The Role and Performance of Palestinian NGOs
In Health, Education and Agriculture
December 2006
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## Abbreviations & Acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAAID</td>
<td>Arab Authority for Agricultural Investment and Development</td>
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<tr>
<td>BA</td>
<td>Bachelor of Arts</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>ECRC</td>
<td>Early Childhood Resource Centre</td>
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<td>EFA</td>
<td>Education For All</td>
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<tr>
<td>ESCWA</td>
<td>Economic and Social Commission for Western Asia</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>GA</td>
<td>General Assembly</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>IDB</td>
<td>Inter-American Development Bank</td>
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<td>IDRC</td>
<td>International Development Research Center</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ISIC</td>
<td>International Standard Industrial Classification</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>MA</td>
<td>Master of Arts</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MTDP</td>
<td>Medium Term Development Plan</td>
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<td>MoA</td>
<td>Ministry of Agriculture</td>
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<td>MoEHE</td>
<td>Ministry of Education and Higher Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoI</td>
<td>Ministry of Interior</td>
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<td>MoLSA</td>
<td>Ministry of Labour and Social Affairs</td>
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<td>MoP</td>
<td>Ministry of Planning</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NIS</td>
<td>New Israeli Shekel</td>
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<td>OCAT</td>
<td>Organizational Capacity Assessment Tool</td>
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<td>PA</td>
<td>Palestinian Authority</td>
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<td>PARC</td>
<td>Palestine Agriculture Relief Committees</td>
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<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PLC</td>
<td>Palestinian Legislative Council</td>
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<td>PLO</td>
<td>Palestine Liberation Organization</td>
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<td>PNGO</td>
<td>Palestinian Non-Governmental Organization</td>
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<td>PONAT</td>
<td>Participatory Organizational Needs Assessment Tool</td>
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<td>PPSS</td>
<td>Probability Proportional to Size Sample</td>
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<td>TVET</td>
<td>Technical, Vocational and Educational Training</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestinian Refugees in the Near East</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WB</td>
<td>West Bank</td>
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<td>WBG</td>
<td>West Bank and Gaza</td>
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<td>WFP</td>
<td>World Food Program</td>
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Acknowledgements

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The Role and Performance of Palestinian NGOs - In Health, Education and Agriculture

Executive Summary

This study investigates the role and performance of Palestinian NGOs (PNGOs) as service providers in three sectors – health, education and agriculture. It provides systematic information on the work of PNGOs, identifies areas of strength and weakness and suggests how their contribution to service delivery and the socio-economic development process might be improved.

The work on this study was initiated in late 2004/early 2005, a time when Palestinians were facing a number of difficult challenges, including a faltering peace process and political instability, a deeply depressed economy, reduced levels of per capita income and great financial scarcity. Dependency on donor funding had also escalated making Palestinians the recipients of one of the highest levels of per-capita Official Development Assistance (ODA). Nevertheless, the period was also characterized by a degree of hope associated with the Israel’s impending ‘disengagement’ from Gaza and parts of the West Bank (WB), and the prospect of enhanced levels of donor and private investor contributions to a process of economic reconstruction. In this context the Palestinian Authority (PA) was leading the consultative preparation of a Medium Term Development Plan (MTDP).

Today, following Hamas’ victory in the PLC elections of January 2006 and the international response to this, the political and economic outlook is far worse, at least in the short term. Nevertheless, the findings of the study remain relevant since they provide insights into the constraints and opportunities that PNGOs will face under almost any imaginable scenario. At a time of near paralysis of the PA’s service delivery systems, assumptions about the extent to which NGOs can replace the PA abound, and the results of this study will hopefully moderate unrealistic expectations. The study also aims to offer NGOs the opportunity to reflect on their achievements and constraints, and to assess how they can best adapt to changing circumstances. Finally, the study offers guidance to the PA and donors on how they might aim to develop more systematic approaches to supporting service delivery.

The study data was for the most part gathered through two surveys: i) an NGO Survey, encompassing 78 independently registered PNGOs and a selected number of their service delivery facilities; and ii) a Household Survey covering 3000 households. The findings from the NGO Survey should be treated as indicative, given the relatively limited size of the sample. The surveyed parameters include

The review of the role and performance of PNGOs is focused on an analysis of their delivery function which specifically looks at: (a) patterns of utilization; (b) accountability and management practices; (c) targeting and participation practices; and (d) quality standards and their monitoring. The study also reviews the constraints faced by PNGOs in accessing donor funding, as well as their level of cooperation with the PA and other local partners.
Main Findings

The Role of PNGOs Relative to Other Service Providers

The study shows that the role of PNGO vis-à-vis other service providers varies considerably across and within the three sectors reviewed. The demand for NGO services is, as one would expect, influenced by the availability and relative cost of alternative channels of service delivery. PNGO services are most frequently used when the PA has a limited role or weak capacity, and where the cost of acquiring services from the private sector is high. The scale of PNGO service provision is largest in agriculture, followed by vocational training and pre-school education; it is less significant in the health sector. Within sectors, however, PNGOs seem deliver specific services that are otherwise unavailable or inaccessible, and have thereby developed specific niches of specialization.

In the health sector, according to data from the Ministry of Health (MoH) and the Palestinian Central Bureau for Statistics (PCBS), PNGOs account for 29% and 32% of the total number of primary health care centers and hospital beds respectively, and for 26% of the human resources employed by the sector. PNGOs also reportedly account for up to 20% of donor funding in this sector. But at the same time, and according to the results of this survey, PNGOs only account for 11.7% of the total household utilization of health services. The MoH, UNRWA and private providers, respectively, account for 46%, 24% and 16% of the total. In Gaza, where UNRWA accounts for up to 46% of health service utilization, the share of PNGOs drops to as little as 8% of the total. However, a much higher rate of utilization of NGO services is reported for specialized services, including rehabilitation, psychological counseling and health awareness and training where NGOs account for 19%, 25% and 21% of services utilized, respectively.

The low utilization of NGO health services is explained by the availability of public health insurance and (in UNRWA's case) free services. The PNGOs' high share of facilities, staff and resources spent in the sector, though suggest considerable inefficiencies in resource allocation.

In education, where the role of the Ministry of Education and Higher Education (MOEHE) is focused on formal basic and secondary education, PNGOs account for 21% of pre-school services and the private sector another 71%. In vocational training, the private sector and PNGOs each account for 25% of total services, and the PA 37%.

In agriculture, PNGOs account for up about 53% of services, compared with the PA’s 30% and the private sector’s 18%. The limited role of the PA in agricultural services is consistent with a sector policy that stresses PA regulation rather than service provision.

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1 See MOH/Health Management Information System (HMIS) for PHC and Hospital bed data (2004), and PCBS Survey for Human Resources data (2005).
2 It should be noted that according to the 2004 data of the Ministry of Planning’s Aid Coordination Department, 20% of total ODA to the West Bank and Gaza is channeled through PNGOs.
The Beneficiaries of PNGO Services

The study shows that services offered by PNGOs are not equally accessible to the poor in the three sectors. PNGOs have to charge a fee for the services they deliver, and therefore when they have the option of receiving the same service, but for a lower price, the poor will generally not choose to utilize PNGO services. Therefore, the study confirms that in many instances, the beneficiaries of PNGO services are largely from households with higher income levels. However, as mentioned, the profile of PNGO beneficiaries varies considerably across the sectors reviewed.

In the health sector, poor households with incomes below NIS 1,400/month\(^3\) amount to 40% of the beneficiaries of PNGO services—but to 60% and 65% of the beneficiaries of public and UNRWA health services respectively. PNGO health service beneficiaries are divided equally between urban and rural inhabitants Utilization of PNGO health services, however, seems to be consistent across urban and rural areas.

Household participation in pre-school education is slightly correlated with income levels: the rate of participation was lowest (at 20%) amongst families with income levels below NIS 750/month, but increased to 28% amongst those reporting an income of more than NIS 2000/month. PNGOs provide almost a quarter of pre-school education in rural areas, but only some 13% in urban centers. 50% of families using PNGO pre-school services came from families with incomes below NIS 1400/month, as did 47% of those accessing private sector providers.

Overall, households belonging to the income bracket of less than NIS 1400/month accounted for 50% and 60% respectively of all beneficiaries of vocational training and agricultural services—and of PNGO services in these sectors as well. The participation of women in vocational training programs offered by NGOs was notably higher than in the case of Government and private sector providers.

In terms of targeting policies, only in the agricultural sector did PNGOs confirm that they targeted their services to marginalized areas or poor households (43% of respondents, as opposed to 10% in health and 11% in education). However, all PNGOs identified individual income level as an important criterion for beneficiary selection. Furthermore, PNGO targeting of vulnerable groups, e.g. the disabled, youth, children/women, was frequently reported.

NGO Accountability

By and large, PNGOs appeared to be more concerned with ‘vertical accountability’ to their boards of directors, to the PA and to donors than with ‘horizontal accountability’ to their broader constituencies and the communities they served. The reported rate of dissemination and disclosure of annual and financial reports to General Assembly members, local community groups and partners was very limited. The reported regularity of Board meetings and the range of responsibilities held at that level suggested that PNGO Boards are

\(^3\) Using a poverty line income of US$2.1 per day, an average family of 6 needs to be earning NIS 1,700 per month to be “over the poverty line”.

actively engaged in governing and overseeing the work of their organizations. There seemed to be some ambiguity, however, about who in the PNGO hierarchies approved financial reports and the selection of auditors, raising some concern about the adequacy of PNGO financial control and oversight.

On the other hand, the study evidenced a fairly rigorous level of monitoring and reporting on grant-financed projects—albeit at the behest of donors. PNGO capacity to investigate the broader impact of their services outside specific project frameworks was generally much less developed, with the level of participation by beneficiaries in the design and assessment of service delivery programs also very low.

**Leadership and Management Practices**

While PNGOs are led by highly professional staff, selection processes used for recruiting PNGO directors are generally non-competitive and lack transparency—reinforcing the perception that PNGOs are governed by a ‘small elite’. Furthermore, and despite recent reporting on further PNGO decentralization, authority on key matters continues to be very centralized amongst the majority of PNGOs surveyed. This is somewhat offset by the flexibility that local branches and facilities appear to enjoy in introducing new lines of service delivery, which enhances PNGOs’ responsiveness to local needs. It was also noted that the staff of PNGOs are in general afforded few opportunities for training and skills development.

**Quality of Service Delivery**

The study confirmed that PNGO’s monitoring of quality and impact was weak largely on account of the absence harmonized quality standards. Thus, while NGOs had adequate operating procedures for tracking patient health status and student achievement, or following up on referrals, only the larger ones monitored impact according to clearly identified benchmarks. When asked about the results/impact of their work, PNGOs were generally much better able to report on processes and outputs rather than outcomes. The monitoring of service standards by PA specialized agencies was also noted to be weak.

The overall rate of beneficiary satisfaction with PNGO services was very high, a judgment largely based on the perceived competence and professionalism of PNGO staff and the quality of PNGO resources and facilities, in particular in health. This positive overall assessment varied by sector, though. In the vocational training sector, beneficiaries were more satisfied with services provided by PA and private sector providers, with 25% of the beneficiaries of PA programs reporting that the training had helped them to find a job, compared to only 14% amongst those trained under PNGO programs.

Similarly, although the beneficiaries of PNGO agricultural services rated them in general more positively than those provided by the Government, this was not so in relation to starting new activities or increasing their income levels. This is likely explained by the fact that the PA and the private sector facilitate/provide credit and access to markets, while PNGOs concentrate more on the provision of training, subsidized agricultural inputs and land reclamation.
Funding Patterns

The study confirmed that the capacity of PNGOs to generate local revenues is limited to the larger organizations, in particular to hospitals and NGOs working at the national level. Service fees and income generating projects account for the largest share of revenues generated by these organizations. Islamist NGOs also reported high levels of local community contributions, an avenue not yet fully explored by other surveyed organizations.

International funding for PNGOs is reported as biased towards larger PNGOs, and to those working in the health sector. This can be explained in part by the greater institutional capacity that larger NGOs tend to possess, in addition to long-established relationships with international NGOs and donor organizations. Funding from the PA and from other local sources seems to be more evenly distributed across PNGOs of varying sizes. This may in part be attributed to the fact that smaller PNGOs receive financial support from the Ministry of Labor and Social Affairs (MoLSA), and are also sub-contracted by PA institutions to deliver specific services to marginalized communities.

The study confirms that the work of PNGOs is heavily constrained by the unpredictability and lack of transparency in the provision of donor funding. Donor grant funding and reporting policies are generally perceived as overly complex, and funding is seen as provided in general for excessively short periods of time, a factor which hinders the ability of PNGOs to plan ahead and to focus on improving quality and sustainability.

Cooperation with the PA and other Local Partners

The study confirms that there is considerable cooperation between PNGOs and the PA, with the role of the PA generally perceived as positive. However, cooperation between the two does not extend to the level of partnership or active collaboration in policy and sector planning. This could be explained by a combination of the limited capacity of the PA to lead sector planning processes as well as a lack of coordination amongst PNGOs in pursuit of a systematic dialogue with the PA. The study also reveals limited involvement on the part of those NGOs surveyed in advocacy work aimed at influencing PA sector policies. Furthermore, amongst those who reported having an advocacy role, their focus was on meetings, the distribution of educational materials and coalition building, as opposed to meetings with PLC members or preparing policy documents. More recently, however, the PA (in particular the Ministry of Planning) was seen as more interested in consulting with PNGOs (for example, in the context of the preparation of the MTDP). At the level of line ministries, the evidence is that consultations remain ad hoc.

Cooperation between PNGOs, local government and the private sector remains very limited. This could be attributed to the lack of legitimacy that local governments have enjoyed until the recent municipal elections, and the inability of local government to provide an enabling environment for community development. Lack of cooperation with the private sector also points to untapped potential to promote corporate contributions to PNGO programs and activities.
Conclusions

In summary, the surveys indicate that

* The level of beneficiary satisfaction with PNGO services is high, and in many cases higher than for comparable PA services.
* The relationship between PNGOs and the PA is generally constructive, albeit with limited involvement by PNGOs in sector policy and planning. In contrast, PNGO partnerships with local authorities are weak.
* PNGOs have carved out niches in areas and/or sectors where PA service provision is not available or is limited, and where private sector fees are relatively steep.
* PNGOs are not as a matter of course reaching out to poor and the marginalized communities. That said, most NGOs make efforts to give priority to poor and disadvantaged individuals in the groups they have elected to work with. The fact that PNGOs need to charge fees for their services goes some way to explaining the lack of systematic focus on the poor.
* Donors tend to favor the larger PNGOs, due in large part to their capacity to comply with complex donor procedural requirements; donors also tend to fund for relatively short periods, which is inconsistent with the creation of long-term capacity and, ultimately, PNGO sustainability.
* PNGOs are not in most cases accountable to beneficiaries and local communities, but rather to their own boards, donors and the PA. This lack of “horizontal” accountability can be correlated with limited beneficiary involvement at all stages of the service process.
* From an institutional perspective, PNGOs have some way to go in terms of objective monitoring and impact evaluation, as well as internal management and staff development. NGO senior executives are customarily recruited without open competition.

Recommendations

The following recommendations arise from the study’s analysis:

* The Palestinian population is increasing rapidly; the economy, best by conflict and closure, is currently unable to sustain adequate levels of public welfare (let along improve them). In such a context the need for PNGOs as service providers is likely to increase with time, and donors should recognize this through appropriately enhanced levels of support. To improve the effectiveness of PNGO support, though, donors need to develop a better awareness of capacity and demand within the entire service delivery system.
* The PA and PNGOs should collaborate on developing simple, transparent quality and performance standards for service delivery. In parallel, efforts to strengthen the monitoring function of the specialized ministries should be intensified.
* PNGOs should be supported and encouraged to target their services more explicitly towards the poor. Given the particularly high rates of poverty in Gaza, PNGOs should be encouraged to expand their presence there, complementing the role of the PA and UNRWA.
* Given their important role as representatives of civil society, PNGOs should broaden their constituency base with both civil society and grassroots based organizations. This process should be accompanied by increased advocacy of more equitable and inclusive social policies.
* PNGO networks and umbrella organizations should intensify efforts to enhance accountability through the development and adoption of a PNGO Code of Conduct (which should include measures designed to increase transparency in hiring, policy formulation and financial management). For its part, the PA can assist the development of the PNGO sector by activating the PNGO Law’s By-Laws which were approved by the Cabinet and which clarify ambiguities in the existing Law. This would help promote greater transparency and improved performance in the sector.

* Opportunities for forming PNGO partnerships, in particular with local government, should be more actively explored—possibly through joint funding mechanisms. Such partnerships are very important to the long-term sustainability of PNGOs.

* Donors should take a more systematic approach to PNGO funding, placing less emphasis on ad hoc project financing and more on sub-sectoral programs. Donors should also be prepared to support PNGO activities on a more sustained basis in order to allow for fuller institutional maturation to take place. Donors should also place more emphasis on supporting the professional evolution of PNGOs. This should help develop PNGO transparency, and thereby legitimacy vis-à-vis the public and beneficiaries. The PA and donors could also consider NGO representation in their aid-coordination structures to help create greater harmonization with donor-financed developmental/institutional building programs delivered through the PA.
Introduction

The historical role of PNGOs in providing services to the Palestinian population dates back to the early years of the Israeli occupation in the late 1960's when the Israeli Civil Administration was primarily responsible for the provision of social services. At the time, PNGOs largely operated within what was then commonly referred to as the 'national movement' and were largely linked to Palestinian political parties. Even in the mid 1970s, when developmental PNGOs started proliferating, these were also largely linked to the Palestinian political factions. The practices of PNGOs during this period, and until the early 1990s, were therefore very much shaped by a combination of nationalist and development goals (George Giacaman, 1998 in Hanafi and Tabar, 2005).

In the 1990’s, a large number of professionalized PNGOs were created. During this time, as they started working more as developmental organizations, their relationship with grassroots organizations was weakened (Hanafi and Tabar, 2005). This coincided with a period when donor funding for PNGOs had also started to diminish. Whether or not this transition in the role of PNGOs was itself influenced by the shift in donor policies is subject to extensive discussion and debate that is beyond the scope of this survey.

The signing of the Declaration of Principles - also known as the ‘Oslo Agreement’ - in 1993, which was followed by the establishment of the Palestinian Authority (PA), marked a new era in the work of PNGOs; one in which they were challenged to redefine their role alongside that of the PA as the main provider of social services. Following a period characterized by rivalry and competition, the relationship between the PA and PNGOs was eventually formalized and regulated by the approval in 2000 of Law No (1) of Charitable Associations and Community Organizations. By the early 2000’s, the vision of PNGOs was broadly defined by four primary components: i) to contribute to the building of a viable independent and democratic state; ii) to contribute to the development of a vibrant and democratic civil society; and iii) to contribute to the human and community development process and respond to people’s emergency and humanitarian needs; and iv) to defend the interests, needs and rights of marginalized groups. Within this framework, advocacy, awareness raising, service provision, capacity building, coordination and networking were all underlined as important functions of PNGOs.

Today, Palestinians are still facing the same challenges as they were a decade ago; namely that of establishing statehood and building strong institutions, a vibrant economy and a dynamic civil society. However, Palestinians are now facing these challenges amidst conditions far less favorable than those that existed five or even ten years ago. After five years of intensified conflict and a severe economic depression, national cohesion has been undermined, institutions have been weakened, resources have been depleted, and the population has become largely impoverished.

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4 The historical evolution of PNGOs and their role in civil society has been the subject of extensive research and writing. Some of the more important references include those of Barghouti (1999), Robinson (1997), and Giacaman (1998).
5 The general debate over the influence of the donor’s agenda on the work of PNGOs is as much of a global debate as it is a Palestinian one. However, as Palestinians are striving for statehood, the implication of their weakened role as representatives of civil society becomes more critical. Analysis of this subject is covered in writings by Hammami (1995); Salma Shawa (2000); the MAS study on the relationship between PNGOs and civil society organizations (2001) and Hanafi and Tabar (2005).
What role could PNGOs play in meeting this challenge? This study attempts to answer this question by reviewing the role and performance of PNGOs as service providers using empirical data generated through a combination of survey tools. The findings are intended to contribute to the discussion on Palestinian development in the medium term, and to assist in identifying opportunities for rendering more effective the contribution of PNGOs to this evolving national process.

The scope of the study is limited to an analysis of the role of PNGOs as providers of services in three main sectors: health, education and agriculture based on analysis of the results of two main survey tools, i) a survey of a sample of PNGOs working in health, education and agriculture, and ii) a household survey.

This report is structured into three parts. Part I presents the conceptual framework and a description of the methodology and sampling process. Part II presents a review of the overall performance of PNGOs through a detailed analysis of the NGO survey data. Part III presents for each of the sectors i) an overview of the main service providers; ii) a review of NGO targeting policies and patterns of service utilization; and, iii) an assessment of the quality of service delivery.

In education, the analysis is restricted to pre-school education, vocational and technical training, and “informal” education, defined as educational training that falls outside the regular academic stream and which furthered the beneficiaries’ educational attainment leading to a degree or certification (excluding vocational and technical training).
Part I: Conceptual Framework and Methodology
Part I: Conceptual Framework and Methodology

A. Conceptual Framework

The role of PNGOs has, and continues to, be a subject of wide discussion, and extensive literature.\(^8\) Indeed, this paper does not promote any particular role for PNGOs; rather it assumes a broad acceptance of their role as civil society organizations and ‘development agents’, a role which recognizes a partnership and division of responsibilities, between themselves and other development agents such as the PA.

The definition of PNGOs used in this study is the general definition used by the World Bank which includes ‘private organizations that pursue activities to relieve suffering, promote the interests of the poor, provide basic social services, or undertake community development’. While the paper often refers to different ‘types’ of PNGOs, distinguishing between charitable organizations and developmental ones, this distinction is primarily used to delineate differences between organizations which can only be understood by an appreciation of their historical background in the WBG. Under Palestinian Law No (1), however, all PNGOs (whether charitable or developmental in their goals) are subject to the same legal framework. According to this Law, an organization/association is defined as ‘any charitable association or community organization with an independent judicial personality, established upon an agreement concluded among no less than seven persons to achieve legitimate objectives of public concern, without aiming at attaining financial profits to be shared among the members or achieving any personal benefits’.\(^{10}\)

The assessment of the performance of PNGOs in this study is based on an analysis of the various aspects of their service delivery function focusing on i) their role vis-à-vis other providers, looking at issues of accessibility and inclusiveness; ii) the quality of their service delivery, looking at issues of accountability, organizational and management practices, targeting and participation, and quality standards and monitoring; and, iii) their relationships with the PA and other stakeholders.

This integrated approach draws on a wide range of indicators and methodologies. The analysis does not claim to be comprehensive, but is based on an assessment of aspects of PNGO performance that have not been adequately addressed in the literature. Thus, the paper does not provide an account of what PNGOs do, nor does it quantify the scope of their work in terms of inputs (funding) and outputs.\(^{11}\) It also does not explore the influence of the legal and political environment on their operations. Lastly, the study does not include an assessment of cost minimization, or technical efficiency due to a lack of available data on PNGOs human and financial resources. Such an analysis could be undertaken in a separate research study, for which specific methodologies exist.\(^{12}\)

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\(^9\) For PNGOs to be development agents as well as civil society organizations, they need to (i) provide needed services; (ii) represent the poor and disadvantaged; and (iii) be partners with the state. Salma Shawa "Adapting to Change: The Case Study of Four PNGOs in the West Bank and Gaza (1994-1998)", January 2000.

\(^10\) Article (2) of the Law No (1).

\(^11\) A full mapping of PNGOs was conducted by the Palestine Economic Policy Research Institute, "Mapping of Palestinian NGOs in the West Bank and Gaza", May 2001 and an account of their role in terms of range of services offered is available in a Bisan Study, "The role of Palestinian NGOs in building a Civil Society", 2002.

The concepts used for analyzing the performance of PNGOs are briefly discussed in the following paragraphs:

**Accessibility, Targeting and Inclusion:** Despite the emergence of the PA as the main provider for Palestinian communities, PNGOs have maintained an active role in the Palestinian service delivery and development space. This is on account of their historical role and experience as service providers, and the perception that they have a comparative advantage in providing for the most vulnerable and marginalized populations. Indeed, targeting the poor and marginalized has always been stated as one of the main objectives of PNGO providers. For many donors, it also provides a key rationale for supporting PNGO programs. Through a household survey, the study looks at the utilization of social services by various segments of the Palestinian population looking at beneficiary profiles according to income level, place of residence, and gender. The household survey also examines physical, geographic and cost elements that impact on the accessibility of services offered by various providers. Through the NGO Survey, the study further examines the PNGOs own targeting policies, and how these impact on the accessibility of various groups that are marginalized by their particular vulnerabilities such as income level and geographic location. The results of this analysis are primarily intended to i) assess the effectiveness of the targeting policies of PNGOs, and ii) highlight the particular comparative advantage that PNGOs may have in terms of promoting and implementing more inclusive service delivery programs, or offering a particular line of service.

**Accountability:** When applied to NGOs, and civil society organizations at large, the concept of accountability is a complex notion. As non-profit organizations, NGOs are not subjected to the same pressures as for-profit organizations in terms of demonstrating accountability through competitive demand. In this sense, NGOs can be accountable to a multiplicity of actors. Their accountability has been described by Kumi Naidoo as being both ‘upward’ or ‘vertical’ (to central and local government authorities and donors) and ‘downward’ or ‘horizontal’ to their constituencies (community groups and beneficiaries). It has also been described as both ‘internal’, with respect to both organizational and mission values, and ‘external’ in terms of compliance with established standards and codes of conduct. The overall analysis of PNGO accountability in this study draws on the results of the NGO Survey, and on the beneficiaries’ own perception of the extent of PNGO involvement in social service delivery programs. This study assesses the accountability of PNGOs based on an analysis of a number of mechanisms used for ensuring and monitoring accountability which include: governing boards, institutional mechanisms and standards for disclosure and public reporting, audits, and donor supervision and reporting requirements. The social accountability of PNGOs is investigated by looking at the tools they use for ensuring the involvement of stakeholders in defining and evaluating the impact of their services. This study recognizes that the application of these structured institutional mechanisms and tools does not readily translate into effective ‘downward’ or ‘horizontal’ accountability towards the PNGOs constituencies, and therefore a review of the extent of their application is not an adequate measure of the responsiveness of PNGOs to issues of broad public interest. The

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15 These indicators are derived from those defined in the writings of Naido and Dehn, Reinikka and Svensson.
decision to apply this somewhat limited definition of accountability is influenced by the fact that a more comprehensive and qualitative assessment of accountability can only be based on an extensive analysis of the relationships between the various actors involved in public social service provision, which is beyond the scope of this project but is addressed extensively in the available literature. The study also looks at the issue of donor accountability, expressed in terms of their willingness to share information about their funding policies and granting criteria to both PNGOs and the PA. It also looks at the role of the PA in monitoring the quality of PNGO services.

**Quality of Services:** According to Donabedian (1980), quality can be distinguished in terms of structure, process and outcome. In this study, quality is defined as a multi-dimensional variable, and is assessed using a composite set of indicators that are believed to impact on the process of service delivery. Therefore, the study looks at the following processes: management practices, staffing profiles, human resources management, sector-specific standards, and systems of monitoring and evaluation. The utilization of mechanisms for engaging target beneficiaries, in both program design and performance evaluation, is also assessed as an additional measure of quality. The household survey adds a qualitative dimension by providing a comparative analysis of the perceived quality of, and satisfaction with, services offered by PNGOs and those of other service providers in the different sectors.

**Relationship with the PA and Other Stakeholders:** Given its emphasis on the role of PNGOs as agents in the development process, this paper looks at existing relationships between PNGOs and the PA and, to a lesser extent, other development agents. This analysis is not intended to characterize these relationships, but rather to assess the potential for promoting more effective partnerships. Finally, this study also looks at sources and accessibility of funding as critical determinants of the ability of PNGOs to perform effectively, and to sustain their services.

Although the study does not necessarily endorse widely used participatory approaches as the most significant indicators of the effectiveness of NGO service delivery programs, it recognizes in them the value of inclusiveness, which can also be achieved through a variety of other, perhaps more traditional, approaches to community mobilization.
B. **Methodology and Sample Design**

**Research Tools**

The study uses data gathered through two primary research survey tools: (i) an NGO Survey, applied to a total number of 78 independently registered PNGOs and a selected number (8) of their service delivery units/facilities and, (ii) a Household Survey, applied to a total of 3,013 households. These tools were agreed between the World Bank and the Bisan Center for Research and Development following a series of discussions during which several other tools were considered, including a beneficiary survey to be conducted through community focus groups. The decision to conduct a household survey was based on the desire to provide a comparative analysis of satisfaction and perceptions of performance across various providers. It was also believed to be more powerful as a tool for including the views of a wider spectrum of the population, beyond those immediately residing in the vicinity of any particular PNGO, as a way of further exploring issues of marginalization due to geographic location.

In addition to these two main research tools, the study also drew on an extensive literature review undertaken at the inception stage of the survey, an additional review of literature on sector indicators, and informal interviews with, and inputs from, PNGO professionals and other development practitioners. Other surveys (eg. Department for International Development (DFID) Health Public Sector Review and PCBS education and health surveys) have also been cross-referenced, as required.

**Data Collection, Methodology and Sample Design**

**A. The NGO Survey**

*The Survey Questionnaire:* The survey was conducted using an extensive questionnaire that consisted of two modules. The first module was focused on gathering data on the PNGOs governance and administrative structures, leadership, reporting standards and requirements, staff management and development policies, grant management processes, and relationship with the PA, local government and other stakeholders. The second module focused on the service delivery function, looking at targeting and pricing policies, mechanisms for feedback and impact assessment, availability and monitoring of standards and, information on assets and financial resources.\(^{17}\)

*The Sampling Frame:* The sampling frame was based on data available from a survey conducted in 2004 by the PCBS on Palestinian institutions. The criteria for inclusion of organizations in the sampling frame included the following: they had to be Palestinian; have a central mandate of service provision; be currently active with a proven record of activity for more than three years; and registered with the PA as independent organizations.

\(^{17}\) The indicators used for the first module drew extensively on organizational and capacity assessment tools including the Inter-American Development Bank/International Development Research Centre (IDB/IDRC) Organizational Assessment Framework for Improved Performance; the Organizational Capacity Assessment Tool (OCAT),\(^{17}\) and the Participatory Organizational Needs Assessment Tool (PONAT), which was developed through a Palestinian participatory process within the framework of the USAID-funded NGO project ‘TAMKEEN’. The questionnaire also drew extensively on one developed by Barr, Fafchamps and Owens for an analysis of NGOs in Uganda. The indicators used for the second module on service delivery were primarily developed using sector-specific standard quality and performance indicators.
The initial number of PNGOs who fulfilled the above criteria, and were working in health, education and agriculture as their main line of activity, came to a total of 353 organizations. The organizations were classified by sector and size using the number of employees to delineate the size. Those organizations with 0-10 employees were classified as ‘small’, 11-20 employees as ‘medium’, and more than 20 employees as ‘large’. The distribution of these organizations is illustrated in Table 1 below:

Table 1: Initial Sampling Frame

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Education</th>
<th>Agriculture</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>36</td>
<td>5</td>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>Medium</td>
<td>21</td>
<td>6</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Small</td>
<td>139</td>
<td>89</td>
<td>53</td>
<td>281</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100</td>
<td>57</td>
<td>353</td>
</tr>
</tbody>
</table>

Sample Selection: The total sample size was defined as 132, including all large and medium organizations, and a total of 60 small organizations randomly selected after classification by sector and geographic location. During the sample verification process, many errors were identified: some PNGOs were no longer in existence; others were wrongly registered as independent, and also some of the larger PNGOs had been omitted. When appointments for interviews were being set up, 13 organizations could not be located, 25 were found not to comply with the set criteria for inclusion, and others decided not to participate in the survey. In the end, the final number of responsive PNGOs was reduced to 78, representing 22% of the total number in the initial sampling frame. They were distributed as follows in Table 2:

Table 2: Distribution of PNGOs in the Final Survey Sample

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education</td>
</tr>
<tr>
<td>Small</td>
<td>11</td>
</tr>
<tr>
<td>Medium</td>
<td>3</td>
</tr>
<tr>
<td>Large</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

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18 According to a narrow definition of developmental NGOs (which excludes cooperatives, unions and youth clubs), in the year 2000, the total number of developmental organizations was estimated at 575. Based on a sample of 207 organizations, the number of educational NGOs accounted for 32% of the total; health NGOs accounted for 22% and finally agricultural NGOs accounted for 5.3%. On the other hand, 16% identified pre-school education as being a major line of activity.

19 Health NGOs included providers of a wide range of health services such as primary health care centers, hospitals and organizations for the delivery of specialized services for the disabled. The selection was done on a random basis and not according to any type of service provider. This subsequently proved to be a limitation in the analysis.

20 The decision to bias the sample towards large and medium scale organizations was influenced by the disproportionately high amount of funding that they receive and, hence, their relative significance in terms of service delivery capacity.
The actual field work for the NGO survey was conducted over a period of eight weeks, between June and August 2005.

**Obstacles, Constraints and Noted Sample Limitations:** These included the usual constraints of a lengthy questionnaire, difficulties with appointment setting, bureaucratic requirements of the PNGOs for releasing their data, and the use of two languages to facilitate interaction and consultation between the survey team and the World Bank. The generation of the sample proved to be extremely difficult due to some inaccuracies in the PCBS sampling frame, particularly with respect to the type of registration that PNGOs hold, their sector specialization, and the number of staff. This has resulted in the exclusion of a few large PNGOs that, while classified as specialized in other sectors, would have qualified for inclusion in the sample surveyed. As the final size of the sample was limited to 78, this meant that for two of the sectors - education and agriculture - the data was not adequately representative. Therefore, the analysis pertaining to these two sectors should only be treated as indicative.

**B. The Household Survey**

The household survey was developed to measure the percentage of Palestinian households utilizing specific services offered by various service providers (based on a randomly selected representative sample), the accessibility of these services, and people’s satisfaction with the services utilized. The sample was selected to be demographically and geographically representative and also gender balanced. It was based on a total of 150 clusters, each containing 100 – 150 households. The selection of the households was achieved through the systematic sampling of 20 households per cluster. Following a pilot survey of 50 households, the actual field work was conducted between the period of March 24 and April 10, 2005.

**Profile of Household Survey Respondents**

Of the total sample of 3,013 households, 3,008 households responded to the survey. Of these, 49.8% were male, and 50.2% were female. Over 65% of respondents were between the ages of 18 and 40.

**Educational Level:** 0.7% of respondents had completed elementary school or less, 50.7% had completed preparatory and secondary school, and 18.6% held a diploma, BA, or higher degree. In villages, 34.7% of respondents had completed elementary school or less, reflecting the highest concentration of respondents with minimal education. Respondents with higher levels of education were concentrated in urban areas reflecting 22.4% of the population there.

**Place of Residence:** 39.5% of respondents lived in urban areas, 43.9% in rural areas, and 16.6% were refugee camp residents. 64.8% lived in the West Bank and 35.2% in Gaza.

**Employment:** 12.3% of the total number of respondents was currently unemployed, 21 41% were women who identified themselves as housewives, 10.4% were self employed or worked in a family business, and 12.2% were employed in the private sector. 10.2% were employed by the Government, 4.1% worked in Israel, 1.5% in the PNGO sector, and an additional 3% were employed by UNRWA.

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21 This figure is not representative of the overall WBG employment rate because it is not calculated out of the pool of those eligible to work, but out of the total pool of respondents.
Income Levels: 24.3% of respondents reported having a household income of less than NIS 750/month, 29% reported an income of between NIS 750 and 1400/month, 28.4% between NIS 1400 and 2000/month, and 18.4% of over NIS 2000/month. The mean household income was NIS 1556/month, and the median was NIS 1300/month.\textsuperscript{22}

\textsuperscript{22} In the third quarter of 2005, PCBS estimated the household monthly income poverty line to be NIS 1934. It is expected that participants in this household survey have under-reported on their actual monthly income levels.
Part II:
The NGO Survey
Part II: The NGO Survey

A. Characteristics of the Sample

Of the total number of 78 PNGOs, 9 (24%) were based in Gaza, and the rest were based in the West Bank, including 7 from Jerusalem. As Chart 1 illustrates below, almost two thirds of the PNGOs were established prior to 1995 (before the establishment of the PA), and as many as 17 (22%) were established after 2000, following the intifada. Of this latter group, a third can be characterized as small organizations with less than 10 staff. 36% of the PNGOs confirmed that they owned the building of their headquarters, with 20% of these based in Gaza.

Chart 1: PNGO Year of Establishment

**Main Field of Activity:** 37 of the surveyed organizations (47.4%) identified health as their main field of activity, 17 worked in the education sector (21.8%), and 12 (15%) in agriculture. The remaining 12 organizations identified their main field of activity as being a sub-sector within either health, education or agriculture (e.g. micro-credit, rural development, services for the disabled etc), and 67% of the total noted that they were also providing services in other sectors. When these ‘other’ sectors were further analyzed, they were found to be linked to the main sector of activity, but targeted specific groups in the community.

**Staffing:** 55 PNGOs provided disaggregated data on their staffing. The largest number (28) employed less than 20 full time staff, 13 employed between 20-50, 9 employed between 50-100, and as many as 5 employed more than 100 staff (4 of these were working in health, two of which were hospitals). For the same 55 organizations, on average, 45% of staff were classified as professionals (with specializations in the actual sector they were working in), 22% as management, 11% as administrative, 2.3% as IT technicians, and the remaining 10% were classified as other non-professional types. Furthermore, 9 PNGOs employed volunteer staff, 6 (mainly Islamic-based) said they relied on part-time employment, and 4 had employed staff on a contractual/outsourcing basis.
**Expenditures:** Based on a sample of 14 PNGOs, up to 46% of 2004 expenditures reported were classified as ‘project expenditures’, 31% as ‘salary’, 17% as ‘administrative’, and 6% as expenditures on materials and equipment. Chart 2 below illustrates the different levels of expenditure/revenue reported by these same 14 organizations in 2004.

Chart 2: Expenditures and Revenues by PNGOs in the Sample (2004)

![Chart 2](chart2.png)

**Grant Funding:** Of the total sample, 36 (46%) organizations provided information about total grant funds received during 2003 and 2004. Of these, 7 organizations reported having received more than US$ 1 million, 5 received a total of US$ 500,000 – US$ 1,000,000, 8 received a total of US$ 100,000 – 500,000, 4 received a total of US$ 50,000 – 100,000, and 11 organizations received less than US$ 50,000. The total received by all 37 organizations was US$ 18.2 million. The 7 organizations that reported receiving over US$ 1 million accounted for 64% of the total sum received. The average individual amount received by the remaining 29 organizations is estimated at US$ 112,000 a year. The distribution of PNGOs according to the size of grants received over a two year period (2003/04) is shown in Chart 3 below:

Chart 3: Total Amount of Grant Funding Received by PNGOs in the Sample

![Chart 3](chart3.png)
Part II: The NGO Survey

The Role and Performance of Palestinian NGOs - In Health, Education and Agriculture

27

The Health NGOs: The sample included 43 independently registered NGOs, and 8 affiliated service centers. Out of the total sample, 7 were hospitals, and 3 NGOs specialized in the provision of rehabilitation services for the mentally and physically disabled. 30% provided their services at the national level, 34% operated at the governorate level, and 34% worked at the local community level (two thirds of which were small NGOs).

The Education NGOs: The sample included 19 organizations in total, 11 of which operated as small educational centers employing less than 10 full time staff. 7 of the 19 organizations provided technical vocational training, 3 provided kindergarten programs, and the rest provided a wide range of educational programs including religious education (8), IT/computer skills (10), and other informal programs covering subjects like mathematics and languages.

The Agricultural NGOs: The sample included 14 NGOs. Almost half of those were providing financial services (including loans and credit), land reclamation services, and technical assistance and training. The rest were providing irrigation works, veterinary services, and environmental training 5), and 2 were also providing agricultural equipment and supplies. In terms of staff, 3 of the surveyed organizations had more than 100, 1 had 37, 5 had up to 15, and the remaining 5 did not provide information on their staffing.

B. Accountability

The discourse on Palestinian development over the past few years has increasingly focused on issues of accountability and transparency as critical elements of reform, and advancement towards more democratic forms of governance. Although the drive towards greater accountability has largely focused on the need to reform PA institutions, there have been similar calls within the NGO sector. For their part, donors have become more demanding of NGO practices, often imposing stringent financial reporting requirements and standards. Amongst Palestinian academics and professionals, issues of NGO social and political accountability have also become a subject of discussion. NGOs have been criticized for having severed their relationships with grassroots organizations and communities in favor of complying with ‘donor-imposed’ requirements for increased professionalism. The transformation of NGOs is generally discussed in a historical context that is very much linked to the peace process, the transitional status of Palestinian territory, and donor policies.

In this section, the issue of NGO accountability is investigated by reviewing the roles and responsibilities of their Board of Directors, their reporting, disclosure and dissemination practices and their monitoring and supervision of grant-financed projects. As the analysis uses the articles and provisions of the NGO Law as an important reference point for understanding the legal framework within which NGOs operate, the provisions of the Law, and its perceived implications on the work of NGOs, is briefly discussed in the following paragraphs.

The NGO Law: This came into effect on March 31, 2001 and became the sole legal reference on Palestinian charitable associations and community organizations. The enactment of the Law came after an extended period of negotiations between the executive branch of the
Government and PNGOs/CSOs, whereby the latter group tried to preserve for Palestinian organizations as much autonomy and independence from the PA (which acts in a quasi-state capacity). It was seen as a major step forward in terms of regularizing the relationship between the PA and Palestinian non-governmental organizations, and its provisions were viewed as very progressive, particularly when compared to existing legislation in neighboring Arab countries. The NGO Law was based on important principles that granted Palestinians the right of association, and provided PNGOs and CSOs with legal protection and operational freedom while giving the executive branch the legitimate authority to monitor their operations and financial sources, and to hold them accountable to common standards of transparency.\(^{23}\)

In practice, the enforcement of the NGO Law has suffered considerably due to the non-activation of by-laws which have been approved by the Cabinet\(^{24}\) and application, by the Ministry of Interior (MOI), of a number of administrative procedures and model statutes that, in effect, contravene the spirit of the Law and its various provisions. According to a recent MAS/Shalabi survey of PNGOs in the West Bank and Gaza (WBG) in 2001, about 25% of PNGOs in Gaza had not adjusted their status to comply with the new Law with the implication that these organizations were in effect operating outside the Law. Up to now, a large number of PNGOs (28%) have also failed to comply with the Law's provision regarding the election of Board members.\(^{25}\)

B.1 Board Functions and Responsibilities

**Administrative and Organizational Requirements Under the NGO Law:** Articles 16-25 of the Law stipulate that there should be two basic levels in the administrative and organizational structure of a charitable association or community organization: A Board of Directors and a General Assembly (GA). The responsibilities of the Board of Directors, as outlined, include a wide range of executive functions, including the regulation of the organization's affairs and procedures, the hiring and firing of staff, establishing financial procedures and approving financial disbursements, the preparation of a final statement of accounts, and the presentation to the GA of administrative and financial reports. The Law does not intervene in how the members of the Board are selected (which is determined by the organization's by-laws) but requires membership of a minimum of 7, and a maximum of 13. It also requires that the Board meet once every 3 months. The GA is designated as the highest level of authority in the association/organization and is composed of the entire membership of the organization. It has the authority to select the organizations’ financial auditors, and to approve annual financial reports.


\(^{24}\) The Palestinian Gazette, Cabinet Decision No. 9, 2003.

\(^{25}\) In mid-2005, PNGOs were faced with a new challenge when an amendment of the Law was presented to the PLC for its second reading. The proposed amendment introduced a number of Articles that impose huge restrictions on PNGO activity, undermining their autonomy and freedom of activity. This amendment prohibits Charitable Associations and PNGOs from engaging in any ‘political activity’ imposing punishment through imprisonment, forbids engagement in any voluntary activity without prior registration, and requires PNGOs to submit annual financial reports to the Ministry of Competence (or the line ministry) PNGOs and Associations have been actively lobbying against the proposed Amendment and have formally submitted a number of notifications and memoranda to PLC members denouncing what is perceived as an attempt by the PA to reverse the democratic principles and underpinnings of the existing Law, thereby undermining the autonomy of the PNSG sector and subjecting it to PA control. In their statements, PNGOs have accused the PA/PLC of succumbing to donor pressure by limiting the ability of PNGOs and Associations to engage in what they perceive as legitimate activities such as renouncing Israeli policies and measures.
**Survey Results:** Of the 78 PNGOs surveyed, 59 (75%) were registered with the MoI, 42 (54%) were registered with a specialized Palestinian Ministry, and 9 (11.5%) were also registered with the Israeli Ministry of Interior (required of NGOs based in Jerusalem). Almost all (97%) confirmed that they had a Board of Directors, and of these, 27% had 7 members on their Board, 24% had 9, 6.7% had less than 7, and the remaining 25% had more than 11. The majority of PNGOs confirmed the regularity of Board meetings, and 75% confirmed that the last meeting of their Board had been held in 2005.

Between 90-95% of organizations confirmed that the Board was responsible for approving the organizations’ annual reports, including the annual work plan, budget, and financial and administrative reports. 83% of the Boards maintained responsibility for approving the auditor’s report, and between 69-73% held responsibility for the hiring of the auditor, approval of grant agreements with donors and of staff recruitment and resignation matters. It is assumed that these functions are either maintained in practice by the GA (particularly in the case of the ‘charitable’ organizations), or otherwise delegated to the Executive Director. In the case of staff selection, this task is likely often delegated to the Executive Director.

Generally, variations between charitable organizations and developmental PNGOs were marginal regarding the functions of the Board with developmental NGOs showing more consistency with the articles of the Law. However, given the historical role that GA’s had in overseeing the work of charitable organizations, it is clear that with the new Law, their governance structures are evolving and they seem to be gradually applying the same governance principles as the developmental PNGOs. Survey data also shows that Boards seem to have a more limited role amongst the smaller PNGOs, which can be explained in terms of their limited resources and capabilities.

**B.2 Reporting and Disclosure of Information**

Internal and external reporting is generally considered an important indicator of ‘good’ governance as it presents organizations with the opportunity to report on their activities and achievements, as well as the extent to which they have been able to meet their objectives. Financial reporting is critical for ensuring that funds are not being mismanaged, and for providing stakeholders with assurances that funds are being used for the purposes intended. In the absence of any voluntary standards for PNGO reporting, the only reporting requirements placed on PNGOs are those of the PA and donors. According to the Law, all PNGOs are required to produce and submit annual activity and financial audit reports to the MoI, and in some cases to the specialized line ministries.

**Survey Results:** In total, 93% of PNGOs reported that they regularly produce annual reports. Submission of annual reports to the MoI, Board of Directors and financing agencies was reported by 71%, 89% and 74% of organizations, respectively. On the other hand, only 63% reported submitting their annual reports to members of the GA. Dissemination of annual reports to local community leaders, other local partner organizations and municipalities and local government authorities was confirmed by less than 50% of organizations surveyed.

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26 Data on Board Functions and Responsibilities is presented in Table 1.1 in Annex I.
27 The distinction between “charitable” and “professionalized” developmental organizations was delineated based on a self-definition provided by the PNGOs themselves through the questionnaire. The literature widely describes “charitable” organizations as the “traditional” PNGOs with a power base that is largely familial or “tribal”. In contrast, the developmental PNGOs are characterized as being more “professionalized” as their power base was historically derived from less familial affiliations to political parties. Indeed, these PNGOs were generally led by middle-class technocrats.
28 Data on dissemination of Annual Activity and Financial Audit Reports is presented in Tables 1.3 and 1.4 in Annex I.
On the financial side, 91% of PNGOs produced annual audit reports and amongst these, 72% reported having prepared one for the year ending December 2004. In 90% of the cases, the audit reports were prepared by a local auditing company. The dissemination of these reports to the MoI, Board of Directors and donor agencies was reported by 68%, 83% and 65% of organizations, respectively. Dissemination to the GA was confirmed by just over half of the organizations while less than a third reported dissemination to local community leaders and local partner organizations. Although 80% of PNGOs confirmed that their latest annual audit report was available in their offices, only 55% confirmed their willingness to provide a copy of it. This was consistent across all PNGOs, irrespective of type, sector or size.

B.3 Monitoring, Evaluation and Reporting on Grant-Financed Projects

Since grants provide the main source of funding for PNO service delivery programs, the monitoring of these, whether performed by the donor or the organization itself, constitutes an important ingredient for ensuring both accountability and effectiveness in terms of the achievement of objectives and outputs.

Exactly half (50%) of organizations who reported having received a grant over the past 24 months confirmed that a representative of the donor had paid a field visit to their project. In 30% of cases, the donor had conducted between 4-6 visits over the lifetime of the project, which, given the limited duration of grant-funded programs, seems to reflect an adequate level of monitoring. With 39% of PNGOs reporting two field visits by a representative of their headquarters, and about 27% reporting between 4-6 visits over the lifetime of the project, the level of field monitoring by the PNGOs themselves also seems to be high.

**Formal Evaluations:** Just over half of the organizations surveyed (56%) reported that the donor had conducted an evaluation of the project they financed. When asked for a copy of the last evaluation report conducted, only 26.3% of those surveyed agreed to provide it, and of those, only 40% actually did. It is not clear whether this was due to poor documentation practices, lack of willingness to share information, or that the report had not been made available by the donor.

**Donor Reporting Requirements:** The most frequent donor reporting requirement was that of a final report at the end of the project. However, even this was confirmed by only 73.5% of PNGOs, the rate being much lower in Gaza (58.8%) than in the WB. Annual financial reports were reported to have been required by donors in 57% of the cases, and semiannual, quarterly and monthly financial reports were reported as a donor requirement by almost a third of the organizations surveyed.

**Summary Findings:** It is evident from the analysis that the Board of Directors is generally actively engaged in governing and overseeing the work of their PNGOs. This is reflected in the reported regularity of meetings and in the range of responsibilities handled by the Boards. There seems to be some ambiguity, however, in terms of the respective roles of various administrative layers concerning the approval of financial reports, and selection of auditors. Although the Law stipulates that these functions should be maintained at the level of the GA, they are often delegated to the Board, or to the Executive Directors. This ambiguity in
handling financial auditing and reporting raises some concern with regard to the adequacy of existing systems of financial control and oversight. Therefore, it is critical that this overlap, between various levels of financial authority, be addressed in order to strengthen the financial accountability of PNGOs vis-à-vis their constituencies, donors and the PA.

The accountability of PNGOs vis-à-vis their broader constituencies, referred to as ‘horizontal accountability’, is reported to be very limited. This is reflected in the low level of general reporting to GAs, local community groups, leaders and other partners, and the particularly limited disclosure to these same groups of annual financial reports and audits.

Finally, the survey data confirms a fairly rigorous level of monitoring and reporting on grant-financed projects. However, what the data also shows is that evaluations and impact assessments are generally undertaken at the behest of donors. This is reflected in the limited capacity of PNGOs to actually investigate the broader impact of their services outside the project framework; an issue further explored in subsequent sections of this report. Therefore, what is needed is a new approach to grant-making that would build capacity to facilitate the application of more meaningful mechanisms of accountability. In considering such new approaches, donors should also be encouraged to adopt harmonized reporting requirements through the use of common grant-funding mechanisms, some of which have already been successfully piloted.

C. Leadership, Organizational Structure and Management Practices

**Leadership Profile and Selection:** The reason for investigating the profile of Palestinian PNGO ‘leaders’ stems from a common perception that they generally play a key role in shaping the organizations’ relationships with stakeholders, including the PA and donors. Their influence on the positioning of PNGOs, and hence on the organizations’ performance, is therefore perceived to be rather strong.

The transformation, in the 1990’s, of the role of PNGOs into more ‘professionalized’ institutions resulted in the emergence of a new type of PNGO leadership. Unlike the traditional leaders, whose power base was largely drawn from familial or tribal ties and relationships, the new leaders had to demonstrate technical competence while depending on political parties as a source of power and influence. This was accompanied by a trend whereby high academic standards and qualifications were emphasized over social contacts.

**Survey Results:** Survey results show that PNGOs are indeed now run by a highly qualified group of leaders, with more than 62% of the total holding a minimum qualification of a BA degree. The academic qualification of the leaders of smaller organizations, however, is slightly lower than the sample average. High level academic qualifications were matched with long years of professional experience as shown by the average length of employment in the sector, which was reportedly 13 years. Only 14% of the organizations surveyed were headed by women; the percentage being higher amongst PNGOs working in education than in the other two sectors. This relatively low level of female participation is consistent with the generally low level of participation of Palestinian women in the labor force and, in particular, in leadership positions.
What the survey data also shows is that about 40% of PNGO directors have been in their position for less than 3 years. While this is consistent with what had been noted in terms of the rise of a new generation of leaders, it probably reflects the high percentage of ‘young’ PNGOs represented in the survey sample. Thus, for the majority of PNGOs surveyed, directors reported having been in their positions for between 7-15 years.

When asked about selection processes, only 14% of directors reported having been selected through a public advertisement. In the majority of cases (75%), directors had been promoted from within the organization, 52% had been nominated by members of the Board or GA, and 25% had held their positions by virtue of having been one of the founding members. From the data, it is also clear that the appointment of directors is generally undertaken using a variety of these procedures. Many seem to have held public office prior to their work with PNGOs, and a very high percentage of them (around 50%) continue to be involved in the work of other PNGOs, in most cases as members of Boards or GAs, or in an advisory capacity. Furthermore, 30% reported that they also carry out consulting work for other PNGOs.

Decentralization of Functions to Branches and Facilities: Proximity to the client is generally perceived as being an important indicator of PNGO responsiveness and effectiveness, particularly amongst service providers. Therefore, it was important to explore the nature of the relationship between PNGO headquarters, branches (local offices), and units of service delivery. In doing so, it is critical to appreciate the impact that Israeli-imposed closures have had on the work of PNGOs whereby regular physical contact between units of the same organization has become extremely difficult and, in some cases, totally impossible.

When investigating these relationships, a number of existing models of organizational structure were identified. In a number of cases, PNGOs were operating within common organizational structures, but were registered as independent organizations. An example of this is the Palestinian Red Crescent Society which operates as a ‘union’ of a number of ‘societies’ that meet annually. Another model is that of the Patient Friends Societies whose various organizations operate fully independently, and are not governed by a common organizational structure. In another case, PNGOs operated branches in the WB that were fully integrated into their overall governance structure, but had branches in Gaza that were legally registered as fully independent organizations. An example of this is the Palestinian Union of Health Work Committees.

Survey Results: Of the total number of PNGOs surveyed, 40% reported having other branches, and 39% reported having more than one service providing facility. Table 3 below illustrates the level of decentralization between PNGO headquarters, and their branches and facilities, according to a range of functional responsibilities:

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29 Data on the decentralization of functions to branches and centers is presented in Table 2.1 in Annex I.
30 Upon further inquiry, it was clear that some PNGOs have confused the notion of ‘branch’ with a service delivery unit/facility.
Table 3: Functions Decentralized to PNGO Branches and Facilities

<table>
<thead>
<tr>
<th>Function</th>
<th>Branches (%)</th>
<th>Facilities (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and implementation of budgets</td>
<td>38.7</td>
<td>42</td>
</tr>
<tr>
<td>Setting fees structure</td>
<td>19.0</td>
<td>22</td>
</tr>
<tr>
<td>Application for grants</td>
<td>48.5</td>
<td>31</td>
</tr>
<tr>
<td>Hiring and firing staff</td>
<td>38.7</td>
<td>6</td>
</tr>
<tr>
<td>Introducing new service lines</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td>Conducting staff evaluations</td>
<td>74</td>
<td>78</td>
</tr>
<tr>
<td>Advocacy and contacts with stakeholders</td>
<td>60.0</td>
<td>58</td>
</tr>
</tbody>
</table>

As seen from the table, the level of decentralization of key functions (planning and implementation of budgets, applying for grants, and the hiring and firing of staff) to centers and facilities is very low. Although 48.4% of the PNGOs surveyed stated that their branches could independently apply for grants, it is likely that the decision to sign grant agreements remains centralized. PNGOs working in the agricultural sector reported more decentralization, particularly in terms of budget planning, which can be explained by the nature of services provided where flexibility is needed depending on the agricultural activities being supported. In terms of advocacy, contacts with government institutions, dissemination of information and programmatic matters, the facilities enjoyed considerable independence with 86% reporting having the authority to independently define their program activities, especially in the areas of education and agriculture.

**Staff Evaluation and Development:** A fairly large percentage of PNGOs (88%) reported that they have a formal system for evaluating staff performance. Evaluations were generally based on supervisor and peer reviews, and only 55% of PNGOs who undertook evaluations confirmed that these were actually documented, and that staff received copies. When asked about the criteria for performance assessment, the range of responses was very broad. However, less than a third emphasized issues related to the quality of the service provided, or the relationship that staff had with the clients. Emphasis in staff evaluations was instead largely based on issues of discipline, punctuality and adherence to professional behavior.

Overall, 80% of surveyed PNGOs confirmed that they had a professional training program for their staff, but these programs have largely taken the form of coaching, class-room based training and attendance of workshops. A third of those surveyed (34%) offered their staff opportunities for scholarships and training abroad, and 40% confirmed that they had a special budget for professional training. However, on average, when the reported expenditure (for 14 PNGOs) was analyzed, actual budget allocations for staff training accounted for less than 1% of the overall budget.

**Summary Findings:** The survey data reconfirms what is well known about PNGOs today: that they are being lead by highly (technically) skilled professionals. The infusion of a large group of young leaders was a positive and encouraging sign in terms of the overall ‘professionalization’ of the non-governmental sector. What is apparent, however, is that the recruitment of PNGO directors is lacking in transparency, therefore reinforcing the perception that PNGOs are still governed by a ‘small elite’. Furthermore, amongst the majority of PNGOs surveyed, authority for key functions continued to be very much centralized. What is positive is the noted flexibility that local branches and facilities enjoyed in terms of introducing new lines of service delivery as this has enabled PNGOs to be more responsive to the needs of their
local communities. While the issue of institutional development had not been fully explored, it was clear that the staff of PNGOs were not being offered adequate opportunities for skills development, reflected in the low level of expenditure allocated to this important aspect of institutional development. But it must be noted that the evidence presented is not adequate to support a conclusive statement on this aspect of PNGO performance.

D. PNGO Funding and the Process of Grant Management and Contracting

The literature on NGOs underlines the impact that funding relationships have on their work, particularly in cases where there is no diversification of funding sources. The case of PNGOs is no exception. The level of annual funding to PNGOs has been estimated at US$ 100 million, or the equivalent of 10% of total donor funding to the WBG. Taking into account private channels of funding, this is probably a conservative estimate. But whatever the actual level of funding, the extent of its impact on the work and performance of PNGOs is unquestionable.

The following paragraphs analyze data gathered through the NGO Survey, describing grant funding patterns, the processes by which PNGOs accessed funding, and the kind of impediments they faced. Given the increased reliance by PNGOs on sub-contracting as a form of fund raising, sub-contracting patterns are also reviewed, albeit more briefly.

Grant-Funding

Sources of Funding: Table 4 below provides a summary of the various sources of grant funding as reported by the 68 Organizations (87% of the total) that had received a grant in the 24 months preceding the survey.

Table 4: Sources of Grant-Funding for PNGOs

<table>
<thead>
<tr>
<th>Source</th>
<th>PNGOs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>International NGOs</td>
<td>65</td>
</tr>
<tr>
<td>UN Agencies</td>
<td>41.7</td>
</tr>
<tr>
<td>Religious Organizations</td>
<td>33.3</td>
</tr>
<tr>
<td>National NGOs</td>
<td>25</td>
</tr>
<tr>
<td>Municipalities/Local Authorities</td>
<td>23.5</td>
</tr>
<tr>
<td>Palestinian Authority</td>
<td>22</td>
</tr>
<tr>
<td>Bilateral Donor</td>
<td>19.4</td>
</tr>
<tr>
<td>Multilateral Organizations</td>
<td>19.4</td>
</tr>
</tbody>
</table>

31 For an extensive discussion on the impact of the ‘donor agenda’ on the work of PNGOs, readers are invited to consult the work of Hanafi/Tabar in “The Emergence of a Palestinian Elite, Donors’ International Organizations and Local NGOs”. Another good reference is the article prepared by Karma Nabulsi under the title of “The state-building project: what went wrong”. The article appears in the recent publication of Keaning, Le More and Lowe entitled “Aid, Diplomacy and Facts on the Ground, the Case of Palestine” (Chatham House, 2005).


33 Until the mid-1980’s, PNGOs relied heavily on funding from political parties through the PLO. At the same time, however, a number of political organizations sought funding through partnerships with international NGOs, while Islamist PNGOs raised funds locally and also received considerable funding from the Gulf states. With the outbreak of the first intifada, significant aid began to flow from Arab and Western states which helped to diversify PNGO funding sources. With the outbreak of the Gulf War in 1991, however, Arab funding dropped considerably, and PLO funding also decreased. Gradually, Western countries became the main source of funding for PNGOs and according to several sources, including Brynen (2000), until the early 1990’s, PNGOs were receiving an annual total average of US$ 170-250 million. With the establishment of the PA, however, funding from Western donors was channeled towards supporting the nascent PA institutions. As a result, funding to PNGOs dropped by almost a half.
The NGO Survey

The Role and Performance of Palestinian NGOs - In Health, Education and Agriculture

As the table shows, PNGOs received most of their grants from international organizations, either NGOs or UN bodies. When the data was further analyzed, the following trends were identified: financing by international NGOs was biased towards ‘developmental’ PNGOs, and largely concentrated in the area of health, funding from UN organizations and bilateral donors was biased toward the larger PNGOs, and in contrast, funding from the PA was targeted more towards the smaller PNGOs. This could be explained by the existence of formal mechanisms for supporting charitable organizations, such as through the MOLSA.

In terms of sector differences, it was clear that PNGOs in the health sector had better opportunities for funding, particularly from international NGOs, while PNGOs working in agriculture were more likely to receive funding from the PA and bilateral donors. Funding from religious organizations and municipalities/local authorities, reported by 33% and 23% of organizations respectively, was more common in Gaza than in the WB, while overall, the level of grant funding to PNGOs based in the WB was higher than in Gaza.

Accessing Grant Funds: In gathering information about the process of grant making, the survey inquiries were based on the last grant received. Only 25% of the PNGOs reported that they had learnt about the availability of grants from a public announcement, in 32.4% of the cases they were invited by the donor to submit an application form, and in 48% they knew about the availability of funds through a contact working with the funding agency. Only 10% of respondents reported learning about the availability of the grant through an announcement on the internet.

Just under half (47%) of the organizations surveyed reported that they had applied for a grant and had been rejected during 2004/2005: 54% of those whose applications had been rejected reported that no reason was given for the rejection, while 27.3% reported that it was due to the amount requested, 18.2% mentioned non-compliance with grant criteria/conditions, and 9% cited a lack of organizational capacity. Other reasons given included the project not fitting with donor priorities either in terms of sector or geographic location.

Obstacles to Funding: When asked to identify the difficulties they faced in securing grant funding for their projects, PNGOs cited the following reasons: complexity of the reporting and monitoring obligations (33%), requirements in terms of capacity and expertise (32%), complexity of financial and managerial responsibilities (30.4%), complexity of the application procedure (29%), and poor communications with the funding agency (26%). Interestingly, the larger PNGOs complained more about the complexity of procedures and reporting/monitoring requirements than the smaller ones, whose inadequate expertise was cited as being the most important impediment to accessing funds. Other reasons included: requirements in terms of the minimum number of years of operation, date of registration, donor priorities and/or preference towards certain PNGOs.

Grant Duration: In 52% of the cases surveyed, the grant duration was 6 months or less, in 11% of the cases it went up to 12 months, and in 30% it extended up to 36 months. In total, only 3 PNGOs indicated that their grants were provided on an on-going basis.
Sub-Contracting

Of those surveyed, 48% had been sub-contracted by other organizations for the delivery of a specific service or task during a period of 24 months proceeding the time of the survey. Table 5 below provides a summary of the sources of sub-contracting:

Table 5: Sources of Sub-Contracting for PNGOs

<table>
<thead>
<tr>
<th>Source</th>
<th>(%) PNGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>International NGOs</td>
<td>48</td>
</tr>
<tr>
<td>Local Private Organizations</td>
<td>50</td>
</tr>
<tr>
<td>Palestinian Authority</td>
<td>50</td>
</tr>
<tr>
<td>UN Agencies</td>
<td>39.5</td>
</tr>
<tr>
<td>Municipalities</td>
<td>31</td>
</tr>
<tr>
<td>Bilateral Donors</td>
<td>21</td>
</tr>
<tr>
<td>Multilateral Organizations</td>
<td></td>
</tr>
<tr>
<td>(World Bank)</td>
<td>21</td>
</tr>
</tbody>
</table>

As the above table shows, most sub-contracting was undertaken by the PA or local private organizations, and the least by international organizations. This could be explained by the fact that sub-contracting is typically undertaken by local organizations, including government agencies for the delivery of specific services that they do not themselves have the capacity to deliver, which is typically not the case for international organizations as their funding to PNGOs is primarily intended as a form of development assistance.

**Summary Findings:** The survey data confirms that the capacity of PNGOs to generate local revenues is limited to the larger PNGOs, and in particular to hospitals and health providers working at the national level. Service fees and income generating projects seem to account for the largest share of revenues generated by these organizations. Islamic based PNGOs also reported a high level of local community contributions; an avenue not fully explored by other surveyed organizations.

International funding for PNGOs is reported to be biased toward the larger ones and, generally speaking, favors the ‘developmental’ PNGOs over the charitable organizations and societies. This can be partly explained by the greater institutional capacity that these larger PNGOs have, in comparison to the smaller ones, in addition to their long and well established relationships with international NGOs and donors. Even after accounting for the relatively large number of health PNGOs in the sample, it is also apparent that PNGOs working in the health sector enjoy greater funding opportunities than those working in either education or agriculture.

Financing from the PA, and other local sources, seems to be less biased toward the larger PNGOs. This is particularly true with regard to sub-contracting, and could be explained by the fact that smaller PNGOs, who do not generally enjoy strong partnerships with donor organizations, have a tendency to seek sub-contracting as a main source of funding, particularly for covering their basic operating costs. It can also be explained by the need of the PA to incorporate PNGOs into its public service delivery system, which is particularly the case for services in the health sector. Although this trend is encouraged by donors, it should be noted that it does carry risks in terms of subjecting PNGOs to more market led demands,
which may result in a loss of autonomy, and/or undermining of their role as advocates of civil society.\textsuperscript{34}

The analysis also confirms that the work of PNGOs is heavily constrained by the unpredictability and ambiguity in procedures for accessing grant funding. Information about the availability of funds is uneven and consequently, PNGOs do not have equal opportunities in terms of access to information. Furthermore, funding is generally provided over short periods of time, greatly limiting the ability of PNGOs to plan their services, which ultimately impacts negatively on the overall quality and effectiveness of their programs. This is an area, therefore, where donors can play an important role in creating a more favorable environment for improving PNGO performance. The creation of multi-year program based funding, and the utilization of institutionalized and more harmonized channels of funding and reporting are ways in which donors could contribute to improving overall PNGO performance.

E. Co-operation with the Palestinian Authority and Local Government\textsuperscript{35}

As mentioned in the introduction, the establishment of the PA marked a new era for PNGOs. The PA wanted to play a central role in managing the development process, but for the PNGOs, there was a strong sense that their autonomy would be curtailed by the emerging PA.\textsuperscript{36} This rivalry was further aggravated by two factors: i) the diversion of donor funding away from the PNGO sector in support of the nascent PA; and ii) the protracted debate between PNGOs and the PA over the necessity of issuing a new NGO Law and, subsequently, on the provisions of this Law. The ratification of the new Law in 2000 was almost immediately followed by the outbreak of the \textit{intifada}. These two factors contributed significantly to the creation of a new context that unexpectedly facilitated the emergence of a more cooperative relationship between PNGOs and the PA.

The following analysis of the relationship between PNGOs and the PA is primarily aimed at exploring the \textit{operational} aspect of this relationship, in terms of the existing arrangements. The nature of the data does not lend itself to an in-depth analysis of the dynamics of the relationship, or of the historical and political factors that have shaped it.

\textbf{Survey Results:} Cooperation with the PA takes several forms: 65\% of PNGOs confirmed their involvement in determining sector needs and priorities, 60\% were involved at the level of program implementation, and 70\% confirmed cooperation in monitoring and evaluation. Only 25\% reported being involved in sector policy planning through participation in steering committees and national and sector committees. This form of cooperation, however, seemed to be more common amongst organizations working in agriculture.

In total, 76.6\% of the organizations described their relationship with the PA as being ‘formal’, 5\% described it as ‘informal’, and, the remaining 17\% described it as being both. The generally formal nature of the relationship was further confirmed by the high number

\textsuperscript{34} Hanafi and Tabar, quoting Smillie (pg. 211)
\textsuperscript{35} Detailed data on the relationship between PNGOs and the PA and Local Government is presented in Table 4.1 in Annex I.
\textsuperscript{36} For an account of the attitude of PNGOs toward the PA please refer to an extensive assessment by Bisan on the “Role of Palestinian NGOs in Building Civil Society” (2002).
of organizations (66%) reporting that their relationship with the PA was governed by a Memorandum of Understanding (MOU). However, these MOUs generally existed in relation to specific projects or activities. 44% of PNGOs also confirmed having regular meetings with line ministries.

The majority of PNGOs (73%) described the role of the PA as being ‘supportive’, 6.5% viewed it as ‘obstructive’, and 13% considered it to be both. By sector, the Ministry of Education and Higher Education (MOEHE) was perceived as being the most obstructive by 10.5% of organizations working in the education sector, followed by the MoA at 6.7%, and MoH at 4.8%.

The reasons as to why the PA’s role was perceived as being ‘supportive’, or otherwise ‘obstructive’, varied considerably. On the positive side, the role of the PA was emphasized with respect to the following: the facilitation of program implementation and licensing, and the provision of sectoral guidance, and legal coverage. In the health sector, the feedback from organizations related mostly to the contracting relationship between themselves and the MoH with many citing support in terms of supplies, monitoring, and the provision of educational materials. In the education sector, organizations positively mentioned the role of the MoEHE with regard to: monitoring exams and certifying degrees, providing exemptions on fees, finding employment for graduates of technical schools, and the provision of psychological support to students. In the agricultural sector, the provision of certificates for chemical supplies was much appreciated as well as the invitation to participate in joint committees. On the less positive side, the obstructive role of the Ministries was due mainly to their bureaucratic procedures, lack of sufficient guidance, and the perceived lack of competence of Ministry staff.

Table 6 below illustrates the percentage of PNGOs that confirmed a positive role played by the PA, pre-defined in a number of ways:

Table 6: Forms of Support from the PA

<table>
<thead>
<tr>
<th>Form of Support</th>
<th>PNGOs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial support</td>
<td>40 (28 WB and 67 Gaza); 36 (Large and 50 Sm-Med)</td>
</tr>
<tr>
<td>Training</td>
<td>12.5 (Dev. and 38 Charitable)</td>
</tr>
<tr>
<td>Tax exemption</td>
<td>30</td>
</tr>
<tr>
<td>Improved information sharing btw PA and NGOs</td>
<td>60</td>
</tr>
<tr>
<td>Contracting for delivery of services</td>
<td>55 (63 WB and 33 Gaza)</td>
</tr>
<tr>
<td>Facilitating involvement in policy planning</td>
<td>45</td>
</tr>
<tr>
<td>Improving the legal environment</td>
<td>35</td>
</tr>
</tbody>
</table>

Relations with Municipalities and Village Councils

A positive relationship between PNGOs and local authorities can have a major impact on the effectiveness of the role that PNGOs play vis-à-vis local communities. Local authorities can assist in identifying local needs, and also the target groups most in need of various types of services. In many countries, partnerships between NGOs and local government also serve as a critical element in ensuring the sustainability of services offered. Unfortunately, the results of
this survey show that the relationship between local authorities and PNGOs, and the ability of local government to provide an enabling environment for community development, is in both instances very weak. This could be attributed to the lack of legitimacy that local government authorities have enjoyed, at least up until the recent municipal elections in January 2006.

**Survey Results:** Only 38% of surveyed PNGOs reported having a formal relationship with their local authorities, and an equal number considered their participation in the planning process to be a key area of cooperation; the rate being much higher in the WB (45%) than in Gaza (12.5%). However, cooperation at the level of project implementation and monitoring was only confirmed by 40% of surveyed PNGOs.

**Summary Findings:** According to the survey results, it is clear that there was a considerable level of cooperation between PNGOs and the PA. Moreover, the role of the PA was generally perceived as being ‘supportive’. However, cooperation between the two did not seem to extend to the level of policy and sector planning. This could be explained in terms of the actual limited capacity of the PA to lead sector planning processes, as well as a lack of sufficient coordination amongst PNGOs in terms of their inability to pursue a systematic dialogue with the PA. In the case of individual line ministries, consultation remained ad hoc, with some Ministries being more proactive, and engaging with PNGOs, than others. The overall inadequate degree of cooperation at the local authority level could be attributed to the lack of legitimacy that local government has enjoyed, at least until the recent municipal elections in 2006.

Given the limited resource base, it would be extremely important for PNGOs, and central and local governments, to engage in a serious effort to enhance the level of cooperation. Not only would this ensure more complimentarity between the various providers, but it will also contribute to greater effectiveness and efficiency in the use of central, and donor, resources, drawing on the comparative advantage of the various providers. Improved coordination and cooperation at the local level would also contribute to improved targeting and monitoring of impact, as well as facilitating opportunities for PNGOs to secure longer-term and more sustainable services.

**F. Stakeholder Analysis**

This section outlines which constituencies and institutions the PNGOs identify as being their main stakeholders. It also looks at the perceived influence of some of these stakeholders on PNGO performance.

**Survey Results:** When asked to rank in order from (1) to (4) the group that had most influence on their work, 70.5% of PNGOs said that local communities had the most influence, followed by their own staff, and the donors. Groups that were identified as having the least influence on the work of PNGOs were political parties (72.5%), followed by labor unions, religious institutions, the private sector, and lastly municipalities and village councils, which were identified as having the least influence by 46% of surveyed PNGOs.

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37 Data on the perceived impact of various stakeholders is presented in Table 4.3 in Annex I.
The PA was ranked as having most influence by 22% of the organizations, while 30.8% reported it as having the least influence on their work. This was a surprising result given that the PA is expected to regulate and monitor PNGO services in the three sectors investigated. When the results were compared by sector, PNGOs working in health reported a higher level of influence by the PA than others. This could be attributed to the closer working relationship that exists between the MoH and PNGOs as a large number of PNGOs are subcontracted for providing health services that the PA is not able to provide.

Another equally surprising result was the perception by PNGOs that local government authorities have very little impact on their work according to 42% of organizations surveyed. This is, however, consistent with data reported in the previous paragraphs which reveals a limited level of cooperation, and equally limited level of information sharing with local government bodies. The limited influence of the private sector, and other local organizations, is also evidence of a lack of sufficient collaboration between locally-based organizations; an area that should be addressed if future local partnerships are to be enhanced.

The relatively low influence of labor unions and political parties is of equal significance in so much as it points to a considerable shift in the power base of PNGOs, reflecting an overall trend in the ‘professionalization’ of PNGOs. While some viewed this as a positive development, others perceived it more negatively as part of the process of ‘de-politicization’ that is undermining the historical role of PNGOs in influencing the political context in which they operate. The influence of donors was reported as being ‘significant’ by 50% of the organizations surveyed.

G. The Role of Advocacy

The survey results showed that 46% of PNGOs indicated that they were engaged in carrying out advocacy programs aimed at influencing PA policies and/or legislation over the year preceding the survey. The frequency of engagement was higher amongst small PNGOs (50%), and those based in the WB, than those based in Gaza with only 19% reporting an involvement in advocacy work. These results, however, may not be representative of the PNGO sector as a whole as PNGOs specializing in service delivery are not typically engaged in advocacy work.

For those who do practice advocacy, it was reportedly conducted through various channels, such as in meetings, the distribution of educational materials, the media, and via lobbying or coalition building. Other more direct or effective channels, such as meetings with local authorities and PLC members, and the preparation of policy documents, were not widely utilized as a means to influence public officials and government policy. However, advocacy through meetings with PLC members was more common amongst PNGOs in Gaza than in the WB which could be attributed to the fact that PLC members in Gaza are more accessible than their counterparts in the WB.

When asked about the policy they sought to influence, most of the respondents mentioned the need to ensure access to, and equity in, the provision of services including the integration of vulnerable groups, like children and the disabled, in addition to advocating for increases in
sector budget allocations. In 67% of cases, the impact of advocacy campaigns was reported as being ‘positive’.

**Summary Findings:** Although NGOs specializing in service delivery are not typically engaged in advocacy work, they were asked about their advocacy activities for this survey because of an interest in investigating their role in promoting for more inclusive service delivery programs. That PNGOs reportedly practice less direct methods of advocacy may reflect their relative inexperience in, and therefore knowledge of, more professional approaches to lobbying governmental agencies. Furthermore, despite the perception that their campaigns are generally ‘positive’, it is difficult to objectively determine the real impact without soliciting the views of PA, to whom their lobbying is directed and which is beyond the scope of this study.
Part III:
Palestinian NGOs as Service Providers
Part III: Palestinian NGOs as Service Providers

A. Health
A.1 Overview of the Sector and Service Providers

The Palestinian health system consists of four sectors: governmental, private, non-governmental, and services run by UNRWA for refugees. The MoH is the principal administrative and regulatory body for the Palestinian health system with six stated roles: i) provision of health services, ii) development and strengthening of health regulations, legislation and guidelines, iii) maintaining public health, iv) provision of training and development opportunities for human resources development, v) collection, analysis and dissemination of data, and vi) assuming a central function for financing the development of the health sector (MoH, 1999). In its last National Health Sector Plan 1999-2003, the MoH identified a set of guiding principles for its vision and strategy for the sector. These principles included: i) accessibility, affordability, adequacy and equity in the provision of health care services as a right to all Palestinians; ii) quality health care with a cost efficiency parameter; and, iii) sustainability of the populations’ good health, which falls within the national strategy of sustainable human development. The Palestinian public health system ensures health services for all children aged 0-3 years, those classified as ‘hardship cases’ (the most socially vulnerable) by the MoSA, and those covered by public health insurance.

**Primary Health Care (PHC):** Primary health care constitutes the backbone of the Palestinian health system. According to a recent PCBS health survey, PNGOs account for 23% of the total number of PHC centres in the WBG. The number, and geographic distribution, of PHC centers, by provider, is illustrated in Chart 4 below:

Chart 4: Number and Geographic Distribution of PHC Centers by Provider

![Chart 4: Number and Geographic Distribution of PHC Centers by Provider](source: MOH/HIMS, 2005)

After the PA, UNRWA is the second largest provider of health care and offers the full range of preventive, primary, curative and community health services including immunizations, health education, physiotherapy, school health, psychological support, and environmental health. UNRWA services are available to registered refugees, which includes an estimated population of 520,000 in the WB, and 780,000 in Gaza (M. Babille et al., 2003, p. 137). The majority of UNRWA’s centers are located in refugee camps.
PNGOs offer the same range of services provided by the MoH, excluding immunization. PNGOs are also heavily engaged in the provision of health education, rehabilitation and outreach programs.

The distribution of PHC centres across various parts of the WBG is quite uneven; the number of persons covered by each PHC center in Gaza is almost three times higher than in the WB. This can be explained in terms of the smaller number of PHC centres in the area, as well as the higher population density.

**Hospitals:** There are a total of 77 hospitals in the WBG. MOH accounts for 22 - 12 of which are in the WB (59% of the total beds), and the remaining 10 are in Gaza (41% of total beds). Most of the time, government hospitals are working at full capacity but in a few cases, they are considered to be ‘over-occupied’. The MoH also has contractual agreements with PNGOs and private sector hospitals for the provision of services not available through the public system. UNRWA runs only 1 hospital, but has contractual agreements with PNGO hospitals where patients provide co-payment for services provided.

While PNGOs account for 40% of the total number of hospitals in the WBG, this only constitutes just over 30% of the total number of hospital beds. In the WB, they run a total of 21 hospitals with a total bed capacity of 1,106. In contrast, in Gaza, they own 10 hospitals with a total bed capacity of 459. However, PNGO hospital bed occupancy is reported to be very low. The 2004, Health Inforum (a local health sector information provider) estimated that the occupancy rate for PNGO hospitals (not including the 5 hospitals in Jerusalem: Al-Makased, Augusta Victoria, Al-Quds, Al-Ahli and St. John’s Eye Hospital) was just over one third (36%) of the total available beds. This, of course, raises a serious question about the efficiency and cost effectiveness of the utilization of these PNGO services.

The private sector operates 23 hospitals in the WBG, and while these account for 10% of the total number of hospital beds, their services are mainly focused on maternity care (11 hospitals) and other specialized services. Chart 5 and Table 7 below illustrate the distribution of hospital beds by provider and location, and also by provider and speciality:

**Chart 5: Percentage Distribution of Hospital Beds By Provider and Location**

Source: MOH, HMIS Annual Report 2004

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38 13% of PNGOs surveyed for this study confirmed that they also provided immunization services.
Table 7: Distribution of Hospital Beds by Provider and Specialty (2004)

<table>
<thead>
<tr>
<th>Provider</th>
<th>General Hospitals</th>
<th>Specialized Hospitals</th>
<th>Rehabilitation Hospitals</th>
<th>Maternity Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH</td>
<td>1,527</td>
<td>936</td>
<td>0</td>
<td>150</td>
</tr>
<tr>
<td>PNGO</td>
<td>1,102</td>
<td>252</td>
<td>136</td>
<td>154</td>
</tr>
<tr>
<td>UNRWA</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private</td>
<td>208</td>
<td>152</td>
<td>0</td>
<td>137</td>
</tr>
<tr>
<td>Total</td>
<td>2,875</td>
<td>1,340</td>
<td>136</td>
<td>441</td>
</tr>
<tr>
<td>Grand Total</td>
<td>4,792</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: MOH/HMIS Annual Report 2003

Funding: The Health Sector Review estimated that the health sector in total had received a minimum of 20% of total donor assistance to the WBG in 2003\(^{39}\), which represents around US$ 240 million of the US$ 1.2 billion allocated to the WBG (or US$ 65 per capita). The MOH (recurrent and capital budget) itself received three-fifths (US$ 145 million) of the total funding allocated to the health sector. UNRWA and PNGOs received respectively one-tenth (US$ 22 million) and two-tenths (US$ 54 million) respectively of the total. The cost of Medical Referral Abroad for patients submitted by the authorities, other than the MOH, represented a further tenth of the total funds allocated to the health sector.

Cost: The average cost of a visit to a PNGO PHC centre is reported to be almost double that of the cost of a visit to a governmental one. The average cost of a visit to an UNRWA PHC centre is reported to be half that of the Government.\(^{40}\)

Staffing: According to DFIDs Health Public Expenditure Review,\(^{41}\) the total number of permanent employees in the health sector in 2004 had reached 16,935. Of these, 53.6% were MOH staff, 33% were employed by PNGOs, 6.8% by UNRWA, and the remaining 6.4% by the private sector.\(^{42}\) According to 2005 PCBS data, PNGOs account for 26% of the total human resources employed in the sector.

Health Regulations: With the establishment of the PA in 1995, the MoH began harmonizing existing health regulations between the West Bank and Gaza. Since then, 13 ministerial decrees have been issued with the intention to regulate the licensing of health professionals, and the certification process of health facilities. PNGOs, whose numbers are relatively small, register with the MoI as well as the MoH. However, there does not seem to be any criteria for specialized licensing and/or accreditation for the provision of certain services.

A.2 Targeting Policies and Patterns of Utilization

PNGO Targeting and Pricing Policies

As providers of health services, PNGOs offered their services to the general population. Targeting of specific beneficiary categories was confirmed by organizations offering services to vulnerable groups, such as women and children (19.7%), individuals with disabilities (5.9%), or those suffering from chronic diseases or conflict related injuries. However, in selecting beneficiaries, PNGOs reported income to be an important criterion for selection.

\(^{39}\) Health Sector Review, Draft report Task Force 2: Health Sector Financing, December 2004, p.15
\(^{40}\) DFID, Public Health Expenditure Review (2004)
\(^{41}\) Ibid.
\(^{42}\) Preliminary results of a "PCBS Health Care Providers and Beneficiaries Survey – 2005" estimate that MOH accounts for 41% of the employees in the health sector while private sector, PNGOs and UNRWA account for 27%, 26% and 6% of the total, respectively (February 2006).
Other selection criteria included the social status of the head of the household i.e. whether he/she was disabled or a prisoner (30%), and employment status (10%). More generally, smaller PNGOs, and those based in Gaza, were more deliberate in targeting the ‘income-poor’ than larger PNGOs.

The majority of the larger health organizations (80%) reported having a clear policy on fees, compared to only two thirds of the smaller ones, but a fees chart was only obtained from 32% of those who actually confirmed its availability. In the majority of cases, the fees policy had been developed by the organizations themselves, and only 2 organizations reported using the fees chart provided by the MoH.

Over half (56%) of the PNGOs interviewed confirmed that they generally received cash payment for services delivered. The application of a lower fee policy for ‘income-poor’ beneficiaries was reported by just over half of all organizations, although a few mentioned that they charge patients according to their ability to pay. Well over half (65.4%) of the larger PNGOs indicated that they accepted health insurance policies as forms of payment, but this percentage dropped to 46.7% when all sizes of organization were surveyed. It was significantly less common (11%) amongst PNGOs based in Gaza, but in the WB, private insurance was confirmed as the policy utilized by exactly half (50%) of the beneficiaries.

### Household Utilization of Health Services

The utilization of health services provided by PNGOs was confirmed by 11.5% of households surveyed for this study. Almost half (46.3%) of the surveyed households had most frequently utilized the services of government centers, followed by UNRWA at 24%, and private clinics at 16%. When comparing the number of visits, the average number to government and UNRWA centers was also much higher than it was for private sector facilities, and for PNGOs. The following Table 8 shows the percentage rates of household utilization according to the different types of provider:

<table>
<thead>
<tr>
<th>Providers</th>
<th>% of Patients</th>
<th>% of Visits</th>
<th>Average Number of Visits Per Beneficiary in the Previous 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governmental</td>
<td>47</td>
<td>48.4</td>
<td>11.9</td>
</tr>
<tr>
<td>PNGO</td>
<td>11.7</td>
<td>9.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Private</td>
<td>16.7</td>
<td>12.5</td>
<td>8.6</td>
</tr>
<tr>
<td>UNRWA</td>
<td>24.6</td>
<td>29.7</td>
<td>13.9</td>
</tr>
</tbody>
</table>

As Table 9 shows, the choice of providers amongst beneficiaries was highly correlated with income levels. Thus, for example, the rate of utilization of PNGO and private services increased from 8.5% and 10.8% for families with income levels of less than 750 NIS/month, to 15% and 31% per cent for households with income levels of over NIS 1400/month, respectively. A correlation with the educational level of beneficiaries was less evident.
Part III: Palestinian NGOs as Service Providers

The Role and Performance of Palestinian NGOs - In Health, Education and Agriculture

Table 9: Percentage Rates of Utilization of Health Services By Income (NIS) and Educational Levels

<table>
<thead>
<tr>
<th></th>
<th>&lt;750</th>
<th>750-1400</th>
<th>1400-2000</th>
<th>2000+</th>
<th>Elem</th>
<th>Elem &amp; Sec</th>
<th>Diploma+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>51.6</td>
<td>49.3</td>
<td>44.7</td>
<td>37.1</td>
<td>51.8</td>
<td>44.7</td>
<td>41.3</td>
<td>46.3</td>
</tr>
<tr>
<td>Private</td>
<td>10.8</td>
<td>9.4</td>
<td>18.9</td>
<td>31.1</td>
<td>12.2</td>
<td>16.5</td>
<td>23.3</td>
<td>16.4</td>
</tr>
<tr>
<td>UNRWA</td>
<td>27.7</td>
<td>31.4</td>
<td>21.8</td>
<td>11.8</td>
<td>21.8</td>
<td>27.1</td>
<td>20.2</td>
<td>24.1</td>
</tr>
<tr>
<td>PNGO</td>
<td>8.5</td>
<td>9.5</td>
<td>13.8</td>
<td>15.0</td>
<td>13.0</td>
<td>10.3</td>
<td>12.2</td>
<td>11.5</td>
</tr>
<tr>
<td>Other</td>
<td>1.4</td>
<td>0.4</td>
<td>0.8</td>
<td>5.0</td>
<td>1.2</td>
<td>1.4</td>
<td>3.0</td>
<td>1.7</td>
</tr>
</tbody>
</table>

With respect to location of residence, reliance on PNGO services was much higher in the WB (13.3%) than it was in Gaza (8.1%), which can be partly explained by the fact that there are less PNGOs operating in Gaza (in absolute terms), but also because of the higher percentage of refugees living in Gaza and their ability to access alternative services provided by UNRWA. The much higher rate of utilization of private facilities in villages can be attributed to the common local practice of public physicians operating as a private practice after their working hours with the PA. Utilization patterns by location are illustrated in Table 10 below:

Table 10: Percentage Rates of Utilization of Health Services By Location

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>City</th>
<th>Village</th>
<th>Camp</th>
<th>WB</th>
<th>Gaza</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>46.7</td>
<td>45.9</td>
<td>49.3</td>
<td>55.7</td>
<td>14.4</td>
<td>48.4</td>
<td>42.4</td>
<td>46.3</td>
</tr>
<tr>
<td>Private</td>
<td>17.9</td>
<td>15.4</td>
<td>14.8</td>
<td>23.2</td>
<td>2.4</td>
<td>23.6</td>
<td>3.3</td>
<td>16.4</td>
</tr>
<tr>
<td>UNRWA</td>
<td>23.0</td>
<td>25.3</td>
<td>20.4</td>
<td>6.7</td>
<td>79.2</td>
<td>12.2</td>
<td>46.1</td>
<td>24.1</td>
</tr>
<tr>
<td>PNGO</td>
<td>11.0</td>
<td>12.0</td>
<td>13.8</td>
<td>12.6</td>
<td>3.2</td>
<td>13.3</td>
<td>8.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Other</td>
<td>1.4</td>
<td>1.8</td>
<td>1.7</td>
<td>1.8</td>
<td>0.8</td>
<td>2.5</td>
<td>0.1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Analysis of the type of services utilized showed that PNGOs have a particular niche with regard to mental and psychological counseling services, and to a lesser extent, training and health awareness and physical therapy and rehabilitation services. In these areas, PNGOs accounted for almost 20% of reported household utilization. Utilization of PNGO services for routine health services, emergency, maternity and pediatric care was, on the other hand, particularly low. The following Table 11 illustrates the types of services utilized by surveyed households over the past two years (2004/2005) by service provider:

Table 11: Type of Health Service Used by Provider (%)

<table>
<thead>
<tr>
<th></th>
<th>Governmental</th>
<th>Private</th>
<th>UNRWA</th>
<th>PNGO</th>
<th>Other or Combination</th>
<th>Don't Know</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>65.6</td>
<td>19.9</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Routine Check-Ups</td>
<td>49.6</td>
<td>19.9</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Specialized Care</td>
<td>55.9</td>
<td>27.5</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Maternity</td>
<td>31.7</td>
<td>30.2</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Training or Health Awareness</td>
<td>31.7</td>
<td>30.2</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Physical Therapy or Rehabilitation</td>
<td>31.7</td>
<td>30.2</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Mental or Psychological Counseling</td>
<td>31.7</td>
<td>30.2</td>
<td>31.7</td>
<td>36.5</td>
<td>34.9</td>
<td>30.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Pediatric Care</td>
<td>44</td>
<td>19.3</td>
<td>10.2</td>
<td>44.4</td>
<td>34.9</td>
<td>10.2</td>
<td>44.4</td>
</tr>
</tbody>
</table>

Looking at the beneficiary profile for different service providers, the proportion of female users was reported to be slightly higher for UNRWA and PNGO services than it was for government ones. This could be attributed to the relative ease of access to UNRWA services, and a conscious effort by PNGOs to promote a more proactive gender policy. With regard to age, there was a higher demand for government facilities by the elderly which may be due to the fact that many of them have little social security or economic resources of their own.
Furthermore, the specialized care that they need might be best provided by the government through its referral system. The most prevalent income category in the use of health services by PNGOs was those households with incomes of NIS 1400-2000/month. Only 17.9% of households reporting an income level of less than 750NIS/month reported using PNGOs as their regular health provider. Chart 6 below further illustrates the above findings:

**Chart 6: Beneficiary Profile of Various Health Service Providers By Income Level (NIS)**

**Physical Access:** Overall, 95% and 98% of city and camp residents respectively reported that they found it easy to access the PHC center they last used. However, this percentage dropped to 89.5% amongst residents of villages. More specifically, 96.7% and 95.4% of government and UNRWA beneficiaries respectively found it easy to reach their local PHC center, compared to 92.2% of the beneficiaries that use PNGO services, and 90.1% that use private practices. Checkpoints and other Israeli closure measures were cited as the main reason, followed by distance. Other causes mentioned were financial constraints, the Separation Barrier, physical disability, and the lack of ambulances or medical transport.

**Payment for Services:** When asked about payment for health services received, 38.4% of respondents reported that they received their medical services for free, 15.7% paid often, and just under half (45.9%) always paid for their services. The percentage of beneficiaries who reported that they had to pay was lowest amongst beneficiaries of UNRWA services (20.1%), followed by governmental (66.3%), PNGOs (85.9%) and lastly the private sector (92.3%). While this is consistent with the general charging policies of the various providers, survey data collected reveals that the frequency of payment was not directly correlated with reported income levels. The survey data also shows that the average cost of a health visit to a government center was half that of a visit to a PNGO one. This is consistent with the findings of the DFID Public Health Expenditure Review, cited earlier in paragraph 105, on the average cost of a visit to a PNGO PHC.

**Health Insurance:** A high 82.3% of household respondents reported that they had some form of health insurance, with refugee camp populations reporting higher levels of insurance (95%) than residents of cities (83.1%) or villages (76.9%). Government insurance accounted

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43 The Separation Barrier is currently being built by Israel as a security measure to prevent Palestinians from crossing ‘illegally’ from the WB into Israel. But as much of it has been, or is intended to be, constructed on expropriated Palestinian agricultural land east of the ‘Green Line’ or 1967 border with Israel, this has made daily access for Palestinians to their land and resources extremely difficult, and in some cases impossible.
for 69.6% of total insurance policies amongst surveyed households, followed by UNRWA (12.5%). An estimated 11.6% reported having insurance from both UNRWA and the Government.

**Cost of Drugs:** Survey results confirmed that 45.1% used health center dispensed drugs for free. While 96% of UNRWA beneficiaries received drugs at no cost, this percentage dropped to 39% amongst users of governmental centers, 16.8% for PNGOs, and 7.3% for private sector providers.

When asked about their perception of the affordability of health care, the majority of respondents (57%) believed that the fees charged were fair. On the other hand, 43.9% of private service users reported that they found their fees to be either ‘high’, ‘very high’, or ‘unreasonable’. Naturally, perceptions of high cost were inversely proportional to levels of both education and income.

**Beneficiary Participation:** Two thirds of surveyed PNGOs specializing in the delivery of health services confirmed that they used formal mechanisms for identifying, assessing and documenting the needs of the communities they served. The majority, however, used informal means, relying on the observations of staff and community leaders, or through the use of stakeholder workshops. A high percentage of PNGOs (94.1%) also confirmed that they used formal evaluation processes to assess the relevance and responsiveness of their services to target communities. On the other hand, only about a third of those confirmed seeking feedback from communities, or other specialized service providers, in the evaluation of services delivered. It was quite common for PNGOs to ask for feedback from their donors, usually in the form of donor evaluation reports.

When surveyed households were asked about their participation in defining or evaluating health service delivery programs, through needs assessments, project design, and/or evaluations, only 3% responded positively. If they were involved at all, it was at the needs assessment stage, and beneficiaries reported that they were least involved in the overall program design. The level of participation was higher in the WB (3.3%) than in Gaza (0.6%), and also higher in villages than in refugee camps or cities. Participation was least prevalent amongst the beneficiaries of government services, and highest amongst private sector providers. Participation was very strongly correlated with both higher income and educational levels.

**Summary Findings:** In general, patterns of utilization of health services and the beneficiary choice of provider are, to a large extent, influenced by the affordability and accessibility of alternative channels of service delivery. Given that the cost of visiting a P NGO health center is almost double that of a visit to a government or UNRWA facility, the resulting pattern of utilization of health services is heavily skewed towards the public health system, or for refugees towards UNRWA. Therefore, the rate of utilization of P NGO services is limited to a reported 11.5% of total households. Moreover, households belonging to the lowest income brackets of 0-1400 NIS/month account for less than half (42%) of the beneficiaries of PNGOs, while 25% belong to the highest income bracket of over NIS 2000/month. However, the utilization of P NGO services across urban and rural areas seems to be consistent, with residents of villages and cities each accounting for half the number of beneficiaries of P NGO health services.
Within this broad picture, however, PNGOs seem to have found a niche for themselves offering services to people with special needs; namely those suffering from mental and/or physical disabilities, and those in need of counseling. Another area where PNGO services are widely utilized is the provision of health training and awareness raising. In these areas, PNGOs accounted for up to 20% of utilized services.

Aside from issues of quality and efficiency, these findings clearly point to the need to review more carefully the allocation of financial resources to various components of the health service delivery system.

A.3 Quality of Service Delivery

NGO Reporting on Quality Standards and Monitoring

Almost all (98%) of the health organizations surveyed stated that they developed and applied standards for monitoring and maintaining cleanliness and safety measures in their facilities. Moreover, more than half (61%) of the health facilities confirmed that they had documented standards for monitoring and follow up on the quality of services provided. In the case of 42%, the source of these standards was the MoH, followed by WHO (35.5%), donors (22.6%), the Palestinian Physicians Union (23%), and UNRWA (13%).

Amongst the organizations surveyed, 88% also confirmed that quality standards were regularly monitored by their headquarters, and 69% of those who confirmed regular monitoring reported that the last such visit was undertaken during the month of the survey. When asked about the last monitoring visit by the MoH, 77% declined to answer the question, and 8% of respondents confirmed that they had never received one, although 25% of the larger organizations confirmed that their standards were monitored by the MoH.

Patient Records and Tracking Systems: In total, 94.1% of organizations (86.7% in Gaza) confirmed that they have a filing system for patients and that computerized filing is generally the norm. However, only half of the organizations surveyed confirmed that patient files are securely kept. Almost all health clinics in the WB (97%) and Gaza (86.7%) reported that they had systems for following up on patient health records. The response rate differential between large (100%) and small (83.3%) organizations was minimal.

Referral Systems: As many as 88% and 73% of organizations in the West Bank and Gaza, respectively, confirmed that they utilized a system for referring patients to other centers. The availability of specialized staff for referral of psychological patients was confirmed by 69.8% of the organizations surveyed, and was more common amongst larger PNGOs (67%) than smaller or medium ones (66.7% and 34.5%, respectively).

Availability of Systems for Monitoring Complaints: Although 70% of surveyed organizations used a ‘complaints box’ as a system for obtaining beneficiary feedback, it was difficult to confirm whether any systematic follow up mechanisms had been applied, or indeed if any complaints had been received at all.
Measuring Impact: A high percentage of PNGOs confirmed that they carried out impact assessments on a regular basis and of those, up to 70% had undertaken one in the two years preceding the survey. However, the involvement of local communities in impact assessments was reported by only half. Furthermore, only 39% had the necessary means to document and monitor the results of their evaluations and impact assessments.

External Evaluations: Just under half (45.1%) of PNGOs surveyed had conducted an external evaluation of their service delivery programs over the last 24 months. Of these, only 3 (8.7%) had initiated the evaluation. In 34.8% of cases, the evaluation was carried out at the request of the donor, and in 13% at the request of a specialized PA agency. When asked about the results of these evaluations, most PNGOs declined to answer, but for those who did the main criticism was that their reporting was not ‘outcome-based’ but rather focused on the actual process (or impediments) and outputs achieved. This raises the question of the quality of evaluations, and the capacity that PNGOs have to adequately monitor impact based on measurable indicators.

Public Perception of Quality of Services

Broadly speaking, the overall level of beneficiary satisfaction with the quality of health services delivered through the various providers was very high, with only 5.3% indicating that they thought the quality was either ‘poor’ or ‘very poor’. Interestingly, the level of satisfaction with overall quality was slightly higher (by a couple of percentage points) in refugee camps and villages than amongst city residents. Rates of satisfaction were generally constant across different income levels of beneficiaries, which can be attributed to the fact that different groups of beneficiaries were able to access services from providers of their choice to the extent that they were able to afford it.

The reported rate of satisfaction with the quality of health services was highest amongst beneficiaries of private organizations (92.7%), followed by PNGOs (89.2%), UNRWA (75.1%) and the government (66.6%). However, satisfaction with available equipment and facilities was low across all providers. One area where a low level of satisfaction was reportedly similar between PNGOs and the government was in the number of hours of operation. Satisfaction with PNGO services was positively correlated with gender, with women expressing more satisfaction than men, and inversely correlated with age, with the elderly generally preferring governmental services. Table 12 below illustrates the different levels of beneficiary satisfaction amongst different providers:

<table>
<thead>
<tr>
<th></th>
<th>Gov.</th>
<th>PNGO</th>
<th>Private</th>
<th>UNRWA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available facilities and equipment</td>
<td>52.9</td>
<td>72.3</td>
<td>80</td>
<td>66</td>
<td>63.1</td>
</tr>
<tr>
<td>Cleanliness of center</td>
<td>70.6</td>
<td>93.3</td>
<td>91.7</td>
<td>82.8</td>
<td>79.8</td>
</tr>
<tr>
<td>Cleanliness of staff</td>
<td>82</td>
<td>95.4</td>
<td>93.1</td>
<td>88.3</td>
<td>87</td>
</tr>
<tr>
<td>Attitude of staff during reception</td>
<td>69.9</td>
<td>88.7</td>
<td>93.8</td>
<td>75.4</td>
<td>77.5</td>
</tr>
<tr>
<td>Competence of staff</td>
<td>62.1</td>
<td>85.8</td>
<td>90.7</td>
<td>73.3</td>
<td>72.4</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>70.8</td>
<td>92.5</td>
<td>91.8</td>
<td>75.1</td>
<td>77.8</td>
</tr>
<tr>
<td>Hours of operation</td>
<td>74.6</td>
<td>79.2</td>
<td>83</td>
<td>81</td>
<td>78.1</td>
</tr>
<tr>
<td>Perception of overall quality (Very High)</td>
<td>11.4</td>
<td>30.8</td>
<td>41.1</td>
<td>21.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Perception of overall quality (High)</td>
<td>55.2</td>
<td>58.4</td>
<td>51.6</td>
<td>53.2</td>
<td>54.5</td>
</tr>
</tbody>
</table>
If the cost was the same, 60.3% of respondents said they would choose a PNGO provider over a government one. However, if the choice was based on the breadth of services offered, beneficiaries preferred the private sector (41%), followed by governmental (31.8%) and lastly PNGO and UNRWA services.

**Operating Procedures:** When asked to express their opinion on procedural aspects of service delivery in the different health care centres, beneficiaries were evidently most satisfied with the appointment system used by UNRWA. PNGOs and private sector facilities were reported to have better follow-up systems than either UNRWA or the Government, but beneficiaries were also generally satisfied with both governmental and UNRWA referral systems. This could be explained by the fact that these two providers have an institutionalized system for referring patients to both private and PNGOs providers.

When asked about their perception of the role of government and PNGOs in developing the health sector, PNGOs received a much higher rating (23%) of ‘very good’, compared to the Government (13%). The ratings of both providers was higher in Gaza than in the WB.

**Summary Findings:** PNGO health service providers reported the use of a wide range of tools for monitoring the quality and impact of their services. However, it was clear from survey data that the effectiveness of their monitoring was hampered by the limited use of harmonized quality standards and benchmarks. These results are confirmed by evidence in the available literature on the ‘under-reporting’ of important health indicators, like mortality and morbidity rates, and further supported by documented evidence of standards having been developed according to input and process, rather than outcomes. Although the MoH had made an effort to develop common standards for service providers, these remain localized and in many cases, not institutionalized or documented. Furthermore, although the internal level of quality monitoring was reported to be high amongst PNGOs, there is little evidence of regular reporting on PNGO standards by the MoH.

Even though the investigation into the operating procedures applied by PNGOs was not exhaustive, it nevertheless confirmed a generally adequate level of patient tracking and record filing. A large majority of PNGOs operated referral systems, even for psychological cases. Beneficiaries also confirmed a high level of satisfaction with the procedures applied by PNGO health service centers. In particular, they expressed appreciation for the high level of competence of PNGO staff, and the quality of their equipment and facilities. At the same time, they also particularly appreciated the breadth of services provided by government centers. Across the board, the participation by beneficiaries in the design and evaluation of service delivery programs was very low. This, however, could be attributed specifically to the health sector where a wide range of services are standardized. Generally speaking, the overall level of beneficiary satisfaction with health services received from PNGO and private providers was higher than for government services.
B. Education
B.1 Overview of the Sector and Service Providers

The PA is the main provider of educational services in the WBG. The MoEHE was established in 1994, and its mandate subsequently revised to include responsibility for primary and secondary education, as well as for higher education and vocational and technical training.

The Ministry has overall responsibility for the provision of basic and secondary education, and the development of educational standards and laws relevant to the education sector. In its 2001-2005 Five Year Development Plan, it highlighted four strategic priorities: i) to ensure access to education and equity in the provision of education to all; ii) to improve the quality of education through teacher training programs and curriculum development; iii) to improve the quality of vocational and technical education and training; and iv) to enhance the system's planning and management capacity through standard development and monitoring. Later priorities included plans to improve the quality of higher education. The Palestinian Education for All (EFA) Plan prepared by the MoEHE in 2003-2004 has four target populations: 1) pre-school children, 2) students in basic and secondary education, 3) adults (focusing on literacy programs) and, 4) out of school learners (continuing education). UNRWA is the second largest provider of education services and is responsible for providing education to the refugee population. Other providers include PNGOs and the private sector.

In 2004/2005, the total population of students attending schools and pre-school education was estimated at just over a million, with the WB accounting for 60% of the total. For general school education (primary and secondary levels), the PA accounts for 70% of school enrollments, followed by UNRWA at 24% and the private sector at 6%. The Government also accounts for 66% of teacher employment, followed by UNRWA at 18%, and the private sector at 16%.

By regional and global standards, enrollment rates amongst Palestinians are relatively high which reflects the great value that Palestinians attach to educational attainment. According to a youth survey carried out in 2003, 60% between the ages 10-24 indicated that education was their first priority. Literacy rates amongst 15-24 year olds is 98.2%, while the national literacy rate is 91.1%.

**Pre-School Education:** Pre-school education caters for children up to the age of 6 years (usually starting at 4 years). According to the 2004/2005 PCBS Educational Institutions Census, there are approximately 898 private kindergartens, and only 3 governmental ones. The majority of pre-school services are run by the private sector, or PNGOs.

According to PCBS, pre-school enrollment rates account for only 32% of children between the ages of 4 and 5. The number of male and female children is roughly equal, and most kindergartens follow a co-educational system. The average number of students per class is estimated to be more than 25, and the child to teacher ratio across the WBG is 29 children per teacher. Many kindergartens lack the necessary facilities such as playgrounds, libraries,

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44 Ibid.
45 Data from www.pcbs.org/child/iss_summ.aspx
and heating, etc. In a survey carried out in East Jerusalem, 43.6% of the pre-schools surveyed said that they did not cooperate with any other bodies at all, 19.8% did so only with health organizations, 18.8% with local charitable societies, and 22.8% with other pre-schools based on shared activities or equipment lending.46

The regulation of pre-school education falls under the responsibility of the MOEHE. However, PNGOs, like the Early Childhood Resource Centre (ECRC) are also heavily involved in developing curricula and quality standards for this level of education.

**Technical and Vocational Education and Training (TVET):** School based vocational training in WBG has five streams. Fifteen secondary industrial schools accounted for a total enrollment of 2185 students in 2004/05. In addition to the school-based vocational training, there are several community colleges. However, these have a limited capacity of 200-300 students. In addition to community colleges, other TVET opportunities are provided by the Ministry of Labor and Social Affairs (MoLSA) which runs 12 Rehabilitation Centers, and the Ministry of Ex-Detainees which offers TVET to around 1000 students, mostly males. Other vocational training centers are managed by UNRWA, and private institutions.

Generally speaking, the TVET system of education suffers from poor quality and low relevance in terms of market needs. The cost of enrollment in TVET community and technical colleges is also high, which acts as a disincentive for students to enroll, particularly at the post-school level. In 2003, a national strategy for the rationalization of the system was prepared and is currently in its early stages of implementation. The National Strategy places emphasis on improved efficiency and coordination between providers, and on fostering a true partnership with the private sector. However, for the moment, investment in vocational training remains inadequate.47

**Informal/Semi-Formal Training:** This is provided by many different ministries including Culture, Social Affairs, Agriculture and Health, but not the MoEHE.

**The Regulatory Framework:** The MOEHE is responsible for the supervision of services provided in primary, secondary, academic, professional and technical education, including at the tertiary level. Kindergartens are supervised by the MOEHE, the MoLSA and the Union of Humanitarian Associations. According to an ECRC survey, the majority of kindergartens in Jerusalem are technically supervised by an outside authority (37.4% by the Palestinian Directorate of Education, 30.3% by the Israeli Jerusalem Municipality, and 27.2% by other institutions such as ECRC).48

While the MOEHE is responsible for managing the public system of education, it also has responsibility for overall supervision of UNRWA and privately-run schools, particularly with reference to the use of the curricula. Vocational training is primarily supervised by the MoLSA, while semi-formal education is supervised by the MoEHE and other bodies.

46 ECRC (October, 2003) A Review of the Pre-school Sector in East Jerusalem p.13
Legislation governing the education sector is not uniform and is generally perceived as inadequate, particularly for pre-school education. Various articles of the Basic Law define the responsibility of the Government vis-à-vis the population: for example, Article 51 of the temporary constitution provides that private education shall be independent, and its curricula and regulations shall be set and supervised by the State. However, there are inconsistencies between the applicable laws regulating education in the WB and in Gaza. While many laws have been issued with respect to private and higher education, there are still gaps in terms of clearly defined responsibilities.

The MOEHE extensively utilizes international educational standards for monitoring its educational programs, and uses simulation models for projecting educational needs and monitoring general trends such as enrollment, student/class and student/teacher ratios. However, systems for monitoring the quality of educational attainment, and teachers' performance and development, are still weak.

B.2 Targeting Policies and Patterns of Utilization

NGO Targeting and Pricing Policies

Of the total number of education PNGOs surveyed (19), two thirds provided their services across the whole of the WBG, 4 offered their services in specific locations, and another 4 targeted their services at particularly marginalized areas. In terms of target groups, 2 out of the 19 focused on women, 3 offered their services to people with special needs, and 4 were targeted at people with limited income. Although half of the PNGOs stated that they had specific criteria for selecting beneficiaries, this had more to do with the type of service offered, rather than the type of beneficiary. Only 4 organizations mentioned poverty as an important selection criterion. The PNGOs based in Gaza generally confirmed a more ‘pro-poor’ targeting policy than those based in the WB. Just under half of those surveyed, mainly the large PNGOs, confirmed that they had established procedures for screening students with possible physical or mental health needs, and PNGOs in Gaza were more equipped to handle students with special needs than PNGOs in the WB.

Service Fees and Payment for Services: More than half of the educational organizations surveyed having a clear policy for service fees, with the rate being much higher in Gaza (80%) than in the WB (53.8%). While only 27% confirmed that a copy of these fee rates was available, only two thirds were actually able to provide the field workers with one. In all confirmed cases, the fee charts were developed by the organizations themselves. 27% of PNGOs indicated that they provided their services free of charge, and 42% charged lower fees to people with limited income. This policy was more common amongst the larger organizations, and amongst PNGOs based in Gaza.

Participation: Almost two thirds confirmed that they used formal tools for conducting needs assessments. Informal tools, such as consultations with local leaders and observations by staff members, were also commonly used. However, very few of the PNGOs consulted with the MoEHE, or local authorities, on the identification of needs.

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50 Given the limited size of the sample of PNGOs specialized in education services, the analysis of the data pertaining to this sector should be treated as only indicative.
Household Utilization of Educational Services

Of the 3013 households surveyed for this study, 740 (24.9%) reported children attending pre-school education, 142 (4.7%) had participated in vocational training programs over the past two years, and 239 (9.7%) had been involved in informal education over the same period. Tables 13, 14 and 15 below provide data on the utilization of educational services by provider, place of residence and income/educational levels:

Table 13: Percentage Utilization of Educational Services by Type and Provider

<table>
<thead>
<tr>
<th>Service</th>
<th>Gov.</th>
<th>PNGO</th>
<th>Private</th>
<th>UNRWA</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School</td>
<td>6</td>
<td>20.8</td>
<td>70.6</td>
<td>2.5</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>37.3</td>
<td>25.4</td>
<td>23.2</td>
<td>14.1</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Informal Education</td>
<td>14.7</td>
<td>37.9</td>
<td>45.4</td>
<td>1.4</td>
<td>0.7</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 14: Percentage Utilization of Educational Services by Type and Place of Residence

<table>
<thead>
<tr>
<th>Service</th>
<th>City</th>
<th>Village</th>
<th>Camp</th>
<th>WB</th>
<th>Gaza</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Pre-School</td>
<td>27.7</td>
<td>22.4</td>
<td>24.4</td>
<td>34.2</td>
<td>19.7</td>
<td>12.3</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>4.5</td>
<td>4.4</td>
<td>6</td>
<td>4.8</td>
<td>4.6</td>
<td>4.7</td>
</tr>
<tr>
<td>Informal Education</td>
<td>11.2</td>
<td>9</td>
<td>8.2</td>
<td>9.7</td>
<td>9.8</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Table 15: Percentage Utilization of Educational Services by Type, Income (NIS) and Educational Level

<table>
<thead>
<tr>
<th>Service</th>
<th>&lt;750</th>
<th>750-1400</th>
<th>1400-2000</th>
<th>2000+</th>
<th>Elem</th>
<th>Elem &amp; Sec</th>
<th>Diploma</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Pre-School</td>
<td>19.4</td>
<td>24.9</td>
<td>27.1</td>
<td>28.4</td>
<td>20</td>
<td>26.4</td>
<td>28.6</td>
<td>29.1</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>3.1</td>
<td>3.8</td>
<td>5.8</td>
<td>6.5</td>
<td>2.7</td>
<td>4.3</td>
<td>9.3</td>
<td>4.7</td>
</tr>
<tr>
<td>Informal Education</td>
<td>9.4</td>
<td>10.5</td>
<td>13.9</td>
<td>3.4</td>
<td>10.1</td>
<td>19.3</td>
<td>9.7</td>
<td>9.7</td>
</tr>
</tbody>
</table>

**Pre-School Education:** Of the total number of households, who reported children in pre-schools, 70.6% utilized the private sector, and 20.8% PNGOs. Participation in government or UNRWA kindergartens was minimal. The higher rate of attendance at private pre-school facilities reflects the wider availability of private services, which itself may be attributed to the high cost associated with running such centers.

PNGO pre-schools were most commonly used by households in refugee camps, given that UNRWA kindergarten facilities were limited, and villages where PNGOs accounted for 27% of total household use of these services. In cities, however, 80.6% of children attended private pre-schools, leaving PNGOs with a 13.3% share of the total utilization rate. Overall, pre-school facilities were utilized at a much higher rate in refugee camps (12.3%) than anywhere else in the WB (2.5%). At 34.2%, the rate of utilization of pre-schools amongst populations in the WB was also much higher than in Gaza (19.75%). This can be explained by the fewer number of pre-schools in Gaza, the generally lower income levels, and a lower percentage of female participation in the labor force.

The rate of enrollment in pre-school education was strongly correlated to levels of household income: for example the rate was lower amongst those with income levels below NIS 750/month (20%), than those reporting monthly income levels of NIS 1400-2000 (27%) and over NIS 2000 (28%). The rate of participation also increased with the level of educational attainment (of the head of the household) rising from 20% amongst elementary school graduates, to 28% amongst those with diplomas.
According to the survey, only 21.4% of pre-schools attended by children of the households surveyed provided education for special needs. Of these, 59% were private, and 26% were PNGO.

**Beneficiary Profile:** Given the high correlation between pre-school attendance and income, it is not surprising to find that children of families belonging to the middle income bracket (NIS 750-2000/month) accounted for more than 50% of the beneficiaries of pre-school PNGO services. In contrast, children with household income levels of less than NIS 750/month accounted for only 21%. However, when comparing the beneficiary profiles of the various providers, PNGOs appeared to be more successful at reaching a wider number of children from lower income households. Table 16 below illustrates the links between rates of utilization and income levels:

<table>
<thead>
<tr>
<th>Type</th>
<th>&lt;750</th>
<th>750-1400</th>
<th>1400-2000</th>
<th>2000+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>18.1</td>
<td>29.1</td>
<td>29.5</td>
<td>23.3</td>
<td>100</td>
</tr>
<tr>
<td>UNRWA</td>
<td>15.8</td>
<td>42.1</td>
<td>26.3</td>
<td>15.8</td>
<td>100</td>
</tr>
<tr>
<td>PNGO</td>
<td>21.2</td>
<td>28.8</td>
<td>32.7</td>
<td>17.3</td>
<td>100</td>
</tr>
</tbody>
</table>

**Vocational Education:** At 4.7%, the reported utilization rate of vocational training services was generally low, but consistent across the WBG. The participation rate in refugee camps (6%) was slightly higher than it was in cities and villages (4.5%), most likely because UNRWA provides training opportunities within its broader program of job creation.

Across the WBG, 37.3% of those surveyed who utilized vocational training services had obtained these from government centers, 25.4% from PNGOs, and 23.2% from the private sector. The high rate for governmental schemes could be explained by the fact that these programs are available to students as an option at the high school stream of education. Although international NGOs have had a long history of involvement in vocational training services, PNGOs have generally focused more on job creation and income generating programs aimed at addressing the high rates of poverty and unemployment.

According to income level, the use of vocational training services increased from 3.1% amongst households with income levels of less than NIS 750/month, to 6.5% for households with income levels above NIS 2000/month, which may reflect a bias in vocational training programs directed at higher income households. At 50%, the share of beneficiaries of PNGO services belonging to income levels of less than NIS 1400/month was also higher than it was amongst beneficiaries of government (at 30%) and private sector providers (at 46%).

In terms of age distribution, persons below 29 years accounted for more than 50% of the total number of beneficiaries of vocational training programs, with rates of participation dropping significantly amongst those over 39 years. This is mainly due to the fact that vocational training is normally targeted specifically at the younger age groups, as Table 17 below illustrates:
Table 17: Vocational Training Beneficiary Profile by Provider, Income (NIS) and Age (%)

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Government</th>
<th>Private</th>
<th>UNRWA</th>
<th>PNGO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>56.9</td>
<td>66.7</td>
<td>50</td>
<td>47.2</td>
<td>53.5</td>
</tr>
<tr>
<td>30-39</td>
<td>28.3</td>
<td>24.2</td>
<td>15</td>
<td>19.4</td>
<td>23.2</td>
</tr>
<tr>
<td>30-49</td>
<td>15.1</td>
<td>6.1</td>
<td>25</td>
<td>22.2</td>
<td>16.2</td>
</tr>
<tr>
<td>50-59</td>
<td>3.8</td>
<td>0</td>
<td>10</td>
<td>5.6</td>
<td>4.2</td>
</tr>
<tr>
<td>60+</td>
<td>1.9</td>
<td>3</td>
<td>0</td>
<td>5.6</td>
<td>2.8</td>
</tr>
<tr>
<td>&lt;750</td>
<td>13.1</td>
<td>3.3</td>
<td>5.6</td>
<td>6.2</td>
<td>16.2</td>
</tr>
<tr>
<td>750-1400</td>
<td>33.3</td>
<td>33.3</td>
<td>30.6</td>
<td>30.6</td>
<td>23.2</td>
</tr>
<tr>
<td>1400-2000</td>
<td>35.8</td>
<td>27.3</td>
<td>19.4</td>
<td>33.3</td>
<td>35.2</td>
</tr>
<tr>
<td>2000+</td>
<td>34</td>
<td>27.9</td>
<td>25</td>
<td>16.7</td>
<td>24.4</td>
</tr>
</tbody>
</table>

Although the rates of participation in vocational training schemes did not vary significantly in terms of gender (4.5% female and 4.7% male), the rate of participation of women in PNGO programs was reportedly much higher than in programs provided by any of the others. In both UNRWA, and governmental programs, there was a huge disparity between the ratios of men to women, which was approximately 60:40. This disparity can be attributed to the following factors: i) many vocational skills offered by UNRWA and governmental providers are in traditionally ‘male’ professions such as carpentry, mechanics, and metal work because men are the expected future (or current) head of the household and primary income-generator, ii) PNGOs often specifically target women as a means to their empowerment, and iii) many private sector providers cater exclusively for women in order to expand their skills according to social norms, for example in computing and secretarial work. A breakdown of participation by different providers according to gender is illustrated in Table 18 below:

Table 18: Vocational Training Beneficiary Profile According to Gender (%)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>60.4</td>
<td>39.6</td>
<td>100</td>
</tr>
<tr>
<td>Private</td>
<td>54.5</td>
<td>45.5</td>
<td>100</td>
</tr>
<tr>
<td>UNRWA</td>
<td>60</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>PNGO</td>
<td>33.3</td>
<td>66.7</td>
<td>100</td>
</tr>
</tbody>
</table>

Informal Education: Only 9.7% of households surveyed indicated that they have benefited from informal education programs. These services were mainly provided by the private sector and PNGOs accounting for 83.3% of the total. The utilization of informal educational services seems to be the same for males and females, which probably reflects the varied nature of the subjects taught. Above the very lowest income levels, there was an increase in the use of private and PNGO service providers, but this trend declined in households with the very highest income levels given the existing generally higher levels of education and training in this group.

Cost: With more than 95% of the beneficiaries of PNGO and private education services reporting that they had to pay for services utilized, it is clear that cost may discriminate against the participation of children and young adults belonging to poor households. However, the prices charged by PNGOs seem to be significantly lower than those by the private sector, which has enabled PNGOs to reach out to communities marginalized by location, as well as income. This makes PNGOs an indispensable channel for ensuring more equity in the provision of non-formal educational services.

Summary Findings: Pre-school education in the WBG is mainly provided by the private sector which seems to limit participation to children of higher income levels, and as a result many are excluded from a structured process of learning during these formative years. PNGOs,
however, appear to have found a niche for themselves in this area, where their presence is
concentrated in villages and where income levels are generally lower. The effective targeting
of PNGO pre-school services to lower income populations is confirmed by the relatively
higher attendance percentage of poorer beneficiaries at these schools compared to the private
sector. Overall, the rate of utilization of pre-school education in the WB is considerably
higher than in Gaza.

The participation of Palestinians in technical and vocational training programs is extremely
low, even for ages above the school leaving age. While there is no actual imbalance in the
number and distribution of these services between the WB and Gaza, these programs are
generally geared towards male skills, except for the programs offered by PNGOs that are tailored
more towards women and where female participation is therefore higher. Although the rate
of utilization of government vocational and training programs is highest amongst those
surveyed, both PNGOs and the private sector account for a quarter each of the total share of
beneficiaries. As with pre-school education, in both these sub-sectors, PNGOs seem to have
a wider outreach to lower income families than any other provider.

B.3 Quality of Service Delivery

Reporting on PNGO Quality Standards and Monitoring

The majority of surveyed educational centers confirmed that they had documented standards
for monitoring the quality of their services. When asked about the source of these standards,
in 26.7% of the cases it was the donor, 13% used MoEHE standards, 6.7% used those of
UNESCO, and 47% were not able to identify the source. Compliance with monitoring
standards was undertaken through a combination of external evaluations, and regular internal
monitoring and reporting. In many cases, evaluation was initiated by the organization
itself. Half of the organizations also confirmed inspection visits by a specialized Ministry.
Altogether, 70% confirmed that they had an institutionalized system for handling complaints
from students and parents, and for monitoring performance through beneficiary feedback.

\textbf{Tracking of Student Achievements and Counseling:} Monitoring and follow up on student
achievement is generally considered an important indicator for measuring the overall
performance of educational providers. More than half (11 out of 19, or 68%) of the PNGOs
reported using such systems for monitoring, while a similar number also provided academic
counseling for their students. Over half (60%) the PNGOs in Gaza, and just under half
(42.9%) in the WB, confirmed that they had a referral system for students in need of
psychological counseling.

\textbf{Educational Material and Curricula:} Two thirds of the surveyed PNGOs had developed
their own educational materials and curricula, 47% were also using materials developed by
the PA, 10.5% were using materials developed by UNRWA, and 10.5% were using materials
developed by international organizations. Only 4 organizations (26%) confirmed that they
were required to have the approval of the MoEHE in order to use their own educational
materials.
**Measuring Impact:** Although a high level (78%) of surveyed centers confirmed that they had conducted formal evaluations of their programs, the participation of the MoEHE and local community leaders had been very limited. In most cases, evaluations were initiated by the PNGOs themselves, or otherwise by the MoEHE and/or donors.

Well over half (79%) of those surveyed confirmed that they had conducted at least 1 formal impact assessment of their programs over a period of 24 months. In 50% of the cases, beneficiaries were directly included, and in 66.7% local communities had also been involved. More than half of the organizations reported using databases for documenting the results of their impact assessments and evaluations. Moreover, 68.4% of educational centers had conducted base-line surveys to document socio-economic data on their community groups, again at a rate much higher than in the health sector.

**Public Perception of the Quality of Educational Services**

Of those beneficiaries surveyed, 85% reported the quality of *pre-school education* as either ‘high’ or ‘very high’. The difference between reported levels of satisfaction with PNGO and private sector services was also very small. Satisfaction with PNGO-managed pre-schools was in particular related to the quality and attitude of teachers, while least satisfaction was expressed with regard to the quality of facilities, equipment and resources whereas private providers were perceived as generally having higher quality facilities. Household feedback on specific aspects of pre-school educational services is summarized in Table 19 below:

<table>
<thead>
<tr>
<th></th>
<th>PNGO</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available facilities</td>
<td>77.5</td>
<td>81.1</td>
<td>80</td>
</tr>
<tr>
<td>Equipment and resources</td>
<td>75</td>
<td>71.4</td>
<td>71.3</td>
</tr>
<tr>
<td>Cleanliness of center</td>
<td>83.4</td>
<td>81.1</td>
<td>81.4</td>
</tr>
<tr>
<td>General attitude of staff</td>
<td>89.1</td>
<td>85.6</td>
<td>86.1</td>
</tr>
<tr>
<td>Capacities of teachers</td>
<td>87.8</td>
<td>84.1</td>
<td>85</td>
</tr>
<tr>
<td>Responsiveness of teachers</td>
<td>85.9</td>
<td>83.9</td>
<td>84.2</td>
</tr>
<tr>
<td>Accessibility of teachers and administration</td>
<td>89.8</td>
<td>87.9</td>
<td>88.4</td>
</tr>
<tr>
<td>Communication with teachers and staff</td>
<td>91</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Perception of overall quality of teaching (‘Very High’)</td>
<td>30.8</td>
<td>31.6</td>
<td>31</td>
</tr>
<tr>
<td>Perception of overall quality (‘High’)</td>
<td>55.8</td>
<td>52.6</td>
<td>53.5</td>
</tr>
</tbody>
</table>

Only 5% of respondents confirmed that they knew their pre-school was following a set curriculum for teaching. Although the majority of beneficiaries acknowledged the availability of a system for feedback and complaints, the reporting on follow-up was less positive. The reported average number of students per kindergarten (27), while high, did not vary between providers, and neither did the median average (25). The data reported an average of 3-4 parent/teacher visits per year; the rate being higher in the private sector than it was in PNGO schools.

The rate of satisfaction with *vocational training* services was highest amongst users of private sector facilities (89.7%), and lowest for UNRWA (80%). PNGOs and the Government shared the same rate of satisfaction at 86%. For *informal training*, beneficiaries of PNGO services reported a higher rate of satisfaction than those of both governmental (86%) and private sector providers (79%).
When the beneficiaries of educational services were asked about their participation in program needs assessments, project design and evaluations, the results were slightly higher than they were in the health sector, but at a level of 3% were still very low. Participation was most commonly reported in needs assessments. As in the health sector, the level of participation was highly correlated with higher income and educational levels.

**Perceived Relevance and Impact of Educational Services**

**Vocational Training:** In terms of market relevance, over two thirds (75%) of the beneficiaries reported a high rate of satisfaction with vocational training received. But at the same time, only 35% felt that the training had actually helped them to secure a job. While this may indicate a weakness in terms of impact, it should be interpreted within the context of an overall depressed economic situation and prevailing high rates of unemployment. It should also be noted that where the provider had offered assistance with finding jobs (such as in the case of the private sector and UNRWA), the reported impact was more positive. Overall, the rate of satisfaction with vocational training programs offered by NGOs was rather low, both in terms of relevance, as well as impact, as summarized in Table 20 below:

<table>
<thead>
<tr>
<th></th>
<th>Governmental</th>
<th>NGO</th>
<th>Private</th>
<th>UNRWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries who felt the vocational skills they received were appropriate to market needs</td>
<td>77.4</td>
<td>66.7</td>
<td>75.8</td>
<td>75</td>
</tr>
<tr>
<td>Beneficiaries who felt that the training provider helped them to find a job.</td>
<td>24.5</td>
<td>13.9</td>
<td>45.5</td>
<td>30</td>
</tr>
<tr>
<td>Beneficiaries who felt that the vocational training itself helped them to find a job.</td>
<td>30.2</td>
<td>25</td>
<td>57.6</td>
<td>35</td>
</tr>
</tbody>
</table>

**Informal Education:** As with vocational training, the impact of NGO work in the provision of informal education appeared to be weak with only 11.7% of beneficiaries reporting that the services they received had helped them to find a job. However, this could relate to the nature of the training provided, which in this sector, places more emphasis on remedial skills. So although governmental and private sector providers were more proactive in assisting beneficiaries to find employment, they were not altogether very successful.

When asked about their perception of the role of the Government and NGOs in developing the educational sector, 16% and 13% rated their roles as being ‘very good’, respectively, and just under half reported their roles as being ‘good’. As before, the rating for governmental services (44%) was higher than it was for NGOs (42%).

**Summary Findings:** Despite the limited size of the NGO sample, it was apparent that that the majority of NGOs offering educational services had used, and applied, documented standards for monitoring the quality of their services. A good number also reported having the means to document the results. The PA was actively undertaking its obligatory function through regular inspection visits. Educational materials and curricula used by NGOs were taken from a wide range of local and international sources, although official approval for the use of these materials was confirmed by only a few.
In pre-school education, the reported level of beneficiary satisfaction was quite high, although lower than the reported rate of satisfaction in health services. This may have something to do with choice, as these households voluntarily send their children for pre-school education and therefore expect a higher quality of service in return. In contrast, the rate of beneficiary satisfaction with vocational training and informal education was significantly lower, most clearly reflected in the limited impact these programs have had on the employability of beneficiaries. However, the perception of the quality of services provided by the Government, and the private sector, in this area was more favorable than for PNGOs, which could be attributed to the high cost of running these programs, something which both the Government and the private sector is better able to manage given the potentially higher level of resources at their disposal.

C. Agriculture

C.1 Overview of the Sector and Service Providers

Historically, agriculture has been the backbone of the Palestinian economy. In the 1970s, it accounted for 37% of GDP. However, in the 1980’s, this had declined to 25% and further to 9.8% in 2004. The decline has been attributed to several factors including a shift in employment patterns away from agriculture and towards the service sector and Israeli labor markets, a heavier reliance on the importation of Israeli agricultural products, and the increased tightening of access to agricultural lands, especially in the WB. Despite this, until 2003, the agricultural sector accounted for about 19% of total Palestinian exports, decreasing slightly to 15.9% in 2004. This sector is also still one of the largest employers in the WB with 62,000 workers, and approximately 14,000 private businesses. Between 2002 and 2003, the total value of agriculture production in the WB was US$ 856 million, of which 55.3% was attributed to plant production, and 44.7% to livestock.

There are five main providers of agricultural service providers in the WB: the MoA, UN organizations, NGOs (both international and Palestinian), private associations, and the private sector. However, despite the large number of different service providers, activities appear to be largely un-coordinated, and the sector as a whole suffers from a lack of institutional support and relatively low levels of investment. Indeed, the lack of public resources, especially for supporting poor and rural households, was cited as one of the main reasons why PNGOs became active in the sector. But according to the 2000 Mapping of Palestinian NGO’s, PNGOs working in agricultural related areas such as rural development, water and environment only accounted for 15.7% of the total number of PNGOs, and only 7.2% of donor financing. The work of PNGOs in the agricultural sector covers a wide range of activities including land reclamation and rehabilitation, provision of agricultural inputs, skills development and training, and support to income generation projects designed to improve the socio-economic conditions of rural populations.

Regulation and Supervision

The formal mandate of the MoA is restricted to regulation, supervision, facilitation and provision of the appropriate infrastructure. More specifically, the policy of the Ministry covers the following: i) provision of the appropriate legislative framework (harmonization of laws, signing regional treaties, providing for suitable regulations, ii) civil participation (encouraging beneficiaries - especially youth and women - to participate in the legislative process and project cycle, encouraging the establishment of farmer’s societies and organizations, and increasing the activity of PNGOs, universities and research centers, iii) ensuring the proper usage of agricultural possessions (including establishing suitable procedures for small agricultural resources, and ensuring the sustainable use of public lands, and iv) developing rural and agricultural funding mechanisms (including an agricultural insurance system, and funding activities designed to support the activities of small farms).

C.2 Household Utilization of Agricultural Services

Only 28.2% of households surveyed for this study was involved in agricultural work; the percentage being much higher amongst households in the WB (26.7%), than in Gaza (14%). The majority of these confirmed ownership of the land (92.7%) that they used for agricultural purposes. Across income levels, the rate of utilization of agricultural services was highest amongst households belonging to the middle income bracket (NIS 750-2000/month) at 62%, next was the lowest income bracket (~700 NIS/month) at 23%, and lastly the highest income bracket (above NIS 2000/month) at only 13.7%.

Across the three providers (PNGOs, the Government, and the private sector), a higher percentage of households reported using PNGO services (11.7%), compared to either governmental (6.5%) or private (4%). In other words, PNGOs accounted for just over half (53%) of agricultural services utilized by surveyed households, as shown in Table 21 below:

Table 21: Percentage Utilization of Agricultural Services by Provider, Type of Service, and Location

<table>
<thead>
<tr>
<th>Provider</th>
<th>WB</th>
<th>Gaza</th>
<th>Total</th>
<th>WB</th>
<th>Gaza</th>
<th>Total</th>
<th>WB</th>
<th>Gaza</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrigation</td>
<td>28.6</td>
<td>26.3</td>
<td>27.7</td>
<td>21.2</td>
<td>4.5</td>
<td>14.5</td>
<td>14</td>
<td>14.5</td>
<td>8.8</td>
</tr>
<tr>
<td>Credit Loans</td>
<td>14.3</td>
<td>10.5</td>
<td>12.9</td>
<td>9.1</td>
<td>81.8</td>
<td>38.2</td>
<td>53.8</td>
<td>42.9</td>
<td>47.1</td>
</tr>
<tr>
<td>Land Reclamation</td>
<td>28.6</td>
<td>52.6</td>
<td>37.6</td>
<td>15.2</td>
<td>31.8</td>
<td>21.8</td>
<td>15.4</td>
<td>71.4</td>
<td>50</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>28.6</td>
<td>18.4</td>
<td>24.8</td>
<td>15.2</td>
<td>13.6</td>
<td>14.5</td>
<td>7.7</td>
<td>28.6</td>
<td>20.6</td>
</tr>
<tr>
<td>Training</td>
<td>17.5</td>
<td>42.1</td>
<td>26.7</td>
<td>21.2</td>
<td>9.1</td>
<td>16.4</td>
<td>0</td>
<td>23.8</td>
<td>14.7</td>
</tr>
<tr>
<td>In kind Subsidized Materials</td>
<td>42.9</td>
<td>57.9</td>
<td>48.5</td>
<td>63.6</td>
<td>68.2</td>
<td>65.5</td>
<td>23.1</td>
<td>76.2</td>
<td>55.9</td>
</tr>
<tr>
<td>Agricultural Road Rehabilitation</td>
<td>12.7</td>
<td>31.6</td>
<td>19.8</td>
<td>15.2</td>
<td>36.4</td>
<td>23.6</td>
<td>0</td>
<td>38.1</td>
<td>23.5</td>
</tr>
<tr>
<td>Marketing</td>
<td>6.8</td>
<td>2.6</td>
<td>4</td>
<td>6.1</td>
<td>0</td>
<td>3.6</td>
<td>38.5</td>
<td>71.4</td>
<td>58.8</td>
</tr>
<tr>
<td>Import/Export</td>
<td>0</td>
<td>5.3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>66.7</td>
<td>41.2</td>
</tr>
<tr>
<td>Raw Material Purchases</td>
<td>36.8</td>
<td>19.8</td>
<td>31.8</td>
<td>31.8</td>
<td>18.2</td>
<td>15.4</td>
<td>57.1</td>
<td>41.2</td>
<td></td>
</tr>
</tbody>
</table>

According to the data, the most frequently used services include: marketing, provision of subsidized agricultural inputs, land reclamation, and the provision of credit/loans. Services provided specifically by PNGOs are mainly focused on the provision of subsidized agricultural inputs, and to a lesser extent, on land reclamation, irrigation, and training while the provision

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57 Given the small number of sampled PNGOs working in the agricultural sector, the analysis presented in this part of the report is primarily based on the results of the household survey, and therefore discussion of the PNGOs own policies, with regard to targeting and quality monitoring etc., is brief relative to the sections on health and education.
of credit and marketing services is more the preserve of the Government and the private sector. Users also seem to rely extensively on the private sector for services related to import/export, as well as for the purchase of raw materials.

**Profile of Beneficiaries:** Amongst the beneficiaries of agricultural services offered by both PNGOs and the Government, approximately a third was women. A higher percentage of the total number of beneficiaries was located in villages, and these were serviced more regularly by PNGOs (60%) than by either the Government (51%), or the private sector (32%). In terms of income, almost 60% of the beneficiaries of PNGO services reported income levels of up to NIS 1400/month, while beneficiaries of the same income level accounted for only 51% of governmental services.

According to the household survey, only 35% of the beneficiaries that used services provided by PNGOs reported being charged for those services. However, the majority of those (90%) confirmed that the cost of these services was quite reasonable. In contrast, only 67% of the users of governmental services thought that the cost was reasonable.

A deliberate policy of ‘pro-poor’ targeting was confirmed by those PNGOs surveyed, with the majority focusing their services on the most marginalized communities. Specific targeting of low income families was also reported, by half of the organizations interviewed, through the use of ‘income-sensitive’ selection criteria, e.g: size of household, status of employment.

**Beneficiary Participation:** Overall, 34% of those who utilized agricultural services reported their involvement in a needs assessment process, with a much lower percentage involved in either program design (19%), or formal evaluations (18%). Across the various providers, governmental bodies had a higher rate of beneficiary participation in assessments and evaluations than PNGOs. However, 73% of the beneficiaries of PNGO services confirmed that the services offered were consistent with the needs of their local communities. The general level of satisfaction with PNGO services, in terms of relevance, was noticeably higher in the WB (83%) than it was in Gaza (61%).

**Summary Findings:** It is clear that PNGOs play a leading role in the agricultural sector given their responsibility for the provision of agricultural services to more than 50% of households surveyed in the areas of training, subsidized input materials, land reclamation and irrigation. In contrast, governmental and private sector services are focused on the provision of credit and loans, and marketing and facilitating imports and exports. The survey data also shows that the percentage of lower-income households who benefit from PNGO services was higher than other providers, which confirms that PNGOs working in this sector are the most successful in targeting their services to poor communities and marginalized areas.
C.3 Quality of Service Delivery

When PNGOs were asked about the standards they used for monitoring the quality of their services, the majority noted the availability of standards for monitoring the quality and safety of the materials used, but not for monitoring the quality or impact of services provided. These standards, however, were largely developed by the PNGOs themselves. Regular inspection by headquarters was reported by less than half of the organizations surveyed, and only 3 out of the 14 interviewed confirmed they had received monitoring visits by the MoA.

Public Perception of the Quality of Agricultural Services

Overall, the rate of satisfaction with agricultural services was not very high, but was highest amongst the beneficiaries of PNGOs (67%) who rated the quality of services as either ‘good’ or ‘very good’. The rate of satisfaction was lowest amongst users of governmental services (38%), but higher for users of the private sector (60%) particularly in relation to cost. As shown in Table 22 below, PNGO beneficiaries were most satisfied with the competence and attitude of the staff, and least satisfied with the organizations’ equipment, facilities and responsiveness to their needs.

Table 22: Beneficiary Satisfaction with Aspects of PNGO Agricultural Services

<table>
<thead>
<tr>
<th>aspect</th>
<th>Very Satisfied (%)</th>
<th>Satisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>7.2</td>
<td>54.6</td>
</tr>
<tr>
<td>Equipment and resources</td>
<td>5.2</td>
<td>50.5</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>14.4</td>
<td>61.9</td>
</tr>
<tr>
<td>Competence of staff</td>
<td>16.7</td>
<td>64.6</td>
</tr>
<tr>
<td>Responsiveness of staff to beneficiary needs</td>
<td>10.3</td>
<td>41.2</td>
</tr>
</tbody>
</table>

*Perceived Impact of Agricultural Services:* In terms of impact, the overall feedback from the beneficiaries of agricultural services was positive, with more than 40% confirming that the services received helped them to start either a new economic activity, and/or increase their income level. Improved access to markets was significant only amongst beneficiaries using private sector services. As Table 23 illustrates, this positive perception was slightly higher amongst beneficiaries of governmental and private sector services than it was for PNGOs. However, the higher level of involvement of governmental and private sector providers in income generation activities (e.g. marketing, credit, and provision of raw materials), for which the users have to pay, should be taken into account when analyzing the response rate.

Table 23: Beneficiary Perceptions of the Impact of Services by Provider (%)

<table>
<thead>
<tr>
<th>Impact</th>
<th>PNGO Services</th>
<th>Government Services</th>
<th>Private Sector Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabled an increase in economic activity</td>
<td>42.6</td>
<td>43.6</td>
<td>55.9</td>
</tr>
<tr>
<td>Enabled an increase in profit</td>
<td>41.6</td>
<td>29.1</td>
<td>50</td>
</tr>
<tr>
<td>Contributed to increased food security/ meeting subsistence levels</td>
<td>64.4</td>
<td>65.5</td>
<td>82.4</td>
</tr>
<tr>
<td>Allowed better access to markets</td>
<td>26.7</td>
<td>20</td>
<td>58.8</td>
</tr>
</tbody>
</table>

When asked about their perception of the overall role that the Government and PNGOs played in supporting the development of the agricultural sector, only 5.3% of the respondents rated the Government’s role as ‘very good’, compared to 10.8% for PNGOs. Even a ‘good’ rating was higher for PNGOs (37.7%), than it was for the Government (33%).
Summary Findings:

As with the health sector, PNGOs providing agricultural services were more likely to be monitoring the quality and safety of the materials used, than the quality or impact of the services they provided. PNGOs were also largely ‘self-monitoring’, receiving very few visits from their regulator, the MoA. However, in terms of beneficiary perceptions, the rate of satisfaction was highest amongst the beneficiaries of PNGO services, although their equipment and facilities were reportedly not very satisfactory. Overall, beneficiaries felt that all service providers had positively impacted on both their income levels, and their ability to start new agricultural activities. Moreover, the Government and the private sector had had the most impact (more than PNGOs), although it should be noted that they also implemented a number of income generating programs, which may explain the relatively high level of satisfaction in this regard. Interestingly, it was felt that the role of PNGOs was far better than the Government in terms of helping to develop the agricultural sector as a whole.
Conclusions and Recommendations

The PA's MTDP 2005-2007 stated as its overarching goals the need to address poverty in a sustainable way; reduce unemployment; and build social capital and functioning state institutions. Three of the four strategies articulated for achieving these broad objectives directly addressed the need to enhance the PA's capacity for planning, managing, coordinating and overseeing the development process. In its proposal for a medium term human development strategy for the WBG, the World Bank also underlined the centrality of the role of the PA “in facilitating the collaboration and planning of services between, and amongst, various stakeholders, including the public and private sector and NGOs, in order to ensure the most effective use of scarce resources and to take advantage of the value-added capacities within the disparate sectors at different levels.”

Indeed, one of the main conclusions of this report is that the role of PNGOs, relative to other service providers, varies considerably both, across and within the three sectors reviewed. The study also confirms that the demand on PNGO services is very much influenced by the availability, and relative affordability, of other channels of service delivery. Within this broader picture, PNGOs seem to have found a niche for themselves in delivering a range of services that are not available through other channels, or are otherwise not affordable. More specifically, demand on PNGO services seems to be highest in areas where the role of the PA is limited, and where the cost of acquiring these services through the private sector is comparatively high. In view of limited resource availability, it is therefore critical that investment in the PNGO sector be based on a careful review of the comparative advantage that PNGOs have in delivering specific services within their respective sectors of activity.

Another important conclusion is that services offered through PNGOs in the three reviewed sectors are not equally accessible to the poorer segments of the Palestinian population. This seems to relate to a number of factors including that PNGOs have to charge for the services they deliver, and therefore when they have the option to receive the service for a lower price, the poorest will necessarily take that cheaper option, and not the more expensive PNGO service. The study confirms, therefore, that in many instances, the beneficiaries of PNGO services are largely from households with higher income levels. However, as mentioned, the profile of PNGO beneficiaries varies considerably across the sectors reviewed and this seems to be somehow correlated with the nature of the service provided, and the location where it is offered. Thus, we find that the demand for PNGO pre-schools is much higher in rural areas than it is in urban centers where privately run pre-schools are more prevalent.

Other important findings point to a lack of accountability on the part of PNGOs towards their broader constituencies, reflected in the limited reporting by PNGOs to their constituencies and local communities. While the scope of this study did not permit a thorough assessment of the quality of services delivered by PNGOs, the findings do point to the absence of adequate standards, benchmarks and tools for monitoring the quality and impact of services. Moreover, the management practices applied by PNGOs appear to be rather weak, reflected in the limited attention paid to staff development and performance, and an apparent degree of centralization of decision making processes. The adequacy of operating procedures used

seems to vary across PNGOs of different size and capacity. However, by and large, the level of beneficiary satisfaction with their services is fairly high and, in most cases, higher than the level of satisfaction expressed with the quality of services received from the public sector. PNGOs seem to be particularly appreciated for the quality and attitude of their staff, and for the adequacy of their facilities and resources.

The review of PNGO partnerships, and the opportunities they face in accessing more sustainable sources of funding, reveals mixed results. Although a large number of PNGOs are involved in working relationships with the PA, their involvement in policy making and strategic planning is very limited. However, the role of the PA is generally viewed as being supportive. On the other hand, partnerships with local authorities, the private sector and other local partners are far more limited. Donor funding policies also seem to be fairly restrictive and do not offer equal opportunities for all PNGOs to benefit from external funding. Short-term funding also undermines opportunities for improved PNGO strategic planning thereby impacting negatively on the effectiveness of their overall role.

Following is a summary of the main recommendations coming out of this study and which could contribute to a more effective role for Palestinian NGOs in supporting a more sustainable development process for Palestinians:

i) **Funding decisions in support of Palestinian NGOs should be set within the context of broader sector policies**

Taking into account the current socio-economic situation, and the increasing needs of Palestinian communities, PNGOs should receive an adequate level of financial and technical support to strengthen and sustain their role as complementary service providers. In view of the scarcity of resources, however, financial support to PNGOs should be based on a careful and comprehensive review of existing capacity within the entire system of service delivery, and an identification of the comparative advantage of the various providers. Such a sector-wide approach to supporting PNGOs would contribute to a more rationalized and efficient use of scarce resources while ensuring longer-term impact and sustainability. In support of this broader approach, the study presents the following additional sector-specific recommendations:

**Health:** At least at the level of the provision of PHC services, the respective roles of the PA and PNGOs do not seem to be well-defined, suggestive of huge overlaps and inefficiencies in the system of health service delivery. The data further confirms that PNGO health services do not seem to be benefiting the poorest of Palestinian households. Although this analysis may be distorted by the generous health insurance policies of the PA, which render government services far more affordable, it certainly deserves further investigation. Not withstanding these considerations, it would seem appropriate to direct investments towards consolidating and improving the efficiency and targeting of the public health service delivery system. The longer term benefits of this approach may well exceed those currently realized by investing in alternative channels of service delivery that remain largely unsustainable, but also inaccessible to large segments of the population who cannot afford them.

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60 These recommendations are only suggestive as they are not based on an exhaustive review of the sectors they address.
Conclusions and Recommendations

The Role and Performance of Palestinian NGOs - In Health, Education and Agriculture

Within this overall picture, however, PNGOs seem to have a comparative advantage in providing more specialized levels of health care services and in delivering a range of specific services, including health education, awareness raising, provision of services for the mentally and physically disabled, and psychological counseling. Investing in strengthening and expanding PNGO service delivery in these areas, and exploring more sustainable sources of funding for their sustainability, may well contribute to improved performance in the sector.

Non-Formal Education: In the education sector, the respective roles of the PA and NGOs are better defined. The provision of pre-school education, for example, does not constitute one of the core responsibilities of the MOEHE. With the demand on pre-school education being income-sensitive, however, the utilization of private pre-school educational programs by lower-income households remains very limited. Therefore, to the extent that pre-school education is perceived as being critical to childhood development, it is necessary to invest in supporting the expansion of the role of PNGOs in this area. As existing PNGO services seem to be well-targeted, investments in this area would also likely support more equity in the provision of such services to Palestinian communities. As sub-contracting (by the PA) of pre-school education is very uncommon, alternative mechanisms for sustaining the work of PNGOs need to be further explored.

Vocational Training: The comparative advantage of PNGOs in the provision of vocational training programs is not wholly evident other than in the fact that their services appear to be more gender-sensitive. PNGO-managed vocational training programs seem to be poorly targeted and have limited impact. On the other hand, although it is costly to cater for those most in need, private sector vocational training programs seem to yield most impact. Based on these observations, it is recommended that opportunities for private-public partnerships in the provision of vocational training programs be more widely explored. Models of these partnerships have been tested and their positive impact, in terms of bridging the gap between labor supply and demand, is widely documented. The rationale for increased investments in this area is further supported by the critical needs of Palestinian youth, 40% of whom remain unemployed with very limited opportunities for skills-development.

Agriculture: Recent poverty assessments have confirmed that rural populations are suffering from the highest rates of poverty, and yet their relative share of humanitarian support has been the lowest. On the other hand, the agricultural sector offers huge opportunities for employment generation. While rudimentary, the results of this study seem to support a widely held view of the effective role that PNGOs working in agriculture seem to play in reaching out to the poorest and most marginalized of Palestinian communities. It is, therefore, recommended that opportunities for supporting and sustaining the role of PNGOs in the provision of agricultural/rural development services be more comprehensively explored. One particular area where PNGO involvement remains limited is in the provision of micro-credit. Based on their extensive experience of working with rural communities, PNGOs could play a key role in supporting the implementation of private-sector lead initiatives in this area.

ii) The PA and PNGOs need to collaborate on developing appropriate quality and performance standards for service delivery. In parallel, efforts to strengthen the monitoring function of the specialized ministries should be sustained and further intensified

To date, PNGOs and public service providers at large, have continued to operate within a highly unregulated environment. While this has been the case for many years, the situation today places a larger responsibility on PNGOs for improving their overall performance, both in terms of efficiency, and quality of services they deliver. While it is essentially the specialized ministries’ responsibility to monitor quality and develop harmonized standards of social delivery, the PNGOs themselves have a key role to play in supporting the development of, and compliance with, such standards.

While this study confirms that cooperation between the PA and PNGOs has progressed considerably, the relationship is not yet institutionalized, and still offers limited opportunities for PNGO participation at the level of policy and sector planning. It is therefore important for the PA to embrace a more participatory approach to managing the development process. However, PNGOs themselves will also need to increase their role in advocating for an improved regulatory environment for the sectors in which they are working.

iii) PNGOs need to be supported and encouraged to adopt improved targeting policies. On their part, donors should also expand funding and capacity building programs for Gaza-based PNGOs

Despite the significantly higher rates of poverty in Gaza, the role of PNGOs in delivering essential services to the population there remains disproportionately small compared to that of the West Bank. On the other hand, PNGOs in Gaza seem to demonstrate ‘better’ performance in a number of areas. They have utilized better targeting policies, they seem to have strong organizational skills and some have been successful in expanding their local resource base through donations and volunteer work. Investing in building the capacity of PNGOs in Gaza would critically contribute to enhancing their ability to access greater levels of funding, thereby correcting the current imbalance in the distribution of resources in favor of the West Bank.

iv) Opportunities for PNGO partnerships, particularly with local government, should be more actively explored, possibly through joint funding mechanisms

Much has been written about the dependency of PNGOs on international donor funding. However, given the prevalent depressed levels of per capita income, opportunities for enhancing the revenue base of PNGOs through income fees seem to be very limited. Furthermore, the application by PNGOs for higher service fees would directly impact on the accessibility of their services, undermining their presumed comparative advantage as providers for the
marginalized and poor. Therefore, an important opportunity for enhancing the sustainability of PNGO services seems to lie in promoting partnerships with local institutions, including the PA. Opportunities for partnership with the private sector, and raising levels of private voluntary contributions, should also be actively explored, including through the establishment of endowment funds.

v) Donors should be encouraged to adopt harmonized and program-based multi-year funding programs

Improvements in donor funding procedures could significantly contribute to enhancing the effectiveness of the role of PNGOs. Within identified investment priorities, donors should explore more program-based and multi-year funding options, using harmonized procedures and adequate fiduciary tools. Such programs should also incorporate elements of institutional building that would strengthen the capacity of PNGOs to better define their programs, based on beneficiary needs. Models of multi-donor grant-making instruments have been successfully tested locally, and their utility could be expanded to encompass broader areas of activity, and to support smaller PNGOs who face limited opportunities for funding. The institutionalization of harmonized models of grant-making will enhance the ability of PNGOs to plan their programs more strategically in order to improve overall performance and effectiveness.

vi) PNGO networks and umbrella organizations need to intensify their efforts to enhance their accountability practices through the adoption of a broadly-accepted PNGO code of conduct. On its part, the PA needs to activate the approved by-laws to support improved compliance with the PNGO Law

PNGOs should work on enhancing their own internal systems of accountability and financial reporting through the enforcement of a more transparent policy of financial disclosure and reporting. This may require more openness in the reporting of overhead costs to financing donors and reaching agreements on funding requirements beyond the direct expenses of project implementation. By expediting the endorsement of a code of conduct, the PNGO networks could also contribute to promoting more accountable practices in the PNGO sector. The NGO Law of Charitable Associations and Community Organizations is considered to be one of the most progressive NGO laws in the region. It provides a good platform for preserving the autonomy of PNGOs, while putting in place the appropriate accountability measures. The activation of the by-laws, approved by the Cabinet in 2003, would help remove some of the ambiguities surrounding its provisions, thereby contributing to more transparency and improved PNGO performance.
vii) **PNGOs should work on broadening their constituency base**

Given their important role as representatives of civil society, PNGOs need to actively engage in broadening their constituency base in terms of the local communities that they serve, and the civil society and grassroots organizations that they partner with. Given that the vast majority of PNGOs said that local communities had the most influence on their work, a positive working relationship between PNGOs and local organizations and authorities can have a major impact on the effectiveness of the role that PNGOs play vis-à-vis local communities. Local authorities can assist in identifying local needs, and also target groups most in need of various types of services. This process should be accompanied by increased advocacy for more equitable and inclusive social policies because, although PNGOs specializing in service delivery are not typically engaged in advocacy work, they need to ensure access to, and equity in, the provision of their services.
دور وأداء المنظمات غير الحكومية الفلسطينية في قطاعات الصحة والتعليم والزراعة

كانون ثاني 2006
ملخص تنفيذي

بحثت هذه الدراسة دور وآداء المنظمات غير الحكومية الفلسطينية مصمودة خدمات في ثلاثة قطاعات - الصحة، التعليم والزراعة. فهي توفر معلومات منهجية حول عمل المنظمات غير الحكومية، مع تحديد معايير القوة والضعف، واقتراح أساليب لتحقيق مسامتها في مجال تزويد الخدمات وعملية البناء الاجتماعي-اقتصادي.

وجهات البعدية إلى القيام بهذه الدراسة في أواخر عام 2002 وبدايات عام 2003، حيث تزامنت مع حقبة زمنية كان يواجه الفلسطينيون فيها العديد من التحديات الصعبة، بما فيها عملية السلام المتعثرة وعدد الاستقرار السياسي، وانتشار إرهاب رسالة، ومستويات منشقة لدخل الفرد وشد الوارد المالي مما أدى إلى تصاعد وتيرة الاعتماد على التمويل من الجهات الرسمية، الأمر الذي أدى إلى تصنيف الفلسطينيين كمستخدمين من أعلى مستويات الدعم الاقتصادي الرسمي للفرد.

ولذلك، أشرقت هذه الفترة درجة من الأمل الذي ارتبط بعمليات "الانفصال" الإسرائيلية الشوكيكية عن غزة وأجزاء من الضفة الغربية، وفرص تعزيز مستويات الساهمات من الجهات المانحة ومستمرري القطاع الخاص في عملية إعادة بناء الاقتصاد، وفي هذا السياق، تكونت السلطة الفلسطينية تعود عملية التشاور لإعداد خطة التنمية متوسطة الأمد.

أما اليوم، وبعد فوز حركة حماس في انتخابات المجلس التشريعي الفلسطيني في شهر سبتمبر الثاني من عام 2006 ورد الفعل الدولي تجاه ذلك، فإن الحالة السياسية والاقتصادي يبدو أشد صراحة على الأقل في المستقبل كله والذى فجرا. ومع ذلك، يظهر نتائج هذه الدراسة ذات علاقة وثيقة لأنها تتوفر فيها من أهم القضايا الفيتو والصوام الذي تواجهه المنظمات غير الحكومية في ظل أي سياق مثير، فهي من نظمت توزيع الخدمات التابعة للسلطة الفلسطينية إلى حالة من الفاعلية، وتتعزز الاعراضات حول مدى قدرة المنظمات غير الحكومية على عمل هذا الدور، على أمل أن تخفف نتائج هذه الدراسة من وطأة التوقعات غير الواقعية. و thùر هذه الدراسة أيضا إلى منح المنظمات غير الحكومية فرصة للتفكير بالإيجابية والتطور التي تواجهها، وتهذيب سبيل الأفضل للوقاف، ومع الأفكار المشتركة. وآخر، توفر الدراسة توجيهات إلى السلطات الفلسطينية والجهات الثالثة على النحوين الهادفة إلى تطوير توجهات أكثر منهجية لدعم عمل المنظمات.

لقد تجمع بيانات معظم أجزاء هذه الدراسة عن طريق دراستين الدراسة الأولي حول المنظمات غير الحكومية تشمل 27 منظمة غير حكومية مسئولة وعدد متوازن من مراكز توزيع الخدمات الخاصة بهم، والدراسة الثانية تشمل مبادئ 100 أسرة، ومن الضروري التعامل مع نتائج الدراسة حول المنظمات غير الحكومية على أنها توفر مؤشرات فقط بالنظر إلى الحجم المحدود نسبا لعينة الدراسة.

إن عملية مراجعة دور وآداء المنظمات غير الحكومية تركز على تحليل الجانب الوظيفي لعملية توزيع الخدمات الخاصة بهذه المنظمات، وتحديدا على : - حساب الاستخدام، - ممارسات السماح والإدارة، - ممارسات الاستهداف والشراكة، - معايير الفعالية ومراقبة هذه اللجان. وتوفر هذه الدراسة أيضا بمرجعية القيد التي تواجه المنظمات غير الحكومية في مجال الوصول إلى التمويل من الجهات الثالثة، بالإضافة إلى مستوى التفاعل مع السلطات الفلسطينية والشركاء المحليين الآخرين.
النتائج الرئيسية:

دور المنظمات غير الحكومية بالمقارنة مع مزودي خدمات آخرين

تظهر هذه الدراسة أن دور المنظمات غير الحكومية بالقياس مع مزودي خدمات آخرين يتفاوت بشكل واضح عبر وداخل مراكز الصحة، وذلك بناءً على عوامل عدة. ومع ذلك، فإن الطبقية للمنظمات غير الحكومية تتأثر بطرق مختلفة من تلك المعروفة في القطاعات الأخرى. وبالتالي، فإننا نستنتج أن المنظمات غير الحكومية يمكن أن تكون مصدراً لخدمات صحية جيدة، وتعزز العدالة الصحية، وتقضي على الفجوات في الوصول إلى الخدمات الصحية.

وفي مجال الصحة، وطبقاً لبيانات وزارة الصحة ومركز القضاء، يتوجه المركز الطبّي للإحصاء الفلسطيني، تشكيل الخدمات العامة في القطاع الصناعي غير الحكومية ما بنسبة 3% و 33% من إجمالي مراكز الرعاية الصحية الأساسية والأسرية في مراكز القضاء. إضافة إلى ذلك، تشير هذه الدراسة إلى أن خدمات المنظمات غير الحكومية تتأثر بشكل كبير من المستويات الجغرافية، حيث أن المنظمات غير الحكومية في المناطق الداخلية أكثر�能ية بتحقيق النتائج الدقيقة، بينما أن القطاع الخاص والمزودي يظهر ذلك بشكل أكبر.

ويuckles المبدو لاستخدام الخدمات الصحية التابعة للمنظمات غير الحكومية في توزيع صحة المجاعة المجانية (في حالة الارتداد). لكن المنظمات غير الحكومية في مجال الرعاية والعلاج العامة والارتداد الذي يتم إنتاجها في هذا القطاع تشير إلى مكتمل قصص وواضحة في مجال توزيع وتحسين الارتداد.

وفي قطاع الزراعة، فرصلت حصة المنظمات غير الحكومية إلى ما يقرب من 5% من مجموع الخدمات الزراعية مقارنة بمساحة السلطة الفلسطينية التي تصل إلى 7%. فيما تشتهر حصة الخدمات الزراعية بالسلطة الفلسطينية في مجال الخدمات الزراعية مع سياسة القطاع التي تحدد على دور السلطة الفلسطينية التسليمي في هذا المجال برد من توزيع الخدمات.

الستيفيون من خدمات المنظمات غير الحكومية

تبيّن هذه الدراسة أن الخدمات التي توفرها المنظمات غير الحكومية يصعب الوصول إليها بشكل متساوٍ من قبل الفقراء في القطاعات الثلاثة. ويوجه أن المنظمات غير الحكومية أن تتفوق بروسماً للاطلاع الخدمات التي تتوفرها، وذلك عندما يجد الفقراء أنفسهم أمام فرص الحصول على نفس الخدمات، أو fark بعد الاستخدام، أو في حالة عدم الاستخدام للخدمات غير الحكومية.

وب consequence، فإن الدراسة تؤكد على أن الدور المستفيد من خدمات المنظمات غير الحكومية في العديد من الحالات هم من الأسر ذوي مستوى على الدخول، ولكننا نشوف سابقاً، وتقدّم ملء الفجوات في خدمات المنظمات غير الحكومية بشكل كبير من القطاعات في الدولة.

1. نأتي إلى وزارة الصحة، نظام معلومات الإدارة الصحية باللغة العربية للدول相连 (2001) وبيانات الجهاز الرئيسي
2. بناء التنوّع هذا في انتشار البيانات، من خلال تنسيق البيانات في وزارة التخطيط، يأتي ما يشبه 10 من إجمالي بيانات السلطة الرسمية إلى الضفة الغربية
3. وحرة غير دول المنظمات غير الحكومية.
في قطاع الصحة، تشكو الأسر الفقيرة من ذوي الدخل ما دون 1000 شيكل إسرائيلي جديد في الشهر ما نسبة 40% من مجمل المستفيدين من خدماتنظم غير الحكومية لكنها تشكو 70% و50% من المستفيدين من الخدمات الصحية الحكومية والخدمات الصحية من الأدوية والتبويض. وتشكو من الخدمات الصحية المقدمة من قبل المنظمات غير الحكومية مفصول بشكل متساوٍ بين سكان الريف وسكان المدينة، ويبدو أن استخدام خدمات المنظمات غير الحكومية يسير بشكل ثابت ومستمر بين المناطق الريفية والحضرية.

ويوجد ارتباط سببي بين شحنة الأسر في رياض الأطفال ومستويات الدخل، وقد وصلت نسبة مستوى مشاركة (20%) في صفوف الأطفال دون 1000 شيكل إسرائيلي جدد بشكل ما نسبة 50% و40% من مجموع المستفيدين من التدريب المهني وخدمات الرعاية بالتوالي، ومن خدمات المنظمات غير الحكومية في هذه القطاعات أيضا. وقد تحدث منظمات الشباب في التدريب المهني الزود عن خدمات المنظمات غير الحكومية على مستوى واضح مقارنة بموزعي هذه الخدمات من الحكومة أو القطاع الخاص.

وبشكل إجمالي، فإن الأسر التي تتمتع إلى مجموعات التي يقل دخلهم عن 1400 شيكل إسرائيلي جدد تشكل ما نسبة 50% و40% من مجموع المستفيدين من التدريب المهني وخدمات الرعاية بالتوالي، ومن خدمات المنظمات غير الحكومية في هذه القطاعات أيضا. وقد تحدث منظمات الشباب في التدريب المهني الزود عن خدمات المنظمات غير الحكومية على مستوى واضح مقارنة بموزعي هذه الخدمات من الحكومة أو القطاع الخاص.

ومع ذلك، فإن المنظمات غير الحكومية تشتهر في خدماتها للناطق العاملة والأسر الفقيرة فقط في قطاع الزراعة (30%) ومن المستفيدين من التعاونية (60% في الصحة و60% في التعليم). لكن من حدد مظهر المنظمات غير الحكومية أن مستوى الدخل الفرد يمكن اعتبارهما مهم عند اختيار المستفيد. إضافة إلى ذلك، فإنه يذكر أن المنظمات غير الحكومية استهدفت بشكل متكرر للاستخدام الغذائية، مثل نزول الاحتياجات الخاصة، والشيوش، والأطفال/النساء.

المنظمات غير الحكومية والسلامة

ويشكل وظهرت المنظمات غير الحكومية على أنها مهتمة "بالسلامة العمومية" تجاه هبتاتها الإدارية والسلطة الفلسطينية والمجالات الملحقة أكثر من "المساءلة الاقتصادية" تجاه هبتاتها العمومية الأوسع والجهدات المحلية التي يخدمون. دكترت التقارير أن مستويات تشريعاً وتعاونًا والكشف عن تقاريرها العملية بالرغم إلى إقامة الهيئات العامة لمختلف الجمعيات المحلية المحدودة حمايا والدور في تكيّف أنواع الإنجازات الإدارية ومواجهة الأسلوبيات على مستوى المستوي من هيئات الإدارة للمنظمات الحكومية من خلال رصد نشاطات في الحكم والإشراف على عمل المنظمات، إلا أن هناك بعض المضاعفات حول الظروف المؤثرة في فجوات هيكليات المنظمات غير الحكومية إدارتها التالية وعملية اختبار مبادئ الحسابات مما يشير بعض الفقاعة حول ضعف المنظمات غير الحكومية في مجال الرقابة والإشراف.

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ممارسات القيادة والإدارة

بالرغم من حقيقة أن المنظمات غير الحكومية تدار من قبل طواقم متميزة بمهنية عالية، إلا أن عمليات الاختيار المستخدمة في توظيف مدیر المنظمات غير الحكومية لا تكون تنافسية في أغلب الأحيان وتنبأ إلى الشفافية. وما يميز الشرق الأوسط وأفريقيا بأنه المنظمات غير الحكومية لديها من قبل "الثقافة الصفراء" إضافة إلى ذلك، والاعتماد على تقارير الإدارة التي تحتد عن عمليات إضافية نحو الأمور المهمة في المنظمات غير الحكومية، فإن الأمور الرئيسية ما زالت تتخذ للتفاعلية القوية في

استنادا ببيانات محترفة على أساسها "دلال أولدريكي" فيلوي: فن الإشراف جيد، فإن الأسرة مكشوفة من 2 أفراد تحتاج دخل يصل إلى 1000 شيكل إسرائيلي جديد في الشهر، تضمن الصدفة على أنها "نقطة إشراف".
صيغة اقتصادية للسياسات غير الحكومية التي خضعت للدراسة. وبرزت دور المزاعم التي تمت بها الفروع والبرامج الخاصة. وفقًا للنتائج، فقد حسمت القضية على ضعف قدرات المنظمات غير الحكومية في مواقف الخطر وازدياد الازدحام. وتوصيب الطلبة، ومشاكل التحول، إذ أن المنظمات غير الحكومية الكبيرة فقط في هذه الدراسة ركبت الطرق لتعليم واسعة النطاق. وقد أُقرت النتائج وقائمة المنظمات غير الحكومية في إعداد التقارير حول الأعمال والخراجات. وقد لوحظ أيضاً ضعف قدرات المنظمات مقديس في قبائل منظمة متخصصة في السلطة الفلسطينية.

وأما الإنتاج السياسي للاستفادة عن خدمات المنظمات غير الحكومية علي جدًا، وهو تقييم يعتمد بشكل كبير على الكفاءة والهيكلية المرور في تدريب المنظمات غير الحكومية، وأعمال موارد ومرافق المنظمات غير الحكومية، خاصة في مجال الصحة. بناءً على هذا التقييم الإحصائي العام على أساس القطاع، ففي قطاع التدريب، لبي. عر المستفيدون عن رضا حيال خدمات المنظمات من مؤسسي الخدمات من السلطة الفلسطينية والقطاع الخاص، حيث ذكرت نسبة 43% من المستفيدون من الإنتاج السلطة الفلسطينية أن التدريب ساعدتهم في التعثر في تكرار عمل مطاردة بنسبة 34% فقط من مجموع من المنظمات غير الحكومية بشكل أكبر على توفير التدريب ودعم الداخل الزراعي والعلاج الإقراضي.

نتائج التمويل

تؤكد الدراسة على أن قدرات المنظمات غير الحكومية في تلقي عائدات محلية مركزية ومحدودة في إطار المنظمات الأكبر، خاصة المستشفى والمنظمات غير الحكومية العامة على المستوى الوطني. تشكل رسوم الخدمات ومشاريع توليد الدخل الجزء الأكبر من العائدات التي توفرها هذه المنظمات. وقد تحدث النظم غير الحكومية الإسلامية عن مستويات عالية من مساهمات المجتمع المحلي، وهو ما ليس له استثناء بشكل كبير من قبل المنظمات الأخرى في الدراسة.

يقال أن التمويل الدولي إلى المنظمات غير الحكومية ينتج عن نجاح المنظمات غير الحكومية الأكبر ومتخصصات غير الحكومية العامة في تدقيق الصحة. ويمكن تفسير ذلك جزئياً بسبب ضعف النظم غير الحكومية بقادرات مؤسساتية أصغر، بالإضافة إلى عواصمها الرئيسي والتعبيرية عن المنظمات غير الحكومية الدولية ومنظمات النظام، ويدرك أن التمويل من قبل السلطة الفلسطينية والمستعمرة يوجد رأي غير أساسي في التوزيع عبر المنظمات المختلفة الأحجام. ويعرف ذلك جزئياً بحقيقة أن المنظمات غير الحكومية الأصغر تتسلم دعمًا من وزارة العمل والشؤون الاجتماعية، وهي ترتبط ضمن عقود فرعية مؤسسات السلطة الفلسطينية لتزويد خدمات متعددة إلى الجهات السكانية الأخرى.

تؤكد الدراسة على أن المنظمات غير الحكومية يواجه فيها عبور داء كبير بسبب ظروف إمكانية التنسيق وغياب الساحة في تمويل من المنظمات غير الحكومية لتحديد سلامة تطبيق التدريب. وينظر إلى التمويل بشكل عام على أنه يتم توفيره لفترات قصيرة جدا، الأمر الذي يعكس قدرات المنظمات غير الحكومية على التخطيط الاستراتيجي والتركيز على تحقيق حياة الاستقلالية.

التعاون مع السلطة الفلسطينية وشركاء أخرين

يؤكد الدراسة على وجود عوامل كبيرة بين المنظمات غير الحكومية والسلطات الفلسطينية حيث ينظر إلى دور السلطة الفلسطينية بشكل إيجابي عموماً. لذا فإن التفاوض بين الطرفين لا يصل إلى مستوى الشراكة والتعاون النشط في تحقيق السياسات والقطاعات. ويمكن تفسير ذلك في إطار قدرات السلطة الفلسطينية الحضرية لقيادة عمليات تخطيط القطاع ونفس
التنسيق ما بين المنظمات غير الحكومية نحو حوار متجهي مع السلطة الفلسطينية. وتكشف الدراسات أيضاً عن حذرًا محدودًا من جانب المنظمات غير الحكومية في الدراسة مع نشاطات الناصرة والتابعة للتأتي على سياسات القطاعات التابعة للسلطة الفلسطينية. إضافة إلى ذلك، تحدث مجموعة من الذين تعاونوا مع قضايا الناصرة والتابعة أن تحقيقهم أصم على الاجتماعات وتوزيع المواد التدريسية وبناء التحالفات مقابل الاجتماعات مع أعضاء المجلس التشريعي الفلسطيني أو إعداد أوراق سياسات. ولكن، بلاحظ مؤخراً أن السلطة الفلسطينية (تحديداً وزارة الداخلية) مهتمة أشتر في التشاور مع المنظمات غير الحكومية (على سبيل المثال في إطار إعداد خطة التنمية متوسطة الأمد). وعلى مستوى الوزارات، تشير الدلائل إلى أن عمليات التشاور تبقى محدودة لأغراض محددة ونبوغ.

إن التعاون بين المنظمات غير الحكومية وال größer المحلي والقطاع الخاص يبقى محدوداً جداً. ويعد ذلك ربما إلى نقص الشرعية التي تتمتع بها مؤسسات الحكم المحلي التي استمرت في هذا الوضع لحين الانتخابات البلدية الأخيرة. ويبين عدم قدرة مؤسسات الحكم المحلي على توفير بنية موانع للتنمية المجتمعية. إن النقص في التعاون مع القطاع الخاص يشير إلى قدرات غير مستغله تشجع مساهمات مشتركة إلى برامج ونشاطات النظم غير الحكومية.

استنتاجات

وكملت دراسة التالي:

- سكان مستوى رضا المستفيدين من خدمات المنظمات غير الحكومية، وفي العديد من الحالات، أعلى بالمقارنة مع خدمات شبيهة تزودها السلطة الفلسطينية.

- تعتبر العلاقة بين المنظمات غير الحكومية والسلطة الفلسطينية بناءة بشكل عام، وحتى في ظل مشاركة محدودة من قبل النظم غير الحكومية في تخطيط ورسم سياسات القطاعات. وفي النهاية، تشكلت الشراكات بين المنظمات غير الحكومية والسلطات المحلية ضعيفة.

- قضاة النظم غير الحكومية يواجهون دور في مجالات و/أو قطاعات حيث تكون خدمات السلطة الفلسطينية غير متوفرة أو محدودة، وحيث تكون رسوم القطاع الخاص لقاء الخدمات عالية نسبياً.

- وفي الواقع الحال، لا تشمل النظم غير الحكومية إلى الفقراء والمجتمعات الرموزية. وبذلك، فإن معظم المنظمات غير الحكومية تبذل جهوداً لإعطاء الأولوية إلى الفقراء والأفراد العوزين في الجهات التي تعتبر من حقيقة أن المنظمات غير الحكومية يجري رسوم لقاء الخدمات تفسر إلى حد ما نقص التركز في الفقراء.

- تزعم الجهات الرسمية أن تضاعف النظم غير الحكومية الكبيرة، وتحديداً بسبب قدرات هذه المنظمات على التدقيق بالمناطق من الإجراءات المحددة التي تفرضها الجهات الرسمية. وتشجع الجهات الرسمية أيضاً لإضافة التمويل لفترات قصيرة، الأمر الذي لا ينفسي مع إنشاء قدرات طويلة الأمد وبالتالي استدامة النظم غير الحكومية.

- وفي معظم الحالات، لا تكون النظم غير الحكومية مسؤولة أمام المستفيدين والمجتمعات المحلية إضافة إلى هميتها الإدارية والجهات المنظمة والسلطة الفلسطينية. ويمكن ربط هذه النقص في الساحة “الأفقية” بالإشراف المحدود للمستفيدين في جدارة مراحل عملية تقييم الخدمات.

- ومن وجهة نظر مساهماتنا، هناك ضرورة لأن تسير وتشكل النظم غير الحكومية بعض العمل في قضايا تحسين الرقابة الموضوعية وضمان أن يكون أن تقدم ما يتم تشغيله المحلي والآليات الداخلية لتحقيق الطموح العام. وعادة ما يتم توظيف الأشخاص في الناصب العليا في المنظمات غير الحكومية بدون الإعلان عن مسابقة مفتوحة للجميع.
التوصيات

تبرز التوصيات التالية كنتيجة للفصل التحليلي في الدراسة:

• يوجد نمو طبيعي سريع للسكان الفلسطينيين، ولا يستطيع الاقتصاد حالياً، بسبب النزاع والإغلاق، أن يحافظ على معدلات متكافئة من الصالح والخير العام (بدون التحديد عن أعدادات تحسين هذه العادات)، وفي ظل هذا الناحية، فإنه يتوجب تزويج الحاجة للمنظمات غير الحكومية وتدشين للخدمات مع مرور الوقت. ومن أجل تحسين عملية الدعم إلى المنظمات غير الحكومية، يتوجب على الجهات التنظيمية تطوير وتعزيز القنوات والطلب داخل النظام الكلي لتوزيّد الخدمات.

• يتوجب على السلطة الفلسطينية والمنظمات غير الحكومية أن تتعاون في تطوير مقاييس بسيطة وشفافية للأداء، ومنذة في مجال تزويّد الخدمات. ويفضل موارد يجب تكيّف الجهود لتعزيز وظائف الرقابة للوزارات المتخصصة.

• يجب دعم وتشجيع المنظمات غير الحكومية على أن تستثمر خدماتها الفقراء بشكل أكثر وضوحاً، والنظر إلى الظروف العالية من الفقر في غزّة، يجب تشجيع المنظمات غير الحكومية على توسيع وجودها هناك، لكي تكون مكلفة لدور السلطة الفلسطينية والأخيرة.

• بالنظر إلى دورها الهام ومكملة عن المجتمع المدني، يجب على المنظمات غير الحكومية أن تعظّم قاعدة تمكينها مع المجتمع المدني والمنظمات الشبيهة. يجب أن يترافق هذا الجهد مع الناصرة والتضييق نحو سياساتجتماعية أكثر عدالة وشمولاً.

• يتوجب على شبكات المنظمات غير الحكومية، والمنظمات العامة، وتوفيرًا لها أن تكثف الجهود لتغذير النشاط من خلال تطوير وتمكين مثابرة شرف المنظمات غير الحكومية (الذي يجب أن يتضمن إجراءات خاصة لزيادة الجودة في خدمات المنظمات، وصياغة السياسات والإدارة للجهات)، ومن جانبها، يمكن للسلطة الفلسطينية أن تساهم في تطوير قطاع المنظمات غير الحكومية عن طريق تشجيع وإدماح النظام المحلي لقانون المنظمات غير الحكومية الذي تم اقراره من قبل مجلس الوزراء، والذي يلزم الفصوص في القانون الحالي. وهذا سيساعد بدوره في تشجيع قدر أعلى من الشفافية وتغيير الأداء من القطاع.

• يجب تشجيع جهود استكشاف الفرص لتشكل شراكات مع المنظمات غير الحكومية، خاصة مع الحكومة المحلية، وربما من خلال اليات تمول مشتركة. وتعتبر هذه الشراكات مهمة جداً نحو الاستدامة طويلة الأمد للمنظمات غير الحكومية.

• يجب على الجهات المنظمة أن تبدي توجهها استثنائية في موضوع التمويل إلى المنظمات غير الحكومية، من خلال توليد أقل على تحسين التشريع العقاري أو التدريب، وتعزيز أطرامت التجمع، أو غيرها، من أجل الخروج من النقص في الخدمات. ويتوجب على الجهات المنظمة على تحسين مستوياتها من أجل تحسين الخدمات، وتوزيع الأحمال بطرق عادلة ومشتركة، وأهليّة الموارد لتعزيز الخصائص والدور للمنظمات في القطاع.

• يجب على السلطة الفلسطينية،إنها هي التي تساهم في تطوير الشفافية، والتي تعزز من خلال التمويل، وتساعد في توزيع المنظّمات غير الحكومية، وإعداد برامج التنمية، وبرامج البناء، لتطوير سلطة الفيدرالية في المجال الذي يتحزمها على تنفيذ تلك الرؤية.