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**The Contributions of the International Funds to
Developing the Palestinian Health Care System: Focus
on NGOs-Gaza**

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Al- Quds University**



**The Contributions of the International Funds to
Developing the Palestinian Health Care System: Focus
on NGOs-Gaza**

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1433/2012

Declaration

I certify that this entire thesis submitted for the degree of master is my own work and has not been written to me in whole or in part, by any other person(s), and this thesis (or any part of the same) has not been submitted for a higher degree or qualification to any other university or institution.

Signed

Mohammed Shokri Al-Khaldi

26 August 2012

Dedication

To my mother and my father to who I owe my life and success

To my wife who has been a great source of motivation and encouragement.

To my kid Khaled for his encouraging smiles.

To my brother Rami, sisters and Friends

And

To everyone who contributed to make this study a reality

Mohammed Shokri Al-Khaldi

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Abstract

International Fund (IF) has become an important source in developing countries including Palestine. The overall aim of this study was to assess the role of IF in supporting the Palestinian Health System at NGOs sector in Gaza governorates. The study design is cross sectional with triangulation of quantitative and qualitative approaches. The instruments used were interviewed-questionnaire and in-depth interviews with 8 key informants. The study population included 52 NGOs, 48 of them responded (88%). General measures of validity and reliability were administered such as standardization of instrumentation and implementation. The SPSS program has been used for quantitative analysis and open coding thematic analysis for the qualitative analysis. Reliability test analysis was high (0.8) indicating high consistency of the study questionnaire.

The research findings show that 85.4% of the NGOs directors were males; most of them were trained at BSc. degree level and had 15 years of experience in average. Most of the NGOs were located in Gaza City (58%) followed by Khanyounis (14.6%). Responses indicated that 95% of NGOs were engaged in providing health services and 54.2% reported working in development oriented activities, 25% in rehabilitation services and 10% were reported working in advocacy and mobilization fields.

The overall perceived IF contribution's score was 2.05 out of 3 (68.46%) indicating that perceptions about IF role were moderate. Reported perceptions about sustainability were more positive and elicited higher mean scores (78.30%). The revealed scores reflecting perceptions about the contributions of IF were as follows efficiency, effectiveness, relevancy and appropriateness was around 75%, evaluation and monitoring domain 73%, transparency and governance 71.41%, meetings of NGOs needs and development domain was 68.79%, while the IF nature domain was 68.63%. Perceptions about responsiveness to the needs of the Palestinian population such as allveiating human suffering, minimizing the consequences of the occupation and promoting the socio-economic status had elecited moderate scores also. The overall scores reflecting the extent to which IF improves the national health indicators by improving the quality of health serives was moderate (64.86%) indicating gaps in adequacy or utilization of IF. The IF contributions to meeting the Millennium Development Goals such as reducing infant and maternal mortality, fertility, poverty and unemployment elicited 63.39%. Perceptions about coordination and cooperation were the lowest scores of the study domains (60.67%).

More than 70% of respondents stated that their NGOs had suffered from financial deficits mainly due to insufficient funds and the major obstacles in securing fund were political conditions and inadequacy of interactions with donors. The revealed scores reflecting perceptions about the IF contribution to development rather than relief was 75.69%. There were factors affecting and/or affected by the IF in the health field, mainly politics, security, absence of coordination, health NGOs and donors' vision and goals incompatibility, organizational factors such as NGO strategic management and economical and financial factors.

The researcher recommends that donors and NGOs need to proactively coordinate in order to meet the needs of the Plaestinan community. Areas which require more attention include developing mutual vision, closer coordination and paying more attention effectiveness, efficiency and sustainability. NGOs need to improve their capacity to strtagically manage funds in a way that promote meeting public health needs and priorities.

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List of Abbreviations

AAA	Accra Agenda for Action
ATC	Anti-terrorism Certification
CSOs	Civil Society Organizations
CDS	Center of Development Studies- Birziet University
DAC	Development Assistance Committee
EU	Europe Union
FAO	Food Agriculture Organization
GDP	Gross Domestic Product
GNI	Gross National Income
GNP	Gross National Product
GS	Gaza Strip
HCS	Health Care System
HLF-4	Fourth High Level Forum on Aid Effectiveness
IF	International Fund
IMF	International Monetary Fund
IMR	Infant Mortality Rate
INGO	International Non-governmental Organization
MAS	Palestine Economic Policy Research Institute
MDGs	Millennium Development Goals
MOH	Ministry Of Health
MOI	Ministry of Interior
MOPAD	Ministry of Planning and Administrative Development
MOSA	Ministry of Social Affairs
NGOs	Non-Governmental Organizations
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
oPt.	Occupied Palestinian Territories
PAPP	Program of Assistance to the Palestinian People
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PHCS	Palestinian Health Care System
PLC	Palestinian Legislative Council
PNA	Palestinian National Authority
PNGOs	Palestinian Non Governmental Organizations
RBA	Results-Based Aid
RBSD	Results-Based Service Delivery
UN	United Nations
UNDP	United Nation Development Programme
UNFPA	United Nation Population Fund
UNRWA	United Nations Relief and Works Agency for Palestinians Refugees
UNSCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
USD	United States Dollar
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

Chapter 1: Introduction

1.1 Research Background

Over the last few decades, International Fund (IF) programs were successful in helping many developing countries to make real progress in health, agriculture and education systems (Diallo and Thuillier, 2004). Mostly, external aid provided to developing countries is managed by projects; those projects are financed by multilateral development agencies. The analysis of IF contribution to the Non-governmental Organizations (NGOs) provides important overview about the process of development in Palestine in relation to this aspect. The study also revealed that the Palestinian NGOs in 2008 received over a quarter of billion United States dollars (USD) to meet their objectives, until now there is limited knowledge of what happens with that money (MAS, 2009). Riahi (2011) states that achieving sustainable development is a complex and problematic issue in the Palestinian reality because there is misuse and distorted approach towards development and it is difficult or actually impossible to attain it in the future as well. Palestinian National Authority (PNA) deals with development as a headline to attract fund only. Meanwhile, donors deal with development as an entry point to achieve "peace" and this refers to the depth of the crisis of development politically with privilege.

However, in the Palestinian Health Care System (PHCS) financing depends on three main sources which are PNA budget, the contribution of the Palestinians citizens and the foreign fund (PCBS, 2006). According to the national health accounts, the total expenditure on health in the oPt. shows an increase in the total amount of funds that were spent in the field of health of all sectors compared with 2008 by 893.8 million USD. The total health expenditure in 2009 was US\$ 959.0 (million), and was going up to US \$1,074.7 (million) in 2010 which reflected the growing interest in health in all sectors. As for the government sector (through the Ministry of Finance, Health, etc.), it was amounted to 36.1% during 2009, and 36.3% in 2010, the contribution of households sector was 42.0% in 2009, and 40.9% during 2010. Additionally, the contribution of NGOs during the year of 2009 was 17.5%, and 18.2% in 2010. Furthermore, the direct contribution of the rest of the world on health services which was provided in oPt. declined from 3.0% in 2009 to 2.1% in 2010, while, the contribution of insurance companies ranged between 1.4% in 2009 and 2.5% in 2010 (PCBS and MOH, 2011).

The World Bank (WB) report indicates that the Palestinian civil society is highly dependent upon foreign fund. External aid to PNGOs was estimated by \$258 million in 2008 (roughly 8% of total external aid) and this percentage has dropped slightly since 2005 when aid to NGOs made up about 19% of total aid (WB, 2010). These large amounts of aid played an important role in upgrading Palestinian infrastructure facilities and reducing the destructive impact of the occupation practices during the ten years following the Oslo Accords. However, this aid was not made part of a systematic national plan for development and reconstruction (Birzeit University, 2005).

NGOs play a complementary role to the government in providing services required by the population (Jomah, 2004). The past three decades witnessed an escalating interest in NGOs in most countries as an assisting social tool to achieve targeted changes. The international donor agencies have been identified in the local NGOs as excellent implementer for most of its programs since they were free of the rigid financial and administrative rules that characterize governmental agencies, United Nations Educational, Scientific and Cultural Organization (UNESCO, 1999).

1.2 Problem Statement

The concern of this study is the contribution of the IF in developing Palestinian Health Care System PHCS. The IF is volatile and unstable due to the effect of political and socioeconomic issues, which are reflected on the performance NGOs in particular and the Health Care System HCS as a whole to provide effective and sustainable health services. Additionally, the IF earns importance and sensitivity especially in the Palestinian condition for being one of the three influential elements along with the Israeli and (self-) internal-Palestinian influence in determining the trends and the evolution of the Palestinian situation. The administration of Palestinian life needs to have joint and overlapping responsibilities of all actors integrated in the development process; they are self-factor, Israeli factor and IF factor. Moreover, there is no comprehensive evaluation of the impact and sustainability of externally funded projects directed to the health sector through the NGOs. In fact, there is ambiguity about the IF contributions and its consequences, and insufficient knowledge about the IF particularly the effectiveness, efficiency and achievement of this fund in PHCS.

1.3 Justification

This study seeks to analyze the importance and contributions of IF to the health sector. The importance of this research is that it is first domestic and academic study conducted by a Palestinian researcher in the GS to handle this subject in such in- depth in health field. Hopefully, it provides clear insights to the health actors especially for the health NGOs about the donor's fund achievements with the absence of clear agenda among all parties and fragmented health system. Furthermore, in spite of the large amounts of fund, there is weak control of the authorities over the IF and the different donated health projects were implemented without obvious health evidence of improvement and tangible outcomes. All of the previously mentioned factors could contribute to misusing funds.

The researcher is interested in this research because he had been involved in health NGOs and international projects work; in addition to that few previous studies concerning externally donated health programs and projects in strengthening PHCS were conducted. Through this research, the researcher will study the IF mechanism of the international donation to health NGOs related to effectiveness and efficiency of projects to support PHCS. The researcher will include suggestions and lessons learned which can help the policy makers in the development of health sector at the public or private levels. Upon successful completion, the study will help the different parties (policy makers, health activists, and the NGOs directors) in the formulation of health development policies according to what will be concluded. This study can be the bases of other applied research.

1.4 Aim of the Study

The study aims to assess the contributions of the IF through the NGOs to developing the PHCS in the Gaza Strip, thus providing suggestions about the appropriate utilization of donated funds to improve the health status of the Palestinian population in the GS.

1.5 Research Objectives

- To illustrate the nature, features and trends of the IF.
- To appraise the relevance, appropriateness, effectiveness and sustainability of the IF.

- To assess the contribution of the IF to supporting HCS different components.
- To identify strengths, weaknesses encountered around the IF and factors affecting that.
- To provide recommendations for better utilization of IF in supporting PHCS.

1.6 Research Questions

The study is based on answering the following questions:

- 1- What are the characteristics, nature, dimensions, kinds and contributions of the IF?
- 2- What are the factors that effect and are affected by the IF?
- 3- What are the strengths, weaknesses and challenges of the IF?
- 4- To what extent do the internationally funded projects fulfill community health needs?
- 5- To what extent are the IF and its projects effective, efficient and sustainable in the health field?
- 6- Is the IF relevant and appropriate to national health priorities and expectations?
- 7- Did the IF contribute in health NGOs development and achieving its goals?
- 8- What is the role of IF in improving health status, health indicators and PHCS capacity and performance?
- 9- To what extent do planning, coordination, evaluation, monitoring, accountability and transparency contribute to effective and efficient IF?
- 10- What are the solutions and lessons learned to exploit and invest the IF?
- 11- What are the suggestions and conclusions that could serve the policy makers and researchers in health planning and development?

1.7 Context of the Study

1.7. 1 socioeconomic context

This study was conducted on the health NGOs that work in the Gaza governorates (annex 1). Socio-economic conditions of the Palestinian population have been immense. The percentage of Gazans in deep poverty has continued rise to 55.7%. Unemployment rate in the oPt. reached 24.5% and in Gaza it remained virtually unchanged at about 39% reflecting the still suppressed economic activity (UNDP/ PAPP, 2008).

The Palestinian economy lacks sovereignty and it is isolated, fragmented and has been in crisis since 2000. Strict closure and movement restrictions imposed by Israel led to disruptions in labor and trade access, business closures, private sector layoffs, and

shortages of basic goods (World Bank, 2011). The total economic growth is negative, and continues of the average per capita income decline despite the continuity of donor funding and increasing aid dependency (Bahour and Joudeh, 2007). The Palestinian families dependency rate on the IF reached 80% at the beginning of 2008 (OCHA and Shawa, 2008). PCBS (2008) also confirmed that the GDP in the GS is 1.11 billion, and the Palestinian economy heavily depends on IF.

1.7.2 Health Context

“The conditions in which people live and work can help to create or destroy their health” (WHO, 2006). The health sector in the GS has been severely affected by the prolonged closure and the Israeli interventions. The sector in Gaza is currently undergoing a period of epidemic transmission and suffering from diseases caused by extreme poverty, and diseases caused by tension and stress such as heart diseases, hypertension, diabetes and cancer (Abu-Hamad, 2007). The UNDP Human Development Report (2010) indicates that the PNA is the main Government Health Insurance GHI in the oPt. with 70% of the insured families. UNRWA covers 8% of employees, while the private health insurance covers 6%, 2% have their health insurance covered by charities and the people who did not have insurance represented 12%.

(WHO, 2010) report stated that the health status is comparable to that in other low middle income countries with relatively good health indicators and due to a successful immunization program, the communicable diseases are largely controlled. Some of these diseases such as diarrheal diseases and acute respiratory infections persist. The report added that the burden of Non-Communicable Diseases NCDs increased to 31.1% in the prevalence of these diseases between the years 2004 and 2006 due to the effects of the political and socioeconomic status, the rise in life expectancy by near 72 years and unhealthy behaviors including tobacco use, physical inactivity and unhealthy diet. PCBS (2011) indicated that the NCDs increased than communicable diseases. While, the MOH (2011) revealed that the main leading causes of deaths were 12.1% for cerebrovascular diseases, 10.8% for cancer deaths, and respiratory system diseases by 8.9%.

The PCBS (2011) report clarified that the immunization coverage is 99.4% in the GS. Furthermore, the Maternal Mortality Rate (MMR) significantly decreased to reach 38 per 100, 000 live births, and the Infant Mortality Rate (IMR) is around 20 deaths per 1000

live birth, and the crude birth rate is 32.7 per 1000. The report of WHO (2010) clarified that the Crude Death Rate (CDR) was 4.4 per 1000 in the year 2010 and the Total Fertility Rate (TFR) among women on reproductive age is 4.6 nationally but in the GS it is 5.4. Food Agriculture Organization (2008) and PCBS (2007) stated that 15% of the total of population in oPt. suffer from malnutrition, it is estimated that 10.2% of the children under 5 years suffer from chronic malnutrition, 13% in GS and 8% in the WB and 30% higher rate in northern Gaza governorate.

1.7.3 Palestinian health care system PHCS

According to WB (2009) PHCS is fragmented, incoherent and composed of at least 4 sectors: MOH and UNRWA, NGOs, and the private sector. The WB report added that one particular difficulty is that the PA has little control over key determinants of health, and the complementarily role between the health providers has not yet developed to establish a rational and efficient division of labor but has mainly risen because of the political and economic situation. Furthermore, at least hypothetically, the Palestinian MOH should serve as the regulatory body for the PHCS, and it should manage public health services and delivery of primary, secondary, and tertiary care according to the Palestinian Public Health Law (2004). Under the PNA administration, the entire Palestinian population, regardless of health insurance or refugees' status is entitled by statute and government policy to immunizations, prenatal and postnatal care, preventive and curative care for children until age three, basic preventive services, and community mental health services (RAND, 2007).

MOH report (2011) revealed that the Israeli occupation strongly influences the system in Palestine. The consequences of closures and separation form great challenge for the MOH by creating obstacles regarding the accessibility to health services and affect the unity of health system. In addition to that, the MOH bears the heaviest burden, as it has the responsibility in the GS of 59 primary health care centers to provide number of specific health programs such as: health education and community involvement, school health, immunization, human resources development, and referral of patients to non – MOH facilities. Otherwise, UNRWA operates 18 primary health care centers scattered in eight refugee camps in the GS. At the secondary services level, the MOH report mentioned that there are 13 hospitals operated by the government. These hospitals in both sectors have improved in terms of facilities, technical and support services over the years by adding

new departments and diagnostic equipment, as well as providing continuous professional training.

1.8 Palestinian NGOs and Palestinian civil society Organizations CSOs

The NGOs sector is extensive from missionary hospitals, to facilities supported by international organizations, to community health centers, and also provides the three levels of care through a wide range of practice (WHO, 2005). This sector operates 57 primary health care centers and general clinics and 10 hospitals at secondary services (MOH, 2011). Yaghi (2008) revealed that 62% of health NGOs in the GS provide primary health services, 16.7% of them provide secondary health services, with large number of health NGOs were found to be not licensed by the MOH (30%). Additionally, Yaghi showed that the total number of human resources working in the health NGOs was 2171 persons; 26.5% of them were working on part time basis and many were working in other health organizations. Furthermore, the spirit of voluntarism was declining within these organizations, and 9.5% of health NGOs had cooperation agreements with the MOH and there was a consensus among experts on the importance of having written contractual agreements between the MOH and these organizations. Yaghi contended that there was a consensus that health NGOs should be systematically involved in the national health planning processes. The study revealed that 73.8% of organizations surveyed had membership in the NGOs coordinating bodies and 93% of the interviewed NGOs stressed on the importance of coordination between them.

Palestinian Non-governmental Organizations PNGOs play vital role in the Palestinian community, in terms of service delivery and socio-economic development process. They exist as a major pillar of Palestinian civil society on which the responsibility of protecting citizens' interests, providing them with platforms for self-expression, and reaching out with their services to the poor and marginalized falls (MAS, 2009). They have been effective in contributing to a variety of social, rural and private-sector development goals. The sector's impact has been limited by internal competition and coordination issues, the WB supported this sector through launching initiatives such as the NGO Code of Conduct (Governance and Social Development Resource Center GSDRC, 2010).

The history of the roots of civil work in Palestine goes back to the experience of voluntary work at the beginning of the eighties of the last century. It was created by political forces

that secured the public option, in the context of resistance to the occupation, and took responsibility for providing services in different areas. The case of Palestinian civil society is unique. Its work had developed under the occupation and in the absence of the state. NGOs played the substantive role of state's institutions in the absence of the state in providing education, health, relief and development services. They were also able to reach those most in need as part of the struggle of the Palestinians and resistance to the occupation, and to provide other services such as caring for prisoners of war and defending human rights (Abu Ramadan, 2010).

Moreover, NGOs have played an important role in Palestine in maintaining the issue of the Palestinian national collapse during and after the introduction of national liberation, which helped to maintain defense against the occupation and to promote Palestinian persistence (Shalalkeh 2002 and Younis 2011). The Law of Charitable Associations and Community Organizations for the year 2000 was awarded the right to practice social, professional and cultural activities freely including the right to form associations and NGOs (Qatamesh, 2003). Furthermore, Civil Society Organizations CSOs and NGOs have historically played an important role in the Palestinian society (IOB 1999, World Bank 2010). Around 2,100 NGOs are registered in the WB & GS, and about 1,500 of these are active. Palestinian CSOs is made up of charitable and development, service-provision associations, human rights and democracy, research, advocacy, cultural organizations and sports clubs and associations (MAS 2007 and Hilal 2009).

The statistics of the GS civilian institutions of Ministry of Interior MOI (2011) indicate that the NGOs reached 894 NGO in the year 2011, 2 tourism NGOs, followed by 8 brotherhood and friendship NGOs, human rights NGOs, and graduates NGOs, 13 environment NGOs, 33 education NGOs and 14 family and tribe NGOs. The statistics also indicate that there were 31 handicap NGOs, 39 agriculture NGOs, 39 medical NGOs, 40 union NGOs, 43 motherhood and childhood NGOs, youth and sport were 61, arts and culture formed 84, social NGOs reached 403 and 64 foreign NGOs.

Al Moltaka Al Madane (1996) determined NGOs roles by achieving peoples' desires through active participation, strengthening democracy issues and playing a complementary role for the government in providing services in the society. Bisan (2002) found that the origins and evolution of the civil work in the Palestinian case intended to

achieve a set of objectives the most important were responding to the needs to improve the living conditions of the community, focusing on the marginalized groups and contributing in social change via influencing the laws, legislation and policies.

The NGOs are established independently from the state, they depend on grants and cash aids presented by individuals, international organizations or non- profit organizations in order to survive (Qandil, 2002). NGOs according to Muhesen (2001) are considered a framework to organize people for active participation in the development process. Aqrrouq (2005) stated that the NGOs practice their work through behavioral and ethical integrated frameworks the most important are: voluntary work and participation, organized structure, transparency, credibility and accountability. Likewise, Abd Al- Basir (2009) elaborated that NGOs have voluntary participation, and its services should be presented to the society.

The impact and effectiveness of the NGOs in developing WB & GS has been limited by external factors, the most significant factors in determining development outcomes were military attacks and restrictions imposed by Israel (World Bank, 2010). The development projects implemented by PNGOs under the second phase of the PNGO program were satisfactorily delivered with 70% of projects meeting stated objectives and 75% of beneficiaries reporting a positive impact on their lives. Although these projects were successful, they did not always target the poorest or most marginalized groups (IOB 1999, Birzeit University 2005, USAID 2006, GSDRC 2010 and World Bank 2007).

1.9 Operational Definitions

NGOs: The definition of NGO is one that is not directly part of the structure of government (Willets, 1945). In this study it doesn't include private organizations or UNRWA.

Fund: is the in-kind or cash wealth that is provided to persons or other entities other which manages it to benefit from it and to achieve growth (Qahef, 1998).

International Fund: Are grants and foreign aid provided by some countries and or organizations to other countries, or countries that need temporary international assistance, taking into account their humanitarian, security and socioeconomic situations (Sayf Al-Din et al. 2001).

Sustainability: The continuation of community health or quality of life benefits over time (Smith, 2008).

Development: A process of managing a portfolio of resources to preserve and enhance the opportunities people face. This process meets the needs of the present without compromising the ability of future generation to meet their own needs (World Bank, 2007).

Health Care System: A health system is the combined entity of all resources, actors and institutions related to the financing, regulation and provision of all activities whose primary intent is to improve or maintain health (WHO, 2000).

Effectiveness: is concerned with "doing the right things", and relates to outputs of activities and what the management actually achieves (Mullins, 1985).

Efficiency: is concerned with "doing the things right", and relates to inputs and what the management does (Mullins, 1985).

Appropriateness: Optimization of health resource allocation and recognizing the consequences of failure to implement innovations of proven effectiveness to be introduced for the benefit of both individuals and society (International Atomic Energy Agency, 2010).

Monitoring: Is the regular observation and recording of activities taking place in a project or program. It is a process of routinely gathering information on all aspects of the project (Bartle, 1987).

Evaluation: A process in which organization activities and performance results are appraised so that actual performance can be compared with desired performance (Wheelen and Hunger, 2006).

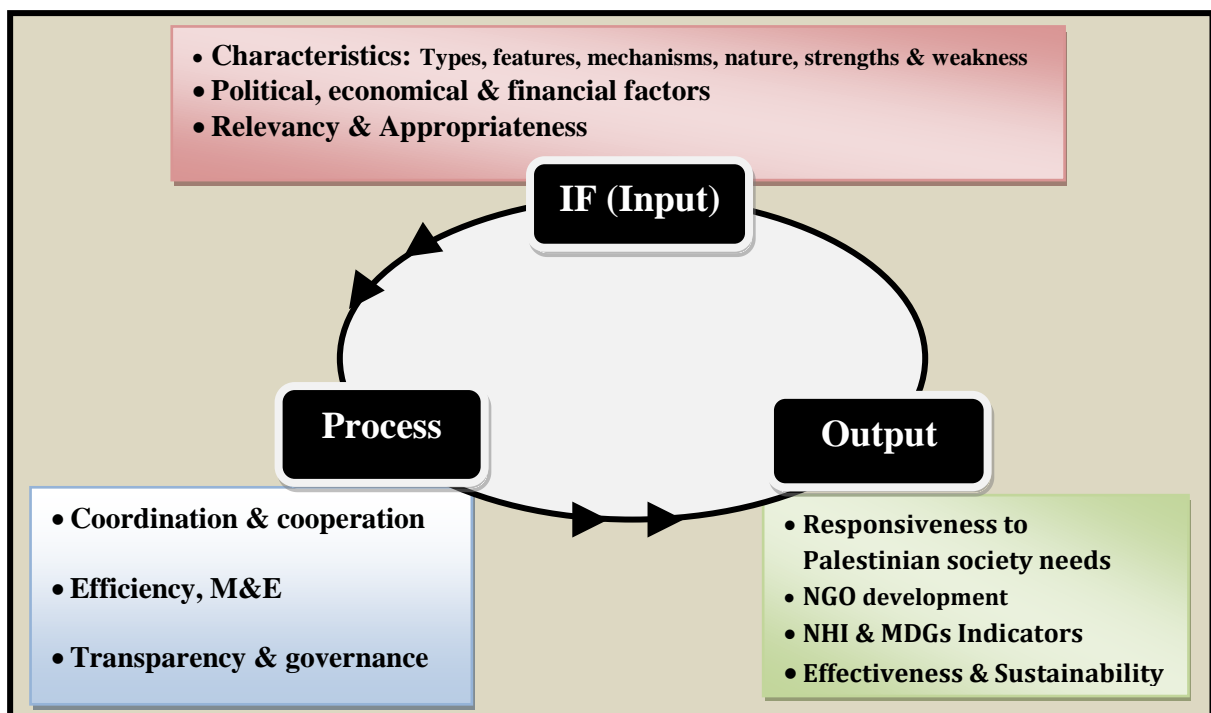
Impact: the positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended (World Bank, 2009).

Chapter 2: Literature Review

2.1 Theoretical and Conceptual Framework

The conceptual framework guides the research process, organizes the work and makes the findings meaningful in addition to understanding the study scope. The researcher built up the conceptual framework (figure 2.1) to address the main domains of the study in accordance with previous studies and his own conceptualization.

Figure 2.1: Conceptual framework



The researcher adopted the Donabedian approach to ensure quality health care by focusing on input that represents IF and relevancy and appropriateness, which leads to process elements as all technicalities and operational work that includes coordination, cooperation, efficiency, M&E and transparency and governance. The last step is output that identifies IF contributions in population responsiveness, NGO development, meeting national health goals and MDGs indicators and attaining effectiveness and sustainability. This design assumes that good structure as input increases the likelihood of good process, and good process increases the likelihood of a good output (Abu hamad, 2009).

IF domain (Input): it is considered an input that has certain characteristics, features, types, mechanisms, nature, effecting factors such as political, economical & financial, relevancy & appropriateness of IF to the health NGOs needs and national health goals, and recognizing the most important strengths, weaknesses that are related to it.

Process domain: this domain contains several components including transparency and governance, coordination and cooperation, efficiency, M&E. Transparency and governance is essential issue to the fund and to its role in supporting the NGOs systems, fund equity distribution and projects implementation. Furthermore, M&E practicing to implement the efficient activities and programs, the cooperation and coordination can significantly influence the IF processes to regulate NGOs projects by facilitating the complementation of field actions and avoid duplication.

Output domain: it reflects the outcomes that measure the contribution of IF through meeting the national health goals, MDGs, NGO development and attaining the Palestinian society responsiveness as important elements in the funding process through the health NGOs to attain the good impact and sustainable services and projects.

2.2 The International Fund (input)

The search for funding sources is one of the challenges that face communities especially in developing countries to get money and use it to run or develop existing projects to provide better ways in order to meet the development needs (Bakri, 1994). In addition, IF source is an important funding source in the third world countries, especially for the PNA (MAS, 2004). There are lots of Arab and non-Arab countries, such as Palestine, Jordan, Egypt, Yemen, African and Asian countries that depend in particular on IF which is provided from economic international institutions such as the WB, International Monetary Fund (IMF), in addition to aid provided by rich countries like the Europe Union (EU) and the USA (Abu Mustafa, 2008).

Makawi (2001) reported that IF played an important role in implementing the objectives of foreign and security policies for the donor countries, because they were closely associated in the quality and quantity with the political changes after World War II. Foreign aid passed through prominent stages since that era, including the establishment of the Britton Woods institutions by the United States (US) to tighten its control over the situation after World War II.

2.2.1 Definition of International Fund

Definitions of IF vary according to the different triangles that they are seen from. Al Daya (2006) defines IF as “The money provided from a donor to the recipient in need either in the form of financial donation or in-kind goods such as equipment”. It is also added that

fund is not returned back but addressed to specific projects that donors set its agenda and the recipient spends according to the agreed agenda regardless of their agreement or disagreement with the community system.

Buibiah (2009) defined fund as "the domestic and foreign-oriented financial flows directed to achieve programs and development projects necessary for the structure of the national economy and achieving economic prosperity of society".

The researcher defines the IF as "all financial resources, technical, and humanitarian assistance that come from high-income countries. It is presented in forms of soft loans, technical assistance, grants, or directly to strengthen poor countries that lack the essential ingredients, and suffer from crises that destroy their capacity in providing services for their nations, to achieve the development".

2.2.2 Fund Types

Hashish (2000 a) discussed the major forms of IF from different angles and it can be divided into two major types. The first type is private IF and it is provided from private sector to companies and countries with strong credit worthiness. The second type defines funding as the official IF and it is provided by countries and non-profit international organizations. Hashish added that there are other fund forms like: financial aid and includes it cash (grants and loans), or non-cash assistance that include (software technical support and cultural and scientific cooperation). Cash financial aid is financial assistance in cash form and includes grants and facilitated loans and it means that the donor country contributes by monetary amount to the receiving state for assistance. The value of these funds is often the same currency of the donor but in most cases these funds are provided in dollar currency. Abu Mustafa (2008) stated that financial aid money comes in one of the following two ways: grants to support the general budget and grants administered directly by donor agencies. Non-cash financial aid (in-kind or technical) is not monetary and they are in-kind aids such as consumer commodities, or technical assistance that contribute to the development and capacity and skills development. According to Shoukair et al. (2003), non-financial assistance comes in many forms: providing experts and volunteers, capacity building and training programs, and non-cash or in-kind assistance in the form of consumer goods such as food or medicines.

Hashish (2000 b) stated that aids can take many forms in terms of the number of parties who provide assistance or grants as follows: bilateral assistance and it refers to states that provide aids in forms of soft loans, grants, financial and technical assistance to many developing countries in varied levels and proportions, and under bilateral agreements. The shortcoming of this type of aid is being linked to political, security and military considerations. Multilateral assistance which is development assistance is provided by some regional or global multilateral institutions such as WB, the IF for Agricultural Development, and Regional Development Banks like Arab Development Economic and Social Council. In contrast to bilateral assistance is increasingly linked to political considerations, multilateral assistance is linked to financing activities of the institutions of multilateral humanitarian considerations. The establishment of multilateral institutions led to coordinate the financial and economic activities from multiple sources. The multilateral institutions are better than governments to analyze the investment environment in developing countries which receive development assistance.

With regard to conditioned and unconditioned assistance countries and institutions use development assistance donations in several methods to allocate aids. As for conditioned assistance, donor countries could provide conditioned foreign aids e.g. facilitating goods entry to donated countries, or require the expenditure in a field or a particular service e.g. it may require to be spent in the field of energy and not in other field services. Conditioned assistance is used in the presence of development program in the beneficiary country and it provides the opportunity for the donor to intervene in the internal affairs of recipient. These aids are expensive for recipients, because it limits the options in maximum economic benefit from the resources. The other method is assistance provided automatically (unconditioned assistance) where aids may be provided by the donor country in an unconditioned manner. This method is based on the needs of the receiving country which does not necessarily mean the optimal use of the provided development assistance (Hashish, 2000).

Shaaban (2004) declared that IF is connected with conditions and criteria that the recipient should commit with. The USAID fund to the NGOs formed a vital model which connected fund continuity with signing Anti-terrorism Consent (ATC) that requires the NGOs commitment not to use the fund in issues related to terrorism according to the American concept. This resulted with the division between the NGOs in accepting or

being conservative to sign this consent. Moreover, Taber and Hanafi (2006) add that there are managerial, systematic and financial conditions that are represented in imposing a specific model to write projects proposals, the recruitment system and the managerial forms. There are technical conditions like the donors requirement to provide services according to the donors' conditions and by determining the highest level of procurements, the administrative costs, identifying the beneficiaries qualitatively and quantitatively in addition to making use of experts from the donor countries. Technical conditions deplete large amounts of fund budgets and the donors focus in supporting in crucial fields like democracy, good governance and gender.

In addition, Shouqair (2003) divided fund into two types: private fund and international official fund. Private fund is submitted by the private sector in the form of payable loans in the period of maturity but it has difficult credit conditions, and it is used by countries with strong credit. The less developed countries cannot rely on it due to the difficult conditions that are required before obtaining the fund. On the other hand, international official fund is submitted by countries and non-profit INGOs. They are usually provided in the form of grants, aids and loans at facilitated conditions, some developing countries in some cases, receive these aids from developed countries or some countries with surplus cash like Japan.

Considering fund recipient, Ali (2008) cited in Hammad (2011) said that fund recipient is spent by government agencies or not spent by government agencies. Aid spent by government agencies serves two-ways, the first way is foreign aid directly given to the government by agreeing with the government in the state and various state ministries, especially Ministry of Finance. The aids are spent on the services or projects according to state desire with the formal control by the donor. The second way is foreign aid directly given to local authorities such as municipalities and municipal councils in each province of the state. The aids are disposed in the direction determined by the donor country, or local authority has the choice to spend it in accordance with the basic needs. Furthermore, the assistance that is not spent by government agencies can be divided into two types: direct aid by providing the donor countries directly without mediation of governmental institution or NGOs. While the indirect aid is submitted by the donor states indirectly and mediated through a governmental institution like the UN agencies, or mediates NGOs.

2.2.3 Motives of donors funding

IF plays an important role in the implementation of the foreign and security objectives of donor countries, so objectives can be divided into political, economic and media motives. The political motives are usually launched from the strategic interests of foreign policy of the donor, and its ideological purposes which are political purposes through encouraging regimes to begin or continue to reconcile its foreign policies. It also supports regimes that are "friendly" and keeps them in empower strategic interests of donor countries which are often reflected in the negative attitudes taken by recipient countries for their assistance (Sayf Al-Din et al. 2001 a). For the economic motives, countries provide economic fund for several objectives like ensuring the highest market prices, ensuring farmers' sales in the donor countries and penetration of companies in the markets of recipients. These aids create commercial dependency, as well as political dependency. The effects of economic dependency are neglecting agriculture to a large extent under foreign aid programs, resulting in a continuous crisis in food and in the backward countries dependency on the import of these substances. Meanwhile, the media motives by donors focus on the desire to improve their image in front of the international community via providing aids to combat poverty or disasters in the world (Al-Kadim, 2001).

2.2.4 Disadvantages of IF

Sayf Al-Din et al. (2001) stated that IF has heavy consequences that lead to distortions within the communities, in addition to its role in bombing the debt crisis and deepening desires of dependency of the economic system in its various forms. Food dependency is one of the worst results that helped to deepen the need for food through the dumping process followed by donors to provide commodities at prices below the local prices or through providing aid commodities directly to the citizens. This resulted in frustrating farmers in production. Furthermore, the Political dependency as a major danger is linked to unfair conditions that directly interfere in the sovereignty of recipient countries through commitment to specific conditions and to permanent observation in a way that could be called declared espionage. It seems that the need for aid and loans to get out of debt crises and economic recession and to meet the need for food has led to the loss of a significant part of the political independency of the states concerned in the form of compelling accepted reluctantly.

Fund institutions usually affect the essence of the national sovereignty of the receiving country when seeking to directly or indirectly influence the work agenda in the national institution. In this regard, there are three dimensions according to Hilaly (2010): The first dimension means that any donor has the upper hand and the receiver must have the minimum hand in whatever the agenda of the donor is. The second dimension means that the donor is either a country, or an organization that has agenda and policy. The recipients practice the donors' agenda that was not originally present in the main agenda of funding. Regarding the third dimension, the donated directions represent a very wide area of the world called Third World, these are the areas where poverty is assumed, despite the resources available to the agenda, but in the first degree the donor's agenda in this case is a political agenda. The IF has economic, political, social and cultural impacts over development funding and the literature of IF reflects the conflicting roles of IF.

2.2.5 Fund impact

According to some international experiences the impact of IF on the countries is positive by bridging the gap of the deficit in the country's economy. On the contrary, there are other experiences that indicate the negative effects. The following is clarification of the most important impacts:

Economic impacts: The development of funding over the past decades was effective in some times and some areas and not-effective in others. A study issued by the WB (2009a) indicates that aid has contributed to the completion of many of the remarkable successes in many developing countries for example Indonesia and the Republic of Korea in the seventies, Bolivia and Ghana in the eighties, Uganda and Vietnam in the nineties of the last century, and Palestine in this century. Aid contributed to accelerate the economic growth and development through assistance in the development of public services, restructuring the economic sectors, technology transfer, basic structures and achieving the green revolution. Despite these successes that were achieved by some countries there was no positive role in developing the economy in many other developing countries such as Congo and Tanzania, because of the spread of administrative corruption and lack of transparency.

Social and health impacts: Development fund contributed to raise human development in many developing countries, particularly in the areas of health, education, promotion and strengthening of social safety nets (WB, 2009b). It was reflected in the reduction of

illiteracy rates among people, promoting gender equality and women empowerment, elimination of infectious diseases, reducing child mortality specially children under five by two thirds mortality rate and improving maternal health by reducing the ratio of women dying during pregnancy and childbirth by three quarters, and in eradicating the extreme poverty and hunger. There are many examples on the role of such assistance such as efforts to combat HIV/AIDS and other health problems and ensuring environmental sustainability. Despite this evidence of the positive effects of social assistance there are other negative effects of aid programs and aid especially from some of the organizations which condition providing aids to developing countries. Such conditions are exemplified in removing subsidies on basic commodities which cause most serious losses to the poor social groups, and contributing to the enrichment of some groups that deal in these commodities aid (Shouqair, 2003).

Political impacts: Although development and humanitarian concerns play role in aid, the basic motivations remain in general political and security. Funding provided chances to practice political pressure and may be to construct military bases, they were aids that protect from any external threats, and the effects of this aid were to provide opportunities for military bases for donor countries to provide military facilities and logistic support in the wars they make. The willingness of donor countries in establishing departments of political influence, and in strengthening its military security are of the factors that have impact on the nature and forms of such fund. Consequently, some donor countries fund, especially US consider conditions necessary to ensure effective use of aids. It could be argued that the most important negative effects of political aid are creating dependency relationship between the donor and recipient countries (Al-Kadim, 2001).

Cultural impacts: Cultural impacts vary between negative and positive and in many cases results are non-developmental and cause negative effects in the social structure of the community which receives IF. Negative cultural and social impacts of IF accumulate and interact with the value system of the recipient communities. The results of cultural impact are loss for the cultural immunity of society and falling into a state of cultural dependency and IF is the most important means to create economic or cultural loyalty and subservience (Sayf al-Din et al. 2001). The most important cultural effects of fund according to Makkawi (2001) are: the flow of external fund in its various forms that lead to the distortion of the production and domestic consumption patterns and relying on

external sources, scientific and cultural dependency through spread of negative values, creating a class of beneficiaries who are politically corrupted and seek personal benefits. In the case of providing fund to the CSOs or NGOs, it would result in undermining the sovereignty of the country that may lead to the implementation of a hostile agenda even unconscious by the officials of NGOs.

2.2.6 The IF in Palestine

Aid management and coordination system

MAS (2009a) revealed that the IF is a complex structure (Annex 2). As these bodies represent the macro-level decision makers and stakeholders in the Palestinian development process, the IF coordination structure is divided into two levels, the capital and the local. At the capital level, the major donor bodies are the Quartet, Europ Union, United States, Russia and the United Nations. These players liaise with the Ad-Hoc Liaison Committee (AHLC), 12 member committee that was established in 1993 by the Multilateral Steering Group of the multilateral talks on Middle East peace in the Washington Conference. The AHLC serves as the principal policy-level coordination mechanism for development aid to the Palestinians and seeks to promote dialogue between donors, the PNA and the Government of Israel (GoI). The AHLC is chaired by Norway and cosponsored by the EU and US. Its members include Russia, the EU, Japan, Canada and Saudi Arabia, while the PA, Israel, Egypt, Jordan and Tunisia are associate members and the WB acts as the Secretariat of the body.

Brynen (2000) reported that the AHLC acts as a 'sort of political steering committee, responsible for the overall policies of the aid process. The Joint Liaison Committee (JLC) follows up on AHLC decisions at the local level, in between meetings of the AHLC, which are usually held twice a year. A Task Force on Project Implementation (TFPI) liaises with the GoI on issues of project implementation and comprises USAID, UNSCO, Europe Commission (EC) and WB. The TFPI has a rotating Chairmanship with each member taking on the position of Chair for 6 month period. Finally, the Local Aid Coordination Secretariat (LACS) is central to aid coordination. The Local Aid Coordination Committee (LACC) was responsible for establishing Sector Working Groups (SWGs) (annex 3) and coordination between aid agencies and the PA. The LACC was co-chaired by UNESCO and WB. The LACS consists of small team of technical experts who provide support to the Local Development Forum (LDF). The secretariat is

led by the Ministry of Planning and Administrative Development (MOPAD), the WB, Norway and UNSCO.

The question still remains about the structure effectiveness in responding to the Palestinian needs, and the ability of Palestinian institutions to put forward a competent agenda to guide donors, as opposed to follow them. The blame for this cannot be entirely placed upon the donors, they have changed the system to align with the principles of aid effectiveness outlined in the Paris Declaration, the ongoing occupation and political instability have ensured that decision making power is still in the hands of donors at the capital level. Even with the structural changes, and with a competent stable PA, the same client-recipient relationship would remain. There is another important criticism of the system of aid coordination that it largely fails to include Palestinian NGOs (Khan, 2003).

In the Palestinian context through MAS study (2009b), the existing aid system has helped to solve many economic problems and has maintained the existence and operation of the PNA as a governing body. However, many politicians acknowledge that this system has neither helped to achieve the Palestinians national goals, nor it has brought them closer. Some believe that aid system has lengthened the Israeli occupation, and therefore it did not bring independent or even dependent development, the existing aid system reinforces dependency more and more.

2.2.7 Nature and features of IF to Palestine

PNGOs (2011) and Abraham (2005) mentioned that the total amounts of foreign aid that the Palestinians receive exceed that in many Asian and African countries. Many consider that these payments were the biggest in foreign aid history, whereby no country ever received such a great amount of aid before. On the other side, it is believed that Israel is the largest recipient of aids in the Middle East through the USA and others, and these aids are estimated by more than five billion annually. The individual's share of foreign aid was 658 USD by the end of 2008. A study conducted by MAS (2009) showed the increase in fund for the WB & the GS between 1999-2008 more than 600% and reached to 3.25 billion USD annually. The PNGOs sector has around 10% of the total external aids to the WB & the GS, it is directed to the PNGOs in 2008 with highly proportion to the human rights activities by 30%, the social services sector was 26%, economic sector was 22%, education 14%, and charity and relief 9%. The amounts of the aid and its type varied according to the political situation, the shift in the direction of foreign aid was

usually away from the PNA and development activities, but directed to relief programs, and away from the bilateral donors, but towards multilateral channels. Among the donor groups, it is clear that Europe whether group or individual state is the largest donor to the PNA and PNGOs alike. The IF is vital for PNA and NGOs, where it forms 60% of GNI of the WB & GS.

Laurance et al. (2009) said that the most of Pt. health budget is financed by donor agencies and the PNA has received 840.5 US million of aid between the years 1994 and 2000 together. Abdel Majeed (2010) also implemented a study which revealed that IF is preferred to be directed for NGOs in 2004. However, the rate through time indicated that 44% of respondents agreed to direct the fund to the PNA in 2009. About 58.6% of Palestinians support IF management carried by donors while IF management carried by Palestinian institutions reach 41.4%. There was strong support by 41.20% on the strategic method for managing funds through the Palestinian committee that consists of all bodies compared with the CSOs, government, or even through the donors themselves.

Additionally, Bisan (2011) asserted that the proportion of foreign aid increased during the years (1998-2008) to more than 200%. The Palestinians received large amounts of IF which exceed many countries in Africa and Asia combined such as (Egypt, Jordan, Yemen, Congo, Haiti, and Lebanon). This means the increase of the Palestinians dependency on IF. Sharaf (2005) noted that the high public debt increased by 100% in that period from a billion to 2 billion USD just in the era of the acting government. The main source of IF is from foreign and Arab countries, meanwhile, the domestic and PNA contributions represent a small percentage out of the financial resources.

2.2.8 IF problems in Palestine

Riahi (2011) reported that hundreds of millions dollars of fund to help the Palestinians were paid for administrative expenses of the international agencies; it is a ratio between 13-20% of the fund amounts of the projects. There are different dangers for IF like: weak dependency on CSOs, EU countries exploitation of civil community to achieve its political goals and to destroy voluntary spirit that formed CSOs in the Arab area, and CSOs financial independency. Wherever there is official fund there are conditions the donors impose and there are unrevealed goals that should be achieved. Ben Baih (2010) agreed that the psychological risks are represented in the absence of voluntary values and collective spirit that was the base for Arab countries and motivator to resist the occupation

for freedom, democracy and human rights. In spite of the risks of IF, there are positive results that IF contributes in like: safe water, schools, hospitals construction and research.

PNGOs (2004) indicated that IF requires a degree of awareness. Charity work is the goal of donor, and thus fund is directed to specific projects in accordance with the donor philosophy that are not consistent with the CSOs goals. So that, many NGOs refuse to sign Anti-Terrorism Certification (ATC) which USAID enclose with the agreements contract that deal with the Palestinian institutions and call for cancellation for political, legal and ethical reasons. There are doubts about the IF objectives. Hundreds of PNGOs approximately 1800 NGOs depend on the European and American fund, although, some of these organizations resist the Western agenda. Even though, most of the NGOs are in the same orientation where the distorted agenda does not fit the Palestinian urgent priorities as much as it suits the donor desires. Another study by Shawa (2008) showed that despite the positive effects of fund PNGOs should reconsider the conditioned fund.

The PNA tried in 1999 to control the financing that PNGOs pass through, and accused it of meeting the western agenda (Abu Al Haja, 2004). The risk of the IF is not in shaping the Palestinian controls which private charities and local bodies law No. (1) 2000 did not mention. IF has consequences on the PNGOs and society as a whole, it promotes the existence of the local agents of external donors which might affect the sustainability of NGOs. Furthermore, IF makes PNGOs hostage to the donors' attitudes and these risks are inversely consistent with the PNA performance (Ladadwa et al. 2001). Human rights experts, activists and donors representatives have warned about the risk of political exploitation of fund by donors (Arab Orient Center, 2004).

Ministry of Planning and Development MOPAD (2011) discussed the technical challenges that face the IF and development process. The challenges include the external contracts which donors deal with in foreign private companies without reference to the related parties which leads to lack of knowledge of the project real costs while it can be implemented by the Palestinian or Arab experts at lower cost. In addition, the internal factors are represented in the weak relationship between the governmental institutions and the donors. Mariya et al. (2005) mentioned several problems of aid delivery system in the health sector. The problems are the oriented approach (donor driven priorities), heavy

bureaucracy system (complex donor procedures, excessive demands on time or delays in disbursements), lack of information, donors' demands beyond national capacity, little aid coordination and multiple country strategies including redundant /duplicate systems of diligence (accounting, budgeting, audit, procurement, monitoring and reporting, etc.) as well as waste of time, effort, and resources.

2.2.9 IF to the Palestinian NGOs

“Aid should strengthen local capacity rather than spawning parallel aid empires.”(Fox, 2008).

MAS and NDC (2009) stated that PNGOs provide a wide array of social services in health, agriculture, early childhood development, mental health, education, elderly care, environment and services for people with special needs often supplementing and augmenting services provided by the PA. NGOs also provide 95% of early childhood development services and all specialized health services (such as rehabilitation, cancer treatment, ophthalmology, neurology, etc.) to which the MOH refers to patients. In agriculture, NGOs play an important role in land reclamation, rehabilitation and tree plantation, which have all proven to be an effective ways of limiting land confiscation and thereby protecting rural livelihoods.

Yaghi (2008) asserted that there is scarcity of information and untrue figures about IF to the health NGOs. Most health NGOs rely on varied funding sources since 76% of NGOs rely on self sources and 64% of the total NGOs receive Arab fund (civil) and NGOs which receive foreign fund (civil) reached 62%. Yaghi described the PNA funding to the NGOs of being weak and not depending on clear criteria. Meanwhile, it was found that most NGOs stressed on the importance of fund harmony with its activities and the necessity for a common vision with the donor and rejecting the conditions. The study also reported that most NGOs have suffered from financial deficit as a result of inadequate fund, and lack of donor interaction that is one of main difficulties that face the NGOs to secure fund.

WB (2005) documented that the NGOs total external aid that disbursed to the WB & GS in 2008 is estimated between 2.77 USD billion and 3.2 USD billion, 60% of which went to budget support. IF to PNGOs was estimated by 258 USD million in 2008, roughly 8% of the total External Aid. This percentage has dropped since 2005, aid to PNGOs was estimated at 19%, but it remains significant. WB report (2010) also added that PNGOs

have a real opportunity to make difference in the national policies, and certainly in channeling the voices of the population. However, this potential impact is partly limited by the large number of NGOs

Abu Ramadan (2010) said that it is necessary to emphasize the principle of civil work independency in order not to be deprived of its role and not become a part of the route and mechanism of globalization. It is highlighted by the adoption of the donor countries and international organizations of concepts that belong to the system of civil society so that the CSOs continue in monitoring the commitment of the world countries with aids to be converted into sustainable development. MAS and Mugisha et al. (2005) asserted that many donors fund health services and programs also fund wider systemic reforms to restructure the financing, management and organizational structures of health systems to improve efficiency and quality of services. Many of these systemic changes offer opportunities for supporting a move away from constraining through adopting SWAP and decentralized structures to improve the efficiency and sustainability in the organization that received external fund.

Abdelkarim (2002) asserted that the uncertain continuity of donor funding, be it short or long term, makes it extremely difficult for the NGOs to plan and implement their core activities. The study concluded that all managerial practices projects are poor including the project department staff or top management and the inadequate experts. The donor did not assist in solving the project management problems but rather assisted in the escalation of their severity. Abdelkarim proposed a framework for mainstreaming multi-dimensional project management best practices which are: organizational, project management, community, donor, and the governmental dimensions.

Moreover, Al Namla (2010) through phantom of development book wrote about the donor community from the words of Michel Fouco, "the real political task is to criticize the work of institutions that at the same time look impartial and independent in a manner that removes the veil from the political violence that has been always practiced through it." It was reached to the re-placement of the NGOs Palestinian individual within the new reality to become in need to change concepts about himself. The speech of reform and good governance is isolated from any true developmental context for the Palestinians under occupation and donors could make money the official discourse of the PNA. Al Namla sharply criticized the Palestinian intellectual elite because they import ideas of the

IMF, WB projects and Western financial support to their institutions, in addition to standing in the face of any monetary attempts that go out homeland or the diasporas, they are linked to interests of imperialism.

Bisan (2006) clarified that the historical challenges that face the NGOs funding are exemplified in the absence of official governmental support sources, conditioned fund linked with donor agendas, weak self financing and instability of security situations. PNGOs (2011) reported that many health NGOs suffer from various financial difficulties which threaten its continuity and difficulty of the diversified of fund sources. Having to face an increasing deficit, there is absence of ability to commit to paying the employees salaries. NGOs have had to shut down health clinics and reduce the quality of health services that were provided and reduce the staff numbers. This crisis continues, up to now, otherwise the current situation will lead to the liquidation of future work, as government support in the framework of political money has reduced the size of the budgets allocated to these institutions

Alembirak (2004) indicated that there are many fund difficulties in the NGOs including: difficulty of diversified funding sources, lack of specialized staff for the development of financial resources, inadequate funding sources to cover the expenses, double regular payment of subscription fees, no serious feasibility studies for investment projects, and lack of proficiency in dealing with donors. To overcome these difficulties, the currently existing NGOs programs should be supported and re-evaluated, management skills should be developed, investment in the NGOs should be encouraged, using modern methods and specialized committees in the financial resources development and promoting the exchange of experiences. Busan conference (2011) with participation of around 300 of CSOs has recognized the crucial partner and the pivotal role of those CSOs in the development process. CSOs associate with marginalized social groups and their ability to identify priority needs, and raise their voices to decision makers by pressure and impact tools, popular accountability mechanisms to achieve rights and equal citizenship, and empower the poor to achieve sustainable development (Abu Ramadan, 2011).

2.3 Appropriateness and relevancy (input)

Heller (2011) asserted on the appropriateness of aid that is particularly questionable when one considers the likely character of the challenges that the global economy will confront

in future. After sixty years of foreign aid efforts and dramatic change in the world of aid recipients, it is time to reconsider the role that aid should play in the coming decades. In short, the resources available to aid industrial societies, are unstable and likely to shrink, it is important to identify the policy challenges that threaten most of the global economy and political system of the donor countries to look to the future, and to allocate these resources aid relevance and commensurate with the recipient country needs, priorities and goals.

Laurance et al. (2009) study has confirmed this approach which argued that donors have an influential role in determining the PNA policy. No comprehensive agenda for improving health and services in the oPt. can be outlined with any confidence. The study recommended assisting the donors to develop policies that are appropriate and harmonized with the population needs.

2.4 Process aspects

2.4.1 Efficiency (process) and Effectiveness (output)

The Paris Declaration (2005) laid out a practical, action-oriented roadmap to improve the quality of aid and its impact on development. It puts in place a series of specific actions to ensure that donors and recipients hold each other accountable for their commitments. It also outlined the following five fundamental principles for making aid more effective:

- **Ownership:** developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.
- **Alignment:** donor countries align behind these objectives and use local systems.
- **Harmonization:** donor coordinate, simplify procedures and share information to avoid duplication.
- **Results:** donors shift focus to development results and results get measured.
- **Mutual accountability:** donors and partners are accountable for development results.

About the AAA 2008 designed to strengthen and deepen implementation of the Paris Declaration; it takes stock of progress and sets the agenda for accelerated advancement towards the Paris targets. It proposes the following three main areas for improvement:

- **Ownership:** wider participation in development policy formulation, stronger leadership on aid co-ordination and more use of country systems for aid delivery.
- **Inclusive partnerships:** All partners including donors in the OECD-DAC and developing countries, other donors, foundations and civil society - participate fully.
- **Delivering results:** Aid is focused on real and measurable impact on development.

Al Assar et al. (2000) discussed ways to raise the efficiency of development assistance. The existence of rational macroeconomic policies and reforming effective financial and monetary programs, economic openness and administrative reform in public administration, encouraging the private sector programs efforts, cooperating and coordinating between organizations. Lastly, choosing the suitable time to provide assistance to increase the capacity of developing countries to implement programs efficiently and working on appropriate combination of financial and technical assistance in supporting the reform programs, service sector development and infrastructure.

In addition, Birdsall and Kharas (2010) suggested that the indicators should be associated with aid effectiveness, and then should measure how the different donor agencies stack up in terms of realizing these attributes. Their focus is on (programmable aid) a concept defined by excluding uses of aids that are not intended for development projects e.g. (humanitarian relief, the administrative costs, food aid, the core funding of the NGOs, and in-kind technical aid). The indicators are: the degree to which efficiency is maximized in aid processes, the degree to which the recipient meets development priorities, budgets, and institutions capacity, the degree of burden imposed by aid on recipient bureaucracies, and the degree of transparency related to donor's aid programmers.

Burnley (2010) revealed that the 21st century aid also needs financing, and donor governments must step up their efforts to provide at least 0.7% of GNI in aid according to UN targets (annex 4), and must ensure that it is given in effective and accountable ways. It also must be ensured that aid is channeled to support active citizens to build effective states, to provide effective public services, and to reduce poverty and inequality. Aid should support diverse forms of financing to contribute to development, and donor should increase the aid amounts and predictability e.g. CBOs donor could reduce administrative procedures, limit conditions, and minimize the difference between what is committed and what is disbursed (annex 5). Aid has to be transparent by ensuring timely, accurate disclosure, disseminate information, and exploit the local resources of developing countries.

2.4.2 Monitoring, evaluation and control

NGOs suffer from absence of M&E mechanisms, measurement tools such as indicators, and referential data that are necessary to recognize the results of PRDP which are adopted by the PNA with the support of donors. In addition, NGOs suffer from lack of necessary

information and data for governmental institutions, as well as donor uncommitted to provide financial reports about financial aid. The mentioned challenges hinder project follow-up and progress (MOPAD PRDP, 2011).

Sharaf (2005) recommended strengthening the financial control at the GS organizations in order to increase the donor trust that safeguards the continuity of the needed fund to continue in services provision. The researcher reached to the existence of a moderate increase in the financial position and assets of CSOs. It was found out that the main source of fund is foreign and Arab; consequently, domestic and PNA fund form a small percentage. There is a real relationship between financial monitoring and the organization fund level as the M&E contributes effectively in fund continuity, and the financial control suffers from weaknesses in many CSOs in the GS.

The civil society and its institutions continue to monitor the extent of donor commitment to convert it to sustainable development. Some estimates indicated that donors' commitment in Paris Conference 2005 till now did not exceed 20% - 30% of the world countries pledge. This requires raising the monitoring degree and the continuous claim to commit the donors in their pledges for a better world, especially if it is realized that the same countries have pledged to deduct 0.7% of its GNP in order to fight poverty according to the MDGs but it did not commit (Abu Ramadan, 2011).

Popular monitoring and control is practiced by the members of the public PNGOs. Article No. (23) of Law No. (1) 2000 included specification for the powers and functions of public bodies. Monitoring works are the most important through the appointment of external and independent auditor who takes over reviewing the accounts and the financial statements, and then an annual report is issued to be presented for the general assembly to be seen and approved in their regular meeting. Law No. (1) 2000 was concerned about the charitable organizations in this monitor to ensure community participation in monitoring the institutions performance and in strengthening official monitoring systems of the PNA. In addition, there are governmental monitoring and control bodies such as General Monitoring Bureau GMB, and MOI (GMB law, 1995 and Charitable Organizations, 2000).

2.4.3 Governance, transparency and accountability

"Countries with better governance are more likely to utilize aid flows more efficiently". Coalition for integrity and accountability AMAN (2006) conducted the NGOs transparency and accountability survey. It was found that 57% believed that corruption exists in the NGOs and 38% of the surveyed saw that the NGOs programs do not meet the Palestinians needs. The highest percentage of 36% believed that the donor is the main body that determines the NGOs programs priorities, while less than 16% believed that PNGOs determine its priorities. On the accountability, 53% answered that the PNA should be accounted with the NGOs, followed by donors 23%, then the local community 17% and boards of directors and public bodies by 12%.

CDS (2011) stated that to improve the quality and accountability of IF by listening to the voices of recipients. The international and local organizations should work to develop their recipient feedback processes to help in gathering and utilizing information to inform decision-making in IF efforts. It also should adopt the feedback mechanism which is an essential tool besides the M&E, assessment, and other tools to improving accountability. The donor should use this approach and institutionalize it as a system through focusing on wide organization level by integrating it in management systems not in project level only.

Abdel Latif (2000) and sharaf (2005) agreed that the NGOs transparency and credibility are important internal factors and necessary to gain the donors confidence. NGOs transparency and credibility are the only self source of the NGOs and they are applied for fund raising to any source as a tool to achieve the development or relief goals. The largest obstacles that face the NGOs are fund abuse to serve the personal interests and PNGOs corruption which could lead to losing the credibility and transparency that needed to empower the NGO, and could negatively affect the ability of bringing the funds. Therefore, all countries seek through legislation and laws to reinforce this approach and protect the public interest. In the same context, PNGOs network during April 2004 has implemented revision of the financial and administrative systems project in thirty PNGOs to develop the capacity of CSOs. Those systems are considered the basis for the NGOs work, especially in the area of finance management and optimum use of resources, to ensure the integrity, accountability and transparency in the life of the NGO (PNGO, 2004).

Ngomo (2010) asserted on the presence of corruption in any community. To say that aid causes corruption is not true, if there is corruption then let's deal with it. Definitely there is need for monitoring systems, checks and balances. It should be worked hard to remove it. Some individuals take advantage of weak systems; there is no excuse to leave people to die because of corruption. The poor must not lose out because of a few corrupted people. Therefore, the aid does not restrain the incentives that you need for economic growth. Good quality and adequate quantity of aid is a catalyst for growth and the countries that are poor cannot compete.

Transparency is a crucial aspect of good aid; donors need to be clear about what and when they provide aid. Aid transparency is particularly important for budget transparency in countries which receive high levels of aid, transparency also goes hand in hand with predictability in that it enables the governments or NGOs to plan, prioritize, and communicate their spending decisions, and encourage to report the national spending to the public. Despite the causal links between good transparency and better aid, progress on international commitments to increase aid accountability has been slow and donors were not fast in implementing their commitments on aid transparency (Burnley, 2010).

2.4.4 Partnership, cooperation and coordination

Consequences of non-cooperation presented in reforms at the MOH are very much pushed by donors. However, high level officials find it difficult to agree on what direction to go, uncoordinated and duplicated donor actions weaken the capacity of the recipient country. All of this leads to lower aid effectiveness, as a result of the reduced aid efficiency, there has been a decreasing public support for aid on both sides the Palestinians, and the donors. On the other hand, aid coordination by the creation of the LACC and SWG in 2001 the health SWG (see annex 4) endorsed the establishment of health thematic groups according to specific thematic areas such as reproductive health, information system, oncology, mental health to facilitate more operational, focused and thorough technical discussion among key players, involving representatives of both donors and service providers (Mariya et al. 2005).

MAS (2005) explained that the consolidate partnership between the PNA, the private sector and NGOs to expedite the implementation of the development vision needs following up the advancement of policies, plans and programs, and coordinating the

division of labor. These agreed concepts must form the basis of future discussions between development partners and be effectively incorporated into all development strategies. The study recommended that result of the poor coordination and planning, in spite of huge IF could not reach the legal and organizational structures of Palestinian institutions to operate effectively and efficiently. Better coordination is needed between institutions and donor agencies and among these two groups themselves. The study proposes the creation of an institutional body, with a clear organizational structure and led by the MOPAD to plan and coordinate the inflow of IF.

Furthermore, Busan- Korea (2011) focused on the importance of cooperation and partnership for development in the context of an international perspective based on the criteria of democracy, good governance. Cooperation should not be limited to the relationship between the north and the south it means "south-south cooperation". It is necessary to work on the basis of sustainable development and promote the capacity building principle. This is done not only by the donor, but within the process of engagement with CSOs or developing countries, and based to the national development plan which must be interconnected with the global goals such as MDGs. MOPAD (2011) asserted that the absence of planning and poor coordination between donors and Palestinian institutions in managing the IF led to lack of knowledge of projects that have been implemented and even not implemented of high priority in some cases.

Qazzaz (2006) confirmed on the importance of the coordination mechanism. Coordination between donor, PNA and the NGOs parties is essential to build fair, effective and transparent coordination. The coordination should be at the sector level, as stated in similar studies, to help the organizations take advantage to recognize the public-private partnerships. Donor coordination takes place between donors on level of implementation or planning coordination between donors and the state, and CSOs that receive grants fund to comply with societal and developmental needs.

Pfeiffer (2003) presented a case study to clarify the relationships between IF workers and their local counterparts since they became critical aspects of Public Health System PHC and its effectiveness. The researcher observed the participant's in Mozambique for three years to present an ethnographic study of these relationships in one central province. The Mozambique experience revealed that the deluge of the NGOs and their expatriate workers over the last decade has fragmented the local health system, undermined local

control of health programs and contributed to growing local social inequality. It is argued that new aid management strategies will not be sufficient to remedy the fragmentation of the health sector. A new model for collaboration between expatriate aid workers and their local counterparts in the developing world is urgently needed that centers on the building of long term equitable professional relationships in a sustainable adequately funded public sector. The study illustrated how the NGOs model undermines the establishment of these relationships that are so vital to successful development assistance.

The WB has played a prominent role in donor coordination including programmatic leadership, analytical and advisory support and mobility of donor financing through trust funds. In 2001– 2009, the WB took the lead in various aid coordination bodies at both the international and local levels, and Bank staff served at high-level second assignments to aid coordination bodies including the Quartet on the Middle East. The Bank’s analytical studies and assessments served as a focal point for donor and donor-PNA discussions and activities in the WB & GS. Many Bank reports helped to set the agenda for the direction and distribution of development assistance. The Bank’s economic analysis often became the technical backbone of the political negotiations (WB, 2011).

2.5 Output aspects

2.5.1 Sustainability

Population Council and Commercial Market Strategies CMS (2002) agreed that NGOs with the greatest potential for sustainability share specific characteristics like: decentralized leadership, diversified funding sources, capital investments in real estate and strategic pricing, use of information systems for decision making and accrual of profits to subsidize social missions and programs for the poor.

Mugisha et al. (2005) described that the NGOs can take advantage of SWAP and decentralization processes to enhance sustainability and effectiveness by reducing current dependency on donor fund if they address systemic weaknesses such as not having strategic plans or by translating plans into concrete ways of improving financial sustainability. While, Janowitz et al. (2008) supposed that sustainability needs to consider pilot-tested and long-term interventions. NGOs must adopt the Financial Sustainability Capacity Building Initiative (FSCBI) to reduce aid dependency, through the staff capacity building to collect and analyze the economic information on service delivery costs to

improve NGO sustainability. Donor expectations for NGO financial sustainability are not always realistic. It encourages this approach when expecting increased number of services to the poor. However, serving the poor may inhibit an NGO's self-sustaining efforts, because the poor are often unable to co-pay. Then, the NGOs need its revenues earned from services or from IF support and keeping fees low and/or increasing number of services to the poor.

Moreover, Abdelkarim (2002) declared that all PNGOs continued to depend on IF in financing their core activities, it may also force an NGO to live a project-to-project existence being unable to make long term plans. The financial sustainability of the PNGOs becomes a real challenge. The financial sustainability is a multidimensional challenge entailing both internal factors of strengthening PNGOs capacity, as well as external factors of establishing a more supportive regulatory environment and secure resources for the NGO initiative. A very few number of the PNGOs have managed so far to maintain "donor-driven sustainability", the challenges of long term financial sustainability for the PNGO sector still needs huge efforts. The researcher focused on the technical assistance as an option to generate revenue such as fundraising approaches and pricing of services.

Aid sustainability is addressed superficially in the world. Sustainability needs to be considered in several ways. First, budgetary sustainability and it is related to budget resources that are used to finance a program. Second, programmatic sustainability that means reducing aid dependency or it might only realize short-term successes that might later create larger longer-term problems. Third, operational sustainability and it is related to the availability of the requisite trained manpower e.g. providing the required medical and paramedical staff in the health sector. Fourth, environmental sustainability which is related to whether aid enhances environmental capital or not. In short, in many areas, the current efforts involving providing aid gives rise to the image of walking upwards on a fast-moving, downward escalator. It is also often argued that aid might be a far weaker tool for development (Heller, 2011).

Additionally, MAS (2007) indicated that the continuity of health services is related to IF. This puts a question mark on the sustainability of these services, and the policy makers should think strategically in this field to make transformational change in the health system, and should reinforce self dependency in funding the important programs. This

was confirmed by MAS study (2005) that the utilization of IF process has achieved reasonable positive results in infrastructure rehabilitation, and has strengthened the technical capabilities. The IF no doubt contributed in providing financial resources necessary to ensure the basic social services continuity.

Busan conference (2011) emphasized the need for sustainability and continuity in the provision of IF to poor countries. This occurs through the will try to unify the forces that influence the process of development locally and internationally, as well as representatives from the private sector and CSOs. Furthermore, the development sustainability is considered milestone of the IF. To achieve this it must rely on the pillars agreed upon by all parties to ensure that aid transfers to sustainable development process. This requires capacity building elements, as well as engagement in the development and productive process, the development methodology based on "Result Base" and the ability to measure the impact with participation of all international and local actors.

2.5.2 Responsiveness to Palestinian society needs

Abdel Majeed (2010) surveyed the Palestinians citizens' perceptions about IF in 2009. The majority of the respondents saw that IF provided more services to the Palestinian society and it had a bigger role in alleviating human suffering. Half of participants believed that the fund seeks to enhance steadfastness of the citizens in their homeland, and the majority of fund mainly seeks to mitigate the negative effects of the occupation. One quarter of respondents considered that IF aimed at strengthening the occupation and most of answers for IF were political. Moreover, the study showed the absence of confidence in the U.S fund by the Palestinians compared to other sources. The majority said that they did not directly benefit from the aid that has been limited in the framework of the emergency relief. The GS respondents' responses were higher than the WB regarding the direct benefit of IF. Regarding determining the Palestinian priorities, 56.7% revealed that the donors decide the Palestinian priorities through their own political agenda. But about 81.5% believed in the need of the Palestinian organizations to re-evaluate their programs with the donors. Briefly, the IF decreased the humanitarian suffering of the Palestinians and contributed to the development of service. The international fund could not perform the role required of it in the development of the Palestinians; instead it reinforced the subordination of Palestinian society to the outside. The IF did not have a positive role in social issues, in spite, it enhanced participation of

the Palestinian people, but it was not as it should be in addition to that it contributed to creating the loyal class.

The extent to which IF reflects Palestinian priorities is regarded as one of the most important criteria that are used to measure the impact of IF in empowering the Palestinian society and in determining whether that assistance has achieved its desired goals or not. Donor interests and Palestinian priorities seem to deviate significantly. The variation does not mean that the assistance to the Palestinian people has not been effective. Still, its impact could have been greater if donor funding interests and Palestinian development priorities were more closely matched. The management of donors' relation is never simple, aid is an investment of foreign policy, and it intends to serve the interests of donors. The objective is always to minimize the divergence between the interests of donors and recipients (Shadid, 2002).

Ngang (2008) also examined the impact of foreign aid in promoting economic growth and improving the social welfare in Cameroon because of the much debate among development researchers, aid donors as well as recipients in general and Cameroon in particular. The researcher used descriptive statistics for data that spans from 1997 to 2006. The results showed that aid significantly contributes to the current level of economic growth but has no significant contribution to economic development. In addition, the researcher concluded that the impact may be significantly depending on the country understudy, type of aid, the adjective of the donor country, the implementation policy of the recipient country, the methodology used, and the period of study. In Cameroon, foreign aid leads to economic growth but the growth is not translated to economic development because of bad governance and corruption.

The NGOs goals should be identified from the reality of the Palestinian society needs, which in turn is important for the clarity of vision development plans that controls the functioning of CSOs. This necessitates a degree of mutual coordination and integration between the PNGOs to take the priorities and needs in mind, to prevent duplication in the activities. The work on the basis of people requirements would support and strengthen the position of the NGOs in dealing with donor agencies. In addition to that, it supports giving priority of the NGOs agenda over the donor agencies agenda in order to prevent deviation of PNGOs and fortifies it against submission of

donor agencies dictates and requirements. This is because the external donor determines the general programmers to work in other countries, including consistency with their objectives. Donors have their own goals, and the ability of the PNGOs to make a serious change in this area is limited (MAS, 2001).

Birzeit University (2005) clarified that the large amounts of IF played an important role in upgrading the Palestinian infrastructure facilities and reducing the destructive impact of the Israeli practices. However, this aid was not made part of a systematic national plan for development and reconstruction. A substantial portion of it has gone toward covering the fees of foreign experts. Furthermore, much of aid is hostage to the advance of the peace process and toward preventing this process from collapse. These factors have limited the role of IF in the development of Palestinian society and in strengthening its internal capacities in the face of acute challenges. In addition, there have been numerous doubts raised by local and international observers regarding the efficacy of this aid in promoting the Palestinian economy's opportunities for emancipation from severe dependency on its Israeli counterpart and in empowering Palestinian society to achieve comprehensive and sustainable development.

Abdel Majeed (2010) study revealed that 44.10% answered that IF has enhanced community involvement and participation in determining their priorities to attain the society needs. While, 68% said that IF has strengthened the dependency of the Palestinians on external fund. MAS (2005) ensured that the IF had limited contribution in promoting the community participation in public life, through launching democratic empowerment initiatives that reached different sectors and categories in the Palestinian society. Abraham (2005) pointed to a set of results including: the impossibility of a holistic development in the oPt. under the occupation, and the aid received by the Palestinians through the NGOs is a key role in the process of steadfastness. The IF has also contributed to the promotion of the principle of community participation and involvement to a certain extent. However, it has not fully integrated this concept into the projects it supports in order for the beneficiaries to become full partners in formulating and taking decisions related to their communities (Birzeit University, 2005).

2.5.3 National health goals and indicators

Bisan (2011) clarified that despite the high proportion and foreign aid per capita to a height record, they have not achieved growth rates standing up like the countries that adopted aid as a way of sustainable development. It did not positively contribute in reducing poverty and unemployment rates, (annex 6) revealed that the poverty indexes in the oPt. (2004-2008) and compared them with the volume of aid. These rates are expected to rise as long as the Palestinians lose the ability to exploit these aids in meeting the most important needs. Due to the wrong policies of the PNA in managing aid mechanisms and carrying out by the donors directly such as Mécanisme Palestino-Européen de Gestion de l'Aide Socio-Economique (PEGASE), 30-40% of the overall budget was spent on security, while the occupation government spends 7.7% of its budget on security. The report recommended launching an internal dialogue by the PNA as a largest recipient of aid and CSOs about the nature of IF and looking for its developmental feasibility. The extent of this aid to overcome the problems of poverty and unemployment, rather than thinking of creating job opportunities is limited here and there.

Giacaman et al. (2011) discussed the Gazan's human security. It showed that people with the fewest resources and insecurity lend support to the inclusion of conventional and war related factors in the assessment of human insecurity in conflict. Although intervention through support of Gazan's with food and other aid is important, interventions need to address the cause of human insecurity namely, the violence of war and the sieges. Burnside and Dollar (1997) examined the relationships among aid, economic policies, and growth of per capita GDP. It was found that aid has a positive impact on growth in developing countries with good fiscal, monetary, and trade policies. In the presence of poor policies, aid has no positive effects on growth. They examined the determinants of policy and found no evidence that aid has systematically affected policies, either for good or for illness. They estimated an aid allocation equation and showed that any tendency for aid to reward good policies has been overwhelmed by donors' pursuit of their own strategic interests. In a counterfactual, they reallocated aid by reducing the role of donor interests and increasing the importance of policy. Such a reallocation would have a large positive effect on developing countries' growth rates.

A mandatory shift from developmental to humanitarian aid was a direct result of the Israeli actions on the ground. It became obligatory for the PNA and CSOs to focus their

efforts on relief to prevent the collapse of the political and social system sectors. A large percentage of Palestinian households became dependent on aid for their livelihood. The health programs concentrated on providing PHC to the poor, devastated areas and areas under siege as well as providing needed physiological care. This applies as well to the education, disabled rehabilitation, and agriculture which changed the priorities of the society. Overall, relief effort became the main focus and advocating for civil society issues such as human rights, democracy, labor rights, and women issues were pushed to the background (The Arab Orient Center, 2004).

2.5.4 MDGs

The Millennium Development Goals (MDGs), agreed by the world's heads of government at the Millennium Summit in 2000 sponsored by United Nations Agency. Through the MOPAD (2010), The UN reported that the Arab states made strides in the development of health and education, but war, unemployment and insufficient aid undermined efforts to achieve these goals. While UN clarified that the global economic crisis in some cases taken out efforts to achieve the MDGs on track. The Arab world faces challenges of its own. An evaluation of the UN and the League of Arab States LAS revealed that the poorest Arab countries like Yemen and those that suffer from violent conflict such as Sudan, Iraq, Somalia and the oPt. are unlikely to achieve the goals related to reducing poverty, child mortality, diseases and so on. UNDP report found that the Arab region as a whole did not witness progress in reducing the number of people with low income. The oPt., Yemen, Sudan, and Iraq have the largest proportion of the population who did not go to schools. Khaled Abu Ismail, an expert in fighting poverty at the UNDP added that the chronic problem of the Arab States is an epidemic of unemployment, and development aid is now less in the real value than it was in the nineties.

MOPAD (2010) presented that the Palestinian situation is different from other countries that work toward achieving the MDGs. Palestine is subjected to several factors including the Israeli occupation, siege, and limited control over natural resources including land and water. The current track towards the MDGs is slow and scored somewhat expected results, but not the results required in the presence of obstacles, where progress is being made positive, this progress is slower in the GS than it is in the WB. The GS witnesses clear decline in the rates of poverty, hunger and unemployment. Therefore, policies

responses will remain to poverty, hunger and unemployment based on the continuous provision of IF, despite the high levels of assistance whether direct or indirect, but it is not sufficient to protect a large proportion of the population.

There is a significant progress that has been achieved to generalize primary education according to statistics of the MOE. In light of the continued occupation, education requires external financing to maintain the ability of the education system. Concepts of gender equality and women empowerment are increasingly reinforced in all aspects socially, economically, and politically. Regarding the reduction of children's mortality rate and improving maternal health, they have been achieved to a big extent. However, the continuity of occupation and the GS siege makes this goal unlikely to be achieved. Therefore, drawback in the indicators of the two goals occurs. With regard to combating HIV, malaria and other infectious diseases goal in the oPt., they have been eliminated and this achievement is maintained through the promotion of vaccination programs and the development of strategies for health care. Goal 7 of ensuring environmental sustainability is not likely to be achieved due to the occupation restrictions effects on access to land and natural resources and due to the absence of full sovereignty which is a big obstacle that ensures for Palestinians to reach adequate supplies of drinking water and sanitation systems. The other goal is to establish a global partnership for development (MOPAD report, 2010).

Mohammed Nasr interview quoted from the previous report (MOPAD, 2010) stated that the requirements of this goal place responsibility burden on UN Member States, including Israel for achieving the MDGs. The presence of territorial contiguity, liberalization of the society and the economy from the constraints, freedom of action and use of the natural lands of Palestine, and engagement with the international organization would allow the society and the economy to grow and prosper, and rapidly reduce dependency on foreign aid. The report concluded the need for IF and development policies that aim to improve the targeting of aid. Immediate end of the GS siege should be put to begin the rehabilitation of infrastructure and public services. Revival of the economic activity is the only way to address the growing disparity in social and economic conditions and the removal of this gap in a sustainable manner.

Poverty reduction is one of the main global goals. (Barrett, 2008) indicated that aid has been deemed as an essential part of any strategy to reduce poverty and hunger. It encompasses both short-term relief of suffering resulting from natural disasters and war, as well as longer-term development to end chronic deprivation. Over the intervening half century, aid has become an industry, professionalized in UN agencies, multilateral development banks and a vast network of NGOs committed to humanitarian relief, long-term development, or both.

In addition, Radelet (2004) suggested that to accelerate the MDGs achievement, donors should have much more goals and results oriented in their aid programs, and should work with low-income countries to ensure poverty reduction strategies. PRSs have specific, well-defined goals in both the short-run and long-run. PRSs should be expected to specifically refer to the MDGs. So, donors must go beyond the rhetoric of "country selectivity" and actually begin to allocate aid more seriously to poorer countries with strong and moderate governance. Well-governed countries should much greater be concerned with designing aid programs, should receive more of their aid as program funding, and should receive longer-term commitments from the donor community.

PCBS (2009) reported the monitoring of progress for achieved MDGs in the oPt. The report indicated that political situation is highly correlated with development. Data indicated that the trends were in line with the planned goals. But after 2000, the picture was inverted due to deterioration in the political situation and the Israeli occupation consequences, in 2002 and 2005 the trends improved slightly. After the legislative election in 2006 until now, the trends are not in the targeted track. Moreover, due to the political condition, this report presented a picture about the status of progress towards the achievement of the MDGs as a time series since 1999-2006, the researcher used a table and figures to make a constructive comparison in chapter 4, because the researcher included these indicators in the core of the study and its tools.

Chapter 3: Methodology

This chapter illustrates the study methodology utilized in this thesis. It includes the study design, study population, study sampling, the study instruments, ethical considerations, piloting, data collection process, selection criteria, data analysis and shortcomings of the study.

3.1 Study Design

The study design is cross sectional with triangulation between qualitative and quantitative approaches. The quantitative part ascertains quantitatively the IF contributions to strengthening the PHCS. The qualitative part explains, interprets, and elaborates in-depth ideas.

3.2 Study Population

The study population consists of all Palestinian health NGOs that work in the GS concerned in the health field and receive external fund for the activities implementation. The researcher used lists of Palestinian health NGOs obtained from MOH, MOI, NGOs health cluster, and the Directory of NGOs in the GS published by the Office of the United Nations Special Coordinator (UNSCO) for the year 2007. The total number of CBOs is 59 organizations. After gathering the earlier mentioned lists, they were integrated into one list. Some repeated NGOs and NGOs that stopped working were deleted according to the selection criteria process.

3.3 Study participants

Quantitative method: After obtaining the NGOs lists, they were merged into one single list. Health NGOs that were inactive, closed and/or do not exist, or the organizations that do not work in providing health services were excluded. After applying the eligibility criteria, 53 health NGOs were included but the organization that responded were 48 (annex 7).

Qualitative method: The population of the qualitative part of the study included conducting In-depth interviews with 8 keys informants' policy makers, experts and academics who were purposively selected after consultation with the supervisor (annex 8).

3.4 Study Settings

The focus of the study is on health PNGOs, it was conducted at the 48 selected health PNGOs in all GS governorates.

3.5 Period of the study

The study lasted four months from November 2011 and completed in April 2012 as follows:

Quantitative part: it started in November 2011, after completion of all administrative and ethical procedures, data collection from the targeted PNGOs lasted for a month and a half and then the researcher analyzed the quantitative data.

Qualitative part: this stage started in the mid of January 2012, the In-depth interviews with experts were conducted; later these interviews were processed and coded for a week in February 2012.

3.6 Selection Criteria

3.6.1 Inclusion Criteria: The researcher included the health PNGOs which meet the following criteria:

- ❖ To have official institutionalized status.
- ❖ To be independent from the government, and self-administered.
- ❖ A non-profit organization.
- ❖ Not inherited, membership is voluntary and is not based on blood or tribe.
- ❖ Representative which means that membership is limited to a specific sector and aims to defend the interests of that sector.
- ❖ It must be licensed.
- ❖ Actually operates.
- ❖ Works in the health scope, and provides health services.

3.6.2 Exclusion Criteria

Health NGOs that do not meet the above criteria were excluded.

3.7 Ethical and Administrative Considerations

The researcher was committed to all ethical considerations required. Approval was obtained from the school of public health Al-Quds University, and ethical from Helsinki Committee in the GS (annex 9).

Quantitative part: administrative approval was obtained from all participant PNGOs (NGOs directors) in this research, after providing a detailed explanation about the study.

Qualitative part: the researcher communicated with all the experts, who were interviewed to obtain their prior consent to undergo the interview, and record the interviews after their approval.

3.8 Study Instrument

The researcher used two instruments:

3.8.1 Questionnaire:

Interviewed-questionnaire was conducted and implemented. The questionnaire was clear with no complex terms, no jargons, and no leading questions. The researcher's own opinions did not influence the respondents to answer the questions in a certain manner; there were no verbal or visual clues to influence the respondents. The questionnaire was designed in the Arabic language to be easily understood by the respondents. In each questionnaire, an explanatory letter was attached to facilitate the questionnaire filling. The questionnaire consisted of ten sections and took approximately 40 minutes to be completed.

The first part contained NGOs directors (respondents) characteristics and personal information like qualification, experience, age and gender. The second part covered the NGOs profile of about its work, address, licensing, target area and groups, finance and funding, staff, facilities and its needs. The third part included questions that assess the IF nature. While, the fourth part examined the sustainability, the fifth part assessed the national and global health indicators, and the sixth part described the IF role toward the PNGOs. The seventh part measured the efficiency, effectiveness, and appropriateness of the IF, the eighth assessed M&E elements, the ninth contained the coordination and cooperation role. Furthermore, the tenth explained the good governance, transparency and accountability, the eleventh evaluated the fund impact and responsiveness toward Palestinian society, and the twelve identified the factors affecting the IF. Finally, the twelfth part interpreted the IF weaknesses and strengths, and the effective suggestions that might improve the fund exploitation (annex 10).

3.8.2 In-depth Interview: Data were collected by conducting in-depth interviews (semi-structured interviews) with key informants. The interview contained 11 questions that addressed the study goals, contributions, strengths and weaknesses, role, factors, and addressed suggestions about the IF efficient and effective manner (annex 11) through conducting 8 in-depth interviews. These interviews were conducted with NGOs activists,

decision makers, health, economic experts, and academics. The questions of the interviews were juggled with study supervisor and other referrers.

3.9 Reliability

To promote reliability, the researcher followed the study instruments standardization through using a standardized questionnaire, and filling it out in the same way with all PNGOs that were included in the study. In order to test the internal consistency of the questionnaire, Cronbach's Coefficient Alpha was used to test scale like questions, the reference range of Cronbach's coefficient alpha value was between 0.0 and + 1.0, and the high values reflect a higher degree of internal consistency. The Cronbach's coefficient alpha for the entire questionnaire was (0.899).

Table 3.1 Reliability of the questionnaire

No.	Domains	Cronbach's Alpha	No. of Items
1.	IF nature and feature	.456	12
2.	Sustainability	.551	4
3.	MDGs	.491	7
4.	National health goals and indicators	.724	10
5.	NGO	.840	16
6.	Efficiency, effectiveness and relevancy	.783	7
7.	Monitoring and evaluation	.533	4
8.	Coordination and cooperation	.545	4
9.	Good governance, transparency and accountability	.548	6
10.	Responsiveness to Palestinian society needs and priorities	.670	10
	All domains of the questionnaire	0.899	80

3.10 Validity

3.10.1 Face validity

The researcher organized the questionnaire in domains with logical sequence to encourage the respondent to fill it with simplicity. Format, layout and the appearance of the questionnaire look professional.

3.10.2 Content validity The questionnaire was sent to 16 different referees (annex 12), those experts have wide experience in scientific research, management, finance, economics, development and international projects, statistics, and civil work to assess the clarity and relevance to the objectives of the study. The referees' comments were taken into consideration and some modifications were done. To ensure the trustworthiness of

the qualitative tool, the researcher reviewed and consulted the supervisor and some colleagues through peers review and members check, and reviewed participants to ensure high degree of validity. Quantitative and qualitative results were compared, and presented together.

3.11 Pilot Study

The researcher conducted initial study before starting data collection to:

- Ensure the tool appropriateness to the study objectives.
- Ensure the integrity of the questions and variables that were included in the questionnaire.
- Verify understanding questions, and measured the time needed to fill the questionnaire, 3 PNGOs were chosen from the target population to participate in the pilot study. There is no major changes were introduced therefore we included them.

3.12 Response rate

Out of 54 health PNGOs that constituted the study population, 48 health PNGOs responded with a response rate of 88%.

3.13 Data Collection

The researcher contacted the directors of the PNGOs participants in order to brief them with the subject of research and the questionnaire, and coordinated with them to make an appointment for face to face an interview. The questionnaire was sent to them prior in order to prepare the required information as per the questionnaire, and then the researcher visited the PNGOs and met the directors face to face to ensure completeness of the questionnaire through reviewing responses.

Data was collected from the directors of health PNGOs that were included in the study through a questionnaire, to find out the main general characteristics of PNGOs, directors information, the IF nature and features, impact, dimensions, importance, managerial and development approaches, and the utilization of the international fund in the health sector. In the qualitative part, the researcher used In-depth interviews with 8 experts, whom were purposively chosen. The researcher agreed with the experts on the time and place of the interview which lasted in a week. Every interview took from 40 to 60 minutes; all interviews were tape recorded, then data were ordered and coded.

3.14 Data Management and analysis

Data analysis procedures were conducted using the (SPSS 19) including;

- Data were gathered and then the filled questionnaires were reviewed,
- Appropriate data entry model were designed
- Coding of variables.
- Data entry
- Data cleaning
- Frequencies and descriptive statistical analysis like (mean, median, percentage and frequency) for NGOs, respondent's (NGOs directors) characteristics and the other variables in the questionnaire
- In the Likert scale, the researcher examines the scores of responses by using mean responses and the percentage of mean.
- In-depth interviews were analyzed using Open Coding Thematic Analysis (OCTA).

3.15 Limitations of the study

- Lack of consistent figures and statistics about IF and NGOs.
- Some PNGOs were reluctant to disclose financial information.

Chapter 4: Results analysis & discussion

This chapter presents the results of the data analysis that were gathered from NGOs working in the GS, and are targeted in the current study through a questionnaire and In-depth interviews. It illustrates the socio-demographic characteristics of the NGOs directors and NGOs general characteristics e.g. (location, license, target areas and groups, activities scope, members and employees, finance, priorities and health facilities). Then IF characteristics variables are presented, relevancy and appropriateness variables and the factors that affect the fund as input aspects, while the process aspects including the M&E, transparency and governance, efficiency, coordination and cooperation. Lastly, the output aspects are represented in IF contribution in Palestinian society responsiveness, meeting national health and developmental goals, NGOs development and its role to attain the sustainability and effectiveness of externally funded projects.

4.1 Characteristics of health NGOs managers:

Table 4.1 Distribution of NGOs managers by socio-demographic characteristics

Variable		Frequency	Percent
Gender			
Male		41	85.4
Female		7	14.6
Total		48	100.0
Age			
From 29 to 39 years		12	25.0
From 40 to 50 years		23	47.9
More than 50		13	27.1
Total		48	100.0
Mean	46.12	Median	47.00
Qualifications			
Secondary and diploma degree		3	6.3
Bachelor degree		23	47.9
Master degree		18	37.5
PhD degree		4	8.3
Total		48	100.0
Directors' total years of experience			
Years of experience within in the current organization			
Category		#	%
Less than 5 years		12	25.0
From 5 to 10 years		13	27.1
From 11 to 15 years		13	27.1
More than 15 years		10	20.8
Total		48	100
Mean	10.81	Median	10.00
Years of experience outside the organization			
Haven't worked outside the organization		11	22.9
Less than 5 years		10	20.9
From 5 to 10 years		8	16.7
From 11 to 15 years		6	12.5
More than 15 years		13	27.1
Total		48	100
Mean	10.02	Median	10.02

Table 4.1 clarifies that 14.6% of the total of health NGOs managers were females which indicates the limited women role and representation of females in the top management level in different sectors which goes with PCBS (2011). On the contrary, male directors

represented 85.4%. Findings are consistent with Yaghi (2008) that revealed the health NGOs male directors 83.3% while the female directors 16.7%. This calls for empowering the managerial role of women at top levels. The director's overall age mean was 46.12, the highest years of participants age was from 40-50 years (47.9%). The table also shows that the minority of NGOs' directors hold bachelor degrees and (47.9%) and master degree holders were 37.5%. Bisan's results (2006) agreed that the NGOs host highly qualified managers, and some of the directors appointments are based on their political, tribal parties or individual interests.

4.2 Health NGOs characteristics

4.2.1 Health NGOs general characteristics variables

Table 4.2 Distribution of NGOs according to their characteristics variables

NGO location (main office through governorates)	Frequency	Percent
North Gaza	5	10.4
Gaza	28	58.3
Middle area	4	8.3
Khanyounis	7	14.6
Rafah	4	8.3
Total	48	100.0
NGO establishment by years	#	%
Less than 10 years	12	25.0
From 10 to 20 years	20	41.7
From 21 to 30 years	7	14.6
More than 30 years	9	18.8
Total	48	100.0
Mean	19.47	Median
18.50		
NGO licensing	#	%
Organization licensed	48	100
Organization is a member of local or international networks	35	72.9
Type of License	#	%
Local only	42	87.5
Local and international	6	12.5
Total	48	100.0
Served geographical areas	#	%
Camp	41	85.4
Urban	40	83.3
Rural	40	83.3
All Areas	36	75.0
Organization activities coverage	#	%
Gaza Strip level	28	58.3
Governorate level	9	18.8
Local area	8	16.7
National level	3	6.3
Total	48	100.0
Target group	#	%
Women	40	83.3
Persons with disabled (PWD)	38	79.2
Poor	37	77.1
Children from 5 to 18 years	36	75.0
Youth	35	72.9
Children less than 5 years	33	68.8
Elderly	32	66.7
All target groups	25	52.1

Table 4.2 clarifies the NGOs different characteristics including the NGOs distribution over the GS five governorates according to its main office as follows: Gaza City (58.3%) which is the highest, followed by Khanyounis (14.6%); these results respectively agree with Yaghi (2008) and MAS (2007). It is believed that the large existence of the NGOs in the Gaza City is due to its vitality and NGOs preference to establish its main offices closer to the decision maker circle. Some areas like Rafah and Middle area were disadvantaged. The researcher sees that there is an unrepresentative distribution of the NGOs over the GS and the NGOs services should be considered comprehensively and equitably. It is obvious from table 4.2 that the NGOs had been established many years ago (mean 19.47). Only 25% were established in the last 10 years and all of the surveyed NGOs were licensed. The same table also revealed that NGOs serve camp, urban and rural geographic areas almost equally; the majority was serving all these areas. The results agree with MAS (2009) study which indicated that there is transition based on equity of target areas in implementing its activities over the GS areas.

With regards to the targeted group, the results indicated that high percentage of NGOs were serving women (83%) probably as a reflection to the donors' attitudes and the MDGs programs of considering women as a part of the marginalized groups and it became an issue that attracts fund. NGOs reported providing services to disabled (79.2%), the poor (77.1%), children 5-18 years (75%), the youth (72.9%), children less than 5 years (68.8%) and the least was for the elderly (66.7%). These findings are moderately congruent with Yaghi study (2008) that indicates 43% of the NGOs targeted all targets group, 52.4% target women, 45% target the children under five years, while 31% of NGOs target the elderly group. Generally speaking, the majority of the NGOs that were surveyed work on the GS level with the percentage 58.3%, but the limited scope of work at the national level implies that there should be closer coordination and integration to develop national programs.

4.2.2 Health NGOs human resources

Table 4.3 Distribution of NGOs according to available human resource

Number of full time staff		Frequency	Percent
Less than 50 employee		38	79.2
From 50 to 100 employee		6	12.5
More than 100 employee		4	8.3
Total		48	100.0
Mean	29.56	Median	15.50
Number of part time staff		Frequency	Percent
Less than 30 employee		40	83.3
From 30 to 60 employee		4	8.3
More than 60 employee		4	8.3
Total		48	100.0
Mean	15.16	Median	4.00
Number of staff hired based on contract		Frequency	Percent
Less than 20 employee		39	81.3
From 20 to 40 employee		5	10.4
More than 40 employee		4	8.3
Total		48	100.0
Mean	11.85	Median	2.00
Number of staff who receive proportionate salary (% of clients fees)		Frequency	Percent
Less than 5 employee		37	77.1
From 5 to 20 employee		6	12.5
More than 20 employee		5	10.4
Total		48	100.0
Mean	6.31	Median	0.00
Number of volunteers at NGOs		Frequency	Percent
Less than 5 employee		25	52.1
From 5 to 10 employee		12	25.0
More than 10 employee		11	22.9
Total		48	100.0
Mean	8.16	Median	4.50
Number of staff working in projects Department at NGOs		Frequency	Percent
Less than 5 employees		20	41.6
From 5 to 10 employees		6	12.5
More than 10 employees		8	16.7
Total		48	100.0
Mean	7.60	Median	3.00
Gender of employees		Total No. of employees	Percent
Number of female employees		1442	46.14
Number of male employees		1683	53.85
Total		3125	100.0

Table 4.3 of the study explains the NGOs workforce; it shows the mean of full time staff (29.56). The vast majority (79.2%) reported that their NGOs have less than 50 employees, 6 of respondents (12.5%) reported having 50-100 employees. The mean of the part time employees was (15.16), 40 respondents answered that their NGO has less than 30 part-time employees (83%), while 8.3% of the responses indicated having from 30-40 employees. Furthermore, the mean of the employees of annual contracts was 11.85. Regarding to the proportionate employees (who receive salary based on their work and take a percentage of the fees paid by the client) mean, it was. The overall mean of volunteers was (8.16). These findings are attributed to that there is slight regression in adopting the voluntary approach because this spirit is subsiding due to the international projects which have high salaries. BODs and the general assembly were not included as volunteers but the volunteers are applicable into the NGO. The mean number of projects department employees was (7.60). Furthermore, the table illustrates that the gender factor at the NGOs was fair. Both were approximately equally represented with slight female dominance (64.16%).

4.2.3 Health NGOs facilities

Table 4.4 Distribution of NGOs according to available health facilities

Type of facility	N. Gaza		Gaza City		M. Area		Khan.		Rafah		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Health care center/PHC	9	14.7	23	37.7	8	13.1	13	21.3	8	13.1	61	42.6
Hospital	3	25.0	6	50.0	2	16.6	1	8.3	0	0	12	8.3
Community-rehabilitation center	7	16.6	14	33.3	7	16.6	7	16.6	7	16.6	42	29.3
Culture & education centers	5	17.8	11	39.2	7	25.0	3	10.7	2	7.1	28	19.5
Total	24		54		24		24		17		143	100

Table 4.4 shows that 48 health NGOs manage 143 NGOs health facilities/centres were available throughout the GS governorates as follows 12 hospitals, 42 community-rehabilitation centers and 28 culture and education centers. Health centers were the highest in the Gaza City followed by Khanyounis, North Gaza, Rafah and Middle area.

Also, the highest number of NGO hospitals was located in the Gaza City, followed by North Gaza, Middle Area, Knayounis and there were no NGOs' hospitals in Rafah. Obviously, there is constant growing in health facilities number in comparison with Yaghi (2008) in the GS except in Rafah. It is important to pay attention to the increase in the number of health facilities especially hospitals to increase efficiency and avoid duplication. Obviously, many NGOs operate rehabilitation centers providing care to disabled persons. Historically, NGOs played a central role in meeting the needs of the disabled populations and their families. Similarly, as a reflection of their philosophy to provide comprehensive services incorporating health as a social concept, 28 education and cultural centres were operated by NGOs providing different services such as literacy training courses, library, sport and others.

4.2.4 Health NGOs work and scope

Table 4.5 Distribution of the NGOs according to work, scope and its activities

Nature of work	Frequency	Percent
Services provision	46	95.8
Development	26	54.2
Relief	22	45.8
Training and capacity building	17	35.4
Rehabilitation	12	25.0
Advocacy and mobilization	10	20.8
Education and culture	5	10.4
Research	2	4.2
Scope of services		
Health education and awareness	31	64.6
Rehabilitation	24	50.0
Relief activities	23	47.9
Primary health care	22	45.8
Training and capacity building	16	33.3
Hospital (secondary health care)	12	25.0
Diagnostic services	12	25.0
Advocacy and mobilization	12	25.0
Infrastructure development	9	18.8
Research, monitoring and evaluation	4	8.3
Policies and rules influence	4	8.3
The extent to which NGOs activities change		
	Frequency	Percent
To high extent	13	27.1
To some extent	24	50.0
No	11	22.9
Total	48	100.0
Areas of change (only those answered yes)		
Programs expansion	31	64.6
Targeted areas	14	29.2
Services provided	25	52.1
Target groups	16	33.3
Programs reduction	3	6.3
Reasons for changing activities		
Change in the Palestinian society priorities	27	56.3
Response to political situation	13	27.1
To cope with donors agendas	10	20.8
Availability of fund	9	18.8
Change in the organization objectives and policies	8	16.7
Lack of fund	7	14.6
Weak response from the target groups	2	4.2

Table 4.5 illustrates that the NGOs which participated in this study were primarily specialized in providing health services (95.8%), health awareness (64.6%), followed by rehabilitation and community activities (50%) and relief activities (47.9%). Primary health care represented 45.8% which was higher in Yaghi (2008) study. Of the participating NGOs, 33.3% had reported working in capacity building services, 25% reported providing secondary health care, diagnostic services, and advocacy. Research elicited the lowest percentage (5%). Obviously, NGOs play an important role in meeting health needs especially in specialty areas particularly in disability. This is agreed by (WB, 2007) that the development projects implemented by PNGOs were satisfactorily delivered with 70% of projects meeting stated objectives and 75% of beneficiaries reporting a positive impact on their lives. Bisan (2011) contradicts that, it's clarified that despite the high proportion and foreign aid per capita to a height record, they have not achieved growth rates standing up like the countries that adopted aid as a way of sustainable development, as it did not positively contribute in reducing poverty and unemployment rates.

Most of respondents said that their NGOs have changed its activities (at least to some extent). The areas of the activities which were changed included program expansion (64.6%), followed by a change in the services provided (52.1%), change in the target groups and/or areas (33.3%, 29.2%). . It is clear that NGOs expanded their programs and changed their target groups and areas. The table also reveals the reasons of activities change, which included responding to the Palestinian society priorities (56.3%), address the emerged needs of the political conflict occupation practices and political changes (27.1%) and to adapt with donors attitudes (20.8%). The three reasons are important, are strongly linked, and deeply influence the NGOs work. The other three reasons got lower percentages, 18.8% of the respondents confirmed the NGO changed its activities due to the availability of fund, 16.7% answered the change in the NGOs objectives and policies, lack of fund (14.6%) and the activities change due to target group (4.2%). Obviously, the change in the donors' attitudes and availability of fund are influential external factors that are connected to the IF and lack of fund; NGOs objectives change and weak response of target group are organizational factors.

4.2.5 Health NGOs finance

Table 4.6 Distribution of general characteristics of NGOs finance

Annual budgets (2009, 2010 and 2011)						
Category	Budget 2009		Budget 2010		Budget 2011	
	#	%	#	%	#	%
Less than 500000 \$	25	52.1	27	56.3	26	54.2
From 500000 to 1million \$	6	12.5	6	12.5	7	14.6
From 1million to 5 million \$	12	25.0	8	16.7	9	18.8
5 million and More \$	5	10.4	7	14.6	6	12.5
Total	48	100.0	48	100.0	48	100.0
Organization suffer from a financial deficit			Frequency		Percent%	
Yes			16		33.3	
Sometime			19		39.6	
No			12		25.0	
Don't know			1		2.1	
Total			48		100.0	
Description of the organization deficit						
Intermittent			25		52.1	
Constant			10		20.8	
The Reasons of organization deficit						
Insufficient fund			31		64.6	
Limited own resources			24		50.0	
Provide aids to the target groups are widely			16		33.3	
Absence of fundraising & project management role			7		14.6	
Inability of beneficiaries copayment			2		4.2	
Undiversified funding source			2		4.2	
Failure of financial management			1		2.1	

The majority of respondents approximately (55%) pointed that the annual budget of their NGOs for the years 2009, 2010, and 2011 was less than 500.000 USD annually. on the other hand, the NGOs budgets that was 5 million USD and more in the years 2009, 2010 and 2011 at around 11%. Participants didn't report large financial gaps in the NGOs annual budgets for the three years. This disagrees with Bisan (2006) that clarified the lowering of budgets within some major NGOs to more than half and having to face the increasing deficit. In addition to the weak commitment to pay the salaries of the employees and to reducing the numbers of their staff. They have had to shut down health clinics and reduce the quality of services.

Regarding the financial deficit in the same table, 33.3% of the respondents agreed that the NGOs suffered from financial deficit. The respondents who replied that sometimes they complained from financial deficit reached 39.6%. The NGOs that did not face financial deficit elicited 25%. In general, the results reveal that there is financial deficit in the health NGOs which agrees with MAS (2009) that the NGOs face large and gradually increasing deficit in funding its activities and great dependency on external fund. Half of the respondents described the financial deficit of being intermittent, while 20.8% of the NGOs suffered from financial deficit constantly. The researcher comments that the intermittent deficit is due to the lack of fund predictability, and some NGOs lack generated financial sources which threaten its continuity. On the contrary, Abdel Kareem (2002) and Abu Mustafa (2009) concluded that the NGOs depend on the unsustainable and irregular fund; the intermittent deficit is a result of the donors' interest in supporting the large NGOs, while the permanent deficit occurs in the small NGOs.

The main reported reason was for financial deficit was insufficient fund according to 64.4%, the second was that the NGOs have limited own resources 50% and the third reason is that the NGOs widely provide aids to the target groups and it reached 33.3%. Other reasons are provided in the table (4.6).

4.2.6 Health NGOs needs and priorities

Table 4.7 Distribution of the health NGOs according to its needs and priorities

The most important organization needs and priorities	Frequency	Percent
Fund raising	39	81.3
Equipment & technologies	39	81.3
Specialized human resources	39	81.3
Running operational expenses	38	79.2
Develop the capacity of planning & development	34	70.8
Community collaboration	30	62.5
Networking and relationships	30	62.5
Set corporation policies between health NGOs	8	16.7
Providing medicines for the poor freely	2	4.2
All of above	14	29.2

Regarding the NGOs needs and priorities, table 4.7 indicates that 81.3% of the respondents' replied that the highest three priorities were for fundraising, equipment and technology and specialized human resources. The need for funding and covering running operational expenses of the NGOs formed 79.2%, followed by developing planning and

development (70.8%), community collaboration and networking (62.5 %). Nearly 30% reporting that all items provided constitute priority areas. Shaat (2002) and PNGO (2011) agreed that there are difficulties primarily in health sector in attracting fund due to the donor procedures, fund irregularity and inadequacy. Whereas Almbirak (2004) stressed on the necessity of the NGOs fund to be developed, Muhesen (2011) agreed with the study results on the people's active participation in the development process. Consequently, the NGOs priorities are different and the financial state remained the main motivator to reach the other needs.

4.2.7 Health NGOs projects

Table 4.8 Distribution of projects conducted by health NGOs related variables

Main ideas of internationally funded projects comes from	Frequency		Percent %			
Executive management	40		83.3			
Board of directors	36		75.0			
Extracted from national health goals	30		62.5			
Beneficiaries	24		50.0			
Donor	23		47.9			
All of Above	15		31.3			
Number of the implemented projects (2009,2010 and 2011)						
Category	Projects 2009		Projects 2010		Projects 2011	
	#	%	#	%	#	%
Less than 5 projects	29	60.4	28	58.3	29	60.4
From 5 to 10 projects	9	18.8	11	22.9	11	22.9
10 projects and more	10	20.8	9	18.8	8	16.7
Total	48	100.0	48	100.0	48	100.0
Total No. of projects annually	320		292		249	
Mean	6.67		6.08		5.19	

Table 4.8 revealed that the majority of ideas about externally funded projects come from executive management according to 83.3% of the respondents, followed by BODs (75%), ideas extracted from NHGs constituted 62.5%, ideas originated from beneficiary represented 50%, and ideas from donors formed 47.9%. This indicates that some donors are still working according to their agendas not necessarily those of the Palestinian needs. On the other hand, the responses about projects ideas from executive management, BODs, NHGs and beneficiary are positive but need more concern on the NHGs and the

beneficiary to reflect country and people priorities. In reference to the NGOs projects that were implemented in the years 2009, 2010 and 2011 they were respectively similar. The NGOs that implemented below 5 projects in 2009 got the highest percentage (60.4%), while those having 5 projects and more represented almost 20%. In the years 2010 and 2011 there was no wide variations. About the number of the externally funded projects in 2009 it reached 320 projects, in 2010 it was 292 projects and in 2011 it totaled 249 projects. The bulk of NGOs during the three years executed less than 5 projects and the rest implemented more than 5 projects. The projects numbers implementation during the last three years is stable and influenced by increase or decrease of the amounts and direction of fund.

4.3 Input aspects (International Fund)

4.3.1 General characteristics of IF

Table 4.9 Distribution of the IF according to characteristics variables

The most important obstacles in securing the IF		Frequency	Percent
Prevailing political conditions		40	83.8
Lack of donors interaction with NGOs		31	64.6
Lack of experts in the NGO		13	27.1
Hidden agendas		10	20.8
Managerial obstacles		6	12.5
Internal conflicts in the Org.		1	2.1
D. K		1	2.1
International fund mechanism			
Direct (from donor to Organization)		44	91.7
Indirect (through channels)		26	54.2
Type of donor			
Non-governmental organizations		40	83.3
Civilian societies		29	60.4
Governmental institutions		15	31.3
Individuals donations		22	45.8
The criteria of accepting the IF			
The existence of a common vision with the donor		35	72.9
Organization need		33	68.8
Necessity of the service		31	64.6
The long experience and reputation of the organization		28	58.3
Donor respect of the organization rules		27	56.3
The conditions of donors		7	14.6
Problems that were faced with the donor	No	34	70.8
	Yes	14	29.2
Total		48	100.0
The problems with donors are			
Professional and technical		9	18.8
Administrative		6	12.5
Financial		5	10.4
Political		2	4.2
Legal		1	2.1

Table 4.9 explained that the main obstacles that face the NGOs in obtaining the IF were the prevailing political conditions (83.8%), and lack of donor interaction with the NGO according to 64.6% of responses. 27.1% of respondents indicated that one of the obstacles is lack of NGO experts. Other reported obstacles were legal and hidden agenda (20.8%) and managerial obstacles (12.5%). The legal, technical and managerial obstacles were

considered by Maria et al. (2005) and Riahi (2011) as major problems in aid delivery system in the Palestinian health sector. Abu Mustafa (2009) and MAS (2005) agreed with the study results on the political obstacles and lack of donor interaction obstacles. Alembirak (2004) goes with lack NGOs experts as an obstacle but contradicts with Hanafi and Taber (2006).

The IF is channeled through direct mechanism as asserted by the majority of respondents (91.7%), while 54.2% referred to that the IF comes indirectly. Donation from NGOs donations were the highest (83.3%) among the other donor's type and the governmental donation was the lowest 31.3% in terms of numbers but not necessarily the size. This is attributed to the geopolitical factors in the GS especially that made government's donation direct the fund to the INGOs which allocate its fund to the PNGOs (MAS, 2009).

Additionally, table 4.9 shows the criteria that were followed by the NGOs to accept the fund. The highest responses were for the existence of a common vision (72.9%) which was inconsistent with PNGOs (2004) that asserted that the IF is directed according to its philosophy but not according to NGOs and society goals. Organization's need (68.8%) and services necessity (64.6%) were reported second as criteria that are considered. The least reported criteria were donor respects the NGO rules and represented 51.3% and the conditions of donors' criterion formed 14.6%. To sum up, most NGOs accept any fund according to their needs, but PNGOs (2004) stated that most NGOs do not fit with the Palestinian priorities although it was suitable to the donor desires and the NGOs are required to deal with the donor via memorandum of understanding like code of ethics. Aid conditions will affect the recipient country policies and priorities which allows donors to direct the fund by itself (Sayf Al-Din et al. 2001). USAID (2002) agreed that NGOs should be untied to any conditions to achieve effectiveness and efficiency.

The majority of the respondents (70.8%) stated that their NGOs did not face problems with the donor. The researcher thinks that the responses refer to that NGOs and donors' relationship is based on partnership and common goals. From another point of view, most of the NGOs were in distorted agenda which does not fit the Palestinian urgent priorities and this suits the donors. Consequently, adopting the first approach reduces these problems. The respondents clarified that professional and technical problems were the main problems, followed by administrative problems, financial problems and the least problems were political legal. As a result of duplicated and uncoordinated

implementations technical difficulties could occur (Maria et al. 2005). Furthermore, MOPAD (2011) stressed on other technical factors including external contracts which donor deals with in foreign private companies without reference to the partner, and weak relationship between institutions and donors.

Qualitatively through experts' interviews, half of the experts indicated that they gain much from IF through the existence of services quality, sophisticated facilities infrastructure, specialties, qualified medical staff, and communication with world. Furthermore, IF raised awareness about the Palestinians needs and rights, the donor became responsible being under occupation, but the NGOs lose ability to implement the projects and provide services under the occupation. Other experts reported that losing IF will negatively affect life, they will lose themselves and their case, and most NGOs will stop their activities. One interviewee said:

"The donors' powerful effect and the weakness of the Palestinians situation give the chance for donors to control. There are no actual gains due to the GS condition, people are poorer, infrastructure is destroyed, and education is worse and unemployment increased".

4.3.2 IF nature and features

Table 4.10 Distribution of the of respondents' perceptions according to nature and feature of IF

Items	Yes	TSE	No	D.K	Mean	%
IF is vital and necessary	3	42	0	3	1.94	64.58
IF is secured and sustainable source	9	21	16	2	1.77	59.03
IF contributes to the implementation of developmental health projects to big extent	23	20	0	5	2.27	75.69
IF targets the implementation of relife health projetcs to big extent	16	19	13	0	2.06	68.75
The IF amount is sufficient to implement the NGO health activities	7	12	29	0	1.54	51.39
The donors fully commit to all its technical and financial commitments towards the organization	19	19	1	9	2.00	66.67
There are difficulties in obtaining the IF	1	14	32	1	1.31	43.75
You have the confidence and credibility of the IF provided to the NGO	24	23	0	1	2.46	81.94
Submitting proposal based on the NGO and community needs is a mean used to attract fund	41	4	3	0	2.79	93.06
The problems facing the IF for NGOs is not primarily a Palestinian	19	21	5	3	2.17	72.22
Incease awareness of the IF nature and goals leads to finding out how to deal with	45	3	0	0	2.94	97.92
There are political agendas behind the IF	18	6	4	20	1.46	48.61
Overall	Mean			Percent		
	2.06			68.63%		

Table 4.10 shows the overall mean of this domain 2.06 (68.63%). The responses about the level of IF vitality and necessity was 1.94 (64.58%). The mean level of perceptions that reflected that the IF is secure and sustainable formed 1.77 (59.03%). In qualitative part, many of the respondents revealed that the IF strengths are related to the donors, large fund amounts, sustainable source, and the major source that covers services. The rest of the respondents believed that the fund is unsustainable and seasonal that affects the projects'

continuity. Abdel Karim (2002), Abdallah and Majdalani (1998) agreed with current study that fund is temporal because it is sometimes short or long term. The answers of mean level revealed that the IF contributes to implement development projects to a big extent (mean 2.27) (75.69%). In contrast, the implementation of relief projects was less than development 2.06 (68.75%). It is clear that the IF is concerned with development projects rather than relief which don't go in line with DiVoir and Tartir (2009). Otherwise, Half of the respondents perceptions stated that the IF amount is sufficient by the mean 1.54. The responses should be higher due to large amounts of fund flow to the NGOs in the WB & GS (Laurance et al. 2009). The mean of responses regarding the donor commitment to meet all its technical and financial commitments 2.00 (66.67%). This result disagrees with Maria et al. (2005) and Ramadan (2001) that donor commitment is linked with conditions, and pledge delays. More than half of responses indicated that there are no difficulties while 43.75% said that there were difficulties. Most of the perceptions level (81.94%) were confident with the IF. there is consensus that submitting proposal is a main tool to fund raise mass (93%).

Qualitatively via the questionnaire the respondents replied that donors do not accept projects proposals easily. The problems which face the IF are not primarily Palestinian according to 72.22% with mean 2.17. Mass of perceptions emphasized that awareness about the IF nature and objectives leads to dealing properly with it (97.92%) and MOPAD (2011) is consistent with the result. Perceptions level about political agendas behind the IF formed 1.46 (48.61%) which is contradicts with the Abdel Majeed (2010) showed that the majority of respondents said that the IF is linked with political issues. Through in-depth interviews, there was a consensus from all experts that the IF is politicized, conditioned and has varied agendas. Four experts who were interviewed agreed that the IF depend on its origins and direction with distinguish between donors. One expert added that the IF comes in massive amounts mainly from INGOs, while another one said that it reflects the relation between north and south, rich and poor.

According to the experts' point of views the debates about IF could be reduced, some experts said that the recipient should plan, well prioritize and generate self-resources to reduce dependency. Two experts stressed on transparency and donor deal with all parties on the base of human commitment not on political agenda. One expert view said that:

"The donor should improve the fund image in developing countries. Donors should focus on development projects, information transparency, commit to its responsibilities

and adopt development model in its activities in addition to respecting the NGOs roles. With regards to NGOs, coordination and self dependency should be taken into consideration. NGOs should make use of fund effectively and refuse the conditioned fund, provide services, open channels of communication channels with the government and implement projects that serve the national plans with a complementary role and NGOs should be transparent towards the society".

The experts viewed that policy making should set unified national plan, and should be regulated by body to set rules and negotiate with the donors, should be responsible for health planning. In contrast, another interviewed said that the problem relies on the policy makers in playing their important role. The donor seeks to create a reality that makes the donor able to draw the recipient area. Two experts responded that:

"There are problems through some donors who implement the projects by themselves which weakens the NGOs capacities being subjected to specific policies that do not fit the NGO priorities as well as the absence of clear plans to gear this fund to attain benefit and empowering people".

4.3.3 IF types, sources and contributions

Table 4.11 Distribution of the IF according to types, sources and contribution for year (2009, 2010, and 2011)

Types of fund and aid provided							
Category	# (48)		% (100.0)		Mean		
Development							
Less than 30 %	17		35.4		47.53%		
From 31% to 60%	12		25.0				
61% and more	19		39.6				
Relief (emergency)							
Less than 30 %	28		58.3		34.24%		
From 31% to 60%	11		22.9				
61% and more	9		18.8				
Budget support							
Less than 10%	39		81.3		8.13%		
10% and more	9		18.8				
Total IF contributions for (2009, 2010 and 2011) USD					# (48)	% (100.0)	
Less than 100 thousand					4	8.3	
From 101 to 500 thousand					18	37.5	
From 501 thousand to 1 million					9	18.8	
From 1.1 to 5 million					11	22.9	
From 5.1 to 10 million					5	10.4	
From 10.1 to 20 million					1	2.1	
Fund source	Response				Resp . No.	Sum	%
	Yes		No				
	#	%	#	%			
IF (foreign & Arab)	47	97.91	1	2.08	48	2830	58.96
Local donations	43	89.58	5	10.41	48	1080	22.50
Palestinian diasporas	35	72.91	13	27.08	48	389	8.10
Other sources	11	22.91	37	77.08	48	228	4.75
Self fund	8	16.66	40	83.33	48	153	3.19
PNA	9	18.75	39	81.25	48	39	0.81
Inside green land	7	14.58	41	85.41	48	81	1.69
Total						4800	100.0

Table 4.11 shows the IF types, sources and contributions in the years 2009, 2010 and 2011; development aid is prevalent over the relief and budget support. The overall mean of development in percent was 47.53%, relief (34.24%) and budget support (8.13%). The

respondents' perceptions level (39.6%) indicated that their NGOs received the highest level of development aid more than 60%, whereas the NGOs received relief aid was for fund type less than 30% (58.3%). These results agreed with table (4.10) findings. The third fund type is budget support and it was the least, the majority of responses level 81.3% stated that the budget support was less than 10%. This contradicts with MAS (2009) that budget support got the first fund type, then the emergency and lastly development aid, the researcher concluded that the fund directed to the PNA is for the budget support primarily, and the majority of health NGOs fund types in this study is the developmental aid. Concerning the total IF contribution for the NGOs in the years 2009, 2010 and 2011 combined, the NGOs which is total IF contribution less than 100.000 USD was 8.3%, from 101.000 to 500.000 USD was 37.5% which formed the highest contribution, from 501.000 to 1 million (18.8%), from 1.1 to 5 million USD (22.9%), from 5.1 to 10 million (10.4%) and from 10.1 to 20 million (2.1%). The results indicate that most of NGOs total contribution of fund for the three years was between 101.000 to 500.000 USD.

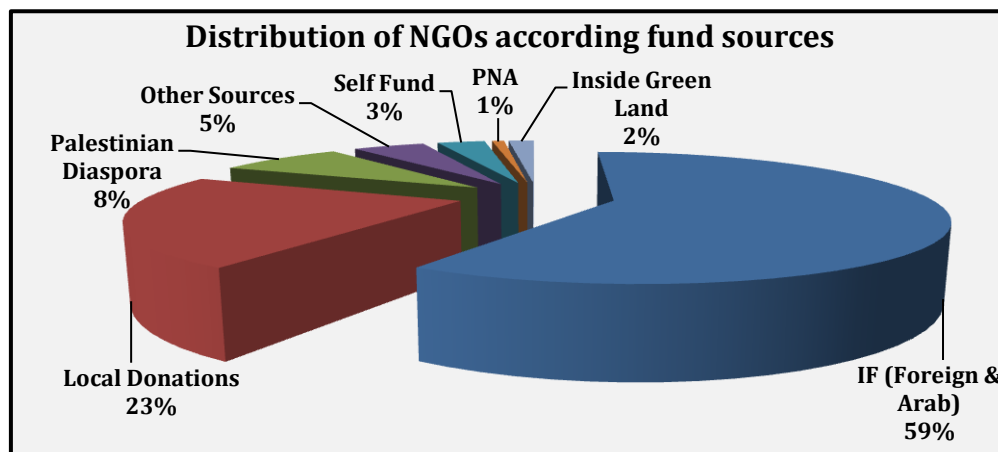


Figure (4.1) Distribution of NGOs according fund sources

Moreover, table 4.11 illustrates that the main source of fund to the NGOs is foreign and Arab according to 58.96%, the second source was local donations individually or institutions and it was 23% , while Palestinian Diaspora was the third (8.10%), other sources formed almost 5%, follows the NGO self fund that presented 3.19%. The fund source from the PNA was about 1% and the last fund source of the NGOs was inside the green land (2%). The results agreed with MAS study (2009) on IF as a main source and the PNA and inside green land (1948) sources kept stable in both studies, while it differed in the local donations. In general, IF is the major source of health NGOs, follows local

donation , PNA, self fund sources and inside green land fund sources are the weakest that should be activated to reduce the burden of the IF dependency.

4.3.4 Factors affecting the IF

Table 4.12 Distribution of challenges and factors affecting the IF

The main challenges and factors that affect IF	#	%
Political and security factors	46	95.8
The absence of common visions & local , international coordination to the mechanisms & procedures of fund	31	64.6
Organizational factors (weak of NGO strategic management, experience, responsibility & potentials)	27	56.3
Economical and financial factors	26	54.2
Incompatibility of the goals of health NGOs with donors to achieve the development and productive projects	25	52.1
Lack of community cooperation and participation	22	45.8
Socio-demographic challenges	18	37.5
Weakness of the donors fund process management fund & transparently	18	37.5
Health and epidemiological challenges	14	29.2

Table 4.12 shows the factors and challenges that affect the IF for NGOs. The respondents answered that the political and security factors most likely are the main influential factors by 95.8%. Majeed (2010) agreed that external fund is linked to the political state. The second factor is the absence of common vision and uncoordinated local and international efforts of fund mechanisms and it got 64.6%. Mariya et al. (2005) goes with this result that it is one of main problems of aid delivery system in Palestine but it contradicts with the Paris Declaration in 2005, Accra Agenda for Action in 2008 and Busan conference in 2011.

The organizational factor (weak strategic management, experience, responsibilities, and potentials) formed 56.3%, it is considered the main pillar to achieve IF and NGO goals, Sharaf (2005) clarified the organizational issues like: financial control in relation with the donor trust and the NGO fund level. Alembairak (2004) added that the NGOs should re-evaluate activities, strengthen management skills, and encourage investment. The respondents replied that the economical and financial factors gained 54.2%, Jaber (2005) agreed and highlighted that economy dependency due to the Palestinian- Israeli economic agreements. About half of respondents answered that the NGOs and donor goals are

incompatible to achieve the development because of the donor agenda that is not intersected with the NGOs priorities that may lead to projects cancellation and duplication. While 45.8% answered lack of community cooperation and participation. The researcher considered it the backbone of NGOs work and agrees with this concept because the PNGOs are characterized by a spirit of active participation in national issues, but remains weak in terms of the role of volunteerism. The socio-demographic factor represented 37.5% of the responses, this result is unsatisfactory because this factor affects and is effected by fund through controlling the population growth, fertility rate, poverty, unemployment, illiteracy and health status to address the social impacts (Shokair, 2001).

The weak donor management obtained 37.5%, it means that the donor's procedures are complicated and fund is often spent in unneeded fields. Sayf Al-Din et al. (2001) confirmed the result that the donor manages the projects directly with high staff cost. Furthermore, Maria et al. (2005) agreed that the donor actions are incorporated which reduced aid effectiveness. Qualitatively, the majority of expert in the in-depth interviews answered that they are unsatisfied due to the IF management by the international monetary systems, and the NGO needs that are met based on the donor desire. An interviewee attributed that the donor and recipient are not transparent especially after the political division, where another attributed that the IF mechanism is improper due to the high experts salaries and consultancy. Few interviewees said that some NGOs accept the donors' agendas while one respondent clarified that IF management does not meet the local laws and weakens the institutions role in coordination and M&E. However, a former MOH minister was satisfied regarding to IF process in the condition that the recipient knows what he wants and obtains clear plans and priorities. The responses from open questions via the questionnaire showed that 80.95% of the respondents say that the IF weaknesses are due to donors lack of experience and knowledge, rejection of long-term projects and the fund seasonal status, insufficiency and the complicated procedures. The lowest factor is health and epidemiology that represented 29.2%, it means that if health status is deteriorated, collapsed, and there are global threats it will deeply affect the IF for example the international efforts in the MDGs.

4.3.5 The largest donors to the health NGOs by contribution

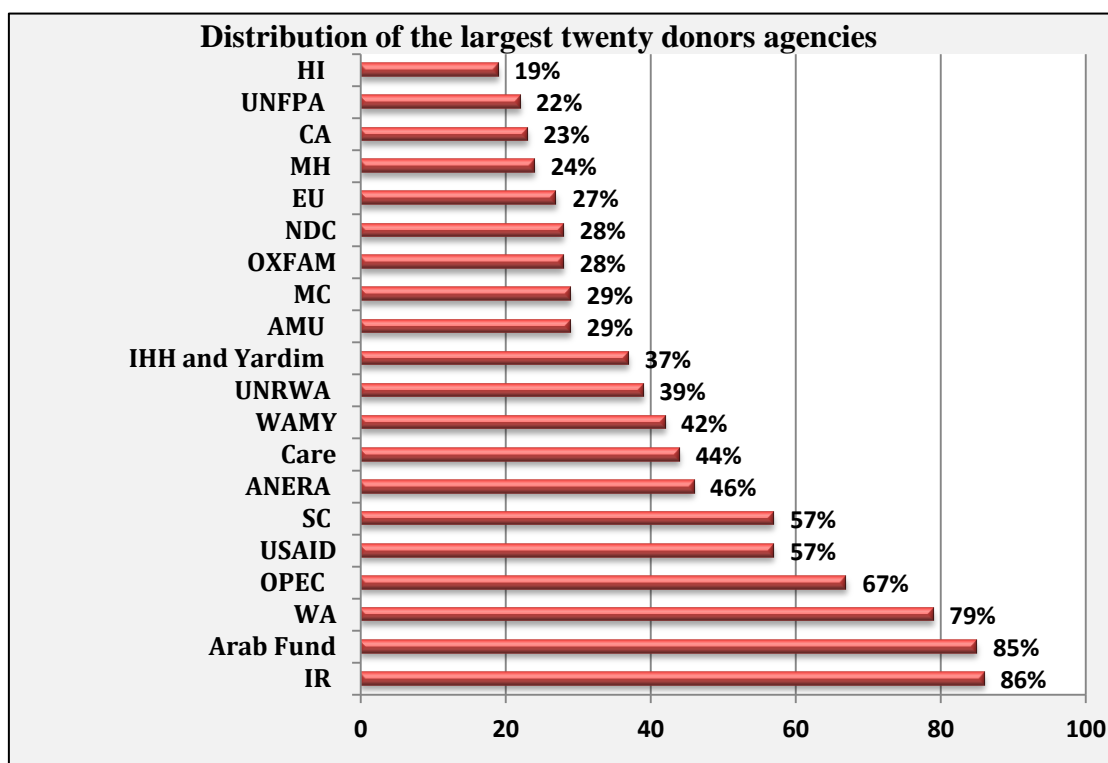


Figure (4.2) Distribution of the largest twenty donor's agencies

The study provides the main donors whether governmental or NGOs during the years 2009, 2010 and 2011(annex 13) as indicated by NGOs. The study total number of donors was 113 donors. It was nearly 70% NGO donors, 30% government donors in consistence with MAS (2009). The Islamic Relief IR was the biggest NGO donor, followed by the Arab fund as a government donor financed by the Arab states, Welfare Association WA obtained the third rank, followed by OPEC (OFID). Then USAID through U.S. government in the fifth rank while Save the Children which is an INGO was ranked the sixth. The donors that followed ANERA the U.S NGO was the seventh, CARE is in the eighth rank. The WAMY is an Arab INGO is ranked the ninth and the tenth donor rank is UNRWA. Where the IHH, Yardim Turkish, AMU, MC, Oxfam, NDC as a Palestinian NGO that receives direct fund from the World Bank, EU whether governments or NGOs, MH, CA, UNFPA and HI were in the last ranks.

The study findings disagree with MAS (2009) which stated that the EU is the largest donors to the PNGOs in 2008 and the USAID was little. It does not mean that the EU is shrinking but it has been directly channeled to multi directions, and due to the prevailing political circumstance in the GS. In conclusion there is difference between the donors in

terms of fund quantity and type; there are new entrant donors from the Arab and Muslim countries who had major role after the Gaza attack in 2008 and blockade. The donors ranked first have worked effectively in the health sector through the rehabilitation and construction of health facilities, training workforce, supplying sophisticated logistic, and improving the services quality while other donors kept working in the environmental health, sanitation and infrastructure, foods, shelter and clothing.

4.4 Process aspects

4.4.1 Supervision, M&E

Table 4.13: Distribution of respondents' perceptions according to supervision, M&E

Items	Yes	TSE	No	D. K	Mean	%
IF contributes to dedicate the evaluation culture practice in the activities of the NGO	27	18	1	2	2.46	81.94
IF contributes to promote the monitoring of projects activities based on realistic health indicators	11	30	3	4	2.00	66.67
The health services and projects funded internationally are constantly evaluated and followed up	29	15	3	1	2.50	83.33
IF promotes the principle of financial and administrative control on the health projects	5	37	1	5	1.88	62.50
Overall	Mean			Percent		
	2.21			73.61%		

Table 4.13 reflects the role of the IF in promoting supervision and M&E in the NGOs and the mean of all statements was 2.21 (73.61%). The highest item in this domain of perceptions level indicated that IF essentially contributes to promote the evaluation practice culture by the mean 2.46 (81.94%). About 66.67% with the mean 1.66 of the answers revealed that the IF contributes to promote the monitoring of externally funded projects based on realistic indicators.. The result indicates that there is accountability from all partners and it reflects embracing M&E. the mean level of responses indicated that IF moderately contributes in promoting the principle of financial and managerial control on the health projects by the mean 1.88 (62.50%), the CDS (2011) asserted that donors should strengthen the approach of M&E and assessment tools as feedback mechanism to be institutionalized. With reference to open questions results qualitatively, 20% of

responses elaborated that IF weaknesses are related to management due to the absence of M&E and coordination and the absence of effective management.

Table 4.14: Distribution of supervision, M&E related to practice

Improving the management of the IF methods through	Frequency	Percent
Evaluation	41	85.4
Monitoring	41	85.4
Controlling	36	70.0
Supervision	33	68.8
Planning	1	2.1
Transparency	1	2.1
Partnership	1	2.1
The party that monitors and follows-up projects		
Organization management	44	91.7
Projects management	34	70.8
Donor	34	70.8
Ministry that gives license	1	2.1
Agreed health committee	1	2.1
The evaluation execution time		
At the end of project	34	70.8
As needed	17	35.4
Annual	15	31.3
Semi annually	8	16.7
Quarterly	5	10.4
The evaluation party		
Organization management	36	75.0
Donor	34	70.8
External bodies	22	45.8
Projects management	21	43.8

Table 4.14 describes the methods that could be used to improve IF management as reported by respondents who answered that M&E items are effective methods and both equally got the highest percentages 85.4%. Through controlling also represented 70%, supervision got 68.8% while the lowest percentage was for planning, transparency and partnership by 2.1%. Those tools are regularly practiced in the NGOs projects because the donor basically depends on it to measure the impact and such methods should be NGOs institutionalized. Sharaf (2005) and Abu Ramadan (2011) agreed that there is a real relationship between monitoring, fund level and continuity and donor commitment. Additionally, the GMB law (1995) and Charitable Organization Law (2000) confirmed to popular and government bodies that monitor NGOs performance.

All respondents stated that the NGO management is mainly responsible for monitoring and follow up by the highest percentage 91.7% and the projects management and donor bodies equally got 70.8%. There was a positive orientation and consensus on the monitoring bodies which must be triangulated from the three bodies to be effective and efficient. On the other hand, the table clarifies that the majority of NGOs evaluate the projects by the end 70.8%, evaluation as needed got 35.4%, annual evaluation represented 31.3%, semi annually gained 16.7% and the quarterly evaluation was the least frequently used in the projects. Most NGOs conduct the evaluation practice by the end of project. The evaluation as needed, annually, semi annually and quarterly could be used if there are long term projects or if there are problems. Regarding the evaluation body, the highest two entities that practiced evaluation are the NGO management by 75% and the donor got 70.8%. On the opposite, the lowest bodies were the external bodies according to 45.8% of the respondents and projects management according to 43.8%. It is noticed that the NGO management and projects department as well as the donors are the important bodies in M&E intervention through the externally donated projects, in order to accomplish successful evaluation it should include all parties. Abdel Karim (2002) goes with this approach through confirming on multidimensional framework. The researcher indicates that the evaluation carried out at the end of any activity of the NGO, while monitoring (follow-up) to be in ongoing process constantly implementation of activities.

4.4.2 Coordination, Cooperation and Partnership

Table 4.15 Distribution of NGO and the IF according to coordination, corporation and partnership

There is partnership or cooperation with other organizations in implementing the programs	Frequency	Percent
Yes	37	77.1
No	11	22.9
Total	48	100.0
Bodies with whom cooperation takes place		
MOH	24	50.0
Local health NGOs	24	50.0
International health organizations	17	35.4
CBOs and local civilian organizations	17	35.4
Civilian international health organization	13	27.1
International non-health organizations	13	27.1
Arab non- health organizations	12	25.0
Arab health organizations	9	18.8
Israeli health organizations	2	4.2
The relationship between your organization and donors is		
Strong and tight	19	39.6
Good	22	45.8
Ordinary	6	12.5
D.K	1	2.1
Total	48	100.0
The nature of donor relationship		
Funding relationships (grants and financial support)	36	75.0
Partnership relationships	26	54.2
Joint activities	13	27.1
Professional relationships (administrative, institutional development...ect)	13	27.1
Coordinating relationships	12	25.0
Contractual relationships	11	22.9
Supervision relationships	11	22.9
Complementary relationships	8	16.7

Coordination, partnership and cooperation are discussed in Table 4.15 as critical components for the NGO and IF. Most NGOs have partnership and cooperation relations with other organizations. MAS (2005) and Yaghi (2008) confirmed these results about partnership and corporation to accelerate the development vision execution. In the same

context, MOPAD (2001) stated that the absence of coordination among partners that leads to lack of knowledge about the projects' real costs. The respondents replied that the larger parties which created partnership and cooperation networks with their organization were MOH and local health NGOs, and both gained 50%, followed by international health organizations, local CBOs by 35.4%, while the civilian international health organizations and international non-health NGOs represented 27.1%, Arab non- health organizations reached 25% and Arab health organizations got 18.8%. There are wide and effective communication channels between health NGOs with other local and international organizations, because of its importance in the development and enhancing fund processes, Qazzaz (2006) and Yaghi (2008) agree with these findings that asserted on the importance of coordination to establish transparent and fair regimes, and to facilitate the actors actions through setting plans and implementing programs. The respondents described the relationship between the NGO and donors of being mainly good by 45.8%, others responded that it is strong by 39.6% responded, 12.5% said that it is ordinary and 2.1% answered that they do not know. The majority of NGOs are well linked with the donor but it does not reach to the extent of the outstanding relationship, so both parties should synergize and promote this relationship more. Furthermore, about the nature of this relationship, it was often based on funding according to 75% of the respondents, based on partnership by 54.2%, while the joint activities, professional, contractual and supervision, coordination and complementary relationships got the lowest percentages approximately 25%. Khan's (2003) is consistent with the findings in criticizing aid management and coordination structure that considered PNA client- recipient relationship and with excluding the PNGO from this structure. Accra Agenda for Action (2008), Paris Declaration (2005), Busan Conference (2011), and MDGs principles emphasized this approach.

Table 4.16 Distribution of respondents' perceptions about coordination, corporation and partnership

Items	Yes	TSE	No	D. K	Mean	%
The donor is a partner in the implementation of health activities	9	23	1	15	1.54	51.39
IF contributes significantly to consolidate coordination and cooperation principles between health NGOs	20	18	9	1	2.19	72.92
Absence of coordination and cooperation weakens the impact of the IF to reach the health goals	11	1	1	35	0.75	25.00
The strong cooperation and coordination between the parties is crucial need for successful IF process	41	6	0	1	2.81	93.75
Overall	Mean			Percent		
	1.82			60.67%		

Table 4.16 clarifies the overall perceptions mean of coordination and cooperation was 1.82 (60.67%). Half of perceptions indicated that the donor is not a partner in implementing health activities. The mean 2.19 (72.92%) was for that IF contributes significantly to consolidate the principles of coordination and cooperation between NGOs, and this goes with what was discussed in table (4.15). About 25% answered that absence of coordination and cooperation weakens the impact of the IF to reach the health goals with the mean 0.75. The researcher interprets this weak finding that the majority of participants answered do not know and this result agrees with MOPAD (2001) that the absence of coordination leads to reduce aid efficiency. About 93.75% of mean score responses 2.81 clarified that strong coordination and cooperation are crucial need for successful IF process and this result is consisted with Maria et al. (2005). The results also go in line with Pfeiffer (2003) and Buse and Walt (1996) who stated that coordination between all actors became critical aspects (discussion point) of public health system and could enhance health sector reform. In the same context, MAS (2005) argued that there is need to cooperate with PNA, private and NGOs sectors to realize the long- term development. This domain indicates that IF greatly contributes to reinforce cooperation and coordination. Responses of questionnaire's open questions revealed that the majority believe that the IF weaknesses are lack of coordination between donors and donor

management which leads to projects duplications and reinforces the government and NGOs dependency.

4.4.3 Transparency, accountability and governance

Table 4.17 Distribution of perceptions about transparency, accountability and governance

Items	Yes	TSE	No	D. K	Mean	%
IF impartial and based on fair distributive	16	19	11	2	2.02	67.36
IF contributes in establishing the basics of the NGO good governance	15	24	2	7	1.98	65.97
The COC and ethics is the main governing the relationship between donor and NGO	26	16	5	1	2.40	79.86
IF contributes to the strengthen of accountability and responsibility of the NGO toward the local community	22	17	8	1	2.25	75.00
Procedures and practices of donors reduce corruption and misuse of the IF	18	21	7	2	2.15	71.53
IF is transparent in providing the fund, implementation of projects, and exchange information	19	19	4	6	2.06	68.75
Overall	Mean			Percent		
	2.14			71.41%		

Table 4.17 illustrates transparency, accountability and governance domain mean 2.14 (71.41%). Results indicated that 67.36% of perceptions level described IF of being impartial and based on fair distribution (mean 2.02). The answers mean (1.98) of the respondents clarified that IF contribute to establishing the basics of NGO good governance. About 80% of responses with mean (2.40) agreed that COC is the main tool that governs the relationship between donor and NGO by 79.86% and the mean 2.39. Moreover, IF contributes to strengthening the NGO accountability towards the local community by 75% and the mean (2.25) of responses. 71.53% (mean 2.14) of respondents' answers showed that donor procedures reduce corruption and misuse of fund. IF is transparent in providing the fund, implementing projects and exchanging information was represented in the percentage level of responses 47.92% (mean 1.43). Generally

speaking, IF did not greatly contribute in promoting accountability, transparency and good governance. The total mean of the domain reached 1.94 (64.93%).

The results are emphasized by AMAN survey (2006) and Jaber (2010) that donors are the main body to determine the NGO program priorities. Moreover, governance is isolated from any true developmental contexts for the Palestinians who are under occupation. To improve accountability of aid feedback mechanism should be applied (CDA, 2011). Burnley (2010) also stated that transparency is the crucial aspect of aid and Fox (2008) mentioned that aid should strengthen local capacity of developing countries. MAS (2009) suggested that NGOs focus on good governance as managerial and financial element for managing IF to achieve sustainable development. In qualitative part from the open questions the answers indicated that fund lacks transparency, it is unfair and sometimes depends on personal relations.

4.5 Output aspects

4.5.1 Sustainability

Table 4.18: Distribution of responses according to effects and sustainability

Items	Yes	TSE	No	D.K	Mean	%
IF as a whole has a significant impact to the NGO and the health sector	33	14	1	0	2.67	88.89
IF and in charge focus on measuring impact and outcomes of health activities based on concrete evidence	27	18	2	1	2.48	82.64
IF provides outstanding contributions in crisis, disasters and emergency situations	13	27	2	6	1.98	65.97
IF leaves sustainable effects on NGOs health services even after the fund ends	19	24	4	1	2.27	75.69
Overall	Mean			Percent %		
	2.35			78.30		

Table 4.18 illustrates the IF contribution in promoting the projects and services sustainability. The overall mean of this domain was 2.35 (78.30%). About 88.89% of mean scores indicated that IF has significant effect on the NGO and the health sector and the mean was 2.67. About 82.64% (2.48) of mean level of perception believed that IF and

the responsible a concerned with measuring the impact and the outcomes of health activities based on concrete evidence. Whereas the moderate level of perceptions means 2.98 (65.97%) stated that the IF significantly contributed to emergency situations. Also 75.69% of mean scores of participant perceptions (2.27) referred to that IF leaves sustainable effect to the NGOs health services even after fund ends. Heller (2011) agreed that sustainability needs budgetary, programmatic and operational sustainability when the fund ends, while to enhance sustainability. Population council through CMS Conference (2002) and Mugisha et al. (2005) emphasized on the decentralized leadership and diversified fund source. Abdelkarim (2002) focused on the technical assistance as an option to generate revenue like fundraising approaches and pricing of services.

4.5.2 IF contributions in developing the health NGOs

Table 4.19 Distribution of respondents perceptions about the IF role towards the NGO development

Items	Y	TSE	N	D. K	M	%
IF responds to the requirements of NGO and bridges the gaps and deficits	12	30	6	0	2.13	70.83
IF contributes to develop the administrative and organizational systems and improve the strategic planning of the NGO	17	20	10	1	2.10	70.14
IF involves NGO decision makers and beneficiaries in planning and implementing health projects	20	21	1	6	2.15	71.53
IF contributes to exploit the local resources and Palestinian expertise in the health field	21	21	4	2	2.27	75.69
IF raises the efficiency of financial systems and promote the financial sustainability	15	20	12	1	2.02	67.36
IF meets the staff needs and activate education and training programs for the developing the human resources professionally and technically	15	25	8	0	2.15	71.53
IF promotes the scientific health research	9	19	16	4	1.69	56.25
IF develops an effective information system to reach the accurate health information	10	21	17	0	1.85	61.81
IF increases NGO independency and self-reliance in mobilizing and utilizing the resources in an optimal way	20	15	1	12	1.90	63.19
IF supports all basic and crucial health services without complementary services	14	25	7	2	2.06	68.75
IF constructs and rehabilitates the NGO facilities and improve its environment	24	14	9	1	2.27	75.69
IF develops the NGO health care technologically and technically	15	19	1	13	1.75	58.33
IF contributes with major role in providing the medical logistics needs	26	17	5	0	2.44	81.25
IF contributes to open opportunities for new investments in the health field to increase the outputs and generate financial resources	7	20	18	3	1.65	54.86
Your NGO properly invests the provided IF	37	10	1	0	2.75	91.67
Your NGO accepts the donor conditions and sign a document known as the Anti-terrorism Certification (ATC) as a basis for gaining IF	18	8	19	3	1.85	61.81
Overall	Mean			Percent		
	2.06			68.79%		

Table 4.19 demonstrates the IF contribution to developing the NGOs, the overall mean was 2.06 (68.79%). Responses mean level 2.13 (70.83%) illustrates that IF responds to the NGO requirements and bridges the gaps, Shaat (2002) confirmed that IF provides fund and in-kind technical aid to develop NGOs managerially, financially and technically. Most of perceptions 70.14% (mean 2.10) referred to that IF contributes in developing the organizational systems. About 2.15 (71.53%) of responses level showed that IF contributes to involve the NGO decision makers and beneficiaries in projects planning and implementation, where 75.69% of perceptions level considered that IF exploits the local resources and Palestinian expertise in the health. 67.36% responded that IF raises the efficiency of financial systems and promote the financial sustainability of the NGO to move on its services. In the open questions respondents stated that IF weaknesses are the donors work according to their priorities not according to the NGOs' priorities and needs, so the NGOs cannot persuade the donors. Moreover, it is related to one budget that does not support running cost, donors support selective NGOs, sectors and specific services, and impose conditions that are not suitable to the NGO with its focus on relief rather than development projects. About 71.53% of mean level of respondents' answers indicated that IF meets the staff needs, activates education programs for developing the staff professionally and technically.

The qualitative part of the questionnaire agreed with that, half of respondents answered that the IF strengths are contributing to raise health awareness ,developing education and teaching, improving external training, conducting research, and restructuring the NGO according to international standards. On the other hand, ten out of forty two respondents answered that IF increases NGOs capacities, adds quality and quantity of specialties, reinforces development approach, and develops health systems to some extent. They also added that the IF is the main source for governments and NGO; about 28.57% responded that it contributes to developing health facilities, infrastructure and environment in various areas.

Almost half of respondents answers level illustrated that IF contributes to promote the scientific research; and this result is consistent with the qualitative which means that IF is weakly concerned about research and this result is consistent with MAS (2009). With regards to developing effective information system to reach the accurate health information responses reached 61.81% (mean 61.85). Likewise, IF increases the NGO independency and self-reliance in mobilizing the resources in an optimal way by the mean

1.90 (63.19%). This goes in line with World Bank (2010) and MAS (2007) that the NGOs highly depend on foreign aid, and in the qualitative part open ended question in the questionnaire, the respondents confirmed that the IF reinforces NGOs dependency. The responses mean level about the IF support to basic and crucial health services without complementary services represented 2.06 (68.75%). Most of respondents answered that IF contributes to construct the NGOs health facilities and improve its environment by the mean 2.26 (75.69%). Moderate perceptions level were for the item IF contributes to develop the NGO health care technologically and technically. The answers revealed that IF significantly contributes to a major role in providing the logistics needs i.e. medicines and equipment. This is consistent with the open question answers, the respondents clarified that the main IF contributions over health sector are providing drugs and equipment, above average of respondents with percentage 59.52% replied that IF provide expensive medicine and equipment and contributes to decrease the drugs and equipment deficit.

A moderate mean level of perceptions indicated that the IF contributes to create new investments in the health field to increase the outputs and to provide generating financial sources. The highest response in the domain (91.67%) revealed that the NGOs properly invest the fund and answers pointed to those NGOs accept the donor conditions and sign a document known as the ATC mainly in USAID funds as a basis for gaining IF by 61.81%, this result goes in line with Calland (2010). The researcher concludes that IF contribution to the NGOs was prominent to fulfill the NGO gaps, needs and to develop it managerially, technologically, technically and financially, providing logistics needs and it makes use of local resources and experts in its activities. IF deeply focused on the staff training and establishing information system without deep concern about research. Obviously, IF did not contribute enough to the NGOs independency, but it contributes greatly in involving the decision maker and beneficiaries in planning and implementing projects. Most NGOs invest IF in a good manner and most of them can accept fund under conditions which agrees with Bisan (2006) that the donor prefers the larger PNGO because they are restricted to the donor conditions.

The increased aid to PNGOs has had a number of negative effects including increased internal competition, reduced accountability to communities and an inability to articulate a common strategic vision (Songco et al 2006). The un-coordinated and short-term nature of donor engagement with NGOs has undermined its effectiveness (MAS 2007, CIDSE

2008). The current results differ with NDC (2006) that the increased aid to PNGO had negative effects like reducing transparency, service inefficiency, reduced NGOs capacities, lack of sustainability and NGOs weakness to communicate with societies. World Bank (2007) mentioned that fund supported the NGOs capacity which contributed to sustainable services and it partially achieved the overall professional and strategic development. World Bank and Bisan (2006) also reported that IF tends to be biased towards larger PNGO especially those who work in health work which hindered its ability to plan and improve quality and sustainability. The result of qualitative part referred to that eighteen respondents out of forty two by percentage 42.85% mentioned that the IF strengths are represented in developing the NGOs financial and managerial systems, and activating management role. In addition, IF reinforces NGOs capacity like needs assessment, M&E, transparency and technical support, and it helps to achieve NGOs vision. They also stated that the fund suits NGOs needs and assists the NGOs in emergency and keeps NGOs vital and provides active and effective strategic plan.

Regarding the advantages and disadvantages of IF, the interviewed experts during the in-depth interview showed agreement except for one who said that it has no advantages. The advantages are developing NGOs in training, services sustainability and quality, transparency, covering budget deficit, infrastructure and responding to the needs. Moreover, it supports the Palestinians in facing challenges and keeps them from collapsing but does not leave them on the zero point being major in crisis, IF creates cooperation between nations. On other hand, the main responses agreed that the IF disadvantages are that it is politicized and conditioned, promotes dependency and focuses on relief projects. Donors have their own agendas that contradict with the national and NGOs goals. Furthermore, IF weakens political stability and decision making that affects the national ambitions. An interviewee said:

"IF did not find a state and will not help to go out from the current situation and support Israel with everything (developed planes) and support Palestine with nothing (a sweeper)".

The interviewees were asked about how IF contributed to fulfill the NGOs health needs. The majority of respondents revealed that IF strongly contributed in supporting PHC components through training, sophisticated equipment and services, infrastructure HCS reform, creating protocols, and controlling some chronic diseases. Two respondents blamed the IF for illusion which is represented in drugs discontinuity and the IF geared in

accordance to NGOs goals. About the specialized care all of interviewees agree that IF contributed in supporting outstanding care, they were asked about the disability that divided their responses, some of them feel glad of the IF towards rehabilitation services and other contradict of that. Half of the experts indicated that the external fund support the MDGs indicators attaining but does not reach the minimum required level. On other hand, the rest of experts denied the IF contribution in realize the MDGs. In advocacy and health promotion, fewer interviewed experts stated that there is IF successes in this context through health education and supporting people health rights. In the opposite, the others said that the IF role is still weak and being theatrical not practically applied. The experts were asked about the socioeconomic conditions improvements by the effect of the IF intervention. Most of responses agree that IF moderately contributes in specific issues like: anemia, unemployment, malnutrition and poverty, the minority of experts said that IF did not contribute actually because the people life is deteriorated. Five experts answered to the how IF contributed to meet vulnerable group needs that this contribution is limit and weak because it is not derived from development vision but from relief, and depends on selectively area.

Moreover, The experts analysis via in-depth interview about the IF contribution on supporting NGOs with reference to HRD, the majority of answers clarified that hard efforts were spend in developing the employees capacities and performance, one of experts said that HRD does not depend on IF only but the NGOs made it. In reference to services and equipments, all of interviewees indicates that it is considered the most important and positive improvements. All of experts stated that the IF had effects on the Managerial and financial capacities to increase transparency and credibility and to utilize the fund in the best manner. The majority of experts agreed that the IF did not crucially support the NGO running costs but through project based and the donor rejected to support the budget in spite of the NGO deficit. Moreover, some of respondents declared that there is IF success in bringing new ideas, represented through abroad training of teams, creating communication channels with external world for exchanging knowledge and transferring experiences without imposing it on the NGO. But these ideas did not contradict with NGO goal and Palestinian need.

4.5.3 National health goals and indicators

Table 4.20 Distribution of perceptions about the IF contribution regarding the national health goals and indicators

Items	Y	TSE	N	D. K	M	%
IF facilitates access to health service, expanding its scope and achieving equity without discrimination	13	27	4	4	2.02	67.36
IF adds new, comprehensive, varied, high quality and continuous services	17	23	6	2	2.15	71.53
IF improves the nutritional status, malnutrition, underweight and stunting	15	22	5	6	1.96	65.28
IF increases life expectancy rate by improving people's health and quality of life	11	21	11	5	1.79	59.72
IF contributes significantly to increase the number of health services beneficiaries	25	20	2	1	2.44	81.25
IF contributes positively in developing the psychiatric health services and limit its spread	12	22	9	5	1.85	61.81
IF focuses the health activities on PWD needs, the poor and socially marginalized and endangered	21	21	3	3	2.25	75.00
IF controls the burden of chronic diseases and its spread in the elderly	11	24	7	6	1.83	61.11
IF controls the communicable diseases in the GS such as: (anemia, diarrhea, respiratory diseases, etc, ..)	13	22	8	5	1.90	63.19
IF contributes to improve and develop the health insurance scheme	8	13	11	16	1.27	42.36
Overall	Mean			Percent		
	1.95			64.86%		

IF according to national health indicators IF and goals are illustrated in Table 4.20, the whole domain mean was 1.95 (64.86%). The perceptions level 2.02 (67.36%) indicated that IF facilitates health services accessibility, expands its scope and achieves equity without discrimination, IF also had major role in adding new, diverse and comprehensive health services that are characterized by high quality by 71.53% and the mean 2.15. Respondents perceptions described that IF contributes to improve the nutritional status and reduce malnutrition, underweight and stunting by the mean less than 2 (65.28%). Furthermore, IF

has weak contribution in increasing life expectancy rate by improving people's health and quality of life by the mean 1.79 (59.72%), while about 81.25% of the answers mean level pointed out that the IF significantly increases the number of services beneficiaries. In addition, 61.81% of perceptions level revealed that IF contributes positively in developing the mental health services and limited its spread, most answers referred that IF focuses its activities on PWD, the poor and the socially marginalized by the mean 2.25. The items IF reduces the burden of chronic diseases and its spread in the elderly and IF controls the communicable diseases such as: anemia, diarrhea, respiratory diseases, etc) received respectively 60% of responses level. Finally, IF weakly contributes to develop the health insurance scheme by the mean of respondents 1.27 (42.36%).

To sum up, results demonstrate that IF has important role in improving accessibility, quality and continuity of services, basically supported the nutritional status and was concerned about the marginalized people. Furthermore, IF reasonably promoted geriatric health and contributed in controlling communicable diseases, while its role was weak in psychiatric health and in developing health insurance scheme. Bisan and Giacaman et al. (2011) stated that the high amounts of aids did not positively contribute in reducing poverty and unemployment rates because Gazans people suffer from food insecurity. The results of open questions showed that eighteen respondents out of forty two by the percentage 42.85% answered that the IF strengths are that it had impact on health facilities and services quality, it provided medications, equipment, infrastructure and developed human capacities. It also raised health awareness provided effective and rapid interventions in crisis.

Qualitatively, many respondents reported that the IF strengths are represented in health indicators improvement, enhancing PHC level especially for children and women and developing the diagnostic services. Moreover, it plays role in serving the disabled like physiotherapy, rehabilitation, comprehensive and specialized services, and in reducing peoples' suffering due to occupation impact and finally, it worked on improving MDGs indicators. During the open question which is "To what extent does the IF achieve the desired goals to NGOs?" eighteen respondents said that it achieves the desired aims to a big extent, twenty answered that it moderately achieves the desired aims, two answered to a small extent, one answered it has no achievements and one did not respond.

4.5.4 Millennium Development Goals (MDGs)

Table 4.21: Distribution of perceptions about the IF contribution regarding to MDGs

Items	Yes	TSE	N	D. K	M	%
IF improves health care for child and safe delivery leading to reduced IMR and increased births in children	17	21	3	7	2.00	66.67
IF improves care services for mothers and reduce the MMR	20	20	2	6	2.13	70.83
IF empowers the reproductive health programs and improves the fertility rate	13	19	11	5	1.83	61.11
IF narrows the gap of unemployment and poverty via the provision of aids & employment of labors	14	23	7	4	1.98	65.97
IF improves sustainable environmental health by the provision of safe water , establishment of a sewerage and solid waste management	11	20	6	11	1.65	54.86
IF strengthens the strategic partnerships and unify the sectors efforts to achieve the productive goals	10	23	10	5	1.79	59.72
IF reduces the diseases and health threats	12	26	5	5	1.94	64.58
Overall	Mean			Percent %		
	1.90			63.39%		

Table 4.21 presents the IF achievements to support the MDGs from the health NGOs directors perspectives and the total mean was 1.90 (63.39%). the perceptions of the respondents revealed that the IF had large contributions in improving care services for mothers and reducing the MMR (70.83%) by the mean level 2.12, in addition to improving health services for child and safe delivery to reduce IMR and increase births in children by the mean perceptions 2.00 (66.67%). It also narrowed the gap of poverty & unemployment by providing aids and employing labors by the mean level of perceptions 1.97 (65.97%), reduced the diseases and threats (64.58%) and empowered the reproductive health and improved the fertility rate (61.11%) and. On the contrary, IF contribution in improving sustainable environmental health by providing safe water, establishing sewage and solid waste management and in strengthening the strategic partnerships and unifying the efforts of all sectors to achieve the productive goals did not reach the required. The MDGs programs are primarily funded from donor community, MOPAD (2010) mentioned that Palestine's situation differs from other countries due to

several factors including the occupation and limited control over natural resources...etc. The current track towards MDGs is slow and scores somewhat expected results, but not the results desired because of the obstacles. The GS witnesses slight decline in poverty, hunger and unemployment rates due to the high levels of assistance but it is not sufficient to protect large proportion of population which agrees with the current study. The results referred to large contribution of IF in child and maternity health and mortality, MOPAD report supported the result that the reduction occurred in the child and maternal health indicators have been achieved moderately, the infectious diseases were also illuminated and controlled. Additionally, the study results agree with the report that environmental sustainability is not likely to be achieved while the percentage in this study was modest and this is what was confirmed by PCBS (2009). Barrett (2008) also emphasized that foreign aid is essential part of poverty and hunger reduction strategy, while Radelet (2004) contended that fund continuity achieves improvement in the indicators for a longer time as it clarified in chapter 2.

4.5.5 IF responsiveness to the Palestinian society needs

Table 4.22 Distribution of the responses about IF according to Palestinian Society responsiveness

Items	Ye s	TSE	No	D. K	M	%
IF broadens the community participation and involvement in health development wheel	15	27	6	0	2.19	72.92
IF sets efficient long-term developmental goals and strategic plans in line with the Palestinian society needs	12	24	10	2	1.96	65.28
IF improves the citizens behavior by health awareness about health issues	13	27	2	6	1.98	65.97
The amounts of the IF provided to the NGOs covers a large part of the human suffering experienced by the GS citizens	12	27	8	1	2.04	68.06
IF strengthens the self-capacities of the Palestinian CBOs	15	24	9	0	2.13	70.83
The Palestinian political case (internal division) affects IF process which is reflected in the health services	11	33	2	2	2.10	70.14
IF determines the priorities of health work according to its goals not to the health needs of the Palestinian society	24	15	2	7	2.17	72.22
IF alleviates the effects of the occupation and liberate the Palestinian society from dependency	17	13	1	17	1.63	54.17
IF supports the economic and social stability by improving the growth rate	8	28	9	3	1.85	61.81
IF increases the per capita from GDP	13	13	6	16	1.48	49.31
Overall	Mean			Percent		
	1.95			65.07%		

Table 4.22 provides impression about IF contribution to respond to the Palestinian society needs with a moderate overall mean level (65.07%). Satisfactory perceptions (72.92%) were about IF broadening the base of community participation and involvement in development process besides projects planning and implementation. Abdel Majeed (2010) agreed with this result and Berzeit University (2005) mentioned that IF has promoted the principle of community participation and involvement. Moreover, IF had essential role in strengthening the Palestinian CBOs self-capacities, but 70.14% of answers showed that the Palestinian internal division affects the IF process and consequently affects health services. Likewise, 72.22% of perceptions level demonstrated that IF determines the

health work priorities according to its goals not to the Palestinian society health needs, MAS and CDS survey (2009) asserted that 15% answered that IF determines its priorities according to the Palestinian needs but 57% according to its politic agenda which agrees with the current study results. Respectively 65% of answers mean level stated that IF improved the health behavior of citizens via health awareness programs about health issues and set efficient long-term developmental plans in harmony with the Palestinian society requirements. The result does not go with Shadid (2002) who stated that donor interests and Palestinian priorities seem to deviate significantly, so it should be matched to achieve effective impacts. The respondents' perceptions (68.06%) agreed that the IF amount covers large part of the human suffering experienced by the GS citizens. On the economic level, the level of perceptions (61.81%) clarified that IF supported the socioeconomic stability by improving the growth rate and weak respondents' level (49.31%) referred to IF contribution in increasing the per capita from GDP. Ngang (2008) agreed with this result that foreign aid impact is in promoting economic growth and improving social welfare in Cameroon people.

Qita (2009) also said that USAID contributed in economic growth and social welfare of Palestinian community but did not fully meet Palestinian expectations. On the contrary, Lubed (2004) mentioned that IF did not have impact on the economic and social development due to factors particularly Israel and the donors. Moreover, PNGO (2011) illustrated that massive amount of aid did not leave positive effect in the Palestinian development. Qualitatively, 28.57% of the respondents in open questions confirmed that the IF weaknesses are the political and are affected by internal and external conditions, and donors classification of some NGOs of being terrorist. The majority of respondents agreed that IF alleviated the effects of the occupation practices and liberated the Palestinians from dependency while 31.94% answered the opposite. This result agrees with CDS (2009) that IF contributed to alleviate suffering. The following domain got the weakest percentage in comparison with the other domains which means that IF effect was weak on the Palestinian society. Qualitatively through the questionnaire, ten answers with percentage 23.80% agreed that the IF has strengths in social participation, in meeting social needs, and in alleviating poverty and unemployment.

4.6 Appropriateness, relevancy, efficiency and effectiveness (input, process and output)

Table 4.23 Distribution of respondents' perceptions about appropriateness, relevancy, efficiency, and effectiveness

Items	Yes	TSE	No	D. K	M	%
IF that is provided to the NGO is effective (ie, it achieves the desired goals)	15	27	1	5	2.08	69.44
IF that is provided to the NGO is efficient (i.e. does not waste any resources)	29	18	1	0	2.58	86.11
IF programs and projects are relevant to the activities and goals of your organization	27	19	1	1	2.50	83.33
IF goals and policies met with the national health goals and Palestinian society priorities	11	33	2	2	2.10	70.14
IF helps efficiently and effectively to make use of the resources	21	22	5	0	2.33	77.78
IF contributes in implementing and completing the organization activities and projects in an optimal method	25	21	2	0	2.48	82.64
IF contributes in implementing the organization projects with great beneficance and tangible effects	10	29	0	9	1.83	61.11
Overall	Mean			Percent		
	2.27			75.79%		

Table 4.23 clarifies the IF contribution through appropriateness, relevancy, effectiveness and efficiency of IF, the overall mean (2.27) (75.79%). The perceptions level of respondents by the mean 2.08 (69.44%) referred to that IF is effective i.e. it achieves the desired goals. Most of the responses (86.11%) revealed that IF is efficient i.e. it does not waste any resources by the mean 2.58. In the same context, the majority of participants responses level (83.33%) indicated IF projects are relevant to their NGOs activities and goals by the mean 2.50. the mean of answers (2.10) illustrated that IF goals met with the NHGs and the Palestinians priorities by (70.14%). About 2.48 (82.64%) of perceptions level answered that the IF contributes in implementing the NGO projects in an optimal way, while moderate mean level of scores (61.11%) indicated that IF contributes in implementing the NGO projects with great beneficence and tangible effects

This indicates that there is no concern about real indicators to measure projects' impact managerially or difficulties in implementation technically. USAID and OECD (2008) declared that to reach effective and efficient aid it should be untied and that ownership, alignment, harmony, result oriented, mutual accountability and partnerships should be achieved. However, Hiller (2011) and Laurance et al. (2009) agreed with the mentioned results, it was stated that appropriateness of aid should be allocated to be relevant and appropriate to the recipient needs, priorities and goals. The researcher concludes that the domain's percentage 71.03% by the mean 2.13 reflects the significance of IF appropriateness, relevancy, effectiveness and efficiency.

The respondents in the qualitative part via open questions suggested increasing the aid efficiency and effectiveness on two levels. Nationally by adopting coordination, agreed long-term development strategies, realizing the priorities, encouraging the community participation and raising the society awareness about development culture. Moreover, the NGOs should keep dividing its work and reinforcing the specialties and diagnostic services, and should have clear vision to front the donor and develop planning and monitoring practice by establishing information system. Need assessment should be considered for projects implementation. NGOs self resources should be developed. At the donor level, donors should support NGOs capacities like staff capacity building, M&E to attain sustainable development throughout impact oriented. Furthermore, reallocate fund fairly according to needs and geographical areas, and focus on the services quality and it should be related to health goals and should be sustainable.

In in-depth interview, most of interviewees agreed that IF is appropriate for development versus emergency. It provided aid in constructing health facilities, provided equipment; training was considered sustained, but emergency met crucial needs but was not sustained. There should be deeply focus on development that empowers the Palestinians and serves the national plans because the current circumstances are not permanent and if development is not adopted Palestine will be like some African countries. The experts asserted that the development is not achieved under the occupation, and the donor was mixing between development and emergency. The rest of the experts criticized the IF purpose that it keeps the Palestinians with neither alive nor dead, and it agendas are set via the donors and do not work on developing sustainable PHC as well as not contributing in self efficiency. A director in health NGO stated that:

"The donor's work takes place in the urgent situations which is an opportunistic idea. It means that aid is just for living and any work that is either developmental or relief passes through Israel and it is under its control, consequently the relief fund comes to complete the miserable circle which means that the economic power for the Palestinians is damaged and it only works to gap hunger. IF did not open production projects and did not support the required sustainable development in light of the conditioned fund".

For the appropriate use of IF money, there is consensus between the interviewees that utilizing the IF appropriately depends on the NGOs management that corresponds to the national goals. Moreover, there is difference in using the IF between the NGOs; some donors use it efficiently. This is achieved through a unified plan and cooperation. One expert believed that at there was misuse of IF at the beginning of the PNA establishment, but currently the donor and NGOs performance improved. Another also believed that there are criteria of appropriateness but it is hard to judge the relief fund appropriateness to achieve development. Although two of the interviewed said this money is not used appropriately because IF is differs from our priorities and the NGOs. Regarding to increasing the contribution of IF to support HCS all experts approved on developing national strategic plan collectively reflects the needs and donor should work according to this plan. Whereas a third expert answered that there should be focus on self reliance and develop managerial, technical and financial competencies.

4.7 Study domains means

Table 4.24 Distribution of study domains means

Study Domains	Mean	Percent%
Sustainability and impact	2.35	78.30
Contribution to efficiency, effectiveness, and appropriateness	2.27	75.79
Contribution to monitoring and evaluation	2.21	73.61
Contribution to promoting transparency and governance	2.14	71.41
Meeting needs of NGOs	2.06	68.79
Nature of the international fund	2.06	68.63
Responsiveness to Palestinian society needs	1.95	65.07
Meeting national health goals	1.95	64.86
Meeting MDGs	1.90	63.39
Contribution to coordination and cooperation	1.82	60.67
Overall domains	2.05	68.46

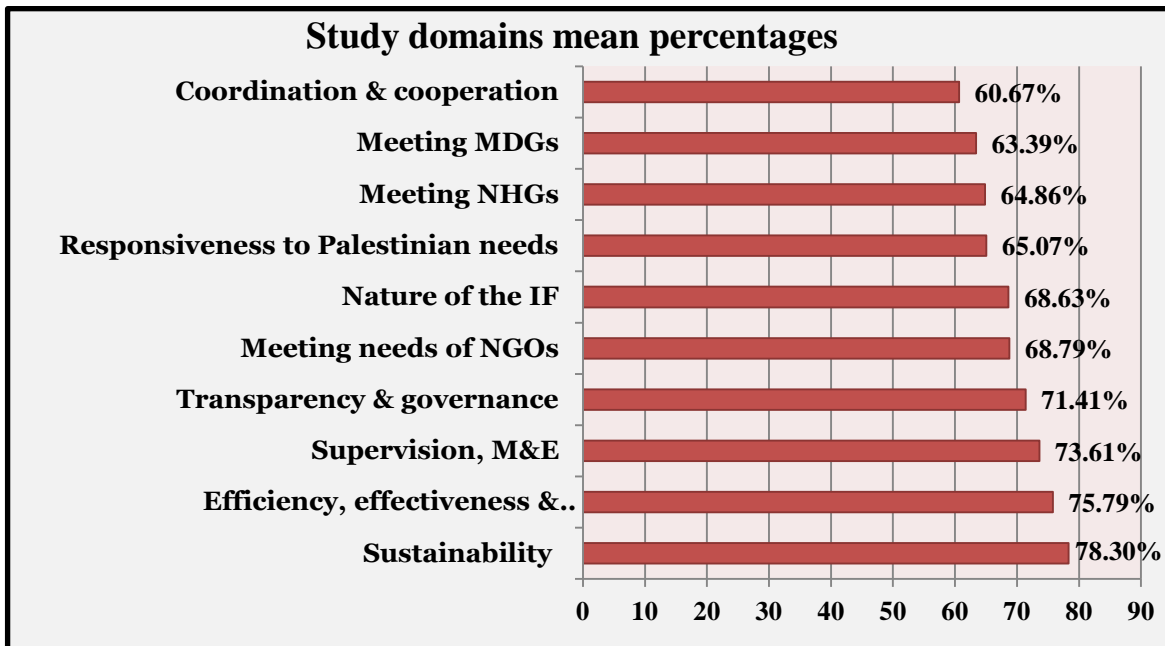


Figure (4.3) Distribution of study domains mean percentages

Table 4.24 summarizes the ten study domains. It is clear that IF significantly contributed to the highest percentage 78.30% in the questionnaire axes sustainability domain which means that the respondents highly agree that IF leaves significant impact and sustainable effects for the NGOs and its projects outcomes. Sustainability was exemplified in services variety and quality, supplies and infrastructure, increased number of beneficiary, staff empowerment and support financial resources. The study also concluded that effectiveness, efficiency, relevancy and appropriateness got a good percentage (75.79%), this shows that IF contribute to big extent with efficiently uses resources to achieved the health NGOs goals by relevancy approach. IF has vital role in promoting the culture of supervision, M&E practice (73.61%) based on realistic health indicators in projects implementation and in reinforcing the financial and managerial control. Code of ethics is the major base in donor and NGOs relation.

The study results reported that transparency and governance reached 71.41%, when the donor provides funds it takes into consideration the NGOs systems and transparent intervention. This is a recent trend that donors agencies adopted to attain the optimum utilization. Regarding IF contributions to meet the NGOs requirements (68.79%), it gapped the deficit and to a big extent developed the administrative and organizational competencies. IF did not completely involve the decision makers and beneficiaries in planning and implementing projects. In addition, it helped in using local resources properly and in increasing the NGO financial sustainability as well as providing training

programs to human resources while its role in reinforcing health research was not prominent. IF had major role in developing effective information system and in improving its health facilities and supported basic services in addition to the logistic needs. IF failed in opening opportunities for new investments in the health field. Most of the NGOs can accept the donors' conditions like ATC to gain fund.

The nature of IF domain results (68.63%) is sustainable and positively contributes in development over relief projects, although, it is not enough in some circumstances and sectors, its procedures are difficult, and it is affected by many factors especially the political. The respondents declared that they trust IF and there is urgent need to increase awareness regarding its nature and goals since the problems that face the IF are basically Palestinian.

Concerning to the responsiveness of Palestinian society needs, the IF had diminished achievements towards the Palestinian society (65.07%) but not to the desired level due to the circumstances that the Palestinians experience and without large benefit. Great perceptions scores of the respondents assumed that IF goals met with the Palestinians goals and helped the NGOs in managing the resources and the activities efficiently. In qualitatively part through open questions, the community participation, strengthening NGOs capacity and in alleviating human suffering due to the occupation practices and supported socioeconomic pattern had significant impact. The majority of the study respondents clarified that IF determined its priorities according to the Palestinian society needs, and fifty percent of respondents believe that IF contributed in the citizen's health behavior through awareness. Finally, more than half answered that the Palestinian internal division does not affect the IF process.

Table 4.24 also revealed that moderate contribution of IF in improving the national health goals (64.86%) through achieving services accessibility, equity, quality and increased number of beneficiaries. Moreover, it had acceptable effects in the nutritional status improvement and in controlling some diseases that increased life expectancy rate. It is concerned with the marginalized groups, the efforts of IF controlled the communicable diseases but it had scarce achievement in health insurance scheme development.

The IF is the corner stone of MDGs funding since it weakly contributes to improve all MDGs indicators (63.39%). The participants answers in open questions stated that the IF had achievement but not to the desired level due to the circumstances that the Palestinians

experience. This achievement represented in support community participation, strengthening NGOs capacity and in alleviating human suffering due to the occupation practices and supported socioeconomic pattern had significant impact. The majority of the study respondents clarified that IF determined its priorities according to the Palestinian society needs, and fifty percent of respondents believe that IF contributed in the citizen's health behavior through awareness. Finally, more than half answered that the Palestinian internal division does not affect the IF process.

Finally, the coordination, cooperation and partnership was the least perceptions level by (60.67%), since the donor is not a partner in implementing health activities according to the participant scores, this indicates that absence of strategic partnership and weak coordination procedures from all actors at all levels consequently reducing aid efficiency. Responses of questionnaire's open ended questions revealed that the majority believe that the IF weaknesses are lack of coordination between donors and donor management which leads to projects duplications and reinforces the government and NGOs dependency.

Through the interview the experts were asked to make suggestions to increase the contribution of IF to support sustainable health development in Palestine. The experts suggestion were approximate and the main opinions were by one suggested the participation of all actors to set comprehensive health development plan focusing on cooperation and providing services through complementary work and empowering the Palestinian institutions technically, financially and managerially. One of experts reported that the health staff should be empowered through education and capacity building and directing the IF in accordance with NHP with activating local fund like banks companies besides the Arab fund. Another pointed to unifying speech towards the donor and focusing on specialization and division of work. Opening strategic with all parties in addition to the donor was recommended by interviewed. Finally, achieving sustainable health development there should be deep interest in meeting all citizens' needs upon all levels like nutrition, clothing and housing was another expert suggestion.

Chapter 5: Conclusion and Recommendations

5.1 Conclusion

One of the reasons for conducting this research is the importance and sensitivity of the IF for the Palestinian institutions as a whole and for the health PNGOs in specific. No one can deny the role of the IF in the health sector and its consequences on the PHCS, IF is a serious and crucial issue so it should be managed and utilized properly to attain health development and developing the PHCS. This requires efficient and effective management and measurements to direct this fund towards great impacts and utilization for the people's health, health PNGOs and health care system at the same time.

The aim of this study is to assess the contributions of the IF through the NGOs in developing the PHCS in the GS to provide suggestions about the appropriate utilization of donated funds in order to stand on the real facts and actual nature to recognize the strengths and weaknesses in this field. The researcher used two instruments to appraise the IF achievements, interviewed questionnaire and in-depth interviews, all these instruments were developed by the researcher himself by reviewing the previous studies. The use of these instruments enables the researcher to address the main components like factors affecting the IF, its nature, managerial and developmental aspects related to the IF such as sustainability, monitoring and evaluation in addition to access to constructive suggestions through NGOs directors and experts perspectives.

The study revealed that 85.4% of NGOs directors were males; the respondents trained at BSc. degree level and had 15 years of experience in average. Most of the NGOs were located in Gaza City (58%) followed by Khanyounis (14.6%). Responses indicated that 95% of NGOs were engaged in providing health service and 54.2% reported working in development oriented activities, 25% in rehabilitation services and 10% were reported working in advocacy and mobilization field. More than 70% of respondents stated that their NGOs suffer from financial deficit mainly due to insufficient fund by 64.6%. About more than 70% of respondents perceptions indicated that their NGOs had suffered from financial deficit mainly due to insufficient funds and the major obstacles in securing fund were political conditions and inadequacy of interactions with donors.

The revealed scores reflecting perceptions about the IF contributes to implement development projects rather than relief (75.69%). About 58.96% indicated that the IF is the major fund source while 0.81% saw PNA as a minor source; the biggest donor is Islamic Relief and Arab Fund. About 85.4% answered for the monitoring and evaluation method to improve the IF process, 70% for controlling and 68.8% for supervision. The overall perceived IF contribution's score was 2.05 out of 3 (68.46%) indicating that perceptions about IF role were moderate. Reported perceptions about sustainability were more positive and elicited higher mean scores (78.30%). The revealed scores reflecting perceptions about the contributions of IF were as follows efficiency, effectiveness, relevancy and appropriateness 75.79%, evaluation and monitoring domain 73.61%, transparency, governance 71.41%, NGOs development domains were 68.63%. The overall scores reflecting the extent to which IF improves the national health indicators by improving the quality of health services was moderate (64.86%) indicating gaps in adequacy or utilization of IF. Results were reported regarding the IF contributions to meeting the Millennium Development Goals (63.39%) such as reducing infant and maternal mortality, fertility, poverty and unemployment. Perceptions about responsiveness to the needs of the Palestinian population such as alleviating human suffering, minimizing the consequences of the occupation and promoting the socio-economic status had elicited moderate scores also. Perceptions about coordination were the lowest scores of the study domains (60.67%).

There were several reported factors which affecting and/or affected by the IF in the health field, mainly politics and security, absence of coordination, health NGOs and donors vision and goals incompatibility and organizational such weak of NGO strategic management and experience, economical and financial factors. The minor factors are lack of community participation, weakness of the donors fund management, socio-demographic and health and epidemiological challenges.

Finally, the researcher emphasizes on the necessity of taking the research results into consideration. It is very important to the health NGOs management, donor agencies and policy makers to find solutions to the obstacles of the IF and to utilize this fund in a proper way with adopting clear and agreed policies and strategies to support the Palestinians health institutions primarily and to empower the Palestinian health care

system based on Palestinians needs and national health goals in order to attain sustainable health development.

5.2 Recommendations

Based on the study findings, the researcher emphasizes on many useful recommendations that may help for more effective IF contributions and in promoting its role in developing the PHCS in the GS. According to the study results, the following recommendations are provided:

Donor level:

- 1- The importance of fund continuity and commitment towards the NGOs to be able to create strength its competencies in the future and increasing its role in advocacy and in the crisis such as medical materials shortage and electricity cut.
- 2- Emphasis more on strategically working closely with national bodies on base of the national health and developmental indicators with clear common agendas to ensure appropriateness and effective results.
- 3- Donors are recommended to adopt more transparency and credibility in disseminating information about fund and projects, as well as involving the NGOs decision makers and local society in determining the programs priorities and in planning.
- 4- Donors should utilize a holistic and systematic approach in funding health programs by taking into consideration the health determinants and by concerning less on ad-hoc project complimentary long-term developmental programs.
- 5- Donors are recommended to emancipate the fund from any restrictive conditions and agendas as a prerequisite for providing funds, and ought to support NGOs self-reliance and respect the local and NGOs rules.
- 6- Importantly, donors are supposed to follow and apply the OECD, Paris declaration, AAA, and Busan conference principles to strengthen the IF effectiveness.
- 7- Encourage the need basically for cooperation, coordination and interaction with the all varied Palestinian actors on the basis of effective partnership to achieve the desired goals.

NGOs level

NGOs are required to:

- 1- More fund utilization as much as possible to serve its vision via adopting programs that are fully harmonized with the priorities of the national health plan.
- 2- Promote coordination, cooperation, and create networks in the relationships between all health actors on sectoral and geographical levels to strengthen their role in attaining the desired goals.
- 3- Increase their financial and managerial capabilities especially in M&E, governance and strategic planning.
- 4- Invest diversified financial resources generation like prosperous projects and pricing its services to increase the revenues, reduce aid dependency and keep its sustainability.
- 5- Develop services in a sophisticated manner, high quality, equity with continuous follow up to the beneficiaries sound.
- 6- Encourage the NGOs to use fund in other ways like scientific health research and establishing health information system.
- 7- Reinforce and support the health programs that serve elderly care (NCDs) and develop mental health services, as well as support the principles of life quality through public awareness and approach health education.
- 8- Set plans that include mechanisms to improve the health environment infrastructure in order to control diseases and threats.

National level

On the national level the researcher advises to:

- 1- Establish independent national health committee representatives from the MOH, NGOs, private sector, academics and civil society to set the national health priorities, determine the externally funded projects and fund allocation, and gear the negotiations with the donors.
- 2- Reactivate relevant acts and set clear rules and regulations by legislative authorities to regulate and organize the donor agencies work, and reactivating the monitory bodies' duty to follow and track the donors' performance.
- 3- Establish a unified information system that is related to the projects, programs and the money of the IF to use it in planning among all sectors.
- 4- Find alternative funding sources like the PNA, companies, banks, businessmen and Arab and Islamic fund.

5- Act deeply for the issues of unemployment and poverty in a comprehensive perspective through all parties' participation.

5.2.1 Suggestions for further Research:

Due to the importance of this topic, further research can be carried out in the following areas:

- 1- The contributions of IF in developing the Palestinian health care system focusing on: MOH health system elements.
- 2- The effect of IF programs towards developing and achieving the Palestinian society's needs.
- 3- Evaluating the practices of donor countries to manage IF that is directed to health sector.
- 4- Further research to examine the financial origins development and finding alternative sources for the health NGOs or the health Palestinian institutions.
- 5- The priorities and challenges of the health research and development practice among the health institutions in the Gaza Strip.

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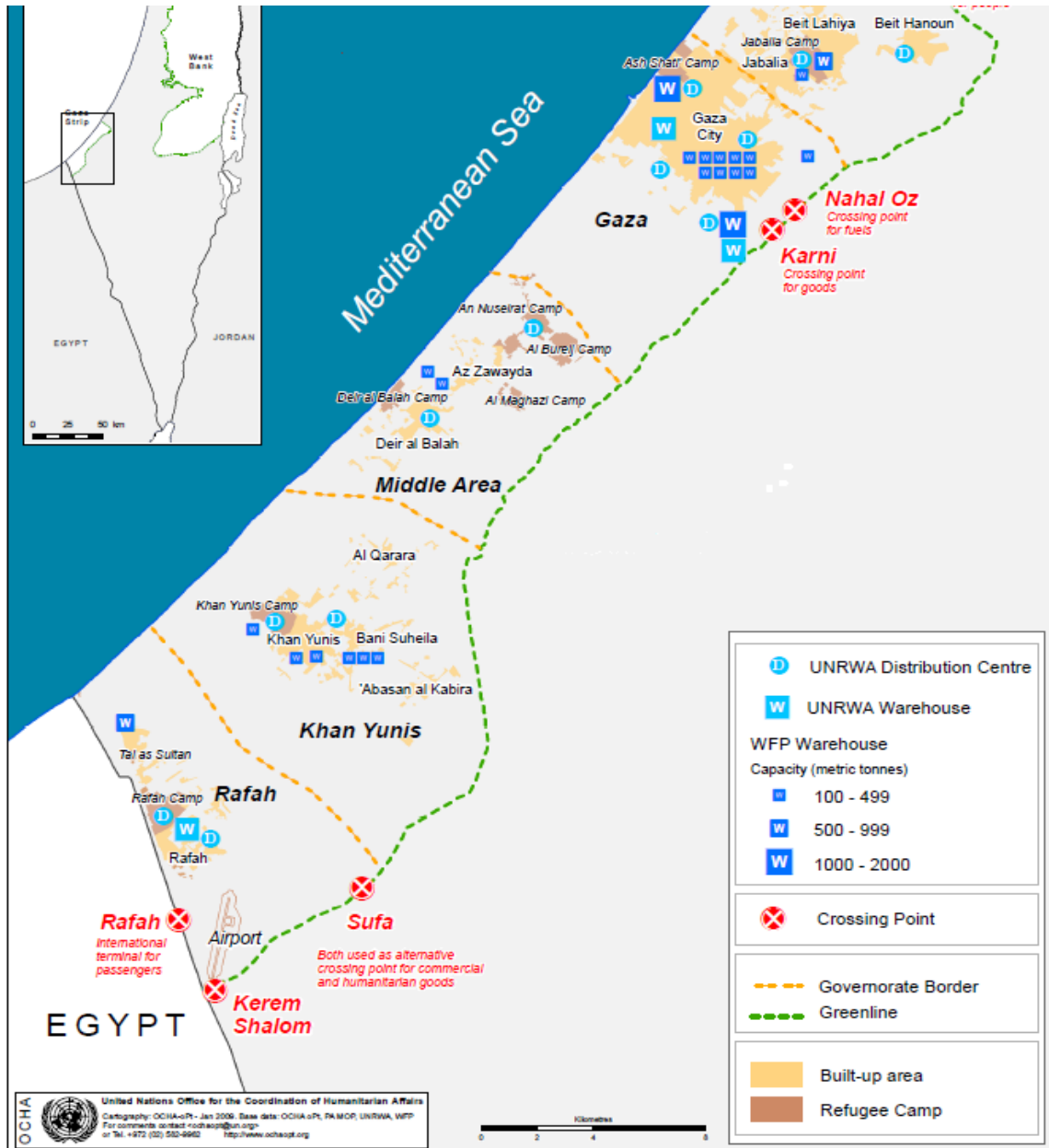
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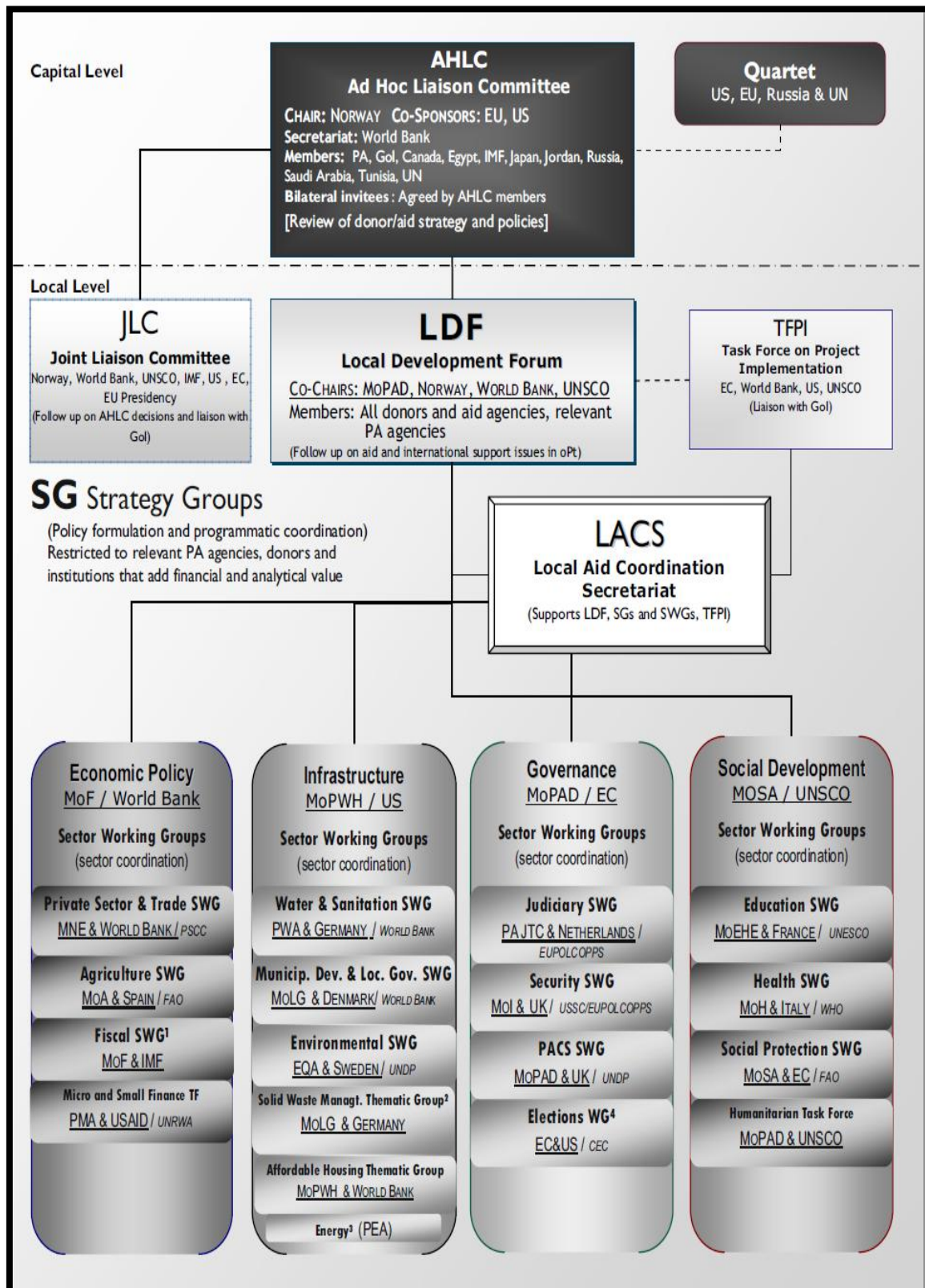
Annexes

Annex (1) Map of the Gaza Strip



(Source: Office PASSIA, 2009)

Annex (2) Aid management structure in the oPt.

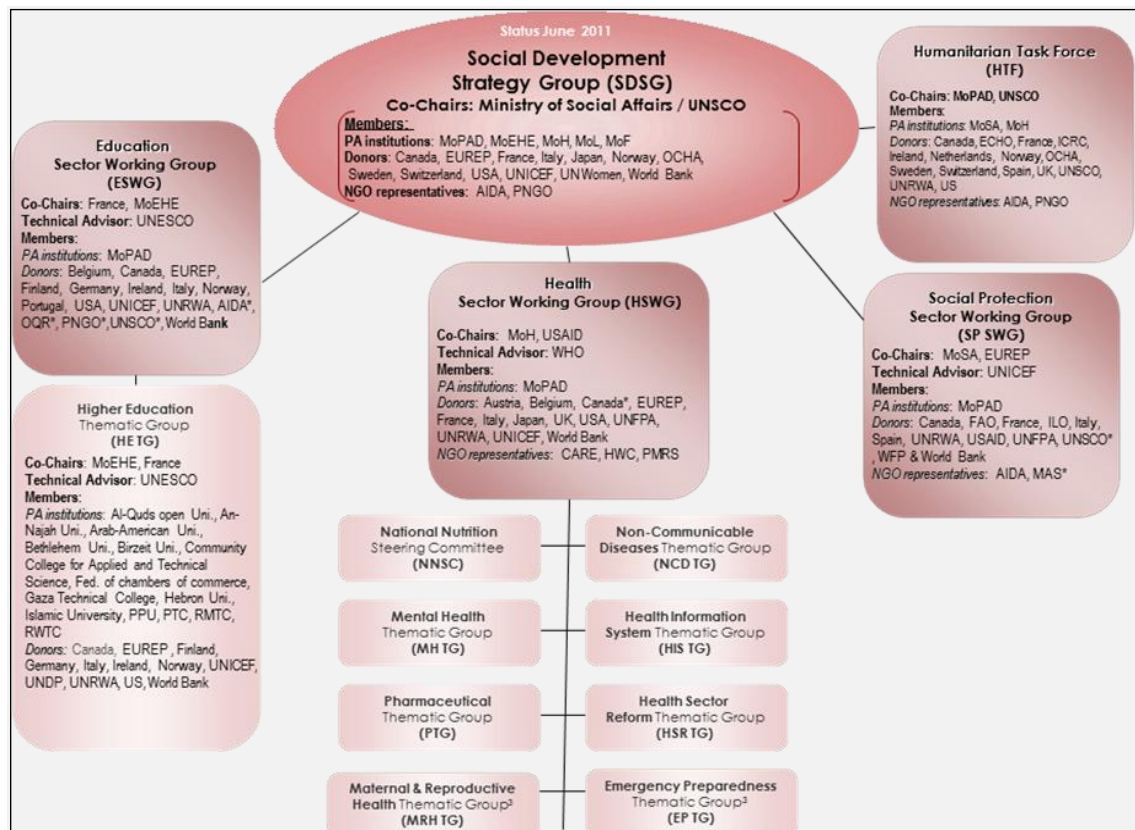


(Source: Palestine Economic Policy Research Institute-MAS, 2009)

Annex (3) Aid management system (Sector coordination)

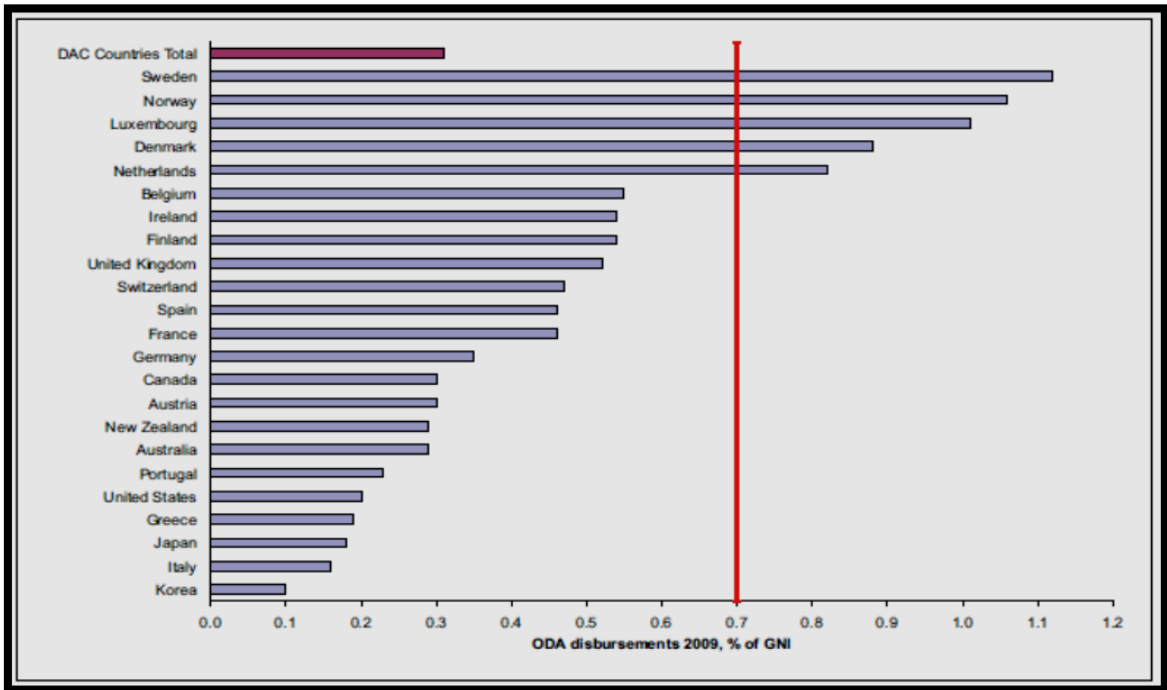


Aid coordination structure in oPt. (Social development)

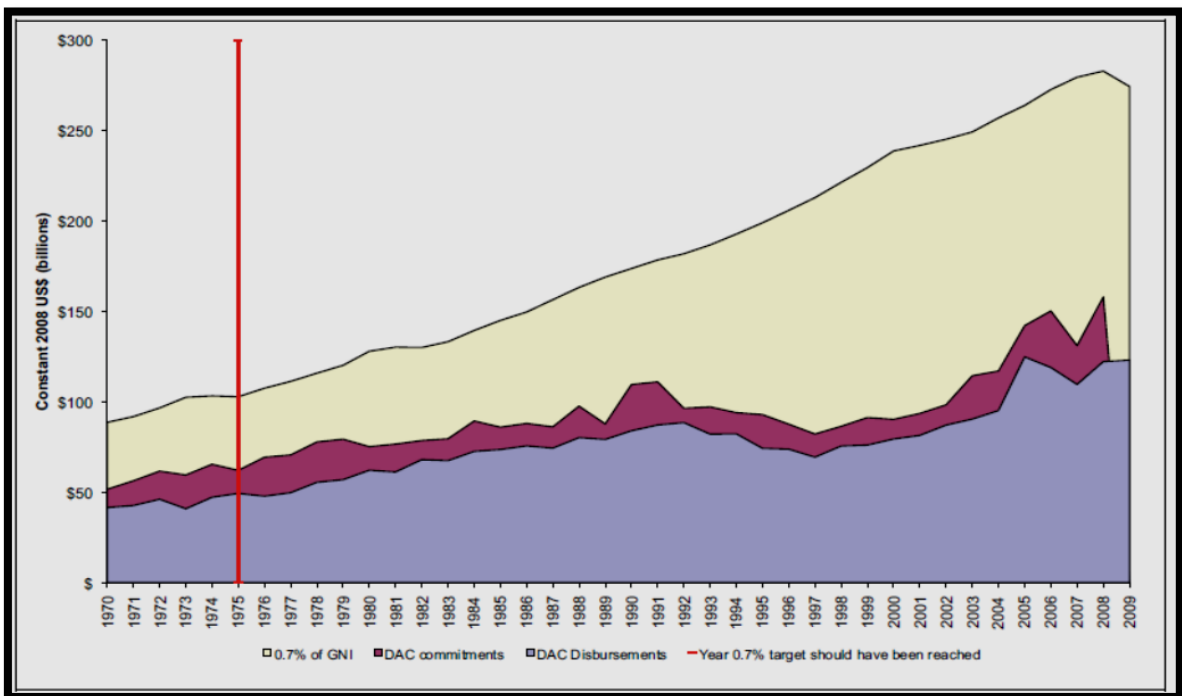


(Source: The Local Aid Coordination Secretariat (LACS), June 2011)

Annex (4) Donor distance from 0.7 per cent aid targets



Annex (5): The donor aid shortfall since 1970 to 2009



(Source: Oxfam briefing report, 2010)

Annex (6) Poverty indexes corresponding percentage of foreign aid per capita 2004-2008

Year	Poverty Rate	Foreign Aid per capita
2004	25.4	323.0
2005	24.3	312.2
2006	24.0	391.8
2007	31.2	488.6
2008	26.1	685.5

Source: (Bisan, 2011).

Annex (7) List of participant health PNGOs

S.n	Organization Name (English)	Address	اسم المؤسسة (عربي)
1	Middle East Council of Churches	Gaza	مجلس كنائس الشرق الأوسط
2	Union of Health Care Committees	Gaza	اتحاد لجان الرعاية الصحية
3	Union of Health Work Committees	Gaza	اتحاد لجان العمل الصحي
4	Islamic Society	Gaza	الجمعية الإسلامية
5	The National Society for Rehabilitation	Gaza	الجمعية الوطنية لتأهيل المعاقين
6	Al-Mojamma Al Islami Association	Gaza	المجمع الإسلامي
7	Gaza Program for Community Mental Health	Gaza	برنامج غزة للصحة النفسية المجتمعية
8	Ard Elinsan Palestinian Benevolent Association	Gaza	جمعية ارض الإنسان الخيرية
9	Patient's Friends Benevolent Society	Gaza	جمعية أصدقاء المريض الخيرية
10	Friends of Hospitals and Health Centers Association	Gaza	جمعية أصدقاء المستشفيات والمراكز الصحية
11	Atfaluna Society for Deaf Children	Gaza	جمعية أطفالنا للصم
12	Palestine Children's Relief Fund	Gaza	جمعية إغاثة أطفال فلسطين
13	Palestinian Medical Relief Society	Gaza	جمعية الإغاثة الطبية الفلسطينية
14	Al_Basma Cerebral Palsy Society for Rehabilitation	Gaza	جمعية البسمة لرعاية معاقى الشلل الدماغي
15	Right To Live	Gaza	جمعية الحق في الحياة
16	Public Aid Society	Gaza	جمعية الخدمة العامة
17	Physically Disabled Association	Gaza	جمعية المعاقين حركيا
18	Red Crescent Society for Gaza Strip	Gaza	جمعية الهلال الأحمر لقطاع غزة
19	Patient Care Charity Society	Gaza	جمعية رعاية المريض الخيرية
20	Al Wafa'a Charity Association	Gaza	جمعية الوفاء الخيرية
21	Save the Children –Palestine	Gaza	جمعية انقاذ الطفل -فلسطين
22	Palestinian Family Planning & Protection Association	Gaza	جمعية تنظيم وحماية الأسرة الفلسطينية
23	Central Blood Bank Society	Gaza	جمعية بنك الدم المركزي
24	Hayfa Medical Center Society	Gaza	جمعية مركز حيفا الطبي
25	Palestine Avenir for childhood Foundation	Gaza	مؤسسة فلسطين المستقبل للطفولة
26	Al Sahaba Medical Complex	Gaza	مجمع الصحابة الطبي
27	Artificial Limbs and Polio Center- Gaza Strip	Gaza	مركز الأطراف الصناعية
28	Community Training Center and Crisis Management	Gaza	مركز التدريب المجتمعي وإدارة الأزمات
29	Al Salama Charity Association	North Gaza	جمعية السلامة الخيرية
30	Al Falah Charity Society	North Gaza	جمعية الفلاح الخيرية
31	Baitona Society for Community Development	North Gaza	جمعية بيتنا للتنمية والتطوير
32	North Service Association	North Gaza	جمعية خدمة الشمال
33	Jabalia Rehabilitation Society	North Gaza	جمعية جباليا للتأهيل
34	Al Nahda Palestinian Society	Middle Area	جمعية النهضة الفلسطينية
35	Al Salah Islamic Association	Middle Area	جمعية الصلاح الإسلامية
36	Dir Al Balah Rehabilitation Society	Middle Area	جمعية دير البلح لتأهيل المعاقين
37	Al Bureij Rehabilitation Society	Middle Area	جمعية البريج للتأهيل
38	Dar Al Salam Charity Society	Khanyounis	جمعية دار السلام الخيرية
39	Scientific Council of the Salafiyeh Call in Palestine	Khanyounis	المجلس العلمي للدعوة السلفية
40	Association of East Center for Mental Health	Khanyounis	جمعية مركز الشرق للصحة النفسية
41	Health and Society Development Foundation WESAL	Khanyounis	جمعية وصال للتنمية الصحية
42	Al Aqsa Charity Society	Khanyounis	جمعية الأقصى الخيرية
43	Al Tawba Charity Association	Khanyounis	جمعية التوبة الخيرية
44	The Culture and Free Thought Association	Khanyounis	جمعية الثقافة والفكر الحر
45	Benevolent patient Rescue Association	Rafah	جمعية إنقاذ المريض الخيرية
46	Al Amal Rehabilitation Society	Rafah	جمعية الأمل لتأهيل المعاقين
47	Al Beit Al Saed Organization for Mother and Child Care	Rafah	جمعية البيت السعيد لرعاية الأم والطفل
48	Al Janoub Society for Woman's Health	Rafah	جمعية الجنوب لصحة المرأة

Annex (8) Names of Interviewees

1. Dr. Riyad Azzanoun

The First Palestinian Minister of Health

2. Dr. Khamis Al Najjar

Chairman of the Health Committee in the Palestinian Legislative Council- PLC

3. Mr. Hazem Al Shawa

Director of Artificial Limbs and Polio Center- Gaza Strip

4. Mr. Abdel Aziz Abu Alqaraia

Executive Director of Red Crescent Society for the Gaza Strip

5. Mr. Qustanteen Adabbagh

Former Executive Director of Middle East Council of Churches in the Gaza Strip

6. Dr. Ayed Yaghi

Executive Director of Palestinian Medical Relief Society PMRS in the Gaza Strip

7. Mr. Amjad Al Shawa

General Director of Palestinian Non-governmental Organizations Network in the Gaza Strip

8. Dr. Omer Shaba'an

Director of Pal Think for Strategic Studies (Economist)

Annex (9) Helsinki committee) and health NGOs administrative Approval

Palestinian National Authority
Ministry of Health
Helsinki Committee



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

التاريخ : 07/03/2011

Name: **Mohammed El Khaldi**

الاسم: محمد الخالدي

I would like to inform you that the committee
has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم

حول:-

" The contribution of the international funds to
developing the Palestinian Health Care System:
Focus on Non-Governmental Organizations –
Gaza."

In its meeting on March 2011
and decided the Following:-

و ذلك في جلستها المنعقدة لشهر 3 2011

و قد قررت ما يلي:-

To approve the above mention research study.

الموافقة على البحث المذكور اعليه.



Signature

توقيع

Member

Member

Chairperson

عضو

عضو

Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2011/11/16

حضرة الدكتور علي منصور
مؤسسة انقاذ الطفل فلسطين
تحية طيبة وبعد،،،

الموضوع: مساعدة الطالب محمد الخالدي

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان:

“The Contribution of The International Funds to Developing The Palestinian Health Care System: Focus on Non-Governmental Organizations-Gaza”

كمتطلب للحصول على درجة الماجستير في الصحة العامة-مسار الإدارة الصحية. و عليه نرجو التكرم للإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة و ذلك بغرض تحديد مدى مساهمة التمويل الدولي في دعم وتطوير النظام الصحي الفلسطيني من خلال المؤسسات الصحية الغير حكومية العاملة في قطاع غزة. علماً بأن المعلومات ستكون متوفرة لدى الباحث و الجامعة فقط.



و اقبلوا فائق التحية و الاحترام،،،

د. بسام أبو حمد

منسق عام برامج الصحة العامة

نسخة:

- الملف

Jerusalem Branch/Telefax 02-24799234
Gaza Branch/telefax 08-2884422-2884411

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فرع غزة/تلفاكس 08-2884422-2884411
ص.ب/51000-القدس

Annex (10) the study questionnaire

Al- Quds University- Abu Dees

Deanship of Graduate Studies
School of Public Health
Master Public Health
(Health Management Track)



Questionnaire Form

**Ladies and Gentlemen, Directors of Health NGOs God bless you
Greetings,,,**

I am the researcher: **Mohammed Shokri Al-Khaldi** from the School of Public Health, Al-Quds University - Abu Dees, I am conducting a study entitled:

"The Contributions of the International Fund to Developing the Palestinian Health Care System: Focus NGOs- Gaza"

To be submitted in partial fulfillment of requirements for the degree of master in public health - health management track.

The study aims to identify and determine the extent of the contributions of the international fund to support and develop the Palestinian health care system through non-governmental health organizations operating in the Gaza Strip that implement health programs and services funded internationally. For this purpose, a questionnaire was prepared to be filled in based on your accumulated experiences and your important role in this arena. I'm kindly request to fill in this questionnaire accurately and objectively according to your point of view to achieve the desired results of this scientific study.

Note that filling in this questionnaire requires 40 minutes of your valuable time, assuring you that the information will be obtained and treated confidentially and will only be used for the purposes of scientific research.

The most important results that will be reached are going to be brought to you.

Great respect and appreciation for your cooperation

Researcher	Supervisor
Mohammed Shokri Al Khalid	Dr. Bassam Abu Hamad

Mobile: 0599330927

E-mail: moh.khaldi83@gmail.com

Health NGOs Questionnaire

Serial No.

Date: / /2011

First: NGOs directors characteristics						
1- Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			2- Age:			
3- Job Position:			4 - Qualification: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD. <input type="checkbox"/> Others specify			
5-No. of Years of Total Professional Experience: (a) Within the current Org.			(b) Outside the current Org.			
Second: NGOs characteristics						
6- Org. Name:			7- Org. Establishment (in Years)			
8- Org. Address: <input type="checkbox"/> North Gaza <input type="checkbox"/> Gaza City <input type="checkbox"/> Middle Area <input type="checkbox"/> Khanyounis <input type="checkbox"/> Rafah						
9- Org. Employees and Members:						
Type of Staff	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Annual	<input type="checkbox"/> Proportion	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other
No. of each type						
Female No.		Male No.		No. of Projects Staff		
No. of members of B.O.D			No. of members of the assembly			
10- NGO Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No			11- Type of License: <input type="checkbox"/> Local <input type="checkbox"/> International <input type="checkbox"/> Both			
10- If a local license, it is: (The probability of more than one answer) <input type="checkbox"/> MOI <input type="checkbox"/> MOH <input type="checkbox"/> Other, specify						
11- The work field of the NGO : (The probability of more than one answer) <input type="checkbox"/> Service <input type="checkbox"/> Relief <input type="checkbox"/> Development <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Advocacy <input type="checkbox"/> Other, specify...						
12- The NGO is member in local or international networks or federations : <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer is yes), mention them						
13- The geographic area of community targeted for your organization internationally funded projects (the probability of a lot of the answer) <input type="checkbox"/> Civilian <input type="checkbox"/> Rural <input type="checkbox"/> Camps <input type="checkbox"/> All Local Areas						
14- NGO activities covered: <input type="checkbox"/> local province <input type="checkbox"/> Governorate <input type="checkbox"/> Gaza Strip <input type="checkbox"/> National Level						
15- The target groups of the NGO activities externally funded: (The probability of more than one answer) <input type="checkbox"/> Youth <input type="checkbox"/> Women <input type="checkbox"/> Elderly <input type="checkbox"/> Poor <input type="checkbox"/> Person with disabled <input type="checkbox"/> Children less than 5 years <input type="checkbox"/> Children aged 5 to 18 years <input type="checkbox"/> All of the Categories <input type="checkbox"/> Other, specify						
16- Health facilities of the NGO which are carried out through the activities for each geographical area (please give figures only)						
Health Facility	North Gaza	Gaza	Middle Area	Khanyounis	Rafah	Total
Clinic or Center						
Hospital						
Community and Rehabilitation Center						
Other, specify.....						
17- The focus of the activities of the NGO most granted of the IF at the level of health services: (the probability of more than one answer) <input type="checkbox"/> Public health <input type="checkbox"/> Secondary services (hospitals) <input type="checkbox"/> Primary services <input type="checkbox"/> Health education <input type="checkbox"/> Training & development <input type="checkbox"/> Infrastructure development <input type="checkbox"/> Research, M & E <input type="checkbox"/> Diagnostic services <input type="checkbox"/> Rehabilitation & community Services <input type="checkbox"/> Vaccinations <input type="checkbox"/> Relief services <input type="checkbox"/> Advocacy & mobilization <input type="checkbox"/> Influencing in policies & regulations <input type="checkbox"/> Other, specify.....						

18- In your opinion, the most important needs of the NGO that you consider a priority to provide health services in the proper manner: **(The probability of more than one answer)**
 Fund raising Community cooperation Equipments & technologies Running expenses
 Networking Specialized human resources Develop the planning & development capacity
 All of Above Other, specify.....

Thired: IF information and nature

19- The annual budget of the NGO and its activities for the years:

Financial Year	The estimated total budget of the NGO	No. IF projects each year
2009		
2010		
2011		

20- The type of aid that provided to your NGO and the estimated rate **(the probability of more than one answer)**
 Relief (emergency)% Development% General budget support%

21- Estimations of the IF amount provided to your NGO for the years (2009,2010, 2011) in USD:
 Less than 100 thousand From 101 to 500 thousand From 501 thousand to 1 million
 From 1.1 million to 5 million From 5.1 to 10 million From 10.1 million to 20 million
 From 20.1 million to 50 million From 50.1 to 100 million More than 100 million
 Other, specify

22- The main sources of your NGO fund & the estimated percentage of each source of the total last budget:

Source of fund	Yes	No	%	Source of fund	Yes	No	%
1- IF Foreign-Arab				5- Local donations			
2- PNA grants				6- Donations from persons & institutions within the green line in Palestine			
3- Self fund				7- Palestinian diasporas fund			
4- Other sources							

23- Do you think that the NGO suffers from a financial deficit in the current period? **(if the answer is No, go to Q 27)** Yes Sometimes No

24- What is your description of the deficit? Permanent Intermittent

25- The reasons for the deficit in your NGO **(the probability of more than one answer)**
 Inadequate fund The failure of financial management Limited own resources
 Providing aids to the target groups widely
 The absence of the role of fund raising and project management Other, specify.....

26-The main idea of the internationally funded projects usually comes from: **(more than one answer possible)**
 Board of Directors Executive Management Beneficiaries Donors
 Extract from the national health goals All mentioned above

27- Have the NGO activities changed since its establishment? Yes To some extent No

28- If Yes, the areas of change:
 Increase in programs Reduction in programs A change in the targeted areas
 A change in the services provided A change in the targeted groups

29- Reasons for the change in activities: **(the probability is of more than one answer)**
 Lack of fund Availability of fund Change in the priorities and requirements of the Palestinian society
 Weak response from the target groups
 Change in the objectives and policies of the NGO
 To address the practices of the occupation and changes in political situation
 To adapt with the change in the orientation of the donors
 Other, specify

30- Fourth: The Nature of the IF From your point of view:	Yes	To some extent	No	D. K
- IF is not vital and not necessary				
- IF is a secured and sustainable source				
- IF did not contribute to the implementation of developmental health projects largely				
- IF targeted the implementation of relife health projetcs largely				
- The amount of the IF is sufficient to implement the health activities of the NGO				
- Donors do not meet all its technical and financial commitments towards the NGO				
- There are difficulties in obtaining the IF				
- You have confidence and credibility regarding the IF provided to the NGO				
- Submitting a project proposal based on the NGO and community needs is the means used to attract fund				
- The problems facing the IF for NGOs is not primarily Palestinian				
- Increasing awareness of the nature and objectives of the IF leads to find out how to deal with it				
31- The most important difficulties and obstacles that you face in securing the IF: (the probability is of more than one answer)				
<input type="checkbox"/> Lack of NGO experts <input type="checkbox"/> No interaction with donors' <input type="checkbox"/> Internal conflicts in the NGO <input type="checkbox"/> Administrative obstacles <input type="checkbox"/> Legal obstacles & hidden agenda <input type="checkbox"/> Political conditions prevailing <input type="checkbox"/> Other, specify				
32- IF process for your NGO comes through a mechanism: (probability is of more than one answer)				
<input type="checkbox"/> Direct (from donor to the NGO) <input type="checkbox"/> Indirect (multiple channals) <input type="checkbox"/> Other, specify				
33- Type of donors who provide fund: (probability is of more than one answer)				
<input type="checkbox"/> Governmental <input type="checkbox"/> Non-governmental <input type="checkbox"/> Civilian <input type="checkbox"/> Individuals donations <input type="checkbox"/> Other, specify.....				
34- The ten top donors providing financial support to you for the last 3 years (Please rank the donors whether state or bloc or organization by the size of contributions)				
1 2..... 3..... 4.....				
5 6..... 7 8.....				
9 10.....				
35- The criteria underlying the process of accepting the IF are: (probability of more than one answer)				
<input type="checkbox"/> The existence of a common vision with the donor <input type="checkbox"/> NGO need <input type="checkbox"/> Necessity to service <input type="checkbox"/> The long experience and NGO reputation <input type="checkbox"/> Donor respect the NGO rules <input type="checkbox"/> The conditions of the donor <input type="checkbox"/> Other, specify				
36- Have you faced problem with the donors? <input type="checkbox"/> Yes <input type="checkbox"/> No				
37- If the answer is (yes) the problems are : (the probability is of more than one answer)				
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Managerial <input type="checkbox"/> Professional and technical <input type="checkbox"/> Overlap in programs and activities <input type="checkbox"/> Other, specify				
Fifth: Sustainability , Utilization and Impact From your point of view towards:	Yes	To some extent	No	D.K
38- IF as a whole has significant impact and large contribution to the NGO and the health sectors				
39-IF and the people in charge focus on measuring the impact and the outcomes of health activities based on concrete evidence				
40- IF did not provide outstanding contributions in crisis, disasters and emergency situations				

41- IF leaves sustainable effects on health services of the NGO even after the fund ends				
43- If the answer to question 42 is (yes),its indication is: (the probability of more than one answer)				
<input type="checkbox"/> Increase the number of staff	<input type="checkbox"/> Increase in financial resources			
<input type="checkbox"/> Expansion of the variety and quality of services	<input type="checkbox"/> Increase in the number of beneficiaries			
<input type="checkbox"/> Provide training and transfer of experience				
<input type="checkbox"/> Availability of equipments machines	<input type="checkbox"/> Support and create a sophisticated infrastructure			
<input type="checkbox"/> Other, specify				
44- IF and its impact on the health indicators, goals and outcomes:				
IF & Millennium Development Goals	Yes	To some extent	No	D.K
- Contributed to improve health services for child and safe delivery, leading to reduced IMR and increase births in children				
- Contributed to improve care services for mothers and reduce the MMR				
- Did not contribute to empower the reproductive health programs and improve the fertility rate				
-Contributed to narrow the gap of poverty and unemployment through providing aids and employment of labors				
-Did not contribute to improve sustainable environmental health through providing safe water, establishment of sewage and solid waste management				
-Contributed to strengthen the strategic partnerships and unify the efforts of all sectors to achieve the productive goals				
-IF did not contribute to reduce diseases and health threats				
IF & National Health Indicators and Goals	Yes	To some extent	No	D.K
-Did not facilitate access to service, expand its space and achieve equity without discrimination on the health services levels				
- Contributed to add new, diverse, comprehensive and accessible health services to everyone that are characterized of high quality and continuity				
- Contributed to improve the nutritional status and reduce malnutrition, underweight and stunting				
-Contributed to increase life expectancy rate by enhancing people's health and improving quality of life				
-Contributed significantly to increase the number of health services beneficiaries				
-Did not contribute positively in strengthening and developing psychiatric and mental health services and limit its spread				
-Contributed to focus the health activities on people with special needs and their issues ,the poor and socially marginalized and endangered				
- Contributed to reduce the burden of chronic diseases and its spread in the elderly				
-Contributed to control communicable diseases in Gaza strip such as: (anemia, diarrhea, respiratory diseases, etc. ...)				
-Did not improve and develop the health insurance scheme				

45- IF and the health NGO :				
IF and the health NGOs	Yes	To some extent	No	D.K
- Contributed to respond to the requirements of the NGO and bridge the gaps and deficits				
- Contributed to develop the administrative and organizational systems and improve the strategic planning of the NGO				
- Did not involve the NGO decision makers and the beneficiaries in planning and implementing health projects				
- Contributed to exploit the local resources and Palestinian expertise in health field				
- Contributed to raise the efficiency of financial systems and promote the financial sustainability of the NGO to move on its health services.				
- Contributed to meet the staff needs and activate education and training programs to develop the human resources professionally and technically				
- Contributed to promote the scientific health research				
- Contributed to develop an effective information system to reach the accurate health information				
- Did not increase the NGO independency and self-reliance in mobilizing and utilizing the resources in an optimal way				
- Contributed to support all basic and crucial health services without complementary ones				
- Contributed to construct and rehabilitate the NGO health facilities and improve its environment				
- Did not contribute to develop the NGO health care on the technologically and technically level				
- Contributed with major role in providing the logistic needs such as (medicines, medical instruments, appliances and equipment)				
- Contributed to open opportunities for new investments in the health field to increase the outputs and provide generating financial sources				
- Your NGO positively and properly invest the provided IF				
- Your NGO accepts the donor conditions and signs a document known as the Anti- terrorism Certification (ATC) as a basis for gaining IF				
46- Sixth: Appropriateness, relevancy, effectiveness and efficiency:	Yes	To some extent	No	D.K
- IF that is provided to the NGO is described of being ineffective (i.e. does not achieve the desired goals)				
- IF that is provided to the NGO is described of being efficient (i.e. does not waste any resources)				
- IF projects and programs are relevant to the activities and goals of your NGO				
- IF goals and policies meet with the national health goals and priorities of the Palestinian society				
- IF helped to make use of the resources efficiently and professionally				
- IF implements the activities and projects of the NGO in an optimal method				
- IF did not implement projects with great benefits and effects				

47- Seventh: Evaluation, monitoring, and supervision:	Yes	To some extent	No	D.K
- IF dedicates the culture of practicing the evaluation of the activities of the health NGO				
- IF did not promote the monitoring of internationally funded activities based realistic health indicators				
- Health services and projects funded internationally are constantly evaluated and followed				
- IF did not contribute in the promotion of the principle of financial and administrative control on the health activities of the NGO				
<p>- Do you think that improving the management of the IF process should focus on: (the probability is of more than one answer) <input type="checkbox"/> Evaluation <input type="checkbox"/> Monitoring <input type="checkbox"/> Control <input type="checkbox"/> Supervision <input type="checkbox"/> Other, specify</p> <p>- Which party that monitors and follows-up the health activities and projects? (The probability is of more than one answer) <input type="checkbox"/> NGO management <input type="checkbox"/> Projects staff <input type="checkbox"/> Donor <input type="checkbox"/> Other, specify</p> <p>- Internationally funded projects are evaluated: <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> By the end of the project <input type="checkbox"/> In case of need</p> <p>- Who conducts the evaluation? <input type="checkbox"/> NGO management <input type="checkbox"/> Projects management <input type="checkbox"/> Donors <input type="checkbox"/> External bodies</p>				
Eighth: Coordination and cooperation	Yes	To some extent	No	D.K
52- The donor is not a partner in the implementation of health activities				
53- IF contributed significantly to consolidate the principles of coordination and cooperation between health NGOs				
54- Absence of coordination, cooperation and harmony weakens the impact of the IF to achieve the health goals				
55- The strong cooperation and coordination between the parties is of crucial need for successful IF process				
<p>56- Do you have partnership or cooperation with other organizations in the implementing programs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>57- If the answer is (yes), what are the organizations that have bound of cooperation and strategic partnership in implementing the NGO projects? (The probability is of more than one answer) <input type="checkbox"/> MOH <input type="checkbox"/> International health Orgs. <input type="checkbox"/> Local health NGOs <input type="checkbox"/> Arab health Orgs. <input type="checkbox"/> Civilian international health Orgs. <input type="checkbox"/> Arab non- health Orgs. <input type="checkbox"/> Israeli health Orgs. <input type="checkbox"/> Community-based Orgs. and local civilian Orgs. <input type="checkbox"/> International non-health Orgs. <input type="checkbox"/> Other, specify.....</p>				
<p>58- How do you describe the relationship between your NGO and the donors? <input type="checkbox"/> Strong and tight (excellent) <input type="checkbox"/> Good <input type="checkbox"/> Ordinary <input type="checkbox"/> Weak and fragile</p>				
<p>59- Do you think that the relationship is: (probability is of more than one answer) <input type="checkbox"/> Funding relationship (grants and money) <input type="checkbox"/> Partnership relationship <input type="checkbox"/> Joint activities <input type="checkbox"/> Complementary relationship <input type="checkbox"/> Contractual relationship <input type="checkbox"/> Supervision relationship <input type="checkbox"/> Coordinating relationship <input type="checkbox"/> Professional relationship (Organizational development)</p>				
Ninth: Transperancy, accountability, and good governance:	Yes	To some extent	No	D.K
60- Is impartial and based on distributive justice and fairness				
61- Did not contribute in establishing the foundations and principles of good governance of the NGO				

62- The code of conduct and ethics is the main governance of the relationship between the donor and the NGO				
63- Contributed to the strengthening the accountability and responsibility of the NGO towards the local community				
64- Procedures and practices of donors reduce corruption and misuse of the IF				
65- Is not transparent in providing support, implementation of projects, and exchange of information				
Tenth: IF and Palestinian society responsiveness:	Yes	To some extent	No	D.K
66- Contributed to broaden the base of community participation and people involvement in the health development wheel				
67- Contributed to set efficient long-term developmental goals and strategic plans in accordance with the requirements of the Palestinian society				
68- Did not contribute to improving health behavior of citizens through awareness and health education programs on health issues				
69- The amount of the IF provided to the organizations covers a large part of the human suffering experienced by the citizens in the Gaza Strip				
70- Contributed to strengthening the self capacity of the Palestinian society organizations				
71- The Palestinian political situation and the internal division does not affect the IF process, which is reflected in the health services				
72- IF determines the priorities of health work according to its objectives and not according to health needs of the Palestinian society				
73- Did not contribute in alleviating the effects of the occupation practices , attacks ,siege , closure and the liberalization of Palestinian society from dependency				
74- There are political agendas behind the IF				
75- Contributed in supporting economical and social stability by improving the growth rate				
76- IF did not contribute to increase the per capita Gross Domestic Product GDP				
<p>77- The main challenges and factors that affect on the IF for health NGOs: (the probability is of more than one answer)</p> <p><input type="checkbox"/> Socio-demographic challenges <input type="checkbox"/> Political & security factors <input type="checkbox"/> Economic & financial factors</p> <p><input type="checkbox"/> Organizational factors (weak NGOs and lack of strategic management, experience, responsibility & potentials)</p> <p><input type="checkbox"/> Health and epidemiological challenges <input type="checkbox"/> Lack of local community cooperation & participation</p> <p><input type="checkbox"/> The absence of local and international common visions and coordination of the mechanisms & procedures of fund</p> <p><input type="checkbox"/> Weakness of the donors in the managing fund process in a successful and transparent way</p> <p><input type="checkbox"/> Incompatibility of the goals of NGOs with donors to achieve the development projects</p> <p><input type="checkbox"/> All of the mentioned above <input type="checkbox"/> Other, specify.....</p>				

78- Explain the weaknesses and strengths of the IF directed to the health NGOs?

Weaknesses:-----

Strengths:-----

79- What are the most important contributions of the IF in the health sector?

80- To what extent does the IF achieve the desired goals to health NGOs?

81- What are your suggestions for increasing the effectiveness and efficiency of the IF to health NGOs?

Thank's for Corporation
Researcher: Mohammed Al Khaldi
2012-2011

بسم الله الرحمن الرحيم



جامعة القدس- أبو ديس
عمادة الدراسات العليا
كلية الصحة العامة
ماجستير الصحة العامة- الإدارة الصحية

صحيفة استبانة

السيدات والسادة مديري المؤسسات الصحية غير الحكومية.... حفظكم الله

تحية طيبة وبعد،،،

أنا الباحث محمد شكري الخالدي من كلية الصحة العامة- جامعة القدس- أبو ديس، أقوم بإجراء دراسة حول:
**" إسهامات التمويل الدولي في تطوير النظام الصحي الفلسطيني : بالتركيز على المؤسسات غير الحكومية
في قطاع غزة، 2011 "**

The Contributions of the International Fund to Developing the Palestinian Health Care System: Focus NGOs- Gaza.

وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في الصحة العامة- مسار الإدارة الصحية.

حيث تهدف الدراسة إلى التعرف على وتحديد مدى إسهام التمويل الدولي في دعم وتطوير النظام الصحي الفلسطيني من خلال المؤسسات الصحية غير الحكومية العاملة في قطاع غزة والمنفذة للبرامج والخدمات الصحية الممولة دولياً. ولهذا الغرض فقد أعدت استبانة لمقامكم الكريم باعتباركم احد القائمين على المؤسسة وتقديراً لخبراتكم المتراكمة ودوركم الهام في هذا المجال، أرجو منكم التكرم بتعبئة هذه الاستبانة بدقة وموضوعية بما يتفق مع وجهة نظركم مع الأسئلة الواردة فيها ، آملاً بتعاونكم المعهود لتحقيق النتائج المرجوة لهذه الدراسة العلمية .

علماً بان الاستبانة تتطلب تعبئتها 40 دقيقة من وقتكم الثمين، مؤكداً لكم أن المعلومات التي سيتم الحصول عليها سوف تعامل بسرية تامة ولن تستخدم إلا لأغراض البحث العلمي، وسنوافيكم بأهم النتائج التي سنتوصل إليها.

مع فائق الاحترام والتقدير لتعاونكم

المشرف د. بسام أبو حمد	الباحث محمد شكري الخالدي
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استبانة المؤسسات غير الحكومية الفلسطينية PNGOs

التاريخ: / / 2011

رقم الاستبانة:

أولاً: خصائص عامة عن مدراء المنظمات غير الحكومية:						
1- الجنس: ذكر <input type="checkbox"/> أنثى <input type="checkbox"/>		2- العمر:				
2- الموقع الوظيفي:		4- المؤهل العلمي: <input type="checkbox"/> دبلوم <input type="checkbox"/> بكالوريوس <input type="checkbox"/> ماجستير <input type="checkbox"/> دكتوراه <input type="checkbox"/> أخرى، حدد				
5- عدد سنوات الخبرة المهنية الكلية: (أ) داخل المؤسسة الحالية: خارج المؤسسة الحالية:						
ثانياً: معلومات خاصة بالمؤسسة:						
4- لسم المؤسسة: 5- عمر المؤسسة بالسنوات:						
6- عنوان المؤسسة: <input type="checkbox"/> شمال غزة <input type="checkbox"/> غزة <input type="checkbox"/> المنطقة الوسطى <input type="checkbox"/> خان يونس <input type="checkbox"/> رفح <input type="checkbox"/>						
7- موظفي وأعضاء المؤسسة:						
نوع عمل الموظفين <input type="checkbox"/> عقد دائم <input type="checkbox"/> عقد جزئي <input type="checkbox"/> عقد سنوي <input type="checkbox"/> عقد بالنسبة <input type="checkbox"/> تطوع <input type="checkbox"/> أخرى <input type="checkbox"/>						
عدد كل نوع						
عدد الموظفين الإناث		عدد الموظفين الذكور		عدد موظفي المشاريع		عدد أعضاء مجلس الإدارة
عدد أعضاء الجمعية العمومية						
8- المؤسسة مرخصة <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> 9- نوع الترخيص <input type="checkbox"/> حلي <input type="checkbox"/> ولي <input type="checkbox"/> لاهما <input type="checkbox"/>						
10- ان كانت جهة الترخيص محلية فمن هي؟ (احتمال أكثر من إجابة) <input type="checkbox"/> وزارة الداخلية <input type="checkbox"/> وزارة الصحة <input type="checkbox"/> أخرى، حدد:						
11- مجال عمل المؤسسة: (احتمالية أكثر من إجابة) <input type="checkbox"/> خدماتية <input type="checkbox"/> اغاثية <input type="checkbox"/> تنموية <input type="checkbox"/> بحثية <input type="checkbox"/> تدريبية <input type="checkbox"/> مدافعة ومناصرة <input type="checkbox"/> أخرى، حدد:						
12- المؤسسة عضو في شبكات أو اتحادات محلية أو دولية <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> في حال الإجابة (نعم)، اذكرها						
13- المنطقة الجغرافية المجتمعية المستهدفة لمشاريع مؤسستكم الممولة دولياً (احتمال أكثر من إجابة) <input type="checkbox"/> مدنية <input type="checkbox"/> ريفية <input type="checkbox"/> مخيمات <input type="checkbox"/> جميع المناطق المحلية <input type="checkbox"/>						
14- أنشطة المؤسسة تغطي: <input type="checkbox"/> منطقة محلية <input type="checkbox"/> محافظة <input type="checkbox"/> قطاع غزة <input type="checkbox"/> المستوى الوطني <input type="checkbox"/>						
15- الفئات المستهدفة من أنشطة المؤسسة الممولة دولياً (احتمال أكثر من إجابة) <input type="checkbox"/> شباب <input type="checkbox"/> نساء <input type="checkbox"/> مسنين <input type="checkbox"/> فقراء <input type="checkbox"/> ذوي الاحتياجات الخاصة <input type="checkbox"/> أطفال أقل من 5 أعوام <input type="checkbox"/> أطفال من سن 5 الى 18 عام <input type="checkbox"/> كافة الفئات <input type="checkbox"/> أخرى، حدد:						
16- مرافق المؤسسة الصحية التي تنفذ من خلالها الأنشطة لكل منطقة جغرافية (يرجى ذكر أرقام فقط)						
المرفق الصحي		شمال غزة	غزة	المنطقة الوسطى	خان يونس	رفح
عيادة أو مركز						
مستفى						
مركز مجتمعي/تأهيلي						
أخرى، حدد:						
17- تركيز طبيعة أنشطة المؤسسة الأكثر حصولاً على تمويل دولي على صعيد الخدمات الصحية: (احتمال أكثر من إجابة) <input type="checkbox"/> صحة عامة <input type="checkbox"/> خدمات مستشفيات <input type="checkbox"/> خدمات رعاية أولية <input type="checkbox"/> توعية وتثقيف <input type="checkbox"/> تدريب وتطوير <input type="checkbox"/> تطوير بنية تحتية <input type="checkbox"/> أبحاث ومراقبة وتقييم <input type="checkbox"/> خدمات تشخيصية <input type="checkbox"/> خدمات تأهيلية ومجتمعية <input type="checkbox"/> تطعيمات <input type="checkbox"/> أنشطة اغاثية <input type="checkbox"/> حشد ومناصرة ومؤازرة <input type="checkbox"/> تأثير في السياسات والقوانين <input type="checkbox"/> أخرى، حدد:						
18- من وجهة نظركم أهم احتياجات المؤسسة والتي تعتبرونها من الأولويات لتقديم الخدمات الصحية بالطريقة الملائمة: (احتمال أكثر من إجابة) <input type="checkbox"/> حشد التمويل <input type="checkbox"/> تعاون المجتمع <input type="checkbox"/> علاقات تشبيك <input type="checkbox"/> مصاريف تشغيلية جارية <input type="checkbox"/> تطوير قدرات <input type="checkbox"/> التخطيط والتطوير <input type="checkbox"/> أجهزة وتقنيات <input type="checkbox"/> كوادر بشرية متخصصة <input type="checkbox"/> جميع ما سبق <input type="checkbox"/> أخرى، حدد:						

				- تتوفر لديكم ثقة ومصداقية بالتمويل الدولي المقدم للمؤسسة
				- تقديم مقترح مشروع مستند لحاجة المؤسسة والمجتمع هو الوسيلة المتبعة لجلب التمويل
				- المشكلات التي تواجه التمويل الدولي للمؤسسات غير الحكومية ليست فلسطينية بالأساس
				- زيادة الوعي بطبيعة وأهداف التمويل الدولي يؤدي لمعرفة كيفية التعاطي معه
				31 - أهم الصعوبات والعقبات التي تواجهكم على صعيد تأمين التمويل الدولي (احتمال أكثر من اجابة) <input type="checkbox"/> نقص الكفاءات في المؤسسة <input type="checkbox"/> عدم تفاعل الممولين <input type="checkbox"/> عقبات ادارية <input type="checkbox"/> عقبات قانونية وأجندة خفية <input type="checkbox"/> خلافات داخلية في المؤسسة <input type="checkbox"/> الظروف السياسية السائدة <input type="checkbox"/> غير ذلك حدد
				32 - عملية التمويل الدولي لمؤسستكم تأتي عبر الية (احتمال أكثر من اجابة) <input type="checkbox"/> مباشرة (من المانح الى المؤسسة) <input type="checkbox"/> غير مباشرة (عدة قنوات) <input type="checkbox"/> اخرى، حدد.....
				33 - نوع الجهات المانحة المقدمة للتمويل (احتمال أكثر من اجابة) <input type="checkbox"/> حكومية <input type="checkbox"/> غير حكومية <input type="checkbox"/> أهلية <input type="checkbox"/> تبرعات شخصيات <input type="checkbox"/> أخرى، حدد.....
				34 - أكبر عشر مانحين قدموا لكم دعماً مالياً لآخر 3 سنوات (يرجى ترتيب الجهات المانحة سواء كانت دولة أو تكتل أو مؤسسة حسب حجم اسهاماتها) 1 - -2 -3 2 - -5 -6 3 - -8 -9 4 - -10
				35 - المعايير التي تستند اليها عملية قبول التمويل الدولي هي: (احتمال أكثر من اجابة) <input type="checkbox"/> وجود رؤية مشتركة مع الممول <input type="checkbox"/> حاجة المؤسسة <input type="checkbox"/> ضرورة الخدمة <input type="checkbox"/> الخبرة الطويلة للمؤسسة ومدى ثقلها <input type="checkbox"/> وجود شروط من الممول <input type="checkbox"/> احترام الممول لأنظمة المؤسسة <input type="checkbox"/> اخرى، حدد
				36 - هل واجهتم مشكلة مع الممولين؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا
				37 - في حال الاجابة (بنعم) هل كانت مشاكل: (احتمال أكثر من اجابة) <input type="checkbox"/> مالية <input type="checkbox"/> قانونية <input type="checkbox"/> ادارية <input type="checkbox"/> فنية وتقنية <input type="checkbox"/> تداخل في البرامج والانشطة <input type="checkbox"/> اخرى، حدد
				خامسا: الاستدامة والنفعية والاثر: من وجهة نظرك تجاه:
				38 - التمويل الدولي ككل له اثر ملموس واسهام كبير على المؤسسة والقطاع الصحي
				39 - التمويل الدولي والقائمين عليه يركزون على قياس الاثر والنتائج للانشطة الصحية بناء على دلائل ملموسة
				40 - التمويل الدولي لم يقدم اسهامات بارزة في الأزمات والظروف الطارئة والكوارث
				41 - التمويل الدولي يترك اثرا مستدامة على الخدمات الصحية للمؤسسة حتى بعد انتهاء التمويل
				42 - التمويل الدولي واثره على المؤشرات والأهداف والنتائج الصحية:
				التمويل الدولي والأهداف الألفية الإنمائية: من وجهة نظرك تجاه:
				-ساهم في تحسين الخدمات الصحية للطفل والولادة الامنة مما أدى الى تقليص نسبة الوفيات وزيادة المواليد لدى الاطفال
				-ساهم في تحسين خدمات العناية بالامهات وخفض معدل الوفيات لديهم
				-لم يساهم في تمكين برامج الصحة الانجابية وتحسين معدل الخصوبة
				-ساهم في تضيق فجوة الفقر والبطالة من خلال تقديم المساعدات وتوظيف ايدى عاملة
				-لم يساهم في تحسين الصحة البيئية من خلال توفير ماء صالح وانشاء شبكة صرف صحي ومعالجة النفايات الصلبة واستدامتها
				-ساهم في تدعيم الشراكات الاستراتيجية وتوحيد الجهود من كافة القطاعات لتحقيق اهداف مثمرة
				-التمويل الدولي لم يساهم في الحد من الأمراض والمهددات الصحية
				التمويل الدولي والأهداف والمؤشرات الوطنية الصحية من وجهة نظرك تجاه:
				- لم يساهم في سهولة الوصول للخدمة وتوسيع رقعتها وتحقيق العدالة دون تمييز على صعيد الخدمات الصحية
				- ساهم في اضافة خدمات صحية جديدة، متنوعة، شاملة وفي متناول الجميع وتتسم بجودتها واستمراريتها
				- ساهم في تحسين الوضع الغذائي والتخفيف من حالات سوء التغذية ونقص الوزن وقصر القامة

				- ساهم في زيادة معدل العمر الافتراضي من خلال تعزيز صحة الناس و تحسين نمط الحياة
				- ساهم بشكل كبير في زيادة اعداد المستفيدين من الخدمات الصحية
				- لم يساهم بدور ايجابي في تدعيم وتطوير الخدمات الصحية للأمراض النفسية والعقلية والحد من انتشارها
				- ساهم في تركيز الأنشطة الصحية على ذوي الاحتياجات الخاصة وقضاياهم والفئات الفقيرة والمهمشة والمهددة اجتماعيا
				- ساهم في التقليل من عبء الأمراض المزمنة والحد من انتشارها لدى كبار السن
				- ساهم في السيطرة على أمراض سارية في قطاع غزة مثل (فقر الدم، الاسهال، أمراض الجهاز التنفسي ... الخ)
				- التمويل الدولي لم يساهم في تحسين وتطوير نظام التأمين الصحي
				43 - التمويل الدولي والمؤسسة الصحية غير الحكومية:
				التمويل الدولي والمؤسسة الصحية غير الحكومية
				من وجهة نظرك تجاه:
				- ساهم التمويل الدولي في الاستجابة لمتطلبات المؤسسة وسد فجواتها وعجزها
				- ساهم في تطوير الانظمة الادارية والتنظيمية وتحسين التخطيط الاستراتيجي للمؤسسة
				- لم يساهم في اشراك متخذي القرار في المؤسسة والمستفيدين لتخطيط وتنفيذ المشاريع الصحية
				- ساهم في استغلال الموارد المحلية والخبرات الفلسطينية في النطاق الصحي
				- ساهم في رفع كفاءة الانظمة المالية وتعزيز الاستدامة المالية للمؤسسة للمضي بخدماتها الصحية
				التمويل الدولي والمؤسسة الصحية غير الحكومية
				من وجهة نظرك تجاه:
				- ساهم في تلبية حاجات الطواقم وتفعيل برامج التعليم والتدريب لتطوير العنصر البشري مهنيا وفنيا
				- يساهم في تعزيز البحث العلمي الصحي
				- ساهم في تطوير نظام معلوماتي فعال للوصول لمعلومات صحية صحيحة
				- لم يساهم في زيادة استقلالية المؤسسة واعتمادها على ذاتها في تعبئة واستغلال الموارد بطريقة مثلى
				- ساهم في دعم كافة الخدمات الصحية الاساسية والملحة دون الخدمات الصحية التكميلية
				- ساهم في بناء وتأهيل المرافق الصحية للمؤسسة وتحسين بيئتها
				- لم يساهم في تطوير الرعاية الصحية للمؤسسة على الصعيد التكنولوجي والفني
				- ساهم بدور رئيس في توفير المستلزمات اللوجستية مثل (الادوية، الادوات الطبية، الاجهزة والمعدات)
				- ساهم في فتح فرص استثمارات جديدة في الحقل الصحي لزيادة الناتج وتوفير مصادر مالية مدرة
				- تستثمر مؤسستكم التمويل الدولي المقدم لها بطريقة ايجابية ومثلى
				- تتقبل مؤسستكم شروط الممول والتوقيع على ما يعرف بوثيقة مكافحة الارهاب أساس للحصول على التمويل الدولي
				44 - اساسا: الملائمة، النجاعة، الكفاءة والفعالية:
				من وجهة نظرك تجاه:
				- يمكن وصف التمويل الدولي المقدم للمؤسسة بالغير فعال (أي لا يحقق الاهداف المنشودة)
				- يمكن وصف التمويل الدولي المقدم للمؤسسة بالناجع (أي لا يتم اضاءة الموارد)
				- برامج ومشاريع التمويل الدولي ملائمة لاهداف مؤسستكم وانشطتها
				- مرامي وسياسات التمويل الدولي تقابلت مع الاهداف الوطنية الصحية وأولويات المجتمع الفلسطيني
				- التمويل الدولي ساعد المؤسسة على استغلال الموارد بكفاءة ومهنية عالية
				- ساهم التمويل الدولي في تنفيذ أنشطة ومشاريع المؤسسة وانجازها بطريقة مثلى
				- التمويل الدولي لم يساهم في تنفيذ أنشطة ومشاريع المؤسسة ذات مردود وفائدة كبيرة
				45 - سابعا: التقييم والمتابعة والرقابة:
				من وجهة نظرك تجاه:
				- التمويل الدولي ساهم في تكريس ثقافة ممارسة التقييم لأنشطة المؤسسة الصحية

				- التمويل الدولي لم يساهم في تعزيز متابعة الأنشطة الممولة دولياً بناءً على مؤشرات صحية سليمة وواقعية
				-الخدمات والمشاريع الصحية الممولة دولياً تقيم وتتابع باستمرار
				-التمويل الدولي لم يساهم في تعزيز مبدأ الرقابة المالية والإدارية على الأنشطة الصحية للمؤسسة
				46 -باعتقادك لتحسين عملية ادارة التمويل الدولي يتوجب التركيز على: <input type="checkbox"/> التقييم <input type="checkbox"/> المتابعة <input type="checkbox"/> الرقابة <input type="checkbox"/> الاشراف <input type="checkbox"/> أخرى، حدد (احتمال أكثر من اجابة)
				47 - ما هي الجهة التي تقوم بمتابعة ومراقبة الأنشطة والمشاريع الصحية؟ <input type="checkbox"/> ادارة المؤسسة <input type="checkbox"/> طاقم المشاريع <input type="checkbox"/> المانحين <input type="checkbox"/> أخرى، حدد (احتمال أكثر من اجابة)
				48 -تقييم المشاريع الممولة دولياً يتم بشكل: <input type="checkbox"/> سنوي <input type="checkbox"/> ربع سنوي <input type="checkbox"/> نصف سنوي <input type="checkbox"/> عند انتهاء المشروع <input type="checkbox"/> حسب الحاجة
				49 -الجهة التي تقوم بالتقييم هي: <input type="checkbox"/> ادارة المؤسسة <input type="checkbox"/> ادارة المشاريع <input type="checkbox"/> المانحين <input type="checkbox"/> جهات خارجية
				ثامناً: التنسيق والتعاون: باعتقادك ومن وجهة نظرك تجاه:
				50 - الممول الدولي ليس شريكاً لكم في تنفيذ الأنشطة الصحية
				51 - التمويل الدولي يساهم بدور كبير في توطيد أسس التنسيق والتعاون بين المؤسسات الصحية
				52 - غياب التنسيق والتعاون والموائمة يضعف أثر التمويل الدولي في الوصول للأهداف الصحية
				53 - التنسيق والتعاون المثمن بين الأطراف ضرورة ملحة لعملية التمويل الدولي الناجحة
				54 -إذا كانت الاجابة (نعم) في سؤال 55 ، فهل ترجع الأسباب ذلك الى: أ- ضرورة لتنسيق الأدوار والجهود وتبادل المعلومات ب- بلورة نموذج تنموي من خلال الشراكة مع جميع الأطراف ت- ضمان اقرار وتنفيذ التشريعات والسياسات والاستراتيجيات ث- تلافي الازدواجية والتكرار في تنفيذ المشاريع الصحية ج- للحفاظ على القطاع غير الحكومي في علاقته مع الممولين الخارجيين
				55 هل يوجد لديكم شراكة أو تعاون مع مؤسسات أخرى في تنفيذ برامجكم؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا
				56 -إذا كانت الاجابة (نعم)، فما تلك المؤسسات التي تربطكم معها علاقة تعاون وشراكة استراتيجية في تنفيذ المشاريع ؟ (احتمال أكثر من اجابة) <input type="checkbox"/> وزارة الصحة <input type="checkbox"/> مؤسسات صحية دولية <input type="checkbox"/> مؤسسات صحية محلية غير حكومية <input type="checkbox"/> مؤسسات صحية عربية <input type="checkbox"/> مؤسسات صحية أهلية دولية <input type="checkbox"/> مؤسسات عربية غير صحية <input type="checkbox"/> مؤسسات قاعدية مجتمعية ومجتمع مدني محلي <input type="checkbox"/> مؤسسات دولية غير صحية <input type="checkbox"/> مؤسسات صحية اسرائيلية <input type="checkbox"/> أخرى، حدد
				57 كيف ترون العلاقة بين مؤسستكم وبين جهات الممولين التي تقدم دعم مالي؟ <input type="checkbox"/> قوية ومتينة (ممتازة) <input type="checkbox"/> جيدة <input type="checkbox"/> عادية <input type="checkbox"/> ضعيفة وهشة
				58 -باعتقادك تلك العلاقة وطبيعة الشراكة هي: <input type="checkbox"/> علاقة تمويل (منح ودعم مالي) <input type="checkbox"/> علاقة شراكة <input type="checkbox"/> أنشطة مشتركة <input type="checkbox"/> علاقة تكاملية <input type="checkbox"/> علاقة تعاقدية <input type="checkbox"/> علاقة اشراف <input type="checkbox"/> علاقة تنسيقية <input type="checkbox"/> علاقة مهنية (تطوير ادري، مؤسسي...) (احتمالية أكثر من اجابة)
				تاسعاً: الشفافية، النزاهة والحكم الرشيد: من وجهة نظرك تجاه:
				59 - التمويل الدولي المقدم للمؤسسة حيادي ويقوم على عدالة التوزيع والنزاهة
				60 - التمويل الدولي لم يساهم في ارساء أسس ومبادئ الحكم الرشيد للمؤسسة
				61 - تعتبر مدونة السلوك وأخلاقيات العمل الناظم الرئيس للعلاقة بين الممول والمؤسسة
				62 - التمويل الدولي أسهم في تعزيز المساءلة ومسؤولية المؤسسة أمام المجتمع المحلي
				63 - اجراءات وممارسات الممولين تحد من الفساد وسوء استخدام التمويل الدولي
				64 - التمويل الدولي غير شفاف في تقديم الدعم وتنفيذ المشاريع و تبادل المعلومات

لا أعرف	لا	نعم الى حد ما	عاشرا: التمويل الدولي واستجابته لحاجات المجتمع الفلسطيني : من وجهة نظرك تجاه:
			65 -ساهم التمويل الدولي في توسيع قاعدة المشاركة المجتمعية واشراك الناس في عجلة التنمية الصحية
			66 -ساهم في وضع أهداف و خطط استراتيحية تنموية طويلة الأمد ناجعة وفقا لمتطلبات المجتمع الفلسطيني
			67 -التمويل الدولي لم يسهم في تحسين السلوك الصحي للمواطنين من خلال برامج التوعية والتثقيف الصحي حول قضايا صحية
			68 -حجم التمويل الدولي المقدم للمؤسسات يغطي جزء كبير من المعاناة الانسانية التي يعيشها المواطنين في قطاع غزة
			69 -يساهم التمويل الدولي في تعزيز قدرة منظمات المجتمع الفلسطيني الذاتية
			70 -الوضع السياسي الفلسطيني و الانقسام الداخلي لم يؤثر على عملية التمويل الدولي للمؤسسة مما انعكس على الخدمات الصحية
			71 -التمويل الدولي يحدد أولويات عمله الصحي وفقا لأهدافه وليس وفقا لاحتياجات المجتمع الفلسطيني الصحية
			72 -التمويل الدولي لم يساهم في تخفيف حدة اثار ممارسات الاحتلال من حصار واغلاق واعتداءات وتحرير المجتمع الفلسطيني من التبعية
			73 -هناك أجدات سياسية خلف التمويل الدولي
			74 -يساهم التمويل الدولي في دعم الاستقرار الاقتصادي والاجتماعي من خلال تحسين معدل النمو
			75 -التمويل الدولي لم يساهم في زيادة نصيب الفرد من اجمالي الناتج المحلي
76 -العوامل والتحديات الرئيسية التي تؤثر على التمويل الدولي للمؤسسات الصحية غير الحكومية: (احتمال أكثر من اجابة)			
<input type="checkbox"/> التحديات الديموغرافية والاجتماعية <input type="checkbox"/> العوامل السياسية والامنية <input type="checkbox"/> العوامل الاقتصادية والمالية <input type="checkbox"/> العوامل المؤسساتية (ضعف المؤسسات غير الحكومية وافتقارها للادارة الاستراتيجية والخبرة والمسؤولية والامكانيات) <input type="checkbox"/> التحديات الصحية و الوبائية <input type="checkbox"/> عدم تعاون ومشاركة المجتمع المحلي والجمهور <input type="checkbox"/> غياب الرؤى المشتركة والتنسيق المحلي والدولي لاليات واجراءات التمويل <input type="checkbox"/> ضعف الجهات المانحة في ادارة عملية التمويل بطريقة ناجحة وشفافة <input type="checkbox"/> عدم انسجام اهداف المؤسسات الصحية غير الحكومية مع اهداف المانحين لتحقيق التنمية والمشاريع المنتجة <input type="checkbox"/> جميع ما سبق <input type="checkbox"/> اخرى، حدد.....			

77 - اشرح عناصر الضعف والقوة للتمويل الدولي الموجه للمؤسسة الصحية غير الحكومية؟

عوامل الضعف: -----

عوامل القوة: -----

78 -ما هي أهم مساهمات التمويل الدولي على صعيد القطاع الصحي؟

79 - إلى أي مدى التمويل الدولي للمؤسسات الصحية غير الحكومية يحقق الأهداف المرجوة؟

80 - ما هي اقتراحاتك لزيادة فعالية ونجاعة التمويل الدولي للمؤسسات الصحية غير الحكومية؟

شكرا لتعاونكم
الباحث/ محمد الخالدي
2012-2011

Annex (11) In-depth Interview Questions

- 1- Thanks for participation in this interviewwarm greetings
- 2- When we mention donor's money, what comes to your mind first?
- 3- From your perspective, are you pleased with how IF is allocated, used and managed?
- 4- What we gain from IF and what we will lose by giving that up?
- 5- From your perspective, is the focus of IF money is appropriate (developmental versus emergency)?
- 6- Can you summarize the buns and cons of IF?
- 7- Let us focus on NGOs, how IF contributed to fulfilling health needs?

Focus on

- Supporting PHC components
 - Specialized care
 - Disability
 - Meeting MDG/indicators
 - Advocacy and health promotion
 - Improving socioeconomic conditions
 - Vulnerable population
- 8- Could you analyze the contribution of the IF on supporting NGOs in reference to?
 - a. Human resource development
 - b. Strengthening services (Technical)
 - c. Provision of Equipment and Facilities
 - d. Management, systems and finance
 - e. Running costs
 - f. Brining new ideas and perspectives
 - 9- Do you think that the IF money is used appropriately? What could be done to increase its contributions to supporting HS?
 - 10- How the debate around IF can be reduced? What should be done at
 - a. Donor side
 - b. NGO side
 - c. Policy making side
 - 11- Based on your understanding, what you suggest to increase the contribution of IF to support sustainable health development in Palestine?
 - 12- Additional comments

Annex (12) List of referrers

1- Ashraf Al- Jedi

Assistant Pro. Of public health, (The Islamic University- Gaza).

2- Mr. Abdel Aziz Abu Alqaraia

Executive Director of Red Crescent Society for the Gaza Strip

3- Hamza Abdel Jawwad

PhD of Nursing Sciences, (Palestine College of Nursing).

4- Khalil Namrouty

Prof. of International Economics Science, (The Islamic University- Gaza).

5- Khitam Abu Hamad

PhD in public health, (Al- Quds University).

6- Majed Al- Farra

Dean of Business Administration Faculty, (The Islamic University- Gaza).

7- Nehaya Al- Telbani

Associate Prof. of Business Administration, (Al Azhar University).

8- Rushdi Wady

Associate Prof. of Management, (The Islamic University- Gaza).

9- Samir Safi

Associate Prof. of Statistics, (The Islamic University- Gaza).

10- Yehia Abed

Prof. of Public Health, (Al- Quds University).

11- Yousef Abu Safieh

Prof. of Environmental Sciences, (Al- Quds University).

12- Yousef Al Jeish

Associate Prof. of public health, (The Islamic University- Gaza).

13- Yousef Awad

PhD of Community Health, (Palestinian Ministry of Health).

14- Wael Thabit

Assistant Prof. of Business Administration, (Al Azhar University).

15- Dr. Ayed Yaghi

Executive Director of Palestinian Medical Relief Society PMRS in the Gaza Strip

16- Dr. Bassam Zaquot

Programs and Projects Officer at Palestinian Medical Relief Society PMRS.

Annex (13) The largest twenty donor's agencies

Donor Ranking	Donor Agencies	Percent
First	Islamic Relief IR	86
Second	Arab Fund for Economic and Social Development	85
Third	Welfare Association WA	79
Fourth	The Organization of the Petroleum Exporting Countries OPEC-OFID	67
Fifth	United States of America for International Development USAID	57
Sixth	Save the Children SC -United Kingdom UK and Sweden	57
Seventh	American Near East Refugee Aid ANERA	46
Eight	Care International	44
Ninth	World Assembly of Muslim Youth WAMY	42
Tenth	The United Nations Relief and Works Agency for Palestine Refugees in the Near East UNRWA	39
Eleventh	The Federation For Human Rights and Freedoms and Humanitarian Relief IHH and Yardim	37
Twelfth	Arab Medicines Union AMU	29
Thirteen	Mercy Corps MC	29
Fourteen	The Oxford Committee for Famine Relief OXFAM Novimb	28
Fifteen	Nongovernmental Organizations Development Center NDC	28
Sixteen	Europe Union EU	27
Seventeen	Muslim Hands MH	24
Eighteen	Christian Aid CA	23
Nineteen	United Nations Population Fund UNFPA	22
Twenty	Handicap International HI	19

إسهامات التمويل الدولي في تطوير النظام الصحي الفلسطيني بالتركيز على المؤسسات الصحية غير الحكومية العاملة في محافظات قطاع غزة

أصبح التمويل الدولي مصدر تمويل هام في الدول النامية من ضمنها فلسطين. هدفت الدراسة الى تقييم دور التمويل الدولي في دعم النظام الصحي في المؤسسات غير الحكومية في محافظات غزة. الدراسة تجمع بين الطريقتين الوصفية و الكمية معا حيث تم استخدام استبانته و مقابلات معمقة مع خبراء. تألف مجتمع الدراسة من 52 مؤسسة حيث استجابت 48 مؤسسة بنسبة مئوية 88%. تم اتباع كافة الإجراءات لتحقيق المصدقية و الثبات لمعيرة الاستبانة و المقابلات و تطبيقها و استخدم برنامج الحزمة الإحصائية للعلوم الاجتماعية لتحليل بيانات الاستبانة. و بعد ذلك تم تحليل بيانات المقابلات المعمقة و تبويبها في محاور بحسب علاقتها مع بعضها البعض. كان اختبار المصدقية مرتفع بنسبة (0.8) مما يشير إلى الاتساق الكبير لاستبانته الدراسة.

أشارت نتائج الدراسة إلى أن 85.4% من مدراء المؤسسات هم من الذكور، و معظمهم كان من حاملي شهادات البكالوريوس، وكانت خبراتهم تتراوح تنحصر في حدود 15 عام. اغلب المؤسسات تقع في مدينة غزة 58%، تليها خانينونس 14.6%. أشارت الاستجابات إلى أن 95% من المؤسسات تقدم خدمات صحية، 54.2% تعمل في مجال الأنشطة ذات التوجه التطويري، 25% من عمل المؤسسات في مجال خدمات التأهيل و 10% تعمل في حقل المدافعة و المناصرة و التعبئة.

الإسهام الكلي للتمويل الدولي تمثل بمعدل 2.05 من 3 بنسبة مئوية 68.46% و التي تشير إلى أن توجهات المدراء عن دور التمويل الدولي كان متوسطا. حيث أن التوجهات بخصوص الاستدامة كانت ايجابية جدا وهي الأعلى بنسبة 78.30% و يتضح من النتائج أيضا أن المعدلات تعكس التوجهات عن إسهامات التمويل الدولي للنجاعة و الفاعلية و الترابط و التناسبية بنسبة حول 75%. محور التقييم و المتابعة كان 73%، الشفافية و الحوكمة كان 71.41% و محور تطوير المؤسسة و مقابلة متطلباتها كان 68.79%. بينما محور طبيعة التمويل الدولي كان 68.63%، التوجهات بخصوص الاستجابة لمتطلبات الفلسطينيين او كالحمد من المعاناة الإنسانية و التقليل من أثار الاحتلال الإسرائيلي و تعزيز الحالة الاجتماعية و الاقتصادية ظهرت بنسبة متوسطة أيضا. و لقد بلغ معدل الاستجابات الكلي 64.86% حيث يشير إلى أي مدى يحسن التمويل الدولي المؤشرات الصحية الوطنية من خلال تحسن جودة الخدمات الصحية باعتبار إسهامه متوسطا بالإشارة إلى وجود فجوة في كفاية التمويل الدولي والاستفادة منه. أبرزت النتائج فيما يتعلق بإسهامات التمويل الدولي في مقابلة الأهداف الألفية الإنمائية بنسبة 63.39% كالتقليل من معدلات وفيات الأطفال و الأمهات و الخصوبة و الفقر و البطالة. فالتوجهات تجاه محور التنسيق و التعاون كان الأقل من بين محاور الدراسة بنسبة 60.67%.

أكثر من 70% من المستجيبين أشاروا إلى أن مؤسساتهم تعاني من ضائقة مالية اغلبها نتيجة عدم كفاية التمويل و كانت اكبر المعوقات التي واجهتها المؤسسات في الحصول على التمويل الدولي هي الظروف السياسية و غياب تفاعل الممولين. بينت الاستجابات أن التمويل الدولي أسهم في تنفيذ مشاريع تنموية بامتياز دون الاغاثية بنسبة 75.69%. عدة عوامل رصدت في الدراسة و التي اثرت و تأثرت بالتمويل الدولي في الحقل الصحي هي اغلبها سياسية و أمنية و ضعف التنسيق و عدم انسجام الرؤى بين الممول و المؤسسة و العوامل المؤسسية مثل ضعف الإدارة الإستراتيجية، بالإضافة إلى العوامل الاقتصادية و المالية.

يوصي الباحث إلى أن الممول و المؤسسات غير الحكومية تحتاج إلى التنسيق لتحقيق احتياجات المجتمع الفلسطيني. و يتطلب تركيز اكبر على تطوير الرؤى المشتركة و التنسيق المتواصل و النجاعة و الفاعلية المستدامة في تنفيذ مشاريع تطويرية، وان يتمتع الممول بالشفافية في توزيع التمويل دون أي شروط مرتبطة به حيث ان على المؤسسات أيضا أن تحسن من طاقتها لإدارة التمويل استراتيجيا بطريقة تعزز تحقيق أهداف وأولويات الصحة العامة.