably known within the Palestinian community, and is perceived as open and responsive to community needs, though the HWC is sometimes mixed in with other health services providers. In this direction, many of the stakeholders believe that HWC has indeed made some apparent positive change in the area of the primary health care.

Other organizational skills: HWC makes limited use of public relations opportunities and lacks marketing and promotional skills. It has a history of effectively lobbying to influence public policies, however, in the past few years its role in this regard has declined despite some possibilities, and rarely has it had substantive policy discussions.

Human Resources:

Board of Directors: The board has relatively diversified experiences, with a little predominance of health backgrounds; the board needs more members drawn from the full spectrum of functional and program content-related expertise such as community development, public relations and marketing, financial management and other domains. The board is very willing, and has a proven track record of investing in learning about the organization and addressing its issues, as well as an outstanding commitment to the

organization's success, mission, and strategic goals. Board members participate fully in major decisions. and also provide back-stop support on many technical issues pertaining to HWC's work. Communication between the Board and HWC senior management generally reflects mutual respect and appreciation for roles and responsibilities, shared commitment and valuing of collective wisdom.

Executive Management: the senior management has experienced a period of instability and inconsistency; however, a general manager has been appointed. There is a set of serious important internal decisions on the senior management's agenda that should be addressed in the near future. The senior management lack clear vision on how to achieve balance between the never ending community needs and the organization's limited resources, as the plan to open hospitals will need the support of a solid vision of where to reach out and how to meet the financial resources required to cover huge operating costs.

Employees and organizational effectiveness: Staff members generally show commitment to the organization's cause and enthusiasm for potential development and promotion within the organization. Most of the staff came from health backgrounds, but they have limited experience in the field of NGO management.

Systems and organizational structure:

Although the HWC's organizational entities are functioning, there is a kind of dysfunctional coordination, with unclear roles and responsibilities and some overlapping even at the level of job titles. There may be confusion between the roles of the general and executive directors, in addition to doubts about the need for three management layers to supervise and manage the health centers and clinics. Organizational settings do not seem to be appropriately designed; this is a situation that may prompt the need for a restructuring process that is more functional and more responsive to the developed strategies

With respect to the decision making process, it is clear but it will require further documentation and communication among all concerned, as in some cases the decision-making process is influenced by personal considerations or/and by informal groups within the organization or its branches. At the financial level there is a high level of transparency as all transactions are documented in accordance with legal rules and practices.

The Board of Directors functions according to its documented mandate. It reviews budgets and sets organizational policy directions but does not document its reviews for future reference or organizational learning.

With respect to human resources, there are no active human resource development programs; feedback and coaching occur sporadically; employee performance evaluation does not seem to occur regularly or effectively. A salary scale designed for the various HWC posts is not motivating while no incentive system has been adopted or applied within the organization. There is no formal knowledge management system, nor is there a comprehensive system that can capture, document and disseminate knowledge internally to support institutional learning.

Infrastructure:

Physical infrastructure seems to be a very strong component of HWC as it owns facilities and clinics; in addition HWC has adequate basic equipment that is accessible to the entire staff. The infrastructure caters to day-to-day communications and other needs with essentially no problems. As for the website, HWC has a well-developed site containing basic information on the organization and its activities. There might be a need for more frequent updates of the websites.

In terms of medical infrastructure, all clinics and centers are well equipped, and have computerized systems for documenting and centrally storing medical data; however, there is limited usage and analysis of the stored medical information. In addition HWC has a central accounting and financial system that enables it to follow up and monitor every transaction, and to control the inventory,

Organizational culture and value system:

Performance is partially considered as a base for employees' promotions and rewards; employees are hired to carry out certain tasks and not to make an impact. There exists a common set of values held by many people within HWC such as affiliation to the organizational cause, and commitment toward the people and the community, and there is a prevailing culture that values preserving HWC properties and minimizes or prevents corruption or abuse of HWC resources. These beliefs and values are clearly aligned with the organization's mission and purpose and are occasionally harnessed to achieve results.

HWC Vision, Mission & Goals

Vision

A Free Palestinian Society

Enjoying Health Rights that are

EQUITABLE, WELL-DEVELOPED & COMPREHENSIVE

Mission

As a Leading Palestinian Non-Governmental Health and Developmental Organization, the Health Work Committees functions in a Rights-Based Approach providing Health Services to all segments of the Palestinian Population, particularly the poor and the marginalized; building development models, and; lobbying and advocating in support of favorable policies and legislations.

Core Values:

HWC strives to build an organizational culture and value system that will enhance its efficacy and accountability towards the Palestinian Society in line with its vision and mission. As such, HWC will work through the current cycle of strategic planning to formulate and implement the principles and mechanisms needed to strengthen the range of the following values:

Transparency:

HWC will integrate into all of its programs mechanisms to promote *transparency* at all administrative levels and among all employees, as well as within the relationship with target groups, partners, donors and other relevant organizations.

Credibility:

HWC is responsible for its promises, its work and its decisions. It commits to the implementation of all decisions and to the best of its ability, it will provide services and will clearly provide timely and accurate information in the event of any failure or error.

Equitability:

The value of social equitability and humanitarian work is one of the basic motivations driving the establishment of the organization. This value must be reflected in the distribution of resources and the application of regulations and standards of objectivity, equality, and opportunity for all.

Team Work:

HWC appreciates the team work that involves accepting differences, reflecting on the different views and styles others may exhibit, and being open to the experi-

ences of others and to working collectively to find creative solutions to the thorny issues that the committees may face, and to promote team work.

Core strategic Directions:

Based on the understanding of the mission and the goals, objectives and values of the committees and recognizing the strengths, weaknesses, opportunities and risks, HWC leaders and officials are aware of the importance of monitoring changes in the internal environment as well as the external environment and to constantly assess the methods and approaches used to improve practice and development. The HWC leaders will make concerted efforts to provide support for health development based on the principle of the right to health, and in this context, the direction of the work of the organization of Health Work Committees will be determined within the following strategic themes:

- Increasing the level of self-reliance in financial terms is a significant and real need that must be addressed in the context of enabling the organization to control its resources to ensure its ability to support the nucleus of the HCW's central role and services.
- Devotion to volunteerism as an organic part of all programs and activities of the committees; in this context, HWC is a unique organization.
- The committees serve as a representative and distinguished voice at the local level "internally" and externally at the "regional and global" levels.
- The Unique Case of Jerusalem: HWC will devote all of its efforts to any development area that contributes to the defense of Jerusalem and strengthens the steadfastness of its population.
- Emphasis on adopting the principles of total quality in all programs and activities.

To move forward within the scope of these core strategies, the organization of Health Work Committees set itself to work towards the following goals:

Goal 1

Core activities:

Provide primary health care services and improve the quality of these services.

Improve and develop laboratory services.

Continuous development of HWC human Resources..

Implement mother and child programs, school health and other programs.

Quality Health Services and Programs are provided to marginalized groups

The distinguishing features and measurement criteria will have to revolve around the mode of service delivery and quality, i.e. preserving the dignity of the individual within the rights-based approach.

Objectives:

1.1 Primary health care services provided in the centers of HWC.

1.2 Effective Health Programs.

1.3 Models for Secondary Health Care Levels.

Goal 2

Core activities:

Follow up the preparation of plans and approvals by the Board of Directors, and follow-up implementation by the Departments.

Periodic evaluation of the work and performance of the organization and its staff.

Follow up the preparation of annual budgets and review and update the current financial system in the organization.

Restructure the organization so that it is consistent with the newly developed strategies.

Prepare a plan to develop

Effective and Efficient Organization

An Organizational Structure that is responsive to the Strategies developed through the Strategic Planning Process.

Objectives:

- 1.1 A new strategy consistent with the organization.
- 1.2 Structure consistent with the organization.
- 1.3 An effective human resource system that can attract and retain high caliber employees.
- 1.4 Financial and administrative system in accordance with Generally Accepted Accounting Principles and other international standards, including a monitoring and evaluation system.
- 1.5 Effective Management Information System.

Goal 3

Health and Development Policies Congruent to the Right-to- Health principles

Core activities:

As could be measured by the success of HWC in getting new national policies and legislations that are responsive to the health needs of the poor and marginalized.

Objectives:

Decision Makers adopt policies, legislation and programs that address the priorities of marginalized groups.

HWC is a main source of information / a resource for relevant policy dialogue and legislations.

Programs and campaigns to mobilize support for issues related to policies, programs and legislation impacting health and development, are organized by HWC.

Goal 4

Building Development Models within an Innovative Community Development Approach

Core activities:

Documentation of experiences and methodologies for dealing with the global development of different social groups.

Assessment of the needs of community groups to redesign the curriculum to work with different groups and develop new mechanisms to meet their needs.

Dissemination of experiences through publications and conferences.

The success can be measured by others copying the models developed by HWC or by other community entities assume responsibility of these models at one point in time.

Objectives:

New models to meet the needs of specific social groups, developed and managed in partnership with the local community.

Community Groups have the capacity in terms of knowledge, attitudes and

Operational Plan

Logical Framework Matrixes