Deanship of Graduate Studies

Al – Quds University

Evaluation of the Quality of Coordination Process between Ministry of Health and Health Non-Governmental Organizations in the Gaza Strip

Ahmad Yousef Al-Abbasi

MPH Thesis

Jerusalem- Palestine

1438 / 2017

Evaluation of Quality of Coordination Process between Ministry of Health and Health Non-Governmental Organizations in the Gaza Strip

Prepared by:

Ahmad Yousef Al-Abbasi

BA of Pharmaceutical Science (Al-Azhar University – Gaza -Palestine)

Supervisor: Dr. Wasim Al-Habil

Ph.D., Associate Professor – The Islamic University

A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of Master of Public Health/Epidemiology

Al-Quds University

Al-Quds University
Deanship of Graduate Studies
School of Public Health

Thesis Approval

Evaluation of Quality of Coordination Process between Ministry of Health and Health Non-Governmental Organizations in the Gaza Strip

Prepared By: Ahmad Yousef Al-Abbasi
Registration Number: 21411267

Supervisor: Dr. Wasim Al-Habil

Master thesis was submitted and accepted. Date: / /
The names and signatures of examining committee members were as follows:

1- Head of committee: Dr. Wasim Al-Habil Signature .....

2- Internal Examiner: Dr. Yehia Abed Signature .....

3- External Examiner: Dr. Aahraf Al-Jedi Signature .....

Jerusalem-Palestine

1439-2018

Dedication

I thank Allah who made this dream come reality

To my guardian angel who was always there for me with her heart…my mother

To that great man who has done everything he can to raise me to be a good man….my father

To my wife who was patient and supporting

To my brothers and sisters, with whom I spent my beautiful moments in my life

And my little angel Raghad to whom I keep going in this life.

To the soul of my sister Weam

To everyone who contributed to make this study a reality.

Ahmad Yousef Al-Abbasi

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Ahmad Yousef Al-Abbasi

6/8/2018

Acknowledgment

I wish to record my thanks to all those who assisted me in the completion of this work, either by support or consultation

I owe a great debt to my academic supervisor Dr. Wasim Al-Habil for his dedication, endless support,and patience.

My deep appreciation to Dr. Bassam Abu-Hamad, the one I respect and admire for his warm caring.

I would like to thank the participants who gave their time and wisdom, without their cooperation this study wouldn’t be accomplished.

Special thanks to the academic and administrative staff of the School of Public Health at Al-Quds University for their collaboration and assistance.

Also, special thanks to my colleague Mrs. Taghreed Al-Ghooti, my organization Expertise in Consulting and Development.

Abstract

The coordination is essential for any system, process or works whether inside the organization itself or with another one. The overall objective of this study is to evaluate the quality of coordination process between Ministry of Health (MOH) and Health Non-Governmental Organizations (HNGOs) in the Gaza Strip. The study utilized a descriptive analytical design. The targeted population was 120 participants, consisted of MOH managers, and HNGOs managers (executive managers, project managers, and coordinators) with 75% as a response rate (90 participants). Data was collected through a self-administered questionnaire and in-depth interviews with 9 health experts working in MOH and HNGOs. The reliability coefficient of the overall status of quality of coordination process was excellent (Cronbach`s Alpha 0.962). The researcher used Pearson correlation coefficient for Validity, Cronbach's Alpha for Reliability Statistics, Kolmogorov-Smirnov test of normality, One-sample T-test and Frequency, Descriptive analysis, and Multiple Linear Regression Model from Statistical Package of Social Sciences.

The study revealed that 58% of the questionnaire participants said that their organizations have a membership in the Health Cluster led by WHO. Also, 83.3% of them mentioned that their organizations have a permanent partnership with other health actors but on the other hand 61.1% of them said that their organizations face difficulties with their partners during coordination process. In addition, 41.1% of the participants agreed that there is some contradiction between their organization`s coordination system objectives and their partner's objectives which is a high percentage. Furthermore, 70.3% of those who agreed on that, indicated that this contradiction led to misuse of human and financial resources. Also, 53.3% of participants agreed to the existence of duplicated projects which was agreed upon by the majority of the interviewees especially between LHNGOs.

In regards to the factors that are affecting the quality of coordination, the study has revealed that the health NGOs positive perception and culture toward coordination is positively affecting the quality of coordination (statistically significant at less than $P< 0.05$) and that was agreed with all interviewees perception. The competition for funding between LHNGOs is increasing the quality of coordination with MOH (the overall mean is 4.51, proportional mean is 64.41%, statistically significant at less than $P< 0.05$). But that partially disagreed with all interviewees perception as they agreed on the existence of two

types of competition; a negative and positive competition and the last one can't exist until there are a good monitoring and evaluation system in MOH which is apparently very weak. So, that leaves more space for the negative competition which leads to duplication in providing health services and resources wastage. In that regards, it is important to notice that 41.1% of the questionnaire participants are working in IHNGOs, also there was a consensus among the interviewees that there is no competition between IHNGOs for funding so their answers affected on the net result of the variable. But the result of the cost of coordination factor tells that this cost to improve the quality of coordination isn't affecting negatively on the quality of coordination (statistically significant at less than $P< 0.05$). Also, the result of multiple linear regression analysis shows that it isn't affecting the quality of coordination, additionally the respondents agreed on the importance of improving the coordination system and process regardless of its cost

The other factors (donors agendas vs NGOs autonomy, criteria, and mechanisms of coordination and numbers and diversity of LHNGOs) have been studied qualitatively only. The majority of interviewees mentioned that the donor's agendas are to some degree conflict with LHNGOs autonomy. Also, there are political agendas for some donors and according to the perception of the interviewees, it has some negative impact on the quality of coordination. Also all interviewees agreed that the existence of good criteria and mechanisms will improve the quality of coordination process but still the coordination in health sector lack effective criteria and mechanisms. And in terms of number and variety of LHNGOs, all of the interviewees' opinion highlight the absence of effective M&E system in MOH and they emphasise the importance of its existence in MOH and especially the coordination unit of MOH to ensure the good coordination among these LHNGOs and between them and MOH and IHNGOs.

The study concluded that it is important to have a good quality of coordination system and process in order to reduce the duplication of health services, decrease the resources wastage and has a positive impact on competition between LHNGOs for funding (statistically significant at less than $P< 0.05$). But still, the current situation of coordination system is weak (statistically significant at less than $P< 0.05$). The researcher concluded that it is important to have a national body for coordination between all health actors, improve the quality of work in coordination unit of MOH and it is essential to improve all health actors understanding toward the importance of coordination and partnership concept.

Table of Content

List of Tables

List of Figures

List of Annexes

List of Abbreviations

CAP	Consolidated Appeals Process
CERF	Central Emergency Fund
GCMHP	Gaza Community Mental Health Program
HNGOs	Health Non-Governmental Organizations
IASC	Inter-Agency Standing Committee
ICRC	International Committee for Red Cross
IHNGOs	International Health Non-Governmental Organizations
LHNGOs	Local Health Non-Governmental Organizations
M&E	Monitoring and Evaluation
MOH	Ministry of Health
OCHA	Office of the Coordinator for Humanitarian Affairs
ODA	Official Development Assistance
PA	Palestinian Authority
PCBS	Palestinian Center Bureau of Statistics
PLC	Palestinian Legislative Council
PNGO	Palestinian Non-Governmental Organizations Network
QRC	Qatar Red Crescent
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNJLC	United Nations Joint Logistics Centre
UNRWA	United Nations Relief and Work Agency for the Palestinian refugees

Chapter I:
Introduction

1.1 Background summary

The nongovernmental organizations (NGOs) defined as any non-profit organization which is formed locally or internationally and has a common goal of helping people in need.

Palestinian NGOs represent an essential part of the community due to their role in delivering the service to the poor people and rural areas, so they exist as a major pillar of the Palestinian civil society. Health care system in the Gaza Strip has four main health service providers, MOH, UNRWA, Health NGOs, and the private sector. It's obvious that theMOH, UNRWA, and HNGOs (UN-Agencies, international, and local) in the Gaza Strip should have a better quality of coordination systemto respond to humanitarian health needs which results from the frequent Israeli military assault,and continuous siege, and also improve the quality of health services (developmental).

The concern and attention to coordination started in the 1980s during the increase of volume, diversity, and entry of new donors.Many factors play a role in coordination difficulties especially during Israeli military aggression on the Gaza Strip. Obviously, there is no single health NGOs has sufficient resources to respond effectively and efficiently to the different health care needs of the Palestinian people (Yaghi, 2009).

1.2 Research problem

TheHNGOs in Gaza Strip is a main partner to the MOHin providing health care services to Palestinian patients, reliving their suffering and improving the health services provided.Although during the last three wars on the Gaza Strip it was obvious that there are gaps and weaknesses in coordination process between both MOH and HNGOs.

Internationally,there is an increasing complexity of humanitarian work as the number of disasters increase both natural and human-made (wars and military aggression) disasters, increase the number of donors and NGOs anddiversity in funding resources(Balcik, Beamon, Krejci, Muramatsu, & Ramirez, 2010; K. Buse & Walt, 1996; Walt, Pavignani, Gilson, & Buse, 1999a).

Relief organizations compete for funding, which may alsoadversely affect coordination and the humanitarian mission(Kent, 2004). Different and conflicting donors agendas, mandates, working environment and multiple cultures coupled with increasing in bothbeneficiaries and competition for donor funding, the political orientation, poor communication, almost absence of networking and information exchange, are pose significant challenges to achieving a good quality coordination among humanitarian NGOs and with the government(McEntire, 1998). Also, Nassar (2011) explained that the Health Information System (HIS) still has weaknesses such as lack of information sharing, policies and regulation and lack of training activities.

These factors and complexities in humanitarian work urged the governments and whoever working in this field and waked them up to the importance of the presence of coordination system between the government, donors and NGOs (Balcik et al., 2010; K. Buse & Walt, 1996; Kumar, 2005; Walt, Pavignani, Gilson, & Buse, 1999b)

The former Director General of International Cooperation Department in MOHAl-Kasheef (2016) stated that there are huge gaps in the coordination process between MOH and health NGOs because of lack of well-trained staff and experience of the coordination unit in the MOH, the national vision for the role of HNGOs isn't complete, political orientation of these HNGOs and the general idea and impression of the coordination unit toward charitable work as it's just for competition and publicity.

Al-Ghooti (2015) has stated that it's necessary to emerge the role of coordination process in improving and supporting the health sector in the Gaza Strip because of continuous and repeated challenges.

Therefore, the researcher is going to evaluate the quality of the current coordination process that supposed to controls the humanitarian health projects and services applied by both MOH andHNGOs, discoveringthe overall status of this system and the strengths and weaknesses points in coordination process and how it can be improved.

1.3 Justification

Nowadays there is an international concern about the civil society and voluntary work around the world especially in developing countries such as African, middle eastern and some of the Asian countries. There are large efforts being exerted in finding the best ways

in implementing coordination in utilizing the services provided by NGOs for the benefit of the poor people(K. Buse & Walt, 1996). Gaza Strip is one of the major zones around the world that is under continuous conflict and historical Israeli military occupation and aggression. The Palestinian health sector is adversely affected by this occupation in* way that its health services are largely depending on the international donations and aids because of the continuous siege which is the major factor that is leading to Palestinian health services deterioration. This dependency leads them to be a high-level recipient of Official Development Assistance (ODA) (BisanCentre&WorldBank, 2006).Generally, political orientation and agenda area major factors affecting the coordination process and the outcomesof donors funding to Palestinian health sector and also there are other factors such as lack of resources (Al-Kasheef, 2016).Also, Al-Kasheef (2016) stated that the duplication of humanitarian health projects, geographically unfair distribution of the health services through these projects are results of the weak coordination process.

1.4 Objectives

1.4.1 General Objective:

To evaluate the quality of coordination process between theMOH and HNGOsin the Gaza Strip.

1.4.2 Specific Objectives:

- To recognize the main mechanisms of coordination between MOH and HNGOs.
- To recognize the factors affecting the MOH coordination role with HNGOs.
- To identify variations in coordination process in reference to HNGOs attributes.
- To identify the strengths and weaknesses in thecoordination process between the MOH and HNGOs.
- To suggest recommendations that will help in improving the quality of coordination system between the MOH and HNGOs in the Gaza Strip.

1.5 Research Questions

- **Quantitative questions:**
  - What is the current situation of coordination system between MOH and HNGOs?
  - What are the factors that affect the coordination process between MOH and HNGOs?

- **Qualitative questions:**
  - What are the criteria and mechanisms that are being followed in coordinating the health work between MOH andHNGOs?
  - How are the types of coordination mechanisms and criteria being chosen?
  - What are the weaknesses and strengths points in the coordination process between MOH andHNGOs?
  - What are the obstacles to the coordination process?
  - How can the current coordination system be improved?

1.6 The context of the study

1.6.1 Demography:

The Palestinian population number in West Bank and Gaza Strip is 4.88 million, 2.97 million in the West Bank and 1.91 million in the Gaza Strip (PCBS, 2016). In Palestine, the household average size was 5.3 compared to 6.4 in 2012 and 1997 respectively. Furthermore, children under 5 years old represent around 18%, people who are at youth age (15-29 years old) represent 29.9%, women at reproductive age represent 23.8% and elderly represent 3.7% of the total population in the Gaza Strip. The crude birth rate at the end of 2014 was 31.2 births for every 1000 of the population compared to 32.9 births for every 1000 population at the end of 2013 (MoH, 2014c). The total fertility rate was 4 births in 2014 compared to 5 births in 2013 (MoH, 2014c). This continuous increasing in density and growth rate increases the heavy burden on the health care system in the Gaza Strip. And this requires more good planning, coordination,and cooperation between all health services providers in the Gaza Strip for better use of human resources and funding resources to improve the overall health status and quality of health services provided for the Palestinian people in the Gaza Strip.

1.6.2 Health status and Palestinian health care system:

Health, literacy,and education standards are generally higher in the occupied Palestinian territory than in some Arab countries (Giacman, Khatib, Shabaneh, Ramlawi, Sabri, Sabatinelli, Khawaja, & Laurence, 2009). And that's because of good performance on the basic public health and primary health services (PNGO, 2009) and political commitment which is apparent in the high spending on health system which is more than 15% of the GDP (PCBS&MoH, 2011). The infant mortality rate was 17.1/1000 live births, maternal

mortality ratio was 36.6/100,000 live births, Palestinians are undergoing a rapid epidemiological transition. Non-communicable diseases, such as cardiovascular diseases, hypertension, diabetes, and cancer, have overtaken communicable diseases as themain causes of morbidity and mortality(Giacman, Khatib, Shabaneh, Ramlawi, Sabri, Sabatinelli, Khawaja, & Laurence, 2009).

When PA took the control over the Gaza Strip in 1996 the health system was fragmented and not well organized. The health services are provided by four main providers which are MOH, UNRWA, health NGOs and private sector (Al-Kasheef, 2016). Coordination between these different sides is difficult and complicated especially that the HNGOs and UNRWA follow their donor agenda in implementing any of their health projects(Al-Kasheef, 2016). It is known that the health services are divided into three type of services which are primary, secondary and tertiary. Primary health services are provided by MOH and UNRWA health centers and secondary and tertiary care provided by MOH, HNGOs,and theprivate sector.PLC (2004)stated that the MOH is responsible for regulating, coordinating and supervising overall other health services providers in the Gaza Strip. There are huge gaps in some areas that need coordination with various service providers (Abed, 2007; Al-Kasheef, 2016). As anexample, there is no suitable reporting system or programs to present this problem with other related ministries and institutions (Abu Aisha, 2014). Almost exclusively NGOs are sharing their reports with the Ministry of Interior and their donors but not with MOH(Yaghi, 2009).

1.6.3 Health NGOs in the Gaza Strip:

The health NGOs start its role in providing health services to the Palestinian people around 1967 when the Israeli Civil Administration was responsible for the provision of health services (BisanCentre&WorldBank, 2006).The estimated number of HNGOs that licensed in the MOH at 2014 is 41including international and local except the UN-Agencies which work in thehealth field as WHO, UNICEF,and UNFPA and regardless of the number of NGOs working in other humanitarian field and implementing some health projects. 156 health projects were implemented in the MOH with a cost around $35 million (I. C. D. o. MoH, 2015). These health projects were distributed to three main pillars of the government health sector which were the operational costs, infrastructure and medical equipment and drugs (I. C. D. o. MoH, 2015).Health NGOs operates 77 PHC out of total 157 PHC in the Gaza Strip(MoH, 2014a). Health NGOs and private sector are managing 21.6% of the total

hospital beds in the Gaza Strip(MoH, 2014b). In addition to what mentioned before health NGOs are providing other health services such as psychological counseling and health awareness and training (BisanCentre&WorldBank, 2006), also mental health is provided by MOH and Gaza Community Mental Health Program (GCMHP). There is an increased responsibility on NGOs in general and health NGOs in specific in the Gaza Strip especially afterthe beginning of the siege at 2006 andthe boycott and siege by most international governments and some donors. And so the LNGOs became almost the only recipient of most international donation(Nassar, 2010). 20% of donor funding in the health sector in Palestine is accounted to health NGOs (BisanCentre&WorldBank, 2006). Despite of the big role that the health NGOs are playing in providing health services to Palestinian people and implementing huge health projects in the Gaza Strip they are still lacking the ability for best coordination and cooperation with MOH to reach a better level in utilizing human and financial resources that are available in both health NGOs and MOH and the donors funding for what is best to the health status of Palestinian people.

Therefore, it is important to start building a coordination and cooperation system between MOH and health NGOs to utilize the available resource in improving the health sector especially during this period of time when there is a continuous reduction in resources and donors funding.

1.6.4 What is Coordination?

Worldwide, the coordination concept becomes very well known as the needs and demands for improving organizational work grow up and become inevitable. Peters and Chao (1998)define the coordination in health sector as it is a set of activities, formal or non-formal, at all levels taken by recipient in combination with donors, individually or collectively, which ensure that the inputs to the health sector enable the health system to provide health service in more effective and efficient way according to the local priorities over time. In health and humanitarian work there are a lot of responsibilities such works and tasks need to be done, patients needs that must be met, increase in the number and diversity of the NGOs (international and local) and all of these responsibilities must be done with the available resources which are always under shortage and limitations.The term coordinationis well known among NGOs(Russell, 2005) but the deep understanding of this concept isn’t yet enough at least in our humanitarian sector in the Gaza Strip. In a community like Gaza Strip, there are some different perceptions regarding this concept

including the relationship between MOH and health NGOs and among them. Practically, the term coordination has various interpretations inside the humanitarian work. For example, coordination may refer to information exchange, centralized and decentralized decision-making, conducting joint projects, aregional division of tasks, or a cluster-based system in which each cluster represents a different sector area. Even with the differences in terms, the NGOs still have required ways to develop aid projects coordination in the past three decades (Kehler, 2004).

The UN and relief agencies have formed multiple committees and offices such as the United Nations Joint Logistics Centre (UNJLC), Office of the Coordinator for Humanitarian Affairs (OCHA), and the Inter-Agency Standing Committee (IASC), and deployed various programs such as Central Emergency Fund (CERF) and Consolidated Appeals Process (CAP)) to improve coordination within the relief community(Kehler, 2004; Reindorp, 2002).

1.6.5 Do we need coordination in our health sector and why:

Obviously, the population in the Gaza Strip are expanding year after year and their health needs are increasing as well. Various factors are adversely affecting the health status of the population such as poverty, unemployment, continuous shortage of drugs and medical equipment in both MOH and HNGOs and continuous wars on the Gaza Strip. As we know, from the first day of PA birth and they are largely depending on external aids as themain source for the government budget and now after what happened in 2007 and Hamas became the governing party in the Gaza Strip, the government dependency on the external aid has largely increased as the health needs are increasing mainly because of continuous siege which adversely affecting all sectorsincluding the health sector. The MOH in the Gaza Strip starts to lose its inventory of medical drugs and supplies during the past few years because of the very limited budget that is available and also there is a debate about the quality of the health services provided to the patients. MoH (2014d)stated that the shortage in the essential drug list reached 26% and 46% in medical supplies.

The reasons for the weak coordination process in the MOH are the immature coordination system of MOH in dealing with the external donors, their agendas and managing the quality of health projects whether inside MOH or in other HNGOs, the shortage in a well-

trained and skilled staff of coordination unit of the MOH and the general idea toward the health charitable work as it is just about competition and publicity (Al-Kasheef, 2016).

The huge number of the health aid projects whether it is implemented in the government health sector or HNGOs need collaboration system between MOH and HNGOs to reach the most desired outcome. Internationally, no single actor has enough resources to respond to any disaster or any emergency situation (Reindorp & Schmidt, 2002) and the same thing is applied in the Gaza Strip because of the current Israeli occupation.All of these circumstances urged us to take into consideration the value of having a better coordination system and process.

1.7 Operational Definitions

- **Quality:**The standard of something as measured against other things of a similar kind; the degree of excellence of something (Oxford dictionaries, 2018).
- **Coordination**:According to the American Oxford Dictionary, coordination is defined as the organization of the different elements of a complex body or activity so as to enable them to work together effectively (Oxford dictionaries, 2018).
- **Coordination (as defined by the researcher):** is a set of activities that organize any work process at all levels inside one organization or among various organizations in an integrated manner, by organizing and creating interdependency between the work activities or tasks to reach the goal through optimizing the utilization of available human and financial resources.
- Ministry of Health: is a part of the government which focuses on issues related to the general health of the citizenry (Wikipedia, 2018).
- Ministry of Health (as defined by the researcher): it is one of the governments` ministries who is responsible for providing proper health services for the society in normal and emergency situation and also follows up and control health issues in the society.
- **Health NGOs:** refer to foreign or local non-government organizations which are organized functionally free of and non-representative of the government of a certain state or international organizations which are formed separately from a certain state where the organization is set up.(National Agency for Disaster Management, 2011)

- **Health NGOs (as defined by the researcher):**any non-governmental organization -whether it is local or international- that its field of work is in the health sector and have registration by the MOH.

Chapter II:
Literature Review

2.1 Conceptual Framework

The framework is the resulting map of in-depth studying related literaturediscussing a certain issue, revealing its relationship with other elements, how this relationship being formed, in what direction, how these elements affect on each other and the magnitude of theimpact of these elements on the core issue. The framework consists of different factors and elements which are playing role in the expected outcome of the study (this include the magnitude of theimpact of these factors on the subject). In this study, the framework will show the factors and their types affecting the qualityof coordination system used in thehealth sector in the Gaza Strip. This framework is constructed by the researcher himself based on reviewing related literature and job experience.

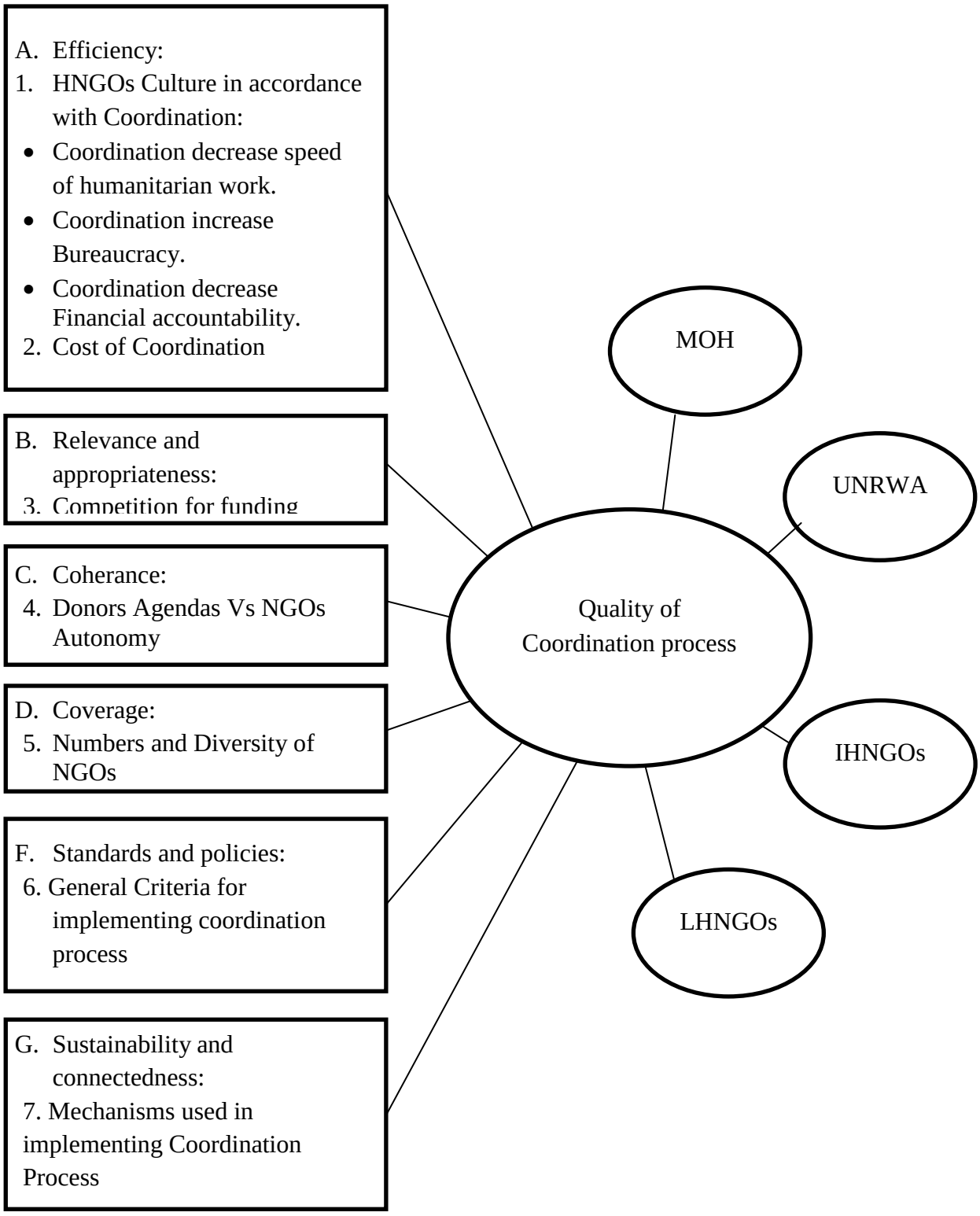

Figure (2.1): The conceptual framework

This framework was developed by the researcher based on previous literature review (Kent, 2004, Kumar, 2005 and Al-Ghooti, 2015)

2.2 Criteria and guidance in evaluation:

As it is very well known that, there are pillars of evaluation process which are efficiency, effectiveness, relevance, impact, and sustainability. But according to IFRC Project/programme monitoring and evaluation guide there three other pillars for this process which are standards and policies, coverage, and coherence (IFRC, 2011).

So, the researcher is going to evaluate the quality of coordination process between MOH and HNGOs in Gaza Strip according to all the above evaluation pillars except effectiveness. The above conceptual framework is dividing the independent variable according to evaluation pillars.

2.3 The dependent variable "Quality of Coordination process between MOH and HNGOs"

The concept of coordination has been adopted by the health sector in Gaza Strip with the beginning of Palestinian Authority as it depends mostly on international donation. The word coordination continuously comes with other terms such as integration, coherence, inter-sectorial cooperation, harmonization, and synchronization (Kumar, 2005).

- Why do we need to coordinate?

It is crucially needed to have a good coordination between different parties of any work to ensure the success of the working process and achieving the objectives of the work(Abed-Alaziz, 2001).

It is known that all health care providers who are working in the health sector in the Gaza Strip are trying to help and give the appropriate health care services to the Palestinian patients. And for that it is very essential to have a good coordination between these providers to ensure better use of resources, less duplication in the health services provided, improving the health services and more collaboration between MOH and HNGOs.

Kumar (2005) mentioned that coordination between different NGOs increase and attract more public awareness more than work of single NGO, additionally, he pointed to benefits

of the coordination for any organization as it helps that organization to develop a more deep understanding of the issue and programs integration.

The importance of coordination comes from the differences in perceptions and how people in one or multiple organizations are working to achieve the overall objective, also the coordination ensures that these people are working in a harmony and same direction to achieve the overall objective and reach the final destination(Al-Allaq, B., 2008)

2.3.1. Some types of coordination:

- Internal and external coordination: (Abu-Sultan, 2013)

Internal coordination is the coordination between the different departments and section of the same organization to ensure that all employees are working according to the plan to achieve the objectives of the organization.

External coordination is the coordination between one organization and another one working in the same field (such as health field) to ensure better use of resources, reducing duplication in the activities of both organizations and prevent overlapping to achieve a common goal.

- Vertical and horizontal coordination: (coordination in humanitarian logistics through clusters (Jahre& Jensen, 2010).

Vertical coordination concerns with coordinating between different organizations, their activities and resources at strategic tactical and operational level at a different stage in the supply chain to reduce overall supply chain cost to improve beneficiaries' service in smoother flows.

Also horizontal coordination concerns with coordinating between different organizations, their activities,and resources at strategic tactical and operational level but at the same stage in the supply chain to reduce the cost for the individual organization and to have access to more physical resources and information.

- Obstacles of coordination:

(Masood, 1997)

- Unclear vision in vertical and horizontal coordination channels.
- Competition between different players.
- Conflict of interests.
- Lack of effective information sharing system.
- Weak M&E system in the organization.

(Al-Ghooti, 2015)

- Lack of financial resources.
- Lack of experience of some organizations who are engaged in the coordination process.

- How to improve coordination: (Al-Ghooti, 2015)

- Good understanding of the coordination importance.
- The existence of effective system that governs coordination process.
- The coordination should begin from the early start.

2.4 Independent variables affecting coordination process

There are several factors that affect the quality of the coordination system, we will discuss some of them as follow:

2.4.1 Health NGOs culture in accordance with coordination

2.4.1.1 Coordination decreasing Speed of Humanitarian Work

When an emergency situation takes place the humanitarian actors start work immediately to utilize the available financial and human resources in facing this emergency in order to minimize the number of victims and casualties. Most NGOs has the same prevailing thinking about the coordination process and that's it will delay the intervention and implementation of aid projects (Minear, 2002; Whitman & Pocock, 1996). The point is not that this argument is without substance, but that it applies in only a minority of circumstances(Kumar, 2005). And also Kumar (2005) stated that it is not always necessary that the most effective intervention is the speediest one because there is a need to study the emergency area, the available resources and other factors that affecting the quality and quantity of aid intervention.

2.4.1.2 Coordination increase bureaucracy

There is no much concern about this point but still, it's important for NGOs. And there is a question, does implement coordination system will increase the level of bureaucracy

around the humanitarian aid in general or not? Maybe yes at some point but also the uncoordinated work will create more gaps and wastage of time and resources but these organizations don't want to confess this fact (Kumar, 2005). And Kumar (2005) himself found it ironic to see those who refuse and object to follow a coordination system in working with government or with other NGOs are using part of this coordination system in organizing and optimizing the work inside their organizations. D. K. Buse (1999) agreed with what has been said earlier in that most of the donors don't support or sympathize with the idea of unified coordination system and process because to them it is kind of unwelcomed controlling power and also it is decreasing their own flexibility in dealing with other NGOs.

2.4.1.3 Coordination reduce financial accountability

Another way of thinking and beliefs toward coordination system that the literature bring it to the discussion and analysis table. Some organizations believe that coordination process increases the difficulty of tracking down the money that is being used for humanitarian aid. And that's because all this money being donated is collected by coordination system and used for the priorities of the health sector needs which make it sometimes difficult to trace down the end-use of donors individual money(Kumar, 2005). But of course this thinking is wrong because accountability isn't just that, it's also used to detect wastages from unnecessary duplication of efforts and projects by different mechanisms such as reports and disclosure statements, performance assessments and evaluations, participation, self-regulation and social audits (Ebrahim, 2003) and that's not known by the individual organization management.

2.4.2 Competition for Funding

Most literature agreed upon the existence of some sort of competition between HNGOs for donation. As an example, Kent (2004) stated that the existence of competition between HNGOs for fundraising and donation affect the quality and essence of the coordination system and process between them and the government. This case can be clearly seen during the first stages of emergency such disaster or wars (as in the Gaza Strip) in which there are an international concern and compassion with the victims and so the possibility for funding raise up(Stephenson Jr & Schnitzer, 2006). Another example, at the end of each one of the last three war on Gaza Strip there was an international concern and so

much funding and financial resources for a donation for different fields of humanitarian work. Also, Yaghi (2009) stated that the presence of competition for funding affects the quality of coordination system. However, his study was limited to the local HNGOs. Additionally, this competition makes it difficult to embrace the concept of information sharing between these HNGOs especially if they believe that this information would give the other HNGOs a competitive advantage in fundraising and attract donor consideration and interest (Kent, 1987). Conversely, donors are seeking for more and better accountability, becoming intolerant to the inefficiencies in humanitarian projects, and therefore strongly supporting NGOs to coordinate and collaborate among each other (Thomas & Kopczak, 2005).

2.4.3 Cost of coordination

Generally, it's known that's every work process and activity needs financial and human resources to implement them. Coordination system and process like any other work processes need both financial and human resources to be effective and reach the desired outcomes. Literaturesees the coordination process from organizations point of view as a liability and costly. Other see the coordination process as a cost-effective tool to a certain point but not good enough to invest the available resources on it. The problem is that the outcomes of implementing a good quality coordination system and the processare not seen yet, and that's what makes government and NGOs don't strongly believe in the importance of coordination system existence as a time, money saving and improving the health service quality tool. But because there is not enough evidence of the impact of implementing a good coordination system that doesn't mean it's not really happening on the ground (Kumar, 2005). Locally, Yaghi (2009) revealed 88% of the HNGOs that are included in his study have suffered a financial deficit in 2007. And all of these organizations refused to mention the misuse of financial resources as one of the factors that lead to the fiscal deficit.

2.4.4 Donor agendas and NGOs autonomy

Obviously, there is an imbalance in power between donors and HNGOs. The leverage that the donors have because of their availability of funding resources to support the HNGOs has led them to control over the HNGOs agendas in the projects they are implementing and their general policy process with the government (Brinkerhoff, 2003; Igoe, 2003; Makuwira, 2006). On the other hand, Minch (2002) said that NGOs still seeking and trying

to exert their autonomy and work according to their identity and vision in implementing their own missions and preferences. Indeed, the financial superiority and policy power of donors aren't inevitably meant the ability to control the policy process of the HNGOs in implementing projects and coordinating with the MOH.

There is a debate about the importance of NGO autonomy and how it is essential in process of good quality of coordination and also how this autonomy will define and explain the relationship characteristics between NGOs and donors (Ohanyan, 2009). It is normal to feel some degree of controversial exists between the essential need for NGOs to keep its autonomy, achieve its vision and mission and maintain its existence by being active in its humanitarian field of work through continuous projects implementation and providing the community with its basic needs, and this urge the NGOs to secure and differentiate their sources of funding(Ahmed & Potter, 2006; Ebrahim, 2005). In the same context for the NGO, this tension can translate into tradeoffs between professionalization and grassroots ties (Reimann, 2006). But still, as Ohanyan (2009) said, it’s hard for HNGOs to serve and provide the local community with its health needs and priorities in coordination with the MOH and at the same time keeping an open and sustainable funding channel with the donors and make sure they are satisfied with their agendas are being met.

2.4.5 Number and diversity of actors (NGOs)

Despite that,the general aim of the MOH and HNGOs is to improve the health status of the Palestinian people, alleviate their pain and suffering and improve the quality of health services provided in the Gaza Strip, their motivations, missions,and methods are different. Van Wassenhove (2006)has agreed with the researcher in that even when organizations have the intention to coordinatethere are different obstacles sticking the back of thecoordination system such as the number and variety of organizations which lead to multicultural organizations, different mechanisms of coordination, different perceptions toward the whole coordination system and process, communication challenges and geographical and political problems.

It also seems to be that Seaman (1999) has the same point of view when he said that it’s important to know the characteristics of the humanitarian sector which are that most NGOs (with different specialties and work field) work in different environment by the means of organizational culture, behavior, priorities, vision, field of interest and political orientation

so there is no single organization with the authority to make the rest of the NGOs work in an organized and better quality of the coordination system.

Normally, the MOH is the main health care provider and so it's responsible to manage, coordinate and follow up the health projects which are implemented in the country through well-organized coordination with a defined process, criteria,and mechanism based on the health priorities to that country.

And the health NGOs are obligated to follow this coordination system and work according to it. Unluckily, the MOH and coordination unit in the Gaza Strip don't have a well-prepared coordination system, well-trained staff,and good experience to deal with this huge number and diversity of HNGOs that exists in the Gaza Strip (Al-Kasheef, 2016). In situations like this when thegovernment (MOH) don't have a well prepared and written system, it's predictable to find the roles of NGOs are not clear and (Seaman, 1999).

2.4.6 General criteria for implementing coordination process

Normally, in any organization establishment period, there are some serious steps and decisions must be taken to ensure the sustainability and continuity of this organization including vision, mission, forming the regulations, rules,standards,and mechanisms of interactions within the organization and with other organizations in the same field of work. The coordination system and processare one of these things that must be established and agreed upon it. This system like any other system in the organizational structure needs criteria and mechanisms to ensure the success of its tasks and activities.

Globally, there is an agreement on a list of criteria and principles to ensure the quality of aid coordination. These criteriaare being built by the Development Assistance Committee of the OECD in cooperation with the World Bank, the International Monetary Fund and the UNDP (Chianca, 2008). Five principles were applicable to the health sector:

1. The MOH should be the leading body in managing and coordinating external resources as it is the representative of the government and also it is responsible for meeting the peoples' health needs and health sector priorities.
2. Donors should provide technical assistance to enable the MOH to participate the leadership function.

3. External resources should be coordinated, managed and deployed as part of a national health plan.
4. The MOH should encourage all organizationsinvolved in the formation of the national health plan and attempt to achieve consensus on the final product.
5. Donors should attempt to employ their administrative requirements and other interests in pursuit of the objectives of the plan.In the world of humanitarian health work in the Gaza Strip there is an urgent need to establish a specific criteria to ensure and facilitate the coordination process between HNGOs and the MOH but unfortunately the coordination unit which is supposed to be responsible for this process is still lackingboth experience and trained staff(Al-Kasheef, 2016).

2.4.7 Mechanisms used in implementing coordination process

What is coordination mechanism? A coordination mechanism is a tool used by the management and consist of multiple actions or tasks in order to achieve integration and interdependencybetween multiple units within theorganization or various organizations (Martinez & Jarillo, 1989).Another definition for coordination mechanism is ‘‘a set of methods used to manage interdependence between organizations’’ (Xu & Beamon, 2006)

In the context of coordination the HNGOs play an important role in health services improvement and enhancing the quality of them but at the same time the amount of fund they provide the health sector with is relatively small. That’swhy we have to admit that any coordination process and mechanism need to be supervised by the coordination unit of the MOH which has more authority(Walt et al., 1999a). At the same time, according to the specific circumstances in Gaza Strip regarding the large number and variety of donors and HNGOs, it is hard to implement a specific and solid coordination mechanism to manage all of their activities and health projects.Specially, when we’re facing some factors which are adversely affecting the success of implementing coordination mechanism such as, some actions of NGOs and donors which the coordination unit doesn’t know about or don’t have control over them, competition between managers inside the MOH who prefer to maintain personal contact with the donors, some donors want to negotiate with top management get pass the coordination unit and some donors and HNGOs fear to become under MOH control if they merge with this coordination system(Walt et al., 1999a).As proposed there are some mechanisms for coordination process:

1. Geographical Zoning:

It is about focusing one HNGO resources in a specific region by an agreement with the government, and so this HNGObecomes responsible for providing most of the health services needed for this area.There are some compromising issues that the MOH need to be aware of them such as the whole coordination process will be undermine as every donor has its own geographical area, the concept of equity in resources distribution almost will not be applicable because the resources will be shifted to areas that are favored by the donors and finally the local officials will lose power of control(Walt et al., 1999b).

2. Lead Donor Agency:

This is not well famous mechanism because it is talking about letting one specific agency to be the leader of the whole coordination process including the coordination between the MOH and other donors and NGOs. It is a sensitive way to facilitate coordination as most agencies will be more like to follow the orders of other agency regardless of how big of this donor role in thehealth sector or its contribution(D. K. Buse, 1999; Walt et al., 1999b). and that's what is actually being happening in Gaza Strip as the WHO is leading the coordination between MOH and other HNGOs through the Health Cluster.

3. Regular collective consultations between recipients and donors:

> *"They tend to be major, formal and relatively ceremonial events, absorbing considerable energy, particularly during their preparation. The wide audience present may limit effective discussion. Although such consultations have generally been useful in encouraging communication between the two sides of the aid relationship, maintaining regularity and sustaining interest has proved difficult in most settings"(Walt et al., 1999a).*

4. Comprehensive strategies, plans and expenditures programs:

When these strategies and plans being developed and become convincible to be followed it will represent the essential foundation and pillar of abetter quality of aid coordination(Walt et al., 1999a).

5. Earmarked budget support, pooling and basket arrangements:

Walt et al. (1999a)stated that it is like pooling all funding resources and then disburse them according to specific financing system which can be discussed with the donors but only government authorities have the implementation process. In this instrument, we can form a steering committee which objective is setting standards, funds allocations and tracking them.

6. Common procedures for the management of external funds:

It is a group of procedures and tools used to monitor and manage performance, procuring services and equipment and funds. These procedures formed by the government (MOH) and introduced to the donors and then accepted by all. Setting a group of standards and then be accepted by the donors isn't easy and also it proves the management capacity and capability(Walt et al., 1999a).

There are other types of mechanisms proposed by (Martinez & Jarillo, 1989)who stated that the coordination mechanisms divided into types:

7. Structural and formal mechanisms:

- Departmentalization and forming groups of organizational units to become formal structure.
- Centralization Vs decentralization of decision making through hierarchal authority.
- Formalization: written policies, standards, rules and standards procedures.
- Planning: strategic planning, budgeting, functioning plans and scheduling.
- Output and behavior control: financial performance and technical reports.

8. More informal and subtle mechanisms:

- Lateral or cross-departmental relations: direct managerial contact, temporary or permanent teams, task forces, committees, and integrators.
- Informal communication: personal contacts among different organizations managers, management trips, meetings, and conferences.

And, also there are other coordination mechanisms can be implemented depending on the environment of health humanitarian work, avariety of HNGOs and other factors. But, even after using any mechanism we still need to make sure that this mechanism is effective as it

supposed to be. And soK. Buse and Walt (1996) stated that there are some indicators that can be used in the process of assessing the quality of any coordination mechanisms, and these criteria can be summarized in the following points:

- **The leadership of the whole coordination mechanism:**

Is this mechanism belongs to the donor or government, and if it belongs to the donors does it belong to one or multiple donors? Is there a joint donor-government leadership?

- **Scope and quality of participation:**

Are there a dominant HNGOs, and to what extent the government (MOH) is involved in this matter? Is there any procedure that preserves the right of weak participants to be listened to?

- **The estimated period for using any mechanism instruments:**

  Is it going to be used for one time, one meeting or to solve one issue?

  - The level of integration between the mechanism and the MOH policy and health plan.
  - This part is concerned with the realm of the coordination, meaning that does this mechanism concerned or looking for development of donor – MOH interaction and other policies or is it just information exchange?
  - The width of the coordination mechanism, meaning that does this mechanism applied to a certain health sector or is it geographically specific?
  - The impact of coordination mechanism on the health sector efficiency, effectiveness,and equity. Such as, does this mechanism reduces the duplication of health services and enhance using better ways in resources allocation? To what level this mechanism reduces system fragmentation and does this mechanism really decrease the number of conflicting policies? Does this mechanism improve the equity in thegeographical distribution of services?
  - Is this mechanism ensure the sustainability of the whole coordination system?

- Cost-effectiveness: does this mechanism consume more resourcesthan what is being estimated in achieving the goal?

Despite how easy it looks like to make a coordination mechanism but actually it's not because reforming the existing system and developing another one with the acceptance of all donors who themselves have differentsystem inside their organizations is very difficult thing(Peters & Chao, 1998), not to mention the different needs for each donor.Most of the related literature agreed that there no such one model for coordination mechanism is applicable for all situations(Martinez & Jarillo, 1989; Peters & Chao, 1998; Walt et al., 1999a) because every single mechanism has its own strengths and weaknesses, and that's based on the environment in the workplace.

> *"The great challenge in proposing coordination mechanism to control collaborative activities is to achieve the* flexibility *demanded by the dynamism of the interaction between partners"*(Raposo, Magalhães, Ricarte, & Fuks, 2001).

Chapter III:

Research Methodology

The chapter concentrated on the issues and informationlinked to methods used in conducting this study. It consisted of many steps that explain the design of the selected approach (methodology), the study design, population, period and place of the study, sample size, sampling method, a method of conducting the study and the response rate. Also, the construction of the questionnaire, as well as piloting steps followed by the modifications pursued in response to piloting results and ethical consideration. And it illustrates the validity and reliability of the instrument. The final step was the eligibility criteria and the limitations of the study which were mentioned at the end of this chapter.

3.1 StudyDesign

The researcher used the quantitative and qualitative methodology, in order for evaluation of the quality of coordination process between MOH and HNGOs in Gaza Strip. The design of this study is a descriptive and analytical. It was used to determine thelevel of quality of coordination processbetween HNGOs(including local, international)and MOH in the Gaza Strip. The descriptive study describes the investigated phenomena as they naturally happen (Greenwood & Levin, 2006). Analytical research provides a strong framework that facilitates scholarly discourse across a wide variety of theoretical and experimental domains(Whetten, 2002).The quantitative method was based on self-administered questionnaire which was used to reveal the quantifiable perceptions, qualitative method (in-depth interviews - that was analyzed by Atlas–ti -with general directors and coordination unit manager in theMOH and some managers of the HNGOs based on the analysis of questionnaire) which revealed the reality behind these perceptions through deeper understanding of the participants' perceptions at their natural settings(Donovan & Sanders, 2005).

Note: Atlas-ti program is a software designed for qualitative data analysis by Scientific Software Development group, it consists of multiple and different tools to facilitate the qualitative data analysis of the research that is being studied.

3.2 The StudySetting

After the study designed,the researcher designed the questionnaire on the basis of previous literature that's related to the study field and then validated by 8 academic referees. Then after the pilot study was done, the researcher started collecting the data (the questionnaires) from the field. The study was conducted at MOH and 41HNGOs (including UNRWA, UN-Agencies, IHNGOs, and LHNGOs) in the Gaza Strip.

After collecting the data, the researcher started auditing the questionnaires and coding them to facilitate the data entry process and filtering them. The next step was to enter the data into the SPSS program for the analysis process. The analysis tests that have been used were Pearson correlation coefficient for Validity, Cronbach's Alpha for Reliability Statistics, Kolmogorov-Smirnov test of normality, One-sample T-test and Frequency, Descriptive analysis, and Multiple Linear Regression Model.

3.3 Study population

The population of the quantitative part of the studyconsisted of 120 people and 90 of them agreed to fill the questionnaire(director general, unit managers in MOH and executive managers, project managers and coordinators in HNGOs) working in both MOH and HNGOs (including UNRWA, UN-Agencies, IHNGOs, and LHNGOs) in the Gaza Strip during the time of the study**.**The 90 participants in the questionnaire are not including the 20 people who participated in the pilot study. The number of HNGOs that included in the study is41 organizations as mentioned in the list of HNGOs provided by the coordination unit in MOH (2015) and Palestinian Non – governmental Organizations Network (PNGO). The population of the qualitative part of the study was chosen after taking into consideration the variety of the types of HNGOs (IHNGOs, LHNGOs,and UN-Agencies) and MOH to havea better view of the coordination between them.So, the interviewees were 2 from LHNGOs, 1 from IHNGOs, 2 from UN-Agencies and 3 from MOH and one health expert, in addition, some of these interviewees were participants in setting the last strategic plan of the health system (2014-2018) (Annex 2).

3.4 Sampling Method

The researcher used a comprehensive method by including all HNGOs (local, international) and theMOH. After that, the researcher tooka group of specified employees (according to the specification of the study population) of each organization from the41 HNGOs who are directly related to the coordination process with MOH and other HNGOs.

3.5 Study Period

The study proposal writing started in February 2016 through May 2016. The researcher started implementing the study at Sept. 2016 after obtaining the approval from the School of Public Health. Then the researcher completed developing and validating the questionnaire at the end of Dec. 2016. After that, the conducting of the pilot study was done at the end of Feb. 2017. Then, the data collection and analysis were done at the period from Mar. 2017 till Oct. 2017. Based on the results of the questionnaire analysis, the researcher built the interview questionnaire with the approval of the supervisor and one of the health experts. Then 9 interviews were conducted and the analysis of the collected data was done by using the Atlas-ti program for qualitative data analysis, and this step was done from Nov. 2017 until the end of Feb.2018.

3.6 Pilot Study

A pilot study has been done by 20people (excluded from the study population which is 120) working as project managers and coordinators after the evaluation of the questionnaire and before data collection to examine the validity and reliability of the study instruments. The pilot sample helped the study to find out how much the questionnaire is appropriate and also to train the researcher on data collection. According to the results of the pilot study, the instruments havebeen modified as for better. Also, after that, the researcher translated the questionnaire into Arabic.

3.7 Ethical and administrative considerations and procedures

The researcher has obtained an ethical and academic approval from School of Public Health at Al-Quds University and another ethical approval from Helsinki Committee (Annex 3) in Gaza Stripwhich facilitate the researcher mission regarding contacting and inviting the target population of the MOH to participate in the study.

In addition, HNGOs that are chosen in the study were formally contacted to have their approvals to start the study. Formal letters have been sent through School of Public Health at Al-Quds University to all these NGOs containing the title of the study and the name of the researcher in Arabic (Annex 4) and English (Annex 5). Also, the researcher has a good personal contact with some HNGOs which enabled him to contact them directly without formal need of the formal letter. The researcher had metwith some HNGOs top managers to explain the objectives and planned methodology to convince them to participate in the study.

All the participantsin this study have received an explanatory letter included with the questionnaire (Annex 6 and 7) informing her/him about the research purposes, sponsorship and indicating that the participation is voluntary with confidentiality will be assured for all of them and this letter is to guarantee their rights. In addition, all ethical concepts were taken into consideration such as respect for people and respect for truth.

3.8 Study Instruments

The study utilized two instruments to find out the answers to the research questions. The first onewas a self-administered questionnaire (Annex 8 and 9) which was distributed to the participants from HNGOs and MOH. This questionnaire was designed by the researcher based on reviewed literature and using some aspects and concepts of previous international and national studies (Thomas & Kopczak, 2005) (Kent, 2004) (Kumar, 2005) and (Al-Ghooti, 2015)and was reviewed and modified by the researcher's supervisor and a modified copy was given to a number of 10 academic referees (Annex 10) from different

universities to be validated. And then, the pilot study was conducted to ensure its credibility. The questionnaire included many parts:

- First, it contained information about the organization including the legal entity, number of employees, financial assistance, budget and the number of health projects or programs that are being implemented with and without coordination with the MOH or other HNGOs.
- Second, this part included personal information from the interviewees like job title, age, educational level and anumber of working years and experience.
- Third, it has the culture of different HNGOs and how it will effect on the degree of HNGOs response to coordination mechanisms and criteria.
- Fourth, it talked about the current competition between HNGOs for donors funding and how it will affect their response to coordination process.
- Fifth, in this part the researcher tried to specify the relationship between the cost of coordination and its impact on the HNGOs response to coordination process and system.
- Sixth, it discussed in general, the relationship of third, fourth and fifth points with thequality of coordination system.
- Seventh, open-ended question discussing the self-perception of the current coordination process and suggestionsfor any possible ways to improve the coordination system and process between HNGOs,MOH,and donors.

The second one is open-ended questions through in-depth semi-structured interviews (Annex 11) with health experts and policymakersin the participant organizations including MOH to discuss the quality of coordination system and process and what are the possible factors that might affect it from the interviewee's perception and experience.

It`s important to see that the researcher used the quantitative and qualitative method on the independent variables (HNGOs culture in accordance with coordination, competition for funding and cost of coordination) and only the qualitative part on the rest independent variables (donors agendas vs NGOs autonomy, number,and variety of HNGOs, criteria,and mechanisms of coordination process). And that’s because the researcher found in the

previous literature that there is huge debate about how much the independent variables (HNGOs culture in accordance with coordination, competition for funding and cost of coordination) would affect the quality of coordination process and system more than (donors agendas vs NGOs autonomy, number,and variety of HNGOs, criteria,and mechanisms of coordination process). So, the researcher tried to find out more facts about these variables by studying them quantitatively and qualitatively. Also, the size of the questionnaire is going to be very long if he added all the independent variables and that may cause the kind of bothering for the participants not to respond to the questionnaire

3.9 Response rate

Regularly the group administration of questionnaires results in higher response rate (Burns & Grove, 2007). The researcher distributed 120 questionnaires and retrieved 90 with response rate 75%. The questionnaire has been distributed to the MOH and 41 HNGOs but 33 of these organizations (Annex 1) accepted to fill the questionnaire and 8 of them refused to participate in the questionnaire as the participation voluntarily processes.

3.10 Data collection

The data collection was conducted by the researcher himself using the quantitative and qualitative method. The quantitative data was collected throughout self-administered questionnaire by the researcher. The participants of the eligible MOH and HNGOs for the studywere met in their workplace.

While the qualitative part of data collection wasin-depth interviewswith9 intervieweesthrough semi-structured questions.The interviews were conducted in order to find researcher contacted the interviewees to arrange a meeting with every one of them in their workplace. The interviews were recorded to allow further capturing of information in addition to the information that is being taken during the interviews.

3.11 Scientific rigor

3.11.1 Quantitative part (questionnaire)

The researcher used both qualitative and quantitative data analysis methods. The Data analysis was made by utilizing (SPSS 24). The researcher utilized the following statistical tools:

- Pilot study:
  - Pearson correlation coefficient for Validity.
  - Cronbach's Alpha for Reliability Statistics.
  - Kolmogorov-Smirnov test of normality.

- All the study variables:
  - One-sample T-test.
  - Frequency and Descriptive analysis.
  - Multiple Linear Regression Model.

3.11.1.1 Validity

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. Validity has a number of different aspects and assessment approaches. Statistical validity is used to evaluate instrument validity, which includes internal validity and structure validity. The used measurements wererelying on literature reviews and researcher development as mentioned in data measurement section. The questionnaire has been given to (9) referees (Annex 10) to judge its validity according to its content, the clearness of its items meaning, appropriateness to avoid any misunderstanding and to assure its linkage with the main study aims. Validity consists of different types:

3.11.1.1.1 The Face Validity

It is defined as the level to which the instrument appears appealing. A pilot study was applied prior to the actual data collection to show the participantsresponded to the questionnaire and how they understand it in order to test it.

3.11.1.1.2 Content Validity

It is defined as the extent to which the instrument includes all major elements related to the construct that must be measured(Burns & Grove, 2007). So, the questionnaire was conducted through the supervisor review in order to assure that the content of the questionnaire is consistent with the research objectives, and evaluate whether the questions reflect the research problem or not. Also, 9 academics (Annex) from the Islamic University and Al - Quds University of Gaza, reviewed the questionnaire and provided valuable notes to improve its validity that their comments were taken into consideration.

In order to be able to select the appropriate method of analysis, the level of measurement must be understood. For each type of measurement, there is/are an appropriate method/s that can be applied and not others. In this research, ordinal scales were used. An ordinal scale is a ranking or a rating data that normally use integers in ascending or descending order. The numbers assigned to the important (1,2,3,4,5,6,7) do not indicate that the interval between scales are equal, nor do they indicate absolute quantities. They are merely numerical labels. Based on theLikert scale we have the following:

Table (3.1): The numbers assigned scale

Item	Strongly agree	Agree	Agree somewhat	Neutral	Disagree somewhat	Disagree	Strongly disagree
Scale	7	6	5	4	3	2	1

3.11.1.1.3 InternalValidity

Statistical tests of Criterion-Related Validity (Pearson test) was conducted to ensure the internal validity of the questionnaire. Measuring the internal consistency of the questionnaire was done by exploring the sample of 20 questionnaires through measuring the correlation coefficients between all the paragraphs in one field and the whole field.

Table (3.2) clarifies the correlation coefficient for each item of the "Speed of humanitarian work " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.2): Correlation coefficient of each item of " Speed of humanitarian work " and the total of this field

No.	Item	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Thereisacomprehensivecoordinationsystemthatguaranteestheq uality of coordination processbetween the MOHand HNGOs	.574	0.005 *
2.	TheimplementationofcoordinationprotocolsintheMOHincreas esthe speed of health projects implementation betweenHNGOs andMOH	.679	0.001 *
3.	TheHNGOsstrategicplanisbasedonhealthsectorneedswhichma ke the coordination processmore flexible and rapid	.660	0.001 *
4.	TheprojectofficersofbothHNGOsandMOH haveagoodexperiencein dealingwitheachotherwhichincreasethespeedofprojects`activiti es implementation	.589	0.004 *
5.	The acquired experience and skills of project officers of MOHand HNGOs areimportant toincrease and facilitateproject implementation	.537	0.009 *
6.	The management of MOHand HNGOs realizes the importance of coordination system in improving thespeedof health projects implementation	.860	0.000 *

* Correlation is significant at the 0.05 level

Table (3.3) clarifies the correlation coefficient for each item of the "Bureaucracy" and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of

this field are significant at α = 0.05, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.3): Correlation coefficient of each item of "Bureaucracy" and the total of this field

No.	Item	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Themechanismofimplementingcoordinationsystemcreate acooperativeenvironment forthe implementation of projects`activities	.724	0.000 *
2.	Theimpactofdonors`policywithHNGOsisencouragingcoordination with MOH in implementinghealth projects	.730	0.000 *
3.	ThereisacomprehensivevisioninMOHfortheimportanceof theHNGOs rolein improvingthe qualityof coordination	.788	0.000 *
4.	DeepunderstandingofcoordinationprocessessenceintheMOHhelps to improvethe qualityofcoordination process	.766	0.000 *
5.	Thecoordinationunitin theMOHchoosesdifferentwaysincoordination with different HNGOs dependingon its cultureand interests	.832	0.000 *
6.	TheMOHadministrationfacilitates the participation of HNGOsin setting thestrategicplanofthehealthsectortoimprovethequalityofhealth services	.565	0.006 *

* Correlation is significant at the 0.05 level

Table (3.4) clarifies the correlation coefficient for each item of the "Financial accountability" and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at α = 0.05, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.4): Correlation coefficient of each item of " Financial accountability " and the total of this field

No.	Item	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Thecoordinationsystemprotocolsincreasethefinancialaccountability amongMOHand HNGOs	.869	0.000*
2.	Thecoordinationsystemincreasesthebalanceoffinancialcapacityand human resources needs	.930	0.000*
3.	Thecoordinationsystemprotocolsandregulationsincreasethestrength offinancialaccountability	.926	0.000*
4.	Thecoordinationprocessprotocolsandregulationsincreasethecrucial roleoffinancialsupervisioninimprovingthequalityofhealthservices introduced byanyhealth projects	.866	0.000*
5.	Applying an effective coordination system improves the financial accountability by reducing duplication during implementing health projects	.928	0.000*
6.	ThepresenceofgoodqualitycoordinationsystembetweenMOHand HNGOs enhances thefinancial allocation ofdifferent health projects	.903	0.000*

* Correlation is significant at the 0.05 level

Table (3.5) clarifies the correlation coefficient for each item of the " Competitionfor Funding" and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.5): Correlation coefficient of each item of " Competition for Funding " and the total of this field

No.	Item	Pearson Correlation Coefficient	P-Value (Sig.)
1.	The competition between HNGOs increases the importance of coordination role in improvingthe qualityof health services	.791	0.000 *
2.	ThecompetitionbetweenHNGOstoattainmoreexternaldonation has increased the qualityof coordination with MOH	.868	0.000 *
3.	The competition between HNGOs to achieve their goals results in achievingthe strategicgoals of the MOH	.846	0.000 *
4.	The policy and regulation of donors in implementing health projects improvethe qualityof coordination between HNGOs and MOH	.727	0.000 *
5.	The donors a r e positively affecting the protocols and regulation of coordination between MOHand HNGOs	.701	0.000 *
6.	The donor has the ability to change the policy of local HNGOs in coordinatingthe projects` activities with the MOH	.665	0.001 *
7.	The competition between HNGOs for fundraising is increasing the probabilityof success tothe coordination processwith MOH	.713	0.000 *
8.	Applyingagoodqualitycoordinationsystemcreateseffectivecriteria to governthe competition process between HNGOs for fundraising	.599	0.003 *
9.	Following an effective coordination system during the competition between HNGOs reducesthe percent of health projects duplication	.595	0.004 *

* Correlation is significant at the 0.05 level

Table (3.6) clarifies the correlation coefficient for each item of the "Costofcoordination" and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.6): Correlation coefficient of each item of " Cost of coordination " and the total of this field

No	Item	Pearson	P-

.		Correlation Coefficient	Value (Sig.)
1.	HNGOs encourages establishing a basic information network to improvethecoordinationprocesswithMOHasit`smoreimportant than its cost	.703	0.000 *
2.	Thebenefitsofapplyingcoordinationprocessprotocolsaremorevalued than its administrative and financial consequences	.803	0.000 *
3.	Applying coordination process protocols doesn't take much of the HNGOs resources	.635	0.002 *
4.	Thecostofapplyingcoordinationprocess protocolsdoesn't leadto ignoringits importance duringannualbudget setting ofthe HNGOs	.848	0.000 *
5.	Lack of knowledge about the importance ofproviding better health services to the patients is the cause of lack of implementing the coordination systemprotocols	.633	0.002 *
6.	Most of HNGOs are increasing the financial share for coordination processasitisthemainpillartosuccess inimplementinggoodquality health projects	.701	0.001 *

* Correlation is significant at the 0.05 level

Table (3.7) clarifies the correlation coefficient for each item of the "Quality of coordination process " and the total of the field. The p-values (Sig.) are less than 0.05, so the correlation coefficients of this field are significant at $\alpha = 0.05$, so it can be said that the items of this field are consistent and valid to be measure what it was set for.

Table (3.7): Correlation coefficient of each item of " Quality of coordination process " and the total of this field

No.	Item	Pearson Correlation Coefficient	P-Value (Sig.)
1.	Applying aneffectivecoordinationsystemisoneofthemainpathways	.952	0.000 *

	tounifytheeffortsofHNGOsandMOHtoachievethestrategicgoals of the health sector		
2.	Theeffectivecoordinationsystemisleadingtoagoodqualityhealth Projects	.916	0.000 *
3.	Adopting an effective coordination system by both the MOHand HNGOs isincreasingthespeed of implementinghealth projects	.960	0.000 *
4.	Thegoodqualitycoordinationsystemdecreasesthewastageofhuman andfinancialresources,whichresultsfromthecompetitionphenomena in thehealth sector	.959	0.000 *
5.	Theeffectivecoordinationsystemhelpstodesignasystemforfinancial and human resourcesaccountability	.895	0.000 *
6.	The effective coordination system facilitates a good practiceenvironment for cooperation between HNGOs andMOH	.961	0.000 *
7.	Theeffectivecoordinationsystemdistributesthetasksandactivities amongpartners in order to achievetheprojects`goals with good quality	.944	0.000 *
8.	Theeffectivecoordinationsystemenhancestheexpertiseandskillsof the workers in thecoordination units of theHNGOs and MOH	.913	0.000 *
9.	ThegoodqualityofcoordinationsystembetweenHNGOsandMOHenhancethe qualityof planningto faceanypossible health crisis	.865	0.000 *
10.	Applyingtheeffectivecoordinationsystemhelpstospecifytheurgent needs of thehealth sector tofaceanyhealth crisis	.876	0.000 *
11.	Theeffectivecoordinationsystemtakesintoconsiderationthedifferent mandates ofHNGOs in regard to howtheyimplement theirprojects	.973	0.000 *
12.	The effective coordination system facilitates the process of implementingprojects`activitiesinawaythatdoesn'tcontradictwith the principles of thecoordinationsystem	.956	0.000 *
13.	The current situation of coordinationsystem isgood.	.903	0.000 *

* Correlation is significant at the 0.05 level

3.11.1.2 Structure Validity

It's used to test the validity of the questionnaire by testing the validity of the whole questionnaire andeach field in the questionnaire. It measures the correlation coefficient between one field and all fields of the questionnaire that have the same level of Likert scale.

Table (3.8) clarifies the correlation coefficient for each field and the whole questionnaire. The p-values (Sig.) are less than 0.05, so the correlation coefficients of all the fields are

significant at α = 0.05, so it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study.

Table (3.8): Correlation coefficient of each field and the whole of the questionnaire

No.	Field	Pearson Correlation Coefficient	P-Value (Sig.)
1.	The speed of humanitarian work	.810	0.000*
2.	Bureaucracy	.926	0.000*
3.	Financial accountability	.867	0.000*
	Health NGOs (HNGOs) culture in accordance withcoordination	.935	0.000*
4.	Competition for Funding	.741	0.000*
5.	Cost of coordination	.824	0.000*
6.	Quality of coordination process	.922	0.000*

* Correlation is significant at the 0.05 level

3.11.1.3 Reliability

Burns and Grove (2007) stated that as long as the instrument gives consistent results by frequent measuring the concept of interest is considered reliable. To ensure standardization of the questionnaire the researcher used group administering. Next step wasentering data in the same data collection day so any possible interventions to confirm the data quality can be done. Additionally, to assure correct entry procedure and decrease entry errors the researcher is going to re-enter 5% of the data after finishing data entry. Also, reliability coefficient (Cronbach alpha test)was used to test the reliability of the questions.To ensure the reliability of the questionnaire, Cronbach's Coefficient Alpha should be applied.

Cronbach's Coefficient Alpha

Cronbach's alpha is designed as a measure of internal consistency, that is, do all items within the instrument measure the same thing? The normal range of Cronbach's coefficient alpha value between 0.0 and + 1.0 and the higher values reflect a higher degree of internal

consistency. The Cronbach's coefficient alpha was calculated for each field of the questionnaire.

Table (3.9) shows the values of Cronbach's Alpha for each field of the questionnaire and the entire questionnaire. For the fields, values of Cronbach's Alpha were in the range from 0.816 and 0.954. This range is considered high; the result ensures the reliability of each field of the questionnaire. Cronbach's Alpha equals 0.962 for the entire questionnaire which indicates an excellent reliability of the entire questionnaire.

Table (3.9): Cronbach's Alpha for each field of the questionnaire

Field	Cronbach's Alpha
The speed of humanitarian work	0.713
Bureaucracy	0.816
Financial accountability	0.954
Health NGOs (HNGOs) culture in accordance withcoordination	0.922
Competition for Funding	0.885
Cost of coordination	0.824
Quality of coordination process	0.965
All items of the questionnaire	**0.962**

Thereby, it can be said that the researcher proved that the questionnaire was valid, reliable, and ready for distribution for the population sample.

3.1.1.1. Test of Normality

Table (3.10) shows the results of Kolmogorov-Smirnov test of normality. From Table (3.10), the p-value for each variable is greater than 0.05 level of significance, then the distributions for these variables are normally distributed. Consequently, parametric tests should be used to perform the statistical data analysis.

Table (3.10): Kolmogorov-Smirnov test.

Field	Kolmogorov-Smirnov	
	Statistic	P-value
The speed of humanitarian work	0.727	0.667

Bureaucracy	0.709	0.695
Financial accountability	0.935	0.346
Health NGOs (HNGOs) culture in accordance withcoordination	0.718	0.681
Competition for Funding	0.743	0.639
Cost of coordination	0.605	0.858
Quality of coordination process	0.951	0.326
All items of the questionnaire	0.952	0.326

3.1.1.2. T-test:

This test is used to determine if the mean of an item is significantly different from a hypothesized value 4 (Middle value of Likert scale). If the P-value (Sig.) is smaller than or equal to the level of significance, $\alpha = 0.05$, then the mean of an item is significantly different from a hypothesized value 4. The sign of the Test value indicates whether the mean is significantly greater or smaller than hypothesized value 4. On the other hand, if the P-value (Sig.) is greater than the level of significance $\alpha = 0.05$, then the mean an item is insignificantly different from a hypothesized value 4.

3.11.2 Qualitative Part (in-depth interviews)

Before the researcherstarts the qualitative part, multiple steps have been done to assure the credibility of the qualitative part of the study such as:

Check up to revise the in-depth interviewquestions in order to assure thatthey cover all the needed dimensions. Then, another check was done to assureaccuracy and transparency of the records during the interviews. After that, prolongedengagement should be done as the researcher tries to search for answers and cover all theinterviewdimensions properly. In addition, recording the interviews would enhance tracking up facts and re-check the accuracy of the transcripts. Finally, all the transcripts and recordings were kept for tracking the information by others at any time (Audittrail).

Atlas-ti program was used to analyze the transcripts of the in-depthinterviews. The researcher entered the interview`s transcripts on Atlas-ti for analysis by using different options available by the program. After that,the researcher starts categorization of related ideas using open coding, and comparison and integrationbetween the quantitative and the qualitative findings were done to create rich items for discussion and representation.

3.12 Study Limitations:

- Lack of previous national studies in this field, as there was no study which takes both IHNGOs and LHGNOs in addition to MOH in it. (Al-Ghooti, 2015) studied the coordination between MOH and IHNGOs and (Yaghi, 2009) studied the role of LHNGOs in improving the health system in Gaza Strip.
- Difficulties in collecting data from senior managers in both MOH and HNGOs as they aren't always cooperative especially in interviews.
- Reluctance and restraint from interviewees in discussing some issues related to their organization.
- Some HNGOs refused to participate in the questionnaire and also in the interviews.
- Limited access to international scientific resources and studies.
- Difficulties in obtaining a list of the HNGOs which are officially registered in MOH.

Chapter IV:
Results and Discussion

4.1 Introduction:

This chapter represents the research findings and the statistical analysis of the data collected (by both questionnaires and in-depth interviews) as part of this study. The purpose of this chapter is to provide a comprehensive overview of the entire data set collected and the characteristics of the respondents. In addition, it serves to describe the statistical procedures applied to the data in order to interpret and apply the data to the research questions.

4.2 Participant'sCharacteristics:

The researcher calculated frequencies and percentage of sample 90 according to the variable of the research as shown in the following tables.

The table (4.1) showed that the gender distribution is 64.4 and 35.6 for male and female respectively. And that's generally because most of the projects implemented in health field need more field work and visits and longer working hours.Also, the age analysis results showed that the participants are 12.2% less than 30 years old, the majority of participants age is between 30 and 50 and distributed as follows 40% for participants between 30 and 40 years old and 30% between 41 and 50 years old and finally the percentage of participants whose age are more than 50 years old are 17.8%. The highest percentage is for the those who are between 30 and 40 years old and maybe that's because at this age people are still a youth and also have a good technical and scientific knowledge regarding the health work.Regarding the work experience, the results were as follow the participants who have experience less than 10 years are forming 27.8%, between 10 and 15 are one-third of the total number, participants from 16 to 20 are 13.3% and 28.9% are more than 20 years. Here, the researcher believes that the reason for that 30% of the participanthas been working in health humanitarian work for 10 to 15 years is as mentioned before because they have good technical experience, also people at an older age tend to have fewer risk jobs and more stable jobs to ensure their financial security.In terms of qualifications, it was obvious that more than half of the participants (55.6%) have amaster degree and above, bachelor degree holders are 42.2% and 2.2% are Diploma (1-3 years). Theresearcher refers that the master degree holders is the highest percent because all the questionnaire`s participants work is in the health sector and that requires more specific health information, technical knowledge strong scientific background regarding health field.

The largest number of them are working in LHNGOs with a percent of 47.8% and 41.1% and 11.1% are work in IHNGOs (include UN-Agencies) and MOH respectively. Also, most of participants NGOs have less than 5 projects are being implemented per year with a percent of 45.2% and the rest are divided equally between (5-9 projects per year) and (more than 10 per year), 27.4% for each one of them. Naturally that's because any project would take several months for complete implementation and closure, so any organization with their limited human resources wouldn't implement a huge number of projects per year

for different consideration such as ensuring the quality of their implemented projects and, the limited financial resources and also the process of fundraising take a long time.

The items No. 7, 8 and 9 are limited to be answered by the participants who are working in HNGOs. In accordance with the item No.7, the result tells us that 91.3% participants whose organizations are coordinating their projects with MOH and 8.8% are not. And that's because all LHNGOs participants are registered in MOH so normally they would coordinate their projects with MOH and also most of IHNGOs do coordinate with MOH in most of their implemented projects.

The results of item 8 showed that 27.4% of the participants are estimating the budget of the coordinated projects in their organizations with less than $ 500,000, 34.2% of participants are estimating the budget between $ 500,000 – $ 1,000,000 and 38.4% are saying that the estimated budget of their organizations coordinated projects is more than $ 1,000,000.

But, the results of item 9 is different in which 64.4% of the participants are estimating the budget of the uncoordinated projects in their organizations with less than $ 500,000, 22% of participants are estimating the budget between $ 500,000 – $ 1,000,000 and 13.6% of the participants are saying that the estimated budget of their organizations coordinated projects more than $ 1,000,000. If we do a little comparison between the result of both item 8 and 9 we can conclude that the budget dispensed on thecoordinated project is more than uncoordinated projects.

Table (4.1): Personal data of the study population (90 participants)

#	**Personal data**		**Frequency**	**Percent**
1	Gender	Male	58	64.4
		Female	32	35.6
2	Age	Less than 30years	11	12.2
		30– 40years	36	40.0
		41 – 50years	27	30.0
		More than 50years	16	17.8
3	Work experience	Less than 10	25	27.8
		10– 15	27	30.0
		16 – 20	12	13.3
		More than 20	26	28.9
4	Qualifications	Certificate/Diploma 1–	2	2.2

#	Personal data		Frequency	Percent
		3years of college		
		Bachelor degree	38	42.2
		Master degree and above	50	55.6
5	What is your organization`s type?	International	37	41.1
		National	43	47.8
		MOH	10	11.1
6	How are many health projects being implemented per year in your organization?	Less than 5 projects	33	45.2
		5-9 projects	20	27.4
		10 and more projects	20	27.4
7	Does your organization coordinate with MOH in implementing health projects?	Yes	73	91.3
		No	7	8.8
8	How much the overall budget of the coordinated health projects($) per year?	Less than 500,000	20	27.4
		500,000 – 1,000,000	25	34.2
		More than 1,000,000	28	38.4
9	How much the budget of the uncoordinated health projects ($) per year?	Less than 500,000	38	64.4
		500,000 – 1,000,000	13	22.0
		More than 1,000,000	8	13.6

4.3 Organizational characteristics of MOH and HNGOs: (in regards to coordination process)

Table (4.2):general specifications of coordination system and process in the HNGOs and MOH

#			Frequency	Percent
1	Is there a coordination system in the organization?	Yes	85	94.4
		No	5	5.6
2	Are there a documented and applied policies and procedure guidelines to control this system?	Yes	64	71.1
		No	26	28.9
3	To what extent these policies and procedure guidelines are being applied?	Rarely	1	1.6
		Sometimes	9	14.1
		Usually	19	29.7
		Always	35	54.7

#			Frequency	Percent
4	Does the organization have a documented vision about the role of partners of coordination process regarding their tasks and duties?	Yes	55	61.1
		No	35	38.9
5	Does the organization have a permanent partnership with MOH and/or some HNGOs?	Yes	75	83.3
		No	15	16.7
6	What are the methods used in coordination with MOH and other partners?	Meetings	-	-
		Reports	1	1.1
		Communications	2	2.2
		All of them	87	96.7
		Others	-	-
7	Does the organization coordinate the field activities with other concerned partners?	Yes	86	95.6
		No	4	4.4
8	Which managerial level does the organization coordinate with during project implementation?	Board level	7	7.8
		Project management	58	64.4
		Project coordinators	23	25.6
		Others	2	2.2
9	Does the organization conduct regular meetings and discussions with its partners for collaboration opportunities, joint activities and avoid projects and service duplication?	Yes	75	83.3
		No	15	16.7
10	Does the organization face difficulties with MOH and other partners during coordination process?	Yes	55	61.1
		No	35	38.9
11	Is there a structure for coordination system with both MOH and other HNGOs?	Yes	46	51.1
		No	44	48.9
12	Is there an inter-sectorial collaboration with MOH and HNGOs for project implementation?	Yes	72	80.0
		No	18	20.0
13	Is there a contradiction between the objectives of your organizations` coordination system and those of MOH and partners?	Yes	37	41.1
		No	53	58.9
14	Has this contradiction ledto losing opportunities for implementing some projects and providing services?	Yes	18	48.6
		No	19	51.4

#			Frequency	Percent
15	Has this contradiction led to misuse of human and financial resources?	Yes	26	70.3
		No	11	29.7
16	Does the organization have adepartment or person delegated to supervise the coordination process activities and tasks without any other responsibilities?	Yes	32	35.6
		No	58	64.4
17	Is there any duplication in some of the coordinated projects with MOH or other HNGOs resulted from poor coordination?	Yes	48	53.3
		No	42	46.7
18	Does the organization have a membership in the WHO health cluster?	Yes	53	58.9
		No	37	41.1
19	Does the organization have a system for information exchange and reports sharing with the partners?	Yes	59	65.6
		No	31	34.4
20	Did the coordination system and its mechanisms help in human and financial resources allocation in the organization?	Yes	79	87.8
		No	11	12.2

Table (4.2): Describe the specifications of the coordination system in both HNGOs and MOH as follow:

As described in item 1 the participant who revealed that their organizations have coordination system 94.4% and those who aren't are 5.6%, so it is obvious that most majorities of the organizations have a coordination system also that reveals they understand the importance of this system exists in their organizations.

Also, 71.1% of the participants answered the 2nd item with yes which tells that they have a documented and applied policies and guidelines for this system in their organizations and 28.9% answered with no. In item no. 3 the researcher tried to measure how much these policies and guidelines are being followed in the organizations. So, the result was 1.6% rarely, 14.1% sometimes, 29.7% usually and 54.7% always.

The results for item 4 showed that 61.1% of the participants have confirmed that their organizations have a vision of the partner's role during implementing different projects and 38.9% of them confirmed that their organizations don't have it. In item 5 the researcher tried to discover if some of the organizations have a permanent partnership with MOH

and/or some HNGOs or not so the result was that 83.3% of the participants answered with yes and 16.7% of them answered with no.But Yaghi (2009) - who studied the role of Palestinian HNGOs in improving the health system - showed that just 9.5% of HNGOs have had cooperation agreements with theMOH. Of course, there are some health projects are implemented between HNGOs but the major ones are implemented in agreement with MOH. So here, it is obvious that the two results aren't consensus with each other.

In item 6, the researcher tried to discover the methods being used for coordination between partners so it was as follow no participants` organizations are using meetings alone, 1.1% are using reposts alone , 2.2% are using communications alone, 96.7% are using all the previous methods and no one is using other methods. Item 7 is differentiating between the organizations who are coordinating their implemented projects with partners and who isn't and the result was 95.6% participants answered with yes and 4.4% answered with no. For item 8 which trying to figure what managerial level are coordinating the organizations` projects, the results came as follow board level 7.8%, project management 64.4%, project coordinators 25.6% and others 2.2%. And that's maybe because the project implementation process is a technical process and doesn't need the decision makers such as the board members of the organization.

Item 9 discuss if the participants` organization is conducting regular meetings, discussions with partners for more cooperation and the results were 83.3% as yes and 16.7% as no. Item 10 discuss if there are any difficulties facing the organizationin coordination with other partners and the results were as follow 61.1% of participants went for yes and 38.9% of them went for no. In item 11 the researcher tried to figure out if there is astructure for coordination between both HNGOs and MOH, so the participant's answer was 51.1% yes and 48.9% no. The researcher is trying to find out if there is an inter-sectoral collaboration between HNGOs &MOH so the participants replied with 80% as yes & 20% no.

Here, in item 13 41.1% of the participants confirmed that there is some contradiction between their organization coordination objectives and those of other organizations & 58.9% has replied with no. This result contradicts with the result of item 7 which tells that 95.6% of the participants agreed that their organizations are coordinating its field activities with the concerned partners, and that would lead us to ask a question;what does the concept of partnership mean to the HNGOs and what is their perception toward this concept? As we can see item 14 & 15 are depending on the item 13 answer so the 41.1%

who answered item 13 with yes divided into two. In item 14 which is discussing if this contradiction has to lead to losing opportunities in implementing some projects, 48.6% of participants answered with yes & 51.4% of them answered with no. Also, in item 15 the participant who agreed that this contradiction has to lead to misuse of resources (both human and financial) are70.3% & those who answered with no are 29.7%. Item 16 discuss if there is a person or department in the organization who is delegated for coordination with other partners and so the results were as follow 35.6% of participants said yes and 64.4% of them said no. And that could give us that the coordination system is still not very clear and understandable to everyone.

Item 17 gives us a result that 53.3% of participants agreed to theexistence of duplication in thecoordinated project and 46.7% of them disagreed. This result can be explained by the poor quality of coordination process between these organizations in addition to the existence of competition between them. And this is one of the ways of resources misuse.

Item 18 is trying to figure if the organizations have a membership in WHO health cluster or not so 58.9% of participants answered with yes & 41.1% no. And that to somehow reveals the importance and advantages of the existence of health cluster as a coordination system. In item 19 the researcher was trying to figure out if there is a system for information sharing between partners and the result was as follow 65.6% of the participants answered with yes and 34.4% answered with no. And, the outcome here agreed with Nassar (2011) who declared that there is a HIS and it is good in some aspects but still it needs improvement in many other aspects. The results of item 20 were as follow 87.8% of participants agreed that the coordination system and its mechanism are helping the organization in thehuman and financial allocation and 12.2% of the participants disagreed. And that's a fact and also the purpose of coordination system implementation.

At the end, the researcher found that there is a conflict between the results of item 1, 2, 3, 4, 5, 7, 9 and item 10, 11, 13, 17 which revealed some confusion and discrepancy regarding how much the participant's answers are reflecting the truth and facts on the ground. For more illustration, in item 1 to 5 in addition to 7 and 9, most of participants agreed that their organizations have the follow; a coordination system, documented and applied policies and regulation for that system and they are always applied, also these organizations know about the role of their partners of coordination process and their tasks and duties, most of these organizations have permanent partnership with others, they

coordinate field work with their partners and they conduct regular meetings and discussions for further collaboration. But in item 10, 13, 17, most of the participants answers were reflecting that there are difficulties with other partners during coordination process (we can`t tell how much exactly these difficulties are affecting the quality of coordination and the projects implemented), contradiction between their objectives and their partners objectives in coordination, and there is duplication in coordinated projects between the partners. Also, in item 11 the result was very close between those who agreed on the existence of a structure for coordination system with both MOH and other HNGOs and those who didn't (51.1% agreed: 48.9% disagreed). These conflicting results are due to different experience of participants - although that the researcher tried to limit the targeted group in just those who are working directly in projects implementation -, their various attitudes and also they weren't being objective during answering the questionnaire because their answers don't reflect what is actually happening on the ground. And that appeared in some of the questions` answers which have been mentioned before.

4.4 HNGOs culture in accordance with coordination

4.4.1 The speedofhumanitarianwork

Table (4.3): Means and Test values for "Speed of humanitarian work"

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	Thereisacomprehensivecoordinationsystemthatguaranteesthequality of coordination processbetween the MOHand HNGOs	3.27	1.47	46.67	-4.74	0.000*	6
2	TheimplementationofcoordinationprotocolsintheMOH increasesthe speed of health projects implementation betweenHNGOs andMOH	4.87	1.35	69.50	6.05	0.000*	3
3	TheHNGOsstrategicplanisbasedonhealthsectorneedswhichmake the coordination processmore flexible and rapid	4.86	1.47	69.37	5.54	0.000*	4

4	TheprojectofficersofbothHNGOsandMOH haveagoodexperienceindealingwitheachotherwhichincr easethespeedofprojects`activities implementation	4. 41	1. 35	63. 02	2.8 9	0.0 02*	5
5	The acquired experience and skills of project officers of MOHand HNGOs areimportant toincrease and facilitateproject implementation	5. 93	1. 00	84. 76	18. 28	0.0 00*	1
6	The management of MOHand HNGOs realizes the importance of coordination system in improving thespeedof health projects implementation	5. 17	1. 30	73. 81	8.5 1	0.0 00*	2
	All items of the field	4. 75	0. 79	67. 84	8.9 7	0.0 00*	

* The mean is significantly different from 4

Table (4.3) shows the following results:

The result of this table shows that the overall mean equals 4.75 (67.84%), Test-value = 8.97 and the P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test value is positive so the mean is significantly greater than the hypothesized value 4. So, the conclusion is that the participants agreed to this variable. But, the result of item no 1 is totally different in which that the mean equals 3.27 (46.67%), Test-value = -4.74, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this item is significantly smaller than the hypothesized value 4. We conclude that the respondents disagreed with this item. And this reveals that there is no comprehensive coordination system to facilitate and ensure a good quality of coordination process between MOH and HNGOs. But, some studies such as (Minear, 2002; Whitman &Pocock, 1996) revealed that most NGOs believe that the coordination process will only delay the intervention of humanitarian projects. Still, there is a debate on the nature of the relationship between thespeed of projects implementation and coordination system in which it is not clear that the coordination system will increase or decrease the project implementation (Kumar, 2005).

When the researcher asked the interviewees about their perception of the relationship between the quality of coordination and the speed of humanitarian work, all of them have agreed on that the good coordination will lead to good speed of humanitarian work -or as some of them preferred to call it "the quick response to humanitarian issues"- from both side MOH and HNGOs. But again there was an argument when they were asked; what could be the source of delay in humanitarian work?One of the UN-Agencies managers said that "there is no delay in responding to health emergencies because there is time to face any emergency", but the reality on the ground is different as till now there is critical

shortage of essential drugs and medical disposables and till now there is no coverage of this shortage also the urgent current situation of electricity crisis and fuel shortage in addition to the continuous closure of Rafah and Eris boarder which delay the entrance of donations and health aid to face any emergency.

Another manager of one of the UN-Agenciesmentioned that they prefer to work with other HNGOs more than MOH because of delay responding from MOH side to their requests (project information, reports,…etc)which will eventuallydelay their response to the emergency situation or even delay the project implementation. And he continued saying that "we aren't happy working with them but because the MOH is the leader in health sector we ethically and officially have to work with them". But, regardless of this unhappy relationshipthat manager said:"I see the MOH during anemergency situation -such as during the wars- is much more cooperative than in other situation, because they are in urgent need for help and assistance as the shortage in drugs list and medical disposable are increasing". And he claimed that the delay in MOH response is a result of the bureaucratic system, centralization and some conflict between senior officers in MOH.

The table (4.3) shows in item 5 the participants agreed on the importance of theexistence of skilled manpower in both MOH and to reduce the delay in work and have a good and quick response to health and humanitarian work and needs. Also, in item 1 the participants disagreed that there is a good and comprehensive coordination system in thehealth sector and that one of the causes of work delay in health projects.

But, another health experts disagree with the previous one as he sees the problem isn't about the delaying response, but it is that the MOH can`t specify their needs during anemergency.

A manager working in MOH has said that "during anemergency situation such as wars all working staff in MOH are focused on dealing with it and that explains the quick response from MOH to HNGOs requests and vice versa. But, in normal status, things are different as the MOH has adeal with multiple issues such as daily work, drugs and medical disposable shortage and others."

Another health expert has the same perception but he justified that when he said"the MOH response delay is because of the multiple, complicated and urgent situations that MOH is being through,anexample, the electricity crisis, fuel shortage (which is still continuous till

the current time) and drugs and medical disposables shortage (40% of drugs and 26% of medical disposables at zero stock (WHO, 2018)

That’s true as we can see the MOH is overwhelmed by these situations, and that leaves the MOH no way but to try finding any solution for these complicated problems even if it is temporary.In addition, the current political situation and circumstances are limiting any other sustainable solutionsas it is very well known.

An IHNGOs manager agreed with the researcher perception when said: "these multiple, complicated and critical emergency situations is making the MOH distracted and confused and forced to work as a fireman or emergency management nothing more".

All that has urged the MOH to find solution for their delayed response for the donors requests (any needed information regarding project activities, facilitating any task of the project or any other type of cooperating with donors in order to provide the MOH with their needs) as one of the MOH mentioned that "the ICD now is setting a criteria for responding to HNGOs requests and especially the donors".

But, now to somehow the response is better with the existence of the health cluster as a coordination system which is including MOH as a co-chair, UN-Agencies, UNRWA and some of IHNGOs and LHNGOs. The health cluster is coordinating between these members in order to have a Strategic Response Plan (SRP) and respond to the emergencies through it.

Although, still some of the interviewees had argued with that as one of the health experts said: "also some of IHNGOs has delayed response for the emergency situation and that’s related to their bureaucratic system and hierarchal level".

Another manager of one of the LHNGOs said that "some IHNGOs exert bureaucracy through their systems and also they have some delay response in term of fundraising and implementing some project activities"

One of the LHNGOs managers said that "improving the health coordination system is a priority and responsibility of all of the health actors".

The researcher believes that it is necessary to have a good coordination, cooperation and understand the concept of partnership to avoid any matter that could delay the effective, coordinated and quick response to the urgent health issues.

Finally, all questionnaires` participants agreed that the existence of a good quality coordination system will improve the response and speed of humanitarian work, but still they do believe that there is no such a comprehensive coordination system in Gaza Strip – as the result of item 1 show - due to different factors that play a role in causing this problem such as experience of working staff of both MOH and HNGOs, centralization and bureaucracy that dominate the administration system in MOH and some HNGOs in addition to other factors.

Also the result of item 4 reveals that the participants aren't sure about this item –whether or not the project officers in both MOH and HNGOs haveagoodexperiencein dealingwitheachotherwhichincreasethespeedofprojects`activities implementation – but when the researcher asked the interviewees (even the MOH`s interviewees) about that, their general perception was that the MOH staff still needs more capacity building and experience.

4.4.2 Bureaucracy

Table (4.4): Means and Test values for "Bureaucracy"

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	Themechanismofimplementingcoordinationsystem create acooperativeenvironment forthe implementation of projects`activities	5.51	1.24	78.65	11.50	0.000*	1
2	TheimpactofdonorsˋpolicywithHNGOsisencouragingcoordinationwith MOH in implementinghealth projects	4.40	1.48	62.92	2.57	0.006*	4
3	ThereisacomprehensivevisioninMOHfortheimportanceof theHNGOs rolein improvingthe qualityof coordination	4.27	1.33	60.95	1.90	0.030*	5
4	Deepunderstandingofcoordinationprocessessenceintheˋ MOHhelps to improvethe qualityofcoordination process	5.47	1.22	78.10	11.41	0.000*	2
5	Thecoordinationunitin	4.9	1.1	70.	7.7	0.00	3

	theMOHchoosesdifferentwaysincoordination with different HNGOs dependingon its cultureand interests	6	7	79	5	0*	
6	TheMOHadministrationfacilitates the participation of HNGOsin settingthestrategicplanofthehealthsectortoimprovethequalityofhealth services	4.15	1.38	59.23	1.00	0.160	6
	All items of the field	4.79	0.80	68.38	9.35	0.000*	

* The mean is significantly different from 4

Table (4.4) shows the following results:

The mean of item 1 equals 5.51 (78.65%), Test-value = 11.50, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this item is significantly greater than the hypothesized value 4. So, the respondents agreed to this item. But, the result of item 6 is a little bit different in which the mean equals 4.15 (59.23%), Test-value = 1.00, and P-value = 0.160 which is greater than the level of significance $\alpha = 0.05$. Then the mean of this item is insignificantly different from the hypothesized value 4. We conclude that the respondents (Do not know, neutral) to this item. The overall mean of the field "Bureaucracy" equals 4.79 (68.38%), Test-value = 9.35, and P-value= 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 4. We conclude that the respondents agreed to field of "Absence of Bureaucracy ". The result of this item goes along with some studies which say that the bureaucracy will lead to resources wastage and creation of gaps (Kumar, 2005). And it is congruent with Yaghi (2009) who stated that bureaucracy is one of the factors that affect the quality of coordination system. Also, (Yaghi, 2009) mentioned that the HNGOs participated in setting the first strategic health plan and also in the second one at 1999-2003

Some of theliterature mentioned that why NGOs is refusing to work according to coordination system with MOH (government) because of the existence of bureaucracy in the system and it will delay the intervention (Kumar, 2005)

All of the interviewees have disagreed with the previous idea, on the contrary, they agreed on the huge and various benefits of applying a good coordination system in which it will decrease bureaucracy, the wastage of resources and duplication in projects implementation and it improve the use of available resources and integration in providing services.

But, when the interviewees have been asked about the cause of the existence of bureaucracy, anLHNGO manager linked the bureaucracy, centralization issues with the degree of understanding of coordination and partnership concepts in the organization. And that was agreed upon by most interviewees.

But again, there was a dialogue when they have been asked about who should lead the coordination system.

There was a debate in which most interviewees see the MOH as a bureaucratic system and coordinating with it will lead to more delay in implementing any project. even one of the MOH managers has agreed on that and said: "it is true and it can`t be hidden to anyone that the MOH has a bureaucratic system but that is because of different factors such as the huge".

So,one of the LHNGOs managers said: "the MOH has a bureaucratic system and it will delay the work if it becomes the leader of coordination, but working with health cluster is much better and flexible and there is no such as a controlling power or authority".

And that’s to some point agreed with one of theUN-Agencies managers when he said: "the health clusterled by WHO is doing a good job in coordination between MOH, UNRWA, some of IHNGOs and LHNGOs". And he continued saying "the health cluster is coordinating all health work between these member organizations through its mechanisms, monthly meetings,and annual Humanitarian Needs Overviewto assess the needs of the health sectors annually and then these members in setting the strategic response plan (SRP) which based on needs assessed by those partners, figures and other statistics and then all of these partners respond to the needs through the SRP".

According to the results of item 3 in thetable (4.4), the participants are neutral/don’t know about whether the MOH is having a good vision fortheimportanceof theHNGOs rolein improvingthe qualityof coordination or not.But, most interviewees disagree with that especially if it comes to coordinating with LHNGOs because the coordination unit of MOH which responsible for coordination with them, monitoring and evaluation of their

work is still weak, neglected and doesn’t have enough human and financial resources to do its job and that’s because of bureaucratic and centralized system of MOH.

All interviewees had agreed that the MOH has a bureaucratic and centralized system but a health expert went far beyond that when he stated that "in our case MOHhas extreme bureaucracy, which leads to delaying health project implementation but originally because we don’t have a clear coordination system to control the process of coordination between MOH and HNGOs".

But, that’s not fair to accuse the MOH with bureaucracy in all processes; it depends on the situation, project implemented and many other factors, also not to forget that the MOH is ahuge institution with alarge number of employees, different and multiple departments.

When he was asked about his opinion on this matter an UN-Agency manager said that "it is true that they have a delay response but also their response is much better and flexible when theyare in a middle of emergency and they need quick intervention but in other situations you will find the bureaucracy and delay in work and response".

A MOH manager explained that when he said "dealing with emergency differs from when we have developmental projects as we have to make plans for implementation, coordination,and cooperation inside MOH between different departments, experts' consultation and many other issues and steps must be solved and agreed upon before start working and during work on that project".

But that wasn’t the only perception on the stage,some interviewees (MOH & LHNGOs employees) mentioned that some IHNGOs also have a bureaucratic system and that can be seen through their prolong response in regards of donation or any matters related to projects fundraising or emergency situation.

Here, as everybody knows the bureaucracy is existed in many management systems (especially the governments), and also there is a debate about whether it decreases the effectiveness and efficiency of the work or vice versa.

One of LHNGOsmanagerssaid that "not only MOH is practicing bureaucracy but also some IHNGOs is doing that because of their multiple, complicated, various and prolonged proceduresand they are justifying that as they want to reach and guarantee thebest quality of the work", but also he said that "in any process or system (whether MOH or

HNGOs)there are some procedures that aren't critical or necessary for completing the work and achieving best quality, so we can reduce these procedures in order to make the system more flexible and time-saving".

Coming back to the result of item 2 in thetable (4.4), it shows that the participants have slightly agreed that the donor is facilitating the coordination and work with MOH (as the mean is 4.4, Test-value = 2.57, and P-value = 0.006 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this item is significantly greater than the hypothesized value 4).But, that disagree with the previous perception about the existence of bureaucracy in IHNGOs systems, and that's reasonable and justified as 41.1% of the questionnaire participants were from IHNGOs and this is a huge percent which as appeared affected the total result of this item.

There is a difference between delaying the work and following some procedures and steps in work to ensure the quality of the work and results.

Another LHNGO manager explained that when he said:"any IHNGOs or donors sub-office in Gaza Strip has to check and take permission from WB office regarding any matter and the latter also has to inform and take permission from the headquarter in their country and that multiple steps process takes a long time to be accomplished".

So, from what have been mentioned before it is actually true that some IHNGOs and donors have some degree of bureaucracy in their systems although as not much as what is in the MOH, and the researcher thinks that's because their sub-offices in Gaza doesn't have the authority to make decision in some certain issues especially fundraising and immediate intervention in health emergency situations.

And that's congruent with a health expert opinion when he said that "dealing with some IHNGOs, you have to wait for about one year to get a response to a project approval and fundraising".

One of the interviewees talked about -what he called features of bureaucracy- the variety of procedures, volume of the organization, the management hierarchy, centralization vs decentralization, authority problem and said all previous issues affect the response and coordination between MOH and HNGOs and vice versa

The word bureaucracy and it's synonymous -in a negative way- counted 4.4% of what all interviewees have said during interviews which tells how important the impact of bureaucracy on quality of coordination.

The results of item 2 and 3 show that the participants are neutral with these items and the same applied for item 6 except that it is insignificantly different from the hypothesized mean value 4 so the participants also don't know about this. And that also confirm the opinion of the majority of interviewees who ensured that the MOH has a bureaucratic system. Even thoughthe interviewees were divided into 2 parties, one said that the MOH is having a very bureaucratic and centralized system and that delays the work, the second party mentioned that not just MOH but also UNRWA and even some IHNGOs have this bureaucratic and centralized system especially in sharing information.

The researcher concluded that to reduce the bureaucracy we need a good coordination system between MOH and HNGOs, and a better understanding of both MOH & HNGOs of the partnership concept.

4.4.3 FinancialAccountability

Table (4.5): Means and Test values for "Financial accountability"

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	Thecoordinationsystemprotocolsincreasethefinancialaccountabilityamong MOHand HNGOs	5.15	1.26	73.52	8.60	0.000*	4
2	Thecoordinationsystemincreasesthebalancein afinancialcapacityand human resources needs	4.93	1.06	70.48	8.37	0.000*	6
3	Thecoordinationsystemprotocolsandregulationsincreasethestrengthoffinancialaccountability	5.07	1.25	72.40	8.03	0.000*	5
4	Thecoordinationprocessprotocolsandregulationsincreasethecrucial roleoffinancialsupervisioninimprovingthequalityofhealthservices introduced byanyhealth projects	5.24	1.19	74.92	9.90	0.000*	3
5	Applying an effective coordination system improves the financial accountability by reducing duplication during implementing health projects	5.57	1.05	79.52	14.16	0.000*	1
6	Thepresenceofgoodqualitycoordinationsystembetween MOHand HNGOs enhances thefinancial allocation ofdifferent health projects	5.36	1.28	76.57	10.01	0.000*	2

	All items of the field	5.22	0.97	74.58	11.93	0.000*	

* The mean is significantly different from 4

Table (4.5) shows the following results:

The mean and proportional mean of item no.1 to 5 is 5.15 (73.52%), 4.93 (70.48%), 5.07 (72.40%), 5.24 (74.92%), 5.57 (79.52%) and 5.36 (76.57%) respectively. Also, the table shows that overall mean, test value,and P-value reveal a positive relationship between the financial accountability and quality of coordination process with an overall mean 5.22 (74.58%), S.D equal 0.97, test value with a positive sign 11.93 and P-value = 0.000. These readings tell us that the mean is significantly greater than the hypothesized value 4. And so we conclude that the respondents agreed to this item.

As any other process andsystem, there should beM&E and financial accountability to ensure the quality of the work, best use of resources and other important issues related to the work.When the interviewees have been asked about their opinion regarding this matter all of them had agreed on that the good and effective coordination system will lead to abetter sense of accountability including the financial accountability.

And one of the health experts said that "if we want to improve the financial accountability, it is important to improve the M&E role of MOH not to restrict HNGOs work, controlling orpracticing domination over them,but to ensure the better use of available resources and reduce the duplication of health projects and services implementation".

The health cluster –which is a part of cluster approach that was developed by UN Inter-Agency Standing Committee (IASC)- led by WHO is having a good system which would provide us with better accountability, reduce duplication and resources wastage.

But, from different angle one of the LHNGOs said that "IHNGOs is wasting resources through their high running cost and scale of salary; an example a project coordinator in IHNGOs receive 3 or 4 times the salary for coordinator working in LHNGOs and their logistic support is expensive, and all that money being wasted is coming under the name of humanitarian aid for Palestinian people.

In General "HealthNGOs (HNGOs)cultureinaccordancewithcoordination":

Table (4.6): Means and Test values for " Health NGOs (HNGOs) culture in accordance with coordination "

Item	Mean	S.D	Proportional mean (%)	Test value	P-value (Sig.)	Rank
Speed of humanitarian work	4.7	0.7	67.84	8.97	0.000	3
Bureaucracy	4.7	0.8	68.38	9.35	0.000	2
Financial accountability	5.2	0.9	74.58	11.9	0.000	1
All Items of HealthNGOs (HNGOs)cultureinaccordancewithcoordination	**4.92**	**0.67**	**70.26**	**12.96**	**0.000***	

*The mean is significantly different from 4

Table (4.6) shows the mean of all items equals 4.92 with a percent of (70.26%), Test-value = 12.96 and P-value =0.000 which is smaller than the level of significance $\alpha = 0.05$. The mean of all items is significantly different from the hypothesized value 4. We conclude that the respondents agreed to all items of HealthNGOs (HNGOs)cultureinaccordancewithcoordination. So, in general, we can say that there is a positive relationship between HNGOs culture and quality of coordination process.

The overall result of this variable shows that HNGOs culture toward the existence of coordination system is good and the existence of good coordination system will increase the speed of work, decrease bureaucracy and increase financial accountability. This result contradictswhat mentioned in some previous studies. But still, the variation in the results of

some items of this variable and the interviews were because of differences in experience, attitude and working place of both questionnaire`s participants and interviewees. And this urged the researcher to ask a question here about how they (MOH and HNGOs) actually see their relationship in coordination, is it a true partnership?

4.5 Competition for Funding

Table (4.7): Means and Test values for "Competition for Funding"

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	The competition between HNGOs increases the importance ofcoordination role in improvingthe qualityof health services	5.67	1.13	80.95	13.97	0.000*	2
2	ThecompetitionbetweenHNGOstoattainmoreexternaldonationhasincreased the qualityof coordination with MOH	3.28	1.50	46.83	-4.57	0.000*	9
3	The competition between HNGOs to achieve their goals results in achievingthe strategicgoals of the MOH	3.82	1.34	54.60	-1.26	0.105	7
4	The policy and regulation of donors in implementing health projects improvethe qualityof coordination between HNGOs and MOH	4.20	1.13	60.00	1.67	0.049*	5
5	The donors a r e positively affecting the protocols and regulation of coordination between MOHand HNGOs	4.17	1.12	59.52	1.41	0.082	6
6	The donor has the ability to change the policy of local HNGOs in coordinatingthe projects` activities with the MOH	4.93	1.48	70.47	5.93	0.000*	4
7	The competition between HNGOs for fundraising is increasing the probabilityof success tothe coordination processwith MOH	3.38	1.53	48.25	-3.87	0.000*	8
8	Applyingagoodqualitycoordinationsystemcreateseffectivecriteria to governthe competition process between HNGOs for fundraising	5.38	1.18	76.89	11.03	0.000*	3
9	Following an effective coordination system during the competition between HNGOs reducesthe percent of health projects duplication	5.81	1.06	82.99	16.03	0.000*	1
	All items of the field	4.51	0.68	64.41	7.15	0.000*	

* The mean is significantly different from 4

Table (4.7) shows the following results:

Here, at this variable, the results are tricky in which the items divided into three categories. First, item no. 1, 8 and 9 have a mean of 5.67 (80.95%) 5.38 (76.89%), 5.81 (82.99%) respectively. Also, from their test values, its signs and P-values we can conclude that the participants havean agreement to these items. Second, item no. 4, 5 and 6 are slightly different from the first ones in which their mean are 4.20 (60.00%), 4.17 (59.52%) and 4.93 (70.47%) respectively. But as it is shown,item 5 has a positive Test-value sign and itsP-value is 0.082 which is greater than the level of significance $\alpha = 0.05$ so its mean is insignificantly higher than the hypothesized mean 4. The test value sign and P-value of item no. 4 and 6 tell us that their mean is significantly greater than the hypothesized mean value of 4.And the results of these items tell us that the participant's opinion is between neutral to slightly agree with these items and the result of item 5 tell that the participants don't know about this item. Third, item no. 2, 3 and 7 are completely different from the ones before in which their mean 3.28 (46.83%), 3.82 (54.60%), and 3.38 (48.25%) respectively. In addition, their test values go as the following - 4.57, - 1.26 and – 3.87, and here it is noticed that all of them has anegative sign. As more confirmation, if we look at their P-value it is obvious that item 2 and 7 aresignificantly less than the level of significance $\alpha = 0.05$ so that means that they are smaller than the hypothesized mean value 4. But coming to the item 3its P-value is greater than the level of significance $\alpha = 0.05$ so that means that its mean is insignificantly smaller than the hypothesized mean value 4. From previous results, we conclude that the respondents disagreed with item 2 and 7 and don't know about item 3. The results of these items, in general, agree with studies such as (Kent, 2004) who said that the existence of competition for fundraising between NGOs affects the essence and quality of coordination system and process. And also, this is consistent with Yaghi (2009) who said that the interviewees agreed on the negative impact of competition existence on coordination system and process. And that's congruent with Kent (2004)who studied the UN role in emergencies and disasters and said that the competition between HNGOs for fundraising has anegative impact on the quality and essence of the coordination system and process between them and the government.

When the researcher studied that variable and asked the interviewees about how they see the relationship between the competition and the quality of coordination system and

process,all of the interviewees agreed on that the existence of competition for fundraising will weaken the quality of coordination system.

One of the LHNGOs managers has agreed with that perception when he said that whenever you find competition between HNGOs for fundraising the quality of coordination will be weak

But, also one of the IHNGOs said that "there is no competition between IHNGOs but we can feel its existence between LHNGOs as they are trying to have more donation as they can. Not to mention that every one of them has a political affiliation to a certain political party, so they want to increase the number of beneficiaries through increasing the number and diversity of the health service they are providing".

Speaking of coordination between IHNGOs, one of the UN-Agencies managers has agreed with that perception when he said "we as UN-Agencies and IHNGOs have the health cluster which organizes continuous meetings and in every meeting there is a minute, coordinating the role of everyone and also organized communication and input in every session, so between us there is no competition".

And the questionnaire`s participants agreed with the previous perception in item 8 of the table which tells that applyingagoodqualitycoordinationsystemcreatesaneffectivecriteria to governthe competition process between HNGOs for fundraising (as the mean is 5.38, Test-value = 11.03 and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this item is significantly greater than the hypothesized value 4)

Most of the interviewees have agreed on the existence of competition between LHNGOs even those who are working in LHNGOs admitted that.

In that regards, one of LHNGOs managers said that "it is true that there is competition between us and there are some examples such as the MRI and CT services which are provided by two LHNGOs in the same region, it is true that Gaza Strip need these devices but they didn’t bring these devices based on that health need and the proof is that all these services focused in one area (west Gaza),nottoa different areas which are in need".And he continued saying that "the other is the diabetic foot health services" which started to be

provided by Palestinian Medical Relief Society (PMRS), I know that PMRS can`t cover all the population in all Gaza governorates but still, there are other LHNGOs starts to provide this service in Gaza. What I want to elaborate is that the objective wasn't the need, it was the competition and personal interest".

Also, the table (4.7) shows that the result of item 2 reveal that the participants agreed with that the existence of competition and it decreases the quality of coordination, and that is leading to wasting resources (as the mean is 3.28, Test-value = -4.57 and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this item is significantly smaller than the hypothesized value 4)

When he was asked about his opinion, one of theIHNGOs managers said: "we always receive project proposals from different LHNGOs in the same region which are targeting the same population and yet we find them want to buy the same medical device or provide the same health services". He added that "why don't they think about different ideas or at least try to think of integrative ideas to develop one of the health services that are provided in this region".

The researcher sees that if there is a competition it won`t have anegative impact on just the competitors but also the other partners or HNGOs who are cooperating with them even the IHNGOs and the achievement of the strategic objectives of the health system.

And, the result of item 3 of table (4.7) - The competition between HNGOs to achieve their goals results in achievingthe strategicgoals of the MOH- shows (as the mean is 3.82, Test-value = -1.26 and P-value = 0.105 which is greater than the level of significance $\alpha = 0.05$, so the mean of this item is insignificantly different from the hypothesized value 4 so the respondents (Do not know, neutral) to this item) that the participants don't know about it. But, as the perception of the interviewees show theexisted competition between LHNGOs is unlikely helps in achieving the strategic objectives of thehealth system.

And that was agreed upon by one of the UN-Agencies managers when he said that "during the work of health cluster there was a disability sub-cluster, but we are facing a difficulty in this sub-cluster, as most of LHNGOs which are working in disability field refused to share with us the database of their beneficiaries, and of course we can`t work without LHNGOs".

But again a MOH manager have a slightly different point of view when he said that "there are two types of competition negative and positive (integrative) competition, by positive I mean if they are competing on the quality of health services provided and that's good because the patients will get benefit from that".

The interviews analysis of this variable has resulted infour factors that are leading to competition between HNGOs. First is the existence of LHNGOs and their increased number with time, one of the LHNGOs manager has mentioned that the number of LHNGOs working in this sector has increased during the last two decades but on the other hand, the funding has declined. One of the IHNGOs has expressed that as Be or not to Be situation, a matter of existence. Because at the end of the day if any NGOs don't have fund then it won`t be able to work.

Second is the beneficiaries, one the LHNGOs managers said that " some of the reasons for the competition between LHNGOs and duplications is to have funds from donors and increase the number of beneficiaries".

Another factor is the weak M&E system of MOH for HNGOs, an LHNGOs manager and one of IHNGOs in addition to Yaghi (2009) have agreed that this system is very weak and need more improvement and enhancement in order to reduce the competition between LHNGOs and so reduce duplication in health services and wasting resources. Also, one of the MOH managers has clearly said that "if the MOH make good M&E and what exactly is health needs and priority we can coordinate the health work with LHNGOs to work according to these needs and then the competition will be on the quality of the health services which is good and benefit the patients".

The last one is the HNGOs degree of understanding of integration,teamwork,and humanitarian health work concepts. One of the health experts mentioned that "most of LHNGOs are politically affiliated and they compete with each other without taking into consideration the public interest and also because of the absence of theconcept of teamwork". Another IHNGO manager called this competition as selfishness from the LHNGOs because they don't work as a team and also he linked that to the absence of national coordination body to take control over this wheel.Also, the result of item 8 and 9 tells that the existence of good quality coordination system will control the competition phenomenon. But again when the interviewees were asked about this they mentioned that

they don’t believe that there is a good coordination system, and even one of the interviewees said "I don’t if even there is a coordination system in MOH or not, nobody told us this and they didn’t provide us with information regarding how to coordinate with them or with other HNGOs"

The results of item 2 and 7 shows that there is a competition between HNGOs, and that was the perception of all interviewees, in addition, they agreed that this competition is between LHNGOs, also the participants in item 3 revealed that they don’t know if this competition will achieve the strategic goals of MOH or not, and the perception of interviewees tells that this competition is unlikely going to help in achieving these goals. But the results of item 8 and 9 show that the existence of coordination system with a good quality will control this competition.But again according to the results of item 2 and 7 in addition to the opinion of all interviewees, there is no such a comprehensive coordination system.

From the previous information, it seems to be that the competition phenomenon exists in the health sector and it is concentrated more between LHNGOs than the others and it also has a negative impact on the essence of coordination process and goes against it.

4.6 Cost of Coordination

Table (4.8): Means and Test values for “Cost of coordination”

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	HNGOsencouragesestablishingabasicinformationnetworkto improvethecoordinationprocesswithMOHasit`smoreimportantthan its cost	4.44	1.53	63.49	2.76	0.004*	5
2	Thebenefitsofapplyingcoordinationprocessprotocolsaremorevalued than its administrative and financial consequences	5.03	1.27	71.91	7.65	0.000*	2
3	Applying coordination process protocols doesn't take much of the HNGOs resources	4.96	1.36	70.79	6.60	0.000*	3
4	Thecostofapplyingcoordinationprocess protocolsdoesn't leadto ignoringits importance duringannualbudget setting ofthe HNGOs	5.08	1.26	72.55	8.05	0.000*	1
5	Lack of knowledge about the importance ofproviding better health services to the patients is the cause of lack of implementing the coordination systemprotocols	4.83	1.58	69.05	5.00	0.000*	4
6	Most of HNGOs are increasing the financial share for coordination processasitisthemainpillartosuccess inimplementinggoodquality health projects	4.29	1.34	61.27	2.04	0.022*	6
	All items of the field	4.77	0.94	68.07	7.76	0.000*	

* The mean is significantly different from 4

Table (4.8) shows the following results:

The overall mean of this variable is 4.77 (68.07%) with SD equal 0.94, test value = 7.76 with positive sign and the P-value = 0.000. So, these readings reveal that the participants agreed to this variable as its P-value is smaller than the level of significance $\alpha = 0.05$ and the sign of the test value is positive so its mean is significantly greater than the hypothesized value 4. And this result can give us evidence that the participants agreed. The result here is consistent with Kumar (2005) who discussed the prevailing idea of NGOs and governments regarding that whether the coordination system is cost-effective or not, but many of them see that it is not. However, because the impact and cost-effectiveness of applying coordination system aren't seen on the ground that doesn't mean that it isn't happening (Kumar, 2005). Yaghi (2009) discussed the same idea but from adifferent angle as his results revealed that 88% of the LHNGOs in Gaza Strip suffered a financial deficit in

2007. However, these organizations refused to think of the financial resources misuse and absence of financial system as one of the factors that have led to thefiscal deficit.

When the researcher asked the interviewees about their perception in that regards, all of them has agreed that the existence of effective and good quality coordination system will be very cost effective, as it will reduce the resources wastages, duplication of health services and improve the use of the available resources.

One of the IHNGOs managers said that "as any other system or process there is a cost for implementing it, I think the investment in coordination system and theprocess is very important and the revenue will be much greater than its implementing cost both in term of financial and human resources. Investment in coordination will save us millions of dollars in thehealth sector; I feel that there are so many resources wastages among health services providers because of the level of coordination between them is weak. We need to invest in coordination system and strengthen the coordination role of MOH".

Another manager in MOH agreed with the previous opinion and clearly said that "we need more efforts to improve the coordination system, there is somehow improvement in work, performance, methods,and relationships, but still we need more of coordination with HNGOs (both local and international) and if we have more financial resources that will help in coordination improvement".

Looking at the result of item 1 of the previous table -HNGOs encouragesestablishinga basic informationnetworkto improvethecoordinationprocesswithMOHasit`smoreimportantthan its cost- (as the mean is 4.44, Test-value = 2.76 and P-value = 0.004 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this item is significantly greater than the hypothesized value 4, we conclude that the participants agreed to this item) it shows congruency with the idea of health cluster and it's fordable use system which facilitates the and improves the coordination process with its members.

Another health expert said, "no matter how much coordination system will cost, it will be the cheapest way for improving quality of coordination".

The result of item 2 of the table (4.8) -Thebenefitsofapplyingcoordinationprocessprotocolsaremorevalued than its

administrativeand financial consequences - show that the participants agreed to the interviewee's perception about the importance in investing in a good coordination system.

One of the LHNGOs said that "I can`t tell if the impact of coordination process is cost-effective or not, but if there are financial resources the coordination process and system will succeed and will be very cost effective, for example at 2004 there was health forum formed by WHO to coordinate between HNGOs after this project ended we noticed that there is absence of coordination between HNGOs and wasting resources and then after the start of health cluster the coordination process become better".

Anexample of good coordination system is the health cluster which has multiple mechanisms for coordination among its members, a system for sharing information in order to avoid duplication. The MOH is the co-chair in that system as it is the main pillar of the health sector, a manager working in MOH said that "of course the coordination isn't that good but we are trying our best especially we are benefiting from health cluster mechanisms"

The overall result of this variable shows that So, as have been mentioned before,to avoid duplication and resources wasting we need to have a good quality coordination system. Now there is the health cluster which is doing a good job but still, we need to improve the coordination system in MOH as it is representing the government and also it is the main provider in thehealth sector.

4.7 Donors Agendas vs NGOs Autonomy

The researcher has studied this item just qualitatively, during the interviews it appeared that there was a dialogue about whether there are agendas for the donors (including IHNGOs) or not but most interviewees agreed that there are.

An LHNGO manager said that "the MOH should hold the burdenby standing up against these agendas, and also it is important to create a national health coordination system because even though the health cluster is doing good but still it is internationally funded and also they have their own agendas".

But the researcher doesn't agree with the previous one in what he said about the health cluster. It is true and necessary to have a national coordination system but that's because

there is no one existed now to coordinate between MOH and HNGOs for better coordinated and integrated health work.

And the health cluster is doing a good job as a temporary leading agency in coordinating between MOH, UN-Agencies and some of IHNGOs and LHNGOs. It is true that the Health Cluster can`t coordinate between all health actors but still, it is better than nothing.

A health expert has gone far beyond that and said that "the donors political agendas is also affecting the relationship and coordination LHNGOs, and mentioned an example about when the USAID has conditioned their fundraising to some LHNGOs with the latter agreement to sign () and then the PNGO has sent to these LHNGOs a letter saying that there will be no cooperation with them because they have signed this paper".

But again, that expert has criticized the PNGO for doing that and also mentioned that the PNGO is politically affiliated and it is dominated and serve certain objects. And he justified the organization acceptance of USAID terms in that they need that donation to help the beneficiaries.

And when he was asked about the way to overcome these agendas, he suggested that the LHNGOs should be more interconnected and coordinated with each other and how they deal with the donors' agendas, national health coordination system and activate the health strategic plan "2014-2018". Also, he continued saying that "we need to complete the reconciliation to have a united government and MOH to support the LHNGOs in everything including finding ways to overcome the political donation or donation that is agendas driven".

Agreeing with the existence of political agendas for donors, one of the LHNGOs manager said that "if we compare the amount of information that some of the IHNGOs already know regarding the beneficiaries and even information that’s not needed for project implementation there are different possibilities of how they could use this valuable information. They have deep information; some of this information give indications about the culture of the Palestinian everything about them". And he continued saying that "I am not accusing or criticizing them for anything but alsoI am not absolving them".

One of UN-Agencies said "before we make a partnership with LHNGOs they have to undergo amicro and macro assessment to make sure that their administrative and financial

issues are good. We as international NGOs we are clear with them regarding our vision and goals, … etc. So, if we agreed we continue the working but come to some IHNGOs require that the LHNGOs to sign on rejecting terrorism and other criteria but we don't, we just concerned about the technical work".and he continued saying "So, we don't force them to do something in order to give them money if they agree to our terms we continue. So if we have the same goal and vision then all will be good. The partnership makes them committed to our organization criteria".

Here, he talked about the terms that the LHNGOs or even MOH have to agree on and work based on these terms, and he made it sound like the LHNGOs have achoice in that, but on the other hand, if they don't agree there will be no partnership and so no funding.

But, the researcher thinksthat is some kind of exerting or practicing authority and indirectly they are controlling over the features of the relationship picture with any LHNGOs.

An LHNGO manager talked about the relationship between LHNGOs and IHNGOs and said "I feel that Palestinian HNGOs have an attitude toward the IHNGOs because some of them deal with LHNGOs as if they have authority upon them"

One of the MOH managers has clearly said

"we in MOH are trying our best to improve the coordination with international donors but the general political situation is negatively affecting us, and some of IHNGOs are following no contact policy with us".

Regarding that, it is true thatthe current political situation affects negatively on the quality of coordination between HNGOs and MOH, and also some of HNGOs take advantage of that in a way they work according to their preference.

That perception was agreed upon by one of the LHNGOs managers when he said that " Also, some IHNGOs get benefit from the current political situation (political division) and they start working without any monitoring or accountability and when the MOI tried to put some monitoring they refused that and justified that as it would affect the core of their work, but that's not true.We should have some kind of law to control their work. I am not saying that all IHNGOs are doing that, some of them do, but also, to be honest, some of them bring medical delegations, do surgeries, provide some medical services to the patients

and train local doctors. But, I am talking about the negative or weak side of their work in Gaza".

Heyer (2016) talked about a similar case and called it as a hidden power and said

> *"Hidden power describes the influential processes that operate behind the scenes and determine who sets the political agenda. In the case of aid effectiveness policies in Canada, there are two distinct but interwoven applications of hidden power. First, development actors exercise hidden power by frequently modifying aid effectiveness policies in order to make them work within particular contexts. Second, they do so as an inclusionary/exclusionary process that includes agenda-driven influence over invitation lists, meeting agendas, media coverage, or the structure of the decision-making process. While the intentions behind these exercises of power are very different".*

4.8 Number & variety of HNGOs

As very well-known there are so many LHNGOs working in thehumanitarian health sector, and it is not a secret that some of them are working without the registration or receiving alicense from MOH and that no matter how we look at it they are affecting negatively on the quality of health services and coordination between health sector actors.

Also, Yaghi (2009) has mentioned that there are a huge number of NGOs working in health sector without registering in MOH and that affecting negatively on the quality of coordination system and process.

One of thehealth expertssees that the NGOs Palestinian lawis not fair enough as it doesn't give MOH more authority regarding supervision and M&E for LHNGOs and also the way of registering process is leading the NGOs to act as they want as they have just to register in MOI.

And he continued saying that "we need to improve the M&E system of MOH for HNGOs not to restrict their work but to organize the health work, ensure the patients' rights and safety, reduce duplication in providing health services and so saving resources".

Agreeing with that perception Yaghi (2009) studied the role of LHNGOs in improving the health system in Gaza Strip mentioned that 33.5% of LHNGOs said that the MOH doesn't practice its supervising role, 24% said that MOH is rarely doing this role and 7% said sometimes.

(Yaghi, 2009) has mentioned that there is no specialization in LHNGOs which reflect the weakness in the strategic planning nationally and the researcher see that also as a weakness in the M&E role of MOH.

In addition, just 33% of LHNGOs provide the MOH with their annual reports (Yaghi, 2009). Another interviewee in the previous study sees the problem that the MOH just doesn't ask the LHNGOs to provide it with their reports.

When the researcher asked about that problem, one of the LHNGOs has referred that to the MOH weakness and not using its authorities and power in this matter.

Agreeing with what has been mentioned in (Yaghi, 2009), one of the LHNGOs managers said that "there is no problem regarding the Palestinian NGOs law, on the contrary, it is much developed than in other neighbor countries. And he clearly said that "the problem is within the MOH as the decision makers don't give the coordination unit more authority, power, more available resources. Also, he sees how much the coordination unit is active is depending on the perception of the ministers of health whether they believe that it has an important role in improving the coordination or not. In addition, he mentioned an example; when Dr. RyadZa`anon was the minister of health the coordination unit was a general department and has a director general but now it is just a small unit with limited resources and authorities and also it is neglected".

One the UN-Agencies agree with this point of view as he said: "the coordination unit a long time ago was very active and play a good role in M&E of LHNGOs but now it lacks resources, skilled manpower and also it is neglected".

Another IHNGOs manager was surprised when asked about the coordination unit he literally said I have never heard of such unit in MOH.

Also, another manager of one of IHNGOs said "I think if just the MOH strengthen and support the role of its coordination unit and enhance it as the WHO do with the health cluster things will be better. The minister of health doesn't know about the manager of the coordination unit".

One of theIHNGOs managers said that "I think it is neglected although it is assumed to be the main pillar in coordination with LHNGOs. The coordination role of MOH is as important as services provision or monitoring or any other main role of MOH but unfortunately this role still incomprehensible to the MOH itself, in MOH their role as health services provider is overwhelming its other roles"

So, the researcher concluded that there is a need for MOH to improve the coordination unit role in coordination between LHNGOs and also in M&E and provide it with more financial resources and improve its manpower skills to ensure good cooperation with these organizations, reduce duplication in health services, better coordination and use of available resources.

4.9 Criteria and Mechanisms of Coordination:

The criteria and mechanism of the coordination system and process is very important, and the coordination won`t be successful without both of them.

When the researcher asks the interviewees about their perception of the criteria and mechanism of the current coordination between MOH, IHNGOs and LHNGOs their answers were different as part of them went with idea that there is no such coordination system in MOH to have criteria and mechanisms, as one of IHNGOs said that "It is supposed to be there but I don't think there is, but we can use the mechanism that is being used in the health cluster, although in terms of criteria still there are no clear criteria to work through them. It supposed to be some written criteria, I don't know if they exist or not but till now nobody mentioned something about it and there was no discussion about them. Having said that there are criteria for coordination system, but still there is no review for them which make us think that they aren't activated, there is no follow up for them and no updating. Also as much as I know there is no system for coordination in MOH".

A health expert agreed with that perception said "No there isn't, no system or criteria or mechanism to govern the relationship between MOH and HNGOs"

another team mentioned there are some applied mechanisms for coordination but it isn't official.

One of MOH managers said that "there is no official criteria and mechanisms for coordination but there some applied criteria and mechanisms and we are trying to make them official".

Speaking of these applied criteria and mechanisms, it is true that on some issues such as building a new medical center for some LHNGOs, the MOH has some criteria to agree on its geographical location, but in terms of implementing any health project still there is no clear criteria and mechanism for coordinating these projects in MOH except the health project that is implemented by coordination of health cluster.

When the researcher asked the interviewees about their perception toward the idea of fund pooling and basket arrangement most of them refused that, and LHNGO manager criticized the idea itself and said: "that is unacceptable, there isa difference between coordination and cooperation and controlling and dominating".

When the researcher discussed the centralization problem with interviewees and if there are focal persons to avoid this problem and the hierarchal system in both MOH and HNGOs, most of them agreed on that there are focal persons for project from both sides but the MOH isn't facilitating the work, and one of the UN-Agencies complained about that and said "when we have a project with MOH they assigned a focal person for that project but despite that still they are not giving him authority and delegation to facilitate the project implementation".

But, despite that the researcher believes that the International Cooperation Department in MOH is doing much better than other departments and that's agreed upon by some interviewees, one of the IHNGOs managers said that "when there is an emergency we go to ICD to ask them to give us some information of what is the status their essential needs and they respond to our request and delegate a focal person to work with us and they provide him with the needed facilitation".

and the last ones said that there is the Health Cluster which is the coordination system and leading the coordination process in thehealth sector and it has criteria and mechanisms and it is official, applied and very effective.

One of the UN-Agencies managers said that "there is the health cluster which coordinating between health actors, and that MOH is getting the benefit of the criteria and mechanisms of health cluster very much and MOH used these criteria an mechanism as a lesson learned from 2009".

A MOH manager said that "the coordination process has two part, first the inner coordination (inside MOH) and the other part is coordinating with HNGOs. Both part there are protocols tell you how to deal with both. In 2017 we updated the coordination procedures guideline between different department in MOH and HNGOs (international and local) we made a study for it and updated it and it just needs approval at the beginning of 2018".

Also, from previous literature reviews, it has been mentioned that it could be one of the donors that take the lead in coordination(D. K. Buse, 1999; Walt et al., 1999b). But, that was refused by most of theinterviewees including one of IHNGOs. In that regards, one of the LHNGOs managers said that " No, absolutely not. The health cluster can`t play the coordination role because it is just in anemergency situation. The coordination should be done by national bodies (MOH)".

An IHNGO manager said, "No, I don’t think so because the health cluster role is much more a humanitarian response for the people and to any crisis than developmental."

4.10 Quality of coordination process

Table (4.9): Means and Test values for “Quality of coordination process”

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
1	Applying aneffectivecoordinationsystemisoneofthemainpathwaystounifytheeffortsofHNGOsandMOHtoachievethestrategicgoalsof the health sector	5.89	1.02	84.13	17.54	0.000*	3
2	Theeffectivecoordinationsystemisleadingtoagoodqualityhealth projects	5.80	1.07	82.86	15.92	0.000*	5
3	Adopting an effective coordination system by both the MOHandHNGOs isincreasingthespeed of implementinghealth projects	5.78	0.99	82.50	16.99	0.000*	6

#	Item	Mean	S.D	Proportional mean(%)	Test value	P-value (Sig.)	Rank
4	Thegoodqualitycoordinationsystemdecreasesthewastageofhuman andfinancialresources,whichresultsfromthecompetitionphenomena in thehealth sector	5.58	1.02	79.68	14.73	0.000*	10
5	Theeffectivecoordinationsystemhelpstodesignasystemforfinancialand human resourcesaccountability	5.44	1.01	77.78	13.61	0.000*	12
6	The effective coordination system facilitates a good practiceenvironment for cooperation between HNGOs andMOH	5.82	0.94	83.17	18.33	0.000*	4
7	Theeffectivecoordinationsystemdistributesthetasksandactivities amongpartners in order to achievetheprojects`goals with good quality	5.74	0.92	82.02	17.79	0.000*	8
8	Theeffectivecoordinationsystemenhancestheexpertiseandskillsof the workers in thecoordination units of theHNGOs and MOH	5.74	1.00	82.06	16.54	0.000*	7
9	ThegoodqualityofcoordinationsystembetweenHNGOsandMOHenhancethe qualityof planningto faceanypossible health crisis	6.12	0.87	87.46	23.09	0.000*	1
10	Applyingtheeffectivecoordinationsystemhelpstospecifytheurgentneeds of thehealth sector tofaceanyhealth crisis	6.06	1.05	86.51	18.52	0.000*	2
11	Theeffectivecoordinationsystemtakesintoconsiderationthedifferentmandates ofHNGOs in regard to howtheyimplement theirprojects	5.61	1.01	80.16	15.08	0.000*	9
12	The effective coordination system facilitates the process of implementingprojects`activitiesinawaythatdoesn'tcontradictwith the principles of thecoordinationsystem	5.57	0.96	79.61	15.39	0.000*	11
13	The current situation of coordination system isgood.	2.74	1.27	39.21	-9.39	0.000*	13
	All items of the field	5.53	0.67	79.01	21.59	0.000*	

* The mean is significantly different from 4

Table (4.9) shows the following results:

At item 4 the mean equals 5.58 (79.68%), Test-value = 17.83 and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$ and the sign of the test value is positive so the mean of this item is significantly greater than the hypothesized value 4. So the participants agreed to this item. Nevertheless, this result is consistent with Al-Ghooti (2015) who stated that the good coordination between the donors and MOH contributes to resources allocation. The mean of item 9 equals 6.12 (87.46%), Test-value = 23.09, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this item is significantly greater than the hypothesized value 4. We conclude that the respondents agreed to this item, and this item came first in rankingamong other items. And this result can be explained as the coordination is a fundamental requirement for successful planning. Also, it is congruent withYaghi (2009)

who mentioned that 93% of the participants ensured the importance of coordination system role in controlling and distributing the donations effectively. So, in the end, this will reduce the duplication in the provided health services. Mean of the item #13 equals 2.74 (39.21%), Test-value = -9.39, and P-value = 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is negative, so the mean of this item is significantly smaller than the hypothesized value 4 and this item came last in ranking. We conclude that the respondents disagreed with this item and so the result tells that the coordination isn't good. And this result is consistent with Yaghi (2009) who mentioned that the interviewees declared that the coordination system is weak and needs more efforts from both MOH and HNGOs to improve its current status.The mean of the field "Quality of coordination process" equals 5.53 (79.01%), Test-value = 21.59, and P-value= 0.000 which is smaller than the level of significance $\alpha = 0.05$. The sign of the test is positive, so the mean of this field is significantly greater than the hypothesized value 4. We conclude that the respondents agreed to the field of "Quality of coordination process ".

Despite the existence of the health cluster and its good coordination role between its members but still, most interviewees agreed on that the coordination between HNGOs and MOH is still not that good, especially between MOH and LHNGOs, and that's agreed with item 13 of the previous table.

When he was asked about his perception toward the quality of coordination in the health sector, one of the IHNGOs managers said that "the coordination between MOH and IHNGOs is moderate but between MOH and LHNGOs is bad".

Also, one of the LHNGOs managers said "The coordination is weak and need more efforts to be improved and that's all responsibility (MOH, IHNGOs, and LHNGOs), in the strategic plan (2014-2018) we made the body and it didn't work out that's because of the reconciliation which eventually didn't happen.

A manager in MOH mentioned that "the coordination still needs more efforts there is somehow developing but still not good enough".

A UN-Agency manager said that "dealing and coordinating with MOH, we find gaps, lack of commitment, delaying in acting and implementing projects activities in addition to a shortage of skilled manpower"

The researcher asked the interviewees about the obstacles that prevent us from achieving a good quality of coordination in the health system and their answers were various. One of IHNGOs mentioned that the M&E of MOH to LHNGOs is weak and that's because the coordination unit isn't supported good enough by the administration of MOH to do its job, and as a result, there is so much competition between these LHNGOs which eventually lead to duplication in providing health services.

There was another perception of one of LHNGOs managers when he said "there is no system for coordination in MOH, at the Palestinian NGOs law at 2000 there are no regulations that elaborate the relationship between these organizations and the related ministries and we don't believe in the importance of coordination and cooperation", and continued saying that "every time the MOH create a committee or body for coordination you will find after sometime another committee is created and that because of changing the decision maker in MOH, why they don't start from the point the last one reached".

And that's true because all LHNGOs have to report all their activities and implemented projects to the MOI not MOH despite that MOH is the specialized ministry. From what has been mentioned before, it appears that both MOH & HNGOs aren't satisfied and happy with the relationship between each other.

One of the UN-Agencies managers said that "the problem and gap in coordinating with MOH are in their system and its hierarchy, the director general doesn't have to interfere in all details and this is a central model".

One of the IHNGOs managers said when he was asked about how he sees the relationship between MOH and IHNGOs "most of the times when the MOH is holding meetings with IHNGOs it will be for some immediate and emergency situations like what happened in fuel shortage, drugs, and medical disposables shortage, but they don't set continuous and regular meetings, except those which are held by health cluster itself".

But here, a manager of one of the UN-Agencies has said that the MOH can`t hold the meetings with IHNGOs for coordination because of the current political situation and the Health Cluster is doing it instead, and also that's why the leader of the health cluster is WHO and MOH is the co-chair. And he mentioned that when the political situation is solved the roles will be changed as the MOH will be the leader and the WHO will be the

co-chair as its task and role is to provide governments with the needed health technical advice.

Despite that, most interviewees have the same perception in that the one who should lead the coordination system and the process is MOH as it is the responsible body of the health sector in Gaza Strip. And one of LHNGOs said, "the health cluster is doing good but still it can`t replace the MOH in coordinating between health parties in the health system especially that the coordination process isn't just for emergency health situations".

One of the MOH managers said that "it is important to have a good vision of the HNGOs in coordination system and the relationship between all players in that system because they are the main player in health system but still it is not clear. And also as MOH, we must cooperate with HNGOs to play an integrative role in providing health services".

The researcher concluded that the relationship between these different health parties is very important and critical in order to have good quality coordination because of their relationship effect on their coordination role in coordination system and also the coordination status between them.

One of the UN-Agencies managers said that "we prefer to work with LHNGOs more than with MOH as they do as we want, they are committed to the project plan and time schedule and provide us with the needed reports, but on the other hand, dealing with MOH we face a lot of delay during project implementation in addition to its bureaucratic system and centralization".

But here, when he said "we prefer to work with LHNGOs more than with MOH as they do as we want" it appears to be more of donor-recipient relationship rather than partnership.

Also, some interviewees have agreed with this point of view as one of the health experts said: "I feel that LHNGOs have an attitude toward the IHNGOs because some of them deal with LHNGOs as if they have authority upon them". One of the IHNGOs managers agreed that there are some IHNGOs follow a conditional funding with LHNGOs which is based on their agendas.

Also, in regards of the role of LHNGOs in coordination system, some says that the role of LHNGOs is just providing some health services but the truth is that they are playing a major role in the health sector and coordination system as they are one of the main pillars

of the health sector. One of LHNGOs said that "the LHNGOs role isn't just health services provider but also to effect on the health policies and regulations and defend the rights of people for receiving good health services and that will be through improving the coordination and cooperation with MOH and other health actors". And he gave an example to that when he said that "at 2006 when the siege start and the donation was a boycott, there was an intention of some IHNGOs to provide the LHNGOs with a donation as a replacement for MOH but the PNGO-health sector stand against it because we aren't a replacement for MOH".

One of LHNGOs manager said that "if the minister believes in the importance of the LHNGOs role in coordination system he will improve the coordination process with them but if he doesn't then there will a gap in that system there will be consequences such as duplication of health services, resources wastage"

Another MOH manager said, "we need to understand each other and it is true that we need more communication and coordination with HNGOs".

From the previous review of the coordination status,it appears that there is a gap in understanding the concept of partnership. One of the health experts defined the partnership as a relationship between two parties and it won`t be successful until both sidesbelieve in the importance of each other role in this relationship.

The researcher believes that the skills and good quality of work are important for any partnership to be succeeded, but the most important and crucial is to have a good attitude, intention, commitment, trust and willingness to work.

And that was agreed with and mentioned byliterature, which tells that effective humanitarian partnership is not just a technical work and implementing project activities through following the procedures and guidelines and according to the action plan, time schedule, and goals. They also involve underlying issues of power, attitudes, styles of working and believing in the importance of these partnerships (Knudsen, 2011).

The Global Humanitarian Platform (GHP) has endorsed the Principles of Partnership (PoP) at 2007 which are equality, complementarity, transparency, accountability, results-oriented, and responsibility, but implementing these principles still a challenge.

Also, it is very important to differentiate between the Health Cluster and partnership as because there is a confusion between both of them the and the reason is that there is no clear definition of partnership in PoP and so we can use the partnership concept in any kind of cooperation as example the what is going now in health cluster between its members (Knudsen, 2011).

In addition, Knudsen (2011) said that "clusters must incorporate the principles of partnership, yet partnership exists far beyond the scope of these groups".

And he mentioned that partnership can and does exist outside of formal structures such as clusters, allowing each partner to maintain autonomy and independence and determine the extent of collaboration.

In reality, the cluster model seems to be based on directive leadership rather than a meaningful partnership (Knudsen, 2011).

And, it is very important to have a good partnership and coordination in order to achieve effectiveness in health aid and projects implemented in the health sector of Gaza Strip. Speaking of aid effectiveness, OECD mentioned the aid effectiveness principles as the follows:

1. Ownership: Partner countries exercise effective leadership over their development policies and strategies, and coordinate development actors.
2. Alignment: Donors base their support on partner countries' national development strategies, institutions, and procedures.
3. Harmonization: Donors 'actions are more harmonized, transparent, and collectively effective.
4. Managing for Results: Donors and partners manage resources and improve decision making.
5. Mutual Accountability: Donors and partners are accountable for development results.

So, the coordination appears to be based on the partnership concept and teamwork as it is more about mutual benefit, and that's critical to the health system in Gaza Strip which is facing extraordinary situations and the environment of the health and humanitarian work

should be walking into better understanding of what are the risk of this continuous poor coordination between these actors.

Multiple Linear Regression

In addition, the researcher used Multiple Linear Regression Model to explain the relationship between the quality of coordination system (the dependent variable) and HNGOs culture in accordance with coordination, competition for funding and cost of coordination and obtained the following results:

Table (4.10): Result of multiple linear regression analysis

Variable	B	T	Sig.	R	R-Square	F	Sig.
(Constant)	1.937	4.192	0.000*	0.649	0.401	20.838	0.000**
HealthNGOs (HNGOs)cultureinaccordancewithcoordination	0.419	4.132	0.000*				
Competition for Funding	0.253	2.706	0.008*				
Cost of coordination	0.082	1.128	0.262				

* The variable is statistically significant at 0.05 level

* * The relationship is statistically significant at 0.05 level

Quality of Coordination Process *= 1.937 + 0.419 (HNGOs Culture in accordance with Coordination) + 0.253 (Competition for Funding) + 0.082 (Cost of Coordination)*

Table (4.10) show the flowing results:

The Multiple correlationcoefficient R =0.649 and R-Square = 0.401. This means 40.1% of the variation in quality of coordination process is explained by all of the independent

variables together "HealthNGOs (HNGOs)cultureinaccordanceto coordination, Competition for Funding and Cost of coordination. And that means there are other factors, as the ones the researcher discussed above; donors agendasvs HNGOs autonomy, criteria and mechanisms of coordination, number and variety of involved HNGOs, and of course there are other factors.

The Analysis of Variance for the regression model, F=20.838, Sig. = 0.000, so there is a significant relationship between the dependent variable quality of coordination process and the independent variables " HealthNGOs (HNGOs)cultureinaccordanceto coordination, Competition for Funding and Cost of coordination".

For the variable "HealthNGOs (HNGOs)cultureinaccordanceto coordination ", the t-test =4.132, the P-value (Sig.) =0.000, which is smaller than 0.05, hence this variable is statistically significant. Since the sign of the test is positive, then there is a significant positive effect of the variable HealthNGOs (HNGOs)cultureinaccordancewithcoordination on quality of coordination process. Also, the perception of all interviewees agreed with that in which it is important for all health actors to believe and deeply understandthe importance of coordination process and its advantages otherwise they won`t take it seriously and so there will be no effective coordination.

For the variable "Competition for Funding ", the t-test =2.706, the P-value (Sig.) =0.008, which is smaller than 0.05, hence this variable is statistically significant. Since the sign of the test is positive, then there is a significant positive effect of the variable competition for funding on quality of coordination process.But the interviewees had different point as they mentioned that there is competition between LHNGOs but not between IHNGOs, not to mention that the percentage of questionnaire participants who are working in IHNGOs were 41.1% which affects the overall result of this variable, as they don’t have competition between their organizations and also they have a good coordination among each other.

For the variable "Cost of coordination ", the t-test = 1.128, the P-value (Sig.) =0.262, which is greater than 0.05, hence this variable is statistically insignificant. Then, there is an insignificant effect of the variable cost of coordination on quality of coordination process.

This result agrees with other previous studies which tell that till now there is no evidence that the cost of coordination is or isn't affecting the quality of coordination system and process whether in a positive or negative way (Kumar, 2005). But still, that doesn't mean the coordination system isn't cost effective and its implementing cost is affecting its quality even if there is no evidence seen till now (Kumar, 2005). In addition, all interviewees agreed that as much as we invest in coordination the impact will be much better in terms of reducing human and financial resources, better resources allocation and also better aid effectiveness. Also, all of the interviewees agree with the perception that assures the cost-effectiveness of the coordination system

In addition, based on the P-value (Sig.), the most significant independent variable is HealthNGOs (HNGOs)cultureinaccordancewithcoordination, then Competition for Fundingand Cost of coordination. And this ranking of the previous variables indicates the importance of a good understanding of both MOH & HNGOs to the concept of coordination and partnership.

4.11 Open-ended question:

The fourth part of the questionnaire was an open-ended question in order to let the participant express their point of view in regards to possible obstacles of the coordination and suggestions to how we can improve its quality. So, from **what**has been observed there are **5 obstacles**to the success of good quality coordination system:

1. **Lack of human and financial resources:** and that's a fact especially during the current circumstances that we are living in. This is consistent with the results of Yaghi (2009) which revealed that 88% of participants (HNGOs) are facing financial deficit because there is a lack in donation and closing the income generating projects, and also 59.5% of them revealed that they lack enough human resources. Also, Shalaby (2009) indicated that still, the human resources in HNGOs lack strategic planning.
2. **Competition between HNGOs:** most studies agreed upon this issue such as Kent (2004) who demonstrated that the impact of thepresence of this phenomena will be seen

on the quality of coordination process and system as well as Stephenson Jr&Schnitzer (2006).

3. **No strategic and effective planning for coordination system:** this will affect the quality of coordination process between different parties. It also will affect adversely on the use of both human and financial resources in MOH and HNGOs. Not to mention duplication in the provided health services, studies such as Yaghi (2009) and Abu-Hmaid (2011) agreed that the previously mentioned problems are possible to happen if there is no strategic planning
4. **No existing of effective information system sharing:** And that's agreed with Nassar (2011) who mentioned that the Health Information System (HIS) still has weaknesses in some issues such as lacking HIS policies and regulation, lack of training activities, inadequate standardized use of performance indicators, poor use of external data sources and the most important that there is inadequate information sharing with community and other partners.
5. **Bureaucracy:** this is consistent with what has been mentioned in Yaghi (2009) study whose participants ensure that it is important to reduce the bureaucracy in order to improve the whole process of implementing projects.

Also, there are **5 suggestions** to improve the quality of coordination system:

1. **Strategic planning:**it's important to build a strategic plan for thehealth sector in general and coordination system in specific because as Yaghi (2009) said that strategic planning is creating a comprehensive vision, increasing the commitment of HNGOs in implementing and achieving the plans` goals. Also, it helps in fundraising, and all that mentioned before will help in improving the provided health services
2. **Information sharing:** It`s important to enhance the culture of sharing information among HNGOs and with MOH. Also, in order to use it as a tool for decision making, better performance (Nassar, 2011)
3. **Forming anational committee for coordination:** this is animportant issue as it gathers the effort of all HNGOs under one umbrella in order to make the best use of this effort, prevent the duplication in services, reduce the wastages in human and financial

resources…etc. Also,Yaghi (2009) mentioned that 73.8% of NGOs which participated in his study have membership in some committees and 64% of them revealed that this committee was effective, 22% said it was moderate and 13% pointed out that these committees were not effective at all.On the contrary (منتدىالعملالاهلي, 2006) mentioned that 50% of NGOs which participated in its study revealed that these committees are moderate to not effective at all. And that raises the question about the effectiveness of the existence of multiple committees, the researcher believes that the existence of one national committee to coordinate the health work is much more effective than different and various committees in order to unify all the HNGOs efforts rather than scattering these efforts. And, to somehow that was agreed upon by the health strategic plan (2014-2018) in which

4. **Training the NGOs in general:** this is something that most studies agreed upon such as Nassar (2011), Yaghi (2009) Al-Ghooti (2015) and others.
5. **More human and financial resources:** of course as everybody knows that there are two things are essential to any process to start working. One is human resources (working staff with good experience in the related field) and this can be achieved by training the working staff, improving their skills, implementing periodic workshops. Second, financial resources whether from donation or by implementing some profitable projects for self-revenues. So, like any other procedure, the coordination process and system need these two things to be well implemented in terms of quality and quantity.

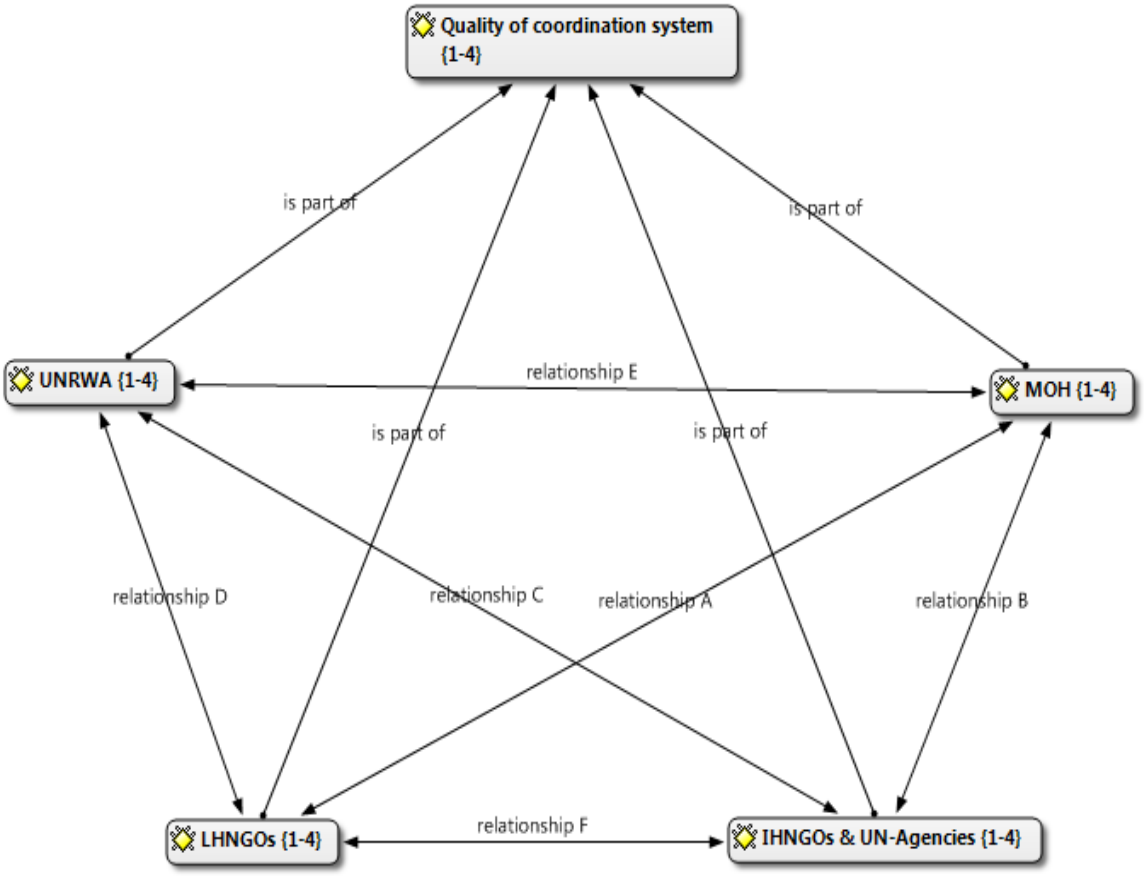

Figure (4.1): Summary of the coordination relationship between the major players in the health system(as constructed by using Atlas-ti).

The previous Figure is a summarization of the coordination relationship between the MOH and HNGOs,the letters (A,B,C,D,E,and F) arean abbreviationof the coordination relationship between the major components of the health system and they are explained as follow:

- **A: is the coordination relationship between MOH and LHNGOs:**

The relationship between MOH and LHNGOs is through:

1. Health Cluster "there are few LHNGOs works as members of Health Cluster".
2. Coordination unit of MOH, which is weak.

Also, there are some factors affecting the quality of this relationship:

1. Quality of coordination unit work.

2. Perception of MOH for LHNGOs "especially the senior's managers in MOH including the minister of health or deputy minister".
3. Perception of LHNGOs for MOH "as dominating, containment and controlling or as partners, main players in the health sector".
4. Bureaucracy and centralization problems in MOH.
5. Difficulties in sharing information.
6. Competition between LHNGOs which is a result of their political affiliation.
7. How much they understand and apply partnership concept and principles and teamwork.

- **B: is the coordination relationship between MOH and IHNGOs:**

The relationship between MOH and IHNGOs and UN-Agencies is through:

1. Health Cluster.
2. Some other projects implemented outside HC.

This relationship elaborated:

1. It is more about managing health crisis and emergencies (and that is the core of HC work).
2. There are some developmental projects but here there is a question to be raised: Are these implemented projects satisfy our future vision of our health system (Reconstruction of the health system)?

   There are factors affecting the coordination between them:\

   1. Political situation: as there are some IHNGOs follow no-contactpolicy with MOH except inside health clusters.
   2. Donors agendas: some IHNGOs follow no contact policy: except in HC so Why?
   3. Hidden power.
   4. MOH bureaucracy, centralization low skilled manpower.

- **C: is the relationship between IHNGOs and UNRWA:**

  There isno much detailed information regarding that except that the coordination between them is mainly through Health Cluster and it is good enough.

- **D: is the relationship between UNRWA and LHNGOs:**

  Regarding the coordination between these two parts, it appears to be limited to some minor health projects.

- **E: is the relationship between MOH and UNRWA:**

  Between MOH and UNRWA there is some coordination regarding medical cases referrals but still it isn't good enough especially that the level of information sharing between them is very low although that both of them are providing primary health care in the Gaza Strip.

- **F: is the relationship between IHNGOs and LHNGOs:**

  The relationship between LHNGOs and IHNGOs is through the Health Cluster and more like a Donor-recipient relationship rather than partnership and it is affected by:

  1. Donors' agendas (political).
  2. Some IHNGOs act as they have control over LHNGOs because they are funding them and follow conditional funding.
  3. Competition between LHNGOs.

Chapter V:
Conclusions and Recommendations

This chapter provides Conclusion of this research study, as well as some recommendations for decision makers in MOH and HNGOs in the Gaza Strip that may help in adopting better coordination between them. In addition, recommendations for further studies are presented.

5.1 Conclusion

Coordination is crucial for any process in the work whether inside the organization itself or between the organization and others in order to ensuresynchronization, integration, and organization between different departments inside the organization and with others and to work smoothly, efficiently and effectively, especially during the limited resources as in Gaza Strip situation. The overall aim of this study was to evaluate the quality of coordination system between MOH and HNGOs (International and Local) in the Gaza Strip in to identify the factors affecting the coordination system, its features, weaknesses and strengths,and how it can be improved. Also, the importance of this study come as it discusses the quality of coordination from three different perceptions as it include MOH (the main provider of health services in Gaza Strip), UNRWA (main provider of primary health care in Gaza Strip), IHNGOs (include both some of the UN-Agencies and other IHNGOs), and some of the LHNGOs.The study has explored different factors affecting the quality of coordination system and process such as competition for funding between LHNGOs, donors agendas vs NGOs autonomy, HNGOs culture in accordance with coordination, number and variety of HNGOs especially LHNGOs, criteria and mechanism of coordination and how health actors understand the partnership concept.

The study was done between Feb.2016 and Mar.2018 because there was a delay from some HNGOs in responding to filling the questionnaire. And the response rate of HNGOs (which were 41 organizations including IHNGOs and LHNGOs) and MOH was 75%, and those who were interviewed were 100% and their number was 9.

The study found that 94.4% of participants have a coordination system in their organizations and 5.6% don’t, and 71.1% have a documented and applied policies and procedure guidelines for coordination system and the rest not. Also, there were 54.7%

oftheparticipants who said that their organizations are always implementing these policies and guidelines. But, despite that when the participants were asked whether they have a delegated person in their organization for coordination without any other responsibilities 64.4% of them answered with no and 35.6% answered with no. in addition 53.3% of participants agreed on the existence of duplication in some of the coordinated projects with their partners because of the poor coordination.

And when the interviewees were asked how theydo see the quality of coordination, 8 of them mentioned that the coordination between MOH and HNGOs is weak, good among IHNGOs, and moderate between IHNGOs and LHNGOs.And that was agreed upon by the questionnaire participants.

In terms of HNGOs culture in accordance with coordination(speed of humanitarian work, bureaucracy, and financial accountability), the study concluded that the speed of humanitarian work (quick response to anemergency) is mostly depending on availability of fund and donation and effective information sharing. Also, the study concluded that the existence of bureaucracy in MOH and some HNGOs is negatively affecting the quality of coordination process as it is leading to delay in work. The study indicated that the good understanding and perception of HNGOs toward coordination and partnership among each other and with MOH is very important in order to improve the quality of coordination.

The study results show that regarding the impact of competition between HNGOs for funding, there is no competition between IHNGOs as the vast majority of them are working according to the health cluster coordination, but between LHNGOs there is competition and it affects negatively on the quality of coordination. Also, one of the reasons that led to the existence of the competition is the weak M&E system of MOH for LHNGOs through its coordination unit. In addition, the participants agreed on the negative impact of competition on the quality of coordination.

The study findings indicated that the cost of coordination system isn’t affecting itsquality and that was the perception of all of the interviewees.

The study results show that the donor's agendas play a major role in determining the quality of coordination especially the political agendas, as the interviewees agreed on the existence of these agendas.

The study concluded that there are no criteria and mechanisms except what is being followed in the health cluster but the MOH still doesn't have an agreed criteria and mechanisms.

The study findings indicated that the nature of the relationship between health actorsand how they understand the partnership conceptis very important and crucial in determining the coordination.

In the end, the study indicated that the quality of coordination between MOH and HNGOs still needs more improvement, especially among LHNGOs and between them and MOH.

5.2 Recommendations:

The study findings showed that it is important for both MOH and HNGOs to take certain steps to improve the quality of coordination system. The researcher has concluded some recommendations as appears below. And,policymakers in MOH, senior managers in HNGOs, and researchers need to consider these recommendations.

1. Establish an effective information sharing system.
2. Establish a national body for coordination and learn from health cluster as an example.
3. A better understanding of the importance of coordination, teamwork, and partnership and try to implement principles of partnership to ensure aid effectiveness.
4. Engage the coordination unit much more in the coordination process.
5. Improve the M&E role of coordination unit for LHNGOs taking into consideration the autonomy of these organizations.
6. Reduce the degree of centralization and bureaucracy in MOH and UNRWA systems.
7. Improve the capacity building of the working staff in both ICD and coordination unit.
8. Support the focal persons and provide with authority during projects implementation.
9. Improve the coordination among LHNGOs.
10. Improve the role of the health sector in the PNGO in coordinating between LHNGOs and to widen the circle of LHNGOs included.
11. Work on unifying the efforts of LHNGOs to face the political agendas of some IHNGOs and conditional funding.

5.3 Recommendations for Further Studies:

Of course, there is no one study can cover all issues related to the quality of coordination as it is a very complicated topic. Also, there are various questions still need to be answered, so the researcher would recommend other researchers to take into consideration the following topic as their studies in this field:

1. A study that evaluates the effectiveness of health aid in Gaza Strip.
2. A study that assesses the quality of coordination role of coordination unit in MOH.

References:

Abed, Y. (2007). Health Sector Review: A Summary Report. Jerusalem: *The Italian Cooperation*.

Abed-Alaziz, SH. (2001): *Origins of general management*, Alexandria : Abu-Alazm press.

Abu Aisha, M. (2014). *Program Evaluation Activities ar the Palestinian Health NGOs in Gaza Governorates.* Unpublished master's thesis, Al-Quds University, Palestine.

Abu Humaid, S. (2011). *Evaluation of the Status of Strategic Management in Non-Governmental Health Organizations - Gaza Governorates.* Unpublished master`s thesis, Al-Quds University, Palestine.

Abu-Sultan, Ashraf (2013): *The reality of coordination between civil society organizations and its impact on the sustainable agriculture development in Gaza Strip* (unpublished Master thesis), Management and Politics Academy for Postgraduate Studies, Palesine.

Ahmed, S., & Potter, D. M. (2006). *NGOs in internationalpolitics*: Kumarian Press Bloomfield.

Al-Allaq, B. (2008): *Modern Management: Theories and Concepts*. (3rd ed.). Amman: Al-Yazori press for publishing and distribution.

Al-Ghooti, T. (2015). Coordination *with International Organizations and its Role in Supporting the Health Sector in the Gaza Strip.* Unpublished master's thesis, Management and politics academy for postgraduate studies, Palestine

Al-Kasheef, M, personal communication, February 9, 2016.

Al-Kasheef, M. (2016). Semi structured interview .

Balcik, B., Beamon, B. M., Krejci, C. C., Muramatsu, K. M., & Ramirez, M. (2010). Coordination in humanitarian relief chains: Practices, challenges and opportunities . *International Journal of Production Economics, 126*(1), 22-34.

Bisan Centre & World Bank. (2006). *The role and performance of Palestinian NGOs in Health*, Education, and Agriculture. Ramallah, Palestine.

Brinkerhoff, J. M. (2003). Donor-funded government—NGO partnership for public service improvement: Cases from India and Pakistan. Voluntas: International Journal of Voluntary and Nonprofit Organizations, 14(1), 105-122.

Burns, N., & Grove, S. (2007). *Understanding research: building an evidence-base*. Elsevier, St Louis.

Buse, D. K. (1999). *A policy analysis of aid coordination and management in the health sector of Bangladesh: assessing the instruments, exposing the agendas, and considering the prospects for government leadership.* London School of Hygiene&Tropical Medicine .

Buse, K., & Walt, G. (1996). Aid coordination for health sector reform: a conceptual framework for analysis and assessment. *Health Policy, 38*(3), 173-187 .

Chianca, T. (2008). The OECD/DAC criteria for international development evaluations: an assessment and ideas for improvement. Journal of Multidisciplinary Evaluation, 5(9), 41-51.

Dinkins, C. S. (2005). Shared inquiry: Socratic-hermeneutic interpret-viewing. Beyond method: Philosophical conversations in healthcare research and scholarship, 4, 111-147

Donovan, J., & Sanders, C. (2005). Key issues in the analysis of qualitativedata in health services research. *Handbook of health research methods*, 515-532 .

Ebrahim, A. (2003). Accountability in practice: Mechanisms for NGOs. *World Development, 31*(5), 813-829 .

Ebrahim, A. (2005). Accountability myopia: Losing sight of organizational learning. *Nonprofit and Voluntary Sector Quarterly, 34*(1), 56-87 .

Giacman, R., Khatib, R., Shabaneh, L., Ramlawi, A., Sabri, B., Sabatinelli, G., Khawaja, M., & Laurence, T. (2009). Health status and health services in the occupied Palestinian territory. The Lancet, 373, 842.

Greenwood, D. J., & Levin, M. (2006). *Introduction to Action Research: Social Research for Social Change*. London: Sage publications.

Heyer, M. d. (2016). Rethinking Canadian Aid. pdf

Igoe, J. (2003). Scaling up civil society: donor money, NGOs and the pastoralist land rights movement in Tanzania. *Development and change, 34*(5), 863-885 .

Igoe, J. (2003). Scaling up civil society: donor money, NGOs, and the pastoralist land rights movement in Tanzania. *Development and change, 34*(5), 863-885.

International Federation of Red Cross and Red Crescent Societies (IFRC) (2011). *Project/programme monitoring and evaluation (M&E) guide*. Retrieved 15 April 2018, from:http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf.

Jahre, M., Jensen, L-M. (2010) Coordination in humanitarian logistics through clusters. *International Journal of Physical Distribution & Logistics Management*, 40(8/9): 657-674).

Jonna M. et al. (2002). *Coordinating humanitarian action: the changing role of official donors*. London: Odi.

Kehler, N. (2004). *Coordinating humanitarian assistance: A comparative analysis of three cases.* Master Thesis, Virginia State University, USA

Kent ,R. C. (1987). *Anatomy of disaster relief: the international network in action*: Pinter Publishers.

Kent, R. C. (2004). The United Nations' humanitarian pillar: Refocusing the UN's disaster and emergency roles and responsibilities. *Disasters, 28*(2), 216-233 .

Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ: British medical journal, 311*(7000), 299.

Knudsen, C. (2011). Humanitarian Exchange050a.pdf.

Kumar, P. (2005). NGO Coordination in Humanitarian Action: The Case of the Czech Floods of August 2002. Citeseer.

Kumar, P. (2005). *NGO Coordination in Humanitarian Action: The Case of the Czech Floods of August 2002*. Citeseer .

Makuwira, J. (2006). Aid partnership in the Bougainville conflict: the case of a local women's NGO and its donors. *Development in Practice, 16*(03-04), 322-333 .

Martinez, J. I., & Jarillo, J. C. (1989). The evolution of research on coordination mechanisms in multinational corporations. *Journal of international business studies*, 489-514.

Masood, A. (1997). *Papers in crisis management and negotiation: crisis management course. Training college*, Arab Naif university for security science, Riad.

McEntire, D. A. (1998). *Towards a theory of coordination: Umbrella organization and disaster relief in the 1997-98Peruvian El Nino*: University of Colorado.

Minch, S. (2002). Telephone Interview by Author. *MercyCorps, Portland, Oregon, August* .

Minear, L. (2002). *The humanitarian enterprise: dilemmas anddiscoveries*: Kumarian Press.

MoH ,I. C. D. o. (2015). The final report of the international cooperation department in the MoH .

MoH. (2014a). Annual Report of Primary Health Care - Gaza Strip .

MoH. (2014a). Primary Health' annual report, Gaza Strip.

MoH. (2014b). Government Hospitals' annual report. Gaza Strip, Palestine.

MoH. (2014b) التقرير السنوي للمستشفيات - قطاع غزة. .

MoH. (2014c). Reproductive Healths' annual report. Gaza Strip, Palestine.

MoH. (2014c) التقرير السنوي للمواليد - قطاع غزة. .

MoH. (2014d). Pharmacy department annaul report .

MoH. (2014d). Pharmacy departments' annual report. Gaza Strip, Palestine

MoH. (2014e). Health Sector Strategic Plan: Gaza Governorates 2014 - 2018. Gaza, Palestine.

MoH. (2015). *The final report of the international cooperation department in the MoH* , Gaza Strip, Palestine.

Moore, S., Eng, E., & Daniel, M. (2003). International NGOs and the role of network centrality in humanitarian aid operations: a case study of coordination during the 2000 Mozambique floods. *Disasters*, *27*(4), 305-318.

Nassar, A. (2010). *Evaluation of teh use of health information system in decision making in non governemental organizations - Gaza Governorates. Al Quds university, palestine(unpublished master thesis*.

Nassar, A. (2011). Evaluation of the use of health information system in decision making in non-governmental organizations - Gaza Governorates. Unpublished master's thesis, Al Quds University, Palestine.

National Agency for Disaster Management (BNPB) (2011). *The Role of the International Organizations and Foreign Non-Government Organizations during Emergency Response*.

OECD. 2005. Paris Declaration on Aid Effectiveness. http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm#Paris. Accessed March 2, 2018

Ohanyan, A. (2009). Policy Wars for Peace: Network Model of NGO Behavior1. *International Studies Review, 11*(3), 475-501 .

Oxford dictionaries (2018). Retrieved 3 february 2018, from: https://en.oxforddictionaries.com/definition/quality

PCBS & MoH. (2011). National Health Accounts 2000-2008: Main Findings. Ramallah, Palestine.

PCBS&MoH. (2011). National Health Accounts 2000-2008: Main Findings, Ramallah: Palestine .

PCBS. (2014). Palestinian at the end of 2014. Annual report. Ramallah - Palestine .

PCBS. (2016). http://www.pcbs.gov.ps/Downloads/book2261.pdf [6/6/2018, 3.10 pm].

Peters, D., & Chao, S. (1998). The sector-wide approach in health: What is it? Where is it leading? *The International journal of health planning and management, 13*(2), 177-.190

PLC. (2004). *Palestinian Public Health Law*. Palestinian Legislative Council, Palestine.

PNGO. (2009). Priorities and Needs of Health Sector in Gaza Governorates: Consequences of the Long Siege and the Last War on Gaza. Gaza.

Raposo, A. B., Magalhães, L. P., Ricarte, I. L., & Fuks, H. (2001). *Coordination of collaborative activities: A framework for the definition of tasks interdependencies.* Paper presented at the Groupware, 2001. Proceedings. Seventh International Workshop on.

Reimann, K. D. (2006). A view from the top: International politics, norms and the worldwide growth of NGOs. *International Studies Quarterly, 50*(1), 45-67 .

Reindorp, N. (2002). *Trends and challenges in the UN humanitarian system*. The new Humanitarianisms: a review of Trends in Global Humanitarian Action. Humanitarian Policy Group. Retrieved from http://www.odi.org.uk/ HPG/papers/hpgreport11.pdfS

Reindorp, N., & Schmidt, A. (2002). *Coordinating humanitarian action: the changing role of official donors*: Overseas Development Institute.

Reindorp, N., Schmidt, A. and Overseas Development Institute. Humanitarian Policy Group.

Russell, T. E. (2005). *The humanitarian relief supply chain: analysis of the 2004 South East Asia earthquake and tsunami.* Massachusetts Institute of Technology .

Seaman, J. (1999). Malnutrition in emergencies: How can we do better and where do the responsibilities lie? *Disasters, 23*(4), 306 .315-

Stephenson Jr, M., & Schnitzer, M. H. (2006). Interorganizational trust, boundary spanning, and humanitarian relief coordination. *Nonprofit Management and Leadership, 17*(2), 211-233 .

Thomas, A. S., & Kopczak, L. R. (2005). From logistics to supplychain management: the path forward in the humanitarian sector. *Fritz Institute, 15*, 1-15 .

Van Manen, M. (2014). *Phenomenology of practice*. Walnet Creek, CA: Left Coast Press

Van Wassenhove, L. N. (2006). Humanitarian aid logistics: supply chain management in high gear†. *Journal of the Operational Research Society, 57*(5), 475-489 .

Walt, G., Pavignani, E., Gilson, L., & Buse, K. (1999a). Health sector development: from aid coordination to resource management. *Health Policy and Planning*, 14(3), 207-218.

Walt, G., Pavignani, E., Gilson, L., & Buse, K. (1999b). Managing external resources in the health sector: are there lessons for SWAps? *Health Policy and Planning, 14*(3), 273-284 .

Whetten, D. A. (2002). *Modelling-as-theorizing: A Systematic Methodology for Theory Development*. In D. Partington, Essential skills for management research. London : Sage publications.

Whetten, D. A. (2002). Modelling-as-theorizing: A systematic methodology for theory development. *Essential skills for management research, 45* .

Whitman, J., & Pocock, D. (1996). *After Rwanda: the coordination of United Nations humanitarian assistance*: Macmillan.

WHO. (2018). WHO-Special-Situation-Report-on-_Gaza_Dec-Jan.pdf.

Wikipedia, (2018). *Health department*. Retrieved 15 March 2018, from: https://en.wikipedia.org/wiki/Health_department

Xu, L., & Beamon, B. M. (2006). Supply chain coordination and cooperation mechanisms: an attribute-based approach. *Journal ofSupply Chain Management, 42*(1), 4-12 .

Yaghi, A. (2009). *The role of the Palestinian health non-governmental organizations in promoting the health system in the Gaza Strip. Al Quds University, Palestine.*, unpublished Master thesis.

Annexes

Annex (1): List of participant organizations in the Questionnaire:

#	Name of participant organization in English	Name of participant organization in Arabic
1	MOH	وزارة الصحة الفلسطينية
2	UNRWA	وكالة الغوث وتشغيل اللاجئين
3	UNICEF	
4	QRC	الهلال الأحمر القطري
5	Qatar Charity	قطر الخيرية
6	Doctors Without Boarders	أطباء بلاحدود
7	MDM – France	أطباء العالم فرنسا
8	Handicap International	
9	Palestinian Children Relief Fund	إغاثة أطفال فلسطين
10	Human Appeal INT.	هيئة الأعمال الخيرية
11	Arab Doctors Union	اتحاد الأطباء العرب
12	Medical Aid for Palestinian –UK	العون الطبي للفلسطينيين
13	Palestinian Red Crescent	الهلال الأحمر الفلسطيني
14	Palestinian Medical Relief Society	جمعية الإغاثة الطبية الفلسطينية
15	Gaza Community Mental Health Program	برنامج غزة للصحة النفسية
16	Patient`s Friends Benevolent Society	جمعية أصدقاء المريض
17	Patient Care Charitable Society	جمعية رعاية المريض
18	Public Aid Society	جمعية الخدمة العامة
19	Dar El-Salam Hospital	مستشفى دار السلام
20	Al-Wafa Charitable Society	جمعية الوفاء الخيرية
21	Union of Health Care Committees	اتحاد لجان الرعاية الصحية

22	Union of Health Work Committees	اتحا لجان العمل الصحي
23	Central Blood Bank Society	جمعية بنك الدم المركزي
24	Save the Children	انقاذ الطفل
25	Welfare Association	منظمة التعاون
26	Middle East Council of Churches	مجلس اتحاد كنائس الشرق الأوسط
27	Hayfa Medical Center	مركز حيفا الطبي الخيري
28	Atfaluna Association for deaf children	أطفالنا للصم
29	Yaffa Hospital	مستشفى يافا
30	Assalama Charity Association for Injured and Disabled	جمعية السلامة الخيرية لرعاية الجرحى والمعاقين
31	Emaar Association for Development	جمعية اعمار للتنمية والتأهيل
32	Rahma Charitable Association	جمعية الرحمة
33	Al-Huda Charitable Association	جمعية الهدى الخيرية

Annex (2): Names of the Interviewees:

#	Name of the Interviewee	Position/Institution
1	Dr. Yonis Awadallah	UNICEF
2	Dr. AbdulnasserSoboh	WHO
3	Dr. Mohammed Al-Kasheef	
4	Dr. AyedYaghi	PMRS
5	Dr. Adnan Al-Wahedi	AEI
6	Dr. AkramNassar	QRC
7	Dr. Ashraf Abu-Mahadi	MOH
8	Dr. WaleedSabbah	MOH
9	Dr. Mahmoud Redwan	MOH

Annex (3): Ethical approval from Helsinki Committee

المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee

For Ethical Approval

Date: 2017/04/03 **Number:** PHRC/HC/206/17

Name: AHMAD Y. ABBASI الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Evaluation of Quality of coordination process between Ministry of Health "MoH" and Health Non-Governmental Organizations "HNGOs" in Gaza Strip.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/206/17 in its meeting on 2017/04/03

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Yehia Abed

Chairman

2017

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

شارع النصر - مفترق العيون

Annex(4): Formal letter to participant HNGOs (Arabic):

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 20/3/2017

حضرة الدكتور / بشار مراد المحترم
مدير الهلال الأحمر الفلسطيني– قطاع غزة
تحية طيبة وبعد،،،

الموضوع:مساعدة الطالب أحمد العباسي

نهديكم أطيب التمنيات ونتمنى لكم دوام التقدم والازدهار، ونود أعلامكم بأن الطالب المذكور أعلاه يقوم بعمل بحث كمتطلب للحصول على درجة الماجستير في الصحة العامة–مسار إدارة صحية بعنوان:

Evaluation of the Quality of Coordination Process between Ministry of Health and Non-Governmental Organizations in Gaza the Gaza Strip

وعليه نرجو من سيادتكم التكرم بالموافقة على تسهيل مهمة الطالب في إنجاز هذا البحث حيث تشمل عينة الدراسة المدير، ومنسقي المشاريع الصحية التابعين لإدارتكم الموقرة.

شاكرين لكم حسن تعاونكم ودعمكم للمسيرة التعليمية،،،
و اقبلوا فائق التحية و الاحترام،،،

د. بسام أبو حمد
منسق عام برامج الصحة العامة
جامعة القدس–فرع غزة

نسخة:
– الملف

Jerusalem Branch/Telefax 02-2799234
Gaza Branch/Telefax 08-2644220 -2644210
P.O. box 51000 Jerusalem

فرع القدس / تلفاكس 02-2799234
فرع غزة / تلفاكس 08-264420-2644210
ص.ب. ٥١٠٠٠ القدس

Annex (5): Formal letter to participant HNGOs (English):

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

Date: June 13th, 2017

To: **Tania Mackbirid**
Chief Field Office
UNICEF – Gaza Strip

From: **DrBassam Abu Hamad**
School of Public Health
Al-Quds University

Subject: Participation on a study about coordination in the health sector in Palestine

Dear Mrs. Mackbirid

We at the School of Public Health would like to express our deep respect and appreciation for your and your organization's contribution to the health sector in Palestine. As a part of the requirements for the master degree of public health, Al-Quds University-School of Public Health, Mr. Ahmad Al-Abbasi (Master programme candidate) is conducting a study Titled "*Evaluation of the quality of coordination between Ministry of Health and Non-governmental Organizations*" (National and International). The study aims at exploring potential areas for improving coordination among the different relevant sectors. We highly appreciate your approval to participate in this study. Participation requires filling a questionnaire by the relevant staff at your organization (executive manager, programs managers and programs coordinators) that doesn't take more than 15 minutes of your valuable time.

Your cooperation is highly appreciated.

Sincerely,

Dr. Bassam Abu Hamad
Programs coordinator

Jerusalem Branch/Telefax 02-2799234
Gaza Branch/Telefax 08-2644220 -2644210
P.O. box 51000 Jerusalem

فرع القدس / تلفاكس 02-2799234
فرع غزة / تلفاكس 08-264420-2644210
ص.ب. 51000 القدس

Annex (6): Questionnaire`s Explanatory letter (Arabic):

عزيزي المشارك /

أنت مدعو **للمشاركة في دراسة علمية بعنوان "تقييم جودة نظام التنسيق بين وزارة الصحة الفلسطينية والمؤسسات الصحية الغير حكومية في قطاع غزة". يقوم بعمل هذه الدراسة (الباحث أحمد يوسف العباسي) في جامعة القدس – أبو ديس. هذه الدراسة ستوضح وتقيم العوامل التي تؤثر على جودة نظام التنسيق.**

في البداية ستقوم بالإجابة عن هذا الاستبيان، ومن ثم يمكن طلبك للمشاركة في مقابلة. مشاركتك في هذه الدراسة تطوعية ولك حرية الانسحاب منها في أي **وقت.**

تمت الموافقة على هذا الاستبيان من إدارة الجامعة. لا يوجد أي مخاطر لمشاركتك في هذه الدراسة. لا يتم جمع أي بيانات تعريفية عن هوية المشارك في **هذا الاستبيان.**

لن تحصل على أي فائدة مباشرة من الباحث. ولكن المعلومات التي سيتم جمعها ستساهم بشكل كبير في فهم العوامل التي التي تؤثر على جودة نظام التنسيق بين **وزارة الصحة والمؤسسات الصحية الغير حكومية وكيفية تطوير هذا النظام.**

تعبئتك لهذا الاستبيان سيدل على موافقتك للمشاركة في هذه الدراسة. نقدر مشاركتك.

الباحث

أحمد يوسف العباسي

رقم الجوال: 0598273155

البريد الالكتروني: codegaza2007@gmail.com

Annex (7): Questionnaire`s Explanatory letter (English):

DearParticipant/

Youareinvitedto participatein aresearch studytitled **"Evaluationof Qualityof Coordination**process**betweenMinistryofHealth (MOH)andHealthNon-Governmental Organizations (HNGOs)intheGazaStrip"**.Thisstudy isbeingconductedby(AhmadY.Al-Abbasi)atAl-QudsUniversity.Thisstudy willdetermineandassessthefactorsthatare affectingthe qualityof coordination system.

Initially,youwillbeaskedtocompletethequestionnaire.Followingthis,youmay be askedtoparticipateinaninterview.Yourparticipationinthisstudy is voluntaryandyou are freeto withdrawyour participation from this studyatanytime.

Thisquestionnairehasbeenapproved by theInstitutionalReviewBoardofAl-Quds University.There arenorisksassociatedwithparticipatinginthisstudy.The questionnaire collects no identifyinginformation of anyrespondent.

While youwill not experienceany direct benefitsfrom participation, information collectedinthisstudy shouldleadtoimprovingunderstanding ofthefactorsaffecting coordination system between MOHand HNGOsandhow itcan beimproved.

By completingandsubmittingthisquestionnaire,youareindicatingyourconsentto participatein thestudy.Yourparticipation is appreciated.

Researcher

Ahmad Al-Abbasi

Mobile No.: 0598273155

E-mail**: codegaza2007@gmail.com**

Annex (8): Questionnaire in Arabic

الرقم **التسلسلي:**

الجزء **الأول:**

الجنس:

☐ **ذكر**	☐ **أنثى**

العمر:

☐ **أقل من 30 سنة**	☐ **30 – 40 سنة**	☐ **41 – 50 سنة**	☐ **أكثر من 50 سنة**

1. عدد سنوات الخبرة:

☐ **أقل من 10 سنة**	☐ **10 – 15 سنة**	☐ **16 – 20 سنة**	☐ **أكثر من 20 سنة**

2. المؤهل العلمي:

☐ **دبلوم**	☐ **بكالوريوس**	☐ **ماجستير وأعلى**

3. المسمى الوظيفي:

.....

4. التخصص العلمي: (صحة، ادارة اعمال، محاسبة، .....)

.....

5. ما هو نوع المؤسسة التي تعمل بها:

☐ **أجنبية**	☐ **محلية**	☐ **وزارة الصحة**

6. عدد المشاريع الصحية المنفذة في مؤسستك كل سنة:

.....

7. هل تقوم مؤسستك بالتنسيق مع وزارة الصحة خلال تنفيذ المشاريع الصحية؟ (اذا كانت الاجابة نعم فأجب عن السؤال رقم 10 و 11)

☐ **نعم**	☐ **لا**

8. كم تقدر التكلفة الاجمالية للمشاريع الصحية المنفذة التي يتم تنسيق فعالياتها:

☐ أقل من 500,000 دولار	☐ 500,000 – 1,000,000 دولار	☐ أعلى من 1,000,000 دولار

9. كم تقدر التكلفة الاجمالية للمشاريع الصحية المنفذة التي لم يتم تنسيق فعالياتها:

☐ أقل من 500,000 دولار	☐ 500,000 – 1,000,000 دولار	☐ أعلى من 1,000,000 دولار

الجزء الثاني: تتمحور اسئلة هذا القسم على مؤسستك.

- **ملاحظة:** كلمة **المؤسسة** / **الشركاء** تعني اما **وزارة الصحة** أو أي **مؤسسة خيرية** صحية سواءً كانت دولية أو محلية.
- **مثال:**

1. اذا كانت مؤسستك هي وزارة الصحة فإن كلمة الشركاء ترمز الى المؤسسات الخيرية الصحية.
2. اذا كانت مؤسستك هي مؤسسة خيرية صحية فإن كلمة الشركاء ترمز الى وزارة الصحة أو أحد المؤسسات الخيرية الصحية الأخرى.

- **أجب عن الأسئلة التالية:**

1. هل يوجد نظام تنسيق في المؤسسة؟

☐ نعم	☐ لا

2. هل يوجد سياسات وبرتوكولات مكتوبة تحكم نظام التنسيق؟

☐ نعم	☐ لا

3. إلى أي مدى يتم تطبيق هذه السياسات والبروتوكولات؟

☐ نادراً	☐ بعض الأحيان	☐ عادة	☐ دائماً

4. تمتلك المؤسسة رؤية مكتوبة لدور المشاركين في عملية التنسيق توضح مهامهم وواجباتهم؟

☐ نعم	☐ لا

5. هل يوجد لدى المؤسسة شراكة دائمة ومستمرة مع مؤسسات أخرى؟

☐ نعم	☐ لا

6. ما هي الطرق والوسائل المستخدمة في التنسيق مع الشركاء؟

☐ اجتماعات	☐ تقارير	☐ اتصالات	☐ جميع ما سبق	☐ أخرى

7. هل المؤسسة تنسق المهام الميدانية للمشروع مع الشركاء؟

☐ نعم	☐ لا

8. ما هو المستوى الاداري الذي يتم عن طريقه عملية تنسيق المشاريع التي يتم تنفيذها؟

☐ الادارة العليا (مجلس الادارة)	☐ الادارة التنفيذية (مدراء المشاريع)	☐ قسم المشاريع (منسقي المشاريع)	☐ أخرى

9. هل تعقد المؤسسة الاجتماعات والنقاشات مع شركائها بشكل مستمر ومنتظم لبحث فرص التعاون وتفادي تكرار تنفيذ المشاريع؟

☐ نعم	☐ لا

10. هل تواجه المؤسسة عقبات مع شركائها خلال عملية التنسيق؟

☐ نعم	☐

11. هل يوجد هيكلية معينة لنظام التنسيق مع الشركاء؟

☐ نعم	☐

12. هل يوجد تنسيق/اتصال مباشر بين الأقسام الداخلية للمؤسسة وما يقابلها من الشركاء؟

☐ نعم	☐

13. هل واجهت خلال فترة عملك بعض الاختلافات بين أهداف التنسيق في مؤسستك وشركائها؟

☐ نعم	☐

14. هل أدى هذا الاختلاف الى ضياع فرص في تنفيذ بعض المشاريع الصحية؟

☐ نعم	☐

15. هل أدى هذا الاختلاف الى عدم استغلال الموارد المالية والبشرية بالطريقة الأفضل؟

☐ نعم	☐

16. هل يوجد في المؤسسة قسم أو موظف مفوض للإشراف على العملية التنسيقية والمهام المتعلقة بها من دون أي مسؤوليات أخرى؟

☐ نعم	☐

17. هل سبق وأن واجهت خلال عملك أي تكرار للمشاريع التي تم تنسيقها مع شركاء مؤسستك؟

☐ نعم	☐

18. هل تمتلك المؤسسة عضوية في منظمة الصحة العالمية؟

☐ نعم	☐

19. هل المؤسسة تمتلك نظام متفق عليه مع الشركاء لتبادل المعلومات مع بعضهم البعض؟

☐ نعم	☐

20. هل نظام التنسيق و طرق تنفيذه يساعد في الاستغلال الأمثل للموارد البشرية والمالية؟

☐ نعم	☐

القسم الثالث:

للإجابة عن أسئلة هذا القسم اختر من المقياس التالي الرقم الذي يتوافق مع رأيك:

← أوافق بشدة						أعارض بشدة →
7	6	5	4	3	2	1

- **أجب عن الأسئلة التالية:**

1. ثقافة المؤسسات الصحية فيما يخص نظام التنسيق:

م.	السؤال	1	2	3	4	5	6	7
أ.	سرعة العمل الخيري							
1	يوجد نظام تنسيق شامل يضمن جودة عملية التنسيق بين وزارة الصحة والمؤسسات الصحية الخيرية							

2	تطبيق بروتوكولات التنسيق في مؤسستك تزيد من شرعة تنفيذ المشاريع الصحية مع الشركاء (وزارة الصحة/المؤسسات الصحية)							
3	تقوم المؤسسات الصحية بوضع خططها الإستراتيجية بالاعتماد على احتياجات القطاع الصحي الأمر الذي من شأنه زيادة سرعة وسلاسة التنسيق							
4	مدراء ومنسقي المشاريع في وزارة الصحة والمؤسسات الصحية الخيرية لديهم خبرة جيدة في التعامل والتنسيق مع بعضهم والذي يزيد من سرعة تنفيذ المشاريع							
5	الخبرة المكتسبة لدى مدراء ومنسقي المشاريع في كل من وزارة الصحة والمؤسسات الصحية الخيرية مهمة في زيادة وتسهيل تنفيذ المشاريع							
6	ادارة وزارة الصحة والمؤسسات الصحية تدرك أهمية نظام التنسيق في تحسين المشاريع الصحية المنفذة							
ب	البيروقراطية							
1	نظام التنسيق يخلق بيئة تعاونية لتنفيذ المشاريع الصحية							
2	سياسات المانحين في التعامل مع المؤسسات الصحية تشجع التنسيق مع وزارة الصحة في تنفيذ المشاريع							
3	يوجد رؤية شاملة وواضحة في وزارة الصحة لأهمية دور المؤسسات الصحية في تطوير جودة التنسيق							
4	الفهم الجيد لأهمية وجوهر التنسيق في المؤسسات الصحية ووزارة الصحة يساعد على تحسين جودة التنسيق							
5	طرق التنسيق مع الشركاء (المؤسسات الصحية الشريكة) تتغير بناءً على ثقافاتهم وسياساتهم							
6	وزارة الصحة تسهل مشاركة المؤسسات الصحية في وضع الخطة الإستراتيجية للقطاع الصحي بهدف تطوير جودة الخدمات الصحية المقدمة							
ج	المحاسبة المالية							
1	برتوكولات نظام التنسيق في مؤسستك يحسن المحاسبة المالية في المشاريع المنفذة							
2	نظام التنسيق في مؤسستك يزيد التوازن بين القدرة المالية واحتياجات الموارد البشرية							
3	برتوكولات نظام التنسيق تزيد الدور الأساسي الذي تلعبه الرقابة المالية في تحسين جودة الخدمات الصحية المقدمة							
4	تطبيق نظام تنسيق فعال يحسن المحاسبة المالية خلال تنفيذ المشاريع وذلك بتقليل ازدواجية وتكرار المشاريع المنفذة							
5	تطبيق نظام تنسيق فعال يحسن المحاسبة المالية عن طريق تقليل التكرار خلال تنفيذ المشاريع الصحية							
6	وجود نظام تنسيق جيد بين وزارة الصحة والمؤسسات الصحية الخيرية يحسن آلية توزيع المخصصات المالية للمشاريع الصحية المختلفة							

2. التنافس على التمويل

م	السؤال	1	2	3	4	5	6	7
1	التنافس بين المؤسسات الصحية يزيد من أهمية دور التنسيق في تحسين جودة الخدمات الصحية							
2	التنافس بين المؤسسات الصحية للحصول على الدعم والتمويل الخارجي يزيد من جودة التنسيق مع وزارة الصحة							
3	التنافس بين المؤسسات الصحية في الحصول على الدعم الخارجي لتحقيق أهدافها يساعد بطريقة غير مباشرة في تحقيق الأهداف الإستراتيجية للقطاع الصحي							
4	سياسات المانحين في تمويل وتنفيذ المشاريع الصحية يحسن جودة التنسيق بين المؤسسات الصحية ووزارة الصحة							
5	سياسات وبرتوكولات المانحين في تمويل المشاريع يؤثر ايجاباً على التنسيق بين وزارة الصحة والمؤسسات الصحية							
6	يوجد لدى المانحين قدرة التأثير على بروتوكولات التنسيق ومسارها بين المؤسسات الصحية ووزارة الصحة خلال تنفيذ المشاريع الصحية							
7	زيادة حدة التنافس بين المؤسسات الصحية الخيرية في الحصول على تمويل المانحين يزيد من احتمالية نجاح عملية التنسيق مع وزارة الصحة							
8	تطبيق نظام تنسيق جيد وفعال يوجد معايير فعالة لضبط حدة التنافس بين المؤسسات الصحية في الحصول على التمويل							
9	اتباع نظام تنسيق فعال خلال عملية التواصل مع المؤسسات المانحة للحصول على التمويل بين المؤسسات الصحية يقلل من نسبة تكرار نفس المشاريع الصحية المنفذة							

3. تكلفة التنسيق:

م	السؤال	1	2	3	4	5	6	7
1	تشجع المؤسسات الصحية الخيرية تأسيس شبكة معلوماتية بين بعضها بالاضافة الى وزارة الصحة بالرغم من تكلفتها وذلك لأهميتها في تحسين جودة التنسيق							
2	فوائد تطبيق بروتوكولات التنسيق أكثر أهمية وقيمة من التكاليف المالية والإدارية الناجمة عنها							
3	تطبيق برتوكولات نظام التنسيق لا يستنزف موارد المؤسسة							
4	تطبيق برتوكولات نظام التنسيق لا يقلل من حصته المالية خلال وضع الموازنة السنوية للمؤسسة							
5	تجاهل أهمية جودة الخدمات الصحية سبب في غياب نظام تنسيق فعال بين وزارة الصحة والمؤسسات الصحية							
6	تزيد المؤسسات الصحية الحصة المالية لتطوير نظام التنسيق بسبب كونه عامل أساسي للنجاح في تنفيذ مشاريع صحية ذات جودة عالية							

4. جودة نظام التنسيق:

م	السؤال	1	2	3	4	5	6	7
1	تطبيق نظام تنسيق فعال احدى الطرق الأساسية لتوحيد جهود المؤسسات الصحية ووزارة الصحة لتحقيق الأهداف الاستراتيجية للقطاع الصحي							
2	تطبيق نظام تنسيق فعال يحسن جودة المشاريع الصحية							
3	تبني نظام تنسيق فعال بين المؤسسات الصحية ووزارة الصحة يزيد من سرعة تنفيذ المشاريع الصحية							
4	نظام التنسيق الفعال يقلل من تضييع الموارد المالية والبشرية لوزارة الصحة والمؤسسات الصحية الناتج عن ظاهرة التنافس بين المؤسسات الصحية							
5	التنسيق الفعال يساعد في وضع نظام جيد لمراقبة الموارد البشرية والمالية لوزارة الصحة والمؤسسات الصحية							
6	وجود نظام تنسيق فعال يسهل بيئة عملية جيدة للتعاون بين وزارة الصحة والمؤسسات الصحية							
7	نظام التنسيق الجيد يعمل على توزيع المهام بين الشركاء لتنفيذ المشاريع الصحية بجودة جيدة							
8	نظام التنسيق الفعال يكسب خبرات ومهارات للعاملين في وحدات التنسيق في وزارة الصحة والمؤسسات الصحية							
9	وجود نظام تنسيق جيد بين وزارة الصحة والمؤسسات الصحية يساهم في جودة التخطيط لمواجهة الأزمات الصحية المتكررة على القطاع							
10	تطبيق نظام تنسيق فعال يساعد على تحديد الاحتياجات العاجلة لمواجهة الأزمات الصحية لقطاع غزة							
11	نظام التنسيق الفعال يراعي الطرق المختلفة التي تستخدمها وزارة الصحة والمؤسسات الصحية في تنفيذ المشاريع الصحية							
12	نظام التنسيق الفعال يسهل عملية تنفيذ المشاريع بطريقة لا تتنافى مع مبادئه							
13	الوضع الحالي للتنسيق في القطاع الصحي جيد							

1. اذكر باختصار (من وجهة نظرك) أكثر ثلاث عقبات تواجه نظام التنسيق في القطاع الصحي:

-
-
-

2. اذكر باختصار (من وجهة نظرك) ثلاثة اقتراحات لتحسين وتطوير نظام التنسيق في القطاع الصحي:

-
-
-

❖ **إذا احتاج الباحث لمعلومات اضافية هل أنت على استعداد للاجابة عن تساؤلاته، اذا نعم ضع وسيلة التواصل المناسبة:**

1. **جوال رقم:**
2. **بريد الكتروني:**

نهاية الاستبيان ،،،

شكراً لمشاركتك ،،،

Annex (9): Questionnaire in English:

SerialNo.: Part 1:

Gender: what isyourgender?

1. ☐ Male ☐ Female

2. Age: what isyour age?
   ☐ Less than 30years ☐ 30– 40years ☐ 41 – 50years ☐ Morethan 50years

3. Work experience(years):
   ☐ Less than 10 ☐ 10– 15 ☐ 16 – 20 ☐ Morethan 20

4. Qualifications: what is the highest level ofeducationyou have completed?
   ☐ Certificate/Diploma 1–3 ☐ years ofcollege ☐ Bachelor degree Master degreeand above

5. Job title:
   .....

6. Education background: (health, finance, management)
   .....

7. What isyour organization`s type?
   ☐ International ☐ National ☐ MOH

8. No. ofhealth projects peryear inyour organization:
   ……

9. Does the organization coordinate with MOH in implementinghealth projects?(If yes, pleaseanswer thequestion No. 10 and 11)
   ☐ Yes ☐ No

10. Howmuch the overallbudget of the coordinated health projects($) peryear?

    ☐ Less than 500,000. ☐ 500,000 – 1,000,000. ☐ More than 1,000,000.

11. Howmuch the budget ofthe uncoordinated healthprojects ($)peryear?

    ☐ Less than 500,000 ☐ 100,000 – 1,000,000 ☐ More than 1,000,000

Part 2:this part is relatedto yourorganization.

Note**:** Organization/partners refer to whether **MOH** or **HNGOs** whether it`s international **or** local.

As example:

1. If the organization refers to **MOH** then the partners will refer to **HNGOs**.
2. If the organization refers to **HNGOs** then the partners will refer to **MOH** and/or other **HNGOs**.

1. Please answer the followingquestions

1. Is thereacoordinationsysteminthe organization?
☐Yes ☐No

2. Are there a documented and applied policies and procedure guidelines to control this system?
☐Yes ☐No

3. To what extent these policies and procedure guidelines are being applied?
☐Rarely ☐Sometimes ☐Usually ☐Always

4. Does the organization have a documented vision about the role of partners of coordination process regarding their tasks and duties?
☐Yes ☐No

5. Doestheorganizationhaveapermanentpartnershipwith MOHand/orsomeHNGOs?
☐ Yes ☐ No

6. What arethemethodsusedin coordinationwithpartners?
☐Meetings☐Reports☐Communications ☐Allofthem☐Others

7. Doestheorganizationcoordinatethefield activitieswithotherconcerned partners?
☐ Yes ☐ No

8. Which managerial level doestheorganizationcoordinatewith duringprojectimplementation?
☐Boardlevel ☐Projectmanagement ☐Projectcoordinators ☐Others

9. Doestheorganizationconductregularmeetingsanddiscussionswithitspartnersforcollaboration opportunities,jointactivitiesandavoidprojectsandserviceduplication?
☐ Yes ☐ No

10.Doestheorganizationface difficultieswith partnersduringcoordinationprocess?
☐ Yes ☐ No

11.Is thereastructure forcoordinationsystemwith the partners?
☐ Yes ☐ No

12.Is therean inter-sectorial collaborationwithpartners for projectimplementation?

☐ Yes ☐ No

13.Isthereacontradictionbetweentheobjectivesofyourorganizations`coordinationsystemand thoseof its partners?

☐ Yes ☐ No

14.Has thiscontradiction ledto loseopportunities inimplementingsome projectsandproviding services?

☐ Yes ☐ No

15.Has this contradictionledto misuseofhumanandfinancial resources?

☐ Yes ☐ No

16.Doestheorganization have adepartment or persondelegated to supervisethe coordinationprocessactivities andtaskswithoutany other responsibilities?

☐ Yes ☐ No

17.IsthereanyduplicationinsomeofthecoordinatedprojectswithMOHorotherHNGOsresulted frompoor coordination?

☐ Yes ☐ No

18.Doestheorganizationhaveamembershipin theWHOhealth cluster?

☐ Yes ☐ No

19.Doestheorganization have asystem for informationexchange and reportssharing withthepartners?

☐ Yes ☐ No

20.Didthecoordinationsystemanditsmechanismshelpinhumanandfinancialresourcesallocation intheorganization?

☐ Yes ☐ No

Part 3:

1. Pleasegive your opinion infront ofeachsentence according to the following instructions:

To answer **this part, chooseonenumberfromthefollowingscale thatmostclosely reflects youropinion.** ⟵ ⟶

Stronglydisagree						Stronglyagree
1	2	3	4	5	6	7

1. HealthNGOs (HNGOs)cultureinaccordancewithcoordination

No.	Item	1	2	3	4	5	6	7
A	**The speedofhumanitarianwork**							
1	Thereisacomprehensivecoordinationsystemthatguaranteesthe qualityof coordination processbetween the MOHand HNGOs							
2	TheimplementationofcoordinationprotocolsintheMOHincreasesthe speed of health projects implementation betweenHNGOs andMOH							
3	TheHNGOsstrategicplanisbasedonhealthsectorneedswhichmake the coordination processmore flexible and rapid							
4	TheprojectofficersofbothHNGOsandMOH haveagoodexperiencein dealingwitheachotherwhichincreasethespeedofprojects`activities implementation							
5	The acquired experience and skills of project officers of MOHand HNGOs areimportant toincrease and facilitateproject implementation							
6	The management of MOHand HNGOs realizes the importance of coordination system in improving thespeedof health projects implementation							
B	**Bureaucracy**							
1	Themechanismofimplementingcoordinationsystemcreatea cooperativeenvironment forthe implementation of projects`activities							
2	Theimpactofdonors`policywithHNGOsisencouragingcoordination with MoH in implementinghealth projects							
3	ThereisacomprehensivevisioninMoHfortheimportanceofthe HNGOsrolein improvingthe qualityof coordination							
4	DeepunderstandingofcoordinationprocessessenceintheMoHhelps to improvethe qualityofcoordination process							
5	Thecoordinationunitin theMoHchoosesdifferentwaysincoordination with different HNGOs dependingon its cultureand interests							
	TheMoHadministrationfacilitates the participation of							

6	HNGOsin setting thestrategicplanofthehealthsectortoimprovethequalityofhealth services							
C	**Financialaccountability**							
1	Thecoordinationsystemprotocolsincreasethefinancialaccountability amongMoHand HNGOs							
2	Thecoordinationsystemincreasesthebalanceinthe financialcapacityandhuman resources needs							
3	Thecoordinationsystemprotocolsandregulationsincreasethestrength offinancialaccountability							
4	Thecoordinationprocessprotocolsandregulationsincreasethecrucial roleoffinancialsupervisioninimprovingthequalityofhealthservices introduced byanyhealth projects							
5	Applying an effective coordination system improves the financial accountability by reducing duplication during implementing health projects							
6	ThepresenceofgoodqualitycoordinationsystembetweenMoHand HNGOs enhances thefinancial allocation ofdifferent health projects							

2. Competition forFunding

No.	**Item**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	The competition between HNGOs increases the importance of coordination role in improvingthe qualityof health services							
2	ThecompetitionbetweenHNGOstoattainmoreexternaldonations has increased the qualityof coordination with MoH							
3	The competition between HNGOs to achieve their goals results in achievingthe strategicgoals of the MoH							
4	The policy and regulation of donors in implementing health projects improvethe qualityof coordination between HNGOs and MoH							
5	The donors are positively affecting the protocols and regulation of coordination between MoHand HNGOs							
6	The donor has the ability to change the policy of local HNGOsin coordinatingthe projects` activities with the MoH							
7	The competition between HNGOs for fundraising is increasing the probabilityof success tothe coordination processwith MoH							
8	Applyingagoodqualitycoordinationsystemcreateseffectivecriteria to governthe competition process between HNGOs for fundraising							

9	Following an effective coordination system during the competition between HNGOs reducesthe percent of health projects duplication							

3. Costofcoordination

No.	Item	1	2	3	4	5	6	7
1	HNGOs encourages establishing a basic information network to improvethecoordinationprocesswithMoHasit`smoreimportan tthan its cost							
2	Thebenefitsofapplyingcoordinationprocessprotocolsaremorev alued than its administrative and financial consequences							
3	Applying coordination process protocols doesn't take much of the HNGOs resources							
4	Thecostofapplyingcoordinationprocess protocolsdoesn't leadtoignoringits importance duringannualbudget setting ofthe HNGOs							
5	Lack of knowledge about the importance ofproviding better health services to the patients is the cause of lack of implementing the coordination systemprotocols							
6	Most of HNGOs are increasing the financial share for coordination processasitisamainpillartosuccess inimplementinggoodquality health projects							

4. Quality ofcoordinationprocess

No.	Item	1	2	3	4	5	6	7
1	Applying aneffectivecoordinationsystemisoneofthemainpathways tounifytheeffortsofHNGOsandMoHtoachievethestrategicgoalsof the health sector							
2	Theeffectivecoordinationsystemisleadingtoagoodqualityhealth Projects							
3	Adopting an effective coordination system by both the MoHand HNGOs isincreasingthespeed of implementinghealth projects							
4	Thegoodqualitycoordinationsystemdecreasesthewastageofhuman andfinancialresources,whichresultsfromthecompetitionphenomena in the health sector							
5	Theeffectivecoordinationsystemhelpstodesignasystemforfinancial and human resourcesaccountability							
6	The effective coordination system facilitates a good practise environment for cooperation between HNGOs andMoH							
7	Theeffectivecoordinationsystemdistributesthetasksandactivities amongpartners in order to achievetheprojects`goals with good quality							
8	Theeffectivecoordinationsystemenhancestheexpertiseandskillsof the workers in thecoordination units of theHNGOs and MoH							

9	ThegoodqualityofcoordinationsystembetweenHNGOsandMoH enhancethe qualityof planningto faceanypossible health crisis							
10	Applyingtheeffectivecoordinationsystemhelpstospecifytheurgent needs of the health sector tofaceanyhealth crisis							
11	Theeffectivecoordinationsystemtakesintoconsiderationthedifferent mandates ofHNGOs in regard to howtheyimplement theirprojects							
12	The effective coordination system facilitates the process of implementingprojects`activitiesinawaythatdoesn'tcontradictwith the principles ofthe coordinationsystem							
13	The current situation of coordinationsystem isgood.							

Pleaseshortly list (in youropinion) themost importantthreeobstaclesthat arefacing the coordinationsystem:

1.
2.
3.

Mention threesuggestionsto improvethe coordinationsystem?

1.
2.
3.

IfI needmoreinformationareyouwilling to answermy queries, ifyespleaseindicatetheway Imaycontact you:

1. Mobile No.:
2. E-mail:

This is the end ofthe questionnaire
Thankyou for

Annex (10): Name of Experts Reviewed the Questionnaire:

#	Name of Expert	Position/Institution	Country
1	Dr.Bassam Abu-Hamad	Al-Quds University	Gaza Strip
2	Dr.Yehia Abed	Al-Quds University	Gaza Strip
3	Dr.Khitam Abu-Hamad	Al-Quds University	Gaza Strip
4	Dr.Majed Al-Farrah	The Islamic University	Gaza Strip
5	Dr. Samir Safi	The Islamic University	Gaza Strip
6	Dr.RedwanBarrod	Ministry of Health	Gaza Strip

7	Dr.AbdulnasserSoboh	World Health Organization	Gaza Strip
8	Dr.YounisAwadallah	UNICEF	Gaza Strip

Annex (11): Interview`s Questions

1. In your opinion tell me about the quality of the current coordination in the health system, the major players in the coordination process and the factors that are affecting this process and its impact?
2. How do you see the relationship between the speed of humanitarian work (quick response) and the coordination system?
3. What do you think of the bureaucracy and the quality of coordination as a system and process?
4. Can you tell me about the nature of the relationship between the competition for funding and quality of coordination system and process? And how do you explain the contradiction between the results of the quantitative part of this study and other studies in that relationship?

5. What do you think of the impact of the cost of coordination system and process on its quality?
6. How do you see the role of the Health Cluster is playing in improving the quality of coordination system and process?
7. What do you think of the current information sharing system between MOH and HNGOs?
8. What is your perception of the relationship between the donor's agendas and the LHNGOs autonomy? And how would this relationship affect the quality of coordination system and process?
9. How do you see the impact of number and diversity of HNGOs on the quality of coordination process?
10. How can we improve the quality of coordination between MOH & HNGOs in the current circumstances?
11. In your opinion, how do you see the current criteria and mechanisms for coordination process (if existed)?

Abstract in Arabic

إعداد: أحمد العباسي

إشراف: د. وسيم الهابيل

الملخص

إن التنسيق مهم جداً لأي نظام أو عملية أو عمل سواءً كان ذلك بداخل المؤسسة الواحدة أو مع مؤسسة أخرى. الهدف العام للرسالة هو تقييم جودة عملية التنسيق بين وزارة الصحة الفلسطينية والمؤسسات الصحية الغير حكومية في قطاع غزة. استخدمت الدراسة المنهج الوصفي التحليلي، وقد تم جمع المعلومات عن طريق أداة الاستبيان (بلغ عدد عينة

مجتمع الدراسة 120 مشارك وهو مدراء عامون ومدراء من وزارة الصحة، والمدراء التنفيذيين ومدراء ومنسقي المشاريع في المؤسسات الصحية غير الحكومية) والمقابلات المعمقة لمجتمع الدراسة (وقد تم عمل 9 مقابلات مع خبراء في الصحة من وزارة الصحة والمؤسسات الصحية غير الحكومية). وقد كانت نسبة الاستجابة للدراسة 75%. وقد كانت نتيجة معامل الثبات للاستبانة ممتازة (ألفا كرونباخ = 0.962). وقد تم استخدام برنامج التحليل الإحصائيSPSS لتحليل بينات الاستبانة.

أشارت نتاج تحليل الاستبيان إلى أن 58% من المشاركين أكدوا أن مؤسساتهم لديها عضوية في العنقود الصحي التابع لمنظمة الصحة العالمية. أيضاً 83.3% من المشاركين في الاستبيان أظهروا بأن مؤسساتهم لديها شراكات دائمة مع بعض المؤسسات الصحية الأخربولكن من ناحية أخرى فإن 61.1% أقروا بأن مؤسساتهم تواجه صعوبات مع شركائهم خلال عملية التنسيق. بالإضافة إلى أن 41.1% من المشاركين وافقوا بأنه يوجد بعض التعارض بين أهداف نظام التنسيق لدى مؤسستهم وشركائهم والتي تعد نسبة كبيرة نوعاً ما. وقد كان 70.3% من الذين وافقوا على وجود هذا التعارض أشاروا بأن هذا التعارض أدى إلى سوء استخدام في الموارد المالية والبشرية المتاحة. علاوة على ذلك 53.3% من المشاركين في الاستبيان أبدوا موافقتهم إلى وجود تكرار في المشاريع المنفذة نتيجة لضعف التنسيق، ووافق على هذا الرأي جميع المقابلين خاصة بين المؤسسات الصحية المحلية غير الحكومية.

بالإشارة إلى العوامل التي تؤثر على جودة عملية التنسيق، أوضحت الدراسة الى أن الثقافة والمنظور الإيجابي للمؤسسات الصحية غير الحكومية تجاه التنسيق يؤثر إيجاباً على جودة التنسيق (يوجد فروق ذات دلالة إحصائية عند مستوى P< 0.05) وهذا ما وافق عليه جميع المقابلين. فيما يخص عامل التنافس بين المؤسسات من أجل الحصول على التمويل فقد تبين أن هذا العامل يؤثر إيجاباً على جودة التنسيق (المتوسط الحسابي= 4.51، المتوسط الحسابي النسبي= 64.41%، يوجد فروق ذات دلالة إحصائية عند مستوى P< 0.05) ولكن هذا اختلف جزئياً مع آراء المقابلين حيث أن جميع آرائهم اتفقت على وجود نوعين من التنافس: تنافس سلبي وايجابي، والاخير لا يمكن أن يتوفر الا اذا وجد نظام مراقبة وتقييم في وزارة الصحة للمؤسسات الصحية المحلية والذي كما اتفق عليه جميع المقابلين بأنه ضعيف وشبه معدوم. وهذا يترك مساحة أكبر للتنافس السلبيبين المؤسسات الصحية المحلية غير الحكومية والذي يؤثر سلباً على جودة التنسيق ويؤدي مباشرة الى الى الازدواجية في تقديم الخدمات الصحية وتنفيذ المشاريع. وفي هذا السياق من المهم الملاحظة بأن 41.1% من المشاركين في الاستبيان يعملون في مؤسسات صحية دولية، وهذا ما أدى الى اظهار التنافس للحصول التمويل بأنه قد يؤثر ايجاباً على جودة التنسيق حيث أنه تم التوافق بين جميع المقابلين بأن التنافس غير موجود بين هذه المؤسسات.ولكن فيما يخص عامل تكلفة التنسيق فإن نتائج التحليل تشير الى أن التكلفة لا تؤثر سلباً على جودة التنسيق (يوجد فروق ذات دلالة إحصائية عند مستوى P< 0.05).بالاضافة الى ان نتائج تحليل الانحدار الخطي اشارت الى ان تكلفة التنسيق لا تؤثر على جودة التنسيق (وذلك في وجود العوامل السابقة)، علاوة على ذلك فإن المقابلين أكدوا على أهمية تحسين جودة التنسيق بغض النظر عن التكلفة المالية.

فيما يخص العوامل الاخرى (أجندة المانحين مقابل الحكم الذاتي للمؤسسات غير الحكومية، المعايير والطرق الخاصة بالتنسيق، وعدد وتنوع المؤسسات الصحية المحلية) فقد قام الباحث بدراستها فقط كيفياً وذلك من خلال مناقشة تأثيرها على جودة عملية التنسيق مع المقابلين، وقد أظهرت آراء المقابلين فيما يخص أجندة المانحين بأنها تتعارض – بدرجات متفاوتة – مع الحكم الذاتي للمؤسسات الصحية المحلية غير الحكومية. وأيضاً، يوجد أجندة سياسية لبعض المانحين وبالاطلاع على رأي المقابلين فإنها تؤثر سلباً على جودة التنسيق. أما بالنسبة للمعايير والطرق المتبعة في عملية التنسيق فإن آراء المقابلين أشارت الى أن وجود معايير وطرق تنسيق جيدة سيحسن من جودة عملية التنسيق وأن وزارة الصحة يجب عليها العمل من أجل تطوير معايير وطرق للتنسيق وذلك بالاستفادة من تلك المتبعة في التكتل الصحي التابع لمنظمة الصحة العالمية، ولكن الى الآن لا يوجد معايير وطرق تنسيق جيدة في وزارة الصحة تحسن من جودة التنسيق.أما من ناحية عدد وتنوع المؤسسات الصحية المحلية غير الحكومية فإن جميع المقابلين قد سلطوا الضوء على عدم وجود نظام مراقبة وتقييم فعال في وزارة الصحة وقد أكدوا على أهمية وجود نظام مراقبة وتقييم فعال في وزارة الصحة وبالأخص وحدة التنسيق التابعة لوزارة الصحة من أجل لضمان تنسيق جيد فيما بين هذه المؤسسات وأيضاً بينهم وبين وزارة الصحة والمؤسسات الصحية الدولية غير الحكومية.

وقد خلصت الدراسة الى أنه من المهم وجود نظام وعملية تنسيق ذو جودة جيدة وذلك لتخفيض تكرار تقديم الخدمات والمشاريع الصحية، وايضاً تقليل اهدار الموارد (يوجد فروق ذات دلالة إحصائية عند مستوى $P< 0.05$).بالاضافة الى ان وجود نظام تنسيق جيد له الاثر الجيد على موضوع التنافس بين المؤسسات الصحية المحلية غير الحكومية.ولكن الى الان فإن الوضع الحالي للتنسيق ضعيف (يوجد فروق ذات دلالة إحصائية عند مستوى $P< 0.05$).استنتج الباحث بأنه يجب خلق جسم وطني للتنسيق بين مكوني النظام الصحي وايضاً تحسين جودة العمل في وحدة التنسيق التابعة لوزارة الصحة بالاضافة الى أنه من الضروري جداً تحسين مفهوم العاملين في القطاع الصحي الى اهمية التنسيق ومفهوم الشراكة بينهم.