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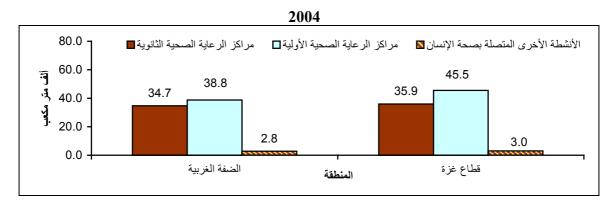
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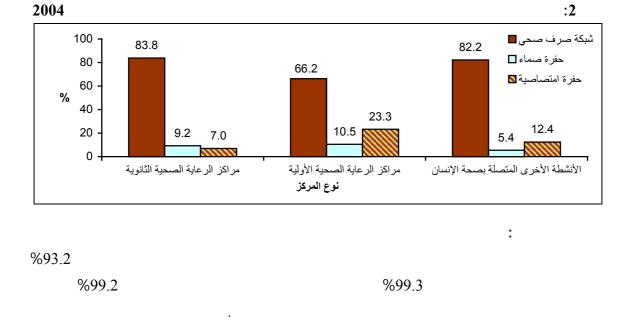
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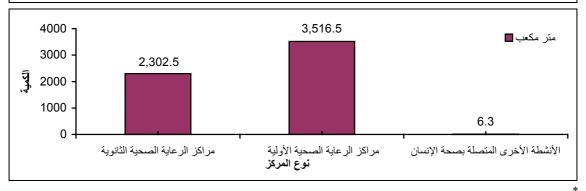
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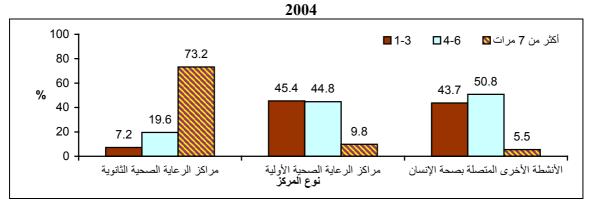
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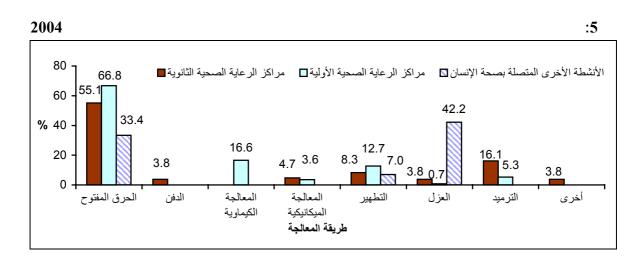
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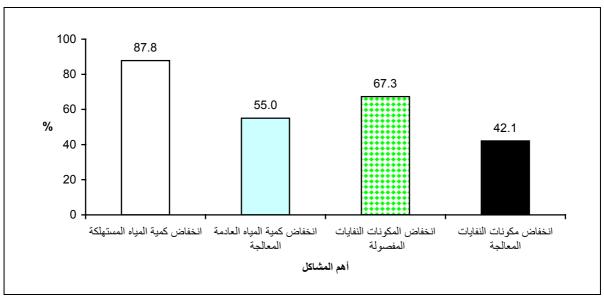
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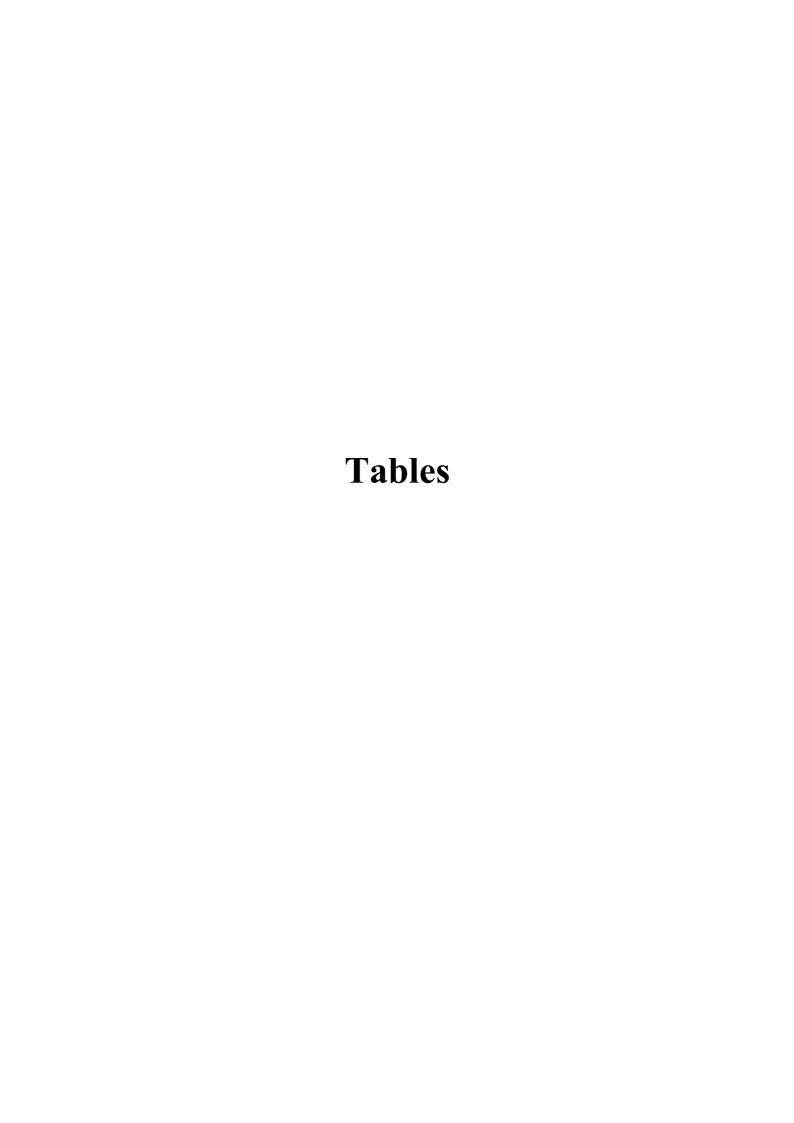
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Table1: Main Selected Indicators about the Activity of the Health Care Center in the Palestinian Territory from Environmental Sides for the Years 2003 and 2004

Indicator	2004	2003
Estimated Monthly Quantity of Water Consumed (1000 m3)	160.7	141.3
Percent Distribution of Health Care Centers by Means of obtaining water		
Water network	93.2	87.3
Water tanks	4.4	6.3
Collection water well	2.3	6.0
Others	0.1	0.4
Percent Distribution of Health Care Centers by Wastewater disposal method		
Wastewater network	68.7	65.9
Tight cesspit	9.9	8.6
Porous cesspit	21.4	25.5
Monthly Quantity of Solid Waste Produced Estimated by Ton	380.9	512.6
Monthly Quantity of Solid Waste Produced Estimated by Cubic meter	5,825.3	4,011.1
Percent of Health Care Centers which Separate Solid Waste	49.0	43.6
Percent Distribution of Health Care Centers by Doer of Solid Waste Disposal		
The health care center	11.5	18.9
Local Authority	83.1	77.6
Private contractor	0.1	1.8
UNRWA	1.7	0.6
Others	3.6	1.1

Table 2: Estimated Monthly Quantity of Water Consumed in the Palestinian Territory from Health Care Center by Type of Health Care Center and Region, 2004

Units in thousand cubic meter/month

Region	Quan	itity of consumed w	ater by type of hea	Ith care center
	Total	Other human health activities	Primary health care center	Secondary health care center
Palestinian Territory	160.7	5.8	84.3	70.6
West Bank	76.3	2.8	38.8	34.7
North of West Bank	20.8	1.1	11.2	8.5
Middle of West Bank	31.1	0.7	17.8	12.6
South of West Bank	24.4	1.0	9.8	13.6
Gaza Strip	84.4	3.0	45.5	35.9

2004

Table 3: Percent Distribution of Health Care Center in the Palestinian Territory by Means of Obtaining Water, Region and Type of the Health Care Center, 2004

	Means of	obtaining v	water		
Region and type of health care center					
	Total	Others	Collection water well	Water tanks	Water network
Palestinian Territory	100	0.1	2.3	4.4	93.2
Secondary health care center	100	0.0	2.2	2.2	95.6
Primary health care center	100	0.1	2.4	4.9	92.6
Other human health activities	100	0.0	1.8	1.6	96.6
West Bank	100	0.1	3.0	5.7	91.2
Secondary health care center	100	0.0	2.8	2.9	94.3
Primary health care center	100	0.2	3.1	6.2	90.5
Other human health activities	100	0.0	2.5	2.3	95.2
Gaza Strip	100	0.0	0.0	0.0	100.0
Secondary health care center	100	0.0	0.0	0.0	100.0
Primary health care center	100	0.0	0.0	0.0	100.0
Other human health activities	100	0.0	0.0	0.0	100.0

Table 4: Percent Distribution of Health Care Center in the Palestinian Territory by Wastewater Disposal Method, Region and Type of the Health Care Center, 2004

	Wastewater di	sposal method	d	
Region and type of health care center	Total	Porous cesspit	Tight cesspit	Wastewater network
Palestinian Territory	100	21.4	9.9	68.7
Secondary health care center	100	7.0	9.2	83.8
Primary health care center	100	23.3	10.5	66.2
Other human health activities	100	12.4	5.4	82.2
West Bank	100	22.4	12.3	65.3
Secondary health care center	100	6.2	5.9	87.9
Primary health care center	100	24.3	13.2	62.5
Other human health activities	100	12.8	7.5	79.7
Gaza Strip	100	18.2	1.8	80.0
Secondary health care center	100	9.4	19.8	70.8
Primary health care center	100	19.8	1.4	78.8
Other human health activities	100	11.1	0.0	88.9

2004

Table 5: Percent Distribution of Health Care Center in the Palestinian Territory by Existence of Wastewater Treatment, Method of Treatment, Region and Type of the Health Care Center, 2004

	Waste treatment				
Region and type of health care center	Total	Biological treatment	Chemical treatment	Mechanical treatment	Existence of wastewater treatment
Palestinian Territory	100	31.8	18.4	49.8	0.9
Secondary health care center	100	0.0	14.8	85.2	6.8
Primary health care center	100	50.3	23.3	26.4	0.7
Other human health activities	100	0.0	0.0	100.0	0.8
West Bank	100	33.0	19.1	47.9	1.1
Secondary health care center	100	0.0	17.3	82.7	7.6
Primary health care center	100	50.3	23.3	26.4	0.9
Other human health activities	100	0.0	0.0	100.0	1.1
Gaza Strip	100	0.0	0.0	100.0	0.1
Secondary health care center	100	0.0	0.0	100.0	4.2
Primary health care center	-	-	-	-	0.0
Other human health activities	-	-	-	-	0.0

2004

Table 6: Estimated Monthly Quantity of Solid Waste Produced from Health Care Center in the Palestinian Territory by Type of Health Care Center and Region, 2004

Region	Monthly Estimated Quantity	/
and type of health care center	Quantities by cubic meter	Quantities by Ton
Palestinian Territory	5,825.3	380.9
Secondary health care center	2,302.5	218.2
Primary health care center	3,516.5	143.0
Other human health activities	6.3	19.7
West Bank	1,939.4	274.8
Secondary health care center	1,235.0	153.0
Primary health care center	698.1	108.4
Other human health activities	6.3	13.4
Gaza Strip	3,885.9	106.1
Secondary health care center	1,067.5	65.2
Primary health care center	2,818.4	34.6
Other human health activities	0.0	6.3

2004

Table 7: Percent Distribution of Health Care Center in the Palestinian Territory by Existence of Solid Waste Separation and Type of Separation, Region and Type of Health Care Center, 2004

	Type of			
Region and type of health care center				Existence of
	Total         Partially         Completely         Existence separation           erritory         100         70.6         29.4         49.0           alth care center         100         76.4         23.6         68.2           acare center         100         69.6         30.4         51.7           health activities         100         79.5         20.5         29.6           100         82.7         17.3         45.2           alth care center         100         73.7         26.3         69.0           acare center         100         81.7         18.3         46.4           health activities         100         100.0         0.0         30.2           100         40.8         59.2         61.0           alth care center         100         85.7         14.3         65.6	separation		
Palestinian Territory	100	70.6	29.4	49.0
Secondary health care center	100	76.4	23.6	68.2
Primary health care center	100	69.6	30.4	51.1
Other human health activities	100	79.5	20.5	29.6
West Bank	100	82.7	17.3	45.2
Secondary health care center	100	73.7	26.3	69.0
Primary health care center	100	81.7	18.3	46.4
Other human health activities	100	100.0	0.0	30.2
Gaza Strip	100	40.8	59.2	61.6
Secondary health care center	100	85.7	14.3	65.6
Primary health care center	100	40.3	59.7	67.8
Other human health activities	100	24.9	75.1	28.1

Table 8: Percentage of Health Care Center in the Palestinian Territory by Type of Separated Waste, Region and Type of the Health Care Center, 2004

	Type of sepa	rated waste				
Region and type of health care center	Other	Sharp waste	Radioactive waste	Chemical, Pharmaceutical and wastes non radioactive	Infectious waste	General waste
Palestinian Territory	1.6	42.6	2.6	13.6	55.4	58.4
Secondary health care center	14.8	62.3	12.1	50.9	70.7	57.1
Primary health care center	0.7	44.3	1.7	11.0	54.0	59.2
Other human health activities	0.0	8.6	8.8	23.4	64.2	49.6
West Bank	1.8	47.1	2.8	15.8	63.5	49.1
Secondary health care center	18.6	55.8	11.4	53.3	70.0	51.9
Primary health care center	0.8	50.1	2.3	12.8	62.2	49.7
Other human health activities	0.0	3.8	4.0	29.9	75.3	39.2
Gaza Strip	1.0	30.1	2.1	7.4	32.9	81.3
Secondary health care center	7.8	84.1	14.3	42.9	73.0	74.6
Primary health care center	0.0	28.2	0.0	6.1	31.3	82.0
Other human health activities	0.0	23.1	23.1	3.8	30.7	75.1

2004

Table 9: Estimated Monthly Quantity of Separated Health Care Waste Produced from in the Palestinian Territory by Region and Type of the Health Care Center, 2004

Region	Monthly estimated quantity	
and type of health care center	Quantities by cubic meter	Quantities by Ton
Palestinian Territory	83.3	145.2
Secondary health care center	15.8	74.3
Primary health care center	67.4	65.8
Other human health activities	0.1	5.1
West Bank	38.4	66.2
Secondary health care center	0.2	24.2
Primary health care center	38.2	40.0
Other human health activities	0.0	2.0
Gaza Strip	44.9	79.0
Secondary health care center	15.7	50.1
Primary health care center	29.2	25.8
Other human health activities	0.0	3.1

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Table 10: Percent Distribution of Health Care Center in the Palestinian Territory by the Means Where General waste Put in, Region and Type of the Health Care Center, 2004

	Package method								
Region and type of health care center				_					
	Total	Plastic boxes	Metal boxes	Carton boxes	Special bags	Nylon bags			
Palestinian Territory	100	4.6	24.2	1.2	15.3	54.7			
Secondary health care center	100	10.5	36.6	3.2	29.2	20.5			
Primary health care center	100	4.6	25.4	1.1	13.9	55.0			
Other human health activities	100	0.0	0.0	0.0	26.4	73.6			
West Bank	100	7.4	38.0	1.9	23.6	29.1			
Secondary health care center	100	15.2	36.8	4.6	21.3	22.1			
Primary health care center	100	7.5	40.5	1.9	23.4	26.7			
Other human health activities	100	0.0	0.0	0.0	27.4	72.6			
Gaza Strip	100	0.4	4.0	0.0	3.1	92.5			
Secondary health care center	100	0.0	36.2	0.0	46.8	17.0			
Primary health care center	100	0.5	3.1	0.0	0.0	96.4			
Other human health activities	100	0.0	0.0	0.0	25.0	75.0			

Table 11: Percent Distribution of Health Care Center in the Palestinian Territory by the Means Where Infectious waste Put in, Region and Type of the Health Care Center, 2004

	Package method								
Region and type of health care center	Total	Plastic	Metal	Carton	Special	Nylon			
Palestinian Territory	100	37.3	18.8	22.1	bags 12.3	bags <b>9.5</b>			
Secondary health care center	100	38.0	32.6	17.5	9.8	2.1			
Primary health care center	100	37.2	18.9	24.5	11.7	7.7			
Other human health activities	100	37.9	7.6	0.0	21.0	33.5			
West Bank	100	37.3	20.0	22.3	11.4	9.0			
Secondary health care center	100	44.4	25.3	14.8	12.8	2.7			
Primary health care center	100	36.3	21.0	25.0	11.1	6.6			
Other human health activities	100	43.0	7.0	0.0	12.0	38.0			
Gaza Strip	100	37.2	11.5	20.9	18.2	12.2			
Secondary health care center	100	17.4	56.5	26.1	0.0	0.0			
Primary health care center	100	42.5	6.3	22.0	14.6	14.6			
Other human health activities	100	0.0	12.3	0.0	87.7	0.0			

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Table 12: Percent Distribution of Health Care Center in the Palestinian Territory by the Means Where Sharp waste Put in, Region and Type of the Health Care Center, 2004

	Package method									
Region and type of health care center										
	Total	Other	Plastic boxes	Metal boxes	Carton boxes	Specia I bags	Nylon bags			
Palestinian Territory	100	2.0	24.0	7.9	58.9	4.3	2.9			
Secondary health care center	100	0.0	41.2	17.6	36.4	4.7	0.1			
Primary health care center	100	2.1	22.9	7.4	61.4	4.1	2.1			
Other human health activities	100	0.0	11.0	0.0	0.0	22.0	67.0			
West Bank	100	2.4	27.6	5.3	57.4	4.9	2.4			
Secondary health care center	100	0.0	52.3	17.9	22.9	6.9	0.0			
Primary health care center	100	2.5	26.2	4.5	59.8	4.4	2.6			
Other human health activities	100	0.0	33.3	0.0	0.0	66.7	0.0			
Gaza Strip	100	0.0	7.9	19.9	65.7	1.4	5.1			
Secondary health care center	100	0.0	17.0	17.0	66.0	0.0	0.0			
Primary health care center	100	0.0	7.2	21.5	69.6	1.7	0.0			
Other human health activities	100	0.0	0.0	0.0	0.0	0.0	100.0			

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Sable 43: Develop Distribution of Health Care Center in the Delectinian Territory by the Means Where Non Separated Solid Wester

Table 13: Percent Distribution of Health Care Center in the Palestinian Territory by the Means Where Non Separated Solid Waste Put in, Region, and Type of the Health Care Center, 2004

	Package me	Package method										
Region and type of health care center												
	Total	Other	Plastic boxes	Metal boxes	Carton boxes	Special bags	Nylon bags					
Palestinian Territory	100	1.4	4.0	0.1	1.8	16.2	76.5					
Secondary health care center	100	1.5	4.7	1.2	0.0	19.3	73.3					
Primary health care center	100	1.7	3.3	0.1	2.1	15.9	76.9					
Other human health activities	100	0.3	8.0	0.0	0.0	17.2	74.5					
West Bank	100	1.5	4.6	0.1	2.0	15.4	76.4					
Secondary health care center	100	0.0	4.8	1.6	0.0	18.0	75.6					
Primary health care center	100	1.9	3.7	0.0	2.4	15.2	76.8					
Other human health activities	100	0.0	10.6	0.0	0.0	16.0	73.4					
Gaza Strip	100	1.2	0.9	0.0	0.5	20.2	77.2					
Secondary health care center	100	5.7	4.6	0.0	0.0	23.0	66.7					
Primary health care center	100	0.9	1.0	0.0	0.6	19.8	77.7					
Other human health activities	100	1.1	0.0	0.0	0.0	21.1	77.8					

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Table 14: Percent Distribution of Health Care Center in the Palestinian Territory by the Transportation Method of General waste, Infectious waste and Sharp waste, Region and Type of the Health Care Center, 2004

Type of waste and Transportation method Region Sharp waste Infectious waste General waste and type of health care center Both Special Both Special Both Special Manually Manually Manually Total Total Total methods carriage methods carriage carriage methods **Palestinian Territory** 1.9 100 4.1 8.0 95.1 100 1.1 97.0 100 1.8 1.5 96.7 Secondary health care center 100 17.9 7.1 75.0 100 11.0 8.2 8.08 100 20.1 7.6 72.3 Primary health care center 100 3.2 0.4 96.4 100 1.0 0.5 98.5 100 1.0 0.5 98.5 Other human health activities 100 0.0 0.0 100.0 100 4.6 1.5 93.9 100 0.0 11.8 88.2 West Bank 100 4.3 8.0 94.9 100 1.8 1.0 97.2 100 2.6 2.1 95.3 Secondary health care center 100 18.3 6.9 74.8 100 11.6 8.1 80.3 100 20.6 3.6 75.8 Primary health care center 100 100 0.9 0.6 98.5 100 1.8 8.0 97.4 3.6 0.4 96.0 Other human health activities 100 0.0 100.0 100 5.3 0.0 100 0.0 21.0 79.0 0.0 94.7 Gaza Strip 100 3.2 2.2 0.6 0.5 98.9 8.0 96.0 100 1.7 96.1 100 Secondary health care center 100 17.0 8.7 8.7 100 19.1 63.8 7.5 75.5 100 82.6 17.1 Primary health care center 100 1.6 0.0 98.4 100 1.6 0.0 98.4 100 0.0 0.0 100.0 Other human health activities 100 0.0 100.0 100 0.0 12.3 100 0.0 0.0 100.0 0.0 87.7

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Table 15: Percent Distribution of Health Care Center in the Palestinian Territory by the Transportation Method of Non Separated Waste, Region and Type of the Health Care Center, 2004

Region	Transporta	tion Method		
and type of health care center	Total	Both methods	Special carriage	Manually
Palestinian Territory	100	1.5	2.2	96.3
Secondary health care center	100	16.3	14.4	69.3
Primary health care center	100	1.2	2.1	96.7
Other human health activities	100	0.0	0.3	99.7
West Bank	100	1.5	2.3	96.2
Secondary health care center	100	16.4	10.6	73.0
Primary health care center	100	1.3	2.4	96.3
Other human health activities	100	0.0	0.0	100.0
Gaza Strip	100	1.1	2.0	96.9
Secondary health care center	100	16.1	25.3	58.6
Primary health care center	100	0.4	0.9	98.7
Other human health activities	100	0.0	1.1	98.9

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Table 16: Percent Distribution of Health Care Center in the Palestinian Territory by Weekly Periodicity of General waste, Infectious waste and Sharp waste Collection, Region and Type of the Health Care Center, 2004

	Type of	waste ar	nd Period	icity of C	ollection	1						
Region		Sharp	waste			waste Ir	nfectious			Genera	ıl waste	
and type of health care center		7	6-4	3-1		7	6-4	3-1		7	6-4	3-1
	Total	More than 7 times	4-6 times	1-3 times	Total	More than 7 times	4-6 times	1-3 times	Total	More than 7 times	4-6 times	1-3 times
Palestinian Territory	100	6.3	23.3	70.4	100	5.2	31.5	63.3	100	5.6	59.0	35.4
Secondary health care center	100	47.4	7.3	45.3	100	39.5	10.5	50.0	100	54.8	26.1	19.1
Primary health care center	100	3.3	24.6	72.1	100	3.2	32.8	64.0	100	3.6	59.8	36.6
Other human health activities	100	11.0	11.0	78.0	100	1.8	32.5	65.7	100	1.8	69.0	29.2
West Bank	100	3.5	20.6	75.9	100	3.9	26.7	69.4	100	7.6	33.1	59.3
Secondary health care center	100	45.7	3.6	50.7	100	31.3	8.3	60.4	100	49.9	26.3	23.8
Primary health care center	100	0.9	21.5	77.6	100	2.4	28.1	69.5	100	5.4	32.8	61.8
Other human health activities	100	33.4	33.3	33.3	100	2.1	22.9	75.0	100	3.2	44.6	52.2
Gaza Strip	100	18.1	35.3	46.6	100	13.0	58.6	28.4	100	2.9	95.8	1.3
Secondary health care center	100	50.9	15.1	34.0	100	65.2	17.4	17.4	100	66.0	25.5	8.5
Primary health care center	100	15.0	40.0	45.0	100	8.2	60.9	30.9	100	1.0	97.9	1.1
Other human health activities	100	0.0	0.0	100.0	100	0.0	87.7	12.3	100	0.0	100.0	0.0

2004

Table 17: Percent Distribution of Health Care Center in the Palestinian Territory by Weekly Periodicity of Non-Separated Solid Waste Collection, Region and Type of the Health Care Center, 2004

	Periodicity				
Region and type of health care center		7	6-4	3-1	
	Total	More than 7 times	4-6 times	1-3 times	
Palestinian Territory	100	11.1	44.9	44.0	
Secondary health care center	100	73.2	19.6	7.2	
Primary health care center	100	9.8	44.8	45.4	
Other human health activities	100	5.5	50.8	43.7	
West Bank	100	9.5	38.6	51.9	
Secondary health care center	100	74.3	20.0	5.7	
Primary health care center	100	8.2	38.3	53.5	
Other human health activities	100	4.4	44.4	51.2	
Gaza Strip	100	18.8	75.7	5.5	
Secondary health care center	100	70.1	18.4	11.5	
Primary health care center	100	18.3	80.3	1.4	
Other human health activities	100	8.9	71.1	20.0	

2004

Table 18: Percent Distribution of Health Care Center in the Palestinian Territory by Existence of Waste Treatment, Type of Treatment, Region and Type of the Health Care Center, 2004

Region	Type of	treatme	nt							
and type of health care							الكيماوية	دفن		Existence
center	Total	Other	Incineration	Insulation	Disinfections	Mechanical treatment	Chemical treatment	Burying	Open burning	treatment
Palestinian Territory	100	0.2	5.6	3.3	8.3	3.5	14.7	0.2	64.2	16.0
Secondary health care center	100	3.8	16.1	3.8	12.7	4.7	0.0	3.8	55.1	26.2
Primary health care center	100	0.0	5.4	0.6	7.0	3.6	16.6	0.0	66.8	16.9
Other human health activities	100	0.0	0.0	42.2	24.4	0.0	0.0	0.0	33.4	7.7
West Bank	100	0.2	4.4	3.4	8.1	3.1	15.5	0.2	65.1	19.8
Secondary health care center	100	5.3	0.0	5.3	7.1	0.0	0.0	5.3	77.0	24.5
Primary health care center	100	0.0	4.9	0.7	7.2	3.4	17.2	0.0	66.6	20.9
Other human health activities	100	0.0	0.1	43.6	21.8	0.0	0.0	0.0	34.5	10.4
Gaza Strip	100	0.0	29.5	0.0	12.1	11.4	0.0	0.0	47.0	3.3
Secondary health care center	100	0.0	56.6	0.0	26.7	16.7	0.0	0.0	0.0	31.9
Primary health care center	100	0.0	19.0	0.0	0.0	9.6	0.0	0.0	71.4	2.7
Other human health activities	100	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.9

2004

Table 19: Estimated Monthly Quantity of Treated Health Care Waste Produced from in the Palestinian Territory by Region and Type of the Health Care Center, 2004

	Monthly estimated quantity		
Region and type of health care center	Quantities by cubic meter	Quantities by Ton	
Palestinian Territory	159.8	62.9	
Secondary health care center	112.0	53.3	
Primary health care center	47.6	8.6	
Other human health activities	0.2	1.0	
West Bank	113.5	19.3	
Secondary health care center	106.0	10.1	
Primary health care center	7.3	8.2	
Other human health activities	0.2	1.0	
Gaza Strip	46.3	43.6	
Secondary health care center	6.0	43.2	
Primary health care center	40.3	0.4	
Other human health activities	0.0	0.0	

2004

Table 20: Percent Distribution of Health Care Center in the Palestinian Territory by Existence of Solid Waste Treatment, Doer of Treatment, Region and Type of Health Care Center, 2004

	Doer of tre	atment		
Region and type of health care center	Total	Other establishment	The health care center	Existence treatment
Palestinian Territory	100	17.0	83.0	16.0
Secondary health care center	100	34.4	65.6	26.2
Primary health care center	100	16.5	83.5	16.9
Other human health activities	100	10.2	89.8	7.7
West Bank	100	17.0	83.0	19.8
Secondary health care center	100	43.4	56.6	24.5
Primary health care center	100	16.4	83.6	20.9
Other human health activities	100	10.6	89.4	10.4
Gaza Strip	100	16.5	83.5	3.3
Secondary health care center	100	13.3	86.7	31.9
Primary health care center	100	19.0	81.0	2.7
Other human health activities	100	0.0	100.0	0.9

2004

Table 21: Percent Distribution of Health Care Center in the Palestinian Territory by the Solid Waste Collection Mean inside the Health Care Center, Region and Type of the Health Care Center, 2004

	Collection m	ean				
Region and type of health care center						
	Total	Without container	Health care center closed container	Health care center open container	Local authority closed container	Local authority open container
Palestinian Territory	100	19.1	3.9	5.6	9.7	61.7
Secondary health care center	100	1.0	13.1	4.3	31.8	49.8
Primary health care center	100	19.7	3.1	6.2	9.6	61.4
Other human health activities	100	19.2	7.5	1.5	4.8	67.0
West Bank	100	20.0	3.8	5.3	10.4	60.5
Secondary health care center	100	0.0	15.9	4.4	36.2	43.5
Primary health care center	100	21.2	3.0	6.1	10.3	59.4
Other human health activities	100	16.3	5.6	0.0	4.6	73.5
Gaza Strip	100	16.0	4.3	6.5	7.4	65.8
Secondary health care center	100	4.2	4.2	4.1	17.7	69.8
Primary health care center	100	14.5	2.8	6.8	7.5	68.4
Other human health activities	100	26.3	12.3	5.3	5.2	50.9

Table 22: Percent Distribution of Health Care Center in the Palestinian Territory by the Container Material Construction, Region and Type of the Health Care Center, 2004

Pagian	Container material construction							
Region and type of health care center								
	Total	Others	Plastic	Metal				
Palestinian Territory	100	0.8	13.2	86.0				
Secondary health care center	100	0.0	6.2	93.8				
Primary health care center	100	0.7	12.8	86.5				
Other human health activities	100	1.9	18.0	80.1				
West Bank	100	8.0	13.2	86.0				
Secondary health care center	100	0.0	8.0	92.0				
Primary health care center	100	1.0	12.9	86.1				
Other human health activities	100	0.0	16.4	83.6				
Gaza Strip	100	1.0	13.3	85.7				
Secondary health care center	100	0.0	0.0	100.0				
Primary health care center	100	0.0	12.4	87.6				
Other human health activities	100	7.2	22.6	70.2				

2004 :23

Table 23: Percent Distribution of Health Care Center in the Palestinian Territory by the Container Volume, Region and Type of the Health Care Center, 2004

	Container	volume (m³)		(	)
Region and type of health care center	Total	12 More than 12	12-7	6-4	3-1
Palestinian Territory	100	1.5	4.3	14.1	80.1
Secondary health care center	100	5.7	10.9	30.6	52.8
Primary health care center	100	1.1	4.4	13.3	81.2
Other human health activities	100	3.5	1.9	13.9	80.7
West Bank	100	0.9	5.6	17.0	76.5
Secondary health care center	100	6.0	11.1	34.4	48.5
Primary health care center	100	0.5	5.7	16.4	77.4
Other human health activities	100	2.2	2.6	15.9	79.3
Gaza Strip	100	3.6	0.4	4.4	91.6
Secondary health care center	100	4.5	10.2	18.2	67.1
Primary health care center	100	3.0	0.0	3.2	93.8
Other human health activities	100	7.2	0.0	8.3	84.5

2004

Table 24: Percent Distribution of Health Care Center in the Palestinian Territory by the Solid Waste Collection Place, Region and Type of the Health Care Center, 2004

	Waste colle	Waste collection place								
Region and type of health care center	Total	Outside the center	Inside the center square	Inside the center building						
Palestinian Territory	100	34.7	12.5	52.8						
Secondary health care center	100	57.1	29.8	13.1						
Primary health care center	100	34.9	11.3	53.8						
Other human health activities	100	28.2	16.0	55.8						
West Bank	100	36.8	14.8	48.4						
Secondary health care center	100	58.3	25.8	15.9						
Primary health care center	100	37.5	13.8	48.7						
Other human health activities	100	25.8	19.9	54.3						
Gaza Strip	100	27.6	4.7	67.7						
Secondary health care center	100	53.1	42.7	4.2						
Primary health care center	100	25.4	2.9	71.7						
Other human health activities	100	34.2	6.1	59.7						

() :25

2004

Table 25: Percent Distribution of Health Care Center in the Palestinian Territory by, Distance between Health Care Center and Waste Collection Place (m), Region and Type of the Health Care Center, 2004

Region	( ) Distance between health care center and waste collection place(m)							
and type of health care center	Total	151 More than151	150-51	50 Less than 50				
Palestinian Territory	100	4.9	11.7	83.4				
Secondary health care center	100	3.5	6.9	89.6				
Primary health care center	100	5.2	11.0	83.8				
Other human health activities	100	2.8	19.9	77.3				
West Bank	100	5.8	11.7	82.5				
Secondary health care center	100	4.5	4.5	91.0				
Primary health care center	100	6.1	10.4	83.5				
Other human health activities	100	4.3	30.5	65.2				
Gaza Strip	100	0.7	11.5	87.8				
Secondary health care center	100	0.0	15.7	84.3				
Primary health care center	100	0.9	14.1	85.0				
Other human health activities	100	0.0	0.0	100.0				

2004

Table 26: Percent Distribution of Health Care Center in the Palestinian Territory by the Doer of Transporting Solid Waste, Region and Type of the Health Care Center, 2004

	Doer of Transporting the waste					
Region and type of health care center	Total	Others	UNRWA	Private contractor	Local Authority	The health care center
Palestinian Territory	100	3.6	1.7	0.1	83.1	11.5
Secondary health care center	100	15.0	1.0	1.6	71.7	10.7
Primary health care center	100	3.2	1.7	0.1	83.4	11.6
Other human health activities	100	3.1	2.0	0.0	84.2	10.7
West Bank	100	4.6	0.6	0.2	82.0	12.6
Secondary health care center	100	18.4	1.3	2.1	66.8	11.4
Primary health care center	100	4.1	0.6	0.2	82.4	12.7
Other human health activities	100	4.4	0.7	0.0	82.7	12.2
Gaza Strip	100	0.1	5.2	0.0	87.0	7.7
Secondary health care center	100	4.2	0.0	0.0	87.5	8.3
Primary health care center	100	0.0	5.4	0.0	86.8	7.8
Other human health activities	100	0.0	5.3	0.0	87.7	7.0

2004

Table 27: Percent Distribution of Health Care Center in the Palestinian Territory by the Waste Final Disposal Place, Region and Type of the Health Care Center, 2004

	Waste Final Disposal Place				
Region and type of health care center	Total	Others	Disposed randomly	Private dumping site	Local authority dumping site
Palestinian Territory	100	5.1	0.2	10.0	84.7
Secondary health care center	100	13.4	0.0	13.5	73.1
Primary health care center	100	4.9	0.2	10.6	84.3
Other human health activities	100	4.7	0.0	5.5	89.8
West Bank	100	6.3	0.3	10.1	83.3
Secondary health care center	100	17.6	0.0	17.7	64.7
Primary health care center	100	6.2	0.3	10.2	83.3
Other human health activities	100	4.4	0.0	7.8	87.8
Gaza Strip	100	1.1	0.0	9.6	89.3
Secondary health care center	100	0.0	0.0	0.0	100.0
Primary health care center	100	0.4	0.0	11.7	87.9
Other human health activities	100	5.3	0.0	0.0	94.7

2004

Table 28: Percent Distribution of Health Care Center in the Palestinian Territory by the Weekly Periodicity of Final Disposal of Waste, Region and Type of the Health Care Center, 2004

Region	Periodicity			
and type of health care center	Total	7 More than 7 times	6-4 4-6 times	3 1 From 1 to 3 times
Palestinian Territory	100	12.3	53.7	34.0
Secondary health care center	100	41.3	41.7	17.0
Primary health care center	100	11.0	53.5	35.5
Other human health activities	100	13.9	58.2	27.9
West Bank	100	14.9	43.2	41.9
Secondary health care center	100	41.9	41.0	17.1
Primary health care center	100	13.6	42.7	43.7
Other human health activities	100	17.0	48.1	34.9
Gaza Strip	100	3.8	88.6	7.6
Secondary health care center	100	39.5	43.8	16.7
Primary health care center	100	2.0	91.3	6.7
Other human health activities	100	6.2	83.3	10.5

2004

Table 29: Percent Distribution of Health Care Center in the Palestinian Territory by Effect of Intifada on the Consumed Water Quantity in the Health Care Center, Region and Type of Health Care Center, 2004

	Type of effect			
Region and type of health care center	Total	Consumed water decrease	Consumed water increase	Existence of intifada effect
Palestinian Territory	100	87.8	12.2	26.1
Secondary health care center	100	72.5	27.5	32.1
Primary health care center	100	88.2	11.8	26.3
Other human health activities	100	89.6	10.4	23.1
West Bank	100	92.0	8.0	28.0
Secondary health care center	100	68.7	31.3	29.7
Primary health care center	100	93.6	6.4	28.9
Other human health activities	100	83.7	16.3	20.7
Gaza Strip	100	67.5	32.5	19.7
Secondary health care center	100	81.6	18.4	39.6
Primary health care center	100	55.8	44.2	17.2
Other human health activities	100	100.0	0.0	28.9

Table 30: Percent Distribution of Health Care Center in the Palestinian Territory by Effect of Intifada on the Wastewater Treatment in Health Care Center, Region and Type of Health Care Center, 2004

	Type of effe	ct			
Region and type of health care center	Total	Treatment method changed	Treatment process paused	Treated components decrease	Existence of intifada effect
Palestinian Territory	100	13.4	31.6	55.0	1.8
Secondary health care center	100	34.2	15.2	50.6	6.5
Primary health care center	100	10.9	33.5	55.6	1.9
Other human health activities	100	-	-	-	0.0
West Bank	100	12.5	34.9	52.6	2.1
Secondary health care center	100	23.1	23.1	53.8	5.6
Primary health care center	100	11.6	35.9	52.5	2.3
Other human health activities	100	-	-	-	0.0
Gaza Strip	100	22.2	0.0	77.8	0.8
Secondary health care center	100	55.6	0.0	44.4	9.4
Primary health care center	100	0.0	0.0	100.0	0.6
Other human health activities	100	-	-	-	0.0

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#### 2004

Table 31: Percent Distribution of Health Care Center in the Palestinian Territory by Effect of Intifada on the Solid Waste Separation in Health Care Center, Region and Type of Health Care Center, 2004

	Type of effect	t .		
Region and type of health care center	Total	Separation process paused	Separated components decrease	Existence of intifada effect
Palestinian Territory	100	32.7	67.3	3.1
Secondary health care center	100	22.9	77.1	8.7
Primary health care center	100	32.9	67.1	3.3
Other human health activities	100	100.0	0.0	0.2
West Bank	100	34.4	65.6	3.7
Secondary health care center	100	26.7	73.3	9.7
Primary health care center	100	35.1	64.9	4.0
Other human health activities	100	-	-	0.0
Gaza Strip	100	12.9	87.1	1.0
Secondary health care center	100	0.0	100.0	5.2
Primary health care center	100	0.0	100.0	0.9
Other human health activities	100	100.0	0.0	0.9

Table 32: Percent Distribution of Health Care Center in the Palestinian Territory by Effect of Intifada on the Solid Waste Treatment in Health Care Center, Region and Type of Health Care Center, 2004

	Type of effe	ect			
Region and type of health care center	Total	Treatment method changed	Treatment process paused	Treated components decrease	Existence of intifada effect
Palestinian Territory	100	19.8	38.1	42.1	2.0
Secondary health care center	100	34.2	30.4	35.4	6.5
Primary health care center	100	18.2	38.9	42.9	2.1
Other human health activities	100	-	-	-	0.0
West Bank	100	17.3	38.6	44.1	2.3
Secondary health care center	100	18.8	37.4	43.8	6.9
Primary health care center	100	17.1	38.7	44.2	2.4
Other human health activities	100	-	-	-	0.0
Gaza Strip	100	41.8	33.3	24.9	0.9
Secondary health care center	100	100.0	0.0	0.0	5.2
Primary health care center	100	28.7	40.7	30.6	0.9
Other human health activities	100	-	-	-	0.0



## **Palestinian Central Bureau of Statistics**

# **Environmental Survey for Health Care Centers, 2004 Main Findings**

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#### **Preface**

As the attention towards environment and the risk of environmental pollution increase, environment statistics become one of the basic fields in the official statistics. The Health Care waste statistics is an important subject in the environment statistics due to its negative effects on the health and the environment if not disposed properly. Many decisions depend on such statistics, especially in Palestinian Territory where statistics about it is not available.

The Palestinian Central Bureau of Statistics (PCBS) seeks to provide such data through its program for environment statistics that aims at building and updating a comprehensive and accurate statistical database on all environmental subjects. This program aims to provide statistical data as a tool for monitoring and management of the environmental status in the Palestinian Territory.

This report is one of a series of reports that are being published by the PCBS on the Palestinian environment. The report presents the most important Health Care waste statistics for the private sector indicators as collected from different sources.

This report concentrates on the variables of water consumption, Health Care waste collection, separation and disposal, and wastewater disposal in the Governmental and non-Governmental Health Care Centers.

PCBS hopes that the findings of this report will be a reference for planners and decision-makers towards improving the environmental status in the Palestinian Territory.

December, 2004

Hasan Abu-Libdeh, Ph.D. President

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#### **Executive Summary**

The estimated monthly quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in health care centers in Gaza Strip.

The result show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

The result show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and the percentage of the secondary health care centers that do not treat wastewater is 93.2%.

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 381 tons and 5.8 thousands cubic meter including 275 tons and 1.9 thousands cubic meter in the West Bank and 106 tons and 3.9 thousands cubic meter in Gaza Strip. 49.0% of the health care centers in the Palestinian Territory perform separation of health care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components.

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

#### Chapter One

#### Introduction

Environmental statistics in the health care centers is very interested and this statistics is an important instrument to make decisions, planning, and draw the outlines for environment. And relating to infrequency of data about this subject in the Palestinian Territory, the Palestinian Central Bureau of Statistics (PCBS) building up and develop a database about environmental in the health care centers.

The sources of the data in this report are Health Care Environment Survey 2004 (for the data about governmental and non-governmental organizations sectors), and Economical Environmental Survey 2004 (for the data about private sector).

#### 1.1 Objectives of the Report

The main objective of this report is to make overview about the main indicators of environment in the health care centers in three sectors (governmental, non-governmental organizations and private sector), which including:

- Water consume.
- management of wastewater.
- management of health Care waste.
- Problems faced Health care centers During Intifada.

#### 1.2 Report Structure

This report consists of five chapters: the first chapter presents introduction, the report objectives and the report structure, the second chapter describes the definitions and explanations, the third chapter briefly describes the main findings, while the fourth chapter presents the methodology used in the survey, consisting the questionnaire design, sampling design, fieldwork operations and data processing, the last chapter includes an assessment of data quality and technical notes

#### Chapter Two

# **Concepts and Definitions**

**Biological Treatment:** aerobic Wastewater treatment employing anaerobic

> microorganisms that results in decanted effluents and Separate sludge Containing microbial mass together with pollutants. Biological treatment processes are also used in combination or in

conjunction with mechanical and advanced unit operations.

A well or a pit in which night soil and other refuse is stored, **Cesspit:** 

constructed with either tight or porous walls.

**Chemical Disinfection:** Chemicals used for effective killing of all organisms capable of

causing infectious diseases.

**Chemical Treatment:** Treatment methods that are used to effect the complete breakdown

> of hazardous Waste in to non-toxic gases or, more frequently, to modify the chemical properties of the Waste, for example, through reduction of water solubility or neutralization of acidity or

alkalinity.

May be hazardous - toxic, corrosive, flammable, reactive or **Chemical Waste:** 

genotoxic (capable of altering genetic material), or non-hazardous.

**Clinical Waste (Health** 

Care Waste):

Any waste coming out of health Care provided in hospitals or other health care centers. However the definition does not include health

Care waste resulting from health care at home.

Disinfection: Effective killing by chemical and physical processes of all

organisms capable of causing infectious diseases.

Site used to dispose of solid wastes without environmental control. **Dumping Site:** 

General waste: All non hazardous waste, similar in nature to domestic waste

Waste coming out of hospitals. Such waste is around 85 % **Hospital waste:** 

non-hazardous, around 10 % are infectious, around 5% non-

infectious but hazardous.

**Incineration (Dry** 

**Thermal Disinfection):** 

Controlled burning of solid, liquid or gaseous waste materials at

high temperatures.

All kinds of waste, which may transmit viral, bacterial or parasitic **Infectious Waste:** 

> diseases to human beings. It includes infectious animal waste from laboratories, slaughter-houses, veterinary practices and so on.

**Irradiation:** Use of radiation (X rays, or gamma rays) for effective killing of all

organisms capable of causing infectious diseases.

**Mechanical Treatment** 

Crush, break, cut or otherwise damage of sharps prior to treatment. (of Health Care waste):

(of Wastewater):

**Mechanical Treatment** Wastewater treatment of physical and mechanical nature that results in decanted effluents and Separate Sludge. Mechanical treatment processes are also used in combination with biological and advanced unit operations. Mechanical treatment includes Processes such as sedimentation and flotation.

**Open burning:** 

Out door burning of wastes such as lumber, scrapped cars, textiles, sawdust and so forth.

**Pharmaceutical Waste:** This includes pharmaceutical products, drugs and chemicals, which have been returned from wards, have been spilled or soiled, are out of date or contaminated, or are to be discarded for any reason.

**Primary Health Care Center:** 

Health center offers preventive care (diagnostic and curative) before illness case is complicated.

**Radioactive Waste:** 

Material that contains or is contaminated with radionuclides at concentrations greater than those established as "exempt" by the competent authorities. To avoid persistent harmful effects, longterm storage is necessary, for which purpose so-called "isotope cemeteries" and abandoned quarries are used.

Center:

**Secondary Health Care** Health center offers curative and nursing health care for illness case exceeding Primary Health Care.

**Separation** (Segregation): The system separation of solid waste into designated categories

**Sewage Network:** 

System of collectors, pipelines, conduits and pumps to evacuate wastewater (rainwater, domestic and other wastewater) from any of the location paces generation either to municipal sewage treatment plant or to a location place where wastewater is discharged.

**Sharps:** 

Any item that could cause a cut or puncture (especially needles and blades).

**Solid Waste Disposal:** 

Ultimate deposition or placement of refuse that is not salvaged or recycled.

**Solid Waste:** 

Useless and sometimes hazardous material with low liquid content, solid wastes include municipal garbage, industrial and commercial waste, sewage sludge, wastes resulting from agricultural and animal husbandry operations and other connected activities, demolition wastes and mining residues

**Storage (of the Health** Care Waste):

The containment of health care waste in manner that dose not constitute disposal of the health care waste.

**Care Waste:** 

**Transport of the Health** The movement of the health care waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of health care waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

**Treatment of the Health** Processes that modify the waste in some way before it is taken to its **Care Waste:** final resting place.

Waste Collection: Collection or transport of waste to the place of treatment or

discharge by municipal services or similar institutions, or by public or governmental and non-governmental corporations, specialized enterprises or general government. Collection of municipal waste may be selective, that's to say carried out for a specific type of product, or undifferentiated, in other words, covering all kinds of

waste at the same time.

Wastewater Treatment: Process to render wastewater fit to meet environmental standards or

other quality norms. Three broad types of treatment may be

distinguished: mechanical, biological, and advanced.

**Wastewater:** Used water, typically discharged into the sewage system. It contains

matter and bacteria in solution or suspension.

Wet Thermal Autoclaving at 160 Co under high pressure to effective killing of all

**Disinfections:** organisms capable of causing infectious diseases.

**Symbols Used in Tables:** 

(-) Not available

(0) less than half of the unit

#### Chapter Three

# **Main Findings**

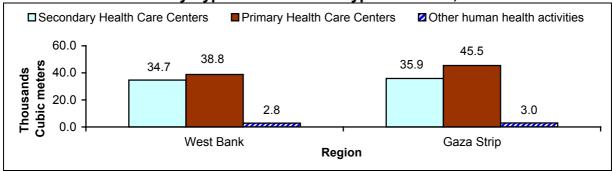
This section presents the main findings of the Care Environment Survey 2004 and data for private health care sector which come from Economical Environmental Survey 2004. Statistical results are classified according to the main components of environmental elements in the governmental and non-governmental health care centers, including water, health care waste, and wastewater.

#### 3.1 Water:

#### **Consumption:**

The estimated quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in Gaza Strip.

Figure 1: Estimated Monthly Quantities of Water Consumed from Health Care
Center by Type of Sector and Type of Center, 2004



#### **Sources of Water Supply:**

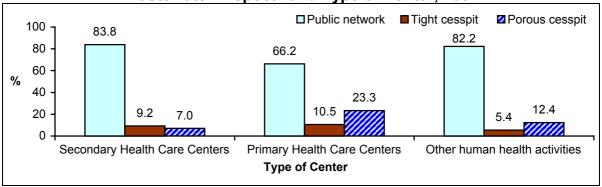
The results show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

#### 3.2 Wastewater:

#### **Disposal Methods:**

The results show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and 9.9% of the health care centers use tight cesspit. Also 21.4% of the health care centers use porous cesspit.

Figure 2: Percent Distribution of Health Care Centers by the Method of Wastewater Disposal and Type of Center, 2004



# **Treatment of Wastewater:**

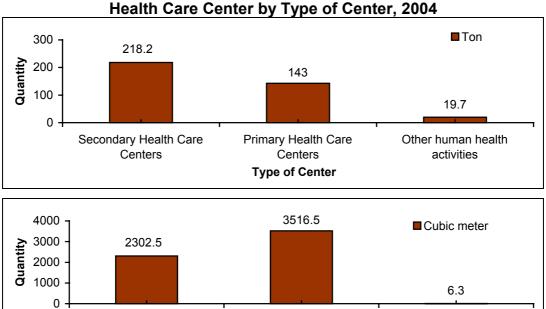
The percentage of the secondary health care centers that do not treat wastewater is 93.2%, 99.3% of primary the health care centers and 99.2% of other human health activities. The main treatment methods used are the mechanical, the chemical treatments and biological treatment.

#### 3.3 Health Care Solid Waste:

## Quantity:

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 380.9 tons and 5.8 thousands cubic meter including 274.8 tons and 1.9 thousands cubic meter in the West Bank and 106.1 tons and 3.9 thousands cubic meter in Gaza Strip. While the total estimated quantities produced by the secondary health care centers in the Palestinian Territory were about 218.2 tons and 2.3 thousands cubic meter.

Figure 3: Estimated Monthly\* Quantities of Health Care Waste Produced from Health Care Center by Type of Center, 2004



Secondary Health Care

Centers

Primary Health Care

Centers

**Type of Center** 

Other human health

activities

<sup>\*</sup> The quantities estimated by using two units, cubic meter and ton

#### **Separation:**

49.0% of the health care centers in the Palestinian Territory perform separation of health Care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components. However, the percentage of the health care centers that perform separation is 58.4% separate General waste, whereas 55.4% of the health care centers separate Infectious waste. The quantities of separated waste in the health care centers were estimated at 145.2 tons and 83.3 cubic meter.

In the Centers that perform waste separation and package the separated waste, the packaging depends on the type of the separated waste. Nylon bags are used for packaging the General waste in 54.7% of the health care centers in the Palestinian Territory, while Plastic boxes are used for packaging the Infectious waste in 37.3% of the health care centers. 76.5% of the health care centers used nylon bags to packaging the non-separated waste.

The periodicity of collecting health care waste is from 4 to 6 times per week in 59.0% of the health care centers. The non-separated waste in the health care centers was collected from 4 to 6 times per week in 44.9% of the health care centers.

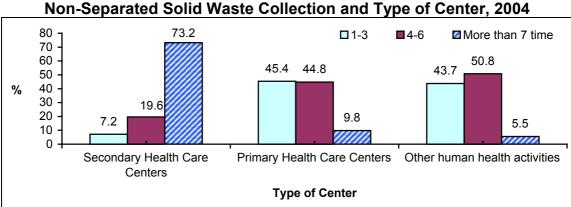


Figure 4: Percent Distribution of Health Care Center by Weekly Periodicity of Non-Separated Solid Waste Collection and Type of Center, 2004

## **Transportation:**

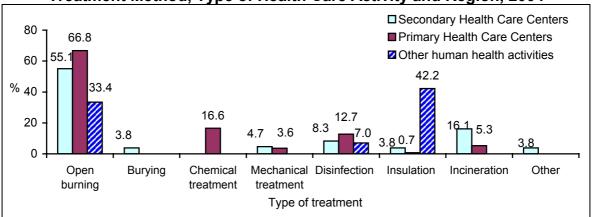
The transportation in the health care centers in the Palestinian Territory that perform separation of General waste is done manually in 96.7% of the health care centers, and 1.9% of the health care centers use special carriages, in otherwise is done manually for Infectious waste in 97.0%, and 1.1% of the health care centers use special carriages. While in the Centers that do not perform separation of waste, the waste was transported manually in 96.3% of the health care centers and using special carriages in 2.2% of the health care centers.

#### **Treatment:**

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health Care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The most important treatment method is the open burning in 64.2% of the health care centers, and 14.7% of them use chemical treatment, and 8.3% used disinfection. The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Figure 5: Percent Distribution of Health Care Center by the Health Care Waste Treatment Method, Type of Health Care Activity and Region, 2004



#### Disposal:

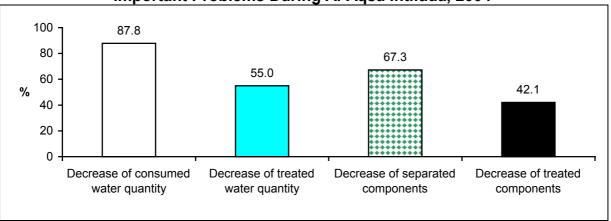
In this stage, the waste is compiled in a place then transferred to a place of final disposal. 61.7% of the health care centers compile waste in a local authority open container, 9.7% of the health care centers in containers local authority closed container, and 5.6% of the health care centers in health care center open container, while 3.9% of the health care centers in health care center closed container and 19.1% of the health care center don't use a container, and 86.0% of used containers made from metal.

The local authority transfers the waste to a place of final disposal in 83.1% of the health care centers. The place of final disposal was a dumping site owned by the local authority for 84.7% of the health care centers in the Palestinian Territory. The periodicity of waste final disposal was 4 to 6 times per week for 53.7% of the health care centers.

## 3.4 Problems faced Health care centers During Intifada:

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

Figure 6: Percent of Health Care Center in the Palestinian Territory by the Most Important Problems During Al-Aqsa Intifada, 2004



#### Chapter Four

# Methodology

#### 4.1 The Survey Questionnaire:

The environmental questionnaire was designed in accordance with the similar country experiments and according to international standards and recommendations for the most important indicators, taking into account the special situation of Palestinian Territory.

#### **Test the Questionnaire:**

To test the questionnaire we take the results of the last surveys that implemented by the PCBS in 2000, 2001 as a pretest; consequently some modifications were made on the questionnaire and on the instructions.

## 4.2 Sampling and Sampling Frame:

## **Target Population:**

The target population of this survey is all health care centers in the Palestinian Territory, and they divide to:

- 1. Governmental health care centers (Ministry of Health, Health Care Military Service, Lijan Azakah).
- 2. Non-governmental health care centers (Health Union Committees, Union of Palestine Health Care Relief Committees, Refits Friends Benevolent Society, UNRWA, Red Crescent Society, and Red Cross) in the Palestinian Territory.
- 3. Private health care sector.

#### **Sampling Frame:**

The sampling frame was based on by type of health care centers:

- 1. **Private Health Care Sector:** The general frame for the establishments which finding of the 1997 Center Census conducted by PCBS, which was updated annually by the updating frame survey 2002.
- 2. **Governmental and Non-governmental Health care centers:** The frame of the all centers which work in sector of health care which owned by Governmental and Non-governmental health care centers updated annually by thru the administration records in the PCBS.

#### Sample size:

This section is only for the privet sector data, which implemented by using a sample, and the sample size was 285 privet health care center in the Palestinian Territory. It was distributed according to the economic activities into 44 centers of hospital activities, 165 centers of medical and dental practice activities, 76 centers of other human health activities.

### **Sample Design:**

The sample of Economical Environmental Survey 2004 is a single-stage stratified cluster random sample.

#### 4.3 Field Work:

The Field Work is the real work to get the demanded data from the primary source, and guarantee a good orthopedist for this stage is the main affair which works on in this stage.

The data in this report come from two sources and each one have a method to collect data about the health care centers.

The data which come from Health Care Environment Survey 2004 collecting by the administrative record team, where they apportion the questionnaires to the respondents to filed by them himself.

And about the data which come from Economical Environmental Survey 2004 collecting by field workers, and this type of collection method mast be pass on tow stage:

- 1. Training Fieldworkers on the main skills before the start of data collection.
- 2. Distribution the team of Fieldworkers to groups.

#### 4.4 Data Processing:

The data processing stage consisted of the following operations:

#### **Editing before data entry:**

All questionnaires were edited again in the office using the same instructions adopted for editing in the fields.

#### **Data entry:**

In this stage data were entered into the computer, using Microsoft Access. The data entry program was prepared to satisfy a number of requirements such as:

- Duplication of the questionnaire on the computer screen.
- Logical and consistency check of data entered.
- Possibility for internal editing of questions answers.
- Maintaining a minimum of digital data entry and fieldwork errors.
- User-Friendly handling.
- Possibility of transferring data into another format to be used and analyzed using other statistical analytical systems such as SAS and SPSS.

#### Chapter Five

# **Data Quality**

Two types of errors affect the quality of survey data; statistical and non-statistical errors.

#### **5.1 Statistical Errors**

This type of errors could be determined easily, and it is result from sampling errors, and this type of errors concern the data of private health care centers. And to reduce this errors the data mast pass tow stage:

#### **Estimations Procedure**

It is necessary, when calculating the estimations of the survey indicators, to calculate the weights of the establishments. The weight of an establishment is the mathematical inverse of choosing it.

#### **Calculation of Variances**

Variance is change from a variable to another, it depends on:

- 1. The sample size
- 2. The actual variance for all the population units
- 3. the sample design

The variance for a number of variables was calculated using CENVAR

#### **5.2 Non-Statistical Errors**

This type of errors result from non-sampling errors, and could not be determined easily due to the diversity of sources (e.g. the interviewers, respondent, editor, data entry operator... etc).

However, several measures were adopted to minimize the effects of these errors. The interviewers, editors and coders had undergone intensive training and were provided with fieldwork manuals to consult when facing any problem.

The data entry program was designed in a way that allows error detection and correction. This applies particularly to logical errors that might not be discovered before data entry operations. A consistency check was also performed to assure accuracy after data entry.

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# **Palestinian Central Bureau of Statistics**

# **Environmental Survey for Health Care Centers, 2004 Main Findings**

PAGE NUMBERS OF ENGLISH TEXT ARE PRINTED IN SQUARE BRACKETS. TABLES ARE PRINTED IN THE ARABIC ORDER (FROM RIGHT TO LEFT).

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On this occasion, the PCBS extends special thanks to the Core Funding Group (CFG) for this support.

#### **Preface**

As the attention towards environment and the risk of environmental pollution increase, environment statistics become one of the basic fields in the official statistics. The Health Care waste statistics is an important subject in the environment statistics due to its negative effects on the health and the environment if not disposed properly. Many decisions depend on such statistics, especially in Palestinian Territory where statistics about it is not available.

The Palestinian Central Bureau of Statistics (PCBS) seeks to provide such data through its program for environment statistics that aims at building and updating a comprehensive and accurate statistical database on all environmental subjects. This program aims to provide statistical data as a tool for monitoring and management of the environmental status in the Palestinian Territory.

This report is one of a series of reports that are being published by the PCBS on the Palestinian environment. The report presents the most important Health Care waste statistics for the private sector indicators as collected from different sources.

This report concentrates on the variables of water consumption, Health Care waste collection, separation and disposal, and wastewater disposal in the Governmental and non-Governmental Health Care Centers.

PCBS hopes that the findings of this report will be a reference for planners and decision-makers towards improving the environmental status in the Palestinian Territory.

December, 2004

Hasan Abu-Libdeh, Ph.D. President

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# **Executive Summary**

The estimated monthly quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in health care centers in Gaza Strip.

The result show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

The result show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and the percentage of the secondary health care centers that do not treat wastewater is 93.2%.

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 381 tons and 5.8 thousands cubic meter including 275 tons and 1.9 thousands cubic meter in the West Bank and 106 tons and 3.9 thousands cubic meter in Gaza Strip. 49.0% of the health care centers in the Palestinian Territory perform separation of health care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components.

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

#### Chapter One

#### Introduction

Environmental statistics in the health care centers is very interested and this statistics is an important instrument to make decisions, planning, and draw the outlines for environment. And relating to infrequency of data about this subject in the Palestinian Territory, the Palestinian Central Bureau of Statistics (PCBS) building up and develop a database about environmental in the health care centers.

The sources of the data in this report are Health Care Environment Survey 2004 (for the data about governmental and non-governmental organizations sectors), and Economical Environmental Survey 2004 (for the data about private sector).

# 1.1 Objectives of the Report

The main objective of this report is to make overview about the main indicators of environment in the health care centers in three sectors (governmental, non-governmental organizations and private sector), which including:

- Water consume.
- management of wastewater.
- management of health Care waste.
- Problems faced Health care centers During Intifada.

#### 1.2 Report Structure

This report consists of five chapters: the first chapter presents introduction, the report objectives and the report structure, the second chapter describes the definitions and explanations, the third chapter briefly describes the main findings, while the fourth chapter presents the methodology used in the survey, consisting the questionnaire design, sampling design, fieldwork operations and data processing, the last chapter includes an assessment of data quality and technical notes

#### Chapter Two

# **Concepts and Definitions**

**Biological Treatment:** aerobic Wastewater treatment employing anaerobic

> microorganisms that results in decanted effluents and Separate sludge Containing microbial mass together with pollutants. Biological treatment processes are also used in combination or in

conjunction with mechanical and advanced unit operations.

A well or a pit in which night soil and other refuse is stored, **Cesspit:** 

constructed with either tight or porous walls.

**Chemical Disinfection:** Chemicals used for effective killing of all organisms capable of

causing infectious diseases.

**Chemical Treatment:** Treatment methods that are used to effect the complete breakdown

> of hazardous Waste in to non-toxic gases or, more frequently, to modify the chemical properties of the Waste, for example, through reduction of water solubility or neutralization of acidity or

alkalinity.

May be hazardous - toxic, corrosive, flammable, reactive or **Chemical Waste:** 

genotoxic (capable of altering genetic material), or non-hazardous.

**Clinical Waste (Health** 

Care Waste):

Any waste coming out of health Care provided in hospitals or other health care centers. However the definition does not include health

Care waste resulting from health care at home.

Disinfection: Effective killing by chemical and physical processes of all

organisms capable of causing infectious diseases.

Site used to dispose of solid wastes without environmental control. **Dumping Site:** 

General waste: All non hazardous waste, similar in nature to domestic waste

Waste coming out of hospitals. Such waste is around 85 % **Hospital waste:** 

non-hazardous, around 10 % are infectious, around 5% non-

infectious but hazardous.

**Incineration (Dry** 

**Thermal Disinfection):** 

Controlled burning of solid, liquid or gaseous waste materials at

high temperatures.

All kinds of waste, which may transmit viral, bacterial or parasitic **Infectious Waste:** 

> diseases to human beings. It includes infectious animal waste from laboratories, slaughter-houses, veterinary practices and so on.

**Irradiation:** Use of radiation (X rays, or gamma rays) for effective killing of all

organisms capable of causing infectious diseases.

**Mechanical Treatment** 

Crush, break, cut or otherwise damage of sharps prior to treatment. (of Health Care waste):

(of Wastewater):

**Mechanical Treatment** Wastewater treatment of physical and mechanical nature that results in decanted effluents and Separate Sludge. Mechanical treatment processes are also used in combination with biological and advanced unit operations. Mechanical treatment includes Processes such as sedimentation and flotation.

**Open burning:** 

Out door burning of wastes such as lumber, scrapped cars, textiles, sawdust and so forth.

**Pharmaceutical Waste:** This includes pharmaceutical products, drugs and chemicals, which have been returned from wards, have been spilled or soiled, are out of date or contaminated, or are to be discarded for any reason.

**Primary Health Care Center:** 

Health center offers preventive care (diagnostic and curative) before illness case is complicated.

**Radioactive Waste:** 

Material that contains or is contaminated with radionuclides at concentrations greater than those established as "exempt" by the competent authorities. To avoid persistent harmful effects, longterm storage is necessary, for which purpose so-called "isotope cemeteries" and abandoned quarries are used.

Center:

**Secondary Health Care** Health center offers curative and nursing health care for illness case exceeding Primary Health Care.

**Separation** (Segregation): The system separation of solid waste into designated categories

**Sewage Network:** 

System of collectors, pipelines, conduits and pumps to evacuate wastewater (rainwater, domestic and other wastewater) from any of the location paces generation either to municipal sewage treatment plant or to a location place where wastewater is discharged.

**Sharps:** 

Any item that could cause a cut or puncture (especially needles and blades).

**Solid Waste Disposal:** 

Ultimate deposition or placement of refuse that is not salvaged or recycled.

**Solid Waste:** 

Useless and sometimes hazardous material with low liquid content, solid wastes include municipal garbage, industrial and commercial waste, sewage sludge, wastes resulting from agricultural and animal husbandry operations and other connected activities, demolition wastes and mining residues

**Storage (of the Health** Care Waste):

The containment of health care waste in manner that dose not constitute disposal of the health care waste.

**Care Waste:** 

**Transport of the Health** The movement of the health care waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of health care waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

**Treatment of the Health** Processes that modify the waste in some way before it is taken to its **Care Waste:** final resting place.

Waste Collection: Collection or transport of waste to the place of treatment or

discharge by municipal services or similar institutions, or by public or governmental and non-governmental corporations, specialized enterprises or general government. Collection of municipal waste may be selective, that's to say carried out for a specific type of product, or undifferentiated, in other words, covering all kinds of

waste at the same time.

Wastewater Treatment: Process to render wastewater fit to meet environmental standards or

other quality norms. Three broad types of treatment may be

distinguished: mechanical, biological, and advanced.

**Wastewater:** Used water, typically discharged into the sewage system. It contains

matter and bacteria in solution or suspension.

Wet Thermal Autoclaving at 160 Co under high pressure to effective killing of all

**Disinfections:** organisms capable of causing infectious diseases.

**Symbols Used in Tables:** 

(-) Not available

(0) less than half of the unit

#### Chapter Three

# **Main Findings**

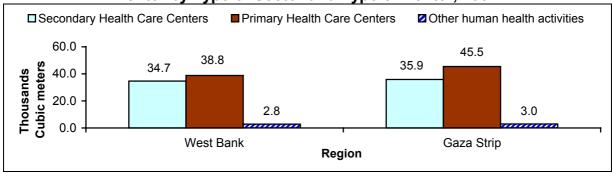
This section presents the main findings of the Care Environment Survey 2004 and data for private health care sector which come from Economical Environmental Survey 2004. Statistical results are classified according to the main components of environmental elements in the governmental and non-governmental health care centers, including water, health care waste, and wastewater.

#### 3.1 Water:

### **Consumption:**

The estimated quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in Gaza Strip.

Figure 1: Estimated Monthly Quantities of Water Consumed from Health Care
Center by Type of Sector and Type of Center, 2004



#### **Sources of Water Supply:**

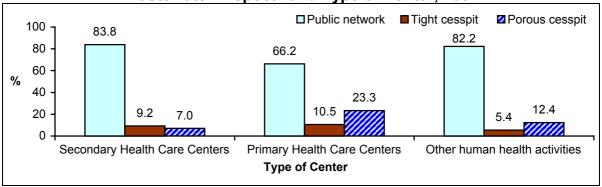
The results show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

#### 3.2 Wastewater:

#### **Disposal Methods:**

The results show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and 9.9% of the health care centers use tight cesspit. Also 21.4% of the health care centers use porous cesspit.

Figure 2: Percent Distribution of Health Care Centers by the Method of Wastewater Disposal and Type of Center, 2004



## **Treatment of Wastewater:**

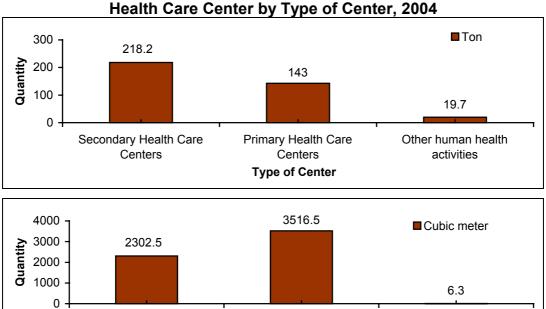
The percentage of the secondary health care centers that do not treat wastewater is 93.2%, 99.3% of primary the health care centers and 99.2% of other human health activities. The main treatment methods used are the mechanical, the chemical treatments and biological treatment.

#### 3.3 Health Care Solid Waste:

## Quantity:

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 380.9 tons and 5.8 thousands cubic meter including 274.8 tons and 1.9 thousands cubic meter in the West Bank and 106.1 tons and 3.9 thousands cubic meter in Gaza Strip. While the total estimated quantities produced by the secondary health care centers in the Palestinian Territory were about 218.2 tons and 2.3 thousands cubic meter.

Figure 3: Estimated Monthly\* Quantities of Health Care Waste Produced from Health Care Center by Type of Center, 2004



Secondary Health Care

Centers

Primary Health Care

Centers

**Type of Center** 

Other human health

activities

<sup>\*</sup> The quantities estimated by using two units, cubic meter and ton

## **Separation:**

49.0% of the health care centers in the Palestinian Territory perform separation of health Care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components. However, the percentage of the health care centers that perform separation is 58.4% separate General waste, whereas 55.4% of the health care centers separate Infectious waste. The quantities of separated waste in the health care centers were estimated at 145.2 tons and 83.3 cubic meter.

In the Centers that perform waste separation and package the separated waste, the packaging depends on the type of the separated waste. Nylon bags are used for packaging the General waste in 54.7% of the health care centers in the Palestinian Territory, while Plastic boxes are used for packaging the Infectious waste in 37.3% of the health care centers. 76.5% of the health care centers used nylon bags to packaging the non-separated waste.

The periodicity of collecting health care waste is from 4 to 6 times per week in 59.0% of the health care centers. The non-separated waste in the health care centers was collected from 4 to 6 times per week in 44.9% of the health care centers.

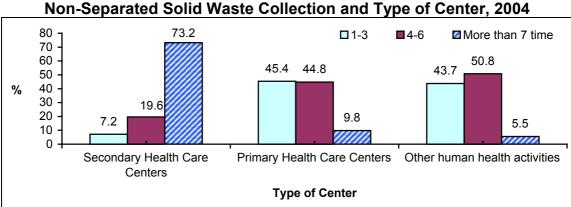


Figure 4: Percent Distribution of Health Care Center by Weekly Periodicity of Non-Separated Solid Waste Collection and Type of Center, 2004

## **Transportation:**

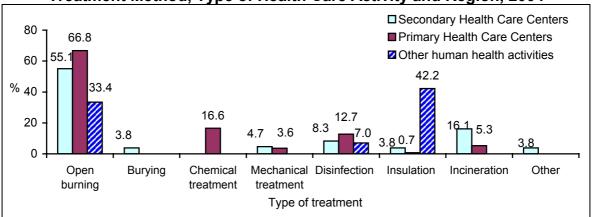
The transportation in the health care centers in the Palestinian Territory that perform separation of General waste is done manually in 96.7% of the health care centers, and 1.9% of the health care centers use special carriages, in otherwise is done manually for Infectious waste in 97.0%, and 1.1% of the health care centers use special carriages. While in the Centers that do not perform separation of waste, the waste was transported manually in 96.3% of the health care centers and using special carriages in 2.2% of the health care centers.

#### **Treatment:**

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health Care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The most important treatment method is the open burning in 64.2% of the health care centers, and 14.7% of them use chemical treatment, and 8.3% used disinfection. The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Figure 5: Percent Distribution of Health Care Center by the Health Care Waste Treatment Method, Type of Health Care Activity and Region, 2004



## Disposal:

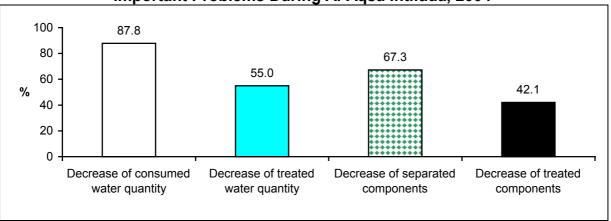
In this stage, the waste is compiled in a place then transferred to a place of final disposal. 61.7% of the health care centers compile waste in a local authority open container, 9.7% of the health care centers in containers local authority closed container, and 5.6% of the health care centers in health care center open container, while 3.9% of the health care centers in health care center closed container and 19.1% of the health care center don't use a container, and 86.0% of used containers made from metal.

The local authority transfers the waste to a place of final disposal in 83.1% of the health care centers. The place of final disposal was a dumping site owned by the local authority for 84.7% of the health care centers in the Palestinian Territory. The periodicity of waste final disposal was 4 to 6 times per week for 53.7% of the health care centers.

## 3.4 Problems faced Health care centers During Intifada:

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

Figure 6: Percent of Health Care Center in the Palestinian Territory by the Most Important Problems During Al-Aqsa Intifada, 2004



## Chapter Four

## Methodology

## 4.1 The Survey Questionnaire:

The environmental questionnaire was designed in accordance with the similar country experiments and according to international standards and recommendations for the most important indicators, taking into account the special situation of Palestinian Territory.

## **Test the Questionnaire:**

To test the questionnaire we take the results of the last surveys that implemented by the PCBS in 2000, 2001 as a pretest; consequently some modifications were made on the questionnaire and on the instructions.

## 4.2 Sampling and Sampling Frame:

## **Target Population:**

The target population of this survey is all health care centers in the Palestinian Territory, and they divide to:

- 1. Governmental health care centers (Ministry of Health, Health Care Military Service, Lijan Azakah).
- 2. Non-governmental health care centers (Health Union Committees, Union of Palestine Health Care Relief Committees, Refits Friends Benevolent Society, UNRWA, Red Crescent Society, and Red Cross) in the Palestinian Territory.
- 3. Private health care sector.

## **Sampling Frame:**

The sampling frame was based on by type of health care centers:

- 1. **Private Health Care Sector:** The general frame for the establishments which finding of the 1997 Center Census conducted by PCBS, which was updated annually by the updating frame survey 2002.
- 2. **Governmental and Non-governmental Health care centers:** The frame of the all centers which work in sector of health care which owned by Governmental and Non-governmental health care centers updated annually by thru the administration records in the PCBS.

## Sample size:

This section is only for the privet sector data, which implemented by using a sample, and the sample size was 285 privet health care center in the Palestinian Territory. It was distributed according to the economic activities into 44 centers of hospital activities, 165 centers of medical and dental practice activities, 76 centers of other human health activities.

## **Sample Design:**

The sample of Economical Environmental Survey 2004 is a single-stage stratified cluster random sample.

#### 4.3 Field Work:

The Field Work is the real work to get the demanded data from the primary source, and guarantee a good orthopedist for this stage is the main affair which works on in this stage.

The data in this report come from two sources and each one have a method to collect data about the health care centers.

The data which come from Health Care Environment Survey 2004 collecting by the administrative record team, where they apportion the questionnaires to the respondents to filed by them himself.

And about the data which come from Economical Environmental Survey 2004 collecting by field workers, and this type of collection method mast be pass on tow stage:

- 1. Training Fieldworkers on the main skills before the start of data collection.
- 2. Distribution the team of Fieldworkers to groups.

## 4.4 Data Processing:

The data processing stage consisted of the following operations:

## **Editing before data entry:**

All questionnaires were edited again in the office using the same instructions adopted for editing in the fields.

## **Data entry:**

In this stage data were entered into the computer, using Microsoft Access. The data entry program was prepared to satisfy a number of requirements such as:

- Duplication of the questionnaire on the computer screen.
- Logical and consistency check of data entered.
- Possibility for internal editing of questions answers.
- Maintaining a minimum of digital data entry and fieldwork errors.
- User-Friendly handling.
- Possibility of transferring data into another format to be used and analyzed using other statistical analytical systems such as SAS and SPSS.

## Chapter Five

## **Data Quality**

Two types of errors affect the quality of survey data; statistical and non-statistical errors.

## **5.1 Statistical Errors**

This type of errors could be determined easily, and it is result from sampling errors, and this type of errors concern the data of private health care centers. And to reduce this errors the data mast pass tow stage:

#### **Estimations Procedure**

It is necessary, when calculating the estimations of the survey indicators, to calculate the weights of the establishments. The weight of an establishment is the mathematical inverse of choosing it.

## **Calculation of Variances**

Variance is change from a variable to another, it depends on:

- 1. The sample size
- 2. The actual variance for all the population units
- 3. the sample design

The variance for a number of variables was calculated using CENVAR

#### **5.2 Non-Statistical Errors**

This type of errors result from non-sampling errors, and could not be determined easily due to the diversity of sources (e.g. the interviewers, respondent, editor, data entry operator... etc).

However, several measures were adopted to minimize the effects of these errors. The interviewers, editors and coders had undergone intensive training and were provided with fieldwork manuals to consult when facing any problem.

The data entry program was designed in a way that allows error detection and correction. This applies particularly to logical errors that might not be discovered before data entry operations. A consistency check was also performed to assure accuracy after data entry.

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# **Palestinian Central Bureau of Statistics**

# **Environmental Survey for Health Care Centers, 2004 Main Findings**

PAGE NUMBERS OF ENGLISH TEXT ARE PRINTED IN SQUARE BRACKETS. TABLES ARE PRINTED IN THE ARABIC ORDER (FROM RIGHT TO LEFT).

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On this occasion, the PCBS extends special thanks to the Core Funding Group (CFG) for this support.

## **Preface**

As the attention towards environment and the risk of environmental pollution increase, environment statistics become one of the basic fields in the official statistics. The Health Care waste statistics is an important subject in the environment statistics due to its negative effects on the health and the environment if not disposed properly. Many decisions depend on such statistics, especially in Palestinian Territory where statistics about it is not available.

The Palestinian Central Bureau of Statistics (PCBS) seeks to provide such data through its program for environment statistics that aims at building and updating a comprehensive and accurate statistical database on all environmental subjects. This program aims to provide statistical data as a tool for monitoring and management of the environmental status in the Palestinian Territory.

This report is one of a series of reports that are being published by the PCBS on the Palestinian environment. The report presents the most important Health Care waste statistics for the private sector indicators as collected from different sources.

This report concentrates on the variables of water consumption, Health Care waste collection, separation and disposal, and wastewater disposal in the Governmental and non-Governmental Health Care Centers.

PCBS hopes that the findings of this report will be a reference for planners and decision-makers towards improving the environmental status in the Palestinian Territory.

December, 2004

Hasan Abu-Libdeh, Ph.D. President

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The result show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

The result show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and the percentage of the secondary health care centers that do not treat wastewater is 93.2%.

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 381 tons and 5.8 thousands cubic meter including 275 tons and 1.9 thousands cubic meter in the West Bank and 106 tons and 3.9 thousands cubic meter in Gaza Strip. 49.0% of the health care centers in the Palestinian Territory perform separation of health care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components.

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

## Chapter One

## Introduction

Environmental statistics in the health care centers is very interested and this statistics is an important instrument to make decisions, planning, and draw the outlines for environment. And relating to infrequency of data about this subject in the Palestinian Territory, the Palestinian Central Bureau of Statistics (PCBS) building up and develop a database about environmental in the health care centers.

The sources of the data in this report are Health Care Environment Survey 2004 (for the data about governmental and non-governmental organizations sectors), and Economical Environmental Survey 2004 (for the data about private sector).

## 1.1 Objectives of the Report

The main objective of this report is to make overview about the main indicators of environment in the health care centers in three sectors (governmental, non-governmental organizations and private sector), which including:

- Water consume.
- management of wastewater.
- management of health Care waste.
- Problems faced Health care centers During Intifada.

#### 1.2 Report Structure

This report consists of five chapters: the first chapter presents introduction, the report objectives and the report structure, the second chapter describes the definitions and explanations, the third chapter briefly describes the main findings, while the fourth chapter presents the methodology used in the survey, consisting the questionnaire design, sampling design, fieldwork operations and data processing, the last chapter includes an assessment of data quality and technical notes

## Chapter Two

## **Concepts and Definitions**

**Biological Treatment:** aerobic Wastewater treatment employing anaerobic

> microorganisms that results in decanted effluents and Separate sludge Containing microbial mass together with pollutants. Biological treatment processes are also used in combination or in

conjunction with mechanical and advanced unit operations.

A well or a pit in which night soil and other refuse is stored, **Cesspit:** 

constructed with either tight or porous walls.

**Chemical Disinfection:** Chemicals used for effective killing of all organisms capable of

causing infectious diseases.

**Chemical Treatment:** Treatment methods that are used to effect the complete breakdown

> of hazardous Waste in to non-toxic gases or, more frequently, to modify the chemical properties of the Waste, for example, through reduction of water solubility or neutralization of acidity or

alkalinity.

May be hazardous - toxic, corrosive, flammable, reactive or **Chemical Waste:** 

genotoxic (capable of altering genetic material), or non-hazardous.

**Clinical Waste (Health** 

Care Waste):

Any waste coming out of health Care provided in hospitals or other health care centers. However the definition does not include health

Care waste resulting from health care at home.

Disinfection: Effective killing by chemical and physical processes of all

organisms capable of causing infectious diseases.

Site used to dispose of solid wastes without environmental control. **Dumping Site:** 

General waste: All non hazardous waste, similar in nature to domestic waste

Waste coming out of hospitals. Such waste is around 85 % **Hospital waste:** 

non-hazardous, around 10 % are infectious, around 5% non-

infectious but hazardous.

**Incineration (Dry** 

**Thermal Disinfection):** 

Controlled burning of solid, liquid or gaseous waste materials at

high temperatures.

All kinds of waste, which may transmit viral, bacterial or parasitic **Infectious Waste:** 

> diseases to human beings. It includes infectious animal waste from laboratories, slaughter-houses, veterinary practices and so on.

**Irradiation:** Use of radiation (X rays, or gamma rays) for effective killing of all

organisms capable of causing infectious diseases.

**Mechanical Treatment** 

Crush, break, cut or otherwise damage of sharps prior to treatment. (of Health Care waste):

(of Wastewater):

**Mechanical Treatment** Wastewater treatment of physical and mechanical nature that results in decanted effluents and Separate Sludge. Mechanical treatment processes are also used in combination with biological and advanced unit operations. Mechanical treatment includes Processes such as sedimentation and flotation.

**Open burning:** 

Out door burning of wastes such as lumber, scrapped cars, textiles, sawdust and so forth.

**Pharmaceutical Waste:** This includes pharmaceutical products, drugs and chemicals, which have been returned from wards, have been spilled or soiled, are out of date or contaminated, or are to be discarded for any reason.

**Primary Health Care Center:** 

Health center offers preventive care (diagnostic and curative) before illness case is complicated.

**Radioactive Waste:** 

Material that contains or is contaminated with radionuclides at concentrations greater than those established as "exempt" by the competent authorities. To avoid persistent harmful effects, longterm storage is necessary, for which purpose so-called "isotope cemeteries" and abandoned quarries are used.

Center:

**Secondary Health Care** Health center offers curative and nursing health care for illness case exceeding Primary Health Care.

**Separation** (Segregation): The system separation of solid waste into designated categories

**Sewage Network:** 

System of collectors, pipelines, conduits and pumps to evacuate wastewater (rainwater, domestic and other wastewater) from any of the location paces generation either to municipal sewage treatment plant or to a location place where wastewater is discharged.

**Sharps:** 

Any item that could cause a cut or puncture (especially needles and blades).

**Solid Waste Disposal:** 

Ultimate deposition or placement of refuse that is not salvaged or recycled.

**Solid Waste:** 

Useless and sometimes hazardous material with low liquid content, solid wastes include municipal garbage, industrial and commercial waste, sewage sludge, wastes resulting from agricultural and animal husbandry operations and other connected activities, demolition wastes and mining residues

**Storage (of the Health** Care Waste):

The containment of health care waste in manner that dose not constitute disposal of the health care waste.

**Care Waste:** 

**Transport of the Health** The movement of the health care waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of health care waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

**Treatment of the Health** Processes that modify the waste in some way before it is taken to its **Care Waste:** final resting place.

Waste Collection: Collection or transport of waste to the place of treatment or

discharge by municipal services or similar institutions, or by public or governmental and non-governmental corporations, specialized enterprises or general government. Collection of municipal waste may be selective, that's to say carried out for a specific type of product, or undifferentiated, in other words, covering all kinds of

waste at the same time.

Wastewater Treatment: Process to render wastewater fit to meet environmental standards or

other quality norms. Three broad types of treatment may be

distinguished: mechanical, biological, and advanced.

**Wastewater:** Used water, typically discharged into the sewage system. It contains

matter and bacteria in solution or suspension.

Wet Thermal Autoclaving at 160 Co under high pressure to effective killing of all

**Disinfections:** organisms capable of causing infectious diseases.

**Symbols Used in Tables:** 

(-) Not available

(0) less than half of the unit

## Chapter Three

## **Main Findings**

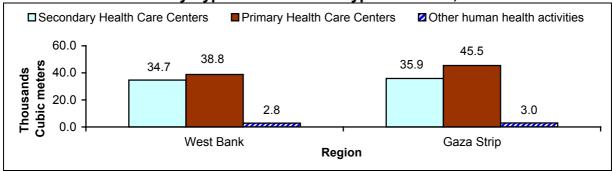
This section presents the main findings of the Care Environment Survey 2004 and data for private health care sector which come from Economical Environmental Survey 2004. Statistical results are classified according to the main components of environmental elements in the governmental and non-governmental health care centers, including water, health care waste, and wastewater.

#### 3.1 Water:

## **Consumption:**

The estimated quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in Gaza Strip.

Figure 1: Estimated Monthly Quantities of Water Consumed from Health Care
Center by Type of Sector and Type of Center, 2004



#### **Sources of Water Supply:**

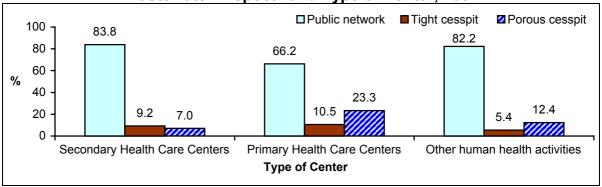
The results show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

## 3.2 Wastewater:

#### **Disposal Methods:**

The results show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and 9.9% of the health care centers use tight cesspit. Also 21.4% of the health care centers use porous cesspit.

Figure 2: Percent Distribution of Health Care Centers by the Method of Wastewater Disposal and Type of Center, 2004



## **Treatment of Wastewater:**

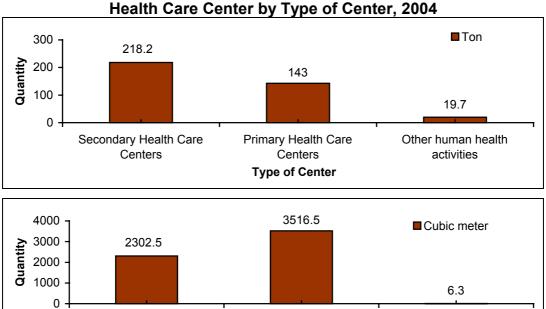
The percentage of the secondary health care centers that do not treat wastewater is 93.2%, 99.3% of primary the health care centers and 99.2% of other human health activities. The main treatment methods used are the mechanical, the chemical treatments and biological treatment.

#### 3.3 Health Care Solid Waste:

## Quantity:

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 380.9 tons and 5.8 thousands cubic meter including 274.8 tons and 1.9 thousands cubic meter in the West Bank and 106.1 tons and 3.9 thousands cubic meter in Gaza Strip. While the total estimated quantities produced by the secondary health care centers in the Palestinian Territory were about 218.2 tons and 2.3 thousands cubic meter.

Figure 3: Estimated Monthly\* Quantities of Health Care Waste Produced from Health Care Center by Type of Center, 2004



Secondary Health Care

Centers

Primary Health Care

Centers

**Type of Center** 

Other human health

activities

<sup>\*</sup> The quantities estimated by using two units, cubic meter and ton

## **Separation:**

49.0% of the health care centers in the Palestinian Territory perform separation of health Care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components. However, the percentage of the health care centers that perform separation is 58.4% separate General waste, whereas 55.4% of the health care centers separate Infectious waste. The quantities of separated waste in the health care centers were estimated at 145.2 tons and 83.3 cubic meter.

In the Centers that perform waste separation and package the separated waste, the packaging depends on the type of the separated waste. Nylon bags are used for packaging the General waste in 54.7% of the health care centers in the Palestinian Territory, while Plastic boxes are used for packaging the Infectious waste in 37.3% of the health care centers. 76.5% of the health care centers used nylon bags to packaging the non-separated waste.

The periodicity of collecting health care waste is from 4 to 6 times per week in 59.0% of the health care centers. The non-separated waste in the health care centers was collected from 4 to 6 times per week in 44.9% of the health care centers.

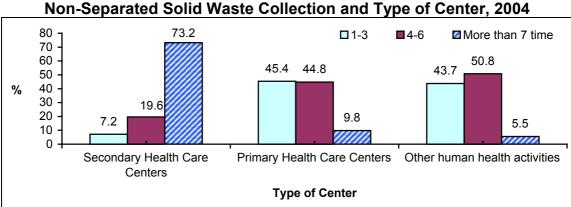


Figure 4: Percent Distribution of Health Care Center by Weekly Periodicity of Non-Separated Solid Waste Collection and Type of Center, 2004

## **Transportation:**

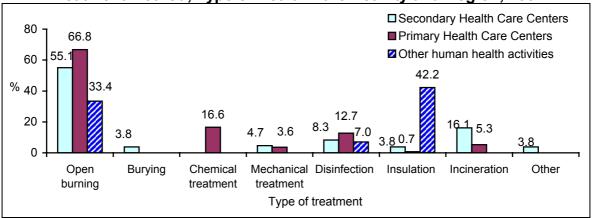
The transportation in the health care centers in the Palestinian Territory that perform separation of General waste is done manually in 96.7% of the health care centers, and 1.9% of the health care centers use special carriages, in otherwise is done manually for Infectious waste in 97.0%, and 1.1% of the health care centers use special carriages. While in the Centers that do not perform separation of waste, the waste was transported manually in 96.3% of the health care centers and using special carriages in 2.2% of the health care centers.

#### **Treatment:**

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health Care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The most important treatment method is the open burning in 64.2% of the health care centers, and 14.7% of them use chemical treatment, and 8.3% used disinfection. The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Figure 5: Percent Distribution of Health Care Center by the Health Care Waste Treatment Method, Type of Health Care Activity and Region, 2004



## Disposal:

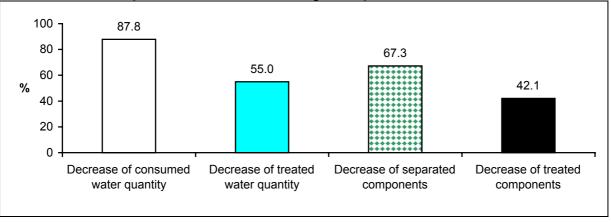
In this stage, the waste is compiled in a place then transferred to a place of final disposal. 61.7% of the health care centers compile waste in a local authority open container, 9.7% of the health care centers in containers local authority closed container, and 5.6% of the health care centers in health care center open container, while 3.9% of the health care centers in health care center closed container and 19.1% of the health care center don't use a container, and 86.0% of used containers made from metal.

The local authority transfers the waste to a place of final disposal in 83.1% of the health care centers. The place of final disposal was a dumping site owned by the local authority for 84.7% of the health care centers in the Palestinian Territory. The periodicity of waste final disposal was 4 to 6 times per week for 53.7% of the health care centers.

## 3.4 Problems faced Health care centers During Intifada:

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers

Figure 6: Percent of Health Care Center in the Palestinian Territory by the Most Important Problems During Al-Aqsa Intifada, 2004



## Chapter Four

## Methodology

## 4.1 The Survey Questionnaire:

The environmental questionnaire was designed in accordance with the similar country experiments and according to international standards and recommendations for the most important indicators, taking into account the special situation of Palestinian Territory.

## **Test the Questionnaire:**

To test the questionnaire we take the results of the last surveys that implemented by the PCBS in 2000, 2001 as a pretest; consequently some modifications were made on the questionnaire and on the instructions.

## 4.2 Sampling and Sampling Frame:

## **Target Population:**

The target population of this survey is all health care centers in the Palestinian Territory, and they divide to:

- 1. Governmental health care centers (Ministry of Health, Health Care Military Service, Lijan Azakah).
- 2. Non-governmental health care centers (Health Union Committees, Union of Palestine Health Care Relief Committees, Refits Friends Benevolent Society, UNRWA, Red Crescent Society, and Red Cross) in the Palestinian Territory.
- 3. Private health care sector.

## **Sampling Frame:**

The sampling frame was based on by type of health care centers:

- 1. **Private Health Care Sector:** The general frame for the establishments which finding of the 1997 Center Census conducted by PCBS, which was updated annually by the updating frame survey 2002.
- 2. **Governmental and Non-governmental Health care centers:** The frame of the all centers which work in sector of health care which owned by Governmental and Non-governmental health care centers updated annually by thru the administration records in the PCBS.

## Sample size:

This section is only for the privet sector data, which implemented by using a sample, and the sample size was 285 privet health care center in the Palestinian Territory. It was distributed according to the economic activities into 44 centers of hospital activities, 165 centers of medical and dental practice activities, 76 centers of other human health activities.

## **Sample Design:**

The sample of Economical Environmental Survey 2004 is a single-stage stratified cluster random sample.

#### 4.3 Field Work:

The Field Work is the real work to get the demanded data from the primary source, and guarantee a good orthopedist for this stage is the main affair which works on in this stage.

The data in this report come from two sources and each one have a method to collect data about the health care centers.

The data which come from Health Care Environment Survey 2004 collecting by the administrative record team, where they apportion the questionnaires to the respondents to filed by them himself.

And about the data which come from Economical Environmental Survey 2004 collecting by field workers, and this type of collection method mast be pass on tow stage:

- 1. Training Fieldworkers on the main skills before the start of data collection.
- 2. Distribution the team of Fieldworkers to groups.

## 4.4 Data Processing:

The data processing stage consisted of the following operations:

## **Editing before data entry:**

All questionnaires were edited again in the office using the same instructions adopted for editing in the fields.

## **Data entry:**

In this stage data were entered into the computer, using Microsoft Access. The data entry program was prepared to satisfy a number of requirements such as:

- Duplication of the questionnaire on the computer screen.
- Logical and consistency check of data entered.
- Possibility for internal editing of questions answers.
- Maintaining a minimum of digital data entry and fieldwork errors.
- User-Friendly handling.
- Possibility of transferring data into another format to be used and analyzed using other statistical analytical systems such as SAS and SPSS.

## Chapter Five

## **Data Quality**

Two types of errors affect the quality of survey data; statistical and non-statistical errors.

## **5.1 Statistical Errors**

This type of errors could be determined easily, and it is result from sampling errors, and this type of errors concern the data of private health care centers. And to reduce this errors the data mast pass tow stage:

#### **Estimations Procedure**

It is necessary, when calculating the estimations of the survey indicators, to calculate the weights of the establishments. The weight of an establishment is the mathematical inverse of choosing it.

## **Calculation of Variances**

Variance is change from a variable to another, it depends on:

- 1. The sample size
- 2. The actual variance for all the population units
- 3. the sample design

The variance for a number of variables was calculated using CENVAR

#### **5.2 Non-Statistical Errors**

This type of errors result from non-sampling errors, and could not be determined easily due to the diversity of sources (e.g. the interviewers, respondent, editor, data entry operator... etc).

However, several measures were adopted to minimize the effects of these errors. The interviewers, editors and coders had undergone intensive training and were provided with fieldwork manuals to consult when facing any problem.

The data entry program was designed in a way that allows error detection and correction. This applies particularly to logical errors that might not be discovered before data entry operations. A consistency check was also performed to assure accuracy after data entry.

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# **Palestinian Central Bureau of Statistics**

# **Environmental Survey for Health Care Centers, 2004 Main Findings**

PAGE NUMBERS OF ENGLISH TEXT ARE PRINTED IN SQUARE BRACKETS. TABLES ARE PRINTED IN THE ARABIC ORDER (FROM RIGHT TO LEFT).

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# **Preface**

As the attention towards environment and the risk of environmental pollution increase, environment statistics become one of the basic fields in the official statistics. The Health Care waste statistics is an important subject in the environment statistics due to its negative effects on the health and the environment if not disposed properly. Many decisions depend on such statistics, especially in Palestinian Territory where statistics about it is not available.

The Palestinian Central Bureau of Statistics (PCBS) seeks to provide such data through its program for environment statistics that aims at building and updating a comprehensive and accurate statistical database on all environmental subjects. This program aims to provide statistical data as a tool for monitoring and management of the environmental status in the Palestinian Territory.

This report is one of a series of reports that are being published by the PCBS on the Palestinian environment. The report presents the most important Health Care waste statistics for the private sector indicators as collected from different sources.

This report concentrates on the variables of water consumption, Health Care waste collection, separation and disposal, and wastewater disposal in the Governmental and non-Governmental Health Care Centers.

PCBS hopes that the findings of this report will be a reference for planners and decision-makers towards improving the environmental status in the Palestinian Territory.

December, 2004

Hasan Abu-Libdeh, Ph.D. President

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# **Executive Summary**

The estimated monthly quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in health care centers in Gaza Strip.

The result show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

The result show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and the percentage of the secondary health care centers that do not treat wastewater is 93.2%.

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 381 tons and 5.8 thousands cubic meter including 275 tons and 1.9 thousands cubic meter in the West Bank and 106 tons and 3.9 thousands cubic meter in Gaza Strip. 49.0% of the health care centers in the Palestinian Territory perform separation of health care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components.

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers.

# Chapter One

# Introduction

Environmental statistics in the health care centers is very interested and this statistics is an important instrument to make decisions, planning, and draw the outlines for environment. And relating to infrequency of data about this subject in the Palestinian Territory, the Palestinian Central Bureau of Statistics (PCBS) building up and develop a database about environmental in the health care centers.

The sources of the data in this report are Health Care Environment Survey 2004 (for the data about governmental and non-governmental organizations sectors), and Economical Environmental Survey 2004 (for the data about private sector).

# 1.1 Objectives of the Report

The main objective of this report is to make overview about the main indicators of environment in the health care centers in three sectors (governmental, non-governmental organizations and private sector), which including:

- Water consume.
- management of wastewater.
- management of health Care waste.
- Problems faced Health care centers During Intifada.

#### 1.2 Report Structure

This report consists of five chapters: the first chapter presents introduction, the report objectives and the report structure, the second chapter describes the definitions and explanations, the third chapter briefly describes the main findings, while the fourth chapter presents the methodology used in the survey, consisting the questionnaire design, sampling design, fieldwork operations and data processing, the last chapter includes an assessment of data quality and technical notes

# Chapter Two

# **Concepts and Definitions**

**Biological Treatment:** aerobic Wastewater treatment employing anaerobic

> microorganisms that results in decanted effluents and Separate sludge Containing microbial mass together with pollutants. Biological treatment processes are also used in combination or in

conjunction with mechanical and advanced unit operations.

A well or a pit in which night soil and other refuse is stored, **Cesspit:** 

constructed with either tight or porous walls.

**Chemical Disinfection:** Chemicals used for effective killing of all organisms capable of

causing infectious diseases.

**Chemical Treatment:** Treatment methods that are used to effect the complete breakdown

> of hazardous Waste in to non-toxic gases or, more frequently, to modify the chemical properties of the Waste, for example, through reduction of water solubility or neutralization of acidity or

alkalinity.

May be hazardous - toxic, corrosive, flammable, reactive or **Chemical Waste:** 

genotoxic (capable of altering genetic material), or non-hazardous.

**Clinical Waste (Health** 

Care Waste):

Any waste coming out of health Care provided in hospitals or other health care centers. However the definition does not include health

Care waste resulting from health care at home.

Disinfection: Effective killing by chemical and physical processes of all

organisms capable of causing infectious diseases.

Site used to dispose of solid wastes without environmental control. **Dumping Site:** 

General waste: All non hazardous waste, similar in nature to domestic waste

Waste coming out of hospitals. Such waste is around 85 % **Hospital waste:** 

non-hazardous, around 10 % are infectious, around 5% non-

infectious but hazardous.

**Incineration (Dry** 

**Thermal Disinfection):** 

Controlled burning of solid, liquid or gaseous waste materials at

high temperatures.

All kinds of waste, which may transmit viral, bacterial or parasitic **Infectious Waste:** 

> diseases to human beings. It includes infectious animal waste from laboratories, slaughter-houses, veterinary practices and so on.

**Irradiation:** Use of radiation (X rays, or gamma rays) for effective killing of all

organisms capable of causing infectious diseases.

**Mechanical Treatment** 

Crush, break, cut or otherwise damage of sharps prior to treatment. (of Health Care waste):

(of Wastewater):

**Mechanical Treatment** Wastewater treatment of physical and mechanical nature that results in decanted effluents and Separate Sludge. Mechanical treatment processes are also used in combination with biological and advanced unit operations. Mechanical treatment includes Processes such as sedimentation and flotation.

**Open burning:** 

Out door burning of wastes such as lumber, scrapped cars, textiles, sawdust and so forth.

**Pharmaceutical Waste:** This includes pharmaceutical products, drugs and chemicals, which have been returned from wards, have been spilled or soiled, are out of date or contaminated, or are to be discarded for any reason.

**Primary Health Care Center:** 

Health center offers preventive care (diagnostic and curative) before illness case is complicated.

**Radioactive Waste:** 

Material that contains or is contaminated with radionuclides at concentrations greater than those established as "exempt" by the competent authorities. To avoid persistent harmful effects, longterm storage is necessary, for which purpose so-called "isotope cemeteries" and abandoned quarries are used.

Center:

**Secondary Health Care** Health center offers curative and nursing health care for illness case exceeding Primary Health Care.

**Separation** (Segregation): The system separation of solid waste into designated categories

**Sewage Network:** 

System of collectors, pipelines, conduits and pumps to evacuate wastewater (rainwater, domestic and other wastewater) from any of the location paces generation either to municipal sewage treatment plant or to a location place where wastewater is discharged.

**Sharps:** 

Any item that could cause a cut or puncture (especially needles and blades).

**Solid Waste Disposal:** 

Ultimate deposition or placement of refuse that is not salvaged or recycled.

**Solid Waste:** 

Useless and sometimes hazardous material with low liquid content, solid wastes include municipal garbage, industrial and commercial waste, sewage sludge, wastes resulting from agricultural and animal husbandry operations and other connected activities, demolition wastes and mining residues

**Storage (of the Health** Care Waste):

The containment of health care waste in manner that dose not constitute disposal of the health care waste.

**Care Waste:** 

**Transport of the Health** The movement of the health care waste from the point of generation to any intermediate point and finally to the point of treatment or disposal. Transport does not include the movement of health care waste from a health facility or agency to another health facility or agency for the purposes of testing and research.

**Treatment of the Health** Processes that modify the waste in some way before it is taken to its **Care Waste:** final resting place.

Waste Collection: Collection or transport of waste to the place of treatment or

discharge by municipal services or similar institutions, or by public or governmental and non-governmental corporations, specialized enterprises or general government. Collection of municipal waste may be selective, that's to say carried out for a specific type of product, or undifferentiated, in other words, covering all kinds of

waste at the same time.

Wastewater Treatment: Process to render wastewater fit to meet environmental standards or

other quality norms. Three broad types of treatment may be

distinguished: mechanical, biological, and advanced.

**Wastewater:** Used water, typically discharged into the sewage system. It contains

matter and bacteria in solution or suspension.

Wet Thermal Autoclaving at 160 Co under high pressure to effective killing of all

**Disinfections:** organisms capable of causing infectious diseases.

**Symbols Used in Tables:** 

(-) Not available

(0) less than half of the unit

#### Chapter Three

# **Main Findings**

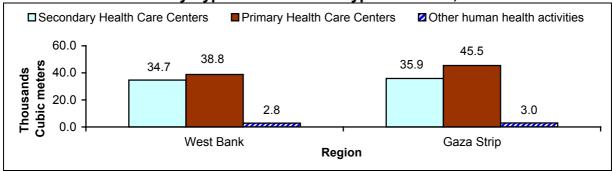
This section presents the main findings of the Care Environment Survey 2004 and data for private health care sector which come from Economical Environmental Survey 2004. Statistical results are classified according to the main components of environmental elements in the governmental and non-governmental health care centers, including water, health care waste, and wastewater.

#### 3.1 Water:

#### **Consumption:**

The estimated quantity of water consumed by the health care centers in the Palestinian Territory was 160.7 thousands cubic meter/month, of which 76.3 thousands cubic meter/month in West Bank, and 84.4 thousands cubic meter/month in Gaza Strip.

Figure 1: Estimated Monthly Quantities of Water Consumed from Health Care
Center by Type of Sector and Type of Center, 2004



#### **Sources of Water Supply:**

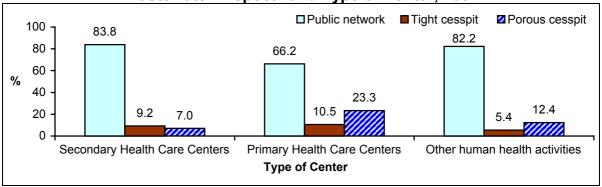
The results show that 93.2% of the health care centers in the Palestinian Territory get the water for consumption from water network, where 95.6% of the secondary health care centers, and 92.6% of the primary health care centers get the water from the same source.

#### 3.2 Wastewater:

#### **Disposal Methods:**

The results show that 68.7% of the health care centers in the Palestinian Territory dispose their wastewater using public network, and 9.9% of the health care centers use tight cesspit. Also 21.4% of the health care centers use porous cesspit.

Figure 2: Percent Distribution of Health Care Centers by the Method of Wastewater Disposal and Type of Center, 2004



# **Treatment of Wastewater:**

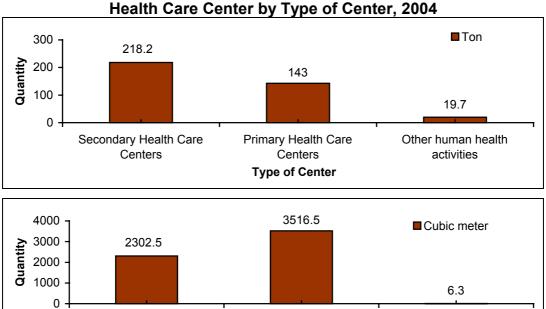
The percentage of the secondary health care centers that do not treat wastewater is 93.2%, 99.3% of primary the health care centers and 99.2% of other human health activities. The main treatment methods used are the mechanical, the chemical treatments and biological treatment.

#### 3.3 Health Care Solid Waste:

# Quantity:

The monthly estimated quantities produced by the health care centers in the Palestinian Territory were about 380.9 tons and 5.8 thousands cubic meter including 274.8 tons and 1.9 thousands cubic meter in the West Bank and 106.1 tons and 3.9 thousands cubic meter in Gaza Strip. While the total estimated quantities produced by the secondary health care centers in the Palestinian Territory were about 218.2 tons and 2.3 thousands cubic meter.

Figure 3: Estimated Monthly\* Quantities of Health Care Waste Produced from Health Care Center by Type of Center, 2004



Secondary Health Care

Centers

Primary Health Care

Centers

**Type of Center** 

Other human health

activities

<sup>\*</sup> The quantities estimated by using two units, cubic meter and ton

# **Separation:**

49.0% of the health care centers in the Palestinian Territory perform separation of health Care waste components, as 70.6% of the health care centers separate some components while 29.4% of the health care centers separate all the components. However, the percentage of the health care centers that perform separation is 58.4% separate General waste, whereas 55.4% of the health care centers separate Infectious waste. The quantities of separated waste in the health care centers were estimated at 145.2 tons and 83.3 cubic meter.

In the Centers that perform waste separation and package the separated waste, the packaging depends on the type of the separated waste. Nylon bags are used for packaging the General waste in 54.7% of the health care centers in the Palestinian Territory, while Plastic boxes are used for packaging the Infectious waste in 37.3% of the health care centers. 76.5% of the health care centers used nylon bags to packaging the non-separated waste.

The periodicity of collecting health care waste is from 4 to 6 times per week in 59.0% of the health care centers. The non-separated waste in the health care centers was collected from 4 to 6 times per week in 44.9% of the health care centers.

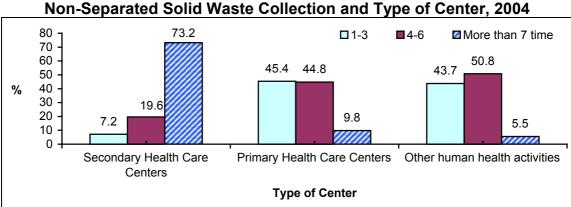


Figure 4: Percent Distribution of Health Care Center by Weekly Periodicity of Non-Separated Solid Waste Collection and Type of Center, 2004

# **Transportation:**

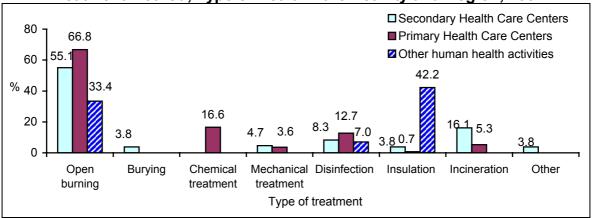
The transportation in the health care centers in the Palestinian Territory that perform separation of General waste is done manually in 96.7% of the health care centers, and 1.9% of the health care centers use special carriages, in otherwise is done manually for Infectious waste in 97.0%, and 1.1% of the health care centers use special carriages. While in the Centers that do not perform separation of waste, the waste was transported manually in 96.3% of the health care centers and using special carriages in 2.2% of the health care centers.

#### **Treatment:**

The percentage of the health care centers in the Palestinian Territory that do perform treatment of health Care waste is about 16.0%, of which 26.2% in secondary health care centers, 16.9% in primary health care centers and 7.7% in the other human health activities.

The most important treatment method is the open burning in 64.2% of the health care centers, and 14.7% of them use chemical treatment, and 8.3% used disinfection. The quantities of treated waste were about 62.9 ton and 159.8 cubic meter in the health care centers in the Palestinian Territory.

Figure 5: Percent Distribution of Health Care Center by the Health Care Waste Treatment Method, Type of Health Care Activity and Region, 2004



# Disposal:

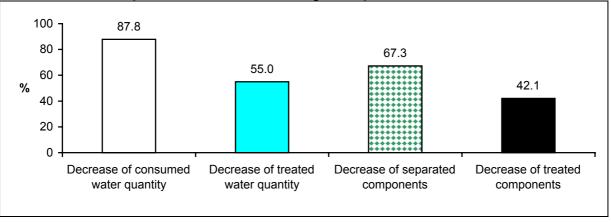
In this stage, the waste is compiled in a place then transferred to a place of final disposal. 61.7% of the health care centers compile waste in a local authority open container, 9.7% of the health care centers in containers local authority closed container, and 5.6% of the health care centers in health care center open container, while 3.9% of the health care centers in health care center closed container and 19.1% of the health care center don't use a container, and 86.0% of used containers made from metal.

The local authority transfers the waste to a place of final disposal in 83.1% of the health care centers. The place of final disposal was a dumping site owned by the local authority for 84.7% of the health care centers in the Palestinian Territory. The periodicity of waste final disposal was 4 to 6 times per week for 53.7% of the health care centers.

# 3.4 Problems faced Health care centers During Intifada:

Health care centers faced many problems due to Israeli destruction of the infrastructure of the Palestinian community during Al–Aqsa intifada, the most important problem was the decrease of consumed water quantity which considered as a problem for 87.8% of the health care centers

Figure 6: Percent of Health Care Center in the Palestinian Territory by the Most Important Problems During Al-Aqsa Intifada, 2004



#### Chapter Four

# Methodology

# 4.1 The Survey Questionnaire:

The environmental questionnaire was designed in accordance with the similar country experiments and according to international standards and recommendations for the most important indicators, taking into account the special situation of Palestinian Territory.

# **Test the Questionnaire:**

To test the questionnaire we take the results of the last surveys that implemented by the PCBS in 2000, 2001 as a pretest; consequently some modifications were made on the questionnaire and on the instructions.

# 4.2 Sampling and Sampling Frame:

# **Target Population:**

The target population of this survey is all health care centers in the Palestinian Territory, and they divide to:

- 1. Governmental health care centers (Ministry of Health, Health Care Military Service, Lijan Azakah).
- 2. Non-governmental health care centers (Health Union Committees, Union of Palestine Health Care Relief Committees, Refits Friends Benevolent Society, UNRWA, Red Crescent Society, and Red Cross) in the Palestinian Territory.
- 3. Private health care sector.

# **Sampling Frame:**

The sampling frame was based on by type of health care centers:

- 1. **Private Health Care Sector:** The general frame for the establishments which finding of the 1997 Center Census conducted by PCBS, which was updated annually by the updating frame survey 2002.
- 2. **Governmental and Non-governmental Health care centers:** The frame of the all centers which work in sector of health care which owned by Governmental and Non-governmental health care centers updated annually by thru the administration records in the PCBS.

# Sample size:

This section is only for the privet sector data, which implemented by using a sample, and the sample size was 285 privet health care center in the Palestinian Territory. It was distributed according to the economic activities into 44 centers of hospital activities, 165 centers of medical and dental practice activities, 76 centers of other human health activities.

# **Sample Design:**

The sample of Economical Environmental Survey 2004 is a single-stage stratified cluster random sample.

#### 4.3 Field Work:

The Field Work is the real work to get the demanded data from the primary source, and guarantee a good orthopedist for this stage is the main affair which works on in this stage.

The data in this report come from two sources and each one have a method to collect data about the health care centers.

The data which come from Health Care Environment Survey 2004 collecting by the administrative record team, where they apportion the questionnaires to the respondents to filed by them himself.

And about the data which come from Economical Environmental Survey 2004 collecting by field workers, and this type of collection method mast be pass on tow stage:

- 1. Training Fieldworkers on the main skills before the start of data collection.
- 2. Distribution the team of Fieldworkers to groups.

#### 4.4 Data Processing:

The data processing stage consisted of the following operations:

#### **Editing before data entry:**

All questionnaires were edited again in the office using the same instructions adopted for editing in the fields.

# **Data entry:**

In this stage data were entered into the computer, using Microsoft Access. The data entry program was prepared to satisfy a number of requirements such as:

- Duplication of the questionnaire on the computer screen.
- Logical and consistency check of data entered.
- Possibility for internal editing of questions answers.
- Maintaining a minimum of digital data entry and fieldwork errors.
- User-Friendly handling.
- Possibility of transferring data into another format to be used and analyzed using other statistical analytical systems such as SAS and SPSS.

#### Chapter Five

# **Data Quality**

Two types of errors affect the quality of survey data; statistical and non-statistical errors.

#### **5.1 Statistical Errors**

This type of errors could be determined easily, and it is result from sampling errors, and this type of errors concern the data of private health care centers. And to reduce this errors the data mast pass tow stage:

#### **Estimations Procedure**

It is necessary, when calculating the estimations of the survey indicators, to calculate the weights of the establishments. The weight of an establishment is the mathematical inverse of choosing it.

# **Calculation of Variances**

Variance is change from a variable to another, it depends on:

- 1. The sample size
- 2. The actual variance for all the population units
- 3. the sample design

The variance for a number of variables was calculated using CENVAR

#### **5.2 Non-Statistical Errors**

This type of errors result from non-sampling errors, and could not be determined easily due to the diversity of sources (e.g. the interviewers, respondent, editor, data entry operator... etc).

However, several measures were adopted to minimize the effects of these errors. The interviewers, editors and coders had undergone intensive training and were provided with fieldwork manuals to consult when facing any problem.

The data entry program was designed in a way that allows error detection and correction. This applies particularly to logical errors that might not be discovered before data entry operations. A consistency check was also performed to assure accuracy after data entry.

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