

The Islamic University–Gaza
Deanship of Research and Graduate Studies
Faculty of Science
Master of Crisis and Disaster Management



الجامعة الإسلامية – غزة
عمادة البحث العلمي والدراسات العليا
كلية العلوم
ماجستير إدارة الأزمات والكوارث

Participation, opportunities, and challenges faced by NGOs in managing the health sector crisis (Case study: 2014 aggression on the Gaza Strip)

المشاركة، الفرص، والتحديات التي واجهت المنظمات غير
الحكومية في إدارة أزمة القطاع الصحي
(دراسة حالة عدوان 2014 على قطاع غزة)

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إقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Participation, opportunities, and challenges faced by NGOs in managing the health sector crisis

(Case study: 2014 aggression on the Gaza Strip)

المشاركة، الفرص، والتحديات التي واجهت المنظمات غير الحكومية في إدارة

أزمة القطاع الصحي

(دراسة حالة عدوان 2014 على قطاع غزة)

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نتيجة الحكم على أطروحة ماجستير

بناءً على موافقة عمادة البحث العلمي والدراسات العليا بالجامعة الإسلامية بغزة على تشكيل لجنة الحكم على أطروحة الباحث/ أحمد طلب خليل النجار لنيل درجة الماجستير في كلية العلوم/ برنامج إدارة الأزمات والكوارث وموضوعها:

المشاركة والفرص والتحديات التي تواجه المنظمات غير الحكومية في إدارة أزمة القطاع الصحي

دراسة حالة: عدوان 2014 على قطاع غزة

**Participation, Opportunities and Challenges Faced by NGOs in
Managing the Health Sector Crisis
Case study: 2014 aggression on Gaza Strip**

وبعد المناقشة التي تمت اليوم السبت 23 صفر 1440 هـ الموافق 2018/11/03م الساعة الحادية عشرة صباحاً، في قاعة مبنى B201 اجتمعت لجنة الحكم على الأطروحة والمكونة من:

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واللجنة إذ تمنحه هذه الدرجة فإنها توصيه بتقوى الله تعالى ولزوم طاعته وأن يسخر علمه في خدمة دينه ووطنه.

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عمادة البحث العلمي والدراسات العليا

.....

مازن إسماعيل هنية



التاريخ 2018/12/13

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الموضوع/ استلام النسخة الإلكترونية لرسالة علمية



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435

الملخص

الأهداف: هدفت الدراسة إلى التعرف على المشاركة والفرص والتحديات التي واجهت (المنظمات غير الحكومية) في إدارة أزمة القطاع الصحي في محافظات قطاع غزة خلال عدوان 2014 .
المنهجية: تم استخدام المنهج الوصفي لتحقيق أهداف الدراسة. بعد مراجعة الأدبيات المتاحة لتحديد العوامل المحتملة التي تؤثر على إدارة الأزمات ، استخدم الباحث استنباطاً ذاتياً لجمع البيانات من المنظمات غير الحكومية. ، بلغت مجتمع الدراسة (80) موظفاً يعملون في مجال التنسيق في المنظمات الغير الحكومية.

النتائج: استنتجت الدراسة نتائج أهمها أنه لا توجد فروق ذات دلالة إحصائية عند ($\alpha 0.05$) بين متوسطات استجابة المستجيبين حول المشاركة والفرص والتحديات التي تواجهها (المنظمات غير الحكومية) في إدارة أزمة القطاع الصحي بعد عدوان عام 2014 حسب متغير (الجنس والعمر والمؤهل والعلمي وفترة العمل) ، توصلت الدراسة إلى وجود علاقة وثيقة بين المؤسسات غير الحكومية ووزارة الصحة الفلسطينية وذلك من خلال التواصل المستمر والمعلومات المحدثة من قبل المؤسسات والوزارة ، وأعتبر دعم الإدارة العليا للتنسيق والتعاون بين الموظفين أمراً أساسياً و أن التواصل المسبق بين المنظمات الغير الحكومية ووزارة الصحة أثناء حالات الطوارئ يتجه نحو الشكل الإيجابي ، كما وأشارت النتائج الى أن التخطيط المسبق لمواجهة الأزمات من قبل المؤسسات غير الحكومية يعد من أهم العوامل لتجاوز تلك الأزمات وذلك من خلال تدريب واعداد موظفين مدربين ومؤهلين وهذا يساعد في تحليل مؤشرات الأزمات وطرق جمع المعلومات والتخطيط قبل وقوع الأزمة ، كما وان الاتصال والتواصل بين الإدارات خلال الأزمات ضعيف كما أن دروس المستفادة من الثغرات في الخطط السابقة يتم دمجها بعناية في خطط الأزمات) كان لها وزن نسبي منخفض وهذا يتطلب تحديث الخطط من قبل الإدارات العليا في المؤسسات وكانت وأبرز التحديات التي واجهت هذه المؤسسات هو نقص الخبرات والمهارات في بناء العلاقات مع الجهات المانحة أثناء الأزمات.

الكلمات المفتاحية: المنظمات الغير الحكومية، قطاع غزة، التحديات، وزارة الصحة، المشاركة، الفرص، أزمة، العدوان.

Abstract

Objectives the study aimed at identifying the participation, opportunities and challenges faced by NGOs in managing the health sector crisis in the Gaza Strip governorates.

Methodology: The cross-sectional descriptive method was used to achieve the objectives of the study. After reviewing the available literature to identify possible factors that affect crisis management, the researcher used a self-developed questionnaire to collect data from NGOs. The study population reached (80) employees who works in coordination field in NGOs.

Results: The results of the study showed that there are no statistically significant differences ($\alpha 0.05$) among respondents' responses to the participation, opportunities and challenges faced by NGOs in managing the health sector crisis after the aggression of 2014 according to (gender, age , scientific qualification , period of work) variables , The study found that there is a relationship between the NGOs and the Palestinian Ministry of Health, and the support of the senior management for coordination and cooperation between the staff is considered essential and that the previous communication between the NGOs and the Ministry of Health during the emergency situations tends to be positive, coordination between NGOs and the MOH serve the health sector, providing health services provided by NGOs to the health sector during emergencies in a convenient manner. The results also indicated that non-governmental organizations face the crisis in three stages (pre, during, after). And that the planning and monitoring process needs more efforts from the NGOs to support this trend. The main challenges facing these institutions are the lack of expertise and skills in building relationships with donors.

Keywords: NGOs, Gaza Strip, Challenges, Ministry of Health, Participation, Opportunities, Crisis, Aggression.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قال عز وجل /

" وليعلم الذين أوتوا العلم أنه الحق من ربك "

سورة (الحج 54)

Dedication

This piece of work is dedicated to my father and mother, the symbol of hard work and success; it is also dedicated to my wife for her patient, unlimited encouragement, love and continuous support during my MA study. To all of my friends and colleagues who stood beside me with great commitment.

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- ❖ Gratitude to the targeted NGOs for their participation in filling the questionnaires.

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List of Abbreviations

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Master Program of Crisis and Disaster Management



M	Icon	Illustration	Translate in Arabic
1	GDP	Gross Domestic Product	إجمالي الناتج المحلي
2	G.S	Gaza Strip	قطاع غزة
3	MOH	Ministry Of Health	وزارة الصحة
4	NGOs	Non-governmental organizations	المؤسسات غير الحكومية
5	PCRS	Palestine Children Relief Society	جمعية إغاثة أطفال فلسطين
6	PNGOs	Palestinian Non Governmental Organizations	المؤسسات الفلسطينية غير الحكومية
7	RW	Relative weight	الوزن النسبي
8	SD	standard deviation	الانحراف المعياري
9	UNDP	United Nation Development programmed	برنامج الأمم المتحدة للتنمية
10	UNFPA	United Nation Population Fund	صندوق الأمم المتحدة للإسكان
11	WB	West Bank	الضفة الغربية
12	WHO	World Health Organization	منظمة الصحة العالمية

Researcher: Ahmed Talab Al-Najjar

Chapter 1 Introduction

Chapter 1

Introduction

This chapter presents an introduction to the study on the problems, challenges and opportunities faced by NGOs in the Gaza Strip. In addition, it contains a statement of the problem, objectives, research questions and hypotheses, justification of research, scope and constraints, assumptions, basic concepts, methodology, and thesis structure.

1.1 Background

The 2014 Israel–Gaza conflict also known as Operation Protective Edge was a military operation launched by Israel on 8 July 2014 and lasted for 51 days.

This development marked the collapse of the Egyptian-brokered ceasefire understanding reached between Israel and Hamas in November 2012, which has been gradually undermined since December 2013. The latest escalation round started in early June, characterized by an intensification of Israeli airstrikes and rockets launched from Gaza at southern Israel. Tensions further increased following the abduction and killing of three Israeli youths in the southern West Bank, on 12 June, which the Israeli government attributed to Hamas. Overall, in the period leading up to the start of 2014 war.(OUCHA : 2015)

Since the foundation of the human being is the first institution is undergoing continuous changes, because the environments in which the institutions are working in continuous changes, which requires them to change in response to health changes, and the result of interaction between the institution and its environment, the institution will not remain static but constantly changing, Because of internal factors, the degree of change varies from one institution to another. The extent of change in their environment, on the one hand, and their ability to respond to this change, on the other hand, are all-changing. This change may be spontaneous or coincidental and may be the result of a planned effort (Fatima, 2017:16).

Non-governmental organizations (NGOs) have become an irresistible global force today. The non-governmental sector, also known as the voluntary sector, is growing in relation to its existence in development activities. Its role in human development is now widely recognized and accepted in most parts of the universe, Non-governmental organizations are non-profit agencies formed by a vision of a group of eager people

committed to raising the level of the poor and the marginalized , unprivileged, underprivileged, impoverished, downtrodden and the needy and they are closer and accessible to the target groups, flexible in administration, quicker in decision making, timely in action and facilitating the people towards self-reliance ensuring their fullest participation in the whole process of development. (Lathaa, K. & Prabhakar K. (2010) Today, the country's (NGOs) play a clear role in diverse development programs and activities. The achievements and success of non-governmental organizations and the excellent work it has done in specific areas is an enormous task that has helped meet the changing needs of the health system(Kumar : 2017) . However, despite the achievements of non-governmental organizations in various fields, they face different problems that vary from one organization to another (Al-Quraishi, 2010: 7)

The health sector is considered one of the most important social sectors in the Palestinian Territory. The latest estimates indicate that the total expenditure on health services (including direct household expenditure) in the Palestinian Territory amounts to 13% of the total gross domestic product (GDP). This percentage is very high when compared to the expenditure on health in some neighboring countries. For example, health expenditure is 3.5% in Egypt and 8.7% in Israel (WHO, 2018 : 7).

The Israeli occupation forces shelled the hospitals of al-Aqsa Martyrs in the central governorate directly, and the Israeli occupation forces fired artillery shells at the two hospitals, wounding thousands of patients and visitors, in addition to hundreds of medical personnel. Four Palestinians (including three wounded) were injured and 40 others were wounded, including several hospital workers. (Kamal Khattab) , director of the hospital, said that the shells fell on the intensive care, surgery, nursing, boarding and administration building. The hospital, equipment and medical supplies were badly damaged before the bombing. (Ashraf al-Qudra) , a spokesperson for the Ministry of Health, stopped the operating rooms and the oxygen production plant necessary for the operations and the destruction of the headquarters of the administration and the overnight bombardment of the Al-Aqsa Martyrs Hospital. He pointed out that the ambulances that tried to evacuate the wounded from Al-Aqsa Martyrs Hospital to Shifa Hospital to heavy shelling led to the injury of two ambulances.

On 11 July 2014, at approximately 02:00, Israeli warplanes bombarded the fourth and sixth floors of Al-Wafaa Medical Hospital in Al-Shojaeya neighborhood, east of Gaza City, causing severe damage to the two layers. According to Basman al-Ashi, Executive Director of Al-Wafa Medical Rehabilitation Hospital, the Israeli bombardment

destroyed the northern part of the hospital building, which provides rehabilitation services for 6000-7000 patients a year (of all ages) who are unable to move and need care. Moreover, follow-up around the clock.

These blatant attacks undermined the work of medical personnel and paramedics, and prevented them Reaching dozens of dead and wounded, particularly among the civilian population. In many areas of the Gaza Strip that have been subjected to aggressive military actions, has started this resulted in additional suffering among the dead and wounded, who left without the teams being able to Medical access to them only after more than 24 hours a lot of times. Many of the wounded who left were bleeding in several districts of the Gaza Strip Was subjected to the invasion of Israeli occupying forces. Teams and crews were unable ambulances, including civil defense vehicles, have access to houses and facilities for bombardments led to their destruction and the fire, mostly, in order to recover victims of the dead, wounded and injured, due to the concentration of land occupying forces and the occasional bombing of the air and sea. These crews were prevented from performing despite its repeated prior coordination, through its Committee the International Committee of the Red Cross, and the refusal of the occupation forces to teams and ambulance crews, and relief teams Humanity to pass through the affected areas. The center is suspected, according to the facts and evidence gathered that dozens of victims among the wounded in the neighborhood Al-Shojaeya have died because they do not have the necessary medical care to save their lives by the occupying forces.

In recent years, Palestinian (NGOs) have made a clear effort to implement many relief or development programs and have been able to respond to the demands and priorities of the Palestinian society despite the great difficulties that have arisen because of Israeli actions towards Palestinian citizens. (Devoir and Tartir, 2009).

In the next phase by continuing to provide emergency and developmental services to the Palestinian society and to develop institutional and organizational capacities in non-governmental organizations. The scientific progress witnessed by the world it is incumbent on institutions, whether global or local, to adopt modern administrative concepts in management if they want to achieve their objectives efficiently and effectively. Today, the world has hardly taken a step without a clear prior definition of events and a vision that serves the mission of the institution, which necessitated the creation of new departments and departments in institutions, means that all the actions

undertaken by the institution are scientifically studied and well planned (Salama, 2012: 9).

1.2 Problem Statement

The impact of the Israeli occupation on the Gaza Strip has had a devastating impact on the health sector, there have been enormous health needs that have not been adequately met, Such this challenges require enormous coordination between the Ministry of Health and non-governmental organizations, Therefore, this study came to evaluate the most important opportunities and challenges faced by these organizations , Strengthening the participation of NGOs in crisis management.

1.3 Objectives of research:

1.3.1 General objective:

To evaluate the level of participation, opportunities and challenges faced by (NGOs) in managing the health sector crisis after the aggression on the Gaza Strip in 2014.

1.3.2 Specific objectives:

To Identify the level of participation, opportunities and challenges faced by (NGOs) in managing the health sector crisis after the aggression on the Gaza Strip in 2014.

To test the association between the perceived participation, opportunities, challenges and socio-demographic variables.

To identify the roles and enabling factors of (NGOs) in the Gaza Strip during an aggression in 2014.

To investigate the practice of the crisis of the administrative health sector through a non-governmental organization during the aggression on the Gaza Strip 2014, by identifying the links, opportunities and challenges that affect disaster management.

1.4 Study Questions

What is the extent Participation, opportunities, and challenges faced by (NGOs) in managing the health sector crisis?

A number of sub-questions arise from this main question:

- ❖ What are the challenges faced by (NGOs) in managing the health sector crisis after the aggression on the Gaza Strip in 2014?
- ❖ What is the relationship between opportunities and participation and the challenges faced by (NGOs) and crisis management (before the crisis, during

the crisis, and after the crisis) Health sector after the aggression on the Gaza Strip in 2014?

- ❖ Are there statistically significant differences at the level of significance ($\alpha \leq 0.05$) between the responses of respondents on the Participation, opportunities, and challenges faced by (NGOs) in managing the health sector crisis according to the study variables (gender, age group, academic qualification, duration of work).

1.5 Thesis terms

Non-governmental organizations: An independent legal entity established by agreement between at least seven persons to achieve legitimate objectives of public interest without targeting profit-making for the purpose of sharing among members or for personal benefit. The NGO, the Association or the Charitable Organization .(Moheisen, 2011:26)

The researcher defines him as an institution or person providing services to all citizens according to the target group with the aim of achieving a health, social, economic or cultural goal, measured in the degree that was established through the scale.

Disaster management: The first introduction of the term disaster management was first set during the cold war in the mid-1950s. Many plans and decisions were made around preparation for nuclear war and the construction of bomb shelters. Later, the idea of disaster management was used to reduce the impact of natural disasters (Pearce, 2003). Disaster management is a general term that incorporates all actions related to disasters. The United Nations (1992:28) defined it as “the body of policy and administrative decisions and operational activities which pertain to the various stages of a disaster at all levels”. The main significance of disaster management is to reduce the effects of risks to minimize the loss of life and damage caused by the destruction of economic and material losses, although there is a lack of attention to the indirect effects on livelihoods and development of the communities in which is possible to be affected (Benson and Clay, 2004). Rapidly expanding and developing as a practice and a profession as well, disaster management made such change a necessity energetic by the modern needs of governmental and nongovernmental organizations involved is one or more of the four phases of emergency management mitigation, preparedness, response and recovery (Coppola, 2007).

The researcher defines the procedure as avoid the crisis by managing it more effectively, and the main motivation for managing the crisis is awareness and vigilance of the potential consequences of that crisis, measured as measured by the scale.

Health Sector: The concept of the health sector reflects all the units, services and organizations concerned with health. The health sector is characterized by uncertainty.

It means uncertainty about the occurrence of the disease and uncertainty about the effectiveness of the treatment. On the doctor (Abdullah, 2011: 78).

The researcher defines the procedure as: a place aimed at participating in improving the health, diagnosis, treatment and rehabilitation of at-risk people, measured as measured by the scale.

The aggression of 2014 on the Gaza Strip: A military conflict between Israel and the Palestinian resistance movements in the Gaza Strip began on July 8, 2014, which was called by the Israeli army the process of the solid shelf and responded to the Qassam in the battle of the food intake and responded to the jihad operation of the consolidated structure after a wave of violence erupted with the abduction, torture and burning of the child Mohammed Abu Khudair, from Shu'fat, was arrested by a group of settlers on July 2, 2014, and the re-arrest of dozens of editors of the Shalit deal, followed by widespread protests in Jerusalem and within the 1948 Arabs, as well as in the West Bank. Mutual bombing Between Israel and the Palestinian resistance in the Gaza Strip (Free Encyclopedia, 2018).

1.6 Search limits

The spatial limit: Governmental health sector and international non-governmental organizations dealing with the health sector.

Time limit: in the academic year 2018 - 1439.

Objective: Participation, opportunities and challenges facing non-governmental organizations in managing the health sector crisis after the aggression of 2014 on the Gaza Strip.

Human Resources:

Health workers in non-governmental organizations who works in coordination field.

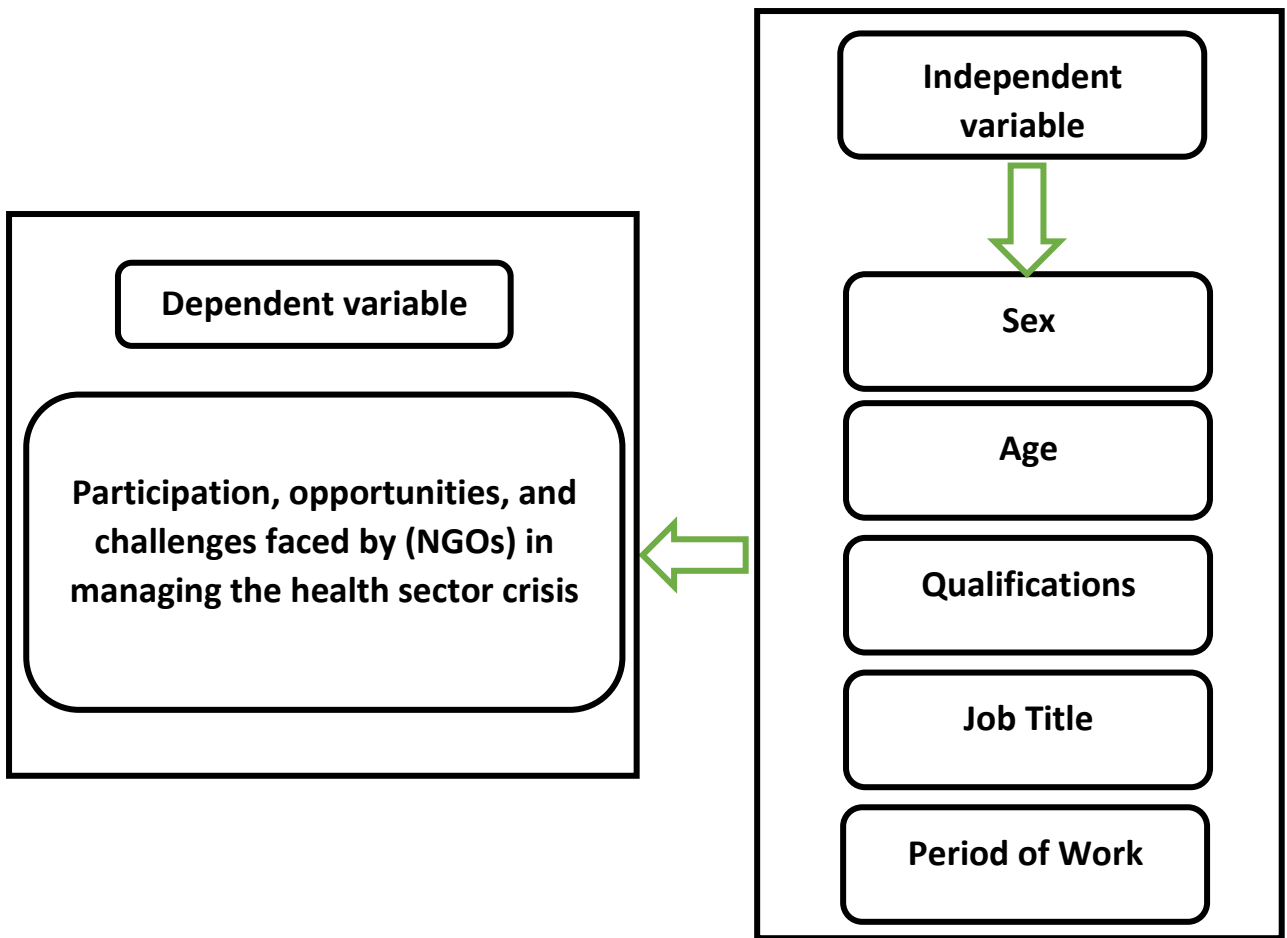


Figure (1.1): A diagram of the search variables

Chapter 2 Literature Review and Previous studies

2.1 The first topic: Health sector

The first topic: Health sector

2.1.1 Background

Health is the completion of physical and mental health, not just the absence of disease or disability, and the social and economic situation of a people that is closely linked to its health condition, which depends on socio-economic development, but contributes greatly to improving the health of citizens to achieve the health goal. For all, the right to health also points to the degree of synergy and integration within any society, and thus important measures for the civilized development of society (Kurdi, 2014:132).

The government health sector is considered one of the most important social sectors in the Palestinian Territory, represented by the Ministry of Health, which started its work in 1994. It is one of the most important Palestinian ministries that have played a leading role in carrying out many tasks. In coordination with all providers of health services, educational institutions and other relevant institutions. The Ministry activates and activates community health education programs through the management and dissemination of health information, in addition to the development of human resources and Allocate spending on health care services to suit the needs of the population in the Gaza Strip (Ministry of Health, 2008).

The health service delivery system is distributed between the Palestinian Ministry of Health, the Palestinian Agency for Relief and Works (UNRWA) and private health sector organizations, as well as the private sector. These services attempt to provide basic health services to the Palestinian population. That the problems related to the Palestinian reality, the health sector is still unable to overcome many of the problems and meet the needs of citizens (Abu Zeina, 2010: 18).

2.1.2The concept of the health system: is a set of organizations, institutions and resources aimed primarily at improving health. The system needs staff, funds, information, supplies, and means of transport, communication, direction and general trends. The system must provide services that meet existing needs at equitable prices and seek at the same time Treat people appropriately (Who, 2010).

2.1.3 The legal framework of the public health system

The Public Health Law regulates the health services provided to the Palestinian citizen, as well as through the health insurance system and the transfer abroad, which was established by the Council of Ministers No. 113 for the year 2004, in addition to the instructions derived from them for the various health services provided. Within available resources. It also calls on the Ministry to prioritize its activities to the health of women and children, and the Ministry of Preventive Immunization programs and implement them free of charge (Shalabi, 2007).

2.1.4 Basket of services provided by the public health system

The basket of health services covered by the system includes a range of health services offered at 2006 the Ministry of Health and others purchased from other health institutions in the Palestinian territories or abroad. The system also determines the contribution of the insured to the costs of various treatments, (Maliki and others, 2012: 53).

2.1.5 Government Health Services

Health services provided by the Ministry's centers to all citizens, whether they are insured or non-believers, including:

- ❖ Immunization vaccinations.
- ❖ Treating infectious diseases, including pulmonary tuberculosis, epidemics or any disease that puts public health at risk according to the list of diseases published by the Ministry of Health.
- ❖ Primary care services in mother and child centers.
- ❖ School health services initiated by the Ministry of Health and related to public health.
- ❖ Natural disaster and war services.
- ❖ Treatment of children up to the age of three years.
- ❖ Treatment of chronic mental illness.
- ❖ Any other services approved by the Council of Ministers with the recommendation of the Minister of Health.
- ❖ In circumstances and circumstances, the Minister shall have the right to take appropriate decisions.

- ❖ Other government health services provided by the Ministry's centers to all citizens, which are exempted from paying in part to the beneficiaries only (Palestinian National Information Center, 2006).

2.1.6 Health services purchased from outside the ministry

Is a group of health services that are partially exempt from payment in part by the Ministry to the Yemenis only by contracting with non-affiliated health centers both inside Palestine and outside Palestine (Palestinian National Information Center, 2006). The Ministry of Health continued to provide health services to patients in spite of the siege imposed on the Palestinian people, especially in the field of specialized treatment (treatment abroad), where the total cases transferred out (9, 05) cases in all specialties for 2013 have been transferred to treatment outside the hospitals of the Ministry of Health (Annual report of hospitals, 2013:30)

2.1.7 Health Care Ratings

- ❖ **Primary health care:** Primary screening and comprehensive health care, including diagnosis, first treatment, health supervision, management of preventive health services and chronic conditions. The provision of primary health care does not require advanced equipment or devices or specialized sources.
- ❖ **Secondary health care:** Treatment by a hospital specialist provided to a patient who is transferred from primary health care or in an emergency.
- ❖ **Tertiary health care:** is specialized advisory care that is usually transferred from primary health care or secondary medical care and is offered in a center with facilities for specialist testing and treatment.
- ❖ **Rehabilitation centers:** The facilities that provide treatment and training for rehabilitation, which provide occupational therapy, motor therapy, occupational therapy, and special exercises such as speech therapy to recover from injury or illness to the normal extent possible (PCBS, 2012:27).

2.1.8 Health service providers in the public health system

- ❖ **Hospitals:** This section includes hospitals that are primarily engaged in the provision of medical treatment, diagnosis and service provision including: doctors, nursing, and their referral from patient health services in addition to housing services and specialized services required by patients. Hospitals can also provide outpatient services as a

secondary activity. Many of these services can only be provided using specialized facilities and equipment that are an important factor in the production process. In some countries, health facilities need minimal equipment such as beds as a hospital, the number of hospitals affiliated with the governmental health sector reached 13.

- ❖ **General or multi-specialty hospitals:** This section includes hospitals that are primarily engaged in the provision of medical treatment (surgical or non-surgical) to patients who need to sleep so that the provision of various medical services, in addition to these hospitals can provide services other than services Treatment, such as diagnostic services, X-ray, clinical services, laboratory services, operations room and services for a variety of pharmaceutical procedures and services. This applies to medical complexes and Ghaz Hospital European Hospital Martyr Mohammed Yousef al-Najjar Hospital and Al-Aqsa Martyrs Hospital Kamal Odwan Hospital and Beit Hanoun.
- ❖ **Specialized or Uni-Specialized Hospitals:** This item includes specialized hospitals in a particular field. This applies to Al-Nasr Children's Hospital, Abdul Aziz Al Rantisi Specialized Hospital for Children, Al-Shaheed Mohammed Al-Durra Hospital, Ophthalmology Hospital and Al Hilal Hospital, In addition to the psychiatric hospital, the function of these hospitals provide medical treatment for patients who have a specific type of disease (Annual Report of Hospitals, 2013:8). The volume of expenditure on the public health sector

The expenditure on health in Palestine is the highest in the Arab countries in terms of the proportion of this expenditure of the (GDP), about 16%, and in spite of the efforts exerted by the health sector and the government, but the reliance on external funding to cover expenditures in this sector because of the scarcity of resources And the inability of the health insurance sector to provide population resources due to the political and social conditions in which we live in Palestine (Health Insurance Annual Report, 2013: 1).

The government sector accounts for the largest share of the expenditure on health services in the Gaza Strip (about 42%) compared to the UNRWA and NGO sectors. According to data from the Palestinian Ministry of Health, the Ministry of Health in 2010 amounted to about NIS 1.233 billion (43%) of total expenditure. The actual expenditure on the specific operational items amounted to 22% of the total actual expenditure. The other operating expenses in the Ministry of Health amounted to 35% Ministry of Health (Hamad, 2012: 35).

2.1.9 Challenges facing the Palestinian health system in the Gaza Strip

The challenges facing the Gaza Strip represent an additional burden on the health sector, and an obstacle to their success and ability to develop solutions to health problems. The Palestinian health system focuses on providing expensive treatment services and building hospitals, especially in the Gaza Strip, at the expense of developing the community health system that aims at increasing and improving basic health services. On the other hand, the increase in the proportion of chronic diseases and disabilities increases the burden on the Palestinian health sector and increases the pressure on limited resources. Te among the candidates to take advantage of them (Al-Balawi, 2013: 7) Despite efforts provided by the health system to improve the rate of health that distinctive, but there are challenges facing the system, including:

- ❖ The steady increase in the demand for health services of the Ministry of Health, whether services provided by government health institutions or through the referral system for treatment outside these institutions.
- ❖ Reliance on the development and continuation of medical services, including major external support. This raises a question mark on the sustainability of these services and places stakeholders in strategic thinking on this issue, including a radical change in the health system, Self-reliance in funding important programs.
- ❖ The continued focus on emergency services weakens the possibility of developing basic health services and thus the weakness of their ability to follow up and improve their effectiveness (Shalabi , 2007: 6).

2.1.10 Tasks of the General Directorate of International Cooperation

1. To establish the necessary communication and coordination of relations between the Ministry and foreign and Arab international institutions.
2. Arranging arrangements, meetings and schedules of visits of visiting delegations from international institutions and foreign and Arab countries and leaving them.
3. Documenting and maintaining contacts, meetings and activities with international institutions and foreign and Arab countries.
4. Prepare the periodic and emergency reports of the direct supervisor.
5. Communicate on the marketing of projects in the ministry and search for sources of funding for them.
6. Develop project agreements with international institutions in coordination with the concerned authorities in the ministry.

7. Coordination of emergency assistance to the Ministry.

The coordinating body of the Ministry of Health - General Administration for International Cooperation strives to provide funding for health projects, to constantly search for windows and financing opportunities, to identify the conditions for benefiting from them and to coordinate the distribution of funding available on various health programs and projects in cooperation with donors. Cooperation relations with these entities and building relationships with new parties in order to provide financial and technical support for health projects in the health sector (Moh, 2011).

Table (2.1) : Cost of projects implemented during 2014

(Al-ghouti, 2015)

M	Donor institution	Amount in US\$	M	Donor institution	Amount in US\$
1	Country Committee	2.446.235	17	Jordan Engineers Association	142.857
2	Islamic Development Bank in Jeddah	2.179.000	18	Interball	136.000
3	The Norwalk	1.383.700	19	Global Mercy Kuwait	105.000
4	Red Cross	1.033.951	20	OPEC Fund for Development	100.000
5	Kuwait Red Crescent Society	867.835	21	Relief for the Children of Palestine	100.000
6	Islamic Relief	861.100	22	Mercy Malaysia	100.000
7	man of a good will	793.488	23	Turkish peace and solidarity	89.000
8	TIKA	470.000	24	Indonesian Red Crescent Society	85.000
9	Cooperation Foundation	432.770	25	UNRWA Workers Union	60.000
10	Charitable Organization	330.815	26	International Human Appeal	34.000
11	Bahrain Reform Society	300.000	27	Ghaith Relief and Development	33.944
12	MAP-UK	284.115	28	Health Aid Team	29.748
13	JICA	200.000	29	British Pima Foundation	27.000
14	UNDP	200.000	30	UNFPA	9.400
15	Qatar Red Crescent	155.000	31	WHO	6.799
16	Jordanian Commission	150.000	32	British supplements	4.605
Total in US\$					13.151.363

2.1.11 the concept of the Palestinian health sector

The health sector is one of the most important sectors affecting the citizen's life directly. The health sector faces many challenges that its supervisors have not been able to overcome, despite the remarkable increase in the number of hospitals, primary care centers and medical facilities. The Palestinian Health Ministry, as one of the institutions of the independent State of Palestine, is committed to the principle of working together with all partners to improve performance. The health sector has been upgraded to ensure that the health sector is managed in a healthy professional manner and to create a leadership capable of setting policies, organizing work and ensuring quality services in the public and private health sector. This has been clearly demonstrated by the Ministry of Health, Health sector ranked third in the eight national strategic objectives set by the Ministry of Health for its own five-year plan. In 1994, a unit on quality of health services was established in the context of establishing a group of units to develop and develop plans for the advancement of Qatar Integral to any public development plan, the dual nature of health. Health planning is a part, both as a means and an end for economic development, which emphasizes the need for adequate funds to be able to address any new health problems that may arise in the near future. The Palestinian National Authority (PNA) will adopt a specific vision for the Palestinian health sector. This vision is based on a comprehensive and integrated health system that contributes to the improvement and sustainable promotion of the health situation, including the main determinants It should be noted that when a health development plan is drawn up, the practices of the occupation must be considered, how these practices are to be addressed and overcome, or how to reduce the risk posed by this. In any future plan for the Palestinian Authority or the Ministry of Health (Ministry of Health, 2014).

2.1.12 General principles of the Palestinian Ministry of Health

- ❖ The right to health of all Palestinian people, male and female.
- ❖ To obtain public health services and quality health care for all with equality and justice.
- ❖ Attention to marginalized groups, particularly those isolated in the Jordan Valley, East Jerusalem, those affected by the Apartheid Wall and residents of the Gaza Strip, who have been facing a severe siege for several years, partnership and coordination between the various health service providers and companies and institutions related to the Palestinian health sector.
- ❖ Good governance of the Palestinian health sector.

- ❖ Primary health care forms the backbone of the Palestinian health system (Public Administration for Health Planning and Policy, 2014:10).

2.1.13 Objectives of the Palestinian Ministry of Health

- ❖ Strengthening management and leadership.
- ❖ Promote sustainable planning, management and financing for optimal use of available resources.
- ❖ Promote healthy lifestyles and improve management of chronic diseases.
- ❖ Ensuring access to quality health services by all, especially the poor and vulnerable groups
- ❖ Enhancing finance and financial management for sustainability and transparency.
- ❖ Enhancing aid effectiveness in support of the national health strategy.
- ❖ Strengthening partnership and integration between public and private sectors.
- ❖ Promoting and developing cooperation between the sectors, including the health aspect mentioned in the national plan for dealing with disasters and emergencies (Ministry of Health, 83: 2014).

2.1.14 Functions of the Palestinian Ministry of Health

- ❖ Development and supervision of health policies, including policies related to non-governmental health sectors and non-health sectors locally and internationally, and setting national health priorities
- ❖ Develop national health plans periodically and regularly and follow up the implementation of these plans.
- ❖ Allocate resources and prepare annual budget projects for health services as part of the state budget.
- ❖ Monitoring and evaluating the effectiveness of health services systems at the national level carried out by the departments of the ministry and related non-governmental sectors.
- ❖ Issuing certificates for practicing health professions, licensing certificates for health facilities, pharmaceutical and cosmetic factories, and any public health facility within the State of Palestine.
- ❖ Supervising the practice of health professions in the private sector and not on the standards of practicing the government to build and practice health professions

approved by the Ministry and the laws and legislation in force in the Palestinian territories

- ❖ Provision of basic preventive and curative care of the first, second and third levels, in order to protect society from epidemics and laws and regulations for this purpose, because of the laws and building the improvement of the environment and promote the health of the public.
- ❖ Issuing health bulletins and periodic statistics on health conditions, indicators and services provided to the public.
- ❖ Providing pharmaceutical services, ensuring the availability of medicines and pharmaceuticals at an affordable price to the public, with control of local and imported medicines and ensuring their quality and correctness.
- ❖ To take responsibility for studies, research, statistics and planning in the fields of health sciences and services.
- ❖ Encourage and support the establishment of health education institutions and ways to develop health workers, train them and develop their capacity, and ensure the provision of human resources for health.
- ❖ Organization and control of health services in the non-governmental and private sector, specification and control of equipment and supplies used; to provide health services, ensuring the safety of the population (Abu Aziz, 2010: 80).

2.1.15 Challenges facing the health sector in the State of Palestine

- ❖ Poor performance and the inability to provide health services to citizens within the minimum limits set by international human rights standards as a basis for the enjoyment of the right to health.
- ❖ Weak financial resources allocated to the budget of the Ministry of Health, which stood in the way of opportunities for the development of the health sector.
- ❖ Israeli occupation practices that violate the rules of human rights and international humanitarian law, especially the siege, and the destruction of infrastructure and health and prevent the entry of medical delegations and medicines and targeting of health facilities, ambulances and medical staff.
- ❖ Loss of confidence between Palestinian citizens and Palestinian doctors.
- ❖ The quality of the serious injuries suffered by the Palestinians by the Israeli occupation, where the serious injuries seen by doctors have not seen and heard of before.

- ❖ Poor sources of funding, which led to the instability of the health status of the Palestinian society.
- ❖ Attempts by the Israeli occupation to connect Palestinian hospitals to Israeli hospitals with deliberate intent to prevent the development of Palestinian hospitals.
- ❖ Israeli attacks and Israeli occupation of the Palestinian territories, the construction of the separation wall, numerous military barriers, and the isolation of Palestinians from the world through control of the crossings and borders (Hamad, 2012: 46).

2.1.16 Israel's public policy towards the Palestinian health sector

Since the Nakba of 1948 and the health, conditions in the occupied territories have deteriorated continuously due to the absence of a national authority that seeks to improve the social and economic conditions of the citizens. After the Gaza Strip came under Israeli occupation, the health situation continued to deteriorate. The occupation authorities have not only failed to provide adequate health services to the population, and have not allocated sufficient funds to improve the health sector, which has resulted in taxes and fees from residents. It has also restricted the role of the private and charitable health sector in providing health services to the population, (1967-1994). The direct administration of the occupation between 1967 and 1994 was characterized by the management of the medical apparatus of the Palestinians as a separate organ from that which serves the citizens of Israel. The Israeli interest required the least possible disbursement of funds to the Palestinian Authority. The development of infrastructure, development and transfer of patients to various hospitals in the country. The health sector in the occupied territories suffered from financial difficulties and the absence of development policies. The occupation also forced the citizens who have registered to study medicine abroad to stop the study and to force them to return. They were denied access to the occupied territories, others were prevented from leaving, health services were provided free of charge before 1967, and the occupation authorities imposed heavy fees on treatment. As the economic situation of the Palestinians continued to deteriorate, the average citizen became more than 2,000 The occupation has allocated one physician to the Palestinian Authority, while a doctor has been allocated to every 700 people in Israel. This indicates the huge gap between health care in the two regions, in

addition to the enormous shortage of medical facilities and tools, and this difference in care Health among the hypnotists Which is inhabited by Jews and between areas inhabited by Arabs, is a clear evidence of the racist policy pursued by the occupation in the field of health, and evidence of non-compliance and must be held internationally accountable occupation of international conventions, to this failure was the Israeli occupation of the Palestinian territories after 1967 devastating effects on all aspects and saw Health conditions are deteriorating because the occupation policy continues in the Palestinian-Israeli territories in the field of health based on several points, the most important of which are the following:

- ❖ Preserving health institutions and services as they were prior to the occupation in 1967, and not putting any new plans and programs to develop these services, and not providing medical equipment and equipment to Palestinian hospitals in the occupied territories, and reducing the medical staff despite the urgent need for doctors in various health centers and sectors. The presence of a Palestinian medical staff.
- ❖ Prohibit the development or establishment of civil or charitable health institutions that would have compensated for the health care deficit of citizens by state health institutions.
- ❖ The occupation authorities have deliberately planned to link the Palestinian health institutions with the Israeli institutions, with the goal of dissolving the Palestinian entity, its administration and finances to the occupation regime. The organization of health services in the occupied territories was under the direct control of the occupying authorities. In addition, to express their opinion in the development of health conditions, and the distinction between depriving the Palestinians from participating in health development between hospitals in the occupied Palestinian territories in 1967 and between Israeli hospitals. The Israeli authorities provide financial support to hospitals in the West Bank and Gaza Strip, Israeli.

- ❖ The imposition of taxes by the occupation authorities on raw materials related to the pharmaceutical industries, so that the price of manufactured medicines Palestinian, and become unable to compete with Israeli industries.
- ❖ Separate Jerusalem from the rest of the West Bank, annex it to the State of Israel, and undermine health institutions in Jerusalem.
- ❖ Prevent the residents of Jerusalem from joining the health insurance project in the West Bank.
- ❖ Integration of Palestinian hospitals with each other, reducing the number of beds, so that they are unable to meet the needs of the population.

The closure of some of the Palestinian hospitals, such as Husain Hospital, Ramallah Field Hospital, and the closure of Nablus Governmental Hospital. The hospital also closed the Tal al-Zuhour hospital and turned it into a military headquarters.).

After the signing of the Oslo Accords, Israel officially transferred responsibility for the health sector in the Palestinian territories. The health situation improved slightly after the handover of power, thanks to donations from countries and international organizations, but the development was not completed due to the obstacles that Israel placed in place. Has prevented the development of the health sector to be able to function independently and at a high level in light of the fact that hospitals in the Gaza Strip and its various health centers have suffered a shortage of modern medical equipment needed to treat many diseases that are difficult or necessary to detect diseases in the case of Because of the policy of the occupation of the health sector in the Palestinian territories since 1967, where he devoted a primitive model of treatment based on providing primary care for them, in contrast the population and the means of early detection are forced to treat in Israeli hospitals, which contains a sophisticated treatment of diseases of all kinds, As there are not many medical possibilities to detect many diseases, especially blood diseases and tuberculosis, as well as the means of treatment in Gaza, it is clear from the above that the period of the Israeli occupation of the West Bank and Gaza was a significant shortfall, because it was in turn a significant interest in the health sector, And It is clear that this negligence was

deliberately health in the Jewish areas, and that this indicates a systematic policy towards the Palestinians. It should be noted that the occupation did not want to develop the health infrastructure even after it renounced the responsibility of always seeking to develop the health sector,(MOH 2011: 52).

2.1.17 Israeli Attacks on Individuals and Medical Personnel (2008 - 2014)

In this period, the Israeli attacks on the health sector were more aggressive and fierce, especially since this period witnessed fierce wars on the Gaza Strip, where the occupation did not distinguish between civilian and military, between the military and the medic, or between the military headquarters and the hospital. The Palestinian man wherever he was and what he did.

The Israeli army targeted several medical facilities, ambulances, hospitals in the Gaza Strip, primary health care centers and ambulances. These attacks represented the undermining of the work of medical personnel and paramedics. Many of the wounded were left bleeding in places where they were injured. Attacks on medical personnel in 2009 were about 455 incidents (Douglas, 2011: 53).

The killing and wounding of members of the medical staff and teams committed by the Israeli occupation forces was not only due to the excessive use of indiscriminate force and the non-dispersal of the Israeli army between the military on the one hand and the civilians and medical personnel on the other. And prevented them from providing any kind of health and treatment services for the wounded and sick. On 15 January 2008, the Palestinian Red Crescent Hospital in Jerusalem was targeted and set on fire. Hundreds of wounded and sick people rushed from the hospital to the outside.

It is clear that the process of healing the Palestinian citizen is a danger in order not to treat the Palestinian patient or his suffering bleeding. The occupation is working hard and this was clear and obstruction of work and prevent access to the Palestinians, by targeting the medical staff is a clear violation of the injured. We conclude from the foregoing that the Israeli occupation practices, the Fourth Geneva Convention and the 1949 Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of the Additional Protocol I guarantee the protection of medical personnel.

One of the major challenges facing the health sector during the war

- ❖ Target medical personnel, paramedics, and ambulances deliberately
- ❖ Targeting health institutions.

- ❖ The difficulty of transporting the wounded to safe places, evacuating the
- ❖ martyrs and the wounded, or transferring them outside the territory of the Palestinian Authority
- ❖ Targeting international health institutions, such as the Red Cross.
- ❖ Acute shortage of pharmaceutical and medical supplies.
- ❖ Power outage period of war and rely on generators.
- ❖ Acute shortage of fuel needed for hospitals.

After reviewing the challenges facing the health sector during the 2008 war, we conclude that health work was suffering from many occupations. The size of these challenges prevents the provision of health services to citizens. To the world to punish the occupation for what he did against the Palestinians, and to be deterred from using the same policy later. The data indicated that 8.77% of the households suffered at least one of the psychological symptoms of the war, the highest percentage in Deir al-Balah, the lowest in Rafah, and some of the symptoms, at least fear, loneliness, Neurosurgery, suffered by families one person and distressed, and urination during sleep, and thinking of death.

The Israeli violations in 2011 have negatively affected all aspects of life for the Palestinian people and the vital sectors and services provided by the Palestinian Authority to its citizens due to the obstacles placed by the occupying state in the efforts of the Authority to improve the economic, living and security conditions. Gaza Strip, where the siege prohibits hundreds of patients from the Gaza Strip from receiving necessary medical services in West Bank hospitals, including occupied Jerusalem, because of the closure policy imposed by the Israeli authorities on the Gaza Strip, Erez checkpoint.

Israel attacked the Gaza Strip in 2012 under the pretext of Israel being subjected to rocket attacks from the Gaza Strip during 2011, which was called in response to the occupation and its actions towards the Palestinians (Nahas, 2013:135).

(Hilal, 12: 2013). During this war, Israel committed a series of massacres that claimed the lives of entire families and carried out more than 1,500 raids in the Gaza Strip, where a Palestinian was killed. More than 162 1222 injured.

The intervention of medical aid and human resources into the Gaza Strip began with the presence of some obstacles resulting in the loss of some of the martyrs, for a number of reasons, notably the paralyzing of the movement on the crossings and the lack of equipment, medicine and medical consumables, and the assistance was not in the

required size due to the obstacles that hindered its way The Zionist occupation of all those who have ties with the health sector, has been the bombardment of 17 ambulances, and killed more than twenty staff members of medical institutions, in addition to targeting the facilities and centers of the Ministry of Health directly, including the Martyr Mohammed al-Durrah, , and other causes of death Some of the Satisfaction by the Israeli aggression (and the Agency for Palestine newsletter, 2012). The number of targeted hospitals reached 4 hospitals, 6 units and health clinics were affected. The Gaza Strip was subjected to a large Israeli aggression on July 7, 2014 and August 8, 2014. This aggression, called "Israel" Is the third war it waged against the Gaza Strip within hours; after the 2008-2009 war and the 2012 war. It was clear that "Israel years of the Israeli army exercised a policy of retaliation against civilians in the Gaza Strip dramatically; the most prominent image in their homes was a blatant violation of this. Mass killings of the population, of international laws what is done to human rights (Saleh, 2014: 34).

Prior to the war, the Gaza Strip suffered from severe humanitarian conditions due to restrictions on the movement of people, goods and lack of basic services from food and medical supplies. During the 2014 war, Palestinian medical facilities suffered a health disaster due to a chronic shortage of essential medical supplies and equipment. In the Gaza Strip, 17 hospitals and 50 primary health care clinics were damaged as a result of the shelling, 6 hospitals and 28 primary health clinics were closed, 16 ambulances were destroyed, 23 were killed and 83 medical personnel were injured (Al-Salem, 2014:5). The Israeli occupation forces shelled the Al-Quds Hospital and the Khalil al-Wazir clinic of the Palestinian Red Crescent Society during the war on the Gaza Strip in 2014. The shelling resulted in damage to the Gaza Strip, which resulted in the death of paramedics, injuring 40 others. A large number of buildings hit the building, as parts of the Jerusalem building collapsed and fire broke out. Medical equipment and equipment were destroyed in the Martyr Khalil al-Wazir clinic. The targeting of the building is a crime and violation of all provisions of international law. Hospitals, clinics and care for the wounded and sick, in accordance with article VIII, paragraph (b), of the Statute of the International Criminal Court of 1998, deliberately directing attacks against buildings, medical units, transport vehicles and individuals using distinctive emblems set forth in international law conventions (Institute for Palestine Studies, 1: 2014).

Health facilities in Gaza have been affected and some hospitals and health centers have been shut down, and the sector is on the verge of a real catastrophe that threatens the

lives of the sick and the wounded as a result of the 2014 war and the bombing of a power plant every day (peace partners, electricity and power cuts of more than 15) The occupation of health personnel during wars is part of the violations, there are non-material violations of the health of the Palestinian citizen, the launch of a fierce war for a long time, certainly affects the mental health of citizens, and this is a collective psychological punishment of the Palestinian people, 51 days, with no sense of security because of the targeting of civilians, this constitutes a flagrant violation of the psychological health of the citizens. The year 2014 was the worst and most bloody year in the history of the Palestinian people, with the continuation of the Israeli state of occupation on a daily basis to carry out systematic attacks against the land and human rights in the occupied Palestinian territories, the violation of Palestinian human rights and the destruction of the basic life of the Palestinian people and their property. Military operation in the Gaza Strip on 7 July 2014, resulting in crimes that were described as war crimes and the destruction of infrastructure in the Gaza Strip (Independent Commission for Human Rights, 2014:31).

Israeli violations of Palestinian medical personnel and institutions constitute a clear violation of the Fourth Geneva Convention of 1949. In Chapter II, we explained the articles and provisions of the Geneva Convention. These violations violate the international conventions on health. Article 20 states that persons who work in institutions In accordance with Article 12 of the 1977 Geneva Protocol, medical units must be protected, otherwise they are the target of an attack. As a result, the wars in the Gaza Strip have many negative effects on the health sector: first, , And secondly you (3) violations of the environmental health by pollution of the air and contamination of crops; third, the violation of medical personnel working to evacuate the injured; four violations of the shelling; and fifth, the closure of the movement of medical personnel and the obstruction of movement; (Palestine, 5: 2014).

2.1.18 the concept of the health sector

The concept of the health sector reflects all the units, services and organizations concerned with health. The health sector is characterized by uncertainty. It means uncertainty about the occurrence of the disease and uncertainty about the effectiveness of the treatment. The patient does not demand specific treatment, Two concepts that often have to be confused should be distinguished: the concept of health and the concept of health service (Abdullah, 2011: 48).

2.1.19 the Economic Implications of the Development of the Health Sector

The health sector is an important factor in improving the health of the community. The more the health sector is developed, the better the health of individuals, resulting in improved productivity. This means an increase in (GDP), and consequently an increase in economic growth. : "The continuous increase in the quantity of goods and services produced in an economy over a period of time is usually one year, and the rates of economic growth are measured in two ways; either using real (GDP), growth rates that represent net national product,(Fat, 34: 2009).

2.1.20 A view at the health conditions in the Palestinian territories

The government sector has the largest share of the expenditure on health services in the Palestinian Territory (about 42%). The total expenditure on health amounted to about US \$ 221 million (when calculated directly), constituting 5.3% of the (GDP), in the Palestinian Territory. Per capita expenditure on health is US \$ 61, and this expenditure is distributed to different sectors:

The Palestinian Ministry of Health said that while it is working with all its resources and capabilities to provide all the components of work for its facilities in the Ministry of Health, the voices calling for stirring up crises within the health sector, rejecting the unity of the people and placing impediments to the national reconciliation government continue.

The Ministry of Health is fully committed to providing all health supplies and medicines to the Gaza Strip. Even when the Palestinian government does not control the sector, the Ministry has maintained the continuity of government hospitals and all its facilities there.

Before the start of the recent war in Gaza and with the start of Palestinian reconciliation and the beginning of the work of the National Accord government, we have provided all the needs of the health sector of our facilities in the Gaza Strip.

With the start of the recent war in Gaza on 7/7-2014 and up to the moment, the Ministry sent 100 million shekels of medicines and medical supplies and equipment to the ministry's facilities in the northern provinces and emptied all warehouses for the benefit of our people there.

All of our people in the Gaza Strip are provided free of charge, based on the decision of the President regarding the insurance of our people in the sector 100% in the health insurance system.

The Ministry of Health provides treatment abroad for all patients in the Gaza Strip for free and has never stopped providing this service.

The Ministry of Health has amended the administrative conditions for workers in the health sector from allowances and grades and change functional names in accordance with the Civil Service Law.

The Ministry of Health does not know where, how and for whom the medicines distributed to the Gaza Strip were distributed. Many of them were lost and stolen in various ways under the eyes of the Ministry's health facilities.

Implementers in the Ministry of Health in the Gaza Strip refused to return more than 2000 of the ministry's legal staff to work in the ministry who were eliminated in 2007. Since the beginning of the national reconciliation government its functions have not been supplying one shekel of the revenues of the Ministry of Health and its facilities in the Gaza Strip to the state treasury and do not know where to go these funds collected from the citizens.

The continued incitement of the contracted companies to buy some services for the ministry and to claim their debt owed years ago on the previous government of the Gaza Strip aims to blackmail the Ministry of Health and the government.

Implementers in the Ministry of Health in Gaza treated the medical teams sent by the Ministry of Health to provide assistance and assistance to the Gaza Strip. The period of the war as visiting and expatriate staff, not the uniformed and unified Ministry of Health staff in the National Accord Government, was proof of its intention to break the unification of the Ministry of Health.

Prevent the transfer of many of the wounded in need of exit from the Gaza Strip on the pretext of their political affiliation without the intervention of many independent, which allowed them to leave late and led to serious health complications them, further evidence of attempts to stop the tide of unity.

Direct aggression and attempt to kill the Minister of Health and the accompanying delegation during his visit to the sector in the war and then prevented him from visiting and create an abnormal security atmosphere through the continuing threats of the Minister of Health not to come to the Gaza Strip and see the problems of the ministry there to work on resolving, The Gaza Strip has never been marginalized.

2.1.21 the size of the Palestinian casualties of the health sector

With the cease-fire on 26/8/2014, the statistics were followed to determine the size of the Palestinian casualties, which were divided as follows:

- ❖ **Health sector:** In the estimation of the Economic Development Council Reconstruction (Pecdar), the losses of the health sector amounted to more than 90 million dollars, and what was destroyed, according to the spokesman of the Ministry of Health, distributed as follows: 36 ambulances were destroyed 4 of them completely and the rest partially, 12 hospitals And 24 primary care centers were targeted during this aggression, while the Ministry of Health transferred 530 patients to treatment in Egypt, the West Bank, Turkey, Germany and Jordan.
- ❖ **The martyrs and the wounded:** The Ministry of Health in Gaza confirmed that the Israeli aggression against the Gaza Strip amounted to 2152 martyrs, while the Euro-Mediterranean Observatory for Human Rights in cooperation with the Palestinian Press Agency reported on the war documented the deaths of 2,147 citizens, including 530 children, and 302 women, , While the percentage of civilian casualties reached 81% of the total number of martyrs. The number of wounded was 10,870, 28% of whom were 3303 injured, while approximately one thousand children will suffer permanent disabilities due to injury. Women accounted for 19.3% of the total number of wounded, up to 2% The Israeli army used a total of 8210 rocket-propelled grenades from the air, 18736 naval shells through the naval forces on the shores of Gaza and 36718 Israeli artillery shells deployed on the border east of the Gaza Strip. Among the martyrs were a number of personnel in sectors Where 23 medical personnel were martyred, covering the events of the aggression.
- ❖ **Housing installations:** Israel deliberately destroyed residential neighborhoods on the northern eastern border of the Gaza Strip and adjacent to the Green Line. The residents of East Gaza and the north of the Gaza Strip were paid to the western Gaza Strip, where UNRWA estimated the number of displaced persons in shelters, with close to half a million displaced persons. East of Beit Hanoun, and in the town of Khuza'a and al-Zana east of Khan Younis, in addition to the destruction of hospitals in the Gaza Strip.

2.1.22 The legal framework of the public health system

The Public Health Law regulates the health services provided to the Palestinian citizen, as well as through the health insurance system and the transfer abroad, which was established by the Council of Ministers No. 113 of 2004. In addition to the instructions derived from them and the various health services provided. The relevant aspects of health services provided under the State Health Insurance will be reviewed.

The reality of providing government health services in terms of integrity and transparency

This section reviews the reality of health services in the Palestinian territories in terms of transparency and accountability, thus reducing the chances of corruption in this field and thus enhancing the chances of equality among Palestinian citizens in access to health services. This monitoring is based on the following rule: Providing health services to citizens in a manner that guarantees equal access to these services, away from patronage and other forms of corruption requires the availability of a set of procedures and systems associated with the professional culture enjoyed by workers in this sector. Specifically, the following dimensions will be emphasized: transparency, accountability, and the crystallization of appropriate professional ethics in the medical sector, focusing on public health insurance.

Transparency: In general, providing services transparently reduces the chances of corruption. To monitor the availability of transparency in the delivery of health services in the public sector, the following indicators were monitored:

The existence of laws and regulations governing the work in this area: where work is carried out in accordance with the Public Health Law, the system of health insurance and transfers for treatment outside the institutions of the ministry. In addition to the existence of regulations that determine the basket of health services, medicines covered by health insurance and the mechanism of disbursement, the criteria for admission to hospitals, and the mechanism of transferring patients outside the institutions of the ministry.

For example, there is a system of referral to hospitals distributed to all primary health care centers and clinics. There are standard criteria by doctors in these centers, and the cases are transferred by the doctor located in the center automatically in the event of appreciation of the patient's need for it. A form prepared by the ministry is prepared, in which the diagnosis of the doctor is recorded and the recommendation to transfer the patient to the government hospital is approved by all the doctors in the clinics. As for standards, there are no specific criteria, but only rely on the diagnosis and recommendation of the doctor in these clinics, according to a Health Ministry official. The responsibility for the follow-up is then the responsibility of the patient himself.

There are also instructions for treatment outside the institutions of the Ministry of Health, where the patient is transferred to treatment outside the institutions of the Ministry of Health if the Committee decided that the competent treatment is not available in the institutions of the ministry, and the Ministry is committed to cover the proportion of the costs of treatment as provided by the system of health insurance and

remittances abroad. The Minister of Health in the transitional phase (Dr. Ghassan Khatib) abolished the authority of the Minister and Undersecretary to issue decisions on reducing the contribution of the patient, and formed an alternative to the authority of the Minister and the Undersecretary of the Social Committee of the Ministry of Health and composed of representatives of the Ministry of Health and the Ministry of Social Affairs, Which need to reduce the proportion of contribution according to the social situation, presents its decision to the minister who always takes decisions. The amendment was implicitly approved by the current minister, but this amendment has not yet become legal because the new government froze all the amendments that were made in all ministries in the transitional period pending a decision. The Minister's intervention to transfer from one hospital to another in order to improve the quality of service for a particular patient is still possible. However, the Department of Treatment outside the Ministry registers this to the Minister and reminds him of the reports submitted to the Ministry of Health.

The existence of a policy to familiarize citizens with these regulations: Interviews with ministry officials and citizens' interviews showed that there is no clear policy in the various institutions of the ministry or the health insurance institution to promote these regulations and to inform citizens about them. The citizen is usually acquainted with his rights, duties, and criteria of benefiting from the various services through his personal experience, and through his acquaintances who were subjected to a health crisis, and benefited from these services. This was the result of the interviews conducted with the citizens in preparing this report. As well as this is what has been touched by interviews with officials in the ministry, has expressed more than one official on the need of the Ministry to the information and education policy to the public in the definition of their rights and duties, and criteria of benefit from the services of the ministry.

In addition, there are no instructions in the health insurance system aimed at citizens to inform the insured citizen of his or her rights and duties or to inform the citizen about the conditions and quality of the service, although the insurance policy contains some instructions. However, these instructions are insufficient on the one hand and are not detailed and incomprehensible to the ordinary citizen. Second hand.

For example, hospitals suffer from the lack of a provision in the health insurance system or instructions from the ministry to determine how to deal with urgent cases, especially as there are some diseases and cases such as poisonings from different sources where

Israel prevents the provision of drugs and counter drugs in the West Bank because of the seriousness and multiplicity. The cases are very urgent and can not be postponed or passed the transfer procedures by the ministry, forcing doctors to transfer to Israeli hospitals on their own and then may face problems with the ministry. With the sole aim of saving lives.

In general, there is a problem with the procedures, resulting from the absence of executive regulations, so there is no evidence of procedures, while the jurisprudence of the Minister and his advisers is available through generalizations and administrative instructions based on the law. But it is not issued by the Council of Ministers as it should.

2.2The second topic: (NGOs)

The second topic: (NGOs)

2.2.1 Background

The present era is called the era of international organizations, because of its political, economic, social, legal and cultural objectives. The concept of the international organization has developed rapidly and expanded, and has been involved in organizing many aspects of the activities that were recently left to the States. The international community must put in place the means to regulate relations between States and coordinate their interests through the establishment of international organizations to regulate international interests between States in a way that achieves Mutual motivations for all (Fatalawi 2010:15).

Many international organizations are active in the Gaza Strip and the West Bank in providing their services and assistance in the framework of their usual activities as international organizations emanating from the United Nations or independent of them. It seeks to intensify its activities, especially in the wake of the Israeli war on Gaza, and these organizations are forced to mobilize donors and supporters, and appeals to the international community from time to time to provide the necessary funds. The sector has witnessed a significant increase in the number of organizations that have been submitted to work directly (Foreign Associations Directory, 10: 2014).

2.2.2 Definition of (NGOs)

The Law on Charitable Associations and NGOs issued by the Palestinian National Authority in 2000 is defined as follows: It is an independent legal entity established by agreement between at least seven persons to achieve legitimate objectives of public interest without targeting profit-making for the purpose of sharing among members or To achieve personal benefit, it is clear from this definition that non-governmental organizations mean civil origin, non-governmental organization, association or charity (Moheisen, 2011: 26).

2.2.3 Activities of (NGOs)

- ❖ Charitable activities.
- ❖ Health activities.
- ❖ Activities aimed at participating in development.

- ❖ Activities aimed at preparing the population and qualifying them to play a positive role in decision-making processes at the local and national level (Mohsen, 2011: 26).

2.2.4 The stages of development of international organizations

- ❖ **The first phase:** the international organizations from 1816 to 1914: they start from the Vienna Conference in 1814 and 1816 until the beginning of World War the actual development of the permanent organizations did not occur until the second half of the twentieth century.
- ❖ **The second phase:** the period between the two world wars, which saw the establishment of the League of Nations and the International Labor Organization in the Treaty of Kursai, and the stage extended to the establishment of the Permanent Court of International Justice and ends with the Second World War.
- ❖ **The third stage:** the post-World War II period, beginning from the end of World War II and extending to the present time, which witnessed the establishment of the United Nations and many other organizations. Each of these historical stages gave their contribution to the development of the phenomenon of international organizations (Jaafar, 205: 1990).

2.2.5 The emergence and development of non-governmental organizations

Since the 1967 war, the Palestinian civil action has entered a new phase, similar to the rest of the lives of our people. The work of these institutions has shifted from the benevolent relief to the character of the resistance to the occupation and the methods that these institutions have created. The institutions have taken a complementary role to be carried out by the Palestinian national action factions, which were active immediately after the occupation.

After the Israeli occupation completed its control of the rest of Palestine "West Bank and Gaza Strip, the Palestinian society began to establish mechanisms to defend the presence more effectively, the civil activities expanded, and non-governmental organizations began to organize and develop voluntary services in the West Bank and In the 1980, civil society organizations working in the fields of health, agriculture,

education and development were formed. This rapid growth of civil institutions led by young and professional groups has also contributed to transformations in some traditional charities in terms of their orientation and field of work. Some of them initiated the establishment of universities, hospitals, industrial and agricultural training and employment centers, and some income-generating projects based on food production and handicrafts (Mattar, 2008: 40).

2.2.6 Roles of (NGOs)

- ❖ **Developmental role:** The failure of the development projects adopted by most developing countries and undertaken by governments to search for a more committed, flexible and efficient alternative. The civil institutions of some thinkers and international financial institutions have represented this alternative in terms of their ability to play the role of catalyst in the context of The development process, its ability to achieve greater participation by the population, the ability to deal with the negative effects of economic reform policies The Palestinians realized the importance of linking the policy and development, and the importance of developing a positive development program that would improve the standard of living of the Palestinian community Bank and the Gaza Strip and an attempt to satisfy the basic needs of the population in the political shadow of occupation.
- ❖ **The national political role:** Israel's occupation of the West Bank and the Gaza Strip undermined the already weak institutional structure. The Palestinians were unable to react to the trauma of the occupation in the social and economic spheres until the late 1970s when the Israeli challenge of the Palestinian presence escalated to the point of the threat of uprooting and displacement , The response of the Palestinians in a form that enhances their collective ability to withstand the escalating and destructive pressures imposed by the occupation, in the midst of the socio-political conflict, the Palestinian society began to be mechanisms of self-defense more accurately and flexibly, Palestinian security in the West Bank and Gaza Strip, a social safety net during the first intifada enabled it to reduce dependence on Israeli imports and to resist severe restrictions on the transfer of funds and collective punishment in vital areas such as education, health, agriculture and food (Mattar, 2008: 40).

2.2.7 Reasons for the emergence and development of international organizations

As for the international organizations, the reasons for their development and development prompted researchers and intellectuals to explain the growth of these organizations and increase their role at the internal and international levels:

- ❖ Some have justified the sudden and remarkable rise of international non-governmental organizations as a response to increasing awareness and awareness of the need and importance of building a global civil society and in an increasingly complex world, including the realization of the concept of international citizenship through the building of a global civil society A complex network of voluntary groupings and organizations that allow for pluralism of social universities by allowing and confirming participation and expression of opinion, including in the latter analysis the representation of marginalized groups and supporting individuals and empowering them to eliminate inequality and repression and Violence is more than what governments do in this regard.
- ❖ It is related to the foregoing that the diversity and complexity of global problems and challenges beyond individual States as well as intergovernmental organizations that are constrained by many legal, political and practical constraints to their role have all necessitated the role of non-governmental organizations that are flexible, On political tensions and routine administrative complexities so as to enable rapid and effective action in the face of emergency situations and humanitarian disasters such as famine, natural disasters, relief and migration.
- ❖ The explanation for the reasons and factors underlying the proliferation and growing role of (NGOs) is that this is due to the fact that many intergovernmental organizations and Western donor countries provide support and funding to local and international governmental organizations.

A group of researchers went on to say that a series of crises and revolutionary changes have been the main motive for the proliferation of non-governmental organizations and their growing role. These changes and crises are taking place in the so-called "welfare state crisis", which embodied to its people the state's limited potential and its influence in providing care and well-being for its people. (Muammar, 2011:15)

2.2.8 Functions of non-governmental organizations

- ❖ Provision of subsidies to individuals in case of accidents such as famines, earthquakes and wars.

- ❖ Organize the community and provide technical and educational assistance to local universities, solve local problems, establish local companies, and influence public organizations to improve their services.
- ❖ Funding of grass-roots organizations.
- ❖ Provision of technical and training assistance to other non-governmental organizations working in the field of development.
- ❖ Provide expertise, coordinate programs and formulate joint work plans for organizations working in that sector.
- ❖ Develop education to raise public awareness and leaders on key development issues.
- ❖ Policy support and institutional change programs (Hassan, 2013:2).

2.2.9 The stages of development of non-governmental institutions in Palestine

- ❖ **The first phase:** an extension from the early 20th century until June 1967, has a rich history and a flourishing record of achievements by the Palestinian (NGOs) since the beginning of the last century and is still a present filled with various challenges and many questions about the nature of its role under the political, economic and social conditions and stages experienced by the institutions Nonprofit in Palestine.
- ❖ **The second stage:** from 1967 to 1994, the civil society organizations were characterized by multiple roles and diversified activities focused on bridging the service gaps that the occupation neglected, in addition to its prominent political role in maintaining the Palestinian identity and strengthened the steadfastness of the Palestinian people and the fuel needed to resist the occupation. He mentioned that this stage witnessed a development and qualitative transformation in the performance of the institutions after the outbreak of the Intifada in 1987 to form a milestone in the history of Palestinian civil work, which some considered to be the beginning of a new phase because of its discrimination and privacy, The popular committees supported by civil society organizations and political organizations played a pivotal role in enhancing the Palestinian society's ability to withstand resistance and supported its ability to preserve its economy and protect it from collapse along with maintaining the services of various sectors, including health and education.
- ❖ **Phase III:** From 1994 until now and started with the signing of the Oslo Agreement and the establishment of the Palestinian National Authority and continued to the present time, during which it became the institutions of the State of Palestine official and responsible body, which has borne an important part in the equations of development

and politics and liberalization. These developments cast a shadow over the relationship between civil society institutions and institutions of the Authority (Mattar, 2008: 63).

2.2.10 Elements of the International Organization

It is clear from the definition of the international organization that international organizations require the following elements:

- ❖ **Group of States:** The international organization represents a group of States. This means that one state cannot establish an international organization; because the establishment of an organization means that it represents the state, and therefore the responsibility of that organization is assumed by the state and the personality of the international organization is the legal personality of the state that created it.
- ❖ **The status of permanence:** The establishment of an international organization must be permanent and not for the fulfillment of a certain satisfaction that ends with its end and is meant to be sustainable.
- ❖ **Organization Management:** The most important feature of the Organization is that it has a will independent of the will of Member States and thus distinct from international conferences. The International Organization has its own independent legal will, and has a special set of management and administration in accordance with its Treaty of Establishment and the Independent Special Will of the Organization Means that they do their work without being subject to the guidance of a particular State in the Organization (Al-Fatalawi, 2010:22).
- ❖ **International character:** International organizations are often inter-State through natural persons represented in the Organization by their respective Member States and subject to international law. The International Organization has a number of international legal personality. All of these States have met in this Organization as a new international legal personality to protect their interests.
- ❖ **An international treaty:** An international organization cannot be established without an international treaty established by the permanent States in the establishment of an organization. The 1969 Vienna Convention on the Law of Treaties defines the treaty as "an international agreement between States in writing and in accordance with international law, whether established in a single document or in two or More than the interlinked documents, whatever their own name, and provided that the treaty establishing the organization is in writing, the oral agreements between States shall not be considered, irrespective of whether the written agreement is one or more interrelated

documents, International written promises make it more clear and easier than other sources of international law; States to regulate relations between them, and ease of reference (Abdul Kafi, 2012:212)

2.2.11 Objectives of Non - Governmental Organizations in Palestine

The areas in which Palestinian (NGOs) are active in the West Bank and the Gaza Strip are expanding. This diversity demonstrates the broadening of the objectives of non-governmental organizations:

- ❖ Empower youth and provide relief assistance through sports and social activities.
- ❖ Child development and promotion of awareness or activities (kindergarten and education).
- ❖ Raise professional competence through training and professional courses (Shalabi, 2010: 30).

2.2.12 Programs of (NGOs) in Palestine

The programs offered by Palestinian (NGOs) in the West Bank and the Gaza Strip are varied and varied.

- ❖ Cultural, scientific and literary programs, reflecting the wide spread of seminars, conferences and lectures held by many organizations working in different fields.
- ❖ Training and vocational training programs, women's issues, advocacy activities, research activities, environment, water, family planning and human rights (Mattar, 2008: 68).

2.3 The third topic: the concept of crisis management

The third topic: the concept of crisis management

2.3.1 The concept of crisis management

Crisis management has been defined as the application of strategies designed to assist an organization where a negative event occurred suddenly as a result of an unpredictable event or as a result of some unexpected events that posed a potential risk, requiring decisions to be taken quickly to reduce the damage to the organization, As director of the crisis in case they occur (Margante, 2013:3).

2.3.2 Causes of crises

Knowledge contributes to the causes of knowledge in achieving good management and effective and quick decision. Each crisis has its own causes:

1. Misunderstanding: A mistake in receiving and understanding the information available about the crisis because of its reduction or overlap.
2. Misjudgment: The uncertainty of information or the value of information is exaggerated due to excessive self-confidence.
3. Conflict of interests and objectives: the differences of personality or interests or tendencies of the parties to the conflict, and then their objectives and the means to achieve them.
4. Human errors: weakness of the ability and willingness of the parties to the crisis to deal with them, the absence of training or lack of experience or low motivation.
5. Despair: frustration, inability or loss of hope in solving problems.

2.3.3 Crisis management requirements

Crisis management needs a set of requirements that we explain:

1. Procedures: Simplification of procedures and their complexity is to move away from everything that would complicate things and create a kind of confusion and lack of understanding and clarity, and the development of regulations and the enactment of laws that facilitate the process of management.
2. Coordination: Coordination between the crisis management team and other crisis-related departments and leaders is a necessary and important requirement to implement the decisions as well as to prevent conflicts of action and to ensure that work is conducted smoothly, easily and in harmony, as well as the possibility of sharing resources.

3. Planning: Planning is the general framework through which leaders work to manage their work towards dealing with crises, which is the scientific methodology that distanced the crisis from improvisation, randomness and chaos in decision-making.

Delegation of authority: Delegation of authority is crucial in dealing with the crisis. Juveniles may have to make decisive, appropriate and rapid decisions without waiting for the responsible person. These decisions fall under his responsibility and this prevents the interruption of work, wasting time and confusion (Aboore, 2007:54).

2.3.4 Crisis management dimensions

Crisis management is characterized by several dimensions and depending on the nature of the subject of the crisis, including the following:

1. The time dimension: It includes determining when the crisis started, the current extent of the crisis and the prospects for its continuation in the future, because this time limit helps to propose policies and procedures that contribute to the elimination of the historical roots of the crisis and the measures to confront them now and in the future.
2. The objective dimension: It means knowing the subject of the crisis and its type, whether it is social, political or economic or a mixture of one or more of these types.
3. The Influential Dimension: Meaning the knowledge of the direct and indirect effects of the crisis.
4. Spatial dimension: This component means identifying the place of the crisis and the region or areas where it was or is currently experiencing, and helps in achieving the objectives for which the plan was developed.
5. The human dimension: This component includes the identification and quality of individuals affected by the crisis.
6. Environmental dimension: It is intended to identify the circumstances surrounding the crisis and which fall within the causes of its emergence as well as identify the various variables that cause their emergence and continuation current and future (Jafar, 2017:303)

2.3.5 Traditional coping strategies

Traditional approaches to the crisis take different forms:

1. **Direct escape:** are behaviors that include the separation of the individual from others or things and withdrawal without finding a solution to the crisis.

2. **Indirect escape:** through the real injury of some symptoms, which require transport away from the crisis society that achieve the same purpose and indirect escape is to create positions that show the individual away from events during the time of crisis or was unable to contact or not to know.

3. **Focus on another aspect:** the individual avoids the expected failure in the face of the crisis by focusing on another aspect of the subject, or postponing the need to deal with crises and look for other alternatives.

4. **Jumping over the crisis:** This method is based on the interest of pretending that the crisis has been controlled by dealing with the familiar aspects, which have experience in dealing with it or there are similarities with the old experiences, and this leads to forgetting the new factors more ambiguous and ignore the impact As the individual may think that the crisis has been brought under control, while it is preparing to reappear, and its effect is stronger. This is the way the individual pretends not to have the crisis and pretends that things are going well. Okay with it all look the opposite (Halabi and Abu Baker, 2014:128)

2.3.6 Causes of factors causing crises

These factors may be either events or people who feel the crisis and are three types:

1. **Changes in life:** It means that any change in a person's life may cause him crisis and most importantly the change that may accompany the feeling of crisis. The crisis is not only related to negative events, but positive events may cause crises.

2. **Daily work:** Simple things can cause crises and there are many types of problems, household problems, health and pressure of time, internal concerns, environmental environment, financial responsibility, work and security of the future all of the daily work may lead to bad mood in the individual.

3. **Environmental factors** such as disturbance, congestion and heat are all closely related to feelings of enmity, psychological distress, and disturbance are more effective when unexpected (Barakat, 2007: 5)

In which the individual uses the methods available to him to face the event of the compressor or crisis and classified the process of confrontation to:

1. Focusing on the problem: the behavioral and cognitive measures used by the individual to cope with the crisis. These methods include: confrontation, seeking support, planning to solve the problem, suppressing opposing activities.
2. Confrontation focused on emotion: cognitive behavioral actions that aim to regulate our emotions towards the crisis, such methods: self-control, positive reinterpretation, accept responsibility, escape, and avoidance (Lazarus, 2010:55)

2.3.7 Stages of crisis

The stages of the crisis vary according to their nature and are as follows:

1. The stage of the birth of the crisis: It begins in the form of a sense of them and warns of the existence of something looming on the horizon unknown features, direction and size, and the crisis often does not arise from a vacuum is the result of a problem unless it is addressed, and this stage requires the decision-maker to vent the crisis and the growth parameters and then freeze or The elimination of which is the birth without the slightest material or human losses and before the arrival of the collision.
2. Stage of growth and expansion: As a result of not addressing the first phase in a timely manner, so the crisis takes on growth through other stimuli grow through it.
3. The stage of maturity and clash: It is one of the most dangerous stages of the crisis and rarely reach the crisis to such a stage only if met with indifference by the decision-maker and when the maturity of the crisis gets clash.
4. Decline and contraction: The crisis begins to recede and shrink as a result of the violent confrontation that has taken place and the crisis is losing an important part of its strength. Some crises have renewed momentum when the conflict fails to achieve goals.
5. Disappearance and vanishing: The crisis reaches this stage when it completely loses the momentum generated by it and its elements, where its manifestations fade and interest ends and talk about it (Khafaji, 2016: 198).

2.3.8 Objectives of crisis management

The objectives of crisis management are summarized as follows:

1. To provide the scientific ability to extrapolate and predict the sources of threat and potential and to optimize the utilization of resources and possibilities available to reduce the effects of the crisis.
2. Determine the role of each of the agencies concerned to organize crisis management and establish a command center.
3. Provide practical capabilities and material resources for preparedness and confrontation.
4. To reduce the negative and harmful impact of crises on individuals and groups.
5. Protection of life and property in the place of crisis and alleviation of suffering during its period.
6. Work to return to normal life through a set of steps and restoration procedures.
7. Integrate the various and diverse activities that are being questioned by the nature of crisis management.
8. Establishing an administrative atmosphere based on understanding and participation among all functional levels.
9. Provide flexibility that enables the organizational restructuring and restructuring in accordance with the nature and severity of the crisis (Khafaji, 2016:198).

2.3.9 Requirements for successful crisis management

Among the most important requirements for successful crisis management are:

1. Development of political and administrative performance, and adoption of modern scientific methods in the performance of management functions.
2. Determine the age of selection of administrative leaders in terms of efficiency, skill, characteristics and interaction with the events and with the rest of the official and social organizations.
3. Develop and develop effective information, communication and coordination systems, information, channels, systems of analysis and good use are the basis for decision-making and decision-making.
4. Forming and training the crisis management team and constantly updating it.
5. The clarity of duties, functions and responsibilities, and the support of administrative and field leaders and the adoption of command and command unit and the sequence of powers.
6. Activating preventive management functions at the administrative level (Ismail, 2007: 42).

2.4 The fourth topic: The Israeli aggression 2014

The fourth topic: The Israeli aggression 2014

2.4.1 Background

Aggression on Gaza 2014 A military conflict between Israel and the Palestinian resistance movements in the Gaza Strip began on July 8, 2014, which was called by the Israeli army the process of the solid shelf and Izz al-Din al-Qassam Battalions responded to the battle of the eating storm and responded to the Islamic Jihad operation of the consolidated structure after a wave of violence erupted with kidnapping and torture The burning of the child Mohammed Abu Khudair from Shu'fat by a group of settlers on July 2, 2014, the re-arrest of dozens of editors of the Shalit deal, followed by widespread protests in Jerusalem and within the 1948 Arabs, as well as in the West Bank, and intensified after an Israeli run over two Arab workers near Haifa , And the For the escalation of mutual shelling between Israel and the Palestinian resistance in the Gaza Strip (the free encyclopedia, Wikipedia)

According to statistics prepared by the Ministry of Information on the outcome of the Israeli aggression on the Gaza Strip since July 8, until 11 am on Sunday, the number of martyrs of the aggression reached (1743), including (396) children, and (230) The number of injured (9100) wounded, including (2767) children, and (1814) women.

2.4.2 Statistics of economic losses and infrastructure until 2014 / 02/08

- ❖ The total number of homes targeting 10080, of which 1556 were completely destroyed, was 8424 partially destroyed.
- ❖ Hospitals and medical clinics targeted by the Israeli army fire Total medical centers partially destroyed 24.
- ❖ Schools and universities targeted by the Israeli occupation forces were targeted 167 schools, where the number of students affected by the targeting of these schools 9100 students
- ❖ Six Palestinian universities were destroyed in Gaza due to the Israeli bombardment. The number of students affected by the bombing of these universities is 10,000 students.
- ❖ The total economic loss is \$ 1590 million and Direct economic losses \$ 1290 million and Indirect economic losses \$ 300 million.
- ❖ The Israeli occupation forces destroyed 20 charitable societies. The number of citizens affected by the destruction of these charities destroyed in the Gaza Strip is 180000.

- ❖ Displaced civilians because of threats by the Israeli occupation forces to evacuate their homes.
- ❖ Civilians displaced because of the destruction of their homes by the Israeli occupation forces 165,000.
- ❖ The total number of water and sewage plants destroyed because of the Israeli bombing of the Gaza Strip 8, affected by these stations, which destroyed 700,000 citizens.
- ❖ The total number of mosques targeted by the Israeli occupation forces 118 mosques, including 81 partially destroyed, 37 destroyed.
- ❖ The Israeli occupation forces targeted fifteen exchange centers, post offices and some Palestinian banks.
- ❖ IOF destroyed 52 fishing boats in the Gaza Strip
- ❖ The total number of citizens affected by the destruction of fishing boats, whose basic occupation is 2950 Gaza.
- ❖ The Israeli occupation forces used all kinds of lethal weapons against Palestinian civilians in Gaza, using ground incursions and military aircraft, as well as Israeli warships.

2.5 The fifth topic: Previous studies

The fifth topic: Previous studies

2.5.1 Background

This third chapter deals with a series of previous studies, including Arabic and foreign, increasing the knowledge of the importance of research, and will comment on the previous studies on the benefits of previous studies and differences and similarities.

2.5.2 Previous studies

Shakalaih, S. (2016) Practice in disaster management through non-Governmental Organizations (NGOs) in Gaza Strip

Purpose: Community practice has been recognized as an essential element in disaster management to reverse the worldwide trend of increasing frequency and loss from disasters, build a culture of safety and disaster resilient communities, and ensure sustainable development for all. This thesis endeavors to gain a better understanding of the practice of disaster management through the nongovernmental organizations, and how dealing and managing with disasters concerning the three phases (pre, during and post) disaster. This thesis is aimed to investigate the practice of disaster management through Non-governmental organization in disaster management, by identifying the strategies, factors and challenges influencing the disaster management process based on community participation and knowledge management in disaster management phases (pre, during and post) in the Gaza governorates. A background study on the international development of the concept of disaster risk management and its components are introduced. The study surveys the conventional disaster policy and the recent changes in disaster management in Gaza governorates Findings: Pre-Disaster: The results showed that community participation through (NGOs) in Gaza governorates in pre-disaster lacked to effective disaster preparedness. Findings indicated that the most important strategy ranked by the respondents in pre-disaster is: Provide various educational backgrounds regarding disaster management. Results obtained from factor analysis have constructed community participation pre-disaster strategies in three components Prepare effective coordination and management plans, Prepare information and knowledge systems, and Provide early warning and communication plans.

Chakawarika, B., (2011) Challenges faced by NGOs in the political harsh climate of Zimbabwe: Analyzing the effects on sustainability and promotion of human rights.

Non-governmental organizations (NGOs) have gained a very high status as the leading practitioners of development in Africa. African governments have reacted obscurely to the existence of these agencies. Although they recognize the economic resources (NGOs) can raise, they tend to resist the political pluralisation contingent to popular development action. This article describes the role of (NGOs) in Zimbabwe and analyses the dynamics of government-(NGOs) relations and the effects on promotion and protection of human rights. By means of comparative analysis of particular (NGOs) in Zimbabwe, the article illustrates the factors affecting sustainability of the (NGOs). This thesis also explores the challenges faced by (NGOs) in trying to maintain sustainable promotion and protection of human rights in Zimbabwe. The political crisis that started mainly in the early 2000 until now stirred up grave human rights violations against both the civilians and the human rights defenders. The government's dominant rule and manipulation of the political process through fabricated charges, arbitrary arrest and corruption efficiently undermined the human rights of the citizens. This political environment created many challenges for the (NGOs), with some leaving the country or stopping their operations totally, some managed to sustain themselves through these challenges and they are still operating. With comparative analysis, this paper explores four (NGOs) to find an answer as to why some manage to sustain themselves, and the effects of lack of sustainability to the beneficiaries.

Dardane (2010) Sustainability of (NGOs) in Kosovar: Challenges of the third sector and the ways forward

This capstone project addresses the problem of sustainability of (NGOs) in Kosovar as the vast majority of (NGOs) face serious difficulties in sustaining their work. Except for a small number of Kosovar NGOs, that managed to achieve a desirable level of institutional and financial sustainability, the rest tend to be failing. According to the numbers provided by the (NGOs) Registration and Liaison Office of the Government of Kosovar, out of the around 5000 registered NGOs, about 10% are estimated to be still active or partially active. The research methodology of this capstone project was quantitative and qualitative based on surveys and interviews. While, comparative case studies from countries, which went through transitional periods, was analyzed and

presented in order to give a comparative and analytical approach to the issues. This capstone project concentrates on two groups of important factors which affect the (NGOs) sustainability. The primary group involves main factors: financial, organizational viability and legal. The secondary group involves other four factors: program effectiveness, human capacity networking and long-term impact on society. This capstone project makes recommendations on how to overcome the difficulties and challenges regarding (NGOs) sustainability. In order to evaluate seven factors there was conducted a survey with 50 (NGOs). This survey contains two questionnaires, one for active (NGOs) and the other for inactive ones. Both active and inactive (NGOs) were selected randomly out of approximately 150 active (NGOs) and all the inactive ones. The survey focused on three specific sectors of (NGOs): environment, think-tank, and democratization and human rights. The first questionnaire finds out the reasons, the factors that helped (NGOs) remain active, and the challenges they face every day. The second questionnaire aims to find out the main reasons that led the most (NGOs) to become inactive. The results of the survey give a comparative approach of active (NGOs) versus inactive ones.

Linh H. Dang (2009) Non-Governmental Organizations (NGOs) and Development: An Illustration of Foreign (NGOs) in Vietnam

Funding from non-governmental organizations (NGOs) are very important contributions to the implementation of poverty reduction and socio-economic development. To ensure the success of these projects/programs, the role of foreign NGOs and their contribution must be thoroughly understood. However, how to maintain and improve the effective role of foreign NGOs in implementing the projects is a difficult question for policymaking agencies in developing country. His focused on identifying the concept of NGOs - What are NGOs? What are their functions in development? How have NGOs grown in Vietnam? And what are their contributions to poverty reduction and development process in the country? From the findings, the research explored and list out the limitations and existing problems of foreign NGOs, and proposed solutions to enhance the effectiveness of projects/programs funded by foreign NGOs to promote long-term and sustainable achievements of the country. He used quantitative and qualitative methods for my research. For field research, he conducted either face-to-face or Internet phone (Skype) interviews with foreign NGO employees, government officials at central and provincial levels, and local beneficiaries to determine the levels of contribution of foreign NGOs in development. Also, he collected site documents produced by foreign NGOs, stakeholders, and government agencies such as working reports, training materials, newsletters and websites, and minutes of meetings for his research. In his thesis, He proposed that in order to maintain the level of foreign NGOs' involvement, funding sources, and to ensure the sustainability of development programs in the country, Vietnamese governmental

agencies should continuously enhance their efforts in maintaining and securing more fund from foreign NGOs and international donors by amending related legal documents with simplified and speedy procedures, building capacity for local partners to facilitate foreign NGOs operation in the country and advocate, raise funds and communicate with foreign NGOs and donors more effectively to achieve local needs

Bromideh A (2011) : The widespread challenges of NGOs in developing countries: Case studies from Iran

The central theme of this research is to investigate the challenges that face the Iranian NGOs. This study uses a qualitative approach to collect the relevant data. In fact, we use the in-depth interviews with principals and staffs of selected NGOs. A total of nine in-depth interviews with four NGOs are conducted. One of the NGOs is newly established, and the rest are registered of which one is connected to an international NGO. Their main offices (headquarter) are located in Tehran and for other provinces they have some representatives in there. Hence, the transcripts of recorded interviews are analyzed to explore the challenges facing the NGOs. Finally, the results are discussed in a post-qualitative focus group discussion for further idea gathering and finalization of the challenging issues.

The Results showed that there are many challenges faced NGOs in Iran at many levels such as NGO level, national level & international level .

Pange (2014) a Critical assessment of challenges of sustainability in the operations of Angolan (NGOs) organizations (NGOs)

Non-governmental organizations (NGOs) have gained an important role in development cooperation during the last two decades. The development funding channeled through (NGOs) has increased and the number of (NGOs) engaged in development activities, both in Africa and Asia, has been growing. This qualitative case study set out to assess the critical challenges of sustainability in the operations of Angolan (NGOs) Social activities and the capacity building process carried out by the (NGOs) Save the Children and (NGOs) Fundação YME, from 2000 to 2010 in Angola. This case study research was based on the organization Save the Children and an indigenous organization, NGO Fundação YME, located and operating in Cabinda, Luanda, Benguela, Huila and Namibe provinces of Angola. The aim was to evaluate

the following major research question: what are the underlying factors in the challenges of sustainability in the operations of the national Angolan non-governmental organizations? The sub-questions were: Why are foreign (NGOs) operations sustainable while local NGOs' activities are non-sustainable? Why does the challenge of sustainability in their operations continue to mount in indigenous (NGOs) as shown by the non-sustainability of many NGOs in Angola? What are the mechanisms or policies for sustainability used by successful (NGOs)? How do human, material and financial factors enhance sustainable development outcomes in (NGOs)? What opportunities exist in Angola for the realization of sustainability of (NGOs)? To answer the above questions, a number of qualitative methods and techniques were used to collect and analyses data.

Conclusions drawn from the empirical study were among others, the major factors contributing to the mounting challenges of sustainability of NGOs social activities in Angola, were lack of effective leadership in the NGOs, poor strategic planning, poor vision and mission statement. This research among others, recommended that there is need to provide for strategic planning based on accurate information. Planning and managing the sustainability of NGOs requires the availability of accurate and timely information that links together resource inputs to NGO managerial outputs and process and appropriate indicators of the knowledge, skills, and values acquired by the employees. Therefore, it was recommended that efforts should be made to provide among others support reforms that focus on job training and management outcomes.

Scott (2013) Exploring the History and Challenges of Monitoring and Evaluation in International Nongovernmental Organizations: Complemented by Intern Experience at Save the Children USA

This paper examines the monitoring and evaluation (M&E) system of a large international non-profit organization, Save the Children. An internship was used to support the central M&E unit and work on projects related to its needs. Projects included cataloguing evaluation reports from the past two years and evaluation plans for the upcoming year, interviewing key informants about technical resource utilization and validating evidence about known gaps in Save the Children's M&E system. A review of evaluation literature showing the evolution of the development evaluation practice is followed by a description of the mechanisms in Save the Children's M&E system and the analysis and findings of the research. The analysis showed that Save the Children's evaluation policies and procedures were thoroughly documented and

grounded in international standards. However, research confirmed what M&E personnel believed to be the case: that there is a limited skill level for country level personnel to adequately follow the procedures. Furthermore, there was not uniform storage of evaluation reports. Evaluation plan summaries were catalogued as expected but those products were of limited use. At the time, technical resources and tools were not organized well and were not generally accessible by country office level personnel who need them the most. Recommendations include adding administrative personnel and expanding the functionality of the central M&E unit to develop metrics to rate the M&E system that would increase executive oversight of the M&E system. This could incorporate an audit of the M&E system using a peer review assessment method developed by the Organization for Economic Co-operation and Development.

MAS (2013) Tracking external donor funding to Palestinian nongovernmental organizations in the West Bank and Gaza strip 2008

Between 1999 and 2008, external aid to the West Bank and Gaza Strip increased by over 600% to 3.25 billion US Dollars per year. During the same time, external aid to Palestinian Nongovernmental Organizations (PNGOs) increased by over 500% from 48 million US Dollars in 1999 to 257 million in 2008. Throughout this period the level of external aid received by (PNGOs) fluctuated, however, it averaged around 10% over the 10-year period. According to our findings, not only the amount, but also the type of external aid entering the WB&GS varied according to political conditions. During times of political upheaval, we identified shifts in the destination of external aid, usually moving away from development or the Palestinian Authority and towards emergency relief programs, as well as a shift in the conduits of external aid, away from bilateral donors and towards multilateral agencies. According to our findings, (PNGOs) are engaged in development activities on a nearly 2:1 basis to Relief, changing only slightly during the Intifada. Whereas we had expected a higher percentage of (PNGO) activities during the Second Intifada, we learned that much of the external aid to the Occupied Palestinian Territories during this period was channeled through International Nongovernmental Organizations (INGOs) and multilateral agencies engaged in direct implementation.

Kakumani (2011) (NGOs) organizations: problems & remedies in India

NGO are non-profit making agencies that are constituted with a vision by a group of likeminded people, committed for the uplift of the poor, marginalized, unprivileged, underprivileged, impoverished, and downtrodden and the needy and they are closer and

accessible to the target groups. Flexible in administration, quicker in decision making, timely in action and facilitating the people towards self-reliance ensuring their fullest participation in the whole process of development. The achievements and success of (NGOs) in various fields and the excellent work done by them in specific areas is no doubt a tremendous task that has helped to meet the changing needs of the social system. However, in spite of its achievements in various fields, (NGOs) are facing different problems, which differ from organization to organization, region to region. In this context, an attempt is made in this paper to discuss some of the common problems faced by the (NGOs) and to give some remedies to overcome these problems.

Bandi (2011) Non-Governmental Organizations in Kenya's Education Sector

In 2000, the United Nations presented the Millennium Development Goals (MDGs) to the world's leaders in a collective effort to promote poverty reducing initiatives including universal education. The goal of providing basic social programs such as education has been stressed in human rights initiatives and global development projects since 1948 and has been the focus Kenya's national development programs since its independence. During the Kenyatta and Moi regimes, collective haram bee efforts between the local communities, the Kenyan government and Non-Governmental Organizations (NGOs) were established to provide physical infrastructure and feeding programs in the public school sector. The Kenyan government was unable to instate a sufficient free primary education system until recently. In 2003, President Mwai Kibaki issued the Free Primary Education Act, abolishing all primary school fees for public schools in Kenya. Vision 2030 outlines the implementation and enhancement efforts proposed by the Kenya interim government in 2008 to secure the future success of the Free Primary Education (FPE) Act of 2003. The reality of this vision requires the involvement and guidance of supportive Non-Governmental Organizations in the area, especially in the aftermath of the 2008 post-election violence. This study was conducted in an effort to increase the data available on the relationships between the Ministry of Education, primary school educators, the community and (NGOs) in Kenya's education sector. Through interviews and focus groups with the Ministry of Education, teachers in private and public primary school systems and directors at Non-Governmental Organizations in Kenya's

Andrew (2011) the Role of Environmental (NGOs) in Chinese Public Policy

The emergence of environmental nongovernmental organizations (NGOs) in China is increasingly drawing attention from observers interested in Chinese environmental

politics. In the 1980s, the Chinese government started introducing environmental laws as well as seeking assistance from international (NGOs), and bilateral and multilateral aid organizations. The 1990s witnessed a shift in government's focus on command and control regulation to more progressive citizen participation and market incentive laws. In fact, many ambitious environmental and energy efficiency targets were included in both the 10th and the 11 Th five-year plans. This analysis examines the role played by the environmental NGOs in Chinese public policy process. The article begins with an overview of the emergence of (NGOs) in China. This is followed by an exploration of the different types of environmental (NGOs), the political climate, and the contextual environment in which they must operate in order to survive financially. In sum, the analysis discusses the challenges facing (NGOs) participation in Chinese environmental policy reform, and concludes with ways to overcome them in order to press forward with their mission.

2.5.3 Comment on previous studies

The researcher reviewed the previous studies related to the subject of the study, and after reviewing these studies will clarify the terms of agreement and differences between them and the study, as well as aspects of benefit and discrimination

Agreement: The present study agreed with previous studies:

- ❖ All studies have referred to non-governmental organizations have an important role in international cooperation.
- ❖ Several studies have pointed out that there are challenges facing the work of NGOs and in this study referred to it.

Differences: The current study differed with previous studies in several ways including:

- ❖ There was a clear difference between the previous studies in this aspect, some studies targeted children and students.

Benefits: The researcher benefited from these studies in:

- ❖ To create a deeper and broader idea of the topic of the study, in terms of the theoretical framework and the methodology used.
- ❖ See the sources and references that are appropriate to the current study.
- ❖ Development of the tools of resolution, and the best way to apply them.
- ❖ Identification of variables and study axes.
- ❖ Make recommendations and proposals and analyze the results of the study.

Discrimination: The present study is characterized by:

- ❖ The study is the first research effort to measure the participation, opportunities and challenges faced by (NGOs) in managing the health sector crisis

Chapter 3

Research Methodology

Chapter 3

Research Methodology

3.1 Introduction

This chapter discusses the methodology, which was used in this research. The adopted methodology to accomplish this study uses the following techniques: the information about the research plan/strategy, population, sample size, data collection technique, questionnaire design and development, statistical data analysis, content validity and pilot study. The methodology in an academic research should describe the mechanism of answering the research questions; justifying the experimental design, and clarifying the analyses process of the results. This chapter should also clarify the materials, which were used and prepared in the research, explain what calculations were performed to analyze the results and to mention which statistical tests were used.

3.2 Design Research

This research aims to study the participation, opportunities and challenges facing non-governmental organizations in the Gaza Strip, in accordance with the nature of the study and the objectives it seeks to achieve. The researcher used the cross-sectional descriptive approach, which is concerned with studying the phenomenon as it is in fact. In quantitative expression, this approach is not only collecting information about the phenomenon to investigate its various manifestations and relationships, but also extends to analysis, communication and interpretation to reach conclusions on the proposed scenario construction, so that the stock of knowledge on the subject increases, it deals with measurements of the variables identified from literature to obtain answers to detailed questions. Questions have been adopted in the questionnaire. The research is designed through five main steps:

1. **Identify the problem:** The identification of the problem has begun, illustrates the objective, and research questions. In addition, the research approach has been strengthened.
2. **Review literature:** review previous studies of literature, read and write notes from various sources such as academic research journals, conferences, websites, and theses
3. **Development of the questionnaire:** In terms of literature review, all information that could help to reach, study and form the research objectives was collected to be suitable for the study.
4. **Main survey:** The quantitative approach was used at this stage as the main statistical element in the research. For quantitative and reliable quantitative data, questionnaires were distributed to the employees who work in coordination section in NGOs.
5. **Results and discussions:** To achieve the objective of the study, the researcher used quantitative data analysis methods. The researcher used the Statistical Package for Social Sciences (SPSS) to analyze the data.

3.3 Data Sources

Literature study

The literature was gathered mainly from journals, websites, textbooks, conference, theses.

Questionnaire

Kumar (2011) clarified that the questionnaire is a written list of questions and the respondents recorded their answers. Respondents in the questionnaire read the questions, understand what is anticipated and then record the answers. It is the simplest and timesaving way to gather data effectively from a large number of respondents. The questionnaire was self developed after reviewing the available literature.

The questionnaire was written in both Arabic and English languages to assist the understanding the content for the population sample. Open-ended and Closed-ended questions were adopted.

3.4 Research community:

Community defines the whole group of elements, which the researcher seeks to generalize the results related to, the problem studied (Al-Noah 2004: 92). The original community of the study consists of all the Arab and foreign international institutions involved in managing the health sector crisis during the 2014 war.

Table (3.1): Names of (NGOs) in the Gaza Strip to whom the questionnaire is distributed

M	Enterprise	M	Enterprise
1	Arab International Organization for the Reconstruction of Gaza	14	Gaza Re-construction committee-Qatar
2	IHH	15	Qatar Red Crescent
3	Al Rahma International Society- Al- Kuwait	16	United Arab Emirates Charity Organization
4	Qatar Charity Association	17	Islamic Relief
5	Turkish Red Crescent	18	(WHO)
6	TIKA	19	(UNFPA)
7	MDM-France	20	(UNDP)
8	MDM-Spain	21	Interpal Foundation
9	Al - Wefaq Palestinian Society	22	(MAPUK)
10	Aman_ Palestine / Malaysia	23	(PCRF)
11	Al -Falah Charitable Society	24	Yardimeli society
12	Arab Medical Union	25	UNICEF
13	Al-Khebra society		

3.5 The research sample:

Research Sample: The group of individuals is taken from the original research community to study them. Their characteristics are almost the same as those of

indigenous communities, namely. Sample search part of the study population or represents the society of the study according to the method chosen (Marabaty and Nahawi, 2009: 104).

However, in this study, the sample of the study is equal to the study population which is called **census**.

The community of the study consist of 80 participant and the response rate was 100%.

3.6 Pilot study

In order to test the validity, appropriateness and reliability of the questionnaire before it was distributed to all population samples, a pilot study of the questionnaire was conducted. Naum (2007) stated that the pilot study was a pilot experiment for the questionnaire, which included identifying any ambiguous questions, the formulation of questions, the technology test used for data collection, until then. The pilot study was generally divided into three questions. Steps are as follows:

First, experts were consulted on health management with respect to the questionnaire and had an academic background in the evaluation of questionnaires and experts in the field of statistics. To this end, the researcher validated a questionnaire with a sample of (11) experts in the Gaza Strip for pre-testing the questionnaire. Therefore, the questions were rewritten, simplified and modified based on the opinions of the experts. A way to help achieve the goal of research. In addition, the researcher consulted two statisticians to know that the tool used was statistically valid and that the questionnaire was sufficiently designed to provide tests and relationships between variables, and the questionnaire was distributed to 8 employees in the NGOs. The results of the pre-examination of the questionnaire.

Table (3.2): Add, delete and modify the questionnaire

No.	Factors	Note	Modified Factors
The First Axis: participation and opportunities			
1.	There is a definition of the roles and tasks to be performed among members of the organization.	Selected	
2.	Programs and projects of the organization are set according to the Ministry of Health's strategic plan.	Selected	
3.	Participation of (NGOs) meets the strategic objectives of the Ministry of Health.	Selected	
4.	Meetings between the donor organizations and the Ministry of Health are arranged through the senior administration.	Selected	
5.	Visits between the donor organizations and the health sector are exchanged for follow-up activities.	Selected	
6.	The organization relies on written communications in coordination with the Ministry of Health.	Selected	

No.	Factors	Note	Modified Factors
7.	Non-governmental organizations organize workshops with the Ministry and vice versa.	Selected	
8.	Reducing obstacles and barriers impeding the delivery of treatment services.	Selected	
9.	The health sector is flexible.	Modified	
10.	There is an emergency committee in non-governmental organizations that works well during crises.	Selected	
11.	An emergency information system is clearly and easily used by the organizations and the Ministry.	Added	
12.	The organization's administrative system is characterized by rapid response to emergency requirements.	Selected	
13.	A set of alternative grants are offered by the organization to cover deficiencies in services within the Ministry.	Selected	
14.	The administrative system provides realistic and true information for future decisions.	Added	
The second axis: its role during crises (before, during and after)			
Before			
1.	The administration conducts researches into events that may lead to crises by the institution and the Ministry	Selected	
2.	There are adequate and ready crisis management programs and plans in the institution that are being reviewed and developed	Selected	
3.	The administration provides support to prepare for expected crises.	Added	
4.	Providing a common unified data system between the Ministry and the NGO	Selected	
5.	There is an interest in the classification and analysis of crisis indicators	Selected	
6.	There is cooperation to prepare for the crisis with the Stakeholders.	Selected	
7.	There is a qualified and trained staff to conduct the collection and analysis of crisis indicators.	Selected	
8.	Specialized task forces are formed to identify potential crises.	Selected	
9.	The administration quickly and efficiently adjust the malpractice.	Selected	

No.	Factors	Note	Modified Factors
During			
1.	The administration provides all facilities to the competent teams in dealing with the crisis.	Selected	
2.	Interested in communicating with all parties related to the crisis.	Selected	
3.	There are clear administrative instructions to determine the procedures to deal with the crisis.	Selected	
4.	The time factor, when dealing with crises, is taken into consideration and with appropriate accuracy.	Selected	
5.	There is cooperation to prepare for the crisis with the relevant external institutions	Modified	
6.	The crisis are controlled when it occurs, and its spread is controlled and maintained for an appropriate period.	Added	
7.	The administration provides adequate capacity and speed in mobilizing the material and human resources necessary to contain the crisis.	Selected	
8.	The administration provides internal communication tools that work efficiently and effectively when crises occur.	Selected	
9.	The administration adopts appropriate distribution of roles and powers when the crisis occurs	Selected	
10.	The organizational structure is flexible enough to help dealing with crises as they occur	Selected	
After			
1.	The administration works to address the damage and solve the problems caused by the crisis.	Added	
2.	The administration assesses crisis management plans and programs to correct and develop them.	Added	
3.	The administration communicates with all parties to explain the effects of the crisis and ways to deal with it.	Added	
4.	The results of the crisis management experiences are drawn to other institutions with similar conditions.	Added	
5.	The administration provides, with high degree of flexibility, financial and human needs after the completion of the crisis.	Added	
6.	Lessons learned from gaps in previous plans are carefully integrated into crisis plans.	Selected	

No.	Factors	Note	Modified Factors
7.	The administration is quick to take the necessary measures to restore the Ministry's activity after the crisis.	Selected	
8.	The administration adopts policies to reduce crises and reduce their causes.	Selected	
9.	The administration adopts continuous assessment of crisis management policies.	Selected	
The third axis: challenges			
1.	Lack the awareness of senior and executive administration to the importance of advance planning	Selected	
2.	Ignorance, in the application of the coordination process, affects the work during crises and emergencies	Selected	
3.	Lack of experience, skills and ability to negotiate and build relationships with donors	Selected	
4.	Lack of interest in building modern information systems that would provide a database within the institution	Selected	
5.	The lack of allocating financial and psychological incentives that support employees within the institution and the ministry	Selected	
6.	Political division and unstable economic conditions	Selected	
7.	Duplication of service provision in the health sector among more than one institution	Selected	
8.	Lack of preparedness and response committee during emergencies	Selected	

3.7 Search tools:

The following tools were used:

Reliability and consistency of the questionnaire: The truth and consistency of the questionnaire means verifying the validity and stability of the study tool, as follows:

- A. **Validation of the questionnaire:** The truth is that the test actually measures the ability, attribute, direction or readiness that the test was designed to measure, is actually measures what it is intended to measure (Al- Essawi, 2003: 323)
- B. **The validity of the content:** The paragraphs of the scale were presented in the preliminary form, consisting of (50) paragraph on a group of experts in the field of jurisdiction (see Appendix 1), to judge its paragraphs, in terms of formulation,

suitability, and suitability to measure what was set for it, The scale after amendments, and the directions of the arbitrators consists of (5) paragraph (see Annex 2).

- C. **Internal consistency:** The analysis of the internal consistency is determined by the consistency of each paragraph of the questionnaire with the axis to which this paragraph belongs (Drost, 2000: 106). The internal consistency of the sample paragraphs is calculated on the sample of the survey, by calculating the correlation coefficients between each paragraph and the total score of its axis as follows:

The First Axis: participation and opportunities

Table(3.3) : Interconnection coefficients between paragraphs and the total score of the field and the total score of the scale

Phrase	Coefficient of the paragraph correlation with the field	The correlation coefficient of the paragraph with the total score of the scale
1	** 0.75	**0.74
2	** 0.72	**0.62
3	** 0.64	**0.58
4	** 0.55	**0.71
5	** 0.67	**0.66
6	** 0.78	**0.63
7	** 0.66	**0.74
8	** 0.85	**0.68
9	**0.69	**0.78
10	**0.68	**0.71
11	**0.85	**0.64
12	**0.69	**0.51
13	**0.62	**0.75
14	** 0.74	**0.65

****Statistical function at level 0.01**

The limits of statistical significance of the value of (t) at the level of significance of 0.01 to the degree of freedom (50-2) = 0.372

It is clear from the previous table that: All the fields are statistically significant at level 0.01, which indicates that the areas of the field are characterized by internal consistency with the total score of the field.

The second axis: its role during crises (before, during and after)

Table (3.4): Interconnection coefficients between the paragraphs of the crisis and each area with the total score of the scale.

Phrase	Coefficient of the paragraph correlation with the field	The correlation coefficient of the paragraph with the total score of the scale
Before Crises		
1	**0.62	**0.71
2	**0.62	**0.69
3	**0.85	**0.73
4	**0.78	**0.68
5	**0.69	**0.62
6	**0.67	**0.59
7	**0.78	**0.74
8	**0.69	**0.66
9	**0.75	**0.71
During Crises		
1	**0.62	**0.72
2	**0.69	**0.77
3	**0.69	**0.84
4	**0.61	**0.69
5	**0.67	**0.83
6	**0.72	**0.88
7	**0.76	**0.69
8	**0.62	**0.80
9	**0.74	**0.78
10	**0.69	**0.77
After Crises		
1	** 0.75	** 0.67
2	** 0.67	** 0.75
3	** 0.55	** 0.64
4	** 0.69	** 0.75
5	** 0.79	** 0.69
6	** 0.56	** 0.75
7	** 0.66	** 0.69
8	** 0.85	** 0.67
9	** 0.58	** 0.67

Statistical function at level 0.01 // the limits of statistical significance of the value of (t) at the level of significance of 0.01 to the degree of freedom (78-2) = 0.372

It is clear from the previous table that: All the fields of the field are statistically significant at level 0.01, which indicates that the areas of the field are characterized by internal consistency with the total score of the field.

Stability of the scale: Consistency means that consistency in the results of the test when applied from time to time or in other words means stability in the results of the questionnaire and do not change significantly if they were redistributed to individuals several times during certain periods of time (Abu Nahia, 1994: 351) Of stability of the

Search questionnaire Stability steps were carried out on the same surveying sample in two ways: the midterm division and the Cronbache alpha factor.

Cronbache Alpha: According to stability by the Cronbache Alpha coefficient, using the sample of the exploratory sample.

Table (3.5): Alpha Cronbache coefficients for the domains of the first axis scale and the total score of the scale

Dimensions of the second axis	Stability coefficients
Before the crisis	0.78
During the crisis	0.81
After the crisis	0.79
Total score of the scale	0.79

The above table shows that: All values of stability coefficients are higher than stability.

- A. **Midterm fragmentation:** In the half-way method, the researcher divides the test in this way into two halves in a random way, or takes the double-digit test words on a single-digit basis (al- Al-Issawi, 2012: 59-60) Pearson correlation between the individual and marital questions for each axis test, correlation coefficients have been corrected and the following table is shown

Table(3.6) : The correlation coefficients for each range of the scale are shown by halfway

The field	Correlation coefficient, before modification	Coefficient of stability, field of adjustment
Before the crisis	0.82	0.9
During the crisis	0.79	0.88
After the crisis	0.69	0.82

The above table shows that: All values of stability coefficients are higher than stability.

The Second axis: challenges

The validity of the questionnaire is intended to verify the validity and reliability of the study tool as follows, and the truth is that the test actually measures the ability, attribute, direction or readiness that the test is designed to measure, is measures the intended measurement (Al-Issawi, 2003: 323), the researcher conducted the following honesty tests:

Internal consistency: The consistency of the internal consistency is determined by the extent to which each paragraph of the questionnaire corresponds to the axis to which this paragraph belongs (Drost, 2000: 106). The internal consistency of the questionnaires was calculated on the sample of the survey, Calculates the correlation coefficients between each paragraph and the total.

Table (3.7): correlation coefficient between the paragraphs of the third axis

Phrase	Coefficient of correlation of paragraphs	Coefficient of correlation of the paragraph with the scale
1	**0.79	** 0.78
2	**0.77	** 0.71
3	**0.73	* 0.80
4	**0.79	** 0.69
5	**0.77	** 0.71
6	**0.76	** 0.79
7	**0.74	** 0.81
8	**0.74	** 0.69

**Statistical function at level 0.01

The limits of statistical significance of the value of (t) at the level of significance of 0.01 to the degree of freedom $(50-2) = 0.372$

It is clear from the previous table that: All correlation coefficients are statistically significant at 0.01 between the scales and each other, and the total score of the scale, indicating their distinction between the internal consistency between them and the total score of the scale.

Cronbache Alpha: according to stability by the coefficient of Cronbache Alpha, using the sample survey.

Table (3.8): Alpha Cronbache coefficients for the axis of challenges and the total score of the scale

Stability coefficients	0.88
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The above table shows that: All values of stability coefficients are high.

The mid-term split means the half-way segmentation of the test in this way to two halves in a random way, or taking the double-digit test words on a single-digit basis (Al-Issawi, 2012: 59-60) Pearson correlates between individual and marital questions for each test, and correlation coefficients have been corrected.

Table (3.9): Shows the correlation coefficients of the third axis by halfway

Midterm Retail	Correlation coefficient (before adjustment)	Stability coefficient
	0.85	0.92

From the previous table (7), stability coefficients are high and statistically significant at 0.05.

Table (3.10): Likert Quintet Scale

Answer	Strongly Agree	Agree	Neutral	not agree	Strongly Disagree
Degree correction	5	4	3	2	1

The researcher chose the score (1) for the response "very few", so that the relative weight in this case is (20%) and is proportional to the response "very few", then calculate the reference arithmetic mean and then determine the direction by weighted average values.

The test is adopted in the Search : To determine the study's test, the length of the cells in the five-dimensional Likert scale was determined by calculating the range between the degrees of the scale (5-1 = 4) and then dividing it by the largest value in the scale to obtain cell length (4/5 = 0.8) This value was added to the lowest value in the scale (the beginning of the scale and the correct one is to determine the upper limit of this cell, thus the length of cells became as shown in the following table:

Table (3.11): the examiner approved in the study

Degree of support	RW	SMA
Strongly Disagree	%36 - %20	1.80 – 1
not agree	Greater than 36% - 52%	Greater than 1.80 - 2.60
Neutral	Greater than 52% - 68%	Greater than 2.60 - 3.40
Agree	Greater than 68% - 84%	Greater than 3.40 - 4.20
Strongly Agree	Greater than 84% - 100%	Greater than 4.20-5

In order to explain the results of the study and the judgment on the response level, the researcher determined the order of the arithmetical averages at the level of the fields and the level of the paragraphs in each field.

3.5.4 Relative Importance Index (RII)

The RII or relative weight was used to determine the ranks of all factors and calculated as (Field, 2009)

$$\text{Relative importance index method (RII)} = \frac{\sum w}{AN} = \frac{5n_5 + 4n_4 + 3n_3 + 2n_2 + 1n_1}{5N}$$

Where W is the weighting given to each factor by the respondent, ranging from 1 to 5 (n1 = number of respondents for very low, n2 = number of respondents for low, n3 = number of respondents for medium, n4 = number of respondents for high, n5 = number of respondents for very high). N is the all number of participants in the sample. The RII value had a range of 0 to 1, the greater the value of RII, the more impact of the attribute. Several researches (Enshassi et al., 2010; Enshassi et al., 2011; Enshassi et al., 2012; El-Hallaq and Tayeh, 2015; Albhaisi et al., 2016; Tayeh et al., 2016; Tayeh

et al.,2017; Tayeh et al.,2018; Tayeh et al.,2018 and Mahfuth et al.,2018) used the RII in their analysis.

3.8 Statistical methods related to research

The following statistical methods were used:

- ❖ Internal consistency to calculate the genuineness of internal consistency between the paragraphs and the dimensions to which they belong.
- ❖ Cronbach alpha coefficient to calculate the coefficient (t) stability.
- ❖ Halfway to calculate the stability coefficient.
- ❖ Spearman Brown and Gitman's Equilibrium equation to adjust the stability coefficient.
- ❖ Pearson correlation coefficient to calculate the correlation coefficient and to answer the assumptions related to the relationship.
- ❖ The arithmetic average to determine the high or low responses of the study members for each of the basic terms of the research variables.
- ❖ Independent sample T test :Test was used to examine if there was a statistical significant difference between two means among the respondents.
- ❖ One-Way ANOVA test: Test was used to examine if there was a statistical significant difference between more two means among the respondents.

Chapter 4 Results and Discussion

Results and Discussion

4.1 Introduction

In this chapter, the researcher reviews the results of this study after answering the questions and verifying the hypotheses using the appropriate statistical methods. The researcher also interprets them, discusses the results reached in the light of previous studies, and the theoretical framework.

4.2 Demographic characteristics of the study sample

Table (4.1): Statistical characteristics of the study Research

Variable	Statement	Repetition	Percentage
Sex	Female	54	67.5 %
	Male	26	32.5%
Age	Less than 30	11	7.5%
	30-40	42	52.3%
	41-50	17	21.2%
	51 and above	10	12.5%
Qualifications	Diploma	9	11.2%
	BA/ BSc	46	57.5%
	Postgraduate	25	31.3%
Job Title	Architect, Civil Engineer, Head of Department, Project Coordinator, Accountant, Manager, Office Manager, Field Coordinator, Project Manager, Emergency Doctor, Physiotherapist, Support Officer (Operations), Public Relations Manager, Program Manager.		
Period of Work	Less than 5 years	19	23.7%
	6-10	35	43.7%
	11-15 years	13	16.2%
	16 and above	13	16.2%

4.3 The results of the first question and its presentation and interpretation:

What is the extent of participation, opportunities faced by (NGOs) organizations in managing the health sector crisis after the aggression of 2014 on the Gaza Strip?

To answer the first question, the researcher calculated the arithmetical averages, the standard deviations, the relative weight of the first axis and the total score of the scale, as shown in the following table.

Table (4.2): Arithmetical averages, standard deviations and relative weight to detect the level of the first axis and the total score of the scale

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.1	There is a definition of the roles and tasks to be performed among members of the organization.	3.51	0.927	6.245	70.317	3	Big
.2	Programs and projects of the organization are set according to the Ministry of Health's strategic plan.	3.31	0.944	3.776	66.349	6	Medium
.3	Participation of (NGOs) meets the strategic objectives of the Ministry of Health.	3.07	0.917	0.971	61.587	10	Medium
.4	Meetings between the donor organizations and the Ministry of Health are arranged through the senior administration.	2.77	1.005	-2.570	55.397	12	Medium
.5	Visits between the donor organizations and the health sector are exchanged for follow-up activities.	3.63	0.854	8.343	72.698	2	Big
.6	The organization relies on written communications in coordination with the Ministry of Health.	3.20	0.879	2.634	64.127	8	Medium
.7	Non-governmental organizations organize workshops with the Ministry and vice versa.	3.35	0.862	4.650	67.143	5	Medium
.8	Reducing obstacles and barriers impeding the delivery of treatment services.	3.50	0.837	6.815	70.159	4	Big
.9	Information is continuously followed-up by non-governmental organizations in a manner that serves the Ministry.	3.66	0.858	8.723	73.333	1	Big
.10	There is an emergency committee in non-governmental organizations that works well during crises.	3.14	0.910	1.763	62.857	9	Medium

.11	An emergency information system is clearly and easily used by the organizations and the Ministry.	3.21	0.864	2.785	64.286	7	Medium
.12	The organization's administrative system is characterized by rapid response to emergency requirements.	3.032	1.011	0.352	60.635	11	Medium
No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.13	A set of alternative grants are offered by the organization to cover deficiencies in services within the Ministry.	3.011	0.877	0.377	55.1	13	Big
.14	The administrative system provides realistic and true information for future decisions.	3.488	0.778	1.79	54.2	14	Big

- ❖ As shown in the previous table, the average of the first axis (opportunities and participation), (3.46) with a relative weight (69.3%) at a high level.
- ❖ Paragraph 9, which states that "Information is constantly monitored by NGOs in a manner that serves the ministry," has a relative weight of 73%, which is considered high. The researcher believes that continuing the communication process between the institution and the ministry will be useful in providing information and services among them easily.
- ❖ Paragraph 5, which states that "visits between donor organizations and the health sector are exchanged for follow-up activities." , Which has a relative weight of 72%, which is considered high, the researcher believes that the exchange of activities between the Ministry and the institution facilitates all operations of the institution, to serve the factor of participation and opportunities.
- ❖ Paragraph 14, which states that the administrative system provides real and realistic information for future decisions, has a relative weight of 54%, which is considered a low percentage, in which the researcher believes that this field towards providing accurate and realistic information is considered weak because it needs other things from Including permanent support.
- ❖ The researcher believes that the process of communication between the non-governmental institutions and the Ministry of Health is good coordination, and this is beneficial to the nature of the work of the two institutions and facilitate the field of international cooperation with the outside world

4.4 Results of the second question, its presentation and interpretation:

What is the relationship between opportunities and participation and the challenges faced by (NGOs) and crisis management (before the crisis, during the crisis, and after the crisis) Health sector after the aggression on the Gaza Strip in 2014?

Table (4.3): Arithmetical averages, standard deviations and relative weight to detect the level of the second axis and the total score of the scale

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
Before Crises							
1.	The administration conducts researches into events that may lead to crises by the institution and the Ministry	3.127	1.012	1.409	62.540	3	Medium
2.	There are adequate and ready crisis management programs and plans in the institution that are being reviewed and developed	3.040	0.871	0.511	60.794	7	Medium
3.	The administration provides support to prepare for expected crises.	3.095	0.933	1.146	61.905	4	Medium
4.	Providing a common unified data system between the Ministry and the NGO	3.063	0.994	0.717	61.270	6	Medium
5.	There is an interest in the classification and analysis of crisis indicators	3.310	1.008	3.448	66.190	1	Medium
6.	There is cooperation to prepare for the crisis with the Stakeholders.	3.016	1.103	0.162	60.317	8	Medium
7.	There is a qualified and trained staff to conduct	3.183	1.054	1.944	63.651	2	Medium

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
	the collection and analysis of crisis indicators.						
8.	Specialized task forces are formed to identify potential crises.	3.000	1.028	0.000	60.000	9	Medium
9.	The administration quickly and efficiently adjust the malpractice.	3.056	0.974	0.640	61.111	5	Medium

The second axis (Before crisis) :

- ❖ The fifth paragraph, which states that (there is interest in the classification and analysis of crisis indicators), has a relative weight of 66%, which is high, indicates that the Palestinian society most deal with the situation on the Palestinian arena comes in the context of crisis.
- ❖ The seventh paragraph, which provides (a qualified and trained staff to collect and analyze crisis indicators), has a relative weight of 63%, which is high, with the availability of qualified and trained staff. This helps to analyze crisis indicators and information collection methods.
- ❖ The eighth paragraph, which states (forming specialized task forces to identify potential crises), has a relative weight of 60%, which is considered a low percentage. The researcher believes that most of the employees in this field are not competent in dealing with crises.

During Crises							
No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.1	The administration provides all facilities to the competent teams in dealing with the .crisis	3.056	0.990	0.630	61.111	9	Medium
.2	Interested in communicating with all parties related to the crisis.	2.952	0.945	- 0.565	59.048	12	Medium
.3	There are clear administrative instructions to determine the procedures to deal with the .crisis	3.127	1.035	1.377	62.540	7	Medium

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.4	The time factor, when dealing with crises, is taken into consideration and with .appropriate accuracy	3.317	1.071	3.328	66.349	2	Medium
.5	Periodic meetings are held during dealing with various .crises	3.190	1.010	2.118	63.810	4	Medium
.6	The crisis are controlled when it occurs, and its spread is controlled and maintained for .an appropriate period	3.222	0.937	2.662	64.444	3	Medium
.7	The administration provides adequate capacity and speed in mobilizing the material and human resources necessary to .contain the crisis	3.429	0.907	5.303	68.571	1	Big
.8	The administration provides internal communication tools that work efficiently and .effectively when crises occur	3.048	1.011	0.529	60.952	10	Medium
.9	The administration adopts appropriate distribution of roles and powers when the crisis occurs	3.071	0.965	0.831	61.429	8	Medium
.10	The organizational structure is flexible enough to help dealing with crises as they occur	3.167	0.970	1.930	63.333	5	Medium

The second axis (During Crisis):

- ❖ The seventh paragraph, which states that (the administration provides enough capacity and speed in mobilizing the material and human resources necessary to contain the crisis), has a relative weight of 68%, which is high, that dealing with crises through human resources is the best way to this area.
- ❖ The fourth paragraph, which states that "the factor of time, when dealing with crises, is taken into account and with the appropriate accuracy." It has a relative weight of 66%, which is considered high, the factor of time is the most important factors that help control the life, scientific and practical.

- ❖ The eighth paragraph, which states that the administration provides efficient and effective internal communication tools in case of crisis, has a relative weight of 60%, which is considered a low ratio, meaning that the communication between the administrations during crises is very small.

After Crises							
No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.1	The administration works to address the damage and solve the problems caused by the .crisis	3.286	0.945	3.392	65.714	2	Medium
.2	The administration assesses crisis management plans and programs to correct and .develop them	3.246	0.969	2.850	64.921	4	Medium
.3	The administration communicates with all parties to explain the effects of the .crisis and ways to deal with it	3.270	0.907	3.340	65.397	3	Medium
.4	The results of the crisis management experiences are drawn to other institutions .with similar conditions	3.333	0.996	3.757	66.667	1	Medium
.5	The administration provides, with high degree of flexibility, financial and human needs after the .completion of the crisis	3.111	1.006	1.240	62.222	7	Medium
.6	Lessons learned from gaps in previous plans are carefully .integrated into crisis plans	2.976	0.890	- 0.300	59.524	9	Medium
.7	The administration is quick to take the necessary measures to restore the Ministry's .activity after the crisis	3.111	1.029	1.212	62.222	7	Medium

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
.8	The administration adopts policies to reduce crises and .reduce their causes	3.159	0.950	1.875	63.175	5	Medium
.9	The administration adopts continuous assessment of .crisis management policies	3.119	0.977	1.368	62.381	6	Medium

The second axis (After Crisis) :

- ❖ The fourth paragraph, which states that "the results of the crisis management experiments are drawn to other institutions with similar conditions," which have a relative weight of 66%, which is high, the experiences of crises benefit knowing the ways of dealing with institutions during the crisis.
- ❖ The first paragraph, which states that " The administration works to address the damage and solve the problems caused by the crisis " has a relative weight of 65%, which is considered high, meaning that the staff are qualified by collecting and analyzing information.
- ❖ The sixth paragraph, which states that (lessons learned from the gaps in the previous plans are carefully integrated into crisis plans), have a relative weight of 59%, which is a low percentage, the institution has clear plans in dealing with the crisis as dealt with them but with a framework Practical and not theoretical.

4.5The results of the third question and their presentation and interpretation:

What are the challenges faced by (NGOs) in managing the health sector crisis after the aggression on the Gaza Strip in 2014?

Table (4.4): Arithmetical averages, standard deviations and relative weight to detect challenges

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
1	Lack the awareness of senior and executive administration to the importance of advance planning	3.325	0.847	4.313	76.508	2	Big

No.	Phrase	Mean	SD	Value (T)	RII	Rank	Class
2	Ignorance, in the application of the coordination process, affects the work during crises and emergencies	3.262	0.905	3.249	65.238	6	Big
3	Lack of experience, skills and ability to negotiate and build relationships with donors	3.103	0.954	1.215	82.063	1	Big
4	Lack of interest in building modern information systems that would provide a database within the institution	3.151	0.997	1.699	63.016	8	Medium
5	The lack of allocating financial and psychological incentives that support employees within the institution and the ministry	3.444	0.835	5.976	68.889	3	Big
6	Political division and unstable economic conditions	3.190	0.961	2.225	63.810	7	Medium
7	Duplication of service provision in the health sector among more than one institution	3.373	0.883	4.742	67.460	4	Big
8	Lack of preparedness and response committee during emergencies	3.294	0.868	3.798	65.873	5	Big

- ❖ The results of the research indicate that the challenges faced by workers in the international cooperation institutions in Gaza reached 72%.
- ❖ Third paragraph, which provides (lack of expertise, skills, negotiation capacity and donor-building relationships), has a relative weight of 82%, which is high, given the availability of donor approaches, international cooperation and donor relations will provide better.
- ❖ The first paragraph, which states, "senior and executive management is not aware of the importance of advance planning," has a relative weight of 76%, which is considered high. In other words, when the organization loses planning, it loses all types of management and importance within the institution
- ❖ Paragraph 4, which states (lack of interest in building modern information systems that will provide a database within the institution), has a relative weight of 63%, which is

considered a low proportion, and this phrase carries the meaning that negligence in not building modern information about the client will lead To the incompatibility of future work.

- ❖ The researcher considers that the challenges side in the health institutions is very large, because Gaza is living in a state of siege and imposing sanctions on the one hand, and on the other the repeated aggression on the Gaza Strip, so Gaza as a whole is a field of experiments to confront the crises suddenly and quickly. Need to be comfortable working within internationally agreed principles and not available in the health field in Gaza because of the lack of basic work, and this is the weakness of international cooperation within non-governmental institutions.

4.6 Test of hypothesis

1. **There is a significant relationship between opportunities and participation and the challenges faced by (NGOs) and crisis management (before the crisis, during the crisis, and after the crisis) Health sector after the aggression on the Gaza Strip in 2014**

From Table No. (4.4), it is shown that there is negative a significant relationship at $\alpha = 0.05$, between t Participation and opportunities and the challenges faced by (NGOs) and crisis management.

Table (4.5): Correlation coefficient between Participation and opportunities and the challenges faced by (NGOs) and crisis management

Field	Statistics	challenges
Participation and opportunities	Correlation coefficient (r)	-0.652*
	(Sig.)	0.002

* A significant correlation at $\alpha = 0.05$.

2. **There is a statistically significant differences attributed to the demographic data of the respondents at the level of $\alpha \leq 0.05$ between the means of their views about participation, opportunities, and challenges faced by NGOs in managing the health sector crisis.**

This hypothesis was to analyze the differences among opinions of respondents toward participation, opportunities, and challenges faced by NGOs in managing the health sector crisis due to; gender, age, qualification, and period of work. One way Analysis of variance (ANOVA) test and independent sample t test were used to find whether there were statistically significant differences between opinions of respondents or not.

Analysis considering gender

Table (4.6) shows that the p-value is greater than $\alpha = 0.05$ for all the fields, so the difference among the respondents are not significant toward all the fields. It can be decided that gender has on effect on all the fields.

Table (4.6): Independent sample t test, p-value for gender

Field	Test value	P-value (Sig.)	Means	
			Male	Female
Participation and opportunities	-0.381	0.705	3.74	3.78
Challenges	0.296	0.768	3.54	3.49
Before crises	-0.072	0.943	3.90	3.91
During crises	-0.838	0.405	3.64	3.79
After crises	3.077	0.236	3.57	2.88

Analysis considering age

ANOVA was used to test the differences among opinions of respondents with respect to their age (Less than 30, 30-40, 41-50, 51 and above).

According to the results of the test as shown in Table (4.7), the P-value for the Levine's test is greater than 0.05 in each field of the five fields. Thus, the variances of the groups are not significantly different (the groups are homogeneous). Regarding to F- test, the significance values for each field of the fourth fields are not significant (P-value > 0.05). In addition, the values of F-test in each field of the fourth fields are less than the critical value of F (2.724). Thus, there are no statistically significant differences attributed to age at the level of $\alpha \leq 0.05$ between the means of their views about participation, opportunities, and challenges faced by NGOs in managing the health sector crisis.

In the last field, the significance values for this field are significant (P-value less than 0.05). In addition, the values of F-test are greater than the critical value of F (2.724). Thus, there are statistically significant differences attributed to age at the level of $\alpha \leq 0.05$ between the means of their views about participation, opportunities, and challenges faced by NGOs in managing the health sector crisis

This researcher argues that mental compatibility between males and females is different in clarifying the field of work within non-governmental institutions, as well as their understanding of the health crisis and how to coordinate between other institutions.

Table (4.7): One way ANOVA results regarding age

Field	Test Homogeneity Variances		F-test	P-value (Sig.)	Less than 30	30-40	41-50	51 and above
	Levine Statistic	P-value (Sig.)						
Participation and opportunities	0.368	0.776	2.259	0.089	3.40	3.75	3.87	4.07
Challenges	1.672	0.181	0.316	0.814	3.41	3.57	3.66	3.33
Before crises	0.527	0.665	0.640	0.592	3.74	3.92	4.08	4.20
During crises	3.931	0.012	0.895	0.448	3.36	3.72	3.83	3.50
After crises	2.794	0.046	0.830	0.481	3.16	3.35	3.71	3.31

Critical value of F at degree of freedom (df) = [(K-1), (N-K)] = [(4-1), (80-4)] = [3, 76] and at significance (Probability) level 0.05 equals "2.724". *. The mean difference is significant at the 0.05 level.

Analysis considering qualifications

ANOVA was used to test the differences among opinions of respondents with respect to their qualifications (Diploma, BA/ BSc, Postgraduate).

According to the results of the test as shown in Table (4.8), the P-value for the Levine's test is greater than 0.05 in each field of the five fields. Thus, the variances of the groups are not significantly different (the groups are homogeneous). Regarding to F- test, the significance values for each field of the five fields are not significant (P-value > 0.05). In addition, the values of F-test in each field of the five fields are less than the critical value of F (3.115). Thus, there are no statistically significant differences attributed to qualification at the level of $\alpha \leq 0.05$ between the means of their views about participation, opportunities, and challenges faced by NGOs in managing the health sector crisis

The researcher considers as a whole that the variable of age, does not impose his side strongly, because the best way to work and participate and meet the challenges are in coordination and cooperation and this requires self-experience and practical in this area.

Table (4.8): One way ANOVA results regarding qualification

Field	Test of Homogeneity of Variances		F-test	P-value (Sig.)	Diploma	BA/ BSc	Postgraduate
	Levine Statistic	P-value (Sig.)					
Participation and opportunities	5.923	0.004	0.524	0.594	3.50	3.77	3.70
Challenges	2.893	0.062	1.474	0.236	4.22	3.58	3.45
Before crises	3.023	0.055	1.727	0.185	4.40	3.99	3.77
During crises	5.051	0.009	1.403	0.253	4.44	3.68	3.66
After crises	1.910	0.155	1.630	0.203	4.37	3.32	3.46

Critical value of F at degree of freedom (df) = [(K-1), (N-K)] = [(3-1), (80-3)] = [2, 77] and at significance (Probability) level 0.05 equals "3.115". *. The mean difference is significant at the 0.05 level.

Analysis considering period of work

ANOVA was used to test the differences among opinions of respondents with respect to their period of work (Less than 5, 6-10, 11-15, 16 and above).

According to the results of the test as shown in Table (4.9), the P-value for the Levine's test is greater than 0.05 in each field of the five fields. Thus, the variances of the groups are not significantly different (the groups are homogeneous). Regarding to F- test, the significance values for each field of the five fields are not significant (P-value > 0.05). Also, the values of F-test in each field of the five fields are less than the critical value

of F (2.724). Thus, there are no statistically significant differences attributed to period of work at the level of $\alpha \leq 0.05$ between the means of their views about participation, opportunities, and challenges faced by NGOs in managing the health sector crisis. In the opinion of the researcher that the variable scientific qualification is a major reason in this area, but must be linked to the practical side and theoretical support for the field of work and realize that the scientific qualification and experience together witness the facilitation of the Foundation's work in providing support to the Palestinian people.

Table (4.9): One way ANOVA results regarding period of work

Field	Test of Homogeneity of Variances		F-test	P-value (Sig.)	Less than 5	6-10	11-15	16 and above
	Levene Statistic	P-value (Sig.)						
Participation and opportunities	3.506	0.020	0.577	0.632	3.68	3.70	3.88	3.64
Challenges	0.107	0.956	0.735	0.535	3.63	3.53	3.55	3.15
Before crises	2.829	0.045	0.647	0.588	3.93	3.91	4.20	3.86
During crises	1.612	0.195	0.763	0.519	3.55	3.71	3.86	3.42
After crises	2.951	0.039	1.452	0.236	3.27	3.32	3.76	3.90

Critical value of F at degree of freedom (df) = [(K-1), (N-K)] = [(4-1), (80-4)] = [3, 76] and at significance (Probability) level 0.05 equals "2.724". *. The mean difference is significant at the 0.05 level.

Comment on previous studies:

The researcher believes that the study of (Shakalaih,2016) agreed in terms of the results of the study with my current study that the strategies and Plans developed by the respondents in the pre-disaster period was good and need updating for those Plans.

The researcher finds that the (Pange, 2014) study agreed that there is need to provide for strategic planning based on accurate information. Planning and managing the sustainability of NGOs requires the availability of accurate and timely information that links together resource inputs to NGO managerial outputs and process and appropriate indicators of the knowledge, skills, and values acquired by the employees. Therefore, it was recommended that efforts should be made to provide among others support reforms that focus on job training and management outcomes.

The study of(MAS ,2013) agreed in terms of the results of the study with my current study in there is an increase in foreign aid to Palestinian NGOs during the timing of the crisis significantly and this is what was presented in my study.

Kakumani (2011) (NGOs) organizations: problems & remedies in India

The study of Kakumani (2011) agreed in terms of the results of the study with my current study that the various fields and the excellent work done in specific areas is a huge task that helped to meet the changing needs of the social system. However, despite its achievements in various fields, NGOs differ from one organization to another and from one region to another. In this context, give some treatments to overcome these problems. This is what I have done within my studies. The researcher differed in using the curriculum and I used the experimental method. As for my research, I used the descriptive analytical method

Bandi (2011) Non-Governmental Organizations in Kenya's Education Sector

The study concludes that the Bandi (2011) agreed in terms of the results of the study with my current study that the reality of this vision requires the involvement and guidance of NGOs supporting the region, especially in the aftermath of the post-election violence in 2008. This study was conducted in an attempt to increase data Available on the relations between the Ministry of Education and primary school teachers and the local community (NGO) in the education sector in Kenya. This is what I have done within my studies. The researcher differed in using the curriculum and I used the experimental method. As for my research, I used the descriptive analytical method

Andrew (2011) the Role of Environmental (NGOs) in Chinese Public Policy

The researcher concluded that the Andrew (2011) agreed in terms of the results of the study with my study to analyze the challenges facing the participation of NGOs in the reform of China's environmental policy and conclude with the means to overcome them in order to carry forward their mission. This is what I have done in my studies but on the health side, and the researcher differed in using the curriculum, I used the experimental approach, and for my research, I used the descriptive analytical method

Dardane (2010) Sustainability of (NGOs) in Kosovar: Challenges of the third sector and the ways forward

The researcher found that the Dardane (2010) differed in terms of the results of the study with my study that the reasons and factors that helped (NGOs) to stay active and the challenges they face every day. The second questionnaire aims at identifying the main reasons for non-activity (NGOs). The results of the survey give a comparative approach to the activity (non-governmental organizations) compared to the inactive. In my study, the result was a coordination between the non-governmental institutions and the ministry. The researcher differed in using the curriculum and used the experimental method.

General comment

The researcher stresses that Palestinian civil society organizations started during the Israeli occupation period prior to Oslo as an alternative to the complete absence of Palestinian official institutions in the areas of relief, health, education and employment. It was then a synonym for national action organizations in their resistance role within an agenda based on national principles that adopt a vision Resistance and steadfastness, and

Rabat, and this is through the full cooperation and coordination between the organization and the partnership and that there are challenges faced by those organizations during the crisis and during and after the situation of aggression, the total talk that there is more coordination between the ministry and the institution work institutions during situations of aggression, and this is what introduced by my previous studies.

Chapter 5 Conclusion and Recommendation

Chapter 5

Conclusion and Recommendation

5.1 Introduction

In this chapter, the researcher reviews the conclusion and recommendation of this study after answering the questions and verifying the hypotheses using the appropriate statistical methods.

5.2 Conclusions

This part of the thesis concludes the main findings of the research per objective, based on the opinions of the respondents as follows:

5.2.1 Results related to First Objective:

The results related to the participation factor and opportunities for the implementation of the first axis indicated that there is a close relationship between non-governmental institutions and the Palestinian Ministry of Health, senior management support, coordination and cooperation among staff to achieve teamwork were considered key factors to support and implement within the institution. Sub-institutions, staff and senior management to further enhance the results obtained, which showed the importance of participation, opportunities, cooperation and coordination between the NGO and the Palestinian Ministry of Health and the desire for improvement and modification the institution.

5.2.2 Results related to Second Objective:

The crisis-related findings indicate that non-governmental organizations face the crisis in three stages before, after and during. It is considered one of the most important tools to support the crisis management system. These results ensure the important use of the organization's equipment to disseminate information in dealing with crises to reduce any movements. Needless to waste time. From these findings, it can also be concluded that the implementation of effective tools such as the crisis management plan may certainly help to support the concepts of the risk-response system. Moreover, the results obtained which showed low importance for "formalizing the crisis on the planning and control process "You may need more efforts from the foundation to promote and change this attitude.

5.2.3 Results related to Third Objective:

The results related to the assessment of the challenges through the application of a good planning system and to maximize cooperation and trust among the members of the institution to raise the risk or challenge of work and teamwork "were considered the best benefits to be gained when the Foundation implemented its plan to build projects. Understanding program control and continuous task tracking will help deliver the best results. It can also be concluded that teamwork among staff, huge collaboration and strong staff and senior management relationships raise the bar of challenges that can arise among the founding members.

5.3 Future studies

In light of the findings of the research and its future proposals, in order to activate the role of participation, opportunities and challenges facing NGOs, the researcher recommends the establishment of a comprehensive strategy for institutions to meet the challenges facing the health sector in non-governmental institutions. The Ministry of Health, which aims at the following:

- ❖ Increasing the awareness of non-governmental organizations about the importance of health sector development and supporting the projects that lead to it.
- ❖ Review plans in non-governmental institutions and the Ministry of Health, as they are the main forms in the formation of the health sector and its construction in particular and society in general, and work to correct the outlook towards the institution through administrative.
- ❖ Review contingency Plans by the ministry of Health and NGOs, and the Possibility of implementing projects during emergencies.
- ❖ Focus on coordination obstacles between MOH and NGOs.
- ❖ Thus, the research has ended with its five chapters. It aims to activate the role of participation, opportunities and challenges facing the non-governmental institutions in the health sector through intellectual and administrative consolidation. In addition, learn lessons from previous emergencies in order to build good plans, which help to improve MOH and NGOs Participation.

5.4 Recommendations

Suggested recommendations for activating the role of participation, opportunities and challenges facing NGOs In light of the findings of the research and its future proposals, in order to activate the role of participation, opportunities and challenges facing NGOs, the researcher recommends the establishment of a comprehensive strategy for institutions to meet the challenges facing the health sector in non-governmental institutions.

The proposed recommendations for the Palestinian Ministry of Health and non-governmental organizations

- Increasing the awareness of non-governmental organizations about the importance of health sector development and supporting the projects that lead to it.
- Develop strategic plans with the participation between MOH and NGOs.
- Review plans and management in non-governmental institutions and the Ministry of Health, as they are the main workers in the formation of the health sector and its construction in particular and society in general, and work to correct the outlook towards the institution through the intellectual and administrative.
- Conducting special studies on coordination and its mechanisms during crises.

- To play an active role in purifying the health field of the impurities that have been inflicted on it, especially in the field of contract, moral and political.
- Training staff in the Department of International Cooperation on the development of relations with donors.

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Annexes

ANNEX 1: QUESTIONNAIRE IN ENGLISH.

Islamic University - Gaza

Deanship of Scientific Research and Postgraduate Studies

Master Program of Crisis and Disaster Management



Participation, opportunities, and challenges faced by (NGOs) in managing the health sector crisis

(A case study: 2014 war on the Gaza Strip)

Dear employees,

The researcher, majored in crisis and disaster management, is carrying out a study entitled: Participation, Opportunities, and Challenges Faced by Non-governmental organizations (NGOs) in Managing the Health Sector Crisis (A Case Study: 2014 War on the Gaza Strip) in which he uses three directions. The first: participation and opportunities. The second: its role before, during, and after the crisis. The third one is the challenges. Your responses should reveal conviction, be in harmony with opinion, and personal status. Each item has five choices in which you are kindly invited to choose the one you think appropriate. Please read each item well then decide to what degree these choices conform to the methods you use to perform the tasks.

- ❖ The Likert Scale is a five point scale as follows (Strongly agree / agree / undecided / disagree / strongly disagree)
- ❖ Check only one mark (√) for each item.
- ❖ This questionnaire will only be used for scientific research purposes and your sincere cooperation and efforts to support the educational process in the State of Palestine are highly appreciated.

Demographic Variables (please fill in the following data by circling the suitable answer).

Sex	Male		Female	
Age	Less than 30	30-40	41-50	51 and above
Qualifications	Diploma		BA/ BSc	Postgraduate
Job Title				
Period of Work	Less than 5 years	6-10	11-15 years	16 and above

Section Two: Items of the Questionnaire (Check [✓] when appropriate)						
M	The First Axis: participation and opportunities	Strongly Agree	O K	neutral	not agree	Strongly Disagree
		5	4	3	2	1
1	There is a definition of the roles and tasks to be performed among members of the organization.					
2	Programs and projects of the organization are set according to the Ministry of Health's strategic plan.					
3	Participation of (NGOs) meets the strategic objectives of the Ministry of Health.					
4	Meetings between the donor organizations and the Ministry of Health are arranged through the senior administration.					
5	Visits between the donor organizations and the health sector are exchanged for follow-up activities.					
6	The organization relies on written communications in coordination with the Ministry of Health.					
7	Non-governmental organizations organize workshops with the Ministry and vice versa.					
8	Reducing obstacles and barriers impeding the delivery of treatment services.					
9	Information is continuously followed-up by non-governmental organizations in a manner that serves the Ministry.					
10	There is an emergency committee in non-governmental organizations that works well during crises.					
11	An emergency information system is clearly and easily used by the organizations and the Ministry.					
12	The organization's administrative system is characterized by rapid response to emergency requirements.					
13	A set of alternative grants are offered by the organization to cover deficiencies in services within the Ministry.					
14	The administrative system provides realistic and true information for future decisions.					

M	The second axis: its role during crises (before, during and after)	Strongly Agree	OK	Neutral	not agree	Strongly Disagree
		5	4	3	2	1
Before Crises						
1	The administration conducts researches into events that may lead to crises by the institution and the Ministry					
2	There are adequate and ready crisis management programs and plans in the institution that are being reviewed and developed					
3	The administration provides support to prepare for expected crises.					
4	Providing a common unified data system between the Ministry and the NGO					
5	There is an interest in the classification and analysis of crisis indicators					
6	There is cooperation to prepare for the crisis with the Stakeholders.					
7	There is a qualified and trained staff to conduct the collection and analysis of crisis indicators.					
8	Specialized task forces are formed to identify potential crises.					
9	The administration quickly and efficiently adjust the malpractice.					
During Crises						
1	The administration provides all facilities to the competent teams in dealing with the crisis.					
2	Interested in communicating with all parties related to the crisis.					
3	There are clear administrative instructions to determine the procedures to deal with the crisis.					
4	The time factor, when dealing with crises, is taken into consideration and with appropriate accuracy.					
5	Periodic meetings are held during dealing with various crises.					
6	The crisis are controlled when it occurs, and its spread is controlled and maintained for an appropriate period.					

7	The administration provides adequate capacity and speed in mobilizing the material and human resources necessary to contain the crisis.					
8	The administration provides internal communication tools that work efficiently and effectively when crises occur.					
9	The administration adopts appropriate distribution of roles and powers when the crisis occurs					
10	The organizational structure is flexible enough to help dealing with crises as they occur					
After Crises						
1	The administration works to address the damage and solve the problems caused by the crisis.					
2	The administration assesses crisis management plans and programs to correct and develop them.					
3	The administration communicates with all parties to explain the effects of the crisis and ways to deal with it.					
4	The results of the crisis management experiences are drawn to other institutions with similar conditions.					
5	The administration provides, with high degree of flexibility, financial and human needs after the completion of the crisis.					
6	Lessons learned from gaps in previous plans are carefully integrated into crisis plans.					
7	The administration is quick to take the necessary measures to restore the Ministry's activity after the crisis.					
8	The administration adopts policies to reduce crises and reduce their causes.					
9	The administration adopts continuous assessment of crisis management policies.					

m	The Second axis: challenges	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
		5	4	3	2	1
1	Lack the awareness of senior and executive administration to the importance of advance planning					
2	Ignorance, in the application of the coordination process, affects the work during crises and emergencies					
3	Lack of experience, skills and ability to negotiate and build relationships with donors					
4	Lack of interest in building modern information systems that would provide a database within the institution					
5	The lack of allocating financial and psychological incentives that support employees within the institution and the ministry					
6	Political division and unstable economic conditions					
7	Duplication of service provision in the health sector among more than one institution					
8	Lack of preparedness and response committee during emergencies					

Comments\notes:

ANNEX 2: QUESTIONNAIRE IN ARABIC



الجامعة الإسلامية - غزة

عمادة البحث العلمي والدراسات العليا

برنامج الماجستير في إدارة الأزمات والكوارث

المشاركة والفرص والتحديات التي تواجهها (المنظمات غير الحكومية) في إدارة أزمة القطاع الصحي
(دراسة حالة: عدوان 2014 على قطاع غزة)

الموظفون

يقوم الباحث، المتخصص في إدارة الأزمات والكوارث، بدراسة بعنوان: المشاركة والفرص والتحديات التي تواجهها المنظمات غير الحكومية في إدارة أزمة قطاع الصحة (دراسة حالة: حرب 2014 على قطاع غزة) يستخدم فيها ثلاثة اتجاهات. الأول: المشاركة والفرص. الثانية: دورها قبل وأثناء وبعد الأزمة، والثالث هو التحديات. يجب أن تكشف إجاباتك عن إدانتك، وأن تكون متاغمة مع الرأي، والحالة الشخصية. يحتو كل عنصر على خمسة خيارات يمكنك من خلالها اختيار الشخص الذي تراه مناسبًا، يرجى قراءة كل بند جيدًا ثم تحديد درجة توافق هذه الخيارات مع الطرق التي تستخدمها لتنفيذ المهام.

❖ مقياس ليكرث هو مقياس مكون من خمس نقاط منها (موافق بشدة، موافق، محايد، لا أوافق، لا أوافق بشدة).

❖ تحقق من علامة واحدة فقط (√) لكل عنصر.

❖ لن يستخدم هذا الاستبيان إلا لأغراض البحث العلمي، كما أن تعاونك المخلص وجهودك لدعم العملية التعليمية في دولة فلسطين هي موضع تقدير كبير.

❖ المتغيرات الديموغرافية (يرجى ملء البيانات التالية عن طريق تدوين الإجابة المناسبة)

ذكر		أنثى		الجنس
51 فما فوق	41-50	30-40	أقل من 30	العمر
دراسات عليا	بكالوريوس	دبلوم		المؤهل العلمي
				المسمى الوظيفي
15 فما فوق	11-15 سنة	6-10	أقل من 5 سنوات	فترة العمل

م	المحور الأول: المشاركة والفرص	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
		5	4	3	2	1
1	تعريف للأدوار والمهام المراد تنفيذها بين أعضاء المنظمة.					
2	يتم وضع البرامج والمشاريع الخاصة بالمنظمة وفقاً للخطة الاستراتيجية لوزارة الصحة.					
3	مشاركة (المنظمات غير الحكومية) تلبي الأهداف الاستراتيجية لوزارة الصحة.					
4	يتم ترتيب الاجتماعات بين المنظمات المانحة ووزارة الصحة من خلال الإدارة العليا.					
5	يتم تبادل الزيارات بين المنظمات المانحة والقطاع الصحي من أجل أنشطة المتابعة.					
6	تعتمد المنظمة على مراسلات خطية بالتنسيق مع وزارة الصحة.					
7	تنظم المنظمات غير الحكومية ورش عمل مع الوزارة والعكس.					
8	الحد من العقبات والحواجز التي تعوق تقديم خدمات العلاج.					
9	يتم متابعة المعلومات باستمرار من قبل المنظمات غير الحكومية بطريقة تخدم الوزارة.					
10	هناك لجنة طوارئ في المنظمات غير الحكومية تعمل بشكل جيد خلال الأزمات.					
11	يتم استخدام نظام معلومات الطوارئ بشكل واضح وسهل من قبل المنظمات والوزارة.					
12	يتميز النظام الإداري للمنظمة بالاستجابة السريعة لمتطلبات الطوارئ.					
13	يتم تقديم مجموعة من المنح البديلة من قبل المنظمة لتغطية أوجه القصور في الخدمات داخل الوزارة.					
14	يوفر النظام الإداري معلومات واقعية وحقيقية للقرارات المستقبلية.					

م	المحور الثاني: دوره خلال الأزمات (قبل وأثناء وبعد)				
	موافق بشدة	موافق	محايد	غير موافق بشدة	غير موافق بشدة
	1	2	3	4	5
قبل الأزمة					
1					تقوم الإدارة بإجراء أبحاث في الأحداث التي قد تؤدي إلى الأزمات من قبل المؤسسة والوزارة
2					هناك برامج وخطط ملائمة ووافية لإدارة الأزمات في المؤسسة يتم مراجعتها وتطويرها
3					تقدم الإدارة الدعم للتحضير للأزمات المتوقعة.
4					توفير نظام مشترك موحد للبيانات بين الوزارة والمنظمة غير الحكومية
5					هناك مصلحة في تصنيف وتحليل مؤشرات الأزمة
6					هناك تعاون للتحضير للأزمة مع أصحاب المصلحة.
7					هناك طاقم مؤهل ومدرب للقيام بجمع وتحليل مؤشرات الأزمات.
8					يتم تشكيل فرق عمل متخصصة لتحديد الأزمات المحتملة.
9					الإدارة بسرعة وفعالية ضبط سوء الممارسة.
أثناء الأزمة					
1					توفر الإدارة جميع التسهيلات للفرق المختصة في التعامل مع الأزمة.
2					مهتم بالتواصل مع جميع الأطراف المتعلقة بالأزمة.
3					هناك تعليمات إدارية واضحة لتحديد الإجراءات للتعامل مع الأزمة.
4					عامل الوقت، عند التعامل مع الأزمات، يؤخذ بعين الاعتبار وبدقة مناسبة.
5					تعقد الاجتماعات الدورية خلال التعامل مع مختلف الأزمات.
6					يتم التحكم في الأزمة عند حدوثها، ويتم التحكم في انتشارها والمحافظة عليها لفترة مناسبة.
7					توفر الإدارة السعة والقدرة الكافية في تعبئة الموارد المادية والبشرية اللازمة لاحتواء الأزمة.

					توفر الإدارة أدوات اتصال داخلية تعمل بكفاءة وفعالية عند حدوث الأزمات.	8
					تتبنى الإدارة التوزيع المناسب للأدوار والقوى عندما تحدث الأزمة	9
					الهيكل التنظيمي مرن بما يكفي للمساعدة في التعامل مع الأزمات فور حدوثها	10
بعد الأزمة						
					تعمل الإدارة على معالجة الضرر وحل المشكلات التي تسببها الأزمة.	1
					تقوم الإدارة بتقييم خطط وبرامج إدارة الأزمات لتصحيحها وتطويرها.	2
					تتواصل الإدارة مع جميع الأطراف لتوضيح آثار الأزمة وطرق التعامل معها.	3
					يتم رسم نتائج تجارب إدارة الأزمات إلى مؤسسات أخرى ذات ظروف مماثلة.	4
					توفر الإدارة، مع درجة عالية من المرونة، الاحتياجات المالية والبشرية بعد الانتهاء من الأزمة.	5
					يتم دمج الدروس المستفادة من الفجوات في الخطط السابقة بعناية في خطط الأزمات.	6
					تقوم الإدارة بسرعة باتخاذ الإجراءات اللازمة لاستعادة نشاط الوزارة بعد الأزمة.	7
					تتبنى الإدارة سياسات لخفض الأزمات والحد من أسبابها.	8
					تعتمد الإدارة تقييماً مستمراً لسياسات إدارة الأزمات.	9

م	المحور الثالث: التحديات				
	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
	5	4	3	2	1
1					

					يؤثر الجهل، في تطبيق عملية التنسيق، على العمل أثناء الأزمات وحالات الطوارئ	2
					نقص الخبرة والمهارات والقدرة على التفاوض وبناء العلاقات مع المانحين	3
					عدم الاهتمام في بناء نظم المعلومات الحديثة التي من شأنها توفير قاعدة بيانات داخل المؤسسة	4
					عدم تخصيص الحوافز المالية والنفسية التي تدعم الموظفين داخل المؤسسة والوزارة	5
					الانقسام السياسي والظروف الاقتصادية غير المستقرة	6
					الازدواجية في تقديم الخدمات في القطاع الصحي بين أكثر من مؤسسة	7
					عدم وجود لجنة التأهب والاستجابة خلال حالات الطوارئ	8

ملاحظات :

Annex 3: Names of professors arbitrators for the questionnaire.

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The names of the arbitrators for the questionnaire

M	The name	Workplace	Degree
1	Ismail Abdullah Qassam	Islamic University of Gaza	Ph.D.
2	Akram Samour	Islamic University of Gaza	Ph.D.
3	Hossam Mohamed El Najjar	Islamic University of Gaza	Ph.D.
4	Mahmoud Radwan	MOH	Ph.D.
5	Taghrid alghooti	Islamic University of Gaza	Master
6	Marwan Hwaihi	Al awda Specialized Hospital	Ph.D.
7	Mervat Radi	Palestine Technical College	Ph.D.
8	Abdul Qader Muslim	Palestine Technical College	Master
9	Ramzi Salem	Palestine Technical College	Master
10	Mohammed ishtawi	Al-Quds Open University	Master
11	Samer Khaled Alnawajha	University College of Applied Sciences	Ph.D.

Researcher: Ahmed Talab Al-Najjar

Annex (4): Names of assistant professors in translation.

Islamic University - Gaza

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Names of assistant professors in translation

M	Name
1	Dr. Ashraf Badawi
2	Mohammed Jalambo

Researcher: Ahmed Talab Al-Najjar