

Deanship of Graduate Studies
Al Quds University



Evaluation of the Status of Strategic Management in Non-Governmental Health Organizations -Gaza Governorates.

Samira khalil Ahmad Abu Hmaid

MPH Thesis

Jerusalem – Palestine

1433/ 2011

**Evaluation of the Status of Strategic Management in
Non-Governmental Health Organizations -Gaza
Governorates.**

Prepared By:

Samira Khalil Abu Hmaid

Bachelor of Physiotherapy- Islamic University – Gaza

Supervised by:

Dr. Wa'el Thabet, PhD.

Assistant Professor, Al-Azhar University - Gaza

A Thesis

Submitted in Partial Fulfillment of the Requirement for the

Master Degree of Public Health - Health Management

Al-Quds University

1433/2011

Deanship of Graduate Studies
Al Quds University
School of public health



Thesis Approval

Evaluation of the Status of Strategic Management in Non-Governmental Health Organizations -Gaza Governorates.

Prepared by: Samira Khalil Abu Hmaid
Registration No. : 20812769

Supervisor: Dr. Wae'l Thabet

Master thesis was submitted and accepted, Date: 2-8-2011

The names and signatures of examining committee members as follow:

1. Head of Committee : Dr. Wae'l Thabet.
2. Internal Examiner : Dr. Bassam Abu-Hammad.
3. Exernal Examiner : Dr. Nehaya Atelbani .

Jerusalem -palestine
1432/2011

Declaration

I certify that this thesis submitted for the degree of master is the result of my own work, and has not written to me in completely or in part by any other person(s), and that this thesis has not been submitted for a higher degree to any other university or institution.

Signed: 

Name: *Samira Abu Hmaid*

Date: *5.12.2011*

Dedication

I wish to dedicate this work:

To the soul of my mother

To my father

Who did not stop pray for me. My source of inspiration. Who taught me how to be independent, creative and never give up, I ask Allah to extend his life.

My husband Adnan

My best friend and partner in life, who believed in me, who supported me on the front line wholeheartedly. Without his support and patience this work would not be accomplished

My little sweet children Abdullah, Mohammed, Omar

Who inspired me always with their smiles, which are full of hope to keep working, I love you so much.

Acknowledgements

I would like to express my great thanks and gratitude to all people who contributed to the success of this work, without their support this work would not have been possible.

I would like to thank my academic supervisor *Dr. Wael Thabt* for his guidance.

Special thanks to *Dr. Bassam Abu Hamad* and *Dr. Yehia Abed* for their support and guidance through my study. I would like to acknowledge all academic and administrative staff of the School of Public Health for their support.

I would like to express my deep gratitude to the executives and chairpersons of health NGOs in Gaza Strip who agreed to be included in this study. Thanks for your cooperation.

Particular acknowledgment and thanks to all academics and officers who submit their valuable notes when they evaluated my study instrument specially *Ms. Susan Ross*.

Many thanks for my best friend So'ad Redwan for her continuous support and assistance.

Samira Abu Hmaid

Abstract

Strategic management was recently adopted in health sector to cope with huge changes that have been occurring, it is the beginning of efficient and effective managerial system. Therefore, an evaluation of status of strategic management in non-governmental health organizations and identification of obstacles hindering health programming and strategic management in Gaza strip was done with cross-sectional descriptive analytical study. Using self-administered questionnaire, data were derived from 130 managers and chairpersons of 32 health NGOs in Gaza strip aged from 25-70 years, 80% of them were males how were working in those organizations in the period of data collection which extend from December 29th, 2010 to January 25th, 2011.

Data was collected regarding demographic variables, organizational variables and strategic management practice. T test and one way ANOVA were used to analyze the association between dependent and independent variables.

The respondent health organizations were providing different health care services; primary health care (46%), secondary and territory health care (15.6%), rehabilitation (68.8%), diagnostic services (50%), psychosocial support (50%), and most of them were providing health education (84%). High percentages of rehabilitations and psychosocial support services indicated to the quick response of NGOs toward the needs of local society as reports talking about increase incidence of mental illness and number of disables due to Israeli attacks and blockade of Gaza Strip, the total number of working health professionals were 1088, only (35%) of them females.

It was concluded that the overall strategic management practice mean scores was 79.8%, but the lowest main scores was for strategic plan (67%). Although the results indicated that 85% of the organization's employees have job description, only 42% of respondent agreed that their organizations conduct annual performance appraisal while 52% of them indicated that there were individual work plans for employees that was annual plan with 26% of respondent.

Regarding financial resources of health NGOs, (61.2%) are from external donation (Arab and foreign) while only 27% from its private revenues.

There were statistically significant associations between genders, managerial years of experience, size of organization and strategic management practice ($P < 0.05$).

Most respondents considered the unstable political environment in Gaza strip as the main constrain for practice of strategic management followed by limited fund and financial flow instability.

The findings of this study are important for understanding gaps of strategic management practice, and landmarks in improving its practice within health NGOs in Gaza Strip.

So it is recommended to health NGOs to pay more attention for strategic plans formulation as perfect tool for seeking fund, human recourses management strategies as they the back bone of any organization through more capacity buildings, effective involvement in all management process, and creating culture encourages continuous education and facilitates information transferring. Finally, MOH is required to enforce the complementary relationship with local health NGOs to decrease its dependency on external fund.

Table of Content

Declaration		i
Dedication		ii
Acknowledgement		iii
English Abstract		iv
Table of Contents		v
List of Tables		viii
List of Figure		ix
List of Annexes		ix
Abbreviations		x
Chapter One	Introduction	
	1.1 Introduction	1
	1.2 Problem statement	3
	1.3 Justifications	5
	1.4 Research objectives	5
	1.4.1 General Objective	5
	1.4.2 Specific Objectives	6
	1.5 Research Questions	6
	1.6 Context of the Study	7
	1.6.1 Demographic Context	7
	1.6.2 Socioeconomic Context	8
	1.6.3 Political Context	9
	1.6.4 Health Status Context	9
	1.6.5 Palestinian Health care System	12
	1.6.6 Management and Planning within Palestinian health System	13
	1.6.7 Non- Governmental Health Organizations	16
	1.7 Operational Definitions	20
Chapter Two	Literature Review	
	2.1 Conceptual Framework	21
	2.2 Literature Review	24

2.2.1	Historical Background of Strategic Management	24
2.2.2	The Main Stages of Strategic Management	26
2.2.2.1	Environmental scanning	26
2.2.2.2	Strategy Formulation	28
2.2.2.3	Strategy Implementation	33
2.2.2.4	Strategy Evaluation and Control	37
2.2.3	Strategic Management in NFP Organizations	38
2.2.4	Strategic Management in Health Care organizations	40
2.2.5	Importance of Strategic Management in Health organizations	42
2.2.6	Barriers hindering Strategic management practice.	44
Chapter Three	Methodology	
3.1	Study design	47
3.2	Study population	47
3.3	Period of the study	48
3.4	Eligibility criteria	48
	3.4.1 Inclusion criteria	48
	3.4.2 Exclusion criteria	49
3.5	Study Sitting	49
3.6	Ethical and administrative considerations	49
3.7	Study Instrument Construction	50
3.8	Pilot study	51
3.9	Data Collection	51
3.10	Response Rate	52
3.11	Reliability and Validity	52
3.12	Data Management and Analysis	54
3.13	Limitations of the Study	55
Chapter Four	Results and discussion	
4.1	Characteristics of study population	56
	4.1.1 Personal Variables	56
	4.1.2 Organizational variables	58
4.2	Strategic Management practice	60
	4.2.1 Environmental scanning	60

	4.2.2	Strategy Formulation	64
	4.2.3	Strategy Implementations	68
	4.2.4	Strategy Control and Evaluation	71
	4.2.5	Strategic Management Practice Scores	73
4.3		Strategic Management Practice and Personal Variables	75
	4.3.1	Gender	75
	4.3.2	Age Groups	75
	4.3.3	Academic Certificate	76
	4.3.4	Managerial Experience	76
	4.3.5	Receiving Training	77
	4.3.6	Carrying out Training for others	78
4.4		Strategic Management Practice and Organizational Variables	79
	4.4.1	Age of the Organization	79
	4.4.2	Service area	79
	4.4.3	Number of health Centers	80
	4.4.4	Total Number of Employees	80
	4.4.5	Type of Health Services Provided	81
4.5		Barriers of health programming and Strategic management practice.	82
Chapter Five		Conclusions and recommendations	
	5.1	Conclusions	87
	5.2 .1	Recommendations	90
	5.2.2	Recommendations for Further studies	91
		References	92
		Annexes	103
		Arabic Abstract	125

List of Tables

Table		Page
Table 3.1	Reliability alpha Cronbach's Coefficients of Instrument	52
Table 3.2	Content Consistency Validity of Study Instrument	53
Table 4.1	Distribution of participants by personal characteristics	57
Table 4.2	Distribution of organizations by different characteristics	58
Table 4.3	Distribution of organizations by environmental scanning	62
Table 4.4	Distribution of organizations by strategy formulation	64
Table 4.4	Distribution of organizations by strategy formulation(Cont.)	65
Table 4.5	Distribution of Strategy Implementation	68
Table 4.6	Distribution of organization by monitoring & evaluation	71
Table 4.7	Mean Scores of organization's strategic management practice	73
Table 4.8	Differences in strategic management practice by gender	75
Table 4.9	Difference in strategic management practice by age groups	75
Table 4.10	Difference in strategic management practice by academic certificate	76
Table 4.11.1	Difference in strategic management practice by experience	76
Table 4.11.2	LSD test between experience and strategic management practice	77
Table 4.12	Differences in strategic management practice by training	77
Table 4.13	Difference in strategic management practice by carry out training for others	78
Table 4.14	Differences in strategic management practice by service area	79
Table 4.15	Differences in strategic management practice by type of health services	81
Table 4.16	Distribution of Strategic Management barriers	82

List of Figures

Figures		page
Figure 4.1	Distribution of participants by sex	57
Figure 4.2	Periods of health care provision	60
Figure 4.3	Distribution of health services	60
Figure 4.4	Barriers of strategic management	82

List of Annexes

Annexes		Page
Annex 1	Map of Gaza Strip	103
Annex 2	Helsinki Committee Approval	104
Annex 3	Approval of NGOs directors	105
Annex 4	Written informed consent Letter	106
Annex 5	Self-Administered Questionnaire (English Copy)	107
Annex 6	Self-Administered Questionnaire (Arabic Copy)	115
Annex 7	Request for evaluation and controlling letter	122
Annex 8	Names of Questionnaire Evaluators	123
Annex 9	Names of Organizations included in the Study	124

List of Abbreviations

CEOs	Chief Executive Officers
CVI	Content validity index
GS	Gaza Strip
FAO	Food and Agriculture Organization
HSR	Health Sector Review
HRH	Human Resources of Health
LSD	Least Significant Difference
MAS	Palestinian Economic Policy Research Institute
MOH	Ministry of Health
MOI	Ministry of Interior
NGOs	Nongovernmental Organizations
NFP	Non for Profit
OECD	Organization for Economic Co-operation and Development
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PMR	Private Medicine Retailers
PNGO	Palestinian Nongovernmental Organizations
SD	Standard Deviation
SHC	Secondary Health Care
SPSS	Statistical Package for Social Sciences
SWOT	Strength, weakness, opportunities, Threat
VUP	Virtual University of Pakistan
UNRWA	United Nations Relief and Working Agency
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WB	West Bank
WHO	World Health Organization

Chapter 1 : Introduction

1.1 Background

As Fayol, (1949) asserted "to manage is to forecast and plan, to organize, to command, to coordinate, and to control"(as cited in Preker, Mckee, Mitchell, Willbulpolprasert, 2006, p. 1340). Hence actually management is about reviewing possible future scenarios, deciding how best to respond to them, bringing together the needed resources , and arrange them as effectively as possible.

Recently, most of management research was concerned with industrial production, for which outputs could be measured relatively easily while less attention given to service industries in general and health care services in particular where defining and measuring outputs is difficult.

Health care services and other service industries are sharing many features. Yet health care specialized in many characteristics, like the consequences of errors is sever and human resources in health organization are highly professional and work involve a high degree of specialization. therefore management of health organizations is really complex as activities by different groups of staff members are highly interdependent, requiring a high level of coordination, there is limited scope for effective organizational or managerial control over health staff and expenditure, and double lines of responsibility often create problems of coordination, accountability, and confusion of roles (Preker, et al., 2006).

Strategic management had been started in business organizations aiming to increase profitability but it is unique in health NGOs as they are non-for profit organizations that depend on external fund, and provide health services with its humanitarian aspect.

Strategic management concepts have been engaged within health care industry and successfully modified to fit the exceptional aspect of health care organizations that

successfully adopt many strategic management approaches to cope with huge changes that have been occurring. Strategic management is not a process of simply extending the organization's current activities into the future, strategic management attempts to identify the issues that will be important in the future, consequently an organization will be able to recognize services should continue in the future, new services will be needed and current services those are no longer needed (Swayne, Duncan, Ginter, 2009).

Henry Mintzberg (1998) has indicated, a key to managing strategy is the ability to detect emerging pattern and help them take shape. Therefore, if the strategy is not actively managed, it will not happen. It will be realized by accurate implementation with consideration of surrounding changes may occur.

However strategic management practice has been starting in healthcare sector recently; it is very important in health sector as philosophy of way to manage an organization because it ties organization with common purpose and shared values toward achievement of objectives. It is encourages innovation and change within the organization to meet the needs of dynamic situations. Furthermore, it helps managers to understand the present, think about the future, and recognize the signals that suggest change (Swayne, et al., 2009). Nongovernmental health care organizations play an important role in health services provision for Palestinians in Gaza strip and West bank, they serve thousands of population with annual fund about 54 million dollar per year and provides 60% of primary health care, (49%) of secondary health care and (100%) of rehabilitation services (Maslamani, 2004). Health NGOs considered the third health provider after MOH and UNRWA. It accounts for (29%)of total number of primary healthcare centers and (32%) of hospitals beds. Moreover, they account for (26%) of human resource employed by health sector, they

show higher rate of utilization in specialized services including rehabilitation, psychological counseling and health awareness (Bisan Center & World Bank, 2007).

62% of health care organizations in Gaza Strip provide primary health care through health care with capacity of 278 hospital beds; on the other hand, health care NGOs operate more than 20 centers for physiotherapy and other rehabilitation services (Yaghi, 2009).

Poor regulatory role of MOH among all partners of health sector, leads to duplication of health services and fragmentation of health system as a whole, health providers lack the flexibility in readjusting services profile according to the health needs and epidemiological transition occurring in Palestinian society.

The main objective of the study is to assess the status of strategic management in the NGOs sector. while the specific objectives are to explore how far these NGOs practice strategic management. to identify variables affect negatively or positively an organization ability to practice strategic management. and to recognize differences among these organizations in relation to managerial and organizational variables.

The suggested recommendations will enhance the strategic management practice within the health NGOs that could have a real impact on the health care system and health care services provision that will positively affect health status of the Palestinian population.

1.2 Problem Statement

Health care NGOs play an active role within Palestinian health care system, not only in health services provision, but also in health promotion and prevention, and in health planning.

The body of academic literature dealing with NGOs and strategic planning is developing, but there is nearly no academic study concerning with the strategic management in health NGOs in Gaza Strip in their own rights, so this study will fill this gap in knowledge.

Many local studies were conducted regarding strategic planning in NGOs, Not for profit (NFP) organizations and private profit companies, but there is no study on strategic management or planning regarding health care NGOs in specific. There is only one study light on Gaza health NGOs and its role to enhance Palestinian health care system.

Research indicated that organization using strategic management concepts are more useful and productive than those do not ,systematic planning is necessary to overcome future fluctuations in internal and external environments thus insure achievement of an organization goals.

Yaghi (2009) indicated that about (65 %) of health's NGOs in Gaza strip had strategic plans, which usually developed according to fund availability, while only (22%) of health NGOs, which had strategic plans, implemented their plans.

According to Hamad(2009), most health organizations lack clear vision and utilized strategic plans, therefore they in need to support the concept and practice of strategic planning through formulating action plans, and put it in action and well designed monitoring performance indicators. It was obvious that local health NGOs did not seek fund according to its strategic plans, which is the best way to be proactive rather than reactive toward fundraising of its activities.

Therefore, this study will focus on strategic management practice in health NGOs in Gaza Governorates.

1.3 Justifications

Strategic management concepts have been engaged recently within health care industry and successfully modified to fit the exceptional aspect of health care organizations, therefore cope with huge changes that have been occurring.

In Palestine, nothing is certain and instability is the common feature of our situation. Health care NGOs are totally dependent on outside financing, strategic management provides an excellent tool for developing and justifying requests for needed financial support.

This study will contribute to the development of health NGOs management that will be reflected on health care system in general and improving health care services to the Palestinian population thus their health status.

Furthermore, this study will enrich the body of knowledge with a new resource in the field of NGOs in general and strategic management in health sector in particular. As the study is the first study that focus on strategic management in health NGOs.

1.4 Research Objectives

1.4.1 General Objective

To assess the status of strategic management practice of nongovernmental health care organizations in the Gaza strip.

1.4.2 Specific Objectives

- 1 - To explore how far health NGOs in Gaza strip practice the strategic management.
- 2 - To identify the variables those influence the organizations ability to practice strategic management.
- 3 - To assess differences among health organizations in relation to organizational and managerial factors.
- 4 - To explain the main factors that hinder strategic management practice in health NGOs.
5. To develop recommendations that may help NGOs to improve its practice of strategic management.

1.5 Research Questions

- 1 - Do NGOs practice strategic management?
- 2- Which elements of strategic management are well practiced?
- 3- Which elements of strategic management are poorly practiced?
- 4 - What are the effects of organizational factors on strategic management practice?
- 5-Which are the organizational factors that hinder/promote strategic management practice?
- 6 - What are the effects of personal factors on strategic management practice?
- 7 - Which are personal factors hinder/ promote strategic management practice?
- 8 - What are the differences among health organizations in relation to organizational and managerial variables?
- 9- What are the main obstacles hinder the practice of strategic management among health NGOs?
- 10- Which obstacles can be considered as the most hindering ones?

11- How can health NGOs overcome these obstacles?

12 - What are the recommendations can be suggested?

1.6 Context of the Study

This study was conducted in the facilities of NGOs providing health services in Gaza Strip, the following paragraphs will light on the geographic context , demographic indicators of Palestinian people and political situation of Gaza strip, further more a comprehensive demonstration about health status of Palestinian ,health care system and its management will be presented.

1.6.1 Demographic Context

The total area of historical Palestine is about 27,000 Km , Palestine is boarded by Lebanon in the north, the Gulf of Aqaba in the south, Syria and Jordan in the east and by Egypt and Mediterranean Sea in the west . Palestine was placed under British mandate, followed by Israel establishment in 1948 in as a result of implementing the Balfour Declaration in 1917 to providing a homeland for Jews, the result was uprooted most of Palestinian from their cities, towns, and Villages and obligated to migrate to West bank, Gaza strip, Jordan, Lebanon, Syria, and others countries (Abu-Lughod, 1971). Now Palestinian territories are limited to two geographically separated area, Gaza Strip (GS), and West Bank (WB), total both areas is 6020 km , Which represents (22%) of historical Palestine area (MOH, 2006).

The total area of GS is 365 sq. Km and it constitutes (6.1%) of total area of Palestinian territories land. It is a narrow land, located on the south of Palestine on the coast of Mediterranean sea (Annex 1). GS is high crowded area, where approximately 1.5 million live in , estimated density is 3,808 per sq km one of the most crowded places on earth , the population is concentrated in 7 town, 10 villages, 8camps (Palestinian Central Bureau of

Statistics (PCBS), 2009). The density is high in refugee camps. GS is classified into five governorates, North of Gaza, Gaza, Mid-Zone, Khan-younis and Rafah.

The average annual population growth rate is (2.8 %) and about (42 %) of the population is below 15 years old. The average number of individuals in a household is 6.3, 5.9 in the WB and 7 in GS. (MOH, 2011).

1.6.2 Socioeconomic context

The most significant socio-economic determinants in GS are quality of food, lack of clean water and sanitation, stress, unemployment, poverty and social exclusion that have been clearly have an impact on people's health (WHO, 2009). The poverty rate was estimated by 77%, the deep poverty by (69%) and the unemployment by (37%)(PCBS, 2009). Palestinians in the WB and the GS receive one of the highest levels of aid in the world (World Bank, 2008).

According to Food and Agriculture Organization (FAO, 2008), the proportion of food insecure households in GS was (56%) that considered high percentage. About (90%) of water supplied to GS residents is unsafe for drinking according to WHO standards.

Although Israeli military withdrew from GS, it still has the upper hand on borders and control travels in and out GS and have the power over entry of goods related to trade and commercial market (WHO,2009).

The World Bank (2008) reported that poverty continues to increase in Gaza and west bank because of the crisis. In GS, the official poverty rate rose from (47.9%) in 2006 to (51.8%) in 2007, while the WB poverty slightly declined, falling from (22%) in 2006 to about (19.1%) in the following year. According to World Bank (2008) unemployment rate in GS is about (30%). But new press release of PCBS revealed that slightly more than one

out of four individuals (25.7%) were living below poverty line in 2010, (18.3%) in the WB and (38%) in GS (PCBS, 2011).

1.6.3 Political context

Unstable political environment in Palestine affect the health system and health care provision, one of major hindrance to the improvements of Palestinian health care system is the continuing Israeli occupation and its consequences, separation of GS and impervious blockade of its population worsen health status and limit the ability to deliver health care (Husseini, et al 2009).

On the other hand, internal Palestinian divisions, last Israel's war and continued military attacks to GS have undermined the ability of the health care system in GS to function properly, causing an overall decline in the quality of health services provided to the population (OCHA, 2009).

In GS, more than 20,000 people displaced during the last Israeli war against Gaza, continue to reside in rented apartments, in the houses of relatives or in tents next to their damaged houses (OCHA, 2009).

1.6.4 Health Status Context

Indicators of health, nutrition, population and education are generally higher in Palestine than in several Arab countries, but significantly lower than in Israel. By contrast with the decline between 1967 and 1987, infant mortality still at around 27 per 1000 during 2000 to 06, the same as that reported in the 1990s , which suggests a slowdown of health improvements, a possible increase in health gaps or an indication of deteriorating conditions (Giacman, et al. 2009).

Palestinians are undergoing a rapid epidemiological transition. Non-communicable diseases, such as cardiovascular diseases, hypertension, diabetes, and cancer, have

exceeded the communicable diseases as the main causes of morbidity and mortality.(MOH,2011)

The Palestinian community is considered as free of poliomyelitis, as judged by WHO criteria. Communicable diseases of childhood have already been mostly controlled with effective immunization programme, with coverage reaches 98% (Husseini, et al. 2009).

Chronic diseases are and will increasingly be major health challenges to the Palestinian health system (Horton, 2009). One of ten people in Palestine and 2/3 of those older than 60 years had at least one chronic disease. Chronic diseases account for about (50%) of the total death in Palestine (Husseini et al., 2009).

The first leading cause of deaths in Palestine for males and females was heart diseases (21.2%) and (20.7%) respectively, while the second leading cause of deaths among males was malignant neoplasm (10.6%) while it was cerebro-vascular disease among females (12.4%), on other hand, infectious diseases account less than 10% of total mortality rate (MOH,2006). Therefore, the health care system requires taking clear, well evidence, and actual actions to reduce the risks of non-communicable diseases(Horton, 2009).

It's worth mentioning that the Palestinian society is young one, as (46%) of the population are younger than 15 years of age, due to high fertility rate and decreased infant mortality. The fertility rate is stable, Since 2000, at about five children per woman while infant mortality was very high during the 1960s until the early 1990s, then declined, contributing to the high proportion of children in the population that's need special concern in health care services (Giacaman, et al 2009).

The rapid deterioration in socioeconomic and political conditions, where 56% of population in Gaza are considered as food insecure. is associated with high prevalence of

stunting, underweight, wasting and anemia among children and women, which are indications of chronic and acute malnutrition, and risk factors for poor cognitive development (Abdel Rahim, et al., 2009).

According to the UNRWA, psychological studies done in GS showed high distress and fears among children, especially those were highly exposed to traumatic events. These studies also reported several psychosocial problems, including behavioral problems, speech difficulties, anxiety, anger, sleeping difficulties, lack of concentration at school, and difficulties in completing homework (UNRWA, 2008).

There is a significant need for psycho-social support for Palestinian children in GS who showed high distress and fear among students who face inadequate, overcrowded educational facilities and are performing poorer on standardized achievement tests (OCHA, 2009). The incidence rate of mental illness in GS is 83.9/100,000 while it is in West Bank is 28.8 (MOH, 2011).

There is significant number of disables in GS and the physical disability has the large percentage, which number has increased mainly after the war on Gaza in December, 2008 (MOH, 2010).

1.6.5 Palestinian Health Care System

As defined by WHO, healthcare system is the combined entity of all resources, actors and institutions related to the financing and provision of all activities whose primary intent is to improve or maintain health.

The Palestinian Health system compose of four major providers: first governmental and national including Ministry of Health (MOH), Military medical services, and Palestinian

Red Crescent society, second United Nation Relief and Works Agency (UNRWA), third non-governmental organizations (NGOs), and finally the private sector.

Health care is provided through a three levels system, consisting of primary health care (PHC) clinics, secondary and tertiary health care facilities. MOH and UNRWA have a large network of PHC clinics (WHO, 2009).

MOH is the main health care provider; it provides primary, secondary, and tertiary care. The UNRWA provides mainly primary health care services to the refugees population. The nongovernmental organization and the private for-profit health sector also provide the three levels of care through a wide range of practices (WHO, 2005).

There are 672 primary health care centers (PHC) in Palestine; these centers providing health care for about 4 million people (130 centers in Gaza and 542 centers in West Bank). MOH considered the main provider of PHC services with (63.6%) from the total PHC centers, followed by the NGOs with (28.3%), then UNRWA with (8.1%). The NGO sector operates 178 PHC centers and general clinics, 57 of them in the GS, and 121 in the WB (MOH, 2008).

With regard to secondary and tertiary health care, the secondary health care delivery system is a mix of governmental, non-governmental, UNRWA and private sectors. The MOH is responsible for a significant portion of the secondary health care delivery system and some tertiary care activities. In GS there are 24 hospitals, with 14.6 bed /10,000 population (MOH, 2008). About (40 %) of total hospital beds, in 51 hospitals, are managed by NGOs and the private sector, with much focus on specialized medical services and rehabilitation (MOH, 2011). The NGOs sector is the second largest provider of hospital

beds with a total of 1517 beds, GS has 24 hospitals with 2003 beds, 12 of those for MOH with 1587 beds, while 10 are NGO owned with 382 beds and 2 are private with 34 beds (UNDP, 2010).

The health system in GS is physically separated from the rest of other Palestinian territories. It was severely affected by the blockade which has been in place since 2000 and extremely exaggerated after 2006 elections, and by the political divide between the WB and GS. Medical care is affected by recurrent cut of electricity due to unstable fuel supply, inadequate maintenance capacity and spare parts that deteriorated medical equipments functions. In addition, there are shortages of essential drugs. Therefore, the quality of care is deteriorated (WHO. 2011).

1.6.6 Management and Planning within Palestinian Health System

Government should be less directly involved with operational service provision and focus more on the strategic directions in major policy-making issues, legislative and other regulatory functions and on monitoring and assessing performance of other providers with regard to related policies and systems (WHO, 2001).

The Palestinian Ministry of Health has a weak role in the organization, regulation, and supervision of the health sector, and in the coordination of policy making and planning among health-care providers. Therefore, the ministry of health is unable to assume the stewardship role needed to build a health system. This may be due to several factors, some internal and some external to the health and general political situation (Giacaman et al., 2009).

The absence of a long-term Palestinian development agenda focusing on sustainable and equitable growth has hindered any strategic planning efforts not only in health sector but

also in other related sector (Materia et al., 2009). Hence, there is no master national health plan defining "service needs" and the role of each health care providers resulting in duplication of services and fragmentation in health system (Abed, 2007).

Planning and coordination of health care are inadequate, the use of resources is unselective and services are below acceptable standards, leading to low public dissatisfaction with health services (Materia et al., 2009).

The extensive overlap of specialization and the duplication of functions result from inadequate description of responsibilities, which hinders formulation, planning and prioritization, implementation, and assessment of policies (Materia et al., 2009).

Vague institutional arrangements have hindered the establishment of a proper governance system characterized by transparency, separation of powers, and the rule of law within MOH (Materia et al., 2009).

The first health plan for the occupied Palestinian territory was developed with participation of many stakeholders before the ministry was established. Since then, and before the third national health plan, non-ministry stakeholders were not effectively involved in the planning process, with no development of policies in national and health providers' levels. Although many of the objectives of the national strategic health plans have been, clear and restricted objectives, but they were not time-limited and without adequate budget preparation. Furthermore, the stated objectives were not regularly reviewed and updated, taking account of achievements and changing circumstances (Materia et al., 2009). Although preparation began in 2003, the third health plan was only finalized in 2008 (Batniji, et al. 2009).

Complementarily between the four main providers of health care is weak, but may arise because of the political and economic situation. The political situation negatively affect the accessibility to available services so, a critical need is there to identify appropriate polices

capable of achieving a more balanced-geographical allocation of health care services (Abu-Zaineh & Mataria. 2010).

In addition, a clear vision is needed for the future regarding the health needs of Palestinian people and considering epidemiological transition occurred in Palestinian society (Abed, 2007).

According to Jubran (2007) in the health policy Research Report , health system is poor to monitoring and evaluation mechanisms , that are essential for monitoring and tackling progress toward achievement of health sector strategic objectives and pick up mistakes to correct it soon and therefore learn lessons that can built into future strategic plans.

Shalaby (2009) examined the applicability of learning organization on MOH in Gaza Strip, she indicated that the MOH is not considered a learning organization as there poor knowledge management which, reflect poor role of MOH; as the main health provider and the regulator of other health providers, in facilitating and transferring knowledge assets throughout MOH facilities and other health providers.

Mataria et al., (2009) revealed that lack of effective partnership with those who are supposed to use the information and the almost absence of effective dissemination of results are the major barriers to promote an evidence based decisions in Palestinian health system.

Information sharing, coordination and communications are usually very poor among health providers that would be reflected duplication and inequality of services (PNGO, 2009).

As previously mentioned the regulatory role of MOH is poor, and actually, it is busy in service provision as the main health provider, that is actually translated by absence of health master plan organize the work of all health partners. Only (33%) of health NGOs in Gaza Strip submit their reports to MOH while (69%) of them submit their reports to donors

,that's reflect the weak supervisory role of MOH to monitor and regulate NGOs work (Yaghi, 2009).

Most health organizations lack clear vision and utilized strategic plans, therefore they in need to support the concept and practice of strategic planning through formulating action plans and monitoring performance indicators, in addition they have poor management systems and lack effective management skills such as performance appraisal, human resources management, communication (Hamad, 2009).

Despite these challenges, the public health system in the West Bank and Gaza is relatively well developed and is able to provide a full range of health services to the population (WHO, 2011). This is consistent with the report of the World Bank that has documented some of the PA's achievements in the key state functions posited by the OECD – and this despite continued severe Israeli restrictions on access to resources and markets (World Bank, 2011).

1.6.7 Non-governmental health care organizations.

Nongovernmental organizations (NGOs) in the Arab world have acquired a special presence and weight. The increase in NGOs numbers just in the past few years—from an estimated 175,000 in 1995 to about 225,000 in 2003—has raised concerns relate to the rationale behind the escalation of this phenomenon. Some authors suppose it an important involvement in the national development and civil society and a tool for promoting citizenship rights while others suppose it an destructive tool leads to social division compete for the same source of funding, hence serving foreign agendas (Abdo, 2010).

The Palestinian NGOs have recognized specifications, which are different from other similar NGOs in the Arab countries or the world. As they established with absence of state

and under Israeli occupation, and played central role in providing a wide range of services for Palestinian people (NCD, 2008).

Today, after 15 years of the Palestinian Authority (PA) establishment, Palestinian nongovernmental organizations (PNGOs) still account for the majority of services in the West Bank and Gaza Strip. Providing health care, education and training, agriculture extension, housing assistance, human rights and legal aid, charity/welfare, technical assistance, and so on, they are run by church groups, Islamic charitable organizations, voluntary associations, women's committees, political parties, and independents. Their mixture represents a strong element of civil society (Zagha, 2010).

In last decade, the number of NGOs increased significantly in the Palestinian territories due to the deterioration in the political and socio-economic situation, NGOs services are frequently used when they are absent or poor at governmental facilities and or need high cost at private sector (MAS, 2008). Hence, many active health NGOs are established and operated by political parties through Palestinian territory (Challand, 2008).

An interesting study conducted by Bisan centre & the World Bank (2006) showed some differences in the activities of health NGOs in Gaza strip. NGOs seem to deliver specific services that are otherwise unavailable or inaccessible, and have thereby developed specific niches of specialization like rehabilitation, psychosocial counseling and activities, health education and nutritional services (Bisan centre & World Bank, 2006).

Health NGOS play important role in health care system, it considered the third health provider after MOH and UNRWA and it account for (29%) of total number of primary healthcare centers and (32%) of hospitals beds. Moreover, it account for (26%) of human resource employed by health sector, they show higher rate of utilization in specialized services including rehabilitation account for (19%) and psychological counseling and health awareness for (25%) while training account for (21%) of service utilized (Bisan

Center & world bank, 2007). Compared with those run by the MOH, the non-governmental hospitals are under-utilized, with significant part of their working load being cases referred by the MOH (Mataria et al., 2009).

The main source of financing for NGOs is coming mainly from international donations, it accounts (20%) of total health sector donations (MAS, 2008).

Yaghi (2009), indicated that (55%) of Gaza health NGOs have strategic plan and a percentage of about (60%) have operational plan, where board of directors are always responsible for plans development with participation with top and mid management, In addition plans usually developed in (65%) of the health organizations according availability of fund. On other hand, this interesting study show that limited fund and political situation are the most important hindering obstacles of plans implementation.

A survey of the Palestinian Central Bureau of Statistics (2006) showed that the NGO sector contributes to (13%) of the total health service utilization and (22%) of the total health expenditures in Palestine. This sector covers (28.3%) of the total available primary health care centers and (31.6%) of all hospital beds in Palestine (MOH, 2008), and more than (26%) of all active health human resources are employed by NGOs (MOH, 2006).

The NGO sector also plays a vital role in complementing the work of the MOH in providing tertiary and rehabilitative services that not provided by the MOH (PNGO, 2009).

Even most of NGOs focused their missions in helping the poor and marginalized communities; they have no clear mechanisms to identify their potential beneficiaries as most of information regarding beneficiaries is provided by their employees (56%), and more than the half update these information only when necessary (MAS, 2008).

Their need and demand to charge fees for services provided, lets organizations away from reaching marginalized groups (Bisan centre & World Bank, 2006). The later study revealed

also that most NGOs seem to be more concerned with the vertical accountability to their boards of directors, the Palestinian authority or the donors rather than the horizontal accountability to the beneficiaries and the whole community, which reflect a weak stakeholder involvement and poor organizational transparency.

Furthermore, Health NGOs in Palestine characterized by inefficiency that can be largely attributed to lack of effective coordination among these organizations. In addition, inability of coordinated work to identify central lists of beneficiaries leads to both overlap and under-coverage of services thus inequity of health services provision (MAS, 2008).

Although NGOs can demonstrate a well-developed level of monitoring and reporting for funded projects their capacities to evaluate the final impacts of these activities on their target communities are very limited (Bisan centre & World Bank, 2006). The study confirms that the work of NGOs is heavily constrained by the unpredictability and lack of sustainability in the provision of short-term funded projects which emergency focused. Their high dependence on external funding makes them vulnerable to variations in donor's agendas. In addition, Shandra (2010) revealed that NGO's health services and their effectiveness may be limited by a variety of factors; small-scale, and ad hoc projects and they may implement projects that satisfy donor interests rather than a local population's needs.

1.7 Operational Definitions

Strategic management practice: The ability of an organization to analyze its internal and external environments to develop strategic plans, working to implement these plans and then to monitor and evaluate its performance to pick up mistakes and learn lessons for new plans.

Non-governmental Organizations: is that of non-state, not-for-profit, voluntary organizations formed by people within the social sphere of civil society (WHO, 2002).

Health Care NGOs: Local non-state health organization that provide different health services including primary health care, secondary health care, rehabilitation, psychosocial support services and health education.

Objectives: are the end results of planned activity (VUP, 2006).

Strategy is top managements' plan to attain outcomes consistent with the organization's missions and goals (Wheelen and Hunger, 2006).

Policy: is a broad guideline for decision making that links the formulation of a strategy with its implementation (Wheelen and Hunger, 2006).

Budget: it lists the detailed cost of each program and used in planning and control (Wheelen and Hunger, 2006).

Chapter2: Literature Review

2.1 Conceptual Framework

The conceptual framework is a well-organized method for demonstrating and summarizing variables of the study in a figure. In addition, it is the map guides the implementation of the study.

Study framework identify the basic elements of strategic management that could applied at the Palestinian nongovernmental health care organizations in Gaza strip and explore the factors that facilitate or hinder the practice of strategic managements in these organizations. These factors are personal variables regarding managers and chairpersons, organizational variables and finally the barriers constrain health programming and strategic management practice. The study aims to recognize the interaction between these factors and their effect in strategic management practices.

2.1.1 Personal variables

The researcher assumed that the personal variables of managers and chairpersons such as the age, gender, qualifications, training and experience might affect their awareness about strategic management and its practices.

2.1.2 Organizational variables

At the organizational level, variables like age of organization, number of employees, volunteers' number, service area and type of health care services (primary, secondary, tertiary or rehabilitation) might affect the practice of strategic management within the organization.

2.1.3 Strategic management basic elements

The researcher will follow the model developed by Wheelen and Hunger (2006) that divides strategic management into four basic elements; environmental scanning, strategy formulation, strategy implementation and strategy evaluation and control.

2.1.3.1 Environmental Scanning

It is evaluating and monitoring both internal and external environments then disseminating of information to the key people within the organization. It aims to identify the internal and external strategic factors that verify the organization future. Environmental scanning can be conducted by many tools like gap analysis and SWOT analysis to describe the individual strengths, weakness, opportunities and threat that are strategic factor for particular organization.

2.1.3.2 Strategy formulation

It is the development of long-range plans for effective management of environmental opportunities and threats, in light of organization strength and weakness. Its include defining the organization mission, vision, objectives, developing strategies, and sitting policies guidelines.

2.1.3.3 Strategy implementation

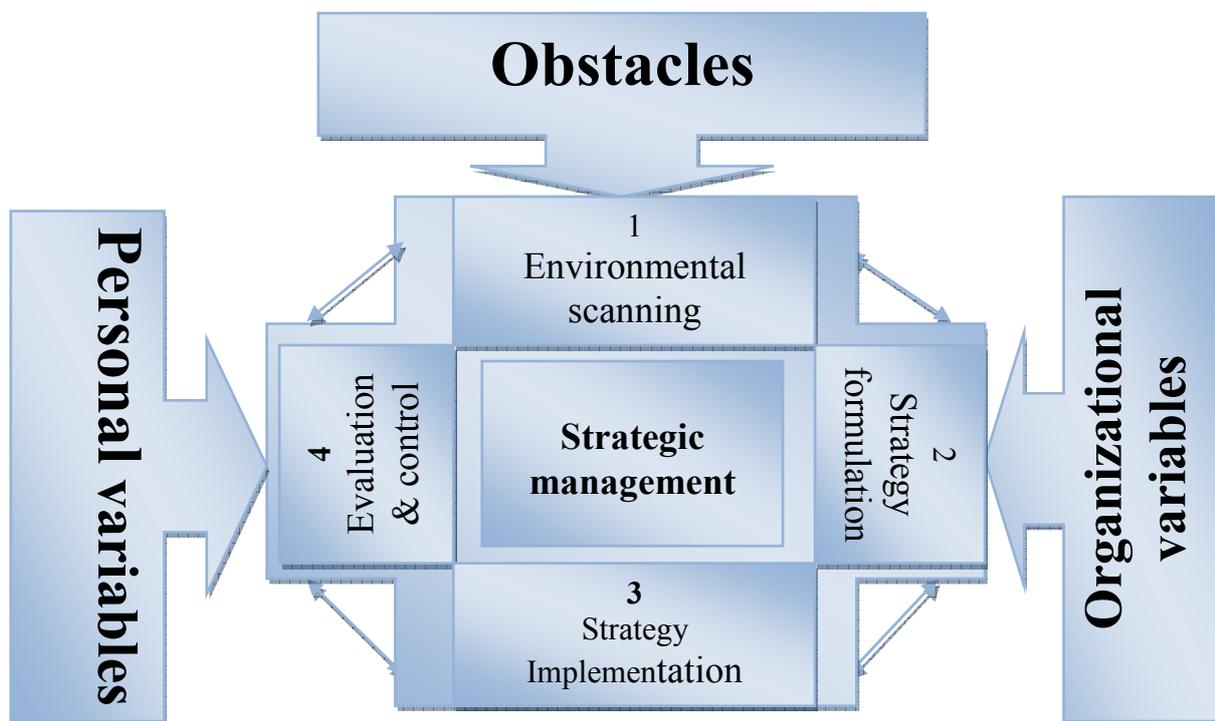
It is the development of programs, budgets and procedures to put strategies and policies in action that might engage in change of culture, structure or management system of entire organization.

2.1.3.4 Evaluation and Control

It is the process of monitoring activities and performance results to compare actual results with desired results, usually resulting information used by managers to take corrective actions and resolve problem.

2.1.4 Barriers hindering strategic management practice

The researcher assumed that there are obstacles hinder health programming and strategic management practice such as lack of fund, lack of board commitment, political instability and lack of managerial skills and qualified human resources.



Source: "Self developed"

2.2 Literature Review

2.2.1 Historical Background of Strategic Management

The concept of strategy has a long history in political and military contexts, early strategists and writers discussed the original principles of strategy like Sun Tzu (Mintzberg, Ahlstrand, Campel, 1998).

The English word strategy comes from the Greek word strategos, meaning “a general,” which comes from roots meaning “army” and “lead.” The Greek verb stratego means, “To plan the destruction of one’s enemies through effective use of resources.” So, many of the terms regularly used in relation to strategy like objectives, strategy, mission, strengths, weaknesses were developed by the military (Bracker, 1980, as cited in Swayne, et al., 2009).

According to Bracker (1980), strategic management as a discipline originated in the 1950s and 60s, In 1950s long- range planning was adopting by business organizations to facilitate the preparation of operating budget with some idea of future sale and the flow of fund. It was used to determine facilities expansion, capital needs and so on.

As the industries become more complex, long planning replaced by strategic planning because the assumption underlying long range planning was that the organization will continue to produce its present product and services by matching production capacity with demand. However, in strategic planning periodic evaluation of surrounding environment to determine economic, social , political, technological, and competitive changes taking place is essential to decide to continue produce the same product or change it ,or even change the way of operating and marketing. The 1960s and 1970s were decades of major growth for strategic planning in business organizations. In the 1980s, the concept of

strategic planning was broadened to strategic management (Bracker, 1980as cited in Swayne, et al., 2009).

As the strategic management, has been starting in business organizations its main benefits was increasing productivity, sale and ultimately profitability. (Swayne, et al., 2009)

But on the other hand strategic management is the beginning of an efficient and effective managerial system where are many non-financial benefits such as enhancing awareness of external threat, providing cooperative and integrated approach to tackling problems and opportunities, improved forward thinking. In addition, strategic management builds sense of ownership among employees and improve their performance thus increases their productivity. In addition, internal communication among personnel will be improved, and resistance to change will reduce (VUP, 2006).

In 1998, Mintzberg developed these five types of management strategy into 10 schools. These 10 schools are grouped into three categories. The first group is prescriptive or normative. It consists of the informal design and conception school, the formal planning school, and the analytical positioning school. The second group, consisting of six schools, is more concerned with how strategic management is actually done, rather than prescribing optimal plans or positions. The six schools are the entrepreneurial, visionary, or great leader school, the cognitive or mental process school, the learning, adaptive, or emergent process school, the power or negotiation school, the corporate culture or collective process school, and the business environment or reactive school. The third and final group consists of one school, the configuration or transformation school (Mintzberg et al., 1998).

Strategic management, was called originally business policy, is a set of managerial decisions and actions that adopted to achieve organization objectives in long run, It includes environmental scanning of both external and internal environments , strategy

formulation which means long –range or strategic planning, strategy implementation and evaluation and control (Wheelen & Hunger, 2006).

Afsar(2011),defined strategic management as combination of science and arts, which increases an organization success chance as it involves detailed planning of each variable of the organization that can help in the achievement of goals and objectives.

In addition, Strategic Management can be defined as the art and science of formulating, implementing and evaluating cross-functional decisions that enable an organization to achieve its objective (VUP, 2006).

The basic strategic management stages are environmental scanning, sometimes included within strategy formulation, strategy formulation, strategy implementation, and finally evaluation and control.

2.2.2 The Main Stages of Strategic Management

2.2.2.1 Stage one : Invironmental Scanning

Environmental scanning is the monitoring, evaluation and dissemination of information from external and internal environments to key people within the organization (Wheelen & Hunger, 2006).

An essential process proceeds strategy formulation is arming decision makers with sufficient information for proper planning. An organization must scan the external environment to identify opportunities and threats and its internal environment for strength and weaknesses, which can help avoiding strategic surprise and insuring sustainability. Marzoque (2006) indicated that external and internal environmental scanning is very effective in any change process and organizational development.

- **External Scanning**

The external environment includes groups, individuals, and forces outside of the traditional boundaries of the organization that are significantly influenced by or have a major impact on the organization (VUP, 2006).

It includes scanning variables of societal and task environments of an organization; Societal environment includes general factors that influence an organization's long-term decisions, which are first economic forces, technological forces, political legal forces and socio-cultural forces, while task environment includes elements and groups that directly affect an organization and are affected by it (Wheelen & Hunger, 2006).

- **Internal Scanning**

Often referred to organizational analysis where an organization evaluates its internal capacities, resources and competencies to identify weaknesses and strengths in term of organizational structure, Human resource management, functional and operational issues and financial issues (Wheelen & Hunger, 2006).

The internal organization environment includes all of the stakeholders, resources, knowledge, and processes that exist within the boundaries of the organization. Therefore, managers should formulate strategic direction, and strategic plans based on organizational strengths and weaknesses and in the context of the opportunities and threats found in its environment (Wheelen & Hunger, 2006).

Once environmental scanning is completed, both internal and external, situational analysis determines for the integration of this information.

Many tools are used for examining external and internal information regarding an organization, but SWOT analysis is the most popular method used to evaluate Strengths, Weaknesses, Opportunities, and Threats. Strengths are organization resources and

capabilities that can lead to a competitive advantage. Weaknesses are resources and capabilities that an organization does not have, to the extent that their absence places the organization competitive disadvantage. Opportunities are conditions in the external and operating environments that allow an organization to take advantage of organizational strengths, overcome organizational weaknesses, and/or neutralize environmental threats. Threats are conditions in the external and operating environments that may obstruct organizational competitiveness or the achievement of stakeholder satisfaction (Swayne, et al., 2009).

2.2.2.2 Stage 2 : Strategy Formulation

Strategy formulation is the development of long-range plans for it effective management of environmental opportunities and threats, taking into consideration organization strengths and weakness. It includes defining the organization mission, specifying achievable objectives, developing strategies and setting policy guidelines (Wheelen & Hunger, 2006). Strategic planning is the periodic process of developing a set of steps for an organization to accomplish its mission and vision using strategic thinking. Therefore, periodically, strategic thinkers come together to reach consensus on the desired future of the organization and develop decision rules for achieving that future. The result of the strategic planning process is a plan or strategy. Strategic planning provides a sequential step by step process for creating a strategy, involves periodic group strategic thinking sessions, requires data/information, but incorporates consensus and judgment, establishes organizational focus, facilitates consistent decision making, reaches consensus on what is required to fit the organization with the external environment, and results in a documented strategic plan (Swayne, et al., 2009).

- **Vision**

an organization needs a clear and actual vision of the future, which answers the question, what do we want to become? (Abt Associates Inc,1995)

It called the picture of the organization in the future, the organization inspiration which is hardly needed to formulate strategic plans. (VUP, 2006).

- **Mission**

The definition of an organization's mission is considered as the first step of the strategy formulation process (Al Juboori & Mansour, 2005).

An organization's mission is its purpose, or the reason for its existence. It states what it is providing to society (Wheelen & Hunger, 2006).

It is worth mentioning that, some authors prefer to combine the ideas of both vision and mission into one mission statement including both, what the organization is now and what would like to become.

Both vision and mission should be widely available to customers and employees, clearly understood by staff and Board of Directors and usually guide the organization's programs and activities (Abt Associates , 1995).

- **Core Values**

The main moral principles that influence the way an organization is operated and the way it conducts its business and that are supposed to be shared by everyone in the organization from Board of Directors, senior management to ordinary employees. Moreover, to be the base of the culture dominated in the organization (VUP, 2006).

- **Goals**

They are the broad general objectives of the organization, usually were driven from its vision and mission. They are open-ended statements of what the organization wants to accomplish without quantification of what to be achieved and not time limited (Wheelen & Hunger, 2006).

- **Strategies**

Strategy is the organization master plan driven by a common mission, common vision, and common set of organizational values and goals (Wheelen & Hunger, 2006).

There are three levels of strategies: Corporate, business, and functional; Corporate strategy describes an organization's overall direction and its general attitude toward growth and the management of its several businesses. There are three main categories of strategies; stability, growth and retrenchment.

One of the most important roles of corporate level strategy is to define an organization's domain of activity through selection of business areas in which the company will compete.

Business strategy; usually occurs at business level, it emphasizes improvement of the competitive position of the organization's products or services in the specific industry, business strategies are grouped into two categories, competitive and cooperative.

Functional strategy is the approach taken by a functional area to achieve corporate and business strategies. Functional strategies are for acquiring, developing, and managing organizational resources. It includes operations, finance, marketing, human resources, information technology, research and development, purchasing strategies (Wheelen & Hunger, 2006).

- **Strategic Plan**

Strategic plan is a document that outlines concrete steps by which the organization will achieve its objectives for the future over a three- to five-year period. Strategic planning involves defining specific strategies and activities to achieve the organization's mission, which requires that the organization clearly understand both its external environment and its own strengths and weaknesses. The strategic planning process is an opportunity to critically analyze current programs and activities and to consider opportunities for creative new initiatives (Wheelen & Hunger, 2006).

A strategic plan draws a course for an organization to follow and provides an innovation framework for making decisions and reacting to changes in the operating environment.

By outlining concrete programs and activities through which the organization will achieve its objectives, the strategic plan also helps the organization better estimate its requirements for human and financial resources and helps ensure that the organization does not either undertake activities that are out of line with its strategic objectives or overcommitted its resources. So strategic planning achieves optimal allocation of scarce resources by proper execution (Peled, Schenirer, 2008).

Finally, the strategic plan provides a tool for monitoring and evaluating the organization's progress toward reaching its goals and objectives. The plan sets direction for the organization and through a common understanding of the vision and broad strategic goals provides a guide for everyone in the organization to make consistent decisions that move the organization toward its future (VUP, 2006).

A recent study was conducted by Al Ashquar (2006) included 109 NGOs in Gaza strip work in different fields as health, education, development ext., the results showed that (66.7%) of the NGO's directors have an understanding of the concept of strategic planning

and they tend to practice it . Quita (2009), recommended NGOs, to develop strategic plan to attract fund of its activities.

- **Annual Action Work Plan**

Activities can be directed towards accomplishing strategies through action planning at a minimum an action plan states what actions are going to be taken by whom during what timeframe and with what expected results (VUP, 2006).

Actions serve as a link between strategy formulation and evaluation and control. The action plan specifies what needs to be done differently from the way operations are currently carried out. The clear assignment of responsibilities for implementing and monitoring the programs may improve motivation and enhance proper implementation (Abt Associates , 1995, Wheelen & Hunger, 2006).

- **Policies**

Policies are the broad guidelines for decision making that link the formulation of strategies with its implementation, usually used to make sure that employees throughout the organization take action and make decisions that congruent with its mission, goals and strategies (Wheelen & Hunger, 2006).

Policies that organize the resources of any organization mainly human and financial resources are have special importance , as human resources are the main assets of the organization and no implementation of any plans or strategies without financial recourses.

Therefore, it is essential for health organization and other to have human resources manual and other for financial matters and procedures to promote accountability and transparency (Syam,2010).

2.2.2.3 Stage 3 : Strategy Implementation

Strategy implementation is the challenge of an organization, as strategy formulation results in a plan of action for the organization and its various levels, whereas strategy implementation realizes the plans, through pattern of decisions and actions that are intended to carry out the plan. Strategy implementation involves managing stakeholder relationships and organizational resources in a manner that moves the business toward the successful execution of its strategies (VUP, 2006).

Poor implementation or lack of implementation has made many strategic plans as worthless. Whereas the strategic plan and its underlying strategic thinking must be viewed as important, they fall apart without implementation and the decision making guidelines provided for managers at all levels in the organization. If the strategy is not actively managed, it will not happen (Swayne, et al., 2009).

- **Financial Capacity**

The key to sustainability for nonprofit health care organizations is the efficient and effective use of resources. It is critical that these organization target available resources to the activities that contribute most to achieving their mission. The process of preparing a budget helps management focus on issues that are important in the context of the organization's mission (Lindsay, 2008).

A budget is a detailed plan for the future that describes in formal, measurable terms how resources will be acquired and used during a specific period. A budget is an important tool for directing how resources are spent to achieve an organization's goals because it expresses the plans of management in financial terms by matching activities with available resources (Wheelen & Hunger, 2006).

Because a budget is a written plan, it is a reference for setting and evaluating goals. The management of a health facility can use budgets for monitoring trends in various budgeted

items in the facility over time, explaining large variations between actual expenditures and budgets during the budget period and monitoring the achievement of internally established goals. In short, a budget helps managers employ the organization's limited resources in the most efficient and effective ways (Abt Associates ,1995).

- **Human Resources**

The important concern while implementing the strategy is human resource. Human resource is the backbone of any organization without efficient human resource organization cannot perform well and fail to achieve the organizational strategies (VUP, 2006).

Staffing need of the organization and its cost is an important function of the human resource management to implement strategic plans, so staffing focuses on the selection and utilization of employees. The implementation of new strategies and policies often calls for new human resource management priorities and a different utilization of personnel. This may mean hiring new people with new skills and/or training existing employees to learn new skills (Wheelen & Hunger, 2006).

Implementation also involves leading: motivating people to use their abilities and skills most effectively and efficiently to achieve organizational objectives. The other main concerns include health, safety and security of the workers (Abt Associates, 1995). Leading may take the form of management leadership communicated norms of behavior from the corporate culture. Strategists in successful organizations realize that strategic management is first and for most a people process. It is an excellent vehicle for fostering organizational communication. People are what make the difference in organizations (VUP, 2006).

Individual performance plan is a detailed list of goals and objectives an employee expected to accomplish during a particular timeframe, usually a year. A performance plan should be

written for each employee based upon his job description. A performance plan should recognize and build upon the strengths of each employee and should identify and include training to improve his or her weaknesses (Abt Associates, 1995).

Human resources of health (HRH) are strategic issues: they affect overall system performance as well as the feasibility and sustainability of health reforms efforts, which ultimately leads to particular positive health impacts (Fritzen, 2007).

Human resources functions in health organizations are lack to strategic human resources planning, where only (35%) of health facilities had human resource strategy (Shalaby, 2009).

- **Organizational Structure**

Organizational structure must follow and facilitate implementation of the strategy. Organizational charts are developed to explain the lines of authority and draw the departmental structure of the organization (Wheelen & Hunger, 2006).

Organizational charts should be designed to organize responsibilities into groups and to facilitate communication among them. The organizational chart should show the structure, information flow, or lines of operation within an organization and its departments. These must be clear for all staff members. Although organizational charts are generally used to show the current structure of an organization, they also can be used by management to plan changes in staffing or in the overall structure of the organization. Using organizational charts as a management tool can enhance an organization's ability to reach its goals through human resource planning (Abt Associates, 1995).

According to Marzoque, (2006) Organizational structure is important component of any organizational development, effective organizations usually work on suitable

organizational chart to be modified or changed as needed according to the actual needs of the organization development and change management. In addition, she revealed that there was positive relation between effective organizational structure and the ability of an organization to change and develop but Gaza's NGOs tend to advance their employees capabilities rather than to change the organizational structure.

Most organizations within the health system lack clearly defined organizational structures, which regulate the relationships, roles and responsibilities among the employees in different departments (Shalaby, 2009).

The design of a facilitative clinical care structure has three principles; a focus on the patient and care-giving team, the use of information, and connectivity with executive and operational leadership. These concepts can be realized in an organizational chart that place patients and their care providers on top, with few degrees of separation between patients and top management, and reflect connections to the professional and secondary departments (Crowen, et al., 2008).

- **Board Support**

Board members in nonprofit organizations should play an important role in managing these organizations through active engagement in planning, implementation, and evaluation activities; they should also be actively involved in the development and approval of its strategies and policies. As, involving the board with strategic planning process is positively associated with earlier financial performance of health care organizations (Amer, et al., 2008).

Ghalayini, (2007) was conducted a study in Gaza strip about the governess among PNGOs , revealed that Gaza's NGOs Board of Directors are well governed in general , but still need to play more active role in fundraising effort ,and to improve effectiveness of its committees.

2.2.2.4 Stage 4 : Strategy Evaluation and Control

Strategy evaluation is the final stage in the strategic management. It is the process of monitoring activities and performance results, therefore the actual performance can be compared with desired performance. Managers to resolve emerging problems and take needed corrective action use the resulting information (Wheelen & Hunger, 2006).

Although the evaluation and control is the final element of strategic management, it determines the weakness of previously implemented strategic plans thus learn lessons for the next plans. Based on performance results adjustment may carried out in strategy formulation, implementation or both (Wheelen & Hunger, 2006). This process can be viewed as five-step feedback model as follow:

1. Determine what to measure.
2. Establish standards of performance.
3. Measure actual performance.
4. Compare actual performance with the standard.
5. Take corrective action.

The real key to effective strategic management is to accept that the planning process is continuous, and does not stop when the written plan is finished. The planning should be on a continuous basis—planning, measuring, and revising—to overcome the uncertainty of the increasingly rapid changed environment. Management greatly needs to know when particular strategies are not working well; strategy evaluation is the primary means for obtaining this information. All strategies are subject to future modification because external and internal forces are constantly changing (Wheelen & Hunger, 2006).

Effective strategy evaluation allows an organization to capitalize on internal strengths as they develop, to utilize external opportunities as they appear, to recognize and defend

against threats, and to lessen internal weaknesses before they become damaging. Therefore, it allows an organization to shape its own future not to be shaped by external forces (VUP, 2007).

Evaluation and control information must be relevant to what is being monitored. One of the obstacles to effective control is the difficulty in developing appropriate measures of important activities and outputs. Evaluation and control information consists of performance data and activity reports (VUP, 2007).

Assessing implementation processes as part of impact evaluation for public health programmes is important to enhance the interpretation of quantitative outcomes and provides a basis for generating lessons about how to strengthen future implementation (Abuya, et al., 2010).

According to Inamdar & Kaplan, (2008) Balanced scorecards (BSC) as a tool for performance evaluation and focused accountability at all levels of the organization, can become a valuable tool for healthcare executives in their difficult challenge of managing their organizations in a highly complex and uncertain environment. However the scorecard facilitated performance comparisons across different healthcare service areas in the organization can lead to measurable performance improvement in competitive market positioning, financial results, and customer satisfaction

2.2.3 Strategic Management in NFP Organizations

Not for profit organizations are an important part of society, they usually established to provide services that profit- making firms cannot or will not provide. Therefore, lack of profit concern may results in vague mission statement and immeasurable objectives (Wheelen & Hunger, 2006).

NFP organizations are not exempt from strategic planning. In fact, the importance of well-developed organizational strategies is no less than in any other kind of organization. Obviously, there are differences in the way things are done, however. Therefore, the nonprofit organizations are working hard to keep sustainability of its current activities without losing sight of the important strategic imperatives. Understanding its constraints is an important step to establishing strategies and plans (Nicolae, 2007).

Lindsay (2008) demonstrated that the sustainability of a NFP organization – its ability to continue and fund its activities year after year – is a major responsibility of the board. Board of directors need to understand why the organization exists, the interests of its stakeholders and how it manages the risks it faces. They should also be actively involved in the development and approval of its strategy.

The strategy involve first, the determination of long term goals (i.e., mission, vision and values) and objectives which reflect the relationship with its different stakeholder groups and, how the organization intends to address important stakeholder needs; and second, the identification of the scope of the activities through which those goals and objectives are to be achieved. The strategy should be approved by the board of directors and reviewed at least annually. It is essential step as it can help to reenergize, refocus and renew the organization even where the strategy does not radically change (Lindsay, 2008).

Operational Planning and Budgeting are the processes for deciding what the organization's staff and volunteers will do to support the strategy in the next year or years, what this will cost and where the money will come from. The board should also approve the plans and budgets, which are generally prepared by the organization's staff (Lindsay, 2008).

From the strategic plan, the organization develops shorter term operating plans for staff and volunteers and budgets for the revenues and expenditures needed to move towards the Vision. Finally, the organization monitors its progress against measurement targets and

budgets and uses the lessons it learns from experience to enhance the next round of planning and budgeting (Wilson-Grau, 2003).

Nicolae (2008) demonstrated that nonprofit and public organizations often function as a monopoly, produce a product or service that offers little or no measurability of performance, and are totally dependent on outside financing. Especially for these organizations, strategic management provides an excellent tool for developing and justifying requests for needed financial support.

A study about Non-profit organizations in Gaza strip including 742 organization , aimed to identify the barriers of using and practicing formal strategic planning ,the researcher used the written strategic plan for three years at least to measure the formality of practicing strategic planning, 97.3% of non- profit organization don't have written strategic plans. 91% of respondents indicated that there were no enough resources, financial and human, for practicing strategic planning (Abu Nada, 2006).

2.2.4 Strategic Management in Health Care Organizations

According to Swayne, et al.,(2009) strategic management concepts have been employing within health care organizations only in the past 25 to 30 years. Prior to this time, health care organization, not enough motivated to employ strategic management because typically they were independent, freestanding, not-for profit institutions. Then health care has become complex using many of the same processes and much of the same language as the business corporations. Indeed, in the late 1980s and 1990s many health care organizations learn much from strategically managed businesses. As a result, many of the management methods adopted by health care organizations, both public and private, initially were developing in the business sector.

Certainly, not all the values and practices of for-profit business may always be appropriate to the health care industry. Because some strategic alternatives available to non-health care organizations may not be realistic for many health care organizations and health care organizations have unique cultures that influence the style of and participation in strategic planning (Ginter, 2006).

In addition, Shortell and Kaluzny (1983), pointed that health care services organizations differ from many other organizations by the following:

- The work involves a high degree of specialization.
- Workers are highly professional, with a primary loyalty to the profession rather than to the organization.
- Defining and measuring outputs is difficult.
- There is limited scope for effective organizational or managerial control over clinicians, the group most responsible for generating work and expenditure.
- The work involved is more variable and more complex than in many other organizations.
- Much of the work is of an emergency nature and could not be delayed.
- Lines of responsibility often create problems of coordination, accountability, and confusion of roles.
- The consequences of error can be severe.
- Activities by different groups of staff members are highly interdependent, requiring a high level of coordination.

However, strategic management, especially when customized to health care, does seem to provide the necessary processes for health care organizations to cope with the huge

changes that have been occurring. Over time, these business approaches increasingly have been modified to fit the unique aspects of health care organizations (Swayne et al., 2009). Uncertainty is a reality in health care. Traditional planning approaches inadequately address uncertainty. As such, organizations that rely on these techniques and processes face the danger of developing strategies that place them at too much risk, of not having appropriate monitoring devices to stay in step with future developments, and of fostering an organizational culture unable to recognize and capitalize on uncertainty (Kelly & Kennedy, 2000).

2.2.5 Importance of Strategic Management in Health Care Services

Delivering effective health care is a dynamic process, adapting continually to changing health needs and the opportunities that arise that make it possible to respond in new and better ways. The rate of change is always increasing, with factors such as the reemergence of infectious diseases due to greater population mobility and a new burden of chronic diseases as results of demographic and lifestyle changes (Prker , et al., 2005).

Generally, strategic management allows organizations to make effective long-term decisions, to execute those decisions efficiently, and to take corrective actions as needed to ensure success. Planning has a positive impact on organizational and individual performance. Planning allows an organization to identify and take advantage of external opportunities and minimize the impact of external threats (Abt Associates, 1995).

According to the study of Begun & Kaissi (2005), Interviews of 20 leaders in healthcare organizations in the metropolitan areas of Minneapolis/St. Paul, Minnesota, and San Antonio, Texas, respondents revealed that strategic planning is a common and valued function in healthcare organizations. Respondents emphasized the need to continuously

update strategic plans, involve physicians and the governing board, and integrate strategic plans with other organizational plans. Most leaders expressed that strategic planning contributes to organizational focus or center of attention, encourage stakeholder participation and commitment, and leads to achievement of strategic goals, horrible respondents overwhelmingly agreed that strategic planning is a fundamental and important process for hospitals and healthcare systems.

Strategic management is the exciting future of effective health care leadership. Health care leaders require a comprehensive strategic management approach for steering their organizations through societal and health care changes that will occur in the future, strategically utilize limited resources and to satisfy the various beneficiaries served (Swayne, et al., 2009).

A study about the importance of strategic management in private medicine retailers (PMR) programs in Kenya shows that for effective scaling up of PMR, the provision of technical support and adequate resources for successful adoption of the PMR intervention by the user organization are vital, but not sufficient on their own. Deliberate and careful management of the implementation process is a key to successful uptake and impact at retailer level. Three keys aspects of management are critical for success. First, it is important to develop an active strategy to manage relationships between implementing actors through effective communication mechanisms, and by early, clear and transparent development of a set of principles to guide relationships. Second actors responsible for implementation must have adequate management training and support. Third, a strong and transparent management system, including management of financial resources, will realize successful outcomes (Abuya, et al., 2010)

Amer et al. (2008), surveyed a sample of 138 chief executive officers (CEOs) of hospitals in the state of Texas about strategic planning in their organizations and collected financial

information on the hospitals for 2003. Then he tested the association between planning characteristics in 2006 and financial performance for 2003. Three dimensions of the strategic planning process; having a strategic plan, assigning the CEO responsibility for the plan, and involving the board, are positively associated with earlier financial performance. Health organizations must seek innovation ways to deliver healthcare more effectively and efficiently due to major forces of healthcare complex environment (Guo, 2003).

2.2.6 Barriers Hindering Strategic Management practice

As aforementioned, health programming and strategic management within Health care organization have been faced many challenges that affect its ability to practice strategic management, internal and external challenges, external challenges like political instability due to Israeli occupation, internal division. The political instability of the Palestinian National Authority, with frequent ministerial changes has contributed to health system instability. The factors that hinder health system development are not unique to the health providers, but they are exaggerated and continued under the hard conditions of the Israeli military occupation. The intensive siege and closure of the Gaza Strip has complicated already difficult reform efforts; and the uncertainty about future developments, imposed by a fruitless peace process, worsen the situation further (Mataria, 2009).

health-care system in GS is severely damaged, overstretched, 44canning44ed, and short on essential supplies. Skilled health personnel are scarce, and those that are available often are full by inefficiencies and danger from military attack. The health situation in the occupied Palestinian territory shows the urgency of finding a political solution, as insecurities will continue to undermine the creation of a health infrastructure able to cover public-health needs of Palestinians (Carter, 2009).

According to Al Dweek (2010), Health information management system is very important in health facilities as it play central role in based information decisions making, medical and managerial, facilitate communication, save time and efforts to be utilized in creative works. Limited financial resources are the main cause prevents application of health information system in health NGOs.

Most of the PNGOs are almost entirely dependent on foreign and Arabic aid from a range of sources. Almost all of this aid is now threatened or already has been stopped because donors are shifting resources to the PA (Zagha, 2010).

Poor-quality care reflect not only limited resources but also inadequate management of what resources are available .Many inputs must come together at the appropriate time and in the appropriate place to achieve maximum health gain. These inputs include human resources, physical resources such as pharmaceuticals and technology and intellectual resources that is the ability to apply it appropriately. This congruence requires that the production, distribution, and combination of these resources be actively managed to produce optimized health care (Prker, et al., 2005).

Health services can operate effectively only if policies are in place at the community level to ensure that those in need have access to services, and only if policies are in place at higher levels to ensure that the resources are available to provide those services (Prker, et al., 2005).

NGOs are normally pressured by donors to produce short-term gains quickly (within 1 to 2 years) in a limited beneficiaries, creating conflict with longer-term system strengthening. Projects implemented by NGOs are frequently designed with no plans for expansion or sustainability, and little integration with local health systems. The result is fragmented and inequitable health care delivery (Pfeiffer, 2008).

According to Quita (2009) Gaza NGOs need to empower their capabilities in modern management such as identifying vision; determining general goals; developing strategies, programs, conducting monitoring, impact assessment and promoting accountability and transparency. On other hand, NGOs must increase the level of cooperation and coordination between each other's.

Al ashquar (2006) stated that directors of Gaza's NGOs pointed out obstacles hinder strategic planning, such as high rate of turnover among employees, lack of their capabilities and limited support of the PA.

According to Yaghi (2009), 80% of health organizations in Gaza strip indicated that limited financial resources were the most important obstacle hindering implementation of its plans.

Chapter 3: Methodology

This chapter introduces the study methodology. The chapter includes study design, study population, sample, eligibility criteria, study setting and ethical consideration. In addition, it presents the instrument used in this study, reliability and validity of study instrument, piloting, and data management and analysis. Finally, it presents limitations of the study.

3.1 Study design

The design of this study is descriptive, analytical, cross sectional, quantitative one. Which try to assess the status of strategic management in NGOs health care organizations in Gaza Strip, this kind of studies is less expensive and can be accomplished within a relatively short time (Burns, and Grove.1993).

The researcher used a survey model, as the study sample and study population are the same filled standardized questionnaire.

3.2 Study population

Study population are all health NGOs working in Gaza Strip as listed in UNSCO directory of Non- governmental organizations in Gaza Strip (2007) and MOH list of working health NGOs in Gaza Strip. They are 70 health NGOs, most of them provide pure health and rehabilitation services while others provide health services beside other social ones.

Organizations employ 10 persons or more as full time employees are considered in this research study. They are 36 nongovernmental health care organizations distributed through

all Gaza governorates and provide health care services include primary and secondary health care, rehabilitation and psychosocial care.

All managerial positions and chairpersons in the selected health NGOs are included in the study, They are about 200 managers and chairpersons, including executive managers, general directors, financial managers and other departments managers, center director, public relation managers and head of department.

3.3 Period of the Study

The study starting in July.2010 after obtaining approval from Deanship of Graduate Studies Al Quds University, The piloting was conducting in the period between Oct.20th to Nov.5th. Data collection started in Dec.27th 2010 and finished in Jan.25th2011, the researcher conducted data entry and cleaning in February 2011, finally, data analysis and report writing continued until the end of June.

3.4 Eligibility Criteria

3.4.1 Inclusion criteria:

Study sample include all non-governmental health care organizations characterized by the following criteria:

1. Palestinian non-for profit organization.
2. Authorized officially from Palestinian Authority (PA)
3. NGOs that employs 10 persons or more as full time job.
4. All mangers those working at these organizations during the period of study, and all chairpersons of these organizations were included.

3.4.2 Exclusion criteria:

1. International health NGOs.
2. Palestinian health NGOs that employ less than 10 persons.
3. For profit organizations.
4. All managers and chairpersons how not available at the time of data collection for any reason like retired, absent, in abroad, or in vacation.

3.5 Study Sitting

The study was conduct in Gaza Strip where Health Care NGOs facilities distributed at five Gaza governorates.

3.6 Ethical and Administrative Considerations

The researcher was committed to all ethical considerations required to conduct a research.

First, ethical approval was obtained from both the school of public health Al-Quds University and Helsinki Committee to carry out the study (Annex 2).

Then an official letter of approval from all NGOs managements was obtained (Annex 3).

Second, each participant was provided with a full explanatory form attached to questionnaire both verbally and written (Annex 4). This form included the title or the study, the purpose of the study and assurance about the confidentiality of the information will be given into the questionnaire. Also it will include a statement indicating that the participation is optional and the participant have the right to refuse or participate in this study.

3.7 Study Instrument Construction

Study instrument is a questionnaire was driven from literature to obtain needed data to achieve study objectives and answer its questions, and modified to fit local situation, the questionnaire was translated into Arabic language to be filled by all participants (Annex 5).

A questionnaire was constructed with four sections as follow (Annex 6):

General characteristics of the health care NGOs:

This section contains 15 questions regarding information like, service area, age of organization, health service provision date, type of health services provided , No. of employees, volunteers, health centers, hospitals, board of directors and its selection method.

General characteristics of managers and chairpersons

This section contains questions about personal demographic data, training experience and managerial work experience.

Strategic management practice:

This section was divided into four parts, which are the main elements of strategic management, including:

- Environmental scanning, divided into two sub sections internal and external analysis.
- Strategy Formulation including questions regarding vision, mission, core values, strategic plans, implementation plans and general policies of the organization.
- Strategy implementation, including questions regarding, financial capacity, human resources, organizational structure and finally board support.

- Monitoring and evaluation.

Barriers hinder health programming and strategic management practice.

Including list of seven barriers, the last questions are open ones ask participant to add other obstacles may present and to suggest solutions to overcome.

3.8 Pilot Study

Pilot study is preliminary research to determine the reliability and validity of test instrument, to identify possible inaccuracy of the questionnaire design and finally to examine suitability and feasibility of data collection tool in order to standardize the way of data collection. It employed 11 questionnaires at three health NGOs of study population, included 9 managers and 3 chairpersons. Because of conducting pilot study, the researcher recognized the time was needed to fill each questionnaire, then a revision of the questionnaire was done and the researcher introduced some modifications. Reliability and validity of the study instrument was determined also.

The piloting was conducting in the period between Oct.20th, 2010. To Nov.5th2010.

3.9 Data Collection

Data collection started in Dec.27th 2010 and finished in Jan.25th2011.About 25 minutes was taken to answer each questionnaire.

The researcher collected data by herself; self-administered questionnaires were distributed to study population at every health NGOs included in the study.

Each questionnaire contained an explanatory letter explaining the study objective and ensuring confidentiality of data. A focal person in each organization was responsible for distribute it to participants and recollect filled questionnaires from respondents then returned it back to the researcher.

As questionnaires recollected from all respondents, the researcher revised them to insure data filling and exclude invalid questionnaires.

3.10 Response rate

Only 32 organizations responded of 36, with an 88% response rate. While response rate among chairpersons was a 68.75 % and managers was 76.4 %.

3.11 Reliability and Validity

3.11.1 Reliability

Reliability is the degree of stability and consistency of measurement technique measures the concept of interest (Burns, and Grove.1993).

The researcher tested the reliability of the strategic management elements and obstacles hindering health programming, Table (3.1) show that reliability coefficients of study domains ranged from 0.8105 to 0.8737, while total coefficient was 0.9474 (above 0.7) indicating that all domains of measurement tool demonstrate high scores of reliability adequate to be implemented on study sample.

Table 3.1: Reliability Cronbach alpha Coefficients of Instrument:

No.	Domain	α
1.	Environmental Scanning	0.8505
2.	Strategy Formulation	0.8105
3.	Strategy Implementation	0.8732
4.	Monitoring and Evaluation	0.8737
5.	Obstacles	0.8053
	Total	0.9474

3.11.2 Validity

Validity of an instrument determines the extent to which the instrument reflects the theoretical construct being measured (Burns and Grove.1993). Face validity reached by organizing the questionnaire in categories with logical sequence. Before data collection, the questionnaire was evaluated by eight experts (Annex 8 &9) with different backgrounds; managers of local and international NGOs and academics of different universities. to insure face and content related validity of study instrument. Using the content validity index (CVI), where all questions that reach less than 80 % consensus removed when evaluated by experts and suggestions of new questions was considered. Other additional measures used, including piloting, standardization of the instrument and its implementation, reviewing the filled questionnaires and data cleaning.

Table 3.2 Content Consistency Validity of Study Instrument

NO.	Domain	r	P value
1.	Environmental Scanning	0.8002	0.01
2.	Strategy Formulation	0.7390	0.01
3.	Strategy Implementation	0.8368	0.01
4.	Monitoring and Evaluation	0.8203	0.01
5.	Barriers	0.8042	0.01
	Total	0.7176	0.01

The researcher computed validity of content consistency of the instrument using Pearson's correlation coefficients to calculate each domain coefficient degree with total degree of the

instrument. The table 3.2 show values of Pearson's coefficient (r) and P values; Pearson's coefficients are high values (above 0.5) and statistically significant at 0.01 which indicating that study instrument has good content consistency validity.

3.12 Data Management and Analysis

The researcher used Statistical Package for Social Sciences (SPSS) program version 11.5 to analyze the data collected; Data was cleaned and recoded as needed through checking out a random number of the questionnaires. Descriptive statistic performed to compute means, standard deviations, and Percentage for all variables. To detect potential relations between variables, two samples independent T test and one-way ANOVA test were use. T test was used to examine differences in the means scores of variables with two possibilities, while ANOVA test was used to detect differences in the means scores of variables with more than two possibilities.

Pearson Correlation coefficient to determine the relation between the total score of strategic management practice and the numerical variables attributed to organizations.

LSD (Least significant difference) test was use to determine difference when it was detected by One Way ANOVA Test.

Responses to open-ended questions are analyzed inductively using a content analysis technique in which codes are not pre-defined, but are based on the theme emerging from the answers and comments. Then, the frequency of occurrence of each theme is calculated.

3.12 Limitations of the study

The limitations of the study were as follow:

- Data collection was in the period of the end of Dec. 2010 and January ,that period considered as the end of the fiscal year and beginning of new one, as most managers were busy in reporting, preparing budgets and planning activities of new year, so that might affect the response rate of the study.
- The limits of this study include the traditional limitations of the cross sectional design in terms of its liability to contextual changes.
- Scientific resources regarding the study like books and journals are limited
- Frequent cutoff of electricity current.
- The study instrument was relatively long as it covers all elements of strategic management.

Chapter 4: Results and discussion

This chapter demonstrates the findings revealed by the statistical analysis of collected data. It starts by descriptive statistics that illustrate the characteristics of the study respondents and organizations they represent. Descriptive statistics of the basic elements of strategic management are presented as well, and then the differences in strategic management practice in reference to personal and organizational variables are discovered. Finally, obstacles and main barriers were hindering strategic management and health programming are determined.

4.1 Characteristics of Study Population

4.1.1 Personal Variables

The total number of respondents was 130, (108 managers and 22 chairpersons). Table 4.1 and figure 4.1 shows that the majority of participants were males (80%), while females constituted (20%). That indicated that the majority of managers and chairpersons are male, that show bias toward males in managerial positions hiring, and therefore this point needs more attention from NGOs to emphasize equal opportunities in managerial positions.

42.3% of participants age ranged between 20 to 40 years, while (48.5%) of them are over 40 until 60 years. Those young generations of managers expect to provide a lot for these organizations as they are suppose to be full with energy and have the will to change into better future.

With regard to the level of education, the majority of respondents (60.8%) had bachelor degrees while (30.9%) had master's degree, and (3.7%) had PhD. In other words, (4.6%) of participants are postgraduate that indicate well-qualified managers.

Considering the years of experience, 54% of respondents have experience less than 10 years, this is expected as most of managers age is less 50 years, and (33.8%) of them their experience ranged between 11-20 years, while only (11.5%) of them their experience more than 20 years.

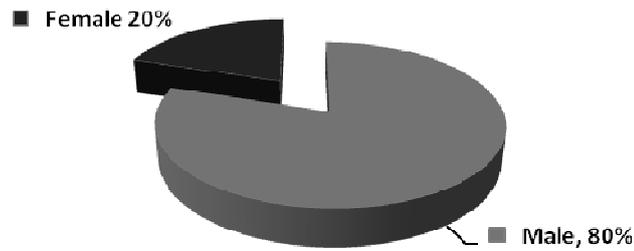


Figure 4.1: Percentage distribution of the study population by sex

Table (4.1): Distribution of participants by personal characteristics

	Variables	No.	%
1.	Gender		
	Male	104	80
	Female	26	20
2.	Age groups		
	From 20 to 40	55	42.3
	From 41 to 60	63	48.46
	More than 60	12	9.23
3.	Last Academic Certificate		
	PhD	5	3.6
	Master	40	30.8
	Bachelor	79	60.8
	Diploma or less	6	4.6
4.	Years of Managerial Experience		
	< than 10 years	71	54.6
	11-20 Years	44	33.8
	> than 20	15	11.5

4.1.2 Organizational Variables

Table (4.2): Distribution of organizations by different characteristics

Variables	No.	%
1. Service area		
One Governorate	18	56.2
More than one Governorate	14	43.8
2. Organization Age		
Less than 15 years	6	18.8
From 15 to 30 years	20	62.5
> 30 years	6	18.8
3. Period of health care provision		
Less than 15 years	11	34.4
From 15 to 25 years	13	40.6
> 25 years	8	25.0
4. Type of health Services		
Primary Health Care	15	46.9
Secondary/ Tertiary Health care	5	15.6
Rehabilitation	22	68.8
Diagnostic Services	16	50
Psychosocial Support	16	50
Health Education	27	84
5. No. of Health Centers = 54		
6. No. of Hospitals = 6 Beds (n=323)		
7. Employees		
No. of total employees = 2668		
Males	1501	56.25
Females	1167	43.75
No. of health professionals = 1088		
Males	707	64.98
Females	437	35.02
8. Total Volunteers No. = 150		
9. Board No. 7-12 members		
10. Board selection		
Election	28	87.5
Appointment	2	6.3
Others	2	6.3

The table 4.2 show that (43.8%) of organizations ($n=14$) were working in more than one governorate through Gaza strip and have branches in different governorates, while 56.2% of them ($n= 18$) are working in one governorate.

Regarding the age of these organizations, the results showed that majority (62.5%) aged between 15to 30 years while (18.8%) of them aged less than 15 years organizations were,

while those aged more than 30 years have the same percentage (18.8%). it means that (81.3%) of respondent organizations were founded before PA establishment.

65.3% of respondent organizations provide health services for more than 15 years while only (34%)($n=11$) for less than 15 years as shown in table (4.2) and figure (4.2).

With regard to type of health care services provided , table 4.2 and figure 4.3 show (68%) of respondent organizations provide rehabilitation ($n=22$), (84%) of them provide health education, (53.1%) provide secondary and tertiary health care,(46.9%) provide primary health care, and they provide diagnostic and psychosocial support services with the same percentage (50%). The increased number of organizations, which provided rehabilitation and psychological services, may reflect that quick response of NGOs toward the real needs of the local community. As many reports of UNRWA were talking about high incidence of mental illness and increased numbers of disables due to Israeli aggressions and on the other hand these areas were ones of the donors interest, therefore local health NGOs compete to get fund.

The total numbers of health centers operating by these organizations were 45 centers as PHC centers or rehabilitation ones, while there were six hospitals were operating by five respondent organizations with capacity of 323 beds.

The total number of employees working in the respondent organizations was 2668, (56%) of them were male, while number of health professional is 1088, (35%) of them were females. The total number of volunteers only 150. which reflects the decrease of voluntarism spirit in Palestinian community as pointed out in Yaghi, (2009).

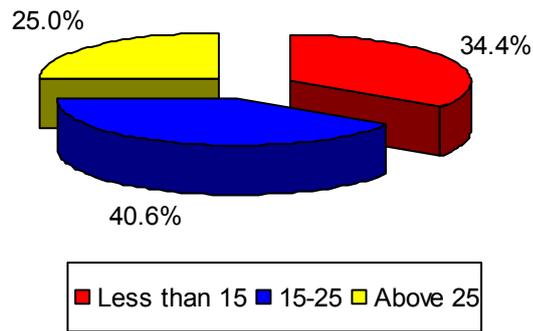


Figure 4.2: Periods of health care provision

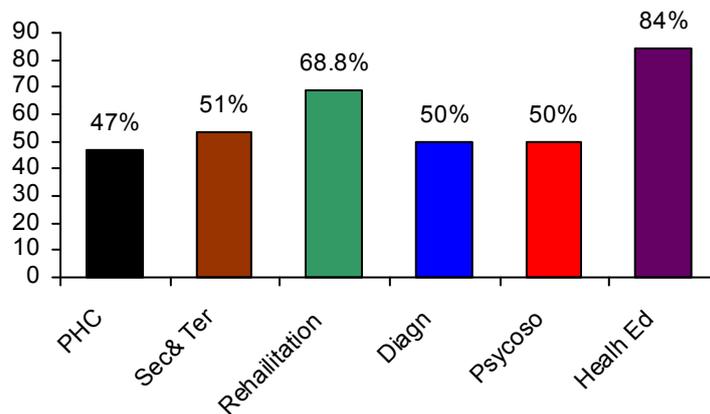


Figure 4.3: Distribution of health service

4.2 Strategic management practice

4.2.1 Environmental Scanning

Regarding to the environmental scanning which considered the first element of strategic management, as shown in table 4.3 the majority of participants conducted both external(73.2%) and internal (89.5%) scanning, while (27.7%) of the respondents saw

that their organization didn't conduct external scanning and (10.5%) didn't conduct internal scanning.

Considering results of scanning, the majority (80%) of study population indicated that, external scanning succeeded to identify opportunities and threat of their organizations and internal scanning succeeds to identify strength and weakness areas of the organization.

Those results consistent with Al Tahrawi,(2010) that revealed that (82.1%) of Gaza NGOs conducted external scanning, and (84.1%) conducted external scanning, In addition results in agreement with Syam, (2011) study which, showed that women NGOs conducted both external and internal scanning in (81.2%) and (82.4%) respectively.

Regarding the open questions asking how often the organizations do external and internal scanning; only (57.6%) of those pointed that their organizations conducted external scanning, answered that question, the results was ranged (32.3%), annually, (3.8%) semiannually,(3%) Quarterly, (4.6%) monthly, (4.6%) when projects start or end and (2.3%) every 3-5 years. While (62%) of those pointed that their organization conducted internal scanning, answered that question, the results was fluctuated (39.2%) annually, (6.1%) semiannually, (4.6%) quarterly, (6.1%) monthly, (3%) when projects start or end, (3%) every 3-5 years.

These results indicated that both internal and external scanning were not conducted in systematic manner by health NGOs, which is hardly needed to proper strategic planning and its implementation. The researcher assume that strategic plans ,if present ,in health NGOs are formulated in one or two brain storming sessions, without documented internal or external environmental scanning where plans based on.

Table (4.3): Distribution of organizations by environmental scanning

Environmental scanning						
External scanning		Yes	NO			
		%	%			
The organization conduct external scanning		72.3	27.7			
identify key threats		80	20			
identify key opportunities		82.3	17.7			
Internal Scanning						
The organization conducts internal scanning		89.5	10.5			
Identify key strengths		92.3	7.7			
Identify key weaknesses		86.9	13.1			
Service quality and client satisfaction		87.7	12.3			
Assess its human resource capacity		86.9	13.1			
Assess its human resource professional development		76.9	23.1			
Have information system		93.1	6.9			
Health Information System = 14.2%		Management Information System = 21.7%				
Both = 64.2%		Computerized = 81.7%		Manual = 18.3%		
		S.A	A	DK	DA	S.DA
		%	%	%	%	%
The organization provides easy access to internal data that promote easy and quick analysis.		24.6	68.5	3.1	3.1	0.8
The organization reviews the results of the external and internal analysis to assess progress and identify future goals		23.8	63.8	8.5	2.3	1.5
The organization is capable of analyzing internal and external data to inform decisions.		16.2	64.6	10	7.7	1.5
S.A = Strongly Agree/ A= Agree/ DK = Don't Know / DA = Disagree / SDA = Strongly Disagree						

87.7 % of respondents pointed out that their organizations conducted analysis of services quality and clients satisfaction which express awareness of health NGOs about client

satisfaction as an important component when measuring health outcomes and quality of care. In these days, client or patient satisfaction is increasingly being used to assess medical care in many countries, because patient's attitude plays central role in health services planning and delivery (Chompikul, Sermsri, Nazirah. 2008).

The majority of participants indicated that their organizations conducted assessments of human resources capacities and their professional development, which reflect the importance of human resources as the main assets of any organization; these results are consistent with Yaghi (2009) as (85.7%) of health care organizations in Gaza revealed that they have human resources development policy. However, in the other hand, researcher revealed that in the WB and GS, the production of Human Resources for health (HRH) and the implementation of training programmes are not linked to strategic planning in order to balance supply with needs and demand. (Ranson, Chopra, Atkins, Roberto, Bennett. 2010)

The study shows that, most of organizations have information system (92%), while only (14.2%) of the respondents revealed that their organization had health management information system, while (65%) of them had computerized information systems, as computer networks and the Internet help to coordinate strategic-management activities and to ensure that decisions are based on good information (Menachemi, Saunder, Chukmatov, Matthew, Brooks . 2007).

It is worth mentioned that information is a critical resource for the management of healthcare organizations and information systems are essential to support patient care, administrative operations, and strategic decision-making so health NGOs in Gaza needs to establish and maintain strong health information systems. In addition, the majority of respondents pointed out that their organizations provide easy access to internal data that promote easy and quick analysis, and these organizations capable to review the results of the external and internal analysis to assess progress and identify future goals and analyzing internal and external data to inform decisions. These results reflect the importance of transparency within the organization to facilitate information access thus internal and external analysis to identify future goals of the organizations.

4.2.2 Strategy Formulation

Table (4.4): Distribution of strategy formulation

Strategy Formulation	S.A %	A %	DK %	DA %	S.D A%
1. Written Vision (Yes = 95.4%, No = 4.6%)					
The vision statement is widely available to employees and customers	25.4	43.1	6.9	20	4.6
The vision statement is clear to all employees	30.8	46.9	7.7	13.8	0.8
The vision statement is clear to Board of Directors in your organization	43.8	46.9	6.2	2.3	0.8
The vision statement guides programs implementation.	36.9	54.6	6.2	1.5	0.8
2. Written Mission (Yes = 92.3%, No = 7.7%)					
The mission statement is widely available to employees and customers	23.1	43.8	3.8	23.1	6.2
The mission statement is clear to all employees.	26.9	50.8	5.4	15.4	1.5
The mission statement is clear to all Board members	39.2	48.5	7.7	4.6	-
The mission statement is used to guide program implementation.	40	52.3	3.1	3.8	0.8
3. Core Value (Yes = 87.7%, No = 12.3%)					
The values are clearly understood by all employees	28.5	55.4	10	5.4	0.8
The values are clearly understood by board members.	43.8	45.4	7.7	1.5	1.5
4. Strategic plans				Yes%	No%
The organization have an established long-term (3-5 years) plan				73.1	26.9
the long-term plan have clearly identified objectives				71.5	28.5
the long-term plan have clearly articulated indicators				63.8	36.2
the long-term plan includes a financial plan				60.8	39.2
5. Action annual work plans					
the organization has annual work plans linked with long-term plan				75.4	24.6
the annual work plan has clearly identified objectives				76.2	23.8
the annual work plan has clearly identified indicator				73.1	26.9
the annual work plan has a budget				76.9	23.1
The work plan is linked with individual performance plans.				61.5	38.5

Table (4.4): Distribution of Strategy Formulation (Cont.)

Strategy Formulation	S.A %	A %	DK %	DA %	S.DA %
The plan's objectives appear realistic based upon the organization experience.	40.8	48.5	7.7	1.5	1.5
The plans objectives list measurable targets	24.6	60.8	10	3.1	1.5
managers involved in setting objectives	30.8	48.5	11.5	7.7	1.5
Employees involved in setting objectives and targets	23.8	39.2	15.4	17.7	3.8
Your organization makes efficient use of its current resources. (Human and financial).	28.5	54.6	13.1	2.3	1.5
The plans clearly assign the lead responsibility of action plan implementation to a person or a team	27.7	53.8	12.3	5.4	0.8
6. Organization policies					
Your organization policies are relevant to current organization activities.	31.5	63.8	2.3	1.5	0.8
Policies are clearly understood by board of directors.	36.2	55.4	6.9	0.8	0.8
Policies are clearly understood by management staff.	34.6	59.2	3.1	2.3	0.8
Policies are clearly understood by employees	27.7	51.5	11.5	7.8	1.5
				Yes %	No%
Your organization maintains a human resources policy manual				82.3	17.7
Your organizations have a written manual for financial policies and procedures.				87.7	12.3
Your organization usually trains its employees about information of policies manuals				69.2	30.8

Table 4.4 demonstrates that more than (90%) of participants show their organizations have vision and mission, at the same time, (87.7%) of participants showed availability of core values that clearly understood by employees and board members. Regarding long term plan (3-5Year) ,(73.1%) of participants indicated that their organizations have long term plans, and majority pointed out that these plans include clearly identified objectives , indicators and financial plan as well these results are in agreement with results of Syam (2010) that revealed that women NGOs have written, measurable and time limited

objectives. On the other hand this result inconsistent with Abu Nada (2006), he revealed that (97%) of NFP organizations in GS have not strategic plan.

Considering work plans, (75.4%) of participants pointed out that, their organizations have annual work plans linked with long-term plans; these plans have clearly identified objectives and indicator as indicated by the majority of participants, and have a budget as well. Only (60.1%) conveyed that employee's individual work plans linked with organizations work plans while (39.9%) did not.

It is very important to link individual objectives of employees with the organization's strategic objectives, to increase motivation and ownership sense among employees and fostering proper implementation of plans. The researcher assumed that most employees of most health NGOs have not individual work plans and they usually not linked with the organization strategic plan if present, therefore Gaza health NGOs need to pay more attention to this matter.

89.3% of respondents believed that the objectives of plans are realistic, while (85.4%) believed that these objectives listed measurable targets that are essential to monitoring and evaluate performance of the organization. The majority of participants believed that both managers and employees involved in objectives and targets sitting that will increase ownership sense, motivation among employees, therefore enhance proper implementation of plans.

The majority of participants agreed that their organizations make efficient use of its current financial and human resources and they believed that lead responsibility is clearly assigned to a person or team to enhance sufficient accountability. Furthermore, (82.3%) shows that human resources policy manual was available, while (7.7%) did not. 87.3% of organizations have financial policy manual. These results are consistent with (Tahrawi), 2010 that revealed that NGOs in Gaza Strip have system of procedures and policies to

facilitate its mission and vision achievements and it in agreement with Syam (2010) as the policies organize the work and enhance plans implementations.

Only (69.2%) of participants indicated that employees were trained about content of policies manuals, while (30.8%) did not.

Almost all respondent (95.3%) agreed that the organizational policies are relevant with its current activities and the majority pointed out that policy were clearly understood by employees, management staff and board as well. This result is consistent with Syam (2010), which indicated that women NGOs in GS developed relevant policies and procedures to promote plans implementation and objectives achievement.

Only (52%) of respondents answered that their organizations have enough financial resources to implement its strategic plans while (47,7%) did not. So health NGOs need to manage its funding insecurity to insure sustainability of its services provision.

Regarding the financial resources, External donation (Foreign and Arabic) considered as the main source (61%) followed by organization private foundations and revenues (27%), while personal and governmental donations percentages are (8.34%), (3.65%) respectively. These results consistent with the study of MAS, (2007) results which revealed that (60.9%) of NGOs funding are external resources, (21.5%) from self funding activities and (9.3 %) from personal donation of local society, while governmental donation was only 0.7% that less than the results of this study, it may be due to that some of health NGOs received material donation from MOH like drugs and disposables.

On the other hand, these results are not consistent with Ebrahim (2005) that revealed NGOs mainly depended on its private foundations and revenues in fundraising its activities with (37%), while foreign donation was (10%) only.

The majority of respondents (76.2%) answered that there is board financial committee, while 23.8% did not, of course presence of such committee show the important role of the board in managing and controlling the financial affairs of the NGOs which is consistent with the results of Galayini (2007). On the other hand, all respondents confirmed that their organizations have independent financial audit to review its financial issues, as (80%) indicated that financial revision is occurring annually, (18.5%) semiannually and only (0.8%) every two years. It worth mentioned that each organization has to submit its financial report to MOI annually, which explained why all organizations have independent financial audit to conduct annual financial review.

Regarding with human resources, most of respondents (81.5%) answered that all employees of their organizations have job description, while (18.5%) did not. Each

employees must have a clear and appropriate job description clarify his role thereby he can carry out good job, so that will assist in staff retention. Darkin (2010) revealed that the presence of a clear employee job description is one of community organizations success factors as it can develop a culture of respect and support within the organization.

(56.2%) of respondents indicated that employees have individual work plans, where (26%) of them answered, that was weakly plans, (48%) monthly plans and (26%) annual plans. Individual work plan for each employee is essential to understand how their work related to the strategic objectives of the organization and to strategy implementation that will increase motivation and improve employee morale thus enhance achievement of organization objectives.

Human resources functions in health facilities lack to strategic human resources planning, where only (35%) of health facilities had human resource strategy (Shalaby2009).

Furthermore, only 41.5% of respondents indicated that their organizations have annual appraisal system, while (58.5%) did not, and only (53.8%) of them answered that raises and promotions are linked with results of annual appraisal that reflect poor human resources management. These results are consistent with Al Tahrawi (2010) that revealed NGOs are poor to performance appraisal system, and incentives and promotions, as it needs financial commitment toward the employees, in the other hand most of employees are project based were hiring for temporary periods.

The majority of them stated that their organizations have continuous education program to develop its employee's capacities, while (21.5%) of respondents believed that their human resources capabilities to manage and implement the plans were very good while (53.8%) were good while only (9.2%) revealed that is poor.

About the organizational structure, almost all organizations have structure where roles and responsibilities are clear in (86.2%) of them as pointed out by respondents. This reflects

the importance of organizational structure to guide strategy implementation process by regulating the relationships among the people and departments involved.

In consideration of board support, almost all respondents (95.4%) agreed that the relation between board and top management was cooperative and effective. There were 80% of participants agreed that board actively participate in fundraising effort of the organization. At the same time, all respondents agreed that board engaged with staff in planning, implementation and evaluation activities in percentages of (74.6%), (70%) and (72.3%) respectively. These results are consistent with (Galayini, 2007) which indicated that the Gaza's NGOs board of directors were well governed as they ; had good relations with general directors, active in strategic planning process, played active role in fundraising efforts and have good relation with funding agencies.

4.2.4 Strategy Control and Evaluation

Table (4.6): Distribution of organizations by monitoring & evaluation

Strategy evaluation					Yes %	NO%
Your organization has organized monitoring and evaluation system,					76.6	23.1
your organization reviews monitoring data	Monthly 65%	Quarterly 14%	Semi Annually 7%	Annually 14%		
		SA %	A %	DK%	DA%	SDA%
Your organization reviews monitoring data and revises strategic decisions as appropriate or decides new ones.		19.2	61.5	14.6	4.6	-
Your organization able to evaluate its programs performance and impact changes subsequent to implementation these programs.		23.8	62.3	7.7	5.4	0.8

The table (4.6) illustrated that, the majority of respondents pointed out that their organizations have organized monitoring and evaluation system and most of them (65%) review monitoring data monthly, (35%) of respondent organizations did not review monitoring data monthly.

Regarding revision of monitoring data, (80.7%), (19.2%) are strongly agree and (61,5%) agree) of respondents indicated that their organizations reviewed monitoring data to adjust previous decisions or decide new ones that reflect a good flexibility rate to facilitate implementation of plans and objectives achievements, while (86.1%)(23.8% are strongly agree and 62,53% agree) saw that their organizations are able to evaluate their programs and its impacts.

Health NGOs are lack to a real and an effective monitoring and evaluation systems, these results may be due to poor understanding of the questions as the researcher used self administered questionnaire to collect data , and actually most managers are not actively involved in strategic management processes as they busy in daily workings to continue their organization's current activities.

Hamad (2009) revealed that organizational performance evaluation is poorly defined in health organizations in general. performance evaluation is so important and essential for future planning .

Assessing implementation processes is very valuable to enhance the interpretation of quantitative outcomes and provides a basis for generating lessons about how to strengthen future implementation (Abuya et al., 2010).

4.2.5 Strategic Management Practice Scores

Table (4.7): Mean Scores of organization's strategic management practice

Domain	Mean Score	%	Rank
1. Environmental Scanning	20.52	82	1
External scanning	2.34	78	
Internal scanning	18.17	82.6	
2. Strategy Formulation	92.53	80.4	2
Vision	17.09	81.3	
Mission	16.82	80	
Core Values	9.21	83.7	
Strategic Plans	2.69	67.2	
Work Plans	27.61	78.8	
Policies	19.09	83	
3.Strategy Implementation	30.57	76.4	4
Financial Recourses	2.28	76	
Human Resources	7.03	70.3	
Organizational Chart	1.82	91	
Board Support	19.43	77.7	
4. Control and Evaluation	8.75	79.5	3
Strategic Management Practice	152.38	79,8	

Table 4.7 show that the overall relatives mean scores of four strategic management basic processes is (79.8%) which revealed relatively good level of strategic management practice among Gaza's health NGOs.

According to table (4.7) environmental scanning has the first rank among strategic management stages. The researcher assumes that NGOs don't perform environmental scanning in systematic manner ,they usually did not used managerial tools for this purpose like SWOT or Gab analysis and they pay less attention to external scanning.

Although total score of the strategy formulation is (80.4%), but the lowest score is of strategic plan (67.2%), it indicates significant weakness in strategic plan formulation, which revealed poor strategic management as strategic plan is the core of strategic management so the researcher can assume that NGOs only working to continue its current activities and new activities are usually as the response to donors interest to get fund.

Usually the strategic plan presents first, the results of internal and external environment analysis (SWOT), the basic assumptions and forecasts on which the plan is based, and the vision, mission, core values and objectives of the organization, then the main strategies and detailed action plan prepared to put strategic plan in action and to clarify roles and responsibilities. Both strategic and detailed action plans must contain well-designed indicators to measure the real outcomes .

Strategy implementation is the real challenge, where plans translated into reality.

According to table (4.7) , the last rank was for strategy implementation ,this result is expected as previous results show that health NGOs lack to proper strategic planning.

Further more results show lowest score (70.3%) was for human resources, so health organizations in GS need to pay more attention to human resources management as they the back bone of any organization. Then financial resources score was (76%) therefore health NGOs need to manage its financial insecurity to insure stability of financial resources.

Control and evaluation score was (79.5%), monitoring and evaluation is an important part through the implementation process to insure objectives achievements and to pick up mistakes in order to revise previous decisions ore make new ones. Therefore, as previously mentioned, well-designed indicators is essential in monitoring and evaluation process. Health NGOs need to establish and maintain effective monitoring and evaluation systems.

4.3 Strategic management practice and personal variables

4.3.1 Gender

Table 4.8: Differences in strategic management practice by gender

Gender	No.	Mean	SD	T	Sig.
Male	104	150.5	21.29	2.023	c0.05
Female	26	159.9	20.46		

Table (4.8) shows that the mean in strategic management practice of females was higher than the mean of males. By using t-test statistically significant difference between males and females was found (t- test=2.023 P v=0.05).

This indicates that females tend to practice strategic management more than males, this may be attributed to females are minority so they usually work hard to proof their abilities and to be distinguished. So health NGOs need to employ more females in managerial positions.

4.3.2 Age groups

Table 4.9: Difference in strategic management practice by age groups

Age Group	No.	Mean	SD	F	Sig.
From 20 to 40	55	151.14	22.54	1.304	0.274
From 41 to 60	63	151.66	20.86		
More than 60	12	161.88	17.56		

Table (4.9) revealed that; the mean of the age group above 60 years was higher than other means. By utilizing One-Way ANOVA, there was slight differences by age groups

but it was not reach statistically significant ($P = 0.274$). These results indicate that experience that acquired by years was not the first thing that makes young able to practice strategic management, but other things are may involved such motivation and the level of participation in management processes.

4.3.3 Academic certificate

One-way ANOVA test was used to compare the means of the academic certificates of managers of health NGOs and strategic management practice. As shown in table (4.10), There were no statistically significant differences between academic certificate and strategic management practice as F value= 1.852 (p -value = 0.141).

Table 4.10: Difference in strategic management practice by academic certificate

Academic Certificate	No.	Mean	SD.	F	Sig.
PhD	5	163.4	17.6	1.852	0.141
Master	40	146.4	22.5		
Bachelor	79	154.7	30.7		
Diploma or less	6	152.2	30.7		

4.3.4 Managerial Experience

Table 4.11.1: Difference in strategic management practice by experience

Experience	No.	Mean	SD	F	Sig.
More than 20 years	71	153.9	19.29	3.240	0.043
From 11 to 20 years	44	146.4	24.62		
Less than 10 years	15	162.72	17.28		

By utilizing One-Way ANOVA test, Table 4.11.1 show association between years of experience and strategic management practice as (F= 3.240) and (P-value = 0.043).

The results showed that there were statistically significant differences between the three groups of experience. The largest mean was for the group of less than 10 years experience Using ad hoc test (LSD) as shown in table 4.11.2 , it seems that the younger managers with experience less than 10 years tend to practice strategic management more .This may be related to high motivation among young managers and they tend to change and learn more than older ones.

Table 4.11.2 LSD test between experience and strategic management practice

	From 11 to 20 years Mean=146.4	More than 20 years Mean=162.72
Less than 10 years Mean=153.9	-7.51	-15.66*
From 11 to 20 years Mean=146.4	-	-8,15

* Statistically significant at 0.05

4.3.5 Receiving Training

Table 4.12: Differences in strategic management practice by training

<i>Training</i>	<i>No.</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>Sig.</i>
Yes	75	150.94	2.3	0.335	0.145
No	29	149.37	4.6		

Table 4.12 shows that; the mean of participants who get training nearly was higher than who don't receive. By using t test; there was no statistically significant between both groups (P= 0.145). It's a fact, that any training will increase knowledge and skills of who got training, hence it will be improve their practice on training subject. So NGOs needs

to pay more attention to training methods used, to combine formal training and on the job training to increase the benefit of any training provided.

4.3.6 Carry out Training for others

Table 4.13: Difference in strategic management practice by training others

<i>Training others</i>	<i>No.</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>Sig.</i>
Yes	47	157.4	15.03	20.38	0.05
No	83	149.5	23.88		

An independent t-test was used to compare the main of strategic management practice in reference to training others, table (4.12) show statistically significant difference between who trained others and who did not regarding strategic management practice (P=0.05) with higher main score of who did than who didn't.

It indicates that respondent who train others are working in organizations were practicing strategic management which encourage information sharing facilitate knowledge transferring and dissemination. (learning organization) .

4.4 Strategic management practice and organizational variables

4.4.1 Age of the organization

There is a positive correlation between the age of organization and level of strategic management practice. Person's coefficient = 0.685.

This result consistent with Marzoque (2006) as indicated that organization aged more than 10 years realized the importance of organizational change and development.

4.4.2 Service Area

Table 4.14: Differences in strategic management practice by service area

<i>Service area</i>	<i>No.</i>	<i>Mean</i>	<i>SD</i>	<i>T</i>	<i>Sig.</i>
One governorate	18	146.35	21.53	1.988	0.05
More than one governorate	14	160.19	17.82		

An independent t-test was used to compare the means of strategic management practice in reference to service area (table 4.14). The analysis show statistically significant difference between one governorate service area and more than one governorate regarding strategic management practice ($p=0.05$) with higher mean of more one governorate (160.19) than one governorate (146.35). This indicates that healthcare organizations working in more than one governorate through GS tend to practice strategic management more than those working in one governorate, as those working in more one governorate are usually large organization with good resources and good management system as well, therefore extending their services into other areas.

4.4.3 No. of Health Centers (branches)

To detect correlation between strategic management and total number of health centers of each organization. Pearson's coefficient was used (0.624). a positive correlation between two variables appeared.

Usually large organizations have headquartered and number of centers distributed throughout GS, so it have enough resources to conduct strategic management.

4.4.4 Total Number of Employees

Pearson's coefficient (= 0.582) was used to detect correlation between strategic management practice and total number of employees. positive correlation between two variables appeared.

This result consistent with Marzoque (2006) which indicated that organizations have more than 30 employees is more interesting in organizational change.

Both increased numbers of organization's center or employees indicated to large size organization, which has enough resources to conduct strategic planning. Employees are strategic issue, so when an organization have large number of employees, good management can keep employees retention, through allocating needed resources specially financial ones.

Al Ashqar (2006) revealed that high turnover rate among NGOs employees one of hindering factor of strategic planning practice.

4.4.5 Type of Health Service Provided.

An independent t-test was used to compare the mean of strategic management practice in relation with health services provided; there were no statistically significant differences between organizations that provide each health services and they do not. The researcher expected these results because most health care organizations provide more than one service and these services are overlapped.

Table 4.15: Differences in strategic management practice by health services

Service	Status	No.	Mean	SD	t	Sig.
Primary health Care	Yes	15	149.8	27.83	0.647	0.261
	No	17	154.7	17.85		
Secondary, Tertiary Health care	Yes	17	150.94	19.88	0.411	0.341
	No	15	154.0	23.17		
Rehabilitation	Yes	22	156.36	18.63	1.606	0.059
	No	10	143.7	24.8		
Diagnostic services	Yes	16	145.81	21.85	1.285	0.104
	No	16	159	18.92		
Psychosocial support	Yes	16	151.62	16.19	0.228	0.410
	No	16	153.18	22.01		
Health Education	Yes	27	154.96	21.22	1.627	0.057
	No	5	138.6	16.44		

4.5 Barriers of Strategic Management

Table (4.16) showed the list of obstacles that hinder strategic management practice, and mean scores of each, score range from 1-5 according to its effect.

Percentages were computed by dividing each mean on five and multiplying it by 100, so percentages ranged from 20 to 80 according to its effect as it felt by respondents.

Table (4-16): Score distribution of Strategic Management Barriers

No.	Barriers	Main Score	%
1	Political instability in Gaza Strip.	4.36	87.20
2	Limited fund and financial flow instability	4.29	85.80
3	Limited cooperation and coordination between MOH and health NGOs	3.81	76.20
4	Limited supplies	3.77	75.40
5	Absent or Ineffective information system	3.66	73.20
6	Limited cooperation between NGOs themselves	3.65	73.00
7	Limited clinical /qualified staff in their organizations	3.36	67.20
8	Limited managerial skills	3.2	64.00

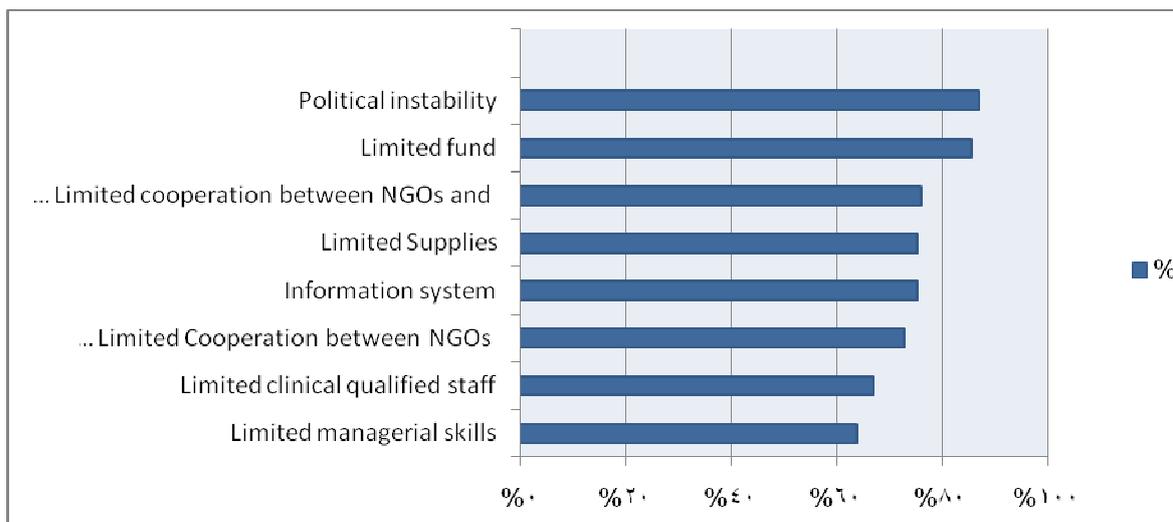


Figure (4.4): Barriers of strategic management

According to table (4.16) and figure (4.4), political instability in Gaza Strip is the most hindering factor of strategic management and health programming with the highest score (87.2%) .

Unstable political situations leads to engagement in immediate response to emergency, hence unavoidable change of prepared plans will take place (Meselmani, 2004).

These findings are partially consistent with a study conducted by Yaghi, (2009) who found that, the political instability is the main obstacle prevents plans implementations.

The seconded barrier is limited fund and financial flow instability with (85.8%) score, this result is partially in agreement with Yaghi (2009) as revealed that limited fund is one of the main obstacles prevent plans implementation at health NGOs in GS.

Zagha (2010) revealed, financial insecurity is the main challenge facing all NGOs, as most of the PNGOs are almost totally dependent on external aid, foreign and Arabic. Now almost all of this aid is now threatened or already has been stopped because donors are shifting resources to the PA.

Dependency on international aid has undermined Palestinian civil society's ability to respond effectively to the progressively deteriorating political, social, economic, and environmental situations (NDC, 2011).

Limited cooperation and coordination between MOH and health NGOs was considered as one of the barriers with (76.2%) score, so the government is required to increase the participation of NGOs in planning of national strategic plan , contracting to purchase health services from local NGOs to support them financially hence decrease their dependence on foreign donation. Maintain and strengthen public-private partnerships

especially between MOH, UNRWA, NGO's and the private-for-profit sector to facilitate harmonization, coordination, and comprehensiveness of efforts to ensure access for all Palestinians to health services and to meet the national health objectives efficiently and effectively through having memorandum of understanding that reflect the value added of the players in any partnership.(MOH,2011)

Under the current situation, It is preferable for all the different sectors to work together the efforts of civil society with those of the public and private sectors, there is a need to build broader social capacities that bring together. This will certainly help in encouraging a more Holistic and sustainable approach and in providing solutions to current challenges (NDC, 2011).

Limited supplies score is (75.4%); this problem is almost as an expected consequence of the impervious blockade and siege of GS and limited financial resources.

Most of health providers have been severely affected by the blockade which has been in place since 2006 leading to shortages of essential drugs disposables and spare parts. Therefore, the quality of care is deteriorated (WHO, 2011).

Absent or ineffective information system (73.2%), result is consistent with the earlier result of this study as show that only (14.2%) of health NGOs have health management information system. It is worth mentioning that information is a critical resource for the management of healthcare organizations and information systems are essential to support patient care, administrative operations, and strategic decision-making so health NGOs in GS needs to establish and maintain effective health information systems.

Limited cooperation between NGOs themselves score was (73%), PNGOs are lack to effective coordination among them (MAS,2008), which is essential to insure complementary work and to prevent duplication and inequality of health services.

The lowest score (64%) was for limited managerial skills. but they still need more training in managerial skills especially in human resource management and strategic planning. Highly skilled managers performing fundamental roles produce results that are linked to the growth of their organizations (Guo, 2003).

Lack of Medical specialists, health information system, cooperation and communication between health care providers are significant weaknesses points of Palestinian health system as listed in MOH 2011- 2013strategic plan, (MOH,2011)

Most constrains required political solutions that are beyond the capacity of the health sector. Political solutions should address and reduce the threats caused by weapons, destruction of homes, suffering, and restrictions on movement and on the economy to a minimum. Political solutions that improve Palestinian security will simultaneously reduce threats to physical, mental, and social health, hence Palestinian population health can positively affected by the political solution that effectively eradicating the causes of the conflict (Batniji et al, 2009).

These results were expected as the political instability affected all life aspects, so political solutions that first unify Palestinians and end Israeli occupation to pave the road toward an independent Palestine State should enhance the development process at all aspects.

For the previous mentioned reasons, all health providers need to have the ability to manage these challenging factors and unstable environment through strategic management practice.

Regarding the open question about other constrains may hinder strategic management practice only 6% ($n=8$) respondents added new constrains, they could concluded as follow,

low motivation level among employees, weak belonging feeling and voluntarism spirit ,poor participation of employees in strategic planning, and finally ineffective role of Board of Directors .

The final question about suggested solutions to overcome these constrains, only 31.5% ($n=41$) of respondents submitted some solutions, the high frequency is for improving the managerial and technical capabilities of staff through continuous training, then enhance effective collaboration between Health NGOs and finally governmental support of health NGOs.

Chapter 5: Conclusion and Recommendations

This chapter provides Conclusion of this research study, as well as some recommendations for decision makers of health NGOs in GS that may help in adopting better strategic management practice. In addition, recommendations for further studies are presented.

5.1 Conclusion

This study was conducted to assess the extent to which health care NGOs practice strategic management, furthermore the study could help in identifying factors are promoting practice of strategic management and identify main obstacles hindering health programming and practice of strategic management in healthcare organizations.

The study explored the relationships between personal and organizational variables in one hand and practice of strategic management in the other hand.

The total number of target population was 202 in 36 health NGOs, 32 of them are chairpersons while others are in managerial positions. Only 130 of them responded (22 chairpersons, 108 managers) with response rate of (63.5%) among managers and 68.8% among chairpersons.

The majority of respondents were males (80%), about (70%) were 50 years and less, most of them (60.8%) were holding bachelor degree while (34.4%) were post graduated.

More than half of respondent (54.6%) were with less than 10 years of experience in their current position.

The 32 respondent health NGOs were providing different health care services; primary health care (46%), secondary and territory health care (15.6%), rehabilitation (68.8%), diagnostic services (50%), psychosocial support (50%), and most of them were providing health education (84%). High percentages of rehabilitations and psychosocial support

services indicated to the quick response of NGOs toward the needs of local community as reports talking about increase incidence of mental illness and number of disables due to Israeli attacks and blockade of GS.

The total number of working health professionals were 1088, only (35%) of them females. (92%) of respondent organizations had management information systems, while only (14%) of them had health management information system.

Although the results indicated that (85%) of the organization's employees have job description, only (42%) of respondent agreed that their organizations conduct annual performance appraisal while (52%) of them indicated that there were individual work plans for employees that was annual plan with (26%) of respondents.

As modern human resources management, insist on the importance of annual work plan for each employee that should be written based upon his job description. A work plan should recognize and build upon the strengths of each employee and should identify and include training to improve his weaknesses. Therefore, these areas need more attention to be paid by health NGOs.

Regarding the financial resources, (61.2%) of health NGOs financial resources are from external donation Arab and foreign while, (27%) are from private revenues and only (3.65%) are from governmental donation.

In general, Gaza's health NGOs had good practice of strategic management with relative mean score (79.8%).

There were statistically significant associations between genders, managerial years of experience, size of organization and strategic management practice ($P < 0.05$), females were tending to practice strategic management more than males did. While managers with

experience less than 10 years were, tending to practice the strategic management more than those had more years of experience as they usually more motivated and younger youth full with energy to change and not burned out yet. In addition, there was positive correlation between strategic management practice and number of both employees and centers of the organizations.

Considering the obstacles practice of strategic management, most respondents considered the unstable political environment in Gaza Strip is the main constrain of strategic management practice . While the lowest score (64%) was for limited managerial skills. Limited fund and financial flow instability score was (85.8%), as health NGOs dependent on external fund for operating their activities.

Limited cooperation and coordination between MOH and health NGOs was considered also one of the important obstacles with (76.2%). In addition, limited supplies with (75.4%) that is actually a result of blockade of GS.

Absent or ineffective information system was (73.2%), as it is essential for evidence based practice and information based decisions. Limited cooperation between NGOs themselves was (73%) that needs more empowerment and limited clinical /qualified staff in their organizations with (67.2%) so health professionals need to advance their skills through continues medical education, locally and abroad, to cover needs of different specialties.

5.2.1 Recommendations

Environmental scanning

- Efforts are needed for systematic documented environmental scanning.
- Health NGOs required to use modern environmental scanning tools.

Strategy Formulation

- Effort are needed to build strategic plan every 3years based on the results of environmental analysis and linked with detailed action plans with clear responsibility, roles and budget
- Encourage all stakeholders (employees, clients) to participate on all stages of strategic management starting in environmental scanning until evaluation.

Strategy Implementation

- Implementation of effective human resources management is required where clear job description of each employee , annual work plan, performance appraisal and incentive system.
- Increase the efforts to decrease its dependency on external fund through improving the complementary relation with MOH and contracting to purchase services.
- Creating a culture that encourages learning and continuous education, facilitates knowledge transferring among employees. Improve capacity building of staff in technical and managerial skills.
- Strategic plans must be linked with national health strategic plan as NGOs integral part of Palestinian health system

Monitoring and evaluation

- Effort needed for a proper and effective monitoring and evaluation system.

- Establish and improve strong health management information systems to enhance evidence based practice and information based decisions.

Barriers of strategic management.

- MOH required to increase its support for health NGOs , and to improve complementary relation with them.
- Improve the coordination, cooperation and communication between all health providers (UNRWA, NGOs, MOH and Private sector) to prevent duplication and inequality of health services

5.2.2 Recommendation for Further Studies

- Its recommended to apply this study at other health sectors (Governmental, UNRWA, Private) to compare practice of strategic management in different sectors
- Further studies about strategic management are recommended to be carried out in West Bank health care organizations.
- Case study about successful health care organization practice strategic management.
- A study examines the relation between strategic management of health care organizations and its performance.

References

- Abed, Y. (2007). Health Sector Review, A summary report requested by the steering committee formed of: MOH, WHO, EU, World Bank, DFID and Italian Cooperation. Retrieved from: http://www.emro.who.int/palestine/reports/health_policy_planning/Health_Sector_Review_Report_2007.pdf.
- Abdo, N. (2010). Imperialism, the State, and NGOs: Middle Eastern Contexts and Contestations, *Comparative Studies of South Asia, Africa and the Middle East*, 30(2), 238-249, Duke University Press.
- Abdul Rahim, H., Wick, L., Halileh, S., Hassan, S., chkir, H., Watt, G.& Khawaja, M. (2009). Maternal and child health in the occupied Palestinian territory. *The Lancet*, 373(9667). 967 – 977. Retrieved from <http://www.thelancet.com/>
- Abt Associates ,(1995). *Fundamentals of NGO Financial Sustainability*. Under a subcontract to: Pathfinder International, Produced for : United States Agency for International Development (U.S.A.I.D). Retrieved from <http://www.pathfind.org/site/DocServer/docID=12001>
- Abu-lughod, I. (1971). *The transformation of Palestine*. Evanston: North-Western University Press.
- Abu- Nada, Y. (2006). *Barriers of Using and Practicing Formal Strategic planning in Non-Profit Organizations in Gaza Strip*. Islamic University, Palestine. Unpublished Master's thesis.

- Abuya, T, Amin, A., Molyneux, S., Akhwale, W., Marsh, V., Gilson, L.(2010). Importance of strategic management in the implementation of private medicine retailer programmes: Case studies of three districts in Kenya. *BMC Health Services Research*.10(7). 1-7. Retrieved from <http://www.biomedcentral.com/>
- Abu-Zaineh, M. and Mataria, A. (2010). Assessing the Causes of Inequality in Health Care Delivery System in Palestine. In G. Vaggi, M. Missaglia & F. Kattan (Eds), *The Palestinian Economy Theoretical and Practical Challenges II* (pp 341-394), 15-16th June 2010. University of Pavia, Italy.
- Al Juboori, A. & Mansour, T. (2005). *Strategic Management- Concepts, Context and Cases*. 1st edition , Jordan, Amman : Dar Wael Publishing,
- Afsar, B. (2011). Strategic Managements in Today's Complex World, *Business Intelligence Journal*,4(1), 143-149.
- Batniji, R., Rabaia, Y., Nguyen-Gillham, V., Gicaman, R., Sarraj, E., Punamaki, R., . . . Boyce, W. (2009). Health as human security in the occupied Palestinian territory, *The Lancet*, 373(9669), 1133 – 1143. Retrieved from <http://www.thelancet.com>
- Begun, J. Kaissi, A.(2005). An exploratory study of healthcare strategic planning in two metropolitan areas. *Journal of Healthcare Management*, 50 (4), 264-275.
- Bisan Center for Research and Development & the World Bank Group (2006). The Role and Performance of Palestinian NGOs in Health, Education and Agriculture. Ramallah, Palestine.
- Bracker, J. (1980). The Historical Development of the Strategic Management Concept. *Academy of Management Review*, 5(2). 219 – 224.

- Burns, N. & Grove S.K. (1993). *The Practice of Nursing Research Conduct, Critique, & Utilization*, 2nd ed. W.B. Saunders Company, USA
- Carter, J. (2009). Peace and health in the occupied Palestinian territory. *The Lancet*, 373(9666), 783 – 784. Retrieved from: <http://www.thelancet.com/>
- Challand, B. (2008). A nahda of Charitable organizations ? Health Service Provision and the Politics of Aid in Palestine, *International Journal of Middle East Studies*, 40, 227-247, Cambridge University Press, Published online: 17 April 2008
- Chompikul, J. Sermsri, S. & Nazirah,. (2008). Patient Satisfaction with Health Services at Kuta Blang Health Center in Bireuen District, Nanggroe Aceh Draussalam, Indonesia. *Journal of Public Health and Development*, 6(2). 109-117.
- Cowen, M., Halasymani, I., Mcmurtrie, D., Hoffman, D., Polley, T. & Alexander, J.(2008) Organizational structure for addressing the attributes of the ideal healthcare delivery system. *Journal of Healthcare Management*. 53(6), 407-418.
- Darkins, C. (2010): *Success Factors for Community Organizations in Tai Tokerau (Northland), New Zealand*. School of Health Science, New Zealand
- Fayol, H. (1949). *General and Industrial Management*. Translated from the original, *Administration Industrielle et Générale*, 1916. London: Pitma
- Fritzen, S. (2007). Strategic Management of health Workforce in developing countries: What we have learned. *Human Resource for Health*.5(4). Retrieved from: <http://www.human-resources-health.com/content/5/1/4>

Food and Agriculture Organization (FAO), United Nations Relief and Works Agency(UNRWA) & World Food Program (WFP) (2008). Joint Rapid Food Security Survey in the Occupied Palestinian Territory.

Ghalayini, A. (2007). *The Good Governance Role in the Management and Development of the NGOs in Gaza Strip from General Director Perspective*. Islamic University, Palestine. Unpublished Master's Thesis

Giacaman, R., khatib, R., Shabaneh, L., Ramlawi, A., Sabri, B., Sabinilli, G. & Maatti, J. (2009). Health Status and Health Services in the Occupied Palestinian Territory. *The Lancet*, 373(9666), 844-845. Retrieved from <http://www.thelancet.com/> .

Guo, K. (2003). An assessment tool for developing healthcare managerial skills and roles. *Journal of Healthcare Management* , 6, 367-376.

Ginter, P. (2006): "Moving Toward Strategic Planning Unique to Healthcare" *Frontiers of Health Services Management*, 23(2), 33 -34

Hamad, B. (2009). Managerial Challenges Facing Health System : Focus on Human Resources Management in Gaza, The Administration Reform and Development Conference, 30 April 2009, General Personal Council, Gaza

Horton, R. (2009): "The occupied Palestinian territory: peace, justice, and health." *The Lancet*, 373(9666), 784 - 788, Retrieved from: <http://www.thelancet.com/>

Husseini, A., Abu-Rmeileh, N., Mikki, N., Ramahi, T., Abu-Gosh, H., barghuthi, N., . . . Jervell, J. (2009). Health in the occupied Palestinian territory. Cardiovascular diseases, diabetes mellitus, and cancer in occupied Palestinian territory. *The Lancet*. 373(9668). 1041-1049. Retrieved from: <http://www.thelancet.com/>

- Ichinohe, S. (2006). Evaluation of Health Care Service in Japan: From the Viewpoint of Patient-Centered Health Care. *Journal of Philosophy and Ethics in Health Care and Medicine*, 1, 43-55.
- Inamdar, N., Kaplan, R. & Bower, M. (2002). Applying the Balanced Scorecard in healthcare provider organizations. *Journal of Healthcare Management*, 47(3), 179-95.
- Jubran, J. (2007). *Identification of Priority Research Questions Related to Health Financing, Human Resources for Health and the Role of Non-State sector in Palestine*, Palestine.
- Kaissi, A. & Begun, J. (2008). Strategic planning processes and hospital financial performance. *Journal of Healthcare Management*. 53(3), 197-208.
- Kelly, K. & Kennedy, D. (2000). *Health Care Strategy for Uncertain Times*. John Wiley & Sons, Inc. San Francisco, USA
- Lindsay, H. (2008). *Twenty questions directors of not-for-profit organizations should ask about strategy and planning*. Canadian Institute of Chartered Accountants, Toronto.
- Mataria, A., Khatib, R., Donaldson, C., Bossert, T., Hunter, D., Alsayed, F. & et al (2009). Health in the occupied Palestinian territory 5, The health-care system: an assessment and reform agenda. *The Lancet*, 373(9670), 837-849 Retrieved from <http://www.thelancet.com/>
- Maslamani, A. (2004): Health Policy in Palestine-potential and challenges-A civil society prospective. In: R. Pappagallo and S. Batato, (editors), Rome *Health Conference Health Care in the Palestinian Territories. A chart for the Future* (pp 93-105). 14-16 December 2004 Rome, Italy. .

- Menachemi, N., Saunder, C., Chukmatov, A., Matthew, M., Brooks, R.(2007). Hospital adoption of information technologies and improved patient safety: a study of 98 hospitals in Florida. *Journal of Healthcare Management*, 52(6),398-409.
- Mintzberg, H., Ahlstrand, b., Campel, J.(1998). *Strategy safari: the Complete Guide through the Wilds of Strategic Management*. New york: Prentice hall.
- NGOs Development Center (NDC). (June,2011). *Palestinian Non Governmental Organizations and the Private Sector: Potentials for Cooperation and Partnerships*.
- NGOs Development Center (NDC) (2008). *The Palestinian NGOs Code of Conduct*, Palestine
- Nicolae, I. (2007). "Public-Private Distinctions and Strategic Management", University of Craiova, Faculty of Economics and Business Administration in its journal *Management & Marketing*.5(1), 199-205.
- Nicolae, I. (2008). Strategic Management in Non-Profit and public organizations. University of Craiova, Faculty of Economics and Business Administration in its journal *Management & Marketing*. 6(1),185-191.
- OCHA, (2009): *A Protracted crisis of Human dignity, overview of the 2010 consolidated appeal for the occupied Palestinian territory (oPt)* **Nov.** 2009
- Office of the United Nations Special Coordinator (UNSCO) (2007). *Directory of Non-governmental Organizations in the Gaza Strip*.

- Palestinian NGO Network – PNGO (2009). Workshop: *Priorities and Needs of Health Sector in Gaza Governorates: Consequences of the Long Siege and the Last War on Gaza, Gaza*. February, 2009
- Palestine, Ministry of Health, Health Planning Unit (2008). *National Strategic Health Plan: Medium Term Development Plan (2008-2010)*.
- Palestine, Ministry of Health, Health Planning Unit (2011): *National Strategic Health Plan: Medium Term Development Plan (2011-2013)*.
- Palestine, Ministry of Health (2006). *Health Status in Palestine. Annual Report*.
Palestinian National Authority.
- Palestine, Ministry of Health, (2010). *Provided Services to El Furqan War Injures Report*.
Palestinian Health Information Unit. Gaza
- Palestine, Palestinian Central Bureau of Statistics (2006). *Health Care Providers and Beneficiaries Survey-2005: Preliminary Results*, Ramallah.
- Palestine, Palestinian Central Bureau of Statistics (2009). *On the Eve of International Population Day 11/7/2009*
- Palestinian Central Bureau of Statistics (PCBS) (2011). *Poverty in the Palestinian Territory, 2009-2010, PRESS RELEASE, April 2011*
- Palestinian Economic Policy Research Institute MAS (2008). *Characteristics of Palestinian NGOs, working paper series No. 2 in the series, Social Protection in the West Bank & Gaza Strip 2006-2007*

- Peled, R., Schenirer, J. (2009). Healthcare strategic planning as part of national and regional development in the Israeli Galilee: a case study of the planning process. *Health Information Management Journal*, 38(3). 43-50.
- Pfeiffer, J. (2008). Strengthening Health Systems in Poor Countries: A Code of Conduct for Nongovernmental Organizations. *American Journal of Public Health*, 98(12). 2134-2140.
- Prker, A., Mckee, M., Mitchell, A., Willbulpolprasert, S. (2006). Strategic Management of Clinical Services. In: D. Jamison, D., Bareman, J., Measham, A., Alleyne, G, Claeson, M., Evans, D. & et al, (editors). *Disease Control Priorities in Developing Countries*. (PP.1339-1352).2nded. co-publication of Oxford University and the World Bank, UK. Retrieved from <http://files.dcp2.org/pdf/DCP/DCP73.pdf>
- Qita, A. (2009). *The Effect of USAID Funding in Developing the Palestinian Community—From Palestinian Non-Governmental organizations Perspective, Case Study: Gaza Strip*. Islamic University, Palestine. Unpublished Maser's Thesis
- Ranson, M., Chopra, M., Atkins, S., Roberto, M., Bennett, S. (2010). Priorities for Research into Human Resources for Health in Low- and Middle-income Countries. *World Health Organization Bull.* 10.435–443.
- Reeves, C. and Ford, W. (2004). Strategic Management and Performance Differences: Nonprofit versus for-Profit Health Care Organizations. *Health Care Management Review*, 29(4). 298-308.

- Shalaby, A. (2009). *Applicability of Learning Organization Concept to the Ministry of Health, Managers Perspectives*. Al Quds University, Palestine. Unpublished Master's thesis
- Shandra, J. (2010). Do Non-Governmental Organizations Impact Health. A Cross-National Analysis of Infant Mortality. *International Journal of Comparative Sociology*,51(1). 137-164.
- Shortell, S., Kaluzny A. (1983). *Health Care Management: A Text in Organization Theory and Behavior*. Wiley, New York
- Swayne, L., Duncan, J., Ginter, P. (2009). *Strategic management in health care organizations*. Blackwell publishing Ltd, Molden USA .
- United Nations, (March 2008). Gaza Strip inter-agency humanitarian sheet . Retrieved from : <http://domino.un.org/pdfs/GSHFSMar08.pdf>
- United Nations Development Programme (UNDP)(2010). *Early Recovery and Reconstruction Needs – One Year After*. Palestine.
- Virtual University of Pakistan (VUP). (2007). *Strategic Management e Book*. Pakistan
- Wheelen, T,Hunger, D .(2006). *Concepts in Strategic Management and Business policy* (10th ed). New Jersy: pearson's Prentice Hall.
- Wilson-Grau, R. (2003).The Risk Approach to Strategic manegament in development NGOs. *Development in Practice*, 13, 533-536.

- WHO (Feb 2011). *The occupied Palestinian territory: providing health care despite the lack of a stable environment*. Monthly Highlights –. Retrieved from <http://www.who.int/>
- World Health Organization (2009). *Initial Health Needs Assessment War on Gaza*. Geneva. Retrieved from <http://www.who.int/>
- WHO, (2005). *Country Cooperation Strategy for WHO and the Occupied Palestinian Territory (2006-2008)*.
- WHO, (Feb., 2002). *Understanding Civil Society Issues for WHO. Civil society Initiatives*.
- WHO, (2001). *Strengthening capacities of Policy development and strategic management in National health systems, background paper prepared to forum of senior policy makers and managers of health systems*. Geneva,
- World Bank Group, (Sep. 2008): *Country Brief*. Jerusalem. Palestine.
- World Bank Group, (2011). *Building the Palestinian State: Sustaining Growth, Institutions, and Service Delivery, Economic Monitoring Report to the Ad Hoc Liaison Committee*, April 13, 2011. Retrieved from <http://siteresources.worldbank.org/>
- Zagha, A. (2010): *Fiscal Decentralization and Intergovernmental Fiscal Relations in Palestine*. In G. Vaggi, M. Missaglia & F. Kattan (Eds), *The Palestinian Economy Theoretical and Practical Challenges II* (pp245-293), 15-16th June 2010. University of Pavia, Italy.

المراجع العربية

- الأشقر، ا. (2006). دراسة واقع التخطيط الاستراتيجي لدى مديري المنظمات غير الحكومية المحلية في قطاع غزة. الجامعة الإسلامية، فلسطين. رسالة ماجستير غير منشورة
- ابراهيم، ي. (2005): المنظمات غير الحكومية الفلسطينية، "دراسة جغرافية تنموية" في: الاستثمار والتمويل في فلسطين بين آفاق التنمية والتحديات المعاصرة، 8-9 مايو 2005، الجامعة الإسلامية، فلسطين، ص 606-663
- الدويك، م. (2010). نظم المعلومات الصحية المحوسبة وأثرها على القرارات الإدارية والطبية. "دراسة تطبيقية على مستشفى غزة الأوروبي. الجامعة الإسلامية، غزة، فلسطين. رسالة ماجستير غير منشورة
- الطهراوي، ع. (2010). دور استراتيجيات تنمية الموارد البشرية في تطوير الأداء المؤسسي في المنظمات غير الحكومية في غزة. الجامعة الإسلامية، غزة، فلسطين. رسالة ماجستير غير منشورة
- صيام، أ. (2010). تطبيق التخطيط الاستراتيجي وعلاقته بأداء المؤسسات الأهلية التسوية في قطاع غزة. جامعة الأزهر، غزة، فلسطين. رسالة ماجستير غير منشورة
- مرزوق، ا. (2006). فعالية متطلبات التطوير التنظيمي وإدارة التغيير لدى المؤسسات غير الحكومية الفلسطينية. الجامعة الإسلامية، غزة، فلسطين. رسالة ماجستير غير منشورة
- . ياغي، ع. (2009). دور المنظمات الصحية الأهلية في قطاع غزة في تكامل النظام الصحي الفلسطيني. جامعة القدس، فلسطين. رسالة ماجستير غير منشورة

Annexes

Annex (1) Map of Gaza Strip



(Source: Ministry of Planning 2006)

Annex (2) Helsinki committee approval

31

Palestinian National Authority
Ministry of Health
Helsinki Committee



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ 7/6/2010

Name: **الاسم: سميرة خليل أحمد أبو حميد**

I would like to inform you that the committee
has discussed your application about:
**Evaluation of the status of Strategic
Management in Non-Governmental Health
Organizations-Gaza Governorates.**

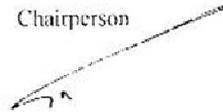
نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم
حول:-

In its meeting on June 2010
and decided the Following:-

و ذلك في جلستها المنعقدة لشهر 6 2010
و قد قررت ما يلي:-

To approve the above mention research study.
الموافقة على البحث المذكور عالياً.

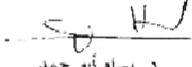
Signature
توقيع

Member	Member	Chairperson
		

Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

Annex (3) Agreement letter from NGOs directors

<p>Al-Quds University Jerusalem School of Public Health</p>		<p>جامعة القدس القدس كلية الصحة العامة</p>
<p>2010/7/21</p>		
<p>السيد/ محمد محمد بعد نصيحة مدير مساعد الكلية المهنة في غزة بسم الله شكره 3/1</p>	<p>الأخ/ كمال أبو قمر المحترم المدير التنفيذي للجمعية الوطنية لتأهيل المعوقين تحية طيبة وبعد،،،</p>	<p>الموضوع: مساعدة الطالبة سميرة أبو حميد</p>
<p>تقوم الطالبة المذكورة أعلاه بإجراء بحث بعنوان:</p>		
<p>"Evaluation of the status of strategic Management in Non Governmental Health Organizations- Gaza Governorates"</p>		
<p>كمطلب للحصول على درجة الماجستير في الصحة العامة- مسار اداة صحية . و عنيد نرجو التكرم للإعاز لمن ثرونه مناسب لتسهيل مهمة الطالبة في جمع البيانات اللازمة من الطواقم الادارية ورئيس مجلس الادارة من جمعيتكم المؤثرة . علماً بأن المعلومات ستكون متوفرة لدى الباحث و الجامعة فقط.</p>		
<p>و اقبلوا فائق التحية و الاحترام،،،</p>		
<p> د. بسام أبو حميد منسق عام برامج الصحة العامة</p>		<p>نسخة: شكراً</p>
<p>Jerusalem Branch/telefax 02-24799234 Gaza Branch/telefax 08-2884422-2884411</p>	<p>Sphealth@admin.alquds.edu</p>	<p>رقم التليفون 02-2799234 رقم فاكس 08-2884422-2884411 ص ب 51000- القدس</p>

Annex (4) Written Informed Consent

الموافقة لإجراء الدراسة

الأخوة رؤساء مجلس الإدارة والمدراء في المؤسسات الأهلية الصحية/.....

السلام عليكم ورحمة الله وبركاته

تحية طيبة وبعد،،،

أضع بين أيديكم استبانة خاصة برسالة ماجستير في الإدارة الصحية تهدف إلى التعرف على واقع الإدارة الإستراتيجية في المؤسسات الصحية الغير حكومية العاملة في قطاع غزة ، وتأمل الباحثة في التكرم بإعطاء جزء من وقتكم الثمين للإجابة على هذا الاستبيان بدقة وموضوعية ، علما بأن كافة المعلومات التي سيتم جمعها سيتم التعامل معها في غاية السرية وستستخدم لأغراض البحث العلمي فقط.

تعاونكم معنا يعد دعماً للبحث العلمي ومساهمة في تنمية القطاع الصحي في فلسطين

شاكرين لكم حسن تعاونكم،،،

الباحثة

سميرة خليل أبو حميد

كلية الصحة العامة/جامعة القدس

جوال: 0599454145

بريد الكتروني: samira-ahmad@hotmail.com

Annex 5: Self – Administered Questionnaire (English Copy)

1. Organizational Information			
1. Name of the organization			
2. Tel./ Fax.....			
3. E mail.....			
4. Service area Governorate	<input type="checkbox"/> Rafah governorate	<input type="checkbox"/> Khanyounis	
	<input type="checkbox"/> Middle Governorate	<input type="checkbox"/> Gaza Governorate	
	<input type="checkbox"/> North Governorate		
5. Year organization established			
6. Year beginning implementation of health activities			
7. Type of healthcare service provided (select all applicable)			
<input type="checkbox"/> Primary Health Care (e.g., prevention, immunization, ANC, delivery, well baby care)			
<input type="checkbox"/> Secondary/Tertiary (e.g., curative services, minor/major surgery)			
<input type="checkbox"/> Rehabilitation (e.g., physical therapy, disabled services)			
<input type="checkbox"/> Diagnostic (e.g., lab, MRI, CTs, pathology)			
<input type="checkbox"/> Health Education			
<input type="checkbox"/> Psychosocial support (e.g. counseling, support groups)			
8. Number of primary health care centers			
9. Number of employees in these centers			
	health employees		others
10- Number of hospitals		11. Number of hospital beds	
12. Number hospitals employees		health employees	
		others	
13. Total number of employees		males	
		Females	
14. Total number of employees with managerial positions			
		males	
		Females	
15..Total number of health employees		males	
		Females	
16. Number of health employees with managerial positions		males	
		Females	
17. Total number of health volunteers.			
18. Total number of Board of Directors			
19. Number of Years those Board Members can serve			
20. The way of Board of Directors selection			
	<input type="checkbox"/> Appointment	<input type="checkbox"/> Election	<input type="checkbox"/> others

1. Personal Information			
1. Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male	
2. Age: Years			
3. Qualifications		<input type="checkbox"/> PhD <input type="checkbox"/> Bachelor	<input type="checkbox"/> Master <input type="checkbox"/> Diploma or less
4. Managerial post			
5. have you got any training in management topics		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please fill the flowing table:			
Training topic	Period of training	Inside Gaza /Outside	Output
6-Do you train others in management		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If Yes where is it		<input type="checkbox"/> inside organization	<input type="checkbox"/> outside organization
Please mention the topics			
1-.....			
2-.....			
3-			
8.Total years of managerial experience	 year	
9. Years of experience within the organization	 Year	
10.Years of experience within the current position	 Year	

2.Strategic Management Practice					
2.1.Environmental Scanning					
Understanding the External Environment/External analysis					
1-Does the organization periodically gather and analyze data about external factors (e.g., socioeconomic, demographic and health indicators, governmental policies and regulations and donors funding trends,) which affect its activities. <input type="checkbox"/> Yes <input type="checkbox"/>No If Yes how often is this done					
2- Does the external analysis identify key threats to the organization activities? <input type="checkbox"/> Yes <input type="checkbox"/>No					
3- Does the external analysis identify key opportunities? <input type="checkbox"/> Yes <input type="checkbox"/>No					
Understanding Organizational Capacities/ Internal Analysis					
4- Does the organization conduct an analysis of its own performance? <input type="checkbox"/> Yes <input type="checkbox"/>No If Yes how often is this done					
5- Does this internal analysis identify key strengths in the organization? <input type="checkbox"/> Yes <input type="checkbox"/>No					
6- Does this internal analysis identify key weaknesses in the organization? <input type="checkbox"/> Yes <input type="checkbox"/>No					
7-- Does the internal analysis include service quality and client satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/>No					
8- Does the organization assess its human resource capacity? <input type="checkbox"/> Yes <input type="checkbox"/>No					
9- Does the organization assess its human resource professional development? <input type="checkbox"/> Yes <input type="checkbox"/>No					
10-Does the organization have information system? <input type="checkbox"/> Yes <input type="checkbox"/>No Is It <input type="checkbox"/> Health information system <input type="checkbox"/> Management information system <input type="checkbox"/> Both If yes is it <input type="checkbox"/> computerized <input type="checkbox"/> manual					
Please give your opinion about the following statements:					
	Strongly agree	Agree	DK	Disagree	Strongly disagree
11- The organization provides easy access to internal data that promote easy and quick analysis.	<input type="checkbox"/>				
12- The organization reviews the results of the external and internal analysis to assess progress and identify future goals	<input type="checkbox"/>				
13.The organization is capable of analyzing internal and external data to inform decisions.	<input type="checkbox"/>				
2-2 Strategy Formulation					
<i>Vision Statement</i>					
14. Does your organization have an articulated written vision for the organization? <input type="checkbox"/> Yes <input type="checkbox"/>No					

Please give your opinion about the following statements:					
	Strongly agree	Agree	DK	Disagree	Strongly disagree
15. The vision statement is widely available to employees and customers	<input type="checkbox"/>				
16- The vision statement is clear to all employees	<input type="checkbox"/>				
17-The vision statement is clear all Board of Directors in your organization	<input type="checkbox"/>				
18- The vision statement guides programs implementation.	<input type="checkbox"/>				
Mission Statement					
19. Has your organization developed a mission statement <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please give your opinion about the following statements:					
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
20. The mission statement is widely available to employees and customers	<input type="checkbox"/>				
21. The mission statement is clear to all employees.	<input type="checkbox"/>				
22. The mission statement is clear to all Board members	<input type="checkbox"/>				
23. The mission statement is used to guide program implementation.	<input type="checkbox"/>				
Values					
24. Has your organization identified core values? <input type="checkbox"/> Yes <input type="checkbox"/> No What are these values					
Please give your opinion about the following statements:					
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
25. The values are clearly understood by all employees	<input type="checkbox"/>				
26. The values are clearly understood by board members.	<input type="checkbox"/>				
Work Planning					
Long term Strategic plans					

27. Does your organization have an established long-term (3-5 years) plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. Does the long-term plan have clearly identified objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No					
29. Does the long-term plan have clearly articulated indicators? <input type="checkbox"/> Yes <input type="checkbox"/> No					
30. Does the long-term plan include a financial plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Annual work plans					
31. Does your organization have annual work plans linked with long-term plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
32. Does the annual work plan have clearly identified objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No					
33. Does the annual work plan have clearly identified indicators? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. Does the annual work plans have a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. Are the work plans linked with individual performance plans? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please give your opinion about the following statements:					
	Strongly agree	agree	Don't know	disagree	Strongly disagree
36. The plans objectives appear realistic based upon the organization experience.	<input type="checkbox"/>				
37. The plans objectives list measurable targets	<input type="checkbox"/>				
38. managers involved in setting objectives and targets	<input type="checkbox"/>				
39. Employees involved in setting objectives and targets	<input type="checkbox"/>				
40. Your organization makes efficient use of its current resources. (human and financial).	<input type="checkbox"/>				
41. The strategy clearly assign the lead responsibility of action plan implementation to a person or a team	<input type="checkbox"/>				
Policy Support					
42. Does your organization maintain a human resources policy manual? <input type="checkbox"/> Yes <input type="checkbox"/> No					
43. Does your organization have a written manual for financial policies and procedures <input type="checkbox"/> Yes <input type="checkbox"/> No					
44. Is your organization usually trains its employees about information of policies manuals? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please give your opinion about the following statements:					
	Strongly agree	agree	Don't know	disagree	Strongly disagree
45. Your organization policies are	<input type="checkbox"/>				

relevant to current organization activities.					
46. Policies are clearly understood by board of directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Policies are clearly understood by management staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Policies are clearly understood by employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Strategy Implementation					
Financial capacity					
49. Has your organization sufficient financial resources to implement strategies	<input type="checkbox"/> Yes <input type="checkbox"/> No				
50. Where do you get financial resources from	<input type="checkbox"/> Arabic or Foreign Donations (.....%) <input type="checkbox"/> Individual Donors (.....%) <input type="checkbox"/> Private Foundation (.....%) <input type="checkbox"/> Government Donations (.....%)				
51. Does the Board have a Financial Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
52. Does your organization have a independent financial audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes how often	<input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> every 2 years				
Human Resources					
53. Do all employees have a job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
54. Do all employees have an individual work plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes Is it	<input type="checkbox"/> Weakly plan <input type="checkbox"/> Monthly <input type="checkbox"/> Annual				
55. Does the organization have an annual performance appraisal system to evaluate staff performance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
56. Are there human resources development and continuous education programs	<input type="checkbox"/> Yes <input type="checkbox"/> No				
57. Are raises and promotions linked with the performance appraisal results?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
58. Rate the human resource capability to manage and implement strategic plans	<input type="checkbox"/> V. good <input type="checkbox"/> Good <input type="checkbox"/> DK <input type="checkbox"/> Poor <input type="checkbox"/> V. poor				
Organizational Structure					
59. Is there an organization chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
60. Are roles and responsibilities clearly defined?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Board Support					
Please give your opinion about the following statements:					
	Strongly agree	agree	Don't know	disagree	Strongly disagree
61. The relation between top management and Board of Directors is cooperative and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62.The board engaged with staff in effective strategic planning.	<input type="checkbox"/>				
63.The board engaged with staff in implementation of strategic plans	<input type="checkbox"/>				
64.The board engaged with staff in evaluation activities	<input type="checkbox"/>				
65. The board members actively participate in the fundraising effort of the organization	<input type="checkbox"/>				
2.4. Evaluation and Control					
66.Does your organization have an organized monitoring/evaluation system to assess performance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
67. How often does your organization review monitoring data? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually					
Please give your opinion about the following statements:					
	Strongly agree	agree	Don't know	disagree	Strongly disagree
68. Your organization reviews monitoring data and revises strategic decisions as appropriate or decides new ones.	<input type="checkbox"/>				
69. Your organization able to evaluate is programs performance and impact changes subsequent to implementation these programs.	<input type="checkbox"/>				
3. Obstacles hindering strategic management practice:					
64- To which extent do you agree that the following factors are barriers to health programming and strategic management practice at your organization: as 1= strongly disagree, 2= Disagree, 3= Don't know, 4= agree and 5= strongly agree					
Item					Mark (1-5)
70..Limited cooperation and coordination between MOH and health NGOs					
71. Limited cooperation between NGOs themselves					
72.Limited managerial skills					
73.Limited clinical /qualified staff in their organizations					
74.Limited of fund and financial flow instability					

75.Limited supplies	
76.Ineffective information system	
77.Political instability of Gaza Strip	
<p data-bbox="172 533 692 566">78.Please mention other obstacles if present</p> <p data-bbox="172 622 1437 768">..... </p> <p data-bbox="172 808 842 842">79.Please suggest solutions to overcome these obstacles?</p> <p data-bbox="172 898 1437 1070">..... </p>	

Annex 6: Self – Administered Questionnaire (Arabic Copy)

الاستبيان الخاص بالمؤسسة	
التاريخ	الرقم المساسل
1. اسم المؤسسة	
2- التليفون / الفاكس	
3- البريد الإلكتروني	
4- المنطقة التي تخدمها المؤسسة <input type="checkbox"/> محافظة الشمال <input type="checkbox"/> محافظة غزة <input type="checkbox"/> محافظة الوسطى <input type="checkbox"/> محافظة خان يونس <input type="checkbox"/> محافظة رفح	
5- العام الذي أنشئت فيه المؤسسة	
6- العام الذي بدأ فيه تقديم الخدمات الصحية	
7- ما هو نوع الخدمات الصحية المقدمة ؟ <input type="checkbox"/> رعاية صحية أولية (خدمات وقائية، رعاية الحوامل، تطعيم، خدمات ما قبل وما بعد الولادة، متابعة الأطفال الخ..) <input type="checkbox"/> رعاية صحية ثانوية/ ثالثة (خدمات علاجية، جراحات صغرى وجراحات كبرى الخ...) <input type="checkbox"/> خدمات تأهيل معاقين (علاج طبيعي ، وظيفي، نطق، تقديم أدوات مساعدة الخ...) <input type="checkbox"/> خدمات تشخيصية (مختبرات، أشعة، تصوير طبقي الخ.....) <input type="checkbox"/> دعم نفسي واجتماعي (علاج نفسي، استشارات نفسية، مجموعات دعم) <input type="checkbox"/> تثقيف صحي (محاضرات و نشرات خاصة)	
8- عدد المراكز الصحية مركز عدد الموظفين في هذه المراكز العاملين الصحيين غيرهم	
9- عدد المستشفيات عدد العاملين فيها العاملين الصحيين غيرهم كم سرير يوجد فيها سرير	
10- العدد الإجمالي للموظفين	
11- عدد العاملين في المناصب الإدارية عدد الذكور عدد الإناث	
12- العدد الإجمالي للعاملين الصحيين	
13- العدد الإجمالي للعاملين الصحيين في المناصب الإدارية عدد الذكور عدد الإناث	
14- عدد المتطوعين في المجال الصحي	
15- عدد أعضاء مجلس الإدارة	
16- عدد السنين التي يستمر فيها مجلس الإدارة في خدمة المؤسسة	
17- ما هي الطريقة التي يتم فيها اختيار مجلس الإدارة ؟ <input type="checkbox"/> الانتخاب <input type="checkbox"/> التعيين <input type="checkbox"/> أخرى	

1- المعلومات الشخصية:			
1- الجنس		<input type="checkbox"/> ذكر	<input type="checkbox"/> أنثى
2- العمر بالسنين سنة			
3- المؤهل العلمي		<input type="checkbox"/> دكتوراه	<input type="checkbox"/> ماجستير
		<input type="checkbox"/> بكالوريوس	<input type="checkbox"/> دبلوم أو أقل
4- المسمى الإداري			
5- هل تلقيت أي تدريب في الإدارة إذا كانت الإجابة نعم فالرجاء تعبئة الجدول التالي لأهم التدريبات إن أمكن...			
		<input type="checkbox"/> نعم	<input type="checkbox"/> لا
موضوع التدريب	الفترة الزمنية	خارج/ داخل قطاع غزة	أهم ما تعلمته
6- هل قمت بالتدريب بمواضيع إدارية			
7- إذا كانت الإجابة نعم فأين كان التدريب ما هي المواضيع التي قمت بالتدريب بها		<input type="checkbox"/> نعم	<input type="checkbox"/> لا
1		<input type="checkbox"/> داخل المؤسسة	<input type="checkbox"/> خارج المؤسسة
2			
3			
8- ما هو عدد سنين خبرتك الإدارية سنة			
9- ما هو عدد سنين خبرتك الإدارية داخل المؤسسة سنة			
10- ما هو عدد سنين خبرتك الإدارية خارج المؤسسة سنة			

2- ممارسة الإدارة الإستراتيجية					
2.1 المسح البيئي					
التحليل الخارجي فهم البيئة الخارجية					
1- هل تقوم المؤسسة من حين لآخر بجمع المعلومات وتحليلها حول العوامل الخارجية التي قد تؤثر في أنشطة المؤسسة مثل (المؤشرات الاقتصادية والاجتماعية والصحية وكذلك السكانية، السياسات والإجراءات الحكومية.... الخ <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم فمتى تقوم المؤسسة بذلك					
2- هل ينجح تحليل العوامل الخارجية بتحديد العوامل الرئيسية التي تهدد أنشطة المؤسسة <input type="checkbox"/> نعم <input type="checkbox"/> لا					
3- هل ينجح تحليل العوامل الخارجية بتحديد العوامل الرئيسية التي تمثل فرص يجب استغلالها <input type="checkbox"/> نعم <input type="checkbox"/> لا					
التحليل الداخلي (فهم إمكانيات المؤسسة)					
4- هل تجري المؤسسة تحليلاً لأدائها في الأعمال التي تقوم بها ولأوضاعها الداخلية؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم فمتى تقوم المؤسسة بذلك					
5- هل ينجح هذا التحليل في تحديد نقاط القوة الرئيسية في المؤسسة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
6- هل ينجح هذا التحليل في تحديد نقاط الضعف الرئيسية في المؤسسة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
7- هل يتضمن هذا التحليل مدى جودة الخدمات المقدمة ورضا المنتفعين منها؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
8- هل تقيم المؤسسة قدرات القوى العاملة لديها ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
9- هل تقيم المؤسسة التطور المهني عند القوى العاملة لديها؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
10- هل يوجد لدى المؤسسة نظام لإدارة المعلومات ؟ <input type="checkbox"/> نظام معلومات صحي <input type="checkbox"/> يدوي <input type="checkbox"/> نظام معلومات إداري <input type="checkbox"/> محوسب <input type="checkbox"/> لا <input type="checkbox"/> كلاهما					
عبر بما تراه مناسباً في الجمل التالية:					
موافق بشدة	موافق	لا أعرف	غير موافق	غير موافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11- تسهل المؤسسة الوصول للمعلومات الداخلية مما يسمح بتحليل سهل وسريع للوضع الداخلي لها
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12- تراجع المؤسسة نتائج تحليل المعلومات الداخلي والخارجي وذلك لتقييم التقدم في أدائها ولإعداد الأهداف المستقبلية للمؤسسة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13- مؤسستكم قادرة على تنفيذ تحليل البيانات المتعلقة بالبيئة الخارجية وأوضاعها الداخلية واتخاذ القرارات المناسبة.
2-2 صياغة الاستراتيجيات					
الرؤية					

14- هل يوجد لدى مؤسستكم رؤية مكتوبة <input type="checkbox"/> نعم <input type="checkbox"/> لا					
عبر بما تراه مناسباً في الجمل التالية:					
موافق بشدة	موافق	لا أعرف	غير موافق بشدة	غير موافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15- الرؤية معروضة بشكل يراه الجميع ، موظفين ومنتفعين، من خلال ملصقات أو في النشرات التعريفية بالمؤسسة الخ.....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16- رؤية المؤسسة واضحة لجميع العاملين فيها
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17- رؤية المؤسسة واضحة لجميع أعضاء مجالس الإدارة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18- توجه الرؤية تنفيذ برامج وأنشطة المؤسسة
الرسالة					
19- هل يوجد لدى مؤسستكم رسالة مكتوبة <input type="checkbox"/> نعم <input type="checkbox"/> لا					
عبر بما تراه مناسباً في الجمل التالية:					
موافق بشدة	موافق	لا أعرف	غير موافق بشدة	غير موافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20- الرسالة معروضة بشكل يراه الجميع، موظفين ومنتفعين ، من خلال ملصقات أو في النشرات التعريفية بالمؤسسة الخ.....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-الرسالة واضحة لجميع العاملين في المؤسسة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22- الرسالة واضحة لأعضاء مجالس الإدارة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23- توجه الرسالة تنفيذ برامج وأنشطة المؤسسة
القيم					
24- هل يوجد لديكم مجموعة من القيم الأساسية تركز عليها المؤسسة في تنفيذ أنشطتها <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم فما هي ؟					
عبر بما تراه مناسباً في الجمل التالية:					
موافق بشدة	موافق	لا أعرف	غير موافق بشدة	غير موافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25- القيم واضحة لجميع العاملين في المؤسسة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26- القيم واضحة لأعضاء مجالس الإدارة
الخطط الاستراتيجية					
27- هل أعدت مؤسستكم خطة طويلة المدى (3-5 سنوات) <input type="checkbox"/> نعم <input type="checkbox"/> لا					
28- هل تحتوي الخطة طويلة المدى على أهداف محددة وواضحة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
29- هل تحتوي الخطة طويلة المدى على مؤشرات واضحة لقياس الانجاز؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
30- هل تتضمن الخطة طويلة المدى خطة مالية للمصاريف المتوقعة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
الخطط السنوية التشغيلية					
31- هل ينبثق عن الخطة طويلة المدى خطط تشغيلية سنوية؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
32- هل تحتوي الخطة السنوية التشغيلية على أهداف محددة وواضحة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
33- هل تحتوي الخطة السنوية التشغيلية على مؤشرات واضحة لقياس الانجاز؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
34- هل يوجد موازنة خاصة بالخطة السنوية؟					

<input type="checkbox"/> نعم <input type="checkbox"/> لا				
35- هل ترتبط الخطط الشخصية للعاملين بأهداف الخطة التشغيلية؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
عبر بما تراه مناسباً في الجمل التالية:				
غير موافق بشدة	غير موافق	لا أعرف	موافق	موافق بشدة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36- الأهداف الموضوعية تبدو واقعية اعتماداً على خبرة المؤسسة				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37- ينتج عن الأهداف قائمة من الانجازات المتوقعة القابلة للقياس				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38- شارك المدراء في وضع الأهداف وقائمة الانجازات المتوقعة				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39- شارك العاملين في وضع الأهداف وقائمة الانجازات المتوقعة				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40- تحرص المؤسسة في خططها الإستراتيجية على الاستخدام الأمثل لمواردها المالية والبشرية				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41- توضح الخطط التشغيلية المسؤولية القيادية في تنفيذ الأنشطة المختلفة				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
السياسات العامة للمؤسسة:				
42- هل يوجد دليل مكتوب يوضح السياسة العامة للمؤسسة بما يتعلق بالقوى البشرية؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
43- هل يوجد لدى المؤسسة دليل مكتوب للسياسات والإجراءات المالية؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
44- هل تقوم المؤسسة بتدريب العاملين لديها حول المعلومات الخاصة بالإجراءات و السياسات المختلفة؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
عبر بما تراه مناسباً في الجمل التالية:				
غير موافق بشدة	غير موافق	لا أعرف	أوافق	أوافق بشدة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45- السياسات العامة للمؤسسة والإجراءات ذات علاقة بأنشطة المؤسسة الحالية.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46- السياسات العامة للمؤسسة واضحة ومفهومة لمجلس الإدارة				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47- السياسات العامة للمؤسسة واضحة ومفهومة للطاقم الإداري				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48- السياسات العامة للمؤسسة واضحة ومفهومة للعاملين				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-2 تنفيذ الاستراتيجيات				
الإمكانات المادية:				
49- هل لدى المؤسسة موارد مادية كافية لتنفيذ خططها الاستراتيجية				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
50- أي المصادر التالية تعتمد عليها المؤسسة لمواردها المالية مع وضع النسبة المئوية التي تمثلها				
<input type="checkbox"/> منح عربية أو أجنبية. (.....%) <input type="checkbox"/> تبرعات شخصية. (.....%) <input type="checkbox"/> منح حكومية (.....%) <input type="checkbox"/> الإيرادات الخاصة بالمؤسسة (.....%)				
51- هل يوجد لجنة مالية منبثقة عن مجلس الإدارة؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
52- هل يقوم مدقق مالي مستقل بمراجعة الأمور المالية للمؤسسة؟				
<input type="checkbox"/> نعم <input type="checkbox"/> لا				
إذا كانت الإجابة نعم متى تقوم المؤسسة بذلك				
<input type="checkbox"/> نصف سنوي <input type="checkbox"/> سنوي <input type="checkbox"/> كل عامين				

الموارد البشرية:					
53- هل يوجد وصف وظيفي لجميع الموظفين في المؤسسة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
54- هل يضع كل موظف لديكم خطة عمل خاصة به ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم فهل هي: <input type="checkbox"/> أسبوعية <input type="checkbox"/> شهرية <input type="checkbox"/> سنوية					
55- هل يوجد برنامج تعليم مستمر للعاملين في المؤسسة لتطوير قدراتهم؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
56- هل يوجد نظام تقييم أداء سنوي لتقييم أداء الموظفين في المؤسسة؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
57- هل العلاوات والترقيات الخاصة بالموظفين مرتبطة بنتائج التقييم السنوي؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
58- كيف تقمّ قدرات الموظفين لديكم في إدارة وتنفيذ الخطط الاستراتيجية؟ <input type="checkbox"/> جيدة جدا <input type="checkbox"/> جيدة <input type="checkbox"/> لا أعرف <input type="checkbox"/> ضعيفة <input type="checkbox"/> ضعيفة جدا					
الهيكل التنظيمي للمؤسسة					
59- هل يوجد هيكلية إدارية للمؤسسة <input type="checkbox"/> نعم <input type="checkbox"/> لا					
60- هل الأدوار والمسئوليات مبيّنة بشكل واضح في الهيكل التنظيمي <input type="checkbox"/> نعم <input type="checkbox"/> لا					
دعم مجلس إدارة المؤسسة					
عبر بما تراه مناسباً في الجمل التالية:					
غير موافق بشدة	غير موافق	لا أعرف	أوافق	أوافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61- العلاقة بين إدارة المؤسسة ومجلس إدارتها علاقة جيدة وفعالة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62- يشترك مجلس الإدارة مع العاملين في المؤسسة في عملية التخطيط الاستراتيجي
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63- يشترك مجلس الإدارة مع العاملين في تنفيذ أنشطة المؤسسة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64- يشترك مجلس الإدارة مع العاملين في تقييم أنشطة المؤسسة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65- يشارك مجلس الإدارة في الجهود المبذولة للبحث عن تمويل لأنشطة المؤسسة.
2-4 التقييم والمتابعة					
66- هل يوجد لدى مؤسستكم نظام متابعة وتقييم معد لتقييم أداء المؤسسة في أنشطتها المختلفة ؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا					
67- متى تقوم المؤسسة بمراجعة المعلومات الواردة في تقارير المتابعة؟ <input type="checkbox"/> شهريا <input type="checkbox"/> كل ثلاثة شهور <input type="checkbox"/> نصف سنوي <input type="checkbox"/> سنويا					
عبر بما تراه مناسباً في الجمل التالية:					
غير موافق بشدة	غير موافق	لا أعرف	أوافق	أوافق بشدة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68- تراجع مؤسستكم المعلومات الواردة في تقارير المتابعة وتعتمد على هذه المعلومات في مراجعة قرارات إستراتيجية سابقة أو اتخاذ قرارات جديدة
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69- مؤسستكم قادرة بشكل فاعل على تقييم أداء برامجها المختلفة و التغييرات المصاحبة لتطبيقها.
3- المعوقات التي تحول دون ممارسة الإدارة الإستراتيجية:					

إلى أي مدى تعتقد أن العوامل التالية تعتبر معوقات لممارسة الإدارة الإستراتيجية بشكل عام ، ضع الدرجة المناسبة أمام كل عامل حيث أن :
5=وافق بشدة ، 4=وافق ، 3=لا أعرف ، 2=غير موافق ، 1=غير موافق بشدة

الدرجة	العوامل
	70- التعاون المحدود وضعف التنسيق بين وزارة الصحة والمنظمات الصحية الأهلية
	71- التعاون المحدود بين المنظمات الأهلية فيما بينها
	72- نقص المهارات الإدارية لدى المؤسسات الأهلية
	73- نقص الكوادر الطبية المؤهلة في المؤسسات الأهلية
	74- غياب الاستقرار المالي ومحدودية التمويل
	75- نقص الإمدادات والتجهيزات
	76- غياب أنظمة المعلومات أو عدم فاعليتها إن وجدت
	77- البيئة السياسية غير المستقرة في قطاع غزة
	78- إذا كنت ترى أن هناك معوقات أخرى الرجاء كتابتها.

	79- ما هي الحلول التي تقترحها للتغلب على هذه المعوقات؟

Annex (7) Request for evaluation and controlling questionnaire

رسالة تحكيم

الدكتور/ة:.....حفظه/ها الله

السلام عليكم ورحمة الله ،،،

تقوم الباحثة سميرة أبو حميد بإجراء دراسة بعنوان:

Evaluation of the Status of Strategic Management in Non-Governmental Health Organizations -Gaza Governorates.

و ذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في الصحة العامة - مسار إدارة صحية .

نظراً لتقّة الباحثة الشديدة بكم فإنها تضع بين أيديكم أداة الدراسة الموجهة لرؤساء مجلس الإدارة والمدراء في المؤسسات الأهلية الصحية في محافظات غزة للوقوف على صحة وصدق فقراتها، و كذلك مدى ملاءمتها لأهداف الدراسة، حيث تتطلع إلى ملاحظاتكم و آرائكم النيرة بدرجة بالغة لإثراء الاستبانة لتكون أكثر منهجية و تحقق الأهداف المرجوة منها.

ملاحظة: مرفق أهداف الدراسة والأسئلة المراد الإجابة عليها من هذه الدراسة والاستبانة. شاكرين لكم مساهمتكم ودعمكم للبحث العلمي بصفة عامة ولهذه الدراسة بصفة خاصة.

الباحثة

سميرة أبو حميد

للتواصل:

جوال: 0599454145

بريد الكتروني: samira-ahmad@hotmail.com

Annex (8) Names of The questionnaire evaluators

- | | |
|------------------------|-------------------------|
| 1. Dr Bassam Hamad | Al Quds University/ |
| 2. Dr Jalal Al Farra | Islamic University |
| 3. Dr Sami Abu Al Roos | Islamic University |
| 4. Susan Ross | S.R.I Executive Manager |
| 5. Dr Nehaya Telbani | Al Azhar University |
| 6. Dr Wafeeq Al Agha | Al Azhar University |
| 7. Dr Yehya Abed | Al Quds University |
| 8. Dr yousef Mosa | UHWC Executive Manager |

Annex (9) Names of Health NGOs included in the Study

1. Union of Health Work Committees
2. Union of Health Care Committees
3. Palestinian Health Relief Society
4. Al Amal Rehabilitation Society
5. Al Aqusa charitable Society
6. Al Maghazy Rehabilitation Society
7. Al Wafa Charitable Society
8. Ardh El Ensan Palestinian Charitable Society
9. Balsam Community Based Rehabilitation Society
10. Central Blood Bank Society
11. Gaza Community Mental Health Program
12. Jabalia Rehabilitation Society
13. National Center for Community based Rehabilitation
14. National Society for Disables Rehabilitation
15. Palestinian a venire Foundation
16. Palestinian Society for Disables Rehabilitation
17. Patient Friend Charitable Society
18. Public Aid Society
19. Right to live Society
20. Palestinian Red Crescent Society / Gaza Strip
21. Disables Care Society
22. San Jon Center for Ophthalmic Medicine and Surgery
23. Islamic Society/ Medical Charitable Center
24. Al Salah Islamic Society
25. Al Salama Society
26. Al kwiet Hospital
27. Al Falah Charitable Society
28. Women health Center
29. Atfaluna Deaf Society
30. Al Takaful Society
31. Dar Al Huda Society / Al Rahman Clinic
32. Near East Council of Churches Committees

Arabic Abstract

عنوان الدراسة: تقييم واقع الإدارة الإستراتيجية في المنظمات الصحية غير الحكومية في قطاع غزة

إعداد / سميرة خليل أبو حميد

إشراف/ د. وائل ثابت

ملخص الدراسة

لقد تم تطبيق الإدارة الإستراتيجية في القطاع الصحي في وقت قريب نسبيا وذلك في محاولة للتأقلم مع التغيرات التي تحدث باستمرار حيث تعتبر الإدارة الإستراتيجية البداية لنظام إداري كفاء و فعال.

أهداف الدراسة:

- التعرف على مدى ممارسة الإدارة الإستراتيجية لدى المؤسسات الصحية غير الحكومية في قطاع غزة
- تحديد المتغيرات التي تؤثر في ممارسة الإدارة الإستراتيجية.
- تقييم الاختلافات بين المؤسسات الصحية فيما يخص المتغيرات الإدارية والتنظيمية.
- توضيح العوامل المعوقة لممارسة الإدارة الإستراتيجية.
- تقديم اقتراحات وتوصيات تساعد في تحسين وتطوير أداء تلك المؤسسات.

منهجية الدراسة:

تم إجراء هذه الدراسة باستخدام أسلوب البحث الكمي الوصفي التحليلي المقطعي وذلك لتقييم واقع الإدارة الإستراتيجية في المؤسسات الصحية غير الحكومية في قطاع غزة والتعرف على المعوقات التي تحول دون ممارسة الإدارة الإستراتيجية.

وقد استخدمت الباحثة استبانة لجمع البيانات من عينة الدراسة وهم 130 مدير ورئيس مجلس إدارة يعملون في 32 مؤسسة صحية في قطاع غزة. وقد اشتملت الإستبانة على معلومات شخصية ومعلومات عن المنظمة وأخرى حول

الإدارة الإستراتيجية ومعوقات تطبيقها. وقد تم جمع البيانات في الفترة الواقعة بين التاسع والعشرين من شهر ديسمبر لعام 2010 والخامس والعشرين من شهر يناير لعام 2011. وقد استخدمت الباحثة اختباري T،F لاختبار العلاقة بين متغيرات البحث الثابتة و المستقلة .

أهم النتائج:

أظهرت الدراسة ان 80% من المدراء ورؤساء مجلس الإدارة في المؤسسات المشاركة بالدراسة هم من الذكور، 42% منهم تتراوح أعمارهم بين 20 و 40 عاما وقد حصل 34,4% منهم على شهادات عليا.

وبينت الدراسة إن المنظمات المشاركة تقدم خدمات صحية مختلفة، فهي تقدم رعاية صحية أولية بنسبة 46%، وكذلك رعاية صحية ثانوي وثالثة بنسبة 15.6%، كما وتقدم خدمات تأهيل مختلفة بنسبة 68.8%، في حين كانت نسبة كل من الخدمات التشخيصية و الدعم النفسي والاجتماعي هي 50% لكل منهما، في حين تقدم غالبية هذه المنظمات التثقيف الصحي إلى جانب خدماتها المختلفة.

أظهرت الدراسة أن الوزن النسبي لمتوسط لممارسة الإدارة الإستراتيجية في المؤسسات الصحية هو 79.8%. ولكن اللافت كان انخفاض الوزن النسبي للخطط الإستراتيجية حيث كانت درجتها الأقل من بين المجالات وهي 67% فقط. وعلى الرغم من أن 80% من المؤسسات المشاركة في البحث يوجد لموظفيها وصف وظيفي إلا أن 52% فقط يوجد لديهم خطط عمل كانت لدى 26% ممن أجابوا بنعم عبارة عن خطط سنوية في حين أن الآخرين كانت لديهم خطط شهرية وأسبوعية، وقد بينت الدراسة أن هناك ضعف واضح في تقييم الأداء للعاملين حيث يتم إجراء تقييم الأداء السنوي في 42% فقط من هذه المؤسسات المشاركة في البحث.

أما بخصوص مصادر التمويل للمؤسسات الصحية غير الحكومية العاملة في قطاع غزة فإن 61% من هذه المصادر هو تمويل خارجي، عربي وأجنبي، في حين تمثل العائدات الخاصة للمؤسسات ما نسبته 26% فقط.

هذا وقد بينت الدراسة أن هناك علاقة ذات دلالة إحصائية بين كل من الجنس، سنوات الخبرة الإدارية، حجم المؤسسة متمثلا بعدد مراكزها وعدد موظفيها و ممارسة الإدارة الإستراتيجية.

أما بالنسبة للمعوقات التي تحول دون ممارسة الإدارة الإستراتيجية وتنفيذ البرامج الصحية فقد اعتبر المشاركين في الدراسة أن الوضع السياسي في قطاع غزة هو المعوق الرئيس لممارسة الإدارة الصحية بنسبة 87.2% وتأتي بعدها قلة المصادر المالية بنسبة 85.8% من المعوقات.

التوصيات:

ومما لا شك فيه إن النتائج التي خلصت إليها الدراسة لها أهمية في التعرف على مدى تطبيق الإدارة الإستراتيجية ووضع الأسس لتحسين ممارستها في المؤسسات الصحية غير الحكومية في قطاع غزة .

وبناء عليه توصى الدراسة بما يلي:

- ضرورة إجراء المسح البيئي بشقيه الداخلي والخارجي بشكل منظم واستخدام الوسائل الإدارية الحديثة في ذلك وتوثيق النتائج للاعتماد عليها في التخطيط الاستراتيجي.
- إشراك الجميع في عملية صياغة الاستراتيجيات (مستفيدين وموظفين)
- الاهتمام بوضع خطط إستراتيجية كوسيلة مثالية في البحث عن تمويل
- تطبيق استراتيجيات تهتم بإدارة القوى البشرية كونها العمود الفقري لأي مؤسسة من خلال زيادة قدراتهم وإشراكهم بشكل فاعل في العمليات الإدارية المختلفة وبناء ثقافة تحت على التعلم المستمر وتسهيل انتقال المعلومات داخل المؤسسة.
- تكثيف الجهود لتطوير نظام تقييم ومتابعة مناسب وفعال.
- إنشاء وتطوير أنظمة إدارة المعلومات الصحية وذلك لدعم صياغة القرارات المناسبة.
- تحسين وزيادة التنسيق والتعاون بين المؤسسات الصحية الغير حكومية فيما بينها ومع جميع مقدمي الخدمات الصحية لضمان وصول الخدمة لمحتاجيها وعدم تكرارها.
- وأخيرا فان وزارة الصحة مطالبة بتقوية العلاقات التكاملية مع المؤسسات الصحية غير الحكومية لتقليل اعتمادها على الدعم الخارجي .