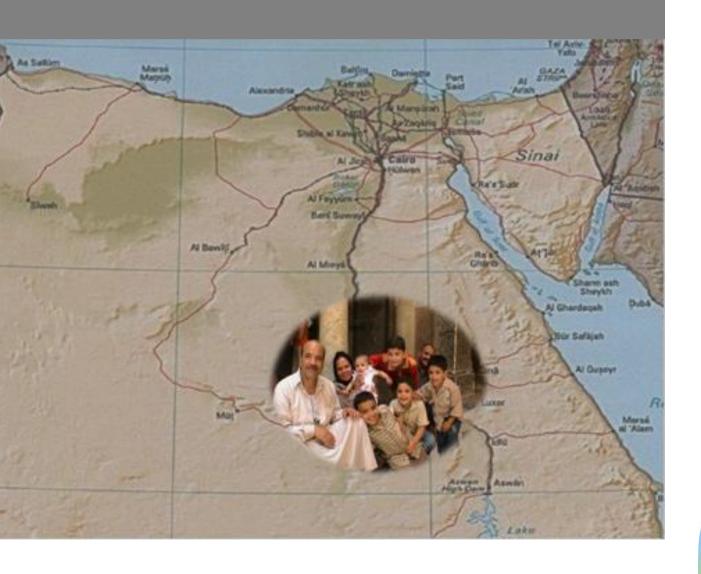




EGYPT HOUSEHOLD HEALTH EXPENDITURE AND UTILIZATION SURVEY 2009/2010



November 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by Nadwa Rafeh, Julie Williams and Nagwan Hassan, for Health Systems 20/20 Project.



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The Health Systems 20/20 **cooperative agreement,** funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

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ACRONYMS

CAPMAS Central Agency for Public Mobilization and Statistics

CCO Curative Care Organization

HHEUS Household Health Services Expenditure and Utilization Survey

HIO Health Insurance Organization

HS High School

LE Egyptian Pound

MCH Maternal and Child Health

MOHP Ministry of Health and Population

NGO Nongovernmental Organization

NHA National Health Accounts

USAID United States Agency for International Development

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EXECUTIVE SUMMARY

This report summarizes the results from the Egypt Household Health Services Expenditure and Utilization Survey (HHEUS) 2009/2010, which looks at health care use, out-of-pocket expenditures on health, health insurance coverage, and sources of health care for the Egyptian population. This survey was conducted for the Ministry of Health and Population (MOHP) as part of the USAID-funded, Abt-led Health Systems 20/20 project. The Central Agency for Public Mobilization and Statistics (CAPMAS) in Egypt was contracted to administer the survey and collect the data.

Survey Methodology

Seven questionnaires were administered as part of this survey. The questionnaires were designed to include comprehensive questions covering household socio-demographic characteristics, health service utilization, and cost. The data were collected through interviews with the heads of households.

The sampling strategy was designed to provide nationally representative estimates (excluding the border governorates) of all survey items, and representative estimates for rural and urban populations, and for the five geographic regions in Egypt (main urban governorates, rural Lower Egypt, urban Lower Egypt, rural Upper Egypt, and urban Upper Egypt). The sample included 12,002 households, covering 56,305 individuals. The survey was conducted in February and July 2010 to capture the seasonal effects on health and patterns of disease; different households were surveyed during the two rounds of data collection (for a total of 12,002 households).

Due to the sampling strategy, all data presented in this report are national estimates, and should be interpreted as such.

Socioeconomic Characteristics of Households and Individuals

Although focused on health and health care usage, the survey also gathered some background demographic and socioeconomic information from which we can provide a broad overview of the Egyptian population. As presented in Chapter 2, results from the HHEUS 2009/2010 illustrate vast differences between urban and rural households in terms of wealth, education level, and sanitation. About 60 percent of households in Egypt are rural. Although urban and rural households report similar age and sex distributions, rural households consistently report worse living conditions (e.g., an estimated 74 percent of rural residents have no bathroom available to them while 74 percent of urbanites have a private bathroom), lower education levels (e.g., an estimated 9 percent of rural residents have attained university-level education versus 27 percent of urbanites), higher illiteracy rates (e.g., an estimated 45 percent of rural residents are illiterate versus 23 percent of urban residents), and lower wealth (e.g., an estimated 57 percent of rural households fall into the two lowest wealth indices, while 64 percent of urban households fall into the two highest). We also find differences between males and females in Egypt in terms of educational attainment and literacy rates, with females reporting worse educational outcomes. Additionally, the survey results confirm a demographic trending toward a more youthful population (35 percent of individuals are age 15 years or younger), which will place increasingly greater strain upon Egypt's social programs and resources in years to come.

Health Status and Service Utilization Profile

The HHEUS 2009/2010 provides us with a health status, service utilization, and productivity loss profile of the population, as presented in Chapter 3. Acute illnesses are more common than either dental or chronic illnesses, with about 51 percent of the population reporting at least one acute illness episode in the four weeks prior to taking the survey. The illness with the largest prevalence in the general population is the common cold (an estimated 27 percent of Egyptians had a common cold in the month preceding the survey), followed by "other" dental illnesses (12 percent), "other" acute illnesses (11 percent), dental caries (8 percent), "other" chronic illnesses (7 percent), and hypertension (6 percent).

The survey also gathered data on visits made to treat illnesses. Almost half (43 percent) of all inpatient visits are for acute illnesses, while 70 percent of preventive care visits are for vaccinations followed by ante-natal care visits (12 percent). Seventy-seven percent of all acute illness episodes result in a health care visit, while 72 percent of chronic illness episodes result in a health care visit.

An analysis of productivity loss due to acute and chronic illnesses shows that acute illnesses create higher losses than chronic illnesses in terms of the estimated percent of the population who lose at least one day of normal activity. On average, the under 5 age group is impacted the most by acute illnesses, with 34 percent of this population losing at least one day of normal activity. For chronic illnesses, the three populations affected the most are those under age 5, those in urban Upper Egypt, and those in rural Upper Egypt, with an estimated 20 percent of each population group losing at least one day of normal activity.

Health Care Expenditures

Data on patterns of health care expenditures in Egypt are presented in Chapter 4. Average annual per capita spending for all visits is estimated at LE 646 per person, which is about 15 percent of per capita income. However, annual spending varies greatly between different cohorts of people. For instance, females spend about 28 percent more per year on health care than do males, urban households typically spend more than rural households, and those with health insurance consistently spend less on health care than do those without insurance. Also, health care expenditures steadily increase with age starting at age 5. Additionally, wealthy, rich, and educated households have higher health care expenditures than other cohorts of people, which is likely due to higher access to care and higher ability to pay for care, which escalates care-seeking behavior. Finally, although the rich spend more in total on health care, the poor spend a higher proportion of their household income on health care than any other income quintile.

Spending by type of facility visited is also analyzed in Chapter 4. Private clinics incur the most costs among all outpatient visits (394 LE per capita is spent yearly on private clinics for outpatient care), and private hospitals incur the most costs among all inpatient visits (52 LE per capita is spent yearly on private hospitals for inpatient care). Breakdowns of these costs by cost component are also presented in Chapter 4.

Patterns of Curative Health Services Utilization in Egypt

Chapter 5 of this report presents results from the Egyptian HHEUS 2009/2010 related to patterns of curative health service utilization in Egypt. This includes an analysis of the annual per capita utilization rate for outpatient and inpatient visits, where it is found that an average of 9.51 outpatient visits are made per person per year, and an average of 0.07 inpatient visits are made per person per year.

An analysis of why individuals do not seek health care is also presented. For both acute and chronic illnesses, the most frequently cited reason is that the individual used medical treatment without consulting a medical professional (this occurs for an estimated 56 percent of all acute illnesses in the population and for an estimated 46 percent of all chronic illnesses). In the case of acute illnesses, this may be because individuals relied upon advice received previously or may have visited a pharmacy for treatment; in the case of chronic illnesses, this may be because the survey only captures visits made in the prior four weeks while chronic illness care is longer-term, so the survey simply did not capture all chronic care visits.

Finally, we provide a gap analysis that examines the percentage of individuals who report not having visited a medical professional for an illness during the last month. This analysis shows the largest gap in care is for chronic illnesses. Twenty-seven percent of individuals who had a chronic illness during the last month did not seek care. The second largest gap is for acute illnesses (23 percent gap).

Health Insurance Coverage in Egypt

In terms of health insurance coverage, an estimated 51 percent of Egyptians have health insurance, although coverage rates vary greatly depending on one's background characteristics, as presented in chapter six. Insurance coverage is highest for men, individuals in urban areas, individuals in urban Lower Egypt, those aged 5-15 years, those with less than a high school degree, and those in highest wealth index. Some of these variances can be explained by Egypt's various health insurance laws, which are intended to ensure that vulnerable populations are covered through the government-run Health Insurance Organization (HIO). HIO covers about 89 percent of the insured population and tends to cover underserved populations like women, rural individuals, and poorer populations. However, the results also indicate that there is room for improvement in health insurance coverage rates among many cohorts of people, whether by HIO or some other plan. Individuals report that, among all insurance providers, HIO provides the highest rate of full coverage (86 percent of all services were covered by the health insurance) while syndicates provide the lowest rate of full coverage (57 percent of all services were covered).

Type of Facility and Choice of Provider in Egypt

Chapter 7 presents results related to the type of facility and provider chosen for different health services. Over three-quarters of outpatient visits are made to private facilities, whereas over half of inpatient visits are made to public facilities. Within outpatient service types, the choice of facility and of provider is similar for acute and chronic illnesses, with private facilities (private clinic or pharmacy) used to treat about three-quarters of acute and chronic illnesses, and specialists/consultants visited for about 63 to 68 percent of acute and chronic illnesses. Private clinics are also frequently used to treat dental diseases. In contrast, the majority of preventive health care visits are made either at an MOHP facility or another kind of facility not listed in the survey. Also for preventive services, nurses provide the care for half of these visits, and specialists/consultants provide the care for a quarter of the visits.

Quality of Care

The last chapter of this report (Chapter 8) summarizes results related to patient satisfaction with service delivery. In general, patients who make health visits seem to be very satisfied with the health services received across all types of facilities. One-day surgery hospitals received the highest levels of satisfaction, with about 86 percent of users reporting that they were "completely satisfied" with the services. Both of the most frequently used facilities (private clinics and pharmacies) had about three-quarters of patients reporting that they were "completely satisfied" with service delivery. The main factors that contribute to patient satisfaction are good quality of care, close or easy- to-reach facilities, reasonable costs, and good communication skills by treatment providers and facility staff.

POLICY RECOMMENDATIONS

Following a review of the analytic results presented in this report, we can synthesize the findings to provide some policy recommendations aimed at improving health service utilization in Egypt.

One recommendation is to expand HIO coverage, especially to more vulnerable populations. While HIO covers 89 percent of people with health insurance, only half of the general population has any health insurance coverage. By providing coverage to more people, health care costs to the individual will decline while health care utilization will increase (the uninsured spend 42 percent more per year on health costs than the insured; and, for both acute and chronic illnesses, about twice as many uninsured report not seeking care due to cost than insured). The Egyptian government has written various health insurance laws to ensure coverage to certain populations, such as infants, students, pensioners, and widows. This mandated coverage should be expanded to others, especially to more vulnerable groups such as females (only about 44 percent of females have health insurance), the elderly (only about 31 percent of those over the age of 60 have insurance), and those in the lowest wealth index (only 40 percent have insurance).

This survey also reveals that only about three-quarters of individuals seek care for chronic or acute illnesses. When asked why, over half of these individuals cited "using medical treatment without consulting a professional" as the main reason for not visiting a health care facility. Although more research is needed to disentangle exactly why individuals use treatment without consulting a professional, it could be that these individuals do not realize the benefit of consulting a medical professional each time one is sick. To address this, the government or other advocacy groups could work to better educate the citizenry on the benefits of obtaining proper medical care and advice. If individuals are encouraged to visit medical professionals, then perhaps general illness rates will decline (less transfer of disease) and productivity losses will lessen (fewer days lost due to obtaining sound medical treatment).

We also find through this survey that the poorest groups (in terms of both income and wealth) have much lower chronic care utilization rates than wealthier groups. The poorer groups also report fewer episodes of chronic illnesses. However, given the nature of chronic illnesses, it is possible that these poor groups are undiagnosed, as opposed to actually having fewer incidences (although more research is needed to confirm this hypothesis). Given the levels of spending on chronic services among the wealthiest groups (wealthy groups spend more on chronic services over every other type of health care service, including acute care, even though the wealthy report almost half as many chronic illnesses than acute illnesses), one could conclude that the cost of these services is prohibitive and that the poor groups are choosing not to visit chronic care providers. To address this gap, chronic care services should be expanded to poorer individuals through cost-reducing initiatives.

While reviewing the above recommendations and the survey results, it is important to note that while this survey provides us with knowledge of some gaps in health care in Egypt, more research is needed to discover how best to address many of these gaps. For instance, we know that rural households spend less on health care than their urban counterparts, and that females spend more than males. However, the survey was not designed to capture why this is the case. Additionally, we know that higher percentages of poor individuals than wealthy individuals lose at least one day of normal activity due to acute or chronic illnesses, but we do not know precisely why. It could be that service providers are farther away, so it takes longer to obtain treatment, or it could be that

individuals choose to forgo treatment due to cost or distance or some other factor. The results from this survey should provide guidance to future research efforts so that we can discover why disparities exist, and then work to address them

I. INTRODUCTION AND SURVEY METHODOLOGY

I.I INTRODUCTION

The Ministry of Health and Population (MOHP), in collaboration with the USAID-funded project Health Systems 20/20, is currently conducting the National Health Accounts (NHA) 2008/2009. NHA estimation tracks the flow of funds through the health sector from their sources, through financing agents, to health care providers and end users. It does so in a comprehensive manner attempting to capture public, private, out-of-pocket, and donor contributions.

For this purpose, USAID through its project Health Systems 20/20 funded a comprehensive Egypt Household Health Services Expenditure and Utilization Survey 2009/2010 (HHEUS) to be conducted by the Egyptian statistics organization Central Agency for Public Mobilization and Statistics (CAPMAS).

This report seeks to identify variation in use of health care, out-of-pocket expenditures, and health insurance coverage across Egypt. Household out-of-pocket health expenditure includes direct medical expenditure for services like consultations, treatment, and preventive fees. In addition, households may incur direct non-medical expenditure on activities related to the health care-seeking process, like transportation to and from the health care facility.

1.2 OBJECTIVES OF THE SURVEY

The main objective of HHEUS 2009/10 is to provide policymakers, donors, and researchers with comprehensive information on the type and frequency of health services used. It also provides information about the level and distribution of out-of-pocket spending on health care, factors that influence the use of health care services, and health care spending. Within the remits of these objectives, the survey will:

- Estimate the level of household out-of-pocket spending on health care.
- Estimate the proportion of population covered by different health insurance plans.
- Determine the pattern of health care services use.
- Identify the different mechanisms of households to fund health care expenditures.
- Identify the choice of providers of different health care services according to socioeconomic and demographic variables.

1.3 SURVEY METHODOLOGY

1.3.1 DESIGN AND SAMPLING

The household survey is community based and was conducted at the national level in 22 governorates (excluding the border governorates). The survey was conducted in February and July 2010 to capture the seasonal effects on health and patterns of disease.

I.3. I. I OUESTIONNAIRE DESIGN:

The questionnaires were designed to include comprehensive questions covering household socio-demographic characteristics, health service utilization, and cost. The data for the Household Survey (HHS) were collected through interviews with the heads of households using seven structured questionnaires covering the following:

HOUSEHOLD QUESTIONNAIRE:

- Identification of the household.
- Demographic and socioeconomic characteristics of household members, including gender, age, educational level, and marital and economic status.
- Health insurance coverage of household members, type of coverage, monthly premiums, use of health insurance services during the 12 months preceding the survey.
- Household income from different members involved in economic activity, characteristics
 of household's dwelling, etc.
- Household expenditure on items other than health.
- Household assets to determine the social status and to triangulate the responses.
- Mechanisms adopted by the households to cope with the out-of-pocket expenditure on health care.

CHRONIC DISEASES QUESTIONNAIRE:

- Presence of chronic diseases among household members.
- Frequency and type of health care used for chronic diseases.
- Expenditures incurred during the four weeks preceding the survey.

NON-CHRONIC / ACUTE DISEASES QUESTIONNAIRE:

- Episodes of acute diseases during the four weeks preceding the survey for each household member.
- Frequency and type of health care use for acute diseases.
- Expenditures incurred during the four weeks preceding the survey.

HOSPITAL ADMISSION QUESTIONNAIRE:

- Frequency of hospital admission by each household member during the 12 months preceding the survey.
- Out-of-pocket expenditure incurred during a hospital stay.

OUT-OF-COUNTRY HEALTH CARE QUESTIONNAIRE:

- Frequency of health care used outside the country during the 24 months preceding the survey.
- Out-of-pocket expenditure on out of country health care services.

DENTAL DISEASES QUESTIONNAIRE:

- Episodes of dental conditions requiring medical attention during the 12 months preceding the survey (not including routine dental check-ups).
- Frequency and type of curative dental care use.
- Out-of-pocket expenditure incurred.

PREVENTIVE HEALTH CARE QUESTIONNAIRE:

- Use of preventive health services (vaccinations, growth monitoring, antenatal care, pregnancy follow up, family planning, routine check up for dental care, pap smear, mammography, pre-marriage consultation, pre-employment/traveling check up, and other) by household members during the 12 months preceding the survey.
- Out-of-pocket expenditure on these services.

1.3.2 SAMPLE SELECTION

The target survey sample comprised 12,000 households representing the urban and rural parts of Egypt, covering 22 governorates (border governorates were excluded). The survey was conducted in two phases, each covering 6,000 families (different families/households were surveyed in the two phases) to capture the seasonal effects on health and patterns of diseases.

The sampling methodology was designed to provide national estimates (excluding the border governorates) of all variables as well as estimates for place of residence (rural/urban) and for the five geographic regions: main urban governorates, rural Lower Egypt, urban Lower Egypt, rural Upper Egypt, and urban Upper Egypt.

The sampling frame used was the same as that of the 2008/2009 Health Income and Expenditure Consumption Survey, which CAPMAS routinely conducts. The frame consisted of 2,526 segments / Primary Sampling Units, each comprising 200 households, covering all urban and rural Egypt (excluding border governorates). Out of this a self-weighted sample of 600 segments (270 urban and 330 rural) was selected for the survey using the a stratified clusters sampling methodology. Table 1.1 clarifies the distribution of these segments across Egypt excluding border governorates.

TABLE 1.1: SEGMENTS / PRIMARY SAMPLING UNIT DISTRIBUTION BY URBAN AND RURAL GOVERNORATE

Governorate	Urban	Rural	Total
Cairo	73	-	73
Alexandria	38	-	38
Port Said	5	-	5
Suez	4	-	4
Damietta	4	6	10
Dakahlia	12	32	44
Sharqia	11	34	45
Qalyubia	17	20	37
Kafer El-Sheikh	5	16	21
Gharbia	11	24	35
Menufia	6	21	27
Beheira	8	31	39
Ismailia	4	4	8
Giza	33	22	55
Bani Suif	4	13	17
Fayoum	5	15	20
Minya	6	26	32
Assuit	7	19	26
Sohag	6	23	29
Qena	5	17	22
Aswan	4	5	9
Luxor	2	2	4
Total	270	330	600

A complete listing of all households in the selected segments was made and a systematic sample of 22 households was selected from each segment. The targeted sample size of 12,000 household was increased to 13,200 (10 percent increase) to cover any gap caused by closed and 'relocated' households.

The survey covered 56,305 individuals. The first phase (winter) covered 28,167 individuals while the second phase (summer) covered 28,138 individuals distributed as shown in table 1.2. The individuals surveyed in each phase did not overlap; that is, the two survey phases covered completely different households/individuals.

TABLE 1.2: DISTRIBUTION OF SAMPLE BY GOVERNORATE AND SURVEY PHASE

		Survey Phases					
Governorate	First Phase		Second	Second Phase		Total	
	No. of Individuals	% of Sample	No. of Individuals	% of Sample	No. of Individuals	% of Sample	
Cairo	2,427	8.6	2,576	9.2	5,003	8.9	
Alexandria	1,574	5.6	1,633	5.8	3,207	5.7	
Port Said	260	0.9	169	0.6	429	0.8	
Suez	178	0.6	145	0.5	323	0.6	
Helwan	720	2.6	626	2.2	1,346	2.4	
6th of October	1,425	5.1	1,154	4.1	2,579	4.6	
Damietta	386	1.4	391	1.4	777	1.4	
Dakahlia	1,823	6.5	1,851	6.6	3,674	6.5	
Sharqia	2,110	7.5	2,035	7.2	4,145	7.4	
Qalyubia	1,822	6.5	1,660	5.9	3,482	6.2	
KaferEl-Sheikh	1,048	3.7	976	3.5	2,024	3.6	
Gharbia	1,441	5.1	1,474	5.2	2,915	5.2	
Monufia	1,177	4.2	1,160	4.1	2,337	4.2	
Beheira	1,698	6	1,656	5.9	3,354	6	
Ismailia	416	1.5	363	1.3	779	1.4	
Giza	962	3.4	1,173	4.2	2,135	3.8	
Bani Suif	977	3.5	982	3.5	1,959	3.5	
Fayoum	1,284	4.6	1,215	4.3	2,499	4.4	
Minya	1,707	6.1	1,588	5.6	3,295	5.9	
Assuit	1,403	5	1,543	5.5	2,946	5.2	
Sohag	1,581	5.6	1,712	6.1	3,293	5.8	
Qena	1,156	4.1	1,386	4.9	2,542	4.5	
Aswan	399	1.4	473	1.7	872	1.5	
Luxor	193	0.7	197	0.7	390	0.7	
Total	28,167	100	28,138	100	56,305	100	

1.3.3 SAMPLE COVERAGE AND RESPONSE RATES

Table 1.3 shows the sample coverage and individual response rates. A total of 12,002 households were surveyed with a response rate of 100 percent.1 There were 56,305 individuals living in the interviewed households. Some of the household members were qualified for more than one questionnaire. Thus 68,410 questionnaires were administered. Of these, 68,406 questionnaires were actually completed which is a response rate of 99.9 percent.

TABLE 1.3: RESPONSE RATE OF INDIVIDUALS SAMPLED

Governorate Individuals Qualified for t		Individuals Completed the Survey	Response Rate	
Cairo	6,264	6,264	100.0%	
Alexandria	4,252	4,252	100.0%	
Port Said	593	593	100.0%	
Suez	386	386	100.0%	
Helwan	1,421	1,421	100.0%	
6th of October	2,329	2,329	100.0%	
Damietta	1,012	1,012	100.0%	
Dakahlia	5,460	5,460	100.0%	
Sharqia	6,281	6,281	100.0%	
Qalyubia	4,346	4,346	100.0%	
Kafer El-Sheikh	3,465	3,465	100.0%	
Gharbia	4,571	4,571	100.0%	
Monufia	3,056	3,056	100.0%	
Beheira	3,944	3,942	99.95%	
Ismailia	785	785	100.0%	
Giza	3,069	3,069	100.0%	
Bani Suif	2,544	2,544	100.0%	
Fayoum	3,771	3,770	99.97%	
Minya	2,778	2,778	100.0%	
Assuit	3,255	3,255	100.0%	
Sohag	2,110	2,109	99.95%	
Qena	2,160	2,160	100.0%	
Aswan	374	374	100.0%	
Luxor	184	184	100.0%	
Total	68,410	68,406	99.99%	

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¹ Although 13,200 households were selected to be surveyed, the target number of households to be surveyed was 12,000. The extra 1,200 households were included only to cover for closed or relocated households (i.e., households no longer in existence). Therefore, the response rate is 100 percent because 12,002 households completed the survey out of a desired 12,000.

1.4 WEALTH INDEX CONSTRUCTION

The wealth index is intended to measure the non-cash household possessions. The wealth index was created based upon survey responses, and each household is assigned to one of five wealth indices: lowest, lower middle, middle, upper middle, or highest. The wealth index is a relative measure of household wealth compared with other households in the population.

Each household's wealth index assignment is based upon a weighted average of 41 variables. Each variable falls into one of four categories:

- Household possessions/goods;
- Possession of agricultural land;
- Numbers of five types of farm animals.

The wealth index is the first principal component of the 41 variables. Principal components are weighted averages of the variables used to construct them. Among all weighted averages, the first principal component is the one that has the greatest ability to predict the individual variables that make it up, where prediction is measured by the variance of the index. This calculation is based on that used in analyses of the Demographic and Health Surveys.2

For the tables presented here, households are divided into equally sized fifths. Because some households have more members than others, the number of people in each quintile may not be exactly one-fifth of the total number of persons. Note that 47 individuals are missing from the wealth index.

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² http://www.measuredhs.com/pubs/pdf/CR6/CR6.pdf

2. SOCIOECONOMIC CHARACTERISTICS OF HOUSEHOLDS AND INDIVIDUALS

Results from the HHEUS 2009/10 illustrate vast differences between urban and rural households. Although urban and rural households report similar age and sex distributions, rural households consistently report worse living conditions, lower educational levels, higher illiteracy rates, and lower wealth than do urban households. About 60 percent of households in Egypt are rural. The data discussed in this chapter also reveal differences between males and females in terms of educational attainment and literacy rates. We also find below that roughly half of the population has health insurance, and that there is a current demographic trend toward a more youthful population, which will place increasingly greater strain upon Egypt's social programs in years to come.

2.1 POPULATION DISTRIBUTION ACCORDING TO SOCIOECONOMIC INDICATORS

Table 2.1 presents the estimated distribution of the Egyptian population (excluding the border governorates) according to select socioeconomic characteristics that are presented repeatedly throughout this report. The national percentage estimates are calculated based upon the number of individuals or households surveyed for HHEUS 2009/2010. Recall that the sample was selected to self-weight to the national level. Because this survey was not a census, these statistics are only estimates and may differ from those found in other sources.

The national population is estimated to be about equally half male and half female. Sixty percent of households are rural households; 58 percent of these rural households are in Lower Egypt (34.5 percent of all households) and the remaining 42 percent are in Upper Egypt (25.0 percent of all households). Sixteen percent of households live in major cities, 14.2 percent live in urban Lower Egypt, and 10.4 percent live in urban Upper Egypt.

A little over one-third (35.2 percent) of individuals are 15 years of age or younger, and 26.5 percent are ages 16 to 29; this demonstrates a clear trend toward a more youthful population. An estimated 42.6 percent of the population is illiterate or under age 10, the age by which one should have finished the obligatory primary education thus allowing literacy to be assessed; this breaks down into about 21 percent of the population over age 10 being illiterate. A further discussion of the educational level of the population is presented below. Roughly half of the population has health insurance.

As described above, the households in the sample were assigned to a wealth index, which was evenly distributed among households in the sample. Because households have different numbers of individuals, the wealth index distributions presented below are not exactly 20 percent each. The sample was also divided into equal-sized income quintiles, which are based on household income per capita calculations.

TABLE 2.1: POPULATION DISTRIBUTION BY BACKGROUND CHARACTERISTICS

Background Characteristic	Sub-Population Sample Number	Estimated Percent of the Population
Gender		
Male	28,316	50.3
Female	27,989	49.7
Urban/Rural		
Urban	22,790	40.5
Rural	33,515	59.5
Region		
Major Cities	8,962	15.9
Urban Lower Egypt	7,979	14.2
Urban Upper Egypt	5,849	10.4
Rural Lower Egypt	19,433	34.5
Rural Upper Egypt	14,082	25.0
Insured	-	
Yes	28,717	51.0
No	27,588	49.0
Age		
<5	6,263	11.1
5-15	13,545	24.1
16-29	14,941	26.5
30-39	6,850	12.2
40-49	5,749	10.2
50-59	4,524	8.0
>60	4,433	7.9
Education		
<10 and/or Illiterate	24,013	42.6
Less than HS	16,549	29.4
High School	10,342	18.4
University Degree	5,401	9.6
Wealth Index*		
Lowest	11,669	20.7
Lower Middle	11,884	21.1
Middle	11,759	20.9
Upper Middle	10,928	19.4
Highest	10,018	17.8
Income Quintiles*		
Lowest	11,279	20.0
Second	11,248	20.0
Third	11,263	20.0
Fourth	11,277	20.0
Highest	11,238	20.0
Lowest Second Third Fourth	11,248 11,263 11,277	20.0 20.0 20.0

^{*}Recall that 47 individuals are missing from the wealth analysis. Income quintiles are based on household income per capita calculations.

2.2 URBAN-RURAL DISTRIBUTION BY KEY SOCIOECONOMIC INDICATORS

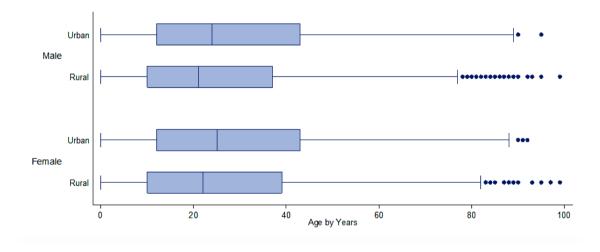
2.2.1 AGE, SEX, AND RESIDENCE DISTRIBUTION

Table 2.2 and Figure 2.1 display the estimated distribution of the population3 by demographic indicators according to urban-rural residence. Urban and rural areas report similar age distributions, although slight differences do exist. Rural areas have slightly higher percentages of young residents than urban areas, while urban areas have slightly higher percentages of older residents than rural areas. In regards to sex, there are no noticeable differences between urban and rural areas in terms of the proportions of the population that are male and female.

TABLE 2.2: SURVEY POPULATION BY AGE, SEX, AND SEX, AND PLACE OF RESIDENCE

B 1 161 4 141	Residence		
Background Characteristic	Urban %	Rural %	
Sex			
Male	50.2	50.4	
Female	49.8	49.6	
Age			
16 - 29	26.1	26.9	
30 - 39	12.7	11.8	
40 - 49	11.2	9.5	
50 - 59	9.5	7.1	
60+	8.9	7.2	

FIGURE 2.1: HOUSEHOLD POPULATION BY AGE, SEX, AND PLACE OF RESIDENCE



³ Recall that the survey sample self-weights up to the national level, excluding the border governorates. Therefore, all data presented in this report provide national/population estimates (excluding the border governorates).

2.2.2 EDUCATIONAL ATTAINMENT

Survey results show that there are variations in educational levels between urban and rural areas in Egypt, especially at both ends of the educational-level spectrum. As Table 2.3 shows, rural populations have much higher illiteracy rates (44.5 percent) than those in urban areas (23.3 percent), with far less university level education (8.5 percent) than urban populations (26.5 percent). However, there is no major difference in the distribution of other educational levels between urban and rural residents.

HHEUS results also show that there are significant differences in educational attainment between males and females in Egypt. In general, females have a much higher illiteracy rate than males in both urban and rural areas. In urban areas, the female illiteracy rate is 12.8 percentage points higher than it is for males. This gap is even wider in rural areas where the female illiteracy rate is 26.5 percentage points higher for females than males, and where more than half (57.5 percent) of the female population is illiterate. Also, about 10 percent fewer females than males report having ever gone to school (as seen in the "less than high school" education category) in both urban and rural areas. Females also have lower rates of higher education, a difference which is most prevalent in rural areas.

Table 2.3 is based on household members who are 10 years old or above and are no longer in school (i.e., they have completed or stopped their education).

TABLE 2.3: ESTIMATED POPULATION DISTRIBUTION BY PLACE OF RESIDENCE, EDUCATION LEVEL, AND SEX

Education Level through the surveying	Sex		T . 10/
year (10 Years & Above)	Male %	Female %	Total %
Urban Residents			
Illiterate	16.8	29.6	23.3
Less than High School	27.7	19.9	23.7
High School or Tech	26.7	26.2	26.5
AA (Associates of Arts) / University Degree	28.8	24.3	26.5
Rural Residents			
Illiterate	31.0	57.5	44.5
Less than High School	26.9	16.0	21.3
High School or Tech	30.8	20.8	25.7
AA / University Degree	11.3	5.8	8.5

2.2.3 WEALTH DISTRIBUTION

Table 2.4 displays the urban-rural distribution of households as per the wealth index. The majority of rural households fall in the lowest (30.8 percent) and lower middle (26.5 percent) wealth indices, while the majority of urban households fall in the upper middle (27.0 percent) and highest wealth index (37.4 percent). The gap in the wealth index is significant in the highest quintile where only 5.8 percent of rural households fall into that category compared to 37.4 percent of their urban counterparts. These findings illustrate continuing significant differences in wealth between urban and rural households, which may be linked to the aforementioned differences in literacy and educational outcomes, as well as to job access.

TABLE 2.4: ESTIMATED HOUSEHOLD DISTRIBUTION ACCORDING TO WEALTH INDEX

Wealth Index	Place of Residence		T-4-19/	
Wealth Index	Urban %	Rural %	Total %	
Lowest	6.8	30.8	20.0	
Lower Middle	11.7	26.5	19.8	
Middle	17.2	22.6	20.2	
Upper Middle	27.0	14.3	20.0	
Highest	37.4	5.8	20.0	
Total	100.0	100.0	100.0	

2.3 HOUSING CHARACTERISTICS

The survey also collected data on several housing characteristics in order to better describe the housing profile in Egypt. This includes the type of housing, number of rooms in the household, sources of water, access to bathrooms and waste disposal, and the possession of various household amenities.

2.3.1 HOUSING TYPES AND SIZES

As Tables 2.5 and 2.6 show, the majority of Egyptian households report living in flats (69.4 percent) and in homes that have three to four rooms (72.2 percent). As expected, there are some differences in housing between urban and rural households. The vast majority (87.8 percent) of urban house types are flats, while in rural areas both flats (54.3 percent) and farm houses (34.1 percent) are common house types. And, while similar percentages of urban and rural households report having homes with three or four rooms, 18.2 percent of rural households have five to seven rooms while 9.2 percent of urban houses have five to seven rooms. This difference, however, does not necessarily indicate better housing, but could instead indicate several families living together in rural areas.

TABLE 2.5: ESTIMATED HOUSEHOLD DISTRIBUTION BY HOUSE TYPE

Hausa Tima	Place of Residence		T-4-19/
House Type	Urban %	Rural %	Total %
Flat	87.8	54.3	69.4
More than One Flat	1.7	2.3	2.0
Villa	0.2	0.3	0.2
Farmhouse	5.5	34.1	21.2
One or More Rooms in	2.8	7.8	5.5
Private Room or More	2	1.1	1.5
Condo	0.1	0.1	0.1
Total	100.0	100.0	100.0

TABLE 2.6: ESTIMATED HOUSEHOLD DISTRIBUTION BY NUMBER OF ROOMS

Number of rooms	Place of Residence		Total %
Number of rooms	Urban %	Rural %	i Otai /6
One or Two	10.3	12.9	11.7
Three Rooms	42.7	31.1	36.3
Four Rooms	37.1	35.0	35.9
Five to Seven	9.2	18.2	14.1
Eight or More	0.8	2.9	1.9
Total	100.0	100.0	100.0

2.3.2 ACCESS TO CLEAN WATER AND SANITATION

The vast majority of households (95.8) percent have access to clean water with connections to public sources. However, the survey reveals significant differences between urban and rural households in regards to sanitation, bathroom availability, and waste/trash disposal. Eighty-nine percent of urban households rely upon public sanitation services compared with

23.6 percent of rural households, where 56.8 percent rely upon reservoir sanitation. Additionally, 74.0 percent of urban households have access to private bathrooms, but only 25.0 percent of the rural population has this access. The methods of trash disposal also vary greatly between urban and rural areas; for instance, 45.1 percent of urban households use communal trash bins as the main source of disposal compared to 5.2 percent of rural households.

TABLE 2.7: ESTIMATED HOUSEHOLD DISTRIBUTION BY HOUSING CHARACTERISTICS

	Place of F		
Housing Characteristics	Urban %	Rural %	Total %
Source of Water			
Public	99.2	93.1	95.8
Pump	0.6	5.5	3.3
Well	0.0	0.2	0.1
Other	0.1	1.2	0.7
Sanitation			
Public	89.0	23.6	53.0
Private	1.5	16.6	9.8
Reservoir	9.4	56.8	35.5
Other	0.0	2.3	1.3
None	0.1	0.8	0.4
Bathroom Availability			
Private	74.0	25.0	47.1
Joint	0.7	0.6	0.7
None	25.2	74.4	52.3
Waste/ Trash Disposal			
Scavenger	25.2	10.0	16.8
Company	14.1	17.6	16.0
Communal Trash Bins	45.1	5.2	23.1
Throw into the Street	7.1	13.4	10.6
Other	8.5	53.8	33.4
Number of Households	5,396	6,606	12,002

2.3.3 HOUSEHOLD POSSESSIONS

TABLE 2.8: ESTIMATED HOUSEHOLD BY HOUSEHOLD POSSESSIONS

Household Possessions	Place of R	Total %	
Trousenoid Fossessions	Urban %	Rural %	i Otai 70
Air Conditioning	13.6	1.5	6.9
Automatic Washing Machine	10.3	7.6	8.8
Bicycle	9.5	17.9	14.2
Camera	5.2	1.1	3.0
Cell Phone	86.9	77.5	81.8
Chopper/Mixer	91.9	81.5	86.2
Color TV	93.7	82.3	87.4
Deep Fridge	13.1	4.0	8.1
Digital Camera	3.0	0.3	1.5
Dish Washer Machine	3.6	0.5	1.9
Electric Iron	77.4	58.6	67.0
Fan	91.4	86.7	88.8
Fridge	95.6	85.5	90.0
Heater (Electric, Gas, Kerosene)	7.8	3.1	5.2
Internet/Router	15.9	3.3	9.0
Kitchen Machine	3.5	0.3	1.8
Land Phone	61.6	36.1	47.5
Microwave/Grill	6.4	1.9	3.9
Motorcycle	3.5	6.7	5.3
MP 3,4,5	2.8	0.6	1.6
PC/Laptop	35.7	10.7	21.8
Private Automobile	14.1	2.5	7.7
Recorder	51.0	37.2	43.4
Receiver Satellite	79.4	67.0	72.6
Semi Automatic Washing Machine	38.0	4.9	19.8
Sewing Machine	7.2	3.4	5.1
Stove (Gas, Electric)	97.3	95.8	96.5
Vacuum Cleaner	33.5	6.7	18.7
Video/DVD	8.0	1.5	4.4
W/B/TV	4.4	10.3	7.7
Washing Machine	53.8	80.4	68.4
Water Filter	4.7	0.7	2.5
Water Heater (Electric, Gas)	64.2	21.0	40.4

3. HEALTH STATUS AND SERVICE UTILIZTAION PROFILE

The tables in this section summarize results from the HHEUS 2009/2010 related to the health status, service utilization, and productivity loss profile of the population. As reported below, acute illnesses are more common than either dental or chronic illnesses, with about 51 percent of the population reporting at least one acute illness episode in the four weeks prior to taking the survey. The illness with the largest prevalence in the general population is the common cold. We also find some differences in illness prevalence by background characteristic, as reported below. It is interesting to note that although the health profile in Egypt is transitioning from infectious diseases to chronic/non-communicable diseases, acute illnesses are still the most commonly reported type of illness, with chronic illnesses being reported by only 22 percent of the population.

This chapter also presents data on visits made to any sort of health care providers to treat illnesses. Visits were made for 77.1 percent of all acute illness episodes, and for 72.8 percent of all chronic illness episodes. An analysis of visit rates by background characteristics is also presented, wherein we find no pattern in visit rates for chronic illnesses, but patterns in the visit rates for acute illnesses that indicate that less-educated Egyptians and Egyptians in rural areas are more inclined to make visits, and that acute illness visits are more often made for vulnerable populations. Lastly, this chapter analyses productivity losses due to illness. The patterns of productivity loss within each background characteristic category are roughly similar for acute and chronic illnesses. However, acute illnesses create higher losses than chronic illnesses in terms of the estimated percentage of the population who lose at least one day of normal activity.

3.1 EPISODES OF ACUTE, CHRONIC, AND DENTAL ILLNESSES

Each respondent in the HHEUS 2009/2010 who had an acute or chronic illnesses in the four weeks prior to taking the survey,4 and/or who had a dental disease in the 12 months prior to taking the survey, was asked to give further details on up to three illnesses or episodes5 within each disease type (acute, chronic, and dental). Using these reported illness episodes, the estimated commonness of each illness in the population is calculated. Acute illnesses were the most commonly reported illness type (50.6 percent), followed by dental illnesses (24.2 percent), and then by chronic illnesses (21.9 percent). The most commonly reported illness was the common cold (26.9 percent of the total sample had this illness in the prior four weeks), followed by "other" dental problems (11.7 percent), "other" acute illnesses (11.3 percent), and dental caries (8.1 percent).

Table 3.1 shows the occurrences of different acute illnesses. The number of total episodes reported in the sample is largest for the common cold (15,161 episodes), followed by "other" acute illnesses (6,351 episodes), bone disease (2,026 episodes), and gastroenteritis (1,644 episodes). The last column of Table 3.1 shows the estimated prevalence of the illness in Egypt (excluding the border governorates). The acute illness with the largest prevalence is the common cold (26.9 percent) followed by "other" acute illnesses (11.3 percent), orthopedic disease (3.6 percent), gastroenteritis (2.9 percent), and eye problems (2.6 percent).

⁵ Respondents could have reported more than one episode of the same illness, or three different illnesses, or some combination thereof (e.g., a respondent could have reported two instances of fever and one instance of respiratory disease; or three instances of fever; or one instance of fever, one instance of respiratory disease, and one instance of typhoid). The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode in many people. Note that the common cold and orthopaedic diseases (acute illnesses) could only be reported once by each individual – multiple episodes within the prior four weeks were not recorded.

⁴ Recall that the survey was conducted in February and July 2010 to capture the seasonal effects on health and patterns of disease.

TABLE 3.1: OCCURRENCES OF ACUTE ILLNESSES

Acute Illness	Total Episodes Reported in the Sample	Estimated Percent of Population with the Illness*
Gastroenteritis	1,644	2.9
Fever	710	1.3
Hepatitis	185	0.3
Typhoid	17	0.0
Respiratory Disease	667	1.2
Measles/Rubella	5	0.0
Abscesses (minor surgeries)	105	0.2
Contusions	194	0.3
Eye Problems	1,447	2.6
Orthopedic Disease	2,026	3.6
Common Cold	15,161	26.9
Others	6,351	11.3
Total	28,512	50.6

^{*}These percentages are calculated assuming that each reported episode represents a new individual; instances of one person reporting multiple episodes are not accounted for.

Table 3.2 shows a similar occurrence of disease analysis for chronic illness episodes reported over the four weeks prior to survey administration. The number of total episodes reported by the sample is largest for "other" chronic illnesses (3,997 episodes), followed by hypertension (3,373 episodes), hyperglycemia (2,131 episodes), cardiac disease (886 episodes), and rheumatic diseases (814 episodes). The most prevalent illness in the population (as reported in last column of Table 3.2) is "other" chronic illnesses (7.1 percent) followed by hypertension (6.0 percent), hyperglycemia (3.8 percent), and cardiac disease (1.6 percent), and rheumatic diseases (1.4 percent). In total, chronic illness has a prevalence of 21.9 percent in the entire population compared to the 50.6 percent prevalence for acute illness.

TABLE 3.2: OCCURRENCES OF CHRONIC ILLNESSES

Chronic Illness	Total Episodes Reported in the Sample	Estimated Percent of Population with the Illness*
Hypertension	3,373	6.0
Hyperglycemia	2,131	3.8
Rheumatic Diseases	814	1.4
Renal Diseases	266	0.5
Cardiac Disease	886	1.6
ТВ	3	0.0
Asthma	397	0.7
Cancer	70	0.1
Mental Disease	178	0.3
Malnutrition	228	0.4
Others	3,997	7.1
Total	12,343	21.9

^{*}These percentages are calculated assuming that each reported episode represents a new individual; instances of one person reporting multiple episodes are not accounted for.

Table 3.3 shows the occurrences of dental illness episodes reported over the 12 months prior to the survey. The number of total episodes is largest for "other" dental illnesses (6,598 episodes), followed by dental caries (4,560 episodes), gingivitis (2,407 episodes), and tumors (54 episodes). As an estimated percentage of the population, "other" dental illness is also the largest at 11.7 percent.

TABLE 3.3: OCCURRENCES OF DENTAL ILLNESSES

Dental Illness	Total Episodes Reported in the Sample	Estimated Percent of Population with the Illness*
Dental Caries	4,560	8.1
Gingivitis	2,407	4.3
Tumors	54	0.1
Other	6,598	11.7
Total	13,619	24.2

^{*}These percentages are calculated assuming that each reported episode represents a new individual; instances of one person reporting multiple episodes are not accounted for.

Table 3.4 reports the total acute and chronic illness episodes by background characteristics (gender, urban/rural residence, insurance status, region, age, education, wealth index, and income quintile). The "Estimated Percent of Sub-Population" column captures the estimated incidence of that illness type within each sub-population. For example, the incidence of acute illnesses for males is 48.8 percent, which means than an estimated 48.8 percent of males had at least one acute illness 2009/2010.

According to the incidence analysis, acute illnesses are more often reported among females than among males (52.5 percent vs. 48.8 percent), urban versus rural households (51.9 percent vs. 49.8 percent) the insured versus uninsured (53.0 percent vs. 48.1 percent), children less than 5 years of age (66.8 percent) versus other age groups (see below), and those under age 6 years old and/or illiterate (57.0 percent) versus other education levels (see below). A similar analysis for chronic illnesses is shown in the last two columns of Table 3.4. According to the incidence analysis, chronic illness incidence is highest for those 60+ years old (91.3 percent), those in the highest wealth category (31.6 percent), those with a university degree (31.0 percent), those living in urban areas (29.8 percent), the uninsured (27.7 percent), females (25.9 percent), and those in the highest income quintile (25.0 percent).

These incidence differences could be due to a milieu of factors, including:

- The groups with higher rates are sicker;
- The groups with higher rates are more likely to report having been sick;
- The groups with higher rates tend to use health care services more (see Tables 3.7 and 3.8 below for a discussion of service usage rates); or
- The groups with higher rates tend to be diagnosed more or diagnosed more accurately.

However, because the survey was not designed to do so, we cannot disentangle the reasons for the difference incidence rates.

TABLE 3.4: OCCURRENCES OF ACUTE AND CHRONIC ILLNESS IN THE FOUR WEEKS PRIOR TO SURVEY ADMINISTRATION, BY BACKGROUND CHARACTERISTICS

	Acute I	llnesses	Chronic Illnesses		
Background Characteristic	Total Episodes Reported in the Sample	Estimated Percent of Sub- Population*	Total Episodes Reported in the Sample	Estimated Percent of Sub- Population*	
Gender					
Male	13,807	48.8	5,090	18.0	
Female	14,705	52.5	7,253	25.9	
Urban/Rural					
Urban	11,833	51.9	6,793	29.8	
Rural	16,679	49.8	5,550	16.6	
Insured					
Yes	15,230	53.0	4,706	16.4	
No	13,282	48.1	7,637	27.7	
Region					
Major Cities	4,576	51.1	3,462	38.6	
Urban Lower Egypt	4,394	55.1	2,170	27.2	
Urban Upper Egypt	2,863	48.9	1,161	19.8	
Rural Lower Egypt	10,509	54.1	4,078	21.0	
Rural Upper Egypt	6,170	43.8	1,472	10.5	
Age	,		,		
<5	4,181	66.8	286	4.6	
5-15	6,643	49.0	682	5.0	
16-29	6,259	41.9	1,026	6.9	
30-39	3,168	46.2	1,198	17.5	
40-49	2,973	51.7	2,147	37.3	
50-59	2,575	56.9	2,956	65.3	
>60	2,713	61.2	4,048	91.3	
Education	, -	-	,		
<6 and/or Illiterate	12,408	57.0	5,616	23.4	
Less than HS	7,100	47.0	3,141	19.0	
High School	4,165	44.2	1,914	18.5	
University Degree	2,211	45.6	1,672	31.0	
Wealth Index	_,	1010	.,	0.1.0	
Lowest	5,776	49.5	1,958	16.8	
Lower Middle	5,899	49.6	2,163	18.2	
Middle	6,038	51.3	2,440	20.8	
Upper Middle	5,638	51.6	2,614	23.9	
Highest	5,126	51.2	3,163	31.6	
Income Quintiles	5,720		2,700	31.0	
Lowest	5,602	49.7	2,266	20.1	
Second	5,632	50.1	2,284	20.3	
Third	5,711	50.7	2,397	21.3	
Fourth	5,718	50.7	2,582	22.9	
Highest	5,849	52.0	2,814	25.0	

^{*}The data in this table are calculated assuming that each reported episode represents a new individual; instances of one person reporting multiple episodes are not accounted for.

3.2 VISITS TO TREAT ACUTE AND CHRONIC ILLNESSES

Each respondent to the Egyptian HHEUS 2009/2010 was given the opportunity to report up to three acute illnesses or episodes6 and up to three chronic illnesses or episodes that he/she had in the four weeks prior to taking the survey and then report whether "he/she made any visit in order to treat this disease in the last four weeks." Types of visits reported included going to public hospitals/clinics, private hospitals/clinics, traditional healers, etc. (i.e., MOHP hospitals; MOHP facilities; one-day surgery hospitals; specialized medical centers; family planning and maternal and child health centers; HIO hospital and outpatient clinics; other public hospitals; Curative Care Organization (CCO); university hospitals; teaching hospitals; private hospitals; mosque/church; polyclinic; pharmacies; or other).

Table 3.5 reports the total number of episodes for each acute illness and the number of episodes for which the respondent reported making a visit to treat the illness. Visits were made for 77.1 percent of all acute illness episodes. There was a 100 percent visit rate for typhoid and measles/rubella.

TABLE 3.5: VISIT RATE FOR ACUTE ILLNESSES

Acute Illness	Total Episodes Reported in the Sample	Number of Episodes in the Sample for which Visits were Made	Estimated Percent of Episodes in the Population for which Visits were Made
Gastroenteritis	1,644	1,404	85.4
Fever	710	653	92.0
Hepatitis	185	159	85.9
Typhoid	17	17	100.0
Respiratory Disease	667	535	80.2
Measles/Rubella	5	5	100.0
Abscesses (minor surgeries)	105	101	96.2
Contusions	194	153	78.9
Eye Problems	1,447	1,241	85.8
Orthopedic Disease	2,026	1,533	75.7
Common Cold	15,161	10,758	71.0
Others	6,351	5,411	85.2
Total	28,512	21,970	77.1

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⁶ Respondents could have reported more than one episode of the same illness, or three different illnesses, or some combination thereof (e.g., a respondent could have reported two instances of fever and one instance of respiratory disease; or three instances of fever; or one instance of fever, one instance of respiratory disease, and one instance of typhoid). The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode in many people. Note that the common cold and orthopaedic diseases (acute illnesses) could only be reported once by each individual – multiple episodes within the prior four weeks were not recorded.

Table 3.6 reports the total number of episodes for each chronic illness and the number of episodes7 for which the respondent reported making a visit to treat the illness. Visits were made for 72.8 percent of all chronic illness episodes, which is slightly lower than the visit rate for acute illnesses. The highest visit rates were for cancer (81.4 percent), renal disease (81.2 percent), and asthma (80.4 percent). When considering chronic illness visit rates, one should consider that only visits within the four weeks prior to taking the survey were reported; for chronic illnesses, an individual may see a doctor at more lengthy intervals and the visits would not be recorded in this survey. Therefore, based on this data, one cannot say that only 81.4 percent individuals make visits for cancer – one can only say that 81.4 percent of individuals made visits for cancer in the four weeks prior to taking the survey.

TABLE 3.6: VISIT RATE FOR CHRONIC ILLNESSES

Chronic Illness	Total Episodes	Number of Episodes in the Sample for which Visits were Made	Estimated Percent of Episodes in the Population for which Visits were Made
Hypertension	3,373	2,432	72.1
Hyperglycemia	2,131	1,650	77.4
Rheumatic Diseases	814	595	73.1
Renal Diseases	266	216	81.2
Cardiac Disease	886	689	77.8
ТВ	3	2	66.7
Asthma	397	319	80.4
Cancer	70	57	81.4
Mental Disease	178	116	65.2
Malnutrition	228	144	63.2
Others	3,997	2,769	69.3
Total	12,343	8,989	72.8

Table 3.7 reports the estimated visit rate of the population by background characteristics for all acute illnesses combined. In general, the cohorts with the highest visit rates are those living in rural areas and those in rural Upper Egypt, the insured, those under 15 years of age or 60 years and above, and those under age 6 years and/or illiterate. There are no clear patterns between gender, wealth, or income and visit rate.

The differences in acute illness visit rates seem to indicate that less-educated Egyptians and Egyptians in rural areas are more inclined to make visits for acute illnesses, and that visits are more often made for vulnerable populations (young and old age groups).

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⁷ Respondents could have reported more than one episode of the same illness, or three different illnesses, or some combination thereof. The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode in many people.

TABLE 3.7: VISIT RATE FOR ACUTE ILLNESS BY BACKGROUND CHARACTERISTIC

Background Characteristic	Visit Rate (%)*
Gender	
Male	77.8
Female	76.3
Urban/Rural	
Urban	73.4
Rural	79.6
Insured	
Yes	79.5
No	74.2
Region	
Major Cities	76.1
Urban Lower Egypt	72.6
Urban Upper Egypt	70.3
Rural Lower Egypt	75.1
Rural Upper Egypt	87.4
Age	
<5	86.7
5-15	78.5
16-29	73.4
30-39	74.3
40-49	74.8
50-59	74.9
>60	80.0
Education	
<6 and/or Illiterate	80.2
Less than HS	75.5
High School	73.9
University Degree	70.1
Wealth Index	
Lowest	79.9
Lower Middle	77.7
Middle	78.8
Upper Middle	77.0
Highest	71.3
Income Quintiles	
Lowest	75.3
Second	79.0
Third	79.0
Fourth	76.4
Highest	75.6

^{*} The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode per person.

Table 3.8 reports the estimated visit rate of the population by background characteristics for all chronic illnesses combined. In general, the cohorts with the highest visit rates are the insured, those living in rural Upper Egypt, those under 5 years old, and those in the highest income quintile. There are no clear patterns between gender, urban/rural residence, education, or wealth and visit rate. It is interesting to note that for both chronic and acute illnesses, visit rates are much higher for those living in rural Upper Egypt than those in the other four regions. The patterns of differences in visit rates are less clear for the chronic illnesses than they were for the acute illnesses.

TABLE 3.8: VISIT RATE FOR CHRONIC ILLNESS BY BACKGROUND CHARACTERISTIC

Background Characteristic	Visit Rate (%)
Gender	
Male	72.8
Female	72.9
Urban/Rural	
Urban	72.6
Rural	73.1
Insured	'
Yes	74.4
No	71.9
Region	'
Major Cities	73.1
Urban Lower Egypt	69.7
Urban Upper Egypt	76.4
Rural Lower Egypt	69.1
Rural Upper Egypt	84.4
Age	
<5	79.7
5-15	67.9
16-29	69.9
30-39	71.2
40-49	73.0
50-59	74.2
>60	73.3
Education	
<6 and/or Illiterate	73.1
Less than HS	72.0
High School	72.7
University Degree	73.7
Wealth Index	
Lowest	74.3
Lower Middle	69.8
Middle	74.6
Upper Middle	73.8
Highest	71.7
Income Quintiles	·
Lowest	69.9
Second	71.7
Third	70.4
Fourth	71.2
Highest	77.6

^{*} The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode per person.

3.3 REASONS FOR MAKING INPATIENT AND PREVENTIVE CARE VISITS

Table 3.9 shows the reasons for which patients made inpatient health visits (i.e., hospital admission) in the 12 months prior to the survey. Inpatient visits were most frequently made for acute illnesses (an estimated 43.3 percent of all inpatient visits in Egypt were made for this reason), followed by chronic illnesses (19.3 percent). It is estimated that about 7 percent of the population made inpatient visits for any reason.

TABLE 3.9: REASONS FOR MAKING INPATIENT CARE VISITS

Reason	Total Visits (Number Reported)*	Percent of Total Inpatient Visits
Acute Illness	1,672	43.3
Chronic Illness	743	19.3
Labor/Delivery	387	10.0
Cesarean	351	9.1
Neonatal Care	30	0.8
Accident	178	4.6
Other	498	12.9
Total	3,859	100.0

^{*} The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode per person.

Table 3.10 shows the reasons for which patients made preventive health care visits in the 12 months prior to the survey. Preventive care visits were most frequently made for vaccinations (an estimated 69.8 percent of all preventive visits in Egypt were made for this reason), followed by antenatal care (11.8 percent) and family planning (10.9 percent). It is estimated that about 45 percent of the population made preventive care visits for any reason.

TABLE 3.10: REASONS FOR MAKING PREVENTIVE CARE VISITS

Reason	Total Visits (Number Reported)*	Percent of Total Preventive Visits
Vaccination	17,763	69.8
Growth Monitoring	175	0.7
Antenatal Care	3,004	11.8
Pregnancy Follow-up	195	0.8
Family Planning	2,774	10.9
Routine Check-up for Dental Care	179	0.7
Pap Smear	59	0.2
Mammography	30	0.1
Pre-marriage Consultation	73	0.3
Pre-employment/travel Check-up	35	0.1
Other	1,149	4.5
Total	25,436	100.0

^{*} The results reported here do not differentiate between multiple episodes of the same illness in one person versus one episode per person.

3.4 IMPACT OF ACUTE AND CHRONIC ILLNESSES ON PRODUCTIVITY

Table 3.11 reports the estimated percentage of the population that lost at least one day of normal activity in the four weeks prior to survey administration, and the average number of normal activity days lost in the four weeks prior to survey administration, due to the first acute and chronic illnesses reported. The patterns of productivity loss within each background characteristic category are roughly similar for acute and chronic illnesses. However, acute illnesses create higher losses than chronic illnesses in terms of the estimated percentage of the population that loses at least one day of normal activity.

The results show that the under 5 age group is impacted the most by acute illnesses, with 33.9 percent of this population losing at least one day of normal activity; this age group is also one of the three groups with the high percentages of individuals losing at least one day due to chronic illness. For chronic illnesses, the three populations affected the most are those under age 5 (with an estimated 20.1 percent of this population losing at least one day of normal activity), those in urban Upper Egypt (20.2 percent losing at least one day), and those in rural Upper Egypt (20.1 percent losing at least one day).

The largest number of normal activity days lost for acute illness is for the population 60 years old and above, who report losing, on average, 1.6 days. Other populations with higher numbers of average days lost due to acute illness are those living in rural Upper Egypt (1.5 days), those under age 5 (1.4 days), and those in the lowest income quintile (1.4 days). Those in the lowest wealth index and those in rural Upper Egypt report the largest numbers of normal activity days lost due to chronic illness (both lose 1.7 days of normal activity, on average). Also, those in urban Upper Egypt and those 60 years old and above lose 1.6 days, on average.

TABLE 3.11: PRODUCTIVITY LOSSES DUE TO ACUTE AND CHRONIC ILLNESSES, BY BACKGROUND CHARACTERISTICS

	Loss Due to a	n Acute Illness	Loss Due to a Chronic Illness		
Background Characteristic	% of Individuals Who Lost at Least One Day of Normal Activity	Average Number of Days Lost	% of Individuals Who Lost at Least One Day of Normal Activity	Average Number of Days Lost	
Gender					
Male	25.4	1.1	15.9	1.3	
Female	25.4	1.1	15.6	1.1	
Urban/Rural					
Urban	22.0	0.9	14.2	1.0	
Rural	27.7	1.2	17.5	1.4	
Insured					
Yes	26.3	1.1	13.5	1.0	
No	24.1	1.1	17.1	1.4	
Region					
Major Cities	14.6	0.7	10.4	0.8	
Urban Lower Egypt	24.4	1.0	16.3	1.1	
Urban Upper Egypt	29.8	1.2	20.2	1.6	
Rural Lower Egypt	24.4	1.1	16.4	1.3	
Rural Upper Egypt	33.1	1.5	20.1	1.7	
Age	'				
<5	33.9	1.4	20.1	1.4	
5-15	28.0	1.0	15.1	0.9	
16-29	21.9	0.9	14.6	1.1	
30-39	21.7	1.0	14.9	1.0	
40-49	21.0	1.0	14.8	1.0	
50-59	21.8	1.0	14.6	1.1	
>60	24.5	1.6	17.6	1.6	
Education		<u>'</u>	·		
<6 and/or Illiterate	29.1	1.3	18.4	1.5	
Less than HS	23.9	1.0	15.3	1.1	
High School	20.7	0.9	12.8	0.8	
University Degree	17.5	0.7	10.8	0.8	
Wealth Index					
Lowest	27.5	1.2	19.1	1.7	
Lower Middle	26.6	1.2	17.4	1.5	
Middle	24.9	1.1	16.3	1.1	
Upper Middle	25.6	1.1	14.0	1.1	
Highest	21.6	0.9	13.2	0.8	
Income Quintiles			•		
Lowest	29.3	1.4	18.4	1.5	
Second	26.3	1.2	16.1	1.2	
Third	25.4	1.1	15.6	1.2	
Fourth	24.6	1.0	15.3	1.2	
Highest	21.0	0.9	13.2	1.1	

Figures 3.1 and 3.2 show the frequency of reported days off for chronic and acute illnesses. The majority report no days off. For acute illness, the highest number of days off is 28 days, reported by 72 people. The highest number of days off for chronic illness is 28 days, reported by 142 people.

FIGURE 3.1: FREQUENCY OF REPORTED DAYS OFF FOR ACUTE ILLNESS

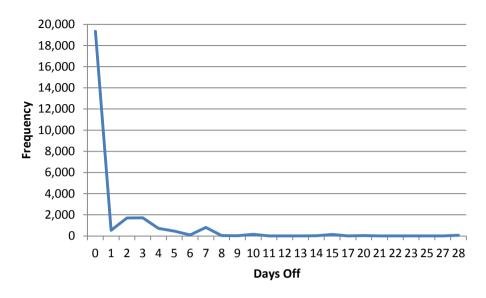
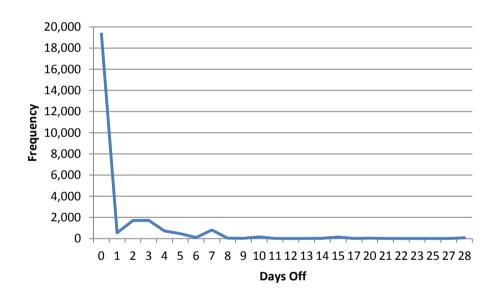


FIGURE 3.2: FREQUENCY OF REPORTED DAYS OFF FOR CHRONIC ILLNESS





The tables in this chapter summarize the results from the HHEUS 2009/2010 related to patterns of health care expenditures in Egypt. Average annual per capita spending for all visits is estimated at LE 646 per person. However, annual spending varies greatly between different cohorts of people. For instance, females spend about 28 percent more per year on health care than do males, urban households typically spend more than do rural households, and those with health insurance consistently spend less on health care than do those without insurance. Also, health care expenditures steadily increase with age starting at age 5. We also find that wealthy, rich, and educated households have higher health care expenditures than other cohorts of people, but that the rich spend a lower proportion of their income on health: households in the lowest income quintile spend 21.0 percent of their income on health while those in the highest income quintile spend about 13.5 percent of their income on health. This chapter also reports on spending by type of facility visited. Private clinics incur the most costs among outpatient visits, and private hospitals incur the most costs among inpatient visits. Lastly, this chapter reports on the components of health visit spending, the results of which can be found below.

4.1 ANNUAL PER CAPITA HEALTH SPENDING

Table 4.1 details the annual per capita spending by service types. Types of services are categorized as outpatient (acute, chronic, dental, and prevention services) or inpatient. Average annual per capita spending for all visits (a sum of inpatient and outpatient spending) is estimated at LE 646 per person, which is about 15 percent of per capita income (LE 4,338). This average spending varies greatly between different cohorts of people, as discussed below. Based on the results by type of service, annual per capita spending is highest for acute services (LE 305), followed by chronic (LE 232), inpatient (LE 79), dental (LE 21) and preventive (LE 9) services. Note that routine dental check-ups are included in the preventive services category; the dental service category refers to dental problems (see Table 3.3 for a list). Further delineations of health care expenditures by household categorizations are presented below.

TABLE 4.1: ANNUAL PER CAPITA (LE) HEALTH SPENDING (ADJUSTED)

	Spending on Type of Service (LE)								
	Acute (Outpatient)								
Total Spending	305	232	21	9	567	79	646		

^{*}Calculations include missing data

4.1.1 EXPENDITURES BY SEX

Across all expenditure types, females spend more on health care than males (Table 4.2). Females spend an estimated 23 percent more on total outpatient services than males (LE 626 spent by females versus LE 509 spent by males), and 28 percent more on all types of services than males (LE 725 spent by females versus LE 567 spent by males). These spending differences could be due to costlier services for females, or to more visits made by females (which thus makes females incur more costs). See Chapter 3 for a discussion of male versus female illness rates and possible reasons for females' higher illness rates; those reasons may also explain females' higher health spending costs.

TABLE 4.2: ANNUAL PER CAPITA HEALTH SPENDING (LE) (ADJUSTED) BY TYPE OF SERVICE AND SEX

	Spending on Type of Service (LE)							
Sex	Acute (Outpatient)	Chronic (Outpatient)	Dental (Outpatient)	Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total	
Male	290	198	18	3	509	58	567	
Female	321	266	23	16	626	99	725	

^{*}Calculations include missing data

4.1.2 EXPENDITURES BY RESIDENCE

Table 4.3 presents expenditure differences by urban/rural residence and region. Urban households typically spend more on health care than their rural counterparts. Spending on all visits for urban households is LE 770 compared to LE 561 for rural households, a 37 percent difference in spending. Table 4.3 also displays estimated spending differences by region, which align with the rural/urban differences. On average, those in major cities spend more than those in the other four regions. Additionally, within Lower Egypt and within Upper Egypt, the urban population spends more on all visits than do their rural counterparts (e.g., urban Lower Egypt residents spend LE 720 and rural Lower Egypt residents spend LE 620). These differences in expenditures between urban and rural households could be due to issues of access for rural households, as well as issues of ability to pay for, and desire to seek, care among rural households.

TABLE 4.3: ANNUAL PER CAPITA HEALTH SPENDING (LE) (ADJUSTED) BY TYPE OF SERVICE AND RESIDENCE

	Acute (Outpatient) Chronic (Chronic	ype of S ervice	(LE)				
Residence				Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total
Urban/Rural							
Urban	301	326	32	11	670	99	770
Rural	308	168	13	8	497	65	561
Region							
Major Cities	327	453	41	13	834	124	958
Urban Lower Egypt	306	289	30	10	635	85	720
Rural Lower Egypt	331	194	15	8	548	72	620
Urban Upper Egypt	255	184	21	10	470	78	548
Rural Upper Egypt	276	132	9	8	425	55	480

^{*}Calculations include missing data

4.1.3 EXPENDITURES BY INSURANCE STATUS

Results from the HHEUS also demonstrate expenditure differences between the insured and the uninsured in Egypt. As shown in Table 4.4, those with health insurance consistently spend less on health care than do those without insurance. This is true across all types of care.

TABLE 4.4: ANNUAL PER CAPITA HEALTH SPENDING (LE) (ADJUSTED) BY TYPE OF SERVICE AND INSURANCE STATUS

		Spending on Type of Service (LE)								
Insured	Acute (Outpatient)	Chronic (Outpatient)	Dental (Outpatient)	Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total			
Yes	300	166	19	4	489	47	536			
No	310	301	22	15	648	111	759			

^{*}Calculations include missing data

4.1.4 EXPENDITURES BY AGE

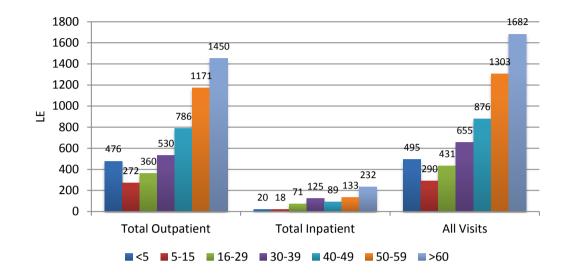
The HHEUS results also provide data on health care expenditures by age (see Table 4.5 and Figure 4.1). For both inpatient and outpatient care, it is estimated that the highest expenditures are for Egyptians over the age of 60, and among that group, the highest level of spending is on chronic illness care (LE 921). Starting at age 5, health expenditures steadily increase with age, with expenditures on all visits increasing by an estimated average of 40 percent with each increasing age group. The under 5 age group is the exception to this steady increase; this group has higher expenditures on all visits than those in the 5-15 age group and those in the 16-29 age group. This is likely due to increased need for health care among infants and toddlers; after reaching age 5, the cost health care visits decreases by about half because fewer services are needed.

TABLE 4.5: ANNUAL PER CAPITA HEALTH SPENDING (LE) (ADJUSTED) BY TYPE OF SERVICE AND AGE

			Spending on	Type of Servic	e (LE)		
Age	Acute (Outpatient)	Chronic (Outpatient)	Dental (Outpatient)	Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total
<5	415	57	1	3	476	20	495
5-15	220	42	9	1	272	18	290
16- 29	237	87	19	17	360	71	431
30- 39	278	202	30	20	530	125	655
40- 49	350	395	34	7	786	89	876
50- 59	437	684	43	7	1171	133	1303
>60	490	921	32	7	1450	232	1682

^{*}Calculations include missing data

FIGURE 4.1: ANNUAL PER CAPITA EXPENDITURES (LE) BY AGE



4.1.5 EXPENDITURES BY EDUCATION LEVEL AND INCOME/WEALTH

Table 4.6 and Figures 4.2 through 4.4 display health expenditures by education level, wealth, and income. Those with university degrees consistently spend the most on health care across all types of care compared to households classified in the other three education categories. Additionally, those in the highest wealth index spend more on care than those in the lower four indices – those in the highest index spend about twice as much on both inpatient and outpatient care as those in the lowest index. And, those in the highest income quintile spend more than those in the four lower quintiles – the highest income quintile spends about four-and-a-half times as much on all visits than those in the lowest quintile. These three findings demonstrate that wealthy, rich, and educated households have higher health care expenditures than other cohorts of people. This is likely due to higher access to care and higher ability to pay for care, which escalates care-seeking behavior.

TABLE 4.6: ANNUAL PER CAPITA HEALTH SPENDING (LE) (ADJUSTED) BY TYPE OF SERVICE AND EDUCATION LEVEL, WEALTH, AND INCOME

			Spending on T	ype of Service (LE)		
Background Characteristic	Acute (Outpatient)	Chronic (Outpatient)	Dental (Outpatient)	Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total
Education Lev	vel						
<6 and/or Illiterate	345	220	10	6	581	62	643
Less than HS	252	177	15	5	449	55	504
High School	287	226	29	18	560	93	653
University Degree	324	465	69	21	879	197	107 5
Wealth Index							
Lowest	281	155	7	5	448	49	496
Lower Middle	266	167	10	7	450	54	504
Middle	299	190	13	9	511	53	564
Upper Middle	322	251	20	11	604	102	706
Highest	368	429	58	15	870	148	101 8
Income Quint	iles						
Lowest	190	80	6	5	281	20	301
Second	232	112	8	6	358	30	389
Third	288	157	11	7	175	40	503
Fourth	351	217	19	10	597	91	689
Highest	465	594	58	18	1135	213	134 8

^{*}Calculations include missing data

FIGURE 4.2: ANNUAL PER CAPITA EXPE NDITURES (LE) BY EDUCATION LEVEL

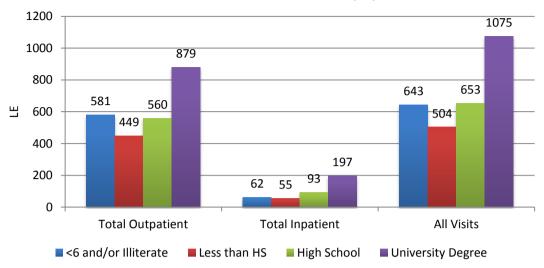


FIGURE 4.3: ANNUAL PER CAPITA EXPENDITURES (LE) BY WEALTH INDEX

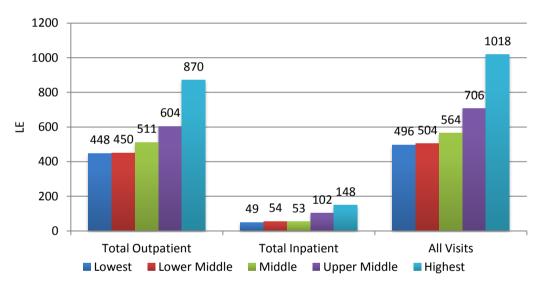


FIGURE 4.4: ANNUAL PER CAPITA EXPENDITURES (LE) BY INCOME QUINTILES

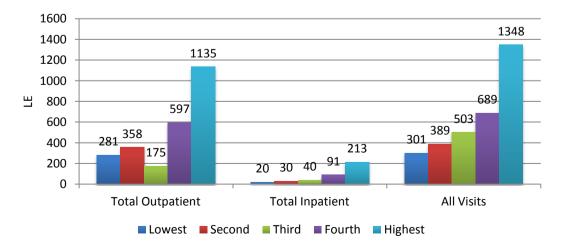
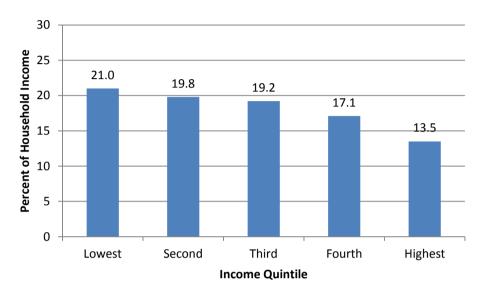


Table 4.6 and Figures 4.3 and 4.4 show that the rich spend more on health care than do the poor. However, as shown in Figure 4.5 below, the poor spend a higher proportion of their household income on health care. While those in the highest income quintile spend about 13.5 percent of their income on health, those in the lowest income quintile spend about 21 percent of their household income on health. These findings demonstrate that health care costs place a heavier burden on the poor than they do on the rich.

FIGURE 4.5: PERCENT OF HOUSEHOLD INCOME GOING TO HEALTH, BY INCOME QUINTILE



4.2 EXPENDITURES BY TYPE OF FACILITY

The HHEUS 2009/2010 itemizes health care expenditures not only by type of service, but also by the type of facility that administered that service (Table 4.7). The highest total outpatient annual per capita spending was in private clinics. In fact, the population spent an estimated average of almost six times more LE annually on private clinic visits for outpatient services than the second highest annual per capita facility spending (pharmacies). For inpatient care, the highest spending was in private hospitals.

TABLE 4.7: ANNUAL PER CAPITA SPENDING (LE) (ADJUSTED) BY TYPE OF FACILITY AND TYPE OF SERVICE

		5	pending on	Гуре of Servi	ce (LE)		
Type of Facility	Acute (Outpatient)	Chronic (Outpatient)	Dental (Outpatient)	Preventive (Outpatient)	Total Outpatient	Total Inpatient	Total
CCO	0.5	0.7	0.1	0.0	1.3	0.6	1.8
Charitable Hospital	0.0	0.0	0.0	0.0	0.0	0.8	0.8
Family Planning and MCH	0.1	0.0	0.0	0.1	0.2	0.0	0.2
HIO Hospitals & Outpatient Clinics	2.2	4.1	0.1	0.0	6.5	1.3	7.8
MOHP Facilities	6.0	1.3	0.2	0.4	7.9	0.0	7.9
MOHP Hospitals	13.2	11.7	0.8	0.5	26.1	11.1	37.6
Mosque/Church	5.8	2.7	1.3	0.2	10.1	0.3	10.5
One-day Surgery Facilities	0.4	0.1	0.0	0.0	0.5	0.4	0.8
Other	3.6	4.6	0.2	0.5	8.8	4.1	12.9
Other Gov't Hospitals	1.2	2.3	0.1	0.0	3.7	1.9	5.7
Pharmacies	32.9	35.3	0.2	0.1	68.5	0.0	68.5
Polyclinic	1.1	0.5	0.1	0.0	1.8	0.0	1.8
Private Clinics	221.4	150.2	16.5	6.3	394.4	0.0	394.7
Private Hospitals	10.9	13.0	0.4	0.5	24.8	51.8	76.6
Specialized Medical Centers	3.3	2.9	0.3	0.4	6.9	0.0	6.9
Teaching Hospitals	0.6	0.6	0.1	0.0	1.3	5.2	6.5
University Hospitals	1.5	2.0	0.1	0.1	3.7	1.2	4.9
Total	305	232	21	9	567	79	646

^{*}Calculations include missing data

4.3 COMPONENTS OF HEALTH CARE SPENDING BY TYPE OF SERVICE

This section reports on the components of health visit spending and which components comprise the largest percentage of patient costs. Percentages are presented both in total and by background characteristics. Although slight variations within each background characteristic group do exist (as seen in the tables below), the general pattern of spending (i.e., the percentage of spending that each component comprises) remains the same no matter the background characteristic breakdown.

4.3.1 OUTPATIENT SERVICES

Tables 4.8 through 4.11 below report the components of spending across the four outpatient service areas: acute care, chronic care, dental care, and preventive services.

Table 4.8 reports the breakdown of costs for health care visits to treat acute illnesses by background characteristics and in total. More than half (59 percent on average) of all spending on acute care visits is on medicines, both in total and across all background characteristic categories. Doctor visits are the next largest component of spending, averaging about 22 percent of the total cost. X-rays, labs, transportation, and other costs are not large components of the overall cost of acute illness care.

TABLE 4.8: PERCENT SPENDING (ADJUSTED) ON DIFFERENT COMPONENTS OF CARE: ACUTE CARE

Background	Percent of Spending on Acute Care Component							
Characteristic	Medicines	Doctor Visits	X-rays	Labs	Transport	Other		
Gender								
Male	57	22	7	3	5	6		
Female	55	21	5	5	5	9		
Urban/Rural								
Urban	56	22	7	4	3	8		
Rural	56	21	6	4	6	7		
Insured								
Yes	67	26	4	3	5	7		
No	63	23	7	5	5	8		
Region								
Major Cities	56	22	5	4	3	10		
Urban Lower Egypt	61	21	6	4	3	5		
Urban Upper Egypt	56	23	6	4	4	7		
Rural Lower Egypt	60	21	4	4	4	6		
Rural Upper Egypt	57	23	5	3	7	6		
Age								
<5	65	27	1	1	4	1		
5-15	61	22	2	3	5	7		
16-29	57	22	5	4	4	8		
30-39	57	19	5	6	4	10		
40-49	55	20	7	4	4	9		
50-59	56	21	7	4	5	8		
>60	55	20	10	4	5	6		
Education				<u> </u>				
<6 and/or Illiterate	60	23	4	3	5	5		
Less than HS	58	21	5	4	4	8		
High School	55	20	7	5	4	9		
University Degree	54	22	5	5	3	11		
Wealth Index								
Lowest	58	22	6	3	6	5		
Lower Middle	59	23	4	4	5	5		
Middle	59	21	6	4	5	5		
Upper Middle	58	21	5	4	4	8		
Highest	57	23	4	4	3	10		
Income Quintile			<u> </u>	1				
Lowest	61	23	5	2	5	4		
Second	61	22	4	4	5	5		
Third	60	22	5	3	5	6		
Fourth	58	22	5	3	4	6		
Highest	55	21	6	5	3	10		
Total	59	22	5	4	4	7		

^{*}These numbers are not imputed and are based on reported spending. Calculations include missing data.

Table 4.9 reports the breakdown of costs for health care visits to treat chronic illnesses by background characteristics and in total. Across all background characteristic breakdowns and in total, the largest percentage of spending for chronic visits is on medicines (57 percent on average). Doctor visits tend to make up about one-fifth of the cost of care, with x-rays, labs, transportation, and other components comprising the rest of the cost of the chronic care visit.

TABLE 4.9: PERCENT SPENDING (ADJUSTED) ON DIFFERENT COMPONENTS OF CARE: CHRONIC CARE

Household or	Percent of Spending on Chronic Care Component								
Household Member Categorization	Medicines	Doctor Visits	X-rays	Labs	Transport	Other			
Gender									
Male	55	19	8	7	5	5			
Female	58	17	9	7	6	3			
Urban/Rural				-					
Urban	58	17	9	8	4	4			
Rural	55	19	8	7	8	4			
Insured						•			
Yes	57	20	7	8	6	2			
No	57	17	9	7	5	5			
Region	O.	. ,		· ·					
Major Cities	56	16	9	8	3	7			
Urban Lower									
Egypt	62	18	8	7	4	1			
Urban Upper									
Egypt	57	18	10	8	5	2			
Rural Lower			_	_	_				
Egypt	56	22	6	7	7	2			
Rural Upper									
Egypt	54	14	10	6	9	7			
Age				l .					
<5	49	22	13	4	8	3			
5-15	53	20	8	9	8	3			
16-29	53	18	9	8	5	7			
30-39	47	17	13	7	5	<u>.</u> 11			
40-49	60	16	10	8	5	1			
50-59	57	18	7	8	5	5			
>60	61	19	6	6	6	2			
Education	01	10			J				
<6 and/or									
Illiterate	58	17	8	6	7	3			
Less than HS	54	21	10	7	5	2			
High School	58	16	9	9	5	5			
University									
Degree	58	17	7	7	3	8			
Wealth Index	l			l .					
Lowest	55	17	7	6	7	7			
Lower Middle	57	16	10	7	8	1			
Middle	60	17	8	7	7	1			
Upper Middle	55	21	9	7	5	3			
Highest	57	17	8	8	3	7			
Income Quinti		. 1			, 0				
Lowest	56	18	12	6	7	1			
Second	53	22	7	6	6	7			
Third	57	19	8	8	7	2			
Fourth	55	15	11	8	5	7			
Highest	61	18	6	7	4	4			
Total	57	18	8	7	5	4			

^{*}These numbers are not imputed and are based on reported spending. Calculations include missing data.

Table 4.10 reports the percentage of total spending by the different components of dental health care, excluding routine dental check-ups (which are part of the preventive services).

The largest percentage of spending for dental visits is on other services (50 percent on average), followed by the doctor visit (26 percent) and medicines (20 percent). The other services include spending on traditional medicines, minor operations, orthodontics, and other spending.

TABLE 4.10:PERCENT SPENDING (ADJUSTED) ON DIFFERENT COMPONENTS OF CARE: DENTAL CARE

Background		Percent of Spending on Dental Care Component								
Characteristic	Medicines	Doctor Visits	X-rays	Labs	Transport	Other				
Gender										
Male	21	27	1	1	4	48				
Female	19	26	1	1	4	51				
Urban/Rural										
Urban	15	23	1	1	2	59				
Rural	29	32	1	1	7	32				
Insured										
Yes	18	22	1	1	3	56				
No	21	30	1	1	4	43				
Region										
Major Cities	9	18	1	1	1	71				
Urban Lower										
Egypt	21	30	1	1	2	45				
Urban Upper	4.0	6.1		_						
Egypt	19	24	1	1	3	52				
Rural Lower			_	_	_	<u> </u>				
Egypt	29	33	1	1	5	31				
Rural Upper		2.4								
Egypt	26	31	1	1	9	33				
Age										
< 5	46	32	0	1	6	15				
5-15	22	25	1	1	5	46				
16-29	18	21	1	1	3	56				
30-39	20	26	1	1	4	49				
40-49	23	31	1	1	4	41				
50-59	17	30	1	1	3	49				
>60	18	25	1	1	4	53				
Education	10	20	•	<u>'</u>	-	- 00				
<6 and/or	29	31	1	1	7	32				
Less than HS	20	29	1	0	4	44				
High School	19	26	1	1	4	50				
University										
Degree	14	21	1	0	2	63				
Wealth Index		I.	1	I.						
Lowest	35	35	1	1	9	21				
Lower Middle	30	30	1	1	7	33				
Middle	28	31	1	1	5	34				
Upper Middle	21	30	1	1	4	44				
Highest	13	22	1	1	2	63				
Income Quintil			<u> </u>	<u> </u>		03				
Lowest	31	32	1	1	7	29				
	31	34	1	1	6					
Second						28				
Third	27	29	1	0	5	38				
Fourth	23	27 22	1	0	2	45 62				
Highest	12									

^{*}These numbers are not imputed and are based on reported spending. Calculations include missing data.

Table 4.11 reports the percent of total spending by the different components of preventive services, which include vaccinations; growth monitoring; antenatal care; pregnancy follow up; family planning; routine check-up for dental care; Pap smear; mammography; premarriage consultation; pre-employment/travel check-up; and other. The largest percentage of spending for preventive services is on medicines (38 percent on average) and the doctor visit (21 percent on average).

TABLE 4.11:PERCENT SPENDING (ADJUSTED) ON DIFFERENT COMPONENTS OF CARE: PREVENTIVE CARE

Background	Percent of Spending on Preventive Care Component							
Characteristic	Medicines	Doctor Visits	X-rays	Labs	Transport	Other		
Gender								
Male	24	11	16	30	8	10		
Female	40	23	10	8	7	12		
Urban/Rural								
Urban	36	19	15	15	5	12		
Rural	39	24	7	9	9	12		
Insured								
Yes	28	17	18	16	9	13		
No	40	22	9	11	6	11		
Region	-		-		-			
Major Cities	29	17	22	16	4	13		
Urban Lower		22	11	14	5	5		
Egypt	42					-		
Urban Upper	40	18	7	13	6	16		
Egypt	40					-		
Rural Lower	20	23	9	12	8	10		
Egypt	38					-		
Rural Upper	40	24	5	5	10	15		
Egypt	42							
Age								
<5	19	9	6	3	22	41		
5-15	21	9	18	35	10	7		
16-29	41	26	7	9	6	11		
30-39	42	21	9	9	6	14		
40-49	38	20	15	13	5	9		
50-59	21	9	30	31	7	2		
>60	19	10	33	25	8	5		
Education	-	-			-			
<6 and/or	00	20	11	9	10	12		
Illiterate	38	-						
Less than HS	34	19	12	15	7	14		
High School	43	21	9	9	6	12		
University			14	17	4	9		
Degree	32	25						
Wealth Index								
Lowest	49	23	8	6	10	3		
Lower Middle	43	23	7	8	9	9		
Middle	39	22	10	9	8	12		
Upper Middle	34	20	10	13	6	17		
Highest	32	20	16	17	5	11		
Income Quinti		-			-			
Lowest	41	24	9	5	9	12		
Second	42	23	7	6	8	13		
Third	45	26	8	8	8	5		
Fourth	39	24	8	9	7	13		
Highest	33	18	14	17	5	12		
Total	38	21	11	12	7	12		

^{*}These numbers are not imputed and are based on reported spending. Calculations include missing data.

4.3.2 INPATIENT SERVICES

Table 4.12 reports the percentage of total spending by the different components of the inpatient visit. On average, other services make up over 60 percent of the cost of the visit. These other services include spending on traditional medicines, fees for admission and accommodation, and other spending. Medicines and doctor visits are the next two largest components of care in terms of spending, averaging at 16 percent and 10 percent, respectively.

TABLE 4.12:PERCENT SPENDING (ADJUSTED) ON DIFFERENT COMPONENTS OF CARE: INPATIENT SERVICES

Background	Percent of Spending on Inpatient Care Component								
Characteristic	Medicines	Doctor Visits	X-rays	Labs	Surgery	Transport	Other		
Gender									
Male	16	9	6	3	1	3	62		
Female	16	11	3	3	1	2	64		
Urban/Rural									
Urban	13	8	3	2	1	2	72		
Rural	20	13	6	3	1	4	53		
Insured									
Yes	16	9	4	3	1	3	64		
No	16	11	5	2	1	2	63		
Region									
Major Cities	6	7	2	1	1	1	82		
Urban Lower Egypt	24	14	4	4	1	3	51		
Urban Upper Egypt	17	3	3	2	1	2	71		
Rural Lower Egypt	21	16	7	4	1	4	49		
Rural Upper Egypt	19	10	6	3	1	4	58		
Age									
<5	28	6	3	3	1	4	55		
5-15	24	14	5	4	2	6	44		
16-29	14	12	2	2	1	3	66		
30-39	15	12	3	2	1	2	66		
40-49	21	8	6	4	1	3	59		
50-59	13	8	6	4	1	2	67		
>60	16	9	5	2	1	2	65		
Education					•				
<6 and/or Illiterate	20	10	7	3	1	3	56		
Less than HS	19	9	4	3	0	3	61		
High School	13	14	2	1	1	2	65		
University Degree	8	8	2	2	1	1	79		
Wealth Index									
Lowest	23	9	7	3	1	4	53		
Lower Middle	22	11	7	3	1	3	53		
Middle	18	16	3	3	2	4	55		
Upper Middle	19	10	6	3	0	3	60		
Highest	8	8	2	2	1	1	79		
Income Quintiles									
Lowest	24	8	2	2	1	5	57		
Second	22	13	8	3	1	4	50		
Third	22	14	4	3	1	4	53		
Fourth	16	10	4	3	1	3	63		
Highest	12	9	4	2	1	2	71		
Total	16	10	4	3	1	3	64		

^{*}These numbers are not imputed and are based on reported spending. Calculations include missing data.

5. PATTERNS OF CURATIVE HEALTH SERVICES UTILIZATION IN EGYPT

The tables in this chapter summarize the results from the Egyptian HHEUS 2009/2010 related to patterns of curative health service utilization in Egypt. This includes an analysis of the annual per capita utilization rate for outpatient and inpatient visits, where it is found that an average of 9.51 outpatient visits are made per person per year, and an average of 0.07 inpatient visits are made per person per year.

This chapter also includes analyses of why individuals do not seek health care. For both acute and chronic illnesses, the most frequently cited reason is that the individual used medical treatment without consulting a medical professional. In the case of acute illnesses, this is likely because individuals may have relied upon advice received previously or may have visited a pharmacy for treatment; in the case of chronic illnesses, this is likely because the survey only captures visits made in the prior four weeks while chronic illness care is longer-term and the survey simply did not capture the chronic care visits. As detailed below, reasons for not seeking care are also presented by background characteristics. Lastly, this chapter presents a gap analysis showing the percentage of individuals who reported being ill but did not receive care, the results of which are provided below.

5.1 ANNUAL PER CAPITA UTILIZATION RATE FOR OUTPATIENT AND INPATIENT VISITS

Table 5.1 reports the per capita utilization rate for outpatient visits. The results show that the highest per capita utilization rate is for acute illnesses, with an estimated average of 6.16 visits per person per year. The annual per capita acute visit rate is highest for females (6.32 visits per year), those in rural areas (6.38 visits per year), those without insurance (6.70 visits per year), those living in rural Lower Egypt (6.60 visits per year), those under 5 years old (9.86 visits per year), those under 6 years old and/or illiterate (7.42 visits per year), those in the middle wealth index (6.45 visits per year), and those in the second to highest income quintile (6.92 visits per year). The highest total outpatient visit rate (including acute, chronic, dental and preventive) is for those greater than 60 years old (18.24 total outpatient visits per year) mostly due to chronic care visits. It is interesting that acute visit rates are in general highest for females, rural, and those without insurance as this is contrary to usual trends.

TABLE 5.1: ANNUAL PER CAPITA UTILIZATION RATE: OUTPATIENT VISITS

Background	Per Capita Utilization Rate by Type of Outpatient Visit						
Characteristic	Acute	Chronic	Dental	Preventive	Total Outpatient		
Gender							
Male	6.00	2.11	0.29	0.33	8.72		
Female	6.32	3.07	0.34	0.57	10.31		
Urban/Rural							
Urban	5.83	3.42	0.36	0.38	9.99		
Rural	6.38	2.02	0.28	0.50	9.19		
Insured							
Yes	5.59	3.24	0.36	0.28	9.47		
No	6.70	1.96	0.27	0.62	9.55		
Region				<u>'</u>			
Major Cities	5.80	4.39	0.40	0.31	10.90		
Urban Lower Egypt	6.23	3.14	0.38	0.48	10.23		
Urban Upper Egypt	5.32	2.31	0.28	0.35	8.27		
Rural Lower Egypt	6.60	2.44	0.34	0.54	9.92		
Rural Upper Egypt	6.09	1.44	0.21	0.44	8.17		
Age					'		
<5	9.86	0.71	0.04	1.47	12.07		
5-15	6.00	0.58	0.23	0.56	7.37		
16-29	4.71	0.81	0.26	0.33	6.11		
30-39	5.30	2.05	0.49	0.36	8.20		
40-49	6.09	4.35	0.53	0.14	11.11		
50-59	6.64	7.81	0.53	0.06	15.04		
>60	7.21	10.55	0.41	0.07	18.24		
Education				<u>'</u>			
<6 and/or Illiterate	7.42	2.82	0.25	0.66	11.15		
Less than HS	5.45	2.19	0.28	0.33	8.25		
High School	5.06	2.18	0.40	0.28	7.91		
University Degree	4.80	3.55	0.54	0.23	9.13		
Wealth Index				<u>'</u>			
Lowest	6.23	2.06	0.22	0.41	8.92		
Lower Middle	6.10	2.06	0.27	0.47	8.90		
Middle	6.45	2.60	0.29	0.50	9.83		
Upper Middle	6.33	2.85	0.36	0.47	10.02		
Highest	5.60	3.52	0.46	0.42	10.00		
Income Quintiles					•		
Lowest	4.79	1.21	0.17	0.43	6.61		
Second	6.01	1.72	0.24	0.52	8.50		
Third	6.39	2.04	0.29	0.50	9.22		
Fourth	6.92	2.84	0.37	0.46	10.60		
Highest	6.68	5.12	0.50	0.34	12.64		
Total	6.16	2.59	0.32	0.45	9.51		

Table 5.2 reports the annual per capita utilization rate for inpatient visits. For all types of individuals, the number of annual inpatient visits is lower than outpatient visits. There is not a considerable amount of variation in inpatient admissions per capita across different background characteristics. The average number of annual inpatient visits is 0.07 visits per capita, or, 7 out of every 100 individuals had an inpatient admission. Females have a slightly larger annual admission rate per capita mostly likely because of labor and delivery and cesarean sections, which comprise an estimated 22 percent of all inpatient visits in the population. The highest admission rate per capita is for those greater than 60 years old, reporting 0.12 annual admissions per capita.

TABLE 5.2:ANNUAL ADMISSIONS PER CAPITA: INPATIENT VISITS

Background Characteristic	Inpatient Visit Utilization Rate			
Gender				
Male	0.06			
Female	0.08			
Urban/Rural				
Urban	0.08			
Rural	0.06			
Insured				
Yes	0.06			
No	0.08			
Region				
Major Cities	0.08			
Urban Lower Egypt	0.08			
Urban Upper Egypt	0.08			
Rural Lower Egypt	0.06			
Rural Upper Egypt	0.06			
Age				
<5	0.05			
5-15	0.04			
16-29	0.07			
30-39	0.08			
40-49	0.07			
50-59	0.10			
>60	0.12			
Education				
<6 and/or Illiterate	0.07			
Less than HS	0.06			
High School	0.08			
University Degree	0.08			
Wealth Index	'			
Lowest	0.06			
Lower Middle	0.07			
Middle	0.07			
Upper Middle	0.08			
Highest	0.07			
Income Quintiles				
Lowest	0.05			
Second	0.06			
Third	0.06			
Fourth	0.08			
Highest	0.09			
Total	0.07			

5.2 REASONS FOR NOT USING CARE

5.2.1 OUTPATIENT SERVICES

Tables 5.3 through 5.7 below report the main reasons that individuals did not seek care across the four outpatient service areas: acute care, chronic care, dental care, and preventive services. Recall that each individual could report on up to three illnesses or episodes within each disease type. Thus, the percentages presented in the tables below are per illness reported, not per person.

Table 5.3 presents the reasons that individuals report for not seeking care for acute illnesses and the frequency of the reasons for not seeking care by background characteristics. For acute illnesses, the most frequent reason that individuals report for not seeking care is because they use medical treatment without consulting a medical professional (this occurs for an estimated 55.9 percent of all acute illnesses in the population). Although the survey did not capture how the individual had access to or knowledge of the treatment in these cases, it could be that individuals may have relied upon advice received previously, or may have visited a pharmacy for treatment. The next most frequent reason for not seeking care is because traditional treatment was used without consulting a medical professional (16.3 percent of acute illnesses), followed by reporting that the problem was simple (11.6 percent). There is little difference among the different background characteristics listed in Table 5.3 regarding the reasons for not seeking care.

TABLE 5.3:REASONS FOR NOT SEEKING CARE: ACUTE ILLNESS

				Perc	ent of A	cute Illne	esses			
Background Characteristic	Problem is Simple	Too Costly	Too Far	Low Quality	Physical Constraint	Long Wait at Previous Visit	Family Responsibilities	Traditional Tx without Consult	Medical Tx without Consult	Other
Gender										
Male	12.4	7.5	0.3	0.2	0.3	0.0	1.4	15.0	57.7	5.3
Female	10.8	7.9	0.2	0.1	0.6	0.0	1.9	17.4	54.5	6.6
Urban/Rural			V			0.0			0 1.0	
Urban	9.9	5.1	0.0	0.2	0.4	0.0	1.9	18.0	60.2	4.4
Rural	13.1	10.2	0.5	0.2	0.4	0.0	1.4	14.7	52.0	7.5
Insured	10.1	10.2	0.5	0.1	0.4	0.1	1	17.7	32.0	7.5
Yes	11.2	4.7	0.2	0.1	0.3	0.0	0.6	14.6	62.4	5.9
No	11.2	10.5	0.2	0.1	0.6	0.0	2.7	17.8	50.0	6.1
	11.8	10.5	0.3	0.1	0.0	0.0	۷.۱	17.0	50.0	0.1
Region										
Major Cities	8.7	3.0	0.0	0.1	0.4	0.0	1.6	26.1	57.7	2.4
Urban Lower Egypt	11.9	4.0	0.0	0.2	0.3	0.0	1.4	12.6	63.0	6.6
Urban Upper Egypt	8.6	9.2	0.0	0.1	0.7	0.0	3.1	15.2	59.3	3.9
Rural Lower Egypt	14.0	8.3	0.1	0.0	0.3	0.0	1.2	14.4	54.3	7.3
Rural Upper Egypt	10.3	16.7	1.9	0.4	0.8	0.3	2.2	15.5	44.1	7.9
Age	_									
<5	8.1	3.6	0.0	0.0	0.4	0.0	0.4	9.7	70.3	7.7
5-15	10.8	6.2	0.3	0.1	0.1	0.1	0.4	13.6	62.7	5.7
16-29	14.7	6.5	0.4	0.1	0.1	0.0	1.4	18.6	53.7	4.6
30-39 40-49	10.8	9.0	0.1	0.2	0.5	0.0	3.3	19.5	52.0	4.5
50-59	10.3 12.8	9.3 13.0	0.3 0.2	0.1 0.2	0.0	0.1 0.0	3.3 2.5	18.4 15.2	51.5 48.5	6.7 7.1
>60	9.6	9.0	0.1	0.3	2.5	0.0	1.5	16.4	51.9	8.6
Education		I	I	T	I	I	I			
<6 and/or Illiterate	9.9	11.3	0.3	0.0	0.9	0.0	1.9	15.1	53.7	6.8
Less than HS High School	12.5	6.9	0.4	0.3	0.2	0.1	0.8	17.4	55.5	6.0
University Degree	13.0 13.0	4.8 1.6	0.1	0.1	0.1	0.0	2.6 1.5	18.3 14.2	56.4 64.5	4.7 5.0
Wealth Index	1		<u> </u>		<u> </u>	<u> </u>	<u> </u>	1		
Lowest	13.9	15.5	1.0	0.3	0.9	0.1	1.6	14.4	45.0	7.3
Lower Middle	11.0	12.4	0.2	0.4	0.4	0.0	2.0	15.0	52.4	6.1
Middle	12.5	7.0	0.2	0.0	0.2	0.1	1.9	18.0	54.0	6.1
Upper Middle	10.7	4.8	0.0	0.0	0.5	0.0	1.6	17.6	58.6	6.2
Highest	10.3	0.7	0.0	0.1	0.3	0.0	1.2	15.8	67.0	4.7
Income Quintile								_		
Lowest	11.6	14.2	0.7	0.2	0.6	0.0	1.4	12.6	53.5	5.1
Second	11.1	10.0	0.3	0.2	0.6	0.1	1.1	16.5	54.1	6.1
Third	12.2	7.2	0.2	0.0	0.3	0.1	2.2	17.1	54.3	6.2
Fourth	12.6	3.9	0.1	0.3	0.6	0.0	2.3	17.4	56.7	6.1
Highest	10.5	3.6	0.0	0.0	0.1	0.0	1.3	17.8	60.3	6.5
Total	11.6	7.7	0.3	0.1	0.4	0.0	1.7	16.3	55.9	6.0

Table 5.4 reports the frequency of the different reasons for why individuals do not seek care for chronic illnesses. As with acute illnesses, the most frequent reason that individuals do not seek care for chronic illness is because they use medical treatment without consulting a medical professional (this occurs for an estimated 46.4 percent of all chronic illnesses in the population). However, the details of this answer are probably different than with acute illnesses. Again, although the survey did not capture the reasoning behind this, it is important to recall that the survey only captures visits made within the prior four weeks; in the case of chronic illnesses, it is not surprising that individuals would not have made a visit in the prior four weeks, nor is it surprising that they cited their reason for not seeking care as using treatment without consulting a professional. These individuals likely already have knowledge of their treatment/care routine.

The second most frequent reason for not seeking care is "other reasons" (31.8 percent of chronic illnesses), which is followed by too costly (11.2 percent). This indicates a serious unmet need in the case of treatment of chronic illnesses in Egypt. Not surprisingly, higher percentages of rural, younger, undereducated, and less wealthy, and lower-income people report this as their reason for not seeking care.

In general, the results by background characteristics follow similar frequency patterns as the overall/total patterns.

TABLE 5.4: REASONS FOR NOT SEEKING CARE: CHRONIC ILLNESS

	Percent of Chronic Illnesses									
					5. 6.					
Background Characteristic	Problem is Simple	Too Costly	Too Far	Low Quality	Physical Constraint	Long Wait at Previous Visit	Family Responsibilities	Traditional Tx without Consult	Medical Tx without Consult	Other
Gender										
Male	3.9	11.5	0.4	0.1	0.6	0.1	2.5	2.5	45.8	32.6
Female	3.9	11.0	0.2	0.2	1.3	0.1	2.8	2.5	46.8	31.2
Urban/Rural										
Urban	4.1	8.2	0.3	0.2	1.3	0.1	2.8	2.3	55.2	25.7
Rural	3.7	15.0	0.3	0.1	0.6	0.1	2.5	2.7	35.3	39.5
Insured										
Yes	4.6	7.6	0.3	0.2	0.7	0.2	1.2	2.3	52.0	30.7
No	3.5	13.2	0.3	0.1	1.2	0.0	3.5	2.6	43.2	32.4
Region										
Major Cities	5.3	7.1	0.3	0.2	1.9	0.1	2.6	2.9	70.0	9.6
Urban Lower Egypt	3.6	9.1	0.2	0.2	0.8	0.2	2.1	1.8	40.1	41.9
Urban Upper Egypt	1.1	9.5	0.4	0.0	0.4	0.0	5.1	1.1	41.2	41.2
Rural Lower Egypt	4.0	15.8	0.3	0.2	0.6	0.1	2.9	2.4	38.4	35.3
Rural Upper Egypt	1.7	10.5	0.4	0.0	0.9	0.0	0.4	4.8	18.3	62.9
Age										
<5	3.4	19.0	0.0	0.0	0.0	0.0	3.4	0.0	25.9	48.3
5-15	10. 5	23.3	0.5	0.0	1.4	0.0	1.8	1.8	28.3	32.4
16-29	9.4	23.3	0.3	0.3	0.3	0.0	4.5	2.6	31.1	28.2
30-39	6.1	17.1	0.0	0.0	0.6	0.0	6.1	5.8	33.3	31.0
40-49	3.6	13.0	0.3	0.2	0.2	0.0	3.4	3.4	45.2	33.4
50-59	2.0	8.6	0.1	0.0	0.5	0.3	2.1	2.9	52.0	31.5
>60	1.9	5.4	0.5	0.3	2.0	0.1	1.2	0.8	56.4	31.4
Education										
<6 and/or Illiterate	2.7	14.0	0.3	0.2	1.9	0.1	2.6	1.7	41.6	35.0
Less than HS	4.5	12.8	0.2	0.0	0.5	0.0	2.2	3.1	46.8	29.9
High School	5.7	7.1	0.6	0.2	0.2	0.0	4.6	3.4	48.8	29.4
University Degree	4.5	3.2	0.2	0.2	0.0	0.5	1.8	2.7	59.3	27.5
Wealth Index										
Lowest	3.2	18.1	0.4	0.0	1.4	0.0	1.2	3.2	29.4	43.1
Lower Middle	3.7	18.8	0.3	0.2	0.8	0.0	3.1	3.1	36.0	34.2
Middle	5.3	11.8	0.2	0.2	1.8	0.2	3.4	2.4	45.0	29.8
Upper Middle	3.5	7.9	0.6	0.4	0.6	0.1	3.9	2.0	55.0	25.9
Highest	3.8	3.9	0.1	0.0	0.7	0.1	1.8	2.0	57.9	29.6
Income Quintil										
Lowest	2.5	21.3	0.4	0.1	1.5	0.0	2.2	1.8	36.0	34.1
Second	5.3	14.0	0.5	0.0	1.1	0.0	2.7	3.5	39.1	33.8
Third	3.8	10.4	0.1	0.3	0.8	0.0	3.8	3.2	48.7	28.8
Fourth	4.2	5.9	0.3	0.3	1.1	0.2	3.2	2.6	46.3	36.0
Highest Total	3.7 3.9	4.1 11.2	0.2 0.3	0.0 0.1	0.5 1.0	0.3 0.1	1.4 2.7	0.2 2.5	62.2 46.4	26.4 31.8

Table 5.5 displays the reasons that individuals report for not seeking care for dental illnesses. The most frequent reason that individuals do not seek care is because the dental problem/illness is too simple (this occurs for an estimated 29.9 percent of dental illnesses). The second most frequent reason for not seeking care is because they use medical treatment without a consultation (24.2 percent of dental illnesses) followed by too costly (15.3 percent). The results by background characteristics follow a similar frequency pattern.

TABLE 5.5: REASONS FOR NOT SEEKING CARE: DENTAL ILLNESS

				D						
				Perce	ent of De	ntal IIIne	esses	T	<u> </u>	
Background Characteristic	Problem is Simple	Too Costly	Too Far	Low Quality	Physical Constraint	Long Wait at Previous Visit	Family Responsibilities	Traditional Tx without Consults	Medical Tx without Consults	Other
Gender										
Male	31.7	13.7	0.0	0.0	0.2	0.3	6.4	7.2	25.0	15.3
Female	28.4	16.6	0.6	0.4	1.4	0.0	6.1	7.0	23.5	16.1
Urban/Rural										
Urban	25.9	16.0	0.1	0.4	1.1	0.2	10.3	6.2	29.2	10.5
Rural	32.8	14.8	0.4	0.1	0.7	0.1	3.2	7.7	20.6	19.6
Insured										
Yes	33.0	12.8	0.4	0.0	0.2	0.1	4.9	5.4	20.2	23.0
No	27.0	17.7	0.2	0.4	1.5	0.2	7.4	8.7	27.9	8.9
Region										
Major Cities	25.8	13.5	0.0	0.6	0.6	1.3	12.9	5.8	31.6	7.7
Urban Lower Egypt	24.9	16.5	0.0	0.3	1.8	0.0	6.9	7.2	26.3	16.2
Urban Upper Egypt	27.2	16.6	0.3	0.3	0.6	0.0	12.8	5.4	31.0	5.8
Rural Lower Egypt	34.1	16.9	0.2	0.1	0.9	0.0	3.7	7.6	19.0	17.5
Rural Upper Egypt	27.3	6.0	1.4	0.0	0.0	0.5	1.4	8.3	26.9	28.2
Age										
<5	46.4	14.3	0.0	0.0	0.0	0.0	3.6	3.6	17.9	14.3
5-15	32.6	13.1	0.6	0.0	0.0	0.0	2.3	5.1	15.4	30.9
16-29	37.5	15.0	0.5	0.0	0.5	0.2	4.3	8.1	25.4	8.6
30-39	24.7	19.9	0.0	0.4	0.7	0.7	11.2	6.4	30.7	5.2
40-49	23.2	13.5	0.0	0.0	0.8	0.0	10.5	8.9	32.5	10.5
50-59	24.4	17.6	0.0	0.9	0.5	0.0	9.0	8.1	27.6	11.8
>60	22.5	15.5	0.5	0.5	5.3	0.0	6.4	9.1	24.1	16.0
Education										
<6 and/or Illiterate	27.3	17.6	0.5	0.1	1.2	0.0	4.5	7.2	21.3	20.1
Less than HS	33.5	14.2	0.0	0.3	0.7	0.0	5.6	6.3	24.1	15.3
High School	32.1	14.8	0.3	0.3	0.9	0.3	7.5	8.2	26.7	8.8
University Degree	25.6	9.1	0.6	0.0	0.0	1.1	13.6	7.4	33.0	9.7
Wealth Index										
Lowest	28.1	20.8	0.	0.3	2.0	0.0	2.8	8.1	18.8	18.5
Lower Middle	26.2	18.7	0.7	0.2	0.5	0.2	5.1	8.4	23.1	16.8
Middle	34.5	11.3	0.0	0.0	0.9	0.0	7.7	6.8	23.9	14.8
Upper Middle	29.0	18.5	0.0	0.0	0.3	0.0	8.2	5.9	23.4	14.7
Highest	32.1	5.4	0.3	0.6	1.0	0.	7.0	6.0	33.0	14.0
Income Quintil		00.0	0.0	0.0	4.5	0.0	4 -	0.0	00.0	47 -
Lowest	24.7	20.9	0.2	0.2	1.3	0.0	4.5	6.8	23.9	17.5
Second	32.6	14.7	0.7	0.0	0.7	0.0	4.4	8.4	24.4	14.2
Third	33.3	13.2	0.0	0.0	0.5	0.3	8.0	5.7	23.0	16.0
Fourth	28.0	14.7	0.3	0.3	0.8	0.0	8.6	8.3	22.7	16.3
Highest Total	32.3 29.9	10.4 15.3	0.4 0.3	0.7 0.2	1.1 0.9	0.7 0.2	6.3 6.2	5.9 7.1	27.9 24.2	14.1 15.8

The information presented below in Tables 5.6 and 5.7 regarding preventive and inpatients visits presents slightly different information than that presented above for acute, chronic, and dental illnesses. In regards to preventive services and inpatient admissions, respondents were surveyed as to the reasons that they did not visit a service provider closer to their home than the one they did visit, if there was a provider closer to home. Individuals who did not seek any preventive services were not questioned as to why that was the case, likewise for those who did not report any inpatient visits. One should be careful not to extrapolate from this information why individuals do not seek preventive care at all or do not have any inpatient visits; this is a different question than the one asked (i.e., why did you not visit a provider that was closer to your home, if there was one).

Table 5.6 presents the reasons that individuals report for not seeking preventive care at a provider closer to home (if there was one), and the frequency of these reasons by background characteristics. "Other" is the most frequently reported reason (given for 54.6 percent of preventive visits where there was a closer provider not visited) followed by preference for a certain gender of provider (18.8 percent) and low quality (18.2 percent). Examining the results for low quality of care, it is worth noting that females, those in rural areas, and the uninsured are more likely to perceive low quality. There is also a clear trend for preference for a different gender of the provider among females, those living in rural Upper Egypt, the illiterate and the lower wealth groups.

TABLE 5.6: REASONS FOR NOT SEEKING PREVENTIVE CARE AT ANOTHER PROVIDER NEARER TO HOME (IF THERE WAS ONE)

	P	ercent of P	reventive V	isits (where ther	e was a c	loser provide	r)
Background Characteristic	Too Costly	Low Quality	Long waiting	Inappropriate consult days	Dirty Place	Different Gender of Provider	Other
Gender							
Male	2.4	9.6	1.3	1.1	1.8	16.1	67.6
Female	3.2	23.3	3.2	1.6	1.5	20.4	46.9
Urban/Rural							
Urban	4.2	13.9	4.7	3.0	2.1	12.3	59.7
Rural	2.2	20.6	1.3	0.5	1.4	22.4	51.7
Insured							
Yes	2.0	9.9	1.5	1.5	1.6	16.3	67.1
No	4.6	34.4	4.3	1.1	1.7	23.8	30.1
Region		•					
Major Cities	9.6	19.6	4.7	9.5	2.7	24.8	29.0
Urban	2.6	9.4	3.5	0.4	0.2	1.7	82.1
Lower Egypt	2.0	9.4	3.5	0.4	0.2	1.7	0Z. I
Urban Upper Egypt	2.8	20.8	8.4	3.3	7.3	30.1	27.3
Rural Lower Egypt	2.6	20.4	1.2	0.6	0.8	3.0	71.4
Rural Upper Egypt	1.7	20.8	1.4	0.4	2.1	49.0	24.7
Age							
< 5	2.7	8.8	2.5	0.6	3.5	21.7	60.2
5-15	1.2	7.9	0.7	1.5	0.7	14.3	73.7
16-29	3.6	32.7	4.1	1.7	1.3	24.0	32.7
30-39	5.7	38.2	5.5	0.8	2.7	17.0	30.3
40-49	7.0	30.1	2.3	3.8	1.1	23.9	31.8
50-59	8.4	21.1	5.3	2.2	0.0	27.8	35.2
>60	7.5	25.1	5.0	0.0	5.0	20.5	36.8
Education				0.0			
<6 and/or Illiterate	2.7	14.3	1.8	1.0	1.9	22.0	56.4
Less than HS	2.2	14.0	1.0	1.6	0.7	18.2	62.4
High School	4.6	35.5	6.2	1.1	1.7	14.4	36.5
University Degree	4.7	32.2	7.5	4.4	3.9	6.9	40.4
Wealth Index						,	
Lowest	2.2	20.3	1.1	0.6	1.7	33.2	40.9
Lower Middle	2.0	21.2	1.3	1.4	1.4	20.8	51.8
Middle	2.9	17.9	1.9	1.1	1.5	21.0	53.6
Upper Middle	4.1	15.2	1.8	1.9	1.7	14.8	60.5
Highest	3.1	17.0	6.3	1.9	1.8	5.2	64.7
Income Quint		17.0	. 0.0	1.0	1.0	0.2	O T. 1
Lowest	2.5	14.3	1.1	0.5	1.0	32.2	48.3
Second	2.3	15.2	2.2	1.8	3.3	25.9	49.3
Third	2.7	21.0	1.9	0.2	1.5	15.4	57.3
Fourth	3.4	18.4	3.1	0.9	0.4	11.5	62.4
Highest	3.7	22.4	4.1	3.2	1.8	8.8	56.1
Total	2.9	18.2	2.5	1.4	1.6	18.8	54.6

5.2.2 INPATIENT SERVICES

Table 5.7 presents the reasons that individuals report for not going to a hospital closer to home (if there was one), and the frequency of these reasons by background characteristics. For inpatient services, the most frequent reason that individuals did not seek care closer to home was low quality (38.3 percent) followed another reason not provided (27.4 percent) and gender preference for the provider (18.7 percent). The results by background characteristics follow a similar frequency pattern.

TABLE 5.7: REASONS FOR NOT SEEKING INPATIENT CARE AT ANOTHER PROVIDER NEARER TO HOME (IF THERE WAS ONE)

D1	Pe	rcent of In	patient Vi	sits (where ther	e was a c		r)
Background Characteristic	Too Costly	Low Quality	Long waiting	Inappropriate consult days	Dirty Place	Different Gender of Provider	Other
Gender							
Male	9.1	37.5	2.9	0.8	1.9	18.0	29.8
Female	7.7	38.8	5.3	0.7	2.6	19.2	25.7
Urban/Rural							
Urban	13.5	32.5	7.4	1.7	2.8	13.5	28.8
Rural	4.7	42.2	2.1	0.1	2.0	22.2	26.5
Insured			<u>'</u>				
Yes	10.8	34.5	4.0	0.9	1.6	15.5	32.7
No	6.7	40.7	4.4	0.7	2.8	20.7	24.1
Region	-	-		-		-	
Major Cities	20.8	28.5	6.3	4.0	2.4	22.2	15.8
Urban Lower							
Egypt	12.2	34.7	6.2	1.0	3.7	8.0	34.1
Urban Upper Egypt	7.3	33.8	10.1	0.0	1.8	11.4	35.6
Rural Lower	8.0	49.6	2.4	0.0	2.7	10.4	27.0
Egypt Rural Upper	1.4	34.5	1.8	0.3	1.4	34.5	26.1
Egypt		01.0	1.0	0.0		01.0	
Age							
<5	6.9	41.8	3.2	1.0	1.2	18.4	27.5
5-15	10.1	38.7	3.3	0.7	2.5	21.4	23.3
16-29	6.4	40.0	3.8	0.3	3.4	19.2	26.9
30-39	7.2	39.3	4.4	0.5	2.0	15.3	31.4
40-49	7.9	35.5	3.9	2.5	2.0	21.9	26.3
50-59	10.5	30.7	5.6	0.7	1.7	21.6	29.2
>60	11.4	39.7	5.6	0.7	1.7	13.8	27.0
Education							
<6 and/or Illiterate	7.7	38.9	3.9	0.8	1.4	20.9	26.4
Less than HS	10.6	34.1	4.5	0.7	2.0	18.7	29.4
High School	6.6	40.8	4.3	0.4	2.9	20.1	24.9
University Degree	8.2	40.7	4.9	1.5	5.5	7.5	31.7
Wealth Index	I.	l	1	ı			
Lowest	4.9	41.4	1.5	0.0	0.5	26.8	24.8
Lowest Middle	6.3	40.7	4.0	0.8	1.5	23.3	23.3
Middle	8.4	34.2	3.1	0.7	2.5	20.0	31.2
Upper Middle	10.9	36.6	4.5	0.4	3.9	12.5	31.2
Highest	10.9	39.9	8.9	2.0	3.0	10.0	25.2
Income Quinti							
Lowest	6.6.	35.1	2.5	0.4	1.6	36.0	17.7
Second	7.5	38.4	1.0	0.4	2.5	22.4	27.7
Third	8.4	37.1	6.3	0.4	3.3	12.8	31.7
Fourth	9.1	39.2	5.8	2.0	1.0	12.9	30.1
Highest	9.8	41.6	5.3	0.4	3.2	10.6	29.1
Total	8.3	38.3	4.2	0.8	2.3	18.7	27.4

5.3 GAP ANALYSIS: ACUTE, CHRONIC, DENTAL, PREVENTIVE, AND INPATIENT VISITS

Table 5.8 show the results of a gap analysis that examines the percentage of individuals who report that they did not visit a medical professional for treatment when they were ill. The gap analysis is calculated for acute, chronic, and dental illnesses as well as preventive visits and inpatients visits. The results show that the gap in care is largest for chronic illnesses where 27.2 percent of individuals did not seek care for the illnesses they reported having in the last four weeks. The second largest gap in care is for acute illnesses, followed by dental illnesses, inpatient visits, and finally preventive visits. Across all types of illnesses and visits, the largest gap in care is for those age 5-15 years old reporting a chronic illness in the last four weeks, with 32.1 percent not receiving care; again, this gap could be due to the limited reporting period of the survey juxtaposed with the longer-term aspect of chronic illness care.

TABLE 5.8: PERCENTAGE OF INDIVIDUALS WHO DO NOT RECEIVE CARE WHO REPORT BEING ILL

	-	KEPOKI BEIN	NG ILL	r	
Background Characteristic	Acute %	Chronic %	Dental %	Preventive %	Inpatient %
Gender	·	·		·	
Male	22.2	27.2	13.8	1.8	15.0
Female	23.7	27.1	14.3	3.1	12.4
Urban/Rural		·			
Urban	26.6	27.4	12.8	3.8	19.2
Rural	20.4	26.9	15.1	2.0	8.5
Insured		<u>'</u>	•		
Yes	20.5	25.6	15.3	1.5	16.6
No	25.8	28.1	13.1	5.3	11.3
Region					
Major Cities	23.9	26.9	6.2	6.3	22.8
Urban Lower Egypt	27.4	30.3	14.7	3.2	20.4
Urban Upper Egypt	29.7	23.6	21.0	1.7	11.8
Rural Lower Egypt	24.9	30.9	17.3	2.4	12.0
Rural Upper Egypt	12.6	15.6	10.0	1.4	3.0
Age	1 1 1 1	1010			
<5	13.3	20.3	25.1	1.1	10.5
5-15	21.5	32.1	18.9	1.1	15.5
16-29	26.6	30.1	14.4	4.7	11.1
30-39	25.7	28.8	11.0	5.8	123
40-49	25.2	27.0	11.1	6.5	12.7
50-59	25.1	25.8	12.5	11.4	18.2
>60	24.9	26.7	13.9	11.6	16.4
Education				1110	
<6 and/or Illiterate	19.8	26.9	16.2	1.8	12.4
Less than HS	24.5	28.0	16.1	2.7	17.1
High School	26.1	27.3	11.0	5.6	11.1
University Degree	29.9	26.3	9.1	6.7	14.0
Wealth Index				1 2	
Lowest	20.1	25.7	16.8	1.8	8.8
Lower Middle	22.3	30.2	16.4	1.6	10.2
Middle	21.2	25.4	15.4	2.9	14.7
Upper Middle	23.0	26.2	13.2	3.8	17.3
Highest	28.7	28.3	9.9	3.2	16.0
Income Quintiles	20.7		0.0	J. <u>L</u>	10.0
Lowest	24.7	29.9	17.7	2.2	10.6
Second	21.0	28.8	16.2	2.2	12.1
Third	21.0	30.0	14.1	2.3	14.1
Fourth	23.6	25.6	13.1	3.0	15.3
Highest	24.4	22.8	9.6	3.6	15.5
Total	22.9	27.2	14.1	2.7	13.5

6. HEALTH INSURANCE COVERAGE IN EGYPT

The following chapter summarize the results from the Egyptian HHEUS 2009/2010 related to patterns of health insurance coverage in Egypt and the use of this coverage. About half of the population has some type of health insurance, with coverage rates varying greatly by background characteristic. Some of this variance can be explained by Egypt's various health insurance laws, which are intended to ensure that vulnerable populations are covered through HIO. HIO is the plan used by most Egyptians with health insurance. The results presented below indicate that HIO is covering services for some of the most vulnerable populations (especially for youth), but the results also indicate that there is vast room for improvement in health insurance coverage rates among many cohorts of people.

6.1 INSURANCE COVERAGE

Table 6.1 reports health insurance coverage by various background characteristics. The results show that an estimated 51.0 percent of the population has some type of health insurance. The groups with the highest coverage rates are those aged 5-15 years old (93.5 percent), those in the highest wealth index (66.8 percent), those with less than a high school degree (63.7 percent), males (57.7 percent), those living the urban Lower Egypt (56.4 percent), and those in urban areas (54.4 percent).

Some of these trends in health insurance coverage can be explained. For example, the increased coverage for males over females may be due to higher level of employment for males versus females. The higher coverage for the under 5 and 5-15 years old age groups is likely due to the social health insurance system (HIO) newborn and school health programs. The high insurance coverage for the highest wealth index as well as the urban areas is most likely due to higher levels of employment and greater ability to pay for private insurance. The higher insurance coverage for those with less than a high school degree is not fully understood, especially considering the high coverage rate among those in the highest wealth index. It could be that this group also consists of workers, who are covered by HIO according to health insurance Laws 32 and 79, or that this group consists of youth under age 15 who also have high coverage rates.

TABLE 6.1: HEALTH INSURANCE COVERAGE

	San	nple	Population		
Background Characteristic	N with Insurance	Total N in Group	Estimated Percent of Sub- Population with Insurance		
Gender					
Male	16,338	28,316	57.7		
Female	12,379	27,989	44.2		
Urban/Rural	•				
Urban	12,390	22,790	54.4		
Rural	16,327	33,515	48.7		
Region	•				
Major Cities	4,883	8,962	54.5		
Urban Lower Egypt	4,499	7,979	56.4		
Urban Upper Egypt	3,008	5,849	51.4		
Rural Lower Egypt	9,913	19,433	51.0		
Rural Upper Egypt	6,414	14,082	45.6		
Age					
<5	5,729	6,263	91.5		
5-15	12,659	13,545	93.5		
16-29	4,003	14,941	26.8		
30-39	1,448	6,850	21.1		
40-49	1,817	5,749	31.6		
50-59	1,683	4,524	37.2		
>60	1,378	4,433	31.1		
Education	•				
<6 and/or Illiterate	12,209	24,013	50.8		
Less than HS	10,547	16,549	63.7		
High School	3,131	10,342	30.3		
University Degree	2,830	5,401	52.4		
Wealth Index	•				
Lowest	4,665	11,669	40.0		
Lower Middle	5,436	11,884	45.7		
Middle	5,834	11,759	49.6		
Upper Middle	6,070	10,928	55.6		
Highest	6,691	10,018	66.8		
Income Quintiles					
Lowest	5,529	11,279	49.0		
Second	5,681	11,248	50.5		
Third	5,631	11,263	50.0		
Fourth	5,624	11,277	49.9		
Highest	6,252	11,238	55.6		
Total	28,717	56,305	51.0		

6.2 TYPES OF INSURANCE COVERAGE

Table 6.2 provides additional detail on the types of health insurance held among those with health insurance. Note that some respondents reported having up to three different types of health insurance. The most frequently held health insurance is that of the HIO, which is used by an estimated 89 percent of the population that has health insurance. The other types of health insurance used in Egypt are government insurance other than HIO (5 percent), public insurance (1 percent), private insurance (2 percent), syndicates (1 percent), and other (1 percent).

HIO is the main source of insurance for those under age 6 years and/or illiterate, as well as females, young children (under 15 years of age), and those in the lowest wealth index. These HIO coverage rates are likely due to Egypt's various health insurance laws. For instance, Law 99 covers students, Decree 380 covers infants, and Laws 32 and 79 cover pensioners and widows. The other insurance plans, which constitute a smaller part of the market, are available mostly for males, those living in urban areas and major cities, those with more education, and the wealthiest. The results in Table 6.2 clearly show that HIO is covering services for some of the most underserved populations (females, children, poorer populations), as intended by the various health insurance laws. Increasing HIO coverage will only improve the percentage of the population in these underserved groups that have insurance.

TABLE 6.2: PERCENT DISTRIBUTION OF INSURANCE COVERAGE BY POPULATION CHARACTERISTICS

	Percent with Health Insurance Type									
Background Characteristic	ню	Gov. other than HIO	Public Sector	Private	Syndicate	Other				
Gender										
Male	87	5	2	3	1	1				
Female	92	4	1	1	1	1				
Urban/Rural										
Urban	85	6	2	3	2	1				
Rural	92	4	1	1	0	1				
Region										
Major Cities	83	6	2	4	4	1				
Urban Lower Egypt	87	5	2	3	1	2				
Urban Upper Egypt	88	5	1	3	2	1				
Rural Lower Egypt	89	6	1	2	1	1				
Rural Upper Egypt	97	1	0	0	0	0				
Age				-						
<5	97	1	0	0	0	0				
5-15	98	1	0	0	0	0				
16-29	74	11	2	5	2	7				
30-39	62	14	6	13	5	0				
40-49	75	9	5	7	3	1				
50-59	75	11	6	5	3	1				
>60	83	9	2	1	3	1				
Education										
<6 and/or Illiterate	97	2	0	1	0	0				
Less than HS	94	3	1	1	0	0				
High School	66	13	4	7	2	8				
University Degree	67	12	4	9	8	1				
Wealth Index										
Lowest	96	2	0	0	0	0				
Lower Middle	94	3	1	2	0	1				
Middle	92	4	1	2	0	1				
Upper Middle	89	5	2	3	1	1				
Highest	79	8	3	4	4	2				
Income Quintile				-						
Lowest	96	2	0	1	0	0				
Second	94	3	1	1	0	1				
Third	92	4	1	2	0	1				
Fourth	88	5	2	3	1	1				
Highest	78	8	3	4	4	2				
Total	89	5	1	2	1	1				

Table 6.3 shows the percentages reporting that their health insurance covers their needed services fully or partially, by type of insurance, among those who have health insurance. The full and partial coverage is in reference to the different health insurance plans held by each individual, including up to three different insurance plans for each individual.8 The

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⁸ The results do not differentiate which of multiple insurance plans each individual has is primary, secondary, or tertiary.

results show that HIO provides the highest full coverage of services, with 86 percent of HIO insurees reporting that the services are covered partially or in full. The lowest coverage of services is through syndicates, which only provide full coverage of services 57 percent of the time. Trends in coverage are similar for the different background characteristics analyzed.

TABLE 6.3: PERCENT REPORTING FULL OR PARTIAL COVERAGE OF SERVICES, BY TYPE OF HEALTH INSURANCE COVERAGE AND BACKGROUND CHARACTERISTIC

Background	Percent w	ith Needs Cov	ered Fully o	or Partially b	y Health Insur	ance Typ
Characteristic	ню	Gov. other than HIO	Public	Private	Syndicate	Other
Gender						
Male	86	83	81	66	61	86
Female	86	78	69	67	52	81
Urban/Rural						
Urban	85	80	74	66	54	83
Rural	87	83	84	65	75	85
Region						
Major Cities	87	79	68	76	54	84
Urban Lower Egypt	88	88	82	70	65	85
Urban Upper Egypt	76	71	77	38	42	69
Rural Lower Egypt	90	85	84	62	72	84
Rural Upper Egypt	82	71	92	88	89	87
Age						
< 5	89	80	70	80	75	67
5-15	86	86	96	88	79	82
16-29	83	86	62	65	42	90
30-39	84	79	76	57	66	20
40-49	83	74	87	72	48	45
50-59	84	79	78	62	55	69
>60	84	81	84	95	61	50
Education				•		
<6 and/or Illiterate	87	82	89	78	76	63
Less than HS	86	85	79	69	53	90
High School	81	82	78	63	43	88
University Degree	84	77	74	64	57	59
Wealth Index						
Lowest	83	80	86	50	67	83
Lower Middle	89	85	90	73	71	98
Middle	87	83	83	73	57	74
Upper Middle	86	79	81	58	65	80
Highest	85	82	73	67	55	85
Income Quintiles						
Lowest	85	79	90	68	55	85
Second	88	81	79	71	75	81
Third	87	79	86	72	64	85
Fourth	86	87	88	65	65	92
Highest	84	81	70	63	63	80
Total	86	82	78	66	57	84

7. TYPE OF FACILITY AND CHOICE OF PROVIDER IN EGYPT

The following tables summarize the results from the Egyptian HHEUS 2009/2010 related to the type of facility and provider chosen for different health services. Over three-quarters of outpatient visits are made to private facilities, whereas over half (63 percent) of inpatient visits are made to public facilities. In regards to types of outpatient services, the choice of facility and of provider is similar for acute and chronic illnesses, with private facilities (private clinic or pharmacy) used to treat about three-quarters of acute and chronic illnesses, and specialists/consultants visited for about 63 to 68 percent of acute and chronic illnesses. Private clinics are also frequently used to treat dental diseases. In contrast, the majority of preventive health care visits are made either at an MOHP facility or another kind of facility not listed in the survey. Also for preventive services, nurses provide the care for half of these visits, and specialists/consultants provide the care for a quarter of the visits. Across all types of illnesses/visits, we see a clear trend between wealth/income and type of facility visited: as wealth/income increases, visits to public facilities decrease (while visits to private providers increase).

7.1 TYPE OF FACILITY AND CHOICE OF PROVIDER: OUTPATIENT CARE

Table 7.1 reports which facilities were visited for outpatient services (this includes acute, chronic, dental, and preventive visits). The private sector is the primary provider of outpatient services, accounting for 77 percent of all visits. Private clinics and pharmacies are the main private providers, accounting for 44 percent and 29 percent of all outpatient visits, respectively. In regards to use of public providers for outpatient services, about the same percentages of visits take place at MOHP outpatient facilities (6 percent) and MOHP hospitals (7 percent).

TABLE 7.1: PERCENT OF VISITS BY FACILITY: ALL OUTPATIENT VISITS

	Percent of Outpatient Visits											
	MOHP Outpatient Facility	Outpatient HOP HIO Other Pharmacy Private Other Other										
Total	6	6 7 4 3 29 44 4 3										

7.1.1 TYPE OF FACILITY AND CHOICE OF PROVIDER: ACUTE ILLNESS

Table 7.2 reports which facilities were visited to treat acute illnesses. Private clinics are most frequently used, with an estimated 45 percent of acute illnesses treated at such facilities (among cases where individuals made any visit to treat the illness).9 Pharmacies are used in an estimated 32 percent of acute illnesses. In total, 81 percent of acute illness visits are to private providers. The results are similar across the different background characteristics listed in the Table 7.2.

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⁹ Up to three acute illnesses or episodes occurring in the four weeks prior to taking the survey could be reported. For each illness, up to three health visits could be reported.

TABLE 7.2: PERCENT OF VISITS BY FACILITY: ACUTE ILLNESS

	Percent of Acute Illness Visits									
Background Characteristic	MOHP Outpatient Facility	MOHP Hospital	HIO Facility	Other Gov.	Pharmacy	Private Clinic	Other Private	Other		
Gender										
Male	5	7	3	3	33	45	4	1		
Female	5	8	2	1	32	47	4	1		
Urban/ Rural				-						
Urban	2	8	4	3	35	39	7	1		
Rural	7	6	2	0	31	50	1	1		
Insured	-		_		<u> </u>			•		
Yes	6	7	4	2	29	46	4	1		
No	4	7	0	2	37	46	3	1		
Region	'	•			J.					
Major Cities	2	6	4	6	36	33	11	1		
Urban Lower										
Egypt	2	9	4	2	36	39	5	1		
Urban Upper	_			_						
Egypt	1	10	4	2	32	45	4	1		
Rural Lower	6	_		_	00	40	,			
Egypt	6	7	2	1	32	49	1	1		
Rural Upper	0		4	0	20	50	4	4		
Egypt	9	6	1	0	30	52	1	1		
Age										
<5	8	7	1	1	17	60	4	1		
5-15	9	9	4	1	31	42	4	1		
16-29	3	6	1	2	39	43	4	1		
30-39	3	7	2	1	40	42	4	1		
40-49	3	7	3	2	39	41	4	2		
50-59	2	7	3	3	35	45	4	1		
>60	3	6	5	2	34	45	2	2		
Education										
<6 and/or Illiterate	7	8	2	2	27	52	3	1		
Less than HS	5	8	4	2	36	38	3	1		
High School	2	5	2	2	40	43	4	1		
University	4	4	2	2	40	11	e	2		
Degree	1	4	3	2	40	41	6	2		
Wealth Index										
Lowest	8	8	2	0	31	48	2	1		
Lower Middle	7	8	2	1	33	46	2	1		
Middle	6	8	3	1	32	46	3	1		
Upper Middle	3	7	3	3	33	45	5	1		
Highest	1	3	3	2	34	46	8	2		
Income Quintil			1 -							
Lowest	9	10	3	1	29	44	2	1		
Second	7	9	2	1	32	44	3	1		
Third	5	7	2	0	33	47	3	1		
Fourth	3	7	2	2	32	48	5	1		
	2									
Highest		4	3	3	36	46	6	1		
Total	5	7	2	2	32	45	4	1		

Table 7.3 reports which types of providers are visited to treat acute illnesses, among cases where individuals make a visit to treat the illness.10 Specialists/consultants treat the majority (an estimated 63 percent) of acute illness visits, followed by "other" types of providers not listed in the survey (32 percent). The results are similar for the different background characteristics listed in Table 7.3.

TABLE 7.3: PERCENT OF VISITS BY PROVIDER: ACUTE ILLNESS

	Percent of Acute Illness Visits									
Background Characteristic	Specialist / Consultant	Family Physician/ General Practitioner	Assistant Nurse	Nurse	Physiotherapy Technician	Traditional Healer	Other			
Gender										
Male	62	5	0	0	0	0	32			
Female	63	5	0	0	0	0	31			
Urban/Rural										
Urban	61	4	0	0	0	0	34			
Rural	64	6	0	0	0	0	30			
Insured										
Yes	65	6	0	0	0	0	28			
No	59	4	0	0	0	0	36			
Region										
Major Cities	59	5	0	0	1	0	5			
Urban Lower Egypt	61	3	0	0	0	0	36			
Urban Upper Egypt	66	4	0	0	0	0	30			
Rural Lower Egypt	65	4	0	0	0	0	31			
Rural Upper Egypt	62	9	0	0	0	0	29			
Age										
<5	76	7	0	0	0	0	16			
5-15	62	8	0	0	0	0	30			
16-29	57	4	0	0	0	0	38			
30-39	57	3	0	0	0	0	39			
40-49	58	3	0	0	0	0	38			
50-59	61	3	0	0	1	0	35			
>60	64	3	0	0	0	0	33			
Education										
<6 and/or Illiterate	67	6	0	0	0	0	27			
Less than HS	59	5	0	0	0	0	35			
High School	57	3	0	0	0	0	39			
University Degree	58	2	0	0	0	0	39			
Wealth Index	1	1								
Lowest	61	7	0	0	0	0	31			
Lower Middle	62	6	0	0	0	0	32			
Middle	62	6	0	0	0	0	31			
Upper Middle	64	3	0	0	0	0	32			
Highest	64	3	0	0	0	0	33			
Income Quintiles										
Lowest	62	9	0	0	0	0	28			
Second	62	6	0	0	0	0	31			
Third	63	5	0	0	0	0	32			
Fourth	65	3	0	0	0	0	32			
Highest	63	2	0	0	0	0	35			
Total	63	5	0	0	0	0	32			

¹⁰ Up to three acute illnesses or episodes occurring in the four weeks prior to taking the survey could be reported. For each illness, up to three health visits could be reported.

7.1.2 TYPE OF FACILITY AND CHOICE OF PROVIDER: CHRONIC ILLNESS

Table 7.4 reports which facilities are visited to treat chronic illnesses, among those illnesses for which any visit is made.11 Most chronic illness visits are made to either a private clinic (42 percent) or the pharmacy (30 percent). In total, an estimated 76 percent of chronic illness visits are made to private providers. The results are fairly similar for the different background characteristics listed in Table 7.4, with certain segments of the population using HIO hospitals and outpatient clinics slightly more than others (males, those in urban areas, those with insurance, those living in major cities, those aged 5-15 years old and over 60 years old, those with some type of education and those in the higher wealth indices). These groups are also the groups that are mostly insured through HIO through employment in the formal sector or a school-based insurance program.

¹¹ Up to three chronic illnesses or episodes occurring in the four weeks prior to taking the survey could be reported. For each illness, up to three health visits could be reported.

TABLE 7.4:PERCENT OF VISITS BY FACILITY: CHRONIC ILLNESS

	Percent of Chronic Illness Visits									
Background Characteristic	MOHP Outpatient Facility	MOHP Hospital	HIO Facility	Other Gov.	Pharmacy	Private Clinic	Other Private	Other		
Gender										
Male	1	8	15	4	27	39	3	1		
Female	3	9	5	3	31	43	4	1		
Urban/Rural										
Urban	1	7	12	5	29	38	6	2		
Rural	3	9	6	2	31	46	1	1		
Insured										
Yes	1	5	23	4	24	38	3	1		
No	2	10	0	3	34	45	4	1		
Region										
Major Cities	1	5	14	5	27	37	8	2		
Urban Lower Egypt	1	9	9	3	30	41	4	2		
Urban Upper Egypt	2	10	12	3	31	36	5	1		
Rural Lower Egypt	3	10	6	2	29	47	1	1		
Rural Upper Egypt	3	9	5	2	35	45	1	1		
Age										
<5	6	9	3	3	12	62	5	1		
5-15	2	9	10	5	26	45	4	1		
16-29	2	9	1	3	31	46	5	1		
30-39	2	8	2	3	34	45	3	1		
40-49	2	10	7	2	29	42	5	1		
50-59	2	8	11	5	29	39	5	2		
>60	2	7	13	3	32	39	2	1		
Education										
<6 and/or Illiterate	3	10	5	3	31	43	3	1		
Less than HS	2	8	11	4	30	39	4	2		
High School	1	6	13	4	28	42	4	1		
University Degree	0	3	14	5	29	41	6	2		
Wealth Index				1			1	ı		
Lowest	4	11	3	2	32	45	2	1		
Lower Middle	3	12	5	2	32	42	3	1		
Middle	2	11	9	3	29	42	4	1		
Upper Middle	1	6	12	5	29	41	6	1		
Highest	1	4	13	6	28	41	6	2		
Income Quinti				ı			ı			
Lowest	3	13	6	3	28	42	3	1		
Second	3	10	8	3	30	41	3	1		
Third	2	9	8	3	30	43	4	1		
Fourth	1	7	10	4	32	40	4	2		
Highest	1	3	11	4	29	44	5	1		
Total	2	8	9	3	30	42	4	1		

Table 7.5 reports which types of providers are visited to treat chronic illnesses, among cases where individuals make a visit to treat the illness.12 The majority of visits are made to a specialist/ consultant (an estimated 68 percent) or some "other" provider (29 percent). The results are similar for the different background characteristics listed in the Table 7.5.

TABLE 7.5: PERCENT OF VISITS BY PROVIDER: CHRONIC ILLNESS

	Percent of Chronic Illness Visits									
Background Characteristic	Specialist / Consultant	Family Physician, General Practitioner	Assistant Nurse	Nurse	Physiotherapy Technician	Traditional Healer	Other			
Gender		•			<u>'</u>					
Male	71	2	0	0	0	0	27			
Female	66	2	0	0	0	0	31			
Urban/Rural										
Urban	69	2	0	0	0	0	28			
Rural	67	2	0	0	0	0	31			
Insured										
Yes	74	2	0	0	0	0	23			
No	64	2	0	0	0	0	33			
Region										
Major Cities	70	2	0	0	1	0	27			
Urban Lower Egypt	68	2	0	0	0	0	30			
Urban Upper Egypt	69	2	0	0	0	0	28			
Rural Lower Egypt	69	2	0	0	0	0	29			
Rural Upper Egypt	62	4	0	0	0	0	34			
Age										
<5	83	4	0	1	1	0	12			
5-15	72	2	0	0	0	0	25			
16-29	68	3	0	0	0	0	30			
30-39	64	1	0	0	0	0	33			
40-49	69	2	0	0	0	0	29			
50-59	69	2	0	0	1	0	28			
>60	66	2	0	0	0	0	31			
Education										
<6 and/or Illiterate	67	2	0	0	0	0	30			
Less than HS	68	2	0	0	0	0	29			
High School	70	2	0	0	0	0	27			
University Degree	70	1	0	0	0	0	28			
Wealth Index										
Lowest	66	3	0	0	0	0	31			
Lower Middle	65	2	0	0	0	0	32			
Middle	69	3	0	0	0	0	28			
Upper Middle	69	2	0	0	0	0	29			
Highest	70	2	0	0	0	0	27			
Income Quintile			<u> </u>							
Lowest	69	3	0	0	0	0	27			
Second	66	3	0	1	0	0	30			
Third	69	1	0	0	0	0	29			
Fourth	67	2	0	0	0	0	31			
Highest	69	2	0	0	0	0	29			
Total	68	2	0	0	0	0	29			

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¹² Up to three chronic illnesses or episodes occurring in the four weeks prior to taking the survey could be reported. For each illness, up to three health visits could be reported.

7.1.3 TYPE OF FACILITY AND CHOICE OF PROVIDER: DENTAL DISEASES

Table 7.6 reports which facilities are visited to treat dental diseases.13 Private clinics are most frequently used, with an estimated 62 percent of visits made to this type of facility. The results are similar for the different background characteristics listed in the Table 7.6, although a trend toward richer people using private clinics, and poor people using public facilities, can be seen.

¹³ Up to three dental diseases or episodes occurring in the 12 months prior to taking the survey could be reported. For each illness, up to three health visits could be reported. Recall that routine dental check-ups are not included in the dental disease questionnaire/reporting.

TABLE 7.6: PERCENT OF VISITS BY FACILITY: DENTAL DISEASES

		Percent of Dental Disease Visits									
Background Characteristic	MOHP Outpatient Facility	MOHP Hospital	HIO Facility	Other Gov.	Phar- macy	Private Clinic	Other Private	Other			
Gender	-										
Male	5	9	4	4	6	62	8	2			
Female	7	10	2	5	5	61	9	2			
Urban/Rural											
Urban	2	8	5	8	4	61	12	2			
Rural	10	10	1	2	7	63	5	2			
Insured											
Yes	6	8	6	6	5	60	7	2			
No	7	11	0	3	6	63	9	1			
Region											
Major Cities	3	6	6	11	3	54	16	1			
Urban Lower	2	10	А	Л	Л	67	7	2			
Egypt	2	10	4	4	4	67	7	2			
Urban Upper	2	10	2	А	r	64	40	2			
Egypt	2	10	3	4	5	61	13	2			
Rural Lower	10	10	2	2	6	66	3	2			
Egypt	10	10		2	ь	66	3	2			
Rural Upper	10	10	4	0	10	EE	0	2			
Egypt	10	12	1	0	10	55	9	2			
Age											
<5	9	10	1	6	11	57	4	1			
5-15	12	12	7	6	6	49	6	2			
16-29	5	8	1	4	7	66	8	2			
30-39	5	7	1	5	5	66	8	2			
40-49	5	9	2	5	6	66	7	2			
50-59	5	11	4	6	4	62	8	1			
>60	7	10	4	4	5	59	9	1			
Education		-					-				
<6 and/or Illiterate	11	14	2	3	7	54	7	1			
Less than HS	6	10	5	5	6	56	8	2			
High School	4	6	2	3	5	68	9	2			
University	1	3	2	4	3	75	10	1			
Degree	I	3		4	3	75	10	· ·			
Wealth Index											
Lowest	11	16	1	2	10	52	5	2			
Lower Middle	9	14	2	3	7	57	7	1			
Middle	8	12	3	3	7	58	7	2			
Upper Middle	5	7	4	5	5	62	10	1			
Highest	1	3	3	6	2	71	10	2			
Income Quintile	es							•			
Lowest	12	18	3	4	6	49	7	2			
Second	9	11	3	3	7	57	8	2			
Third	6	10	3	4	7	61	8	1			
Fourth	5	7	3	4	5	65	7	2			
Highest	2	3	3	5	4	73	9	1			
Total	7	9	3	4	6	62	8	2			

7.1.4 TYPE OF FACILITY AND CHOICE OF PROVIDER: PREVENTIVE SERVICES

Table 7.7 reports which facilities are visited for preventive services.14 MOHP outpatient facilities (an estimated 40 percent) and "other" facilities (36 percent) are most frequently used. About 14 percent of preventive visits are made to private clinics. The results are similar for the different background characteristics listed in the Table 7.7, although trends exist regarding income/wealth and use of public facilities (as wealth/income increase, the percentage of people visiting public facilities decrease). It is interesting to note that the insured and those under age 15 years rely less on private clinics for preventive services than those without insurance.

¹⁴ Up to three preventive consultation types (e.g., vaccinations, growth monitoring, pre-marriage consultation) occurring in the 12 months prior to taking the survey could be reported. For each consultation type, up to three health visits could be reported.

TABLE 7.7: PERCENT OF VISITS BY FACILITY: PREVENTIVE SERVICES

	Percent of Preventive Care Visits										
Background Characteristic	MOHP Outpatient Facility	MOHP Hospital	HIO Facility	Other Gov.	Pharmacy	Private Clinic	Other Private	Other			
Gender											
Male	41	3	1	3	0	2	1	50			
Female	38	4	0	2	4	20	2	28			
Urban/Rural											
Urban	35	5	1	5	3	14	4	34			
Rural	42	3	0	1	2	13	0	37			
Insured	'										
Yes	41	3	1	1	1	3	0	49			
No	36	6	0	2	7	39	4	6			
Region											
Major Cities	37	4	2	6	2	15	7	26			
Urban Lower											
Egypt	28	6	0	3	4	13	2	43			
Urban Upper Egypt	43	4	1	5	3	16	1	27			
Rural Lower Egypt	34	4	0	1	2	12	0	45			
Rural Upper	56	2	0	0	2	15	0	24			
Egypt											
Age	00	4	0		0	4	0	00			
<5 5.45	69	4	0	2	0	1	0	23			
5-15	15	1	0	1	0	0	0	81			
16-29	26	5	0	2	4	44	3	15			
30-39	37	7	1	4	10	38	2	2			
40-49	38	6	2	4	14	25	6	4			
50-59	15	15	4	15	4	27	5	15			
>60	7	9	8	19	8	20	11	16			
Education											
<6 and/or Illiterate	54	4	0	2	1	6	1	33			
Less than HS	12	3	0	2	2	10	2	68			
High School	26	5	1	3	8	46	3	8			
University Degree	14	6	3	5	8	52	6	6			
Wealth Index											
Lowest	48	2	0	1	1	11	0	36			
Lowest Lower Middle	44	3	0	1	2	13	1	35			
Middle	39	4	0	1	3	14	1	39			
Upper Middle	38	4 5	1	2	2	14	2	35			
		ບ	I			14		აⴢ			
Income Quintil		2	0	4	1	10	0	20			
Lowest	55 45	3	0	11	1	10	0	28			
Second	45	4	0	1	2	10	1	37			
Third	39	4	0	1	2	12	1	40			
Fourth	33	4	0	1	3	15	1	40			
Highest	26	5	1	5	3	22	3	35			
Total	40	4	0	2	2	14	2	36			

Table 7.8 reports which types of providers are visited for preventive services.15 It is estimated that half (50 percent) of preventive services are provided by a nurse, followed by a specialist/consultant (25 percent) or an assistant nurse (18 percent). The results are similar for the different background characteristics listed in the Table 7.8. The insured and those under age 15 rely less on specialists and more on nurses.

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¹⁵ Up to three preventive consultation types (e.g., vaccinations, growth monitoring, pre-marriage consultation) occurring in the 12 months prior to taking the survey could be reported. For each consultation type, up to three health visits could be reported.

TABLE 7.8: PERCENT OF VISITS BY PROVIDER: PREVENTIVE SERVICES

	Percent of Preventive Care Visits								
Background Characteristic	Specialist / Consultant	Family Physician, General Practitioner	Assistant Nurse	Nurse	Physiotherapy Technician	Traditional Healer	Other		
Gender									
Male	9	2	24	63	0	0	1		
Female	35	4	15	42	0	0	4		
Urban/Rural		1	-		-				
Urban	33	3	24	37	0	0	3		
Rural	22	4	15	57	0	0	3		
Insured		-							
Yes	9	2	24	64	0	0	2		
No	64	6	5	18	0	0	7		
Region	<u> </u>				J				
Major Cities	43	3	36	14	1	0	2		
Urban Lower									
Egypt	24	2	20	49	0	0	5		
Urban Upper Egypt	34	5	13	45	0	0	3		
Rural Lower Egypt	22	2	19	54	0	0	3		
Rural Upper	21	6	9	62	0	0	2		
Egypt									
Age			0.5	07	1		0		
<5	5	3	25	67	1	0	0		
5-15	4	2	25	67	0	0	2		
16-29	66	6	6	18	0	0	5		
30-39	65	5	3	16	0	0	10		
40-49	58	7	3	19	0	0	13		
50-59	74	8	4	10	1	0	3		
>60	72	7	3	5	3	0	9		
Education	1	I		I	1				
<6 and/or Illiterate	14	3	22	59	0	0	2		
Less than HS	22	3	20	52	0	0	3		
High School	70	5	3	13	0	0	8		
University Degree	80	3	2	6	0	0	9		
Wealth Index			1						
Lowest	18	4	15	60	0	0	3		
Lower Middle	22	4	16	55	0	0	3		
Middle	25	3	17	52	0	0	3		
Upper Middle	28	3	21	44	0	0	4		
Highest	35	3	22	36	0	0	4		
Income Quintiles		J		30	U	<u> </u>			
Lowest	19	5	17	58	0	0	2		
Second	19	4	17	55	0	0	3		
	22						3		
Third Fourth		3	19	52 51	0	0			
Fourth Highest	27	3	17	51	0	0	3		
miunest	40	ı ئ	19	34	0	0	4		

7.2 TYPE OF HOSPITAL: INPATIENT VISITS

Table 7.9 reports which types of hospitals are visited for inpatient/hospital admissions.16 Sixty-three percent of inpatient visits are made to public providers, and 33 percent are made to private providers (which is inverse of the choice of provider for outpatient care). The usage of public providers appears to mostly be a function of affordability, as the use of private hospitals is positively correlated with income.

Some differences by background characteristics are present in types of hospitals visited for inpatient care. For example, females are more likely than males to visit private hospitals, while males are more likely to visit MOHP hospitals. Additionally, among those living in major cities, only 19 percent of visits were made to MOHP hospitals, whereas in the rest of the country 39 to 48 percent of visits were made to MOHP hospitals. And, those with higher levels of education and the rich tend to visit private hospitals, whereas those with lower levels of education and the poor tend to visit MOHP facilities.

¹⁶ Up to three hospital admissions occurring in the 12 months prior to taking the survey could be reported.

TABLE 7.9: PERCENT OF VISITS BY HOSPITAL TYPE: INPATIENT VISITS

	Percent of Inpatient Care Visits										
Background Characteristic	MOHP Hospital	l day Surg. Hospital	HIO Hospital & Outpat. Clinic	Other Gov. Hospital	000	Univ. Hospital	Teach Hospital	Private Hospital	Charitable Hospital	Mosque/ Church	Other
Gender											
Male	41	1	14	3	0	2	9	25	1	1	4
Female	37	1	6	2	1	3	6	35	1	1	6
Urban/Rural					1		1				1
Urban	33	1	13	4	1	4	8	32	1	1	3
Rural	44	1	6	2	0	1	7	30	1	1	7
Insured					1						
Yes	35	1	21	4	0	1	7	25	1	1	3
No	42	1	1	2	1	3	8	35	1	1	6
Region		-	-		-					-	
Major Cities	19	1	17	7	1	7	7	36	2	2	2
Urban Lower	39	0	10	2	1	1	8	32	1	0	5
Egypt				_							
Urban Upper	46	2	10	2	1	3	7	24	1	1	3
Egypt		_		_					-		
Rural Lower	42	1	6	2	0	2	7	29	1	1	9
Egypt		•		_		_	-		•	•	
Rural Upper	48	0	5	1	0	1	8	31	2	0	4
Egypt	_										
Age		-	1	-				-	-	-	
<5	56	0	8	2	0	3	6	20	2	1	2
5-15	41	1	19	2	0	1	7	22	1	1	4
16-29	32	1	3	3	1	3	7	40	2	1	8
30-39	35	0	5	3	1	3	5	38	1	2	6
40-49	44	1	11	2	1	3	6	27	1	1	2
50-59	37	0	15	4	1	2	9	28	0	1	3
>60	41	2	10	3	0	2	12	24	1	0	4
Education					1						
<6 and/or Illiterate	50	1	6	1	1	2	8	25	1	1	4
Less than HS	37	1	13	4	1	3	8	27	1	1	4
High School	31	1	7	3	0	2	7	39	1	1	8
University Degree	15	1	16	6	1	2	5	48	1	1	3
Wealth Index					1						
Lowest	53	1	4	1	0	2	8	24	1	0	7
Lower Middle	47	1	8	1	1	2	7	26	1	1	6
Middle	43	1	9	3	0	2	7	27	2	1	5
Upper Middle	34	1	11	3	0	4	8	31	2	2	4
Highest	17	1	14	6	1	3	6	48	1	0	3
Income Quintiles											
Lowest	51	1	7	3	0	3	7	20	1	1	6
Second	45	0	10	2	0	3	7	24	2	1	6
Third	41	1	9	2	1	3	8	28	1	1	6
Fourth	36	1	10	2	1	2	7	36	1	1	4
Highest	22	1	11	5	1	2	8	46	1	1	3
Total	39	1	9	3	1	3	7	31	1	1	5

8. QUALITY OF CARE	8.	QUAL	ITY	OF	CARE
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The following tables summarize the results from the HHEUS 2009/2010 related to patient satisfaction with service delivery. In general, patients that make health visits seem to be very satisfied with the health services received across all types of facilities. One day surgery hospitals received the highest levels of satisfaction, with about 86 percent of users reporting that they were "completely satisfied" with the services. Both of the most frequently used facilities (private clinics and pharmacies) had about three-quarters of patients reporting that they were "completely satisfied" with service delivery. The main factors that contribute to patient satisfaction are good quality of care, close or easy to reach facilities, reasonable cost, and good communication skills by treatment providers and facility staff.

8.1 SATISFACTION WITH SERVICE DELIVERY

All types of facilities received high marks on satisfaction with the service delivery. The estimated percentage of patients completely satisfied with service delivery ranges from 62.8 percent (for other nongovernmental organization (NGO) facilities) to 86.3 percent (for one-day surgery hospitals). Private clinics, which are the most frequently used facilities, had an estimated 76.0 percent of patients "completely satisfied," and pharmacies (the next most frequently used) had an estimated 72.4 percent of patients "completely satisfied." Very few respondents reported being dissatisfied regarding service delivery with any type of facility. These high marks indicate that the population is, in general, satisfied with the health care services they receive.

TABLE 8.1 INDIVIDUAL OPINION IN THE QUALITY OF SERVICE PROVIDED BY PLACE OF SERVICE

	Percent	Percent Choosing Each Level of Satisfaction					
Type of Facility of Service Delivery	Completely Satisfied	Somewhat satisfied	Neutral	Dissatisfied	of Visits (for which Satisfaction was Reported)		
Charity Hospitals	74.5	7.3	9.1	9.1	55		
CCO Hospitals	77.7	7.1	5.2	10.0	3,176		
Family Planning and MCH Centers	83.6	6.8	8.2	1.5	3,166		
HIO Hospitals and Clinics	63.9	11.3	16.1	8.8	51,878		
Mosque / Church Clinics	67.1	10.7	18.4	3.8	21,994		
MOHP Facilities	71.1	13.5	7.2	8.2	59,790		
MOHP Hospitals	66.4	15.7	9.7	8.1	82,610		
One-day Surgery Hospitals	86.3	1.3	5.2	7.2	1,523		
Other Governmental Hospitals	67.1	8.4	17.1	7.4	7,794		
Other NGO Facilities	62.8	10.4	24.2	2.7	6,066		
Others	79.4	6.1	10.2	4.2	27,463		
Pharmacies	72.4	9.2	14.8	3.6	287,291		
Private Clinics	76.0	9.6	7.8	6.6	547,299		
Private Hospitals	76.0	9.5	9.9	4.6	25,690		
Specialized Medical Centers	65.6	9.4	21.8	3.2	10,149		
Teaching Hospitals	70.0	17.2	6.4	6.5	3,104		
University Hospitals	70.9	13.8	5.9	9.3	7,657		

Table 8.2 provides a more in-depth look at the elements contributing to patient satisfaction. Across the four reported-on health care services areas, good care quality was the primary element contributing to patient satisfaction. Close or easy-to-reach facilities along with reasonable cost and good communication skills by treatment providers and facility staff were the other three top elements. It is interesting to note that very few individuals reported that having a provider of the same sex, a short wait time, or a clean facility were their primary reason for satisfaction; however, these factors may have been considered when the individual originally chose the service facility, and thus did not incorporate it into their reason for being satisfied (e.g., a woman already chose a woman provider and knew that she was getting this, so it did not factor into her level of satisfaction when evaluating the provider – it was a non-issue because of how she chose the provider).

TABLE 8.2 ELEMENTS CONTRIBUTING TO PATIENT SATISFACTION BY SERVICE TYPE

	Percent Reporting that Reason for each Service Type						
Reasons for satisfaction	Chronic Disease Services (n=17,851)	Non-Chronic Disease Services (n=47,664)	Dental Services (n=26,652)	Inpatient Health Care Services (n=8,291)			
Facility nearby / easy to reach	23.5	25.5	22.6	13.8			
Reasonable cost	17.6	20.1	19.0	16.9			
Same sex	1.1	0.8	0.9	1.9			
Good quality	28.1	26.8	28.9	32.6			
Short waiting time	4.6	4.2	4.1	3.7			
Good communication skills	20.2	18.5	17.6	22.0			
Clean places	3.9	3.2	6.5	8.3			
Others	0.9	0.8	0.4	0.8			
Total	100.0	100.0	100.0	100.0			

9. SUMMARY OF KEY FINDINGS

9.1 SUMMARY OF OVERALL FINDINGS

In the HHEUS 2009/2010 Egyptians reported higher use rates for both outpatient and inpatient care than in previous surveys;17 Egyptians used 9.5 outpatient visits per capita per year, and 7 out of every 100 individuals had an inpatient admission in a year. The survey also shows that the private sector remains the primary provider of outpatient services, accounting for 77 percent of all visits; private clinics and pharmacies are the main private providers accounting for a combined total of 71 percent of all outpatient visits. As for inpatient admissions, the MOHP and other public providers account for 63 percent of all inpatient admissions. This appears to mostly be a function of affordability, as the use of private hospitals is positively correlated with income.

The HHEUS 2009/2010 also provides some important results regarding health care expenditures. Egyptians spend an average of LE 646 per year on health, with LE 567 spent on outpatient care and LE 79 spent on inpatient care. There are a number of differentials by background characteristic in per capita spending: urban areas spend more than rural areas; major cities spend the most and rural Upper Egypt the least; females spend more than males; those in the highest income quintile spend nearly 4.5 times as much as those in the lowest income quintile; those in the lowest income quintile spend the highest proportion of household income on health; and the insured spend less than the uninsured.

9.2 KEY FINDINGS: GENDER

The HHEUS results demonstrate that women access health care services more than men; this holds true for all types of outpatient services and inpatient care. Across outpatient care types, females are more likely to use private providers than males and are less likely to use HIO facilities than males. For inpatient care, females are more likely to use private providers than males and are less likely to use MOHP hospitals and HIO facilities than males. Additionally, females spend more on health care than do males across all types of outpatient services and inpatient care: females spend about LE 725 annually per capita and males spend an estimated LE 567 annually per capita.

9.3 KEY FINDINGS: PLACE OF RESIDENCE

The HHEUS also provides interesting information on how choice of provider and expenditures vary by place of residence. In regard to choice of provider, for outpatient care, those in rural areas are more likely to use both private providers and MOHP facilities, and are less likely to use HIO, than those in urban areas. For inpatient care, those in rural areas are more likely to use public providers than those in urban areas.

The survey results show that expenditures on health care differ by place of residence. Those in rural areas spend less on both outpatient and inpatient care as compared with those in urban areas. Also, those in Upper Egypt spend less on both outpatient and inpatient care as compared with the rest of the country.

¹⁷ For comparisons with previous surveys, see the "Summary of Key Findings: National Health Accounts 2008/2009" fact sheet produced by Health Systems 20/20 for USAID Egypt.

9.4 KEY FINDINGS: INCOME

Inequity remains a major issue, as demonstrated by the survey results. In regard to health care utilization, Egyptians in the highest income quintile report making over twice as many outpatient visits as compared to those in the lowest income quintile; this difference is largest for chronic and dental care, while the difference does not exist for preventive care. Additionally, those in the highest income quintile report nearly twice as many admissions per capita as compared to those in the lowest income quintile.

Choice of provider also varies by income. As expected, the poorest are more likely than others to use public facilities for both outpatient and inpatient care. However, the majority of the visits that the poor make are to either pharmacies or private clinics. Also, the poorest are less likely than others to use HIO facilities, as they are less likely to be insured.

In terms of spending on health care, those in the highest income quintile spend four times more on outpatient care, and over 10 times as much on inpatient care, than do those in the lowest income quintile. However, the poor spend a higher proportion of household income on health as compared to the rich.

9.5 KEY FINDINGS: INSURANCE

In the HHEUS 2009/2010 survey results, insurance status does not explain either outpatient or inpatient service usage. For outpatient care, the insured and uninsured report almost the same number of visits. One would expect the insured to have a higher utilization rate as compared with the uninsured, as financial barriers to access are reduced with insurance. However, for Egypt we hypothesize that insurance is not significant in explaining demand for outpatient care. Additionally, it is interesting to note that the insured tend not to use HIO facilities for acute, dental, or preventive services, but that about one-quarter of the insured make visits to HIO facilities for chronic care and inpatient care when services are needed. The survey results also show that insurance reduces the burden of out-of-pocket spending, as expected.

Overall, 49 percent of the population in Egypt is uninsured. The rate of being uninsured is higher for females, for those living in rural areas, and for those in the lowest income quintile.

9.6 KEY FINDINGS: CHRONIC CONDITIONS

Chronic health conditions are emerging as a major issue in Egypt, be it in terms of utilization, expenditures, or inequity. For example, 27 percent (2.6 out of 9.5) of per capita outpatient visits are for chronic conditions. In the case of females this is 3.1 out of 10.3 visits per capita, and for males it is 2.1 out of 8.7 visits per capita.

The survey results demonstrate significant differentials in terms of use of chronic illness care. Those in urban areas reported 3.4 chronic visits per capita as compared with 2.0 for those living in rural areas. Those living in major cities reported 4.4 chronic visits per capita as compared with 1.5 visits per capita for those living in rural Upper Egypt. And those in the highest income quintile reported 5.1 chronic visits per capita as compared with 1.2 chronic visits per capita for those in the lowest income quintile.

Total spending on chronic visits accounted for about 36 percent of total out-of-pocket spending: LE 232 was spent on chronic care out of LE 646 total spending. However, the survey results show major differentials in expenditures between different groups of people. For instance, those in urban areas spent LE 326 per capita on chronic care as compared with LE 168 for those living in rural areas. Those living in major cities spent LE 453 per capita on chronic care as compared with LE 132 per capita for those in rural Upper Egypt. And, those in the highest income quintile spent LE 594 per capita on chronic care as compared with LE 80 for those in the lowest income quintiles.



I- HOUSEHOLD QUESTIONNAIRE



Arab Republic of Egypt Central Agency for Public Mobilization And Statistics

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate Household number within shiaka / village

Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Household Questionnaire

(1)

Identification data:						
Governorate:	Urban / Rural					
Kism / Markaz	Segment no.					
shiakha / City / Village	District no. / building owner name					
Road name / Block number						
Head of Household:						
Household number: Males:	Females: Total:					

worker's information on the research application in several level

Serial No.	Worker Name	Main Position	Position on Research	Signature
1			Researcher	
2			Field Editor	
3			Field Supervisor	
4			Office Editor	
5			Editing Supervisor	
6			Coder	
7			Coding Editor	
8			Data Entry	
9			Data Entry Editor	

Peace be upon you

We represent ministry of health and CAPMS and we are conducting a national survey on Household Health Services
Utilization and Expenditure This interview will extend for almost an hour, you should be sure that your information are top secret. During this time, I would like to talk to household head or someone on behalf of him.

List of the persons who are eligible and questionnaires filled

	Eligible	Completed
1- # of persons of non-chronic; .		
2- # of persons of the chronic diseases;		
3- # of persons of the dental diseases		
4- # of persons who were admitted/ hospitalized;		
5- # of persons who received treatment abroad;		
6- # of persons who received preventive Consultation		

Section one

Essential data of the Family

					all Family Member			
Household member number	name of family's members	Sex	Relationship with the family's head	Age in Years	Education enrollment	Education Status (10 Yrs+)	Marital Status for family members (+ Yrs 18)	Work status during 1 week before the survey(6yrs +)
		1 Male 2 Female	1 Household Head 2 Husband/Wife 3 Son/daughter 4 Daughter's husband/ Son's wife 5 Father/Mother 6 Grand: son/daughter 7 Sister, Brother 8 Other relatives 9 No-relationship	write Zero for FM< 1yrs and 99 for FM 100 Yrs or more	5 More than Intermediate	1 Under age 2 Illiterate 3 Read and write 4 Literacy Certificate 5 Less than Intermediate 6 Public Secondary 7 Technical Secondary 8 More than Intermediate and Less Than university 9 University 10 More than university (MPH - PHD)	1 Under age 2 Never married 3 Engaged 4 Married 5 Divorced	1 Under age 2 Working 3 Student and working 4 Housewife & working 5 Jobless but was working 6 Jobless but never worked 7 Only housewife 8 Only Studying 9 Ascetic (no work 10 Totally handicapped 11 Partially handicapped 12 Retired 13 More than 65Y 14 On leave without salary for more than one year ;
101	102	103	104	105	106	107	108	15 Others 109
1	102		head					
2								
3								
4								
5								
6								
7								
8								
9								
10								
					- 2 -		•	

Cont., Section one

nber	For who has jo	ob .			For both (emp	loyees and jol	pless but practiced job in the past)	For every	family member
Household member number	Work Status	To what extent are you keep working	# of Working days through the last week	Average of working hours/day	Occupation	Main economic activity	Sector	Insured in SHI	Practicing any job through the last year
	1 Working with wage 2 Employer and employ others 3 Self employee 4 Working with the family but without wage 5 Working with others but without wage;	1 Permanent 2 Temporary 3 Seasonal 4 Sometimes	days				1 Gov 2 Public 3 Private & investment sector; 4 Private 5 Multi-sector 6 Cooperative 7 NGOs 8 Others 9 Outside establish	1 Yes 2 No	1 Yes 2 No
110	111	112	113	114	115	116	117	118	119
1									
2									
3 4									
5									
6									
7									
8									
9									
10									

Section one

Essential data of the Family

					all Family Member			
Household member number	name of family's members	Sex	Relationship with the family's head	Age in Years	Education enrollment	Education Status (10 Yrs+)	Marital Status for family members (18 Yrs +)	Work status during 1 week before the survey! (6yrs +)
		2 Female	1 Household Head 2 Husband/Wife 3 Son/daughter 4 Daughter's husband/ Son's wife 5 Father/Mother 6 Grand: son/daughter 7 Sister, Brother 8 Other relatives 9 No-relationship	write Zero for FM< 1yrs and 99 for FM 100 Yrs or more	A KG 2 Primary 3 Preparatory 4 Public Secondary 5 Technical Secondary 5 More than Intermediate 7 University 8 Post Graduate (Master, Diploma, PhD) 9 Don't enrolled .	1 Under age 2 Illiterate 3 Read and write 4 Literacy Certificate 5 Less than Intermediate 6 Public Secondary 7 Technical Secondary 8 More than Intermediate and Less Than university 9 University 10 More than university (MPH - PHD)	1 Under age 2 Never married 3 Engaged 4 Married 5 Divorced 6 Widow	11 Under age 22 Working 31 Student and working 41 Housewife & working 51 Jobless but was working 61 Jobless but never worked 72 Only housewife 82 Only Studying 92 Ascetic (no work 10 Totally handicapped 111 Partially handicapped 121 Retired 13 More than 65Y 14 On leave without salary for more than one year
404	400	100	104	405	106	107	400	15 Others
101	102	103	head	105		107	108	109
2								
3								
4								
5								
6								
7								
8								
9								
10								

Cont., Section one

nber	For who has jo	ob .			For both (emp	loyees and jo	bless but practiced job in the past)	For every	family member
Household member number	Work Status	To what extent are you keep working	# of Working days through the last week	Average of working hours/day	Occupation	Main economic activity	Sector	Insured in SHI	Practicing any job through the last year
	1 Working with wage 2 Employer and employ others 3 Self employee 4 Working with the family but without wage 5 Working with others but without wage;	1 Permanent 2 Temporary 3 Seasonal 4 Sometimes	days				1 Gov 2 Public 3 Private & investment sector; 4 Private 5 Multi-sector 6 Cooperative 7 NGOs 8 Others 9 Outside establish	1 Yes 2 No	1 Yes 2 No
110	111	112	113	114	115	116	117	118	119
1									
2									
3									
4									
5 6									
7									
8									
9									
10									

Section 2
Family's Income (For all Family Members)

201			202			203	,		y	204		205			206
ē		source of the month	ly Income (regular or	irregular)	Estimated Inc	come/month			Other nor	n-monthly inco	me	Estimated A	Annual/ Non Mo	nthly Income	Estimated
Household member number	Source #		Type of the Source		(from Q202)			Source #	т	ype of the Sou	rce	(from Q204)			Annual Income for the last 12 months
		From work: 1 Wages & salarie: 2 Work for himsel: 3 Work for himsel: From other source	ıl activities ıltural activities					From work 1 Wages & salarie 2 Work for himse 3 Work for himse From other source 4 Financial assets	olf in the agri olf in the non	cultural activities -agricultural activitie	es .			(FROM 203&205)	
	4 Financial assets 5 Non-financial assets 6 Transferring 7 None							5 Non-financial a 6 Transferring 7 None	assets						
	#	Source 1	Source 2	Source 3	Source 3	Source 2	Source 1	#	Source 1	Source 2	Source 3	Source 3	Source 2	Source 1	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Section 2
Family's Income (For all Family Members)

201			202			203	`		ranny wen	204			205		206
ē		source of the month	ly Income (regular or	irregular)	Estimated Inc	come/month			Other nor	n-monthly inco	me	Estimated /	Annual/ Non Mo	nthly Income	Estimated
Household member number	Source #		Type of the Source		(from Q202)			Source #	Т	ype of the Sou	rce	(from Q204)			Annual Income for the last 12 months
		From work: 1 Wages & salaries 2 Work for himsels 3 Work for himsels	al activities altural activities					_	lf in the agri lf in the non	cultural activities -agricultural activitie	es			(FROM 203&205)	
	From other sources: 4 Financial assets 5 Non-financial assets 6 Transferring 7 None								From other source Financial assets Non-financial a Transferring None	s					
	#	Source 1	Source 2	Source 3	Source 3	Source 2	Source 1	#	Source 1	Source 2	Source 3	Source 3	Source 2	Source 1	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Section 3
Health Insurance for (all Family Member)

	Health instrainte for (all railing Member)												
301	302	303				1 st	provider of he	ealth insurance		311			
301	302	303	304	305	306	307	308	309	310	311			
Household member number	Are you a beneficiary or joint in the health insurance or other medical insurance 1 → Yes 2 No 311	HIO Gov. Other than HIO Private Syndicates	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How much deducted from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	How deduct from your place of work (L.E) Write Zero if there is no deduction		Do you benefit from health insurance in the last 12 months	obligatory 2 Provide Health care with small fees Provide medication with small fees 4 To avoid economic crisis 5 For total coverage others (Go to next member)	Why you did not use the insurance (main 2) 1 Did not get sick 2 I don't have time 3 Sick and did not require me going to the doctor 4 Sick, but insurance does not cover this service 5 Insurance Facility is far away 6 The services of insurance is low quality 7 Difficult administrative procedures 8 Non-specialized in some diseases 9 Others	Why are you not participating in any health insurance scheme (main 2 reason) 1 Not applicable 2 Has no financial ability 3 Prefer not to have 4 Low quality of the insurance service 5 Others			
1 2 3 4 5 6 7 8 9													

Section 3
Health Insurance for (all Family Member)

201			2 nd provider of health	,		
301	304	305	306	307	308	309
Household member	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How deduct from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	How deduct from your place of work (L.E) Write Zero if there is no deduction	How deduct from your monthly income to participate in the insurance 1 fully 2 Partially	Do you benefit from health insurance in the last 12 months 1 Yes 2 No 310	what the cause of your participation in health insurance(main 2 causes) 1 obligatory 2 Provide Health care with small fees 3 Provide medication with small fees 4 To avoid economic crisis 5 For total coverage 6 others (Go to next member)
1						
3						
4						
5						
6						
7						
8						
9 10			- 9 -			

Section 3
Health Insurance for (all Family Member)

201		nce					
301	304	305	306	307	308	309	310
Household member	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How deduct from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	How deduct from your place of work (L.E) Write Zero if there is no deduction	from your monthly income to participate in the insurance 1 fully 2 Partially	Do you benefit from health insurance in the last 12 months 1 Yes 2 No 310	what the cause of your participation in health insurance(main 2 causes) 1 obligatory 2 Provide Health care with small fees 3 Provide medication with small fees 4 To avoid economic crisis 5 For total coverage 6 others (Go to next member)	Why did not use the insurance (main 2) 1 Did not get sick 2 I don't have time 3 Sick and did not require me going to the doctor 4 Sick, but insurance does not cover this service 5 Insurance Facility is far away 6 The services of insurance is low quality 7 Difficult administrative procedures 8 Non-specialized in some diseases 9 Others
1 2 3 4 5 6 7 8 9							

Section 3
Health Insurance for (all Family Member)

	Health Insurance for (all Family Member)												
301	302	303		·	·	1 ST pre	ovider of hea	lth insurance		311			
501	502	303	304	305	306	307	308	309	310	511			
Household member number	other medical insurance	Gov. Other than HIO Public sector Private	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How deduct from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	How deduct from your place of work (L.E) Write Zero if there is no deduction	services covered by Health Insurance it caver	Do you benefit from health insurance in the last 12 months	obligatory Provide Health care with small fees Provide medication with small fees To avoid economic crisis For total coverage others	The services of insurance is low quality	Why are you not participating in any health insurance scheme (main 2 reason) 1 Not applicable 2 Has no financial ability 3 Prefer not to have 4 Low quality of the insurance service 5 Others			
11 12 13 14 15 16 17 18 19 20													

Section 3
Health Insurance for (all Family Member)

201							
301	304	305	306	307	308	309	310
Household member	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How deduct from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	How deduct from your place of work (L.E) Write Zero if there is no deduction	How deduct from your monthly income to participate in the insurance 1 fully 2 Partially	Do you benefit from health insurance in the last 12 months 1 → Yes 2 No 310	what the cause of your participation in health insurance(main 2 causes) 1 obligatory 2 Provide Health care with small fees 3 Provide medication with small fees 4 To avoid economic crisis 5 For total coverage 6 others (Go to next member)	Why did not use the insurance (main 2) 1 Did not get sick 2 I don't have time 3 Sick and did not require me going to the doctor 4 Sick, but insurance does not cover this service 5 Insurance Facility is far away 6 The services of insurance is low quality 7 Difficult administrative procedures 8 Non-specialized in some diseases 9 Others
11 12 13 14 15 16 17 18 19 20							

Section 3
Health Insurance for (all Family Member)

201	3r ^d provider of health insurance							
301	304	305	306	307	308	309	310	
Household member number	Who bears the value of health insurance premiums 1 full by My place of work 2 Partially by my place of work 3 Her/himself 4 Wife/husband 5 Parents 6 Brother/sister 7 Family member 8 Others	How deduct from your monthly income to participate in the insurance (L.E) Write Zero if there is no deduction	(L.E) 1 fully		Do you benefit from health insurance in the last 12 months 1 → Yes 2 No 310	what the cause of your participation in health insurance(main 2 causes) 1 obligatory 2 Provide Health care with small fees 3 Provide medication with small fees 4 To avoid economic crisis 5 For total coverage 6 others (Go to next member)	Why did not use the insurance (main 2) 1 Did not get sick 2 I don't have time 3 Sick and did not require me going to the doctor 4 Sick, but insurance does not cover this service 5 Insurance Facility is far away 6 The services of insurance is low quality 7 Difficult administrative procedures 8 Non-specialized in some diseases	
11								
12								
13								
14								
15								
16								
17								
18								
19								
20				- 13 -				

Section 4
Surveyed Family Members

401	402	403	404	405	406	407	408	409	410
	Non- Chronic	Chronic Questionn	Dental Questionnai		why didn't you go to the hospital though you need so	Hospital Admission Questionnaire	Treatment Abroad Questionnair	care Questionna ire	Why did not questionnaire apply to you
Household member number	did () suffer from non- chronic disease? Through the last 4 weeks 1 Yes No	did () suffer from a chronic disease in the last 4 weeks 1 Yes 2 No	Is anyone suffer from toothache in the last 12 months	did your health conditions require going to the hospital in the last 12 months 1 Yes → 407 2 No → 408 3 need but I didn't go → 406	I though it is a simple problem 1 though it is a simple problem 2 high cost	Where was your treatment in hospital 1 Outpatient clinic 2 ER 3 Inpatient ward (fill Hos. Admtn. Questionnaire)	Did you get a treatment abroad in the last 24 months 1 Yes 2 No	Did you get a preventive consultatio n in the last 24 months	1 Was not sick 2 Do not know about the preventive consultation 3 not have enough money 4 Facility is far away 5 not have time 6 others (mention)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Section 4
Surveyed Family Members

401	402	403	404	405	406	407	408	409	410
	Non- Chronic	Chronic Questionn	Dental Questionnai		why didn't you go to the hospital though you need so	Hospital Admission Questionnaire	Treatment Abroad Questionnair	care Questionna ire	Why did not questionnaire apply to you
Household member number	did () suffer from non- chronic disease? Through the last 4 weeks 1 Yes 2 No	did () suffer from a chronic disease in the last 4 weeks 1 Yes 2 No	Is anyone suffer from toothache in the last 12 months	did your health conditions require going to the hospital in the last 12 months 1 Yes → 407 2 No → 408 3 need but I didn't go → 406	I though it is a simple problem 1	Where was your treatment in hospital 1 Outpatient clinic 2 ER 3 Inpatient ward (fill Hos. Admtn. Questionnaire)	Did you get a treatment abroad in the last 24 months 1 Yes 2 No	Did you get a preventive consultatio n in the last 24 months	1 Was not sick 2 Do not know about the preventive consultation 3 not have enough money 4 Facility is far away 5 not have time 6 others (mention)
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Section 5

Possession of the family and housing Condition

A - Possess of the family for transportation and home appliances

Item		ble answer and if yes				
1- private means of Transportati	on and C	<u> </u>	T	# as the order in the		
1-Private Automobile	1	1 Yes		Question		
2-Bicycle	2	1 Yes	2 No			
3-Motor cycle	3	1 Yes	2 No			
4-Land phone	4	1 Yes	2 No			
5-Cell phone	5	1 Yes	2 No			
6-Internet/ router	6	1 Yes	2 No			
2 - Home appliances		гш . оо	110			
1-Fridge	7	1 Yes	2 No			
2-Deep fridge	8	1 Yes	2 No			
3-Stove (Gas, electric)	9	1 Yes				
4-Microwave/ Grill	10	1 Yes	2 No			
5-Washing machine	11	1 Yes	2 No			
6-Automatic washing machine	12	1 Yes	2 No			
7-Semi Automatic washing machine	13	1 Yes	2 No			
8-Dish washer machine	14	1 Yes	2 No			
9-Water heater (Electric, Gas)	15	1 Yes	2 No			
10-Vacuum Cleaner	16	1 Yes	2 No			
11-Air Condition	17	1 Yes	2 No			
12-Fan	18	1 Yes	2 No			
13-heater (Electric, Gas, kerosene)	19	1 Yes	2 No			
14-Electric Iron	20	1 Yes	2 No			
15-Colored TV	21	1 Yes	2 No			
16-W/B TV	22	1 Yes	2 No			
17-Video/ DVD	23	1 Yes	2 No			
18-Recorder	24	1 Yes	2 No			
19-Receiver Satellite	25	1 Yes	2 No			
20-PC/Laptop	26	1 Yes	2 No			
21-Camera	27	1 Yes	2 No			
22-Digital Camera	28	1 Yes	2 No			
23-Water filter	29	1 Yes	2 No			
24-MP3,4,5	30	1 Yes	2 No			
25-Chopper/Mixer	31	1 Yes	2 No			
26-Sewing Machine	32	1 Yes	2 No			
27-Kitchen Machine	33	1 Yes	2 No			

Section 5

B - Possess of the family for Lands, animals and birds

n	501	502	503	504	505	506	507		
	Do any member of the family possess a	Does the family possess of any the following animals or birds							
	11/1	Caw	Sheep	Cattle	Horses donkey	Camels	Poultry		
	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes		
1	2 Go to 502 → No	2 No →	2 No →	2 No →	2 No →	2 No →	2 No		
			How many						
	What is the area of this land	1 zero	1 zero	1 zero	1 zero	1 zero	1 zero		
		2 (1-5)	2 (1-5)	2 (1-5)	` ′	2 (1 – 3)	2 (1 - 10)		
2		3 (6 −20)	3 (6 – 20)	3 (6 - 20)	3 More than 4	More than 4	3 (11 - 20)		
		4 (21 -50)	4 (21 -50)	4 (21 -50)	4 I don't Know	4 I don't Know	4 (21 -50)		
		2 (100-51)	2 (100-51)	2 (100-51)			5 (100-51)		
		6 More than 100	6 More than 100	6 More than 100			6 More than 100		
		7 I don't Know	☑ I don't Know	7 I don't Know			7 I don't Know		

Section 5

Possession of the family and housing Condition of the Family C - Housing Condition

Item	Put	1/	for the suitable ans		wer			
	1 Flat	2 More than one flat	3 Villa	4 Farm	n house			
1-Type of the house	5 One or more rooms	6 Private room or more						
	7 Cond	Z Condo						
2- # of rooms								
3- Area of the house	By square meter							
4-Possession of the house	Old Rent	2 New Rent	3 Furniture rent		4 Owned			
T 1 0000001011 Of the modes	5 Sale	6 Gift/ grant	7 Feature in-kind		8 Others			
5-Source of water	1 Public	2 pump	3 Well		4 Others			
6-Connection with the source of water	1 Tap inside	the residence		2 Tap ins	side the building			
O Connection with the source of water	3 No connect	ion						
7- sanitation	public	Private	reservoir	other	non			
8- Main lighting source	1 Electricity	2 Kerosene	₃Gas		4 Others			
9-Main foul using for cooking	1 Gas	2 Natural Gas	3 Kerosene		5 Electricity			
	5 Wood		6 Other					
10- Walls of the house	1 Bricks and Cement	2 Concert	3 bricks		4 Muddy bricks			
	5 Wood	6 Metal Flake	7 Asbestos		8 Others			
11- Kitchen	1 Private		2 Joint, 1	not private	3 No kitchen			
12-Separate bathroom	1 Private		2 Joint,	not private	3 No			
13-Bathroom with WC	With Siphon	1 Private	2 Joint, r	not private	3 No			
13-Battilootti witti WC	Without Siphon	1 Private	2 Joint,	not private	3 No			
14-WC	With Siphon	1 Private	2 Joint	, not private	3 No			
14-000	Without Siphon	1 Private	Joint, not private		3 No			
15-Waste disposal	1 scavenger	2 Company	3 Throw it into the trash bin		hrow it into the street			
	5 Others							

Section 6 General Expenditure Items

Sno	Items	Total expenditure (L.E)			
3110	items	Last month	Last year		
	What is the value of household expenditure on the following item:				
1	Food & Drink				
2	Alcohol				
3	Cigarettes				
4	Clothes, Socks				
5	Housing and its requirements including the renovation and maintenance				
6	Furniture, Equipments and Purchase durable goods and maintenance				
7	Services and healthcare				
8	Transportation				
9	Communication				
10	Culture and entertainment including excursions and Resorts				
11	Education, including tuition and private lessons				
12	Restaurants, cafe and hotels				
13	Miscellaneous goods and services, including spent on weddings or funerals				
14	Transfer neumants (gifts Davier Cald Traff's				
14	Transfer payments (gifts - Dowry - Gold - Traffic Infractions - Payments to non-family members).				
	Total Annual Expenditure				

Section 7

Deaths and spent on health care before death

Yes 2 No — Next Section did any persons died during the last 12months,

701	702		703		704	705	706	707	708	709	710	711
	What is the	What is the a	age of the decea	sed at death	Cause of death		Total am	ount that was	paid to	(during last	12 months bef	fore death)
	relationship HH head					For persons	Medical Services in OPD	Medical Services in Inpatient	Exam & Lab	Medicine	Others	Total
<u></u>		Days	Months	Years	1 Chronic disease	who died during the last	in Hospital or private clinic	ward	X-Ray		Transportation)	
Member line	1 Husband/Wife				2 Non-chronic disease	four weeks, Is he receive any						
r line	Son/daughter Daughter's husband/				Accident Antenatal	health care 1 Yes						
	Son's wife				*							
	4 Father/Mother; 5 Grand: son/daughter				5 Destiny 6 Others	2 → Go to						
	6 Sister, Brother				Others	Next						
sta												
start) from	8 No-relationship						L.E	L.E	L.E	L.E	L.E	L.E
80												

Section 8 The Expenditure on supplies and medical devices

→ Go to Section 9

Did any of the household member (including the deaths) obtain any medical tools or instrument during last 12 months

Yes

1 No

	801	802	803	804	805	
	Type of medical device	#	Total expenditure	Who paid the cost Family Government Public Private HIO NGO Syndicate Friends/ Relative Others	Total in L.E	
n			L.E	payer 1st 2nd 3rd	1st payer 2nd payer	3rd payer
1 2	Sphygmomanometer Gluco-meter					
3	Medical mattress					
	Vision equity correction					
	Audio correction (ear piece)					
6	Assistance to breathe					
7	Assistance to walk					
	Assistance to move (Wheel Chair)					
9	Tools of the hemodialysis					
10	Orthopedic device					
	Others					

Section 9

Adaptation strategy with the costs of health care

901	902		
, c	Was there any burden on the family income due to the health care during the last 12 months Yes On the family income due to the health care during the last 12 months Yes On the family income due to the health care during the last 12 months Yes On the family income due to the health care during the last 12 months		
	In case of Yes, how did you deal with the problem (main 3 action)		
Government Public Private HIO NGOs Syndicate Syndicate Friends/ Relative Others	I bought a part of the treatments (not complete treatment) Worked additional work or increase the period of the additional work Reduced spending on the remaining items Used family savings (cash) I sold some of the family properties The amount borrowed I received a charitable donations or assistance from the Zakat Chamber Obtained the assistance of relatives or acquaintances from within or outside Egypt I received a free treatment Others		

2- NON-CHRONIC DISEASES QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization <u>And Statistics</u>

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate

Household number within shieaka / village

Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Non-Chronic Diseases Questionnaire

First: Identification data:	(2)					
Governorate:	Urban / Rural					
Kism / Markaz	Segment no.					
shiakha / city / village	District no. / building owner name					
Road name / Block number						
Patient name:						
Household member number :						

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

NO.	Question	Answers selections					
101	Number of diseases suffered during the last	No major 3 diseases 1-					
	4 weeks	2 -					
		3 -					
	First Disease :						
102	Type of the disease :	1- Gastroenteritis ;					
		2- Fever;					
		3- Hepatitis;					
		4- Typhoid;					
		5- Respiratory diseases;					
		6- Measles/Rubella;					
		7- Abscesses (minor surgeries);					
		8- Contusions;					
		9- Eye problems(included Zvis);					
		10-Orthopedic diseases					
		11- Common Cold					
		12- Others (mention)					
103	Was this patient able to do his usual practice						
	in the presence of the disease ?	1- yes — > move to (105)					
		2 - No					
104	How many days patient could not exercise his						
	activity during the last four weeks?						
105	Did the patient make any visit in order to treat this	1- yes — move to (107)					
	disease during the last four weeks?	2 - No					
106	What is the main reason for not getting treatment	1 - I think that the problem is simple;					
	of this disease ?	2- High cost;					
		3- Far Distance;					
		4 - Low Quality;					
		5- Has not physical Ability to go;					
		6 - Long waiting time of the previous visit;					
		7 - Family Responsibilities;					
		8 - Use traditional treatments without consultation;					
		9 - Use medical treatments without consultation;					
		10- Other (mention)					
107	How many visits made by the patient during the						
	last four weeks for this disease ?						
			First visit second visit Third visit				
108	Where did the patient go for treatment?	1- MOH Hospitals					
		2- MOH primary healthcare facilities					
		3- One day surgery hospitals(MOH)					

		4- Specialized Medical centers;	First visit	second visit	Third visit
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient clinics;			
		7 - Other Governmental Hospitals(Military,			
		police, Electricity, etc.;			
		8 - CCO. ;			
		9 - University Hospitals;			
		10 - Teaching Hospitals;			
		11 - Private Hospitals;			
		12 - Private clinics;			
		13 - Mosque/Church;			
		14 - Polyclinic;			
		15 - Pharmacies;			
		16 - Others (mention)			
109	Who provide you with the health service ?	1 - Specialist, Consultant;	First visit	second visit	Third visit
		2 - Family Physician, General Practitioner,			
		3 - Assistant Nurse;			
		4 - Nurse;			
		5 - Physiotherapy technician;			
		6 - Traditional Healer;			
		7 - Other;(mention)			
110	How far is the institution from your house? In KM		Km	Km	Km
111	What is the main means of transportation used to move?	1- Walking;			
		2 - Private car;			
		3 - Public vehicle;			
		4- Taxi;			
		5 - Bicycle;			
		6 - Motor cycle;			
		7- Cart;			
		8 -Animal;			
		9 -Ambulance;			
		10 - Airplane;			
		11 - Other (mention)			
112	How much time to get to this institution? In minutes		minute	minute	minute
113	Did you bear any expenses incurred to move or get	1 - yes			
	health service from your income or family income?	2 - No. → 126			
114	Cost of transporting the patient to and from the	In L.E			
	healthcare place (in L.E.)				

115	Cost of transportation of the relative to	in L.E.		
	accompany patient ? (if present)			
116	Total transportation cost in case of ignoring	in L.E.		
	details (patient and companion)			
117	How much money has been spent on health	in L.E.		
	and curative services in the following items			
118	1 - Doctor consultation	in L.E.		
119	2 - Radio- diagnostic(MRI,X-ray , CT)	in L.E.		
120	3 - Medication	in L.E.		
121	4 - Minor operations	in L.E.		
122	5 - Physiotherapy	in L.E.		
123	6 - Traditional treating	in L.E.		
124	7 - Others (mention)	in L.E.		
125	Total cost of the health care	in L.E.		
126	Did any person or party contribute in payment	1- Yes		
	of your treatment expenses ? (in L.E)	2- No ——— 135		
127	Governmental	in L.E.		
128	Public Sector	in L.E.		
129	Private Sector	in L.E.		
130	НЮ	in L.E.		
131	Social organization	in L.E.		
132	Syndicates	in L.E.		
133	Others (Friends-Relatives)	in L.E.		
134	Total contribution	in L.E.		
135	Are you satisfied with the level of quality of	1- Completely satisfied		
	the health service delivery ?	2- Somewhat satisfied		
		3- Neutral — ▶ next disease		
		4- Unsatisfied → 137		
136	What are the causes of satisfaction?	1 - Facility is nearby easy to reach		
	(Maximum 3 causes)	2- Reasonable cost		
		3 - Same gender		
		4 - Good quality		
		5 - Short waiting time		

		6 - Good communication skills ;		
		7 - Clean places ;		
		8- Others (mention)		
137	What are the causes of dissatisfaction?	1 - High cost of the consultation fees;		
	(Maximum 3 causes)	2 - High cost of the medication ;		
		3 - High cost of the lab. Investigation;		
		4 - Difficult administrative process;		
		5 - Low Quality;		
		6 - Far away and difficulty to reach;		
		7 - Long waiting time;		
		8 - Consultation days is inappropriate ;		
		9 - Dirty place ;		
		10 - No providers;		
		11 - No same gender provider;		
		12 - Others (mention)		

NO.	Question	Answers selections				
	Second Disease :					
138	Type of the disease :	e of the disease : 1- Gastroenteritis ;				
		2- Fever;				
		3- Hepatitis;				
		4- Typhoid;				
		5- Respiratory diseases;				
		6- Measles/Rubella;				
		7- Abscesses (minor surgeries);				
		8- Contusions;				
		9- Eye problems(included Zvis);				
		10- Others (mention)				
139	Did the patient make any visit in order to treat this	1- yes — > move to (141)				
	disease during the last four weeks?	2 - No				
140	What is the main reason for not getting treatment	1 - I think that the problem is simple;				
	of this disease ?	2- High cost;				
		3- Far Distance;				
		4 - Low Quality;				
		5- Has not physical Ability to go;				
		6 - Long waiting time of the previous visit;				
		7 - Family Responsibilities;				
		8 - Use traditional treatments without consultation;				
		9 - Use medical treatments without consultation;				
		10 - Other (mention)				
141	How many visits made by the patient during the					
	last four weeks for this disease ?					
			First visit second visit Third visit			
142	Where did the patient go for treatment ?	1- MOH Hospitals				
		2- MOH primary healthcare facilities				
		3- One day surgery hospitals(MOH)				

		4- Specialized Medical centers;	First visit	second visit	Third visit
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient clinics;			
		7 - Other Governmental Hospitals(Military,			
		police, Electricity, etc.;			
		8 - CCO. ;			
		9 - University Hospitals;			
		10 - Teaching Hospitals;			
		11 - Private Hospitals;			
		12 - Private clinics;			
		13 - Mosque/Church;			
		14 - Polyclinic;			
		15 - Pharmacies;			
		16 - Others (mention)			
143	Who provide you with the health service ?	1 - Specialist, Consultant;	First visit	second visit	Third visit
		2 - Family Physician, General Practitioner,			
		3 - Assistant Nurse;			
		4 - Nurse;			
		5 - Physiotherapy technician;			
		6 - Traditional Healer;			
		7 - Other;(mention)			
144	How far is the institution from your house? In KM		Km	Km	Km
145	What is the main means of transportation used to move?	1- Walking;			
		2 - Private car;			
		3 - Public vehicle;			
		4- Taxi;			
		5 - Bicycle;			
		6 - Motor cycle;			
		7- Car;			
		8 -Animal;			
		9 -Ambulance;			
		10 - Airplane;			
		11 - Other (mention)			
146	How much time to get to this institution ? In minutes		minute	minute	minute
147	Did you bear any expenses incurred to move or get	1 - yes			
	health service from your income or family income?	2 - No. → 160			
148	Cost of transporting the patient to and from the				
	healthcare place (in L.E.)	In L.E			

149	Cost of transportation of the relative to	in L.E.		
	accompany patient ? (if present)			
150	Total transportation cost in case of ignoring	in L.E.		
	details (patient and companion)			
151	How much money has been spent on health	in L.E.		
	and curative services in the following items			
152	1 - Doctor consultation	in L.E.		
153	2 - Radio- diagnostic(MRI,X-ray , CT)	in L.E.		
154	3 - Medication	in L.E.		
155	4 - Minor operations	in L.E.		
156	5 - Physiotherapy	in L.E.		
157	6 - Traditional treating	in L.E.		
158	7 - Others (mention)	in L.E.		
159	Total cost of the healthcare	in L.E.		
160	Did any person or party contribute in payment	1- Yes		
	of your treatment expenses ? (in L.E)	2- No ——— 169		
161	1 - Governmental	in L.E.		
162	2 - Public Sector	in L.E.		
163	3 - Private Sector	in L.E.		
164	4 - HIO	in L.E.		
165	6 - Social organization	in L.E.		
166	7 - Syndicates	in L.E.		
167	8 - Others (Friends-Relatives)	in L.E.		
168	Total contribution	in L.E.		
169	Are you satisfied with the level of quality of	1- Completely satisfied		
	the health service delivery ?	2- Somewhat satisfied		
		3- Neutral — ▶ next disease		
		4- Unsatisfied → 171		
170	What are the causes of satisfaction?	1 - Facility is nearby easy to reach		
	(Maximum 3 causes)	2- Reasonable cost		
		3 - Same gender		
		4 - Good quality		
		5 - Short waiting time		

		6 - Good communication skills ;		
		7 - Clean places ;		
		8- Others (mention)		
171	What are the causes of dissatisfaction?	1 - High cost of the consultation fees;		
	(Maximum 3 causes)	2 - High cost of the medication ;		
		3 - High cost of the lab. Investigation ;		
		4 - Difficult administrative process;		
		5 - Low Quality;		
		6 - Far away and difficulty to reach;		
		7 - Long waiting time;		
		8 - Consultation days is inappropriate ;		
		9 - Dirty place ;		
		10 - No providers;		
		11 - No same gender provider;		
		12 - Others (mention)		

NO.	Question	Answers selections		
	Third Disease :			
172	Type of third disease :	1- Gastroenteritis ;		
		2- Fever;		
		3- Hepatitis;		
		4- Typhoid;		
		5- Respiratory diseases;		
		6- Measles/Rubella;		
		7- Abscesses (minor surgeries);		
		8- Contusions;		
		9- Eye problems(included Zvis);		
		10- Others (mention)		
173	Did the patient make any visit in order to treat this	1- yes — b move to (175)		
	disease during the last four weeks?	2 - No		
174	What is the main reason for not getting treatment	1 - I think that the problem is simple;		
	of this disease ?	2- High cost;		
		3- Far Distance;		
		4 - Low Quality;		
		5- Has not physical Ability to go;		
		6 - Long waiting time of the previous visit;		
		7 - Family Responsibilities;		
		8 - Use traditional treatments without consultation;		
		9 - Use medical treatments without consultation;		
		10- Other (mention)		
175	How many visits made by the patient during the			
	last four weeks for this disease ?			
			First visit second visit Third visit	
176	Where did the patient go for treatment ?	1- MOH Hospitals		
		2- MOH primary healthcare facilities		
		3- One day surgery hospitals(MOH)		

		4- Specialized Medical centers;	First visit	second visit	Third visit
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient clinics;			
		7 - Other Governmental Hospitals(Military,			
		police, Electricity, etc.;			
		8 - CCO. ;			
		9 - University Hospitals;			
		10 - Teaching Hospitals;			
		11 - Private Hospitals;			
		12 - Private clinics;			
		13 - Mosque/Church;			
		14 - Polyclinic;			
		15 - Pharmacies;			
		16 - Others (mention)			
177	Who provide you with the health service ?	1 - Specialist, Consultant;	First visit	second visit	Third visit
		2 - Family Physician, General Practitioner,			
		3 - Assistant Nurse;			
		4 - Nurse;			
		5 - Physiotherapy technician;			
		6 - Traditional Healer;			
		7 - Other;(mention)			
178	How far is the institution from your house? In KM		Km	Km	Km
179	What is the main means of transportation used to move?	1- Walking;			
		2 - Private car;			
		3 - Public vehicle;			
		4- Taxi;			
		5 - Bicycle;			
		6 - Motor cycle;			
		7- Cart;			
		8 -Animal;			
		9 -Ambulance;			
		10 - Airplane;			
		11 - Other (mention)			
180	How much time to get to this institution ? In minutes		minute	minute	minute
181	Did you bear any expenses incurred to move or get	1 - yes			
	health service from your income or family income?	2 - No. → 194			
182	Cost of transporting the patient to and from the	in L.E			
	healthcare place (in L.E.)				- !

183	Cost of transportation of the relative to	in L.E.		
	accompany patient ? (if present)			
184	Total transportation cost in case of ignoring	in L.E.		
	details (patient and companion)			
185	How much money has been spent on health	in L.E.		
	and curative services in the following items			
186	1 - Doctor consultation	in L.E.		
187	2 - Radio- diagnostic(MRI,X-ray , CT)	in L.E.		
188	3 - Medication	in L.E.		
189	4 - Minor operations	in L.E.		
190	5 - Physiotherapy	in L.E.		
191	6 - Traditional treating	in L.E.		
192	7 - Others (mention)	in L.E.		
193	Total cost of the health care	in L.E.		
194	Did any person or party contribute in payment	1- Yes		
	of your treatment expenses ? (in L.E)	2- No → 203		
195	1 - Governmental	in L.E.		
196	2 - Public Sector	in L.E.		
197	3 - Private Sector	in L.E.		
198	4 - HIO	in L.E.		
199	6 - Social organization	in L.E.		
200	7 - Syndicates	in L.E.		
201	8 - Others (Friends-Relatives)	in L.E.		
202	Total contribution	in L.E.		
203	Are you satisfied with the level of quality of	1- Completely satisfied		
	the health service delivery ?	2- Somewhat satisfied		
		3- Neutral — → next disease		
		4- Unsatisfied → 206		
204	What are the causes of satisfaction?	1 - Facility is nearby easy to reach		
	(Maximum 3 causes)	2- Reasonable cost		
		3 - Same gender		
		4 - Good quality		
		5 - Short waiting time		

		6 - Good communication skills ;		
		7 - Clean places ;		
		8- Others (mention)		
205	What are the causes of dissatisfaction ?	1 - High cost of the consultation fees;		
	(Maximum 3 causes)	2 - High cost of the medication ;		
		3 - High cost of the lab. Investigation;		
		4 - Difficult administrative process;		
		5 - Low Quality;		
		6 - Far away and difficulty to reach;		
		7 - Long waiting time;		
		8 - Consultation days is inappropriate;		
		9 - Dirty place ;		
		10 - No providers;		
		11 - No same sex provider;		
		12 - Others (mention)		
206	Is there any other health institution	1- yes ——▶207		
	nearer to your home ?	2- No (finish the questionnaire)		
207	Why didn't you go there?	1- High cost		
		2- Difficult administrative process		
		3- Low quality		
		4- Long waiting time		
		5- Consultation days is inappropriate		
		6 - Dirty place		
		11 - No same gender provider;		
		8- Others(Mentions)		

3- CHRONIC DISEASES QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization
<u>And Statistics</u>

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate

Household number within shieaka / village

Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Chronic Diseases Questionnaire

First: Identification data:	(3)
Governorate:	Urban / Rural
Kism / Markaz	Segment no.
shiakha / city / village	District no. / building owner name
Road name / Block number	
Patient name:	
Household member number :	

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

SN	Question				
			Answer	Selection	on
101	Number of diseases suffere	ed during the last 4 weeks	234.	1.	1-
			- T	or disease	٤-
			#		3-
		1 st Disease			
102	Type Of Disease:	1- Hypertension;			
		2- Hyperglycemia3- Rheumatic diseases;4- Renal diseases (Renal Failure);5- Cardiac diseases;			
		6- TB;; 7- Asthma; 8- Cancer; 9- Mantel diseases; 10- Malnutrition; 11- Others (Mention).			
103	Was person able to do his usual practice in the presence of the disease?	1-Yes			
104	How many days the patient could not do his activities during the last four weeks?				
105	Did the patient make any visit to in order to treat this disease during the last four weeks?	1-Yes →107 2-No			
106	What is the main reason of not to getting a treatment for this disease?	 1-I think that the problem is simple; 2- High cost; 3- Far Distance; 4- Low Quality; 5- Has not physical Ability to go; 6- Long waiting time of the previous visit; 7- Family Responsibilities; 8- Use traditional treatments without consultation; 9- Use medical treatments without consultation; 10- Other (Mention). 			

107	How many visits made by the patient during the last four weeks for treatment of this disease?				
108	Where did he go?	1- MOH Hospitals;	1 st visit	2 nd visit	3 rd visit
		1 11011 1105p.w.s,			
		2- MOH primary healthcare facilities			
		3- One day surgery hospitals(MOH)			
		4- Specialized Medical Centers;			
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient			
		clinics;			
		7- Other Governmental Hospitals			
		(Military, Police, Electricity, Etc.;			
		8- CCO;			
		9- University Hospitals;			
		10- Teaching Hospitals;			
		11- Private Hospitals;			
		12- Private Clinics;			
		13- Mosque/Church;			
		14- Polyclinic;			
		15- Pharmacies;			
		16- Others (Mention)			
109	Who provide you with	1- Specialist, Consultant;			
	the health service?	2- Family Physician, General			
		Practitioner;			
		3- Assistant Nurse;			
		4- Nurse;			
		5- Physiotherapy technician;			
		6- Traditional Healer;			
110	TT C d ' d' d'	7- Other (Mention)			
110	How far the institution from your house?	KM			
111	What is the main mean	1- Walking;			
	of transportation used?	2- Private car;			
		3- Public vehicle;			
		4- Taxi; 5- Bicycle;			
		6- Motor cycle;			
		7- Cart(Caro).			
		8- Animal;			
		9- Ambulance;			
		10- Airplane;			
		11- Other (Mention)			

112	How much time takes			
	to get to this institution?			
	In minutes?			
113	Did you bear any	1-Yes		
	expenses to move or get			
	health service from			
	your income or your	2-No→126		
114	Family income of? Costs of transporting	in EL		
114	the patient to go and	III EL		
	return?			
115	Cost of transportation	in EL		
	of the relative to			
	accompany the patient?			
116	Total transportation	in EL		
	cost.			
117	How much money has	in EL		
	been spent on following health and curative			
	services?(Doctor			
	Consultation)			
118	Laboratory	in EL		
	investigations			
119	Radio-diagnostic (MRI,	in EL		
120	X-ray, CT			
120	Medication	in EL		
121	Minor operations	in EL in EL	 $-\Box\Box\Box$	
122 123	Physiotherapy Traditional healing	in EL		
123	Others (Mention).	in EL		
125	Total cost of the	in EL		
123	health care	III DD		
126	Do you contributed to any	1-Yes		
	person or any party in the			
	payment of treatment expenses Incas of yes			
	mention the contributed	2-No →135		
12=	parties and amounts paid?			
127	Governmental;	In L.E		
128	Public Sector;	In L.E		
129	Private Sector;	In L.E		
130	HIO;	In L.E		
131	Social Organization;;	In L.E		
132	Syndicates;	In L.E		
133	Others (Friends-	In L.E		
	Relatives)			
134	Total contribution	In L.E		

135	Are you satisfied with the	1- Completely Satisfied.		
	level of quality of the	2- Somewhat Satisfied.		
	health service delivery?	3- Neutral.		
		4- Not Satisfied. → 137		
136	What are the causes of satisfaction?	1- Facility nearly; easy to reach;		
		2- Reasonable cost;		
		3- Same gender		
		4- Good quality;		
		5- Short waiting time;		
		6- Good communication skills;		
		7- Clean places;		
		8- Others (Mention).		
137	What are the causes of dissatisfaction?	1- High cost of the consultation fees;		
		2- High cost of the medication;		
		3- High cost of the lab. Investigation;		
		4- Difficult administrative process;		
		5- Low Quality.		
		6- Far away and difficulty to reach;		
		7- Long waiting time;		
		8- Consultation days is inappropriate;		
		9- Dirty place;		
		10- No providers;		
		11- No same gender provider;		
		12- Others (Mention)		

Second Disease

138	Type Of Disease:	1- Hypertension;	
		2- Hyperglycemia	
		3- Rheumatic diseases;	
		4- Renal diseases (Renal Failure);	
		5- Cardiac diseases;	
		6- TB;;	
		7- Asthma;	
		8- Cancer;	
		9- Mantel diseases;	
		10- Malnutrition;	
		11- Others (Mention).	
139	Did the patient make any visit to in order to treat this disease during	1-Yes → 141 2-No	
140	the last four weeks? What is the main reason	1-I think that the problem is simple;	
140	the last four weeks? What is the main reason of not to getting a treatment for this	1-I think that the problem is simple;2- High cost;	
140	the last four weeks? What is the main reason of not to getting a	_	
140	the last four weeks? What is the main reason of not to getting a treatment for this	2- High cost;	
140	the last four weeks? What is the main reason of not to getting a treatment for this	2- High cost;3- Far Distance;	
140	the last four weeks? What is the main reason of not to getting a treatment for this	2- High cost;3- Far Distance;4- Low Quality;	

141	How many visits made by the patient during the last four weeks for treatment of this disease?				
142	Where did he go?	1- MOH Hospitals;	1 st visit	2 nd visit	3 rd visit
	C	,			
		2- MOH primary healthcare facilities			
		3- One day surgery hospitals(MOH)			
		4- Specialized Medical Centers;			
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient			
		clinics;			
		7- Other Governmental Hospitals			
		(Military, Police, Electricity, Etc.;			
		8- CCO;			
		9- University Hospitals;			
		10- Teaching Hospitals;			
		11- Private Hospitals;			
		12- Private Clinics;			
		13- Mosque/Church;			
		14- Polyclinic;			
		15- Pharmacies;			
		16- Others (Mention)			
143	Who provide you with	1- Specialist, Consultant;			
	the health service?	2- Family Physician, General			
		Practitioner;			
		3- Assistant Nurse;			
		4- Nurse;			
		5- Physiotherapy technician;			
		6- Traditional Healer;			
		7- Other (Mention)			
144	How far the institution	KM			
145	from your house? What is the main mean	1- Walking;			
143	of transportation used?	2- Private car;			
	1	3- Public vehicle;			
		4- Taxi;			
		5- Bicycle;			
		6- Motor cycle; 7- Cart(Caro).			
		8- Animal;			
		9- Ambulance;			
		10- Airplane;			
		11- Other (Mention)			

146	How much time takes to get to this institution?				
	In minutes?				
147	Did you bear any expenses to move or get health service from	1-Yes			
	your income or your Family income of ?				
148	Costs of transporting the patient to go and return in EL?	in EL			
149	Cost of transportation of the relative to accompany the patient?	in EL			
150	Total transportation cost.	in EL			
151	How much money has been spent on following health and curative services?(Doctor Consultation)	in EL			
152	Laboratory investigations	in EL			
153	Radio-diagnostic (MRI, X-ray, CT	in EL			
154	Medication	in EL			
155	Minor operations	in EL			
156	Physiotherapy	in EL			
157	Traditional healing	in EL			
158	Others (Mention).	in EL			
159	Total cost of the healthcare	in EL			
160	Do you contributed to any person or any party in the payment of treatment expenses Incas of yes mention the contributed parties and amounts paid?	1-Yes 2-No →169			
161	Governmental	In L.E			
162	Public Sector	In L.E			
163	Private Sector	In L.E			
164	HIO;	In L.E			
165	Social Organization	In L.E			
166	Syndicates	In L.E			
167	Others (Friends-Relatives)	In L.E			
168	Total contribution	In L.E			

169	Are you satisfied with the	1- Completely Satisfied.		
	level of quality of the	2- Somewhat Satisfied.		
	health service delivery?	3- Neutral.		
		4- Not Satisfied. → 171		
170	What are the causes of satisfaction?	1- Facility nearly; easy to reach;		
		2- Reasonable cost;		
		3- Same gender		
		4- Good quality;		
		5- Short waiting time;		
		6- Good communication skills;		
		7- Clean places;		
		8- Others (Mention).		
171	What are the causes of dissatisfaction?	1- High cost of the consultation fees;		
		2- High cost of the medication;		
		3- High cost of the lab. Investigation;		
		4- Difficult administrative process;		
		5- Low Quality.		
		6- Far away and difficulty to reach;		
		7- Long waiting time;		
		8- Consultation days is inappropriate;		
		9- Dirty place;		
		10- No providers;		
		11- No same gender provider;		
		12- Others (Mention)		

Third Disease

172	Type Of Disease:	1- Hypertension;	
		2- Hyperglycemia	
		3- Rheumatic diseases;	
		4- Renal diseases (Renal Failure);	
		5- Cardiac diseases;	
		6- TB;;	
		7- Asthma;	
		8- Cancer;	
		9- Mantel diseases;	
		10- Malnutrition;	
		11- Others (Mention).	
173	Did the patient make	1-Yes →175	
	any visit to in order to treat this disease during	2-No	
1774	the last four weeks?		
174	What is the main reason of not to getting a	1-I think that the problem is simple;	
	treatment for this disease?	2- High cost;	
		3- Far Distance;	
		4- Low Quality;	
		5- Has not physical Ability to go;	
		6- Long waiting time of the previous	
		visit; 7- Family Responsibilities;	
		8- Use traditional treatments without	
		consultation;	
		9- Use medical treatments without	
		consultation; 10- Other (Mention).	
		, ,	
175	How many visits made		
	by the patient during the last four weeks for		
	treatment of this		
	disease?		

176	Where did he go?	1-MOH Hospitals;	1 st visit	2 nd visit	3 rd visit
		2- MOH primary healthcare facilities			
		3- One day surgery hospitals(MOH)			
		4- Specialized Medical Centers;			
		5- Family planning and MCH;			
		6- HIO Hospitals and outpatient			
		clinics;			
		7- Other Governmental Hospitals			
		(Military, Police, Electricity, Etc.;			
		8- CCO;			
		9- University Hospitals;			
		10- Teaching Hospitals;			
		11- Private Hospitals;			
		12- Private Clinics;			
		13- Mosque/Church;			
		14- Polyclinic;			
		15- Pharmacies;			
		16- Others (Mention)			
177	Who provide you with	1- Specialist, Consultant;			
	the health service?	2- Family Physician, General			
		Practitioner;			
		3- Assistant Nurse;			
		4- Nurse;			
		5- Physiotherapy technician;			
		6- Traditional Healer;			
		7- Other (Mention)			
178	How far the institution	KM			
	from your house?				
179	What is the main mean	1- Walking; 2- Private car;			
	of transportation used?	3- Public vehicle;			
		4- Taxi;			
		5- Bicycle;			
		6- Motor cycle;			
		7- Cart(Caro).			
		8- Animal; 9- Ambulance;			
		10- Airplane;			
		11- Other (Mention)			
180	How much time takes				
-	to get to this institution?				
	In minutes?				

101	D:1 1	1 \$7			
181	Did you bear any	1-Yes			
	expenses to move or get health service from				
	your income or your	2-No →194			
	Family income of ?	2-110 174			
182	Costs of transporting	in EL			
	the patient to go and				
	return in EL?				
183	Cost of transportation	in EL			
	of the relative to				
	accompany the patient?				
184	Total transportation	in EL			
	cost.				
185	How much money has	in EL			
	been spent on following health and curative				
	services?(Doctor				
	Consultation)				
186	Laboratory	in EL			
	investigations				
187	Radio-diagnostic (MRI,	in EL			
	X-ray, CT				
188	Medication	in EL			
189	Minor operations	in EL			
190	Physiotherapy	in EL			
191	Traditional healing	in EL			
192	Others (Mention).	in EL			
193	Total cost of the	in EL			
104	healthcare Do you contributed to any	1-Yes			
194	person or any party in the	1-Yes			
	payment of treatment				
	expenses Incas of yes	2 N > 202			
	mention the contributed parties and amounts paid?	2-No→203			
195	Governmental;	In L.E			
196	Public Sector;	In L.E			
197	Private Sector;	In L.E			
198	HIO;	In L.E	————		
199	Social Organization;;	In L.E			
200	Syndicates;	In L.E			
201	Others (Friends-	In L.E			
201	Relatives)	III 2.12			
202	Total contribution	In L.E			

203	Are you satisfied with the	1- Completely Satisfied.			
203	level of quality of the	2- Somewhat Satisfied.			
	health service delivery?	3- Neutral.			
		4- Not Satisfied. → 205			
20.4	XX/1 4 41 C				
204	What are the causes of satisfaction?	1- Facility nearly; easy to reach;			
		2- Reasonable cost;			
		3- Same gender			
		4- Good quality;			
		5- Short waiting time;			
		6- Good communication skills;			
		7- Clean places;			
		8- Others (Mention).			
205	What are the causes of dissatisfaction?	1- High cost of the consultation fees;			
	dissuistaction.	2- High cost of the medication;			
		3- High cost of the lab. Investigation;			
		4- Difficult administrative process;			
		5- Low Quality.			
		6- Far away and difficulty to reach;			
		7- Long waiting time;			
		8- Consultation days is inappropriate;			
		9- Dirty place;			
		10- No providers;			
		11- No same sex provider;			
		12- Others (Mention)			
۲٠٦	Is there any other health	1- Yes 207			
	institution nearer to	2- No (finish the questionnaire)			
	your home				
۲.٧	Why didn't you go there	1- High cost			
		2- Difficult administrative process			
		3- low quality4- Long waiting time			
		5- Consultation days is inappropriate			
		6- Dirty place;			
		7- No same gender provider;			
		8- Others (Mentions)			

4- DENTAL DISEASES QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization And Statistics

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate Household number within shieaka / village Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Dental Diseases Questionnaire

(4)				
First: Identification data:					
Governorate:	Urban / Rural				
Kism / Markaz	Segment no.				
shiakha / city / village	District no. / building owner name				
Road name / Block number					
Patient name:					
Household member number :					

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

No.	Question	Andwer Selec	tion
101	Number of diseases suffered the Last 12	3 major dislases 1-	
	months	2-	
		3-	
Firs	st Disease :		
	Type of disease :	1- Dental cares ;	
. • =	. , , , , , , , , , , , , , , , , , , ,	2- Gingivitis ;	
		3- Tumor ;	
		4- Others (mention)	
102	Did the patient make visit in order to treat	1- Yes → 105	
103	·	2- No	
101	this disease during the eat 12 months?		
104	_	1- I think that the problem is simple;	
	a treatment ?	2- High codt	
		3- Far Distance ;	
		4- Low Quality ;	
		5- Has not physical ability to go ;	
		6- Long waiting tim of the previous visit;	
		7- Family Responsibilities ;	
		8- Use traditional treatments without	
		consultaion ;	
		9- Use medical treatments without	
		consultaion ;	
		10- Others (mention)	
105	How many visits made by the patient during		
	the last 12 month for treatment ?		
			first visit second visit third visit
106	Where did the patient go for treatment?	1- MOH Hospitals ;	
	3	2- MOH primary healthcare facilities	
		3- One day surgery hospitals(MOH)	
		4- Specialized Medical Centers;	
		5- HIO Hospitals and outpatient clinics;	
		6- Other Governmental Hospitals	
		•	
		(Military , police, Eiectricity , Etc . ;	
		7- CCO;	
		8- University Hospitals ;	
		9- Teaching Hospitals ;	
		10- Private Hospitals ;	
		11- Private Clinics ;	
		12- Mosque / Church ;	
		13- Polyclinic ;	
		14- Pharmacis ;	
		15- Others (mention)	
107	Who provide you health service ?	1- Specialist, Consultant ;	
		2- Famity physician, General Practitioner;	
		3- Assistant Nurse ;	
		4- Nurse ;	
		5- Traditional health provider ;	
		6- Others (mention)	

			first visit	second visit	third visit
400	Harrifordia institution for a la company		K.M	K.M	K.M
	How far the institution from your house? In KM				
109	What is the main means used to move?	1- Walking ;			
		2- Private car ;			
		3- Public vehicle ;			
		4- Taxi ;			
		5- Bicycle ;			
		6- Motor cycle ; 7- Cart ;			
		7- Caπ ; 8- Animal ;			
		9- Ambulance ;			
		10- Airplane ;			
		11- Others (mention)			
110	How long time was taken to get this instiution?		minute	minute	minute
	In minutes				
111	Did any expenses incurred to move or get health	1- Yes			
	service from your income or family income?	2- No 124			
112	Cost of transporting the patient to and from	in L.E			
	health care institution .				
113	Cost of transporting of the relative to	in L.E			
	accampanies the patient ?				
114	Total transportation cost	in L.E			
115	How much money has been spent on health and	in L.E			
	curative services on the fallowing items;				
	medical consultation				
	if no write (zero) in all gabs				
116	Laboratory investigations	in L.E			
117	Radio- diagnostic (MRI , X - ray , CT)	in L.E			
118	Medication	in L.E			
119	Minor operations	in L.E			
120	Orthodontics	in L.E			
121	Traditional treating	in L.E			
122	Others (mention)	in L.E			
123	Total cost of the health care	in L.E			

			first visit	second visit	third visit
124	Did you contribute to person or party in the	1- Yes			
	payment of treatment expenses ? (in case of yes mention contributed parties and amount paid)	2- No _ ▶ 133			
125	1- Governmental ;	In L.E			
126	2- Public Sector ;	In L.E			
127	3- Private Sector ;	In L.E			
128	4- HIO ;	In L.E			
129	6- Social Organization ;	In L.E			
130	7- Syndicates ;	In L.E			
131	8- Others (Friends - Relatives)	In L.E			
132	Total contribution	In L.E			
133	Are you satisfied with the level of quality of the health service delivery?	1-completely satisfied 2-somewhat satisfied 3-nutrat → second disease 4- unsatisfied → 135			
134	What are the causes of satisfaction? (maximum 3 causes)	 1- Facility nearby / easy to reach; 2- Reasonable 3- Same gender; 4- Good quality; 5- Short waiting time; 6- Good communication skills; 7- Clean places; 8- Others (mention) 			
135	What are the causes of dissatisfaction? (maximum 3 causes)	1- High cost of the consultation fees; 2- High cost of the medication; 3- High cost of the lab. Investigation; 4- Difficult administrative process; 5- Low quality provider 6- Far away and difficult to reach; 7- Long waiting time; 8- Consultation days is inappropriate; 9- Dirty place; 10- No providers; 11- No same gender provider; 12- Others (mention)			

Sec	cond Disease :		
136	Type of disease :	1- Dental cares ;	
		2- Gingivitis ;	
		3- Tumor ;	
		4- Others (mention)	
137	Did the patient make visit in order to treat	1- Yes → 139	
	this disease during the eat 12 months?	2- No	
138	What is the main reason for not searching for	1- I think that the problem is simple;	
	a treatment ?	2- High codt	
		3- Far Distance ;	
		4- Low Quality ;	
		5- Has not physical ability to go;	
		6- Long waiting tim of the previous visit;	
		7- Family Responsibilities ;	
		8- Use traditional treatments without	
		consultaion ;	
		9- Use medical treatments without	
		consultaion;	
		10- Others (mention)	
139	How many visits made by the patient during		
	the last 12 month for treatment of ?		
			first visit second visit third visit
140	Where did the patient go for treatment?	1- MOH Hospitals;	
		2- MOH primary healthcare facilities	
		3- One day surgery hospitals(MOH)	
		4- Specialized Medical Centers;	
		5- HIO Hospitals and outpatient clinics;	
		6- Other Governmental Hospitals	
		(Military , police, Eiectricity , Etc . ;	
		7- CCO ;	
		8- University Hospitals ;	
		9- Teaching Hospitals ;	
		10- Private Hospitals ;	
		11- Private Clinics;	
		12- Mosque / Church ;	
		13- Polyclinic ;	
		14- Pharmacis ;	
		15- Others (mention)	
141	Who provide you health service ?	1- Specialist, Consultant ;	
		2- Famity physician, General Practitioner;	
		3- Assistant Nurse ;	
		4- Nurse ;	
		5- Traditional health provider;	
		6- Others (mention)	

			first visit K.M	second visit	third visit
142	How far the institution from your house? In KM				
143	What is the main means used to move?	1- Walking ;			
		2- Private car ;			
		3- Public vehicle ;			
		4- Taxi ;			
		5- Bicycle ;			
		6- Motor cycle ;			
		7- Cart ;			
		8- Animal ;			
		9- Ambulance ;			
		10- Airplane ;			
		11- Others (mention)			
144	How long time was taken to get this instiution?		minute	minute	minute
	In minutes				
145	Did any expenses incurred to move or get health	1- Yes			
	service from your income or family income?	2- No —→ 158			
146	Cost of transporting the patient to and from	in L.E			
	health care institution .				
147	Cost of transporting of the relative to	in L.E			
	accampanies the patient?				
148	Total transportation cost	in L.E			
149	How much money has been spent on health and	in L.E			
	curative services on the fallowing items;				
	medical consultation				
	if no write (zero) in all gabs				
150	Laboratory investigations	in L.E			
151	Radio- diagnostic (MRI , X - ray , CT)	in L.E			
152	Medication	in L.E			
153	Minor operations	in L.E			
154	Orthodontics	in L.E			
155	Traditional treating	in L.E			
156	Others (mention)	in L.E			
157	Total cost of the health care	in L.E			

			first visit	second visit	third visit
158	Did you contribute to person or party in the	1- Yes			
	payment of treatment expenses ? (in case of yes mention contributed parties and amount paid)	2- No _ → 167			
159	1- Governmental ;	In L.E			
160	2- Public Sector ;	In L.E			
161	3- Private Sector ;	In L.E			
162	4- HIO ;	In L.E			
163	6- Social Organization ;	In L.E			
164	7- Syndicates ;	In L.E			
165	8- Others (Friends - Relatives)	In L.E			
166	Total contribution	In L.E			
167	Are you satisfied with the level of quality of the health service delivery?	1-completely satisfied 2-somewhat satisfied 3-nutrat → second disease 4- unsatisfied → 169			
168	What are the causes of satisfaction? (maximum 3 causes)	 1- Facility nearby / easy to reach; 2- Reasonable 3- Same gender; 4- Good quality; 5- Short waiting time; 6- Good communication skills; 7- Clean places; 8- Others (mention) 			
169	What are the causes of dissatisfaction? (maximum 3 causes)	1- High cost of the consultation fees; 2- High cost of the medication; 3- High cost of the lab. Investigation; 4- Difficult administrative process; 5- Low quality provider 6- Far away and difficult to reach; 7- Long waiting time; 8- Consultation days is inappropriate; 9- Dirty place; 10- No providers; 11- No same gender provider; 12- Others (mention)			

Thi	rd Disease :				
170	Type of disease :	1- Dental cares ;			
		2- Gingivitis ;			
		3- Tumor ;			
		4- Others (mention)			
171	Did the patient make visit in order to treat	1- Yes → 173			
	this disease during the eat 12 months?	2- No			
172	What is the main reason for not searching for	1- I think that the problem is simple;			
	a treatment ?	2- High codt			
		3- Far Distance ;			
		4- Low Quality ;			
		5- Has not physical ability to go;			
		6- Long waiting tim of the previous visit;			
		7- Family Responsibilities ;			
		8- Use traditional treatments without			
		consultaion ;			
		9- Use medical treatments without			
		consultaion ;			
		10- Others (mention)			
173	How many visits made by the patient during				7
	the last 12 month for treatment of ?				
			first visit	second visit	third visit
174	Where did the patient go for treatment?	1- MOH Hospitals ;			
		2- MOH primary healthcare facilities			
		3- One day surgery hospitals(MOH)			
		4- Specialized Medical Centers;			
		5- HIO Hospitals and outpatient clinics;			
		6- Other Governmental Hospitals			
		(Military , police, Eiectricity , Etc . ;			
		7- CCO ;			
		8- University Hospitals ;			
		9- Teaching Hospitals ;			
		10- Private Hospitals ;			
		11- Private Clinics;			
		12- Mosque / Church ;			
		13- Polyclinic ;			
		14- Pharmacis ;			
		15- Others (mention)			
175	Who provide you health service ?	1- Specialist, Consultant ;			
		2- Famity physician, General Practitioner;			
		3- Assistant Nurse ;			
		4- Nurse ;			
		5- Traditional health provider;			
		6- Others (mention)			

		Ī	dinat salak		41-1114
			first visit K.M	second visitK.M	third visit
176	How far the institution from your house? In KM				
177	What is the main means used to move?	1- Walking ;			
		2- Private car ;			
		3- Public vehicle ;			
		4- Taxi ;			
		5- Bicycle ;			
		6- Motor cycle ;			
		6- Motor cycle ; 7- Cart ;			
		8- Animal ;			
		9- Ambulance ;			
		10- Airplane ;			
		11- Others (mention)	minute	minute	minute
178	How long time was taken to get this institution?				
	In minutes				
179	Did any expenses incurred to move or get health	1- Yes			
	service from your income or family income?	2- No — 192			
180	Cost of transporting the patient to and from	in L.E			
	health care institution .				
181	Cost of transporting of the relative to	in L.E			
	accampanies the patient ?				
182	Total transportation cost	in L.E			
183	How much money has been spent on health and	in L.E			
	curative services on the fallowing items;				
	medical consultation				
	if no write (zero) in all gabs				
184	Laboratory investigations	in L.E			
185	Radio- diagnostic (MRI , X - ray , CT)	in L.E			
186	Medication	in L.E			
187	Minor operations	in L.E			
188	Orthodontics	in L.E			
189	Traditional treating	in L.E			
190	Others (mention)	in L.E			
191	Total cost of the health care	in L.E			

	<u> </u>	<u> </u>	dinas vilais		41-1-1-1-14
400		4 7/-	first visit	second visit	third visit
192	Did you contribute to person or party in the				
	payment of treatment expenses ? (in case of yes mention contributed	2- No _ → 201			
	parties and amount paid)				
193	1- Governmental ;	In L.E			
194	2- Public Sector ;	In L.E			
195	3- Private Sector ;	In L.E			
196	4- HIO ;	In L.E			
197	6- Social Organization ;	In L.E			
198	7- Syndicates ;	In L.E			
199	8- Others (Friends - Relatives)	In L.E			
200	Total contribution	In L.E			
201	Are you satisfied with the level of quality	1-completely satisfied 2-somewhat satisfied			
	of the health service delivery?	3-nutrat — ▶ 204			
		4- unsatisfied → 203			
202	What are the causes of satisfaction?	1- Facility near by easy to reach;			
	(maximum 3 causes)	2- Reasonable	l — ,		
		3- Same gender ;			
		4- Good quality ;			
		5- Short waiting time ;			
		6- Good communication skills ;			
		7- Clean places ;			
		8- Others (mention)			
203	What are the causes of dissatisfaction?	1- High cost of the consultation fees;			
	(maximum 3 causes)	2- High cost of the medication;			
		3- High cost of the lab. Investigation;			
		4- Difficcult administrative process;			
		5- Low quality provider			
		6- Far away and difficult to reach ;			
		7- Long waiting time ;			
		8- Consultation days is inappropriate;			
		9- Dirty place ;			
		10- No providers ;			
		11- No same gender provider;			
		12- Others (mention)			

			first visit	second visit	third visit
204	Is there any other health institution	1- Yes → 205			
	nearer to your home ?	2- No →(finish the questionnaire)			
205	Why didn't you go there?	1- High cost			
		2- Difficult administrative process			
		3- Low quality			
		4- Long waiting time			
		5- Consultation days is inappropriate			
		6- Dirty place			
		7- No same sex provider ;			
		8- Others (mention)			

5- HOSPITAL ADMISSION QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization And Statistics

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate Household number within shieaka / village Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Hospital Admission Questionnaire

First: Identification data:	
Governorate:	Urban / Rural
Kism / Markaz	Segment no.
shiakha / city / village	District no. / building owner name
Road name / Block number	
Patient name:	
Household member number :	

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

No.	Question	Answers selectio	n
101	Number of	No 3 major diseases	
	admission at	1-	
	hospital during the	2-	
	last 12 months	3-	
First	admission		
102	How long was the	1. 1-24 hours or less;	
	admission period in	2. more than 24 hours;	
	the – patient ward	3. Do not know.	
103	What was the main	1. Non-chronic; 104	
	cause for admission	2. Chronic; — 105	
	?	3. labor / delivery;	
		4. cesarean;	
		5. new natal care \(\) 106	
		6. Accident;	
		7.Others (mention)	
104	For non-chronic	1. Gastroenteritis;	
	disease, what was	2. Fever;	
	the disease?	3. Hepatitis;	
		4. Typhoid;	
		5. Respiratory diseases;	
		6. Measles / Rubella;	
		7. Abscesses (minor surgeries)	
		8. Contusions;	
		9. eye problems (include ZV);	
		10. Others (mention)	

105	For chronic diseases, what was the disease?	 Hypertension; Hyperglycemia; Rheumatic diseases; renal diseases; Cardiac diseases; TB; Asthma; Cancer; Respiratory diseases; Malnutrition; Other . (mention) 	
106	What was the type of hospital?	 MOH Hospitals; one day surgery hospitals(MOH) HIO Hospitals and outpatient clinics; Other Governmental Hospitals (Military police, Electricity, etc); CCO; University hospitals; Teaching Hospitals; Private Hospitals; Charitable hospital; Mosque / Church; Others (mention) 	
107	Who gave you the service?	 Specialist, Consultant; Family physician. General practitioner; Assistant; Nurse; Physiotherapy technician; Other. (mention) 	
108	In which governorate was the hospital (write the governorate name)?		

109	How far the hospital		K.M
	from your house?		
	In KM		
110	What is the main	1. Walking;	
110	mean used of	2. Private car;	
	transportation?	3. Public vehicle;	
	1	4. Taxi;	
		5. Bicycle;	
		6. Motor cycle;	
		7. Animal;	
		8. cart;	
		9. Ambulance;	
		10. Airplane;	
		11. Other.(mention)	
111	How long time it		Minutes
	takes to get to		
	health institution?		
	In minutes		
112	Did you bear any	1. Yes	
	expenses incurred to		
	move to or get	2. No — 125	
	health service either		
	from your income		
	or family income?		
113	Cost of transporting		
	the patient to and		
	from health	In L.E.	
	institution?		
114	(In L.E.) Cost of		
114	transformation of		
	the patient	In L.E.	
	companion?		
115	Total transportation		
	cost in case of		
	ignoring details	In L.E.	
	(patient and		
	companion)		
116	How much money	In L.E.	
	has been spent on		
	health and curative		
	services? On the		
	following items:		
	Medical council		
	If non write (zero)		

	Ī	I	
117	1. Laboratory Investigation	In L.E.	
118	2. Radio-diagnostic (MRI, X-ray, CT)	In L.E.	
119	3. Medication	In L.E.	
120	4. Surgeries	In L.E.	
121	5. physiotherapy	In L.E.	
122	6. Fees of patient & admission and accommodation for companion	In L.E.	
123	7. Others (mention)	In L.E.	
124	Total cost of the health care	In L.E.	
125	Did you contribute to any person or party in the payment of treatment expenses?	Yes No ————————————————————————————————————	
126	1. governmental;	In L.E.	
127	2. Public Sector;	In L.E.	
128	3. Private Sector;	In L.E.	
129	4. HIO;	In L.E.	
130	5. Social Organization;	In L.E.	
131	6. Syndicates;	In L.E.	
132	7. Other (Friends-Relatives)	In L.E.	
133	Total contribution	In L.E.	

134	Are you satisfied	1-completely satisfied	
	with the level of	2-someone satisfied	
	quality of the health	3- natural → Second time	
	service delivery?	4- Not satisfied 136	
135	What are the causes	1. Near facilities; easy to reach;	
	of satisfaction?	2. reasonable cost;	
	(maximum 3	3. Same gender;	
	causes)	4. Good quality;	
		5. short waiting time;	
		6. Good communication skills;	
		7. Clean places;	
		8. Others(mention)	
136	What are the causes	1. High cost of the consultation	
	of dissatisfaction	fees;	
	(maximum3causes)	2. High cost of the medication;	
	?	3. High cost of the lab.	
		Investigation;	
		4. Difficult administrative	
		process;	
		5. Low quality;	
		6. far away and difficulty to	
		reach;	
		7. Long waiting time;	
		8. Consultation days is	
		inappropriate;	
		9. Dirty place;	
		10. No provider;	
		11. No same gender provider;	
		12. Others (mention)	

Seco	Second admission			
137	How long was the	1. 1-24 hours or less;		
	admission period in	2. more than 24 hours;		
	the – patient ward	3. Do not know.		
138	What was the main	1. Non-chronic; 139		
	cause for admission	2. Chronic; — 140		
	?	3. labor / delivery;		
		4. cesarean; 141		
		5. new natal care		
		6. Accident;		
		7.Others (mention)		
139	For non-chronic	1. Gastroenteritis;		
	disease, what was	2. Fever;		
	the disease?	3. Hepatitis;		
		4. Typhoid;		
		5. Respiratory diseases;		
		6. Measles / Rubella;		
		7. Abscesses (minor surgeries)		
		8. Contusions;		
		9. eye problems (include ZV);		
		10. Others (mention)		

140	For chronic diseases	1. Hypertension;	
	, what was the	2. Hyperglycemia;	
	disease ?	3. Rheumatic diseases;	
		4. renal diseases;	
		5. Cardiac diseases;	
		6. TB;	
		7. Asthma;	
		8. Cancer;	
		9. Respiratory diseases;10. Malnutrition;	
		11. Other . (mention)	
		The other is (memory)	
141	What was the type	1. MOH Hospitals;	
	of hospital?	2. one day surgery hospitals(MOH);	
		3. HIO Hospitals and outpatient clinics;	
		4. Other Governmental Hospitals	
		(Military police, Electricity,	
		etc);	
		5. CCO;	
		6. University hospitals;	
		7. Teaching Hospitals;	
		8. Private Hospitals;	
		9. Charitable hospital;	
		10. Mosque / Church;	
142	W/lag 25 11	11. Others (mention)	
142	Who gave you the service?	 Specialist, Consultant; Family physician. General 	
	SCI VICC!	practitioner;	
		3. Assistant;	
		4. Nurse;	
		5. Physiotherapy technician;	
		6. Other.(mention)	
143	In which		
	governorate was the		
	hospital		
	(write the gover-		
144	norate name)?		K.M
144	How far the hospital from your house?		IV.1VI
	In KM		
	I		

145	What is the main mean used of transportation?	 Walking; Private car; Public vehicle; Taxi; Bicycle; 	
		6. Motor cycle;7. Animal;8. cart;9. Ambulance;10. Airplane;11. Other.(mention)	
146	How long time it takes to get to health institution? In minutes		Minutes
147	Did you bear any expenses incurred to move to or get health service either from your income or family income?	1. Yes 2. No 160	
148	Cost of transporting the patient to and from health institution? (In L.E.)	In L.E.	
149	Cost of transformation of the patient companion?	In L.E.	
150	Total transportation cost in case of ignoring details (patient and companion)	In L.E.	
151	How much money has been spent on health and curative services? On the following items: Medical council If non write (zero) in all gaps	In L.E.	
152	1. Laboratory Investigation	In L.E.	

4.50	0.5.11.11		
153	2. Radio-diagnostic (MRI, X-ray, CT)	In L.E.	
154	3. Medication	In L.E.	
155	4. Surgeries	In L.E.	
156	5. physiotherapy	In L.E.	
157	6. Fees of patient & admission and accommodation for companion	In L.E.	
158	7. Others (mention)	In L.E.	
159	Total cost of the healthcare	In L.E.	
160	Did you contribute to any person or party in the payment of treatment expenses?	Yes No ————————————————————————————————————	
161	1. governmental;	In L.E.	
162	2. Public Sector;	In L.E.	
163	3. Private Sector;	In L.E.	
164	4. HIO;	In L.E.	
165	5. Social Organization;	In L.E.	
166	6. Syndicates;	In L.E.	
167	7. Other (Friends-Relatives)	In L.E.	

168	Total contribution	In L.E.	
169	Are you satisfied with the level of quality of the health service delivery?	1-completely satisfied 2-someone satisfied 3- natural Second time 4- Not satisfied 171	

170		1. Near facilities; easy to reach	
		2. reasonable cost;	
	What are the causes	3. Same gender;	
	of satisfaction?	4. Good quality;	
	(maximum 3	5. short waiting time;	
	causes)	6. Good communication skills;	
		7. Clean places;	
		8. Others	
171	What are the causes	1. High cost of the consultation	
	of dissatisfaction	fees;	
	(maximum3causes)	2. High cost of the medication;	
	?	3. High cost of the lab.	
		Investigation;	
		4. Difficult administrative	
		process;	
		5. Low quality;	
		6. far away and difficulty to	
		reach;	
		7. Long waiting time;	
		8. Consultation days is	
		inappropriate;	
		9. Dirty place;	
		10. No provider;	
		11.No same gender provider	
		12. Others (mention)	

Thir	Third admission			
172	How long was the	1. 1-24 hours or less;		
	admission period in	2. more than 24 hours;		
	the – patient ward	3. Do not know.		
173	What was the main	1. Non-chronic; 174		
	cause for admission?	2. Chronic; — 175		
		3. labor / delivery;		
		4. cesarean; 176		
		5. new natal care		
		6. Accident;		
		7.Others (mention)		
174	For non-chronic	1. Gastroenteritis;		
	disease, what was the	2. Fever;		
	disease?	3. Hepatitis;		
		4. Typhoid;		
		5. Respiratory diseases;		
		6. Measles / Rubella;		
		7. Abscesses (minor surgeries)		
		8. Contusions;		
		9. eye problems (include ZV);		
		10. Others (mention)		

175	For chronic diseases,	1. Hypertension.	
	what was the disease	2. Hyperglycemia;	
	?	3. Rheumatic diseases;	
		4. renal diseases;	
		5. Cardiac diseases;	
		6. TB;	
		7. Asthma;	
		8. Cancer;	
		9. Respiratory diseases;	
		10. Malnutrition;	
		11. Other . (mention)	
176	What was the type of	1. MOH Hospitals;	
	hospital?	2. one day surgery hospitals (MOH)	
		3. HIO Hospitals and	
		outpatient clinics;	
		4. Other Governmental	
		Hospitals (Military police,	
		Electricity, etc);	
		5. CCO;	
		6. University hospitals;	
		7. Teaching Hospitals;	
		8. Private Hospitals;	
		9. Charitable hospital;	
		10. Mosque / Church; 11. Others (mention)	
177	Who gave you the	1. Specialist, Consultant;	
1,,	service?	2. Family physician. General	
	Ser vice.	practitioner;	
		3. Assistant;	
		4. Nurse;	
		5. Physiotherapy technician;	
		6. Other.(mention)	
178	In which governorate		
	was the hospital		
	(write the gover-		
	norate name)?		
179	How far the hospital		K.M
	from your house?		
	In KM		

180	What is the main mean used of	Walking; Private car;	
	transportation?	3. Public vehicle;	
		4. Taxi;	
		5. Bicycle;6. Motor cycle;	
		7. Animal;	
		8. cart;	
		9. Ambulance;	
		10. Airplane; 11. Other.(mention)	
181	How long time it	11. Outer.(Henton)	Minutes
	takes to get to health		
	institution? In		
	minutes		
182	Did you bear any	1. Yes	
	expenses incurred to move to or get health	2. No 196	
	service either from	2.110	
	your income or family		
	income?		
183	Cost of transporting		
	1the patient to and from health institution	In L.E.	
	?	III 2.2.	
	(In L.E.)		
184	Cost of	In I. E	
	transformation of the patient companion?	In L.E.	
185	Total transportation		
	cost in case of		
	ignoring details	In L.E.	
	(patient and companion)		
186	How much money has		
	been spent on health		
	and curative services?		
	On the following items:	In L.E.	
	Medical council		
	If non write (zero) in		
105	all gaps		
187	1. Laboratory Investigation	In L.E.	
	mvestigation		

188	2 Padia dia mastia		
100	2. Radio-diagnostic (MRI, X-ray, CT)	In L.E.	
189	3. Medication	In L.E.	
190	4. Surgeries	In L.E.	
191	5. physiotherapy	In L.E.	
192	6. Fees of patient & admission and accommodation for companion	In L.E.	
193	7. Others (mention)	In L.E.	
194	Total cost of the healthcare	In L.E.	
195	Did you contribute to any person or party in the payment of treatment expenses?	Yes No 205	
196	1. governmental;	In L.E.	
197	2. Public Sector;	In L.E.	
198	3. Private Sector;	In L.E.	
199	4. HIO;	In L.E.	
200	5. Social Organization;	In L.E.	
201	6. Syndicates;	In L.E.	
202	7. Other (Friends-Relatives)	In L.E.	
203	Total contribution	In L.E.	

204	Are you satisfied with	1-completely satisfied	
	the level of quality of	2-someone satisfied	
	the health service delivery?	3- natural 208 4- Not satisfied 207	
	derivery:	4- Not satisfied \longrightarrow 207	
205	What are the causes	1. Near facilities; easy to	
	of satisfaction?	reach;	
	(maximum 3 causes)	2. reasonable cost;	
		3. Same gender;	
		4. Good quality;5. short waiting time;	
		6. Good communication skills;	
		7. Clean places;	
		8. Others.	
206	What are the causes	1. High cost of the consultation	
	of dissatisfaction	fees;	
	(maximum3causes)?	2. High cost of the medication;3. High cost of the lab.	
		Investigation;	
		4. Difficult administrative	
		process;	
		5. Low quality;	
		6. far away and difficulty to	
		reach;	
		7. Long waiting time;	
		8. Consultation days is	
		inappropriate; 9. Dirty place;	
		10. No provider;	
		11.No same gender provider;	
		12. Others (mention)	
207	Is there any other	1-yes	
	health institution	2- No(finish the questionnaire)	
	nearer to the		
208	phone? Why didn't go	1. high cost;	
200	there?	2. Difficult administrative	
		process;	
		3. Low quality;	
		4. Long waiting time;	
		5. Consultation days is	
		inappropriate;	
		6. Dirty place;	
		7. No same gender provider;	
		8. Others (mention);	

6- TREATMENT ABROAD QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization

<u>And Statistics</u>

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate

Household number within shieaka / village

Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Treatment Abroad

(6)

First: Identification data:	<u> </u>
Governorate:	Urban / Rural
Kism / Markaz	Segment no.
shiakha / city / village	District no. / building owner name
Road name / Block number	
Patient name:	
Household member number :	

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

No.	Question	Answer Selection	
101	Number of treatment abroad during the 24		
	months		
First	time:		
102	Did you go through?	1-The medical board. 2- Health Insurance.	
	, , ,	3- Private way.	
	Why did you go for	1-Not available at my country.2- Low quality of healthcare service in my country.	
103	treatment abroad?	3- There is some relative abroad.	
		4- Others (mention)	
404	Which country did		
104	you go for treatment abroad?	day	
	How long did you		
105	spend for treatment	In L.E.	
	abroad?		
	Cost of transporting the patient to and		
106	from other country?	In L.E.	
	in (L.E)		
107	Cost of transportation of the patient	In L.E.	
107	companion?	III L.L.	
	Total of		
100	transportation cost in	LIB	
108	case of ignoring details(patient and	In L.E.	
	companion) ?		
	How much money		
	has been spent on the		
	following service from your or family		
109	income?	In L.E.	
	Medical council		
	If non write (zero) in all gaps		
	1. Medical		
	Examination	In L.E.	
	2. laboratory	In L.E.	
110	investigation 3. Radio-diagnostic		
	(MRI, X-ray, CT)		

111	4. Medication	In L.E.	
112	5. Surgeries	In L.E.	
113	6. Fees for admission and accommodation for companion	In L.E.	
114	7. Others (mention)	In L.E.	
115	Total cost of health care	In L.E.	
116	Did you contribute to any person or party in payment of treatment expenses?	1. Yes 2. No → 125	
117	1. Governmental;	In L.E.	
118	2. Public Sector;	In L.E.	
119	3. Private Sector;	In L.E.	
120	4. HIO;	In L.E.	
121	5. Social Organization;	In L.E.	
122	6. Syndicates	In L.E.	
123	7. Others (Friends-Relatives)	In L.E.	
124	Total contribution in case of ignoring details	In L.E.	
125	Are you satisfied with the level of quality of the health service delivered?	1-completely satisfied 2-somewhat satisfied 2- Neutral Second time 3- Not satisfied 136	

126	What are the causes of satisfaction ? (Maximum 3 causes)	 facility nearby easy to reach; Reasonable cost; Same sex; Good quality; Short waiting time; Clean places; Others. (mention) 	
127	What are the causes of dissatisfaction? (Maximum 3 causes)	 High cost of the consultation fees; High cost of medication; High cost of the lab Investigation; Difficult administrative process; Low quality; Far away and difficulty to reach; long waiting time; Consultation days is inappropriate; Dirty place; No providers; No same sex provider; Others . (mention) 	

Second time:				
128	Did you go through?	1-The medical board.2- Health Insurance.3- Private way.		
129	Why did you go for treatment abroad?	1-Not available at my country.2- Low quality of healthcare service in my country.3- There is some relative abroad.4- Others (mention)		
130	Which country did you go for treatment abroad?	——— day		
131	How long did you spend for treatment abroad?	In L.E.		
132	Cost of trans porting the patient to and from other country? in (L.E)	In L.E.		
133	Cost of transportation of the patient companion?	In L.E.		
134	Total of transport- ation cost in case of ignoring details(patient and companion)?	In L.E.		
135	How much money has been spent on the following service from your or family income? Medical council If non write (zero) in all gaps	In L.E.		
	1. Medical Examination	In L.E.		
136	2. laboratory investigation 3. Radio-diagnostic (MRI, X-ray, CT)	In L.E.		
137	4. Medication	In L.E.		
138	5. Surgeries	In L.E.		

139	6. Fees for admission and accommodation for companion	In L.E.	
140	7. Others (mention)	In L.E.	
141	Total cost of health care	In L.E.	
142	Did you contribute to any person or party in payment of treatment expenses?	1. Yes 2. No → 151	
143	1. Governmental;	In L.E.	
144	2. Public Sector;	In L.E.	
145	3. Private Sector;	In L.E.	
146	4. HIO;	In L.E.	
147	5. Social Organization;	In L.E.	
148	6. Syndicates	In L.E.	
149	7. Others (Friends-Relatives)	In L.E.	
150	Total contribution in case of ignoring details	In L.E.	
151	Are you satisfied with the level of quality of the health service delivered?	1-completely satisfied 2-somewhat satisfied 2- neutral third time 3- Not satisfied 153	
152	What are the causes of satisfaction? (Maximum 3 causes)	 facility nearby easy to reach; Reasonable cost; Same sex; Good quality; Short waiting time; Clean places; Others. (mention) 	

	What are the causes	1. High cost of the consultation fees;	
	of dissatisfaction?	2. High cost of medication;	
	(Maximum 3 causes)	3. High cost of the lab Investigation;	
		4. Difficult administrative process;	
		5. Low quality;	
		6. Far away and difficulty to reach;	
152		7. long waiting time;	
153		8. Consultation days is inappropriate;	
		9. Dirty place;	
		10. No providers;	
		11. No same sex provider;	
		12. Others . (mention)	

Thir	d time:		
154	Did you go through?	1-The medical board.2- Health Insurance.3- Private way.	
155	Why did you go for treatment abroad?	1-Not available at my country.2- Low quality of healthcare service in my country.3- There is some relative abroad.4- Others (mention)	
156	Which country did you go for treatment abroad?	——— day	
157	How long did you spend for treatment abroad?	In L.E.	
158	Cost of trans porting the patient to and from other country? in (L.E)	In L.E.	
159	Cost of transportation of the patient companion?	In L.E.	
160	Total of transport-ation cost in case of ignoring details(patient and companion)?	In L.E.	
161	How much money has been spent on the following service from your or family income? Medical council If non write (zero) in all gaps	In L.E.	
	1. Medical Examination	In L.E.	
162	2. laboratory investigation 3. Radio-diagnostic (MRI, X-ray, CT)	In L.E.	
163	4. Medication	In L.E.	
164	5. Surgeries	In L.E.	

165	6. Fees for admission and accommodation for companion	In L.E.	
166	7. Others (mention)	In L.E.	
167	Total cost of health care	In L.E.	
168	Did you contribute to any person or party in payment of treatment expenses?	1. Yes 2. No → 177	
169	1. Governmental;	In L.E.	
170	2. Public Sector;	In L.E.	
171	3. Private Sector;	In L.E.	
172	4. HIO;	In L.E.	
173	5. Social Organization;	In L.E.	
174	6. Syndicates	In L.E.	
175	7. Others (Friends-Relatives)	In L.E.	
176	Total contribution in case of ignoring details	In L.E.	
177	Are you satisfied with the level of quality of the health service delivered?	1-completely satisfied 2-somewhat satisfied 3- neutral end interview 4- Not satisfied 179	
178	What are the causes of satisfaction? (Maximum 3 causes)	 facility nearby easy to reach; Reasonable cost; Same sex; Good quality; Short waiting time; Clean places; Others. (mention) 	

179	What are the causes of dissatisfaction? (Maximum 3 causes)	 High cost of the consultation fees; High cost of medication; High cost of the lab Investigation; Difficult administrative process; Low quality; Far away and difficulty to reach; long waiting time; Consultation days is inappropriate; Dirty place; No providers; No same sex provider; Others . (mention) 	
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7- PREVENTIVE CONSULTATIONS QUESTIONNAIRE



Arab Republic of Egypt

Central Agency for Public Mobilization

And Statistics

Ministry of Health

Publication or Quotation is Prohibited without referring to the source

Household number within governorate

Household number within shieaka / village

Household number within the frame

Household Health Services Utilization And Expenditure Survey 2009/2010

Preventive Consultations Questionnaire

(7)

First: Identification data:	,
Governorate:	Urban / Rural
Kism / Markaz	Segment no.
shiakha / city / village	District no. / building owner name
Road name / Block number	
Patient name:	
Household member number :	

Second: Visit Data

Visit No.	Visit date	Visit time	Visit result	Result code
First Visit				1- completed
Second Visit				2- Patient wasn't in house
Third Visit				3- Refused.
				4-Unable or Ineligible
				5- Other (mention)

SN	Question					
101	Number of consultations during the	last 12 months	3	3 Maior Co	nsultation	1-
				#	7	2-
						3-
					1	
	First consultation		1st v	ricit	2 nd visit	3 rd visit

	First consultation		1 st visit	2 nd visit	3 rd visit
102	Type Of Consultation:	1- vaccination			
		2- Growth Monitoring			
		3- Antenatal care			
		4- Pregnancy fallow up			
		5- Family planning			
		6- Routine check up including dental care;			
		7- Pap. smear;			
		8- Mammography			
		9- Pre- marriage Consultation			
		10- Pre-employment/ traveling check up.			
		11- Others (Mentions)			
103	Where did the patient go to ask for Consultation?	1- MOH Hospitals;			
		2- MOH primary healthcare facilities			
		3- Specialized Medical Centers;			
		4- Family planning and MCH			
		5- HIO Hospitals and outpatient clinics;			
		6- Other Governmental Hospitals(Military, Police,			
		Electricity, Etc.;			
		7- CCO;			
		8- University Hospitals			

		9- Teaching Hospitals 10- Private Hospitals 11- Private Clinics 12- Mosque/Church; 13- Polyclinic		
		14- Pharmacies;		
104	Who provide you the health service?	15- Others (Mentions) 1- Specialist, Consultant		
		2- Family Physician, General Practitioner 3- Assistant Nurse;		
		4- Nurse5- Physiotherapy technician;		
		6- Traditional Healer 7- Other (Mentions)		
105	Did your family or others spend any expenses for this visit	1- Yes		
	In case of (Yes)mention the contribution party and amounts paid	2- No → 115		
106	Family	In L.E		
107	Governmental;	In L.E		
108	Public Sector;	In L.E		
109	Private Sector;	In L.E		
110	HIO;	In L.E		
111	Social Organization;	In L.E		
112	Syndicates;	In L.E		
113	Others (Friends-Relatives)	In L.E		

114	Total contribution			
115	Are you satisfied with the level of quality of the health service delivery?	1- Completely Satisfied 2- Somewhat Satisfied 3- Neutral 4- Not Satisfied 117		
116	What are the causes of satisfaction?	1- facility nearly easy to reach; 2- Reasonable cost; 3- Same gender; 4- Good quality; 5- Short waiting time; 6- Good communication skills; 7- Clean places; 8- Others (Mentions)		
117	What are the causes of dissatisfaction?	1- High cost of the consultation fees; 2- High cost of the medication 3- High cost of the lab. Investigation; 4- Difficult administrative process; 5- Far away and difficulty to reach; 6- Long waiting time; 7- Consultation days is inappropriate; 8- Dirty place; 9- No providers; 10- No same gender provider; 11- Others (Mentions)		

		2 nd Preventive Consultation	1 st visit	2 nd visit	3 rd visit
118	Type Of Consultation:	1- vaccination			
		2- Growth Monitoring			
		3- Antenatal care			
		4- Pregnancy fallow up			
		5- Family planning			
		6- Routine check up including dental care;			
		7- Pap. smear;			
		8- Mammography			
		9- Pre- marriage Consultation			
		10- Pre-employment/ traveling check up.			
		11- Others (Mentions)			
119	Where did the patient go to ask for Consultation?	1- MOH Hospitals;			
		2- MOH primary healthcare facilities			
		3- Specialized Medical Centers;			
		4- Family planning and MCH			
		5- HIO Hospitals and outpatient clinics;			
		6- Other Governmental Hospitals(Military, Police,			
		Electricity, Etc.;			
		7- CCO;			
		8- University Hospitals			
		9- Teaching Hospitals			
		10- Private Hospitals			
		11- Private Clinics			
		12- Mosque/Church;			
		13- Polyclinic			
		14- Pharmacies;			
		15- Others (Mentions)			
120	Who provide you the health service?	1- Specialist, Consultant			
		2- Family Physician, General Practitioner			

		3- Assistant Nurse;		
		4- Nurse	-	
		5- Physiotherapy technician;		
		6- Traditional Healer	-	
		7- Other (Mentions)	-	
121	Did your family or others spend any	1- Yes		
	expenses for this visit			
	In case of (Yes)mention the	2- No131		
	contribution party and amounts paid			
122	Family	In L.E		
123	Governmental;	In L.E		
124	Public Sector;	In L.E		
125	Private Sector;	In L.E		
126	HIO;	In L.E		
127	Social Organization;	In L.E		
128	Syndicates;	In L.E		
100				
129	Others (Friends-Relatives)	In L.E		
120	m . 1			
130	Total contribution	In L.E		
131	Are you satisfied with the level of	1-Completely Satisfied		
	quality of the health service	2-Somewhat Satisfied		
	delivery?	3-Nutral		
122	What are the causes of satisfaction?	4-Not Satisfied → 133		
132	what are the causes of satisfaction?	1- Near facility; easy to reach;		
		2- Reasonable cost;		
		3- Same gender;	 	
		4- Good quality;		
		5- Short waiting time;		

		6- Good communication skills;		
		7- Clean places;		
		8- Others (Mentions)		
133	What are the causes of	1- High cost of the consultation fees;		
	dissatisfaction?			
		2- High cost of the medication		
		3- High cost of the lab. Investigation;		
		4- Difficult administrative process;		
		5- Far away and difficulty to reach;		
		6- Long waiting time;		
		7- Consultation days is inappropriate;		
		8- Dirty place;		
		9- No providers;		
		10- No same gender provider;		
		11- Others (Mentions)		

		3 rd Preventive Consultation	1 st visit	2 nd visit	3 rd visit
134 T	Type Of Consultation:	1- vaccination 2- Growth Monitoring 3- Antenatal care 4- Pregnancy fallow up 5- Family planning 6- Routine check including for dental care; 7- Pap. smear; 8- Mammography 9- Pre- marriage Consultation 10- Pre-employment/ traveling check up. 11- Others (Mentions)			
	Where did the patient go to ask for Consultation?	1- MOH Hospitals; 2- MOH primary healthcare facilities 3- Specialized Medical Centers; 4- Family planning and MCH 5- HIO Hospitals and outpatient clinics; 6- Other Governmental Hospitals(Military, Police, Electricity, Etc.; 7- CCO; 8- University Hospitals 9- Teaching Hospitals 10- Private Hospitals 11- Private Clinics 12- Mosque/Church; 13- Polyclinic 14- Pharmacies; 15- Others (Mentions)			

136	Who provide you the health service?	1- Specialist, Consultant 2- Family Physician, General Practitioner 3- Assistant Nurse;		
		4- Nurse		
		5- Physiotherapy technician; 6- Traditional Healer	-	
		7- Other		
		7 Other		
137	Did your family or others spend any expenses for this visit	1- Yes		
	In case of (Yes)mention the contribution party and amounts paid	2- No 147		
138	Family	In L.E		
139	Governmental;	In L.E		
140	Public Sector;	In L.E		
141	Private Sector;	In L.E		
142	HIO;	In L.E		
143	Social Organization;	In L.E		
144	Syndicates;	In L.E		
144	Syndicates,	III L.E		
145	Others (Friends-Relatives)	In L.E		
146	Total contribution			
147	Are you satisfied with the level of quality of the health service delivery?	1-Completely Satisfied 2-Somewhat Satisfied 3-Nutral 4-Not Satisfied → 149		

148	What are the causes of satisfaction?	1- Near facility; easy to reach;		
		2- Reasonable cost;		
		3- Same gender;		
		4- Good quality;		
		5- Short waiting time;	<u> </u>	
		6- Good communication skills;		
		7- Clean places;		
		8- Others (Mentions)		
149	What are the causes of	1- High cost of the consultation fees;		
	dissatisfaction?			
		2- High cost of the medication		
		3- High cost of the lab. Investigation;		
		4- Difficult administrative process;		
		5- Far away and difficulty to reach;		
		6- Long waiting time;		
		7- Consultation days is inappropriate;		
		8- Dirty place;		
		9- No providers;		
		10- No same sex provider;		
		11- Others (Mentions)		
150	Is there any other health institution	1- Yes 151		
	nearer to your home	2- No (finish the questionnaire)		
151	Why didn't you go there	1- High cost		
		2- Difficult administrative process		
		3- low quality		
		4- Long waiting time		
		5- Consultation days is inappropriate		
		6- Dirty place;		
		7- No same gender provider;		
		8- Others (Mentions)		