

# Moroccan Public Hospitals

Chafik Amine  
Sophia Benmimoun  
Hanae Bennis  
Anass Qandouci

SSK 1202 project

Section 2

Instructor: Dr. Catherine Owens

Summer 2006

July 18, 2006

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### Abstract

The objective of this project was to investigate the way the budget reserved for public hospitals is used and the quality of the services provided in public hospitals. The literature review discovered that the situation of Moroccan public hospitals is extremely bad compared to French Public hospitals including the use of the budget and the service provided. The research team used 60 surveys with public hospital users and 40 with AUI students and faculty. Also one interview was done with the AUI medical center doctor. Findings confirmed the fact that people are not satisfied with public hospital service. Also, it was found that the budget was not used appropriately. Finally, it was concluded that the budget reserved for public hospitals should be supervised.

## Introduction

Recently, Morocco has made progress in many fields such as politics, social fields and environment. However, the country does not have a large economy, and in some sectors, it has been improving slowly and sometimes stagnates. This is the case for the field of medicine; especially public hospitals, which are one of the most important institutions in any country. They are buildings where people are provided with medical services for free. In Morocco, public hospitals are old, and bad-painted buildings where people wish to get access to and benefit from medical services, with obsolete equipment that should be replaced with new ones, and poorly-trained staff.

Because of the features, the research team has chosen to discuss the bad situation of the public hospitals in Morocco from 1990s up to now. Nowadays, it has been a big concern of Moroccan population because the society is getting bigger and there are more people who need to be treated. The issue this research will focus on is the impact of public hospitals on users.

This subject is very important to be discussed for many reasons. First, health is a vital human need. There are also several diseases that threaten everyone everyday. Moreover, many people suffer a lot since there is not a good service in public hospitals due to many reasons such as public hospitals are not well equipped the lack of nurses, and the unhealthy food. Finally, there are not enough public hospitals, and the budget that is reserved to build them and provide them with equipment is not equally distributed. The assumption of this research is that people are not aware enough about the real situation of public hospitals. Therefore, the purpose of this project is to make people aware of the weaknesses of public hospitals in Morocco since the majority of public hospitals' users are illiterate or, at least, they don't know whether they are going to be well served or not.

This project intends to solve these problems by making investigations about public hospitals and distributing surveys to public hospitals users, AUI students and doctors. From these surveys, the research team will answer and analyze the following questions. First, how is the public hospitals' budget used? Second, how good is the quality of the services provided?

### Literature Review

Public hospitals are places where people who need a medical attention are provided with free treatment by hospital appointed doctors. In Morocco, the 6,000,000 people who go to public hospitals according to World Health Organization (2003) expect good services from them, especially poor people who are unable to afford the service offered by the private sector. The country has made progress in controlling diseases, but still there are many problems that need to be fixed. The use of the public hospitals' budget and the quality of services provided there are the major problems.

Moroccan public hospitals suffer from a lack of staff, as there are not enough nurses to serve all the patients. According to Morocco Times electronic newspaper, (2006), Moroccan hospitals need up to 9,000 nurses, which explains why there are a lot of people wasting their time queuing and the increase of the number of deaths in addition to the rise of medical errors and weak performance. What's more, there is a lack of doctors as there is only one doctor per 38,600 inhabitants in rural areas, as opposed to 1,750 in urban areas, (US Commercial service, 2006). According to the Moroccan Ministry of Health, there is a bad distribution of specialist doctors in Morocco, as 51% of them are in big cities such as Casablanca, Rabat, Marrakech, Agadir and Tangier, (2006, p.37). There are a lot of unemployed doctors who do not have a job in public hospitals because the governments' budget reserved to public sector is not sufficient to employ them. Most of these doctors are young and are not motivated to work in rural areas nor can they afford to themselves a loan to have their own private hospital.

(Esperance Medicale, 2006)

Data from different sources will be used in studying the public hospitals' budget. The budget of the Ministry of Health in Morocco represents 5% of the overall state budget, which is insufficient. Forty seven percent of this budget goes to hospitals, and 38% to the basic health care network. (World Health Organization, 2003). According to U.S commercial Service (2005 p.1): "Government expenditures amount to \$131 million for medical equipment". However, according to the same source (p.2), "The medical material and equipment production is extremely low and limited to basic and technologically un-advanced material. It's mainly centered on furniture, which does not comply with international standards, and single use material, such as bandages and syringes". Though the government spends \$121 million to build public hospitals, this is not enough because there are only 127 public hospitals all over the country and most of them are in urban areas. (U.S commercial Service 2005). This means that the money reserved to build and provide public hospitals with equipment is not appropriately used. Moreover, "the public sector totals 89,057 hospital beds and 380 operating theaters", and since the Moroccan population is about 30 million, there is only one bed per 33.7 person, which is not sufficient.

Unlike Morocco, the French health system is completely satisfying due to many features including the quality of services, the competency of staff and also the presence of modern equipment. France spends 30.093% of its of its own Gross Domestic Product (GDP) on health care, which is a lot more than what Morocco spends. It's stated that: "The health system in France is regarded as delivering high quality service with freedom of choice and generally no waiting list for treatments. Access to medical services is equal among the population and, unlike in some other countries, people can get the treatment they need irrespective of their social status of work situation. It is therefore, not surprising that the French population is relatively satisfied with the health system." (Imai et al, 2000, p.2).

Regarding doctors, there are 3 doctors per 1000 habitants in France. Embassy of France (2005), which is much better than Morocco where there is only one doctor per 1750 habitants. In addition, according to the same source, France disposes 4,857,698 hospital beds for long-term care and 45,727 beds for short-term care.

Over all, Morocco is doing its best to improve the health sector; however, it still needs a lot of progress to satisfy public hospitals' users. This team research is going to collect different data from different sources: interviews and surveys in order to help Moroccans to understand better the situation of public hospitals and also try to give possible solutions that can solve this problem.

### Research Design

In order to clarify the Moroccan public hospitals issue, the research team used two main methods to investigate whether Moroccan public hospitals do not provide the services that people expect from them. One of the methods is quantitative and the other is qualitative. The research team is expecting from the quantitative method enough data that can be turned into statistics and analyzed later in this project. Then again, the qualitative method was used as well to confirm the trustworthiness of the data collected.

Assuming that Ifrane is a small city where public hospitals do not exist, surveys were good methods to know the real feeling of people who have answered them frankly and gave complaints that would explain the problems they are facing. The method used would be helpful because from yes/no and multiple choice questions, the team can compute and come up with relevant statistics that can help to answer the research questions.

Observations were not helpful for two reasons. One reason is that the team did not have enough time to visit several public hospitals and do observations because these need a lot of time to get valuable and valid findings. Second, if the public hospitals' staff knew that

they would be observed by AUI students, then they might have changed their behavior and tried to give a good impression about the services offered to patients.

Given that people from whom the team have collected data were either not well educated or were not in the mood to answer the surveys, these contain a variety of simple, specific and clear-cut questions including yes/no questions and multiple choice questions. Concerning the interview, the research team has asked direct questions to the university medical center doctor in order to get good answers about the quality of service and the budget provided reserved to public hospitals.

To get enough information, the data gathering will be based on surveys, questionnaires and one interview. Forty percent of the surveys were distributed to AUI students and faculty because some of them might have used public hospitals before. Because Meknes is the nearest city to Ifrane, the research team went there and distributed the remaining surveys to people in Mohammed V Hospital. Some surveys have been done orally because some people are illiterate. Finally, since the topic of this project deals with health, the research team decided to organize an interview with a medical doctor at Al Akhawayn University. He seems to be a good interviewee since he may have experienced public hospitals and would provide the team with some useful information.

The research team planned to sample 100 people: 60 at Mohamed the V Hospital and 40 at AUI. Each team member had ten surveys to distribute to people at AUI including students, faculty and staff, and 15 others to distribute to people in the hospital as well. The team members chose people who would fill the surveys randomly, but some criteria were taken into consideration. Only mature people could have an opportunity to fill the surveys because they are representing others who were not able to do so. Socio-economic factors were also important simply because people from a low social class are the ones who use public hospitals more. Finally, the team went to Mohammed V hospital on Wednesday morning at

9:30 A.M. and tried to complete the mission in the morning because people got upset queuing during the afternoon. Though the team has planned to do all these things, there were other things that hindered completing the surveys.

The team was expecting to face many problems that would prevent it from achieving the mission. For example, the team may meet some angry people who will neither listened to the team members, nor filled the surveys. One other problem is that if the respondents knew that the team is from Al Akhawayn University, they may feel inferior and embarrassed, and, therefore, will not fill the surveys.

The team went to Meknes on Wednesday morning at 10:00 A.M. After 40 minutes, the team arrived at the hospital. One member talked to a security agent to let the team get into the hospital, but it was difficult to negotiate with him. Then, the team decided to survey people queuing outside the hospital. After one hour, the team members met and ended with only 35 surveys out of the 60 expected. Finally, the team came back to the university to complete the mission by distributing the rest of the surveys to workers at Al Akhawayn University including security agents, gardeners, and cleaning staff since they are from the same society class and get results from their own experiences.

### Results

This section provides data intending to answer the following questions:

1. How good is the quality of the services provided by public hospitals in Morocco?
2. Where does the budget reserved to build public hospitals and provide them with materials go?

In this section, the data collected will examine the team's assumptions, specifically:

- a. There are not enough public hospitals in Morocco.
- b. There is not enough staff to serve all patients.
- c. People are unsatisfied with the service provided by Moroccan public hospitals.

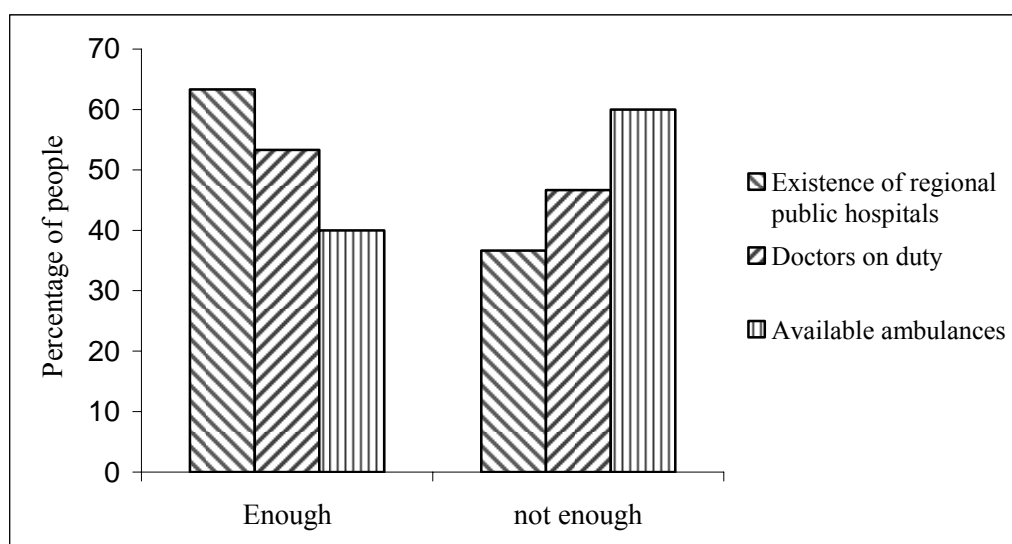
- d. The budget reserved to build public hospitals is not well distributed.
- e. There is not enough efficient equipment in the Moroccan public hospitals.

The first thing the team investigated is the social status of public hospital users in order to know who the users of public hospitals are.

From the data collected, the research team found that 60% of public hospitals users have a job. On the other hand, 40% of public hospitals users do not have a job.

The team wanted to know some facts about public hospitals including existence of public hospitals, doctors on duty and available ambulances. The next figure reports these facts.

Figure 1: Some facts about Moroccan public hospitals



N= 100

From this figure, the majority of people agreed that there are enough regional public hospitals; approximately half of people sampled stated that there are not enough doctors on duty; and about 60% of people sampled affirmed that there are not enough ambulances in public hospitals.

The next thing the team inspected is the level of facility to get access to a public hospital and the percentage of people who got treated there.

Table 1: Facility of access and treated people

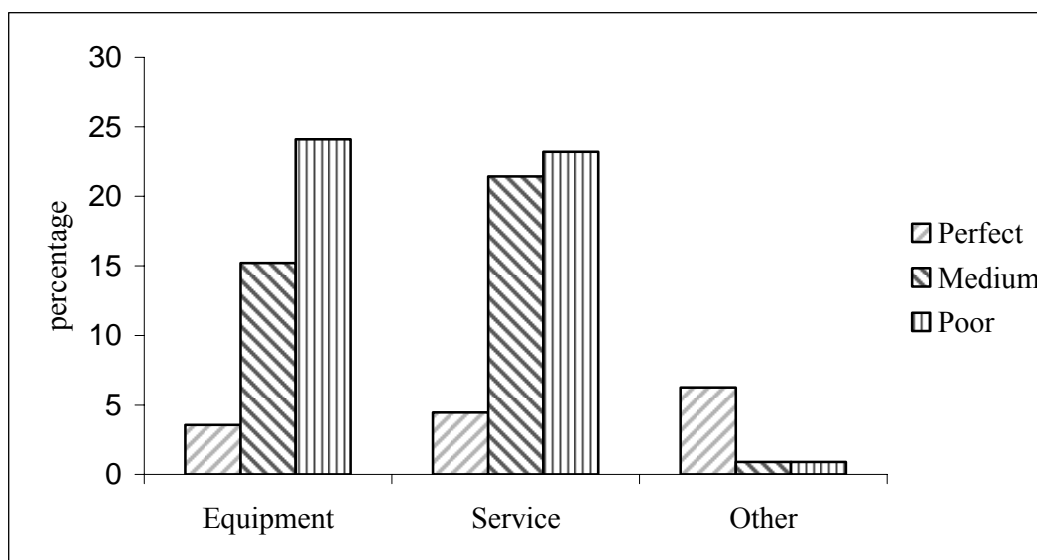
	Easy access to public hospitals	People who got treated
Yes	20	71
No	80	29

N=100

The table shows that 80% of people confirmed that there are difficulties to get access to a hospital, and only 20% stated the opposite. Seventy one percent of people sampled got treated in public hospitals, and 29% did not.

Another thing the team was looking for is the quality of the service at Moroccan public hospitals and the reasons for which people ranked them.

Figure 2: Quality of services

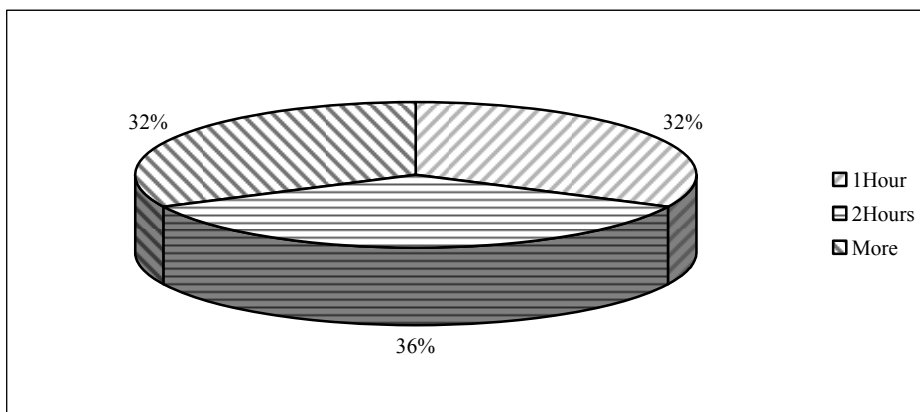


N=62

Of the people who got treated in a public hospital ranked the service there as medium and poor according to the efficiency of equipment, the quality of service and other factors. However, only a few of them agreed that the service is perfect.

The team wanted to know how much time people who got treated in a public hospital had been queuing in order to stress the fact that the service provided in public hospitals is poor.

Figure 3: Queuing Time

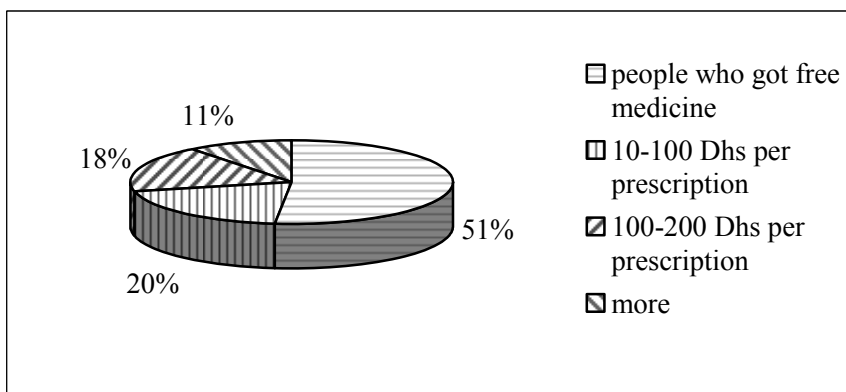


N=71

This figure shows the queuing time experienced by people who got treated in public hospitals, including the public and AUI students and faculty. It can be noticed that 32% queue at least for one hour, 36% for two hours, and 32% for more than two hours to get treated.

According to the Moroccan Ministry of Health policy, people who have the certificate that prove that they do not have a job, have the right to get medicine for free. The next figure shows the number of people who get medicine and those who buy it by themselves.

Figure 4: Free medicine and medicine costs



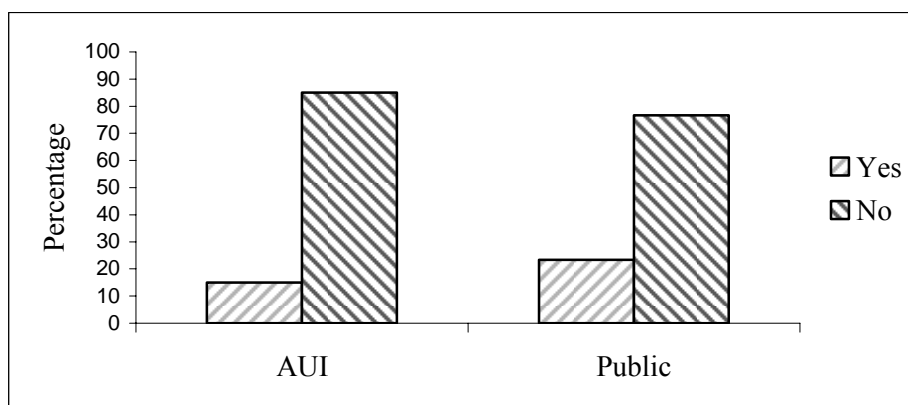
N=71

The graph illustrates that 51% of people who got treated got medicine for free, and 49% bought it by themselves. Also, it demonstrates how much medicine cost for those who bought it by themselves. Twenty percent of people bought medicines for between ten and 100

Dhs. Eighteen percent bought their medicine for between 100 and 200 Dhs, and finally 11% of people bought their medicines for more than 200 Dhs.

In addition, the team needed to know whether people see any development in the Moroccan public hospitals or not.

Figure 5: People's view of changes in public hospitals.

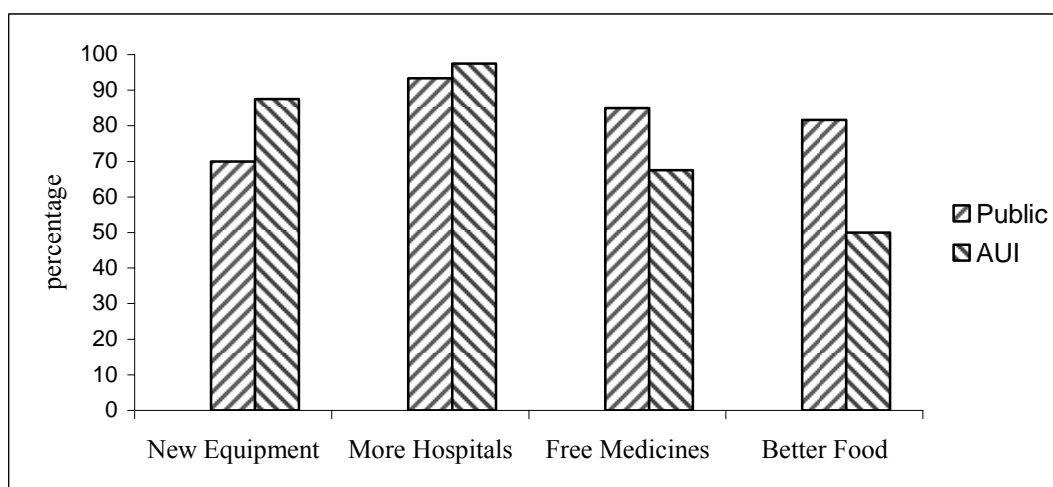


N=100

It is noted that both the public and the AUI community affirmed that they do not see any positive changes in the Moroccan public hospitals. On the other side, only a few optimistic people stated that they see positive changes.

Last but not least, the team searched for peoples' expectations from Moroccan public hospitals. The figure below explains the changes people want to see.

Figure 6: Peoples' expectations from Moroccan public hospitals.



N=100

A lot of people from the public want to see many changes concerning equipment, more hospitals, free medicines, and better food. People from AUI agree to some extent for the same changes, too.

Interview:

According to the university medical center's doctor, the presence of doctors on duty in public hospitals is obligatory as long as there are people who need treatment in the hospital. However, time of queuing can last from two to three or four hours because of the lack of nurses and other members of staff. The doctor gave the team an example that illustrates the lack of staff in Azrou where there are 65000 habitants. Nevertheless, there is only one cardiologist who comes twice a week, and stays only four hours to treat people who get the chance to see the doctor the day s/he comes. Concerning the medicines the public hospitals provide people with medicines that do not cost a lot, and the rest has to be bought by the patients themselves. Relating to the equipment, the AUI doctor feels there is not enough. The majority is present in big hospitals in Rabat, Casablanca, Fez and Marrakech. In addition to that, the majority of the machines are often broken down because of the overuse.

What the AUI doctor said seems to confirm what others said.

### Discussion

This research paper deals with I- the way the budget reserved for public hospitals is used, and II- the quality of the services provided in public hospitals. The results the research team found are as follows:

1. Almost half of public hospital users do not have a job.
2. Most of the respondents agreed that there are enough public hospitals and doctors on duty, but not enough ambulances.
3. The majority of public hospitals users affirmed that getting access to public hospitals has become more difficult.

4. People from AUI and the public confirmed that the service is poor to medium because of the equipment and the staff behavior.
5. There is a big loss of time in queuing.
6. Almost half of public hospitals users did not get free medicine.
7. The majority of public hospitals users do not notice any positive changes concerning the service and the equipment.
8. In terms of such expectations, both AUI students and public hospitals users want to see more efficient changes.

The expectations the team had about the existence of regional public hospitals is that there were not enough. However, the results of the survey (figure 1) show the contrary. The first reason for these contradictory results is the fact that the research team had the opportunity to give the survey to only 35 people from the public which is not a significant number compared to the parent population. Moreover, the majority of people sampled in the hospital were from Meknes, which contains three public hospitals and that is sufficient for its population. Another reason is that 40 people from the 65 sampled in AUI are students who live in big cities where there are enough public hospitals. The remaining 25 surveys were distributed to AUI staff that are considered as poor people from Ifrane and regions where there are not enough public hospitals. Concerning doctors on duty, the percentage of people who said that there are enough doctors (55%) is bigger than the ones who think the opposite (45%). The team thinks that this result is insufficient to support the fact that there are enough doctors on duty, as there is not a big difference between the two percentages. However, most people sampled confirmed the fact that there is a lack of available ambulances. The research team thinks that this is an important need to fulfill.

The results in table 1 shows that most people the team sampled do not easily get access to public hospitals, which means that these people have to travel from one city to another

where there is a public hospital with the appropriate equipment to get treated. Since the majority of people get treated in public hospitals, they have to be well equipped and ready to receive a big number of people.

Quality of the service provided in public hospitals in Morocco was important to the team's study because it is important to know what people think about it. For this reason, the team did its research and came up with some data (see figure 2) that shows that the majority of people sampled agreed that the service is poor for two reasons: the quality of the service in general and the equipment. The poorness of the service is related to the way nurses behave with the patients, which is not the way that anybody would like to be treated. This could be because the majority of nurses are rude since they are not well paid. The food served in public hospitals is something that the majority of people agreed that is bad because of the cooks who are careless about the quality of preparation of the food. The AUI medical center doctor confirmed that the cooks have to cook a big quantity of food in order to serve all patients; therefore, the taste would not be as good as expected. Another reason is that the cooks are not well paid; thus, they do not care about the cooking quality. This may explain why the team noticed that a lot of people who come to visit their family members in a public hospital bring some food with them to provide them with the healthy food that should be served in public hospitals.

Materials that are used to treat patients suffer also from the bad quality, which is due to other reasons such as the age of the materials or the way the doctors maintain them. It could not be forgotten that there is a huge budget reserved from the economy in order to provide public hospitals with good equipment, food and a salary to the personnel that keeps an eye on the patients. There is neither a sufficiency of the budget, nor a good way of distributing it. Other people agreed that the quality of the service provided in Moroccan public hospitals is medium concerning both the equipment and the service. The rest of the people sampled stated

that the quality of service in public hospitals is high because either they are very poor and they do not profit from such food or treatment, or they are over optimistic and they say that in order to hide the reality.

Related to the poorness of the service provided in Moroccan public hospitals, the team was interested in knowing how much time people lose in queuing in public hospitals. The team came up with some statistics (see figure 3) that explain that it is a big loss of time when people go to a public hospital. Thirty two percent of people sampled queue at least one hour, 36% queue about two hours, and 32% queue more than 2 hours, which can be even one day or more. This goes back to the number of people working in the public hospitals that needs to be increased in order to serve all the patients in a minimum of time so that patients will not lose that much time in queuing.

According to World Health Organization, (2003) public hospitals are provided with a budget to provide the best including the quality of service, new buildings, modifications, new equipment, good food and free medicine for poor people who cannot afford it.

Concerning medicine (see figure 4), the majority of people who got treated in public hospitals are provided with free medicine; nevertheless, they are provided only with cheap medicine. However, those who did not get free medicine, had prescriptions that cost 100Dhs or more. The problem is that public hospital users are from a low social class and some of them cannot buy the medicine they need themselves because they have no job or their daily earning is very low. Thus, the budget provided to help people who really need free medicine is not well used.

Moreover, the results (see figure 5) show that a big number of public hospital users do not notice any positive changes concerning quality of service, equipment or new buildings. Not only public hospitals users stated that, but also AUI students and faculty confirmed this fact. Also, the university medical center's doctor confirmed the same thing, and gave a real

example about people who suffer from the lack of staff and broken down equipment which proves that there are no positive changes. From these results, the conclusion is that the budget is not well used at all.

The public, AUI students and staff confirmed that they want to see some changes in public hospitals (see figure 6). It shows their dissatisfaction and their need for more public hospitals to have more chances to get treated and also not to have difficulties as the majority of them have in this moment, for they come from regions where public hospitals do not exist. Hospitals also need new equipment which would allow doctors to treat patients easily and deal more rapidly with any kind of disease. Concerning people who were obliged to spend a whole day or more in a public hospital because of their needs, their wish is to be served more appetizing and healthy food. According to U.S commercial Service (2005), the budget provided to build public hospitals is \$121 million. Though this is a big sum of money, people are still wanting more public hospitals, as the figure 6 shows. Obviously, the budget provided to build public hospitals is not well distributed. The government expenditures amount to \$131 million for medical equipment. And still people expect new medical equipment from Moroccan public hospitals. This situation also shows that the budget provided to renew and modernize the medical equipment is not well distributed too.

Actually, the AUI medical center doctor confirmed that there are not enough public hospitals in Morocco in both rural and urban areas. There is a lack of equipment in the majority of public hospitals and that is due to the small budget that public hospitals receive from the government. In addition, there is lack of nurses who help and contribute to the good service, which is why a lot of people complained about the service and considered it poor. The example of Azrou that the doctor gave, illustrates how much the habitants of this region suffer from the lack of doctors and that can lead to an increase of the number of deaths. This situation is not only in Azrou but everywhere in Morocco where there is no public hospital or

a lack of staff. But contrary to what the research team expected, the doctor said that there are enough doctors on duty as their presence is obligatory as long as there are patients in the hospital because these may need a doctor at any time.

To conclude, the team thought about the issue of Moroccan public hospitals and came up with some solutions. First the budget reserved to build and renew public hospitals' equipment should be supervised. As every Moroccan knows, most people who have authority steal money from the government and use it for their profits. Second, the Ministry of Health has to take action by replacing all broken down equipment, buy new and modern ones and build more hospitals. Concerning the staff, they have to be well trained before showing up in the job world. They have also to be well treated by their bosses who have to be more understanding and tolerant. In addition, they need a good salary to love their work, and, therefore, provide people with a good service. Finally, since there is a high budget provided to public hospitals, more medicines should be given to the patients and also there should be better and healthier food served.

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## Appendix 2

## Public Hospitals in Morocco

This questionnaire is a part of study of the situation of public hospitals in Morocco, and your answers will form an essential part of statistical study. Your answers will be anonymous

Please answer the following questions:

Sex:  Male  Female

Age:  18-28  29-39  40-50

1- What is your educational level?

None  Elementary school  Secondary school  University  Advanced degree

2- Do you have a job?  Yes  No

3- Where do you live?  Meknes  Suburbs

4- Is there a public hospital in your district, city, or village?  Yes  No

5- Is there always a doctor on duty in this hospital?  Yes  No

6- Are there available ambulances?  Yes  No

7- Do you get easily access to the hospital?  Yes  No

8- Did you get treated or not yet?  Yes  No

A- If yes, how was the service?

Perfect  Medium  Poor

- For which reasons?

Equipment  Service  Others.....

B- If no, how long did you queue?

1 Hour  2 Hours  Others .....

9- Did the hospital provide you with free medicines?  Yes  No

10- If not, how much is it going to cost you?

10-100 DH  100-200 DH  200-300 DH  More .....DH

11- Have you ever noticed any positive changes concerning the equipment, building, and service?  Yes

No

12- What kind of changes would you like to be made if you knew that \$252 million is reserved to build public hospitals and provide them with equipment?

New equipment  more hospitals  Free medicines  Better food  Others.....

☺ Thank you for your participation. Your answers will be very helpful to our project. ☺

## Appendix 3

## المستشفيات العامة بالمغرب

هذا الاستبيان هو جزء من دراسة أوضاع المستشفيات العامة في المغرب. مشاركتكم اختياري الإجابة ، وستشكل جزءا أساسيا من دراسة إحصاءيه.

الرجاء الإجابة علي الأسئلة التالية:

الجنس: ذكر  أنثى  السن: 28-18  39-29  50-40

ما هو مستواكم التعليمي؟

غير متعلم  مدرسة ابتدائية  تعليم ثانوي  تعليم جامعي  درجة جامعيه متقدمه

هل لديكم أي عمل؟ نعم  لا

بأي مدينة تسكنون؟ مكناس  النواحي

هل هناك مستشفى حكومي في المنطقة، المدينة أو القرية التي تسكنون؟ نعم  لا

إذا كان الجواب نعم ، فكم هناك من مستشفيات؟ .....

هناك طبيب دائم في هذا المستشفى؟ نعم  لا

هل هناك سيارات إسعاف دائمة؟ نعم  لا

هل أصبح من السهل الوصول إلي المستشفى؟ نعم  لا

هل تمت معالجتكم؟ نعم  لا

إذا كانت الإجابة بنعم، كيف كانت معاملة الموظفين لكم؟ إذا كان الجواب لا ، منذ متى و أنتم تنتظرون في الصف؟

ممتاز  متوسط  فقير  ساعة  ساعتان  أكثر.....

ما هي الأسباب؟

التجهيزات  الخدمة  أسباب أخرى.....

هل زودكم المستشفى بأدوية مجانية؟ نعم  لا

و إذا لم يكن الأمر كذلك، كم ستكلفك تلك الأدوية؟

100-100 درهم  200-100 درهم  300-200 درهم  أكثر.....

هل تلاحظون أي تغيرات ايجابية بشأن معدات البناء والخدمات؟ نعم  لا

ما نوع التغييرات تودون رؤيتها علا أرض لواقع إذا علمتم أن مبلغ 252 مليون دولار مخصص لبناء المستشفيات العامة وتزويدها بالمعدات اللازمة؟

معدات جديدة  المزيد من المستشفيات  أدوية مجانية  طعام أفضل  تغييرات أخرى.....

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Appendix 4  
The interview questions

1. Are there permanent doctors?
2. How is the quality of food provided in public hospitals in Morocco?
3. Are the dormitories enough comfortable?
4. Are there enough equipment? How efficient are they?
5. How much time do you think people spend queuing to get treated?