

ACCESS TO HEALTH SERVICES IN THE WEST BANK AND GAZA STRIP

FACTS AND FIGURES

Palestinian Ministry of Health

World Health Organization and Al-Quds University

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1. OBJECTIVE

- To assess the access to health services of the population living in the Occupied Palestinian Territories (oPT) since March 2002.

2. METHODS

2.1 Design

Area based sampling frame with a three stage stratified design:

- districts (Nablus, Ramallah, Al Khaleil, Gaza, Rafah)
- primary sampling units (PSUs) within the districts (Nablus: only urban PSUs, Ramallah and Al Khaleil: only rural PSUs, Gaza and Rafah: urban and rural PSUs; where the term rural refers also to semi-urban patterns)
- random selection of households within the selected PSUs

2.2 Sample

Zones	Selected districts ¹	Areas (PSUs) selected
West Bank, North	Nablus	all urban areas (PSUs) in the district
West Bank, Central	Ramallah	all rural areas (PSUs) in the district
West Bank, South	Al Khaleil	all rural areas (PSUs) in the district
Gaza Strip, North	Gaza (Al-Mughraqa)	urban, semi-urban, and rural areas (PSUs)
Gaza Strip, South	Rafah	urban, semi-urban, and rural areas (PSUs)

¹ The total number of districts in all 5 zones of the oTP is 16

2.3 Respondents

- All persons who had lived in each sampled household during at least one month since 29 March 2002.
- For those respondents who were not present at the time of the interview or who had moved or died, information was collected from other household members.
- In case nobody was at home during the time of the visit or when the household had moved or was destroyed, the next neighbouring household was included.
- Information on children were collected by interviewing the mother

2.4 Methodology

- Structured interviews, gathering information on households and on individual household members.
- Topics covered included socio-demographic data, general household information, different utilization patterns of health services before and after 29 March 2002, access to health services for specific conditions and coverage for some primary health care programmes.
- The recall periods used were 2 weeks for childhood diseases, and about 9 months for access and use of health services (i.e. from 29 March 2002 to the date of the interview, which were conducted from mid October 2002 to beginning of January 2003)
- The survey instrument was developed in English. It was pre-tested in communities neighbouring East-Jerusalem and modified before being translated into Arabic and re-translated into English to check for translation errors. The questionnaire used for the actual survey was printed as a booklet in Arabic.
- Interviews were carried out through household visits made by a team of two female nurses, who had previously undergone a three-day training on the use of the survey tool.

3. RESULTS

3.1 Surveyed population

District	# of HH ¹	# of Individuals within the HH	District population (PCBS, 2002)
Nablus	381	2233	251081
Ramallah	387	2476	204932
Al Khaleil	444	2961	389574
Gaza	369	2406	359419
Rafah	316	2290	120261
Total	1897	12366	1325267

HH = household

- Between 11 October 2002 and 7 January 2003, 1,897 households were visited in Nablus, Ramallah, Al Khaleil districts in the West Bank, and in Gaza and Rafah districts in the Gaza Strip.
- In total, information was collected on 12,365 individual household members, of which 9,119 (74%) were personally present at the time of the interview

3.2 Socioeconomic

3.2.1 Employment

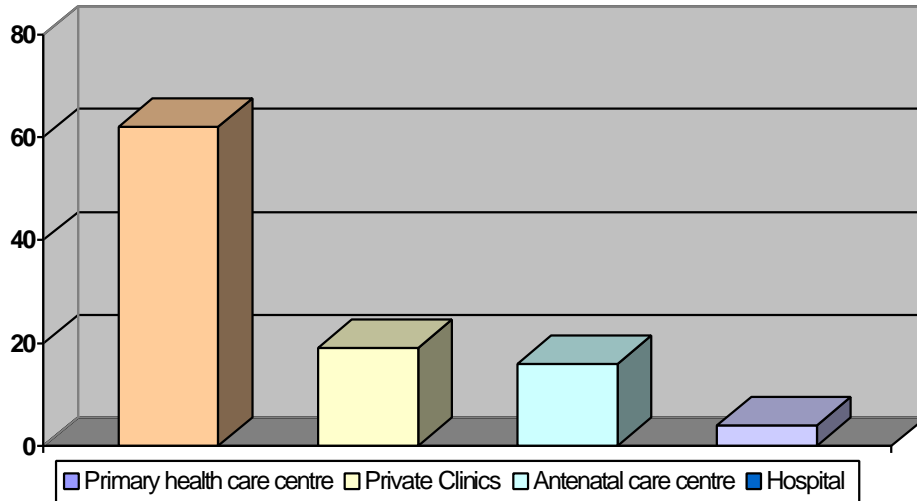


Figure 1: Proportion of employment among heads of household

- The overall average unemployment rate among heads of household was 54%, being highest (79%) in Rafah.

3.2.2 Income

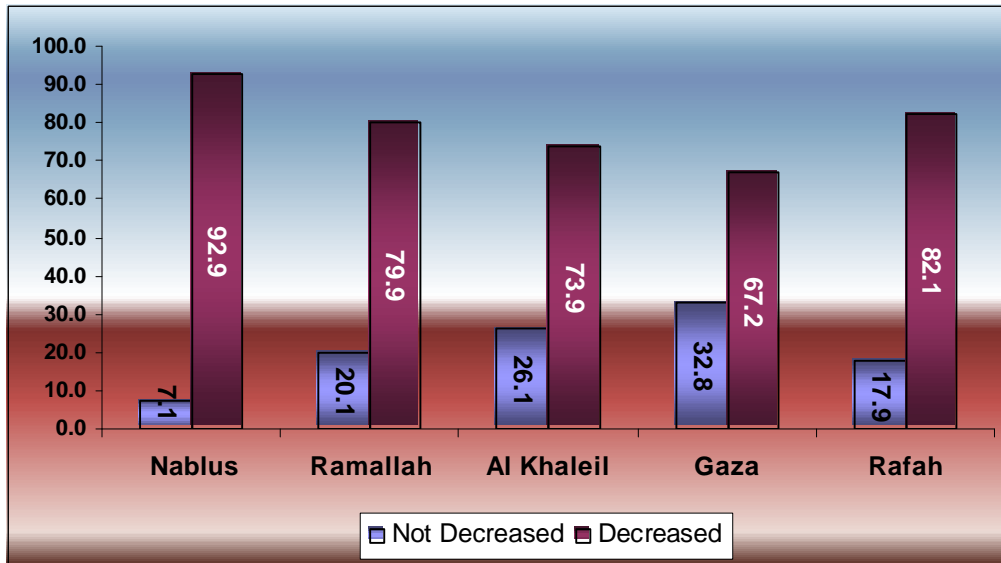


Figure 2: Proportion of households reporting decreased income since March 2002

- In 79% of the surveyed households the total income had decreased since 29 March 2002 until the date of interview.
- This decrease ranged from 67% in Gaza to 93% in Nablus
- Of the surveyed households, 71% reported insufficient income to cover all costs, since 29 March 2002.
- Of the 1339 households with insufficient income, 74% borrowed money, 24% sold some of their assets, and 13% received help from families or friends. Overall, 11% (n=144) used more than one coping strategy.

3.2.3 Food availability

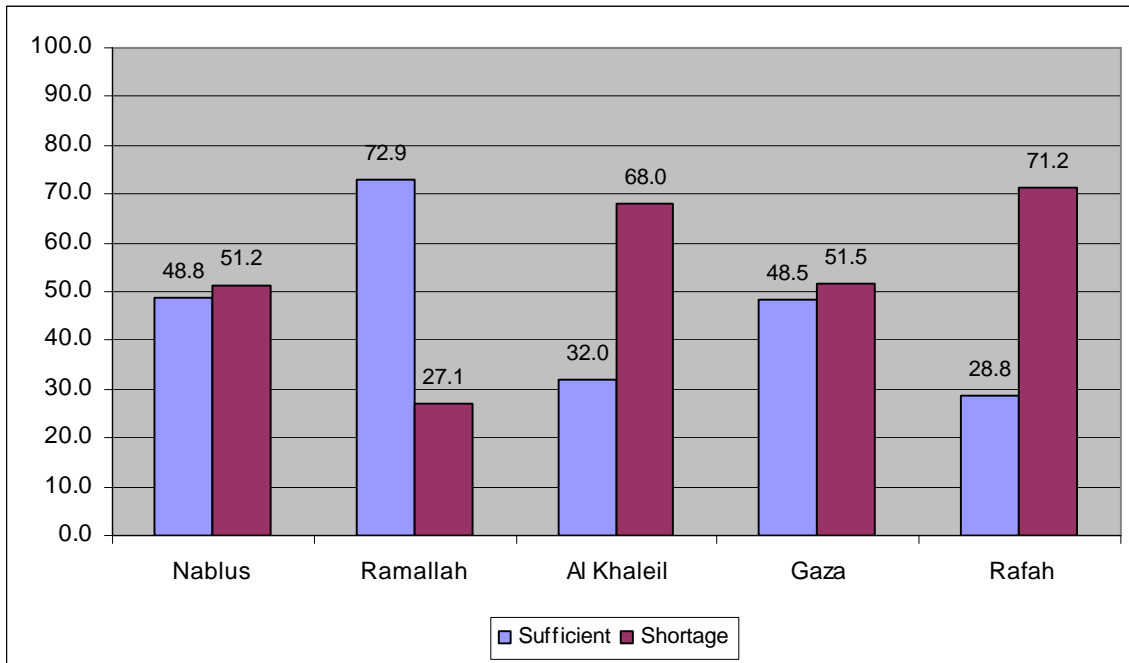


Figure 3: Proportion of households reporting food shortage since March 2002

- More than half (53%) of all households visited in the 5 districts reported food shortages since 29th March 2002.
- Among the households reporting food shortages, 38% (n=728) experienced 1-5 times shortages, 8.4% (n=161) 6-10 times, and 6% (n=115) more than 10 times
- The highest proportion of households reporting food shortage was found in Rafah (71.2%)

3.3 Water

3.3.1 Water supply

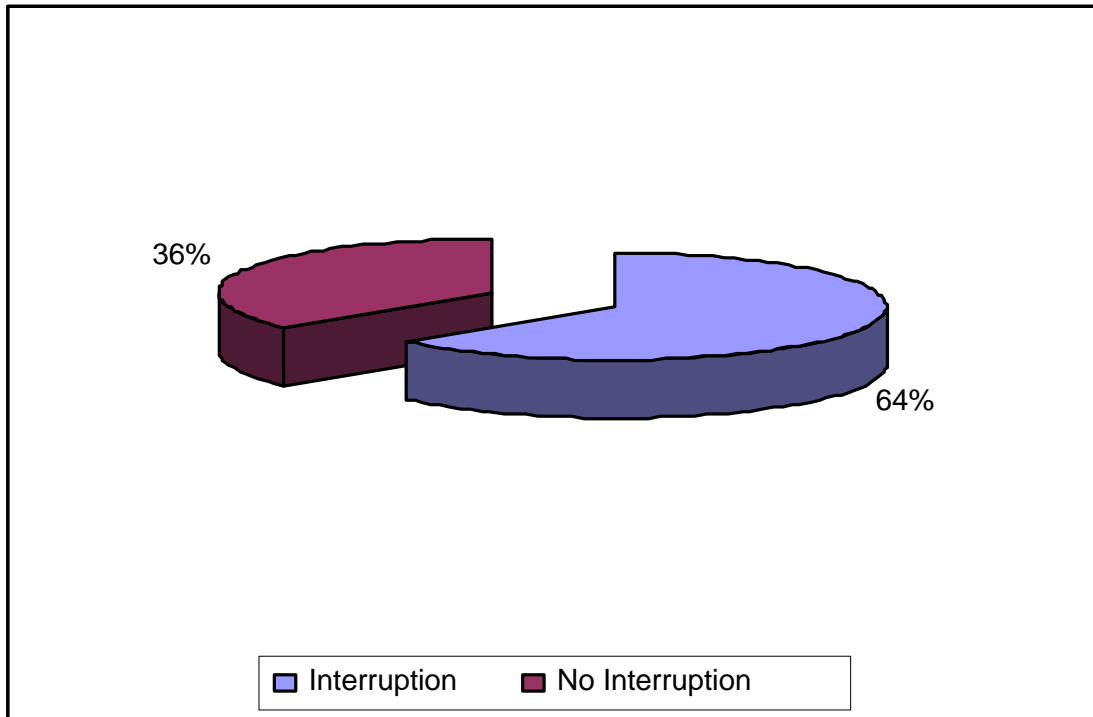


Figure 4: Proportion of households reporting water supply interruptions since March 2002

- Overall, 72% of all households were using water from a public water supply system.
- 64% percent of all households have experienced water interruptions of 3 days or more since 29 March 2002

3.3.1 Water chlorination

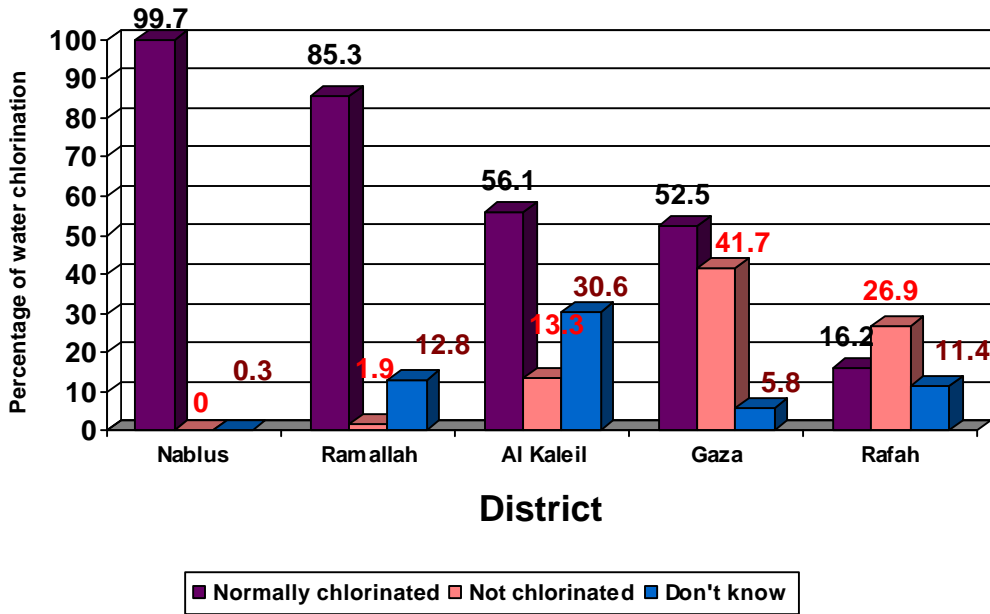


Fig 5: Distribution of households reporting water chlorination since March 2002

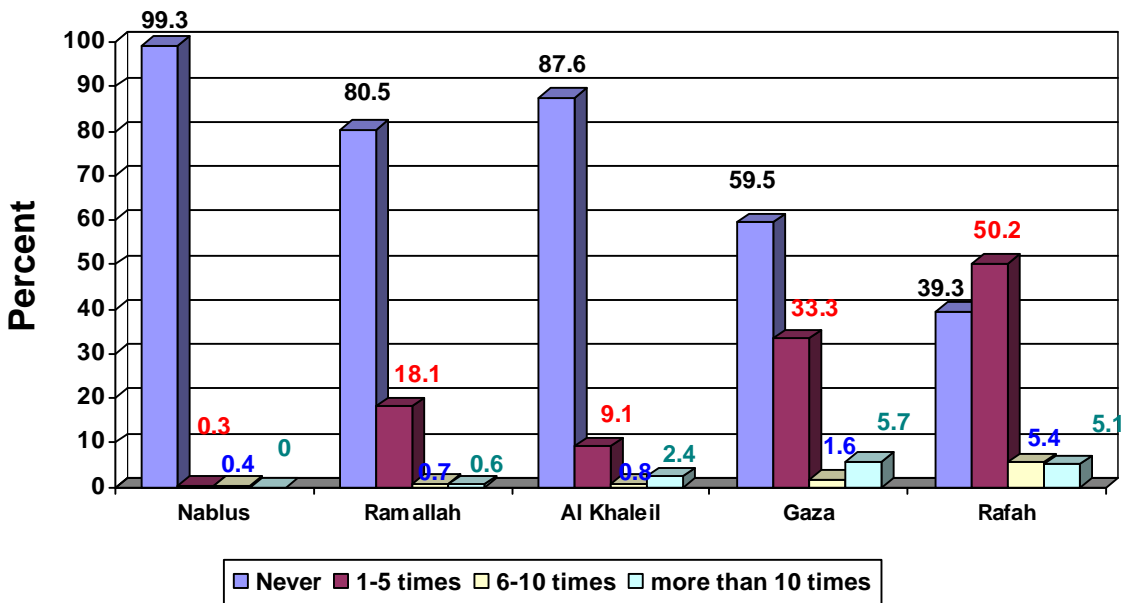


Fig 6: Frequency of interruption of water chlorination since March 2002

3.4 Health Insurance

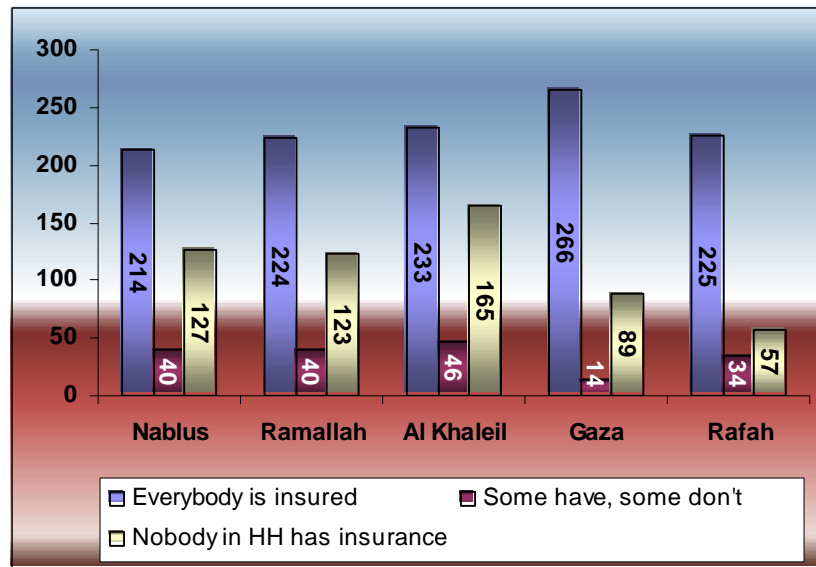


Figure 7: Health insurance coverage

- In 61% of the households, all household members had health insurance
- In 9% of households, only some household members had insurance.
- In 30% of the households, nobody was insured

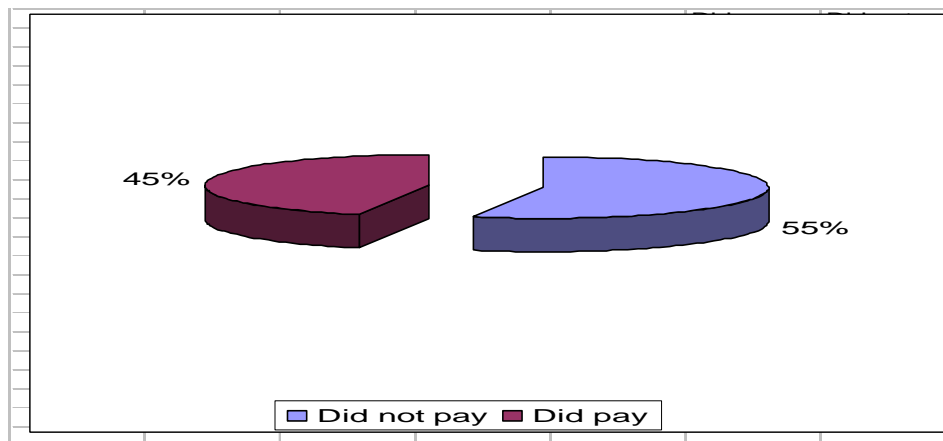


Figure 8: Number of households that paid for Health Insurance

- Among those insured, 55% of households did not pay for their health insurance
- In Rafah, Al Khaleil and Nablus only a minority of households paid for health insurance (31%, 34% and 38%, respectively)

3.5 Access to health services

3.5.1 Care seeking and access to treatment

- In total, there were 899 individuals who reported to suffer from a cough or cold, diarrhoea or fever in the last 2 weeks prior to the survey interview. This is 7% out of a total of 12399 individuals.

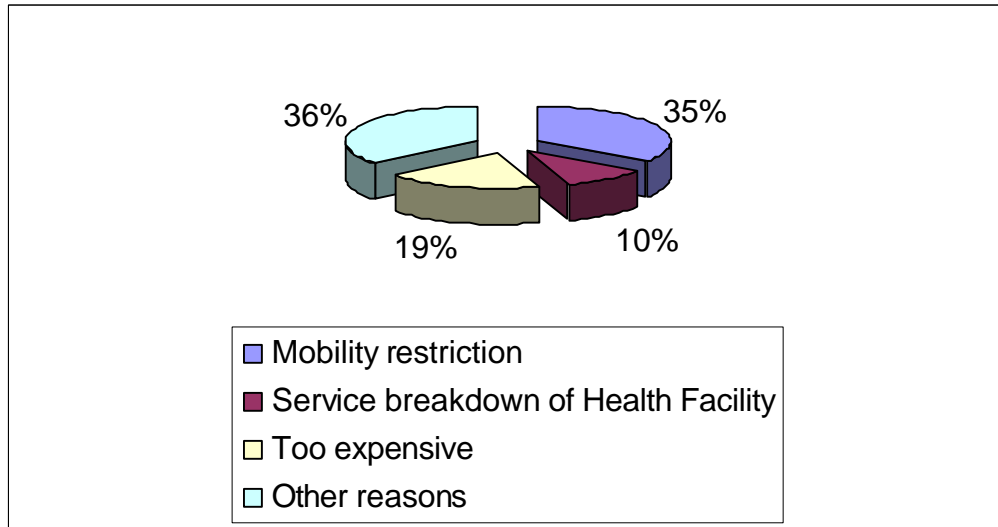


Figure 9: Reasons for not seeking treatment for cough or cold, diarrhoea or fever

- For 124 (14%) of these 899 individuals no medical assistance was sought. The reasons for not seeking medical assistance for these conditions are shown in the graph (maximum 3 reasons could be mentioned)
- Mobility restriction was the most common reason reported for not seeking medical assistance (35%)
- When asked about the need of a health service during the previous month, 558 individuals within the selected households reported to have sought assistance to a health service.
- About a quarter of those seeking assistance experienced delay or absence of treatment (22% for PHC treatment, 23% for hospital, 24% for private doctor), the main reason being for mobility restriction
- Most of those individuals seeking assistance during the previous month, managed to receive a treatment, although with delay (95% for PHC treatment, 97% for hospital treatment, 97% for private doctor treatment)
- For 4% (n=8) of patients in need of emergency care during the last month (n=158, 1%), treatment was not received. Emergency treatment was given to 151 patients either in a hospital (n=101, 67%), in a Primary health care centre (n=37, 25%), or at the place of accident (n=2, 1%)

3.5.2 Access Delay

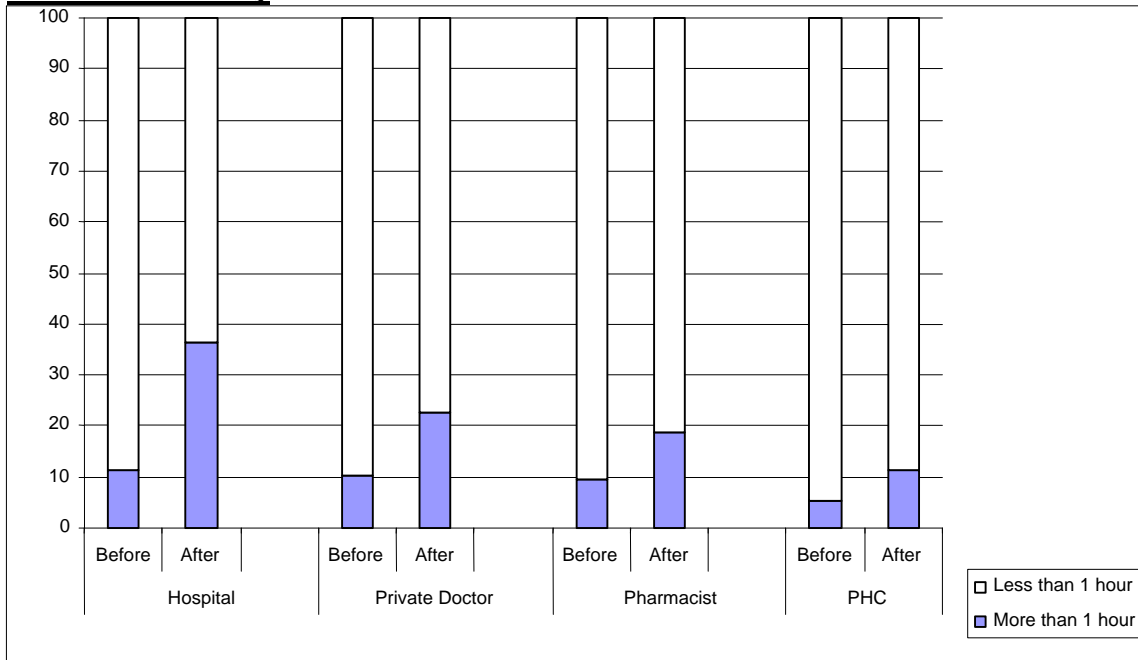


Figure 10: Proportion of patients who needed more than 1 hour to reach the health facility, before and after 29 March 2002, (n= 1659 to 1829 responding HHs).

- Time needed to reach a health facility, such as a primary health care centre, hospital or a pharmacy increased considerably since 29 March 2002
- The proportion of people that needed more than 1 hour to reach the health facilities was 10% before 29 March 2002, compared with 22% after that period.
- Before March 2002. 12% of those seeking hospital care needed more than one hour, compared to 36.5% after that date.

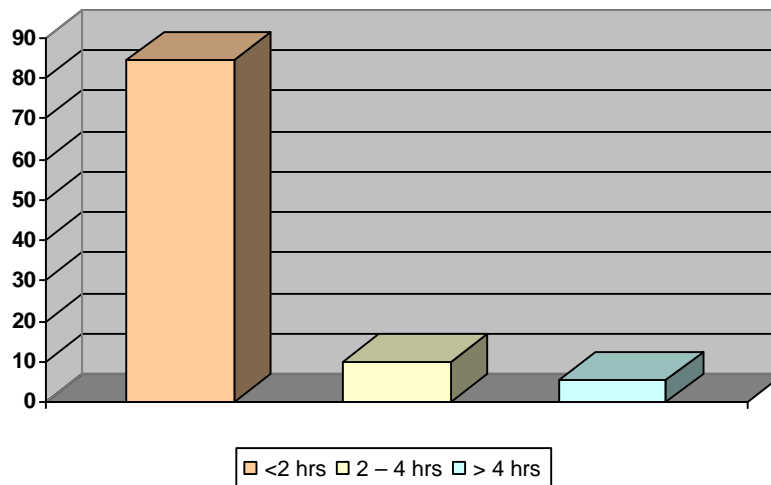


Figure 11: Reported time to reach a health facility for delivery

- 84% of women using a primary health care centre or hospital could reach the health facility for their delivery within 2 hours time, whereas 17 women needed between 2 to 4 hours, and 10 women needed more than 4 hours.
- For emergency care, among 137 individuals who used a transport to reach a health facility, 18% (n=24) of them reported a time to reach the facility longer than one hour.
- In 112 (81%) out of 128 receiving emergency treatment, the time between arrival at the health facility and the attention given was less than 20 minutes

3.5.3. Change of health facility

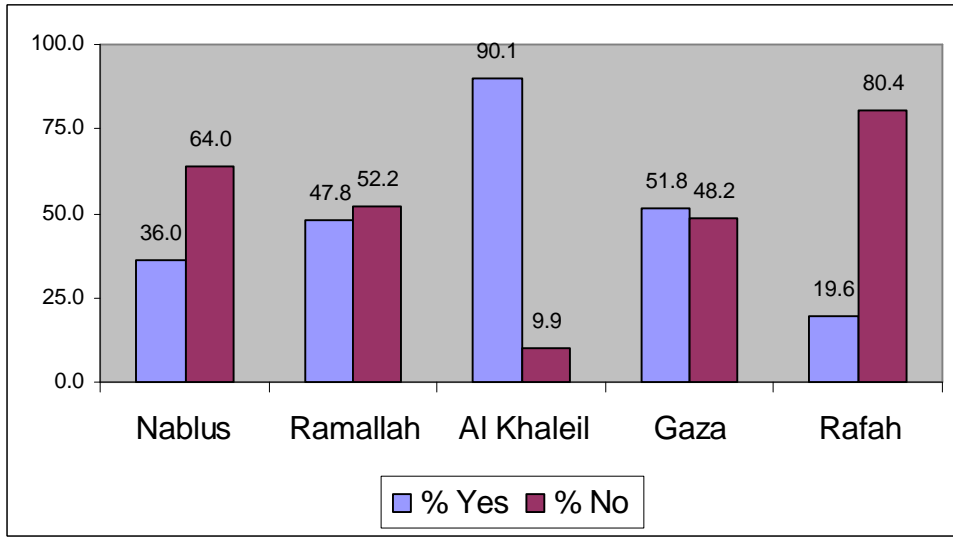


Figure 12. Proportion of people who changed health facility after March 2002

- After 29 March 2002, 51% of households had to use different health facilities than they used to.

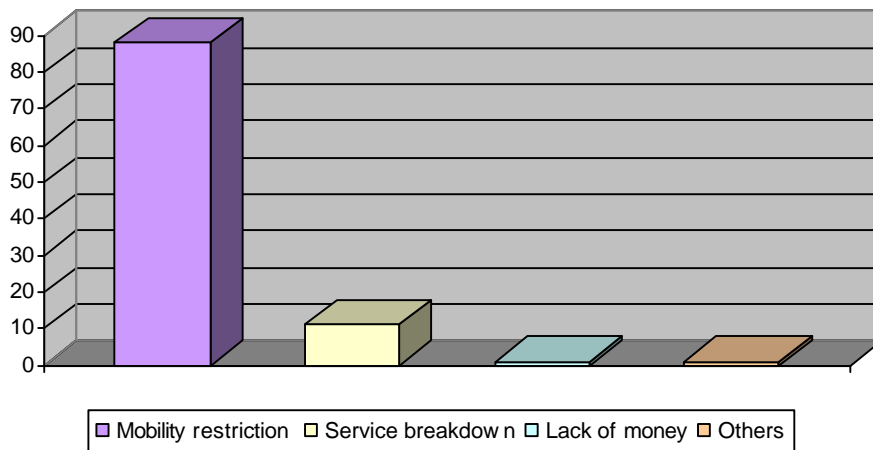


Figure 13: Reasons for changing use of health facilities after 29 March 2003,

- 88% of households that have changed health facility cited reasons related to mobility restriction as the cause of their change, while 11 % reported that health service breakdown was the cause.

Reasons related to mobility restriction included the following: curfew, road closure/s, road block/s, no transport available, fear (because of military incursions), too far away, delay at check point/s, no permission to pass/border closure.

Reasons related to service breakdown included: no drugs/no vaccine available, no staff at health facility, had to wait too long at health facility, health facilities closed.

3.5.4. Use of mobile clinics

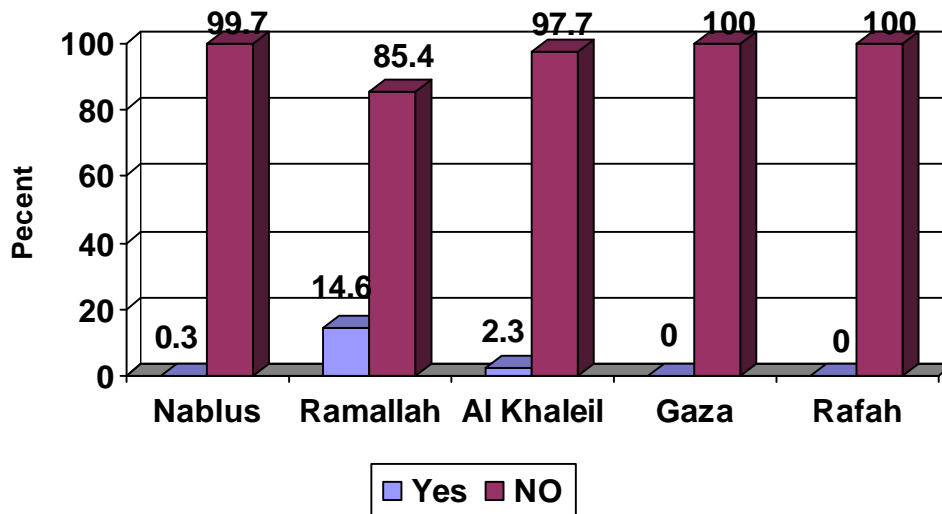


Figure 14. Reported use of curative mobile clinics, by district

- Since March 2002, 4% (69) of households have used mobile clinics for provision of curative care
- When distributed by district, it appears that the majority of the mobile clinic services were provided in Ramallah district (60 out of 69), where 14% of the interviewed households reported having used them

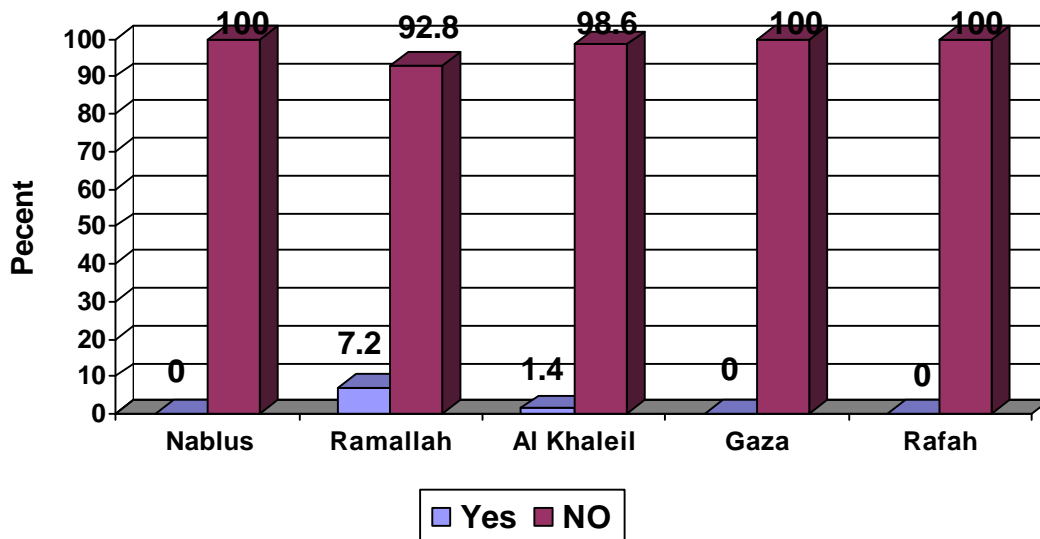


Figure 15 Reported use of immunization mobile clinics, by districts

- Mobile Immunisation clinics have been used by 2 % (31) of households, most of which are in Ramallah 7.2 % (24 out of 31)

3.6 Health service coverage

3.6.1 Immunisation

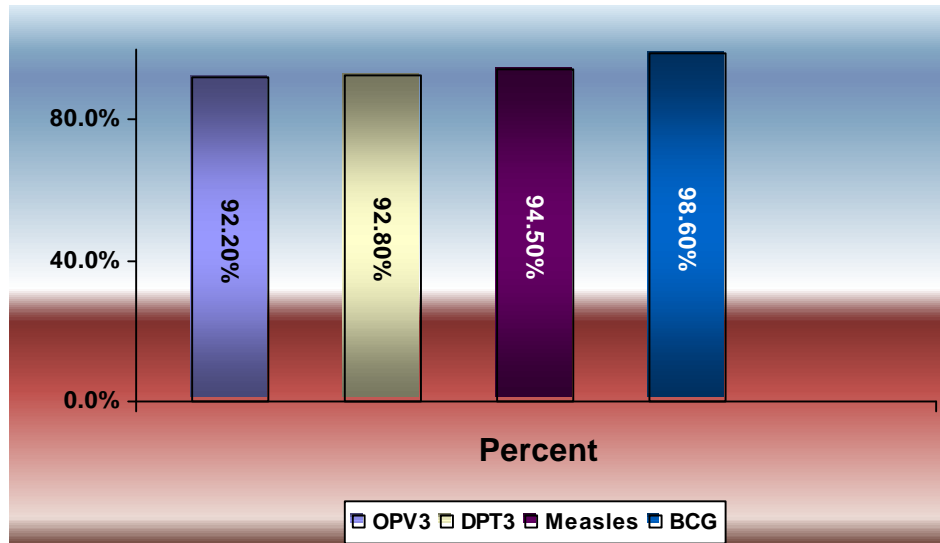


Figure 16: Immunization coverage by type of vaccine among children 12 – 23 months, Health Access Survey, 2002

- The coverage rate varied by type of vaccine, being highest for BCG and lowest for OPV3.
- Ninety three percent of children 12 - 23 months old had received at least 3 doses of DPT vaccine, and 94.5% had received one dose of measles vaccine.
- Overall reported drop out rate for DPT and OPV was 5%. It was highest in Al Khaleil and Gaza (8% - 10 %)
- Information on immunization coverage among those 2 years or younger was collected in 70% of children by verifying the EPI card, and in 30% from the mother or another household member.

3.6.2 Antenatal care

- The household survey included 5996 female respondents, of which 2766 were between 15 and 49 years old (22%).
- When available, information on antenatal care was collected from antenatal care cards (24% of 311 reported pregnancies of women aged 15 to 49).
- Out of 311 women aged 15 to 49, that were pregnant at the moment of the interview, 69 (22%) did not attend to any antenatal care visit, whilst 78% of them had attended at least once an antenatal care visit given by skilled health personnel.

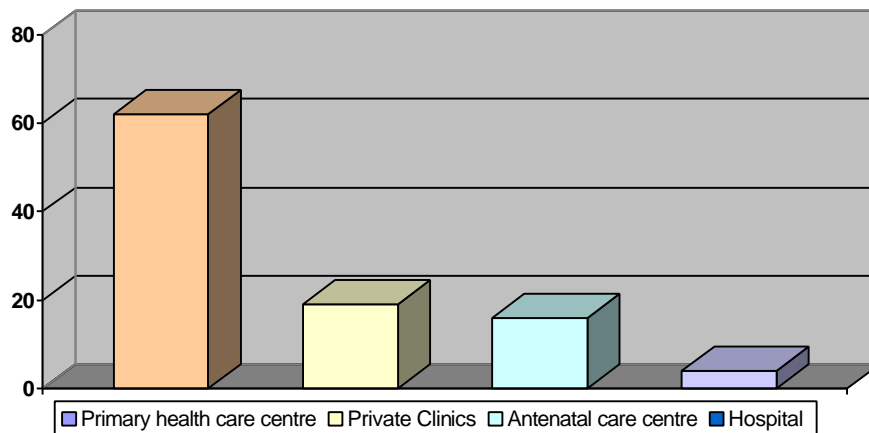


Figure 17: Utilization of Antenatal Care by Pregnant Respondents

- The 242 women received the antenatal care in a primary health care centre [i.e. for 149 (62%) of them], in a private practice [for 45 (19%)], in an antenatal care centre [for 38 (16%)], or in a hospital [for 10 (4%) of them].
- Among the 242 women who did attend antenatal care, 135 (56%) were asked to attend more than one antenatal care visit per month, and 120 (89%) of these 135 women had gone to all visits they were advised to attend.
- 154 (50%) of 311 pregnant women aged 15 - 49 reported to have received immunization against tetanus. Among these, only in 134 (43%) the immunizations could be verified by the survey team on a card.
- Thirty-seven (12%) of 311 pregnant women aged 15 - 49, were admitted to hospital to ensure adequate follow-up of their pregnancy. Two hundred nineteen (70%) of them had medicine prescribed during pregnancy, and 205 (94%) of these could complete their treatment, whereas 14 (6%) did not.
- Lack of money (for 8 patients) and mobility restriction (for 7 patients) were the most frequently mentioned reasons for not being able to comply with the prescribed treatment.