Life expectancy at birth in Haiti has increased from 42 in 1960 to 63 in 2011, according to the World Health Organization.

What will it take to raise the bar higher – to exceed the global average life span of 69 years?

Established in 1956, Hôpital Albert Schweitzer Haiti (HAS) has played a vital role in improving public health in central Haiti. In many ways, HAS led the way in establishing best practices for smart healthcare in a challenged setting. The collaborative, community-centric philosophy of HAS founders Dr. Larry and Gwen Mellon continues to guide the organization nearly 60 years later.

HAS aims to continue as a vital force for good in Haiti. The Board of Directors and Management Team of HAS recognize that, in order to do so, we must become smarter than ever before through measurement that will inform continuous quality improvement. We must improve our infrastructure, tighten managerial processes, and update technologically. We must make smart investments in areas of our operation, such as development, that are essential to enabling these activities.

Developed under the leadership of the Board’s Strategic Planning Task Force and with input from a wide range of stakeholders, this five-year plan is a roadmap for these operational improvements, which serve the overarching aspiration of HAS – to exceed international health standards in the region we serve, reducing illness and premature death with a focus on integrated healthcare. Special thanks to HAS Board member David Heiman, who led this strategic planning effort, to those HAS Board members who participated on the strategic planning committee, and to the entire HAS Board, which provided thoughtful feedback throughout the planning process.

We have made significant strides in improving public health in the Artibonite Valley over the past 60 years. With this plan, we aim to ensure the sustainability of HAS for future generations, and ultimately to help the people we serve live longer, more productive lives.

We invite you to read on to learn more about our plan.

Sincerely,

John Walton
HAS Board Chair
Louis Martin
HAS CEO
EXECUTIVE SUMMARY

Since its founding by Dr. and Mrs. Mellon in 1956, Hôpital Albert Schweitzer Haiti (HAS) has served the people of the Artibonite Valley community as its most significant healthcare provider.

The guiding principle under which HAS has operated – Reverence for Life – is taken from the inspirational words and work of Dr. Albert Schweitzer. HAS’s mission is to serve the Haitian people at the highest possible level through its referral hospital and integrated network of primary and community outreach facilities and programs. The Artibonite Valley without HAS is unthinkable – and unacceptable.

Yet, a persistent lack of resources presents serious challenges to the ability of HAS to maximize its capacity to battle illness and premature death. The pernicious causes of both Haiti’s and HAS’s problems have only worsened in recent years – the global financial crises of 2008, the Port-au-Prince earthquake of 2010 and the cholera epidemic in its aftermath have put both the country and HAS back on their heels. As increased demands and rising costs have resulted in troubling fiscal deficits at HAS, it has been forced to depend on significant drawdowns from its dwindling HAS reserve fund. This trend must be reversed.

It is in this context that this Strategic Plan was developed. The strategic goals set forth in the Plan are intended to meet the mandate of the Board of Directors: HAS must increase its development revenues to the level necessary to achieve a break even financial performance by 2015 fiscal year-end, while maintaining the quality and scope of its hospital and integrated community services. With the exception of the two-year financial break even target, the strategic goals have a five-year horizon.

This Strategic Plan also recognizes that the five-year goals must be consistent with the long-term vision of the scope, level and quality of services HAS should achieve for the next generation and beyond. This document, therefore, includes a statement of HAS’s long-term aspiration in which it calls for HAS to continue its role as the Artibonite Valley’s primary resource for comprehensive hospital and community health services, and related environmental and agricultural programs. Specifically, HAS aspires to exceed international standards for the reduction of illness and premature death by emphasizing integrated family health care. It also recognizes that it cannot be successful in realizing these goals without addressing growing infrastructure, energy and technological deficiencies. Clearly, none of these aspirations can be accomplished without successful results from HAS’s increased fund-raising efforts.

In contemplation of the constantly changing environment that HAS faces, the Strategic Plan recognizes the need to regularly track performance against the Plan and to periodically review and update the Plan. It also requires the development of a “Plan B” as a contingency plan for dealing with the potential downside of that changing environment.

If the past is prologue, the challenges will not abate. This Strategic Plan, at its essence, therefore calls for redoubling our commitment and resolve to meet those challenges.

HISTORY

In 1947, Larry and Gwen Mellon read an article in Life Magazine about Dr. Albert Schweitzer’s medical and humanitarian work in Africa and his philosophy of “Reverence pour la Vie,” Reverence for Life. Profoundly moved and inspired by Dr. Schweitzer’s work, Larry and Gwen committed themselves to a life of service in the model of Dr. Schweitzer and his hospital in Lambarene.

Recognizing that Dr. Schweitzer’s commitment to West Africa reflected his European heritage, the Mellons sought an appropriate venue for their lives’ work in the Western Hemisphere.

During the time of the Mellons’ medical training (Larry to become a physician, Gwen to become certified as a medical technician), they became aware of an opportunity to start a hospital in the heart of the Artibonite River Valley. With the blessing of the Haitian government, Hôpital Albert Schweitzer Haiti (HAS) opened its doors to the Artibonite community on June 24, 1956, and has remained for more than a half-century.

Reverence pour la Vie guided Dr. and Mrs. Mellon and their staff as they worked together to support the needs of the people of the Artibonite Valley. Though Larry died in 1989 and Gwen in 2000, their commitment to serving this largely impoverished and underserved community lives on in the work of HAS’s doctors, surgeons, nurses, and staff.

Now a 131-bed referral hospital, HAS provides surgical services, internal medicine, pediatrics, high-risk maternity care, diagnostic services, and rehabilitation. The hospital receives patients referred from HAS’s own community health centers, as well as 12 health centers operated by the Ministry of Health (MSPP), and three other international organizations. This relatively modest facility provides its hospital services with 12 full-time and three part-time Haitian physicians, supported by international specialist physicians who volunteer for two- to four-week periods, and 50 Haitian nurses. In addition, more than 100 employees work in the rural areas in community health centers, mobile health clinics, and home visits.

HAS also serves as a referral center for health facilities outside of its service area, including the nearby town of St. Marc and other centers which do not have full-time cover-age for surgery and high-risk obstetrics.

The hospital provides medical and surgical care for more than 350,000 people living within the largely rural 610-square-mile service area of the Lower Artibonite Valley. The demand for pediatric services is significant, as 40% of the population in this area is 18 or under, with nearly 15% age five years or under.

In 1956, Hôpital Albert Schweitzer Haiti (HAS) opened its doors to the Artibonite community with the blessing of the Haitian government, Hôpital Albert Schweitzer Haiti (HAS) opened its doors to the Artibonite community on June 24, 1956, and has remained for more than a half-century.

The guiding principle under which HAS has operated – Reverence for Life – is taken from the inspirational words and work of Dr. Albert Schweitzer. HAS’s mission is to serve the Haitian people at the highest possible level through its referral hospital and integrated network of primary and community outreach facilities and programs. The Artibonite Valley without HAS is unthinkable – and unacceptable.

Yet, a persistent lack of resources presents serious challenges to the ability of HAS to maximize its capacity to battle illness and premature death. The pernicious causes of both Haiti’s and HAS’s problems have only worsened in recent years – the global financial crises of 2008, the Port-au-Prince earthquake of 2010 and the cholera epidemic in its aftermath have put both the country and HAS back on their heels. As increased demands and rising costs have resulted in troubling fiscal deficits at HAS, it has been forced to depend on significant drawdowns from its dwindling HAS reserve fund. This trend must be reversed.

It is in this context that this Strategic Plan was developed. The strategic goals set forth in the Plan are intended to meet the mandate of the Board of Directors: HAS must increase its development revenues to the level necessary to achieve a break even financial performance by 2015 fiscal year-end, while maintaining the quality and scope of its hospital and integrated community services. With the exception of the two-year financial break even target, the strategic goals have a five-year horizon.

This Strategic Plan also recognizes that the five-year goals must be consistent with the long-term vision of the scope, level and quality of services HAS should achieve for the next generation and beyond. This document, therefore, includes a statement of HAS’s long-term aspiration in which it calls for HAS to continue its role as the Artibonite Valley’s primary resource for comprehensive hospital and community health services, and related environmental and agricultural programs. Specifically, HAS aspires to exceed international standards for the reduction of illness and premature death by emphasizing integrated family health care. It also recognizes that it cannot be successful in realizing these goals without addressing growing infrastructure, energy and technological deficiencies. Clearly, none of these aspirations can be accomplished without successful results from HAS’s increased fund-raising efforts.

In contemplation of the constantly changing environment that HAS faces, the Strategic Plan recognizes the need to regularly track performance against the Plan and to periodically review and update the Plan. It also requires the development of a “Plan B” as a contingency plan for dealing with the potential downside of that changing environment.

If the past is prologue, the challenges will not abate. This Strategic Plan, at its essence, therefore calls for redoubling our commitment and resolve to meet those challenges.

Reverence pour la Vie guided Dr. and Mrs. Mellon and their staff as they worked together to support the needs of the people of the Artibonite Valley. Though Larry died in 1989 and Gwen in 2000, their commitment to serving this largely impoverished and underserved community lives on in the work of HAS’s doctors, surgeons, nurses, and staff.

Now a 131-bed referral hospital, HAS provides surgical services, internal medicine, pediatrics, high-risk maternity care, diagnostic services, and rehabilitation. The hospital receives patients referred from HAS’s own community health centers, as well as 12 health centers operated by the Ministry of Health (MSPP), and three other international organizations. This relatively modest facility provides its hospital services with 12 full-time and three part-time Haitian physicians, supported by international specialist physicians who volunteer for two- to four-week periods, and 50 Haitian nurses. In addition, more than 100 employees work in the rural areas in community health centers, mobile health clinics, and home visits.

HAS also serves as a referral center for health facilities outside of its service area, including the nearby town of St. Marc and other centers which do not have full-time cover-age for surgery and high-risk obstetrics.

The hospital provides medical and surgical care for more than 350,000 people living within the largely rural 610-square-mile service area of the Lower Artibonite Valley. The demand for pediatric services is significant, as 40% of the population in this area is 18 or under, with nearly 15% age five years or under.
The Lower Artibonite Valley, the service region of HAS, is part of the agriculturally and environmentally important Artibonite watershed. Situated in the western half of Hispaniola, the Artibonite is the most important river in Haiti. The region’s agriculture, livestock production, and endangered water sources are crucial not just to the economy and food security of local residents, but to all of Haiti.

Irrigation systems in the district make it possible to grow three crops per year, making it the rice-basket for much of Haiti. Much of the land is owned by large landowners, and the residents work in agricultural day labor, or increasingly, in commerce and the professions. While the general economy in the valley is improving, there remains a significant inequity between landless families and the landowners or professional class. Approximately 2/3 of the service population live in the relatively well-off valley region; the remaining 1/3 live in the upland regions which border the valley to the north and the south of the river. Here, the steep hillside, generations of deforestation and unpredictable ecological conditions leave the residents with the overwhelming challenge of scraping subsistence from steep rocky hillsides, susceptible to both drought and washouts from torrential summer rains.

HAS’s community outreach programs serve the surrounding areas, with integrated preventive health care, screening, and primary care addressing medical and health needs. In addition, HAS’s community services address the root causes of disease through establishing potable water systems, latrines and other hygiene support services, as well as economic development programs including reforestation and the development of commercial timber, and agricultural diversity.

HAS operates in partnership with the Ministry of Public Health and Population (MSPP) and non-governmental agencies in the region. HAS’s service area is defined by the MSPP and, within that area, health services are coordinated by a Communal Health Unit (UCS). In the MSPP’s October 2012 report on its recent achievements, it summarized its strategic priorities and major objectives.

Many organizations are focused on improving education and developing the economy in Haiti. At HAS, we believe that the economic health of Haiti depends first and foremost on the physical health of its greatest resource – its people.
HAS ASPIRATIONS

HAS aims to exceed international standards for the reduction of illness and premature death through a focus on integrated family health care. To do so, we will:

- Increase maternal and early childhood survival by emphasizing the first 1,000 days of a child’s life to:
  - Reduce neonatal mortality;
  - Reduce complications of pregnancy;
  - Reduce severe acute malnutrition;
  - Fully vaccinate 90% of children.
- Reduce disability and death due to traumatic injuries.
- Improve continuity of care and capacity across the full spectrum of HAS services – from our network of field clinics and hospital to our community educational, environmental and ecological outreach programs.
- Promote public health through economic and infrastructure development programs, particularly in the areas of clean drinking water, sanitation, and agricultural initiatives.
- Ensure equitable access to health care for the most vulnerable populations, regardless of location within the district or ability to pay.
- Establish measurable objectives for each of the above goals, supported by mechanisms to evaluate outcomes and adjust programs.
- Promote public health through economic and infrastructure development programs, particularly in the areas of clean drinking water, sanitation, and agricultural initiatives.

In pursuit of its aspirations, HAS must:

- Attract, train and retain qualified Haitian professional staff.
- While sustaining its role as a referral hospital, collaborate with other Haitian and international organizations – government and private – in the development of its preventive and curative programs, policies and practices.

To maintain services at their highest levels, HAS must renovate and replace where necessary the basic supporting infrastructures and exploit new technologies, including:

- Refurbish, renovate and expand the physical facilities and campus to accommodate patient needs and staff accommodations.
- Maximize our energy infrastructure by incorporating the best in affordable, efficient technologies.
- Modernize aging sanitation and sewage systems.
- Ensure the security of all facilities by upgrading our security systems.
- Upgrade out of date telecommunications and information technology systems to maximize efficiency and resources.

- Update the demographic and service quality data for the primary service area.
- Evaluate the benefits of establishing a Haitian NGO to enhance local engagement in the fulfillment of the HAS mission.
- Grow and sustain philanthropic and grant income coupled with sound long-term investments.
- Ensure equitable access to health care for the most vulnerable populations, regardless of location within the district or ability to pay.
**MISSION**

The mission of Hôpital Albert Schweitzer Haiti is to collaborate with the people of the Artibonite Valley as they strive to improve their health and quality of life.

**VISION**

Hôpital Albert Schweitzer Haiti is an integrated healthcare organization that provides hospital and community based services that promise exceptional care.

**VALUES**

**Reverence for Life:** HAS is dedicated to the founding principle of Reverence for Life, as expressed by Albert Schweitzer and HAS Founders, Dr. William Larimer Mellon and Mrs. Gwen Mellon.

**Equity:** HAS is a place of hope with the primary goal of providing equitable health services to everyone within its district, regardless of the patient's or service recipient's ability to pay. HAS is dedicated to fair employment practices.

**Collaboration:** HAS seeks active engagement with patients and their families, healthcare providers, government, international support organizations, donors and the people and communities of the Artibonite Valley. It works in a spirit of partnership and teamwork.

**Respect:** HAS maintains deep respect for the people and culture of Haiti. It operates on a basis of respect for the rights of all individuals. It fosters personal and professional development and fulfillment.

**Stewardship:** HAS manages and operates its programs with competence and compassion, using appropriate and affordable technologies. It is committed to the long term sustainability of the institution and takes responsibility for the administration and financing of its programs.

**Accountability:** HAS is committed to open, honest and clear communications both internally and with the wider community. It takes responsibility for its actions and delivers what is promised.

**Innovation:** HAS strives to innovate and is proactive in initiating change and continuous improvement. It is committed to research and development in the field of health and to sharing its knowledge and experience.

---

**GUIDING PRINCIPLES**

In its journey to a self-sustaining Haiti, HAS ensures its own sustainability through improvements to five interconnected operational areas.
GOAL 1: ASSURE QUALITY SERVICES

Improve service quality while maintaining the existing mix of acute care, primary care, and health promotion and disease prevention services. Provide the safest, most effective care possible as a referral hospital (Hôpital de Référence) with specialty surgical services while supporting the development of an integrated, multi-partner primary care network and the development of a multi-partner health promotion network with emphasis on health training, water and sanitation, and reforestation.

CONTINUITY OF CARE
Objective: Provide improved continuity of care for patients referred to hospital units from community health centers and other hospitals in HAS’s service area, and who return for continuing care at the community level.

PROFESSIONAL STAFF
Objective: Expand the number of paraprofessional personnel to ensure continued capacity for care in the coming years.

ENHANCING CLINICAL QUALITY AND SERVICES
Objective: Support the continued improvement in clinical practices throughout the organization; strive to be driven by epidemiological evidence and data to provide the most needed services.

DIAGNOSTIC CAPABILITIES
Objective: Enhance diagnostic capabilities to be able to perform a wider range of laboratory tests.

CLINICAL CARE AND EMERGENCY SERVICES
Objective: Provide adequate space for the appropriate management of clinical care by reducing the crowded spaces in the inpatient units and the Evaluation Diagnostic and Stabilization Unit, to ensure that HAS continues to provide appropriate care throughout all units.

SURGERY AND TRAUMA
Objective: Increase capacity to deal with traumatic accidents and surgeries that are becoming more frequent.

OB/GYN
Objective: Respond to increased demand in clinics, address increasing pressure on high-risk pregnancy care and other units, and strive to reduce the rate of complications during pregnancy, particularly maternal mortality.

PEDIATRICS
Objectives: Maintain or increase attention to current inpatient and outpatient pediatric services, which have some of the highest service numbers; increase efforts to eliminate premature births and neonatal deaths.

MALNUTRITION
Objective: Expand the nutrition program, preventative screenings and treatments, continue to reduce the rates of referral to the HAS Nutrition Rehabilitation Unit through community-based nutritional services.

CHRONIC DISEASES
Objective: Reduce complications of chronic diseases such as stroke, myocardial infarction, diabetes and prediabetes, and other life-threatening chronic conditions.

HIV/AIDS AND TUBERCULOSIS
Objective: Improved quality of care for patients with HIV and/or tuberculosis (TB); reduce spreading of HIV and TB.

CHOLERA
Objective: Assess the probable demand for cholera services at HAS, and prepare for a possible increase in cases.

REHABILITATION
Objective: Maintain or improve quality of care for inpatient and outpatient services; improve services at the community health center level.

PROSTHETICS AND ORTHOTICS
Objective: Assess the future demand for prosthetics and orthotics services at HAS and adapt services accordingly.

WATER AND SANITATION
Objective: Continue the construction of wells, filters, cisterns and spring caps, and home water treatment at a rate comparable to recent years.

HTRIP (HAITI TIMBER RE-INTRODUCTION PROJECT)
Objective: Support farmers in deforested and mostly upland communities to recover barren land by building terraces and water conservation structures and using agroforestry to rehabilitate the soil. Enable farmers to immediately produce more food for their families to eat, and to create a sustainable, renewable resource for future income.

ENHANCING CLINICAL QUALITY AND SERVICES
Objective: Provide improved continuity of care for patients referred to hospital units from community health centers and other hospitals in HAS’s service area, and who return for continuing care at the community level.

PROFESSIONAL STAFF
Objective: Expand the number of paraprofessional personnel to ensure continued capacity for care in the coming years.

ENHANCING CLINICAL QUALITY AND SERVICES
Objective: Support the continued improvement in clinical practices throughout the organization; strive to be driven by epidemiological evidence and data to provide the most needed services.

DIAGNOSTIC CAPABILITIES
Objective: Enhance diagnostic capabilities to be able to perform a wider range of laboratory tests.

CLINICAL CARE AND EMERGENCY SERVICES
Objective: Provide adequate space for the appropriate management of clinical care by reducing the crowded spaces in the inpatient units and the Evaluation Diagnostic and Stabilization Unit, to ensure that HAS continues to provide appropriate care throughout all units.

SURGERY AND TRAUMA
Objective: Increase capacity to deal with traumatic accidents and surgeries that are becoming more frequent.

OB/GYN
Objective: Respond to increased demand in clinics, address increasing pressure on high-risk pregnancy care and other units, and strive to reduce the rate of complications during pregnancy, particularly maternal mortality.

PEDIATRICS
Objectives: Maintain or increase attention to current inpatient and outpatient pediatric services, which have some of the highest service numbers; increase efforts to eliminate premature births and neonatal deaths.

MALNUTRITION
Objective: Expand the nutrition program, preventative screenings and treatments, continue to reduce the rates of referral to the HAS Nutrition Rehabilitation Unit through community-based nutritional services.

CHRONIC DISEASES
Objective: Reduce complications of chronic diseases such as stroke, myocardial infarction, diabetes and prediabetes, and other life-threatening chronic conditions.

HIV/AIDS AND TUBERCULOSIS
Objective: Improved quality of care for patients with HIV and/or tuberculosis (TB); reduce spreading of HIV and TB.

CHOLERA
Objective: Assess the probable demand for cholera services at HAS, and prepare for a possible increase in cases.

REHABILITATION
Objective: Maintain or improve quality of care for inpatient and outpatient services; improve services at the community health center level.

PROSTHETICS AND ORTHOTICS
Objective: Assess the future demand for prosthetics and orthotics services at HAS and adapt services accordingly.

WATER AND SANITATION
Objective: Continue the construction of wells, filters, cisterns and spring caps, and home water treatment at a rate comparable to recent years.

HTRIP (HAITI TIMBER RE-INTRODUCTION PROJECT)
Objective: Support farmers in deforested and mostly upland communities to recover barren land by building terraces and water conservation structures and using agroforestry to rehabilitate the soil. Enable farmers to immediately produce more food for their families to eat, and to create a sustainable, renewable resource for future income.
GOAL 2: COLLABORATE AND PARTNER TO MAXIMIZE EFFICIENCY

Seek further integration with the Haitian healthcare system, increased collaboration with the local community, and with organizations in Haiti and beyond that align with our mission. Increase the MSPP’s partnerships recognition of HAS as a model referrals hospital. Assist in strengthening the local district health council (UCS), and build strong partnerships to help establish a national hospital association.

MSPP (WITH U.S. AGENCY FOR DEVELOPMENT (USAID) AND MANAGEMENT SCIENCES FOR HEALTH (MSH))

Objectives:
- Continue to meet and exceed MSPP standards for community health center and hospital care and be recognized for doing so in evaluations and certifications.
- Continue to update Integrated Community Services (SCI) staff training by taking advantage of the MSPP update trainings as the protocols are renewed, until all staff is fully up-to-date on all protocols.
- For USAID’s new funding cycle, obtain increased immediate monetary support for staffing levels of the Minimum Service Package (PMS) services.
- Create a data management system capable of nearly real-time, accurate reporting of individual and aggregate patient data for generation of reports, statistics, and improved patient care data, and capable of up-to-date listing of patient’s in-or out-out district status.

UNITE COMMUNAL DE SANTE (UCS)

Objectives:
- Continuously improve referral and counter-referral processes so that partners deal with the cases appropriate to them, freeing HAS to focus on the cases appropriate to a referral hospital, and to develop connections for referral of specialty cases beyond HAS’s targeted capacities.
- Decrease caseloads at HAS by encouraging UCS partners to develop their own capacities for treating patients, and to increase resources available for treating HAS patients via connections made and donor leverage available through HAS’s UCS participation.

UNICEF, PARTNERS IN HEALTH, AND OTHER HAITI-BASED HEALTH CONTRACTS

Objectives:
- Obtain contracts from UNICEF for nutrition and other programs, as their funding system can only be made to work with the fundamental needs and setup of HAS.
- Continue support from Partners in Health (PIH) or connected donors (USAID/Management Sciences for Health · MSH) for HIV and TB testing.

WATER, SANITATION AND HYGIENE (WASH) COORDINATION WITH PARTNERS

History and Objective:
- DINDEPA (Direction National d’Eau Potable et Assainissement) is the national office regulating the provision of potable water and sanitation services in Haiti. HAS maintains good relations with DINDEPA and attends the quarterly sectorial table meetings that replace the WASH cluster system, giving HAS a voice in regional planning strategies and a conduit for timely information on government programming.

Strategy:
- HAS’s water and sanitation department will provide data to DINDEPA on wells and water structures built by HAS. DINDEPA will in turn share its recent inventory of all water points in our district, including GPS locations and status of water points. This list will guide HAS efforts in training plumbers and repair technicians, enable HAS to improve well repair and drilling efforts, and will result in national recognition and training for HAS staff, community water-point committees, and technicians. DINDEPA will share its manuals (currently in writing) so HAS techs and community committees are trained according to national standards. The ultimate goal is for DINDEPA to source well repair parts to community water-point managers, therefore lessening the pressure on HAS to buy, maintain, and install subsidized replacement parts.

- HAS will continue to respect DINDEPA’s non-subsidy of latrine directive and will focus on wells, springs and cisterns, and home water treatment.
- Continue joint planning with the Red Cross of local latrine, water system, and other projects to efficiently take advantage of each partner’s relative technical and fund-raising strengths.
- HAS will participate in the Verrettes town council’s monthly Platforme Communale d’Eau Potable et Assainissement, where all the Commune’s WASH actors give updates and advice on their work. HAS received the council’s list of priority projects and, where appropriate, has tried to focus local planning on them. Donor initiatives are actively requesting proof that NGOs are coordinating with the appropriate local governmental organizations, and our collaboration with the Verrettes is a strong advantage.
- HAS continues to encourage and mentor the Rotary Club of Verrettes, which does a $100,000 to $150,000 potable water project every two years.
- Prioritize regular financing and operation of the Water Quality Lab so that monitoring and evaluation of water quality and timely detection of contaminated water sources can be carried out by the Water and Sanitation department of HAS.

TO MAXIMIZE EFFICIENCY

COLLABORATE AND PARTNER

Seek further integration with the Haitian healthcare system, increased collaboration with the local community, and with organizations in Haiti and beyond that align with our mission. Increase the MSPP’s partnerships recognition of HAS as a model referrals hospital. Assist in strengthening the local district health council (UCS), and build strong partnerships to help establish a national hospital association.
GOAL 3: STRENGTHEN ORGANIZATIONAL GOVERNANCE

Strengthen and grow the HAS Board and its network of Affiliated Support Organizations (ASOs), major donors and regular supporters. Evolve the organizational design of governance procedures, protocols, and policies.

Objective 1: Strengthen and grow the Board.
On an ongoing basis, the Governance and Nominating Committees, full Board, CEO and Director of Development will maintain:

- A statement of duties and expectations of Board members
- An orientation program for new Board members
- A matrix which maps the current characteristics and attributes of the Board
- A definition of the ideal Board structure in terms of size, needed skill sets, diversity, and geographic reach
- A slate of qualified nominees
- A Board experience and qualification grid

Objective 2: Strengthen HAS’s network of affiliated support organizations. The Governance Committee, full Board, CEO and Director of Development will:

- Develop a fundraising framework and related materials to guide and support the efforts of all ASOs, including an appropriate update to the Single Purpose Organization Policy of 2004.
- Maintain alignment of HAS and ASO branding, marketing and communications.

Objective 3: Strengthen governance policies, protocols, and procedures. The Governance Committee, full Board, CEO, Director of Development will:

- Regularly review and, as needed, update all bylaws and Board policies and protocols including those related to conflict of interest, whistleblower protection, document retention and destruction, board review of compensation, gift acceptance, affiliated support organizations, indemnification of Board members and privacy.
- Regularly review policies and procedures to ensure that they meet standards set by leading non-profit organization services that will result in achieving the highest rating scores.
- Make all important governance documents readily accessible to board members.
- Create and implement a policy requiring the CEO to present an annual report on effectiveness to the Board of Directors that addresses current year activity and progress.

Objective 4: IMPROVE MANAGEMENT

Continue to improve management processes and staff skills to achieve both strategic and operational goals with a strong focus on balanced budgets and on regular program planning, monitoring, evaluation and reporting.

Quantitative and qualitative improvements to management processes will be made across the organization: in the clinical and service delivery areas, in support services, and in the financial and administrative areas. The initial areas targeted for improvement are the following:

FINANCIAL MANAGEMENT SYSTEMS

Objectives:

- Work closely with the in-country auditing team and continuously improve financial policies and procedures.
- Improve the collection and monitoring of cash and the recording of revenue. Prepare financial statements on a monthly basis.
- Link more closely and adequately the materials-management function to finance.
- Involve Human Resources in the financial responsibility of timely reporting.
- Design an efficient organizational chart that allows for management control and free flow of pertinent and effective decision making.
- Improve inventory management including the year-end preparation to inventory count. Create a team approach environment and limit distractions linked to efficiencies.
- The Human Resources department will maintain and update all employee files for better management. Close attention will be allocated to signature, contract dates, and other protocols. Procedures will be updated and an HAS Employee Manual distributed.

EMPLOYEE RETENTION

Objectives:

- Retain valuable employees through appropriate recognition of service and willingness to provide leadership.
- Implement a Salary Grid to ensure an objective evaluation of each position’s work requirements with a logical salary for each established level.
- Implement a formal Performance Review process which is supportive and which encourages the acceptance of higher responsibilities as appropriate.
GOAL 5: SIGNIFICANTLY EXPAND DEVELOPMENT

To increase contributions significantly year-over-year to meet ongoing operating needs and sustain HAS for the long term, HAS is making a significant investment in expanding its development operation. Reaching aggressive fund-raising goals will permit the hospital’s programs to be maintained and be sustainable without depleting existing financial reserves. Attaining this financial sustainability will enable the hospital to take proactive steps to achieve its long-term aspirational goals.

HAS has earned the endorsements of Charity Navigator and GuideStar, which evaluate non-profits on their financial transparency and cost-effectiveness.

More than 80 percent of the roughly $7.5 million annual operating budget of HAS is dedicated to patient care and community services.

Program Services: 81%
Fundraising: 11%
Depreciation and Other: 5%
Administration: 3%

THE HAS DEVELOPMENT STRATEGY FOR THIS PLANNING PERIOD IS AS FOLLOWS:

1. Leverage the organization’s existing base of donors, which includes thousands of HAS alumni and friends and family of the founders, to generate significantly more major gifts (loosely defined as a gift of $10,000 or more or a multi-year pledge of $50,000 or more). A major gifts development specialist will lead this element of the strategy.

2. Engage appropriate foundation relations resources to establish a significant new restricted-grant revenue stream.

3. Optimize HAS mass fundraising initiatives to significantly expand the organization’s donor base to reach younger, more geographically diverse donor audiences.

4. Update the HAS brand identity, and continually improve marketing communications to create a favorable climate for fundraising.
To support HAS, visit www.hashaiti.org or send a check made payable to HAS to:

HAS U.S. Administration Office
2840 Liberty Ave, Suite 201
Pittsburgh, PA 15222

Text HASHaiti to 20222 to make a $10 donation. Message and data rates may apply.

twitter.com/HASHaiti

facebook.com/hashaiti.org