



**Palestinian National Authority  
Palestinian Central Bureau of Statistics**

**Health Care Providers and Beneficiaries  
Survey-2005  
Main Findings**

**June, 2006**

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## Population, Housing and Establishment Census - 2007



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## Notes for user

1. The data contained in this report of Preliminary Results pertain to the reference period of the study. This extended from 1/1/2004 to 31/12/2004 with regard to financial data revealed by health institutions under study. Human resources and patients' stated information are collected for the year 2005.
2. The estimated annual health expenditures and their share of the GDP contained in this report take into account two things:
  - First, only the spectrum of services and providers that are mentioned in the survey were included in the estimation are: generalists and specialists' clinics and centers, dental clinics, primary health care centers, physiotherapists, laboratory and radiology services, and hospital care. This remains a conservative estimation of total health expenditures,(e.g., demand for private pharmacies, some public health activities and traditional medicine were not included).
  - Total health care expenditures as a percentage of GDP was calculated by deducing direct revenues (user fees for MoH, UNRWA and NGOs) from the total expenses (System of National Account 1993 SNA93). With regard to the Household Expenditures, those included all the revenues of the private sector adding to it private contributions going to MoH, UNRWA and the NGOs. The total of all final expenditures was reported vis-à-vis the Palestinian Territory's GDP for the year 2004 as estimated in current prices.
3. All amounts mentioned in this report are in New Israeli Shakels (NIS); except if this was differently mentioned elsewhere.
4. (0.0): The percentage is zero or close to zero.
5. (-): Number of observations or observations are very few and below standards.
6. (NA): Not applicable.
7. There are some missing data about some of the variables included in the patients questionnaire. This mainly concerns variables like: age and average monthly income. it explains the differences in the number of observations in some tables.





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## **Preface**

The general policy of the Palestinian Central Bureau of Statistics consists of providing regular up-to-date Palestinian formal statistics, and in making available indispensable statistical information necessary for policy- and decision-makers. Given the lack of comprehensive up-to-date information about the current status of health expenditures in the Palestinian Territory, and the utmost need for such information for health policy and planning purposes, the Palestinian Central Bureau of Statistics conducted the *Health Care Providers and Beneficiaries Survey - 2005*, in close collaboration with the Palestinian Ministry of Health.

The aim is to provide a comprehensive database that would help establishing a system of National Health Accounts for Palestine. The survey was designed to collect, analyze and disseminate information about the volume and types of health care services provided by the main health care providers in the Palestinian Territory, with a focus on expenditures on these services. The survey attempted as well to assess the quality of care from the patients' perspectives, and the performance of the health care system in satisfying the needs of the population. This survey comes in continuity with the previously accomplished Household Health Expenditure Survey conducted by the Palestinian Central Bureau of Statistics in the year 2004. The *Health Care Providers and Beneficiaries Survey - 2005* is the first of its kind to be conducted by the Palestinian Central Bureau of Statistics. It provides information about a set of indicators concerning health care expenditures and health system performance.

This report presents the main results from the survey. It is hoped that provided information would enable planners and decision-makers to carry out their duties of caring and promoting the health status in the Palestinian Territory; and, to enlighten policy- and decision-makers engaged in the comprehensive national development process in the country. The Micro data based on the survey will also be released soon after releasing the basic report. This would help persons interested in data analysis to benefit from the data collected in the context of this work to the maximum.

**June, 2006**

**Luay Shabaneh,  
President**



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## Executive summary

- The Ministry of Health (MoH) was responsible for 46.1% of all health care visits taking place in the Palestinian Territory in the year 2004. This is followed with the Private sector, which was responsible for 21.4% of all health care visits taking place during the same year. UNRWA health care institutions provided 19.7% of all health care visits and NGOs' health care institutions came last with 12.8% of all health care visits taking place at NGOs' health institutions. This excluded direct visits to private pharmacies and traditional medicine practitioners.
- The total number of available health institutions, at the level of the Palestinian Territory, amounts to 4,281 health institutions. Amongst those, 3,238 (76.0%) health institutions belong to the Private sector, 616 (14.4%) health institutions belong to the MoH, 338 (7.9%) health institutions belong to the NGOs sector and 89 (2.1%) belong to UNRWA.
- The largest share of institutions is reserved to specialists' clinics (39.3% of all institutions). In addition, dental clinics amount to 31.8% of all functioning health care institutions. With regard to generalists' clinics, they constitute 11.4% of the entire population of health institutions.
- Survey results showed that 38.9% of all 2004 health care visits took place at health centers, followed with 18.5% of total visits taking place at specialists' clinics, 16.4% taking place at dental clinics, and finally 8.1% taking place at generalists' clinics. In addition, 10.1% of all health care visits took place at hospitals (5.1% at general hospitals, 4.3% at specialized hospitals, 0.5% at rehabilitation hospitals and 0.2% at maternity hospitals).
- The MoH is the main employer of the health sector, with 41.0% of all employees of the health sector being recruited by MoH health institutions. This is followed with the Private and NGOs health sectors that are in charge of 27.0% and 26.0% of all the employees of the health sector. UNRWA came last with only 6.0% of health sector's employees.
- Results showed that 49.3% of all health expenditures are devoted to employees' wages and salaries. With regard to expenditures on good and services, these constituted 37.5% of total expenditures. On the other hand, total expenditures on fees and taxes constituted 7.5% of total expenditures. Finally expenditures' estimations took into account an evaluation of the depreciation of fixed capital investments, which represented 5.3% of total health expenditures.
- The percentage of studied patients aged from 0 to 17 years old was about 24.2%, while elderly patients (65 years old and above) constituted 4.1% of the study sample. Around 12.0% of interviewed patients were found to hold a university degree or more.
- Around 40.6% of all patients recruited from UNRWA health sector belong to households with an average monthly income of 1000 NIS or less; this was followed with the MoH health sector where 38.0% of patients recruited from this

sector belong to households with an average monthly income of 1000 NIS or less; then the NGOs and Private health sectors where 33.4% and 26.6% of the patients, respectively recruited from these two sectors, belong to households with an average monthly income of 1000 NIS or less. This indicates that households with higher monthly incomes address more the Private sector compared with households with lower monthly income who address more UNRWA and MoH health institutions.

- Around 77.6% of interviewed patients from all health sectors had at least one form of health insurance coverage: 62.5% were covered by the governmental health insurance, 24.4% by UNRWA, 4.4% by the military health insurance regimen, 3.0% by a private insurance scheme, and 3.5% by an Israeli health insurance.
- Results showed that 90.0% of recruited patients who are insured did not use any type of health insurance in demanding health care at the Private sector. On the other hand, 76.8% of recruited patients who are insured did not use any type of health insurance in demanding health care at the NGOs sector. Only, 8.9% and 1.5% of recruited patients who are insured did not use any type of health insurance in demanding health care at MoH and UNRWA health care institutions, respectively. This indicates that patients do not automatically address the health institutions covered by their insurance regimens; e.g., many of MoH insured patients still seek care at the private sector.
- Average health insurance monthly premiums that the patients would be willing to pay to benefit from optimal health insurance coverage amounted to 46.6 NIS, at the level of the Palestinian Territory: 59.4 NIS for the West Bank and 19.5 NIS for Gaza Strip. On the other hand, the average health insurance premium that the patients stated to be willing to pay increased with household monthly income. Households with monthly income of 4000 NIS or more stated the highest monthly premiums; here recruited patients were willing to pay 123.0 NIS a month to benefit from optimal insurance coverage.

## Chapter One

### Introduction

#### 1.1: Introduction:

The “Health Care Providers and Beneficiaries Survey - 2005” is an important and necessary assessment conducted by the Palestinian Central Bureau of Statistics (PCBS), for the first time, during the third quarter of the year 2005. The survey was designed to identify the types and quantities of health care services provided by the various principle health care providers in Palestine, and to assess expenditures on these services. In addition, the survey included an assessment of the quality of provided care and some indicators about the performance of the health care system in general. On the other hand, an attempt was also made to evaluate the behavior of the patients in demanding health care, and their degree of satisfaction with provided services. The study aims to build up a database of a wide range of indicators of health care expenditures that would help establish a system of National Health Accounts for Palestine.

#### 1.2: Survey Objectives:

##### General Objective:

The general objective of the present survey is to help building up a system of National Health Accounts (NHA) for Palestine. A system of NHA is a policy tool that describes health expenditures, and the circulation of funding within and between public and private health sector(s), during a specific period of time. A system of NHA also describes the sources, financing channels and uses of each, and all, health care financial resources, with a detailed description of health care financing at the function level.

##### Specific Objectives:

The specific objectives of the present study are of five folds:

1. To assess the market share of the main health care providers acting within the Palestinian Health Care System, namely, the Palestinian Ministry of Health (MoH), the Non-Governmental Organizations (NGOs), the United Nations Relief and Works Agency (UNRWA), and the Private sector. This involves a qualification and a quantification of the types of activities and quantities of visits and services provided per annum by the different groups of providers.
2. The assessment shall also involve a description of the workforce (professionalism and human resources) employed by each of the providers in the system.
3. To provide an estimation of total health expenditures, assumed by public and private health care providers and users, and as a share of the National Palestinian Authority total GDP.
4. To provide and assessment of the quality of care provided by the different health care sectors.
5. To assess the performance of the health care system and the level of satisfaction of the users from provided services.

#### 1.3: Report Structure

This report consists in five chapters. Chapter One includes a general introduction on the survey topic, its objectives and presents the report’s structure. Chapter Two includes a list of notions and definitions that are relevant and used in the present study survey. Chapter Three illustrates the main findings from the survey, while Chapter Four summarizes the study methodology. Chapter five describes the quality of collected data and estimated results. The Chapters are followed with a presentation of the main Tables summarizing the study findings.



## Chapter Two

### Definitions and Explanations

<b>Admissions:</b>	Admitted patients to hospital for treatment or diagnosis and their stay at hospital for one night or more
<b>Accrual Basis:</b>	The accrual accounting records flows at the time economic value is created, transformed, exchanged, transferred or extinguished. This means that the flows which imply a change of ownership are entered when ownership passes, services are recorded when provided, output at the time products are created and intermediate consumption when materials and supplies are being used
<b>Beds:</b>	Available Beds in room and hospital halls, which are occupied by patients for at least 24 continuous hours for receiving medical care.
<b>Compensation of employees:</b>	Wages, salaries and other allowances and remuneration in cash or in kind.
<b>Chronic disease:</b>	Any disease that affect the person and needs continuous treatment and diagnosed by specialist. Persons who receive any treatment for 6 months and over considered as chronic patients.
<b>Depreciation:</b>	They are the assets value, which reproduced, and depreciated during the year, depreciation is calculated on the current substitutive value.
<b>Enterprise:</b>	An economic entity that is capable to in its own right of owning assets, incurring liabilities and engaging in economic activity and transaction with other entities.
<b>Establishments:</b>	An enterprise or part of an enterprise in which one group of goods and services is produced (with the possibility of having secondary activities).
<b>General Practitioner:</b>	The doctor that has received at least his first university degree in medicine enabling him to practice medicine in general with no specific specialization.
<b>Health Expenditure:</b>	The value of outlays for the final consumption of goods and services defined as health goods and services and for the production of certain activities defined as health activities.
<b>Health Insurance:</b>	A contract between the insured and the insurer to the effect that in the event of specified events (determined in the insurance contract) occurring the insurer will pay compensation either to the insured person or to the health service provider. Health insurance includes: Governmental, private, military, UNRWA and Israeli insurance
<b>Household:</b>	One person or group of persons with or without a family relationship who live in the same dwelling unit, who share meals and make joint provisions for food and other essentials of living.

<b>Human Resources:</b>	All individuals employed at health institutions who receive remuneration in wage, commissions, tips, piece -rate or pay in kind. Whatever how they are work, full time or part time, permanent or temporarily contract.
<b>Intermediate Consumption:</b>	<p>The value of goods and services that are transformed or entirely used up in the course of health production during the accounting period (1/1/2004-31/12/2004) for this survey, despite of the nature for institution which offer health services. It classified by:</p> <ol style="list-style-type: none"> <li>1. <b>Compensation of employees:</b>The total remuneration, in cash or in kind, payable by an enterprise to an employee in return for work done by the latter during the accounting period (1/1/2004-31/12/2004). <ul style="list-style-type: none"> <li>▪ Wages and salaries payable in cash or in kind.</li> <li>▪ The value of the social contributions payable by employers: these may be actual social contributions payable by employers to social security schemes or to private funded social insurance schemes to secure social benefits for their employees or imputed social contributions by employers providing an funded social benefits.</li> </ul> </li> <li>2. <b>Goods expenditure:</b> Consists of goods inputs, which are used in all economic activity within the production process for both main and secondary activities, with in the accounting period.</li> <li>3. <b>Services expenditure:</b> Consists of all necessary services needed for the production process to produce medical services, these services are almost always provided from outside the enterprise with in the accounting period.</li> <li>4. <b>Fees and Taxes:</b> These are compulsory, unrequited payments, in cash or in kind, made by institutional units to government units. They are described as unrequited because the government provides nothing in return to the individual unit making the payment. It include: value added taxes, customs duties, constructions, licensing fees, official stamps fees, building taxes, other indirect taxes specify</li> </ol>
<b>Hospital:</b>	An institution that its primary function is to provide services (diagnostic and therapeutic) for variety of medical conditions, both surgical and non-surgical. Most hospitals also provide some outpatient services, particularly emergency care.
<b>Laboratory:</b>	Medical units responsible for diagnostic tests to reveal certain normal or abnormal biological and chemical tests
<b>Laboratory Test:</b>	Certain chemical, biological and other tests performed on sample from patients to reveal certain illness case.
<b>Monthly income:</b>	The total amount of cash and in kind remittances earned by household members during the reference period, regardless of its source. Earning of servants working for the households are excluded. The reference period was the past month preceding the data collection.



<b>Non-Governmental hospitals and primary health care centers:</b>	Any hospital or primary health care center that run by Non-governmental organization, which is nonprofit, such as UPMRC, PRCS, PFS. For this survey purposes, East Jerusalem hospitals (Augusta Victoria, St. John, Al-Makassed, and St. Joseph) considered as Non-governmental hospitals.
<b>National Health Account:</b>	A tool to provide a systematic compilation of and display of health expenditure. It can trace how much is being spent, where it is being spent, what is being spent on and for whom. How that has changed over time and how that compare s to spending in countries facing similar conditions. It is essential part of assessing the success of health care system and of identifying opportunities for improvement.
<b>Out of pocket:</b>	The direct outlays of households, including gratuities and payments in-kind, made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services that its primary intent is to contribute to the restoration or to the enhancement of the health status of individuals of population groups. Includes household's payments to public services, non-profit institutions or nongovernmental organizations. Excluded payments made by enterprises which deliver medical and paramedical benefits, mandated by law or not, to their employees.
<b>Primary Health Care:</b>	First contact and continuing comprehensive health care, including basic or initial diagnosis and treatment, health, supervision, management of chronic conditions and preventive health services. The provision of primary care does not necessarily require highly sophisticated equipment or specialized resources.
<b>Reference Period:</b>	The date referred to is from 1/12/2004 to 31/12/20004, in which the calculation of expenditures, revenues and services delivery was done.
<b>Revenues:</b>	The total value of goods and services sold, or bartered or used for payments in kind that it deserve for enterprise during the accounting period (1/1/2004-31/12/2004). The revenues classify to: compensation for doctors, recording fees, medicine, laboratory and rays, surgery...etc.
<b>Secondary Care Institutions:</b>	An institution that its primary function is to provide services (diagnostic and therapeutic) for variety of medical conditions, both surgical and non-surgical. Most hospitals also provide some outpatient services, particularly emergency care.
<b>Specialized Physician:</b>	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.
<b>Tertiary and Rehabilitation Center:</b>	Medical institution offers vocational, social, educational and curative medical services to any impairment due to any accident or illness.

**Third-Party Payers:** Any organization, public or private that pays or insures health or medical expenses on behalf of beneficiaries or recipients. An individual pays a premium for such coverage in all private and in some public programs; the payer organization then bills on the individual's behalf. Such payments are called third-party payments and are distinguished by the separation between the individual receiving the service (the first party), the individual or institution providing it (the second party), and the organization paying for it (third party).

## Main Findings

### 3.1: Health Expenditures

Collected data from the “Health Care Providers and Beneficiaries Survey - 2005” were used to estimate a group of general indicators (Summary Table). This includes the market share of the different stakeholders involved in health care provision, which was calculated using direct financial data and indirect nominal information reflecting the activity of different health institutions. Based on directly reported financial data, the MoH occupied the first place with 42.3% of total health expenditures, followed with Private Expenditures (out-of-pocket), which constituted 24.5% of the total. The NGOs constituted 21.4% of total health expenditures and UNRWA came last with 11.8% of the total. When the Private Expenditures (out-of-pocket) and those of the NGOs were depicted using the indirect approach, the market share of Private Expenditures (out-of-pocket) came first with 40.5% of total health expenditures followed with the MoH which constituted 35.2% of the total – the NGOs and UNRWA were responsible for 14.5% and 9.8% of total health expenditures, respectively. This resulted from using an inflation rate for NGOs expenditures of 1.10. Using sensitivity analysis to rise up the inflation coefficient up to 1.5 shall augment the share of the NGOs up to 22.1% and reduce that of the MoH to 32.1%. Using this assumption Private Expenditures (out-of-pocket) shall occupy 36.9% of the total and that of UNRWA 9.0% of the total expenditures.

The Summary Table also gives an indication about the share of health expenditures out of the total GDP as estimated for the Palestinian Territory. Using results from the direct approach, one finds that 5.3% of the Palestinian Territory GDP is being spent on the collection of health care services surveyed in the present study, compared to 6.4% resulting from the indirect approach [inflating the NGOs’ expenditures by 1.5 instead of 1.1 shall raise the share of total health expenditures out of GDP up to 7.1%]. Consequently, the estimation of the market share using the indirect method should be interpreted with caution, and is mainly valid when health expenditures are assessed from a societal perspective. It is worth to note that these results about the share of health expenditures out of the total GDP are comparable to a similar estimate obtained from the latest Palestinian Expenditure and Consumption Survey (PECS) – 2005 was “between” 5.4% - 6.6%. Finally, one should notice that these percentages represent the type of health expenditures assessed in the present survey, which remains a conservative collection of activities usually included in estimating the total health expenditures for a country; e.g., health expenditures directed toward private pharmacies were not included in this estimation.

On the other hand, the survey results showed that the average annual health expenditure per capita, as estimated using the direct method, is to 61.0 US\$. This amounts to 73.0 US\$ per capita when the indirect estimation approach was used.

### 3.2: Types of Health Institutions and it’s Distributions

Table (1) describes the distribution of private health institutions and those belonging to NGOs by health sector and region. With regard to the Private sector, the largest share of institutions is reserved to specialists’ clinics (39.3% at the level of the Palestinian Territory, 53.3% in Gaza Strip and 33.2% in the West Bank). In addition, the percentage of dental clinics at the level of the Palestinian Territory amounts to 31.8% of all Private health institutions (34.6% in the West Bank and 25.2% in Gaza Strip). With regard to generalists’

clinics, these constituted 11.4% of the entire population of Private health institutions (15.0% of health institutions in the West Bank and 3.3% of those in Gaza Strip). On the other hand, the highest percentage of health institutions amongst those belonging to the NGOs health sector was that of health centers. These indeed are known to provide different types of services and might include more than one doctor clinic. Health centers constituted 54.3% of all NGOs' health institutions in the Palestinian Territory (55.4% and 50.0% of health institutions in the West Bank and Gaza Strip, respectively). In addition, generalists' clinics belonging to the NGOs sector constituted 9.8% of NGOs health institutions in the Palestinian Territory (8.3% of those in the West Bank and 15.0% of those in Gaza Strip). Dental clinics belonging to the NGOs sector constituted 4.3% of all NGOs health institutions in the Palestinian Territory, representing 5.6% of NGOs health institutions in the West Bank. However, the study sample did not include any NGOs dental clinic from Gaza Strip, and hence, it was not possible to estimate the number of dental clinics situated in Gaza Strip and belonging to the NGOs health sector. Finally, it was found that specialists' clinics belonging to NGOs represent 4.3% of all NGOs health institutions functioning in the Palestinian Territory (2.8% of those in the West Bank and 10.0% of those in Gaza Strip).

Table (2) describes the distribution of the different types of health institutions by health sector, as obtained from the "Health Care Providers and Beneficiaries Survey - 2005", and as presented by the MoH and UNRWA annual health reports for the year 2004. It was found that the total number of available health institutions at the level of the Palestinian Territory amounted to 4,281 health institutions. Amongst those, 3,238 (75.6%) health institutions belong to the Private sector, 616 (14.4%) health institutions belong to the MoH, 338 (7.9%) health institutions belong to the NGOs sector and 89 (2.1%) belong to UNRWA.

### **3.3: Capacity and Preparedness of the Health Sector**

Tables (3-9) describe the current status of the different health institutions in the Palestinian Territory: their capacity to treat patients, preparedness to provide health care services and their administrative level. Table 3 describes the availability of administrative and accounting records at the level of the institution, which were used as the source of data for the purpose of the present survey. Administrative records are the specialized medical records usually available at health institutions to keep the number of patients, types and number of visits, types of requested and performed tests and analyses. Accounting records are used to record and summarize financial activities and procedures. It was found from the survey results that 45.6% of Private and NGOs health institutions do not possess any administrative or accounting records (10.5% of NGOs health institutions and 48.8% of Private health institutions).

Table (4) summarizes the number and percentage of generalists' and specialists' clinics and health centers that provide a spectrum of health care services, and the number and percentage of those possessing specific medical equipments. Results showed that 37.2% of these clinics and health centers have a pharmacy inside the health institution (regardless its size). These were distributed as 80.3% of health institutions belonging to the NGOs sector and 31.5% of health institutions belonging to the Private sector. With regard to maternity services, it was found that those are provided by 29.7% of all Private and NGOs health institutions (24.8% of private health institutions and 66.1% of NGOs health institutions). On the other hand, it was found that 24.8% of health institutions (21.0% of private health institutions and 53.2% of NGOs health institutions) possess an Electro-Cardio Gram (ECG) machine. Finally, 3.6% of all health institutions possess an ambulance (1.3% of private health institutions and 21.0% of NGOs health institutions).

Table (5) summarizes the number of dental clinics that have certain medical equipments necessary to provide specific dental services. Results showed that most dental clinics have a Complete Dental Unit, an autoclave, and a wad mixer and drier (96.1%, 96.4%, 94.9% and 91.8% of the clinics, respectively). Moreover, results showed that those equipments are available more frequently at Private than at NGOs dental clinics.

Table (6) summarizes the number of radiology centers that have certain medical equipments necessary to provide diagnostic radiology services. Results showed that 68.9% of all radiology centers possess an ultrasound machine (76.2% of those in the Private sector and 62.5% of those in the NGOs). Almost 47.7% of radiology centers have an X-ray machine (57.1% of those in the Private sector and 39.1% of those in the NGOs).

Table (7) summarizes the number of physiotherapy and rehabilitation centers that possess certain medical equipments necessary to provide specialized physiotherapy and rehabilitation services to individuals with special needs. Results showed that almost half of these centers have Hot and Cold Bags, Transit Neurocutaneous and Electrical Stimulators, Medical bicycles, and Ultrasound machines. Moreover, results showed that those equipments are available more frequently at Private than at NGOs dental clinics. No big difference was found between the Private and NGOs health institutions with regard to the availability of Infrared machines, Paraffin Path and Traction Unit, which were available in almost one-third of all health institutions. Finally, the percentages of institutions that possess an Audiometer, a Timpanometer, and an Auto-static emission were: 17.4%, 13.0% and 6.4%, respectively. However, results showed that those equipments are available less frequently at Private than at NGOs physiotherapy and rehabilitation centers.

Table (8) represents the percentage of medical laboratories that possess certain types of medical equipments. It was found that most laboratories have a centrifuge machine (85.3%), an incubator (77.7%), a chemical analyzer (76.2%), and a blood cell counter (69.2%), with comparable availability in the Private and NGOs sectors. On the other hand, only 26.9% of medical laboratories possess a hormone analyzer machine (22.5% in the NGOs and 28.9% in the Private sector). An even lower percentage of 10.8% of medical laboratories possess a blood gazes' analyzer (12.5% in the NGOs and 10.0% in the Private sector).

Table (9) describes the availability of some departments and medical units at Private and NGOs hospitals in the Palestinian Territory. Results showed that 91.7% of these hospitals possess their own medical laboratory (84.0% of Private hospitals and 100.0% of NGOs hospitals). It was also found that 87.5% of these hospitals possess an operation theater (96.2% of Private hospitals and 77.3% of NGOs hospitals). A high percentage of 83.3% of Private and NGOs hospitals possess a Gynecology/Obstetric department (92.3% of Private hospitals and 72.7% of NGOs hospitals). Of the total Private and NGOs hospitals, 81.3% have outpatient clinics (80% of Private hospitals and 82.6% of NGOs hospitals). Moreover, 77.6% of Private and NGOs hospitals have an emergency department (61.5% of Private hospitals and 95.7% of NGOs hospitals).

In addition, 75.0% of Private and NGOs hospitals have a surgery department (73.1% of Private hospitals and 77.3% of NGOs hospitals). Of the total, 49.0% of Private and NGOs hospitals have a department of internal medicine (34.6% of Private hospitals and 65.2% of NGOs hospitals). With regard to the availability of Intensive and Coronary Care Units (ICU/CCU) and Day Care units, it is found that 41.7%, 24.5% and 76.3% of Private and

NGOs hospitals possess these services with lower availability at Private hospitals (32.0%, 19.2% and 61.5%, respectively) compared to NGOs hospitals (52.2%, 30.4% and 73.9%, respectively).

### **3.4: The Market Share of the Different Health Care Providers**

The total number of medical visits taking place in 2004 at all health institutions belonging to the Private and NGOs sector was estimated from survey data after weighting the results to represent the entire population of health institutions belonging to the two sectors. In addition, the total numbers of medical visits reported by the MoH and UNRWA health sectors were obtained from their respective annual health reports for the same year 2004. Table 10 shows that 46.1% of all health care visits were provided by MoH health institutions, while the Private sector was responsible for 21.4% of total health care visits. Finally, UNRWA health care institutions provided 19.7% of all health care visits and NGOs health care institutions came last with 12.8% of all health care visits for the year 2004. It is worth noting that a similar percentage distribution was obtained from the previous Household Health Expenditure Survey (HHES) conducted by PCBS in the year 2004; results from the HHES-2004 showed that 48% of individuals in a sample from the general population reported having sought care at MoH sites following their sickness.

On the other hand, the present survey results showed that 38.9% of all 2004 health care visits took place at health centers, followed with 18.5% of total visits taking place at specialists' clinics, 16.4% taking place at dental clinics, and finally 8.1% taking place at generalists' clinics. In addition, 10.1% of all health care visits took place at hospitals (5.1% at general hospitals, 4.3% at specialized hospitals, 0.5% at rehabilitation hospitals and 0.2% at maternity hospitals).

### **3.5: Human Resources**

Table (11) summarizes the number of employees and their specialties at both the Private and NGOs health sectors. In order to account for variations in the number of working hours per individual and full- and part-time employments, a Full Time Equivalent was calculated assuming 1 FTE equals 1 employee working for 35 hours a week. For the case of MoH's and UNRWA's employees, the numbers were obtained from the corresponding annual health reports, assuming that 1 employee = 1 FTE (Table 12).

Results showed that employees of the NGO sector, in general, work for more than 35 hours a week. Indeed, the number of employees of the NGO sector was found to be 6,390 individuals with a FTE of 7,102 while the number of employees of the Private sector was 7,636 individuals with a FTE of 7,341. Results also showed that the number of nurses in the NGO sector amounted to 1,737 with a FTE of 2,107.

Comparative analysis Table (12) indicates that the MoH remain the main employer of the health sector with 41.0% of all health sector employments taking place at MoH sites, followed with the Private and then the NGOs sectors with 27.0% and 26.0% of all employments, respectively. UNRWA came last with 6.0% of all health sector employments.

### **3.6: Expenditures and Revenues**

Table (20) summarizes the percentage distribution of main categories of expenditures per type of health care provider. Results showed that 49.3% of all expenditures are devoted to employees' wages and salaries (68.4% at UNRWA health sector, 26.6% at the Private sector). With regard to expenditures on good and services, these constituted 37.5% of total

expenditures (30.5% on expenditures on goods and 11.6% on expenditures on services). On the other hand, the highest share for expenditures on goods and services was found in the Private sector with 56.4% of total expenditures. The lowest share for these expenditures was found at UNRWA health sector with 30.7% of total expenditures. On the other hand, total expenditures on fees and taxes constituted 7.5% of total expenditures. Finally, expenditures estimation took into account an estimation of the depreciation of fixed capital; this represented 5.3% of total expenditures (12.1% of total expenditure in the Private sector and 0.9% of total expenditures in the MoH sector).

On the other hand, Table 22 describes the percentage distribution of main categories of revenues per type of health care sector (Private and NGOs), using the direct method. It is clear that the principle category of revenues was from health professionals' remunerations (71.2%). This was distributed as 80.1% of the Private sector's total revenues and 52.8% of the NGOs sector's total revenues. Remunerations from medical laboratory services constituted 8.1% of total revenues at the level of the Palestinian Territory (7.8% of Private sector's revenues and 8.7% of NGOs sector revenues). Revenues from medical surgeries constituted 7.9% of total revenues at the level of the Palestinian Territory (6.7% of Private sector's revenues and 10.5% of NGOs sector revenues). Revenues from medications constituted 4.0% of total revenues at the level of the Palestinian Territory (1.3% of Private sector's revenues and 9.5% of NGOs sector revenues). Remunerations from hospital stay constituted 3.5% of total revenues at the level of the Palestinian Territory (1.8% of Private sector's revenues and 6.9% of NGOs sector revenues). Remunerations from radiology services constituted 3.1% of total revenues at the level of the Palestinian Territory (1.7% of Private sector's revenues and 6.0% of NGOs sector revenues). Remunerations from emergency services constituted 1.9% of total revenues at the level of the Palestinian Territory (0.4% of Private sector's revenues and 5.0% of NGOs sector revenues). Finally, registration fees only constituted 0.3% of total revenues at the level of the Palestinian Territory (0.2% of Private sector's revenues and 0.5% of NGOs sector revenues). The Table also shows the significant difference between results obtained from primary and secondary health care services for the same health sector.

### **3.7: Patients Demographic and Socioeconomic Characteristics**

Table (23) summarizes the main characteristics of all interviewed patients. In general 71.8% of recruited patients were interviewed in the West Bank and the remainder (28.2%) in Gaza Strip. The percentage of patients aged from 0 to 17 years old was about 24.2%, while elderly patients (65 years old and above) constituted 4.1% of the sample. Around 12.0% of interviewed patients were found to hold a university degree or more. Of the total, 14.4% of interviewed patients were recruited from the MoH sector, 66.9% from the Private sector, 14.7% from the NGOs sector, and 4.1% from health institutions belonging to UNRWA.

The highest percentage of children respondents (0-17 years old) was amongst patients recruited from the MoH sector (34.8%). This was followed with respondents recruited from NGOs health institutions where 28.6% of respondents recruited from the NGOs sector were between 0 and 17 years old. This was followed with respondents met at UNRWA and the Private health sectors with 24.4% and 21.0% of all respondents recruited in these two sectors belong respectively to the age group of (0-17 years old). On the other hand, the highest percentage of elderly respondents (65 years old and above) was amongst patients recruited from UNRWA health sector (7.6%), followed with the MoH sector (5.3%), the NGOs sector (5.0%) and finally the Private sector with 3.5% of recruited patients belong to the age group of 65 years old and above. However, with regard to holders of university degrees, their

highest percentage was amongst patients recruited from the Private sector (14.0%), followed with the MoH sector (8.3%), the NGOs sector (7.7%) and finally UNRWA health sector with 3.8% of recruited patients at UNRWA health facilities being holder of a university degree.

With regard to respondents' economic characteristics, results in Table 25 show that 29.5% of the households of responding patients, at the Palestinian Territory level, have an average monthly income of less than 1000 NIS (25.8% of those living in the West Bank and 39.1% of those living in Gaza Strip). 40.1% of patients' households with an average monthly income between 1000 and 1900 NIS, (40.1% of those living in the West Bank and 40.0% of those living in Gaza Strip). With regard to the distribution of patients' households based on income and the sector where the patient was interviewed, results from Table 26 shows that 40.6% of the households of patients recruited at UNRWA health care facilities have an average monthly income of less than 1000 NIS, followed with households recruited at MoH facilities (38.0%), then NGOs (33.4%) and finally the Private sector (26.6%). This indicates the higher percentage of patients belonging to households of higher income frequenting the Private sector compared to the higher percentage of patients belonging to households of lower income frequenting MoH and UNRWA health facilities.

### **3.8: Patients' Main Health Problems**

Table (27) summarizes the main health problems from which suffer the interviewed patients and which necessitated the medical visit. The Table shows that 24.0% of recruited patients, at the level of the Palestinian Territory, suffer from acute health conditions (17.0% of those recruited in the West Bank and 41.6% of those recruited in Gaza Strip). This was followed with dental problems with a percentage of 22.6% out of patients recruited from the entire Palestinian Territory (22.9% of patients recruited from the West Bank and 21.7% of patients recruited from Gaza Strip). On the other hand, maternal and child health, family planning and delivery services constituted the reason behind the visits of 17.5% of patients recruited from the entire Palestinian Territory (18.7% of patients recruited from the West Bank and 14.4% of patients recruited from Gaza Strip). Moreover, emergency reasons, injuries, and accidents were behind the visits of 16.4% of the patients recruited in the Palestinian Territory (19.7% of patients recruited from the West Bank and 8.3% of patients recruited from Gaza Strip). Finally, 13.7% of patients recruited from the entire Palestinian Territory visited the corresponding health center due to chronic diseases/conditions (15.2% of those recruited from the West Bank and 9.8% of those recruited from Gaza Strip).

Table (28) summarizes the distribution of interviewed patients based on their health problems and the health sector where they sought care. It is clear from the Table that the highest percentage of patients recruited from MoH health institutions came to benefit from maternal and child health, family planning and delivery services (26.9%). This is followed with acute diseases, which constituted 25.5% of the cases of patients recruited at MoH health institutions. Finally, 20.3% and 19.9% of patients visiting MoH health institutions came due to "emergency reasons, injuries, and accidents" and "chronic diseases/conditions", respectively. For what concert the Private sector, the highest percentage of patients recruited from the Private sector visited the health institution due to dental problems (29.7%), followed with 22.4% of patients who visited the health institutions due to acute health problems/diseases, 14.4% of users who visited the health institutions to benefit from maternal and child health, family planning and delivery services, 15.0% and 11.3% of patients who visited the health institutions due to "chronic diseases/conditions" and "emergency reasons, injuries, and accidents", respectively. For what concert the NGOs sector, the highest percentage of patients recruited from this sector visited health institutions due to acute health



problems/diseases (29.1%); followed with maternal and child health, family planning and delivery services (22.5%); followed with “emergency reasons, injuries, and accidents” and “chronic diseases/conditions”, which represented 17.0% and 16.6% of the reasons behind the visits of patients recruited at health institutions belonging to the NGOs health sector. Finally, the distribution of patients recruited from UNRWA health institutions was composed of 25.6% of them visiting health institutions due to acute health problems/diseases, 24.1% due to “emergency reasons, injuries, and accidents”, 22.6% due to “chronic diseases/conditions”, and 18.8% visited health institutions to benefit from maternal and child health, family planning and delivery services.

### **3.9: Utilization of Healthcare Services**

With regard to patients’ needs from provided health care services, Table (29) shows that 38.7% of recruited patients, at the level of the entire Palestinian Territory, received specialists’ health care services – 36.6% of patients recruited from the West Bank and 43.9% of patients recruited from Gaza Strip; 22.4% of recruited patients, at the level of the entire Palestinian Territory, received generalists’ health care services – 26.0% of patients recruited from the West Bank and 13.3% of patients recruited from Gaza Strip; 21.8% of recruited patients, at the level of the entire Palestinian Territory, received dental health care services – 22.0% of patients recruited from the West Bank and 21.3% of patients recruited from Gaza Strip; 20.3% of recruited patients, at the level of the entire Palestinian Territory, received medications and vaccinations health care services – 21.8% of patients recruited from the West Bank and 16.3% of patients recruited from Gaza Strip; 18.5% of recruited patients, at the level of the entire Palestinian Territory, received medical laboratory health care services – 17.4% of patients recruited from the West Bank and 21.4% of patients recruited from Gaza Strip; 11.9% of recruited patients, at the level of the entire Palestinian Territory, visited the corresponding health institution to follow up on previous health care visits received – 12.7% of patients recruited from the West Bank and 9.8% of patients recruited from Gaza Strip; 10.1% of recruited patients, at the level of the entire Palestinian Territory, received maternal and child health, family planning and delivery services – 10.6% of patients recruited from the West Bank and 8.9% of patients recruited from Gaza Strip.

With regard to patients’ needs from provided health care services by health sector, Table (30) shows that the highest percentage of patients who received generalists’, medications, and vaccinations health care services was amongst patients recruited from the MoH health sector these represented 48.7% of patients recruited from this sector. This was followed with 22.2% of patients visiting the MoH health sector to receive specialists’ health care services; 21.8% of patients visiting the MoH health sector to receive maternal and child health, family planning and delivery services; 17.5% of patients visiting the MoH health sector to receive medical laboratory health care services. On the other hand, Table 30 shows that the highest percentage of patients who received specialists’ health care services was amongst patients recruited from the Private health sector – these represented 44.3% of patients recruited from this sector. This was followed with 28.4% of patients visiting the Private health sector to receive dental health care services; 16.6% of patients visiting the Private health sector to receive medical laboratory services; 14.0% of patients visiting the Private health sector to follow up on previous health care visits; 12.8% of patients visiting the Private health sector to receive generalists’ health care services; 9.8% of patients visiting the Private health sector to receive medication, vaccination and ultrasound health care services; 6.7% of patients visiting the Private health sector to receive maternal and child health, family planning and delivery services.

Moreover, Table 30 shows that 34.0% of patients visited the NGOs health sector to receive generalists visits; 31.9% of patients visited the NGOs health sector to receive specialists' health care services; 31.2% of patients visited the NGOs health sector to receive medication and vaccination services; 28.4% of patients visited the NGOs health sector to receive medical laboratory health care services; 13.3% of patients visited the NGOs health sector to receive maternal and child health, family planning and delivery services; 10.0% of patients visited the NGOs health sector to receive dental care services.

### **3.10: Health Insurance**

Results from Table (31) showed that 77.6% of recruited patients reported to have at least one type of health insurance coverage – 69.9% of patients recruited in the West Bank and 96.8% of patients recruited in Gaza Strip. On the other hand, 62.5% of insured patients are covered by the governmental health insurance system; 24.4% covered by UNRWA health insurance; 4.4% by the military health insurance regimen; 3.0% by private health insurance schemes; 3.5% by Israeli health insurance schemes. Considering interviewed patients who are covered by at least one type of health insurance scheme, results in Table 32 shows that the percentage of interviewed insured patients from the MoH health sector who received a health care service amounted to 91.3%, while only 74.0% of patients recruited from the Private sector reported having an insurance coverage. The same percentage amounted to 73.6% and 100.0% of patients recruited, respectively, from the NGOs and UNRWA health sectors.

In spite of the high percentage of insured patients as depicted from the study sample, 69.7% of the interviewed patients – 63.0% of patients recruited from the West Bank and 80.7% of patients recruited from Gaza Strip – reported not having used any health insurance to cover the expenses of their medical consultation Table (33). Table (34) shows the distribution of the percentage of patients who reported not having used any type of health insurance for the purpose of the present visits by health sector. Results show that 90.0% of insured patients recruited at the Private sector did not benefit from any insurance coverage. On the other hand, 76.8% of insured patients recruited at the NGOs health sector did not benefit from any insurance coverage, 8.9% of patients recruited from MoH health sector and 1.5% of patients recruited from UNRWA health sector. This indicates that at many instances, and mainly for patients frequenting the Private sector, individuals seek care where their insurance does not allow for, which might indicate *per se* dissatisfaction with the types and quality of services covered by their original insurance regimen.

Table (35) summarizes the average monthly insurance premiums that the respondents stated being willing to pay (WTP) to benefit from an optimal health insurance system. An optimal insurance coverage was defined as a health insurance system that would fulfill all the patients' needs and the needs of their families. The average stated monthly insurance premium, at the level of the Palestinian Territory, was found to be 46.6 NIS – 59.4 NIS for the West Bank and 19.5 NIS for Gaza Strip. On the other hand, when patients' WTP values were compared across patients' income groups, it was found that the WTP for health insurance of patients' belonging to households with an average monthly income of 4000 NIS or more amounted to 123.0 NIS. This was followed with a WTP of 94.8 NIS for patients whose households' monthly income is between 3000 and 3900 NIS; 68.8 NIS for patients whose households' monthly income is between 2000 and 2900 NIS; 39.4 NIS for patients whose households' monthly income is between 1000 and 1900 NIS; and 24.9 NIS for patients whose households' monthly income is less than 1000 NIS.

### **3.11: Out-of-Pocket Payments**

Table (36) summarizes the average out-of-pocket payments paid by the patients to receive different types of health care services. In general, average out-of-pocket payments for all types of services received by the patient amounted to 150.4 NIS (with a median of 25 NIS). It is worth to note that results from the Palestinian Expenditure and Consumption Survey – 2005 show that the average monthly health expenditure on health care services of a household of 7 members was 22 Jordanian Dinnars ( $\approx$ 138.6 NIS); distributes as 190.4 NIS for households residing in the West Bank (median: 30.0 NIS) and 48.8 NIS for households residing in Gaza Strip (median: 20.0 NIS). Table 36 shows as well that the indirect costs (transportation only) paid by the patients, at the level of the Palestinian Territory, to access health care, amounted to 7.5 NIS – 9.2 NIS for the West Bank and 3.1 NIS for Gaza Strip. However, 40.0% of interviewed patients reported not having to pay any transportation charges to access the health institution where they have been interviewed – 40.4% in the West Bank and 39.8% in Gaza Strip.

Table (37) summarizes the average out-of-pocket payments for received health care services by health sector. Results showed that the average out-of-pocket payments paid by patients recruited from the Private health sector amounted to 189.0 NIS (median: 30.0 NIS); 140.5 NIS (median: 20.0 NIS) for patients recruited from NGOs' health sector; 23.3 NIS (median: 3.0 NIS) for patients recruited from the MoH's health sector. Finally, it was found that patients' interviewed at UNRWA health institutions did not pay any out-of-pocket charges to benefit from provided care; however, this final result should be treated with caution as no in-patients were interviewed from the UNRWA health sector. Table (37) shows as well the indirect costs (transportation only) paid by the patients by health sector. These amounted 7.9 NIS for patients recruited from the Private health sector; 6.1 NIS for patients recruited from NGOs health sector; 8.3 NIS for patients recruited from the MoH health sector; and 2.2 for patient recruited from UNRWA health sector.

### **3.12: Satisfaction with Provided Healthcare Services**

Table (41) shows that more than 90.0% of interviewed patients were either strongly satisfied or satisfied with the working hours of the health institutions belonging to MoH, NGOs, and Private health sectors. The same percentage fell down for UNRWA health sector to attain only 82.0% of interviewed patients. On the other hand, 96.0% of interviewed patients from the Private, NGOs, and UNRWA health sectors reported satisfaction with the cleanliness of the health institution where they sought care. The same percentage fell down for MoH health sector to attain 84.6% of interviewed patients. With regard to the availability of needed medications, 64.6% of interviewed patients at MoH health sector reported satisfaction; 83.1% of patients interviewed at UNRWA health sector; 74.2% of patients interviewed at the NGOs health sector; and 34.5% of patients interviewed at the Private health sector. Finally, with regard to the availability of specialists' health care services, 65.7% of interviewed patients at MoH health sector reported satisfaction; 85.7% of patients interviewed at UNRWA health sector; 85.8% of patients interviewed at the NGOs health sector; and 88.1% of patients interviewed at the Private health sector.



## Chapter Four

### Methodology

#### 4.1: Survey Instruments

Two questionnaires are designed and implemented to fulfill the study objectives: an *'Institution Questionnaire'* and a *'Patient Questionnaire'*. Each of the two instruments is intended to address different target groups of stakeholders, and together fulfill the spectrum of specific objectives attached to the study. The two questionnaires are described below.

The *'Institution Questionnaire'* is designed to acquire information, directly from health care providers, about their activities and performance. The questionnaire is composed of five sections: Section One collects information about the health care provider her/himself: profession and specialty, activity in terms of number of working hours and places of practice, perspective vis-à-vis administrative and technical obstacles hindering the provision of better quality care, and views with regard to potential avenues for quality improvement. Section Two collects information about the health care institution itself: type and nature of provided care, offered services and existing equipments, and available human resources. Section Three questions about institution's activity in terms of: number of working hours per day and number of working days per year, type and size of provided services, and average unit charge per service. Information from this section is intended to provide an indirect estimation of institution's expenditures/revenues, and hence, the provider's share from total national health expenditures. Section Four covers the spectrum of institutions' expenditures in nominal (monetary) terms; e.g., wages and salaries; running costs including: water, electricity, and mailing services; costs of internal and external missions; and cleaning and maintenance services. It also covers the spectrum of institutions' revenues in nominal (monetary) terms; e.g., registration fees; charges from medications; and charges from hospital stay and emergency services. Section Five is intended to estimate capital outlays. It covers all institution's capital properties and investments, including: lands, buildings and equipments.

The *'Patient Questionnaire'* is divided into four sections. Section One collects information about the responding patient's socioeconomic and demographic characteristics; e.g., age, sex, education, marital status, and household income. Section Two asks about insurance coverage and insurance utilization, patient's degree of satisfaction with the current functioning of own health insurance, and whether or not she/he would prefer an alternative insurance system, and her/his willingness to pay to benefit from an optimal insurance coverage. Section Three collects information about the individual's health problem and her/his behavior in demanding health care, the spectrum of received care, and charges paid to acquire needed services. The section also asks about whether any other third-party had assisted in covering the health care costs. Finally Section Four assesses the availability and quality of needed services (from the patient's perspective), and asks about patients' satisfaction with provided care. This section also includes a group of questions for in-patients to assess their experience with in-patient services and the hospital admission process.

#### 4.2: Sampling

##### 4.2.1: Target Population

The study population consists in all health care institutions regularly functioning in the Palestinian Territory at the time of study, and the population of patients frequenting these institutions. The study sample, however, was divided into two groups. The first group consists in a sample of health institutions belonging to the Private and NGOs health care

providers, and patients demanding care at these institutions. The second group is an extra sample of patients frequenting MoH and UNRWA health institutions. Administrative and financial information about the activity and performance of MoH and UNRWA health care providers are obtained from their respective annual activity reports, which include centralized and reliable data about the activities in these two sectors.

#### **4.2.2: Sample Frame**

Private and NGOs health institutions covered in the present study are selected from a complete list of health institutions obtained from the “Establishment Census” conducted by PCBS in the year 2004. The total number of health institutions belonging to the Private and NGO sectors amounted to 3,545 institutions of all types. Sampled patients from the Private and NGOs sector were chosen from the entire population of patients frequenting the sampled institutions. On the other hand, patients selected from MoH and UNRWA health institutions were amongst those frequenting health facilities belonging to MoH and UNRWA, and situated geographically close to the sampled Private and NGOs health institutions.

#### **4.2.3: Sample Size**

Of the entire population of Private and NGOs health institutions, 1,202 institutions are sampled to study the Private and NGOs sectors. Selected institutions are either: generalists’ or specialists’ medical clinics, medical laboratories, physiotherapy/rehabilitation centers, dental clinics or hospitals, distributed over all the governorates of the West Bank and Gaza Strip. All hospitals belonging to the Private and NGOs sectors were included in the study sample. The total number of interviewed patients amounted to 3,265 patients, sampled from the population of patients of most of the selected health institutions, and present at the institution site at the time of administering the institution questionnaire – this was the case for Private and NGOs health institutions. The patient sample was then enlarged with a sub-sample of patients frequenting nearby health facilities belonging to the MoH and UNRWA health sectors.

#### **4.2.4: Sample Design**

The study sample is obtained following a Single-Stage Stratified Random Sampling approach, whereby the health institution represents the Primary Sampling Unit (PSU). In order to enhance the efficiency and representativeness of the study sample, four strata are specified, and institutions are sampled based on the following sequence:

- *Geographical level*: health institutions are divided into three geographical regions: the West Bank and Jerusalem inside Israeli checkpoints, ( that part of Jerusalem, which annexed by Israel After the 1967 war) and Gaza Strip.
- *Human workforce*: here, health institutions are classified according to their number of employees.

In addition to two implicit strata: the *governorate* and *economic activity* (up to the fourth classification level), in order better represent governorates and economic activities.

#### **4.2.5: Response Rates**

Out of all institutions included in the sample, 81.6% reported enough information for analysis. These are the institutions, which either completed or partially completed the entire questionnaire items. Around 18.0% of the institutions are incomplete, of them 5% of the institutions refused to cooperate with the fieldwork team, and around in 13% of the cases the institution was either temporarily or permanently closed during the time of data collection, or there was no eligible individual at the institution site to fill in the questionnaire items. The

two Tables below describe the response rate to the institution instrument, and illustrate the distribution of interviews results, as per region.

**Table 1: Response Rates of Health Care Institutions by Region, 2005**

Sample and Response Rates	Region		
	Palestinian Territory	West Bank	Gaza Strip
Number of Institutions in the Sample	1,202	845	357
Number of Interviewed Institutions	982	702	280
<b>Response Rate</b>	<b>81.6</b>	<b>83.0</b>	<b>74.6</b>

**Table 2: Distribution of Health Care Institutions based on Interview Results and Region, 2005**

Interview Result	Region			Number of Institutions
	Palestinian Territory	West Bank	Gaza Strip	
Completed	71.9	70.6	75.1	<b>864</b>
Partially completed	9.8	12.5	3.4	<b>118</b>
No body eligible	0.6	0.4	1.1	<b>7</b>
Permanently closed	5.7	4.7	8.1	<b>69</b>
Temporarily closed	3.2	3.8	1.7	<b>38</b>
Refused to answer	5.2	4.6	6.7	<b>63</b>
Other	3.6	3.4	3.9	<b>43</b>
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>1,202</b>
<b>Number of Institutions</b>	<b>1,202</b>	<b>845</b>	<b>375</b>	<b>1,202</b>

With regard to the patient instrument, no questionnaires are reserved for non-respondents, and in case of refusal, a different patient is requested to fill in the questionnaire items. Therefore, it is not possible to estimate the response rate for the Patient Questionnaire. Patients were recruited from 81.0% of the sampled institutions; for the remainder 19%, it was the case that either not enough patients were present at the institution at the time of questionnaire administration or that the institution itself does not directly serve patients (e.g., dental laboratories or optics centers). In addition, patients frequenting emergency centers were excluded from the study sample.

#### **4.2.6: Study Weights**

A weight is defined as the inverse of the probability of selecting a subject from the study population, to be included in the study sample. It is interpreted as the number of subjects in the population that are represented by a particular subject in the sample. In the present study, weights are estimated taking into account institutions' sizes and types as depicted by the "Establishment Census" of the year 2004. Estimated weights are then adjusted to account for non-respondents and uncompleted questionnaires during the fieldwork. Indeed, adjustments of *a priori* estimated weights remain an important step to avoid any potential bias due to non-respondents and to account for changes in the number of institutions in the post census period.

On the other hand, results from the Patient Questionnaire are presented **un-weighted**. This is basically due to the manner whereby the patient sample was recruited, and the absence of a reliable framework that specifies the characteristics of the population of patients in the country. For further analysis one could use one of two alternative methods to create weights for the patients file – each has its own shortcomings. One of the methods consists in relying on the characteristics of the sub-sample of patients from the previous Household Health Expenditure Survey-2004, where patients were recruited at the level of their households and their characteristics and behavior in demanding health care were directly identified. These weights were used to publish the Preliminary Results of the present survey. The second approach would make use of the number of patients frequenting the different types of health institutions, as stated by the providers in the Institution Questionnaire. The problem with the second approach is that adjustment would not take into account the socioeconomic and demographic characteristics of the population of patients, and more importantly the Institution weights that would be needed to estimate the patients' weights were not designed to take into account the number of patients frequenting the population of institutions in the sampling frame.

#### **4.2.7: Variance**

It is usually important to estimate sampling errors and present standard deviations along with estimated statistics. This is important to evaluate the degree of precision in the different estimated indicators. The total error existing in an estimate emerges from two sources: sampling and non-sampling errors. Non-sampling errors arise from the manner whereby data are collected and processed; e.g., a failure to interview the correct unit and mistakes made by the interviewer or the respondent. It is usually difficult to estimate non-sampling errors; however, several measures are taken to minimize such type of errors – see section on data quality. On the other hand, sampling errors are due to the statistical distribution of estimated variables. These could be quantified from the survey results and standard deviations are presented alongside some of the estimated statistics to reflect the extent of these errors.

#### **4.3: Reference Period**

Institution information was collected for the year 2004 [1/1/2004 to 31/12/2004]. Most of this information consists in financial data that is usually organized by the institution on annual basis. However, the time of the visit was also used as reference time for some of the indicators; e.g., respondents' characteristics. This was also the case for the Patient Questionnaire where the time of the visit was used as the reference time for collecting patients' characteristics and other information about their disease and behavior in demanding health care.

#### **4.4: Pilot Study**

The aim of a pilot is to examine all activities related to the main survey: questionnaire, training, survey instructions and procedures, sample, questionnaire administration and interview conduction, and data entry and processing. Twenty institutions and sixty patients responded to all the items in the Institution and Patient Questionnaires during the Pilot study. The institutions were all recruited from Ramallah/Al-Bireh Governorate and interviewees were met at Private institutions of all types; e.g., generalists' and specialists' clinics, radiology centers, physiotherapy centers and a hospital. This took place over five days starting from 13/10/2005.

A pre-test was also held on selected indicators included in the Institution Questionnaire before finalizing the instrument. The aim was to assess the suitability of questioned items and



the cooperation on the side of respondents belonging to the Private sector in filling in financial information. The final questionnaire instrument and the training process were modified taking into account the remarks and recommendations from the pre-test and pilot experiments.

#### **4.5: Fieldwork Operations**

##### **4.5.1: Recruitment and Training**

Training for the pilot study helped finalize the training manual for the general study, taking into account the trainers' and trainees' remarks and evaluations. One hundred and ten fieldworkers were recruited and trained to carry out the fieldwork for the general study. The training activities took place over six days (from 15 to 22/11/2005). Training activities included an in-depth explanation of all questionnaire sections and question items, training exercises, interview demonstration, and a final exam to assess knowledge transfer and the capacity of the fieldworkers to pursue all study activities. All trainees were handled a package of training materials including: interviewers' and supervisors' training manuals and the questionnaire instruments. Training of fieldworkers from Gaza Strip took place via videoconferencing.

##### **4.5.2: Fieldwork Organization**

The main fieldwork in the West Bank and Gaza Strip started on November 26, 2005 and was completed on December 30, 2005. 17 mobile teams in the West Bank and Gaza Strip performed the entire fieldwork. Each of the teams was composed of 3-5 fieldworkers, one supervisor, one assistant and one field editor. The work team implemented several field editing exercises, which included further spot-checks if needed. The field editor thoroughly checked and corrected any obvious mistakes and slips.

##### **4.5.3: Editing in the Field**

The project team developed and implemented a clear editing strategy that was used to train the editors' team to ascertain good quality data. The strategy consists in:

- Collecting all filled in questionnaires from the fieldworkers on daily basis.
- Checking each questionnaire for completeness of all sections and ascertaining that all question items were precisely filled in.
- Returning back all questionnaires with missing responses or doubtful information.
- Checking the accuracy of some of the data by phone interviewing the respondent by the project coordinator or the supervisor.
- Double-checking the calculations necessary to evaluate the spectrum of assets possessed by the different health institutions.

##### **4.5.4: Follow Up and Supervision Mechanisms**

Special forms were developed to ascertain appropriate follow up on the process of handling and receiving the questionnaires, and to assess daily achievements of all fieldworkers. Daily and weekly reporting was presented to the fieldwork coordinator, illustrating the number of completed interviews, number of refusals, number of ineligible institutions, cases with unspecified interview result, and cases where it was impossible to conduct three visits to the sampled institution to fill in the entire questionnaire items. The fieldwork coordinators also conducted several visits to the field in order to ascertain good fieldwork quality and to help solve any arising problems.

#### **4.6: Data Processing**

Collected data was entered using ACCESS package for Windows. The data entry was organized in a number of files to correspond to the main parts of the questionnaire. A data entry template was designed to reflect the exact image of the questionnaire, and to include various electronic checks: logical check, consistency checks and cross-validation. Continuously thorough checks were held on the overall consistency of the data files, and some questionnaires were sent back to the field for corrections, when needed. Data entry started in December 3, 2005 and finished in January 10, 2006. Data cleaning and checking processes were initiated simultaneously with data entry. Thorough data quality checks and consistency checks were carried out.

Final tabulation of survey results was performed using the statistical package SPSS for Windows (version 12.0).

## Data Quality

### 5.1: Introduction

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 emerging from the sample design, and are, therefore, measurable. However, non-sampling errors can occur at the various stages of the survey implementation, 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 bias (both respondent- and interviewer-related). The use of effective training and supervisions and the careful design of questions have direct bearing on the magnitude of non-sampling errors, and hence the quality of the resulting data.

Fieldwork procedures were designed and organized to ensure effective supervision and high quality data. To this end, several quality control measures were implemented. These included: periodic sudden visits by project technical team to the fieldworkers; organization of a full-day meeting to re-call study objectives and discuss in-field problem solving; continuous communication between the central office staff and the field in the form of daily and weekly reporting; re-interviewing by phone of about 10% of the institutions included in the sample by supervisors; observation of interviewers by supervisors; distribution of written memos to the field when confusion arises; precise documentation of the flow of the questionnaires through a control sheet; and limiting call backs to three visits per institution.

### 5.2: Quality Assessment of Financial Data Provided by Health Institutions

#### 5.2.1: Revenues Assessment Using the Indirect Approach

The institution questionnaire was designed to collect financial information from health institutions using an indirect, and a direct, approaches - results from the two approaches were compared at different places in the present report. This section describes what is intended by the indirect approach, and illustrates its estimation technique. Estimations based on the indirect approach relied on information collected on the following set of activity indicators:

#### 1. Average Number of Monthly Services Provided:

The average number of monthly services was used to estimate the productive capacity of the different health institutions. This was used to **indirectly** reflect the number of beneficiaries, the size of provided services, expenditures on, and revenues from, provided care. In this case, even in the absence of financial records at the level of health institution, and the sole availability of administrative records, the fieldworker helped the respondent to estimate the average number of monthly visits taking place at the institution; an approximate number was sought from the respondent in case of the unavailability of even administrative records. The fieldworker was also asked to courteously intervene in case the respondent states incoherent information. The institution questionnaire provided a detailed classification of the different types of services provided by ambulatory health institutions in the Private and the NGO health sectors.

#### 2. Average User Charges Per Type of Service:

The Institution Questionnaire also asks about the average unitary price charged by the institution for performing the different types of health care activities – regardless of who is paying the bill. This indicator is intended to help estimate expected revenues by

multiplying the total number of services provided - by type of service - by the average charge per type of service, to conclude total expected revenues from the different types of provided services. The charges per provided service were obtained from:

- a. Official price lists implemented by the specific health institution.
- b. An estimation of the average price charged for the different types of provided services; e.g., the case of the category of maternal and child health, family planning and delivery services. It was advised that the same category of services be divided into more than one category in case the spectrum of included services are associated with huge discrepancies in the prices charges per type of service. In case, the health institution deals with a different currency than the NIS, reported charges were all converted into NIS using the 2004 money conversion rates:
- c. Exchange Rates  
1 US\$ = 4.4789 NIS.  
1 Jordanian Dinnar = 6.3155 NIS.

The sum of the different revenues pertaining to the Private and NGO sectors was used to indirectly estimate the total revenues of the two sectors from ambulatory health activities. These are used to provide an indirect estimate of the market share of the different health care providers using the indirect approach.

### **5.2.2 Expenditures and Revenues Using the Direct Approach:**

The accrual basis was used to **directly** estimate total institution's expenditures and revenues. An accrual approach deals with all expenditures and revenues attached to a certain period of time, regardless whether these were effectively spent or collected during the period of time of interest or not. In order to avoid potential mistakes in reporting any of the aggregate data of expenditures and revenues, the lump sums of expenditures and revenues were divided into several categories where each category composed of a set of detailed items, in a way that the sum for the detailed amounts of money spent on, or collected from, the category's items corresponds to what was reported for the general category. For instance, the category of wages and salaries included the following items: Salaries (for regular/irregular employees, and temporary employees on contracts), wages for workers, and employees' compensations. The respondent was asked about the possibility of filling all detailed financial information or to simply respond to the general categories, depending on the availability of records and information at the level of each health institution. All financial data were entered in NIS using currency conversion rates for the 2004 when needed. Finally, in order to assess the quality of stated financial data, the fieldworker registered the source from which financial information was reported; e.g., financial records, estimations or both.

### **5.2.3 Capital Outlays:**

Capital investments are characterized by their durability and high costs. They usually last for more than one year in the institution. Capital investments are of two major types: tangible and intangible capital investments. Tangible capital commodities include: lands, buildings and all types of equipments (e.g., medical machines, computers, photocopiers, etc.), furniture and vehicles. Intangible capital commodities include: computer programs, intellectual property rights, etc. Capital outlays were accounted for using specific annuitization techniques that allow depreciating the entire capital investment cost on the life span of the commodity.

### **5.2.4 Patients' Reported Financial Information:**

The Patient Questionnaire was administered on a random sample of patients, selected from all patients present at the different types of health institutions (generalists' and specialists'

clinics, dental clinics, medical laboratories, physiotherapy and rehabilitation centers, primary health care centers, out-patient clinics, in-patients). In case the respondent was younger than 16 years old; the accompanying individual was requested to respond to the questionnaire items on her/his behalf. It is worth to note that the value-added of asking patients in situ about their health expenditures consists in avoiding recall bias present in household surveys; however, the serious disadvantage with such sampling strategy is represented with the sample selection bias of individuals managing to have access to health care services at the time of the interview and the absence of a reliable frame that would help selecting the patients in a systematic manner.

Some of the most important indicators that were collected from the patients concern their financial activities. The Patient Questionnaire indeed included a complete coverage of all health care services received by the patient and the amounts of money that she/he paid to receive each of the services. The patient was also asked about other extra expenditures that she/he spent in demanding health care; this basically included transportation costs. On the other hand, patients were requested if any other third-party has assisted in covering the cost of received medical care services; e.g., insurance mechanisms or any other sort of financial coverage.



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مجموعة من المؤشرات المختارة حسب القطاع الصحي، 2004  
Selected indicators by Health Sector, 2004

Indicator	Health Sector				المؤشر
	وكالة الغوث UNRWA	وزارة الصحة MoH	منظمات غير حكومية NGO's	خاص Private	
Annual Number of Visits for 2004	(2) 4,979,179	(1) 11,658,821	3,240,070	5,407,644	مجموع الزيارات السنوي للعام 2004
Market Share Based on Number of Visits (%)	19.7	46.1	12.8	21.4	نسبة حجم المشاركة على أساس عدد الزيارات
Number of Health institutions 2004	89	616	338	3,238	عدد المنشآت الصحية الكلي 2004
Market Share Based on Number of Institutions (%) (3)	2.1	14.4	7.9	75.6	نسبة حجم المشاركة حسب عدد المنشآت الكلي (3)
Volum of Human Resources (FTE)	1,752	11,124	7,102	7,341	أعداد المصادر البشرية (مكافئ الوقت التام)
Market Share Based on Volum of Human Resources (%)	6.4	40.7	26.0	26.9	نسبة حجم المشاركة حسب عدد المصادر البشرية
Annual Number of Services Provided for 2004	(4) 4,979,179	(4) 11,658,821	(5) 3,395,381	(5) 5,933,419	حجم الخدمات الطبية المقدمة (أعداد مطلقة) 2004
Total Revenues based on indirect Method (6)	NA	NA	144,017,099	329,113,278	الإيرادات السنوية من الخدمات الطبية (بالطريقة غير المباشرة) (6)
Total Revenues based on Direct Method (7)	(8) 1,738,933	(8) 7,049,341	125,170,115	161,255,997	الإيرادات السنوية من الخدمات الطبية (بالطريقة المباشرة) (7)
Ratio of Total Revenues estimated in the indirect Method compared to Direct Method	NA	NA	%115	%202	نسبة الإيرادات بالطريقة غير المباشرة إلى الطريقة المباشرة
Total Expenses (indirect Method (8))	NA	NA	316,963,435	133,096,443	إجمالي المصروفات (الطريقة غير المباشرة) (8)
Total Expenses (Direct Method (8))	118,598,047	425,504,116	288,148,577	120,996,767	إجمالي المصروفات (الطريقة المباشرة) (8)
Final Expenditures	116,859,114	418,454,775	212,189,727	242,272,787	الإنفاق النهائي ( الطريقة المباشرة)
Final Expenditure in \$ ( 1\$ = 4.4789 NIS) (Direct Method)			(10) 172,946,336	(9) 481,918,650	الإنفاق النهائي بالدولار الأمريكي (الطريقة المباشرة)
			\$220,986,380		



مجموعة من المؤشرات المختارة حسب القطاع الصحي، 2004  
Selected indicators by Health Sector, 2004

Indicator	القطاع الصحي				المؤشر
	وكالة الغوث UNRWA	وزارة الصحة MoH	منظمات غير حكومية NGO's	خاص Private	
Final Expenditure in \$ ( 1\$ = 4.4789 NIS) (indirect Method)	\$265,730,020				الإنفاق النهائي بالدولار الأمريكي (الطريقة غير المباشرة)
GDP (2004)	\$4,133,010,000				الناتج المحلي الإجمالي للعام 2004
Health Expenditures per capita (Direct Method)	\$61				نصيب الفرد من الإنفاق على الصحة ( الطريقة المباشرة)
Health Expenditures per capita (indirect Method)	\$73				نصيب الفرد من الإنفاق على الصحة ( الطريقة غير المباشرة)
Percentage of Health Expenditures out of GDP (Direct Method)	5.3				نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي ( الطريقة المباشرة)
Percentage of Health Expenditures out of GDP (indirect Method) <sup>(11)</sup>	6.4				نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي ( الطريقة غير المباشرة) <sup>(11)</sup>
Market share of Total Expenditures (Direct Method) (%)	11.8	42.3	21.4	(12) 24.5	نسبة حجم المشاركة للقطاعات الصحية من إجمالي الإنفاق على الصحة ( الطريقة المباشرة)
Market share of Total Expenditures (indirect Method) (%)	9.8	35.2	14.5	(12) 40.5	نسبة حجم المشاركة للقطاعات الصحية من إجمالي الإنفاق على الصحة ( الطريقة غير المباشرة)

(1): Source of data: Ministry of Health, 2005: Annual Report for 2004. Nablus, Palestine.

The total number of visits in the MoH sector included PHC clinics, specialized clinics, psychiatric clinics and dental clinics visits, in-patients, and laboratory tests.

(2): Source of data: UNRWA, 2005. Annual report for 2004. Amman, Jordan. The total number of visits in the UNRWA sector included PHC clinics and dental clinic visits, and in-patients. This excludes laboratory tests.

(3): The number of Institutions does not reflect the size of the institution.

(4): It was assumed that the numbers of visits to the MoH and UNRWA sectors equal to the numbers of provided services.

(5): Calculated based on the number of services annually provided by the ambulatory sector plus the number of hospitals admissions, out-patient visits and day care services.

(1): المصدر: وزارة الصحة الفلسطينية، 2005. التقرير السنوي 2004. نابلس - فلسطين.

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(2): المصدر: وكالة الغوث لإغاثة وتشغيل اللاجئين، 2005. التقرير السنوي 2004. عمان - الأردن. أعداد الزيارات في وكالة الغوث تشمل: مجموع الزيارات لعيادات الرعاية الصحية الأولية، والأسنان، والإدخالات للمستشفيات، باستثناء الفحوصات المخبرية.

(3): عدد المنشآت لا يعبر عن حجم المنشأة.

(4): تم افتراض أن عدد الزيارات مساو لعدد الخدمات المقدمة في كل من وزارة الصحة و الوكالة.

(5): الأعداد السنوية للخدمات الطبية والتي تشمل: كافة مرضى العيادات والعيادات الخارجية والعناية اليومية بالإضافة إلى عدد المدخلين في المستشفيات.

(6): Revenues in the indirect methods are calculated based on the declared activity of the ambulatory sector adding to it the revenues data stated by the hospital sector.

(7): The direct method used in the estimation of both revenues and expenditures was based on financial data directly reported by the institution regardless the source of financial data per institution.

(8): This represents MoH's and UNRWA's revenues from direct user fees payments. Source: Palestine Expenditure and Consumption Survey –2004.

(9): Total Expenses in the indirect method were calculated using a sensitivity analysis whereby directly reported expenditures are multiplied by 110% for the Private and NGO's sectors - this remains questionable. As for total expenditures in the indirect method for the MoH and UNRWA, they are assumed to be the same as those calculated using the direct method.

(10) The Total Final Expenditures for the NGOs' sector were estimated using the same inflation coefficient of 1.1 for the expenditures and deducing revenues as estimated by the indirect approach. Using an inflation coefficient of 1.5 results in a percentage share of health expenditures of 7.1% out of the GDP.

(11) The indirect expenditures for the private and NGO's sectors were estimated using reported expenditures from the direct method and inflating them by a coefficient of 1.10. Health expenditures of the MoH and UNRWA sectors were assumed to be the same for the direct and indirect approach.

(12): This represents the share of Household Expenditures out from the total health expenditures.

(6): تم حساب الإيرادات بالطريقة غير المباشرة من خلال عدد الخدمات الطبية التي قدمتها القطاعات الصحية مضروباً بالتكلفة لكل خدمة مضافاً إليها الإيرادات المباشرة لقطاع المستشفيات.

(7): تعتمد الطريقة المباشرة في حساب كل من المصروفات و الإيرادات على البيانات المالية التي أدلت بها المنشآت بطريقة مباشرة بغض النظر عن مصدر البيان المالي في كل منشأة.

(8): يمثل هذا الرقم الإيرادات المباشرة لوزارة الصحة ووكالة الغوث المحصلة من الرسوم التي يدفعها المرضى مقابل تلقي الخدمات. المصدر: مسح إنفاق واستهلاك الأسرة - 2004.

(9): تم حساب الإنفاق الإجمالي بالطريقة غير المباشرة (بأسلوب التحليل الحساس) وذلك بضرب النفقات المباشرة 110% (المعدل المقدر للإيرادات الغير المباشرة إلى الإيرادات المباشرة للقطاع الخاص والمنظمات غير الحكومية) و يبقى ذلك موضع تساؤل. إجمالي الإنفاق لكل من القطاع الحكومي والوكالة وفق الطريقة غير المباشرة تم افتراضه مساوياً للإنفاق المقدر بالطريقة المباشرة.

(10): لتقدير النفقات النهائية لقطاع المنظمات غير الحكومية تم استخدام معامل التضخم 1.1 للمصروفات، بينما تم خصم الإيرادات الناتجة بالطريقة غير المباشرة. وعند استخدام معامل التضخم 1.5 كانت نسبة الإنفاق الكلي على الصحة من الناتج المحلي الإجمالي 7.1%.

(11): لتقدير النفقات لكلا القطاعين الخاص والمنظمات غير الحكومية بالطريقة غير المباشرة، ضخمت النفقات بالطريقة المباشرة بمعامل قدره 1.1. كما أنه تم افتراض النفقات لكلا القطاعين الحكومي ووكالة الغوث هي نفسها بالطريقتين المباشرة وغير المباشرة.

(12): تمثل حجم مشاركة الأسر في الإنفاق على الصحة.

جدول 1: التوزيع النسبي للمنشآت الصحية في العينة حسب نوع المنشأة والقطاع الصحي والمنطقة، 2005

Table 1: Percentage Distribution of Sampled Health Institutions by Type of Institution, Sector and Region, 2005

Type of Health Institutions	المنطقة والقطاع الصحي						نوع المنشأة الصحية
	قطاع غزة Gaza Strip		الضفة الغربية West Bank		الأراضي الفلسطينية Palestinian Territory		
	منظمات غير حكومية NGO's	خاص Private	منظمات غير حكومية NGO's	خاص Private	منظمات غير حكومية NGO's	خاص Private	
General Medicine Clinic	15.0	3.3	8.3	15.0	9.8	11.4	عيادة طب عام
Specialist Clinic	10.0	53.3	2.8	33.2	4.3	39.3	عيادة طب اختصاص
Dentists Clinic	-	25.2	5.6	34.6	4.3	31.8	عيادة طب أسنان
Health Center	50.0	3.0	55.4	2.7	54.3	2.8	مركز صحي/ مجمع طبي
Rehabilitation Center	0.0	0.0	2.8	0.2	2.2	0.1	مركز للتأهيل
Radiology Center	0.0	0.0	0.0	1.1	0.0	0.8	مركز أشعة
Physiotherapy Center	0.0	1.1	0.0	2.1	0.0	1.8	مركز للعلاج الطبيعي
Medical Laboratory	0.0	12.6	0.0	6.3	0.0	8.2	مختبر تحاليل طبية
General Hospital	10.0	0.0	2.8	0.0	4.3	0.0	مستشفى عام
Specialist Hospital	0.0	0.4	4.2	1.0	3.3	0.8	مستشفى تخصصي
Rehabilitation Hospital	0.0	0.0	0.0	0.0	0.0	0.0	مستشفى تأهيل
Maternity Hospital	0.0	0.0	1.4	0.3	1.1	0.2	مستشفى ولادة
Other*	15.0	1.1	16.7	3.5	16.3	2.8	أخرى*
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>No. of Obs. (Institutions)</b>	<b>20</b>	<b>263</b>	<b>70</b>	<b>607</b>	<b>90</b>	<b>870</b>	<b>عدد المشاهدات ( المنشآت )</b>

\*Other: include Dental Laboratory, Optics centers and Midwives

\*: أخرى وتشمل مختبرات أسنان، مراكز للبصريات، قبالات قانونيات.

جدول 2: أعداد المنشآت الصحية (موزون) في الأراضي الفلسطينية حسب القطاع الصحي  
Table 2: Number of Health Institutions (Weighted) by Sector and Type

Type of Health Institution	العدد الكلي للمنشآت الصحية Total No. of Health Institutions	القطاع الصحي				نوع المنشأة الصحية
		منظمات غير حكومية NGO's 2005	وكالة الغوث UNRWA** 2004	وزارة الصحة MoH* 2004	الخاص Private 2005	
General Medicine Clinic	405	33	0	0	372	عيادة طب عام
Specialist Clinic	1,288	15	0	0	1,273	عيادة طب اختصاص
Dentists Clinic	1,122	15	35	41	1,031	عيادة طب أسنان
Health Center	740	183	53	413	91	مركز صحي/ مجمع طبي
Rehabilitation Center	10	7	0	0	3	مركز للتأهيل
Radiology Center	25	0	0	0	25	مركز أشعة
Physiotherapy Center	61	3	0	0	58	مركز للعلاج الطبيعي
Medical Laboratory	403	1	0	140	262	مختبر تحاليل طبية
General Hospital	35	12	1	22	0	مستشفى عام
Specialist Hospital	36	11	0	0	25	مستشفى تخصصي
Rehabilitation Hospital	1	1	0	0	0	مستشفى تأهيل
Maternity Hospital	11	4	0	0	7	مستشفى ولادة
Other	144	53	0	0	91	أخرى
<b>Total</b>	<b>4,281</b>	<b>338</b>	<b>89</b>	<b>616</b>	<b>3,238</b>	<b>المجموع</b>

\* Source: Ministry of health 2005. Annual Report 2004. Nablus – Palestine.

\*\* Source: UNRWA, 2005. Annual Report of the Department of health, 2004. Amman -Jordan

جدول 3: التوزيع النسبي للمنشآت الصحية حسب توفر سجلات إدارية ومحاسبية والقطاع الصحي، 2005  
Table 3: Percentage Distribution of Health Institutions by Availability of Administrative and Financial Records and Health Sector, 2005

Availability of Administrative and Financial Records	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	القطاع الصحي		توفر سجلات إدارية ومحاسبية
			منظمات غير حكومية NGOs	الخاص Private	
Administrative Records	231	25.2	19.8	25.7	سجلات إدارية
Financial Records	63	6.9	7.9	6.7	سجلات محاسبية
Administrative and Financial Records	205	22.3	61.8	18.8	سجلات إدارية ومحاسبية
No Records Available	419	45.6	10.5	48.8	لا يتوفر أية سجلات
<b>Total</b>	<b>918</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 4: نسبة عيادات الطب العام والاختصاص والمراكز الصحية التي يتوفر فيها بعض الخدمات والأجهزة والمعدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 4: Percentage of Generalists' and Specialists' Clinics, and Health Centers by Availability of Certain Medical Services and Medical Equipments and Health Sector, 2005**

Availability of Certain Medical Services and Equipments	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	القطاع الصحي Health Sector		توفر بعض الخدمات والأجهزة الطبية
			منظمات غير حكومية NGOs	الخاص Private	
<b>Medical Services</b>					<b>الخدمات الطبية</b>
Diagnosis Tests\ Lab	93	17.7	67.7	11.0	فحوصات مخبرية/ مختبر طبي
Medicines\ Pharmacy	195	37.2	80.3	31.5	أدوية/ صيدلية
Immunization	43	8.2	27.9	5.6	تطعيم
Antenatal Care	156	29.7	66.1	24.8	رعاية حوامل
Family planning	124	23.6	56.5	19.2	تنظيم أسرة
Circumcision for males	71	13.5	31.1	11.2	طهور أطفال
<b>Medical Equipments</b>					<b>أجهزة طبية ومعدات</b>
Ultrasound	164	31.3	62.3	27.2	تصوير التراساوند
Autoclave	130	50.8	78.7	47.1	جهاز تعقيم
Ambulance	19	3.6	21.0	1.3	سيارة اسعاف
Electro-Cardio Gram	130	24.8	53.2	21.0	جهاز تخطيط قلب

جدول 5: نسبة عيادات طب الأسنان التي يتوفر فيها بعض الأجهزة والمعدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 5: Percentage of Dental Clinics by Availability of Certain Medical Equipments and Health Sector, 2005**

Availability of Certain Medical Equipments	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	القطاع الصحي Health Sector		توفر بعض الأجهزة الطبية
			منظمات غير حكومية NGOs	الخاص Private	
Unite (complete dentist chair)	318	96.1	82.5	97.9	وحدة أسنان كاملة
Autoclave	319	96.4	82.5	98.3	جهاز تعقيم
X- ray	141	42.6	55.0	40.9	جهاز أشعة سينية
Wad mixer	314	94.9	82.5	96.6	خلاط حشوة
Wad drier	304	91.8	82.5	93.1	منشف حشوة

جدول 6: نسبة مراكز الأشعة التي يتوفر فيها بعض الأجهزة والمعدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 6: Percentage of Radiology Centers by Availability of Certain Medical Equipments and Health Sector, 2005**

Availability of Certain Medical Equipments	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	Health Sector		توفر بعض الأجهزة الطبية
			منظمات غير حكومية NGOs	القطاع الصحي الخاص Private	
X- Ray	21	47.7	39.1	57.1	جهاز تصوير أشعة سينية
Ultrasound	31	68.9	62.5	76.2	جهاز تصوير التراساوند
CT- Scanner	4	9.1	4.3	14.3	جهاز تصوير طبقي
Magnetic Resonance Imaging	1	2.3	4.3	-	جهاز تصوير مغناطيسي
Extracorporeal Shock wave Lithotripsy (ESWL)	1	2.3	4.3	-	جهاز تقطيت حصي
Nuclear Isomer	0	-	-	-	جهاز تصوير نووي
C. Arm Radiology Imaging	3	7.0	4.3	10.0	جهاز تصوير الأوعية الدموية

جدول 7: نسبة مراكز العلاج الطبيعي والتأهيل التي يتوفر فيها بعض الأجهزة والمعدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 7: Percentage of Physiotherapy and Rehabilitation Centers by Availability of Certain Medical Equipments and Health Sector, 2005**

Availability of Certain Medical Equipments	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	Health Sector		توفر بعض الأجهزة الطبية
			منظمات غير حكومية NGOs	القطاع الصحي الخاص Private	
Hot Bag	24	52.2	42.1	59.3	الحقيبة الدافئة
Cold Bag	23	48.9	36.8	57.1	الحقيبة الباردة
Transit Neurocutaneous Stimulation	20	42.6	30.0	51.9	جهاز المنبه العصبي
Short Wave	18	38.3	30.0	44.4	جهاز التردد القصير
Medical Bicycle	22	46.8	35.0	55.6	عجلة طبية
Electrical Stimulation	21	45.7	36.8	51.9	جهاز المنبه الكهربائي
Ultrasound	22	46.8	36.8	53.6	جهاز موجات فوق الصوتية
infrared	18	38.3	30.0	44.4	جهاز أشعة ما تحت الحمراء
Paraffin Path	15	32.6	26.3	37.0	جهاز البرافين
Traction Unit	16	34.0	31.6	35.7	جهاز شد الفقرات القطنية والرقبة
Audiometer	8	17.4	31.6	7.4	جهاز فحص سمع
Timpanometer	6	13.0	26.3	3.7	جهاز فحص الأذن الوسطى
Auto static emission	3	6.4	15.8	-	جهاز الكشف المبكر عن الإعاقة السمعية

جدول 8: نسبة المختبرات الطبية التي يتوفر فيها بعض الأجهزة والمعدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 8: Percentage of Medical Lab Centers by Availability of Certain Medical Equipments and Health Sector, 2005**

Availability of Certain Medical Equipments	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	Health Sector		توفر بعض الأجهزة الطبية
			منظمات غير حكومية NGOs	القطاع الصحي الخاص Private	
Blood Cell Counter	90	69.2	65.0	71.1	عداد لخلايا الدم
Chemical Analyzer	99	76.2	62.5	82.2	جهاز محلل كيميائي
Incubator	101	77.7	60.0	85.6	حاضنة بكتيريا
Blood Gas Analyzer	14	10.8	12.5	10.0	جهاز قياس غازات الدم
Electrolyze analyzer	38	29.5	20.5	33.3	جهاز محلل بالكهرباء
Coagulator	45	34.6	27.5	37.8	جهاز قياس تجلط الدم (مخثر)
Centrifuge	110	85.3	79.5	87.8	جهاز الطرد المركزي
Hormone analyzer	35	26.9	22.5	28.9	محلل هرمونات

جدول 9: نسبة المستشفيات (العامة والتخصصية والولادة والتأهيل) التي يتوفر فيها بعض الأقسام والوحدات الطبية حسب النوع والقطاع الصحي، 2005

**Table 9: Percentage of Hospitals (General, Specailized, Rehabilitation and Maternity) by Availability of Certain Medical Deptarments and Units by Type and Health Sector, 2005**

Availability of Certain Medical Departments and Units	عدد المشاهدات (المنشآت) No. of Obs. (Institutions)	المجموع Total	Health Sector		توفر بعض الأقسام والوحدات الطبية
			منظمات غير حكومية NGOs	القطاع الصحي الخاص Private	
Surgery Department	36	75.0	77.3	73.1	قسم جراحة
Internal Department	24	49.0	65.2	34.6	قسم باطني
Gynecology Department	40	83.3	72.7	92.3	قسم نسائي وتوليد
Intensive Care Unite	20	41.7	52.2	32.0	وحدة عناية مكثفة
Cardiac Care Unite	12	24.5	30.4	19.2	وحدة عناية بالقلب
Emergency Department	38	77.6	95.7	61.5	قسم طوارئ
Day Care Unite	33	76.3	73.9	61.5	قسم العناية اليومية
Outpatient's Clinics	39	81.3	82.6	80.0	عيادات خارجية
Operation Rooms	42	87.5	77.3	96.2	غرف عمليات
Medical Lab	44	91.7	100.0	84.0	مختبر تحاليل طبية تابع للمستشفى
Radiology Lab	34	69.4	95.7	46.2	مختبر أشعة تابع للمستشفى
Pharmacy	38	77.6	100.0	57.7	صيدلية تابعة للمستشفى

جدول 10: عدد الزيارات السنوي حسب نوع المنشأة والقطاع الصحي، 2004

Table 10: Annual Number of Visits by Type of Health Institution and Health Sector, 2004

Type of Health Institutions	النسبة Percentage	المجموع Total	Health Sector		نوع المنشأة الصحية
			منظمات غير حكومية NGOs	الخاص Private	
General Medicine Clinic	8.1	701,676	129,750	571,926	عيادة طب عام
Specialist Clinic	18.5	1,595,646	24,671	1,570,975	عيادة طب اختصاص
Dentists Clinic	16.4	1,414,671	45,910	1,368,761	عيادة طب أسنان
Health Center	38.9	3,356,547	2,261,721	1,094,826	مركز صحي/ مجمع طبي
Rehabilitation Center	0.1	10,925	9,720	1,205	مركز للتأهيل
Radiology Center	0.6	55,773	-	55,773	مركز أشعة
Physiotherapy Center	1.0	90,498	3,315	87,183	مركز للعلاج الطبيعي
Medical Laboratory	6.3	544,640	12,054	532,586	مختبر تحاليل طبية
General Hospital	5.1	439,310	439,310	-	مستشفى عام
Specialist Hospital	4.3	370,944	254,549	116,395	مستشفى تخصصي
Rehabilitation Hospital	0.5	45,504	45,504	-	مستشفى تأهيل
Maternity Hospital	0.2	21,580	13,566	8,014	مستشفى ولادة
<b>Total</b>	<b>100</b>	<b>8,647,714</b>	<b>3,240,070</b>	<b>5,407,644</b>	<b>المجموع</b>



جدول 11: المصادر البشرية في المنشآت الصحية حسب القطاع الصحي والتخصص، 2005

Table 11: Human Resources in Health Institutions by Specialty and Health Sector, 2005

Specialty	Health Sector القطاع الصحي				التخصص
	منظمات غير حكومية NGO's		الخاص Private		
	معامل الوقت التام Full Time Equivalent	العدد Number	معامل الوقت التام Full Time Equivalent	العدد Number	
General practitioners	726	615	744	765	أطباء عامون
Gynecologists	176	234	358	470	أطباء نسائية وتوليد
Dentist	175	179	1,173	1192	أطباء أسنان
Anesthetists	66	63	46	66	أطباء تخدير
Ophthalmologists	41	79	104	121	أطباء عيون
Pediatrician	118	142	270	317	أطباء أطفال
Surgeons	156	112	133	192	أطباء جراحة عامة
Physiotherapists	166	161	131	100	أخصائيو علاج طبيعي
Functional Therapist	35	32	5	8	أخصائيو علاج وظيفي/ أطراف صناعية
Other specialties (1)	211	329	553	792	أخصائيو في تخصصات أخرى (1)
Nurses	2107	1,737	850	684	ممرضون
Midwives	171	143	99	83	قابلات
Pharmacists	130	107	64	60	صيادلة
Pharmacist Assistant	104	90	17	16	مساعد صيدلي
Radiologists	170	153	160	111	فنيو أشعة
Lab technicians	474	383	797	610	فنيو مختبرات
Neurologist technician	3	5	5	6	فنيو أعصاب
Anesthetists technicians	33	33	37	25	فنيو تخدير
Administrators	861	760	1217	1269	إداريون
Supportive services	1021	862	516	665	خدمات
Other	158	171	62	84	أخرى
<b>Total</b>	<b>7,102</b>	<b>6,390</b>	<b>7,341</b>	<b>7,636</b>	<b>المجموع</b>

(1): وتشمل مجموعة من التخصصات أهمها، الجراحة التخصصية، وأخصائيو الأشعة، وفحص الأنسجة.

(1) :includes Set of Specialties, Mainly: some specialties in Surgeries, Radiologists and Histo-pathologists.

جدول 12: المصادر البشرية في المؤسسات الصحية حسب القطاع الصحي والتخصص، 2004

Table 12: Human Resources in Health Institutions by Specialty and Health Sector, 2004

Specialty	القطاع الصحي		التخصص
	وكالة الغوث UNRWA	الحكومي Governmental	
General practitioners & specialists	154	2,017	أطباء عامون و اختصاص
Dentist	29	179	أطباء أسنان
Nurses	496	3,042	ممرضون
Midwives	-	222	قابلات
Pharmacist	5	341	صيادلة
Health Workers	-	104	عاملين صحيين
Paramedical	197	1,214	مهن طبية مساعدة
Administrators and Services Workers	871	4,005	إداريون و عمال خدمات
<b>Total</b>	<b>1,752</b>	<b>11,124</b>	<b>المجموع</b>

جدول 13: التوزيع النسبي للمستجوبين في المنشآت الصحية الذين يعملون في منشآت صحية أخرى حسب القطاع الصحي

والمكان المتواجدين فيه حالياً، 2005

Table 13: Percentage Distribution of Interviewees at Health Institutions Working at Other Health Institutions by Sector and Current Place of Work, 2005

Other Health Sector	عدد المستجوبين No. of Interviewees	قطاع العمل الحالي Current Place of Work		قطاع العمل الصحي الآخر
		منظمات غير حكومية NGO's	خاص Private	
Private	457	35.4	24.0	خاص
Governmental	1,003	21.3	56.2	حكومي
Non Governmental Organizations	198	33.6	9.2	منظمات غير حكومية
International Organizations	9	0.8	0.5	هيئات دولية
UNRWA	55	1.6	3.1	وكالة الغوث الدولية
Private Property	48	1.6	2.6	ملكية خاصة
More than one Place	53	4.9	2.7	أكثر من مكان
Other	31	0.8	1.7	أخرى
<b>Total</b>	<b>1,854</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>Who Are Working in Other Place</b>		<b>32.5</b>	<b>53.8</b>	<b>الذين يعملون في مكان آخر</b>

جدول 14: الأعداد السنوية للخدمات الطبية المقدمة من عيادات الطب العام والاختصاص والمراكز الصحية حسب الخدمة ونوع القطاع الصحي، 2004  
**Table 14: Annual Number of Services Provided by Generalists' and Specialists' Clinics, and Health Centers, by Type of Service and Health Sector, 2004**

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
Generalist Visits	7,468,318	10.8	792,090	13,859,216	22.9	1,040,313	زيارة لطبيب عام
Specialist Visits	7,004,682	18.5	426,966	50,466,524	37.4	1,481,137	زيارة لطبيب مختص
Repeated Visits (Within Two Weeks)	441,957	4.6	245,490	4,888,764	12.1	627,104	مراجعة (زيارة ثانية خلال أسبوعين)
Family planning	2,544,243	19	99,889	2,056,467	46.4	127,639	تنظيم أسرة
Child and Maternal care Visits	6,180,381	12	145,531	4,791,534	31.7	171,506	رعاية أمومة وطفولة
Regular Visits (Chronic diseases)	1,749,908	10.2	162,261	1,898,501	28.6	108,159	زيارات منتظمة (أمراض مزمنة)
Home Visits	141,286	10.8	29,038	1,838,282	48.7	49,833	زيارات بيئته
Diagnostic Tests	1,412,514	13.6	210,210	1,609,569	25.2	307,555	إجراء فحوصات تشخيصية
Emergency Cases	744,987	10.2	112,596	618,913	46.7	40,268	طوارئ
Other (1)	1,512,136	32.1	98,966	1,217,284	136.3	50,407	أخرى (1)
Other (2)	794,730	26.6	19,809	22,974	374.8	1,274	أخرى (2)
<b>Total</b>	<b>29,995,142</b>		<b>2,342,846</b>	<b>83,268,028</b>		<b>4,005,195</b>	<b>المجموع</b>

Other (1): include cases like: physiotherapy, male circumcision and Other.

أخرى (1): وتشمل بعض الحالات منها: علاج طبيعي، طهور أطفال وغيرها.

Other (2): include cases like: minor surgery; e.g., hemorrhoids and hernia.

أخرى (2): وتشمل بعض الحالات منها: عمليات صغرى (بواسير، فتق).

جدول 15: الأعداد السنوية للخدمات الطبية المقدمة من عيادات طب الأسنان حسب الخدمة ونوع القطاع الصحي، 2004

Table 15: Annual Number of Services Provided by Dental Clinics by Type of Service and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
Extraction	1,452,511	18	82,481	13,874,578	29	492,641	خلع
Filling	2,564,823	36	74,619	30,723,686	48	562,451	حشوة
Fitting	2,169,512	244	12,374	35,543,207	319	117,956	تراكيب
Orthopedics	2,982,212	742	6,586	98,228,827	1,285	78,817	تقويم
Scaling	591,129	26	28,822	8,871,884	43	201,685	تنظيف
Surgery	236,236	47	4,696	7,829,851	157	37,561	جراحة
Other *	98,545	464	1,230	4,667,222	346	51,854	أخرى *
<b>Total</b>	<b>10,094,968</b>		<b>210,808</b>	<b>199,739,255</b>		<b>1,542,965</b>	<b>المجموع</b>

\*: Others include cases like: Implementation, Filing of Nerve and Other.

\*: أخرى وتشمل بعض الحالات منها: زراعة، تنظيف عصب، حشوة عصب وأخرى.

جدول 16: الأعداد السنوية للخدمات الطبية المقدمة من مراكز الأشعة حسب الخدمة ونوع القطاع الصحي، 2004

Table 16: Annual Number of Services Provided by Radiology Centers by Type of Services and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
X – Ray	1,233,174	14.8	62,393	1,290,406	31.1	41,339	تصوير أشعة
X – Ray With Contrast	198,121	59.8	2,525	1,148,620	123.9	6,487	تصوير ملون
Ultrasound	573,516	16.9	30,782	1,001,307	35.6	34,377	تصوير تلفزيون
CT- Scan	101,705	60	1,695	710,411	261.3	2,499	تصوير طبقي
ESWL	88,774	1100	81	1,265,663	2000	633	تفتيت حصي
Other*	1,061,669	160.8	8,832	118,637	95.6	2,146	أخرى*
<b>Total</b>	<b>3,256,959</b>		<b>106,308</b>	<b>5,535,044</b>		<b>87,481</b>	<b>المجموع</b>

\*: Other: Includes Several Cases, Mainly: Panorama, Mammography, MRI and cardiac catheterization and angiography.

\*: أخرى وتشمل بعض الحالات منها: تصوير بانوراما، تصوير الثدي، رنين مغناطيسي، تصوير شرايين وقلب.

جدول 17: الأعداد السنوية للخدمات الطبية المقدمة من مراكز العلاج الطبيعي حسب الخدمة ونوع القطاع الصحي، 2004

Table 17: Annual Number of Services Provided by Physiotherapy Centers by Type of Services and Health Sector, 2004

Type of Medical Services	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية Annual Revenues	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
Services Provided Outside the Center	115,253	11.4	11,402	700,166	35.5	13,802	زيارات خارج المركز
Services Provided inside the Center	765,269	13.1	78,021	3,106,583	76.1	82,394	زيارات داخل المركز
Other*	35,107	14.6	1,311	0	0.0	90	أخرى*
<b>Total</b>	<b>915,629</b>		<b>90,734</b>	<b>3,806,749</b>		<b>96,286</b>	<b>المجموع</b>

\*: Other includes cases like: Health Educational programs.

\*: أخرى وتشمل بعض الحالات منها: برامج التوعية، والتثقيف الصحي .

جدول 18: الأعداد السنوية للخدمات الطبية المقدمة من المختبرات الطبية حسب الخدمة ونوع القطاع الصحي، 2004

Table 18: Annual Number of Services Provided by Medical Laboratories by Type of Service and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية Annual Revenues	معدل التكلفة لكل خدمة Average Unit Cost	عدد الخدمات No. of Services	الإيرادات السنوية Annual Revenues	معدل التكلفة لكل خدمة Average Unit Cost	عدد الخدمات No. of Services	
Routine Examinations	2,018,584	7.6	269,415	4,057,794	10.9	419,790	فحوصات روتينية
Serum and Antibodies Tests	1,059,800	9.9	101,948	3,443,318	14.5	191,694	فحوصات دم وأمصال
Culture Tests	426,806	25	13,558	1,425,414	22.6	67,965	زراعة
Biochemistry Tests	774,983	10.2	89,299	2,400,578	14.1	170,815	فحوصات كيمياء حيوية
Hormones Tests	964,242	26.9	35,339	4,027,647	36.3	112,245	فحوصات هرمونات
Special Tests	517,050	41.5	26,117	2,154,480	43.7	49,101	فحوصات خاصة
Other*	261,461	13.8	8,818	69,244	36.6	1,555	أخرى*
<b>Total</b>	<b>6,022,926</b>		<b>544,494</b>	<b>17,578,475</b>		<b>1,013,165</b>	<b>المجموع</b>

\*: Other includes cases like: Panorama and Histopathology tests.

\*: أخرى: وتشمل بعض الحالات منها: تصوير بانوراما ، وفحوصات الأنسجة.

جدول 19: إجمالي المصروفات على الصحة حسب بعض البنود والقطاع الصحي 2004  
Table 19: Total Health Expenses by Items and Health Sector, 2004

Expenses items	المجموع الكلي Grand Total	القطاع الصحي								بند المصروفات	
		Health Sector				مجموع الخاص Total Private	الخاص Private		وكالة الغوث UNRWA		وزارة الصحة MoH
		مجموع المنظمات غير الحكومية Total NGO's	المنظمات غير الحكومية NGO's		الرعاية الثانوية Secondary Care		الرعاية الأولية Primary Care	الرعاية الثانوية Secondary Care			
Total Wages and Salaries	494,421,523	138,596,720	116,559,275	22,037,444	32,221,196	11,066,815	21,154,381	81,126,316	249,556,780	مجموع رواتب الموظفين	
Goods for Running and Services Cost	375,523,395	95,960,281	84,052,688	11,907,593	68,192,079	10,064,243	58,127,836	36,449,288	174,921,747	مجموع المصروفات السلعية والخدماتية	
Total of Fess and indirect Taxes	79,123,544	33,741,464	33,140,825	600,639	5,978,490	1,173,380	4,805,110	-	-	مجموع رسوم وضرائب غير مباشرة	
Annual Depreciation*	53,517,313	19,850,113	-	-	14,605,002	-	-	1,022,443	1,025,588	الاهتلاك السنوي*	
<b>Total Expenses</b>	<b>1,002,585,775</b>	<b>288,148,57</b>	<b>233,752,788</b>	<b>34,545,676</b>	<b>120,996,767</b>	<b>22,304,438</b>	<b>84,087,327</b>	<b>118,598,047</b>	<b>425,504,116</b>	<b>إجمالي المصروفات</b>	

\*: The annual depreciation for Private and NGOs was calculated from the Assets part of the Institutions questionnaire, while for MoH and UNRWA was calculated based on Economics Survey 2004.

\*: تم حساب الاهتلاك السنوي لقطاعي الخاص والمنظمات غير الحكومية من خلال قسم حركة الأصول في استمارة المنشأة، وفيما يتعلق في وزارة الصحة ووكالة الغوث فقد تم من حساب الاهتلاك من خلال تقديرات المسوح الاقتصادية للعام 2004.



جدول 20: التوزيع النسبي للمصروفات على الصحة حسب بعض البنود والقطاع الصحي 2004

Table 20: Percentage Distribution of Total Health Expenses by Selected Items and Health Sector, 2004

Expenses items	المجموع الكلي Grand Total	القطاع الصحي							بند المصروفات		
		Health Sector				مجموع الخاص Total Private	الخاص Private			وكالة الغوث UNRWA	وزارة الصحة MoH
		مجموع المنظمات غير الحكومية Total NGO's	المنظمات غير الحكومية NGO's		الرعاية الثانوية Secondary Care		الرعاية الأولية Primary Care	الرعاية الثانوية Secondary Care			
Total Wages and Salaries	49.3	48.1	49.9	63.8	26.6	49.6	25.2	68.4	58.7	مجموع رواتب الموظفين	
Goods for Running and Services Cost	37.5	33.3	36.0	34.5	56.4	45.1	69.2	30.7	41.1	مجموع المصروفات السلعية والخدماتية	
Total of Fess and indirect Taxes	7.9	11.7	14.1	1.7	4.9	5.3	5.6	-	-	مجموع رسوم وضرائب غير مباشرة	
Annual Depreciation	5.3	6.9	-	-	12.1	-	-	0.9	0.2	الاهتلاك السنوي	
<b>Total Expenses</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>إجمالي المصروفات</b>	

جدول 21: إجمالي الإيرادات (الطريقة المباشرة) حسب نوعها وبعض الإيرادات والقطاع الصحي، 2004  
 Table 21: Total Revenues (Direct Method) by Type, Revenue Items and Health Sector, 2004

Revenues items	المجموع الكلي Grand Total	القطاع الصحي						بند الإيرادات
		Health Sector		مجموع الخاص Total Private	الخاص Private			
		مجموع المنظمات غير الحكومية Total NGO's	المنظمات غير الحكومية NGO's		الرعاية الثانوية Secondary Care	الرعاية الأولية Primary Care		
<b>Revenues from Medical Services</b>								<b>الإيرادات من الخدمات الطبية</b>
Doctors' remunerations	166,229,666	40,095,785	28,771,828	11,323,957	126,133,881	5,671,407	120,462,474	أجور أطباء (كشفيات)
Registration fees	651,345	377,888	47,308	330,580	273,457	11,448	262,009	رسوم تسجيل
Laboratory services	18,967,704	6,641,260	3,187,520	3,453,740	12,326,444	766,000	11,560,444	مختبرات
Radiology / Ultrasound / CT-scan	7,173,566	4,526,064	1,711,777	2,814,287	2,647,502	376,511	2,270,991	أشعة/ التراساوند/CT
Medications	9,345,258	7,230,688	2,692,027	4,538,661	2,114,570	638,771	1,475,799	أدوية
Hospitalization	8,055,674	5,276,669	5,276,669	-	2,779,005	2,779,005	-	إقامة في المستشفى
Surgery	18,559,705	8,001,845	7,497,214	504,631	10,557,860	7,115,827	3,442,033	عمليات جراحية
Emergency	4,501,593	3,808,648	3,000,903	807,745	692,945	528,423	164,522	طوارئ
<b>Total</b>	<b>233,484,511</b>	<b>75,958,847</b>	<b>52,185,246</b>	<b>23,773,601</b>	<b>157,525,664</b>	<b>17,887,392</b>	<b>139,638,272</b>	<b>المجموع</b>
<b>Other Revenues</b>								<b>إيرادات أخرى</b>
Investments	4,710,415	4,552,370	4,455,716	96,654	158,045	0	158,045	استثمارية
Insurance Companies	1,598,530	1,351,303	1,133,995	217,308	247,227	122,661	124,566	شركات التأمين
Donations and grants.	46,659,656	43,334,595	35,956,513	7,378,082	3,325,061	1,175,675	2,149,386	متنوعة (إعانات و تبرعات
<b>Total</b>	<b>52,968,601</b>	<b>49,238,268</b>	<b>41,546,224</b>	<b>7,692,044</b>	<b>3,730,333</b>	<b>1,298,336</b>	<b>2,431,997</b>	<b>المجموع</b>
<b>Grand Total</b>	<b>286,453,112</b>	<b>125,197,115</b>	<b>93,731,470</b>	<b>31,465,645</b>	<b>161,255,997</b>	<b>19,185,728</b>	<b>142,070,269</b>	<b>المجموع الكلي</b>

جدول 22: التوزيع النسبي للإيرادات (الطريقة المباشرة) من الخدمات الصحية حسب بعض البنود والقطاع الصحي، 2004

Table 22: Percentage Distribution of Total Revenues (Direct Method) from Medical Services by Items and Health Sector, 2004

Revenues Items	المجموع الكلي Grand Total	Health Sector			القطاع الصحي			بند الإيرادات
		مجموع المنظمات غير الحكومية Total NGO's	المنظمات غير الحكومية NGO's		مجموع الخاص Total Private	الخاص Private		
			الرعاية الثانوية Secondary Care	الرعاية الأولية Primary Care		الرعاية الثانوية Secondary Care	الرعاية الأولية Primary Care	
Doctors' remunerations	71.2	52.8	55.1	47.6	80.1	31.7	86.3	أجور أطباء (كشفيات)
Registration fees	0.3	0.5	0.1	1.4	0.2	0.1	0.2	رسوم تسجيل
Laboratory services	8.1	8.7	6.1	14.5	7.8	4.3	8.3	مختبرات
Radiology / Ultrasound / CT-scan	3.1	6.0	3.3	11.8	1.7	2.1	1.6	أشعة/ التراساوند/CT
Medications	4.0	9.5	5.2	19.1	1.3	3.6	1.1	أدوية
Hospitalization	3.5	6.9	10.1	-	1.8	15.5	-	إقامة في المستشفى
Surgery	7.9	10.5	14.4	2.1	6.7	39.8	2.5	عمليات جراحية
Emergency	1.9	5.0	5.8	3.4	0.4	3.0	0.1	طوارئ
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 23: التوزيع النسبي للمرضى في العينة حسب بعض الخصائص الخلفية، 2005

Table 23: Percentage Distribution of Sampled Patients by Selected Background Characteristics, 2005

Background Characteristics	عدد المشاهدات (المرضى) Number of Obs. (Patients)	النسبة Percentage	الخصائص الخلفية
<b>Region</b>			<b>المنطقة</b>
Palestinian Territory	3,265	100.0	الأراضي الفلسطينية
West Bank	2,345	71.8	الضفة الغربية
Gaza Strip	920	28.2	قطاع غزة
<b>Type of Locality</b>			<b>نوع التجمع</b>
Urban	1,943	59.5	حضر
Rural	983	30.1	ريف
Camps	339	10.4	مخيمات
<b>Sex</b>			<b>الجنس</b>
Males	1,387	42.5	ذكور
Females	1,878	57.5	إناث
<b>Age</b>			<b>العمر</b>
0-17	788	24.2	17-0
18-24	515	15.8	24-18
25-35	1,016	31.1	35-25
36-49	526	16.1	49-36
50-64	275	8.4	64-50
65+	135	4.1	+65
Not-stated	10	0.3	غير مبين
<b>Educational Qualification (Persons 10 Years and Over)</b>			<b>المؤهل العلمي (الأفراد 10 سنوات فأكثر)</b>
None	345	12.7	لا شيء
Elementary	420	15.4	ابتدائي
Preparatory	641	23.5	إعدادي
Secondary	782	28.7	ثانوي
Intermediate Diploma	210	7.7	دبلوم متوسط
Bachelor and above	328	12.0	بكالوريوس فأعلى

جدول 24: التوزيع النسبي للمرضى في العينة حسب القطاع الصحي وبعض الخصائص الخلفية، 2005  
Table 24: Percentage Distribution of Sampled Patients by Health Sector, 2005

Background Characteristics	Health Sector				الخصائص الخلفية
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
<b>Region</b>					<b>المنطقة</b>
Palestinian Territory	100	100	100	100	الأراضي الفلسطينية
West Bank	50.4	80.4	69.1	81.9	الضفة الغربية
Gaza Strip	49.6	19.6	30.9	18.1	قطاع غزة
<b>Type of Locality</b>					<b>نوع التجمع</b>
Urban	31.6	52.3	66.1	44.1	حضر
Rural	12.0	39.2	24.7	51.0	ريف
Camps	56.4	8.5	9.2	4.9	مخيمات
<b>Sex</b>					<b>الجنس</b>
Males	39.8	36.7	44.5	39.7	ذكور
Females	60.2	63.3	55.5	60.3	إناث
<b>Age</b>					<b>العمر</b>
0-17	24.4	28.6	21.0	34.8	17-0
18-24	12.2	15.7	16.9	11.7	24-18
25-35	26.7	27.1	33.5	25.8	35-25
36-49	17.6	16.3	16.5	13.9	49-36
50-64	11.5	7.3	8.5	8.7	64-50
65+	7.6	5.0	3.5	5.2	+65
<b>Educational Qualification</b>					<b>المؤهل العلمي</b>
None	25.5	11.5	10.3	23.3	لا شيء
Elementary	14.2	20.5	14.1	17.7	ابتدائي
Preparatory	20.8	24.3	24.2	19.5	إعدادي
Secondary	28.3	28.0	29.3	26.3	ثانوي
Intermediate Diploma	7.5	8.0	8.1	5.0	دبلوم متوسط
Bachelor and above	3.8	7.7	14.0	8.3	بكالوريوس فأعلى
<b>Number of Obs. (Patients)</b>	<b>133</b>	<b>480</b>	<b>2,183</b>	<b>469</b>	<b>عدد المشاهدات (المرضى)</b>
<b>Percentage of Obs. (Patients)</b>	<b>4.0</b>	<b>14.7</b>	<b>66.9</b>	<b>14.4</b>	<b>نسبة المشاهدات (المرضى)</b>

جدول 25: التوزيع النسبي لأسر المرضى حسب متوسط قيمة الدخل الشهري والمنطقة، 2005

Table 25: Percentage Distribution of Patient's Households by Average Monthly Income and Region, 2005

Average Monthly income/NIS	عدد المشاهدات (المرضى) Number of Obs. (Patients)	المنطقة Region			متوسط الدخل بالشيقل
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Less than 1000	964	39.1	25.8	29.5	أقل من 1000
1000-1900	1,307	40.0	40.1	40.1	1900-1000
2000-2900	607	14.6	20.2	18.6	2900-2000
3000-3900	176	3.9	6.0	5.4	3900-3000
4000 and Over	103	1.7	3.7	3.2	4000 فأكثر
Do Not Know	106	0.7	4.2	3.2	لا أعرف
<b>Total</b>	<b>3,263</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 26: التوزيع النسبي لأسر المرضى حسب متوسط قيمة الدخل الشهري والقطاع الصحي، 2005

Table 26: Percentage Distribution of Patient's Households by Average Monthly Income and Health Sector, 2005

Average Monthly income/NIS	القطاع الصحي Health Sector				متوسط الدخل بالشيقل
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	الحكومي MoH	
Less than 1000	40.6	33.4	26.6	38.0	أقل من 1000
1000-1900	39.1	36.9	41.2	39.1	1900-1000
2000-2900	12.0	16.9	20.4	12.6	2900-2000
3000-3900	2.3	5.6	5.9	3.0	3900-3000
4000 and Over	0.8	2.6	3.8	1.7	4000 فأكثر
Do Not Know	5.2	4.6	2.1	5.6	لا أعرف
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 27: التوزيع النسبي للمرضى حسب المشكلة الصحية التي تواجههم والمنطقة، 2005

Table 27: Percentage Distribution of Patients by Health Problem and Region, 2005

Health Problem	المنطقة			المشكلة الصحية
	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Chronic Diseases	9.8	15.2	13.7	أمراض تحتاج لعلاج مستمر (كالأمراض المزمنة)
Acute diseases	41.6	17.0	24.0	مرض حاد
Emergency cases\ Injury\ Accident	8.3	19.7	16.4	حالة طارئة/حادث/ إصابة
Dental	21.7	22.9	22.6	أسنان
Maternal health care\ family planning\delivery	14.4	18.7	17.5	رعاية أمومة وطفولة/ تنظيم أسرة/ولادة
Other	4.2	6.5	5.8	أخرى
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 28: التوزيع النسبي للمرضى حسب المشكلة الصحية التي تواجههم والقطاع الصحي، 2005

Table 28: Percentage Distribution of Patients by Health Problem and Health Sector, 2005

Health Problem	القطاع الصحي				المشكلة الصحية
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Chronic Diseases	22.6	16.6	11.3	19.9	أمراض تحتاج لعلاج مستمر (كالأمراض المزمنة)
Acute diseases	25.6	29.1	22.4	25.5	مرض حاد
Emergency cases\ Injury\ Accident	24.1	17.0	15.0	20.3	حالة طارئة/حادث/ إصابة
Dental	9.0	10.5	29.7	4.3	أسنان
Maternal health care\ family planning\delivery	18.8	22.5	14.4	26.9	رعاية أمومة وطفولة/ تنظيم أسرة/ولادة
Other	0.1	4.2	7.2	3.1	أخرى
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>

جدول 29: نسبة المرضى الذين تلقوا خدمات طبية حسب نوع الخدمة والمنطقة، 2005

**Table 29: Percentage of Patients Who Received Different Types of Medical Services by Type of Service and Region, 2005**

Type of Medical Services	عدد الزيارات Number of visits	Region			نوع الخدمة
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Generalist service	719	13.3	26.0	22.4	رعاية من طبيب عام
Specialist service	1,243	43.9	36.6	38.7	رعاية من طبيب مختص
Dentist service	700	21.3	22.0	21.8	خدمات طب الأسنان
Follow up visit (within two weeks)	381	9.8	12.7	11.9	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	135	3.0	4.7	4.2	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound	252	7.4	8.0	7.8	تصوير التراساوند/ تليفزيون
X-ray	113	2.4	4.0	3.5	تصوير أشعة (سينية)
CT-scan/ MRI	21	0.2	0.8	0.7	تصوير طبقي/ رنين مغناطيسي
Hospitalization	173	1.4	7.0	5.4	مبيت في المستشفى
Surgery	92	1.0	3.6	2.9	جراحة
Lab-tests/services (blood donation)	596	21.4	17.4	18.5	إجراء فحوصات مخبرية
Medications/vaccines	651	16.3	21.8	20.3	أدوية وتطعيمات
Emergency services	56	0.3	2.3	1.7	طوارئ
Obstetric services	114	1.3	4.4	3.5	خدمات نسائية
Maternal health care\ family planning\delivery	325	8.9	10.6	10.1	رعاية أمومة وطفولة وتنظيم أسرة
Other	154	2.4	5.8	4.8	أخرى



جدول 30: نسبة المرضى الذين تلقوا خدمات طبية حسب نوع الخدمة والقطاع الصحي، 2005

Table 30: Percentage of Patients Who Received Different Types of Medical Services by Type of Service and Health Sector, 2005

Type of Medical Services	القطاع الصحي				نوع الخدمة
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Generalist service	48.9	34.0	12.8	48.7	رعاية من طبيب عام
Specialist service	27.1	31.9	44.3	22.2	رعاية من طبيب مختص
Dentist service	11.3	10.0	28.4	4.5	خدمات طب الأسنان
Follow up visit (within two weeks)	6.8	9.3	14.0	5.8	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	13.5	4.4	3.1	6.4	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound	0.8	4.8	9.8	3.8	تصوير التراساوند/ تلفزيون
X-ray	0.8	3.7	3.2	5.8	تصوير أشعة (سينية)
CT-scan/ MRI	0.0	0.9	0.6	0.9	تصوير طبقي/ رنين مغناطيسي
Hospitalization	0.0	8.2	4.4	9.2	مبيت في المستشفى
Surgery	0.0	2.8	2.7	4.3	جراحة
Lab-tests/services (blood donation)	21.8	28.4	16.6	17.5	إجراء فحوصات مخبرية
Medications/vaccines	55.6	31.2	9.8	48.7	أدوية وتطعيمات
Emergency services	2.3	3.7	0.9	3.8	طوارئ
Obstetric services	0.0	4.0	3.8	3.0	خدمات نسائية
Maternal health care\ family planning\delivery	14.3	13.3	6.7	21.8	رعاية أمومة وطفولة وتنظيم أسرة
Other	1.6	7.0	5.2	1.7	أخرى

جدول 31: نسبة المرضى المؤمنين حسب نوع التأمين الصحي والمنطقة، 2005

Table 31: Percentage of Patients by Type of Health Insurance and Region, 2005

Type of Health Insurance	المنطقة			نوع التأمين الصحي
	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Ministry of Health	81.5	54.9	62.5	وزارة الصحة
Military	9.7	2.3	4.4	عسكري
Private	1.1	3.7	3.0	خاص
Israeli	0.1	4.9	3.5	إسرائيلي
UNRWA	57.2	11.4	24.4	وكالة الغوث
Percentage of insured	96.8	69.9	77.6	نسبة المؤمنين

جدول 32: نسبة المرضى المؤمنين حسب نوع التأمين الصحي والقطاع الصحي، 2005

Table 32: Percentage of Patients by Type of Health Insurance and Health Sector, 2005

Type of Health Insurance	القطاع الصحي				نوع التأمين الصحي
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Ministry of Health	51.9	60.7	58.9	83.8	وزارة الصحة
Military	4.5	3.0	4.6	4.9	عسكري
Private	0.8	3.3	3.4	1.3	خاص
Israeli	0.8	3.5	4.0	1.9	إسرائيلي
UNRWA	99.2	18.5	23.4	13.6	وكالة الغوث
Percentage of insured	100	73.6	74.0	91.3	نسبة المؤمنين

جدول 33: التوزيع النسبي للمرضى المؤمنين حسب نوع التأمين الصحي المستخدم لأغراض الزيارة الحالية والمنطقة، 2005

Table 33: Percentage Distribution of Insured Patients by Type of Health Insurance Used and Region, 2005

Type of Health Insurance	عدد المشاهدات No. of Observations	المنطقة			نوع التأمين الصحي
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Ministry of Health	466	9.5	24.4	18.7	وزارة الصحة
Military	30	1.6	1.0	1.2	عسكري
Private	46	0.5	2.6	1.8	خاص
Israeli	62	0.0	3.9	2.5	إسرائيلي
UNRWA	151	7.8	5.1	6.1	وكالة الغوث
Who Did Not Use Health Insurance	1,753	80.6	63.0	69.7	الذين لم يستخدموا التأمين
Total	2,490	100	100	100	المجموع

جدول 34: التوزيع النسبي للمرضى المؤمنين حسب نوع التأمين الصحي المستخدم لأغراض الزيارة الحالية والقطاع الصحي، 2005

Table 34: Percentage Distribution of Insured Patients by Type of Used Health Insurance and Health Sector, 2005

Type of Health Insurance	القطاع الصحي				نوع التأمين الصحي
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Ministry of Health	0.0	18.4	3.0	84.1	وزارة الصحة
Military	0.0	0.3	0.6	4.4	عسكري
Private	0.0	1.9	2.4	0.2	خاص
Israeli	0.0	1.0	3.3	1.5	إسرائيلي
UNRWA	98.5	1.6	0.7	0.9	وكالة الغوث
Who Did Not Use Health Insurance	1.5	76.8	90.0	8.9	الذين لم يستخدموا التأمين
Total	100	100	100	100	المجموع

جدول 35: المعدل والوسيط للقسط الشهري بالشيقل المستعد أن يدفعه المريض مقابل تأمين صحي مثالي حسب متوسط قيمة

الدخل الشهري والمنطقة، 2005

**Table 35: The Mean and the Median of Patient's Willingness to Pay of Monthly Insurance Premiums in New Israeli Shakels for Optimal Health insurance by Households Average Monthly Income and Region 2005**

Average Monthly income/NIS	Region						متوسط الدخل بالشيقل
	قطاع غزة Gaza Strip		الضفة الغربية West Bank		الأراضي الفلسطينية Palestinian Territory		
	الوسيط Median	المعدل Mean	الوسيط Median	المعدل Mean	الوسيط Median	المعدل Mean	
Less than 1000	0.0	10.8	25.0	34.9	15.0	24.9	أقل من 1000
1000-1900	10.0	20.9	40.0	48.1	30.0	39.4	1900-1000
2000-2900	20.0	34.2	50.0	80.0	50.0	68.8	2900-2000
3000-3900	15.0	28.3	90.0	116.4	57.0	94.8	3900-3000
4000 and Over	17.5	31.6	100.0	142.5	100.0	123.0	4000 فأكثر
Do Not Know	0.0	36.7	30.0	63.4	20.0	60.8	لا أعرف
<b>Total</b>	<b>5.0</b>	<b>19.5</b>	<b>50.0</b>	<b>59.4</b>	<b>30.0</b>	<b>46.6</b>	المجموع

جدول 36: متوسط المبالغ التي دفعها المرضى مقابل الخدمات الطبية التي تلقوها حسب نوع الخدمة والمنطقة، 2005

Table 36: Average Out-of- Pocket Direct Medical Costs for Certain Demanded Medical Services by Type of Service and Region, 2005

Type of Medical Services	عدد الزيارات No. of Visits	المنطقة									نوع الخدمة
		قطاع غزة Gaza Strip			الضفة الغربية West Bank			الأراضي الفلسطينية Palestinian Territory			
		الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	
Generalist service	351	10.0	13.2	7.4	20.0	21.2	15.2	20.0	20.2	14.6	رعاية من طبيب عام
Specialist service	1,256	20.0	32.4	130.7	25.0	62.6	342.1	20.0	52.9	291.5	رعاية من طبيب مختص
Dentist service	710	30.0	67.4	243.6	50.0	172.3	559.1	40.0	143.5	295.0	خدمات طب الأسنان
Follow up visit (within two weeks)	389	0.0	5.8	25.6	0.0	13.3	30.2	0.0	11.6	29.4	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	136	0.0	0.6	1.6	0.0	20.9	115.8	0.0	16.9	103.9	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound/echogram	259	10.0	15.1	18.5	0.0	8.9	22.7	0.0	10.5	21.8	تصوير التراساوند/ تليفزيون
X-ray	113	0.0	2.9	4.5	0.0	18.1	26.5	0.0	15.1	24.6	تصوير أشعة (سينية)
CT-scan/MRI	21	25.0	25.0	35.4	0.0	68.4	121.6	0.0	64.3	116.3	تصوير طبقي/ رنين مغناطيسي
Hospitalization	173	0.0	624.6	2070.4	0.0	192.0	604.3	0.0	224.5	806.0	مبيت في المستشفى
Surgery	93	8.0	100.0	132.7	0.0	331.2	751.1	0.0	308.8	717.8	جراحة
Lab-tests/services (blood donation)	606	5.0	13.0	22.6	7.0	22.2	47.5	5.5	19.2	41.3	إجراء فحوصات مخبرية
Medications/vaccines	672	1.0	10.0	21.9	3.0	18.8	64.0	3.0	16.9	57.5	أدوية
Emergency services	56	3.0	4.0	4.6	0.0	49.9	274.8	0.0	47.4	267.4	طوارئ
Obstetric services	115	20.0	128.3	206.5	250.0	462.0	656.4	250.0	427.2	632.5	خدمات نسائية
Maternal health care\ family planning\delivery	333	8.0	12.9	14.0	0.0	22.8	130.5	0.0	20.4	113.8	رعاية أمومة وطفولة وتنظيم أسرة
Other	88	10.0	11.3	12.1	30.0	73.4	111.5	22.5	65.0	105.8	أخرى
<b>Total</b>	<b>5,371</b>	<b>20.0</b>	<b>48.4</b>	<b>288.6</b>	<b>30.0</b>	<b>190.4</b>	<b>1225.8</b>	<b>25.0</b>	<b>150.4</b>	<b>1052.1</b>	<b>المجموع</b>
<b>Cost for Transportation</b>		<b>2.0</b>	<b>3.1</b>	<b>5.6</b>	<b>4.0</b>	<b>9.2</b>	<b>20.0</b>	<b>3.0</b>	<b>7.5</b>	<b>17.4</b>	<b>المبالغ المدفوعة للمواصلات</b>
<b>Who did not pay transportation costs</b>		<b>39.8</b>			<b>40.4</b>			<b>40.0</b>			<b>الذين لم يدفعوا أية مواصلات</b>

جدول 37: متوسط المبالغ التي دفعها المرضى مقابل الخدمات الطبية التي تلقوها حسب نوع الخدمة والقطاع الصحي، 2005

Table 37: Average Out-of- Pocket Direct Medical Costs for Certain Demanded Medical Services by Type of Service and Health Sector, 2005

Type of Medical Services	القطاع الصحي												نوع الخدمة
	وكالة الغوث UNRWA			الحكومي Governmental			منظمات غير حكومية NGO's			الخاص Private Sector			
	الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	
Generalist service	-	-	-	3.5	9.9	10.0	10.0	13.7	8.7	20.0	24.7	15.6	رعاية من طبيب عام
Specialist service	-	-	-	0.0	5.3	13.1	10.0	15.5	20.1	30.0	65.7	331.2	رعاية من طبيب مختص
Dentist service	-	-	-	10.0	61.1	215.6	30.0	64.6	152.7	40.0	156.5	524.7	خدمات طب الأسنان
Follow up visit (within two weeks)	-	-	-	0.0	1.1	4.0	0.0	6.7	14.0	0.0	13.6	32.4	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	-	-	-	0.0	41.3	218.9	0.0	6.5	14.9	0.0	13.7	23.6	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound/echogram	-	-	-	0.0	0.3	1.2	0.0	6.9	13.0	0.0	11.8	23.3	تصوير التراساوند/ تليفزيون
X-ray	-	-	-	0.0	0.5	1.1	0.0	8.7	13.5	15.0	22.5	28.3	تصوير أشعة (سينية)
CT-scan/MRI	-	-	-	0.0	0.0	0.0	75.0	112.5	131.5	0.0	69.2	126.7	تصوير طبقي/ رنين مغناطيسي
Hospitalization	-	-	-	0.0	0.0	0.0	0.0	358.9	1358.9	0.0	276.6	698.8	مبيت في المستشفى
Surgery	-	-	-	0.0	0.0	0.0	0.0	613.3	930.5	0.0	356.0	766.2	جراحة
Lab-tests/services (blood donation)	-	-	-	0.0	1.8	3.3	10.0	22.5	55.8	10.0	23.5	40.2	إجراء فحوصات مخبرية
Medications/vaccines	-	-	-	3.0	5.2	8.3	8.0	18.0	41.0	3.0	34.1	92.4	أدوية
Emergency services	-	-	-	0.0	10.5	35.2	0.0	3.0	6.9	0.0	127.2	455.1	طوارئ
Obstetric services	-	-	-	0.0	14.3	53.5	160.0	372.8	483.1	350.0	508.7	686.2	خدمات نسائية
Maternal health care\ family planning\delivery	-	-	-	0.0	0.7	2.3	5.0	47.6	250.6	20.0	24.8	40.6	رعاية أمومة وطفولة وتنظيم أسرة
Other	-	-	-	0.0	0.0	0.0	15.0	46.9	92.7	30.0	76.1	111.9	أخرى
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3.0</b>	<b>23.3</b>	<b>162.9</b>	<b>20.0</b>	<b>140.5</b>	<b>551.3</b>	<b>30.0</b>	<b>189.0</b>	<b>1255.4</b>	<b>المجموع</b>
<b>Cost for Transportation</b>	<b>0.0</b>	<b>2.2</b>	<b>4.7</b>	<b>0.0</b>	<b>8.3</b>	<b>25.6</b>	<b>2.0</b>	<b>6.1</b>	<b>12.9</b>	<b>4.0</b>	<b>7.9</b>	<b>16.5</b>	<b>المبالغ المدفوعة للمواصلات</b>

جدول 38: نسبة المرضى الذين ساهمت بعض الجهات في تغطية بعض تكاليف الخدمة التي تلقوها حسب نوع الجهة المساهمة والمنطقة، 2005

**Table 38: Percentage of Patients who Received Cost Sharing From Other Contributors by Type of Contributor and Region, 2005**

Type of Contributor	Health Sector			الجهة المساهمة
	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Ministry of Health\ Ministry of Finance	10.0	17.2	15.2	وزارة الصحة/ وزارة المالية
Insurance Companies	0.4	2.8	2.1	شركات التأمين
Charitable Societies\NGO's	3.3	1.9	2.3	مؤسسات/ جمعيات خيرية
UNRWA	7.6	3.6	4.8	وكالة الغوث
Friends\Relatives	28.3	4.4	11.1	أقارب/ أصدقاء
<b>Who received cost-sharing from any partner</b>	<b>45.9</b>	<b>30.8</b>	<b>35.0</b>	<b>الذين ساهمت معهم أي جهة في تغطية التكاليف</b>

جدول 39: نسبة المرضى الذين ساهمت بعض الجهات في تغطية بعض تكاليف الخدمة التي تلقوها حسب نوع الجهة المساهمة والقطاع الصحي، 2005

**Table 39: Percentage of Patients who Received Cost Sharing From Other Contributors by Type of Contributor and Health Sector, 2005**

Type of Contributor	Health Sector				الجهة المساهمة
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Ministry of Health\ Ministry of Finance	3.8	10.9	2.7	80.8	وزارة الصحة/ وزارة المالية
Insurance Companies	0.0	4.4	1.8	1.7	شركات التأمين
Charitable Societies\NGO's	0.0	11.5	0.7	0.6	مؤسسات/ جمعيات خيرية
UNRWA	97.7	2.1	0.5	0.9	وكالة الغوث
Friends\Relatives	0.8	11.1	12.5	7.5	أقارب/ أصدقاء
<b>Who received cost-sharing from any partner</b>	<b>97.7</b>	<b>42.1</b>	<b>18.9</b>	<b>85.3</b>	<b>الذين ساهمت معهم أي جهة في تغطية التكاليف</b>

جدول 40: التوزيع النسبي للمرضى حسب نوع مقدم الخدمة الصحية السابق والقطاع الصحي الحالي، 2005  
**Table 40: Distribution of Patients by Type of Previous Health Provider and Current Health Provider, 2005**

Type of Previous Health Provider	القطاع الصحي الحالي				نوع مقدم الخدمة الصحية السابق
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	وزارة الصحة MoH	
Governmental Clinic\ Center	59.3	17.3	17.6	14.6	عيادة /مركز صحي حكومي
Governmental Hospital	18.5	13.0	21.0	20.3	مستشفى حكومي
Private Clinic\Center	11.1	43.8	41.8	54.5	عيادة /مركز خاص
Private Hospital	3.7	9.3	4.3	4.9	مستشفى خاص
NGO's Clinic\ Center	3.7	3.1	3.7	4.9	عيادة /مركز صحي تابع لمنظمات غير حكومية
NGO's Hospital	0.0	6.0	7.0	0.0	مستشفى تابع لمنظمات غير حكومية
UNRWA Clinic\Center	3.7	10.5	6.8	0.8	عيادة / مركز صحي / مستشفى تابع للوكالة
Pharmacy	0.0	1.2	6.0	0.0	صيدلية
Traditional Healer	0.0	0.0	4.0	0.0	معالج بالطب الشعبي
Other	0.0	1.2	3.0	0.0	أخرى
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>Patients Who Visited Other Place for Same Problem</b>	<b>20.3</b>	<b>33.9</b>	<b>31.8</b>	<b>26.3</b>	<b>المرضى الذين زاروا مكان سابق لنفس المشكلة الصحية</b>

جدول 41: التوزيع النسبي للمرضى حسب رضاهم عن الخدمات الصحية حسب خصائص معينة ودرجة الرضى

والقطاع الصحي، 2005

**Table 41: Percentage Distribution of Patients by Degree of Satisfaction About Medical Services by Certain Characteristics and Health Sector, 2005**

Certain Characteristics and Degree of Satisfaction	Health Sector				بعض الخصائص ودرجة الرضى
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	الحكومي Governmental	
<b>Working Hours</b>					ساعات الدوام
Very Satisfied	48.9	77.4	70.6	65.9	راضٍ تماماً
Fairly Satisfied	33.1	18.0	25.0	25.4	راضٍ إلى حد ما
Fairly Dissatisfied	12.7	4.4	3.3	6.0	غير راضٍ
Very Dissatisfied	5.3	0.0	0.6	2.6	غير راضٍ مطلقاً
Not Applicable\ Do not Know	0.0	0.2	0.5	0.1	لا ينطبق / لا يعرف
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>Cleanliness</b>					نظافة المكان
Very Satisfied	60.9	83.2	76.8	62.5	راضٍ تماماً
Fairly Satisfied	35.3	14.9	21.5	28.4	راضٍ إلى حد ما
Fairly Dissatisfied	1.5	1.3	1.3	5.5	غير راضٍ
Very Dissatisfied	2.3	0.6	0.2	3.6	غير راضٍ مطلقاً
Not Applicable\ Do not Know	0.0	0.0	0.2	0.0	لا ينطبق / لا يعرف
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>Availability of Drugs</b>					توفر الأدوية
Very Satisfied	54.1	53.7	23.1	34.3	راضٍ تماماً
Fairly Satisfied	27.8	20.8	11.4	30.3	راضٍ إلى حد ما
Fairly Dissatisfied	9.0	4.8	4.5	17.5	غير راضٍ
Very Dissatisfied	3.8	1.5	1.3	8.5	غير راضٍ مطلقاً
Not Applicable\ Do not Know	5.3	19.2	59.7	9.4	لا ينطبق / لا يعرف
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>
<b>Availability of Specialist</b>					توفر الطبيب المختص
Very Satisfied	45.9	68.8	74.5	41.8	راضٍ تماماً
Fairly Satisfied	39.8	17.0	13.6	23.9	راضٍ إلى حد ما
Fairly Dissatisfied	6.0	6.9	1.9	19.4	غير راضٍ
Very Dissatisfied	3.8	0.8	0.6	7.0	غير راضٍ مطلقاً
Not Applicable\ Do not Know	4.5	6.5	9.4	7.9	لا ينطبق / لا يعرف
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>المجموع</b>