



Palestinian Central Bureau of Statistics

Access to Health Services Survey-2003

User Guide

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Concepts and Definitions

Concepts and Definitions used in this report are the operational ones:

Primary Health Care Centers:	Institutions that provide diagnostic and preventive health care at early stages such as various health centers.
Secondary Health Care Centers:	Institutions that provide treatment and medication more advanced than those provided at the primary health care centers.
Psychological Problem:	Ailments resulting from special health conditions due to a psychological or neurological background causing depression, stress, frustration and other psychological troubles.
Wound/Injury:	A wound affecting any part of the body as a result of a certain accident or shooting and so on.
Medical Consultation:	Checking up any ailment or health problem. This could be done by a phone call to someone in charge or visiting a health center or clinic. The consultation is not considered a diagnostic or treatment service.
The Health Center:	This is the location where primary health services are provided. It usually has a nursing team and a general practitioner with some specialized clinics and a lab. It provides mother and childcare with vaccines and other services such as health education.
General Practitioner:	The doctor that has received at least his first university degree enabling him to practice medicine in general with no specific specialization.
The Specialized Physician:	The doctor that has acquired a specialized training after completing general medicine focusing on a specific area becoming, for example, a cardiac surgeon or ophthalmic doctor.
The Family Doctor:	This is the doctor that keeps track of the health situation of members of the family. Usually he is a general practitioner.
Health Worker:	These are usually females that receive training to pursue certain health issues through home visits. They provide health advice in health fields such as nutrition, family planning, Maternal and childcare. Usually health workers do not have university degrees but get special training through the Ministry of Health or NGO's in the health sector such as the Medical Relief Committees.
Mobile Clinic:	A clinic that is provided with equipments necessary for primary health care to reach usually remote areas where there are no health centers. The mobile clinic has a medical team that usually comprises a Physician, a nurse and a health worker. It is common that mobile clinics provide vaccinations to children.

Methodology

The methodology was designed according to the context of the survey, international standards and data processing requirements. Access to Health Services Survey-2003 sample is a sub-sample of the Labor Force Survey.

Questionnaire Design

The questionnaire was developed by the Palestinian Central Bureau of Statistics according to the national needs of related indicators. Therefore, number of questionnaire was reviewed:

1. Access to Health Care Services Survey questionnaire in Canada.
2. Health Survey-2000 questionnaire.
3. Nutritional Survey-2002 questionnaire

Target Population

All Palestinian households living in the Palestinian Territory, excluding persons living in institutions such as prisons or shelters.

Sampling Frame

The sampling frame consisted of a master sample of enumeration areas (EAs) selected from the Population Housing and Establishment Census 1997. The master sample consists of area units of relatively equal size (number of households) , these units have been used as primary sampling units (PSUs).

Sample Design

The sample is a two-stage stratified cluster random sample.

Stratification

Four levels of stratification were made:

Stratification by Governorates.

1. Stratification by type of locality which comprises:
(a) Urban (b) Rural (c) Refugee Camps
2. Stratification by classifying localities, excluding governorate centers, into three strata based on the ownership of households of durable goods within these localities.
3. Stratification by size of locality (number of households).

Sample Size

The sample covered a total of 4,077 households of which 2,745 households were from the West Bank and 1,332 from Gaza Strip.

Weighing

The Weights are calculated to compensate for non-response cases and satisfy the population size estimation during the round for subgroups that are classified by the region, sex and age groups.

Estimation and Variances

The output estimates in the survey are of the Proportion type. These estimates are produced by the use of Ratio.

It is very important to calculate standard errors for the main survey estimates so that the user can have an idea of their reliability or precision. The standard errors are produced for the main estimates.

Reference Date

Field operations were conducted in the Palestinian Territory from 15/11/2003 to 07/01/2004. Fieldwork teams were distributed to each area on the basis of the sample size.

Data Collecting

The preparation phase for the Access to Health Services Survey included recruiting and training of interviewers and supervisors. The staff of this project participated in previous survey projects at PCBS, and are well trained and qualified.

The West Bank was divided into three areas (North, Middle and South), each of which was supervised by one field supervisor. Each region consists of a number of districts, and the fieldwork was carried out by one fieldwork team, consisting of 2-3 interviewers.

Gaza Strip was also divided into three areas (North, Middle and South). Fieldwork activities were carried out by one fieldwork team, each consisting of a supervisor, an editor and 3 interviewers.

Special procedures were followed in order to ensure quality control and efficient organization of fieldwork. Such procedures are important for supervising work, as well as for receiving and delivering questionnaires, maps, sample lists in addition to other forms used for management and quality control.

Field operations were conducted in the Palestinian Territory from 15/11/2003 to 07/01/2004. Fieldwork teams were distributed to each area on the basis of the sample size. The number of LFS' fieldwork team was 22, including the fieldwork coordinator, 4 supervisors and 3 editors.

Data Processing

The data processing stage consisted of the following operations:

1. Editing before data entry

All questionnaires were then edited in the main office using the same instructions adopted for editing in the field.

2. Data Entry

In this stage data were entered into the computer, using a data entry template Microsoft Access. The data entry program was prepared in order to satisfy the following requirements:

- Duplication of the questionnaire on the computer screen.
- Logical and consistency checks of data entered.
- Possibility for internal editing of questionnaire answers.
- Maintaining a minimum of errors in digital data entry and fieldwork.
- User- friendly handling.

Data Quality

Since the data reported here are based on a sample survey and not on complete enumeration, they are subjected to two main types of errors: sampling errors and non-Sampling errors.

Sampling errors are random outcomes of the sample design, and are, therefore, easily measurable.

Non-sampling errors can occur at the various stages of the survey implementation in data collection and data processing, and are generally difficult to be evaluated statistically. They cover a wide range of errors, including errors resulting from non-response, sample frame coverage, data processing and response (both respondent and interviewer-related). The use of effective training and supervisions and the careful design of questions as measures have direct bearing on the magnitude of non-sampling errors, and hence the quality of the resulting data are of high quality.

Evaluation of Data

• **Availability of Health Facilities:**

All Persons have been asked about availability of health facilities in their own localities, that for decreasing the percentage of the answer “Don’t know”. Therefore the percentage of the answer “Don’t know” was close to zero, This indicate a reliable results of this indicator.

• **Receiving health services:**

Persons were asked their need of health services in the last 6 months prior to the interview. If they didn’t need health services they were asked about a member of their family if he or she needed a health services in the last 6 months prior the survey. Asking about medical need in the last 6 months prior the survey was for reducing the non-sampling errors, the percentage of the answer “Don’t Know” was 0.1%, that’s an indication of high quality of results.

- **Time consumed during receiving health services:**

Time consumed in receiving health service is an important indicator. Therefore, persons were asked about the time they spent in reaching the health facility, the time spent in waiting in the health facility, and the time consumed during receiving the service.

For achieving results of high quality, field workers were well trained.

Derived Variables

Name Variable	Description Variable	Values Variable
TYPE_LO	Type of Locality	1. Urban 2. Rural 3. Camps
REGION	Region	2. West Bank 3. Gaza Strip