

# Disabled Children's Association



## Strategic Plan (January 2018 to January 2022)

# Strategic Plan

(2018-2022)

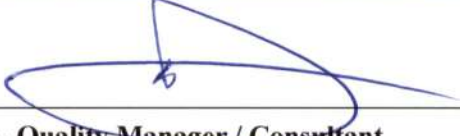


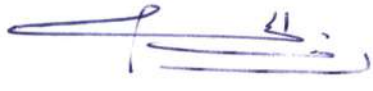


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## Approval Block

Prepared By:		Date
	DCA - Quality Manager / Consultant	07/01/2019
Reviewed By:	Mohammed Aknufaice 	Date
	DCA - HR Manager	07/01/2019
Reviewed By:		Date
	DCA - Finance Manager	08/01/2019
Reviewed By:	for: 	Date
	DCA - School / EDU - Director	08/01/2019
Reviewed By:	Bashir El-Bashir 	Date
	DCA - Medical Director	09/01/2019
Approved By:		Date
	General Secretary	10/01/2019

# Strategic Plan

## (2018-2022)

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## 1. Foreword

This report outlines the Strategic Goals and Objectives of Disabled Children's Association (DCA), from 2018 to 2022, driven by the vision: "To lead the institutional charity work in terms of facing the disability and reducing its impact on the individual and society".

When defining DCA's Strategic Objectives, the strategic assigned task force committee applied the SWOT (Strength, Weakness, Opportunity and Threat) as a tool to improve productivity maximization, service delivery, and resource optimization. The purpose of this document is to make available to DCA, a Strategic Plan that shall guide and help the organization to achieve its developmental objectives within the coming five years. It also helps to communicate with other interested parties and its future long-term strategic directions.

In particular, it satisfies a number of objectives:

1. To fulfill the directives of the Board of Governance of Disabled Children's Association (DCA).
2. To support the strategic initiative of the Governance of DCA to maintain its status as the National and International Centre for Rehabilitation services.
3. To promote the professional image of the DCA-Centers as a provider of Excellent Integrated Rehabilitation Care for the Kingdom of Saudi Arabia.
4. To develop the trust of local and regional community in the services provided by DCA-Centers, and emphasizing the commitment to become patient/Child focused through the re-engineering of processes and improving the services.
5. To inform our customers (Internal and external) regarding the strategic direction to accomplish the mission and the vision.

## 2. Introduction:

The DCA is a non-profit organization for children living with disabilities in the Kingdom of Saudi Arabia. It has its humble beginning at the heart of Riyadh, Saudi Arabia in 1981. From its first attempt to depart from the traditional layout of the existing rehabilitation centers and with the aim of providing optimum quality rehabilitation services, it has come to be the trendsetter in providing the highest caliber of rehabilitation services in the Kingdom. DCA has experienced phenomenal growth in the last decade, which attests the excellent reputation created by our specially selected clinical, educational and support staff members. Since then, DCA has been comparable to the best rehabilitation service providers in the Kingdom.

DCA has been treating a multitude of children since 1981 and currently is the largest providers of comprehensive rehabilitation services in the Kingdom of Saudi Arabia, by establishing 10 rehabilitation centers, with a strong presence across the kingdom. The head office is located on the Emam Saud branch Road, in Muruj District, Riyadh city. DCA provides excellent standard of service being a fully integrated multi-specialty rehabilitation facility built to the highest rehabilitation design standards, equipped with precise international technology.

## 3. DCA Governance and Organization:

The appointed board of directors governs DCA-Centers, works with the board and is headed by the Secretary General.

The assigned team / task force committee in consultation with the internal and the external customers, established the strategic direction for DCA. The main role of DCA Governance department, is to provide the necessary support to the centers that are responsible for providing rehabilitation care and services to the general public.

The Executive Team provides leadership in planning, managing, delivering, evaluating and monitoring provided services across the entire region.

#### 4. DCA Background

DCA is one of the Private Rehabilitation Care Providers in Kingdom of Saudi Arabia (KSA), and is responsible for the provision of comprehensive Integrated Rehabilitation Care Services to the individual and the community.

##### The Major Milestones of DCA Can Be Highlighted as Follows:

Year	Service Development
1986	Riyadh North – King Fahad Center
1995	Jouf Center
1998	Makka Center
1999	Jeddah Center
2001	Madina Center
2007	Hail Center
2013	Riyadh South
	Assir Center
	Baha Center
2015	Rass Center

All the Centers of DCA are under direct supervision of the Board of Governance lead by the Secretary General, the head office is based in Riyadh. The ten Centers function under DCA to deliver high level of services to KSA population.

#### 5. Our Vision

To lead the institutional charity work in terms of facing the disability and reducing its impact on the individual and society.

#### 6. Our Mission

Rehabilitation of children with disabilities to overcome the disadvantages of disability, and help the community to address their causes and deal positively with them.

## 7. Our Values

- Excellence.
- Team spirit
- Professionalism.
- Perfection.

## 8. Planning Methodology and Process

The Strategic Planning process commenced by gathering information related to the existing situation and future plans from all DCA – Centers, and guided by DCA vision, mission and values. DCA requested that staff and the community be fully consulted and engaged in strategic planning, related to developing the Strategic Plan. The aim of the consultation was to test the comprehensiveness, robustness, appropriateness and stakeholder relevance of these core components.

The planning process considers cultural and religious needs of the local community.

The strategic plan was prepared by incorporating SWOT (Strength, Weakness, Threat, Opportunities).

The strategic plan covers all programs of the origination (clinical and non-clinical). This process was achieved through the following:

### 8.1 Strategic Plan Form

A standard pro forma was designed to support the preparation of the strategic plan. This was based upon an international Strategic Plan Model for the next five years and was developed with the following headings:

**8.1.1** Major Working Aspects.

**8.1.2** Main Goals.

**8.1.3** Objectives (not to exceed eight in number/ Strategic Goal) that would assist in achieving the main goal.

## 8.2 SWOT Analysis

**8.2.1** The strategic planning process included a comprehensive analysis of the strengths, challenges, opportunities and uncertainties confronting our hospital and these are outlined on the following pages.

**8.2.2** This analysis clearly demonstrates that our DCA-Centers has many positive attributes while acknowledging there are major challenges that need to be addressed if the Centers are to realize their full potential in Quality Improvement, Patient / Child Safety and Care. These challenges and future threats have been crafted into our future strength and opportunities.

## 8.3 Collection of Information:

### 8.3.1 Interviews:

The Secretary General appointed a Task Force Committee for developing the Strategic plan of Disabled Children's Association. The representatives from the Strategic Planning Committee conducted series of interviews with the Centers Executive Team / Directors, Department Heads of the Centers, Clinical and non-clinical. They had completed the Strategic Plan Form prior to the interview and this formed the basis of discussions .They had series of meetings with the DCA Governance to identify the general guidelines and views that would underpin the Strategic Plan. Also, several meetings between the Consultant and the members of the Strategic Planning Committee were held to discuss the results of the interviews and meetings and to formulate the content of the Strategic Plan.

## 8.4 Community Participation

DCA has a strong commitment to consumer and community participation to ensure consumers, patients and community have access to health services appropriate to their needs.

The facility actively supports consumer and community participation at all levels, in planning, policy development, health service management, and guideline development for the current and future healthcare needs of the population. The Community actively participated and provide feedback to the executive on ways to improve centers services related to health education and health promotions for patients / children and wider



community. The Planning process incorporated the religious and spiritual needs of the community. DCA will continue to work in collaboration with the community to advise its centers of opportunities for improvements and to assist in developing information and resources for patients / children and families.

## 9. Where Are We Now?

### 9.1 Current Configuration

Healthcare Rehabilitation in Saudi Arabia is provided by several health institutions led by the Ministry of Health, as Centers, Clinics and/or Hospitals.

The DCA is a non-profit organization, and all the services that are provided in its centers across Kingdom of Saudi Arabia, are without any charge.

### 9.2 Scope of Services

The DCA-Centers provide comprehensive multi-specialty rehabilitation services ranging from outpatient clinics and pediatrics services, to the intensive programs services.

The DCA-Centers manage the following range of services:

#### 9.2.1 Outpatient Services:

- 9.2.1.1 Pediatric Consultations.
- 9.2.1.2 Physiotherapy Sessions.
- 9.2.1.3 Occupational Therapy Sessions.
- 9.2.1.4 Speech & Language Pathology Sessions.
- 9.2.1.5 Psychology Sessions.
- 9.2.1.6 Social Services.
- 9.2.1.7 Technical Aids and Orthotics Services.

#### 9.2.2 School & specialized educational programs.

#### 9.2.3 Intensive therapy programs, including assessment, treatment, and home support.

## 10. Vital Statistics

### 10.1 General Statistics of KSA (Demographic)

*Reference: Central Intelligence Agency World Fact Report as of 2017 & National Agency for Statistics in KSA.*

Sr. No	Description (2016 - 2017)	Rates & Figures
1	Estimated Population (according to UN data 2017)	33,345,986
2	Crude birth rate / 1000 population	22.1
3	Population Growth Rate	1.49%
5	Birth Rate /1000 Populations	18.78
6	Death Rate/1000 Populations	3.32
7	Population Rate between 0 to 14 years	27.6%
8	Population 15-64%	69.2%
9	Population 65 and above %	3.2%
10	Total Fertility Rate	2.17%
11	Life expectancy at birth	74.82
12	Physician Density/1000 population ( as of 2008)	0.94
13	Hospital Bed Density/1000 Population ( as of 2009)	2.2
14	KSA Nationals	67%
15	Disability Centers Total Numbers	27
16	Disability Population Number	968,996

**10.1.1** 2.9 % of the KSA populations have disability. This percentage dictates several facts that will have an impact on the preparation of the Strategic Plan for the Rehabilitation Institution.

**10.1.2** The satisfaction of the patients is poor in the Ministry of Health Hospitals and centers due to the long waiting time and average services, which gives an edge to the private providers, especially the non-profit organizations.

## 11. Strategic Assessment

### 11.1 Stake Holder Analysis

For the purposes of this Strategic Plan, a stakeholder is defined as the one who has an interest in local health / rehabilitation provision by virtue of being affected by its success or failure. Sets overall policies and works on ensuring that the general public is receiving quality care through maximizing the utilization of the resources with special emphasis on cost containment and maximizing productivity.

### 11.2 SWOT (Strength, Weakness, Opportunity and Threat) Analysis:

The strategic planning process included a comprehensive analysis of the strengths, challenges, opportunities and uncertainties confronting the DCA organization and its Centers. The analysis clearly demonstrates that the DCA-Centers have many positive attributes while acknowledging there are major challenges that need to be addressed if the Centers are to realize its full potential in Quality Improvement, Patient/Child Safety and Care. These challenges and future threats have been crafted into the future strengths and opportunities.

STRENGTH	WEAKNESS
<ol style="list-style-type: none"> <li>1. Highly qualified staff and Specialized professionals.</li> <li>2. Availability of advanced resources.</li> <li>3. Excellent reputation of DCA-Centers.</li> <li>4. Committed leadership towards the achievement of the quality management.</li> <li>5. Wide scope of services.</li> <li>6. Cultural diversity bringing richness to the practice of Rehabilitation.</li> <li>7. 30 + years of foundation history and excellence.</li> <li>8. Special Programs (defined in Children Flow Policy).</li> <li>9. Provision of Affordable and reasonably priced technical aids and orthoses.</li> </ol>	<ol style="list-style-type: none"> <li>1. Outdated previous strategic plan, since 2009.</li> <li>2. Discrepancy between the old organization chart and the current practice.</li> <li>3. No Policies and Procedures Manual Availability.</li> <li>4. Lack of Job Description Policy Implementation.</li> <li>5. No Information Technology System Incorporation.</li> <li>6. No Employee Evaluation on regular basis.</li> <li>7. High turnover of staff.</li> <li>8. Outsourced housekeeping services.</li> <li>9. No systematic training.</li> <li>10. No full electronic medical record system.</li> </ol>

	<ol style="list-style-type: none"> <li>11. Serving Children up to the age of 12 only.</li> <li>12. Minimizing the service to certain I.Q. level.</li> <li>13. Lack of Specialized robotics and advanced equipment found in other competitors.</li> <li>14. Lack of bigger variety of materials and joints in the Orthotics fabrication.</li> </ol>
<b>OPPORTUNITIES</b>	<b>THREAT</b>
<ol style="list-style-type: none"> <li>1. Expansion in services / Centers.</li> <li>2. Growing demand for rehabilitation services.</li> <li>3. Developing the skills of the staff.</li> <li>4. International and National Accreditation success.</li> <li>5. Attraction and retention of Saudi Nationals.</li> <li>6. Developing Technologies.</li> <li>7. Productizing the services.</li> <li>8. Process re-engineering to minimize on resources.</li> <li>9. Business Continuity Plans.</li> <li>10. Gait lab.</li> <li>11. Research center for Cerebral Palsy and its habilitation.</li> <li>12. Expanding the age served up to 14 or more.</li> <li>13. Commercial use of the Robotic Orthotic Carver in the Orthotic department.</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of Staff.</li> <li>2. Competitive market.</li> <li>3. Decentralization between areas.</li> <li>4. Public insurance which drives patients to government hospitals.</li> <li>5. Cultural barriers.</li> <li>6. Long stay of patients / children.</li> <li>7. Lack of budget control.</li> <li>8. Competition with the public and private sector.</li> <li>9. Fluctuating Funding.</li> </ol>

### 11.3 Environmental Analysis

It is important while setting the Strategic Plan to identify the social, physical and cultural issues that will influence the organizational performance. Community health monitoring and analyzing of disabilities consequences is an essential issue that could affect the performance.

### 11.4 Developing our Strengths

As a result of the consultation process, areas of particular strength within the organization the delivery of rehabilitation care were identified. It has, therefore, been possible, through the development of this Strategic Plan, to establish ways of developing and building on these strengths.

### 11.5 Financial Analysis

#### 11.5.1 Funding

The rehabilitation care provision of DCA Centers is funded based on the donations from the population and through the government financial support. However, driven by the mission and the vision of this Strategic Plan shall provide the direction for the future of DCA Centers for future investments.

#### 11.5.2 Budgeting Process

Budget preparation, consolidation, negotiation and approval need to be fairly well defined. Presently, budget is controlled at central level (Secretary General) and also needs to be developed and managed, subsequently.

## 12. Strategic Planning Process

**12.1** The Strategic plan provides high level of description of the goals and the strategic directions. It is the core of the overall planning, monitoring, budgeting process, providing strategic direction for DCA. The Plan incorporates the following:

- 12.1.1** Population demographics and Rehabilitation needs of the community.
- 12.1.2** Soliciting inputs from the feedback from families, staff (all the stakeholders).
- 12.1.3** Consistent with DCA Mission and strategic directions.
- 12.1.4** Feedback provided through the community engagement process.
- 12.1.5** Input from variety of sources, including but not limited to our healthcare practitioners, Centers Directors, departments heads, and stakeholders.
- 12.1.6** Planning process incorporated the religious and spiritual needs of the community.
- 12.1.7** Coordination and integration of services throughout the centers were insured during the planning process.
- 12.1.8** Emerging system trends and challenges.
- 12.1.9** Centers Leaders ensure the efficient use of different resources through regular evaluation of plans and budgets.
- 12.1.10** The process considers the upgrade or replacement of building, Equipment and other resources.
- 12.1.11** Organizational risk.

### 12.2 Strategic Goals

As Strategic Analysis has resulted in the development of seven key strategic goals for Disabled Children's Association. These will form the basis of all future decision making. Strategic fits within these goals will be the test for all future development and the service Development Strategy shall be driven by these principles:

## 13. Strategic Goals

Strategic Goals and Objectives			
Objectives	Outcome	Target	Time Line
<b>Goal 1:</b>			
<b>To improve the quality of medical, educational, psychological, social and recreational rehabilitation services for children with disabilities.</b>			
1. To obtain the national and the international accreditation of healthcare institutions for rehabilitation.	1. Obtain CARF, ISO and CBAHI accreditation. It leads to enhance the trust in the association by the government, charitable / private institutions, and parents.	50%	Dec. 2020
2. Study the satisfaction of parents and work to analyze and utilize the outcomes to improve the services and the overall performance.	2. Remain the adherence to quality standards and continuous commitment to improvement.	50%	Dec. 2019
<b>Goal 2:</b>			
<b>To achieve the widest possible and gradual expansion of the DCA services.</b>			
1. Modify the targeted age group to cover the 14 year group.	1. Include the new target age group according to the specified time.	50%	Dec. 2020
2. Apply the policies, procedures and the protocols.	2. Remarkable improvement of the outcomes of health services on the beneficiary children.	50%	Dec. 2020
<b>Goal 3:</b>			
<b>To enhance and expand the strategic companies, follow up the evaluation of their effects and work to strengthen it.</b>			
1. Work to build partners relationship with health or/and commercial institutions.	1. Provide the Association-Centers with the required income.	50%	Dec. 2021

### Strategic Goals and Objectives

Objectives	Outcome	Target	Time Line
2. Work to build partners relationship with education or/and universities.	2. Provide the Association-Centers with the desired scientific qualifications.	50%	Dec. 2021
<b>Goal 4 :</b>			
<b>To develop greater financial resources and ensure its continuous flow through various possible and appropriate means.</b>			
1. Work to attract the wealthy at a rate of one per month.	1. Increase project revenues by up to 80%.	50%	Dec. 2020
2. Develop the programs that attract the donors.	2. Diversity of programs in line with the needs of the association.	50%	Dec. 2021
<b>Goal 5:</b>			
<b>To develop and improve administrative performance.</b>			
1. Implementing the governance policy.	1. Excellence and transparency in the administrative and the financial processes.	50%	Dec. 2020
2. Apply the employee satisfaction program and policy.	2. Improving the employees' satisfaction.	50%	Dec. 2019
<b>GOAL 6:</b>			
<b>To contribute with various stakeholders to transform the issue of disability, to a basic national social issue and build a public opinion capable of dealing with them.</b>			
1. Spread community awareness and culture on the issue of disability.	1. Obtain a knowledgeable and supportive society.	50%	Dec. 2021
2. Establish a special account for the integration of children into society.	2. To integrate as many children as possible according to the status of the children and the possibility of the specified account.	50%	Dec. 2021
<b>Goal 7:</b>			
<b>To Enhance Quality Improvement &amp; Patient / Child Safety Culture.</b>			
1. To establish a Quality Plan that is addressing the process enhancement.	1. The policies, procedures, plans are elaborated and implemented.	50%	Dec. 2020
2. To establish the policy of the Child Safety Culture Awareness and to conduct the related survey on yearly basis.	2. All staff are participating actively with the conducted survey, the findings are analyzed and addressed to improvement action.	50%	Dec. 2020

## 14. Weight Distribution

- 14.1 Each Goal carries a weight of 100%.
- 14.2 The score for the objective based on number of objectives in each goal divided by the total percentage which is (100).
- 14.3 The score on balanced score card will reflect on the objectives achieved within the deadline.
- 14.4 100% of the allotted weightage will be scored if the objective is achieved within the deadline.
- 14.5 75% of the allotted weightage will be scored if the objective is achieved within 4 months from deadline.
- 14.6 50% of the allotted weightage will be scored if the objective is achieved within 8 months from deadline.
- 14.7 25% of the allotted weightage will be scored if the objective is achieved within 12 months from deadline.
- 14.8 No weightage will be allotted if the objectives are achieved after one year from the deadline.

## 15. References

- 15.1 Central Intelligence Agency World Fact Report as of 2017.
- 15.2 World Health Organization (WHO).
- 15.3 Ministry of Health.
- 15.4 Saudi Gazette.



## 16. Glossary of Terms

<b>Balanced Scorecard</b>	The balanced scorecard is a strategic planning and management system that is used extensively in business and industry, government, and nonprofit organizations worldwide to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals.
<b>Benchmarking</b>	The comparison of performance data with other comparable organizations to establish measures of best practice.
<b>CBAHI</b>	Central Board of Accreditation for Healthcare Institutions.
<b>CARF</b>	Commission on Accreditation of Rehabilitation Facilities.
<b>ISO</b>	International Organization for Standardization.
<b>Goal</b>	A goal is a desired result that a <u>person</u> or a <u>system</u> envisions, plans and commits to achieve: a personal or organizational desired end-point in some sort of assumed development.
<b>DCA</b>	Disabled Children's Association.
<b>Objectives</b>	A specific result that a person or system aims to achieve within a time frame and with available resources.
<b>Re-Engineering</b>	Redesign of service process to more closely meet the current requirement and to produce a more efficient process.
<b>Stakeholder</b>	Anyone, who has an interest in the local organization by virtue of being affected by its success or failure. Stake holder include the Government, the Organization's staff, its patients, Official Suppliers, the public, etc.
<b>Strategic Planning</b>	Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment.

# Strategic Plan

## (2018-2022)

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### Strategic Plan

A strategic plan is a document used to communicate with the organization the organizations goals, the actions needed to achieve those goals and all of the other critical elements developed during the planning exercise.

### SWOT

Strength, Weakness, Opportunity and Threat.

Accreditation/ Certification	CARF	
Meets the standard/ Sub-Standard of	✓	

\*\*\*\*\* Strategic Plan Document Ends Here \*\*\*\*\*