The Development of Educational and Health Policies in Contemporary Tripoli (1970-2009)

PhD Thesis

Abdala Mohamed Abdala Ashhima
University of Strathclyde

2012

“The Development of Educational and Health Policies in Contemporary Tripoli (1970-2009)”

Abdala Mohamed Abdala Ashhima

A thesis submitted in partial fulfilment of the

requirements for the Degree of Doctor of Philosophy (PhD)

University of Strathclyde, Glasgow

School of Applied Social Sciences

Faculty of Humanities and Social Sciences

July 2012

Declaration

Through submitting this thesis I confirm that the work presented in this study entitled *The Development of Educational and Health Policies in Contemporary Tripoli (1970-2009)* has not been submitted for a degree or any other work whether at Strathclyde University or any other institution. Also, I have not submitted previously any part of this thesis for obtaining any degree or other qualifications.

ABSTRACT

This PhD study explores the processes, policies and practices of Government investment in education and health and examines the relative successes whilst highlighting continuing problems in these social policy fields.

Consequently, with government investment in education and health sectors during the period 1970-2009, there was growth and distribution of health and educational institutions across Libya, but especially in Tripoli (the focus of this research). Much of the literature and analysts have suggested that the increase in the number of institutions in these sectors from the 1970s to the beginning of the 1980s did not lead to a matched increase in quality of provision and services. Despite the progress made by the Government in this regard, most of the social policies have faced financial and administrative problems in their implementation.

Further, the Government did not achieve many of the goals that were established at the outset of the 1970s in order to achieve sustained economic and social development. For example, in relation to health, this research shows that although there are a number of highly skilled doctors and specialists, who graduated in the 1970s and in the early 1980s, most of them are working abroad. This is due to the lack of facilities and low salaries and the ever-changing laws and regulations and health administrative changes which have not led to any improvement in the health status within establishments. Also, there are various factors such as non-application of laws and lack of medicines and medical equipment which have had negative effects on health care for individuals. However, the Government has made progress in other aspects such as the eradication of many communicable diseases and providing various vaccinations for citizens.

Similarly, over about four decades now, educational establishments in Tripoli have covered most districts of the city and according to reports and official statistics this situation has led to all citizens being able to access their right to education. However, despite efforts being made in trying to achieve the development goals of the Government’s educational policies, the level of ambition did not match actual outcomes. In recent decades, as is the case in health, weak qualifications have had negative effects not only on the educational process but also on all aspects of social and economic developments.

This thesis presents evidence from the education and health sectors in Tripoli, Libya that suggests the financing and implementing of key social policy goals is fraught with difficulties and sustainable improvement in quality services is difficult to maintain in the face of economic and political challenges.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

ABSTRACT

CHAPTER 1: INTRODUCTION AND BACKGROUND TO LIBYA... ……………………………………………………………1

Section One (Introduction)..3

1. Outline of this Study...3
2. Objectives of study …………………………………………………….....5
3. Research Questions ……………………………………………………….6
4. Justification of topic…………………………………………………………7
5. Scope of study………………………………………………………………..9
6. Methodology…………………………………………………………………9
7. Theoretical dimensions of study………………………………………….10

Section Two (Background) ………………………………………………………16

1. Location of Libya and its Population………………………………………..16
2. Historical Background and the political development…………………… 20
3. Economic development ……………………………………………………24
4. Social policy development: (Education - Health)…………………………...30
5. Health………………………………………………………………………..30
6. Education………………………………………………………………....38
7. Conclusion…………………………………………………………………..43

CHAPTER 2: LITERATURE REVIEW…………………………...45

Introduction…………………………………………………………..46

Section one (education sector). ………………………………………………47

1. Strengthening education conditions for citizens……………………………47
2. Equality in learning…………………………………………………………53
3. Difficulties in access to educational services ………………………………57
4. Development of educational institutions quantitatively and qualitatively….61

Section Two (the health sector)…………………………………………...66

1. Equality in access to health services………………………………………..66
2. Difficulties in offering health services……………………………………...76
3. Health policies and diseases………………………………………………..81
4. Quality of health services…………………………………………………..84
5. Conclusion …………………………………………………………………87

CHAPTER 3 RESEARCH METHODOLOGY……………………89

Introduction…………………………………………………………………90

1. Access to Study……………………………………………………………91
2. Study Design………………………………………………………………92
3. Research Methods and Justifying Choice of Methods……………………98

3.1 Questionnaire ……………………………………………………………..99
3.2 Interview………………………………………………………………….101

3.3 Documentary Study………………………………………………………103

4. Overview of the Process of Survey and Interviews ………………………104

4.1 Phase one: (Questionnaire)……………………………………………….112

4.2 Phase two: (Interviews)………………………………………… ……….116

5. Ethics consideration………………………………………………………118
6. Conclusion…………………………………………………………………...121

CHAPTER 4: QUANTITIVE DATA ANALYSIS……………….123

Introduction …………………………………………………................124

Section One. Analysis of health data……………………………………………125

1. Cronbach's Alpha test results……………………………………………126
2. Demographic characteristics of the sample (the health sector)…………….127

2.1 Distribution by sex……………………………………………………….127

2.2 Distribution by age……………………………………………………….128

2.3 Distribution by type of work……………………………………………..130

2.4 Distribution of respondents by length of experience……………………….131

2.5 Distribution by income level……………………………………………..133

2.6 Distribution by place of residence………………………………………….134

3. The State's goals in the eradication of disease and promotion of health conditions for its citizens…………………………………………………...135
4. The development of health facilities and services in the neighbourhoods of the city of Tripoli ……………………………………………………………145
5. State's policy of raising the level of health services and addressing disease and treatment in the city of Tripoli……………………………………………...154
6. Date analysis of the open questions (The health sector)……………………161
7. Summary…………………………………………………………………169

Section Two. Analysis of education data………………………………………170

1. Demographic characteristics of the sample ……………………………….171

1.1 Distribution by sex………………………………………………….......171

1.2 Distribution by age……………………………………………………....172

1.3 Distribution by type of work………………………………………………173

1.4 Distribution of sample by length of experience……………………………175

1.5 Distribution by income level………………………………………………176

1.6 Distribution of respondents by place of residence…………………………178

2. Equality among citizens in access to education services in Tripoli………..179

3. Development of schools in the city of Tripoli quantitatively and Qualitatively……………………………………………………………185

4. State's policy of raising the level of education services in Tripoli………...196

5. Data analysis of the open questions (the education sector)………………..207

6. Summary………………………………………………………………..215

Conclusion………………………………………………………………216

CHAPTER 5: ANALYSIS OF THE INTERVIEW DATA……....218

Introduction ……………………………………………………………219

Section One. Analysis of the interview data (the health sector)………………220

1. Treating illness…………………………………………………………220

2. Government's commitment to universal health care………………………227

3. Meeting targets, achieving goals…………………………………………...235

4. The difficulties that face the development of health policies……………...241

5. The development of health policies in the future…………………………249

6. Summary…………………………………………………………………...254

Section Two. Analysis of the interview data (the education sector)…………...255

1. The education policies of the basic and middle stages……………………255

2. Government's commitment to universal education services……………...265

3. Achieving educational policy goals……………………………….............269

4. The difficulties which face the development of educational policies for both basic and middle stages…………………………………………………281

5. The development of education policies in the future …………………293

6. Common themes between health and education…………………………...295

7. Summary…………………………………………………………………...301

Conclusion…………………………………………………………………302

CHPTER 6 CONCLUSION, SUMMARY, RECOMMENDATIONS AND AREAS OF FURTHERRESEARCH………………………304

1. Conclusion……………………………………………………………….305

1.1 Health Sector ……………………………………………………..307

1.2 Education sector…………………………………………………..316

2. Summary of Findings………………………………………………………323

3. Limitations………………………………………………………………….328

4. Recommendations and Areas of Future Research………………………….329

5. Summary……………………………………………………………………333

Bibliography……………………………………………….334

APPENDIXES…………………………………………….....359

Appendix A: Health Questionnaire Design……………………………………..359

Appendix B: Education Questionnaire Design…………………………………….365

Appendix C: Interview questions (Health sector) ………………………………...371

Appendix D: Interview questions (education sector) ……………………………..372

Appendix E: Information sheet (health sector)………………… ………………...373

Appendix F: Information sheet (Education sector)……… ……………………...374

Appendix G: Consent of supervisor………………………………………………..375

Appendix H: Consent of participate to interview…………………………………376

LIST OF TABLES

Table 1 growth rate of population in Libya (1936-2006).....................................18

Table 2 Development Expenditure, (1963 – 69) ………………………………….26

Table 3 the Expenditure of the Health Sector (1973-1975)……………………… 35

Table 4 the development of health institutions (1972-1975)…………………….. 36

Table 5 the financial expenditure on the health policies (1976-1980)…………….36

Table 6 the Increases in Health Personnel……………………………………...38

Table 7 the classification of the main types of research ………………………….93

Table 8 type of work, position, location and experience for participants (Health)……………………………………………………………………………....108

Table 9 type of work, position, location and experience for participants (Education)

……………………………………………………………………………………..109

Table 10 Account of districts in Tripoli and study places………………….........111

Table 11 Encoding responses on a Likert scale………………………………....125

Table 12Cronbach's alpha for each question and for all questions (the health sector)…………………………………………………………………………126

Table 13 Number and percentage of the sample by gender……………………......127

Table 14 Distribution of the sample by age……………………………………......128

Table 15 Number and percentage by type of work……………………….............130

Table 16 Distribution of respondents by length of experience…………………....131

Table 17 Distribution of sample by income level………………………………....133

Table 18 Number and percentage of respondents by place of residence................134

Table 19 the frequency and percentage of the questionnaire................................136

Table 20the frequency and percentage of respondents to the statements………....146

Table 21 shows the frequency and percentage of respondents to statement……...155

Table 22 shows the number and percentage answers on open questions (Health).162

Table 23Cronbach's alpha for each question and for all questions together (the education sector)...170

Table 24 Frequency distribution and percentage of the sample by sex…...............170

Table 25 Distribution of the sample by age……………………………………....171

Table 26 Frequency and percentage by type of work…………………………….174

Table 27 Distribution of respondents by length of experience…………………...175

Table 28 Distribution of sample by income level………………………………..177

Table 29 Number and percentage of respondents by place of residence………...178

Table 30 the distribution and percentages of respondents in the statements……180

Table 31 the frequency and percentage of respondents in in the statements....... 186

Table 32the distribution and percentages of responses to the statements...…….197

Table 33 shows the number and percentage answers on open questions (Education)..208

Table 34indicated mean of codes in quotation of interviews (Health sector)….. 221

Table 35 types and numbers of health institutions in Tripoli……………………239

Table36 indicated mean of codes in quotation of interviews (Education sector) .256

LIST OF FIGURES

Figure (1) Location of Libya………………………………………………………..17

Figure (2) Population growth in Libya, 1936-2006...18

Figure (3) The location of the city of Tripoli (the place of study)……… 104

Figure (4) Types and number of institutions visited during the fieldwork………...105

Figure (5) The geographical places of study………………………………………110

Figure (6) Respondents' gender……………………………………………………127

Figure (7) Distribution of sample by age (years)… ……......................................129

Figure (8) Distribution of sample by occupation…………………………………..130

Figure (9) Distribution of sample by years of experience…………………………132

Figure (10) Distribution of sample by income level………………………………133

Figure (11) Place of residence……………………………………………………..135

Figure (12) Respondents' gender…..171

Figure (13) Distribution of sample by age (years)…………………………………173

Figure (14) Distribution of sample by occupation…………………………………174

Figure (15) Distribution of sample by years of experience………………………..175

Figure (16) Distribution of sample by income level………………………………177

Figure (17) Place of residence…………………………………………………….178

Figure (18) types and numbers of health institutions in Tripoli…..........................239

Acknowledgements

I thank God who guided me in the right way to complete this work and overcome the many difficulties of this thesis.

I would also like to extend my deep thanks and sincere gratitude to my supervisors Dr. Colin Clark, Associate-Dean Postgraduate Research, Head of Graduate School, and Dr. Patricia McCafferty, Lecturer in Sociology, for their continuing efforts in giving me advice, support and valuable guidance during each step of the process during this period of research.

I am also indebted to my family – especially my mother and father, brothers and sisters, also a special thank-you to my wife who stood beside me, and provided me with all encouragement and support during this thesis and my daughter Saja and my sons Suhail , Mohammed and Abdalmalik who were a great inspiration for me in this study. I thank all my friends and relatives who gave me their support during my period of study in Glasgow, Scotland.

Also, I would like to express my full thanks and gratitude to the staff members of the former Department of Geography and Sociology and the new School of Applied Social Sciences at Strathclyde University, the library staff, the secretaries and all of those people who assisted me to complete this study: thank-you.

Chapter 1

Introduction and Background to Libya

Chapter 1: Introduction and Background to Libya.

This chapter aims to examine and discuss the background of political and socioeconomic developments in Libya. Libya, until the end of the 1960s, was one of the poorest countries in the world. Conflict and a lack of resources played a major role in Libyan society, which suffered from several problems impacting on social, economic and political developments. Due to a scarcity of resources during this period, Libya was vulnerable to foreign control. However, following the discovery of oil, Libya's political and economic role and significance grew quickly and, due to investment in different areas such as education and health (Ghanem, 1987), there was, also, at the local level, considerable effect on all walks of life. Moreover, the development plans, achieved over the last few decades, have led to a dramatic turnaround in the service utilities and other areas and have helped transform Libyan society into an expanding economy. Further the economic changes during this period played a role in shaping and changing the social reality and lifestyles within Libyan society, and resulted in the transformations of social life where, now, individuals have appropriate access to health, education and other services. Despite conditions due to unexpected changes and events during social and economic developments which left Libyan society exposed, it was possible to note particular developments especially regarding the expansion of services and improvements to the social and economic structure which have been effective in progressing Libyan society economically.

This chapter highlights the most significant political and socioeconomic changes in Libya from the early 1950s until 2009. This chapter focuses on the past five decades, especially after the discovery of oil, and looks at what changes have been achieved in the different levels of society.

Section One (Introduction of study)

1. *Outline of this Study*

The aim of achieving economic growth is important in any society and there is a need to realize a satisfactory level of social welfare protection for citizens. This can be achieved only through an improvement in services which reflects increases in economic growth. Health services are a key factor in the progress of any country and the advancement of any community is based on developing this type of essential social policy service. Over the past few decades, there have been policy improvements in the health and education services across the globe. Perhaps the rapid economic growth which Libya has witnessed since the discovery of oil in the early 1960s has been the most important turning point in the history of the modern Libyan economy and society. Due to these increased oil revenues, the government acted to improve the living conditions of all citizens through raising the provision of social policy services and giving individuals opportunities to obtain high quality health and education services. As these types of services relate closely to aspects of the political and socioeconomic structures, they impact on all aspects of society. The success of these services depends on the Government's role in drawing up and executing such policies. Clearly, the development of services in any country is

dependent on the role of official systems in supporting efforts towards progressive socioeconomic development. In Libya, according to El Taguri et al., (2008:113)

> "It is notable that during the 70s and 80s, there was a substantial expansion of social services, such as health, education, and sanitary services".

This research focuses upon the development of educational and health policies and the role played by the State in executing these policies. These services were examined in terms of how they and other indicators relating to public health and education help different age groups in the Libyan community. This is the main aim of this study and I look, also, at the legislation and how decisions are implemented such as decisions concerning: the provision of services; health promotion; disease eradication and equality of learning; indicators of the executive policies; and evolution of services programmes. I examined, also, these issues in light of economic growth. The thesis is divided into six chapters and the following is a summary of these chapters:

In Chapter one, section one reviews the introduction of study and section two focuses on a general background about the location of Libya and its population, historical background and the economic and political development as well as social policy development, education and health in Libya. In Chapter two, a literature review is conducted to identify the state efforts in the areas of educational policies in section one and health policies in section two. These issues have been reviewed by relying on some studies that included; Arab societies, in developing countries and Libya and Tripoli particularly. In Chapter three, the overall methodology was adopted to conduct this study. In Chapter four, section one describes and analyses the

quantitative data of the health sector, while section two describes and analyses the quantitative data of the education sector within the context of development of education and health policies in Tripoli. In Chapter five, section one reviews and analyses the qualitative data in the health sector, while section two is interested in analysing the qualitative data in the education sector through described and analyzed opinions and views of staff in these sectors. Chapter six involves a review of the research findings, the limitations of the study and some recommendations and suggestions for future research in this general area of health and education policy in Libya.

2. Objectives of this Study

In order to understand the policy development of education and health services, any society needs to focus on other aspects which impact on health and education situations, and the mechanisms for their enforcement. These play a major role in improving the situations for individuals and raising the standards of health services. In order to make progress in providing services there needs to be, firstly, a focus on its quality and, secondly, there needs to be a focus on ensuring these services are accessible to every person in the country without distinction. Stiglitz et al. (2009:15) pointed out that:

> "There is a consensus that quality of life depends on people's health and education".

Therefore, this study aims to identify the extent of the changes which have occurred due to new distribution of policies relating to education and health services and their effects on various aspects of social life. In order to achieve its goals, this study took the following steps:

1) The study identified important changes which impacted on education and health services during the period (1970-2009) under study.

2) The study was designed to extend knowledge of the scope of health and education policy through original empirical research (interviews with professions working in the field of health and education) and analyzing the development of these policies in Libya.

3) Through examining the government's targets regarding health and education, the study looked at the extent to which these health and education facilities achieved their goals (for example, had the government provided an opportunity for all individuals in Libyan society to obtain their right to be educated?). Furthermore, to what extent had there been development of health centers and their services? To what extent had diseases been cured/treated? Also, in addition, what had been the effect on the socioeconomic and political aspects of health and education levels and policies?

3. Research Questions

(Main question) What had been the policy effects on the social and economic aspects of education and health levels in Tripoli?

Given the importance of the rapid growth of the Libyan economy owing to the vast oil revenues, the government was to employ a great part of those revenues in the development of society. Thus, among the priorities was the supplying of education and health services to all individuals in the country, in particular Tripoli. Therefore, the need to achieve so much in order to reach the advanced level of education and health in a short period in a country such as Libya was would need a lot of effort in

facing several difficulties. For example, the requirement to make education available to most of the people in a short period of time, the need to address essential possibilities such as qualified teachers and clear educational policies; also, the elimination of many diseases and supply of medicine and doctors, as well as development of the infrastructure. Thus, such issues assist in making quality of education and health in a balance with quantity aspects.

1. To what extent had the government achieved its goals in eradicating illnesses and in strengthening health conditions for individuals?

2. To what extent had health centers and their services developed across all areas of Tripoli?

3. To what extent had diseases been cured/treated?

4. Had the government achieved provision of equality amongst all individuals in society vis-à-vis obtaining their right to be educated?

5. To what extent had schools developed across all areas of Tripoli?

6. To what extent had educational attainment been raised in schools in Tripoli?

4. Justifications of study

Due to the oil revenue, there was an important improvement in the lives of the Libyan people and in particular the young through the education and other social aspects such as cultural and recreational factors, which clearly appear in urban centers. This situation led to large numbers of people moving from diverse areas of

the country into the city, in spite of attempts by the government in providing services to all regions and reducing the proportion of migrants to main cities such as Tripoli. For example, according to Collins (1974:17) stated that:

> "In particular, the plan emphasized the development of agricultural production centers which would presumably counter urban migration and would relocate Libyans in rural areas, especially with the development of services equivalent to those in the cities."

However, after the discovery of oil this process had laid the basis for the modern Libyan working class in Tripoli, According to El-Hawat (1981) stated that the revenue of oil in Libya has a main role in achieving of change through transfer of society from traditional society to modern society. In this context, Atter (1980) indicated that modernization has contributed in development of both the individual and also of the society. Thus, the rapid urban growth within Tripoli, as the capital of Libya and one of the largest cities, led to pressures being felt by different resources in the city. Furthermore, the following reasons justify the selection of this study:

1) There had been an expansion of influence for those in the education sector given the numbers of graduates, universities and research institutes.

2) The positive and negative aspects were worth exploring in this study, given the spread in urban health matters and the large expansion in the education field.

3) There was a need for informed knowledge to help plan the development and expansion of Libya’s health and education systems.

5. Scope of Study

The policy of developing health and education services is a key factor to progression in any community. Policies of developing services are a product of social policy based on the provision of such services to all citizens everywhere in the country. When such plans began to be implemented by extending the scheme to services at the end of the twentieth century, this was the starting point to a broadening of such services. Abudejaja & Singh (2000) indicated that health development should be an integral part of socioeconomic development. In order to complement the government's role in the provision of health care, in 1994 the reformulated national health strategy of health for all was recognized officially. This research focused on Tripoli as the basis of the study since it was the Libyan capital and included most of the national administrative and governmental institutions which were witnessing the rapid growth and expansion of the social services. Although there were some studies about the development of Libya's health and education services, which I review in the next chapter, some of these previous research studies focused on how these services were distributed across parts of Libya, either by region or countrywide. At the same time, there were no studies of Tripoli's health and education policies.

6. Methodology

In order to achieve the study's objectives, the research was designed to be conducted using two (qualitative and quantitative) techniques. It will be recalled that the research methods differ in terms of their way in testing the validity of assumptions, depending on the nature of the problem (Sutherland, 1998). In many cases, the problem of choosing a research approach and the different approaches available are

not only down to the nature and field problem but, also, the potential of available research to address more of the specific research study. However, it determined the circumstances, the available potential targets and the type of research approach chosen by the researcher. This study tried to draw information from secondary literature and official data drawn from literature with the topic. This information helped the researcher to draw a clear picture about health and education policies within Tripoli. Consequently, I depended on scholarly articles and a variety of academic journals on health and education policies in developing countries generally and Libya in particular. Also, I used available online data. In addition, I used a variety of reports from the World Health Organization and the international reports for the development of education. There were available, also, reports about planning and developing education and health services in areas of Tripoli. Additionally, primary information came from a sequence of interviews with some staff in Tripoli's education and health center and responses to a questionnaire. Therefore, this study proposed that, in addition to collecting data from various sources including literature, these techniques would be examined by means of an exploratory and descriptive study which is discussed fully in the methodology chapter.

7. The theoretical dimensions for study

There are some theoretical issues which would help in examining the topic and through which these ideas promote more understanding of the theoretical dimensions for this study. Clearly, in this part of thesis, I refer to some theories relating to some aspects of this topic, especially the human capital theory in order to promote knowledge about the topic. This study focused on the improvement and development

of educational and health conditions through the implementation of policies and providing services to citizens in light of economic growth. Thus this would be a better investment if the state succeeded in harnessing its potential in order to achieve its objectives which would be represented in achieving progress and welfare of individuals.

According to Marshall (1965) in R. Titmuss (1974), Social Policy is the policy of governments on such areas as health and welfare services and education and housing policies which have a direct impact on the lives and the welfare of the citizens. In this respect, Baum et al. (2009), Dorling (2010), Benach et al. (2011) in Mackenzie et al. 2012: 513) indicated that:

> "Efforts to tackle inequalities in health need to focus on material and social determinants that lie beyond the scope of health care systems".

It can be stated that this situation applies to the health system in Libya in terms that it is not suffering only from low expenditure but, also, from other factors. As shown by some literature in this thesis, these are such as a lack of planning which is evident in the health system and a sense that the citizens lack confidence in the health system and government policies in the improvement and development of this system. Also, promoting equality of opportunity for all the people in accessing education senses that people should not face barriers and everyone should have the same opportunities (Lister, 2010).

However, the greatest urban centre in Libya is Tripoli which was affected first due to increased urban population and the government's lack in carrying out many of its policies and difficulty in obtaining services with the same quality. According to social control theory of social policy, Higgins (1981) indicated that the government

failed to provide enough resources and programmes to meet increasing demand to people in urban areas; therefore, social policies failed to perform their functions adequately. The cities suffered from crises in services such as housing, transportation, health, education. Thus, the urban crisis is due to several factors such as the impact of the structural and economic difficulties on the organization of the cities and on the evolution of social services.

According to Olaniyan and Okemakinde (2008), education is an important factor in developing the human resources necessary to achieve economic and social transformation through focusing on development of skills. Also, based upon the work of Schultz (1971), Sakamota and Powers (1995), Psacharopoulos and Woodhall (1997) and Olaniyan and Okemakinde (2008), Human Capital Theory rests on the assumption that formal education is highly instrumental in developing societies and, also, necessary in improving and increasing the production capacity for a population.

Arguably, the government policy toward expansion of education and health, whether in increasing the number of institutions and the pupils enrolled in schools or accessing health care, was aimed at achieving equality amongst individuals. Streeten et al. (1981) stated that the basic needs should be taken into account by all governments in achieving social development goals. Also, important to such ideas was its role in making some International Organizations, like the International Labour Office, urge some governments to give top priority to meeting people's basic needs such as water, food, shelter, health, education (James Midgley, 2006).

In order to gain a better understanding of several aspects related to the development of education and health, this study should consider the ideas of some researchers in

Social Capital Theory. For example, according to Szreter and Woolcock (2004) in their ideas regarding of Social Capital and Social Theory being a matter of enhancing a population's health, it cannot be achieved through material inputs alone or only through the 'technological fixes'. It needs, also, additional aspects such as Human Expertise and attention which, too often, are neglected; thus, taking social capital seriously in the context of health promotion in all countries. In this context, in recent years, the government in Libya selected subsequently to emphasise the expansion of specialized secondary education to meet its manpower needs. So it is state investment which meets the needs of the state. Olaniyan and Okemakinde (2008:158) stated,

> "Human capital theory emphasizes how education increases the productivity and efficiency of workers by increasing the level of cognitive stock of economically productive human capability which is a product of innate abilities and investment in human beings. The provision of formal education is seen as a productive investment in human capital, which the proponents of the theory have considered as equally or even more equally worthwhile than that of physical capital."

Accordingly, identifying the difficulties which faced the development of education and health in Tripoli in this period relied on the government's attention in carrying out health and education policies and, also, a matter of quality of education outcomes especially for those working in education and health sectors. Musmam (2002), in his study about the relationship between outcomes of education and the labour market in Libya based on Human Capital Theory, indicated in his findings that there was no support and encouragement by government for skills from graduated the vocational institutes in Libya, thus this situation led to low quality of education in these stages.

Consequently, it is state investment which meets the needs of both the people and the country. According to Human Capital Theory, Schultz (1981) formulated his ideas in a basic assumption represented in investment in education, health, on-the-job training and obtaining information related to the job market as well as matter of migration. This was in addition to specialized vocational education at secondary and higher levels (Corazzini, 1967 in Sweetland, 1996). Therefore, Schultz indicated that main factor about these issues was the level of wages.

In this respect, 'human capital theory' and its applications contribute to some issues of this thesis. For example, the education structure in primary and secondary schools in Libya was based on the educational goals which represented giving people the opportunities to obtain education through compulsory education law and to cover the shortfall caused by a lack of skills in supporting development efforts and investment in different areas during the 1970s. However, the government stressed subsequently that the lack of appropriate skills in most of sectors, particularly education and health needs, led to the development of its policies. For instance, through the third development plan (1981 - 1985), the government initiated an educational new structure (the new educational structure) which focused on specialization and skill development to participate in capacity-building and achieve development. However, due to weak investment in education and health and training as referred to previously by Human Capital Theory, the government failed to implement most of the objectives of this educational policy. It failed, also, to complete the third development plan (1981-1985) on grounds of low oil prices and poor funding. This consisted of some assumptions which can be found in the Human Capital Theory. Based on Fagerlind and Saha (1997), Human Capital Theory provides a basic

justification for large public expenditure on education both in developing and developed nations. Consequently, the question of the development society depends on skill development, particularly in education and health and the success of government policies in attaining them, depends on the ability to invest and develop the skills of employees. Furthermore, types of human capital investment generally include health; in particular, education contributes to improvement in health (Schultz, 1963, in Sweetland, 1996).

Based on the Human Capital Theory, the extent of staff's contribution in the success of policies and service delivery to citizens in educational and health institutions depends on role of the state in developing the skills of staff and providing them with incentives. Nafukho, Hairston and Brooks, 2004 stated that the basic premise of the Human Capital Theory was that investments made in educating the workforce and developing their skills led to progress in economic development and, thus, achievement in the development of different aspects of life. Therefore, Sweetland, (1996) stated that application of the Human Capital Theory was useful and essential in supporting the educational policy process and, also, education policymakers. In addition, Human Capital Theory, in light of the progress in use of technologies and different forms of knowledge development in all areas, has become the most important theory of socio-economic development. In this context, the Human Capital Theory suggests some issues related to a matter of reform in state institutions, which were conducted mostly in developing countries as is case in the reform process carried out by the government in Libya in recent years due to the low level of services, particularly in education and health. Fitzsimons (1999:2) stated that:

> "In terms of structural reform, under Human Capital Theory the basis for nation state structural policy frameworks is the enhancement of labour flexibility through regulatory reform in the labour market, as well as raising skill levels by additional investment in education, training and employment schemes, and immigration focused on attracting high- quality human capital."

Consequently, this research examined and analysed these issues in education or health linked to different aspects such as the quality and availability of services and the availability of incentives and encouragements to staff to work and the other issues involved in this study.

Section Two (Background to Libya)

7. Location of Libya and its Population.

Libya covers an area of 1,760,000 km which makes it the third largest country on the African continent. It is an Arab country located in the north of Africa, bordered by Algeria and Tunisia to the west, the Mediterranean Sea to the north, Egypt and Sudan to the east and Chad and Niger to the south. The country’s capital is Tripoli. Most of Libya is part of the Sahara desert and the majority of the population lives in the coastal strip along the Mediterranean and a few widely scattered oases in the Libyan Desert in the east. The Fezzan region, in the south, has a long coastline of 1,900 square kilometers (El-Mehdawi, 1993).

Figure (1) Location of Libya

Source of Figure (1) http://www.libyana.org/maps/english/main.htm

According to the 2006 census, the population of Libya is 5,670,688; this works out at about three persons per square km. However, most of the Libyan population lives in urban areas. According to the National Report of Libya (2002), nearly 97.5% of the Libyan population is concentrated in urban centers, in particular in the cities along the coast, the most important of which are Tripoli, Benghazi, Zawiya and Misurata, and these cities are growing fast and the country's urban population has increased by more than 8%. Thanks to economic growth and improved living conditions, the percentage of population has increased in the light of the oil revenue dominance of

the national economy which, in turn, has been reflected in the health of Libyan citizens. Furthermore, Momesn (1991:10) indicated that:

> "The infant mortality rate fell from about 300 per 1000 births in 1954 to 39 in 1978".

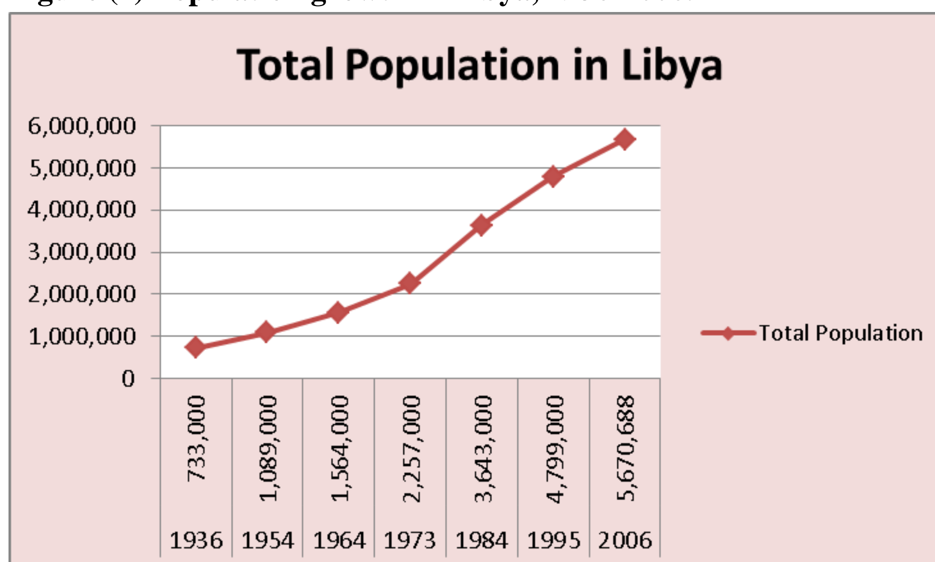
Also, The World Health Organization (2008) showed that, in 2002, Libya's neonatal mortality rate was 11 per 1000 live births.

Table 1: growth rate of population in Libya (1936-2006)

Years	[1]*1936*	[1]*1954*	[2]*1964*	[2]*1973*	[2]*1984*	[2]*1995*	[3]*2006*
growth rate	----	1.9	3.3	4.3	4.5	2.5	2.2

Source of Data: [1]El Mehdawi & Clarke, (1982: 68) [2] Secretariat of Planning, (1995: 3) [3] GAIT, (2006). In Elzalitni (2008:35)

Figure (2) Population growth in Libya, 1936-2006.



Source of Data: [1]El Mehdawi & Clarke, (1982: 68) [2] Secretariat of Planning, (1995: 3) [3] GAIT, (2006). In Elzalitni (2008:35)

In this respect, El Mehdawi and Clarke (1982) pointed to that estimated census of 1936 was 733, 000, which had been conducted during the period of the Italian control. Figure (2) above shows that Libya's total population continued to grow despite an inequality in the increase from one period to another specifically, the

period from 1936, as mentioned above, to 1964 saw the population grow slowly due to the spread of diseases and the lack of health care services. The poor economic situation and the lack of nutrition led to increased numbers of deaths. This was agreed by Sharif, (1971), who stated that the slow increase in the population was due to worsening health conditions and living standards. However, in the period between 1964 and 2006, the population increased clearly with an annual growth rate of slightly more than 4%. It was clear that this increase in population was attributable to many factors. For instance, according to El-Mehdawi (1998), the most important factor was the improvement of the health services and the increase in people's incomes. In addition, a large number of Libyans, who were in diaspora and, especially, neighboring countries such as Tunisia, Chad and Egypt, returned after the discovery of oil and living conditions improved across the whole country (Ibid:1998).

This situation led to many people in rural areas and in small towns moving to the places where services were located. According to Kikhia(1981 in Kikhia, M. (1995:2) :

> "The large majority of migrants who have moved from the less-developed to the developed regions are rural people who have changed their place of residence and their occupation. They have left their work in the rural sector to seek employment in the industrial and service sector."

Given the important role economic growth and urban restructuring was playing in Libyan society, the service sector started to show clear disparities in the distribution of income, not only amongst individuals but, also, between different economic sectors and geographical regions throughout Libya. For example, Tripoli was

benefiting from the economic boom more than the rest of the cities throughout Libya. Kezeiri & Lawless (1987:2) indicated that, in the period from 1954 to 1973, the greatest increases in population took place in the cities of Tripoli and Benghazi. Tripoli grew by 169%, Benghazi by 147% and together, in this period, they accounted for 56% of the total growth of Libya's population. Therefore, the population of these cities rose from 36% of the total population to 46% in the period from 1954 to 1973. These were due to increased numbers of people migrating to these cities.

2. Historical Background and the Political Development

Libya has been subjected to varying degrees of foreign control for long periods of its history. Country Profile: Libya, (April 2005) referred to the set of states such as the Phoenicians, Carthaginians, Greeks, Romans, Spaniards, Vandals and Byzantines. Moreover, according to Pereira (2007:78)

> "Like all the countries of the Maghreb, both before and since the arrival of the Arabs, Libya has seen a great diversity of populations, especially in its urban centers."

In more recent centuries, Libya was under the control of Ottoman Turks from 1551 until the coming of the Italian military in 1911 (Foldvary, 2011), which controlled Libya until 1945. More recently, after World War II, Libya was again under foreign control by the allied British and French forces (1945-1951). According to Wright (1981), Italy's departure from Libya after World War II caused a vacuum in power. Consequently, both Britain and France worked to fill this vacuum in the absence of any Libyan or foreign alternative. In this context, after the General Assembly's failure in voting in 1949 for Italian trusteeship of Libya, the process started in the

same year to seek to achieve independence for Libya through the General Assembly and the blessing of some countries such as Britain, America and some other western countries Therefore, Libya's political situation moved from trusteeship to independence (Collins, 1974). Libya was divided into three areas (Cyrenaica, Tripoli and Fezzan); the British military administered Cyrenaica and Tripoli, whilst the French military administered Fezzan; this situation continued until the country obtained its independence in December 1951. Consequently, according to U.S. Department of State (2011):

> "Libya declared its independence on December 24, 1951; it was the first African country to achieve independence through the United Nations. Libya was proclaimed a constitutional and a hereditary monarchy under King Idris. Libya's independence in the early 1950s began a new phase in its political history. In that period, political change was not dependent only on international society In addition, there were efforts by Libyans and the resulting discontent for political and economic change arising from their demands led to them achieving some reforms."

According to El azzabi (1974) In Alafi and de Bruijn (2009: 6)

> "By the end of 1950s, after oil had been discovered and marketed, the economy of Libya has changed from one of the poorest countries to one of the richest economies."

This situation has led to the changes in socioeconomic structure for country, which became reliant on oil resources after they had been dependent on foreign aid. This led to residents' improved living conditions which were reflected in the development of health, education and other services and urban migration from that time (Carey, J. and Carey, A: 1961). After almost eighteen years from the initial independence of Libya in 1951, there was the end of the period of the monarchy in Libya in 1969. Zoubir (2002:31)

> "On 1 September 1969 a group of young military officers, led by Muammar Qadaaffi, overthrew in a bloodless coup the 79-year old king".

According to Countries and their Cultures – Libya, it had forced the king into exile and Libya was declared a Republic. Thus, Muammar Gaddafi quickly emerged as the undisputed leader. The group of young officers considered themselves to be revolutionaries but they do not have a background in revolutionary activity or knowledge of radical politics (Ibid). According to the Official Gazette (1972), the provinces were cancelled and only the municipalities remained. Branches were established for these municipalities comprising of one locality for each branch or more. In this context, also, law No 78 for 1973 confirmed the responsibilities of the local People's Committees which were in complete control of local governance in both municipality and locality. Accordingly, the period from 1973 to 1977 is called the People's Revolution, which was claimed necessary for the development of the political system because the previous laws and decrees were issued by the government and, therefore, it had to be involved in all responsibilities. In 1976, Muammar Gaddafi published the first part of his Green Book which was the beginning of the new era, which saw it was solving the problem of a power struggle with the announcement on 2 March 1977 (The Declaration of Power of the People). With regard to this, Otman and Karlberg (2007:19) noted that:

> "The March 1977 session of the General people's Congress, based on the Third Universal Theory, adopted measures to abolish the Revolutionary Command Council,which, since the Constitutional Declaration of 11 December 1969, had been the highest political authority in the country. Political power was transferred to the Basic People's Congresses, their Committees and the General people's Congress. As well as this, traditional forms of government along with the institutions and offices of the Cabinet, Ministers, Directors and so on were abolished in favour of General Secretaries, each responsible for a particular state activity- for example,

> Agriculture, Foreign Affairs, and Labour – and to people's committees at the local level. Finally, the session adopted a decision to elect Colonel Qadhafi as secretary General of the people's General congress (El-Shahat 1978). However, he relinquished this position on 1 March 1979, together with all other titles, to be known thereafter as only leader of the Revolution."

In this respect,George Joffé (1995) and Mansour O. El-Kikhia, (1997) In Schneider and Post (2003:251) indicated that Qaddafi:

> "He set up what he envisioned as a direct democracy, in which the instruments of government were placed in the hands of the people. People's Committees and popular congresses were formed at the local, regional, and national levels to promote mass participation in the nation's decision-making process, What resulted though was a stifling, overly rigid system that proved to be better at promulgating top-level policy than it was at cultivating popular participation."

Accordingly, the political regime considered that this led to a better redistribution of wealth and involved its citizens in a democratic process. Therefore, all of these issues and others were related to the government of the country and enabled the political system, which Muammar Gadaffi had gleaned from his Third Universal Theory and which was relied upon to achieve his political objectives in the governance of the country. Otman and Karlberg (2007:19) described this concept in these words:

> "The concept of Jamahiriya and its precise political expression was in fact what Qadhafi termed in his green Book as the 'Third Universal Theory', which he defined as an alternative to both capitalist and communist ideologies."

Therefore, according to The Declaration of Power of the People (2 March 1977), the process of decision-making was the prerogative of Libya's basic people's congresses, which collected and drafted the General People's Congress, whilst the functions of the People's Committees and the General People's Committee were to execute the decisions. Although there were many issues, which were discussed between people

in the People's Congresses, most of the issues were broadcast from the supreme authority of the regime. Consequently, this resulted in the people's reluctance to attend conferences because, often, the government did not pay any attention to applying the issues discussed at conferences. Perhaps, this is one of the key factors that made the people in Libya start a revolution towards the political system on the 17th of February 2011. This political system was run by Gaddafi who was overthrown, with his capture and public assassination on October 2011.

3. Economic Development

After a few years of independence, the Libyan economy was dependent mainly on foreign aid and loans received from various western nations, especially from the British and American governments (Blackwell, 2003). Thus, Libya was dependent on America in carrying out a number of projects in some important fields such as health and education, electricity and water works (Higgins, 1953) in Omar, A and Ruddock, (2001)). Soon after the discovery of oil, there was an enormous expansion of most public services and, also, of infrastructure projects, and a corresponding rise in the economic standards.

As a result of the discovery of oil in the early 1960s, Libya was transformed from one of the poorest countries in the world to one of the world's top oil producers. (Bamburg, 2000 (in Blackwell, S., 2003:15) pointed out that "By 1970 Libya had become the fourth largest oil producing". So, oil revenues enabled the economy to grow during the 1960s. This period saw an increased demand for imports of agricultural and industrial products due to the growing demand since the importance of the agricultural sector in the local economy had diminished (Ghanem, 1987). According to Vandewalle (1986: 32) some sectors received particular attention such

as health, housing, and education. Thus, the development strategy, during that period, was aimed at developing the economic and social aspects of society. The first studied plan in Libya was after the discovery of oil and began in 1963. According to Ghanem (1987:59), indicated that:

> "The government announced the first five–year economic and social development plan (1963-68), with a total fund allocation of LD 169 million (about $500 million) to be spent on the various sectors of the economy."

This total was spent on the various sectors in order to achieve an acceptable standard of living and increase the level of per capita income to improve people's social lives.

Table (2): Development Expenditure, 1963 – 69 (million Libyan dinars)

years / Sectors	1963	1964	1965	1966	1967	1968	1969	Total
Agriculture and animals	1.3	1.9	7.2	10.1	17.3	4.4	13.2	75.2
Industry and minerals	0.1	0.6	2.0	4.7	7.4	7.4	6.3	28.5
Electricity	1.7	2.9	3.7	8.5	14.1	16.8	11.8	56.8
Transport and communication	4.4	6.4	13.1	10.2	18.7	24.3	14.5	9.16
Housing and utilities	4.1	7.5	12.1	23.0	42.1	34.1	39.3	126.20
Local administration	-	-	2.9	9.9	6.8	14.6	12.1	46.30
Education	0.6	1.0	5.6	10.7	8.1	13.6	8.0	47.60
Public health	0.7	0.2	0.8	2.1	5.5	4.9	2.9	16.5
Labor and social offices	0.7	1.6	3.5	3.4	5.3	5.3	1.0	20.20
Information and culture	--	0.1	0.4	0.4	0.7	3.0	2.0	6.60
Economic and tourism	0.1	0.6	0.5	0.6	1.0	1.1	0.4	4.30
Planning	0.1	0.2	0.6	1.4	1.1	1.0	0.6	5.00
Total	1.26	23.0	52.4	82.3	128.1	140.5	112.1	551.00
Total allocation of funds in the plan	21. 7	32.5	87.0	90.8	105.0	143.3	145.0	625.30
Total income from oil	**38.5**	**75.2**	**125.4**	**186.7**	**223.3**	**357.8**	**419.7**	**-**

Source: Ministry of Planning, National 1962- 1971 Tripoli. Kezeiri & Lawless (1987)

The investments, which were distributed in this period, escalated gradually in different sectors and especially so in the first years of the plan. The agricultural sector gained the highest rate of investment in 1967 and recorded the highest percentage increase in expenditure that year which reached £17.3 million. In the following year, the investment was £4.4 million pounds, and became dynamic again, as shown by its expenditure reaching £13.2 million in 1969. In this regard we saw, also, the housing and utilities sector grow at a rate of 42.1 million Libyan dinars in 1967. Nearly six years after starting the plan, 1968 witnessed a substantial growth in expenditure to different sectors, except agriculture. In particular, the housing and utilities sector gained the highest rate of expenditure totaling £162.20 million amongst the sectors. There was no doubt that the investments, which took place, had a significant impact on the country's development and policies to improve the living conditions of residents and reduced the level of poverty. However, by looking closely at the table, it is clear to us that the distribution of investments did not achieve an equitable distribution in spending.

It is clear that the economic growth due to oil revenue was reflected in the social lives of the different age groups in Libya following the implementation of the development plans in the middle 1960s. Policies were developed which aimed to achieve benefits and wellbeing for all the citizens such as education and health care becoming free for all people and an increase of social mobility due to the oil boom and economic activity especially in the cities increased and strengthened the urban flow (Harrison, 1967). Consequently, due to oil revenues, the economic growth contributed to the evolution of social conditions for people in the country, and led to

some authors called for the government to achieve the changes to improve services. For example, Penrose (1961:460) pointed out that:

> “that health education should reach every home, schools should emphasise understanding and not the mere learning of words, teachers should be carefully selected and well prepared, primary schools should educate the whole child, children should learn by doing."

Accordingly, a large number of people at the beginning of the economic growth period started to move to the urban centers. According to Vandewalle (2005), the traditional agricultural nature of Libya was eroded slowly due to increasing numbers of people leaving the rural areas in search of employment in the cities. In particular rural migrants flocked to Tripoli. It has assisted in the abundance of the financial resources of foreign exchange due to the oil boom of the 1960s and 1970s and helped to carry out the development plans to expand the services. In this context, Youssef (2005) stated that the main objective of the economic development plans was to diversify the local economy by seeking other sources of income rather than oil so that imports of capital goods and raw materials might play a crucial role in the economic development process and support the country’s economic development plans. Although the government has aimed through development plans to increase growth rates in different fields in order for diversity in sources of income and production, most of the development programmes have not achieved their aims due to the government never possessed a carefully integrated economic strategy (Vandewalle 2005). Many of its economic undertakings were not linked with one another. In this context, the government issued some laws to address the economic situation, according to Sheibani & Harvard (2005:703) indicated that:

> “Law 8 for year 1988 which stipulated it as possible for individuals themselves or by participation with others to practice economic activities."

Thus, the government issued this law due to the failure of the public sector to carry out most of the developmental projects and plans and trying to integrate into the international community after the lifting of United Nations sanctions on Libya in the late 1980s. Generally, attempts to promote the private sector began at the end of the 1980s in the form of small companies (Charkiyat) to work alongside the public sector. However, this remained on a small-scale which did not lead to the creation of employment opportunities which remained within the public sector as result of the importance of oil revenues as the country's primary source of income. Thomas et al. (2003: 15) stated that:

> "During the last 14 years laws have been more flexible, allowing enterprises to operate alongside public companies, which have ignited some degree of competition in a market dominated by high demand and low supply, in most sectors. Laws restrict foreign companies to work in the country except in some sectors where no Libyan companies can perform, in order to help indigenous businesses. Overseas companies are usually allowed in the oil and construction industries, and to some extent hotel & catering joint companies undertake a small proportion of the work in their field of specialty."

In this context, the Libyan economy suffered from some negative effects especially during the period of the sanctions which were imposed by the United Nations. According to United Nations (2006), this situation was reflected in other aspects such as a sharp drop in per capita income and an increase in unemployment as well as an inability of most sectors to compete in an open economy and a deterioration of infrastructure in light of the public sector's domination of the country's economic institutions. Also, another important issue was that, despite the development of health and education and health systems which were built in the 1960s and 1970s, these sectors continued to suffer from several difficulties. Clark (2004) attributed that to:

> “Lack of qualified teachers and enrolments in vocational and technical training lagged. Both of these shortcomings have resulted in a reliance on foreign-born professionals to fill teaching posts, technical positions in many state industries and service sector jobs in fields such as health care."

In this context, Pargeter (2006) stated that the sanctions, which were imposed in 1992, did not include oil exports and, thus, did not hit the mainstay of the country's economy. Therefore, these were to impact on governmental policies of other aspects such as health and education especially with the increasing need for these services to play a larger role, particularly in respect of the quality of services provided to citizens. So, the sanctions have had a significant impact on plans developing social welfare provision, including health and education during the period of 1980s, and particularly 1990s. For example, according to Zoubir (2002), the air travel ban led to preventing those suffering from severe medical conditions of travel to get treatment abroad, in particular, those whose treatment was unavailable in Libyan hospitals; hence, they were not able to reach foreign health-care facilities in a timely manner. The next section reviews developments which occurred in aspects of Libya’s health and education and their repercussions on the social reality of the citizens.

4. Social Policy Development: (Education - Health)

4.1 Health

The health status of Libya was no different to the rest of the Arab states since the beginning of Ottoman control. However, the health situation in Libya was worse than the rest of the Arab countries because of the lack of health centers and doctors. In addition to that, the nature of the desert and the small number of people spread over different regions of the country’s vast area led to the spread of many diseases Amer

(1998). The lack of an effective health system in Libya meant that many epidemics and diseases appeared from time to time and contributed to the deaths of large numbers of people who did not know of any correct scientific ways to prevent them. Such diseases increased mortality significantly, especially amongst children, until the population was almost wiped out in some areas of the country. Thus, this situation led to continued suffering among all the population in Libya due to lack of health services. According to Amer (1998), at the end of Ottoman rule and Italy's entry to Libya in 1911, there were very few hospitals, which were limited to major cities and consisted of a military hospital and another civilian one in Tripoli, each containing 150 beds. Also, Amer indicated that there were some small treatment centres in Benghazi and Tripoli funded by the Italian consulate and other small centres tracking all Ottoman military garrisons which lacked the necessary equipment and supplies and, often, only employed one doctor and a nurse. There were established a number of preventive health projects from infectious diseases and a number of therapeutic clinics and centres for the distribution of medicines in small towns and villages and health centres overseeing public health. The health authorities sent health convoys to provide medical services and treatment and to give vaccinations and preventive care to the population of remote locations (Amer, 1998).

Thus, according to Atter (1992), Libyan society had known hospitals and doctors over the last period of the Ottoman rule and under Italian control. This period saw the construction of a number of hospitals; the most important were the Central Hospital in Tripoli and Benghazi's Central Hospital. In the late 1950s, there were a number of hospitals including the small ones and about twenty clinics scattered in major centers of population. According to Atter, in the 1950s, this resulted, also, in

the prevalence of diseases. In 1959, the infant mortality rate was about 50% at a time when there were not more than two hundred doctors. At that time, people were exposed to diseases rapidly, not only in the country villages and small towns but, also, in the main cities such as Tripoli. For example, Harrison (1967:420) described Tripoli's health situation at the beginning of 1950s, as:

> "There is no lighting. Sanitation is inadequate, and there is no good water supply; health standards are low, and occasionally disease sweeps through the shantytowns."

These indicators changed gradually as a result of the development of resources and attention to the development of health services. Consequently, the crude mortality rate decreased from 7.4 in 1975 to about 3.4 in 2007 (The Centre Documentation and Information, 2009). Obviously, one of the government's main objectives, after the discovery of oil, was to improve the citizens' health conditions. This was due to of the economic developments and political and social changes which arose from the development plans and programmes the country had witnessed especially in the 1960s and which increased in the 1970s. This sector obtained priority in a series of developments across the country within the framework of development plans and, in addition, subsequent programmes which continued until the beginning of the 1980s. As I have already stated the fact that Libya was a poor country up to the 1960s, the next five decades witnessed great changes within Libyan society. For the first time in Libya's history, soon after the discovery of oil, the State implemented their policies to eradicate the worst aspects of poverty in the country (for more information about the first plan, see to Table 1).

Therefore, the government tried to play down the effects brought on by the lack of resources throughout the country by implementing social and economic development

plans which played a main role in achieving the changes to different sectors. These plans lasted for more than 20 years from 1963 to 1985. As a result, these strategies led to several changes in society such as longer life expectancy and lower infant mortality and gave a larger number of people the chance to have an education. The nature of the policies and strategies, which governed the interaction and integration of all the sectors, required effective strategies to achieve results at different levels. For example, in accordance with the plan of economic and social transformation (1970 –1981), in addition to what was achieved in improving health services and education, these strategies achieved a significant improvement in the individual's standard of living through a higher per capita income. The aim was to improve cultural, social, transport and communication services and create and multiply some kind of convergence in living standards amongst the members of the community and between different regions.

According to Haines (2000), it could be argued that the basic needs approach to development policy began in the end of 1970s and also increased focusing of basic services such as education, health. The research for mechanisms of achieving social development led to many of the changes which contributed significantly to creating social progress. Therefore, most efforts sought to understand those aspects since it was not useful to understand any of these dimensions individually. In particular, there were several dimensions and interrelated directions and, therefore, the examination of any of these basic aspects should be looked at in their social context.

As is the case in most developing countries, Libya witnessed socioeconomic transformations as a result of oil revenues. Allan (1983:377) pointed out that:

> "Libya enjoyed steadily rising oil revenues after 1960 and became a significant member of the world's trading community."

Allan further stated that oil revenues had seen a sharp rise in 1974. Thus, development plans between 1970 and 1980 included an expansion in the areas of health and education in order to respond to the growing social demands and the needs for these services. For most people, there was a basic need for personal health and intellectual autonomy and health care services, which first and foremost required public infrastructure and, secondly, education.

The development plan (1973 - 1975) indicated that, amongst its aims, was improving health conditions and increased expenditure on health services. Also, according to this plan, the policy makers at that time pledged to carry out the health policies development goals by following strategies and actions aimed towards achieving accessible preventative and curative health services for all the population through improved citizens' quality of life and controlling communicable diseases and raising health awareness amongst citizens. In addition, they aimed to develop the local workforce by carrying out health education and training programmes in order to meet the needs of local people for health facilities and to provide foreign employment to carry out these policies. The following table indicates the financial expenditure from both the administrative and development budgets between 1973 and 1975, and the expenditure per individual in the same period.

Table (3) the Expenditure of the Health Sector in Development Plans (1973 – 1975)

Year	Expenditure		Total expenditure	Estimation of population	Expenditure of the rate individual
	Budget administrative (Libyan Dinar)	Budget of development			
1973	18.593.944	9,033,366	27,627,310	2,257,000	12.24
1974	35,500,000	15,842,868	51,342,868	2,351,885	12.83
1975	45,666,000	22,757,928	68,423,928	2,449,733	27.93

Source: The development plan (1973 – 1975)

As we see from this table, expenditure from 1973 to 1975 rose in all the administrative and development aspects, along with the rate of expenditure for individuals. Although the population increased over this period, there was an even greater increase in the rate of expenditure on development. In this context, the first article of 1973 Health Act 106 suggested that the right to health and medical care is guaranteed by the State and that progress will be made to ensure such services 'keep pace with scientific progress in these areas'.

The following table summarizes what had been achieved in increasing the number of beds, health centers, primary health care units, dental clinics, tuberculosis centers and maternal and child health centers throughout Libya.

Table (4) the development of health institutions (1972-1975)

		1972	1975
1	Number of beds	8830	12240
2	Number of health centers	65	116
3	Primary health care units	439	576
4	The dental clinics	58	70
5	Number of tuberculosis centers	16	18
6	Number of maternal and child health centers	71	93

Source: Statistics of the Ministry of health (1975)

In this context, one of the key goals of the first Five-Year Plan (1976-1980) was improving and expanding existing health services and establishing new facilities. The plan began by supporting and developing the health services and expanding preventative health services with a view to achieving justice and equity in distributing these services to all the country's regions. In addition, there had been research in different health fields which led to the development of services and the improvement of their performance. According to The First Five-Year Plan (1976-1980), 171,405,000 million Libyan dinars were distributed between 1976 and 1980 in order to achieve these aims.

Table (5) indicates the financial expenditure on the health policies over the period (1976 - 1980).

Years	Estimation of population	Development of budget	
		Approved allocation	Expenses
1976	2589 100	62 000 000	30 809 374
1977	2697 842	73 000 000	39 732 523
1978	2771 596	83 000 000	52 022 511
1979	2888 000	93 000 000	60 000 000
1980	3245 800	127000000	80 000 000
Total	-------	438 800 000	262564408

Source: The First Five-Year Plan (1976-1980)

Metz (2004) argued that Libya, during the 1970s, succeeded in making major improvements to the health services provided to its citizens. Metz also affirmed how, from the 1980s, Libyans began to enjoy many benefits such as housing and education, comprehensive social welfare services and general standards of health which were among the highest in Africa (Ibid:2004). The so-called second plan of economic and social transformation 1981-1985 represented another relevant turning point in Libyan society. This contributed to numerous health improvements as was the case in other socioeconomic aspects. As a result of the structural changes in the local economy through the socioeconomic development plans, the individual's share of health services increased (please see Table 3 for further information).

At the same time, most of the expenditure in this plan shows increased development in health activities. According to the plan of economic and social transformation 1981- 1985, the number of primary health care units increased to around 726 by 1985. The number of hospital beds increased to around 19,682 and by a rate of 5.3 beds per 1000 population. The number of basic health care centers increased to 89 across the country; the number of combined clinics, including 7 in Tripoli, increased to 19 by the end of 1985. (However, please see especially Chapters 4 and 5 for more information about the development of health facilities and services, since the beginning of the 1980s.) The development in health facilities was accompanied by an increase in the number of medical personnel and medical assistance (please see Table 6 below for more information). According to the report State of the World's Children (SWC) (2011), the death rate in Libya declined 16.0 - 4.0 - 4.0, respectively, for the periods 1970 - 1990 - 2008; the rate of mortality in children under 5 (U5MR) declined from 160 in 1970 to 41 in 1990 and 18 in 2009 per 1,000 live births; and the

maternal mortality rate declined by 100 per 1,000 lives in 1990 to 64 in 2008 (30% decline). Also, the infant mortality rate declined from 33 in 1990 to 15 per thousand live births in 2008 (State of the World's Children: 2010). It can be concluded from the above that the decline in the mortality rate indicated generally the progress of the health status in all segments of society. The decline in the infant mortality rate had special significance since this showed that, in addition to an improvement in the quality of nutrition, many diseases had been eradicated. The next section highlights the development of education in Libya.

Table (6) the Increases in Health Personnel

Years	Number				
	Doctors	Dentists	Pharmacists	Nurses & midwives	Technicians
1970	731	52	61	3073	385
1979	3951	320	85	13029	2074
1989	5687	471	575	19529	5841
1999	6676	420	722	22951	6815
2009	10253	1322	947	38105	15994

Source: General People's Committee of the health sector. Achievements of the health sector (1970 – 2009).

4.2 Education

It was known that from the time of the Islamic conquest and, even, from the beginning of the modern era, Libya’s prevailing education system, which aimed to learn about religious matters, was concerned with the affairs of the Islamic faith and the formation of the Islamic Arab identity by the members of the community.

According to ElzaWii (1970) the education conditions in Libya during the Turkish period were very poor and remained so for more than three and half centuries (1551-1911), where religious education was predominant in that time. ElzaWii indicated

that the first educational institution establishment in Libya was the School of Arts and Trades in 1889 in Tripoli; its objective was to achieve social welfare. Consequently, they confined their role to accepting children, orphans and the destitute to qualify them to be self-reliant by learning some skills and protecting them from deviations which were adopted in the funding or the collecting of the donations. The situation continued unchanged until the beginning of the twentieth century when Italian colonialism happened. This failed also to achieve a significant improvement in education. Therefore, access to education in various parts of the country was almost non-existent in the period before independence and the discovery of oil; it was limited to certain rich groups in big cities such as Tripoli and Benghazi t (ElzaWii, 1970).

In the first years, after Libya's independence in 1951, education statistics demonstrated how limited basic educational opportunities were for Libyans. According to Wright (1969, in Otman & Karlberg 2007) the official census figures for 1954 showed that the rate of illiteracy was very high and reached 81.1%. Therefore, most of the Libyan population was illiterate. Also, Wright indicated that the 1953 estimates showed that, in the province of Tripolitania, only around 40% of children were attending schools. It was also indicated that, based on the first annual report after Libyan independence in 1951 for Adrian Pelt, the UN commissioner for Libya, there were more than 100,000 students countrywide for whom education was considered . In this respect, the number of elementary school students had risen to 131,000 by 1969. As mentioned above, this was very close to the target proposed by Pelt ten years previously (Ibid: 2007).

After Libya's independence in 1951, numerous laws and regulations were passed; these emphasized the importance of education. The most prominent of these laws was the Compulsory Education Act of 1951 which stipulated the need for dissemination of education amongst all members of society, both male and female. In this regard, Latif and Atter (1999) indicated that this law was the beginning of a rational, modern educational policy. The monarchy's efforts did not stop at this point in the development of the country's education policy. According to Atter (2007), Libya had taken the education system known in most Arab countries, where, the study beginning at the age of six at the elementary level for six years, followed by middle school for three years, then secondary level for another three years, then undergraduate and whatever followed after. Although, before the discovery of oil, the country's economic possibilities were modest, the State tried various means to respond to the Libyans' desire for education and, not long ago, schools at different levels and types were found in the centre of large conurbations. When the education system was introduced, Libya adopted secondary education, including the curriculum and teachers' books derived from Egyptian education system (Atter, 2007). In developing its policy, the Libyan Government followed the so-called Comprehensive Planning with particular emphasis and attention on education.

The education sector experienced several changes, from increasing numbers of students at different times. Atter, also, it was further indicated that, in 1970, the number of students represented 18.2% of the population and had increased to 31.6% by 1987. Over the same period, the number of female students increased from 5.8% to about 15%. During this period, the government allocated 2016.5 million Libyan

dinars to transform education, with an average spending of 84.7 million Libyan dinars each year and approximately 7.0 million each month on the different levels of education (Ibid: 2007). The government tried, in real terms, to support basic education, to defeat poverty and to expand expenditure in social services. So, the major expenditure goal on education services, whether at an individual or society level, should be that to strengthen primary care and improve education levels across the country by focusing on important aspects such as efficient and effective investment in this process of social development. However, it is clear that investment in the education system in Libya, according to National Indicative Programme (2011), has not followed a clear policy regarding the quality of education. Therefore, expenditure on education, at the different stages generally and, especially, in primary education should be based on identifiable plans to ensure access to achieve quality.

As mentioned previously, Libya focused on the development of educational policies and strategies as a part of social development for both urban and rural areas. As indicated, from the theoretical aspect, the government's policies aimed to achieve the goals of social development. In Libya, the tools for achieving them were linked closely to broader strategies of economic development in different areas. According to The plan of economic and social transformation (1981-1985), the education strategy was designed to prepare the individual to be more effective in the development of different sectors and, through the development of a new education structure appropriate to the needs of the community, to link education with the requirements of the plans for economic transformation and social development. This was to be done through the establishment of specialized schools rather than general secondary education. In addition to focusing on the core curriculum required by the

nature of each discipline, it included shortcuts to reduce the time required for each stage of education.

Accordingly, the attention was given to achieving comprehensive economic development and the delivery of services to all citizens. The assessment of the economic and social plan (1981-1985:7) stated:

> "The plan was able to achieve high growth rates significantly in the service sectors such as the education sector which grew by about 14% annually and the health sector about 19.8% per annum."

El- Hawat (2002) indicated that, in the period from 1973 to 1985, expenditure on education and health reached about 11% of the total development budget and increased to about 51.7% from 1986 to 1996. This evidence confirmed that education conditions had undergone major changes in both periods. It could be argued that this increased expenditure was not only due to improvements in the educational structures over these years but, also, as a result of an increased number of the population receiving education as was the case across many Arabic countries. A study by United Nations system & the League of Arab States (2007:28) about the Arab region's millennium development goals indicated that:

> "Youth currently comprise over 20% of the overall Arab population. The 15 to 24 age group numbered around 66 million in 2005 (or 20.6% of the population), up from 33 million (19.5%) in 1980. This age group is projected to reach 78 million in 2020 (18.2%)."

Additionally, the same study showed, also, that there was a clear increase in school enrolment rates in Third World countries. Accordingly to this study, Libya, over the last few decades, had experienced a considerable change in the proportion of its school enrolment, with marked increases in the numbers of male and female students in all regions. Despite increasing school numbers, Libyan society was still suffering

from a shortage of efficient and effective services at all levels. Libyan economy (1995) indicated that there are low levels of efficiency in the precipitant enterprises and production units and public service in various sectors. Of course, there were calls for the State to reform such as (Act 10. 2007) by establishing programmes and the provision of all its services including health and education. More so than ever before, the government's aim was to achieve social equity for its citizens by means of social care, better health and education and by ensuring positive results to economic reform. Generally, such matters in Libya were regarded as being within the framework of the social and economic process. Jehaimi (June 2006) pointed out that Libya's Economic Reform Programme was as a consequence of oil revenues amassed over the last two decades. This had social repercussions because the people had grown accustomed to these services but there had been no emphasis on providing them efficiently. Despite the difficulties, Jehaimi highlighted the fact that an emphasis on social equity has meant better education, better social care and better health for the Libyan people. In light of that, the economic and social reforms had to ensure that all individuals in society had equal access to services.

5. Conclusion

This chapter reviewed the introduction of the study, its outline, objectives, research questions, justifications of the topic, scope of the study and the methodology. Also, this chapter aimed to serve as a platform in identifying some aspects of Libya's background regarding its location, population and the socioeconomic development. These were considered, also, in terms of the development plans of the economy, which the government followed for more than two decades after the discovery of oil, their impact on health and education and their effects on social life. In this context, it

was possible that the increase in the enrolment of students and the expansion in establishment of schools during the last five decades might be attributed to not only the increased economic growth but, also, to the existence of the people's strong desire for education. As mentioned above, despite the fact that over the last fifty years and, especially after the discovery of oil, most interest was focused on health and education, these sectors, through the socioeconomic development plans and in accordance with the numbers and the quantitative statistics, achieved huge developments due to the economic growth. The next literature chapter focuses on the importance of Libya's health and education policies and the government's role in the development of these policies. This is done through discussion of the many issues and studies related to the topic, whether from Libyan studies or those of other Arab countries and Third World countries.

Chapter 2

Literature Review

Chapter 2: Literature Review

Introduction

Although educational and health policies have shown clear progress in several aspects, most of these policies have been carried out from the beginning of the second half of the twentieth century. In this chapter, I examine, within the framework of the socioeconomic situations, the role of government in the development of educational and health policies in Tripoli. I also examine the relationship of these policies in regards to the distribution and accessibility of health and educational services, equality in learning, strengthening health services and eradicating diseases. This chapter reviews some of the previous research related to the field of health and education policies. In this first part, I review the literature on education and health policies in Libya. This research will focus on the urban area of Tripoli. However, I also provide some details on the development of education and health in Libya as a whole due to there being less literature on Libya and especially on Tripoli. Also, in Tripoli there have not been studies carried out on health and education policies, but there were some done on the health and education services. These prevailing studies such as (Dakhil, 2008 and El Mehdawi, 2004) have been conducted from a geographical perspective and not from a social science perspective. Then we review several issues related to education and health policies, especially concerning developments since 1970, as well as some studies on Arab policies in the development of education and health. In particular, Libyan society has witnessed rapid and tremendous changes due to oil revenue. The increase in oil revenue has had a vital impact on social, economic and political situations which has led to changes in

all aspects of life, including basic sanitation and education. Accordingly, this part studies the emphasis on education and health policies and the extent to which these have improved people's health and education. I review the literature relating to the efforts made by the government to bring about important changes to the lives of citizens, by looking at the information on health and education conditions, for example the decrease of diseases and equality in people's access to learning. The first section of this chapter summarizes some available literature studies carried out in this field and explains quantitatively and qualitatively the factors and issues involved such as strengthening education conditions for citizens, equality in learning and the difficulties and development of educational institutions in Tripoli. The second part of this chapter focuses on health policies in theoretical studies and also reviews some aspects involved in health policy, such as equality in accessing health services, difficulties in offering health services, health policies and diseases and quality of health services.

Section One (the Education Sector)

1. Strengthening education conditions for citizens

Generally, there are limited academic studies on the educational policy of these phases (middle and basic education) in Libya. Relatively few studies have been produced in the developing countries' literature and, therefore, this review looks at some of the literature which contributed to the known role of government in the development of education policies in basic and middle education. As an illustration, The World Conference in Dakar (2000) assessed the progress made towards Education for All (EFA) and set interim goals. These Dakar Goals included:

expanded access for early childhood education; free and compulsory education; increased use of life-skills education; increased adult literacy; reduced gender disparities; and overall enhanced educational quality. As is the case in most developing countries, education is completed in stages. However, the educational situation in most Third World countries is still suffering several problems. For example, the United Nations Development Programme (UNDP, 2003), cited in Glewwe and Kremer (2005:2), indicated that:

> "Despite the tremendous progress in expanding enrolment and increasing years of schooling since 1960, 113 million children of primary school age are still not enrolled in school."

There is no doubt that most of those children live in the developing countries. Consequently, over the last few decades the education policy in Libya has witnessed major changes in its structure and function in response to the rapid changes in economic growth and the strong social demand for education due to the requirements of individuals in teaching their children. One aspect of these reforms is the focus on primary education. Related to this, Adbuljabar (2002) pointed out that Libyan legislation, including law (95) for 1975, stipulated that primary education was compulsory for all children, girls and boys, and was to be provided free of charge. Any parent who prevents his/her children from joining school is subject to punishment by law. Accordingly, this law, which is considered to be one of the most important legislations in the development of education policy in Libya, has contributed to making education accessible to all individuals in society. According to United Nations (September 2002), the rate of gross education enrolment in Libya is considered to be among the best levels in the region. This development, which represents a policy of essentially free education, reflects several important

developments in society as is the case in several countries, especially oil-rich countries in the Arab world. As an example, most governments in the Middle East and North Africa (MENA) have adopted a policy of essentially free education at all levels of public schooling in order to achieve universal primary education (UPE). The countries, which have adopted a policy of free education, have reached several social and economic important achievements. According to Chimombo, (2005:130):

> "The advocates of UPE contended that mass education will result in an increased supply of educated human power, accelerated economic growth, more social justice, reduced regional disparities, and improved social welfare."

At the same time (Coombs, 1985 cited in Chimombo, 2005:130), indicated that:

> "All children will have an equal start in life regardless of sex, socio-economic background, or geographical location."

According to El-Hawat (2002), the education sector in Libya led to improvements in different aspects of life. These were important amongst the indicators regarding the development and changes in Libyan society which showed that 37% of people were students attending various educational courses, besides approaches to training. Consequently, also, 41% of Libyans were receiving education in one way or another.

Some organizations have focused on the importance of a significant number of children having access to schools in developing countries. For example, the Independent Evaluation Group (IEG 2006) reported that improvements have contributed to creating greater opportunities with regards to the establishment of new schools, classrooms and hiring more teachers, activating community support, increased demand for eliminating school fees and encouraging girls to continue

learning. Similarly, in Libya during the past few years, enrolment rates increased in schools. United Nations (September 2002:2) indicated that:

> "Basic educational and gender indicators are also good. Libya has an adult literacy rate of 79 per cent and a gross education enrolment rate of 92 per cent, levels that are among the best in the region. The literacy rate for adult women is 67 per cent and female enrolment at the secondary level is almost the same as that for males. In addition, women have a level of representation in most areas of work and society comparable to that in countries high on the human development index."

The Millennium Development Goal Report (2008) indicated that substantial progress had been made in increasing school enrolment in most developing countries, where primary school enrolment accounted for at least 90% of enrolments at the primary and secondary school stages. The Report further indicated that although there has been progress within sub-Saharan Africa in the past few decades, this area still lags behind with only 71% of eligible children enrolled in school in 2006 (Ibid 2008). As stated by Handley et al. (2009), in sub-Saharan Africa (SSA) there have been some important achievements in several areas especially in education, such as primary education enrolment, which has seen an increase from 57% in 1999 to 70% in 2005. Obviously, many governments in developing countries have made significant efforts in providing free education. More specifically, they have tried to provide free primary education.

In Libya, according to Ifsheikha (2004), the level of education achieved is one of the most important indicators of social transformation, which helps the individual to achieve many positive aspects such as employment opportunities and increased awareness among citizens. Accordingly, over the last few decades, education systems in Libya have witnessed significant developments in their educational institutions in

response to the rapid changes in their socioeconomic development needs. Therefore, there have been some major positive steps in the field of education, especially over the last four decades. Several policies explored the governmental dimension and role in educational policy which could be reviewed through the points contained in the National Report of the General People's Committee of Education. This report was about the development of education in Libya, and some points are outlined below (25-28 November 2008:20-22). Firstly, the priority of the educational system was to expand education within society to combat illiteracy and its impacts, and also to improve access to inclusive education for all population groups, males and females, in rural and urban areas and to achieve this objective through a comprehensive education policy for all. Based on the literature to identify the government's policy of developing education, accordingly, Collins (1974: 17) indicated that:

> "Public education was stressed in order to meet the need for increased numbers of skilled Libyans."

As mentioned previously, some of the issues in this section led to the development of the educational system to include all population groups, such as the rapid changes in economic growth and, therefore, education is now compulsory for males and females alike by the rule of the law (Education Law of 1971), as well as being free for all without any distinction, whether socially or in quality as in line with the 1975 law (95) previously mentioned. Secondly, the next phase began in the early 1980s and, therefore, the development of education in both quantity and quality became an important requirement for the state in implementing the developmental policies such as social and economic transformation (1981–1985). The government realized that the implementation of this plan required substantial adjustments to the educational

system, both in terms of the extent and the content of programmes, and this became the new educational structure, known in Libya as the specialized secondary schools, which are based on the middle phase of learning, rather than public high schools. The government aimed to achieve social and economic transformation, so the Plan of Social and Economic Transformation (1981-1985) focused on vocational and technical education in order to achieve two paths for the students in secondary schools: either to continue their study in universities of higher education or engage in the labour market and follow a professional life. Thus began the process of increasing the number of students and the quantitative expansion at the expense of the quality factor in education, therefore taking the level of education into decline. There is some literature attributing the decline in the level of education to United Nations' sanctions to Libya, combined with low oil prices (Zoubir 2002). This appeared clearly in the late 1980s and peaked in the mid-1990s.

The third phase was the response to demands social and economic growth in Libyan society, in addition to the response at the same time to regional and global changes, especially in the development of knowledge and technology. Thus, Libyan society has become well aware of the importance of education in the development of the individual and society, Libya, as it is in many countries in the world and as mentioned by Organisation for Economic Cooperation and Development (OECD)

(2010:84)

> "Education was seen as the major path to climb the social ladder and change one's social status."

Therefore, in response to the educational requirements at that time, the government in 2007 attempted to make some educational reforms such as administrative reform

and teacher training and expand the use of computers for students in various stages of the curriculum as well as the adoption of the Singaporean curriculum in these stages of education, which they included in all schools. Although most Arab countries have carried out such reforms, since several years compare with Libya for example according to The Ministry of National Economy (2006) Oman since 1995, were there reforms in several aspects in basic education such as:

> "changes in curriculum content, textbook development, changes in student assessment, improved teacher training and encouraging the private sector to enter the education field" (The Ministry of National Economy, 2006 in Issan and Gomaa 2010:22)

2. Equality in learning

As a result of economic and social developments, the opportunity for equality in learning became one of most important issues in different educational stages, affecting basic and middle education in particular. This issue has received considerable attention from most countries over the past five decades. Consequently, Chimombo (2005:130,131) stated:

> "The aim of educational policy should therefore be to give every person a chance of developing his/her inherent potential. It is that kind of education which will bring about inter alia, accelerated economic growth, more wealth and income, decline in population growth, national unity and political stability. In contemporary societies, educational attainment is directly valued and is the main factor leading to advantage along all other key dimensions of individual stratification."

Accordingly, in Libya, since the discovery of oil, there has been a deliberate policy by the government to place particular importance on ensuring equal distribution of educational opportunities in all parts of the country. This policy was set in order to achieve maximum equitable access to education, and also to meet the country's needs

for local talent to contribute to the progress of development in the light of economic growth by the socioeconomic development plans. The Third Arab Report on the Millennium Development Goals (UN) (2010) indicated that most Arabic countries have seen significant progress in achieving universal primary education for their population: there have been big improvements in net enrolment rates, the literacy rate of young adults, especially those aged between 15 and 24 and gender parity in primary schooling. Accordingly to, United Nations Educational, Scientific and Cultural Organization (UNESCO: 2008:4) stated that:

> “about two-thirds of the Arab States had achieved gender parity in primary education by 2005 or were close to achieving it, compared with 35% in secondary education"

Moreover, United Nations; Progress Report (19-21 November 2008) indicated that Libya was among eleven countries in Africa that had already achieved gender parity in primary education in 2005. Of course, the female sector also have benefited a great deal, from education provision in Libya especially into Tripoli. In his study, Mohsen (2007) explained that equality in education in Libya contributed to the entry of women into the field of employment, especially in the education sector in the 1980s and 1990s. However, the development of civilian life, the increasing demands of life and the limited per capita income in Libya has led women to pursue work in various fields in recent years. According to The World Bank (2008), most governments in MENA followed a policy of free education at all stages of public instruction. Despite that, policymakers in these countries still need to devise education funding strategies to sustain quality and meet the rising demand on education services. In Libya, has been emphasis on the importance of equality between men and women in education. Hamdy (2007:2) stated that:

> “Education in Libya is free to everyone from elementary school right up to university and post-graduate study, at home or abroad. Schools are positioned throughout the country. The policy is to reach out even to the nomadic hard-to-reach areas, and mobile classrooms were introduced to cover all of Libya".

It is very clear that there is a vital need to ensure access to education for every member of society throughout the country, and this is stressed in the last sentence of the above quote: although this situation is different in Tripoli as the government has been able to build schools in most parts of the city within a short timeframe. Accordingly, Clark (2004) argued that over the past few decades, education in Libya has seen school enrolment rates rise markedly throughout the country for both young men and women. As indicated by The National Report of the General People’s Committee of Education (2008), the rate of enrolment of students, both boys and girls, in the first stage is approximately 98.9 % for academic year 2005 – 2006 across the whole country. During the last few decades the education policy has seen rapid growth through expansion at the different levels. Otman and Karlberg (2007:147) examined the Libyan economy, economic diversification and international repositioning and indicated that:

> "The growing role of women in Libyan society showed an increasing trend in all sectors, especially in the public sector in the fields of education and health".

However, no one today would dispute the fact that education plays a central role in the development of individuals in different world societies. Consequently, the impact of the discovery of oil on Libyan society had many positive and also some negative aspects due to the unclear policies of government. For example, on the negative side, according to Dakhil, (2008) the rapid increase of the urban population due to migration from rural areas and the impact on services because of the failure of the

government to set clear policies to cope with the population increase and provide adequate services for the population in cities. There was also a lack of prioritizing, such as planning of streets and neighbourhoods to leave space for the construction of service establishments in anticipation of the population increase. This situation has occurred in other Arabic countries, which also saw a shortage of services. According to Atter (1992), those cities in petroleum countries saw an increase in population, for example, in Saudi Arabia, where the urban population increased by 90%. He suggested that it was the existence of oil that was responsible for the growth of cities. These increases in population led to a rapid growth in the size of cities. In Libya (Human Development Report 1993) it was due to the economic growth of Libyan society, which increased mobility and migration from rural areas to cities and increased urban growth. The rate of urbanization reached 70% of the total population in 1991, compared to what it was in 1961, when it was an estimated 25% of the total population (Ibid:1993). According to Cohen (2004) Libya, and other Arabic countries such as Bahrain, Kuwait, Lebanon, Saudi Arabia and Qatar have all witnessed rapid urbanization, where reach rate of population in these states to more than 85% urban. There is no doubt that the increase of urban growth has impacts on the various life aspects in urban areas in Libya, particularly in the city of Tripoli, thus putting pressures due to the overcrowding on the service establishments such as schools, university and hospitals. Another study in Libya which looked at basic education in Benghazi by Elzaltni (1996), reviewed the urban growth in the city and the evolution of the schools providing basic education and student density. The researcher recommended that there should be some priorities when choosing a location to any school, including locating schools away from main streets,

knowledge of the target number of students and the annual population growth expected to impact on the capacity of the school.

3. Difficulties in access to educational services

Tripoli and the country as a whole are still suffering several problems in reforming and developing their educational policies as is case in most of developing countries. The report on The Least Developed Countries (2002: 13) indicated that:

> “The difficulty of the present education system in meeting needs has been recognized, along with the urgency to adopt appropriate, low-cost, enduring strategies. There has been a lack of clear education policy; reforms were either insufficient or unattainable."

A national Report On Quality Education for all Young People: Challenges, Trends and Priorities which was presented to Session 47 of The International Conference on Education, (Geneva 8-11 September 2004) indicated that, despite the approval of the educational structure in 1981 and its application to improve the basic education level from the mid-1980s, the costs of developing and equipping specialized secondary schools, in addition to the difficulties faced in carrying out its educational plan and the composition of its curricula, delayed its start in accepting students until the 1990s. It started on an experimental basis and its real start was during the 2001/2002 academic year (Ibid: 2004). Hence, public high schools have been replaced with specialized high schools. In this respect, Tyack and Cuban (1995) pointed out that the educational reforms in public schools mean planned efforts to change schools in order to correct some of social and educational problems. Thus, should be seen to such as these changes in education system as part of a broader picture.

In this context, according to United Nations Development Programme (UNDP) (2003), information and communication technology can overcome traditional barriers to education by enhancing e-learning. Therefore, in a broader way, it can provide much more efficient facilities for the delivery of social services, health and education. These difficulties exist in several countries, including Libya, where most of the educational institutions suffer from inadequate equipment, according to The Report of the Ministry of Education (2009). The report stated that among the negative effects on the performance of the education sector in primary and secondary stages (during the period 2002 – 2006), is a lack of the necessities of the modern educational process in educational institutions. Hamdy (2007) indicated that the ICT policy in Libya is still in its early stages and the main aim for this policy is to improve the quality of education, despite the 1995 Act No (874), issued by the General Peoples' Committee, which aimed to improve a number of educational aspects. This confirms that many policies and decisions issued by the Ministry of Education have not been put into practice. According to The Development of Education National Report of Libya (2008), this decision was not made with the expectation to achieve most of its goals, but it was issued in order to establish the authority of educational techniques, which aimed to supply all educational institutions with a number of computer laboratories and included carrying out an e-learning pilot project in a very small number of schools in Tripoli which were provided with some equipment, interactive blackboards and teaching materials. Teachers and students were trained to use all these pieces of equipment. Although the Ministry of Education confirmed that it would expand this pilot project to include all schools, it has not done so yet.

On the other side, there is a lack of schools and teachers in some subjects in different parts of Tripoli. According to El-Tagiuri (2000), the continuing shortage of teachers in certain disciplines was offset by surpluses in other disciplines, which demonstrated the lack of coordination and balance between the needs of society on the one hand, and on the other, the desire of many students to enrol in some science departments and leave other, in addition, the fluctuation of actual spending on education over the years. For example, the report by the Ministry of Education (2009) indicated that the shortage of budgets for the education sector during the first half of last decade has led to the failure to complete ongoing projects and an inability to implement training programs and develop performance, thus policymakers need to devise education funding strategies to sustain quality and meet rising demand.

In this respect, Dakhil, (2008) stressed in his study on educational services in Tripoli that about two-fifths of its districts needed to reconsider their educational services which did not meet their needs. Consequently, these neighbourhoods needed to establish more schools to cover the educational needs of the population. Similarly, Abdel Ghaffar (1991) studied the patterns of primary schools in the city of Jeddah and its spatial heterogeneity among the neighbourhoods in Saudi Arabia. The study reviewed the growth and development of primary education services. It focused also on elements of primary education such as the numbers of classrooms, male and female students and teachers. In addition, it examined the interaction between these elements, the knowledge patterns and the distribution of the various districts of Jeddah in order to detect imbalances of distribution between these elements. Moreover, the study reviewed the changes in primary education services from 1973 to 1986, the factors which led to these changes, and identified in which

neighbourhoods the changes occurred. The results showed some differences in the distribution of primary education services among the various neighbourhoods, both in terms of numbers of schools or classes, or students (both boys and girls) or teachers and identified the neighbourhoods which suffered from a shortage of those services.

Also, Mohamed's (1997) study examined the education and health services in Egypt's Mania Governorate with an emphasis on the spatial distribution and disparity of education and health services and their relationship to population distribution within the city's neighbourhoods. This study revealed inequality in distributing the services in that region. Tembon and Fort (2008) indicated that access to education, and in particular the gender gap in school enrolment, was a significant issue due to lack of school places for girls and other barriers such as conflicts and economic crises. In addition to this, many parents in several developing countries have little desire to educate their daughters, owing to cultural norms and also girls work in and around the home. However, the demand for education in developing countries led to educational developments being achieved in different aspects in society. In this context, Libya largely shared some characteristics with several Arab and Middle East countries: for example, the International Bank for Reconstruction and Development (2007:1) confirmed that:

> "Gaps exist between what education systems have attained and what the region needs to achieve its current and future development objectives. MENA countries continue to lag behind many comparator countries, as measured by years of educational attainment in the adult population. The educational achievements to date are in part compromised by high dropout rates and relatively low scores on international tests. Despite remarkable improvements in expanding access and closing gender disparity at the primary education level, adult literacy is still low and education systems do not produce the

> skills needed in an increasingly competitive world. Unemployment is particularly high among graduates, and a large segment of the educated labour force is employed by governments. As a consequence, the link between education and economic growth, income distribution, and poverty reduction is weak."

Accordingly, most of these above mentioned issues are important in illustrating the difficulties suffered by the education sector in Tripoli and the country as a whole. This may be due to poor management or because sometimes educational policy is not implemented due to a lack of sufficient numbers of qualified teachers. The Libyan Development of Education National Report (2008) stated that among the particular challenges was the retraining of teachers. The government issued an act in 2006 in order to prepare training programmes to raise the efficiency of teachers who graduated from the specialized schools in different areas.

4. Development of educational institutions quantitatively and qualitatively

Based on this, the educational system in Libya, as in many other developing countries, is facing many problems and challenges which affect the quality of their outcomes. One of the important problems is the issue of those graduates unqualified for work as teachers who have been appointed to teaching posts at basic and middle schools and which has led to increased numbers of teachers, especially since the end of the 1980s and the beginning of the 1990s. National Centre for Education Planning and Training (1999: 116) experienced successively, from 1974 until 1985, high growth rates in the number of teachers, but their growth rates did not exceed the growth rates in the number of students. However, from the mid-1980s the relationship began to change in terms of the increasing number of teachers compared

to students. Libya witnessed a large increase in the number of teachers, especially in secondary education; according to The Centre of Documentation and Information (2006), the number of teachers to 303,146 while was in 1985 only 78974 teachers and this is due to several reasons, including the appointment of large numbers of the teacher reserves which reached 95,889, representing 31.6% of the total number of teachers. Among the reasons that led to this disparity was an increase in the number of teachers in the disciplines such as biology sciences and social sciences, while there was a severe shortage of applied science teachers (Turki, 1994). Furthermore, there were teachers who did not have the appropriate education qualifications and the government continued to appointment numbers of teachers each year, regardless of the need for specialization.

According to the People's Committee for Education and Research (1997), educational policy in Libya was aimed at the gradual replacement of technical education and vocational specialists by general secondary education. Throughout the last four decades there has been a growing focus by government on educational policies and programmes as a tool in order to improve the quality of educational outcomes during these stages to meet the country's needs in different sectors. In this context, despite the expansion in Libya's education policies, there are weaknesses in the process of qualified graduates, especially in teaching practice. Sharif (2000) indicated that Libya still needed many qualified staff to work in many fields. Consequently, as is clear in literature that, among the priorities given to the development of the education system was the curriculum. For example, the National Centre for Education and Training Planning (1999) made changes at the basic

education level, especially in areas like development of the curriculum and its relationship to higher education and the labour market. The most important of these changes was the creation of the dual function of secondary education, which was aimed at preparing the student for higher education and a university specialism, as well as to work in the labour market (Ibid:1999).

However, despite these policies which promised significant and positive impacts on society, especially in terms of expansion in schools, it is unclear that whether basic and middle education institutions have just increased in number and not in quality. For example, El-Tagiuri (2000) indicated that, due to the shortage of teachers in some disciplines such as computing, maths and physics, some graduates from the faculties of engineering, science, languages, agriculture have been allowed to practice teaching.

In Libya, educational policies with regard to the setting of teachers have developed from the beginning of the 1990s after the study and evaluation of institutions and teachers' colleges. The Report of the Libyan Jamahiriya - the Education for All (2000), in 1995, concentrated on the development of higher institutes for teachers and aimed at achieving aspects such as: personal development – teacher integrated development, scientifically and educationally; emphasis on selectivity in the choice of the students attending these institutions; emphasis on preparing in-depth specialization; emphasis on conducting refresher courses for qualified teachers; and, to meet to the community's need for teachers in various disciplines. Oduro et al (2007:4) indicated that another aspect of educational policy in developing countries was:

> "Available data suggest that large proportions of primary school teachers in Africa lack adequate academic qualifications, training and content

> knowledge, especially in developing countries. At the 2000 World Education Forum held in Dakar, attracting and retaining qualified teachers in the teaching profession emerged as a major threat to achieving the Millennium Development Goal of providing Education for All (EFA) by 2015."

According to Libya Education (LibyaEducation.info), indicates that, the New Educational Structure in Libya 1980 was sought to redesign the school curriculum with emphasis given to technical subjects and also to create vocational and technical schools along with traditional academic schools at high school standard. Therefore, the education policy was aimed at giving students, who dropped out of school, the opportunity to enrol in vocational programs of 1–3 years duration to prepare them for the labour market. McGorry (2002: in Ashish Hattangdi and Atanu Ghosh 2008: 3) stated that:

> “ICT has the potential to remove the barriers that are causing the problems of low rate of education in any country. It can be used as a tool to overcome the issues of cost, less number of teachers, and poor quality of education as well as to overcome time and distance barriers.”

Therefore, the education system in Libya needs to qualify of teachers to acquire several skills to learn the changes in different aspects of the educational process. For example, the use of technology in educational processes contributes to interaction with the world, according to Amutabi and Oketch (2003: In Hattangdi and Ghosh (2008)). The education in most developing countries represented bridges in social, economic and political mobility. Education plays a very important role in the socioeconomic growth of a society. It enhances the productive ability of the individuals and their earning potential. It creates a sense of wellbeing which could translate into better social interaction and access to improved health provision. In this context, several ICTS products such as teleconferencing, email, audio conferencing, television lessons, radio broadcasts, interactive radio counselling and interactive

voice response system have been used successfully in education (Sharma, 2003; Sanyal, 2001; Bhattacharya and Sharma, 2007: in Ashish Hattangdi and Atanu Ghosh (2008)). The following section begins by looking at the health issues covered in the development of health services and then moves on to examine the health changes which were achieved, the health facilities and the state's efforts in the support of health care services and focuses especially on discussing the ramifications of these efforts on the whole health system.

Section Two (the health sector)

1. *Equality in access to health services*

The World Health Organization (WHO 1978) describes health as:

> "Is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity."

Thus, this includes the efforts in different areas, according to Congressional Record (U.S) (1999) for a better society, as not just economically, but also in terms of a decent future and a more just and caring society. (Wilkinson and Michael 2003: 9). It is known that:

> "The most successful health endorsement strategies are those that adjust the environment to make it safer and more health-attractive and, most imperative of all, those which undertake the social and economic factors that cause health inequalities."

Thus, it is crucial that the study of health services contributes more than one branch of knowledge, which could be by sociology, geography and health planners, as most studies in this respect in Libya have been conducted by researchers in the geography subject area for example (Dakhil, (2008) & Ammar, (2000)). At same time, focusing on the importance of research in educational and health policies by different organizations such as the World Health Organisation and The World Bank is often reflected in the development of health policies and improvements in health conditions for citizens. The health sector is one of the most important service sectors; this is because the importance of the provision of health services for citizens is a strategic issue in achieving economic and social development. It is an exchange process, according to European Commission (2007), in achieving the strategic social

and economic objectives such as prosperity, solidarity and security which require a population to be in a good health. The main focus of this aspect is on highlighting issues relevant to the state's efforts in giving people access to health services in the public health services system. It may be useful at this point to make reference to some of the general government initiatives in this field. For example, The Libyan Constitutional declaration, Article 15 of the Libyan Constitutional declaration states that:

> "Health care is a right guaranteed by the State to all Libyan citizens through the creation of hospitals and health establishments in accordance with the law."

In this context, it is important to note that, according to Abudejaja & Singh (2000), the government relies on carrying out its health policies in the treatment and prevention of diseases in several health institutions such as health centres, polyclinics and hospitals. As stated in this journal, the strategy conducted by government in 1980, the National Health Policy, determined by the General People's Committee for Health and Social Security, was to deliver a comprehensive medical care service to all citizens, regardless of locality, with the current motto for health policy being "health for all, by all". Therefore, this strategy was designed to create a society in which every member could play an active role, both socially and economically, through the distribution of health services among the whole population. This involved both the provision of public health facilities and preventive health. Oil income contributed to improve the health and welfare of individuals in Libya. Metz (2004:124) showed that:

> "The number of doctors and dentists increased from 783 in 1970 to 5,450 in 1985, producing in the case of doctors a ratio of 1 per 673 citizens. These doctors were attached to a comprehensive network of health care facilities

> that dispensed free medical care. The number of hospital beds increased from 7,500 in 1970 to almost 20,000 by 1985, an improvement from 3.5 beds to 5.3 beds per 1,000 citizens. During the same years, substantial increases were also registered in the number of clinics and health care centres."

Within this context, in Tripoli, The General People's Committee for Health and Social Security (Health Ministry 2002) report indicated that, in order to improve and increase the capacity to treat patients in Tripoli and beyond, it had increased the number of beds in city hospitals from 5626 in 1980 to 6258 in 1999. Also, according to data, The World Bank (2009) showed that beds in hospitals in Libya reached 4 beds per 1,000 people.

Correspondingly, Russo, (2004) states that from the perspective of the government's efforts in offering health services in Libya, it is important to refer to the Health Decree No. 24 in 1994, which was formulated to restructure primary health care within a redesigned national health strategy, and endorsed further the development of the national health strategy to function at several levels in order to integrate health development with overall socioeconomic development and to streamline the entry to health care through the existence of a family doctor. According to the decree, the system of health policy execution of various issues depended particularly on the provision of health care and diagnostic centres. Community health services and endemic disease control departments generally deliver primary health care throughout the country. At the same time, Russo indicated that mainly the public sector had operated and funded health care services in Libya and health expenditure on primary health care was estimated to be 40% of the total health budget allocated to all districts of country.

In addition, Alkan et al (2011: 64) stated:

> "Within the restricted resources, the optimal number and ratio of health workers should meet the population's healthcare needs. Optimization should be developed to solve the technical and strategic issues. The health workforce and the health care services should be organized within this rationality perspective. This rationality may also sustain the balances in the distribution of the density of health workforce among areas."

As is the case in most countries, health policy has witnessed great development in Libya, especially at the end of the 1970s and the early 1980s under the country's plans for social and economic development: in this context, Taguri et al. (2008) confirmed that the health service sector was one of the service sectors which saw expansion in Libya during the 1970s. Consequently, this period was one of the best periods in the establishment and expansion of facilities and the provision of medical items and medicines especially in urban areas. According to Zottarelli et al. (2007:1339):

> "People living in urban areas are provided with better access to health services, education and other social support systems which are either not available or not easily accessible to residents in rural areas."

Accordingly, the health services in that time saw a growing focus in the use of health service programmes as tools to improve health conditions for individuals and for government policies and objectives to provide health services at all levels. There are several socioeconomic challenges facing governments in many world countries as is the case in Libya which have impacted on health aspects. Among these challenges are: urbanization rising rapidly; emerging infectious diseases; the growing problem of non-communicable diseases; the gap between rich and poor; and migration to urban areas. According to A Health Situation Assessment of the People's Republic of China,(UN) (July 2005), these other issues required the government's increasing efforts and the health system needed to address these transitions and ensure

continuous and equitable improvement of health outcomes. Consequently, health reform and health system development have to be an important aspect of the government's policy agenda in any country. Libya, in its effort to reform and formulate the health sector strategy according to WHO (2006), focused on reducing the burden of diseases, institutional capacity building, human resources development, health economics, information systems and organization and management of the services. Thus, the government aimed also to invite the private sector to participate with the public sector in the delivery of health services. Although the government has called it the private sector since the end of the 1980s, it has not achieved significant progress. WHO (2007) indicated that the private health sector in Libya was suffering some obstacles due to the absence of a clear and consistent government policy, thus the private clinics faced uncertainty in government policies making it unable to expand and develop. It could also be said that, according to Otman and Karlberg (2007:119), given to economic reasons, many people in Libya seek to use the public health care facilities. In this context, The Report: Libya (2008:191) stated that:

> "The years of sanctions by the international community from the 1980 until the early 2000s undermined the sector to a large extent, causing a general state of dissatisfaction with the provision of health. Consequently, Libyans who are able to afford it are increasingly looking to the private sector, or more often travelling abroad in search of better health care."

It should be noted that the public health sector has achieved advances in giving people access to health services and both diagnosing and treating diseases through a wide array of public health facilities and specialist treatment in parts of the country, especially in Tripoli. Some of the literature indicated that during the last few decades the expansion of the health services in Libya received more attention both in respect

of facilities or equipment and professional staff. El Taguri et al. (2008) indicated that during the 1970s and 1980s there was a substantial expansion of social services, such as health and sanitary services. El Taguri shown also the number of public hospitals and specialized centres reached 102, there are 1177 primary health care facilities and there are 14 physicians and 39 beds per 10,000 of population. In this regard, the World Health Organization (2007:12) indicated that:

> "Around 90% pregnant women are attended by trained health personnel and 99% of all deliveries are attended by trained personnel. Infants attended by trained personnel is also very high at around 98%. More than 98% of population has access to safe drinking water and adequate excreta disposal facilities. The national EPI is successful, reaching high routine immunization coverage and convincing the population of the importance of childhood immunization. During the past 5 to 6 years, this programme has faced some administrative and managerial problems that have affected its continuity and performance."

Accordingly, there is no doubt that the country has made significant progress in the process of immunization. This means that the majority of people throughout the country have been vaccinated against various diseases, which have contributed to improvements in the general health of the people. El Taguri and Nasef (2008: 186) stated that:

> "In spite of the apparent public health well-being in Libya, the Libyan health system is a low responsive, inefficient and underperforming system which lacks goals."

Therefore, the government has to consider that there is a need to reform the health sector by framing their efforts to reorganize and improve health care services. For example, according to WHO (2006), Libya advanced by obtaining technical support from developed countries after lifting the sanctions of 2003 and the reactivation of Libya's relationship with the United States and Europe. Tandon (in Kishor, October, 2010) indicated that the recent World Bank report acknowledged the fact that doctors

even in the private health care sector over-prescribed drugs, recommended, unnecessary investigations and treatment as well as failing to provide appropriate information for patients. The same report states also the relationship between quality and price which exists in the private health institutions. The services offered at a very high price are excellent but are unaffordable for most citizens, and this emphasizes the role socioeconomic inequality plays in health care delivery (Ibid:2010). In this respect, the delivery of health services is dependent on many aspects, such as the availability, capacities of the providers and cost. As stated by Smith (2004), the greatest impact on health care is the financing, distribution of facilities and access to services and also trained staff.

In this context, Salem (1995) studied the geography of health in Libya and in particular accessibility to, use of and satisfaction with public polyclinics in the city of Benghazi. The author began his thesis with the historical and geographical background of Benghazi. He discussed the location, urban growth brought about by oil revenue, as well as urban growth patterns in Benghazi. Under this heading he examined other aspects connected with the services within the city such as the network of roads, problems facing bus movements and mobility in population patterns through urban growth. He reviewed the natural increase of population, external and internal migration and population growth expectations until the year 2000. He focused also in one chapter of the study on the health care system in Libya. This indicated the health sector strategy in Libya since the beginning of the 1970s, and the economic effect of developing health care in Libya. Within this context, he reviewed the statistical indicators, applied them to the expenditure on health, the workforce in this sector and the rate of family development to each 1000 of

population. He studied also in this chapter current distribution of health services in Benghazi, which included health care units, hospitals and health centres. It is important to note that a part of this study has reviewed the satisfaction of users of five clinics within the city of Benghazi. A questionnaire was used in order to characterize sample families, during mortality, the natural environment and other aspects that were connected to this subject. It examined accessibility and spatial patterns, use of clinics and also evaluated the attitudes of citizens towards services and assessed the behaviour of health institutions.

The findings of Salem's (1995) study indicate that there is a difference in the use of health care services and such differences still exist. This finding connects with variations in the level, nature and type of disease, distance travelled to reach polyclinics, demographic variables and socio-economic factors. However, satisfaction with care was considered very good in some aspects, such as staff behaviour, availability of drugs, and free choice of preferred doctors. Also, the overall level of service utilization has been increasing with time, reaching high standards. Five major groupings of disease were identified for which polyclinics were preferred by Salem's (1995) study: internal diseases and disease of the digestive system, cold, sense organs, skin diseases, and respiratory conditions.

Consequently, in this study we have reviewed the literature and summaries of findings in order to determine the health conditions for people in the second biggest city in Libya. These have been reviewed from different aspects in order to indicate the reality of health situations, especially the accessibility of health services, in Libyan cities and in Benghazi as a particular case. As mentioned above, this study

examined several key factors which might affect access to health services, which apply mostly to the health situation in Tripoli.

Undoubtedly, there were several barriers facing access to health services in all urban areas, though centred mostly on health institutions mentioned. Deogaonkar (2004) indicated that though the health care facilities were concentrated overwhelmingly in urban areas, there were some factors which prevented the urban poor accessing them due to socioeconomic conditions, such as the cost of health care as well as a significant lack of health education. All these factors lead to an inability to identify symptoms and seek appropriate care. In Ammar's 2000 study about health care in the city of Zawiya, data was collected on this subject by interviewing some officials and determining the accommodation of some of the patients attending health facilities. This study confirmed that no matter how varied the type and distribution of the demand for its services, there had been a noticeable increase in various health facilities, which required taking appropriate measures to address these needs. This indicated that the policy makers had not taken into account social equity in the distribution of and access to health service facilities and resources.

It is possible to compare some health inequalities in terms of the health centres and staff between neighbourhoods in the different areas of Tripoli. According to Dakhil (2007), there is disparity in access to health facilities among the population, as well as staff, especially doctors and specialists in the neighbourhoods of the city of Tripoli. This indicates the inequality in the distribution of hospitals among the regions which impacts clearly on the services provided by these centres and their level of development. However, the government can play a vital role in assuring that health care systems reach the most vulnerable and marginalized populations, that

there are standards and oversights and that there is a coordination of effort to prevent epidemics. Accordingly, most developing countries, especially Libya, are facing considerable health challenges.

Therefore, as Turncock (2004 in Tener Goodwin Veenema (2007) indicates, public health care must be based on clinical preventive services, population-based health services and diagnostic and treatment services. Such factors are linked often with public policy on health. The study by El Mehdawi, in 2004, on the polyclinics in the city of Tripoli addressed the spatial distribution of polyclinics and services between reality and targeted: after conducting personal interviews and data analysis, the findings indicated that less than half of the patients have obtained curative and preventive services from the polyclinics, furthermore the majority of polyclinics lacked the required number of specialist doctors.

Indeed, Libya, as is the case in some Third World countries, relies on a number of general hospitals and polyclinics in offering most health services. These issues are linked to a large extent with state policy on spending on services which try to eliminate poverty and make an equitable distribution of services. Furthermore, several communities cannot provide health services adequately for their people, particularly in countries where individual income is low. Also, according to Fan (2008) recently conducted a study related to public spending and its impact on growth and poverty reduction. This study indicated that an improvement of the distribution of health expenditure required both reallocating resources towards primary health care and increasing the access of the poor people to quality health services. In Libya, health care, including preventive and curative, was provided by the public health sector to all citizens free of charge (WHO:2007). However, the

matter of the quality of health care services remained the main issue facing citizens in access to these services. Also, World Health Organisation (2007) has attributed the decline in the quality of services to people to the shortage of funding. However, as is clear in this report there has been an increased budget for health services in 2002. Conversely, this did not led to a significant progress in improving the services level. In short, perhaps there was a return to the lack of focusing attention from the administrative aspect.

2. Difficulties in offering health services

There are several challenges facing the health sector in Tripoli. For example, nursing is one of issues that face development of health services in hospitals of Tripoli, both in terms of rehabilitation and the provision of incentives for workers in the nursing profession. In the following, World Health Organisation (2006:36) indicated the numerous challenges:

> "Nursing practice is dependent on expatriate staffing. Most qualified nursing staff are not Libyan. In the past few years, nursing education has been established to meet the increasing demand for nationals. A 3-year diploma course after secondary school has been established, but there are still many difficulties. Teaching staff are not well qualified, curricula are not up to date and attraction to the profession remains low. Management is also weak. However, attempts are being made to tackle most of these areas. WHO is supporting revision of the curricula, establishing a bachelor's degree in nursing and improvement of nursing management."

Such issues represented a major problem for the health sector in Tripoli despite the government's attempts to improve and increase the number of nurses. Literature shows that there is a nursing shortage in most countries in the world. Buchan and Calman, (2004) indicated that a shortage of nurse educators was the main issue

affecting the health sector in most countries. Also, Libya's major challenge is lack of a clear policy regarding the country's need for nurses and also retraining according to needs and the disciplines required. Buchan and Calman, they also stated that among the main challenges facing those responsible for developing and implementing policies in the nursing workforce is a variation in the number of nurses per head of population. Buchan and Calman (2004:4) went on to say

> "The average ratio in Europe, the region with the highest ratios, is 10 times that of the lowest regions – Africa and South East Asia."

There are some difficulties due to overcrowding of patients for most hospitals in Tripoli, not only due to the shortage of polyclinics but also related to the referral system between health institutions. According to the World Health Organization (2007:59) the referral system in Libya is disorganized and needs improvement because most of the health centres operate on an open access basis. Thus, for example, patients needing basic health care can go directly to the main hospitals and specialized units without referral from lower levels, leading to the hospitals' referral level facilities being overburdened. In this context, Chudi (2010:10) indicated that one of the major problems facing the health system in the developing countries was as follows:

> "Is the weak referral systems from a lower to a higher health facility in the hierarchy. This leads to delays in commencing medical treatment and often leads to preventable deaths".

The country is in need of many doctors and nurses to achieve better services through health policies and to implement relevant and effective change in different aspects of health services. It is recognised that there are many medical professionals and especially highly skilled professionals working abroad. This situation applies to many Arab and developing countries where many of health professionals from these

countries are working abroad. For instance, the literature relates to the attempts of the contribution to identify the aspects of the local challenges facing these societies, (Chudi: 10) indicated that:

> “The medical profession has a great challenge in tackling these health related problems in developing countries. The first task is the reversal of the brain drain syndrome that is currently taking its toll, not only in the health sector but also in other vital areas of the national life of developing countries. It is ironical that such developing countries that should be manpower recipients are rather manpower donors. This has led to the depletion of the available human resources, especially of the highly skilled medical professionals. To worsen matters, some of the available health professionals are averse to working in public health facilities and rather run private medical practices. Lack of facilities and equipment to work with are issues to contend with. It is frustrating but not uncommon that a radiologist could be employed in a facility without functioning x - ray machine or ultrasound, or a neurosurgeon could be working in a facility without computerised tomography scans. Health systems should be strengthened with both human and material resources to make them functioning and functional.”

Libya represents most of these factors and the other main challenges which contribute greatly to the implications for the health system in Libya. This is especially so in main cities, such as Tripoli, which contains the main hospitals and specialized units and which suffer from a shortage of medical equipment and specialists. (OHW 2007) Libya still suffers from shortage of specialists in a number of key areas, for instance anaesthesia, cardiology and radiology. Thus, the government must develop solutions to these problems and reform the health system. Particularly it is easy to address these problems in a society such as Libya. It is clear also that the country has the economic resources to find a solution to these problems. Benamer et al., (2009) indicated that Libya is not a low-income country but is classified as an upper-middle income country. Furthermore, Benamer conducted an exploratory study about Libyan doctors' brain drain. In analysing various issues

related to the migration of doctors from Libya, the study indicated that several important factors led to doctors' brain drain. The desire to further their education and research was the main reason for staying abroad, while the economic factor was the main reason for not returning and a reform of the Libyan health system was the most important reason which helps in return those doctors to Libya.

However, the question of reform of the health system means considering several factors, in order to improve health services, that reflect the success of the development and implementation of health policies and thereby achieve social welfare for people. Consequently, though finding some reforms in the health system in Libya, these were not enough for several reasons. Abdul-Salam et al. (July 2011) examined a sample which consisted of nine health centres and seven polyclinics from various locations within the city of Benghazi. Their structured discussions with administrators and key staff in these institutions showed that the medical and management side appeared strong whether in terms of education or skills and experience. However, using the same parameters, the skills of paramedic and support staff appeared weak.

By the same token, the World Health Organization (2007) has shown that there is a major lack of other health workers: pharmacists, medical technicians and trained paramedics. In this context, Abdul-Salam et al. (July 2011) indicated that most of the health facilities had been equipped with equipment such as a devices of diagnosis and treatment. The major equipment used included X-ray, ultrasound and ECG machinery, dental chairs, centrifuge, dental sterilizers and laboratory equipment. However, these were not on a par with requirements or even available to professionals. Consequently, this situation led to poor maintenance of equipment and

careless handling, and their equipment was outdated. In this context, Abdel-Gadir and Fan (2007:275) indicated that:

> "Challenges in future health sector developments also include increasing demand for high-technology health care, and an increasingly elderly population with chronic diseases that are expensive to treat."

There are some difficulties in access to health services due to the skewed distribution of physicians and services in Tripoli. Among the issues facing the health sector now is the unwillingness of most doctors to work in the dispensaries and health centres. Most doctors prefer to work in the main hospitals in Tripoli and, according to WHO (2007:60) this leads to: "…a shortage of qualified physicians to work in primary health care facilities."

Norman (2008) indicated that physicians concentrated mostly in wealthier whether urban and suburban, areas. Buor (2002) pointed out that access to health services was impacted by many aspects such as cost and distance factors. Joseph and Bantock (1982) indicated that the process of accessibility to primary health care services relied upon the population's location to health care facilities and this was an important factor determining accessibility. El Taguri et al. (2008) indicated that, amongst the important components impacting on Libya's public health services due to the distribution of inhabitants in the country's large surface area which puts a strain on the infrastructure's availability to provide health services for all the population. In this regard, Tripoli has seen a significant expansion in its neighbourhoods in last the two decades with a lack of expansion in health institutions. Robert (1983) suggested that, in most developing countries, distance was one of the most important issues facing patients in obtaining health care services.

3. Health policies and diseases

There has been a rapid expansion of health services as referred to in the World Health Report, (2008:18)

> "Health is no longer seen as being limited to survival and disease control but as one of the key capabilities people and societies value."

A high percentage of the population live in the cities due to the quality of life as there are a number of advantages within urban centres. There are some important issues that need to be obvious in order to show the relationship between all the cultural, social and economic aspects, which contribute to an analytical framework of urban development in respect of health policies. In Libya a study by the African Development Bank (2009) indicated that economic welfare, health and reproductive care had improved in urban areas. Montgomery and Hewett (2004) stated that urban-rural differences were more striking in today's world because most cities even in low income countries have managed to provide the basic public health infrastructure needed to combat communicable diseases. In addition, populations in cities have better access to modern curative health services when compared, in general terms, to populations living in more rural locations. In contrast, Zohry (2005:14) showed that in Egypt there was relative deprivation in some areas in terms of education and health services where:

> "The greatest differentials are obviously between rural and urban Egypt. But even among the urban centres, Cairo and Alexandria have a disproportionate share of these resources as opposed to provincial capitals and smaller towns."

The World Health Organization report (2007:20) stated that:

> "The improvement in health status of population is evident from decrease in mortality and the increase in life expectancy, as well as decline in incidence of infectious diseases."

Despite great improvements over the last forty years in accessing social services, the same report indicated that Libya's biggest challenge was non-communicable diseases and injuries. There has been a steady increase in the incidence of some diseases such as coronary heart disease and diabetes.

In this context, most of the Arab states, especially oil countries, witnessed such health conditions, which were due to oil and gas revenues and improvement of the socioeconomic situations for people enabled these countries to eradicate most communicable diseases. Metz (2004) pointed out also that, by the early 1980s, it was claimed that most or all of these diseases were under control. However, as is the case in some developing countries, people have been suffering from the above mentioned diseases: for example, the Health Systems Profile- Kuwait (WHO) (2006) indicated that with the decrease in the incidence of communicable diseases and the increase in life expectancy, the burden of disease had shifted towards non-communicable diseases and injuries such as cancer, diabetes and heart disease. The United Nations (2010) pointed out that less developed countries still faced a heavy burden of infectious diseases, whilst the Mashreq and Maghreb and the Gulf Cooperation Council countries were still facing non-communicable diseases. Generally, the health policy in Libya, as mentioned previously, is for the public sector to provide health services for its citizens: according to WHO (2007: 13), care is provided through a network of general hospitals in rural and urban areas and specialized hospitals. Although the health sector is important throughout country, the Arab world, Hellenic Chamber of Commerce & Development (April2009:17) stated that:

> "The public health system has served the country well, but it has become outdated and inefficient. Consequently, Libyans who are able to afford it are

> increasingly looking to the private sector, or more often travelling abroad in search of better health care."

Although many Libyans prefer to be treated in the public hospitals because of the inability of people to pay for treatment, as mentioned previously, due to the poor quality of services provided and sometimes services are not available in the public sector, consequently many Libyans seek to obtain health services from private sector due to the weakness in the quality of public hospitals. The World Health Organization (2007:60) indicated that:

> "Despite availability and high accessibility of services, there is a general lack of satisfaction by the general public, evident by increasing utilization of private sector."

Accordingly, the Libyan public health system lacked efficient medical health services, which led people to have little confidence in Libya's public health services. Preston and Parr (25 May 2009) pointed out that most hospitals and polyclinics in Libya remained poorly equipped. There was very few health facilities attaining the standards needed to receive international accreditation. The Norwegian Directorate of Immigration, 2004 (in Otman and Karlberg, 2007) indicated that much of the Libyan population has little confidence in health personnel, especially in view of the low quality of service in the state public health sector. Because of this, those who can afford to prefer to travel abroad for medical treatment, especially to Tunisia, Malta or even Germany. Additionally, Faitoori et al (2003) indicated that among the negative aspects was a lack of a registration process of medicines, which led to flaws in the quality of medicines in Libya. Thus, it led to people seeking to obtain most medicines from other resources, especially outside of Libya. Human Development Resource Centre (HDRS: 1 February 2011) indicated that the Libyan government

was allowed to source supplies of medicines and medical equipment, used for example in the private hospitals, and to import drugs from specialized private companies but instead relied only on the National Pharmaceutical and Medical Equipment Company, which is a public company to supply the health services' needs. Consequently, the lack of effective supervision and implementation of regulations and laws relating to imported medicines has led to the importation of large quantities of drugs without concern about their quality.

4. Quality of health services

WHO (2000) stated that access or use of health services for all people had to be based on achieving high quality. It was during the 1970s that the government began to consider the expansion and acceptance of students studying in medical faculties of these institutions, which were of high quality at that time. Human Development Resource Centre (HDRS: 1 February 2011:4) indicated that the historically high quality of Libyan physicians was achieved due to an excellent education system and testified by the enormous numbers of doctors who were working now in developed countries. There is literature related to this matter, for example, according to Otman and Karlberg (2007), showed that Libya had many experienced Libyan medical doctors operating overseas. Qualified medical staff in the various health fields is another important aspect contributing to achievement of progress and leads to meeting the needs of population. The Human Development Resource Centre (HDRS: 1 February 2011:4) The required skills set includes delivery of preventative, curative, rehabilitation and palliative services in addition to administrative and financial capacity . Over the past few decades, medical education has seen considerable

expansion in terms of enrolments in higher medical education, middle education and training courses in Libya. In this regard, the WHO (2007:12) indicated that:

> "Libya still finds itself lacking in specialists in a number of key areas such as anaesthesia, cardiology and radiology, despite enormous number of medical students, and the funds spent on scholarships for doctors to specialize abroad."

According to Kim and Cho (2000) some issues which impacted on the quality of health services were lack of knowledge and experience, low staff motivation and impediments to implementing quality improvement initiatives in different health aspects. It was important to focus on incentives for both medical elements and medical assistance. Although public hospitals provide free health services for all the population in Libya, many people seek to receive higher levels of services from private medical care. In this regard, the study by El-Mahdoi (2004) indicates that, despite the growing number of health institutions and centres, such as a public polyclinics and hospitals, the public view confirms the low level of quality of services provided by these institutions irrespective of the availability of equipment in some of them. This situation concerns many developing countries. For example, a review of related literature provided the researcher with a clear understanding of the health quality factors of the subject area. It assists also in formulating the theoretical basis to understand the quality levels.

Consequently, Muthaffar's study (1985:142-143) reviewed literature that was conducted in order to determine the current state of doctors in Libya. It indicated a number of factors to assist doctors to remain in the country, such as the salary of physicians should be raised, different incentives should be provided for physicians, improvement in public health facilities, resources and infrastructures, improvement

in the availability of the supply of drugs and medicine and improvement in the quality of management. These points not only contribute to determining the negatives facing doctors in this country but they also represent the most important issues facing the health sector in many developing countries, including Libya. For example, with regard to the salary of physicians in Libya, the literature indicated that low salaries for medical staff were not due to a weakness in the state's resources, but due to government policies.

Furthermore, Otman and Karlberg (2007) pointed out that salaries for Libyan doctors were another area which required attention, especially since the Libyan doctors who were working overseas were replaced by foreign doctors on significantly higher salaries. However, all the public sectors in Libya are subject to Law 15, which sets a ceiling for salaries. Report – Fact-finding visit to Libya (June 2004) indicated that Act 15 led to most Libyans not earning enough to support their families and maintain the desired standard of living. In this regard, there are many issues impacting the process of achieving quality health services for people in Tripoli, according to Abudejaja and Singh (2000:830), who said that:

> "Health information, monitoring, surveillance and evaluation are inadequate to meet the requirements of the ever-changing health scenario and dwindling financial resources. The present health system requires a major overhaul and adjustments in health policy, strategy, planning, programmes and activities to meet the ever-growing health care needs of the people. Meeting the demands of all those involved in the health care system is another difficult task. For example, consumers want rapidly available high-quality services, health professionals want to acquire the latest knowledge and skills and to have the freedom to provide the best possible care, health care policy-makers want appropriate health care for all citizens and those responsible for finance demand the most cost-effective delivery of health care."

Additionally, and according to The World Health Organization (2007), there was a lack of awareness of ICT issues in Libya and high computer illiteracy and many health care professionals in different disciplines had never had any training or orientation in this field. According to a national health strategy in 1994, Libya aimed at achieving the global goal of a level of health to be attained by all the country's people which would permit them to lead a socially and economically productive life. There remains a need to provide health for all and to achieve and provide high quality and uniform health services distributed among the people. There are several aspects to focus on in order to achieve the necessary quality. Brown et al. (n.d) pointed out the need to focus on the various dimensions of quality in order to meet the needs of both providers and patients. Also, they must be responsible stewards of the resources entrusted to them by the government and must consider the needs of multiple clients through resource allocation, fee schedules, staffing patterns and management practices. Therefore, these multidimensional issues are helpful to managers who tend to feel that access, effectiveness, technical competence and efficiency are the most important dimensions of quality in health care.

5. Conclusion

Any progress of educational and health policies are dependent on factors such as economic growth, infrastructure, equal distribution of services, well qualified personnel and specialised management. This research highlights the need to understand the changes in the education and health conditions by governments. This chapter has detailed the literature that relates to this research across a number of areas. For example, the first section focuses on strengthening educational conditions

for citizens, equality in learning, difficulties and development of educational institutions both quantitatively and qualitatively. The second section emphasises some issues such as equality in access to health services, difficulties in offering health services, health policies and diseases and quality of health services. As mentioned in this chapter, it became clear that several aspects related to education and health policies have been studied either in developing countries or in Libya. However, the overall objective of the literature review is to show to what extent the educational and health policies have achieved their goals in Libya and particularly in Tripoli. The research in this chapter has involved a holistic approach to the topic through highlighting people's access to and improvements in health and education. The main aim of this chapter has been to identify descriptions and explanations of several aspects such as the distribution and accessibility of educational and health services. As described in this chapter, I have indicated the extent to which the education and health policies have achieved progress in some aspects. Furthermore, it reviews previous studies on this topic, whether in Libya or other developing countries. This chapter identifies the characteristics of education and health policies in the area being studied. Overall, the educational and health policies in Tripoli are similar in several respects when compared to other developing countries and have many of the same characteristics of developing societies which are connected to a large extent with the conditions and possibilities of the community.

Chapter 3

Research Methodology

Chapter 3: Research Methodology

Introduction

This study aims to identify and understand the developing process in education and health policies in the city of Tripoli since 1970 to 2009, as well as examining the government policies put in place in order to improve and enhance these services. Moreover, this study seeks to understand the development of educational and health policies in their socioeconomic contexts. This approach therefore focuses on the policies, programmes and strategies that are carried out in this framework. For instance, the health centres and the educational institutions selected for this study are located in different areas within the city of Tripoli.

Regarding the methods adopted, both quantitative and qualitative methods have been used as well as all the relevant literature and documents available such as brochures of plans regarding economic and social development, which include information about health and education aspects. In order to have access to the maximum information about different aspects of the development of educational and health policies within the city of Tripoli, I have had to use more than one instrument. Such an approach will help the researcher to obtain more details about the topic. The focus on different aspects of education and health developments would contribute to a better understanding of the problems. Thus, the present study has examined the various initiatives of the government, for example, the development plans in the 1970s and 1980s for health and education will be considered (for more information please see Findlay, 1994:91-93), as will the policies and legislative reforms which

have been implemented in these areas. The process of reform is aimed to support and develop capacity in a number of sectors such as education and health in order to upgrade services in these sectors. In addition, numerous reports concerning the development of health and education sectors were issued. Therefore, it is essential to identify the most appropriate research design to use in the present study.

1. Access to Study

The process of gaining information when conducting fieldwork study requires access to persons, sets or institutions. However, there are some difficulties regarding accessibility which can often be complex, and it depends also on the researcher's familiarity with the issues, location, local culture, bureaucracy and political situation. Participants also need to be fully aware of the purpose of the study and how the results are to be disseminated before they are happy to discuss and be involved (The International Development Research Centre, Science for Humanity- IDRC). As well as some of the difficulties occurring in fieldwork such as (effort, time, money), I have faced additional problems when conducting the study. The first issue to arise outside the scope of research was the distance between each institution being studied. I was forced to move from place to place on a daily basis throughout the week, excluding Friday. My day would consist of 10 hour working days; I would travel by car to and from each institution. Due to problems and congestion on the roads, my travelling often took longer than anticipated, making it difficult to fit in all the necessary jobs needed to be undertaken for the study. Additionally, there are time constraints. The process of carrying out interviews was flexible as most of the participants were aware of the importance of such a study, both for them as

individuals and for society in general. So, the researcher has not faced difficulties regarding gaining access to the participants. Occasionally, due to the nature of the social relations system in Libya, and also due to emergency cases that often occur during their working day and some of the issues of concern of whether work-related or other issues have had some effect non-implementation of the plan drawn by the researcher during the week. In addition to difficulties related the breadth of the city and establishments spacing from each other and its diversity, whether educational or health as well as use of more than means of collecting data in both education and health area.

2. Study Design

This section will consider the research design and how it is used in this particular study. Kerlinger (1983: 300) states:

> "Research design is the plan, structure, and strategy of investigation conceived so as to obtain answers to research questions and to control variance"

Therefore, research design can be described as the major plan that shows the outlines and strategies for undertaking research. Thus, a research design is a basic aspect in the research process which should be used to collect and analyze data needed by the researchers. Research design, according to Green and Tull, (1970) in Beri, G,(2008 61) is:

> "The specification of methods and procedures for acquiring the information needed. It is the over-all operational pattern of the project that stipulate information is to be collected from which sources by what procedures."

Given the importance of the previous three elements (plan – structure – strategy), a research design is not limited only to the plan. According to Vaus (2001) "A work plan details what has to be done to complete the project but the work plan will flow from the project's research design" (David de Vaus, 2001:9). In accordance with these explanations, research design can take many different forms, from quantitative research to personal interviews or experimental design explorations.

Table (7) shows the classification of the main types of research according to the specific criteria of evaluation.

Basis of classification	Type of research
Purpose of the research	Exploratory, descriptive, analytical (explanatory) or predictive research
Process of the research	Quantitative or qualitative research
Logic of the research	Deductive or inductive research
Outcome of the research	Applied or basic (pure) research

Table (7): Classification of the main types of research (Hussey and Hussey, 1997)

Moreover, I believe that the quantitative and qualitative approaches benefit the data collection purpose. In some fields of study such as education and health, it is necessary to combine qualitative and quantitative techniques in order to gather the data useful for research undertaking. For example, Clark (2000) indicated that although the quantitative methods have long dominated research in the health sciences, there appeared to be the need to incorporate qualitative research methods as

an important component in research aimed at improving health services. This study uses exploratory, descriptive and analytical methods which are commensurate with the nature of the topic and goals. Hassan (1998) indicated that the subject of the study and its objectives play an active role in the selection of the curriculum of study and methods of data collection for research. Similarly, studies based on the descriptive approach – which relies on the study of reality or phenomenon as there are actually interested in as an accurate description, which is expressed it expression qualitatively or quantitatively. As the quantitative technique involves handling data for statistical analysis and further assessment and forecasting, this model is therefore the most appropriate for this kind of study. The descriptive study, according to Houser (2008: 204), is used in many situations:

> "Descriptive research is useful when determining the characteristics of specific populations, identifying the practices that are used at other organizations, or measuring baseline performance. This type of research is useful when little is known about the existing state of a phenomenon or when exploring perceptions, attitudes, or beliefs is the goal."

However, another feature of good research is relying on the pattern of reasoning. Therefore, the researcher has used the qualitative method through the use of the interview form and applied it to a sample of individuals in the field of education and health in the city of Tripoli. Furthermore, exploratory study is appropriate to examine a research problem or issue when there are very few or no previous studies to which we can refer to for information about the topic or problem (for more information please see (Understanding research, 2008). In this context also, Churchill (1995) defined exploratory research as a research type that places emphasis on the discovery of ideas and insights. Thus, it is necessary to find an instrument to carry out the study correctly. In order to do so, we must consider what would be appropriate data

collection instruments. Isikli (1988: 88-89) suggests a number of tools to conduct an exploratory study:

> "Studies may involve reviewing published data, interviewing people, conducting focus groups and/or investigating literature".

However, the reason why this study adopts an exploratory study approach to research design and is not utilising other methods, according to the above descriptions, can be summarized as follows: there has been, to date, no academic study of the development of policies in the field of sociology or social policy about the development of educational and health policies in the city of Tripoli. Thus, it was considered necessary to examine and assess the relationships between the development of these policies and their consequences both intended and unintended on the education and health of citizens. In this context, there have been some government reports such as the development of education – National Report of Libya (Geneva 25-28 November 2008), and also, Achievements in health during the forty years 1969 – 2009. Issued by the Centre of Documentation and Information; Health ministry.

The data was collected by utilizing both qualitative and quantitative methods (Johnson & Onwuegbuzie, 2004) as this type of research provides a framework for the design and is conducted via mixed methods research. Miller & Crabtree (1999:9) state that a mix of qualitative and quantitative methods is appropriate for data collection, particularly in exploratory studies. Qualitative methods are usually used for identification, description, explanation, review and interpretation of data, whereas quantitative methods are more commonly used for explanation testing and control. According to Meyers (2000), qualitative research is appropriate for the description

and analysis of important aspects of the phenomenon under study, offering the means to construct a broad picture of a topic and to reflect the extent of the ability of the researcher to demonstrate or describe that phenomenon. The aim, then, is to produce research that can inform and enhance the reader's understanding. Also, qualitative research, as stated by Creswell (1989: 15) is:

> "An inquiry process of understanding based on distinct methodological traditions of inquiry that explore social human problems. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting."

On the other hand, a quantitative approach is the best method in research if the topic of study aims to know the factors that impact an outcome (Creswell, 2009). Some differences exist, nevertheless, between qualitative and quantitative approaches in regards to how the qualitative approach yields rich and complex data and where the findings focus on the qualities of the research subject, rather than their numeric measurement. In this respect Amaratunga et al (2002) indicated that qualitative research is a source of well-grounded, rich descriptions and explanations of processes in certain local frameworks.

However, quantitative research is how the researcher attempts careful control and measurement by assigning numbers to measurements (Hussey and Hussey, 1997). Easterby-Smith et al (1991) points out that using both methods enables the researcher to study hard facts and human perceptions by quantitative methods, whereas qualitative methods can be used for interpretation. Thus, the presence of these characteristics, derived from a combination of qualitative and quantitative methods, was considered useful in increasing integrated knowledge of the topic, whereas the use of one approach alone would not have been adequate. Amongst the questions

suitable for analysis using quantitative methods are those concerning policy development and the extent of progress made in secondary and primary education and in health institutions in the city of Tripoli .For instance, the educational and health situations of individuals since 1970 to 2009, methods of eradicating illnesses, obtaining adequate services for all people in the city, treatment of diseases, the right to learn, the availability of schools in all districts of the city .

Indeed, a quantitative framework was considered particularly appropriate for identifying the possible relationships between these factors. For instance, if health services are available equally to all citizens, such a situation will lead to the eradication of many diseases and improve the health status of all citizens. It was then decided that the information needed to address some questions (such as decisions, programs and changes that have been witnessed in the sector of education and health during this period) would be more usefully accessed by using a qualitative approach to gain an understanding and interpretation of the related issues that arise through a dialogue between researcher and participants, thus contributing to an enhanced knowledge of the topic. The dialogue focused on these issues with the participants, discussing the most important policies, plans and programs implemented by the State to raise the level of the educational and health of citizens in the light of the economic development of the country. The difficulties faced, and still being experienced, include the implementation of these policies and the extent of achievement of the government of its goals. Further difficulties also explored included funding, shortage of qualified persons and weak management. All this in addition to identifying the compatibility extent between the quantitative and the qualitative aspects in obtaining services as well as their impact on health conditions and education for citizens.

3. Research Methods and Justifying Choice of Methods

The qualitative and quantitative methods of the study contribute greatly to the understanding of several aspects of the work; employing these methods in this thesis serves the goals of the research by allowing the researcher to address all aspects of the research question. The importance of both interviews and questionnaire methods in research is crucial, but some of the researchers (see for example Creswell and Plano, 2007) refer to the importance of using them together to find complementary knowledge about a phenomenon under study, and achieving a true interplay between the two.

I first used a two-part questionnaire to collect essential data from teachers and directors of middle and primary schools and from doctors and nurses in the participating hospitals (for further details about sample size see next part, (Phase one: Questionnaire)). Most of the questionnaire items were related to general health and education policies in different parts of the city (see in Appendix A & B an English version of the questionnaire). This exploratory study of the development of educational and health policies was conducted in order to identify the views of teachers and school administrators on the development of education policies, as well as those of the doctors and nurses as the focus was to understand the relationships between official policies in the development of education and health. This is a major dimension of the study: relying on multi-methods to obtain the data (qualitative, quantitative, reports and government statistics), such as The Development of education National Report of Libya Presented to The International conference on education session (48) Geneva 25-28 November 2008, The Development of

education National Report of Libya Presented to The International conference on education (Quality Education for all Young People: Challenges, trends and Priorities session (47) Geneva 8 – 11 September 2004, Country Cooperation Strategy for WHO and the Libyan Arab Jamahiriya 2005–2009 This is part of the basic decisions and World Health Organization 2007. also, the policies of government to ensure that education and health for each person and expansion of educational services to ensure freedom of education and meeting the needs of all , as well as the extent to which individuals benefited from these policies. According to Creswell (2002) the use of qualitative and quantitative methods enhances the validity of the research findings.

Clearly, there are two types of data collection; primary and secondary data. Guffey (2007:259) pointed out that

> "Primary data result from firsthand experience and observation. Secondary data comes from reading what others have experienced and observed."

Saunders et al. (2007) also suggested that primary data involved interviews, questionnaires and observation. Thus, in this thesis a self-administered questionnaire was used to obtain quantitative data while semi-structured interviews are used to gather qualitative data.

3.1 Questionnaire

This study ultimately aims to assess experiences views and perceptions of the educational and health policies in Tripoli. The questionnaire is one of the tools used to obtain the information in the study. Turocy (2002) indicated that the questionnaire is one of the most appropriate and useful information gathering instruments and also allows for their anonymity respondents, thus encouraging more honest and candid

responses, and often a higher response rate. Therefore, the questionnaire in this study is helpful because it was self–administered and can be given to many individuals simultaneously. It was also relatively inexpensive, and it has helped to gather pertinent information from a number of persons: teachers, school principals, administrators, doctors, nurses, administrators and technicians which no other method could provide (Walonick, 2003). Due to the research topic being directly related to education and health policies in Libya, the research focus seeks to uncover the important aspects of the policies (the access and delivery of educational and health services) related to the official efforts for government at educational and health institutions across all of Tripoli. Additionally, the questionnaire allows us to gather a great deal of information about people's opinions and their orientation about certain topics and, ultimately, is very useful in making generalizations by analyzing the results and being able to relate a small sample to a large sample (Babbie, 2004; Creswell, 2003). It could also be said that, one of the main advantages of questionnaires is that they are a quick and efficient form of data collection from a large sample of people, taking little time to gather (Saunders et al., 2007; Oppenheim, 1992). In this context also, Bryman (1989:85) stated that:

> "Survey research entails the collection of data (Invariable in the field of organizational research by self-administered questionnaire or by structured or possible semi-structured interview) on a number of units and usually at a single juncture in time, with a view to collecting systematically a body of quantifiable data in respect of a number of variables which are then examined to discern patterns of association."

Despite these advantages, there are also some noted disadvantages. For example, the problem of a low response rate, and, additionally, as noted by Denscombe (2003:160),

> “Questionnaires offer little opportunity for the researcher to check the truthfulness of the answers given by the respondents.”

In this research, the aim is to gain a deeper understanding of the phenomenon rather than just merely answers. Moreover, the most powerful data in research is often unattainable quantitatively. Thus, the integration of both quantitative and qualitative methods in social science research has lead to achieving better results by minimizing single-method biases, as well triangulating findings (Dudwick et al., 2006).

3.2 Interview

In this research, the interview is one of the most important methods to collect data. Denscombe (1998) observes that interviewing is appropriate if the researcher aims to obtain information about opinions, experiences and feelings of individuals regarding a particular subject. Usually this has been conducted through interviewing a number of informants. Therefore in this research, which focuses on the development of education and health, only through face-to-face interviews is the researcher able to have access to participants’ ideas and opinions about the extent of achievement regarding access for individuals to services in Tripoli. According to Fontana and Frey (1994:361),

> "Interviewing is one of the most common and most powerful ways we use to try to understand our fellow human beings."

Consequently, this thesis aims to acquire knowledge of the ideas of people, as they are the stakeholders in benefiting from education and health services. Thus the interviewing of members of staff in education and the health sector is useful, particularly because the researcher aimed to obtain multiple perspectives of participants’ views of the present, past and for the future. In this regard, Denzin and

Lincoln (2003) insist that interviewing is a better method if the study aims to obtain people's views. Wilson (1998) states that there are two types of face-to-face interview techniques of data collection: the first one is called "interview schedule", and it is said that in this case:

> "A standard schedule is used for each respondent, in which the questions have the same wording and are asked in the same order. The ability of the interviewer to vary the wording of questions or the order in which they are asked is strictly limited." (Michael Wilson, 1998: 94)

The second type, known as "semi-structured", is an interview which differs from the first model as it is conducted quite freely, resembling a normal friendly conversation. The singularity of this type is the fact that it is recorded entirely in order to be analyzed and evaluated later on. The technique does not prevent the interviewer from taking notes when they feel it necessary, although not if the note-taking interferes with the interview itself and directly affects the concentration of the people involved. Referring to this particular form of interview, Wilson argues that:

> "Although 'naturalistic', interviews such as these are managed to a large extent by the interviewer, who sets the agenda of questions, probes more deeply into issues of interest with supplementary questions and records the answers and the dissection." (Michael Wilson, 1998: 94- 95)

According to McLeod (1996), the face-to-face interview is a flexible method of gathering information from experiences. Nevertheless, this type of method channels conducting into three main formats: structured, semi-structured and unstructured. The present thesis adopted the semi-structured interview technique due to the fact that such a method offers the participants a chance to express their views on the topic, and, additionally, it is extremely useful for a dialogue with participants in that it allows them to speak about their own experiences regarding the state of education

and health conditions in Tripoli. Advantages of the interviews are that participants are free to explain their ideas and views as well as explore their experiences, especially when asked questions which include issues pertaining to the plans, strategies and funding carried out in the programs and accessibility of services resulting from the role of government policies in this field.

3.3 Documentary Study

In exploration of this topic, data was examined from library-based research, academic social studies in general, and education and health policies in particular, available in the national library in Tripoli and the library of The Al-Fateh University, also theses on educational and health services in developing countries in general and Libya in particular. The utilisation of the internet has further enhanced the researcher's use of data, for example the General People's Committee reports of education (Education Ministry) and the General People's Committee reports of health. Additionally, I was to utilize a variety of reports from the World Health Organization and UNESCO in the development of education such as the Country Cooperation Strategy for WHO and the Libyan Jamahiriya 2005-2009. There are also reports available about planning and developing policies in education and health in Libya, which will be relied upon. There were other documents that have been obtained by the Ministry of Health, for example 40 years of achievements in the field of health (1969-2009), and a small multi-page card published by the Libyan Health Information Centre (General People's Committee for Health & Environment, 2009). Also, the small brochure includes a lot of information about health aspects in Libya such as health indicators, demographic information, socioeconomic indicators and morbidity statistics. Of more relevance to this research are the statistics on the

hospitals, clinics and the educational institutions throughout the city of Tripoli, as well as some tables which display a number of indicators in the health sector and in education.

4. Overview of the Process of Survey and Interviews

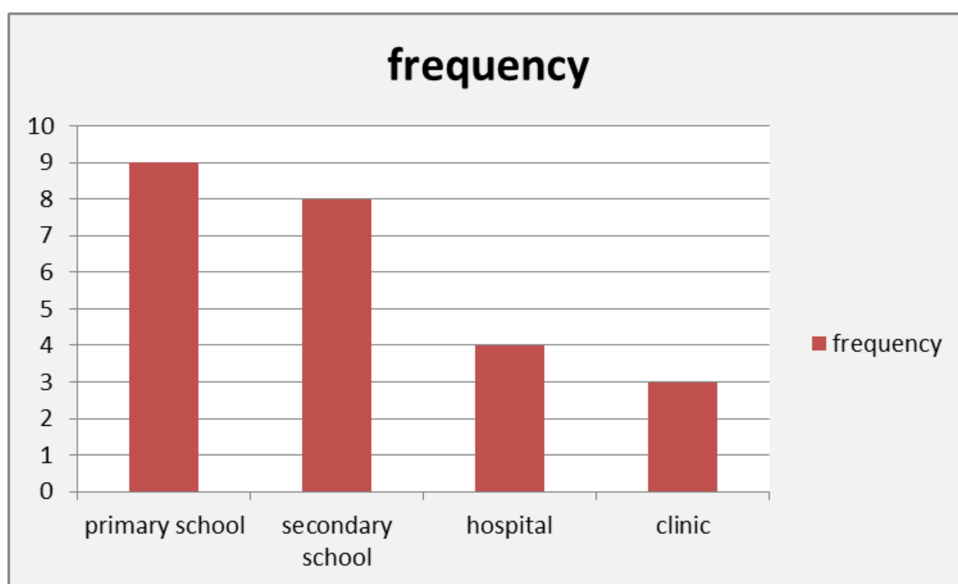
The proposed study was conducted in Tripoli. The city was chosen mainly because it is the biggest city in Libya and has reached a population of 1,065,405 (2006 Census), in addition to the existence of the large number of institutions in different fields, and in particular the educational and health foundations throughout Tripoli. Figure 3 illustrates the location of Tripoli within Libya.

Figure (3) the location of the city of Tripoli (the place of study)

Source: http://upload.wikimedia.org/wikipedia/commons/1/1e/Ly-map.png

The participants of the study were the teachers and administration staff from basic and middle schools, as well as doctors and nursing staff in hospitals (for more details about types of the education and health foundations see the following figure).

Figure (4) Types and number of institutions visited during the fieldwork



The main reason for selecting these levels, and not others, is that this segment of society possesses a much more deep and thorough knowledge about the educational and health situations in the city. The other reason is because the study targets the development of education and health policies, thus the participants of this study should be those who are working in these fields and/or have a close relationship with these fields in order to help us to clarify how they carry out policies and programs in this framework.

The questionnaire consisted of 46 questions which included both ‘open’ and ‘closed’ questions. The questionnaire for the health sector had three main questions, 4 open questions and 18 closed questions, while the questionnaire for the education sector had three main questions, 20 closed questions and 4 open questions. Regarding the

open questions that were used in the questionnaires, these gave the respondents a relative freedom to write about other issues that were not directly included in the closed questionnaire statements. The open questions covered several issues that related to health and education in Tripoli, such as the current levels of provision and services and suggestions from participants about how to improve education and health conditions in the city. Further, participants had some comments and suggestions regarding the efforts made by the Government to raise levels of services in education and health sectors as well as aspects such as issues with transport to schools and clinics, especially during busy time-periods in Tripoli.

According to Foddy (1993, as cited in Reja et al., 2003: 161), 'Open-ended questions allow the respondent to express an opinion without being influenced by the researcher'. Those participants who responded to these open questions were the same participants who responded to the closed questions in the same questionnaire. The ratio of answers varied in terms of the questions asked and whether the individual participant was willing to respond. Further, the data from the open questions was coded and analysed by converting these answers into quantitative data. The coding process is an important part of the analysis of data, especially when seeking to convert qualitative data to quantitative data. For example, the Office of Research and Planning at Cerritos College (undated) indicates that 'Coding categories are a means of sorting the descriptive data you have collected so that the material bearing on a given topic can be physically separated from other data. When you read the responses, you can see some patterns in the responses as well as the topics responses cover. Then, you write down words and phrases to represent these patterns and topics'. Thus, the process of coding all responses to open-ended questions was

carried out by putting the number and percentage of respondents who answered each question in the tables mentioned below. The number and range of issues that were mentioned by the participants in their answers to the open questions are also reflected in the tables examining both education and health sectors - Tables 22 and 33 in Chapter Four illustrate this conversion from open/qualitative answers to quantitative percentages.

The interview consisted of 10 questions, 5 questions addressed to the participants in the education field (see appendix D) and the other 5 questions were addressed to the participants in institutions of health (see appendix C).The qualitative data for the health aspect of the study was obtained by means of interviews with doctors, nursing staff , technicians and directors in hospitals in institutions of general health sector into Tripoli such as (polyclinics and general hospitals and specialized) which had 10 participants throughout Tripoli. (For further information about places of study and number of neighbourhoods in the city please see Table 10 and Figure 5 below.) In the field of education, interviews were conducted with teachers and directors of schools. There were 20 interviews in total, 10 each in the health and education sectors comprising open-ended questions and an exploration of views and suggestions about the current status of education and health in the city.

Quantitative data was collected from teachers; schools head-teachers, administrative officials as well as doctors, nurses, management staff and technicians in hospitals, in addition to the use of qualitative methods to gather data from Tripoli's education and health institutions. Consequently, the response was very good from most participants in both education and health, perhaps due to that the participation of the staff and also them being more aware and interested in such studies, which related to issues

around their work and development. In the field of health, qualitative data was collected from a number of staff as in the following Table 8.

Table (8): Type of work, position, location and years of experience for participants in interviews in the health sector in Tripoli.

No	Type of work	Position	Location	Years of Experience
1-	Administrative	Director of anti-AIDS	Hospital of Gorgy (Communicable diseases)	18
2-	Doctor	Specialist tuberculosis disease.	Chest Diseases Hospital Abu Sitta	35
3-	Technician	Technician of medical analysis	Al Hurriyah clinic	23
4-	Doctor	Surgeon	The Central hospital	31
5-	Administrative	Director of administrative affairs	Al hay- Algame Polyclinic	24
6-	Doctor	Doctor	Hospital of Gorgy(Communicable disease)	10
7-	Nurse	Director of nurses unit	Ghut Al Sha'all health clinic	25
8-	Nurse	Nurse in children department	Tripoli Medical Centre	7
9-	Doctor	Surgeon	Tripoli Medical Centre	27
10	Technician	X-ray technician	Tripoli Medical Centre	5

Source: interviews with staff in the field health, conducted in Tripoli, 2009.

In the field of education, qualitative data was collected from a number of staff as in the following Table 9.

Table (9) Type of work, position, location and years of experience for participants in interviews in the education sector in Tripoli

NO	Type of work	Position	Location	Years of Experience
1-	Administrative	Secretary of Education	Shauhida Ain Zara	30
2-	Administrative	Official activity	HayAl-Andalus	33
3-	Administrative	Head of school	Abu Saleem	29
4-	Administrative	Head of school	Goat Al-shall	29
5-	Teacher	Teacher	Showhiada Ain Zara	11
6-	Administrative	Head of school	Sooq Algoma	27
7-	Teacher	Teacher	Hay Damascus	21
8-	Teacher	Teacher	Al hay algaimei	13
9-	Teacher	Teacher	Pab Ben Ghashir	10
10-	Teacher	Assistant of head school	Al hadba Al Khadra	37

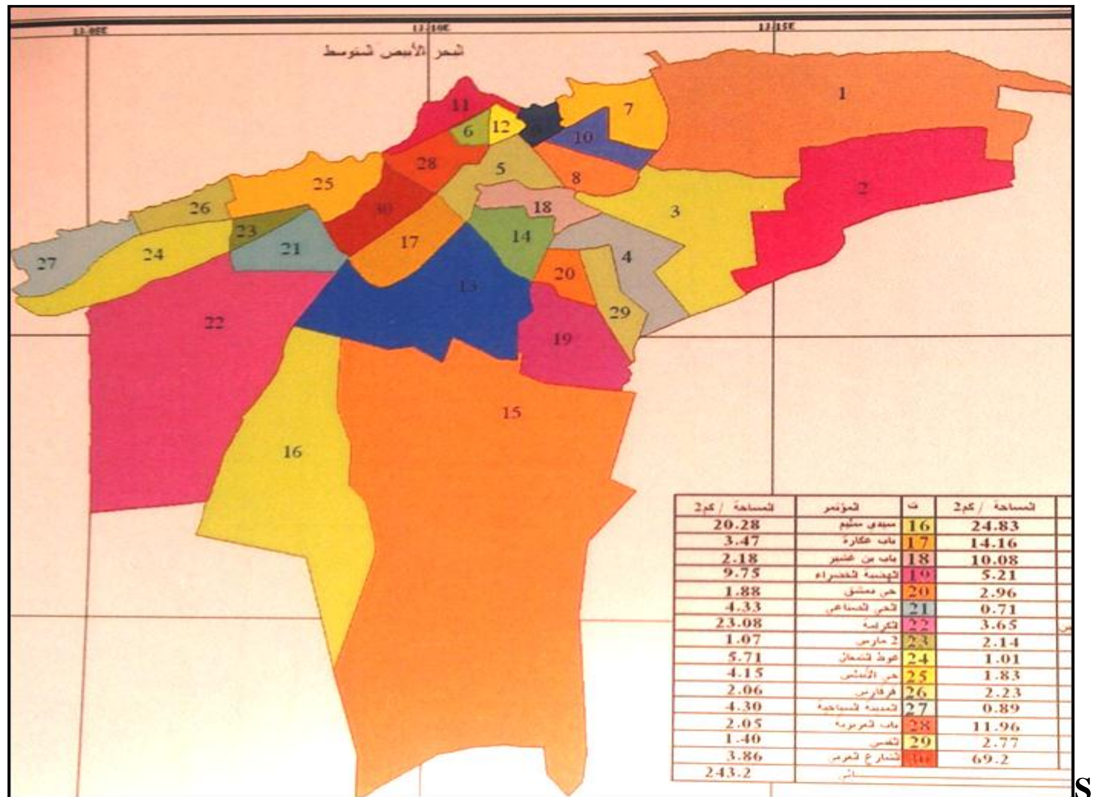
Source: Interviews with staff in the field education, conducted in Tripoli, 2009.

The reasons for taking this sample were firstly to examine the perceptions of the development of educational and health policies in the basic and middle education

institutions. Secondly, regarding the development of health policies in the health foundations, this survey and interview study design employed the use of a random sample taken because they represent the society and have the ability to evaluate the situation. For this study, the random sample consisted of the basic and middle school principals and teachers (both male and female), and has included a number of

schools and hospitals located in different areas in the city of Tripoli. The following map and Table10 show the study area and an account of the neighbourhoods in the city of Tripoli.

Figure (5) the geographical places of study



Source of map: Peronist centre for Remote Sensing. Tripoli: 2006. In Dakhil (2008).

The Table 10 shows districts in Tripoli and the colour indicates area of study

Table (10) Account of districts in Tripoli and study places

N	Neighbourhood	K.M2	N	Neighbourhood	K.M2
1-	Sooq Algoma	24.83	16-	Sede Saleem	20.28
2-	Shauhida Ain Zara	14.16	17-	Pape Akara	3.74
3-	Ain Zara	10.08	18-	PabBen Ghashir	2.18
4-	Al-hay Algame	5.21	19	Al Hadaba A l Khadhra	9.75
5-	Shauhida Abu Miliana	2.96	20-	Hay Damascus	1.88
6-	Al Massira Al Kobra	0.71	21-	Al-hay Alsenaee	4.33
7-	Shauhida Al- Shatt & Al- Noufleen	3.65	22-	Alkrama	23.08
8-	Almanshea	2.14	23-	2 Marsh	1.07
9-	Althahra	1.01	24-	Goat Alshala	5.71
10-	Fashlom	1.83	25-	Hay Alundlss	4.15
11-	Almadina Algdema	2.23	26-	Grgarsh	2.06
12-	Al-saha Al Khadhra	0.89	27-	Almadina Alseahea	4.30
13-	Abu Saleem Al-markz	11.96	28-	Pab Alazezea	2.05
14-	Alenataq Abu Saleem	2.77	29-	Algods	1.40
15-	Al Hadaba Alzerie	69.2	30-	Alshara Algarbe	3.86

The collection of data was according to following stages:

4.1 Phase one: (Questionnaire)

Questionnaires were designed to gain a detailed understanding of the study sample, as well as examining variables that are related to the issues of basic and middle education. An additional questionnaire was designed to gain a detailed understanding of the programs of health policies within the city of Tripoli. Initially, the researcher started to collect data through the use of a questionnaire. Practically, this questionnaire was distributed to targeted groups in educational and health institutions. In the educational sector, the people involved were teachers, administrative staff and school managers, while for the health sector, the questionnaire was distributed to medical staff, hospital administrators and technicians. In order to obtain the sample size needed for the current study, two samples were drawn. The first sample was in the health sector. Given the difficulty in studying all the staff within health in Tripoli, because of the large numbers, the research focused on small numbers who are representatives. Hassan (1998) indicates that a cross-section of the population is representative of all individuals and groups that the researcher aims to obtain information about. Due to a large group size it can be difficult to reach all individuals, therefore there should be an emphasis on smaller, more available representations of the whole group, which could then be accessed and taken samples from. The community targeted for this study included doctors, nurses, administrators and technicians working in the health sectors in the city of Tripoli.

Sample Health Questionnaire.

Consequently, the community of research was identified and a random sample was taken. The field work was conducted at the level of seven health centres located in

different districts within the city (The Central Hospital, Tripoli Medical Center, Chest Diseases Hospital, Ghut Al Sha'all Polyclinic, al Huriyyah Polyclinic, Hospital of Gorgy (Communicable diseases), and Al hay Algame Polyclinic the personnel of the health centres were asked some specific questions regarding their views and opinions on various issues such as the extent of their satisfaction with the services provided in hospital/health centre - any difficulties in the diagnosis of illnesses. Encouragement from the Ministry of Health to conduct research - The adequacy of illness treatments and cures - The immunizations available - The future plans for health development.

During the second phase the medical centres were divided into several sections from which samples were taken randomly. The third phase consisted of taking a simple random sample of personnel in each section. The total number reached was 2,484 people. From this population study another simple random sample of 200 employees was taken from 7 institutions located in the study area. Among the most important factors that determine the size of the sample are the method and the method for selecting the sample, and there is a statistical base that emphasizes that the higher the sample size, the more reduced the proportion of mis-sampling. The study was conducted on a sample of 200 people including doctors, nurses, technicians and administrators in the health sector in the city of Tripoli by up to about 8%, broken down by medical centres and polyclinics, and the researcher applied a method of distribution according to the number of people chosen from the health institutions. The researcher adopted this volume sample in order to be able to reach appropriate conclusions and to garner adequate results that truly reflect the health policies in the city of Tripoli. The researcher adopted a particular form of questionnaire to address

the study's topic. This questionnaire was designed in order to obtain data about health policies (for example, see Appendix A about health questionnaire); this form includes the following four sets of questions:

- The first set includes some required information from the participant (sex, age, profession, work experience, level of income and place of residence).

- The second set includes 6 sentences related to the objectives of the State in the eradication of diseases and the promotion of the health conditions of its citizens.

- The third set includes 6 statements concerning the extent of the development of health facilities and services in the neighbourhoods of the city of Tripoli.

-The fourth set includes 6 statements of State policy in raising the level of health services and addressing diseases and treatments in the city of Tripoli.

Prior to the distribution of questionnaires to the study sample, a first draft of the form was presented to members of the sociology department in Al- Mergeb University and University of Al Zawiya. Subsequently, mindful of their comments and suggestions, the researcher made some modifications. Afterwards, 200 form questionnaires were distributed to the employees at the selected sections of medical centres and clinics. Later, the 196 questionnaires were collected and only 4 questionnaires were unreturned thus giving a response rate of 98%.

Sample Education Questionnaire.

The second sample was in the education sector, and as in the case in the health sector, the community of original research in the education sector includes all

teachers, school principals and administrators in institutions of primary and middle education in the city of Tripoli. Given that this sector out of all the sectors assimilates graduates of both universities or institutes of higher and medium enterprises in Libya, the proportion of employees/workers in this sector is high in the city of Tripoli. The researcher decided deliberately to take as a sample 17 schools spread over 9 districts in the city, and the study sample included 360 form questionnaires were distributed. Later, the 345 questionnaires were collected and 15 questionnaires were unreturned thus giving a response rate of 95%. These schools are located in the study area; the areas visited can be seen in the previous table 9. As this study is about primary and middle education (see Appendix B about the education questionnaire), teachers and school management staff were asked for their views and opinions on some issues such as (The educational performance in primary and middle stages - The education situation in the future - The opportunities or means available in schools - The distribution of educational institutions and offering everyone the same chance in education - The outputs of schools and the needs of the job market - The laws and regulations that are issued regarding the development of educational systems - The educational policy makers and how to learn from previous mistakes).

The researcher adopted a particular questionnaire form to collect data about the subject of study and a method which allows the collection of data that helps testing several questions of the study. The questionnaire was distributed to teachers and school administrators in Tripoli. It includes the four following sets of questions (for example see appendix B: education questionnaire):

The first one consisted of asking the participant to give some basic information about himself/herself. This includes 6 phrases about general characteristics (sex, age, profession, work experience, level of income and place of residence). The second one consisted of asking more specific questions related to the extent of equality among citizens in access to educational services in Tripoli. The third set was concerned about knowing more about the extent of the development of quantitative and qualitative schools in the city of Tripoli. The fourth set related to the government's policies in raising the level of education.

4.2 Phase two: (Interviews)

Phase two has incorporated the use of interviews as a second data collection instrument in this study. These were conducted in order to discover the extent of educational and health policies development and the factors (for example, administrative and geographic) which influence the process of developing education and health policies. This has been achieved through interviews with individuals working in the fields of education and health. Rubin and Rubin (1995) pointed out to that there is an important aspect which the interviewer should focus on during the interview that is, listening carefully enough to hear meanings, interpretations, and understandings. As Polit and Hungler (1989) in Leana R. Callara 2008:68) indicated:

> "Successful collection of interview data in contrast to questionnaire data is strongly dependent on interpersonal skills and the ability of the interview to probe in a neutral manner."

The method of data collection for this study was that of the semi-structured interview, involving 10 people from each sector, both education and the health. The interviews were based on a set of questions (see appendixes C & D), that focused on

either education or health policies. Also, when conducting the interviews I tried to give enough time for each person, listen carefully and make the participants feel how important their information was. Study consent forms were provided in advance of the interview. (See Appendix H about the consent form). Interviews took place from September 2009 to the end of December 2009 in Tripoli. The interviews were conducted with a sample of teachers and administrators in the 10 schools where the questionnaires were distributed. In addition, the researcher interviewed a number of heads of schools in the education sector within the city of Tripoli, 10 persons in total, both male and female. Then the researcher carried out a set of interviews with doctors, nurses, administrators and technicians in the 7 hospitals to whom the researcher had handed out the questionnaires. Regarding the qualifications of the participants, it can be noticed that most of the participants are university degree holders, and a large number of them carry out full administrative positions in their institutions. Most of the participants had relatively long practical experience, ranging from 7 to 37 years. More importantly, they most likely reflect diverse perspectives on the subject since they are affiliated to different schools and hospitals distributed among 12 neighbourhoods in Tripoli, meaning, consequently, that they are in a good position to assist in identifying and evaluating the conditions of the educational and health systems in the city.

In Libya, as it is the case in most countries, permission is required if a researcher wants to undertake interviews with people employed in any public institution. Accordingly, I firstly contacted the administrators of both health and education institutions to obtain the necessary consent for conducting the required interviews. After the approval, which was often expressed orally, the participants were given the

choice as regards to the time and place of the interviews more suitable for them. In practice, when the day and time have been agreed upon, and before starting the interview itself, each participant was asked to read and sign a consent form (See Appendix H) in addition to the completion of a demographic sheet (See Appendix H). The individual interviews lasted approximately an hour and a half. The first 10 minutes were used to engage in a general chat, including questions and answers, with the participants. In addition to this, the researcher used an audio recording device, which served to record all interviews made. The consents of the interviewees were obtained prior to the use of the recording device. While conducting the interview, the researcher did not miss the opportunity to document and note all of what was said by the interviewee. According to Briggs 1986 and Mishler (1986) in Maxwell (1992:95),

> "The interview is a social situation and inherently involves a relationship between the interviewer and the informant. Thus, understanding the nature of that situation and relationship, how it affects what is said in the interview and how the informant's actions and views could differ in other situations is crucial to the validity of accounts based on interviews".

5. Ethics Consideration

Ethics consideration is crucial when conducting a research study and, accordingly, should be taken into consideration when undertaking a fieldwork study. Therefore, the researcher is the main person responsible for the ethical aspects of the research. According to Neuman (2006), ethics research "begins and ends with the researcher". Thus, when the research is carried out, any study will have to make great efforts to guarantee that all the information provided will be strictly confidential for

participants. Moreover, the freedom to participate must be an aspect of ethics consideration in research. According to Adekeye (2011:34)

> "The principle of voluntary participation which requires that people should not be coerced into participating in research."

Given the importance of ethics when conducting research, there is an increased focus on it: Haggerty (2004) describes it as "ethics creep" and defines this coined

term as follows:

> "The new formal system for regulating the ethical conduct of scholarly research is experiencing a form of 'ethics creep.' This is characterized by a dual process whereby the regulatory system is expanding outward to incorporate a host of new activities and institutions, while at the same time intensifying the regulation of activities deemed to fall within its ambit" (Haggerty, K.D., 2004 :391).

In this regard, Sapsford and Jupp (1996: 319) also stated that

> "One ethical principle gaining increasing acceptance is that nothing should be done to the 'subjects' of research without their agreement, and that this agreement should be based on an adequate knowledge, supplied if necessary by the researcher, of what is implied by consenting." (Sapsford, R and Jupp, V., 1996: 319).

Accordingly, when undertaking the process of data collection through both questionnaires and interviews, the participants were fully informed about the aim and purpose of the study by the letter that was provided. In order to ensure that this study will not impact on the ethical aspects of the rights of the participants, a consent letter has been provided by the University of Strathclyde's ethics committee. Once the required document, necessary to the relevant fieldwork, was obtained the researcher requested a support letter from the Libyan embassy in the UK and addressed it to the Department of Missions in a Secretariat of Education in Libya. The consent was

given in the middle of September 2009. In addition to the letter, official permission was provided in order to go to Libya, conduct the fieldwork study, distribute questionnaires and carry out individual interviews. These questionnaires were meant to collect data about the development of primary and middle education, as well as gathering the desired data regarding Tripoli's health centres. A letter was obtained from the supervisor addressed to the executive directors in the health and education sectors in Libya (see Appendix G supervisor letter).

I travelled to Tripoli to conduct the field work after getting consent from the supervisor – from the Department Ethics Committee to go there and to collect data. The administration of the Department of Missions in the Secretariat of Education in Libya was contacted in order to obtain a letter addressed to the Ministry of Education and Ministry of Health in Tripoli. The letter was then joined to the supervisor's approval letter.

After obtaining the appropriate consent from both the health and education ministries in Libya, and consent from the administration of schools regarding the participation of their teachers, as well as consent from the administration staff in hospitals for the participation of doctors, nurses, directors, heads of hospitals and technicians for the survey, the letters that were provided to participants included an encouragement and an assurance that the answers to the questionnaire would be treated in a more confidential way. They were also informed that the purpose of the questionnaire was "to find out about their views regarding this topic". The participants were also invited to answer every question as honestly as they could. In addition to this, participants were ensured that the opinions expressed in the answers would not affect their work in any way whatsoever and that it was strictly anonymous. Finally, it was

stated that all the information given would greatly help educational and health policy makers in this important field. As a second step, the researcher said explicitly to the participants during the interviews that the information would be used only for the purpose of the research. Accordingly, a letter was given to each participant before the start of the interview, strongly and clearly indicating that the interview was about education and health policies in the city of Tripoli. In this respect, an attempt was made to encourage an increase in the response rate for both the interviews and questionnaires. This was achieved through a letter attached with a questionnaire. Similarly, a letter was attached with a form prior to conducting the interview: The letter emphasized that clear answers would greatly help the researcher in obtaining full and satisfying results. In addition, it emphasized that the information given would be used only for the purpose of the scientific research. The letter indicated to each participant all the above information, making sure that the information provided would be strictly confidential.

6. Conclusion

The purpose of this chapter is to explain the study methodology engaged in this research. It provides information on the selection of the research study, research philosophy, scientific approach, research strategy, data collection means and the procedure implemented through the fieldwork study. As a starting point, this study abided by the ethical procedures of the University of Strathclyde.

Based on the research objectives outlined above, it became clear that a mixed methods approach, quantitative and qualitative, might be most appropriate in order to meet the above mentioned overall research objectives. The overall goal of

quantitative methods is to establish whether the assumed generalization of a theory holds true or not. In contrast, qualitative research is usually carried out in a normal setting and entails a process of examining a little more intricate and holistic picture of the phenomenon under investigation. However, this research seeks to establish statistical correlations, and therefore a quantitative approach was also adopted, as questionnaires can provide valuable information about the issues which related to educational and health policies especially with a large sample size. Qualitative approach as its main goal is concerned with producing descriptions and explanations of particular issues instead of testing existing questions. The study was carried out in three stages: Stage one has involved gathering, putting together and evaluating existing secondary data on development of education and health in Libya. Stage two included a questionnaire and stage three was a semi-structured interview with education and health staff in Tripoli. The first method (the questionnaire) generated mainly quantitative data whereas the second method generated qualitative data.

As previously stated, this study is exploratory and descriptive. It describes the distribution and range of responses to each question and examines the data generated. Therefore, a transcript method of analysis will be used. Qualitative primary data from field sources, such as questionnaires, are usually rendered into a textual form by transcription.

Chapter 4

Quantitative Data Analysis

Chapter 4: Quantitative Data Analysis

Introduction

Health and education represent two of the most important concerns and priorities for development worldwide. The health and education sectors in most countries have witnessed increased growth due to the importance of these services. The research topic is related to health and education in Tripoli. The research focuses on uncovering attitudes and opinions from professionals working in the two social policy sectors to the Libyan state's health and education policies and, in particular, the accessibility and delivery of health services and primary and secondary education services in Tripoli. Therefore, this chapter aims to analyse the quantitative data collected from health and education institutions in Tripoli. The main purpose of this chapter is to analyse the opinions and views of a selection of people working in health and education institutions by asking them to complete a questionnaire about the health and education policies. For more information about the questionnaire please refer to Appendix B. The questionnaire includes six statements – three for each sector – relating to:

1-the eradication of diseases and the promotion of health.

2-the evolution of health facilities and services.

3-the State's policy on raising the level of health services.

4-equality among citizens in accessing education.

5-the development of schools both quantitatively and qualitatively.

6-the State's policy of raising the level of education.

In this regard it was important to know the level of health and education services in order to quantify the success of these policies through the respondents' views on the previous statements. Furthermore, the questionnaire recognized the demographic characteristics of the sample and commented on their gender, age, type of work, income level, experience and place of residence. This helps us to understand some of the transformations that occurred due to the health and education policies.

Section one. Analysis of Health Data.

After collecting the completed questionnaires, I used a digital method of encoding responses on a Likert scale, as shown in Table 11.

Table (11) Encoding responses on a Likert scale

Response	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Score	5	4	3	2	1

Therefore, the score for a neutral response was 3. If the mean score for a response did not differ significantly from 3, this indicated that the degree of approval was moderate. If the mean response scored significantly more than 3, there would be a high degree of approval. If the mean response scored significantly less than 3, this suggested a low degree of approval. Therefore, in order to assess the degree of consent, it was necessary to test whether the mean score differed significantly from

3. To do this, the recorded responses were analyzed using Statistical Package for Social Science (SPSS) software, beginning with a consistency test.

1. Cronbach's Alpha test results

In order to test the credibility of the health (and education: see section 2, 'analysis of education data') sample, the answers to the questionnaire were used to calculate Cronbach's coefficient alpha for each group of phrases and all the phrases together, as shown in Table 12.

Table (12) Cronbach's alpha for each question and for all questions together (the health sector)

	Phrases	Cronbach alpha coefficient value
1-	Goals in the eradication of diseases and promotion of the health conditions of citizens.	0,667
2-	The evolution of health facilities and services in the neighbourhoods of the city of Tripoli.	0,842
3-	State's policy of raising the level of health services and addressing the disease and treatment in the city of Tripoli.	0,621
4-	**All phrases**	**0.812**

Table 12 shows that the values of Cronbach's alpha for each set of questions and all questions are greater than 0.6, which indicates a strong correlation between the responses of the sample to items in the questionnaire. This increases confidence in the reliability of the results. Next, the demographic characteristics of the sample were analyzed.

2. Demographic characteristics of the sample (the health sector)

2.1 Distribution by sex.

Table 13 shows the number and percentage of the sample by sex and Figure 6 shows this distribution graphically.

Table (13) Number and percentage of the sample by sex

Sex	Number	%
Male	64	32.7
Female	132	67.3
Total	196	100

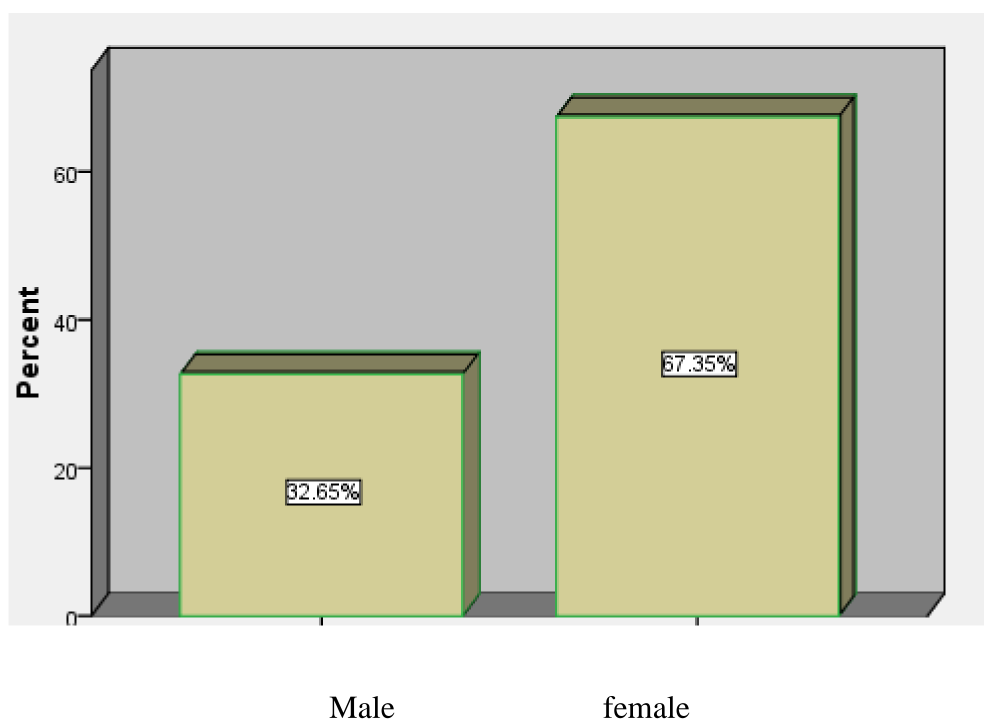


Figure (6) Respondents' gender

Table 13 and Figure 6 show that females represented a little over two-thirds of the sample, while males accounted for less than a third. It was noted that the increase in

the number of females had more than doubled compared to the number of males. This indicates that there are a high percentage of females working in health sector which is consistent with other studies and reports for example, Latif and Atter (1999) have indicated that most of the female labour force was concentrated in state institutions such as education, health and the administrative sector. Also in 1975, public administrators, including education, public health and education service, women made up nearly 24% of the labour force. According to United Nations Economic Commission for Africa (April 2005:10)

> "The rise in the services sector has occurred in all the countries of North Africa, but it has been particularly sharp in Libya, where the majority of active women are found in this sector (68%)."

2.2 Distribution by age

Table 14 shows the distribution and percentage of the people sampled members by age and Figure 7 is a graphic representation of these percentages.

Table (14) Distribution of the sample by age

Age (years)	Number	%
25 to 29	62	31.6
30 to 34	55	28.1
35 to 39	33	16.8
40 to 44	23	11.7
45 to 49	12	6.1
50 and above	11	5.6
Total	**196**	**100**

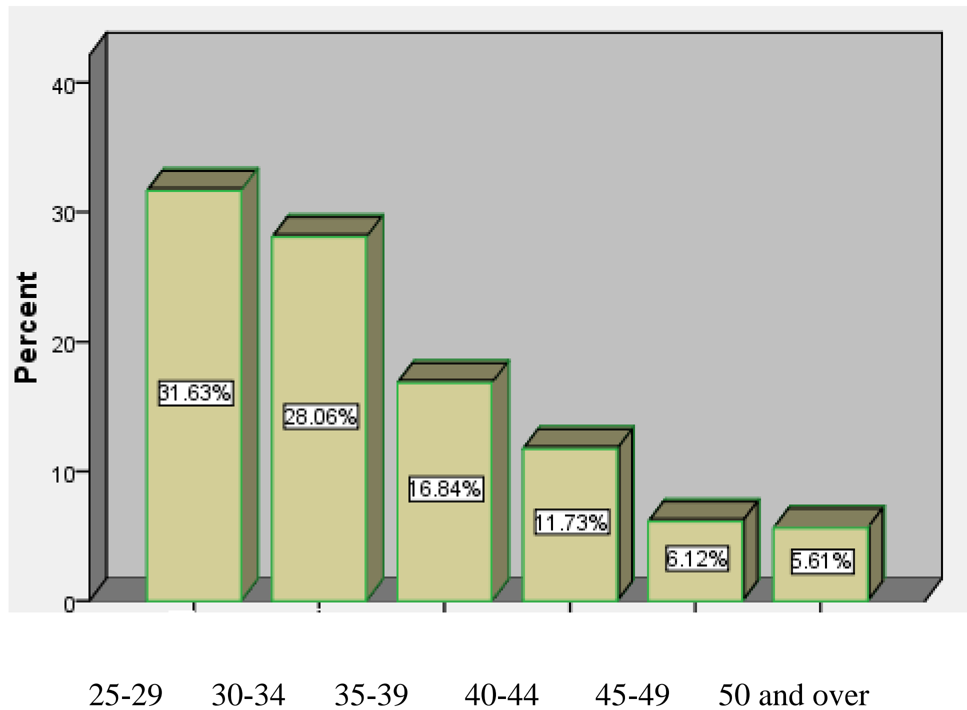


Figure (7) Distribution of sample by age (years)

It is clear that the largest age group were those from 25 to 29 years old, representing 31.6% of the sample, followed by those aged 30 to 34 (28.1%), 35 to 39 (16.8%), 40 to 44 (11.7%), 45 to 49 (6.1%) and finally those aged 50 years or more, who represented only 5.6% of the sample. Table 14 and Figure 7 show that the largest percentage are in the 25 to 29 age group, followed by those aged 30 to 34 (28.1%). This is a result of the increase in educational outcomes. This period had seen a large increase in the recruitment of young people and those getting jobs. According to the Libyan General Council of Planning (2001), available statistics on the number of doctors showed that the number of physicians increased from 783 in 1970 to 9234 in 2004. According to The General People's Committee for Health and Environment Report, (2006) available statistics, there was a remarkable change in ratio with regard to the number of nurses to the number of population. This increased from one nurse for 639 persons in 1970 to one nurse to 207 persons in 2004. Also, these findings

confirm that Libyan society is made up of mainly young people, with most of the population being under 30 years old. The last Census (2006) showed a big rise in the over 15 age group to 68% of the total, from 50% in the Census of 1984.

2.3 Distribution by type of work

Table 15 and Figure 8 show the number and percentage of the sample by type of work.

Table (15) Number and percentage by type of work.

Type of work	Number	%
Doctor	62	31.6
Nurse	66	33.7
Technicians	40	20.4
Head of hospital	3	1.5
Administrative	25	12.8
Total	**196**	**100**

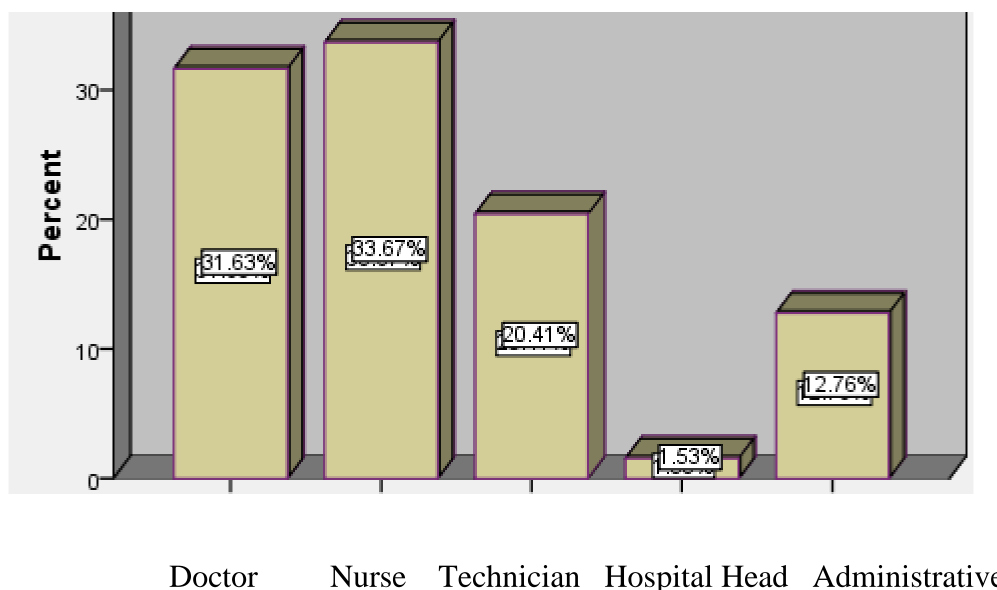


Figure (8) Distribution of sample by occupation

These figures show that more than a third of respondents were nurses, followed by doctors, representing just under a third of the sample, while a fifth were technicians, 13% administrative workers and 1.5% (three respondents) were hospital heads. Obviously, such percentages refer to the large numbers of participants, who were doctors and nurses. It is evident that lower numbers of participants from the other work groups in hospitals and polyclinics in Tripoli, especially the managers and administrators, were attributed to their lower numbers compared to the number of nurses and doctors in these hospitals.

2.4 Distribution of respondents by length of experience.

Table 16 and Figure 9 show the number and percentage of respondents in the sample by length of experience.

Table (16) Distribution of respondents by length of experience

Years of Experience	Number	%
Less than 5	59	30.1
5 to less than 10	47	24.0
10 to less than 15	47	24.0
15 to less than 20	17	8.7
20 to less than 25	25	12.8
30 and over	1	0.5
Total	**196**	**100**

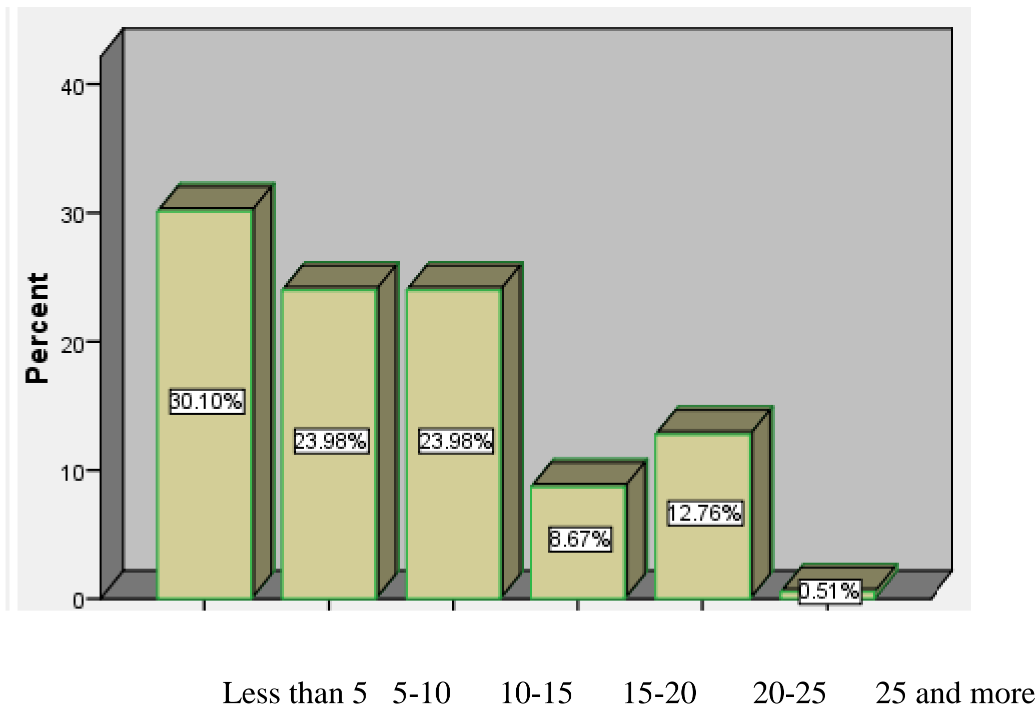


Figure (9) Distribution of sample by years of experience

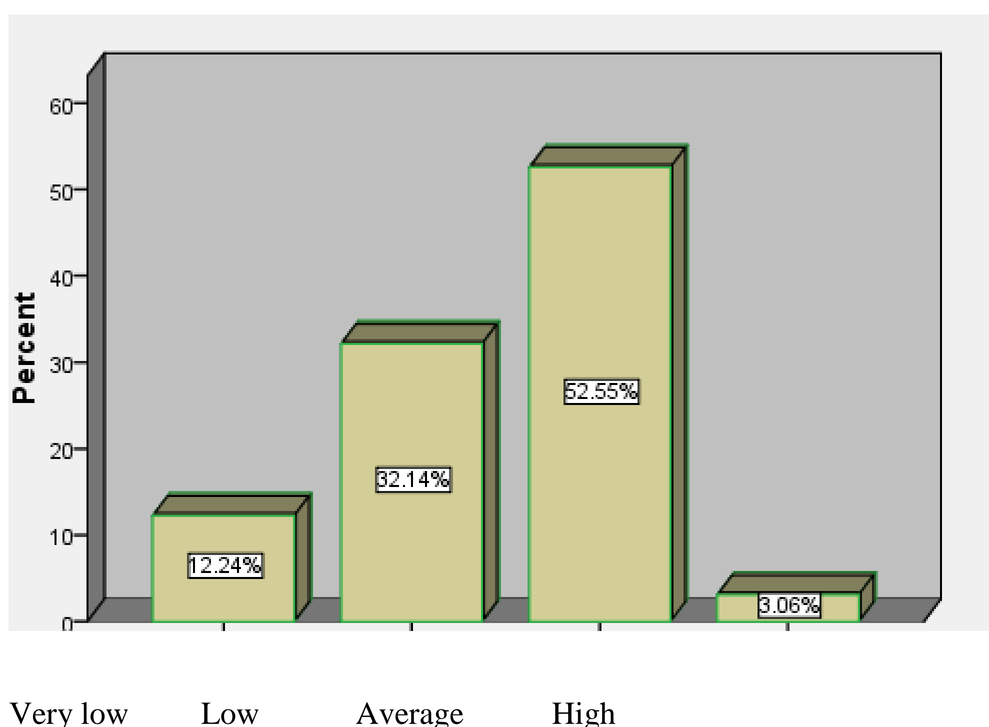
Table 16 and Figure 9 indicate that 30% of respondents had less than 5 years experience, followed by those with 5 to 10 and 10 to 15 years. Each of these groups accounted for 24.0% of the sample, whilst only half this number had 20 to 25 years experience, under 10% had 15 to 20 years experience and a very small number, representing only 0.5% of the sample, had 25 years experience or more. Therefore, most respondents had between 5 and 15 years experience. Thus, in this regard, there were some strategies designed to increase the number of qualified persons, particularly since the mid-1990s and the government tried covering the deficit in the health sector as a result of the cessation of bringing in foreign workers.

2.5 Distribution by income level.

Table17 and Figure 10 show the number and percentage of respondents by income level.

Table (17) Distribution of sample by income level

Income level		Number	Percentage
Very Low	150 LD	24	12.2
low	200LD	63	32.1
Average	350LD/£170	103	52.6
High	800 LD	6	3.1
Very high	1600 LD	0	0.0
Total		**196**	**100**



Very low Low Average High

Figure (10) Distribution of sample by income level

It can be seen that a little more than half of the sample (53%) had an average income level, followed by those on a low income (32%). Also, there is a significant group

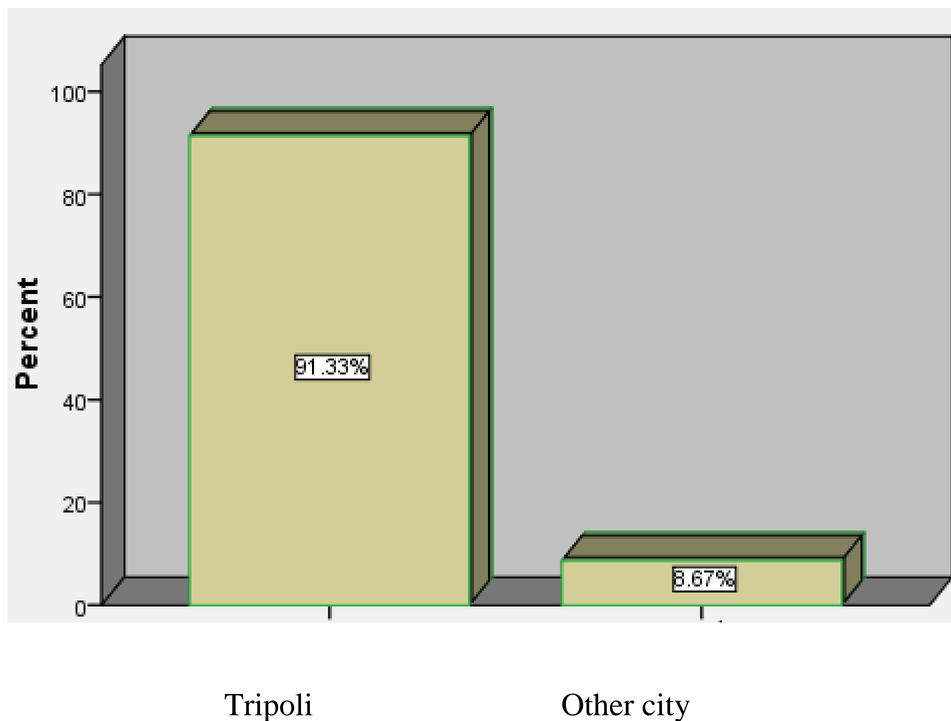
whose income level was very low, representing 12% of all respondents. Finally, a small group (3%) are on a high income. Perhaps this result is consistent with the World Health Organization (2004), which classified Libya among low and middle income countries in the Eastern Mediterranean region.

2.6 Distribution by place of residence.

Table18 and Figure 11 show the number and percentage of the sample by place of residence.

Table (18) Number and percentage of respondents by place of residence.

Place of residence	Number	%
Tripoli	179	91.3
Other city	17	8.7
Total	**196**	**100**



Tripoli Other city

Figure (11) Place of residence

It can be seen that 91% of respondents lived in Tripoli. The majority of the respondents were from the city of Tripoli, and this means that there are no difficulties with the staff in some of the issues such as problems of movement between cities and other areas and places of work in Tripoli. On a positive note, it reduced the pressure on the Ministry of Health, such as providing accommodation for staff from outside the city.

3. The State's goals in the eradication of disease and promotion of health conditions for its citizens.

In this section was a review and analysing the results of the questionnaire responses. In addition to identifying state policy related to the health trend of citizens and the efforts made to protect and improve the health conditions of citizens, also clarifying the successes and failures of these policies.

Table (19) shows the frequency and percentage of the sample answers to the following statements in the questionnaire.

	Statement		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I think all types of immunization are available in hospital	Frequency	21	87	29	48	11
		Percentage	10.7	44.4	14.8	24.5	5.6
2	I think most illnesses are cured quickly	Frequency	11	48	49	53	35
		Percentage	5.6	24.5	25.0	27.0	17.9
3	All types of medical specialties are available in hospital	Frequency	8	35	37	89	27
		Percentage	4.1	17.9	18.9	45.4	13.8
4	Distribution of medical centres giving everyone the same opportunity to access services.	Frequency	8	48	41	75	24
		Percentage	4.1	24.5	20.9	38.3	12.2
5	Staff nursing in the hospital with a high degree of skill and experience.	Frequency	8	53	66	45	24
		Percentage	4.1	27.0	33.7	23.0	12.2
6	I think the health policy has succeeded in eliminating most diseases.	Frequency	7	64	55	56	14
		Percentage	3.6	32.7	28.1	28.6	7.1

The percentage of participants who have agreed were higher than who disagree in the following statements.

3.1. All types of immunization are available in hospital

It is clear that the largest percentage of the sample (55.1%) agrees and strongly agrees that all types of immunization are available in hospitals, 30.1% disagree and strongly disagree and only 14.8% the total respondents neither agree nor disagree. Therefore, the largest number of the sample stated that all types of immunization are available in hospital.

The results showed that more than half of the respondents agreed that all types of immunization are available in hospitals. Ahteawsh (1999) pointed out that vaccination against different diseases is still a priority for the government, which, in the early months of the 1970, issued a decision regarding immunization, which was aimed at reducing child mortality and providing access to comprehensive coverage of vaccinations. Thus, it was emphasized by the government to protect individuals from various diseases which were prevalent, such as (tuberculosis, pertussis, tetanus, measles and smallpox). In this context, most of the respondents in the interviews were satisfied about the level of immunization in Tripoli. For more information, please see the next chapter. Moreover, according to The Economic and Developmental Libyan Evaluation (2007), the rate of infant mortality dropped from an average of 118 per thousand in 1973 to 24.4 per thousand in 1995. This decline covered both urban and rural areas. Also, in this regard, The Centre of Documentation and Information (2009) indicated that by 2008 almost 98% of

children had been immunized against all diseases. Additionally, findings from the interviews confirmed the government's efforts on immunization from the beginning of the 1970s to the present day. (For examples, please refer to Chapter 5, MDI: Doctor, medical Tripoli centre, male, p, 232)

The report also underlined some of the progress achieved by health policy in the area of vaccinations, which was reflected in individuals' lives. For example, according to The Centre for Documentation and Information (2009), some diseases such as measles, whooping cough, diphtheria and tetanus, which were causing health problems for many people, had been eradicated through immunizations. The same report also referred to the implementation of a series of vaccination campaigns to enhance immunity in some age groups. For example, the primary health care facilities worked to provide school health services by visiting schools and following up students periodically in accordance with the Health Secretariat's approved programs in the conduct of immunizing students.

According to El-Hawat (2004:10), the 1998 statistics indicated that:

> "The percentage of inoculations and vaccinations against tuberculosis, measles and polio reached 97% among children, and there is no difference between urban and rural areas."

Although there was much evidence showing that there was significant progress in immunization, 30% expressed their disagreement with this statement. Mostly related to this matter were the inadequate procedures and facilities and insufficient administration. This situation seemed due to the fact that most officials in the departments and sections in hospitals were not specialized in these areas and thus

lacked the experience and knowledge in how to manage and deliver health services to the citizens easily. According to Daw & Elkhammas (2008:1):

> "Foremost, medical schools, hospitals, and other research institutions must refrain from appointing any person to a leadership position without a thorough examination of their credentials and educational background."

This was reported in most interviews. Most of the respondents acknowledged the efforts to immunize people, whilst they indicated that better management of the current health system was needed in Tripoli's different hospitals. For more information, please see the next chapter (interview analysis).

3.2. I think the health policy has succeeded in eliminating most diseases

Firstly, it can be seen that the largest percentage of the sample (36.3%) agree and strongly agree that the health policy had succeeded in eliminating diseases. Secondly, 35.7% disagree and strongly disagree; thirdly 28.1% neither agree nor disagree.

As is well known, the State's health strategy was to eradicate diseases, raise awareness of health and improve nutrition for citizens and protect them from epidemic diseases such as tuberculosis, schistosomiasis, trachoma, measles and polio. In this regard, The Office of Health Care and Community Health's (1998) available statistics showed that, in 1998, there had been no cases of some infectious diseases such as polio, diphtheria and plague. The People's Committee for Health and Social Security (1999) mentioned also that many diseases such as polio, rabies, neonatal tetanus and malaria had been eradicated. According to National Human Development Report (2002) the provision of medicines and free treatment services was reflected in the average life expectancy at birth, at a rate of more than 70% in

2000. Data from The World Bank (2009) showed that the average life expectancy at birth in Libya 75 years. On the other hand, 35.7% disagree and strongly disagree that the health policy had succeeded in eliminating most diseases. Therefore, these percentages indicate that the health policy did not achieve its goals of eradicating most diseases in Tripoli, despite the significant progress made by the government in tackling children's diseases such as measles and polio. In accordance with The World Health Organization (2006), there had been a decline in the incidence of infectious diseases. However, the incidence of non-communicable diseases such as cardio-vascular disease, cancer, diabetes and chronic diseases had risen remarkably in the last 20 to 30 years. The World Health Organization (2007) showed that in Libya heart disease was estimated to be responsible for 37% of deaths in 2004, with cancer accounting for 13%.

The percentage of participants who have agreed were lower than those who disagree in the following statements.

3.3. Staff nursing in the hospital with a high degree of skill and experience

As noted in Table 19, the answers to this statement were weighted consistently across the range. Firstly, 35.2% disagree and strongly disagree that nursing staff in hospitals have a high degree of skill and experience. Secondly, 33.7% of the sample neither agree nor disagree and thirdly 31.1% agree and strongly agree.

Preston and Parr (25 May 2009) stated that there is clearly ongoing deficiencies in the medical skills and experience of Libya’s health sector workers. Consequently, there are currently significant opportunities for UK healthcare product training

companies in Libya.

We can understand from the above that some of nurses in Tripoli are not highly skilled and qualified well. Therefore, Libya had relied mainly on expatriate nurses since the 1980s and the country continues to do so. Newspaper Cyrene, on 10 February 2011, stated that 500 medical staff had been contracted from the Philippines to a variety of disciplines and departments dealing with intensive care, cardiac care, dialysis and childbirth. This was despite the government having established nursing education more than 30 years ago in order to meet the country's need for nurses. However, as indicated in the World Health Organization report (2006), there were still several difficulties. For example, teaching staff are not highly qualified, the curricula are not up to date and few people are attracted to the profession. Management is also weak; some respondents confirmed this aspect in their interviews (MDL: doctor, Hospital of Sharea Zawiya; male, p243) However, attempts are being made to tackle most of these issues. In this regard also and according to the same report, WHO is supporting revision of the curricula, establishing a Bachelor's degree in nursing and improvements in nurse management. According to The Health Systems Profile- Libya (WHO (2007), nursing staff remained poorly qualified. Therefore, the hospitals still rely on many of foreign nurses for almost all quality and specialized nursing care as well as for midwifery.

Despite all these negative aspects, the above results have shown that 31.1% of the participants considered that nursing staff in Libya were not suffering from a huge lack of skill and experience. On the other hand, the previous evidence indicated that those nurses needed more training and greater skills, especially since the hospitals relied on non-Libyan nurses in some wards such as a critical care wards.

3.4. I think most illnesses are cured quickly

It is clear from the sample answers that the highest proportion of respondents disagrees and strongly disagrees with this statement, and together represents about 44.9% of the total sample. A further 30.1% of the respondents agree and strongly agree with the statement and finally 25% neither agree nor disagree.

Accordingly, about half of the respondents did not agree with this statement. This could be due to several factors such as some hospitals have more diagnostic equipment and supplies than other hospitals, especially polyclinics and health care facilities. Therefore, according to The Health Systems Profile- Libya (WHO (2007), the objectives of the National Health Strategy confirmed the need to maintain the existing health facilities and also improve their quality of care by improving their diagnostic and therapeutic capabilities. Additionally, there was overcrowding in most hospitals in Tripoli. El Mehdawi, N (2004) noted that the overcrowding of patients was attributed to a shortage of specialists in polyclinics, as well as lack of the expansion of polyclinics within Tripoli. Also, another important factor which could affect significantly the process of treating a disease quickly, was that this situation was caused by the large numbers of patients, especially from rural areas and other cities, which came for treatment in Tripoli's hospitals because it is the country's capital and it included the largest and best hospitals in the country. Therefore, these conditions influence the process of diagnosis and treatment, in particular if all these things happen on the same day for the patient and this is often what occurs. One of the interviewers mentioned this (FNF: nurse, Tripoli Medical Centre; female.P,247) Furthermore, due to the shortage of use of Information Technology (IT), Tripoli's

health systems were inefficient. For example, The World Health Organization (2011:25) indicated that:

> "ICT activities are isolated and uncoordinated, without adequate communication and consultation between the different ongoing programmes. Awareness on ICT issues among staff is not optimal."

Enhanced information systems in these centres would help to improve diagnosis and patient care by reducing errors in treatment. As can be seen from these results, 30.1% of the total sample agrees that the illnesses are cured quickly. This suggests that some patients may not have a need for high technology in their treatment and medical care can be offered to cure some diseases quickly. In addition, some diseases such as infectious diseases are prioritized for treatment.

3.5. All types of medical specialties are available in hospital

Table 19, indicates that the respondents who disagree and strongly disagree with this statement represent 60.2% of the total sample, followed by 22%, who agree and strongly agree and finally, 18.9% neither agree nor disagree.

This is attributable to a lack of some medical specialties in some health centres, particularly in polyclinics, and the concentration of specialists in central hospitals such as the Tripoli Medical Centre and the Central Hospital. This has been confirmed by some of the interviews in the fieldwork study please refer to (MDI. Doctor, medical Tripoli centre; male.p,241). Also, this outcome accords with the El Mehdawi's 2004 study which indicated that although the polyclinics were established originally to provide curative services, they were now providing medical tests, conducting analyzes, radiology services and the provision of medicines and

providing preventive services of medical consultations, vaccinations and health education. However, therapeutic services were the fundamental reason for citizens coming to Tripoli's polyclinics. Therefore, the lack of some medical specialities as mentioned above was one of the difficulties in most of Tripoli's polyclinics. In this regard, less than a quarter of the sample confirmed that that all types of medical specialties were available in hospital. It is likely that those respondents who answered 'agree' to this question (regarding the availability of medical specialities) are working in main hospitals, such as the Tripoli medical centre, where most of specialties are available.

3.6. Distribution of medical centres gave everyone the same opportunity in access to services

It can be seen that half of the sample, 50.5%, disagree and strongly disagree with this statement. This indicates the existence of disparities in citizens' access to health services because of the way in which health centres have been distributed among Tripoli's neighbourhoods. A further 28.6% agree and 20.9% neither agree nor disagree with this statement.

In this regard, the General People's Committee for Health's report's (2006) statistics on the ratio of population to health institutions confirmed that there are variations between the city's neighbourhoods in the numbers of people who share health centres. There is a high rate of population in some neighbourhoods and a low rate in others. For example, the available statistics, issued by The Centre of Documentation and Information (2002), show that there is a variation in the number of patients attending these polyclinics. For example, 8,400 people visited the Radiology

Department in the Shohada Al-Shata polyclinic, and, of those, 478 were analyzed, whilst the number of visitors to Mizran's polyclinic in the departments relating to x-rays and analysis were 6436 and 511 respectively. Therefore, it is concluded that Tripoli’s polyclinics do not correspond correctly to the numbers and needs of the population. This is consistent with the study by El Mehdawi regarding the polyclinics in the city of Tripoli and their spatial distribution (please refer to the study for El Mehdawi 2004). However, more than a quarter of the total respondents reported that the distribution of medical centres gave everyone the same opportunity and the rest (20.9%) neither agreed nor disagreed. Given that the density of the population varies from place to place in the city people will have difficulty in obtaining health services from a place near them. The interviews confirmed this situation. Please refer to (FTN: technician, polyclinic of allhoirea; female.p,245)

4. The development of health facilities and services in the neighbourhoods of the city of Tripoli.

In this section, the analysis will focus on issues related to the availability of specialists in hospitals as well as medicines and equipment. Attention is also given to the ability of hospitals to receive patients and respondent satisfaction with the services in hospitals, including matters of availability of such services and staff motivation to work.

Table (20) shows the frequency and percentage of respondents to the following statements.

N	Statements		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I believe there are enough doctors and specialists in hospital.	Frequency	6	44	35	87	24
		Percentage	3.1	22.4	17.9	44.4	12.2
2	There are no difficulties in the diagnosis of illnesses.	Frequency	25	47	32	57	35
		Percentage	12.8	24.0	16.3	29.1	17.9
3	I think there is enough hospital equipment	Frequency	17	41	40	66	32
		Percentage	8.7	20.9	20.4	33.7	16.3
4	There is capacity for many patients of different ages to stay in the hospital.	Frequency	15	42	33	79	26
		Percentage	7.7	21.5	16.9	40.5	13.3
5	I am satisfied with hospital services	Frequency	19	47	43	61	26
		Percentage	9.7	24.0	21.9	31.1	13.3
6	I believe the conditions within hospital are an encouragement to work hard.	Frequency	15	45	29	70	37
		Percentage	7.7	23.0	14.8	35.7	18.9

The percentage of participants who have agreed were lower than who disagree on all statements:

4.1. I believe there are enough doctors and specialists in hospital

According to Table 20, the majority of the sample (56.6%) disagree and strongly disagree with the statement. A further 25.5% agree and strongly agree and finally, 17.9% neither agree nor disagree. Although more than half of the respondents disagreed with this statement, many studies and reports on this topic confirmed that the number of doctors in various specialties had increased since 1970 and even 2009. According to Metz (2004), the number of doctors in Libya increased from 783 in 1970 to 5,450 in 1985, which produced a ratio of 1 doctor per 673 citizens. Also, in this regard, according to The Centre of Documentation and Information (2009), the number of doctors increased from 733 in 1969 to 10,253 in 2009. Therefore, the rate of doctors has risen from 4 doctors per ten thousand residents in 1969, to 18.7 doctors for every ten thousand residents in 2009.

There is no doubt that a large number of these doctors are concentrated in Tripoli due to it being the country’s largest urban centre and because it includes a number of the main hospitals such as (The central Hospital, Al Kidra Hospital and the Tripoli Medical Centre). Therefore, the lack of doctors and specialists in hospitals and clinics are due to several factors, the most important of which are referred to by some of the interviewees in the next chapter. The doctors want to work in the major hospitals because there are some incentives for doing so, such as attending medical conferences and mixing with experienced doctors and getting a scholarship abroad;

all of these issues are more opportunity in the main and specialized hospitals than in polyclinics and public hospitals, and as mentioned previously they have no desire to work in polyclinics and primary health care centres. This situation has resulted in a large number of clinics having insufficient doctors and specialists. Unfortunately, there is a lack of specialists and, in some hospitals, there is no specialist in some medical disciplines such as tissue analysis and CT scans. The interviews confirmed this, refer to (MDA: doctor, hospital of chest diseases; Abu Sitta; male, p,246). Therefore, the quarter of respondents who agree with this statement, could be because of the inequality of distribution of doctors between the hospitals and health centres. In his 1995 study about the distribution of health services in the city of Bagdad, Muthaffar confirmed that there was a shortage of doctors where their distribution was not commensurate with population density or, in particular, with the global average.

4.2. There are no difficulties in the diagnosis of illnesses .

The sample percentage answers to this statement were low. Table 20 indicates that 47% disagree and strongly disagree. Then, 36.8% agree and strongly agree, and finally, 16.3% neither agree nor disagree.

Approximately the half of sample disagree to this statement, it is attributed to several factors such as a lack of hospital specialists, a lack of or poor medical equipment, a lack of skilled technicians to undertake of analysis, overcrowding of patients and sometimes there is a shortage of medicines. Some of these things influence on diagnosing illnesses in hospitals and especially, in polyclinics. For more information about these factors, please see the next chapter (FNF: nurse, Tripoli Medical Centre;

female.P, 243) Furthermore, Yassi et al., (2005) indicated that one of the advantages of globalization was the export of new health technologies which assisted in improving disease diagnosis and treatment. According to the World Health Organization (2006) there was high computer illiteracy in health institutions in Libya amongst the professionals and most of them had no training or orientation in this field. On the other hand, more than a third of the respondents who agreed with the statement, said that there were no difficulties in the diagnosis of illnesses. Apparently they meant that although there are many qualified doctors in Tripoli, in many cases medicine and equipment is not available. In this regard, Otman and Kariberg said of the Libyan economy (2007:120):

> "There is no doubt that in terms of training and providing human resources for the health sector, Libya has done an excellent job, as is witnessed by the very large number of Libyan doctors working in the United Kingdom and Canada for example."

4.3. I think there is enough hospital equipment

It can be seen that half (50%) disagree and strongly disagree with the statement. A further 29.6% agree and strongly agree and finally, 20.4% neither agree nor disagree. Most respondents considered that there is insufficient hospital equipment. Therefore, under the current system, better equipment and availability of drugs are required to improve the services in polyclinics and hospitals. Accordingly, based on the above mentioned in literature review chapter, Preston and Parr (2009), have indicated that there is a clear lack of medical equipment in most health facilities.

In recent years, Libya especially has sought to develop its health system and meet the hospitals' needs for medical equipment. For instance, Lenghi (2010) indicated that Libya aimed to develop the health care system by opening its doors to several international health sector businesses such as medical equipment suppliers. Medical equipment is very important and doctors depend on it in the detecting, analysing and diagnosing of many diseases and/or treatment. In this respect, the sample responses to this statement showed that about 30% agreed that all hospitals had adequate medical equipment. This is consistent with what has been mentioned in some interviews with doctors, who explained that they had been supplying polyclinics with different equipment and staff in Tripoli since its establishment, see Chapter five, Section 1 (MDF: doctor, Hospital of Communicable diseases, Gurgy; male,p,236). Although several types of medical equipment existed, especially in main hospitals, the problem was that most of such equipment was inoperable. In general perhaps, the studies regarding health equipment in developing countries apply to the situation in Libya. According to Wang (2003) the World Health Organization (WHO) has shown that about 25% to 50% of all health equipment in developing countries cannot be used for one reason or another. Consequently, these factors have significant impact on improving the delivery of health services to people. Amongst these reasons, Wang (2003:2) has identified others factors such as:

> "The lack of established policies and procedures for planning, acquisition, utilisation and maintenance of health equipment is the main challenge."

Also in Libya these issues have impacted on the use of medical equipment, so in terms there is not maintaining most of the equipment.

4.4. There is a capacity for many patients of different ages to stay in the hospital

The percentage answers illustrate that the majority disagree with this statement. Table 20 indicates that 53.9% disagree and strongly disagree, 29.2% agree and strongly agree and finally, 16.9% neither agree nor disagree. These results are consistent with the conditions in the hospitals and clinics, which have been part of the study. There is a maintenance procedure in polyclinics, and these clinics have been moved temporarily to other places until maintenance operations are completed. The field study was carried out at the polyclinics and four hospitals. For more information, please refer to the methodology chapter. Therefore, most polyclinics included within the study were undergoing maintenance. In addition, as stated in many interviews, these clinics, over several years, have been unable to provide the necessary level of services either due to lack of specialists or equipment. It is worth mentioning that most hospitals in Tripoli provide services to a large number of citizens living both within and out with the city. According to the statistics, issued by The National Report of General People's Committee for Health and Social Security (2000), there were 644, 241 cases in 2000 and 659, 030 cases in 2001. The medical laboratories were required to analyze more than one and a half million cases in 2000 and nearly the same number in 2001. These were in addition to the number of cases coming to these hospitals for physical therapy, radiology, accidents and treatment for diabetes, dental and eye diseases and other ailments. It should be noted here that Abu- Sitta Hospital for chest diseases was one of the hospitals surveyed; it provides its services to the citizens of Tripoli and other cities in the west of the country where more than one third of the Libyan population live. Bearing in mind the above

findings, more than a quarter of the sample agreed with this statement. This is according to the study and includes some of the major hospitals in Tripoli, which contain a large number of doctors, specialists and nurses, technicians and administrative staff, the latest hardware and equipment and a large number of beds which allow of a large number of patients to be accommodated and treated. For example, according to the 2008 statistics, the Tripoli Medical Centre, a main health centre, can accommodate 1450 beds and employs 1000 physicians. Clearly, the rationale for this is the lack of some health services in most of the regions and cities adjacent to Tripoli which led a majority of people seeking to obtain the bulk of their health services from hospitals in Tripoli.

4.5. I am satisfied with the services in hospital

In this section, 44.4% disagree and strongly disagrees with the statement followed by 33.7% who agree and strongly agree. Finally 21.9% neither agree nor disagree. The health institutions surveyed in Tripoli were somewhat different in terms of size and services. However, there were several common issues about hospital health services, as mentioned by most respondents. The survey of a sample of doctors, nurses, administrators and technicians found that there were very few doctors in some disciplines. For more details about types of disciplines see the next chapter, (MDA: doctor, hospital of chest diseases; Abu Sitta; male, p, 246). Medicines were not always available, there was overcrowding of patients, poorly qualified nursing staff and a shortage of information technology. Surely, the participants who were not satisfied with services in health institutions numbered more than those who were satisfied. Consequently, it is clear that there is difference in satisfaction level of staff of hospitals services.

4.6. I believe the conditions within the hospital are an encouragement to work hard

Table 21 shows that the majority (54.6%) disagree and strongly disagree with this statement. A further 30.7% agree and strongly agree and finally, 14.8% neither agree nor disagree. Among the issues which encourage staff to work hard, are good incentives and amenities and effective management.

The findings revealed that most of the respondents were not of the opinion that the conditions within Tripoli's hospitals were an encouragement to work hard. Among the issues which encouraged staff to work hard were an appropriate income, incentives, good management, available equipment and a reasonable number of patients. These opinions are consistent with the findings of some interviews which indicated that overcrowding of patients in hospitals is one of the difficulties facing the staff and policy makers in the health sector (FNF: nurse, Tripoli Medical Centre; female,p,246). Also, the views on the income levels of staff are consistent with some literature on this topic. According to Otman and Kariberg (2007:124)

> "The question of salaries for Libyan doctors is another area that requires attention, otherwise the departure of Libyan doctors overseas will continue."

So, as mentioned above, the government's policies have not achieved the needs of citizens in accessing health services in several aspects. And this is incompatible with the availability of quality health conditions for all people throughout the city.

5. State's policy of raising the level of health services and addressing disease and treatment in the city of Tripoli.

This aspect highlights the review and analysis of the results of the questionnaire concerning the role of government in raising the level of health services to citizens in Tripoli. And therefore are addressing many of the issues that are related to the development and improvement of medical services such as scientific conferences, workshops at the hospital, extent of eliminate diseases and available medicines.

Table (21) shows the frequency and percentage of respondents to the following statements.

N	Statements		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	There is encouragement from the Secretariat of Health to conduct research and participate in scientific conferences.	Frequency	18	61	40	43	33
		Percentage	9.2	31.3	20.5	22.1	16.9
2	I have a desire to work in public hospitals.	Frequency	37	63	21	41	32
		Percentage	19.1	32.5	10.8	21.1	16.5
3	There are opportunities to attend workshops at the hospital.	Frequency	8	67	32	48	41
		Percentage	4.1	34.2	16.3	24.5	20.9
4	When the State sees any case of communicable diseases it accelerates to eliminate them.	Frequency	16	86	27	53	14
		Percentage	8.2	43.9	13.8	27.0	7.1
5	I believe the future plans for the development of the health sector are good.	Frequency	10	61	71	41	13
		Percentage	5.1	31.1	36.2	20.9	6.6
6	All types of medicine are available in hospital.	Frequency	24	38	25	55	54
		Percentage	12.2	19.4	12.8	27.1	27.6

The percentage of participants who have agreed were higher than who disagree in the following statements.

5.1. There is encouragement from the Secretariat of Health to conduct research and participate in scientific conferences

It can be seen that the largest percentage of the sample (40.5%) agree and strongly agree, secondly, 39% disagree and thirdly, 20.5% neither agree nor disagree.

Regarding these findings, the percentage of the respondents were very close about the encouragement and none encouragement from the Secretariat of Health. Associated with this, the findings from the literature highlighted participation in scientific conferences. According to El Taguri et al. (2008) there is no clear system for attending a medical conference. Therefore, the lack of opportunities to attend medical conferences abroad impacted on physicians' medical competence. On the other hand, almost 39% of the respondents disagreed that the Secretariat of Health encouraged research and participation in scientific conferences. In this context, respondents were asked in the interviews about their expectations of health policy in the future in Tripoli for more details see (FTN: technician, polyclinic of allhoirea; female, p, 252). They mentioned that there was a need for emphasis on scientific conferences and workshops. Generally, through some of the conclusions respondents reported in their interviews, many doctors and nurses expressed the desire to attend more conferences, and they perceived that they lacked the opportunities to do so.

5.2. I have a desire to work in public hospitals

Given the previous table, it is clear that the 51.6% majority agree and strongly agree with this statement. A further 37.6% disagree and strongly disagree and the remaining 10.8% neither agree nor disagree.

In this regard, the largest number of respondents prefers to work in public hospitals, especially main hospitals. The work in a public hospital is seen to offer better guarantees for the future. In addition, the recently graduated physicians expected to get some benefits such as increased income or scholarships. Some of the interviews confirmed this please refer to (MDA. Doctor, Abu Sitta hospital chest diseases; male,p, 251). Of the 37.6% of respondents who disagreed with this situation, it was due to low income and shortage in possibilities, especially for doctors who have experience and skill thus these possibilities do not meet their desires.

5.3. When the State sees any case of communicable diseases it accelerates to eliminate them

Table 21shows that the majority (52.1%) agree and strongly agree with the statement. Secondly, 34.1% disagree and strongly disagree and, finally, 13.8% neither agree nor disagree.

Since the beginning of 1970s, one of the Libyan Government’s goals has been the elimination of communicable diseases and endemics. The country’s economic growth has helped to eradicate many diseases, and efforts are still ongoing in the face of different sorts of diseases. For example, The National Plan for Training (2009) showed that a training course in the field of rapid diagnostic tests for flu was

conducted under the auspices of the General People's Committee for Health and Environment: it trained 300 doctors in this area.

However, more than one third of the respondents disagree and strongly disagree with the statement. Therefore, there are some difficulties in this aspect (e.g. immunization coverage against these diseases). The World Health Organization (2007) indicated that there was government success in achieving routinely high immunization coverage and convincing the population of the importance of childhood immunization. Also, during the past 5 to 6 years, this programme has faced some administrative and managerial difficulties that have affected its performance such as the reporting system as well as the surveillance system (Ibid: 2007).

5.4. I believe the future plans for the development of the health sector will be good

As Table 21shows, the respondents' answers to this statement indicated a medium level of approval: 36.2% agree and strongly agree and the same percentage neither agrees nor disagrees. Finally, 27.5% disagree and strongly disagree.

Lenghi (February 2010) stated that:

> "Until recently, the idea of a medical student becoming a family doctor and/or PHC specialist simply did not exist in Libya. But over the next five years, he added, the training and recruitment programmes that are being implemented will mean that there are enough new doctors to fulfil the needs of Libya's growing population. With respect to co-ordination, he added that an electronic ID card system was being considered which would record individual patients' personal details and history of treatment/care."

The objectives of Country Strategy Paper and National Indicative Programme (2011) are to provide technical assistance to central-level official organizations involved in the health sector. As a method of planning the future development of health, the

project focuses on the several requirements such as development of capacities for strategic and financial planning, development of training programmes, Preparing and building capacities and funding of studies for improved management information systems. However, more of a quarter of the total respondents disagreed that the future plans for the development of the health sector will be good and the remaining 36.2% neither agree nor disagree. This may be due to that they have no confidence in the government reforms, especially since the health sector is facing several difficulties and, in some respects, has suffered from poor services for more than two decades.

The percentage of participants who have agreed were lower than who disagree in the following statements.

5.5. There are opportunities to attend workshops at the hospital

Table 21 shows that of the respondents, 45.4% disagree and strongly disagree that there are opportunities to attend workshops. Secondly, 38.3% agree and strongly agree. Finally, 16.3% neither agree nor disagree.

The Ministry of Health in Tripoli certainly need to hold workshops and training courses for medical items and medical assistance and need to ensure that all staff in the sector participate actively and take advantage of these sessions. Thus, The National Report of General People's Committee for Health and Social Security (2004) confirmed that such action would be taken. Also, in recent years, health policy has focused on developing the health sector, including workshops in hospitals. The Libya Visit (April 2009 Report.p.1) indicates that:

> "Both workshops were well attended and well evaluated. The scores for the tests administered before and after the workshops improved at both centres."

According to these findings, perhaps, the process of focusing on workshops might vary between the different functions in the health sector in the city of Tripoli. An example, WOH (2007) indicated a plan for strengthening the health information system such as holding workshops to introduce centre, offer workshops for offices and department directors as well as for statistical data officials to introduce efforts.

5.6. All types of medicines available in hospital

Table 21 shows that the majority (54.7%) strongly disagree and disagree with this statement. A further 31.6% agree and strongly agree and, finally, 12.8% neither agree nor disagree. Most of the respondents in the survey reported a lack of all types of hospital drugs.

This indicates that there is a problem in accessing medicines in hospitals and possibly can be attributed to the shortage of medical supplies. This finding is consistent with the findings of the interviews in the next chapter (FNF: nurse, Tripoli Medical Centre; female, p,248). Additionally, The World Health Organisation (2007) has indicated that there is sometimes shortage of medicines in primary health centres and polyclinics. Furthermore, the issue of lack of medicines in Libya has made most hospitals suffer for more than two decades, despite disparity existing between the health centres and hospitals, according to the importance of these hospitals. Also, Al-Hijazi, the then Health Minister, confirmed the shortage of medical supplies when he indicated in 2009, that regarding the level of medical supplies, they are weakness since twenty years, but this is the first time has been monitored an estimated one billion Libyan dinars for the provision of medicines.

On the other hand, 31.6%, less than third of the respondents, agreed with the statement. In this context, the earlier explanation about shortage of medicines mainly refers to health centres as some hospitals did not suffer from this lack.

6. Data analysis of the open questions (the health sector)

This section of the thesis examines different aspects regarding health in Tripoli and comments that were mentioned by respondents who gave answers to the 'open' questions. When assessed, four main issues emerged from the data and were investigated: 1) What has been done by the government to raise the level of health; 2) What is the current situation of health in Tripoli; 3) What can be done to improve health policy in Tripoli and 4) What transport difficulties do staff and patients have in getting to hospitals in the city. The method of analysis of these open questions is covered within the methods chapter (p107) and please see the table below which illustrates the number and percentages of the sample regarding how respondents felt about the above four issues and concerns.

Table 22 shows the main areas of concern raised by those responding to the open questions and the proportion of respondents who raised these areas.

Q1	***The efforts by the government to raise the population's level of health.***				
Statements	**Immunization**	**Health education**	**Offer medicines**	**Supply the medical equipment**	**The medical equipment unavailable in polyclinics.**
Number	**176**	**77**	**118**	**29**	**151**
Percentage	**90%**	**39%**	**60%**	**15%**	**77%**
Q2	***The views of participants of the current health situation in Tripoli.***				
Statements	**shortage of specialists, qualified nurses and technicians**	**Lack of medicines**	**Lack of medical equipment**		
Number	**121**	**98**	**67**		
Percentage	**62%**	**50%**	**34%**		
Q3	***The suggestions of participants to improve the health policy in Tripoli.***				
Statements	**The government must supply the medicines**	**Shortage of equipment**	**Incentives for staff**	**providing motivation**	**building specialized centers for chronic diseases**
Number	**131**	**110**	**131**	**63**	**69**
Percentage	**67%**	**56%**	**67%**	**32%**	**35%**
Q4	***The difficulties with regard to transportation getting to hospital.***				
Statements	**road congestion from their homes to the hospital**	**travelling great distances to get medical services**			
Number	**118**	**53**			
Percentage	**60%**	**27%**			

6.1 The efforts by the government to raise the population's level of health

About 90% of respondents confirmed that the government's achievement covered aspects such as the immunization policy, which was considered to be one of the basic and important factors related to decreasing and eradicating a high number of diseases

for different age groups in society. This outcome was consistent with the findings of section one of this chapter (The Centre for Documentation and Information's report, 2009) which indicated that, due to different kinds of immunizations, some diseases such as whooping cough, diphtheria and tetanus, which, for long periods were widespread in the country, had been eradicated. Therefore, there seems to be a consensus among the respondents on this aspect of the survey that attention to primary health care and specifically immunizations are reflected in the health level of children. Consequently, relevant literature review has shown that the government has assisted to deliver a medical care services to all people, for more details see literature review chapter, (Abudejaja & Singh :2000). There was general agreement on this aspect; 39% of respondents referred to the role of health education programs and people's awareness of the importance of immunizations. However, some respondents indicated that the process of awareness of health in Libya was mostly through the media. Also, 60% of respondents highlighted the offer of free medicines for hospital patients as one of the advantages achieved by government, regardless of their quality or the extent to which all kinds of medicines were available. Thus, the State must always meet patients' requirements for medicines, especially related to chronic diseases such as blood pressure and diabetes, which are still not available for all patients actually requiring such treatments. Furthermore, the lack of the existence of free medicines for these types of diseases is contrary to the provision of free medicines by the State. In this regard, according to the view of 15 % of respondents, the government supplied the hospitals with adequate medical equipment. However, there are other respondents 77%, who confirmed that most of the medical equipment was not available at most health institutions, particularly in the polyclinics in Tripoli.

In addition, about half of respondents said that some of this equipment even in the main hospitals does not work because of the lack of new spare parts.

6.2 The views of participants of the current health situation in Tripoli

According to 62% of the respondents, there is a lack of specialists, qualified nurses and technicians. The respondents stressed the importance of these issues in affecting the level and quality of health services in hospitals and polyclinics. This was especially in light of the increase in the number of the diseases, despite the development of health services and medical specialties in many countries to address these diseases: Tripoli still suffered a shortage of treatment and there was inefficiency in certain areas. According to WHO (2007) it was obvious that the health system in Libya was suffering from a major lack of other health workers such as pharmacists, medical technicians and trained paramedics. Furthermore, half of the respondents indicated that there is a lack of medicines, especially important and effective medicines. According to the respondents, these issues led to the low level of health services. This implies that there are only simple medications and there are no high quality medicines in hospitals. Due to the lack of medicines in the hospitals and in the public pharmacies, according to WHO (2007:60) indicates that "sometimes there is shortage of medicines". Thus, this situation led to the patients looking for medicines in the private pharmacies and cannot buy them sometimes because of the high cost. So, the patients are unable to have follow-up treatment and this reflects negatively on the health of the patient and impacts on the health status as well as the economic and social aspects of a large number of individuals. Therefore, respondents

stressed that the health services were not at the level required in several other aspects such as medical equipment. According to views more than third of the respondents, the medical equipment is old and some is unavailable in the form required. Accordingly, this issue agreed with the findings of the previous section in this chapter and also what mentioned in literature review by Preston and Parr, who stated that most hospitals and polyclinics in Libya were poorly equipped (refer to chapter 2, Preston and Parr). However, despite the recent improvements, the Libyan health system remains incapable of providing adequate equipment for the hospitals' needs.

One of the noteworthy issues, which the respondents referred to, was the government's lack of focus on health awareness by the implementation of cultural symposiums from time to time. In the respondents' opinion, the media has an important role in educating and generally connecting the individuals and society with health institutions to achieve health awareness and reduce the incidence of disease.

Some respondents had different views, where they stressed that there was a shortage of accommodation in hospitals. For example, there are some hospitals which are unable to accommodate huge numbers of patients due to the limited number of beds such as Chest Diseases Hospital (Abu Sitta) which is also the only hospital specializing in chest diseases in western Libya. In this regard, respondents indicated that an important weakness was the diagnosis and follow-up of the patient especially after a surgical procedure which, perhaps, was attributed to weaknesses in the qualifications and lack of experience of the nurses, especially those who are following up patients after surgery.

6.3 The suggestions of participants to improve the health policy in Tripoli

The respondents indicated that there are several important aspects which should be achieved in order to improve the health situations in Tripoli's hospitals and health centres. Moreover, 67% of respondents suggested that the government must supply the medicines, especially for chronic diseases and follow up their distribution to pharmacies. In this context, some believed that there are factors leading to some other factors such as health funding, while more than a quarter of respondents have considered that the important factor was the State's public health policy or the administrative situation of the health system and the basic lack of medicines. These were due to several reasons including the inability to provide the requirements of health care, especially if this factor was associated with another factor, such as lack of supervision, follow-up and the lack of specialized and efficient administration, which imposed significant responsibilities on the health sector. This, in turn, contributes mainly to the worsening health conditions of the patients, especially, the situation of those who suffer from chronic diseases.

In this respect, 56% of respondents have suggested that another important issue is the need to provide equipment and medical equipment especially since, currently; there is shortage in the equipment, particularly in polyclinics. This was considered to be one of the basic and important factors relating to the development of the level of health services in hospitals. As known, there is not enough medical equipment in most of the polyclinics throughout Tripoli; this is confirmed by some respondents in this study. This is further explored in the following chapter. Therefore, according to more than half of the respondents, the provision of medical equipment and the

doctors' specialists in the city's polyclinics will lead to easing the pressure on major hospitals resulting from the congestion of patients of different ages and from different regions. However, it is clear that this finding was consistent with the findings of earlier research (El- Mehdawi, 2004).

More than two third of respondents emphasized the importance of incentives for workers in the health sector such as increased income and the provision of amenities at the hospitals during periods of rest. Also, 32% of respondents stressed that providing motivation, for the different health levels, will have the greatest impact on improving health conditions in health institutions. The respondents focused on the need to pay attention to the human element through the continuous training of different medical elements and a focus on the workshops to improve health services. These opinions are consistent with the findings of the survey in this chapter, which have shown that around half of respondents did not confirm that there are opportunities to attend workshops in the hospital. In this context also other respondents suggested that there is a need to build specialized centres and increase the number of specialists in the treatment of several diseases from which a significant number of people of different ages are suffering. Although there are specialized centres, it was found that there are not enough, especially since some diseases have increased in Libya in recent decades such as chronic diseases and cancer. So, more than third of the participants suggested that medical services should be improved through building specialized centres for chronic diseases and the provision of specialized medical personnel for them.

6.4 The difficulties with regard to transportation getting to hospital

More than 60 % of respondents linked the difficulties with regard to transportation in getting to hospital because of road congestion from their home to the hospital. For example, more than third of sample argued that such difficulties “were due to the lack of public transportation in Tripoli". Thus, such conditions impact on the extent to which staff are able to achieve the health policy goals and achieve the high level of health services for people and provide care for them. Therefore, this situation is not only reflected in the staff’s low level of performance but also in the performance of the health institutions for people throughout the city. According to some of respondents 27% of participants indicated there are some areas in Tripoli where health services are available, while other neighbourhoods suffer from a lack of health centres, which leads to the people travelling great distances to get medical services. Thus, the issue of road congestion from home to hospital is an obstacle to a considerable number of staff and to people’s accessibility to hospitals. The Report of the General People's Committee for Health (2006) showed that all public hospitals and specialists in Tripoli are concentrated in eight districts of the city, amounting to a total of 22 neighbourhoods. According to the statistics, most of these neighbourhoods, despite not containing health centres, are inhabited by the largest number (60%) of Tripoli’s total population.

7. Summary.

In this section the researcher tried to explore the development of the health policies into Tripoli. The survey has been designed for this purpose and was divided into 3 categories and included 18 statements, as stated at the beginning of this chapter and presented in detail in chapter three. The first group has included several issues such as immunization, curing illnesses, type of specialties available, opportunities to access services, nursing skills and eliminating of diseases. The second group has focused on doctors, difficulties hospital equipment, capacity of hospitals, hospital services and staff and working conditions. The third group contained some aspects such as scientific conferences, desire to work, workshops, communicable diseases, future health policies and medicines available. In summary, this has been a review of the health policies and ways to achieve them, the problems related to achieving them and the government's efforts in highlighting some major issues in the health sector and the impact this has on the health of the individual and their social reality. The participants expressed negative responses towards some issues. However, some of them did also agree with some statements.

Section Two. Analysis of Education Data.

Cronbach's Alpha test results

In order to test the credibility of the sample, the answers to the questionnaire were used to calculate Cronbach's coefficient alpha for each group of phrases and all the phrases together, as shown in Table 23.

Table (23) Cronbach's alpha for each question and for all questions together (the education sector)

	Phrases	Cronbach alpha coefficient value
1-	Equality among citizens in accessing education.	0,657
2-	The development of schools both quantitatively and qualitatively.	0,649
3-	The State's policies of raising the level of education.	0,709
4-	**All phrases**	**0.729**

Table 23 shows that the values of Cronbach's alpha for each set of questions and all questions are greater than 0.6, which indicates a strong correlation between the responses of the sample to items in the questionnaire. This increases confidence in the reliability of the results. Next, the demographic characteristics of the sample were analyzed.

1. Demographic characteristics of the sample

1.1. Distribution by Sex

Table 24 shows the number and percentage of the sample by gender and Figure 7 shows this distribution graphically.

Table (24) Frequency distribution and percentage of the sample by sex

Gender	Number	%
Male	69	20.0
Female	276	80.0
Total	**345**	**100**

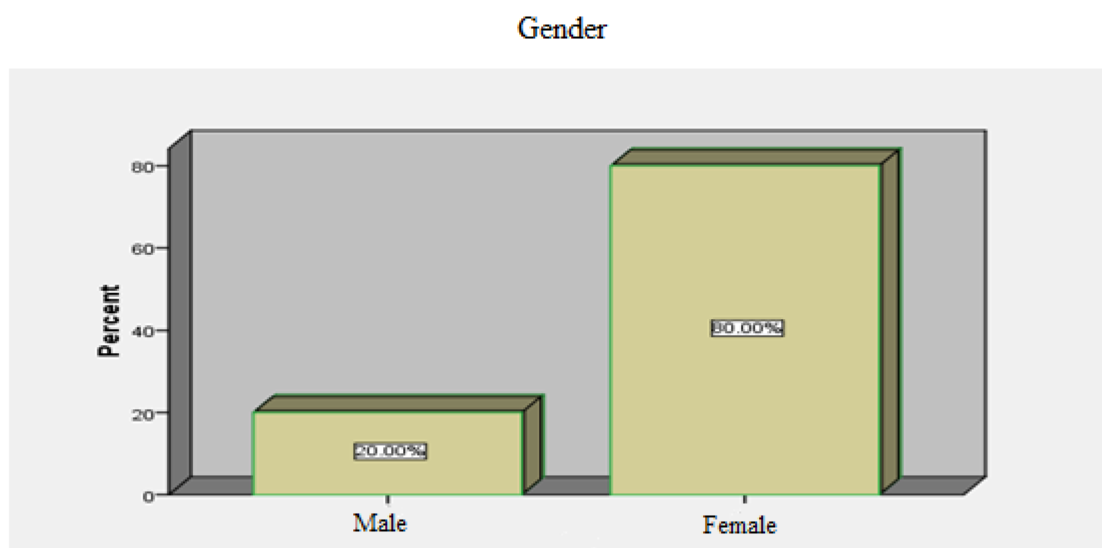


Figure (12) Respondents' gender

Table 24 and Figure 12 show that 80% of the samples are female and 20% are male.

In fact, that most of respondents were female is attributed to the increasing number of women teaching. The Libya - Teaching Profession (n.d) stated: as a result of encouraging women to take up teaching as a profession in Libya, there were 11,303

female teachers in 1978. This number has increased substantially especially Tripoli these statistics showed that in 1980 there were 36,591 primary school teachers throughout Libya, and by 1990 this number had risen to 85,537 teachers, of whom 47% were female.

Moreover, there is an important aspect regarding the large number of women employed in teaching, which reflects the culture of the community. Given that Libyan society is a conservative society which looks on women as wives and mothers, the best place for them is the teaching profession, especially seeing as women bear the burden at home and other social aspects. For more details about these issues, please see next the chapter.

1.2. Distribution by age

Table 25 shows the number and percentage of the sample by age group, and Figure 13 is a graphic representation of these numbers and percentages.

Table (25) Distribution of the sample by age

Age (years)	Number	%
25 to 29	35	10.1
30 to 34	79	22.9
35 to 39	50	14.5
40 to 44	77	22.3
45 to 49	60	17.4
50 and above	44	12.8
Total	**345**	**100**

Age

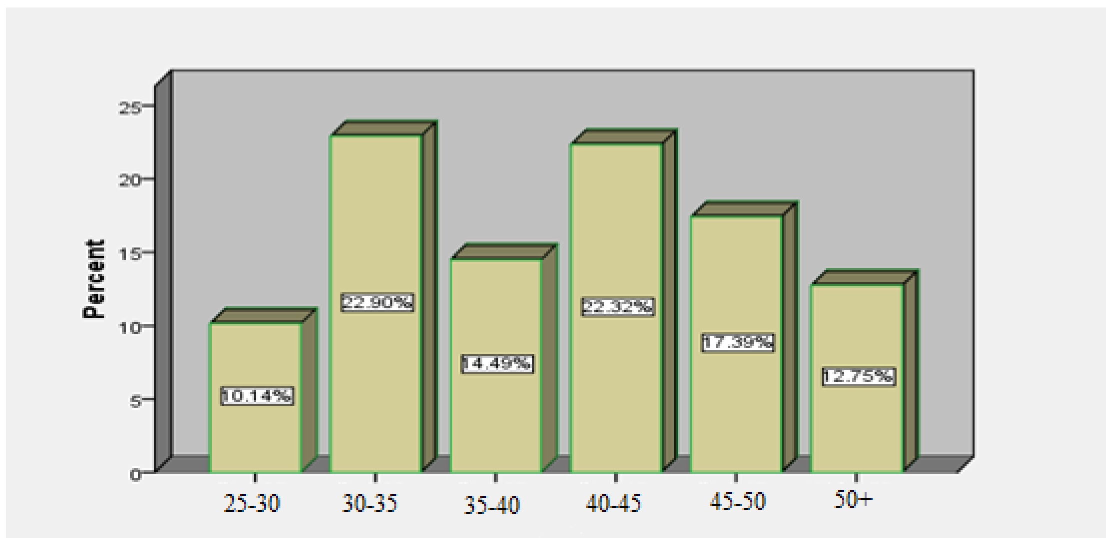


Figure (13) Distribution of sample by age (years)

It is clear that the largest age group (22.9%) are those aged 30 to 34 years and 22.3% are aged 40 to 44 years old. Furthermore, 17.4% are aged 45 to 49, 14.5% are aged 35 to 39, 12.8% are aged 49 and above and, finally, 10.1% are aged 25 to 29 years.

Also, we note from the above table that the highest percentage of respondents are from the 30-35 and 40-45 age groups. This is due to the country's economic growth in addition to the expansion of education services and the expansion of the recruitment process, especially in the 1980s and 1990s. For example, Clark, N (2004) indicated that Libya's education strategy during the 1970s was aimed at teacher training in an effort to replace non-Libyan teachers who made up a majority of teaching personnel, most of whom were Egyptian.

1.3. Distribution by type of work

Table 26 and Figure 14 show the distribution number and percentage of the sample by type of work.

Table (26) Frequency and percentage by type of work

Type of work	Number	%
Teacher	277	80.3
Head of school	12	3.5
Administrative	56	16.2
Total	**100**	**345**

Occupation

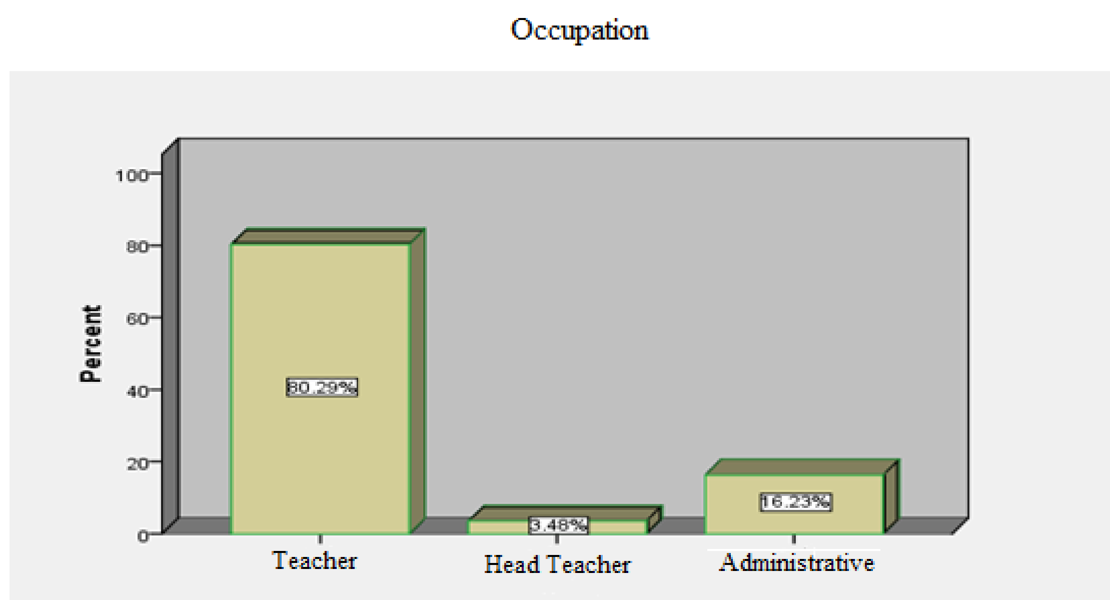


Figure (14) Distribution of sample by occupation

These figures show that 80.3% of the sample were teachers, 16.2% were administrative and 3.5% were heads of schools. Also, we note from the table that the highest proportion was of teachers, representing four-fifths of the sample. This is the normal percentage of teachers in schools compared to the rest of the staff working in education.

1.4. Distribution of sample by length of experience

Table 27 and Figure 15 show the number and percentage of respondents in the sample by length of experience.

Table (27) Distribution of respondents by length of experience

Years of Experience	Number	%
Less than 5	20	5.8
5 to less than 10	119	34.5
10 to less than 15	40	11.6
15 to less than 20	38	11.0
20 to less than 25	94	27.2
30 and over	34	9.9
Total	**345**	**100**

Experience

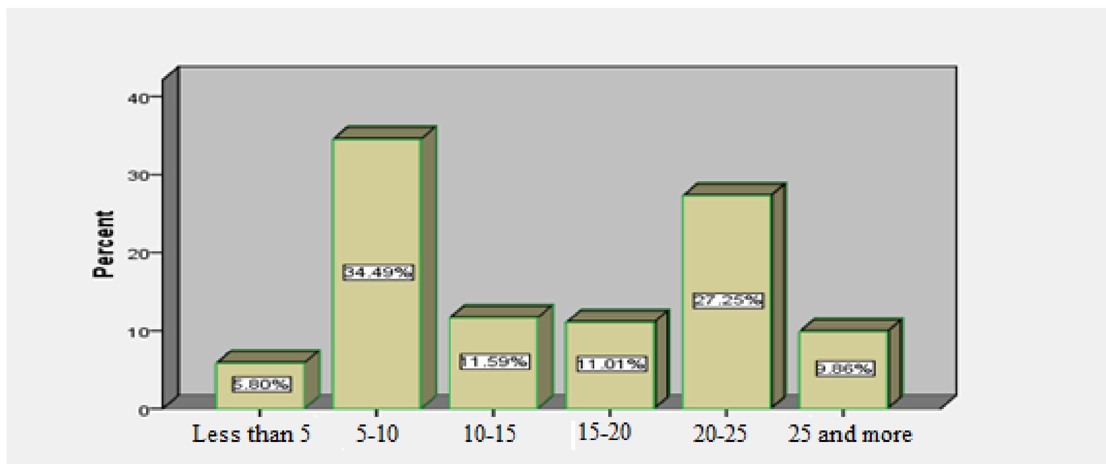


Figure (15) Distribution of sample by years of experience

Table 27 and Figure 15 show that 34.5% of respondents had 5 to 10 years' experience and 27.2% had 20–30 years experience, 11.6% had 10 to 15 years' experience and 11.0% had 15 to 20 years' experience. A further 9.9% had 30 or more years' experience and only 5.8% of respondents had less than five years' experience.

Table 27 indicates that the large percentage of respondents had from 5 to 10 years' experience. This percentage reflected a large number of graduates appointed to posts between the end of the 1990s and the mid-2000's. Furthermore, more than 25% of the total sample had between 20 to 25 years' experience. This is attributed to the trend from the beginning of the 1980s for more students to attend teacher training institutes. On the other hand, this led to an increase in the number of teachers and the expansion of education services. With respect to experience rates for teachers from 10–15, 15–20 were due to some considerations such as the abolition of many teacher training institutes in the late 1980s, the desire of students to complete college and higher education and lack of desire to join the teaching profession because of decreased incomes and the search for better sources of income such as a different trade profession, thus the government has relied on teachers from other Arab countries, especially from Iraq in the 1990s.

1.5. Distribution by income level

Table 28 and Figure 16 show the number and percentage of respondents by income level.

Table (28) Distribution of sample by income level

Income level	Number	Percentage
Very Low 150	44	12.8
Low 200	71	20.6
Average 300 LD £150	218	63.2
High 450	12	3.5
Very high 600	0	0.0
Total	**345**	**100**

Income

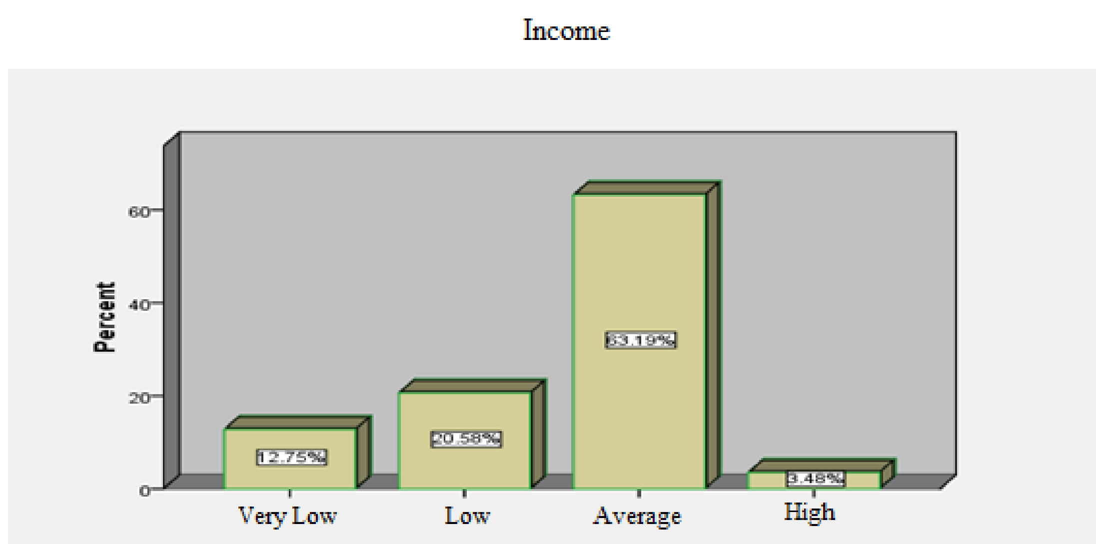


Figure (16) Distribution of sample by income level

It can be seen that the largest percentage (63.2%) had an average income level, 20.6% had a low income, 12.8% had a very low income and, finally, 3.5% had a very high income.

Almost two-thirds of the total sample stated that their income was average, while one-fifth of respondents stated that their income was low and very low. This result

indicates that the income level of teaching staff is poor for work in this area. These findings agree with the findings of some interviews, and showed that the income level had an effect on the educational situations within schools. For more information about this issue, please see the next the chapter.

1.6. Distribution of respondents by place of residence

Table 29 and Figure 17 show the number and percentage of respondents by place of residence.

Table (29) Number and percentage of respondents by place of residence

Place of residence	Number	%
Tripoli	342	99.1
Other City	3	0.9
Total	**345**	**100**

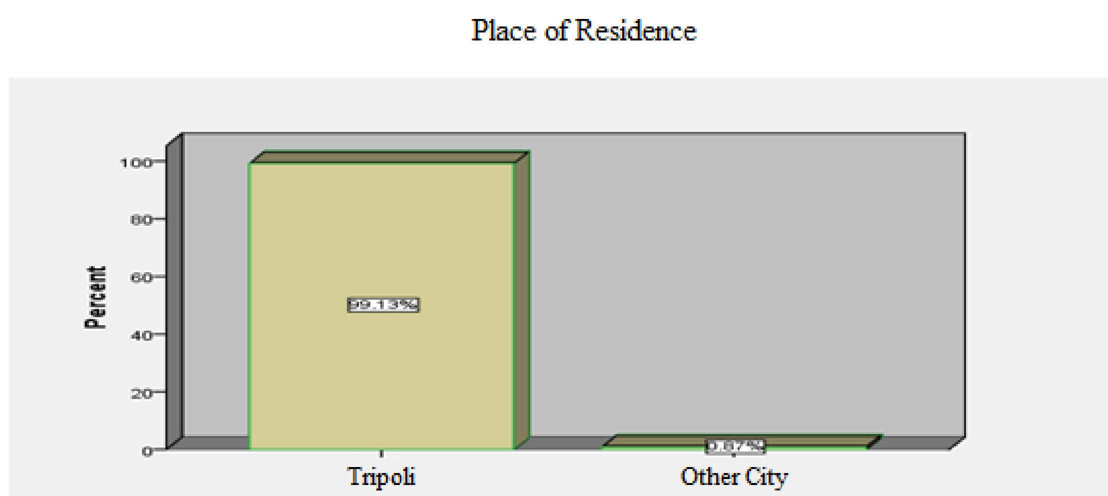


Figure (17) Place of residence

It can be seen that 99.1% of respondents lived in Tripoli and only 0.9% lived in another city, therefore, Tripoli's schools have not relied on teachers from outside the

city. So, this a matter of positivity for the education sector in Tripoli in these phases where the teachers are residing in the city and there is no need to move teachers from other areas and cities.

2. Equality among citizens in access to education services in Tripoli.

More focus has been given to the matter of access to education in this section. Therefore it was necessary to identify the extent to which the educational policies have achieved their objectives in this framework, through studying some issues such as opportunities of education, availability of teaching aids, distribution of schools and resources throughout the city.

Table (30) shows the distribution and percentages of respondents in the sample to the following statements.

N	Statements		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	Education policy has given everyone the same opportunity to attend school.	Frequency	25	171	44	71	34
		Percentage	7.2	49.6	12.8	20.6	9.9
2	Laboratories and teaching aids are available in school	Frequency	19	96	52	129	49
		Percentage	5.5	27.8	15.1	37.4	14.2
3	Distribution of education institutions serving all individuals in Tripoli	Frequency	16	165	56	68	40
		Percentage	4.6	47.8	16.2	19.7	11.6
4	The distribution of resources to education foundations has given everyone the same chance of receiving an education.	Frequency	13	133	42	100	57
		percentage	3.8	38.6	12.2	29.0	16.5

The percentage of participants who have agreed were higher than who disagree in the following statements:

2.1. Educational policy has given everyone the same opportunity to attend school

As shown in Table 30, 56.7% agree and strongly agree with the statement, 30.5% disagree and strongly disagree and, finally, 12.8% neither agree nor disagree.

Therefore, Table 30 indicates that the majority of the respondents confirmed that Tripoli's education policy has given the same opportunity for all members of the community to attend school. Oil revenues, especially in the 1970s and 1980s, have assisted in developing education policies. According to Atter (2006) the budget of around 18,500 Million Dinar the mid-1980s transformed all sectors. Based on The economic and social plan (1981–1985) the education sector received 18.2% of the total budget.

As is the case in all sectors, the expansion and development of education since the early 1970s has been in education and not confined to a particular area. In addition it has not been limited to one category, underlining the belief that the spread of education plays a key role in economic and social development. In this regard, The Secretariat of General People's Committee for Planning's annual report (1985:22) confirmed that the illiteracy rate has decreased from 61% in 1973 to 39.9% in 1984 in individuals over 15 years of age (broken down by sex this data shows that male illiteracy rates have dropped from 38.7% to 23.1% between 1973 and 1984 whilst for females the rates have fallen from 85.2% to 57.8% in the same time period. According to Abuqamar at el (2011) literacy rate changes in Libya between 1990 and

2009 represented an increase of 21%. What is more revealing is that when broken down by sex, the change for males is 11.60% whilst for females it is an increase of 41%. These figures are most likely explained by increased female publication in schooling over the period under investigation.

On the other hand, 30.5% disagree and strongly disagree with this statement. This is due to the high percentage of students in areas with shortages in schools. According to Dakhil (2008:193) the reason for the rise in the number of students in some schools is because of the density of population in some neighbourhoods. For example, this aspect is associated with a matter of distribution of schools that I will be discussed in the following statement.

2.2. Distribution of educational institutions serving all individuals in the city of Tripoli

It is clear that 52.2 % agree with the statement, 16.2% neither agree nor disagree and, finally, 31.3% disagree and strongly disagree with the statement.

Most of the respondents consider that Tripoli's educational institutions serve all people and provide access to education. However, access to Tripoli's schools is different from place to place. Some areas have sufficient schools for the size of population and some areas do not.

It seems that 52.2% is appropriate in relation to the presence of schools throughout Tripoli. However, most of the schools were built during the 1970s. Hence, there were some factors such as the increase in population due to economic growth and migration from other cities and rural areas, which were not taken into consideration during the establishment of schools. El-Mahdiue (1990) pointed out that the

availability of educational facilities such as universities, institutes and schools in the city of Tripoli and Benghazi, was one of the factors encouraging migration. Students found a way of life, entertainment and stability in the city and after their traditional upbringing and chose not to return to their areas. Therefore, this situation has led to an imbalance in population distribution between the city's neighbourhoods and the number of schools in these neighbourhoods is no longer commensurate with the size of population.

Therefore, some of Tripoli's neighbourhoods such as Sauge Algoma and Got-Alshall are suffering from a lack of educational institutions. In the light of the expansion of specialist secondary schools with no more schools being built, most schools operate morning and evening shifts. This was emphasized in some interviews by teachers in these neighbourhoods please see (FTN: teacher, Hay Damascus school; female, p, 267). Also a study by Elzaltni (1996) has indicated the factors impacting on the distribution of schools (for more information, refer to the literature review chapter.

The percentage of participants who have agreed were lower than who disagree in the following statements.

2.3. The distribution of resources to education foundations has given everyone the same chance of receiving an education

According to Table 30, there is a convergence in the rate of those who disagree or agree with this statement. Firstly, 45.5% disagree and strongly disagree and this percentage indicates the unequal distribution of resources to educational foundations. Secondly, 42.4% agree and strongly agree that the distribution of resources to education foundations has given everyone throughout Tripoli the same chance of

receiving an education. Thirdly, 12.2% neither agree nor disagree. 45.5% disagree with the statement this percentage perhaps due to the administrative system and the education policies not being implemented in many cases for more than two decades. Furthermore, more than 40% of the respondents reported that the education foundations' resources have given everyone the same chance of receiving an education. For example, since 2007, some educational tools such as computers have been provided to all Tripoli's schools. On the other hand, some schools have not had computers installed in Tripoli due to administrative neglect and this situation agrees with previous findings which refer to 45.5% disagreeing with this statement. These findings agree with some interviews please see (MHS: Head of school; administrative. Zahret Al Mduin School; male, p, 291).

2.4. Laboratories and teaching aids are available in school.

Just over half (51.6%) disagree and strongly disagree with the statement. This percentage indicates that there are both insufficient laboratories and teaching aids or non-availability of both in some of Tripoli's schools. A further 33.3% agree and strongly agree that those laboratories and teaching aids are available in schools. Finally, 15.1% neither agree nor disagree. These percentages indicate that there is inequality between schools in obtaining laboratories and teaching aids, where more than 50% disagree with this statement.

In fact, most of the schools lacked laboratories and equipment. Agnaia (1996) indicated that educational establishments, especially secondary schools, lacked adequate facilities such as libraries and laboratories. On the other hand, almost one-third of respondents agree with the statement. In recent years, the government has focused on providing the necessary laboratories and equipment required by schools.

This is mentioned in some interviews in the next chapter (MHS: Head of Zahret Al Mduin School; male,p,286)

3. Development of schools in the city of Tripoli quantitatively and qualitatively.

In this part of study has been the analysis of the results that show the evolution of schools in Tripoli. It has reviewed a number of issues on this matter such as educational performance, possibilities, schools and job market, focus on quality, the number of schools, student numbers in classes, the need to reform schools and the educational level for students.

Table (31) shows the frequency and percentage of respondents in the sample to the following statements.

N	Statement		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	The educational performance in basic and middle stages is excellent.	Frequency	3	50	77	144	70
		Percentage	0.9	14.5	22.4	41.9	20.3
2	I feel the lack of possibilities in schools (e.g. a limited curriculum) have impacted on the level of students' achievements.	Frequency	15	51	17	144	118
		Percentage	4.3	14.8	4.9	41.7	34.2
3	The output of specialist secondary schools meets the needs of the job market	Frequency	5	82	95	125	38
		Percentage	1.4	23.8	27.5	36.2	11.0
4	There is a focus on quality rather than quantity in education.	Frequency	11	95	46	149	73
		Percentage	3.2	27.6	13.4	43.3	12.5
5	I believe there is not a need to increase the number of schools.	Frequency	27	62	27	149	80
		Percentage	7.8	18.0	7.8	43.2	23.2
6	Student numbers in some classes are too high	Frequency	23	127	24	127	44
		Percentage	6.7	36.8	7.0	36.8	12.8
7	I believe there is not a need to reform the educational institutions in Tripoli.	Frequency	7	15	11	153	158
		Percentage	2.0	4.4	3.2	44.5	45.9
8	I am satisfied with the direction of the educational level for primary and secondary school students	Frequency	8	51	53	134	99
		Percentage	2.3	14.8	15.4	38.8	28.7

The percentage of participants who have agreed were lower than who disagreed on all statements.

3.1. The educational performance of teachers in basic and middle stages is excellent

It is clear that the majority (62.2%) disagree and strongly disagree with the statement. Possibly, this percentage is an indicator of a reduction in the standards of education in Tripoli's primary and secondary schools. A further 22.4% neither agree nor disagree with the statement. On the other hand, 15.4% agree and strongly agree that the educational performance in basic and middle stages is excellent.

Therefore, it can be said that the level of educational performance is not excellent in the most of Tripoli's schools. These findings can be attributed to some issues related to poor educational policy in the management, organization and development of the educational process, such as curriculum development, and providing incentives and teacher training. For example, according to the development of education in The Libyan National Commission for education (2004: 31):

> "Approximately 80% of the number of basic education teachers who acquired intermediate training qualification, or who are specialized secondary school graduates, this situation required the re-qualification of these teachers to improve their performance."

Moreover, according to The National Report of the General People's Committee of Education (2008), there was a need to rehabilitate most teachers and raise their scientific knowledge in order for them to be qualified in teaching new developments and to cope with modern teaching techniques. The low level of income is among the most important factors which impacted on the level of performance of a large

number of teachers, especially men, most of whom sought to improve their income from other sources. Such conditions have probably forced a considerable number of qualified teachers in many of Tripoli's schools to gain a better income from other jobs such as a taxi driver or a commercial shop. For instance, a teacher's monthly income is not sufficient to meet their needs, so they look to other types of jobs that could earn them 3 or 4 times the teaching salary. Therefore, these issues have impacted negatively on the level of performance and also led to a lack of desire to teach, especially among those who had spent a long time in the teaching profession. Some interviews mention this, please refer to chapter five section two (FHN: Head of Abu-Bakr Cashion school; female, p, 288). Also, please refer to Table 28: Distribution of sample by income level for details of teachers' incomes. On the other hand, 15.4% agree with the statement. This is due to several reasons, especially the presence of a number of well qualified teachers who graduated in the 1970s and 1980s when there were institutes producing highly qualified and specialized teachers. This was in addition to the outputs of the Faculties of Arts, Education and Sciences.

3.2. I feel the lack of possibilities in schools (e.g. a limited curriculum) have impacted on the level of students' achievements.

Table 31 shows that 75.9 % disagree and strongly disagree with this statement. Clearly, this combined percentage considers that there is no relationship between lack of possibilities and level of students' achievements in the schools.

In this regard The National Report of the General People's Committee (2008) stressed that the process continues curriculum development and reviews its objectives, updates teaching methods, and has systems for assessment and measurement, to

ensure the quality of the educational institutions' outcomes. Hamdy (2007, cited in Amal Rhema and Iwona Miliszewska, 2010:428) argued that:

> "The implementation of the national ICT policy and the development projects in different domains still lag behind. In addition, there is an acute shortage of ICT qualified and trained teachers, who are needed to bring ICT into classrooms and educate a new generation of technically qualified students"

On the other hand, 19.1% agree and strongly agree that lack of possibilities in schools have impacted on the level of students' achievements at these stages of education throughout Tripoli. Nevertheless, the lowest percentages were respectively 4.9% who neither agree nor disagree. According to the interviews, the problem is not the development of the curriculum but implementation and practice issues. There are a large number of teachers who are not well qualified for the teaching profession. For more information, please see the next chapter.

3.3. The output of specialist secondary schools meets the needs of the job market

As shown in Table 31, 47.2% of the respondents disagree and strongly disagree that the output of specialist secondary schools meets the needs of the job market. It is clear that this issue was not taken into account when education policies were developed and implemented in Tripoli. Furthermore, 25.2% agree and strongly agree with the statement. However, 27.5% neither agree nor disagree. Overall, most of the respondents considered that the output of specialist secondary schools did not meet the needs of the job market in Tripoli.

Obviously, about 50% disagree with the statement. This proportion indicates clearly that the specialized schools do not meet the needs of the labour market. For example, large numbers of graduates in different disciplines do not find institutions to

accommodate them. Therefore, the education sector requires more places to accommodate them, (For more information, please refer to FTN: teacher, female. P,276). Agnaia (1996) indicated that despite increasing the output of education and training, different sectors are still in need of specialized and qualified staff to work on many activities. Therefore, the country still depends on non-Libyans to work in several sectors. Besides, 25.2% agree and strongly agree with the statement. This is evidence of teachers confirming that these schools' outputs meet the needs of the job market. In this context, The Libyan National Commission for Education, Culture and Science - A National Report (2004) indicated that the most important objective from establishment of the specialized schools was to send most of their graduates directly to the labour market to fill the severe gaps in the well skilled labour forces, to improve national production rates and to decrease the number of students in higher education institutes.

It can be concluded that, despite the importance and diversity of disciplines in the secondary stage of education, there is no clear government policy with regard to the outputs and the needs of the labour market. For example, large numbers of graduates do not obtain jobs due to the lack of institutions which will accommodate graduates, especially in the private sector, due to control of the public sector upon most jobs in the country, as well as the constant changes in a policy of government. On the other hand, most public businesses, especially those that depend on the practical skills, rely on foreign workers. Keibah (1998) said that a relatively higher proportion of non-Libyans are employed in the labour market. This can only be explained due to a mismatch between educational output and the true needs of the labour market. There needs to be a link between the needs of a country and the availability of jobs as well

as the education outcomes- this requires attention in order to improve the quality of learning outcomes. If not monitored, this could become worse in future years.

Apparently, there is no relationship between educational policy and the labour market and this is confirmed by interviews conducted in this study see next chapter (MAG: administrative. Secretary of Education. Tripoli; male, p, 282). In addition, more than 25% neither agree nor disagree with this statement, which indicates that there is not a clear policy regarding the educational system and the job market between outputs and the real demands and requirements of the labour market. However, this is not attributed only to the lack of a link between the needs of the labour market and educational outcomes, but also due to poor training of these outcomes, especially for the aspects that require the skills of a particular process, for more details see the following statement.

3.4. There is a focus on quality rather than quantity in education.

Table 31 indicates that the majority (55.8%) disagree and strongly disagree that there is a focus on quality rather than quantity in education. Therefore, it can be said that this percentage agrees with Libya's education policy since the 1970s where, in most cases, the expansion in the number of schools, students and graduates, has been at the expense of the quality in education. According to The National Report of the General People's Committee of Education (2008) which provided the available statistics on the increased number of schools and students at basic and secondary education in the academic year 2007/2008, there were 3,397 schools and 939,799 students in basic education, and 1,033 schools and 226,000 students in secondary education across the

country. The Libyan National Commission for Education, Culture and Science - A National Report (2004:32) indicated that:

> "This increase in the rate on enrolment in education in Libya is considered a positive development indicator, but this became not enough to judge the performance and quality of the educational system, because the type of education and the quality of its outputs and the efficiency of performance of the educational systems."

It is clear that the increase in student enrolment without focusing on other aspects such as material incentives and staff morale and has impacted on the quality of Tripoli's education institutions. As will be seen in the next chapter, several interviews discussed this matter please refer to (MHS: Head of Zahret Al Mduin School; male, p, 275,276). In contrast, 30.8% agree and strongly agree that there is focus on quality rather than quantity in Tripoli's education institutions. In this regard, 13.4% neither agree nor disagree. (Ibid: 2004) stated, among the aspects of Libya achieving sustainable development in education, that everyone should obtain good quality educational opportunities. According to WHO (2007:14):

> "The Libyan education system does not yet fulfil the goals it has set itself, including providing the training and skills that are required to drive the economy forward. Poor quality input and a number of severe structural challenges are negatively affecting the education system."

Additionally, although the Ministry of Education made efforts, especially in the 1970s and the 1980s, to improve the quality of education, there remain large weaknesses which the Ministry needs to address. For example, it needs to continue to focus on the curriculum and rely on the indoctrination more than attention to the practical aspects and skills development, especially in the early stages of the school. This has resulted in the situation where the student suffers from several difficulties, for example, he/she carrying a large number of books to the school, more than they

can manage, as well as confusion due to having to study several different material in a day- all this makes the student reluctant to learning in the early stages and results in the lack of incentive to go to school.

3.5. I believe there is not a need to increase the number of schools.

It is clear that 66.4% disagree and strongly disagree with this statement. On the other hand, 25.8% agree and strongly agree that there is not a need to increase the number of Tripoli's schools. Finally, 7.8% neither agree nor disagree. The highest proportion, those who believe there is a need to increase the number of schools, is consistent with Dakhil's study (2008) It indicated that the percentage of the population in some neighbourhoods did not fit with the numbers of schools and there was a difference of up to 3.95% for residents of these neighbourhoods. Consequently, it reflects the imbalance in the distribution of schools in Tripoli's neighbourhoods. There was a significant increase in the numbers of schools during the 1970s and 1980s. Conversely, 25% suggest that there is not a need to increase the number of schools in the city. Also, Dakhil (2008) indicated that there was an imbalance in the distribution of secondary schools amongst Tripoli's neighbourhoods so that 56.81% served more than only16.18% of the city's total population.

3.6. Student numbers in some classes are too high

Table 31 indicates that 43.5% agree and strongly agree that student numbers in some classes are too high. However, 49.6% disagree and strongly disagree and, finally, 7.0% neither agree nor disagree with this statement.

It is clear that the difference in the proportion of responses on this issue was due possibly to disparity the numbers of students in schools throughout Tripoli. As indicated previously, some schools are experiencing an increase in student numbers but this varies from one district to another depending on the size of the population. National Centre for Education Planning and Training (2006) showed that Tripoli contained 6,230 classrooms for primary education and secondary education, where primary education represented about 72% and 28% for secondary education. There were about 36.44 students in each primary classroom and this number varied from one district to another in the city. In some neighbourhoods such as AL-Karama, AL-Hathba and AL-Zerie there were more than 50 pupils in each classroom due to the shortage of classrooms, whilst there were less than 30 students per classroom in other neighbourhoods such as Damascus, AL-Andalus and Gargaresh. Thus, the available statistics on the distribution of primary and secondary classrooms shows that the number of classrooms varies among the neighbourhoods.

3.7. I believe there is not a need to reform the educational institutions in Tripoli.

It can be seen that 90.4% disagree and strongly disagree that there is not a need to reform the educational institutions, 6.4 % agree and strongly agree and 3.2% neither agree nor disagree.

As mentioned above, the vast majority of respondents indicate that there is a need to reform the educational institutions. In this respect, Dakhil (2008), in his recommendations, emphasized the need to enhance and develop Tripoli's educational institutions by conducting retraining courses to raise the efficiency of teaching staff.

Hamdy (June 2007) said that the most important challenge against the current reform process was a lack of skilled and ICT-equipped teachers. Likewise, Al-Said (1990) emphasized that, in order to increase the efficiency of the education and vocational training, there was an urgent need to reform and strengthen this process in educational institutions. Some factors, especially globalization and technological developments, led to the need to develop and reform the educational institutions. In particular, these developments, in most countries, resulted in all aspects of the educational system being re-evaluated and reformed.

Thus, the findings indicate the proportion of responses on this the statement confirmed that there need to reform the educational establishments in the city of Tripoli, and also it is clear that there are many literature supports these findings as mentioned.

3.8. I am satisfied with the direction of the educational level for primary and secondary school students

As in the case of the previous statements, there is a known degree of disapproval for the direction of the educational level for primary and secondary school students: 67.5 % disagree and strongly disagree with the statement, 17.1% agree and strongly agree and, finally, 15.4% neither agree nor disagree.

Among the factors which led to the low level of achievement of the primary and secondary students in these phases on the one hand and the efficiency of some teachers and the lack of teachers in certain disciplines on the other hand were stated in The Report of the Libyan Jamahiriya - the Education for All (2000) which indicated that, although there are a large number of teachers compared to the number

of students in most schools, there is a significant lack of teachers in certain disciplines, especially the applied sciences and languages.

4. State's policy of raising the level of education services in Tripoli.

In order to know the government's efforts in raising the level of educational services provided to citizens in the city of Tripoli there has been an analysis of the results of the questionnaire noting the responses on some issues such as specialist schools, professional skills, policy makers and learn from previous mistakes, the efficient and effective and laws, regulations and prepare of Education policies.

Table (32) shows the distribution and percentages of responses to the statements about the State's policy of raising the level of Tripoli's education services.

N	Statements		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	Specialist schools have achieved the desired requirements of a large number of students.	Frequency	47	125	49	77	47
		Percentage	13.6	36.2	14.2	22.3	13.6
2	There are some teachers in the middle institutes, who lack professional skills.	Frequency	3	51	37	167	87
		Percentage	0.9	14.8	10.7	48.4	25.2
3	I consider that policy makers are interested in middle and basic education.	Frequency	6	98	61	109	69
		Percentage	1.7	28.6	17.8	31.8	20.1
4	Policy makers often do not learn from previous mistakes.	Frequency	7	70	34	137	95
		Percentage	2.0	20.4	9.9	39.9	27.7
5	The recruitment of teachers in basic education is efficient and effective.	Frequency	46	110	44	99	46
		Percentage	13.3	31.9	12.8	28.7	13.3
6	The laws and regulations on the development of educational systems are good.	Frequency	4	89	60	122	70
		Percentage	1.2	25.8	17.4	35.4	20.3
7	Education policies are not always well prepared	Frequency	3	60	57	149	76
		Percentage	0.9	17.4	16.5	43.2	22.0
8	I consider that education services have a good future.	Frequency	29	178	71	44	23
		Percentage	8.4	51.6	20.6	12.8	6.7

The percentage of participants who have agreed were higher than who disagreed in the following statements:

4.1. Specialist schools have achieved the desired requirements of a large number of students

Respondents were asked if specialist schools have achieved the desired requirements for a large number of students. In this regard, 49.8% of the respondents agreed that the specialist schools met the desired requirements of a large number of students, 35.9% stated that the programmes did not meet their desired requirements and, finally, 14.2% neither agree nor disagree with the statement. In this regard Zarrough et al. (2001:25) commented as follows on the desire of students to attend specialist schools:

> "This traditional secondary system will gradually disappear with the growth and development of the new specialized technical and vocational secondary schools. Furthermore, it was noticed that when these new specialized secondary schools started to work, student enrolment to these schools was weak. This is due to some traditional social and cultural reasons related to the high social and historical values that are linked with the theoretical and academic education in Libya and nearly in all the Arab countries. However, by time social trends have changed, and more students started to enrol in these secondary schools, especially that its graduates can easily enrol in universities the same as graduates of the general secondary schools (literal and scientific)."

However, when interviewed, a number of respondents indicated that there was a difficulty between the student's chosen field of study and disciplines available in an area please refer to (MTP: teacher, Alhee Algamee school; male.p,293) Moreover, according to Alaghbari (1998:150,151):

> "Graduates from secondary education who cannot enrol at university do not find appropriate jobs that match their abilities and their specialties because of their low level of education and the lack of employment opportunities available on labour market."

This means that the specialist schools have given students an opportunity to fulfil their wishes at an early stage, especially when there are various disciplines, which help students to specialize in advanced education. On the other hand, specialist schools in Libya are dominated by academic subjects, especially in the light of new curricula. For instance, The Act (No. (6) For The General People's Committee for Education (2007) has adopted the Singaporean curriculum which has been carried out in recent years, according to the teachers who have been interviewed when the researcher conducted a field study in 2009 in Tripoli. I understood that this approach, despite its importance and its focus on the development of student skills and using computers, still faces many difficulties that may reduce the chances of its success, such as the lack of teachers to properly teach the contents of this curriculum. A large number did not have any kind of training or workshops on this curriculum.

4.2. Consider that education services have a good future

It is clear that the largest percentage (60%) agrees and strongly agrees that the education services have a good future. This is an indicator that there are efforts underway to develop Tripoli's education services such as the development of curricula, teaching methods, the provision of equipment and laboratories and incentives for teaching staff and students. A further 20.6% neither agree nor disagree, and, finally, 19.5% disagree and strongly disagree.

With regard to 60% of the respondents agreeing with the statement, this can be attributed possibly to some reforms carried out since 2007. According to The General

People's Committee of Education - the development of education National Report of Libya (2008), modern technologies have been used in education such as the experimental electronic exam in the specialized secondary education examinations and it also enables students to review their results automatically. Given the application of this method for the first time, the General People's Committee for Education has commissioned a committee of experts in order to study and evaluate this experience and find out the extent of its success with regard to future developments to suit the Libyan society. On the whole, the results from some interviews agreed with the respondents to this statement, these highlighted several aspects such as the development of educational services. For example, during recent years schools have been supplied with computers and laboratories required by the educational process at different stages. In addition, a budget has been given to each school to help carry out some of the sporting and recreational activities and cultural development of students within schools during the study year. (For other information refer to MHJ: male; Head of Alrea Al- Kdra School.p,293) Conversely, 19.5% of the participants do not believe that education services have a good future. This may be because sometimes educational policy is not implemented due to a lack of sufficient numbers of qualified teachers.

The percentage of participants who have agreed were lower than who disagreed in the following statements:

4.3. There are some teachers in the middle institutes who lack professional skills

Table 32 indicates that 73.6% disagree and strongly disagree that some teachers lack professional skills, 15.7% agree and strongly agree and, finally, 10.7% neither agree

nor disagree. Clearly, as most respondents disagree with the statement, this indicates that teaching staff in Tripoli's middle institutes are well qualified.

Interestingly, the majority of the participants disagree and strongly disagree that some teachers lack professional skills. This may be due to the fact that when the study was carried out in 2009, the Ministry of Education had begun to carryout rehabilitation courses for non- qualified teachers at Tripoli's Teachers' College, please refer to (MAG: administrative,. Secretary of Education. Showhiada Ain Zara; male, p, 274). As mentioned above, 15.7% of the respondents reported that some teachers lack professional skills. The National Report of the General People's Committee of Education (2008) stated that among the particular challenges of rehabilitating teachers were that pedagogical techniques and methods of teaching have changed, and the Libyan teacher was still lagging behind this educational world with its databases, networks of contacts and its various digital machines. Accordingly, it is clear that in most schools, the teachers are still relying traditionally on memorising and recitation for some practical lessons. Therefore, the scientific and educational retraining of teachers was and is still a significant challenge for primary and secondary so that teachers can interact with their students.

The findings revealed that some of the respondents at the interviews did not disagree that some teachers lack professional skills as mentioned above. Furthermore, these findings were consistent with the findings of earlier research by Alfaidy & Ibrahim (1998:13) stated that The Ministry of Education

> "It continues to rely on expatriates both at secondary and postsecondary levels in the areas of education as well as training."

4.4. I consider that policy makers are interested in middle and basic education

It is clear that 51.9% disagree and strongly disagree with the statement, 30.3 % agree and strongly agree and, finally, 17.8% neither agree nor disagree.

Since less than a third of respondents agree with the statement, this indicates the presence of neglect in developing some aspects of education policy. In the latter decades of the twentieth century, Libyan primary and secondary schools witnessed a substantial increase in the number of students and institutions. According to The Centre of Documentation and Information, the Ministry of Education's (2006) statistical indicators of education indicated that the number of pupils in primary education totalled 1,088,120 while the number of students in secondary education totalled 348.872 and the number of schools for both phases was 4,226. This can be attributed to the increase in oil revenues and economic growth, which gave the government the opportunity to accelerate the process of education development in primary and secondary education, which was reflected in the increase of students' enrolments. WHO (2007:15) stated that:

> "Primary and secondary school gross enrolment ratios are also high at 114% and 105% respectively."

In particular from the early 1970s, the educational policy makers paid attention to basic and middle education with regard to access to education for different groups in society and made the early stages of study mandatory. In addition, there have been attempts to repair and develop education in recent years and, particularly since 2007 through the development of the curriculum, they have provided the resources and focused on the use of technology in modern education. In this regard, The World Data on Education WDE (2007:2) indicated that:

> "the Secretariat of Education and Scientific Research has planned to conduct a number of studies on the following topics: the improvement of education administration; the opening of teacher training centres and the provision of in-service training; the improvement of textbooks; a review of curricula; the introduction of computer studies; the assessment of basic education."

Nevertheless, over half of the respondents confirmed that policy makers do not focus on middle and basic education. Perhaps these negative responses can be linked with some policies such as the lack of providing sufficient resources, buildings, laboratories, workshops, instructors and the lack of some needs of the educational facilities or delays in the application of some policies, for example, The Educational Structure Plan, which set in order the re-structuring and reform of the educational system in 1980.

4.5. Policy makers often do not learn from previous mistakes.

It can be seen that 67.6% disagree and strongly disagree that policy makers often do not learn from previous mistakes, 22.4 agree and strongly agree and, finally, 9.9% neither agree nor disagree. Libya's education system has witnessed several structural changes in recent years and the successes and failures may be due to how these policies have been implemented, the numbers of students and the economic conditions. The views of respondents on this issue are linked, to a large extent, to what they are witnessing currently in the education sector. For instance, they do not rely on expertise when issuing educational policies. (For more information please refer to chapter five MHJ, male; Head of Alrea Al- Kdra Schoo. P, 284).

Also, there are many of education issues which have not received the appropriate attention and interest from policy makers in Libya. This situation is not attributed to policy makers only but to lack attention of government in carrying out of policies.

The evidence on this, despite that educational policy makers have prepared the policies or least theoretical commitment, there are still many policies not carried out due to disparity in the points of views of the educational planner and the economic planner (El -Hawat, 2003). Thus, such as these factors or difficulties return to lack of interest of government applying some of policies.

4.6. The laws and regulations on the development of the education systems are good

It is clear that the majority (55.7%) disagree and strongly disagree with this statement, 28% agree and strongly agree and, finally, 17.4% neither agree nor disagree.

This finding concurs with some interviews which indicate that among the challenges facing educational policies was the cancellation of some regulations and decisions regardless of their importance; for example, cancelling teaching English in the various stages, from the middle of the 1980s, which did not then return to the same level for over twenty-five years. On the other hand, more than 25% agree with the statement. Some laws and regulations are good. Examples are Laws No. 95 and 1975, concerning compulsory education, which guarantee male and female students access to education. Overall, the large number of respondents considered that the laws and regulations on the development of the education system were not good.

4.7. Education policies are not always well prepared

Table 32 shows that 65.2% of the respondents disagree and strongly disagree that education policies are not always well prepared. On the other hand, 18.3% agree and

strongly agree and 16.5% neither agree nor disagree with the statement. In commenting on education in Libya (2010) Fetouri, said:

> “In the 1970s and 1980s close monitoring and farsightedness were the defining features of Libya's education policy. Free State and compulsory education for all children under 15 years of age were introduced. Parents who did not send their children to school were prosecuted – as indeed is still the case. Over the last two decades, however, the standard of education has steadily declined.”

Perhaps also this recent interest is attributed to the rapid changes in educational policies such as the new curriculum which the country has witnessed since 2007. (MAF: Activity Manager, Hee Al-Andalus; male, p, 259)

On the other hand, 18.3% of the respondents agree with the statement that educational policies are often well prepared. However, the problem is implementation of these policies. Also, despite developing many policies on the management of primary and secondary education, especially in the last twenty years, most of these policies have not been applied and, even where they have, they have not been applied completely. For example, educational policy in 1980, “New Educational Structure”, aimed to extend intermediate education from three to four years. Clark (2004) stated:

> “Plans for restructuring intermediate education include the gradual phasing out of general secondary schools in favour of technical secondary schools that would specialize in six main fields: basic sciences, engineering and industrial sciences, medical sciences, agricultural sciences, social sciences, and fine arts and media. The idea behind the plan is to prepare students for a level of specialization at university, and to provide those students not destined for higher education with a practical vocational base in preparation for the labour market. It is worth noting that from the time of their introduction in the 1990s, enrolment at specialized technical schools has been weaker than hoped for by educational planners. Reasoning for this has been centred on traditional social and cultural values, commonly held in many Arab countries, placing a premium on theoretical and academic education. It is reported that these enrolment trends are gradually reversing.”

Furthermore, it can be concluded from some interviews that comprehensive plans were prepared for training the administrators and teachers by foreign professionals, in addition to the local setting within the Faculty of Education and Higher Institutes of Teachers, and that they had not carried out, possibly, this one of the challenges facing educational policies, which has been mentioned in previous statement.

The percentage who have agreed of participants were higher than who disagreed in the following statement:

4.8. The recruitment of teachers in basic education is efficient and effective

Table 32shows that the largest proportion (45.2%) agree and strongly agree with the statement. On the other hand, 42% disagree and strongly disagree. The remaining 12.8% neither agree nor disagree. The overall view is that the recruitment of teachers in basic education is inefficient and ineffective. Therefore, there is a low degree of approval to this statement. There is no doubt that, until the 1980s, the appointment of teachers in Libya was based on efficiency whereby primary and secondary teachers were well qualified graduates of teachers institutes and colleges of education and science. Clark (2004) stated that,

> "By the 1980s, Libya had made progress, but the country still suffered from a lack of qualified teachers and enrolments in vocational and technical training lagged."

Since the end of the 1980s a large number of Arab teachers have been dispensed with, and this coincided with the expansion of opening schools and the non-application of some educational policies based on the rehabilitation and development

of the efficiency of teachers please refer to (FTK: Teacher; Showhiada Ain Zara school; female,p,279). Therefore, the need for a large number of faculty members emerged and a large number of graduates qualified or not, were appointed subsequently to work in teaching. Consequently, the deterioration of the effectiveness and efficiency of teachers in primary and secondary schools in Libya are attributed to a number of issues such as the uncontrolled growth in the number of teachers.

5. Data analysis of the open questions (the education sector)

The answers on this part of study have been by set of education staff who have answered via a closed questionnaire, for more information about analysis of open questions data see Methodology chapter, p. 107. Sufficient time was allotted for analysis and transcription for the answers of all participants in the study in the final draft. The questions from this part have been included, with the four main areas being: educational achievements of government, the current situation of education in Tripoli, the suggestions to improve educational policy in Tripoli and difficulties getting to schools. The responses of all issues have been explained and aggregated and carefully studied. The following table shows the number and percentage of the sample answers to the following questions through some issues related to education policy into the open questions in the questionnaire.

Table 33 shows the main areas of concern raised by those responding to the open questions and the proportion of respondents who raised these areas.

Q1	*The efforts by government to raise the level of education for the population.*						
Statements	Equality in learning	The expansion of schools	the quantity and quality aspects	Teachers provide	curriculum	setting up educational policies	provided schools with laboratories
Number	242	156	192	97	124	166	252
Percentage	70%	45%	55.8%	28%	36%	48%	73%
Q2	*Views of participants of the current situation of education in Tripoli.*						
Statements	Education system is unstable	ministry of education decisions	the relationship between teachers and curriculum	training teachers			
Number	166	152	193	176			
Percentage	77%	44%	56%	51%			
Q3	*The suggestions of participants to improve the education conditions in Tripoli.*						
Statements	Increase of income	curriculum and social environment	achieve a high-level performance to students	supplying schools with the teaching aids			
Number	156	114	238	235			
Percentage	45%	33%	69%	68%			
Q4	*The difficulties with regard to transportation getting to school.*						
Statements	Lack of transportation	shortage of public transport	traffic congestion				
Number	220	66	282				
Percentage	64%	19%	82%				

5.1. The efforts by government to raise the level of education for the population

More than 70% of respondents suggested that among the important issues which the government has followed up is free education, which is considered as one of the basic and important factors that relate to achieving equality among citizens in learning. Besides, the literature revealed that the rate of enrolment in first stage

reached to very high level (Chapter 2, The National Report of the General People's Committee of Education (2008). Although there are many other positive aspects associated with this issue such as providing for different needs in the educational process, some of these will be touched upon. However, more than half of respondents pointed to a decline in the quality of education at these levels of education, especially in recent decades counting for more than twenty years. According to Sharif (2000) indicated to need the country to qualified staff (see chapter 2).

Conversely, a third of participants indicated that the quality of the educational system has reflected positively on the various aspects of life in the country. It appeared initially through the outcomes of education which worked in various foundations of society until about the mid-1980s and then started showing the low level of quality in the various levels of education. While 45% of respondents referred to the fact that there was the expansion of the building of schools and institutes, many participants see a disparity in the educational process in terms of qualitative and quantitative inequality, at the expense of quality. According to the findings of the survey in this chapter that was conducted among a sample of staff at schools a significant percentage of the participants (55.8%) agreed a focus on the quantity more than quality in education. This was in reference to the increase in the number of teachers and students in all stages. However, it has been confirmed by 28% of the respondents that the schools of Tripoli still suffer from the shortage of teachers in some disciplines. This finding consistent with what mentioned in the findings this chapter about a matter of educational level for students in these stages and also with The Report of the Libyan Jamahiriya - the Education for All (2000).

As mentioned previously this situation might be attributed to the imbalance in educational policies, for more details please refer to El-Tagiuri (2000), Chapter 2). Some also highlighted the importance of providing a textbook by government, regardless of the level or quality of the education system or development of the curriculum. This is because the government, according to 36% of respondents, is always making to change to the curriculum. The government has not taken teachers and their experience into consideration when issuing or carrying out these policies. Teachers and inspectors are far more experienced and familiar with the problems facing the implementation of the curriculum and education policies. 48% of respondents argued that this is due to the random policy making that the government has followed when setting up educational policies, as they inferred that when the government changed the curriculum in 2007, it did not take into account the possibilities and problems existing in schools and the process of retraining of teachers which is not enough and they started mostly after the application of the curriculum. This finding is consistent with the findings of earlier surveys within this chapter.

In addition to that, some of the vocabulary of the curriculum does not fit with society's culture and this makes the process of students' comprehension of many aspects difficult. This situation impacts on the capacity of teachers to deal with their students and to try to help them to study and understand the curriculum. One of the noteworthy observations which has been argued by more than two-third of participants is that the government has provided most of the schools in Tripoli with laboratories and teaching aids during the 1970s, but since that time, the government has stopped supplying schools with these aids, until 2007. These procedures have

had a role in the impacting of education and scientific performance for students in scientific disciplines and education in general within these institutions.

However, we should also consider that 73% of respondents in schools confirmed that the government has provided schools with laboratories, teaching aids and computers during the last three years, most schools have been supplied with similar aids relative to the numbers of students and discipline type. Along with these findings, a report conducted by The General People's Committee of Education - The National Report of the General People's Committee of Education (2008), indicated that the government carried out educational reforms such as offering of computers for students in various stages as well as some administrative reform and teacher training (see section one, Chapter two).

5.2. Views of participants of the current situation of education in Tripoli

In this question the opinion of the majority of respondents 77%, was that the educational system is unstable because of the general policy for the government, such as instability on an educational policies and officials. this finding consistent with what was mentioned in quote from a Head of school that was interviewed in this study see next chapter (MHJ: Head of Alraea Algathra school. Goat Al- shall; male. p,289). This influence is reflected in the different educational aspects, where, according to views of respondents, it is due to that fact that some decisions issued by the ministry of education were not carefully studied. And 44% of respondents have stressed the importance of this factor in affecting the low level of educational performance at these stages. In this context, the respondents indicated that the

emergence of some decisions during the school year were supposed to be applied immediately, such as converting to two semesters each year. However, this requires time and careful planning to develop a clear policy before implementing to avoid mistakes or failure or negatively affecting the students in their educational path. According to the opinions 56% of respondents, the current situation of education in primary and secondary schools in Tripoli has suffered several difficulties which cause a general weakness in the relationship between teachers and curriculum; this is reflected in the results of the students and their performance. According to the respondents there are two matters related to this situation such as the need for more attention to the development of textbooks in school and teacher shortages in some specialties. More than half of respondents had different views, where they stressed the importance of training teachers, even those who have graduated from higher education institutions. As known, there is not a mechanism for appointing teachers in basic education or middle education because many graduates of universities were appointed to work as teachers even if not qualified to teach. The findings is enhanced the findings in the next chapter by one participant in interview (MAG: administrative,.Secretary of Education Showhiada Ain Zara; malm. P, 274)

5.3. The suggestions of participants to improve the education conditions in Tripoli

Many of the respondents, 45%, believed that there are factors leading up to some other factors, such as teachers' incomes. Some considered that the teaching staff income or the economic situation of the teachers is the basic and important factor in the low level of performance of teachers due to several reasons, including the inability of the teacher to provide for the needs of their family in light of a low

income, especially if this factor was associated with another factor such as large family size and the presence of their children within the schools, these all impose significant responsibilities on the parents especially if the teacher was the father. In Libyan society providing for the needs of the family is mostly responsibility the father, especially if the wife does not have a job. This in turn, makes teachers neglect the educational process and seek other work to meet the needs of their family. This finding agreed with what appeared in section two of this chapter (Table (26) Distribution of sample by income level)

However, 33% of respondents suggest a link between the improvement of educational policy in Tripoli and a good curriculum that is suitable for the social environment of Libya by providing all types of teaching aids. Thus, according to the respondents, the curriculum being implemented in basic and middle schools in Tripoli, in reference to the Singaporean curriculum, does not suit the social environment of the student, therefore impacting on the low level of performance of students and hence according to participants' views, Tripoli should return to the previous approach and abolish the imported curriculum. more than two third of respondents also referred to the importance of supplying schools with the necessary teaching aids in order to carry out this curriculum and overcome the difficulties teachers are facing. The participants have stressed the importance of giving a broader role to monitoring and improving education through the emergence of the so-called Teachers' Union. In this context some of respondents argue that:

> "This foundation in Tripoli does not have any role currently therefore It should appear in the form of an independent institution and support the teachers to help solve their problems and provide for their needs."

About a fifth of participants mentioned the importance of increasing the number of

schools in Tripoli. They indicated it is clear that the reason to increase number of schools is due to the expansion of specialist schools in recent years. This then requires the presence of additional schools to address the problem of a lack of some disciplines because of the inability of some buildings at the moment to accommodate these other disciplines. More than two thirds of participants referred to the importance of focusing to achieve a high-level performance to students in these stages. In this case, some of them confirm the importance of qualified teachers and some of those participants referred to the need to determine the number of students in the classroom, while others focus on the need for refresher courses for teachers on the curriculum prior to their implementation.

5.4. The difficulties with regard to transportation getting to school

In the answers, 64% of participants indicated that there is a lack of transportation which links different areas of the city in order to help students and staff get to their schools in the limited time. Also, 19% of participants mentioned that there is not a mechanism to organise and offer public transport to link between a basic education, middle institutions and the ministry of education in Tripoli and also among schools and different districts in Tripoli. In this context, according to the answers of some participants most education institutions within Tripoli, whether schools or offices of education that follow to the ministry of education, need to exist and transportation will help to link between every educational institutions and solve many of the difficulties. As mentioned in the survey, the majority 82% of participants indicated that the difficulties which faced students and staff in just getting to schools is due to shortage of public transport and also traffic congestion from their homes to schools

in the city of Tripoli. In the opinion of participants, these difficulties have had a role in impacting on the time of the staff and student and parents in general from and to these institutions. Because, this situation has a negative reflect in terms the low level of performance for staff and achievement for students. Also, the focus on the existence of transport for officials who work in education leads to saving time when undertaking visiting schools and its follow- up.

6 . Summary

In this section the researcher has reviewed the development of education in Tripoli and for this purpose a questionnaire was designed which has been divided to two parts incorporating closed and open questions. The first section consisted of 3 categories which included 20 statements. The first group covered such areas as: the opportunity to attend a school, the educational aids are available and the distribution of institutions and distribution of resources. The second section included questions on educational performance, the available possibilities in schools, future outcomes and the job market, the quality and quantity of schools, a need to increase schools, student numbers in the classes, reforming the schools and the educational level for students. The third group contained such issues as specialist schools and students' desires, teachers and professional skills, policy makers and education, policy makers and previous mistakes, recruitment of teachers, the laws and regulations, the preparation of educational policies and education services in the future. All these issues were expanded on in the second part of questionnaire (opening questions), which included most of the aforementioned matters. The questionnaire has formed in whole different opinions of participants about the educational reality in Tripoli and

its implications on various aspects of life, especially as it relates to one of the main aspects in the social policies (education) that is followed by the government. There was some disagreement, there was no strong disagreement and no statements were rejected completely from the responses of any statements of the three groups.

Conclusion

This chapter presents the quantitative data findings from this study. Cronbach's alpha test has been used to test the credibility of answers given by the sample from the questionnaire. In addition, the data has been analyzed using SPSS, beginning with a test of consistency. It shows the frequency and the percentages of the sample in tables and shows the distribution graphically in figures. It has been applied to all the statements given by health and education professionals - that is, those individuals making up the sample.

A significant proportion of the respondents included in the survey in the education and health sector seemed to be relatively satisfied with some policies that have been implemented. However, concerns about the nature and adequacy of health and education services offered for people in Tripoli were expressed. In some regards, a high proportion of the respondents on certain questions indicated worries regarding educational and health facilities (e.g. a lack of equipment and poorly qualified staff, especially nurses, was a concern in the health sector, as well as weakness of administration). On the other hand, there seems to be some positive aspects regarding health services, such as immunization and eradication of some diseases.

This chapter has also discussed findings regarding educational policies in primary and secondary schools, and has included the survey enquiry about several aspects such as equality among citizens in accessing education, development of educational institutions and the level of education services. Given the above findings and discussion, it can be concluded that while a large number of the respondents included in the survey seemed to be generally unsatisfied with education services in Tripoli, relevant literature has shown some consistencies with several other existing issues. For example, the Ministry of Education is required to consider the quality of provision in these stages and acknowledge the fact that some teachers are not well qualified. Conversely, it is the case that important aspects of educational policy, such as making education mandatory in the early stages, expansion of educational institutions and to give an opportunity for all individuals to be able access to education that have come out in the opinions of participants. There is a need to develop the skills of most educators at primary and secondary schools to be more confident in dealing with students and achieving a high level of performance. These aspects also apply to staff in health institutions. Thus, in this chapter, data has been analysed to examine the issues presented and to allow the reader a thorough understanding of the study. So, specific findings related to the data analysis of this quantitative and qualitative study will be presented in the next chapter.

CHAPTER 5

ANALYSIS OF THE INTERVIEW DATA

Chapter 5: Analysis of the Interview Data

Introduction

This chapter focuses on the analysis and discussion of qualitative results in this study. In the first section the analysis and discussion concerns the data in the field of health and the second section focuses on the analysis of the data in the field of education. This chapter also reviews common themes between health and education. In total, ten people (teachers, head of schools and administrators) at ten schools in Tripoli were interviewed during the months of November and December 2009, in Tripoli. At the same time another ten staff (doctors, nurses, management staff and technicians) in seven hospitals and polyclinics and at a number of health institutions were also interviewed. The institutions were among the schools and hospitals from which the questionnaire data had been collected. As mentioned above, the interviews in the education sector included a number of teachers, administrators and managers of schools in different parts of the city (please refer to Table 9, p.109 - Tripoli's districts and study places in the methodology chapter). These interviews have been summarized and checked in order to understand how far the educational process has been developed by the government's policies for basic and middle education, whether the commitment to a universal education has been met, what difficulties face the development and what the future plans for educational services might be. Also, as indicated previously, a number of doctors, nurses, administrative and technicians in the health sector were also interviewed (for more details, please see Table 8 in the methodology chapter). As can be seen, the focus here is with treating illness in contemporary Tripoli, the government's commitment to universal healthcare, meeting targets, achieving goals, the difficulties that face the development of health

policies and the development of health policies in the future. In total, interviews were conducted with twenty health and educational professionals in order to provide, according to their experiences and views, a detailed description of the development of policies in these sectors as well as individual attitudes and opinions to changes in the fields of health and education.

Section one. Analysis of the interview data (the health sector)

There is no doubt that government efforts play a major role in providing health services for citizens in Libya particularly in the implementation of health policies by the public sector, which depends on oil revenues to fund the health services. As a consequence, the aim of the research is to analyse and discuss the results that were obtained through the interviews with staff in the health sector in the city of Tripoli. Thus, identifying the government's efforts on the provision or delivery of health services to the citizens and the development and implementation of health policies and their impacts on the health status of members of the community are the main focal points of this study.

1. Treating illness

The government's health policies, according to the participants, adopted several measures in eradicating and treating diseases such as immunizations, developing health care, the establishment of public health centres, provision of specialized medical equipment, health awareness programs, the formation of medical teams to treat and eliminate diseases which sometimes appear and the development and qualification of nurses and doctors. In this regard, the State built a number of primary

health care centres, polyclinics and hospitals throughout Tripoli. And this is illustrated in the following quote from a Doctor who was interviewed for this PhD study, who was also acutely aware that as one disease is combatted, another one appears.

> MDA* "There is a good follow-up of communicable disease control and eradication and vaccinations are always available. However, the spread and evolution of diseases means that there is always a need for further follow-up and development of plans to eliminate the diseases. Many of the diseases have been treated and some of diseases such as Polio and Malaria have almost been eradicated and for a time Tuberculosis was almost eliminated before the emergence of AIDS." (MDA: doctor, Abu Sitta hospital chest diseases; male)
>
> (*) for more information on what these Codes means see the following table.

Table (34) indicated mean of codes in quotation of interviews (Health sector)

No.	Codes	gender	Job	The first letter of the name
1-	**MAH**	**M/** Male	**A**/Administrative	**H**
2-	**MDA**	**M/** Male	**D**/ Doctor	**A**
3-	**FTN**	**F**/ Female	**T** / Technician	**N**
4-	**FNA**	**F**/ Female	**N**/ Nurse	**A**

Therefore, since the beginning of the 1970s, the government has focused on the fight against diseases, especially infectious diseases, and conducted follow-up vaccinations for children in particular. This is what is confirmed by The National Plan of Training (2009), which indicated that the immunization rate for polio and for hepatitis B was 98%. In this regard also the results of the questionnaire in the previous chapter showed that more than half of the sample confirmed that there was focus by the government in the process of vaccinations. (For more information, please refer to the previous chapter: Section 1, Statement 3.1)

For example, the government made it mandatory for infants and children to be vaccinated and made a major effort by issuing cards and making follow-up appointments. This was a good step and, consequently, Libya has reached an advanced degree of immunizations. The 1976 Health Act regulated various aspects of health work. The first article (which is the State guaranteed healthcare as a right for every citizen) meant that medical services were provided free to all individuals. There was a system of health insurance for health services. After this law these institutions were integrated into a single institution, known as the health institution, and provided health services to citizens free of charge. The following quotation shows the opinion of a Doctor who was interviewed, about a mechanism which followed by the government to prevent, monitor and treat some diseases that represent a threat to the health of a large number of people:

> MDI: “Health care works in part in the prevention of diseases, which spread or appear in a certain period, as well as the treatment of chronic diseases such as diabetes, heart problems and others. In this regard, there is a centre of communicable disease, in addition to the Medical Supply Centre, which focuses on emergencies such as accidents”. (MDI: doctor, Tripoli medical centre; male)

In this regard, health education programs have contributed to individuals’ awareness of the benefits from health services, particularly with regard to the various vaccinations. However, there is still a need to develop health education programs. For example, there are some patients who suffer from diabetes who do not follow the doctor's advice, such as continuing to take medication or attending their medical analysis on a date specified by the doctor, and therefore this neglect by the patient shows a need to raise awareness and teach health education through several programs. And as mentioned above, the chronic diseases form a burden on health care, and did not gain enough attention by the government as is the case in the face

of communicable diseases; the following quote refers to the government's keen attention to the treatment of communicable diseases.

> FNA: "It is known that communicable diseases, endemic since the beginning of the seventies, were the focus of attention for health policy makers at the time and the situation continues until the present day…Also, it is not only a slogan, but was reflected in practice through the national anti-tuberculosis program, which was an excellent step and advanced at that time. Therefore, Libya was one of the first countries in the Arab world, which combated this disease." (FNA: nurse, polyclinic of Got Alshall; female)

There are some diseases, for example polio, conjunctivitis, measles and tuberculosis, which have been eradicated not only in Tripoli, but throughout Libya. This matter has long represented a main challenge to the health sector in Libya, according to findings from the literature which indicate that a significant number of these diseases have been eradicated for three decades (for more information about this issue refer to Metz 2004, literature review chapter). However, the emergence of HIV/AIDS in the developing world has helped the recurrence of tuberculosis in spite of the advanced level of treatment. However, despite the lack of accurate statistics about number of cases in Tripoli, a limited number of cases in Libya were presented in The Annual Statistical Report for The Health Sector and The Environment (2007). Based on these statistics, there were 772 Pulmonary Tuberculosis cases throughout Libya. An interview conducted during fieldwork study with an Administrator in a Tripoli hospital indicated that the government's role in follow-up and development of programs for the prevention and treatment of this serious disease was important by stating:

> MAH: "As is case in other countries, some foundations and rules have been followed in dealing with the diseases through research, organize and developing a plan to deal with the various cases of disease. For example, the therapeutic and preventive aspects of healthcare are complementary, but the

> curative aspect is the basis in dealing with any disease, especially AIDS. Also, some diseases are treated through therapeutic vaccines and other preventive measures.” (MAH: administrative, Hospital of Gurgi; male)

Accordingly, there are multiple policies for addressing communicable diseases and taking follow-up action. For example, at the beginning of the 1970s, a national program was established to supervise communicable chest disease. This centre’s goals were to supervise the diagnosis and treatment, which are free for all. Also, there is a system of health indicators. According to Pospisil (2011):

> "A greater life expectancy at birth, a lesser chance of dying prior to the age of five and reduced risk of death due to communicable diseases. There was significantly more medical staff per capita, especially nurses. The government provides free health care for citizens, and immunization rates are high."

Therefore, the Secretariat of Health always seeks to upgrade health in accordance with these indicators. In addition, medical teams are formed to treat and eliminate diseases, which sometimes appear. Although, as mentioned above, these issues were apparently consistent with these indicators, they related in particular to communicable diseases. Also, this correlates with what was discussed in the previous chapter (for more information, see Chapter Four, Section 1, and Statement 5.3.). However, health policy has failed in achieving progress in other aspects in dealing with some diseases, especially chronic diseases and whether these diseases are followed up or medicines are provided free for patients. According to a Doctor who was interviewed, the government has relied on foreign doctors in treating several diseases:

> MDF: “The State has succeeded to a large extent through the provision of treatment in eradicating many diseases. Some diseases are being followed up and the extent being verified in order to control them. Therefore, a large number of doctors and nurses were brought in from abroad such as Bulgaria -

> Ukraine - Pakistan - India – Egypt.” (MDF: doctor, Hospital of Communicable diseases, Gurgi; male)

The State's policy in providing treatment to eradicate diseases was represented, firstly, in the construction of several hospitals and providing adequate numbers of doctors and nurses. Especially at the beginning of the 1970s there were limited numbers of doctors and nurses (for more information and figures on the increased number of doctors and nurses, please see the previous chapter, Figure 7: Distribution of sample by age.). Therefore, the government began to expand the Faculties of Medicine and Schools of Nursing, and there have been a large number of graduates. However, the health policy remains focused on increasing the number of doctors because the country still needs greater numbers of them. The following quotation refers to the attention of government in reinforcing health care across several aspects:

> FNF: “Health services focus attention on the immunization programs, treating and eradicating communicable diseases. The State’s health policy is to eliminate the diseases through issuing laws and allocating resources to address and eliminate a lot of diseases. Such a policy is ongoing particularly with regard to vaccinations and free treatment in tackling communicable and infectious diseases.” (FNF: nurse, Tripoli Medical Centre; female)

This statement refers to the role of resources in the face of disease and elimination, and some previous studies confirm this. For example, El-Hawat (1994) indicated that there was a significant increase in national income allocated by the country for the health sector which reached 12.7%. This rate compares well with some Arab countries which allocated only half this amount. This has been achieved in light of the economic growth witnessed in Libya during these decades. Meanwhile, in spite of the State’s efforts to control or eradicate a significant number of communicable diseases over four decades, some diseases, after they initially decreased, then increased again. For example, according to the People's Committee for Health and

Social Security (2009), the number of measles cases declined from 7,413 in 1969 to 207 case in 1989 to 8 cases in 2007. Similarly, cases of tuberculosis decreased from 1,905 in the year 1969, to 265 in the year 1989 and then rose again to 871 in 2008. The increased rate of tuberculosis among citizens in recent years is attributed to the spread and increase in HIV/AIDS rates amongst various communities, particularly in Africa.

> MAS: "The health policies, followed in the treatment and elimination of diseases, have been through health laws and the General People's Committee's resolutions. The Health Act, at the beginning of the seventies, made vaccination mandatory under the law, which was, at the time, one of the most prominent aspects of health policy in the eradication of diseases." (MAS: administrative, Alhe Algame Polyclinic; male)

The government declared that the most important of its policies, in this regard, were represented in the 1973 Health Law 106, whereby Article 50 stated that:

> "Medical treatment and its aftermath in hospitals, clinics and the health units in its different therapeutic types, which were establishment by State, are the right of every citizen and everyone is equal."

Furthermore, as stated by Abudejaja and Singh (2000), The General People's Committee for Health and Social Security in Libya has provided a framework for the health strategy. Based on that, the aim of the health policy was to design and implement health programmes to deliver comprehensive medical care services to all citizens throughout the country. Thus, the government's efforts in the provision and development of health services over these contracts and to identify to which extent have benefited the citizens of these policies and their role in health promotion and their impact on social life of the citizens would be clearer in analysis of the next results.

2. Government's commitment to universal health care.

In the following quotation, a Doctor who was interviewed indicated that the policy of the government in making health services accessible to all members of the community in Tripoli expressed by work to expand the construction and equipping of health facilities during period 1970s appeared to have worked:

> MDA. "The health policy, since the beginning of 1970s, was reflected in a number of polyclinics being opened throughout Tripoli. This was a good idea aimed at providing access to medical services, as well as reducing the burden on the main hospitals. Non-intractable diseases such as ear, nose and throat and eyes are treated in specialist clinics within each Polyclinic. In addition, primary care services are provided in health centres in each neighbourhood of Tripoli." (MDA: doctor, hospital of chest diseases; Abu Sitta; male)

Health care services are one of the most important issues highlighted by the government. Since the beginning of the 1970s there have been several factors that led to the development and improvement of health services and made them available to all members of society. These are namely: economic growth from oil revenues and the government's desire to make services accessible to all individuals as well as attention to health in most countries of the world. Most of these aspects have been included in the development plans since the beginning of the mid-1970s (for more information, please see the development Plans in health sector mentioned in the chapter one). Furthermore, The National Centre for Planning and Training statistics (2005) showed that the development of health facilities in Tripoli increased by 50%, whilst there had been no change in the statistics collected from the polyclinics and there were the same number of polyclinics since 1980s. Thus, the lack of increase in the number of polyclinics was not consistent with the increase in the number of the population. In this regard, the number of central public hospitals remained the same

since 1985, whilst the number of laboratories and medical stores increased by 225% in the same period (Dakhil, 2007). This is what is confirmed by the next quotation: the government focusing on limited health issues and perhaps, according to the literatures above, the government did not continue in the development of health policies based on the needs of individuals and development of health services.

> FNA: "The most important goals of health policy at the outset are addressing diseases and controlling and eliminating them; providing health services to all citizens and detecting and following-up patients, who need vaccinations and medicines." (FNA: nurse, Ghut Al Sha'all polyclinic; female)

Accordingly, the health policy was successful in achieving significant progress with regard to the elimination of many diseases, especially those to which children were exposed to in the first months and years of their lives. Hence, health care services reached all the people and, as mentioned above, some information showed that health services provided to all citizens included the detecting of diseases and following up of patient aftercare health. Nevertheless, as mentioned in the previous chapter, there is some literature which indicates that there were significant increases in the rate of some diseases such as diabetes, heart and chronic diseases. Despite that, access to health services is available to all people in Tripoli. However, for more than two decades, there have been many difficulties arising from the quality of the services. According to Delegation of The European Union to Libya (2010:2) confirmed the situation as follows:

> "All citizens have free access to a generous package of health care, there are concerns about the quality of the services provided, which is prompting many citizens to go to neighbouring countries for specialised treatment, or to use the emerging private sector."

Accordingly, most of patients in Libya are looking for treatment from Tunisia, Jordan and Egypt.

Despite what is said about the expansion in the provision of public services and specialized, as is evident in the following text; however the issue of quality in service provision remains the main problem in the various aspects of the health system. One Doctor interviewed for this PhD study reported that:

> MDF: "The policy, which has been depicted for the delivery of health services to all citizens in the city, is the expansion of public hospitals and specialized services in addition to the establishment of health care centres in each district of the city of Tripoli, according to population density ... Their role is to receive patients and provide first-aid, treatment, and follow-up patients." (MDF: doctor, Hospital of Communicable diseases, Gurgi; male)

Most hospitals and health centres were built in the period from the mid-1970s to the early 1980s. In addition to these, some health centres, major and specialized, were built after this period. In fact, they offer services not only to the residents who live in Tripoli but also provide services to a large number of people from outside Tripoli. Indeed, one Doctor indicates that the health polices at this time offered stability and a clear focus on meeting the needs of local populations via the polyclinics:

> MDF: Seven polyclinics have been established in the city of Tripoli in the beginning of 1980s with the latest equipment to enable medical personnel to receive the cases that are transferred from the primary health care centres for treatment, and transfer them to the public hospitals, if necessary. The health care centres were established according to the distribution of the population whereas each clinic serves a number of neighbourhoods located near it. This situation continued from the mid-seventies until the mid-eighties through the application of the referral system. The clinics operated highly professionally and local and foreign doctors carried out surgical operations for various diseases at some polyclinics. (MDF: doctor, Hospital of Communicable diseases, Gurgi; male)

In order to deliver health services to all citizens in Tripoli the government worked to build a number of polyclinics in various parts of Tripoli to cover the need for health care services. In the meantime, and according to Rhouma (n.d), the distribution, design and provision of services were good. However, these clinics faced some problems. For example, polyclinics and health centres relied largely on foreign doctors and nurses but, due to foregoing the services of a large number of them, the city lacked sufficient numbers to run these centres. After that, they relied on foreign staff in providing citizens' access to health care services and this continued approximately to the end of the 1980s. Therefore, due to reduced reliance on foreign staff, health centres and polyclinics became unable to provide the same services, especially in light of the shortage of doctors and lack of adequate funding. For example, the World Health Organisation (2007) indicated that low salaries for Libyan doctors compared with the foreign doctors working in Libya, led to make many Libyans choosing to make their careers abroad and Libya has been forced to import expensive foreigners to replace them. However, most of the foreign doctors left Libya in the beginning of the 1990s and this has impacted on the health service level in Tripoli which was confirmed by the literature in which some authors stressed that the lack of knowledge and experience impacted upon the quality of health services (for more information, please see the literature review chapter.). Kim & Cho (2000) indicated that most doctors and nurses who operate in polyclinics have not enough experience and training in family and community medicine. The following interview quote illustrates the weaknesses in many aspects of the health system – especially a lack of joined-up policies and overcrowding:

> MDI: “Medical services are available to all citizens equally. The difference in accessing these services is represented only in proximity to or distance from the health centre or clinic. In addition, the absence of applying a referral system between the health institutions impacted on the health system negatively whether in terms access of citizens on the health services by an organised way or low of quality level these services due to overcrowding.” (MDI: doctor, medical Tripoli centre; male)

Given the above information, and according to the first part of this statement, the health services to all individuals have been achieved in Tripoli. In this regard, the ability of the government in achieving many goals such as immunizations and eradicating some of communicable and endemic diseases and mortality of children less than five years of age compared well with the international health care indicators. In this regard, the Annual Report of the World Health Organization (1996) indicated that immunization coverage of children in their first year and pregnant women in Libya had progressed in most kinds of immunization. The Annual Statistical Report for the Health Sector and the Environment (2010) showed that the mortality rate of children less than five years per thousand live births reached 18 in 2009. It is can be said that, despite these advantages, the country still needed to achieve more since health services were still facing challenges due to the health institutions’ inability to apply a referral system. In this regard, some authors related to this issue such as Otman & Kariberg (2007:123-124) stated that:

> “In operational terms it can be noted that several practices need to be addressed before the Libyan system can be comparable to those of most healthcare systems in the developed world. These are the lack of a proper referral system and reliable health care information centres both locally and nationally. Also, although as we have noted previously there is a hierarchy of health care delivery systems throughout Libya, these need to be more precisely defined with particular functions and a better coordination between individual health care facilities as is done routinely in most of the developed world.”

> MDI: “The truth is that the government has achieved considerable progress in immunizations since the Revolutionary Command Council issued legislation in 1970, which says vaccination is compulsory for all children, and, if someone delays in having his children vaccinated, he will be punished for doing so. Furthermore, it is not possible to register any child in the civil register without showing a vaccination card. Thanks to this law, the level of vaccinations has reached 98% for some diseases and 99% for others because citizens feel vaccinations are necessary and inevitable.” (MDI: doctor, medical Tripoli centre; male)

One of the most important goals of health policy in Libya is to offer all kinds of available immunizations and make them freely accessible to all citizens to control and eliminate diseases, especially by vaccinating infants and children. All of these services exist and are available to everyone in Tripoli based on some of the statistics mentioned above. Some authors in previous studies agreed with these issues. For example, Ahteawsh (1999) and El-Hawat (2004) stated that there was significant progress in immunizations. The following interview text reveals health centres are not distributed equally between the districts of the city, according to the population. There are issues of the locations of where the buildings are:

> MAS: “Establishment of health centres providing health services and free medicines and treatment equally to all people in Tripoli … the disparity in accessing the health services is just because of the distribution of health centres.” (MAS: administrative, Alhe Algame Polyclinic; male)

No account was taken of population density during the distribution of health institutions, especially the distribution of polyclinics, and this impacted on equality of access to services. Therefore, some polyclinics are congested due to population increases in some neighbourhoods and the widening services of these clinics. For example, polyclinics represented the second level after the hospitals in terms of providing health services for citizens in Tripoli. Seven polyclinics had been established and distributed throughout Tripoli. The Economic and Social Plan (1981-

1985) indicated that these polyclinics were established to serve from 50,000 to 60,000 people. In this regard, The Comprehensive Plan for Tripoli (2000) was intended to increase the number of Tripoli's polyclinics to 9 by 1980 so that each polyclinic would serve 87,000 inhabitants. Whilst the increase in population required more than 11 clinics in 1995 to serve every 76,000 inhabitants, it was expected that by 2000 this would increase to 13 clinics to serve every 74.000 inhabitants. However, for more than two and a half decades, the number of polyclinics remained the same until the time of the fieldwork conducted in 2009. Despite that, any citizen can obtain health care services from any existing health centre or hospital or clinic as it is available in the city. In accordance with these issues, the disparity in accessing the health services can be attributed to the failure to carry out such as these health policies.

In contrast to what is stated in the previous quote, the lack of access to medical services is due not only to the distribution of health centres in the city, but also illustrates the shortage of doctors and medicine as well:

> FTN: "Treatment and medicines are free for all people. However, the shortage of doctors and medicines in dispensaries and clinics impacted on the accessibility of health services from the nearest place." (FTN: technician, polyclinic of Allhoirea; female)

In this regard, and according to the survey findings in the previous chapter, a high proportion of respondents were dissatisfied with the services in hospitals (see Chapter four, Section 1, Statement 4.5). Also, the Health Systems Profile- Libya, WHO (2007) indicated that in primary health centres and units there was sometimes a shortage of medicines. Also, there was a shortage of qualified physicians to work in primary health care facilities.

This is consistent with what was said by a Technician in the interview, as illustrated by the following quote.

> FTS: "Currently, most clinics and health centres suffer from lack of doctors and medical supplies." (FTS: X-ray technician, medical Tripoli centre; female)

It can be concluded from this that the weakness of services in health care centres and polyclinics was because of either the lack of resources and doctors or due to maintenance operations in the majority of polyclinics. This led to an increasing number of people seeking to obtain the services from major hospitals, especially in light of what has been mentioned about the lack of more polyclinics. Consequently, this has led to hospitals being congested. In the context of health services, the associated literature from The Report Libya (2008) indicated that Libya's public hospitals became outdated and inefficient with regard to offering medical services to people and, therefore, most people suffered from a lack of services in these hospitals.

This issue is clear in the following quote, where a Doctor indicates the extent of interest shown by the government to health services in the 1970s and early of 1980s.

> MDL: "The large expansion in health sector led to utilization of health services especially in the seventies and eighties due to follow- up and focusing of development of health sector through relying on the local and foreign medical staff." (MDL: doctor, Hospital of Al- Zawiya; male)

However, the weak administrative planning and inefficient management led to rising costs of services and the increasing need for health services led to citizens lacking access to health services at the nearest place in some neighbourhoods, when required. Thus, the health system in any hospital is not merely made up of a substantial number of staff, as in Tripoli with the consequent overcrowding of administrative and under- / un-qualified staff, but should be better in providing proper medicine and

health care for patients. In the next point the participants' views about the health care system from different aspects will be analysed to find out to what extent health policy has been able to achieve its objectives in Tripoli.

3. Meeting targets, achieving goals.

To find out the role of the government in achieving its objectives in this regard, a Doctor who was interviewed, and who has a lot of experience of working in one of the main hospitals in Tripoli, noted there appeared to be major satisfaction in efforts of the government in the seventies, indicating the quality of provision during this period:

> MDL: “The goal of the health policy was to raise the level of primary health care services, which were very bad. The second objective was to eliminate widespread and endemic diseases over a period of 10 years, such as tuberculosis, asthma and malaria in some areas. Most of these diseases have been eliminated already with the huge expansion in health sector infrastructure and the availability of equipment. It was a golden period for health services and there was a quantum leap in this sector during the period of 1970s.” (MDL: doctor, Hospital of Sharea Al- Zawiya; male)

In this respect, as mentioned in the previous statement, there is sufficient evidence from the literature confirming the role of government in the development of health services and that, since that time, no new polyclinic has been established in Tripoli. Furthermore, focusing on the development of the human race and increasing the number of qualified professional medical staff was no less important than focusing on the provision of hospitals. In 1973 the University of Garyounis’ Faculty of Medicine was opened and two years later the Faculty of Medicine was opened in Tripoli. Subsequently, a large number of doctors were sent abroad such as to the United Kingdom, Canada and America to study in various medical specialties as the

number of graduates increased in the 1980s and 1990s. This is what has been stated in the following quotation from a Doctor:

> MDF: "The State has managed to achieve significant progress in expanding in the construction of buildings and the provision of budgets and graduating a large number of doctors, nurses, technicians and pharmacists… this expansion in some aspects has not been matched to the same level in the provision of quality services." (MDF: doctor, Hospital of Communicable diseases, Gurgi; male)

In the scope of horizontal expansion of universities, many medical colleges have been opened in different parts of the country such as in Tripoli, Bengasi, and Sabha and thus increased the number of doctors in the various specialties and also technicians and pharmacists in an attempt to cover the country's needs. According to this policy, which aimed to develop and increase the numbers of medical staff, the lack of facilities and hospitals equipped to do so and sometimes a lack of qualified teaching staff impacted greatly on the level of efficiency of outcomes. Along with these findings, the World Health Organisation (2007) indicated that most nurses suffered from a lack of quality nursing education and nursing practice, which resulted in health services functioning below par. Furthermore, related to this issue, World Health Organisation (2009), Country Cooperation Strategy for WHO and the Libyan Arab Jamahiriya 2010–2015, indicated that most health institutions suffered from weaknesses in the information and telecommunication infrastructure. For example, hospitals, primary health care centers and medical colleges did not have the necessary infrastructure to deploy health solutions. This concern is reflected in a quote from a Doctor which indicates the central nature of adequate funding:

> MDI: "There were, also, the financial burdens resulting from the evolution of treatment and individuals increasing life expectancy led to increased costs." (MDI: doctor, medical Tripoli centre; male)

As in most societies, especially those with advanced economies or those who have a high economic income, there is an increase in the average age and, therefore, there is more demand for health services especially for the elderly and patients in need of more care. This increases the health budget, especially in light of the evolution of both disease and treatment.

> MDF: “The main goal of the State’s health policy is that each citizen must receive an appropriate health service and also, in 1970, the government had confirmed that several illnesses must be eradicated” (MDF: doctor, Hospital of Communicable diseases, Gurgi; male).

Health policies have achieved many of the set goals by eradicating diseases, which were widespread, and significantly expanding the hospitals and health centres within the city in addition to providing all types of vaccines and medicines. Furthermore, the numbers of educational institutions such as medicine, pharmacy and dental have increased and large numbers of doctors, nurses, pharmacists and technicians have graduated, despite the country's need for more (further details about the increasing number of Libyan staff in health institutions can be found in chapter one, Table 6, the increases in health personnel.). The health policies have not achieved many of their objectives: for example, the referral system, which had been established in the 1970s and represented by a division of tasks between the various health institutions (for more about types of health institutions see Table (35) below), has not continued in the same way since the beginning of 1980. There has been a lack of continuity in the application of the referral system between the health institutions, which was aimed at easing congestion in the hospitals and achieving a level of quality in health services provided to citizens. The result was that the hospitals suffer from overcrowding and a shortage of sufficient means to treat patients. As a related example, some authors (Preston & Parr 2009) stated that evidence indicated most hospitals and clinics in

Libya still suffered from being poorly equipped. The reason was the neglect of the polyclinics and primary health centres, which do not work at the required level whether in terms of treatment of patients or provision of medicines. This led to negative changes in the level of medical services and some aspects not achieving the necessary health policy goals:

> "The policy that has been developed in response to achieve health services ... first level primary health care centres, the second level is the polyclinics, and the third level includes general hospitals and specialized centres. Terms of reference and classification of existing centres are A - B - C. For example, primary health care centres were providing a first aid, immunizations, school health maternal and child health, the health of the community." (MAH: administrative, Hospital of Gurgi; male)

Accordingly, the related literature by Otman & Kariberg (2007) indicated a set of an institutions; the public health system operated on three levels, namely the basic health care units, the basic health care centres and polyclinics. Therefore, according to some of respondents, the system gradually obtained the services of health institutions, based on a referral system, which was established in the beginning, and this allowed citizens to access health care services easily and from the nearest place. However, an absence in continuing this program has impacted on access to health care services in an easy and orderly way. The following table shows the type and numbers of the public health institutions in the city of Tripoli in 2006.

Table (35) types and numbers of health institutions in Tripoli.

Health Institutions In Tripoli	The public hospitals and specialized	The health centres	The health care units and polyclinics	Total
Number	12	54	31	97

Source: People's Committee of Public Health, Centre for Information and Documentation Report of the health sector, 2006

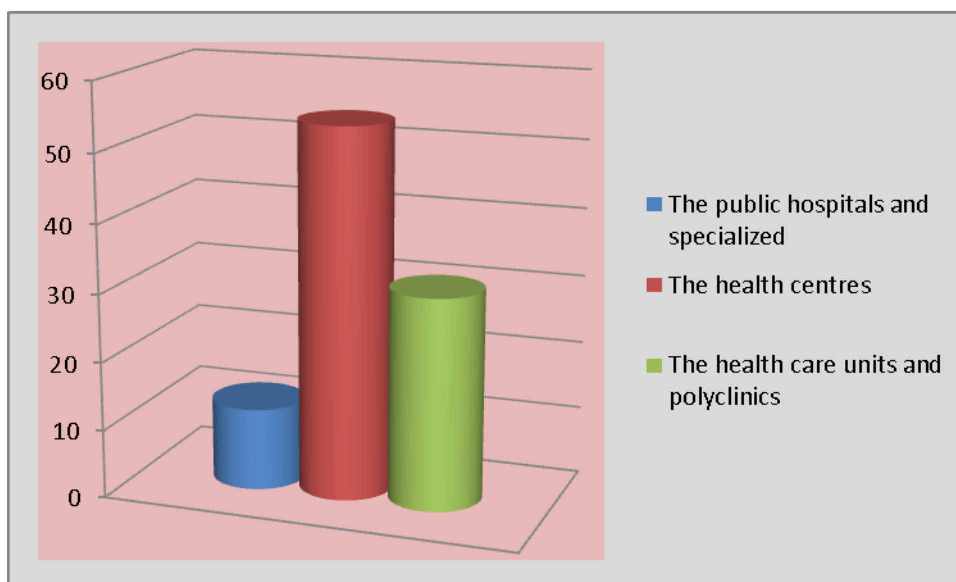


Figure (18) types and numbers of health institutions in Tripoli.

> MDF: "Also another aspect is the lack in building more polyclinics, especially with the increasing population in Tripoli, and the emergence of new neighbourhoods. Additionally, unexpected issues, such as migration, especially illegal immigration, have impacted on the health policy achieving its objectives and the budget allocated to the health sector has burdened development, which needs to be pursued further." (MDF: doctor, Hospital of Communicable diseases, Gurgi; male)

Among the issues which impacted on the implementation of plans and health strategies, both in the older and new neighbourhoods, was the growing number of immigrants from the cities and rural areas, which preferred stability in Tripoli. Thus, this emerged unplanned neighbourhoods, making the delivery of health services

difficult to achieve, especially in the light of the absence of a health policy. Clearly, administrative planning helps implement policies. Furthermore, illegal immigration is the other issue afflicting the health sector. It has increased the burden on the budget allocated to this sector, both in terms of the provision of treatment services for those people and immunization from diseases which they brought when they entered the country and which require treatment and follow-up. In this regard, external migration amounted to about 11% in 1984 and the country welcomed 411,517 people. Due to the expansion of development projects and increasing oil revenues, the percentage of people leaving decreased to 8.5% of the total population in 1995 (The Libyan Economic and Developmental Evaluation ,2007). This shows the concentration of the various services and health services in Tripoli thus was a factor in stability of people from other regions of Libya, and/or from abroad to settle in the city. The following text illustrates the government's efforts in providing some health care services.

> FTS: "One of the most important goals of health policy in Libya is to offer all kinds of available immunizations, make them free accessible to all citizens, and to control and eliminate diseases, especially by vaccinating infants and children. All of these services exist and are available to everyone in Tripoli." (FTS: X-ray technician, medical Tripoli centre; female)

As mentioned in Chapter four, according to the Centre for Information and Documentation 2009, almost 98% of children had been immunized against all diseases. There are some programs to raise awareness of health education such as seminars and ads and citizens respond, especially in vaccinating children, when any disease appears. However, awareness programs and health education still need to focus and develop. Elfituri et al., (2006: 155) referred to the importance of:

> "Reorganizing the use of different health education media in future planning, placing an emphasis on television techniques. Together with the introduction of a reliable database, this may facilitate proper planning and future evidence-based practices."

In this context, there is a need to review the discussion of the views of participants in the next section.

4. The difficulties that face the development of health policies.

The difficulties facing the health system in Tripoli could be described based on the following quotation, where there are both administrative and financial difficulties.

> MDI: "Amongst the difficulties, faced by the health sector in Tripoli, are doctors' desires to work in the main hospitals because there are some incentives to do so. For a long time there has been non-continuation of medical services because of poor medical supplies and lack of attention to the maintenance operations of buildings and equipment. In this regard, there are good policies but there is a problem in implementation due to administrative instability and constant changes even at the health secretariat level, which affects the implementation process. In addition to that, the money annually allocated to the health sector sometimes as a result of certain circumstances has not been spent in full." (MDI: doctor, medical Tripoli centre; male)

As mentioned previously, one of the main aspects which afflicts Libyan health policy is a lack of medical supplies. In this respect, it is worth mentioning that the largest percentage of respondents confirmed that there are difficulties in the diagnosis of illnesses due to the lack of medical supplies; see Chapter 4, Section 1, Statement 5.6). Also, Al- Hijazi, the Health Minister, confirmed that for more than two decades, there has been a shortage of medical supplies. There are also some negatives relating to access to health services, which resulted from a range of issues such as the constant changes in management and administrative neglect, especially since the end of the 1980s. Therefore, the difficulties often lie in the implementation of policies.

For example, when a new official was appointed, they did not keep the same approach taken by former officials. According to Barghathi and Ibairah (2007 this is reflected in the structure of the General People's Committee for Health since the founding of the People's Committees on March 1977 in Libya. The structure of healthcare in Libya reflects a broader state of general instability as a result of direction issued by the People's Congress in 2000 for reducing the number of ministries connected to the Secretariat of General People's Committee for Health. In this position policy has led to lack of organizational stability and structure in the health sector although they were not the most visible in the health sector compared with sectors in other administrative policy areas in Libya. It appears clear that the structure of the Health Executive has suffered due to the absence of public policies through one of the critical periods in the issue of the transition through the beginnings of the new millennium (Ibid:2007).

> FNA: "There are difficulties sometimes in carrying out health policies due to the ongoing changes in management. There are great difficulties facing the health policies, which is represented greatly by the emergence of haphazard neighbourhoods and unplanned situation in different parts of the city, and is a problem beyond the health sector's control." (FNA: nurse, Ghut Al Sha'all polyclinic; female)

This situation is contrary with what the government confirmed by the comprehensive coverage of the population through facilitating services and providing preventive and curative health. Therefore, work must be done on the need to take account of equality and justice when planning to set up projects for health services in Tripoli in order to achieve ease of accessing services at the lowest cost to residents in addition to the need for future expansion to accommodate any increase in population. Indeed, this is indicated in the following quote, from a Nurse who was interviewed for this PhD study, who agreed that an increase in population and overcrowding of patients is one

of the most pressing difficulties, as she added also the quality weaknesses of services:

> FNF: “Overcrowding of patients in hospitals is one of the difficulties facing the development of health policies, and as a result other problems appear such as quality weaknesses both in terms of the type of services or how to access them.” (FNF: nurse, Tripoli Medical Centre; female)

Often such problems are attributed to the polyclinics not doing their part in dealing with situations that do not require transfer to main hospitals or specialized services. In addition to that, the main hospitals in Tripoli provide services to a large number of people, even those from outside the city of Tripoli. The National Report of General People's Committee of Health and Social Security (2002) indicated that there was a clear lack of specialist doctors in some facilities. It noted that the number of doctors totalled 1,299 nationally compared to 213 non-Libyan physicians. According to the 1984, 1995 and 2006 censuses, the area Soog Al-Goma had a population of 81,300 in 1984, 101,000 in 1995 and, without the presence of any polyclinic, had increased to 114,200 in 2006. Furthermore, El- Mehdawi, (2004) indicated that there were no more than a total of seven polyclinics in Tripoli and each one clinic had to provide services for 134,000 inhabitants. Therefore, the number of these clinics was disproportionate to the population in Tripoli. The following quotation shows a number of obstacles which are associated with the issues that were mentioned, and also mentions other issues reflecting mostly the weakness of government policies and neglect of the health system as a whole:

> MDL: “There are many difficulties facing the development of health policies, such as reduced economic growth in some periods has impacted on health services; poor administrative planning; the high cost of services; shortage of medicines; and poorly qualified nursing staff. The problems faced by the health sector is not the doctors, but the nurses due to their lack of

> qualification and inputs from schools of nursing are poor, due to short period of education and lack of focus on this important element in medicine." (MDL: doctor, Hospital of Sharea Elzziwea; male)
>
> .

However, given the evolution of treatment and the high cost of services, each health facility requires equipment, different drugs, doctors and specialists for the delivery of services to all citizens. There is no doubt that administrative efficiency is the reason for the success of any work. When there are weaknesses in administration of the health sector, this means that there are problems in qualifying, planning and the ability to manage the facilities and specialization. Each aspect is linked with the other.

The following quote shows some of the important issues facing the health sector and reveals the confusion of the government in the provision of health services:

> MDL: "There are, also, fluctuations in medical supplies since drugs are not always available in hospitals or clinics. There are problems regarding the quality of medicine as some drugs entering the country and not at the required standard. Therefore, each of these aspects impacts on the development of health policies." (MDL: doctor, Hospital of Sharea Elzziwea; male)

Non-availability of some medicines in health institutions led to a number of problems due to the fluctuations in medical supplies, including the inability to monitor and follow up methods of distribution of the medicines between different centres according to the needs of each hospital and polyclinic. In addition, the quality of the drugs depends, to a large extent, on the rate of spending on medicines, as well as the channel responsible for their importation. In recent years, there are several agencies importing medicines after this was restricted to public companies. According to the World Health Organisation (2007:64),

> "Drugs and medical equipment used to be supplied solely by the National Pharmaceutical and Medical Equipment Company, which is a public company. The government has decided to allow the private hospitals and specialized private companies to import drugs. The National Committee for Drugs is charged to review the national standard list of drugs and to formulate the norms and standards for drug safety."

Perhaps the multiplicity of channels and the absence to fully follow up and control has led to problems in the availability and level of the quality of medicines.

Also, as understand from next quote from a Technician was interviewed in this study, and who highlights to the issue of haphazard neighbourhoods and unplanned in Tripoli, as one of the major issues in influencing access to health services.

> FTN: “There are issues with population density, the rapid urban growth and, especially, haphazard neighbourhoods and unplanned.” (FTN: technician, polyclinic of allhoirea; female)

In light of economic growth and evolution both economically and socially, the improvement of services led to an increase in the number of births and a decrease in the number of deaths. As mentioned previously, The Libyan Economic and Developmental Evaluation (2007) indicated that there was a decrease in the number of births and deaths. Health information Centre (2008) showed that the crude birth rate to total population represented 20.3 per 1,000, while crude death rate represented 2.6 per 1,000 residents. In addition, the increasing number of migrants in Tripoli, especially in the 1970s and 1980s, led to an increased population density in the city. The General Census of Tripoli’s Population (1984) showed that the people who came to Tripoli from various cities and villages reached 92,172 people. In this regard, the high rate of migration to Tripoli was because of the attractions such as work, services and manufacturing which helped to expand the city’s neighbourhoods. In this regard,

Ahteawsh (1992) indicated that the results of immigration, especially over a long period of time, were because of non-compliance with the chart's recommendations in the division of land for residential purposes, where more than 70% of the buildings around Tripoli were contrary to construction laws, whilst the authorities were unable to control the situation in terms of expansion in the planning of new neighbourhoods, including health and educational facilities, recreational and cultural for receiving migrants.

In this context, it also highlight another issue, which reveals the lack of a clear policy of the government no less important than former, and represents in guide the students to study certain medical specialties as needed to cover the deficit in some disciplines as indicates following citation:

> MDA: "There are large numbers of doctors and nurses. Despite the increase in the number of graduates, there are very few doctors in some disciplines, for example, anaesthesia, analysis of tissue, CT and nuclear. Therefore, there must be a clear policy to guide students to take advantage of the different disciplines." (MDA: doctor, hospital of chest diseases; Abu Sitta; male)

Although there are large numbers of doctors, there is a shortage in some medical specialties and this is because of the lack of a clear policy and specific guidance to students when studying abroad, according to the needs of hospitals in various disciplines. On the other hand, the migration of doctors represents one of the most important issues which impacted on the development of health services. For example, large numbers of specialists and doctors who were sent to obtain high qualifications from developed countries, preferred not to return to work in the country. Related to this context, International Migration of Health Workers, World Health Organisation (February 2010:5) examined this issue in developing countries and indicated that:

> "Despite the lack of doctors and nurses in many developing countries, the first motivation for migration is often linked to more and better employment opportunities abroad (encompassing salaries, working conditions, career advancement, etc.). Wage differentials across countries play an important role, but is not the only determinant, as other factors such as the possibility to offer a better and safer future to their children may also be determinant. Very often indeed, migration of health workers will be a symptom of the difficulties faced by the health system, and more generally the society, of the country of origin rather than its direct cause."

As mentioned above, most developing countries suffer from the problem of migration of doctors because of the factors mentioned above, and Libya is one of these countries. Examining this issue in their study, Benamer et al.,(2009) indicated that 50% of Libyan doctors who stayed abroad stated that the main reason was professional (further education and research), 31% gave economic factors as the main reason, and the remaining 19% stated that personal or family reasons were the main cause of their residence abroad.

The overcrowding of patients has been mentioned earlier, and there is another issue that has been mentioned by a nurse who was interviewed and this is the existence of a shortage of skilled technicians:

> FNF: "The overcrowding of patients, especially in the main hospitals, and the technicians are not well enough skilled to operate the devices." (FNF: nurse, Tripoli Medical Centre; female)

The overcrowding of patients has impacted on hospital services due to lack of services in polyclinics and small health centres and the absence of efficient management in the health sector. Accordingly, we can infer from this statement that the congestion taking place in hospitals, especially in the main hospitals, is attributable to a group of circumstances, including those mentioned previously as well as the result from the lack of expansion of polyclinics within Tripoli for

approximately three decades, also a lack of application of the assignment system, as well as a shortage of doctors in these centres because they wanted to work in the larger hospitals. In addition, there was maintenance work (repairing old buildings). All these factors impact of the confidence that Libyan citizens have in their health system. There is patient movement between clinics and hospitals that are due to congestion and the lack of focus on preventative healthcare is a concern for both citizens and medical staff. For example, preventative healthcare requires continuity of planning and policy and constant changes in officials do not help in this regard:

> FNF: "The absence of planning for the haphazard neighbourhoods, which appeared in several parts of the city including a large number of the population; the constant changes in officials; lack of skills; mismanagement; and the migration from other countries require the need to increase health care and services. There is, also, a need for financial resources, especially in light of the evolution of disease and treatment." (FNF: nurse, Tripoli Medical Centre; female)

Such difficulties affect the process of implementation of health policies, especially as they are directly relevant to several essential aspects and related to the health system. For example, the extent of reliance on the skills and expertise in the process of implementation of health policies, in addition to the money spent on health services and, especially, the extent of the disbursement of these funds in the right place. It represents a fundamental problem facing the health sector in Libya and has led to difficulties in achieving improvement and development of health services.

As pointed out by some participants, indirectly, is the lack of using these funds to improve health conditions for people. It means the inability of the government's programmes and policies in activating the optimal investment of resources in the sector. However, according to the Centre of Documentation and Information Report

(2009), expenditure in the health sector reached 2 billion Libyan Dinar in 2009. Nevertheless, Barghathi, (2010:46) stated that

> "If all the money in Libya had been spent on the health sector, it could not directed by the health system from the tunnel of degradation."

Barghathi, further indicated that the most important imbalances of the system cannot be cured by providing financial resources only, but that these must be addressed in a holistic manner and the processes not fragmented (Ibid: 2010). In particular it could be said that the crisis in the Libyan health system is exacerbated by the upsurge in the non-confidence of citizens in health system. Current developments in the health sector perhaps enable the participants to clarify their expectations on the development of health policies in the future and the following statement shows the views of participants on this issue.

5. The development of health policies in the future

There are future plans for the development of health services and their role in the improvement and development of health services in various parts of Tripoli. As it is clear from a quote an administrative was interviewed in the study, that there are policies in this regard the government seeks to implement them:

> MAH: "In this context, there is a plan, which is now being studied and will be launched next year in 2010. The implementation of some its aspects are represented by the current establishment of laboratories for tuberculosis, already providing equipment and services and voluntary testing and counselling on AIDS will soon begin." (MAH: administrative, Hospital of Gurgi; male)

In spite of the shortcomings in many aspects of the health system as many of the literature and the views of many participants .However, the State began to put the

treatment of communicable diseases as one of its priorities, as well as focusing on primary health care and attention to the health of its society. In addition to that, findings from the literature indicate that this issue is a priority within Libya's health system according to WHO (2006:18-19) which indicated that within the central control of communicable diseases, it has identified some priority areas in:

> "The strategic plan for 2005-2009 for HIV/AIDS prevention and control aims to achieve a successful control programme in order to reduce the incidence rate."

Amongst of issues that get attention recently by the government is matter of nursing, where one of respondents, has referred to focusing government on this matter:

> FTS: "There is, also, focus on the development of nursing through the establishment of a College of Nursing in Tripoli." (FTS: X-ray technician, medical Tripoli centre; female)

Good nursing is an important element in achieving successful health care and providing proper services to citizens. Consequently, any deficiencies in the training of nurses leads to considerable disruption in the level of the services provided by the government to the people: given the problems associated with the weakness of skills and the ability of nurses to provide services resulting from the lack of skills it is essential that nurses are fully trained work in this sector. Accordingly, the opening of the College of Nursing in 2007was the first of its kind in Tripoli in an attempt to qualify the elements of good and overcome such difficulties and to contribute to improving the level of services related to nurses' functions. Thus, their outputs will contribute to the development and improvement of nursing, especially if there is a focus on both the theoretical and practical aspects. In this context, one respondent explained that desire of the government in recent years drove to several steps to development health policies:

> MAH: "Libya has a desire to open up to the outside world and this has a positive impact on health policy and development of services. Among the steps taken by the State in this direction are preparation of doctors and the process began to, qualify them through training courses abroad, and those choosing to work in the field of public health will be distributed to health centres in the future." (MAH: administrative, Hospital of Gurgi; male.)

In accordance with this policy, there will be a family doctor in various health centres and, therefore, this is a good step in the right direction in developing and following up work, especially as it will reduce the congestion in hospitals in light of the application of the referral system.

> MAH: "There are plans to establish medical laboratories to address diseases as well as a desire to increase income for all medical staff." (MD.H: administrative, Hospital of Gurgi; male)

An important issue that must be taken into account and contributes greatly to improving the level of services is improving the income level for all staff in the health sector, without exception, according to each person's degree, experience, skill and function. Although, only the income level of staff in teaching hospitals has risen in recent years, according to the testimony of a number of doctors and nurses, a decision will be made at the beginning of 2010 to lift the salaries of all employees in the health sector. This, with other reforms, will contribute to the development and improvement of various aspects of health services in the future.

One doctor described that it will be during next few period increased of income for all medical staffs in Tripoli:

> MDA: "Over one to two years there will be better primary health care in clinics and health centres, especially in light of the recent decision, which confirmed increased salaries and incentives for all staff in all hospitals." (MDA: doctor, Abu Sitta hospital chest diseases; male)

It can be seen then that health policies aim to improve and develop medical services in the future by raising salaries of staff, as well as qualification courses being

available at home and abroad and trying to facilitate full medical supply operations so shortages are avoided.

All these good steps to raise the level of medical services depend on the implementation process and good specialized management, especially if the focus is on retraining, development and improvement of the administrative sector in various health institutions with the application and follow-up of the laws in the various administrative, technical and financial aspects.

Also, one respondent indicated that there an attention of government to achieving these issues.

> MAS: "The Ministry of Health aims to achieve some aspects such as the training of family physicians; improving the skills to many of nurses; training courses abroad; improving the income of staff; improving quality through qualifying more medical staff; and increasing the number of students studying abroad." (MAS: administrative, Alhe Algame Polyclinic; male)

All of these incentives and facilities will lead to improved health services and develop them, especially if focused on important aspects such as health care institutions, the effectiveness of primary health care for the family, mother and child public health and other services which are important to citizens' health and wellbeing. In this context, family physician practices and health insurance are being introduced, In spite of the state having not given significant interest to develop several of health aspects for a long time. Hence, the government began seeking to achieve some progress in this regard through embracing some health policies. As an example, according to the World Health Organisation (2007) family physician practices and health insurance are being introduced.

> FTN: "Health policy in the future cannot predict all its aspects, but the Ministry of Health, perhaps, can make some efforts currently to contribute to the future development of health policies. These efforts should include

> increasing the level of income; qualifying more nurses; and placing an emphasis on scientific conferences and workshops." (FTN: technician, polyclinic of allhoirea; female)

There is a focus on scientific conferences and workshops at the present time, given that this aspect has not seen much attention in past years. Thus, the results provide continuity and possibilities. Furthermore, it has become an important aspect with regard to progressing the level of quality and all that surrounds the process of developing health care.

Furthermore, one participant explained:

> FTN: "There are plans to develop medical staff to replace foreign doctors in some disciplines." (FTN: technician, polyclinic of allhoirea; female)

There are some medical specialties in some hospitals which rely on foreign doctors, especially disciplines that lack the national elements because few qualify, for example, respiratory diseases. There is a plan to train a number of the Libyan doctors to replace foreign doctors in the future in these disciplines. Moreover, there is a need to increase the number of specialists according to WHO (2007:12):

> "Libya still finds itself lacking in specialists in a number of key areas such as anesthesia, cardiology and radiology, despite enormous number of medical students, and the funds spent on scholarships for doctors to specialize abroad."

In this respect, the improvement of hospital buildings which are being carried is an important factor in improving the health services in Tripoli for the foreseeable future:

> FTS: "There are now maintenance processes for most polyclinics in the city, which will help to improve the level services for people and reduce the burden on public hospitals." (FT.S: technician, Tripoli Medical Centre; female)

Accordingly, maintenance operations, which are still implemented on a large scale in

the city of Tripoli at the time of this study, especially in polyclinics, will greatly assist in providing services to citizens and reduce the burden on hospitals in the near term. This will be an improvement, especially if they are provided by associated sophisticated equipment: this will increase the number of doctors, especially in clinics and health centres, and increase incomes and a focus on medical supply operations will lead to the development of services.

6. Summary

I have reviewed the important issues for this study in a research context by focusing on several aspects of health policies such as treating illness, universal health care, achieving goals and the difficulties that face the development of health policies now and in the future. The views and opinions of health staff have been discussed. As is the case in analysing interviews, the opinions and feedback were from those people who work in the health sector, reviewing their interviews to help determine the conditions of health care in Tripoli and the health services offered in the various health institutions.

In this section we have discussed and analysed the data from interviews and reviewed the literature as well as the quantitative data to provide a broad knowledge for topic. The research also analysed in this chapter showed the government's efforts in the provision and delivery of health services through the participants' views about the development of health policies in the treatment of diseases and their elimination. Supportively the data analysis by the literature that related with the development of health conditions whether negatively and positively.

Section Two. Analysis of the interview data (the education sector)

As in many developing countries, the development of education at the basic and middle stages in Libya has experienced massive expansion in terms of quantitative growth in numbers of students and teachers and distribution of education institutions during the period from the 1970s to 2009. Hence, the researcher seeks in this section to determine the negative and positive issues of this expansion on society, by analysing a number of interviews that show the extent of the development of education policies in Tripoli.

1 . The education policies of the basic and middle stages

The spread of universal education in all areas of Tripoli was the main aim for the government, as illustrated by this Participant who confirms that the government sought to make education accessible to each individual in the city.

> MTG*: "From the beginning of the 1970s the government confirmed the importance and need to compulsory basic stage education. Therefore, the spread of universal education to all neighbourhoods became one of the most important pillars of the educational policy at that time. Therefore, a plan was put in place to expand universal education to all neighbourhoods through creating large number of schools to meet needs of the educational environment of modern Libya." (MAG: administrative Secretary of Education, Showhiada Aeen ZArh)

(*) for more information on what these Codes means see the following table.

Table (36) indicated mean of codes in quotation of interviews (Education sector)

No.	Codes	gender	Job	The first Letter of sir name
1-	**MAF**	**M/** Male	**A**/Administrative	**F**
2-	**FTN**	**M/** Female	**T**/ Teacher	**N**
3-	**MHS**	**F**/ Male	**H**/ Head of school	**S**

There was a focus on the development of educational buildings and, in accordance with patterns of education and its requirements, the schools' design changed from 6 to 20 classrooms. In addition, model schools were created with all the schools' equipment needs were designed, built and implemented by a Korean company. This development also included the expansion of teacher training institutes to provide a high level of qualifications. The expansion in the construction of schools from the pattern of Korean schools was part of the development of education policy and the Korean company was chosen because this model met the requirements of professional and specialized schools and the need for a large number of classrooms, laboratories and administrative offices across Tripoli in particular. In addition, in the early 1980s the trend was toward specialization in secondary education through educational structure programs. This had been applied only partially until the academic year 2001 to 2002. According to The Statistical book (2006), the emergence of many negatives in recent years concerning education - such as the expansion of the specialized schools without control - led to many students focussing in very specific disciplines leading to a deficit in the labour market in receiving graduates. Overall, the needs of the specialized schools were not met; there was a

significant shortage of specialist teachers, laboratories and workshops, all of which showed a weakness and inadequacy in the education system.

However, one participant mentioned that educational policies from the government has provided for schools in Tripoli with several aspects:

> FTF: "Educational policy was to develop and improve educational services in various stages so that every member of society could access education. There was, also, considerable interest in the curriculum and textbooks and teaching aids and follow-up health checks for students were provided." (FTF: Teacher, School of Pab Ben Gasher; female)

This was done through the widespread expansion in the construction of schools and institutes to meet the needs of the country's workforce in various sectors such as health, housing and communications. In the light of development plans and economic growth, which the country witnessed from the beginning of the 1970s until the mid-1980's, the state sought to develop education in terms of increasing the number of schools and giving all citizens the opportunity to access education. According to Said (2000) all the educational aspects of primary and secondary education were fully funded by the government, which took responsibility for the curriculum and provision of teachers. In this respect, one teacher stated that government has sought to develop its educational policy through compulsory education and development of teachers institutes:

> MTP: "Educational policy since the seventies focused on education, which was compulsory and specialization in the graduation from teachers institutes, through the system changing from two to four years and then became a five-year course with specialty in the final two years of study." (MTP: teacher, school of Al oihda Al Arabea; male)

The purpose of this policy, which was followed by government, is the need for a basic education which is both free and compulsory, and which lasted nine years from

when the student first entered the school. The main objective was to eradicate illiteracy, which was rampant, especially amongst women. The 1975 law 95 stipulated that primary education was compulsory for all children, girls and boys, and was to be provided free of charge. As a result of this policy the number of foreign teachers were reduced and replaced by Libyan teachers except in some specialties. Furthermore, according to Metz (2004), during the 1970s, the training of teachers was increased in an effort to replace the Egyptian teachers and other expatriate personnel who made up the majority of the teaching force, and this policy aimed to rely on Libyan teaching staff instead of foreign teachers. Also, some available statistics showed that during the period from 1970 to 1986, the number of teachers in Libya rose from nearly 19,000 to 79,000 (Ibid: 2004).

In this respect, as mentioned in the statistics of The National Report of the General People's Committee of Education (2008), the number of teachers in basic and secondary education for the academic year 2007/2008 in these stages reached 162,924. Therefore, it can be concluded that the historical development of educational policy in Libya led to the expansion of education and contributed to changing social trends towards the education of girls. In addition, it raised the level of social awareness among community members of the rights of women to education. The consolidation of the idea of education for women did not conflict with the values of society. This has been achieved by relying on expanding the circle of acceptance of women in education, who were starting to study different disciplines such as engineering, medical, economy, sciences, media and political sciences. Also the

transformation in educational policy which, being applied currently, is the transition from public high schools to specialized schools, has been highlighted.

> MAF: “The educational system, being followed currently, stresses the need for the student to obtain some excellent materials and do very well in other materials in order to enable the student to access specialist secondary school. This depends on the student’s pass rate obtained from the basic education stage.” (MAF: Activity Manager, Hee Al-Andalus; male)

Accordingly, the purpose of obtaining a high percentage in their studies is to raise the level and quality of education. This was confirmed by the General People's Committee for Education 2007 to develop a plan with regard to admission of students in specialized secondary schools, according to the needs of the community, and their continuation in colleges and universities to ensure their access to employment opportunities after graduation.

> FTF: “The new education policy, adopted by the government, represents private schools, funded and supervised by the government. This policy has developed based on a report of the inspectors and experts in education in order to increase the level of educational performance and improve the quality of the output of education. Also, some school administrators, sometimes, were not qualified educationally and, now, this is being carried out by commissioned qualified managers.” (FTF: teacher, School of Pab Ben Gasher; female)

Accordingly, these policies became their priority to improve the quality of outcomes in the earlier stages of education. The following quotation illustrated justifications and reason of its application

> MAF: “Through my work as an employee in education, I noted significant demand for these schools since they are largely successful although their number still limited because the citizen is always trying to stay in the confines of the state whether in the work or finances aspects, especially in education.” (MAF: activity manager, Hee Al-Andalus; male)

In this case, the State bears the tuition fee because compulsory education is free in Libya. Among the features of collaborative learning is a financial incentive of

increasing the income of the school principal and teachers each month. This policy is aimed at raising the level of the teacher through incentives, encouragement and competition between schools. This is being carried out to develop and improve the quality of education. In this context, one head of school indicated the decision related to the successful development of education policies in 2007.

> MHJ: "Staffing decisions issued in 2007 have enabled the teachers, who are present in schools during the implementation of the resolution and who have the materials they study, to continue to work. While, who have been dispensed their services at schools were most of them have no materials they study and some of them were out of schools (were in holidays with their families or escorts for work or study abroad) during the carry out of resolution. Despite the high rates of performance in light of the staffing decision, however, it was well regarded take specialization and experience into account. Moreover, the attention of the State has increased in recent years through the provision of textbooks in a timely manner and teaching aids, laboratories, and maintaining schools." (MH.J. Head of Alraea Algathra School, Goat Al- shall; male)

The focus in recent years, and particularly since the staffing decision issued in 2007, has been on basic and secondary education stages both in terms of curriculum development and preparation of teachers. In addition, the administrative system in schools has changed. Alongside the school principal there are assistants responsible for administration such as financial affairs, the department of examinations and the department of activity. Each person is responsible for the task assigned. This did not happen previously since the head of school was responsible for all these actions. Therefore, secondary education witnessed a shift from general to specialist education and this led to the distribution of students to several disciplines, after which specialization was limited. Additionally, as mentioned above, there were some disadvantageous aspects represented by the high rates of performance. These reforms

can reduce weaknesses in the education levels in schools and this has been mentioned by one participant in the study:

> FHN. "In the last three years the country has witnessed a serious stand for reform of education and re-building of educational institutions through courses for school principals and follow-up of the educational process of the institutions in their various aspects." (FHN: Head of Abu-Bakr Cashion school; female)

The reform of education was carried out in 2007. Consequently, one of the issues which the State tried to address in light of the educational reforms was to open training courses for unqualified teachers who had taught for a long period of up to twenty years to cover the deficit; most of them were specialized secondary school graduates. Several meetings for education specialists confirmed this situation. For example, this finding is consistent with the findings of the previous chapter (The Libyan National Commission for education, culture and Science, 2004), which indicated the required re-qualification of these teachers who were specialized secondary school graduates. One teacher mentioned the main changes in the education system, especially the need to retrain teachers:

> FTK: "Amongst the important aspects currently being pursued by the State is the development of educational policy in the institutions through the application of the Singapore model as a method to develop and improve education, which relies on practical ways and deductive learning. This approach relies on meditation and thinking in learning and the transition in study from the method of memorization to meditation and conclusion. According to this system the study year is divided into two semesters and thus the educational attainment of the student is better, as well as reducing the burden on the student." (FTK: teacher; Showhiada Aeen Zarh School; female)

As such, the decision mentioned above carried negative aspects in its application which led to confusion in the implementation process and quickly produced considerable disruption in the educational system. For example, the Singapore model which was applied in Libya from 2007 suffered from several negative aspects such as

unqualified teachers, lack of educational tools and design of classrooms. In spite of this, the qualifying process for teachers was carried out after application of the curriculum. Policy makers stressed that the main purpose of the policy was to make the curriculum related to the rapid scientific development at these stages (the basic and middle education stage). One teacher who had a lot of experience in the education system stated:

> MAK: “Educational policy that has been followed since the seventies was based on the widespread expansion in the construction of schools and opening the way for all citizens to access education. In addition to relying on individuals in society to working in various sectors thus, schools and institutes were established to provide teaching staff in all parts of the city in addition to providing laboratory and equipment and educational means.” (MAK: assistant head of Zahret Al Mduin School; male)

This view corresponds with what was illustrated in the annual report issued by the Secretariat of Planning in 1985, which affirmed that the illiteracy rate declined significantly among members of the community, especially among women. Therefore, any plan or development project would not succeed without appropriate levels of education and they were supported by carrying out programs and strategies for economic and social development. Also, Atter’s analysis of the findings in the literature (2010) indicates that there were several features of Libya's education policy in the 1970s and 1980s, but in recent decades the standard of education declined (for more information please see Chapter 4, Section 2, Statement 4.7). Also, a Head of one school commented on the quality matter:

> MHS: “Educational policy, which followed by the State since the beginning of the 1970s in light of economic growth, has been focused on the widespread expansion and opening the way for all citizens. Especially, the country was in need of various disciplines and this has been done in the framework of mandatory and free instruction with the achievement of good outputs until the

> beginning of the 1980s." (MHS: Head of Zahret Al Mduin School; male)

This finding was consistent with what has been mentioned in the literature review chapter. Hamdy's (2007) point that education in Libya gives everyone the chance to access education from elementary school right up to university and post-graduate study. It can be said that as a result of the great expansion in educational institutions and the lack of creating new job opportunities for graduates led to low educational performance for students. Also there was failure of the Ministry of Education to implement some decisions as stipulated in the 1980s, some of which called for the application of the concept of specialist schools to achieve the desires of many students and create new skills to meet the needs of the labour market. This situation led to weaknesses in the educational services in terms of the curriculum and its development and in terms of the quality of improvement of educational services. However, as mentioned above, the outputs and quality of education after this period began to decrease gradually due to neglect from the government, whether in terms of a lack of incentives and encouragement, or a lack of capabilities and teaching aids. Therefore, they did not produce adequate skilled graduates which met the true demands and needs of the country. Therefore, there is a need to consider qualitative aspects for outcomes these stages. The following quotation refers to some issues which follow for the government, contributing to the development of the quality of education:

> FTF: "The current policy of the State for about three years is to try to focus on quality through curriculum development and application of the approach adopted in Singapore and the examination system depends on understanding and analysis. On the other hand, it contributes also greatly to the eradication of fraud that was common among students in these stages." (FTF: teacher, School of Pab Ben Gasher; female)

The Ministry of Education in 2009 conducted training sessions for teachers and school administrators to improve their performance and to increase the level of efficiency, in particular with regard to education using the Singaporean curriculum and computer sessions, which had become a key aspect in all disciplines and required a large number of qualified people. However, as mentioned previously, the application of the Singaporean curriculum faced several difficulties, such as qualified teachers and a lack of the tools such as enough computers, learning boards and teaching aids used in the commentary and delivery of information to the student. This was especially so since this approach was based more on the practical rather than the theoretical side and required supply means assistance to help the teacher to explain the information, and good education could not be achieved without these means. Nevertheless, according to some authors (Hamdy 2007 cited in Amal Rhema and Iwona Miliszewska, 2010) it was shown that, particularly in education, the implementation of the national ICT policy and the development projects in different domains still lagged behind. One Heads of schools mentioned to change of officials as negative factor on the educational process.

> MAS: "At present, educational policy follows a scientific approach in the implementation of scientific programs, but the constant change of officials in the education sector has resulted in administrative instability, which is impacting of implementation of policies that must be carried out sometimes." (MAS: Head of school of Zahret Al Mduin School; male)

In describing the instability in Libya's administrative system in various sectors over three decades ago, the education sector suffered from continuing changes whether for officials at the level of the Secretary of Education or other departments. Accordingly, a clearer picture of the problem has shown that the impact on educational services in

this regard was due not only to the change of officials but also to changes to some policies and programs which were developed by former officials. The following matter focuses on the role of government in achieving the universal education policy and giving the opportunity to learn to all citizens.

2. Government's commitment to universal education services

Some respondents spoke of several factors which have been important in making educational services available to all individuals in Tripoli. This is indicated in the following quote from an Administrator in one school who was interviewed for this study and mentioned some of these issues that are most relevant:

> MAF: "Provide educational services for all citizens in the city of Tripoli, as is case in the rest of the Libyan regions and cities. One of the signs of what has been achieved in this regard is the building and equipping of schools and providing teachers, books and school supplies to various parts of the city, without exception, in the context of compulsory and free education and eliminating illiteracy. As intended, the State has to overcome many difficulties faced by parents in their children's education such as the provision of schools in all districts in order to help citizens to obtain educational services easily and follow-up sons." (MAF: activity manager, Hee Al-Andalus; male)

Educational services at each stage have not weighed heavily on the citizen with regard to finances. Consequently, the State has assumed the entire financial burden from textbook to school building, the provision of laboratories and equipment and the provision of all the different courses. Furthermore, the educational policy in the primary and middle school stages are fully funded by government. According to Said (2000) the government is responsible for the curriculum and teacher provision training. Besides, the Secretariat of Education seeks to develop several aspects of

education services (for more information, please refer to Chapter 4, Section 2, Statement 4.4.). Furthermore, the findings of this research presented in the previous chapter show that more than half of the sample consider that policy makers do not focus on primary and secondary schools. As mentioned in the following quote, there are many factors influenced in terms of access to education services:

> FTN: "Services are available in all parts of the city of Tripoli, but there are some issues that have impacted on citizens' access to educational services in some neighbourhoods, due to the increase in the number of population. This increase has led to an increased numbers of students, which are disproportionate to the size of the schools and classrooms and reduce the use of services." (FTN: teacher, Hee Damascus school; female)

The increased number of students in some schools has led to the increased number of students in classrooms, which has reached over 40 students per class. This is due to not taking into account the proportionate population growth during the distribution of schools and increased demand for educational services as the volume of demand for educational services constitutes 25% of the total population in Tripoli (for more information, please see the literature review chapter.). Also, a high rate of population growth in Tripoli, especially in the 1980s and the 1990s, saw a significant increase in migration from the countryside to the city because of the economic recovery and increased employment opportunities and the presence of university and colleges, schools and the central hospitals in the city (for more information see chapter 1, Kikhia (1981 in Kikhia, M. (1995:2).

> FTK: "In terms of equality among the population in accessing services within the city of Tripoli, there are no disparities to receiving education between one category or another and between one region and another. However, there are some issues that challenged the type of variation due to the distance from the school in addition to student density in some schools due to of population density in some neighbourhoods." (FTK: teacher; Showhiada Aeen ZArh school; female)

These factors have led to the existence of disparities between areas into Tripoli. One respondent illustrated this matter in the following quotation:

> MAK: "There are new neighbourhoods in the city suffering from the lack of schools and this situation makes access to educational services in these neighbourhoods difficult because of the distance that the student must travel to access his educational institution (MAK: assistant head, Zahret Al Mduin School; male)

The issue of difficult access to educational services or inequality between the neighbourhoods in Tripoli has appeared mainly in recent years, especially when the application system of specialist schools began whereby some neighbourhoods suffered from congested population along with the absence of some disciplines in the schools. Therefore, some students were forced to change specialty or to study in a place far from their residence (for more information please see Chapter 4, Section 2, Statement 2.2). As one teacher reported:

> FTN: "Educational policy from 1973 until the beginning of the 1980s saw a huge expansion in the construction of schools in various parts of the city of Tripoli. The goal was to give opportunity to all members of the community throughout the city of Tripoli to access education." (FTN: teacher, Hee Damascus School; female)

Of course, this policy was the implementation of compulsory education in primary schools (9 years' study), whilst study in the secondary schools was optional, and according to students' desire. A number of disciplines were introduced in high schools and institutes according to society's need for the development of various sectors such as (electricity sector, engineering, nursing, accounting, agriculture and teacher training and so on). The educational policies, at that time, focused on the quantitative aspects in terms of the great expansion in building schools,

accommodating a large number of students and the elimination of illiteracy. In addition, they tried to rely on the country's own staff instead of employing foreign staff in various sectors, especially education.

This is illustrated by one respondent about the changes that occurred in system education:

> MTP: "It can be argued that the educational policy, which was followed for four decades, has achieved many goals, the most important of which gave an opportunity for all members of society both male and female to access education. This has been achieved through compulsory basic education and free education in various disciplines and stages, and this has contributed to reduce of illiteracy that existed, particularly among women." (MTP: teacher, school of Al oihda Al Arabea; male)

A freedom and right to education for all is confirmed by the Constitutional Declaration of the country in the 1970 Education Act No. 34. That text sets out compulsory education from the first year until the ninth year of schooling with the State continuing to bear the expenses of most types and levels of education. In spite of the government's efforts, as mentioned above, however, the education system in these stages still suffered from negative aspects. For example, the quality and keeping pace with the rapid scientific developments in the curriculum, also attention to teachers and their qualifications, which reflected positively not only on the teachers and students but also on various social and economic aspects of society. In this context, WHO (2007) showed that severe challenges were negatively affecting Libya's education system. There is no doubt that such issues have impact in achieving the educational policy for their goals, thus, the opinions will be analysed in the following section.

3. Achieving educational policy goals.

Most of the participants indicated that the government has achieved many of the goals of educational policy, which most notably has been achieved in the seventies, as well as some changes after 2006. Hence, education policies did not achieve many of their aims for more than two decades. And the following text shows some of those achievements.

> MAG: "Education from 1970 until 1981 was called the education sector, where the basic education, secondary public schools and institutes of teachers tracked the Ministry of Education, whilst vocational and technical education followed the different sectors. Education was well accepted by the labour market, according to need and assimilation, and the outputs and quality provided a good environment." (MAG: Administrative. Secretary of Education. Showhiada Aeen ZArh; Male)

It can be suggested that educational output was good to a large extent at that time and enabled graduates of high schools and vocational institutes to fill large parts of the country's need for manpower in many posts. However, since the end of the 1980s, the number of graduates with a lack of skills increased. In addition, most projects failed because of a change in government policies, for example, the application of People's management in all sectors, which was characterized by its members' affiliation to the political system rather than relying on skills and qualifications. This is one of the most important reasons that led to the low level of services provided to citizens in these sectors, as most people do not trust the calls for reform. In addition, the State relied mainly on income from oil. This situation led to a low level of education and the lack of employment opportunities in the country. Alaghbari (1998) confirmed this (for more information, please see the findings in Chapter 4, Section 2). In the literature, related strategies confirmed the government's plans such as the Development Plan 1981-1985 which aimed to link education with the labour market

and meet the community's needs for different functions (for more information please refer to the literature review, Chapter two). One participant indicated to this matter:

> MAF: "The emphasis on vocational, technical and financial institutes was to achieve economic and social development in various fields." (MT.F: activity manager, education office; male)

The purpose was to combine the quantity and quality aspects of education but the large expansion led to a significant impact on quality. The reason for this was not the available school buildings but was due to the continuing weakness of educational policies, which should be aimed at developing skills through training teachers and improving teaching methods and providing incentives for teachers as well as students and graduates through the provision of new jobs. According to Otman and Karlberg (2007:106):

> "The quantity of educated students is not the same as the quality of education received, and in this respect Libya still needs to make progress in the new century."

One participant who was interviewed referred to the lack of implementation of some education policies issued by the government to develop education:

> MAG: "According to the 1982 decision, which has not been applied, the educational structure consisted from a kindergarten to the basic education stage and continues to nine years, after which the two phases of secondary and vocational education were affiliated to the Ministry of Education." (MAG: administrative, Secretary of Education, Showhiada Ain Zara; male)

Based on the above quotation, the increase in oil revenues led to the government seeking to progress education development through increasing the number of educational institutions. The government aimed to restructure and reform the educational system, which was known in 1982 as the New Educational Structure Plan. As mentioned in Chapter 4 Sections 2, Statement 4.7 this policy aimed to

provide the students, who were not destined for higher education, with a practical vocational base in preparation for the labour market. However, this policy was not carried out as planned. Among the issues referred to most by the respondents in this survey, was the lack of skills among teachers, especially in light of the implementation of the Singaporean curriculum. In this regard, some of the decisions issued by the Ministry of Education such as the staffing decision in 2007, which has led to the laying off of a large number of teachers, including many qualified teachers. One respondent attributed the lack of implementation of educational policies to economic and political circumstances:

> MAG: "In spite of this, contracts had been agreed with some foreign companies such as putting together a plan, consulting, and routes on how to study and implementation the New Educational Structure Plan. Examples were with the German Cole institute in professional area, and with Britain in the medical field and engineering. However, due to economic and political conditions, most objectives of educational policy in this framework have not been implemented." (MAG: administrative, Secretary of Education, Showhiada Aeen ZArh; male).

Consequently, the educational structure was not implemented because it cost large sums of money and synchronized with the economic stagnation and decline in oil prices. However, in the absence of full application of the educational structure, only a fraction of its objectives have been implemented such as the creation of some schools and a small number of specialized schools have opened in some parts of the city. These have been in the context of the 1981-1985 development plan which aimed to expand education in various stages and disciplines and to focus on the quality and effectiveness of education in order to serve the development goals at different levels.

In this respect, indeed, a part of the policy's educational structure has been carried out with regard to creating a number of equipped schools in Tripoli. However, the quality and effectiveness of education remained the main problem. In 2007, the government announced reforms in education. For example, The National Report of the General People's Committee of Education (2008) indicated that among the goals for education was the continuous curriculum development, reviewing its objectives and updating teaching methods to ensure the quality of the educational institutions' outputs in addition to enhancing the performance of all official employees such as teachers, educators and administrators through training and upgrading programs and courses. However, despite providing schools with modern laboratories and sophisticated instruments, the disadvantages of Libya's educational system due to administrative chaos and the weakness of qualifications has ensured progress will take a long time and it was difficult for the educational system to achieve its objective. While one participant indicated that educational buildings in Tripoli are considered good in terms of construction:

> MDG: "In this framework, I visited a number of countries in Asia, Africa, Europe and the Arab world and found that our schools in terms of construction their age are now nearly thirty years old. However, in terms of the frame and the construction they are considered some of the best schools in the world." (MDG: administrative, Secretary of Education, Showhiada, Aeen ZArh; male)

As is the situation in the rest of the country, a number of schools were built in Tripoli's neighbourhoods at the beginning of the 1980s. However, for two reasons, this did not include all parts of the city. Firstly, there was the existence of a sufficient number of modern schools, which were built mostly in the mid-1970s and, secondly, there was a lack of spaces for building in some parts of the city. However, the main

problem, in this regard, is that some schools in Tripoli have been used by higher education institutions, especially after they opened a number of high institutes in Tripoli such as a teacher's institute in the Hay- Al-Andalus district and a teacher's college in the Soog-Algoma district of Al-Fateh University. This is due to the lack of a policy and clear, well-thought out plans showing the city's need for educational buildings for the different educational phases in addition to not following the law always.

Another participant also explained the non-application of educational policy that have been developed in the early 1980s, which was amongst its objectives qualifying for teachers, but are several difficulties faced during its implementation.

> FTF: "With regard to the teacher education policy and in accordance with the decision of the New Educational Structure there was a plan designed to train the teacher by third parties qualification by foreign elements in addition to the local setting within the Faculty of Education and Higher Institutes of Teachers. As we said previously, the economic conditions, the low price of oil and the blockade have a great role in influencing the education at the time and which lasted for a long time." (FTF: teacher, School of Pab Ben Gasher; female)

Education continued in the same way until 1987 when an alternative idea appeared based on the continuing of public education in the secretariat of education and the establishment of a new secretariat for vocational training, involving schools and vocational institutes. After a period, both education and vocational training were joined as one sector. Therefore, the concept of a teacher was expanded and not limited to an educational qualification because of the presence of different materials such as technical and medical materials, engineering, agriculture, which was taught by graduates from the technical and training institutes. Therefore, they were not

prepared to work mainly as teachers. This situation was due to the lack of existence of a clear policy regarding the direction of high schools students to colleges and institutes according to the country's needs. In line with this discussion there is literature consistent with this issue, the Report of the Libyan Jamahiriya - the Education for All (2000). It indicated that there was no relationship between the number of teachers and schools' needs for them in different disciplines. In this context, according to the following quotation from one participant, the re-qualification of teachers is still a fundamental issue in the educational system:

> MAG: "With regard to the issue of development and qualification of teachers there have been several attempts such as courses, for example, but these were not up to the required level, and even the resolution, which was released in 2006, did not indicate what is who must be a teacher at school. Thus, progress was not achieved where, in accordance with this decision, those, who are graduates from professional institutes, can obtain teaching jobs, whereas they are not qualified for such jobs. However, the 2009 decision has developed solutions to this problem, where the teachers must be well qualified. For instance, the teachers, who have graduated previously from the secondary medical or engineering, must be subject to two semesters at the College of Education to examine educational materials (MA.G: administrative,.Secretary of Education. Showhiada Ain Zara; male)

This view is consistent with the Secretariat of Education's current policy on the qualification of teachers in different disciplines, whereby non-qualified teachers who are working in education must spend two semesters at the College of Education in order to qualify to operate effectively in the teaching profession. Accordingly, in 2007 the change was clear and led to a quantum leap in participants compared to previous years in the development of the educational process in basic and middle education, particularly in relation to the provision of laboratories and the emphasis on specialist schools and qualified teachers. As in the following quotation there is a problem represented in concentrating a large number of graduates in the education

sector from various disciplines because of the lack of institutions to absorb these graduates.

> FTN: "In spite of the achievements made by the educational policy through the establishment of schools and institutes in different disciplines, their outcomes must feed the labour market in the various institutions. However, it remained in a narrow and limited framework, which made the largest number of graduates turn to the education sector, due to the sector's ability to accommodate the largest number of employees." (FTN: teacher, Hee Damascus School; female)

It can be argued that concentration on the quantitative aspects and not focusing on the qualitative aspects, especially in the period from the mid-1980s until 2007, was due to the government not taking several aspects into account. For instance, teachers' qualifications, cheating in exams, the abolition of some curriculums, the constant change in officials in the Ministry of Education and changes in the school curriculum from time to time without setting up a mechanism and a specific policy impacted adversely on education. Furthermore, education policy at that time focused on the quantitative aspect in terms of the great expansion in building schools and accommodation for a large number of students in order to satisfy the country's needs for a workforce and to participate in the promotion of the development process. However, due to the expansion in education and increasing number of graduates, the replacement of foreign staff by Libyans in various sectors, especially in education, led to weak outputs.

As is clear in the following quote the educational policy has achieved progress in quantitative aspects more than the qualitative.

> MHS: "The State has achieved its objectives in some aspects such as widespread expansion in education for all citizens, access to their right to learn throughout Tripoli and covering the education deficit with Libyans teachers. Educational policy has not achieved its required level with regard to the qualification of teachers and achievement of a high level of quality in the

provision of educational services." (MHS: Head of Zahret Al Mduin School; male)

Expansion of education was one of the goals of educational policy in order to enable citizens to obtain their rights in learning. In addition to relying on the local workforce in various fields, the government, especially in the1970s and at the beginning of the 1980s, introduced development projects to advance society. Therefore, as mentioned above, the qualification of teachers and achievement of a high level of quality was a result of the increase in the number of graduates but the poor application of most educational policies, as regards the development of education, impacted on quality. In addition, the government lacked a plan to accommodate graduates especially in light of their control of the public sector and the failure of most developmental projects. For example, according to the Libyan Economic and Developmental Evaluation (2007), the influx of graduates to the labour market, currently estimated at 170,000 people from education and training, was expected to rise in the next few years. One participant explained some educational reforms in recent few years.

> FTN: "Since 2003, public high schools have been cancelled and the opening of specialized secondary schools started. Student entry to specialization was initially dependent on the desire of the student but since 2007 has become reliant on the pass, which the student obtains in exam. Thus, the new system of education in the schools of specialized regarding the preparation of curricula and teacher training courses are good." (FTN: teacher, school of Hee Damascus; female)

It is clear that this policy began by focusing more on the scientific priorities through attempts to modernize the curriculum to keep pace with scientific development and the reduction of cheating in exams through true and false answers and the different questions between the students inside a class. This has had positive results on the

educational process. The Development of Education National Report (2008:11) indicated that:

> "No. (6) for 2007 to adopt the electronic examinations for secondary education student, these exams aim to develop ways and methods of examinations to go in line with modern scientific developments and to introduce computers in examinations to monitor grades, issue certificates and it also enables students to review their results automatically."

> FTN: "Policymakers have not been dependent on teachers and school administrations when planning for the development of educational policies and issuing some of the decisions taken in addition to the various possibilities of schools and classes and teachers with regard to the implementation of these policies." (FTN: teacher, school of Hee Damascus; female)

As derived from this quotation, for example, educational policies determined the level of staffing and dispensing with some teachers was good in terms of eliminating some of the problems in schools. Also, the exclusion of teachers who were not exercising the educational process at the time was good. As is the case when any policy is implemented, there are some negative aspects within the development if it is not thought out properly. For example, when the staffing policy was applied in 2007 a large number of teachers found themselves outside the teaching profession and some of them were good, qualified teachers. Therefore, such a situation, which might be an error in the implementation process, impacted upon the educational situation. On the other hand, according to some of the participants in this study, this was a good policy in some aspects such as the dispensing of a large number of non-qualified staff, whereas continuing with those teachers would have impacted upon the educational process positively in schools. It was especially good at eliminating those who were employed in education without any studying and were only appointed because the education sector had taken on large numbers.

One participant argued that educational policy has succeeded in given a great opportunity for citizens to access to education with the achievement of quality.

> FHN: "The other side of the educational policy was the expansion of medium teacher training institutes and opening the field to a large number of the population. Especially in the seventies and eighties, education was directly dependent on men and there were few women. The expansion of teacher training colleges had a significant role in increasing the number of teachers, especially women. Thus, clearly women have become involved in the educational process; one of the policies pursued by the state either in order to cover shortfalls in education or in terms to make ways for women to learn. Although the numbers of graduates were small and had few years of schooling, such a policy had a major role in the development of the educational process, and the quality was good." (FHN: Head of Abu-Bakr Cashion school; female)

It was, also, one of the objectives of educational policy in the 1970s to dispense with foreign labour and to rely on local workers in the education and other employment sectors. It was aimed at developing social and economic aspects and changing the shape of the social construction during the planning and expansion of education. However, despite the progress made in this regard, Clark (2004) stated:

> "By the 1980s, Libya had made progress, but the country still suffered from a lack of qualified teachers and enrolments in vocational and technical training lagged. Both of these shortcomings have resulted in a reliance on foreign-born professionals to fill teaching posts, technical positions in many state industries and service."

The need to increase the expansion of disciplines and employment due to the expansion of education, this has mentioned in the following quotation.

> MDK: "Educational policy since the beginning of the seventies has resulted in a major expansion in infrastructure and a large increase in the number of students and teachers." (MD. K: assistant head - Zahret Al Mduin school; male)

Some of the issues highlighted from the outset was the accommodation of children who should be in the primary school, the education of girls, and speeding up the upgrading of their level of educational attainment and the convergence between them and the levels of boys. Correspondingly, school buildings have been distributed in certain areas in order to ensure the stability of the students and easy access to educational services. For example, National Centre for Education Planning and Training (2006) statistics show that in 2006 the number of schools throughout Tripoli reached 224.

> FTK: "Educational policy has achieved a number of objectives such as giving opportunity to all citizens to access education and make it mandatory in the early stages; in addition to expansion in the construction of schools; attempts to eliminate illiteracy; and to rely on the national workforce to a large extent in the various sectors. However, the quality of educational services is insufficient, particularly with regard to the teacher and not focused on attention to their retraining in the long term." (FT.K: Teacher; Showhiada Ain Zara school; female)

This does not mean that there are not qualified teachers or that their numbers were low. However, due to lack of teachers in certain disciplines, they have been relying on some teachers in some subjects which were vacant such as chemistry, mathematics and physics. In addition, the presence of a large number of teachers in schools meant that there were not enough jobs to accommodate the massive number of graduates, as mentioned in the previous statement. In addition, there were high numbers who were not qualified before 2007 and, therefore, a high number of them have been retrained in the past two years. A participant, who was interviewed, indicated that, the increase of the graduates number did not offset the expansion in the labour market institutions. Thus impacted on the level of quality.

> MHJ: "As a result of considerable expansion in the education field and opening opportunities for all citizens in learning, increased education

> outcomes exceeded the needs of the community in some respects with the absence of a labour market to accommodate this large number, except public sector, which depends of its absorptive capacity to attract employment according to the State's need and the availability of financial liquidity. This situation has impacted on the quality of educational services provided by the State whether regarding the level of achievement of the students or in qualifications of teachers." (MH. J. Head of Alraea Algathra school. Goat Al-shall; male)

The people's desire for education, the increasing numbers of graduates and the lack of job opportunities in other sectors made people lean towards the education sector which was, especially from the beginning of the 1990s and until 2007, one of the largest sectors accommodating graduates. For example, there are a large number of graduates who did not obtain job since the government only found public sector jobs for graduates since it owned enormous wealth due to controlling the public sector, the absence of a private sector. Therefore, the State found only the education sector to accommodate a large number of graduates.

> MHJ: "Educational policy has achieved many goals in Tripoli, such as giving opportunities for all citizens in learning through the provision of schools and teachers and possibilities in different areas. While there are some goals, which that have not been achieved, such as the lack of implementation of the educational structure completely until 2001." (MHJ. Head of Alraea Algathra school; male)

In this respect, according to the general philosophy of the Libyan Education System (1975:172) stresses that:

> "The educational structure should be linked with the occupational structure to meet the requirements of the economic and social development plans of the country."

It was for the expansion in spread the horizontal of primary and secondary education its social impact on the lives of individuals and the evolution their ideas trend many of social issues. For example, in this respect, as mentioned by Mohsen (2007) who

indicated that the expansion in the spread of education has made a great strides in the movement of social and cognitive awareness of all members of society and woman in particular. On the other hand, some policies have not achieved their objectives, such as the educational structure, the building of a number of schools at the beginning of the 1980s and the opening of some specialised schools, although it was designed for the development of education in all its aspects, this is what has been confirmed by government and the educational policies since the beginning of 1970s. The next statement will review many issues related to the difficulties that face the implementation of educational policies at the basic and middle education stages.

4 . The difficulties which face the development of educational policies for both basic and middle stages.

There are many difficulties facing the education sector in the two phases of basic education in Tripoli. In order to identify the most important aspects, I sought the views and opinions of a group of employees in these stages in different functions such as teachers, heads of schools and administrators (for more information about the participants in the survey, please refer to the methodology chapter). Consequently, they are more knowledgeable because of their presence in these institutions and better placed to describe these difficulties. An administrator who was interviewed suggested that those families living in emerging smaller new neighbourhoods faced difficulties in obtaining high quality and locally situated education:

> MAG: “With regard to specialised secondary school, of course, despite its importance, they face some difficulties as a result of the spacing of neighbourhoods especially of new neighbourhoods. What do you do? Do you

> work in each school district or a group of specialist schools if you have worked in more than one specialty? Outputs where to go?” (MAG: administrative. Secretary of Education. Tripoli; male).

This quotation poses several questions which are summarized in the key points. For example, if all specialties have been opened in every school and these schools are found in every neighbourhood, how will large numbers of graduates be employed? These findings are in close agreement with results from a previous survey on government policy with regard to the outputs in Libya. The findings indicate that there is no clear policy with regard to the outputs and the needs of the labour market (please refer to Chapter 4, Section 2, Statement 3.3). There is difficulty with regard to a student seeking a suitable specialty in another district of the city. Therefore, we can attribute this situation to some aspects such as the lack of the existence of a school map, the absence of a fully integrated infrastructure and good transport links to enable students and teachers to move easily and smoothly throughout the city. Also, the same participant indicated lack of a clear strategy of the government with respect to outputs of education and its relationship to the labour market.

> MAG: The question is, education creates the labour market, or the labour market is created of education. We cannot say that the labour market is true now, thus the graduates should be accordingly that. Education produces new types of professions and some of them are possibly cancelled; now some States have cancelled a lot of professions. (MA.G: administrative. Secretary of Education. Tripoli; male)

Therefore, the relationship of education to the labour market relates to society’s need for some trades and professions and this is what led to the establishment of many institutes and schools in order to meet the country’s needs and competencies in different disciplines, aimed at achieving social and economic development in the last decades of the twentieth century. However, there is no strong evidence about the role of these institutes and schools in the education system in labour market. For example,

in Tripoli, there was the Hotel Institute which attracted a number of students to study and work in hotels after graduation; for example, amongst the specialties of the Hotel Institute were switches, but there is no now need to work on switches because it is done electronically.

> FTF: The education in the past did not create clear functions new, and the government did not know what a market greatly needed. Because everything is run by the state, thus, it wants the number of employees according to their needs. If the state has resources the staffs are set and, if it does not have an income, it does not appoint staff particularly in the absence of private sector contributions. (FTF: teacher. Pab Ben Gasher School; female)

Therefore, the relationship between the labour market and education is perhaps dialectic. We cannot say that the labour market determines the type of education or that education determines the labour market. Due to the community and its interactions and technical development in the world, successful specialist secondary schools are linked to several aspects such as flexibility and the response of university education to the outputs of the specialist secondary schools, and outputs in its relationship with the labour market. The following quotation raises the matter of the appointment of teachers in the 1990s and until 2005 and looks at one of the difficulties which has an impact on educational policy:

> MTP: The educational policy from the mid nineties until 2005, has adopted trustees of education in conferences in the appointment of teachers. This has led to the appointment of large numbers and impacted largely on the quality, especially since most of them were non-qualified. However, in the past three years, a large number of them were dispensed. (MTP: teacher, Alhee Algamee school; male)

Of course, more than one person mentioned that this problem actually had a negative impact on the educational process and this was one of important reasons why the Secretariat of Education reconsidered a number of issues during what was called the

education reform processes which were applied in 2007. As mentioned by one participant in the following quotation, other difficulties such as in the lack of used IT in education was an issue:

> MAF: One of the difficulties is that there are no databases between offices of education at conferences and between the Secretariat of Education in Tripoli on the one hand, and between service offices and school administrations to facilitate the provision of services. On the other hand, the public transport is not available, to encourage more of the follow-up of the process and push it forward. (MAF: Activity Manager, Hee Al-Andalus; male)

Mainly, the Secretariat of Education made several efforts in various aspects and in all educational stages sought to improve the quality of education and the use of modern technology in the educational process. However, there are still problems in the process of conducting transactions between different levels of management due to not using the internet. Particularly, by not relying on this technique, there is a significant waste of time and money and other problems such as transportation and congestion. Further, one participant explained the government did not rely on the experiences in issuing the education policies:

> MHJ: Difficulties faced by the educational policy are not relying on the owners of the experience and expertise in the issuance and implementation of educational policies. In addition, the lack of spaces for building because of unplanned urban development impacted on the development of these policies. (MHJ. Head of Alraea Algathra School, Goat Al- shall; male)

There was a rapid growth of especially unplanned buildings and expansion on spaces in large parts of the city. This led to a lack of places to build schools and this was one of the educational policy difficulties which the government faced in the implementation of its projects. According to the National Centre for Development and Planning Education (2006), there are some neighbourhoods in Tripoli where schools such as AL-hya AL-gamye, AL-hathba AL-Kadra, Alkarama, AL-hya

asaniaye and AL- sharea AL- garbye are not suitable for the population. These neighbourhoods are experiencing an increase in population and a lack of schools. According to a study, the small spaces in such neighbourhoods are an impediment to the expansion of schools. This is reflected in the activities of the services, overcrowded schools, the level of performance and the emergence of some problems related to the number of students in the classroom. Thus, implementation of educational policies depends to a large extent on the efforts of officials in the Secretariat of Education. For example, when considering any plan or attempt to do any work, they must focus on how implementation is carried out, where and when and who should be responsible. The development of an integrated strategy should be authorized taking into consideration all the possibilities and how its execution affects the success of any policy in this field. For example, the existence of some difficulties such as this were mentioned in the following quotation:

> MTP: In light of carrying out a policy of specialist schools, there are some schools, which do not contain all disciplines. Therefore, students have to change their specialty or withstand the rigors of going to schools farther away. (MTP: teacher, Alhee Algamee school; male)

The problem existed in the first years of the transition to specialist schools but, in recent years, all the disciplines have become available. Even if the discipline did not exist in the nearest school, they were available to students in other schools. For example, this study's quantitative findings show that 35.9% stated that specialist schools had not achieved the desired requirements for a large number of students. This confirms that there are neighbourhoods in Tripoli still suffering from a lack of some disciplines (please refer to Chapter 4, Section 2, Statement 4.1)

> MHS: With regard to, the various laboratories in primary and secondary schools I think they are available in all schools. (MHS: Head of Zahret Al Mduin School; male)

From the middle of the last decade, particularly since 2007, laboratories have been available in all Tripoli's schools. However, at the time of conducting this study (October to December 2009), computer laboratories had not been installed in some schools, despite their availability in these schools. The reason was due to the contract with a particular company and, therefore, each school was done according to their place in the queue. This is what I understood from the staff of these schools. As mentioned previously, this situation was attributed to the weakness of the administration and the poor application of many policies. However, related to this issue, and, as mentioned in previous chapter, Agnaia (1996) stated that there was a lack of laboratories, especially in secondary schools. Consequently, over the past three decades, most schools suffered from a shortage of laboratories and equipment.

In addition one participant linked between the qualified teachers, and performance level:

> FTF: Given that a large number of teachers are not qualified for the teaching profession, this has affected the level of achievement of students and caused of a problem in secondary schools and primary schools. (FT.F: teacher, Pab Ben Gasher School; female)

Therefore, such conditions have led to several difficulties in the implementation of these policies because of the existence of numbers of non-qualified teachers. As a result, there was a deficit in this area of education and there was an insufficient labour market to accommodate graduates from universities and institutes. Therefore, over the last two decades, has been appointed many of specialized school graduates to teaching in schools, as well as graduates from different institutes and faculties. Consequently, in 2006, the government issued Act No 80 in order to prepare training

programmes to raise the efficiency of teachers who graduated from the specialized schools in different areas. In spite of significant expansion in schools during the period of seventies, however, there is shortage in schools currently due to increase of population and shift from general secondary schools to specialised schools.

> MTP: "In the early seventies there were some difficulties in students having access to schools because of shortage of schools and distance. So the plan was based on expansion in the number of schools to accommodate the large number of students and the eradication of illiteracy. It was an important step at that time and gave an opportunity to residents in the city to access services easily. However, as a result of the adoption of the idea of specialist schools and the increase in population, especially in some of the city schools, overcrowding has impacted on the educational process in some schools. For example, the number of students currently in some schools is up to 50 or more in classroom." (MTP: teacher, school of Al oihda Al Arabea; male)

Of course, some schools suffered from overcrowding. For example, the teaching in some schools is carried out over two periods in the morning and in the evening. Because of time constraints, this impacted on the students either on their educational achievement or the entertainment aspects such as competition and play, which are important parts of the educational process. In addition to an increasing number of students in classrooms there are some schools suffering from this problem. (For more information, please see Chapter four, Section 2, Statement 3.6). Also, some of the problems having an impact on the educational process is, what was called the people's administration in schools, where one participant has explained that:

> FHN: Among the difficulties faced by the educational policy is the emergence of the people's administration in the 1980's, where some of the elements took advantage of the opportunity of access to the administration, although many of them were not have efficiency to manage schools. (FH.N: Head of Abu-Bakr Cashion school; female)

In light of a system of people's power, the teachers chose the school principal (Secretary of the People's Committee for the school). The teachers chose the right

person who had a capacity to conduct the administrative work. Here, social relations and politics played a role in determining who would be the manager. Therefore, some people took advantage of the opportunity through their social relationship with others, and some teachers became managers in schools, even if they were not qualified to do so. Of course, it impacted on the process of quality in education. And this is appeared in the following quote from a Head of school that was interviewed for this study, who was also aware that this issue has impacted on several aspects:

> FHN: "Through my personal experience, for example, where I have taught in the primary schools, the student at the end of the seventies was different from the student at the end of the eighties and nineties, in terms of the ability to achieve attainment and the level of reading and writing. This is due to negligence in the examinations, deportation, and ease of success and poor management. In addition, large numbers of good teachers, especially men, moved away from teaching and took to seeking other functions than education to improve their incomes." (FHN: Head of Abu-Bakr Cashion school; female)

In this regard, for example, there were no evaluation examinations with regard to becoming a head of school, especially from the beginning of the 1980s and almost until 2007. This led, for example, to the presence of teachers who were not well qualified. Therefore, policy makers became aware of this problem and began to intervene despite some serious problems, arising from previous years, which still surrounded the processes of reform and development. Furthermore, cheating in examinations was among the aspects which impacted on the educational attainment process, especially in the 1980s and 1990s and lasted until 2007. This has been eliminated only in recent years through a radical change in the way in which the examinations are conducted. This was one of the very important aspects in the process of education reform.

> MAF: “There are some aspects that impacted in recent years to give citizens’ better access to educational services. For example, the classroom, which was serving twenty students, now serves from 30 to 35 students.” (MT.F: Activity Manager, Hee Al-Andalus; male)

The population in some neighbourhoods has increased significantly not only because of the natural increase but, also, due to migration from rural areas and other cities to Tripoli. In this regard, also, there appeared unplanned neighbourhoods in some parts of the city, which resulted in a lack of schools. This has led to some problems in recent years with regard to accessing services easily. One participant attributed these matters to the lack observance some factors:

> FTK: “Makers of educational policy have not taken population density into account and the increase in population and migration from other regions to Tripoli in the distribution of schools.” (FT.K: teacher; Showhiada Ain Zara school; female)

The relationship between the number of educational institutions and the population density was among the issues which Dakhil emphasised in his 2008 study on the distribution of schools. He confirmed that the share of schools in some neighbourhoods in the central city was much less than in other neighbourhoods. This was due to the decline of its population over a certain period. As Dakhil confirmed, there are also differences between the distribution of population and schools in some districts of the city. This situation related to other issues show by the following quotation:

> MHJ: “Implementation of educational policies faces some of the difficulties arising from the cancellation of some decisions by the new officials, as well as the change of the officials from time to time.” (MHJ: Head of Alraea Algathra school. Goat Al- shall; male)

The problems often occur in the implementation process: there are many programs and decisions issued by the Secretariat of Education which are not implemented due

to several reasons. For example, the official is not interested in the implementation of policies, which have been developed by the official or a group of experts in the previous administration. Because of the lack of a consistent and stable educational policy, there is an inability to implement decisions and educational plans. Additionally, as appears from the following quotation; amongst difficulties of educational process in Tripoli are some conditions facing teachers (females) in education:

> MDK: "The problem facing the education sector in Tripoli is to rely mainly on women in education, where the percentage of women, who are working in teaching, accounted for more than 90% of teaching staff. Thus, women are subjected to many of the physiological and social circumstances that take them away from work for a long time." (MD. K: assistant head, Zahret Al Mduin School; male)

This issue was consistent with the findings of the earlier survey, which found that the majority of respondents were women, who represented about 80% of the sample. (For more information please see Chapter four, Section 2, Table 24) However, as a result of some women's constraints during their daily lives such as social relations in addition to their work at home in accordance with the culture of the Libyan society, it made male teachers spend many hours of the day in school. Therefore, the employed woman is working almost half a day in school and the rest of the day working to provide for the needs of their spouse and children such as washing clothes, cooking food and managing the house. In addition, there is a new issue, that is shopping, which has become recently a task for Tripoli's women. The following quotation contain impliedly on all these aspects.

> MTP: "The large numbers of female teaching staff in schools are one of the problems faced by policy learning in Tripoli, especially, when no account is

> taken of some circumstances such as childbirth and other tasks.” (MT.P: teacher, school of Al oihda Al Arabea; male)

Sometimes, in the middle of the school year, there is a need for a number of teachers due whatever circumstances but they cannot be obtained. This affects the educational process. For example, because of lack of implementation of policies and laws which work to solve these problems and deal with them, there is a difficulty in transferring teachers from one school to another, especially in the absence of incentives and the extremely low salaries. These are some of the weaknesses afflicting the education sector not only in Tripoli, but in all parts of Libya. One participant indicated that schools and classes in Tripoli do not fit and the implementation of the new curriculum, which was adopted by the government.

> MTP: “Given the importance of applying the Singapore approach, it needs possibilities such as circular seats and halls because of a focus on the practical side and the exchange of information between the student and the teacher.” (MT.P: teacher, school of Al oihda Al Arabea; male)

Additionally, for a long time, the existence of a large number of non-qualified teachers was an important challenge facing educational policy. Despite the efforts made by the Ministry of Education to do its part to qualify these teachers, it required focused, intense sessions especially in implementing the new curriculum (Singapore model).

According to the following quotation not to pursue the question of the application of many of the educational policies due to the administrative laxity:

> MHS: “There are many difficulties facing the development of educational policy such as how the curriculum performs; lack of implementation of educational policy and following it up properly. For example, each school computers has been provided with computers for a year or more, but these have not been installed in some schools due to laxity of the administration

> and dealing with limited companies in the process of installation." (MHS: Head of school; administrative. Zahret Al Mduin School; male)

In light of the curriculum development, which is represented in the application of the Singaporean curriculum in these stages, there are some difficulties facing the process of performance. This is especially since these approaches rely on the analytical and deductive aspects, whereby teachers have not been prepared in accordance with this curriculum during their study in colleges and institutes. Despite doing some courses for the qualification of teachers, this is still not enough and the success of this approach needs to be followed up, along with the possibilities for well qualified teachers.

> MTP: "Set a large number of graduates of specialized secondary schools, that had existed since the period, as well as graduates of the professional institutes to work as teachers in education for a long time, then there was a lay off for a large number of them and rehabilitate others." (MTP: teacher, school of Al oihda Al Arabea; male)

Overall, there has been an absence of a clear strategy or plan, both in terms of absorbing the outputs of education and the presence in the labour market. In addition, there is a need for schools of teachers to train the appropriate number and to cover adequately the deficit, which appears in education from time to time, and, consequently, leads to the problems in education. The following text will focus on education policies in the future in primary and middle education through views of interviewees.

5. The development of Education policies in the future.

Although it is difficult to predict the development of educational policy in the future. However, it is through what has been disclosed by some participants as well as some literature there are some educational policies after 2007 that indicate an improvement in the educational process, which can develop in the future. The following quotation illustrates the importance of funding policies and monitors the implementation of the instruction in the development of the educational system in the future.

> MHJ: "Educational policy in the future I think will be better through the clear focus on the education sector under the specialist schools and the provision of possibilities. Also, there is an important approach for educational policy, oriented towards collaborative learning by the State, which will contribute to the development of educational services, if achieved under the attention, funding, and follow-up by the State." (MHJ. Head of Alraea Algathra School, Goat Al- shall; male)

The State has achieved its objectives in some aspects by the widespread expansion in education for all citizens through their right to learn, throughout Tripoli. Although there have been attempts at covering the deficit, which was present in the education of Libyan teachers, the education policy in the future needs more interest. According to the Centre of Documentation and Information (2006) referred that importance of increase efficiency and ongoing refresher training courses during the school year keep up motivation as well as conducting intensive training courses which are carried out by the overall centre for the training of teachers. Thus, the educational policy in Libya is facing many challenges and in order to achieve a better future for education in these stages the government should not neglect any aspect of the educational

process. As is clear in the following quote from a Teacher who was interviewed, there is a need to qualify teachers.

> MTP: “Plan, which could be adopted in the future by policy makers is, firstly, the work for the success of the educational policy, represented in specialized schools and, secondly, focus on the numbers of teachers, both with regard to dealing with computer technology or how to teach the curriculum that is currently applied, which depends to an end much on the practical and analytical aspects.” (MTP: teacher, school of Al oihda Al Arabea; male)

Through interviews with a number of Tripoli’s teachers and school administrators, efforts are being made in education through the provision of laboratory and curriculum development, teacher training and a focus on specialization to develop the different stages of education. The Statistical book (2006) indicated that, upon the General People's Committee's decision of Education No. (165) for the year 1974 for the reorganization of secondary education, there will be a limit of only 6 branches of basic sciences: engineering sciences, life sciences, social sciences, economic sciences, languages. The duration of study will be only 3 years instead of 4 years, which will aim to overcome difficulties and realize the idea of early specialization. It is clear that these efforts by officials will have a positive impact on the educational process in the future if they continue to focus on these aspects.

> MHS: “Among the plans or policies that will be applied in the future by the Ministry of Education at the level of the stages of basic education and the medium is the policy of special education by the State, which is being applied now in a very small number of education institutions in Tripoli.” (MHS: Head of school, administrative. Zahret Al Mduin School; male)

The Secretariat of Education is seeking to apply the idea of collaborative learning by the State in all primary and secondary schools. The application of this idea, which depends on funding by the State, will meet many of the benefits if continued funding takes into account some aspects such as the application of laws to deter any

negligence or manipulation in the rights of students and teachers. In addition to development of teaching aids, the salaries of the teaching staff should be increased and improved in accordance with the standard of living.

> MAF: "Amongst the policies that will be being applied in the field of basic education and the medium is the idea of collaborative learning by the State, which is still in its infancy. It is a good idea and highly desirable by the citizens and teaching staff. So, the government will be paid to the management of the school 800 dinar per year on each student." (MTF: activity manager, Hee Al-Andalus; male)

The philosophy of this type of privatization is to rely on State funding of the educational foundation and teachers, who will manage these funds, in improving the income of teachers, also improving the administration of educational activities and motivating students to increase their knowledge. This policy, as I understand it, is the State will pay a sum of money, estimated at 800 Libyan Dinar, yearly for each student to pay for the administration at school and to cover all expenses, including various activities and teachers' salaries.

6. Common themes between health and education

The economic growth which has encouraged the urban transformation and rapid expansion in the provision of services in different sectors has resulted in progress in providing free public sector health and education services in Tripoli. However, the development of the health and education systems in light of the economic growth has led to the provision of hospitals and schools throughout the city and the facilities required for the promotion of wellbeing for both its citizens and the immigrant population from rural areas. Such conditions have assisted learning and increased the level of education in the population, the low literacy rate, the treatment of diseases

and the achievement of prosperity. By way of illustration, Yousif et al (1996) Libya one of Arab countries, which have achieved progress in access to educational services by place of residence and women have become more educated especially in urban area. Also, it has opened the way for the hierarchical citizens responsible for the administrative functions and created social mobility which has contributed to the development of society and achieved social change. According to the findings from interviews, the government is providing health and education services to citizens free of charge (WHO 2007).

The public health sector is the main health services provider, which includes preventive, curative and rehabilitation services which are provided to all citizens free of charge. The general philosophy of the Libyan education system (1975) stated that:

> "Education is a right for every citizen free of charge."

This has had a positive impact by increasing the number of educated people, decreasing illiteracy, eradicating many diseases, decreasing the death rate and increasing life expectancy. However, government policy depended largely on foreign manpower in the development of health and education services and until the almost the beginning of the 1980s the output of services and hospitals were good. Due to most of the employees in these sectors being laid off in a short time without the adoption of a gradual policy, this influenced the quality of health and education services being established. A lot of people in rural areas prefer now to live in an urban area where there are many opportunities to obtain better health and education services than are provided in rural areas and small towns. Also the urban areas give them more opportunities to obtain work and enjoy life. Consequently, many people in rural areas prefer to migrate to live in the city, especially those who are seeking for

better services. As a result of this situation, most districts of Tripoli have witnessed an increase in population in recent decades due to a migration more than just a natural increase of population, this confirmed by general census of Tripoli's population 1984. This, in turn, has led to increased pressure on services in hospitals and schools.

Despite the increased demand for health and education services due to the increasing population and expansion of Tripoli's neighbourhoods, the education and health institutions have not seen significant changes since the mid-1980s. This situation may be attributed to non-continuation of government spending on these sectors at the same rate which existed in the 1970s and the early 1980s for more information see the same chapter five (MDL: doctor, Hospital of Sharea Al- Zawiya; male,p,234). In this respect, the research found that educational policies had not achieved significant progress with regard to balancing the outputs of education and the labour market, although for nearly four decades the plans and programmes aimed to achieve that. For example, although there are large numbers of doctors in the city's hospitals, Tripoli's health sector suffers either from a shortage of medical specialists or a lack of specialist doctors in some medical specialties. The imbalance in the health policies is due to the inability to develop a policy which takes into account the country's need for medical specialties. In this regard, it can be said that the government is not willing or able to achieve this goal, due to State policy being based on controlling the public sector and the State's monopoly of all resources to serve its objectives of the political regime's continuation. In addition, the lack of need for the government to provide financial resources to private establishments to the presence of oil resources has resulted in the government having no strong desire to develop education and

health policies linked to the labour market. This was evident even implicitly, and has been shown in the findings in this chapter which mentioned that some goals of educational policies have not been achieved. For instance, lack of carrying out the most important aspects of the educational structure in 1981 which was represented by the establishment of the specialized schools to meet needs of the labour market: this has never been fully implemented in more than 20 years.

The lack of confidence in health and education services for more than two decades has led to a largely negative relationship between citizens and these institutions. For example, in the health sector, according to Otman and Karlberg (2007) many people in Libya prefer to travel abroad for medical treatment due to a lack of confidence and low opinion of quality health services. This situation has been caused by anarchy, laxity of administrative and financial officials, non-application of laws and regulations. The findings study in the education sector has shown that this attributed to mismanagement particularly since the early 1980s and the emergence of the People's Administration which is based on personal relationships rather than relying on efficiency. All of this led to decreasing the level of education (for more information see FHN: Head of Abu-Bakr Cashion school; female. P,287). All these issues had the biggest impact on the deterioration of the quality of educational and health services. Consequently, the citizens believe that fixing these establishments is an unattainable task by the government's policies. According to this chapter's analysis of the data, most government schemes, whether education or health, did not continue as the same policies which were drawn up and, therefore, adversely impacted on the development march of education and health: for example, a lack of implementation of educational policy related to the educational structure for more

than two decades; also in the health sector the government did not continue implementing the referral system for patients. On top of all these negative aspects was the government's unwillingness to reform the health system through a lack of following up administrative, financial and technical procedures and the application of laws to reduce the failure of health and education establishments and, sometimes, weak or inadequate funding for these sectors. For example, in the health sector this situation in Tripoli led to poor services especially owing to the neglect of the polyclinics and primary health centres.

At the beginning of the 1990s, the government called for the further decentralization of the education and health sector as is the case in other sectors. The government aimed to achieve administrative reform in these sectors through local representation or what was known as a system of municipalities (Shabiats) as mentioned in this chapter. The cancellation of the General People's Committee for Health in the 1990s impacted on the process of stability and structural reform of Libya's health policies. Such issues and others contributed to the lack of progress in health and education conditions and made the citizens live in a state of anxiety in light of the low level of services, especially with the length of time these situations went on for when financial resources were available; this made the citizens distrust the government's intention to achieve reform. Also, there were issues that reflected the problems in the implementation of policies both in the education and health sectors. The emergence of haphazard neighbourhoods and Tripoli's large population resulted in difficulties in accessing services in addition to the increased pressure on health and education establishments in other districts, especially during the long period which had not seen

any expansion in health and education establishments. One of the issues which revealed the impact of poor educational attainment on the health situations was the poor rehabilitation of a large number of workers in the health sector. For example, there were poor outputs from nursing schools, the lack of existing criteria to accept students in these institutes, and furthermore, the lack of equipment and also the equipment which contributed to the development of trainees' practical skills. In addition, although society recognized nursing as a profession, it did not receive acceptance from many people due to nurses' low incomes over a long period. Also, significant expansion in the acceptance of students at different stages contributed to increased employment in different disciplines in the education and health sectors. However, as illustrated by the results of the study in this chapter, the country remains in need of many disciplines and specialists, especially in the health field. Also, in recent decades, the State has not given the same attention to the issue of quality because of the financial and administrative difficulties in these establishments of officials who were not selected according to their experience or qualifications, but by the degree of loyalty to the political system and the existing ideology. All in all, this was due, on the one hand, to not providing services and equipment and, on the other, a lack of focus on training courses, workshops and scientific conferences. Consequently, for about three decades, this did not result in real continuous change in the administration to influence the development of these sectors due not only to the change in the officials but also because of the cancellation of consistent decisions and policies. Whenever the ministry official changed, the previous resolutions were cancelled also, and decisions and new policies were then made which sometimes were not applied at all. In relation to buildings, although the distribution of schools

and hospitals included all districts of Tripoli, there were many neighbourhoods suffering from an increase in population which impacted negatively on the process of obtaining services in many areas due to citizens looking for these services in places far from their main residences. This was not due either to a natural increase in the population or to migration only, but as the result of the absence of a clear policy which took account of all aspects when buildings were constructed in Tripoli's neighbourhoods.

7. Summary

In summary, in this section, analyses of interviews have been conducted with staff in the basic and middle education in Tripoli through relies on analysis literature that related to the findings of analysis of data. In most of the mentioned information in the interviews is the focusing on role of government over the past four decades. It has indicated the findings in this section that the education in Libya has seen considerable expansion in terms of students, graduates and schools in both basic and middle education. This development was surely due to continual economic growth and the requirements of economic and social development plans, and has referred most of interviews to several issues were have large effect to development of education policies in these stages and position of government of them such as management, training , teachers skills, buildings, equipment, labour market and distribution of schools. As a result of these issues, the education system in many aspects needs to rigorous evaluations and reforms according to these findings, especially as for quality matter. Therefore as in many other issues, this aspect has become a more critical issue in development of education in Libya.

Conclusion

In this chapter, I analysed the texts and used my ability as a researcher to interpret the limits and dimensions of the issues discussed and used some of the data and qualitative information on this subject located in the various studies and documents. Therefore, given the above findings and discussions, it can be concluded that the staff included in this survey from the education and health field seemed, generally, to agree that the State was making progress in developing programmes and plans to enable the citizens to access educational and health services. However, they remained extremely concerned about the adequacy and quality of the services offered in the health and education sectors.

The results show that there has become a significant expansion in the provision of educational services over most of the period of the study and an opportunity for all citizens to learn has been achieved through the compulsory and free education at the basic and middle stages. Whilst there have been a lot of failures in these plans and policies with regard to achieving a high level of quality both in the inputs or outputs of education in these stages, especially since the beginning of the 1980’s .Therefore, the government must be equally concerned in providing sufficient physical and human resources such as qualification of teachers, science laboratories and computers. In addition, the respondents seemed more pessimistic about the opportunities of work available for graduates and the relationship between the education system and Labour market.

The case in the health sector is not much different where the results confirmed the presence of considerable interest in some respects reached to advanced levels, especially the vaccination programs and the elimination of many diseases. There is weakness in the administrative side, quality in some aspects and the non-implementation of many health programs, which, in their entirety, influence the development and improvement of health care services. Most of the issues, which have been considered in this chapter, depend to a large extent on matching the views of respondents on many issues. In one way or another, this reflects the existence during this period of aspects playing a particular role in influencing either positively or negatively the reality of developments in the education and health fields.

Chapter 6. Conclusion, summary, Recommendations and Areas of Future Research

Chapter 6. Conclusion, summary, Recommendations and Areas of Future Research

1. Conclusion.

This chapter seeks to draw general conclusions and to make some recommendations. Furthermore, it suggests further work which might arise from this research and makes recommendations for the development of education and health in Tripoli and Libya more generally.

The literature as well as the analysed empirical data that was gathered for this project suggests that there are processes of change resulting from the government's efforts and requirements by education and health institutions, and that the State focused on these aspects as witnessed in light of rapid economic growth during the period under study. Therefore, this study focused on the development of health and education policies. Consequently, the delivery and provision of services to citizens was through policies and programs undertaken by the State to promote the health and education conditions which saw the State achieve an improvement in the welfare and wellbeing of citizens.

It is useful at this juncture to remind ourselves what the research questions were for this project. The main question which guided this research was: what have been the policy effects on the social and economic aspects of educational and health levels in Tripoli? In addition, the other research questions were the following:

1. To what extent, has the government achieved its goals in eradicating illnesses and in strengthening health conditions of individuals?

2. To what extent have health centres and their services developed across all areas of Tripoli?

3. To what extent have diseases been cured treated?

4. Has the government achieved a provision of equality among all individuals in society, vis-à-vis obtaining their right to learn?

5. To what extent have schools developed across all areas of Tripoli?

6. To what extent has educational attainment been raised in schools in Tripoli?

When preparing to conduct the study, a number of sub-questions emerged for all of these questions in the quantitative aspect and, also, a number of questions emerged in the qualitative aspect of the study. Consequently, the questions informed the design of the research study and the research instruments and assisted, also, in creating a structure for the discussion of this research study's findings. This research study's questions required a sequential, mixed-methods approach.

Some of the research questions were suitable for answer and analysis using a quantitative method, whilst other questions needed to be addressed via a more qualitative approach. The answers to these questions in the educational sector were gathered from questionnaires administered to 345 individuals in schools Tripoli who were working at educational basic and middle institutions and from interviews with 10 individuals who were administering the educational processes in 10 different schools. Whereas in the health sector, questionnaires were collected from 196 persons working in hospitals and clinics and interviews were conducted with 10 persons who were working at 7 health institutions in Tripoli. The data was analysed

to identify the characteristics of the government's plans, strategies and programmes. Finally, the results of these analyses produced evidence to an extent that progress was achieved on the educational and health policies which we understood were through knowledge about factors which might be related to developments in health and education.

1.1 Health sector

In this section the findings indicated that achieving the government for its goals in facing and eradicating illnesses has included several aspects such as the cure of illnesses, immunization availability and medical specialties, opportunity of access to services, skills of nursing, health policy and elimination of diseases.

It is evident from this study that health policies achieved significant progress with regard to the government's efforts to prevent various diseases. This argument supports similar studies which confirmed that such efforts enabled the government to eradicate several illnesses which were rife in the country. Generally, the policy was to tackle diseases and try to eliminate them. This formed an important dimension in health policy pursued by the State throughout the past decades and is still ongoing. The government has succeeded to a large extent in accordance with what is stated in this study and the Ministry of Health's reports and reports of international organizations. Nevertheless, the government's desire was an important role in getting rid of many diseases in the light of economic growth and the WHO urged the government, also, to do so. According to this study, it is clear from the evaluation that there was progress in eradicating diseases and the government had also made progress in the area of infectious diseases, in addition to reducing mortality in many

diseases, especially among children due to the availability of treatment and the improved levels of food. Whilst the rate of some diseases amongst individuals increased, they were chronic diseases or what is commonly known as age-related disease-. Heart disease, diabetes and cancer were the most prevalent cases. WHO (2006:7) indicated that there was an

> "Increase of non-communicable diseases such as cardiovascular diseases, diabetes and cancer".

Due to several reasons, these diseases have spread in all societies and the culture of the community plays, also, an important role in their increase. For example, a good diet, exercise and taking medication on a regular basis all help to prevent their spreading. The comments gathered from the survey and the interviews provided varied insights about the range of aspects which were being researched and studied.

These comments provided a set of varied insights about the policies which are being researched and studied, for example, eradicating and curing diseases. As reported in the survey responses, the government had succeeded in eliminating some diseases such as malaria and polio. According to those who were interviewed, a group of different responses came together often and supported each other in reporting the success of the health polices in addressing and eradicating infectious diseases, as shown throughout the literature.

When asked about the extent to which all types of immunizations were offered in Tripoli's hospitals, the interviewees' answers indicated that there was significant interest from the government about immunizations since the beginning of the 1970s. Several of the interviewees emphasized that all kinds of immunization were provided

in hospitals. The purpose, which the Ministry of Health aimed to achieve through the expansion of vaccination programmes, was disease control and enhanced immunity in some age groups. For example, the annual statistical report (2008) referred to the health sector and the environment and reported that the rate of vaccination coverage with three doses of oral polio had increased by 98.25%. As reported by the survey and the interviewees, the role of the Ministry of Health, with regard to its efforts to provide very advanced immunization, was a critical way in preventing or treating diseases. Therefore, they needed well-prepared support and follow-up action to achieve their aims particularly when dealing with this pervasive problem.

Consequently, according to the participants' replies to the survey questions, vaccinations formed an important part in the process of developing and improving services in the area of this study. Also, the literature confirmed that its efforts in providing various vaccinations were some of the important successes achieved by the government in the health field over almost four decades.

Most of the interviewees confirmed the importance of free and compulsory vaccinations in reducing the mortality rate to a large extent, especially amongst infants and children less than five years old. Moreover, the process of vaccines for the prevention of different diseases had been ongoing as had vaccines against a particular disease which had appeared suddenly. The Secretariat of Health had made efforts to address that threat and, as pointed out by some participants in this study, there were follow-up vaccination programmes from time to time through costly medical teams working on this aspect.

Many survey respondents reported that many medical specialties were unavailable in several hospitals and polyclinics. There was a significant shortfall in some medical

specialties and, as a result, there was a lack of a clear policy to guide the students to specialize in some rare specialties. In addition to that, the reason for the lack of specialists, especially in clinics, was the desire of doctors to work in the main hospitals, as indicated in some interviews, and by dispensing with the services of foreign doctors. Among the important issues, which can be inferred, was a need for the management of health institutions to be able to solve such problems through policy-based management study and plan how to take advantage of the different medical disciplines in each health institution. This depended largely on the management of specialized units and the application of laws and health regulations in order to eliminate such disadvantages which impacted on the health sector. In this context, population growth within Tripoli did not fit with the number of beds available in hospitals and health centres and in turn these did not fit with the various medical groups and were incompatible with the provision of, and raising the level of, health services. According to the study by Dakhil (2008), it was indicated that there were many foreign medical staff working in various health institutions who obtained greater attention from the Health ministry, whilst this was unavailable for national competence in terms of employment opportunities and privileges and financial incentives and promotions. Also, this was incompatible with the question of providing for the needs of health institutions with national skills and the dispensing with the employment of foreign medical staff from the health sector. Therefore, the health policy remained focused on increasing the number of doctors because the country still needed them in great numbers. The development of health services in the early 1980s was dependent heavily on foreign doctors and nurses.

According to the Libya/Health - LookLex Encyclopaedia:

> "Libya is among the countries with fewest doctors per hospital bed; while most countries have circa 1.5 hospital bed per doctor, Libya has 2.8."

As reported in the questionnaire responses, everyone in Tripoli had opportunities to access services. This study was conducted in order to provide a proper understanding of the nature and characteristics of the health policies during the period of study and to evaluate the effectiveness of these services for patients and people as a whole in Tripoli. The analysis of collected data and information provided clear evidence of the unplanned nature of high numbers of neighbourhoods and the imbalanced distribution of polyclinics in Tripoli. This situation contributed to several shortcomings and complications which affected the effectiveness of health policies in providing proper health services for all individuals in these areas. Therefore, based on the research findings, the chances of all citizens in Tripoli accessing health services were impacted by several aspects such as the distribution of health centres amongst the city's neighbourhoods, the absence of a referral system and poor services in polyclinics and primary health centres combined with making people travel long distances to obtain health services. In addition, the convincing results of this study confirm the absence of administrative planning based on specialization and efficiency in the elements operating these facilities. Therefore, if such issues had been taken into account, these would have helped administrators, policy makers and planners avoid a lot of difficulties during the development and implementation of health policies. It is clear from this study that over nearly four decades it was possible for everyone in Tripoli to access health care services, although there were fluctuations in medical supplies from time to time. This was embodied in the

availability of vaccines and drugs and the eradication of many diseases in order to achieve other indicators such as low mortality and high life expectancy and to increase health awareness as indicated by the results of this study and health reports.

In this study, the qualitative analysis revealed that a lack of equipment and doctors in primary health care centres and polyclinics prevented citizens accessing health care services from the nearest place. This was partly due to the lack of material and moral incentives for workers in these centres and, consequently, the doctors preferred to work in main and specialized hospitals. This finding confirmed that the laws and health regulations, issued by the Health Secretariat and which covered all health policies, did not apply sometimes. This finding corresponds with the results of the study which confirmed that many health policies had not been implemented. The contributions of local nursing elements enhanced the health services provided in different health centres. However, this study or other relevant studies confirmed that there was a large increase in the number of nurses which, perhaps, covered most of country's needs and demands for nursing. However, this large increase came at the expense of aspects of quality. Actually, many nursing elements suffered from a lack of qualified staff in both theoretical and practical nursing which is an essential requirement in providing health care for patients. All these issues impacted on the elements of nursing in performing their required functions in health institutions.

The retraining of local doctors received the necessary attention from the government during the 1970s and 1980s due to the urgent need for qualified manpower in the health sectors. Also, there was expansion in the process of the graduation of doctors which was carried out alongside depending on the medical skills from doctors and foreign specialists to work in health facilities. In light of the resources flowing from

the oil sector, this was done to fill gaps in the existing health institutions and raise the level of services provided to citizens.

However, since the mid-1980s, with the continuing graduation of doctors, the services of a large number of foreign doctors had been dispensed with in many hospitals due to economic conditions and Libyan doctors had replaced the foreigners. Despite the reliance on national components, the health sector witnessed a severe lack of doctors in all disciplines, especially in the polyclinics. This was due to the absence of a clear plan in the recruitment process and studying medical disciplines abroad in order to cover the deficit. Also, the absence of a plan about depending on local doctors in the case of any desire to dispense with foreign labour or any cause of emergency led to the vacuum in the health sector. The findings in this study and other previous studies revealed that the distribution of health institutions in Tripoli generally and polyclinics in particular were haphazard and suffered from a lack of appropriate planning mechanisms. This situation led to the difficulty in accessing health services in some areas which could be attributed to not taking into account, during the implementation of the health institutions, some aspects such as the population density of those neighbourhoods and migration and population growth.

Generally, this study found that the implementation of health policies was one of the significant difficulties afflicting the health sector. Also, among the difficulties which were confirmed by the interviewees was that, sometimes, the annual budget, which had been monitored for the health sector, was not discharged fully. This was followed closely by administrative instability and constant administrative changes and a lack of medicine and doctors in polyclinics. This was confirmed, also, by previous studies and the responses to the questionnaire where the percentage in the

quantitative analysis indicated that there were shortages in medical supplies and the existence of doctors.

From the results obtained from the survey and relevant research, it was clear that there were some factors which led the health facilities to have a shortage of medical equipment in meeting the needs of the health services. Most health institutions, especially dispensaries within Tripoli, suffered from a lack of equipment and setups. It was clear from the respondents of either the survey or interviews that this situation was not due only to a lack of some equipment but also because of the lack of spare parts for equipment which were not bought to meet such needs, even if these were simple and cheap.

An increase in Tripoli's population and the lack of expansion of clinics and inefficient clinics, in terms of availability of doctors and medicines and equipment, made it more difficult for the city's hospitals to accommodate a large number of patients. This situation was due to the failure of health policies in achieving their goals in this aspect not only in the provision of buildings but also in the finance and provision of medical supplies and equitable distribution of doctors and specialists, nurses and technicians amongst establishments, taking into account the incentives in the implementation of this aspect.

There was a feeling of dissatisfaction with health services by a large proportion of respondents to the questionnaire and professionals who were interviewed. According to the findings, this feeling was due to a lack of medicines and equipment, a shortage in the use of information technology and poor training of some staff such as nurses. They referred to the lack of management of good health care and following up these

issues, which reflect also the failure to give the government enough attention to make progress in its social policy to raise the level of services to citizens. This was especially so in the absence of the government's justification for their existence since the most important factor was financial resources.

Regarding the conditions of the staff within the hospitals, these were associated with several aspects which had a negative impact on their performance and represented the need for incentives and amenities and effective management. On the other hand, the research findings showed, also, the effect on the performance of staff through the lack of providing some of the tools which encouraged good performance such as the existence of private rooms for staff during breaks.

The issue of participation in topical scientific conferences were seen in most countries around the world as contributing to the development of various aspects of health, reducing the chances of spreading diseases and the ability to address them preventively and therapeutically. It appeared from the results of the study that the government's default was to give doctors the opportunity to participate in scientific conferences. It became clear that these opportunities were unequal and did not live up to the required level. According to this study's findings, the situation of attending the scientific conferences might be applied to another matter such as opportunities to attend workshops in the hospitals. Although there were differing responses from the survey to this issue, it was found from the results of interviews that a large number of staff did not receive such advantages and that practice was not translated into the delivery of health services to citizens.

Conversely, many of the respondents reported the importance of improving and developing health policies in the future based on certain considerations such as

calling for increased funding, interest in the development of IT information, expanding the training of various professionals in the health sector and the consequential rise in the level of health care services in many aspects. For instance, these would include the training of doctors and nurses to work in public health centres and family doctors to facilitate many services to the citizens. Therefore, an application and referral system would reduce congestion in hospitals will lead to the achievement of quality in services. Consequently, all these aspects were interlinked and would have had positive results if the government had intended truly to achieve such efforts in the development of services.

In this context, the findings indicates that the availability of medicines in different health establishments in Tripoli did not win the approval of most of the respondents and the results show that, although drugs were free of charge in Libya, they did not reach the required level in terms of the availability of medicines for patients or in terms of quality. This was due to several considerations including adequate financing and quality control in addition to equitable distribution and the leakage of some medicines, especially those related to chronic diseases, to be sold in private pharmacies.

1.2 Education Sector.

The large expansion in the number of schools and educational services was due to the rapid growth of enrolments. However, the responses of the respondents to the survey tended to confirm fairly, and was probably backed up in much literature, that Tripoli’s education policy gave all members of the community the same opportunity to attend school. Therefore, the results of the study and the various literatures showed

that free and compulsory education in primary and secondary schools was one of the most prominent aspects of educational policy in achieving the learning opportunities of all members of society, both male and female. Despite progress with regard to giving people this opportunity to learn, this policy had not achieved its objectives in giving citizens the full opportunity to specialize: for example, the policy of non-implementation of specialized schools until a few years ago which, with a matter of qualification, impacted on the labour market. Indeed, this was especially the case in light of the expansion in various disciplines and the lack of clear policy seeking to balance representation across the disciplines and society's need for such areas of study.

In this context, as indicated in some interview findings, amongst the important policies of access to education was the law of free and compulsory education to promote learning and the elimination of illiteracy, which accompanied the expansion of the graduation of teachers.

There were some factors such as the increase in population due to economic growth and migration from other cities and rural areas. A high proportion of the interviewees confirmed that the government had not taken these issues into account. This situation impacted on education services in some of Tripoli's neighbourhoods, especially through the process of expansion in opening specialist secondary schools which needed to build number of schools. It was concluded from the study that the distribution of schools in Tripoli in the 1970s and 1980s was compatible to a large extent with the population.

However, with the passage of time and especially over almost a decade, the schools in some districts of the city did not meet the needs of citizens due, on the one hand,

to the increase of population and, on the other, to the development of the educational process and the expansion of specialized secondary schools. Therefore, all these matters had an impact on the provision of services to citizens due to the lack of a clear policy which took into account the requirement to distribute schools according to need and changes in population . As was clear from some interviews, most of the schools created in the 1970s were provided with equipment and laboratories but since that period these schools were not provided with any type of laboratories despite the development of equipment.

By the same token, schools stayed like this until 2007 when most schools, especially secondary schools, were supplied with computers and various scientific laboratories. Furthermore, most schools lacked adequate facilities such as libraries and laboratories and, even when some laboratories and equipment became available in recent years, there were inequalities between schools in laboratories and teaching aids. As shown in this study, this was attributable to several factors; the most important being mismanagement, lack of follow-up and application of laws to deter abuse. With regard to the distribution of resources amongst schools throughout Tripoli, it was clear that, for several decades, most schools suffered from a significant lack of equipment and facilities. Consequently, even in 2007 which witnessed the government offering some resources, these were unavailable to most schools. However, these did not meet their intended purpose due to poor management and lack of well-qualified staff in most educational institutions in Tripoli. Therefore, the findings of the questionnaire indicated that the percentages of both those who agreed or disagreed with this statement were very close.

With regard to develop the schools and their outcomes in Tripoli the findings of study indicates to several aspects. For example, educational performance was dependent on many factors including the training and qualification of teachers, incomes, the extent of offering motivation to the teachers and students, the needs and resources and the Ministry of Education's decisions which were an issue of policy makers and planners improving the educational performance of students in these stages. Despite that, the State's policy aim was to establish specialized schools to cover the labour market's need for a skilled labour force. However, most graduates had not found a chance for work, whether due to the weakness of their qualifications, or a shortage of institutions to accommodate a large number of graduates.

Correspondingly, most of the outputs were employed in the public sector, especially in education and health to reduce the level of unemployment; although most of them did not do any work. This is what can be called disguised unemployment, which is linked largely with poor performance in these establishments as a result of non-employment. This is inefficient for most of them and has an adverse impact on the professional staff when they find themselves obtaining the same wage as those who do not provide any work. Libya's educational policies sought to improve the quality of education since education was a main factor in planning successfully for economic and social development. However, although there was an expansion in the number of schools, the enrolment of students and large increases in the number of the graduates did not match the quality of outputs and the efficiency of performance at various educational levels.

Further, the study has demonstrated that education policy at the start of the 1970s had focussed on quality and quantity together and yet during the 1980s this changed with

quality issues becoming a concern. Indeed, the decline in the quality of education services reached such a low level that in more recent years, since the 1990s, there has been concern prompting the government to try and improve provision and services. As mentioned above, this was done by focusing on the qualification of teachers and the provision of laboratories. However, difficulties were faced in raising the level of quality due to the negative aspects which the education sector had witnessed for more than two decades. According to the findings of the survey, which was conducted with staff at schools, a significant percentage of the participants confirmed that there was a need to reform Tripoli's educational institutions. It was clear that among the important matters in reforming the education institutions were the raising of teachers' efficiency, providing possibilities, improving incomes and administrative reform.

In this context, most respondents indicated that the level of achievement of students at these stages was unsatisfactory. A large proportion of respondents to the survey confirmed that this was due to a shortage of teachers in some disciplines and the lack of incentives for teachers and students. Also, the imbalance in the distribution of schools between regions in Tripoli had impacted on the educational process and particularly in recent years when the Ministry of Education started opening specialist schools. Consequently, the government had not taken account of the increase of population and migration which led to expansions in Tripoli's neighbourhoods. Given some of the aforementioned factors, many of Tripoli's schools suffering from the existence of a large number of students with a shortage of classes.

At the same time, the study revealed some interesting findings. Many of Tripoli's schools operated two periods, mornings and evening and, thereby, reduced the

opportunities for recreation and play because of time constraints. Also, in some schools, the activity rooms and laboratories were changed to classrooms. Although, in 2007, the resolution of staffing had achieved some of the benefits of the education system such as the availability of laboratories, training of teachers and trying to improve educational performance, some interviews confirmed that these excluded many teachers' qualifications and experience in the educational process. Nevertheless, the quantitative expansion of education was accompanied to some extent by focusing on qualitative aspects and the issue of quality improvement, especially in the 1970s and at the beginning of the 1980s. However, the situation changed and the matter of quality did not receive sufficient attention at the time in which vocational education was included in the expansion. (Please see, MAF. Activity Manager; male; education office. P, 270)

Also, there were some students who were unable to achieve their desires because of the absence of certain specialties in all schools. This meant that many students were forced to change their specialties. This meant that many students were forced to change their specialties. The findings revealed that most teachers in Tripoli remained dependent on a process of memorization and recitation. Therefore, retraining of teachers remained a significant challenge for the Ministry of Education in order to ensure teachers were more able to interact with their students in these stages and, also, through using the knowledge of IT information in the development of students' skills in different specialties.

Despite the government's efforts in developing education, which was represented by the increase in the number of schools and student enrolment at these stages, over half of the respondents confirmed that policy makers did not focus on middle and basic

education. This situation was attributed not to a lack of policies or regulations but to a lack of their application of laws and carrying out education policies. With regard to the extent that policymakers learned from the former mistakes, the problem was often in the non-implementation of some policies. Usually, this was due to poor funding or a change in officials as is the case in the health sector and other sectors, which were followed often by cancellation of some decisions and policies. In addition, the government did not rely on expertise during the issuance and implementation of the educational policies. There was considerable interest in the teachers qualifying well until almost the mid-1980s when students were graduating from teacher training institutes or universities.

However, as a result of the expansion in the educational establishments, the increase in the number of students and the abolition of most of the teachers' institutes, the government became reliant on the graduates from specialized secondary schools and vocational institutes doing the teaching. Most of them were not qualified to teach. There have been some improvements in the stages of primary education and secondary education since 2007 and in the provision of laboratories and computers. Also, tests were changed and developed to reduce fraud in addition to trying to make the school administration, to some extent, concentrate more on efficiency rather than on political affiliation and personal relationships, which continued until about 25 years ago. All these important issues suggested that education would be better in the future. One of the difficulties faced by the Ministry of Education was, also, the issue of a lack of teachers qualified to teach the various disciplines in specialized schools. The government tried to develop educational policy through the implementation of the Singaporean curriculum which was based on the conclusion and development of

students' skills. However, this approach suffered from several difficulties in its application such as teaching aids and teacher training.

Naturally, schools suffered from a lack of IT, which is essential in the educational process and which proved to be one of the most prominent aspects to weaken education in these stages. The findings of the interviews referred to the issue of the continuous change in officials in the education sector. Among the issues, which had a negative impact on the quality of educational services, was the priority in the selection of officials with more a political sway than using those for their expertise and efficiency. In addition, there was a problem caused by lack of access for many of graduates to jobs. According to the findings, this was attributed to the absence of private institutions and, therefore, many graduates were hired in the public sector which made some sectors, especially education, suffer from numbers of staff who were the most unqualified to work in education.

2. Summary of Findings:

The survey results showed that the government made important progress in the provision of vaccinations. Around a third of the sample responded negatively which, according to analysis of the results, was due to mismanagement and the consequential lack of access to immunizations on a regular basis for some health centres and even some hospitals . The findings of the questionnaire and the interviews indicated that nurses in Tripoli were still suffering from a lack of qualifications due to the poor training curriculum and the lack of focus on practical experience. In addition, teaching staff were ineligible to teach nursing. Also, the culture of community looked poorly on nursing as a job. This was reflected in the fact that most of the students who attended the nursing schools were unable to obtain

high marks. This was due to the poor conditions of admission for students to study nursing and nurses receiving lower incomes.

According to the survey about half of the sample confirmed that most diseases were not treated quickly enough. The findings showed that this was due to poor diagnosis, lack of medical equipment and specialists, especially in the polyclinics within Tripoli. However, the results indicated existence of interest in the treatment of infectious diseases and the elimination of many of them. This was shown, also, in the results over nearly four decades in both the responses to the questionnaire and interviews. Although there were health institutions in most parts of Tripoli, these did not meet the needs of citizens to be able to access the health care services from the nearest place to where they lived. Equally, this underscored the existence of an imbalance in the social and health policies. The results showed, also, that some areas experienced a large increase in the population with no concurrent expansion in the construction of polyclinics. Also, a shortage of drugs and their low quality impacted on the level of performance for doctors in the provision of services to citizens. The findings indicated that there was a lack of medical equipment in addition to the many devices in hospitals, for which there was no maintenance. Although the government provided many of the devices to hospitals, Tripoli's hospitals continue to suffer from a lack of equipment.

Among the issues which contributed to the pressure on Tripoli's hospitals was the centralized provision of some medical services which made them unavailable in the cities and surrounding areas. This created congestion and the inability of some of Tripoli's hospitals to absorb all of the patients. The results indicated that the issue of a lack of satisfaction of citizens in accessing health services was due to a shortage of

specialists, poor use of information technology among staff and a shortage of medicine. Among the issues which discouraged hard work in hospitals, were the lack of incentives, the low level of income and the lack of potential in the longer term. Although the government, through the Ministry of Health, had accelerated the elimination of diseases, for example, infectious diseases. However, the results revealed the existence of administrative and managerial difficulties in the implementation of health policies. According to WHO (2006:7), this situation was attributable to several factors and they stated

> "Absence of a central health body to carry out planning, coordination, monitoring and evaluation in all health issues."

Another, significant factor in, the lack of medicines and their poor quality represented issues which created difficult access to the best level of services. Citizens' reduced access to health services was due to the shortage of medical supplies and the poor quality health administration. The consequences were the non-achievement of social equality and failure of the social policy programmes. In this context, the findings from the survey's open questions confirmed that there was a widespread shortage in chronic disease drugs. This was confirmed by the results arising from the participants' proposals to improve the health conditions in Tripoli. The participants' views and the findings showed that although, in recent years, there was a focus for staff to attend workshops, there were disproportionate opportunities for staff to do so at the time of study. Conversely, the findings indicated that the work in public hospitals was guaranteed better in the future. Correspondingly, among the difficulties faced by citizens in accessing health centres was that Tripoli's main and specialized hospitals were located in only one-third of the city.

Tripoli's education policy contributed to the achievement of learning opportunities for all citizens in an attempt by the government to achieve economic and social development. However, due to the increase of the population, especially owing to the migration from other cities in the conditions of economic growth, some neighbourhoods suffered from a lack of educational establishments and an increase in the number of students in the classrooms. The results indicated that, in the 1970s and during the beginning of the 1980s, all schools obtained the same opportunities regarding resources, laboratories and teaching aids. However, for 25 years the government did not supply schools with laboratories and equipment until 2007. Even when they supplied the schools with laboratories and computers, there some schools which did not use these laboratories appropriately and in a way which served the educational process, because of poor training and poor management.

As we have seen, the findings showed that the level of educational performance for a large number of teachers in Tripoli was unsatisfactory. This was due to several factors such as poor qualification of a large number of teachers, especially graduates of specialized secondary schools who were not qualified to work in teaching. With regard to the performance of students, there were problems of non-implementation of educational policies and not keeping pace with development in the means and methods of teaching such as not using IT in education. Additionally, as I mentioned previously, the poorly qualified teachers and their economic conditions impacted on the achievement level of students at these stages. In addition to, the shortage of teachers in some scientific disciplines and languages influenced the students' level of achievement.

The quantitative expansion in education was not matched by progress in the same level of quality because of the lack of development of the curriculum and insufficient focus on developing skills. According to the results of the study, there was no relationship between the outputs of educational establishments and the labour market. The country was still dependent on foreign expertise, especially in jobs which required skills. The results showed that there was a need to reform the schools in proportion to worldwide scientific developments in the light of the changes to modern educational systems. It could also be said that, the policy makers' attention to these phases surrounded many of the difficulties in the implementation of educational policies. According to the results of this study, these affected, therefore, the quality of the learning service provided due to delays in the implementation of some policies and the lack of equipment and constant change in the officials' resulting from the State's public policy. This was what led to the laws, issued by the Ministry of Education, being implemented badly and the negative aspects reflected on the educational system.

Despite this, the specialized schools achieved the wishes of a large number of students. However, the lack of some specialties in certain areas of Tripoli meant some students studying disciplines which might not match their desires. Alternatively, as indicated the findings, they were forced into walking great distances to obtain the desired specialization in light of a lack of public transport between the areas in the different neighbourhoods. The findings indicated that the educational policy in these stages would witness future progress based on some of the changes such as re-qualification of some of the teachers and the provision of laboratories and

computers and the selection of the good elements for schools administration in these stages.

3. Limitations

After drawing conclusions, it is important to reference out some limitations that faced the researcher in obtaining information and data related to the research topic. The study's limitations were represented in the shortage of information and statistics relating especially to Tripoli, and Libya generally. Consequently, the researcher depended on the data issued by the Ministry of Education (Centre for Information and Documentation in the education sector, Tripoli) as regards basic and middle education. He relied, also, on the reports and statistics issued by the Ministry of Health (such as the Centre for Health Information and Documentation at the Libyan level). Consequently, there were limitations on the available data at the national level in this area and there was a shortage of databases in respect of all aspects of education and health policies. For example, in the health sector, it was difficult to obtain information and statistics about all diseases and about most hospitals in each year. Therefore, the researcher was forced to collect statistics about education and health services from several sources such as country and international reports, books, databases, websites and articles. In this context, one of the difficulties was the anonymous source of some data or statistics which meant that he was unable to use them in the research. Consequently, all such factors were a fundamental challenge to assessing health and educational situations in Tripoli.

Also, among the problems are aspects related to the study area and expanding the city and the spacing establishments from each other , as well as the study was

conducted on two fields from the fields of services, namely education and health. In addition the use of two methods for data collection (questionnaire and interview) resulted in a significant amount of effort and time from the researcher. Also, there are some difficulties, especially with respect to the translation of the interviews from Arabic to English language, so many terms and concepts, which need a lot of time in order to clarify what means respondents specifically in English language. Especially in two fields (education and health).

Moreover, regardless of these difficulties, this study provides useful information about different issues in this topic. Hence, important can be recommendations and Areas of Future Research in the following paragraphs:

4. Recommendations and Areas of Future Research

It is clear that there was a lack of previous studies in development of educational and health policies in Libya generally and in Tripoli in particular. Consequently, this research would be a new perspective and a significant factor in conducting future studies about Libya's education and health policies. As mentioned by the researcher, the nature of the research (exploratory study) contributed to helping other researchers to conduct many studies in this context due to there being several interesting research themes. Therefore, the researcher referred to the importance of conducting similar research. Furthermore, the continuity of research in this field would contribute to providing more knowledge on the subject. This research has focused on the development of education and health policies in Tripoli and there is an obvious need to explore the related aspects of these policies. The relationship between the policies and the services provided by the government, for example in health sector, can be

explored by surveying patients' opinions regarding programmes and the treatment of diseases. Alongside this are the recent changes in the development of education among primary and secondary students which deserves equal attention. Consequently, this study attempted to explore the development of health and education within Tripoli. Therefore, some recommendations for future research emerged from the study. These include the low level of quality in health services provided to citizens for a long time and especially in recent years: this is an issue of utmost importance and requires much attention of researchers in several areas, mainly the people interested in Sociology and Social Policy. Therefore, the researcher suggests other studies in this area, with the need to take into account international standards during the implementation of qualification courses and training to raise the efficiency of workers in the field of health.

Also, a large number of students do not have a clear interest in the study of a particular specialty because there is no relationship between education and the labour market. Therefore, it can be argued that it might be important to examine and identify causes and effects of this issue, whether in the education system or analysing the effects on different aspects of life in the country. As that, the matter of the brain drain and the shortage of specialists in the health sector are among the most significant difficulties challenging the development and improvement of health services provided to people in most of Tripoli's hospitals. Therefore, this study's findings and also some literature and reports confirm the importance of this phenomenon in affecting the quality and development of health services. Consequently, the researcher suggests that there is a need for policy makers to pay more attention to this problem and for researchers to examine it.

The use of IT in the health and education sectors remains simple and a very recent matter to address in the country. Therefore, most health and education institutions suffer still from a lack of computers. Despite, in recent years, computers becoming available at a modest rate in these sectors, most employees do not use them in their daily work. Therefore, there is an urgent need to study and identify the extent of the impact of the lack of using computers in these institutions on Libya's social and economic development.

The existence of unqualified teachers is one of the major problems facing Tripoli's primary and secondary schools. The researcher recommends that a study be carried out to suggest how to surmount this problem in the future in order to ensure the qualification of teachers, whether by appointing only qualified teachers to teach or rehabilitation unqualified teachers and who are currently in schools, to continue teaching. This is one of the most important goals of both educational policy and social policy.

Databases do not exist in most of Tripoli's primary and secondary schools. Therefore, a study is necessary on how each school should have databases which will help the teachers, school administrators and education officials for these stages to develop an educational process to sustain students' findings, have full details about students and enable individuals, whether staff or students, and their parents to obtain complete information with less time and effort. Also, there is a need to make the process of communication and follow-up among everyone as easy and useful as possible.

With regard to providing a good curriculum to improve primary and secondary education, the researcher recommends that a study be conducted about how a curriculum is developed commensurate with the world according, on the one hand, to the culture of society and, on the other hand, the development of educational tools and information technology. Such a policy will lead to improved levels of performance for teachers and students and, also, will not be challenging in achieving the education policy goals for these stages.

Policy makers have to take into account the issue of equality between regions when planning for the establishment of schools or hospitals in Tripoli to ensure the delivery of services to all residents at the lowest cost. There is a need to focus on expansion of the health and education establishments to overcome future increases in the population. Also, there is a need to improve services in polyclinics in terms of providing doctors and specialists, nurses, medical equipment and beds. In particular, there is a need to expand the establishment of new polyclinics in order to alleviate the congestion and the burden in hospitals.

Despite an increase in the number of health institutions across Tripoli during the period under study, the findings of this thesis and other studies refers to the fact that an increase in number of health institutions does not always match a corresponding increase in quality. Thus, the government is required to direct more attention to improving health systems by implementing policies that focus on staff development, for example, via involvement in training, conferences and more active dialogue with staff in developed countries with more expertise as well as investment in technologies and specialist equipment.

5. Summary

This chapter has summarized many of the health and education policies pursued by the government during timeframe of this study 1970 to 2009, over nearly four decades. Thus, through study and analysis of the many programs and policies, the conclusion is that there are successes in some aspects, such as the elimination of some diseases, immunizations, and access to free treatment and the expansion of health establishments. But accompanying these successes are many failures, most important of which do not have ongoing government support in- developing these policies, or even maintaining the same level in terms of providing services, especially after the 1970s. Thus, these matters led to the retardation in several health system aspects. As is the case in the health sector, there are great similarities in the circumstances witnessed by the education process because there has been expansion in the building of schools and the provision of laboratories and teaching aids, giving individuals the opportunity to access schools, especially in the period previously mentioned. However, this focus in the development of educational policies did not continue and the education system suffered from several difficulties such as poor training and lack of laboratories and equipment, and the lack of incentives and better salaries for teachers. Although there appears to have been some reform in the last three years, they were not sufficient. Thus, the disadvantages of government policies, whether in health or education, boils down to failures in the weakness of the retraining of many staff in recent decades, and the lack of funding and administrative problems, inefficient equipment and capabilities, and lack of attention to infrastructure as well as non-application of many policies.

Bibliography

- Abdel Gadir, A and Fan, S. *Public Policy and Poverty Reduction in the Arab Region*, 2007 .Kuwait. The Arab Planning Institute.
- Abdel Ghaffar, S. (1991) *the geographical distribution of educational services for elementary school in the city of Jeddah, a study in Urban Geography*. MS. King Abdul-Aziz University - Faculty of Arts.
- Abdul-Salam, A., Alshekteria, A., Abd Alhadi,H.., Ahmed, M and Mohammed, A. An Examination of Primary Health Care Quality in Benghazi , July 2011 . *Faculty of Public Health, G Arab Medical University*, Benghazi, Libya.
- Abudejaja, A and Singh, R. Health for all in the Libyan Arab Jamahiriya. *East Mediterranean Health Journal* ,Volume 6, Issue 4, July. 2000.
- Abuqamar, M., Coomans, D and Louckx, F. Correlation between socioeconomic differences and infant mortality in the Arab World (1990-2009). *International Journal of Sociology and Anthropology* ,Vol. 3(1) pp. 15-21 January 2011.
- Act (No. (6) For 2007). The General People's Committee for Education. Libya. Tripoli
- Act (No 80 for 2006). The General People's Committee for Education. Libya .Tripoli.
- Adbuljabar, S. (May 2002) *Statement to the Twenty Seventh Special Session of the General Assembly*. Retrieved from. http://www.un.org/ga/children/lajE.htm
- Adekeye, O. A. Attitude of counsellors towards undergoing HIV voluntary counselling and testing in Ado-Odo/Ota, Nigeria. *International Journal of Psychology and Counselling* Vol. 3(3), pp. 33-39, March 2011.
- African Development Bank. Country Engagement note Regional. *Department North I (ORNA)* January 2009. Retrieved 11/1/2012 from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/LIBYA_COUNTRY%2520ENGAGEMENT%2520NOTE_01.pdf

- Agnaia. A, (1996) Assessment of management training needs and selection for training: the case of Libyan companies, *International Journal of Manpower*, Vol. 17 Iss: 3 pp. 31 - 51
- Ahteawsh, F. (1999). Health and social services 1969 -1999. Matabh Al-ohda Alarbea. Azawoyh , Libya.
- Ahteawsh, O., (1992). *Population growth and urbanization*, University of Garyounis, Benghazi, Libya.
- Alaghbari, S. (1998). A comparison study between secondary education system in Yemen and Libya. *Journal of Social Sciences and Humanities*, 4, 132-154.
- Alfaidy, A. & Ibrahim, M. (1998). University and higher education and the challenges of the future: An Analytical .212 - 4, pages 183 - and cash, *Journal of Garyounis scientific*, Year 10, Nos.
- Al-Hijazi, M. (2009) *Conference of the medical students and young doctors in city of Misrata.* Unpublished data, Libya. Misrata.
- Alkan, B., Atakan, C. and Sahin, A. (2011). *Measuring inequalities in the distribution of health workers by bi-plot approach: The case of Turkey*. Journal of Economics and Behavioural Studies, Vol.2, No.2, pp.57–66,
- Allan, J. Libya Accommodates to Lower Oil Revenues: Economic and Political Adjustments. *International Journal of Middle East Studies*, Vol. 15, No. 3 (Aug., 1983), pp. 377-385 Published by: Cambridge University Press.
- Al-Said, M. (1990). *Attitudes effect on the short age of Libyan technical manpower: an empirical study of Benghazi high school students 'attitudes towards technical vocational training and job*. MSc degree, the University of Garyounis, Libya, Benghazi.
- Amaratunga, D., Baldry, D., Sarshar, M. & Newton, R. (2002). Quantitative and qualitative research in the built environment: application of "mixed" research approach, Work Study, 51(1): 17-31.
- Amer, A. (1998). *The development of health situation in Libya.* Mitabh althorah Alarabiah .Libya. Bengasi
- Ammar, K., (2002). *A Health Job for the City of Al- Zawiya*. MSc degree, Libya, University of Al- Zawiya

- Amutabi, N. & Oketch, O. (2003) In Hattangdi , A & Ghosh, A, (2008). *Enhancing the Quality and Accessibility of Higher Education through the use of Information and Communication,Technologies.*, Retrieved 12/ 11/ 2011 from http://www.iitk.ac.in/infocell/announce/convention/papers/Strategy%20Learning-01-Ashish%20Hattangdi,%20%20Atanu%20Ghosh.pdf

- Annual Statistical Report for the Health Sector and the Environment (2007), Health Information Centre. *The General People's Committee for Health and Environment*, Libya. Tripoli.

- Annual Statistical Report for the Health Sector and the Environment (2008), Health Information Centre. *The General People's Committee forHealth and Environment*, Tripoli. Libya.

- Annual Statistical Report for the Health Sector and the Environment (2010), Health Information Centre. *The General People's Committee forHealth and Environment*, Tripoli. Libya.

- Assessment of the Economic and Social Plan (1981-1985). The General People's Committee. Libya. Tripoli.

- Atter , M.(2007). *The contribution to the Human Development Report*. Libya, Tripoli.

- Atter, M. (2006).The Human Development Report. Women in the Libyan: equality and difference. *The National Authority for Information*. Libya, Tripoli.

- Atter, M. (1992). *The Modernization Drive of the Libyan Society*. Arab Development Institute. Lebanon, Beirut.

- Atter, M. (1980). Of modernisation Appearances in Libya society: economic progress: assessment of citizens and expectations. *Four seasons magazine .Union of writers.* Libya. Tripoli.

- Babbie, E. (2004). *The Practice of Social Research*, (10Ed). The US: Wadsworth, Thomson Learning, Inc.

- Bamburg, J.(2000) In Blackwell, S,. Saving the King: Anglo-American Strategy and British Counter-Subversion Operations in Libya. *Middle Eastern Studies*, Vol. 39, No. 1 (Jan., 2003), pp. 1-18

- Barghathi, A. (2010). Continuing crisis of the health system in Libya. *Libya Forum*: fourth year, the first issue.

- Barghathi, A and Ibairah, A. (2007) Evaluation of health policies in Libya . *First National Conference for Public Policy in Libya Jun 18, 2007*. Research and Consultation Centre. Garyounis University, Benghazi.

- Benamer, H., Bredan, A and Bakoush, O.,(2009). The Libyan doctors' brain drain: an exploratory study. *BioMed Central (BMC) Research Notes*. Retrieved 8/4/2012 from. http://www.biomedcentral.com/content/pdf/1756-0500-2-242.pdf

- Benjamin F. Crabtree, William Lloyd Miller (1999). *Doing qualitative research*. 2nd. London, United Kingdom.

- Blackwell, S. (2003). Saving the King: Anglo-American Strategy and British Counter-Subversion Operations in Libya. *Middle Eastern Studies*, Vol. 39, No. 1 (Jan., 2003), pp. 1-18

- Briggs 1986 and Mishler (1986) in Maxwell, J. Understanding and Validity in Qualitative Research, *Harvard Educational Review* Vol. 52 No. ~ Fall 1992.

- Brown, L., Franco, L., Rafeh, N and Hatzell, T. (n.d) *Quality Assurance of Health Care in Developing Countries – Quality Assurance Methodology Refinement Series*, Retrieved 16/ 6/2011 from. http://pdf.usaid.gov/pdf_docs/PNABQ044.pdf

- Bryman, A (1989). *Research Methods and Organization studies*.Ed1, USA. New York

- Buchan, J. and Calman, L. (2004). The Global Shortage of Registered Nurses: An Overview of Issues and Actions. *International Council of Nurses*. Geneva, Switzerland.

- Buor, D. (2002). Distance as a predominant factor in the utilisation of health services in the Kumasi metropolis. Ghana. *Geo Journal*, Vol. 56: 145–157

- Burke Johnson and Anthony J. (2004), *Mixed Methods Research: A Research Paradigm Whose Time Has Come*. http://www.ethiopia-ed.net/images/1427963976.pdf.

- Carey , J. P, and Carey, A. G., Libya- No Longer "Arid Nurse of Lions" :*Political Science Quarterly*, Vol. 76, No. 1 (Mar., 1961), pp. 47-68

- Centre of Documentation and Information (2002), the General People's Committee of Health and Environment, Libya, Tripoli.

- Centre of Documentation and Information, 2006. Statistical Indicators of Education: The General People's Committee of Education. Tripoli, Libya.

- Centre of Documentation and Information (2009), Achievements in health during the forty years 1969 – 2009. Health ministry; Libya, Tripoli.

- Chimombo, J. Issues in Basic Education in Developing Countries: An Exploration of Policy Options for Improved Delivery – Centre for Educational Research and Training, University of Malawi. *Journal of International Cooperation in Education*, Vol.8, No.1, 2005.

- Chudi, L. (April 2010). Healthcare problems in developing countries. *Medical Practice and Reviews*, Vol. 1(1).

- Churchill. A. (1995) *Marketing Research Methodological Foundations*. New York; the Dryden, Press.

- Clark, N., (2004). Education in Libya*: World Education News Reviews (WENR)*, Volume 17, Issue 4. Retrieved 13/3/2011 from http://www.wes.org/ewenr/04july/Practical.htm

- Clark, J (2000). Balancing Qualitative & Quantitative Methodology in Health Services Research: How can qualitative research methods best complement administrative data analysis? *Central East Health Information Partnership (CEHIP)*. Retrieved 13/6/2010 from http://www.nswphc.unsw.edu.au/pdf/ShortCourseResMetJul06/PPts/MixedMethodsresources.pdf

- Cohen, B., (2004). Urban Growth in Developing Countries: A Review of Current Trends and a Caution Regarding Existing Forecasts. *World Development*, Vol. 32, No. 1, pp. 23–51, 2004.

- Collins, C. (1974). Imperialism and Revolution in Libya: *MERIP Reports*, No. 27 (Apr., 1974), pp. 3-22

- Commission of the European Communities (2007). *Promoting young people's full participation in education, employment and society*. Brussels. Retrieved 3/7/2011 from http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0498en01.pdf

- Concept Note Libya, *Country strategy Paper and National Indicative Programme* 2011 – 2013. Retrieved 13/3/2012 from, http://www.google.co.uk/#sclient=psyab&hl=en&source=hp&q=Concept+Note+Libya%2C+Country+Strategy+Paper+and+National+Indicative+Programme+20112013&oq=Concept+Note+Libya%2C+Country+Strategy+Paper+and+National+Indicative+Programme+20112013&aq=f&aqi=&aql=&gs_sm=e&gs_upl=25444l25682l0l26561l2l2l0l0l0l0l116l205l1.1l2l0&bav=on.2,or.r_gc.r_pw.,cf.osb&fp=531836a7026a05cc&biw=1366&bih=673

- Congressional Record (US), *Proceedings and Debates of the 106th Congress, First Session*, V. 145, Pt. 1, January 6, 1999 to January 29, 1999. United States of America.
- Coombs, 1985. In Chimombo,J. Issues in Basic Education in Developing Countries: An Exploration of Policy Options for Improved Delivery – Centre for Educational Research and Training, University of Malawi. *Journal of International Cooperation in Education*, Vol.8, No.1, 2005.
- Corazzini, 1967, In Sweetland, S. (1996). Human Capital Theory: Foundations of a Field of Inquiry. *Review of Educational Research Fall 1996*, Vol. 66, No. 3, pp. 341-359. State University of New York at Buffalo
- Country Profile: Libya (2005). Mongabay.com. Retrieved 14/5/2012 from http://www.mongabay.com/reference/country_profiles/2004-2005/Libya.html
- Country Strategy Paper and National Indicative Programme 2011-2013Concept Note .Libya. Retrieved 14/5/2012 from http://ec.europa.eu/world/enp/mid_term_review/final_concept_note_libya_en.pdf
- Creswell, J.W. (2009). *Research design: qualitative, quantitative, and mixed methods approaches*. Sage Publications, Inc. Google Books Overview.
- Creswell, J. W. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative approaches to research*. Upper Saddle River, New Jersey
(NJ). Merrill/Pearson Education.
- Creswell, J.W., & Plano Clark, V.L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Creswell JW., (1998) *Qualitative inquiry and research design*. Choosing among five traditions. London: Sage Publications.
- Creswell, J. W. (2003) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 2 ed., The US: Sage Publications, Inc.
- Culture of Libya - history, people - *Countries and Their Cultures*. Retrieved 20/8/2011 from. http://www.everyculture.com/Ja-Ma/Libya.html
- Dakhil, I., (2008). *The Distribution Educational and Health Services*. PhD dissertation, University of Damascus, Syria
- Daw,A and Elkhammas, A. (2008). *Libyan Medical Education; Time to Move Forward*. Retrieved 2/8/2010

from.http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074317/pdf/LJM-3-001.pdf

- Declaration of Power of the People (1977), Libya. Tripoli.
- Delegation of the European Union to Libya (2010). Technical Assistance for the Identification and Formulation of a Programme to support the Health Sector in Libya. *DUE Libya– ToR Identification and Formulation of Health Programme 2011*. Request for Services 2010 / 236674 Version 1.
- Denscombe, M. (2003). *The good research guide.* 2nd edition. Philadelphia: Open University. Press.
- Denscombe, M. (1998). *The good research guide: for small-scale research projects. Buckingham*: (first edition), Open University. Press.
- Denzin, K. and Lincoln. Y, (2003). *Collecting and Interpreting Collective Materials* (2nd ed.)Thousand Oaks: Sage.
- Deogaonkar, M., (2004). Socioeconomic inequality and its effect on health care delivery in India: Inequality and health care. *Electronic Journal of Sociology, Department of Neurosciences.* Cleveland Clinic Foundation, Cleveland, OH USA ISSN: 1198 3655.
- Development plan (1973 - 1975). Tripoli. Libya.
- Department of Health (1994). Shaping a Healthier Future. *A Strategy for Effective Health Care in the 1990s*, Stationary Office; Dublin.
- Dudwick, N., Kuehnast, K., Jones, V and Woolcock, M. (2006). *Analyzing social capital in context A Guide to Using Qualitative Methods and Data*. World Bank Institute. Washington, USA.
- Easterby-Smith, M., Thorpe, R. and Lowe, A. (1991). *Management Research: an Introductio*n, London, Sage Publications.
- Education for All – Fast Track Initiative Country Proposal, October 21, 2002. Republic of Nicaragua's Ministry of Education, *Culture and Sports*,Retrieved 6/4/2011 from .http://www.educationfasttrack.org/media/library/Country_Documents/Nicaragua/Nicaragua_Proposal_11-19-02.pdf
- Education Act No. 34. (1970). *The Constitutional Declaration of the country*. Libya. Tripoli.

- El azzabi (1974) in Alafia and de Bruijn (2009). A change in the libyan Economy: towards a more market-oriented economy. *Management of Change conference* 2010 (CREP), Lueneburg 26th – 27th of November 2009.
- Elfituri,A., Elmahaishi, M., MacDonald, H. And Sherif, F. Health education in the Libyan Arab Jamahiriya: assessment of future needs. *Eastern Mediterranean Health Journal*, Vol. 12 (Supplement 2), 2006.
- El- Hawat, A., (2002). Education and Labour Market. *Study presented during the cultural season of the National Research and study centre*, Libya, Tripoli.
- El- Hawat, A. (2004) Human Development in Libya. *The National Research Centre and Study*. Libya; Tripoli.
- El- Hawat, A. (2003). Libya, In Teferra, D. and Altbach, P.(Eds.) *African higher education: an international reference handbook*. Bloomington: Indiana University Press.
- El- Hawat (1994). Studies in social development: Issues and ambitions. *Scientific Library Tripoli*. Libya. Tripoli.
- El- Hawat, A., (1981) *Studies in Development*, Aldar El Jamahiriya, - Libya, Musrata.
- El Mehdawi, M. A. (1998). *The human geography of Libya*. 3Ed, Libya, Benghazi.
- El Mehdawi, M. A. (1993). *The human geography of Libya*. Garyounis University Publications. Benghazi. Libya.
- El– Mehdawi, N., (2004). *The polyclinics in the city of Tripoli, their distribution of the spatial and services assigned to it between reality and target*. MA dissertation - Department of Geography –Al- Fateh University - Tripoli – Libya.
- El Mehdawi, M., and Clarke, J. (1982) “Population Redistribution in Libya” In J.I. Clarke and L.A. Kosinski . Redistribution of Population in Africa, London: Heinemann, pp. 68-73.
- El-Tagiuri, A. (2000). Education for All Assessment of 2000. *Advanced to international Consultative Forum on Education for All*, Dakar, Senegal, p32, 58
- El Taguri, A., (2008). Essential Concepts in Modern Health Services. *Department of Family and Community Medicine*, Al Fatah University, Tripoli, Libya.

- El Taguri, A., Elkhammas, E., Bakoush, O., Ashammakhi, N., Baccoush ,M and Betilmal, I. Libyan National Health Services The Need to Move to Management-by-Objectives, *Libyan J Med*. 2008; 3(2): 113–121

- El Taguri, A and Nasef, A. The French Health Care System; what can We Learn? *Libyan J Med*. 2008; 3(4): 186–191.

- Elzaltni, S. (1996) *primary education in Benghazi city*. MSc. Garyounis University. Libya. Benghazi.

- ElzaWii, T (1970) Education in Libya. Libya. Tripoli

- Fagerlind and Saha (1997) in Olaniyan. D.A and Okemakinde. T (2008) Human Capital Theory: Implications for Educational Development. *European Journal of Scientific Research* ISSN 1450-216X Vol.24 No.2 (2008), pp.157-162

- Faitoori, A., Mgairbi ,Z., Alfakri, M., Younis, J., Hodana, B. and Bashir, A(2003). A Study of the Libyan Medicines Situation. *Libya*: Libyan Central Bank.

- Fetouri, M (2010). *Education in Libya* Retrieved 28/4/2012 from http://en.qantara.de/wcsite.php?wc_c=8355.

- Fan, S. (2008) Public expenditures, growth, and poverty. Lessons from Developing Countries. *The International Food Policy Research Institute* (IFPRI) Issue Brief 51 • August 2008.

- Findlay, F., (1994) The Arab world, First Ed, London, United Kingdom.

- First Five-Year Plan (1976-1980). Tripoli. Libya.

- Fitzsimons, P. (1999) Human capital theory and education.*Encyclopedia of Philosophy of Education*. University of Auckland.

- Foddy (1993, In Reja ,U. , Manfreda , L., Hlebec, V., and Vehovar, V. Open-ended . Close-ended Questions in Web Questionnaires. Developments in Applied Statistics Anuška Ferligoj and Andrej Mrvar (Editors) Metodološki zvezki, 19, Ljubljana: FDV, 2003.

- Foldvary, F (2011). Libya: History and Destiny. *The progress report*. Retrieved 6/6/2012 from http://www.progress.org/2011/fold707.htm .

- Fontana, A and Frey. (1994). Interviewing. The art of science. In handbook of Qualitative Research (361-76) thousand oaks: Sage.

- Frontlines April – May 2004. First Agency Health Team Visits Libya as Sanctions Fall. Retrieved 7/9/2010 from http://www.usaid.gov/press/frontlines/AprMay04_FrontLines.pdf
- General people's Committee decision No. (80) For 2006 concerning the establishment of general centre for teacher training. Libya. Tripoli
- General Council of planning (2004), Data statistics, Tripoli, Libya.
- General Council of planning (2001), Data statistics, Tripoli, Libya.
- General People's Committee of Health and Environment Report, (2006). Libya. Tripoli.
- General philosophy of the Libyan Education System (1975) Education Ministry. Libya. Tripoli.
- Ghanem, S. In Khader, B & EL-Wifati, B, (1987) *the Economic Development of Libya*: London, Uk.
- Green and Tull, 1970 in Beri, G (2008) *Marketing Research*, 4 Ed, New Delhi.
- Greek Business Delegation to Libya – the Arab Hellenic Chamber of Commerce & Development, April 2009. Retrieved 23/4/2010 from http://www.arabgreekchamber.gr/publics/BrochureDelLibyaApril09.pdf
- Guffey , M.,(2007) *Essentials of Business Communication* . Ed 7, United States.
- Haggerty, D. (2004). Ethics Creep: Governing Social Science Research in the Name of Ethics. *Qualitative Sociology*, Vol. 27, No. 4.
- Haines, R. (2000). *Development Theory', In Introduction to Development Studies*, de Beer, F and Swanepoel, H. (2 Ed) ,OUP Southern Africa
- Hamdy, A. (2007). ICT in education in Libya. *Libya Country Report*. Retrieved 5/2/2012 from. http://www.infodev.org/en/Document.412.pdf
- Hamdy, A. (2007, in A, Rhema and I, Miliszewska. (2010). Towards E-Learning in Higher Education in Libya - *Issues in Informing Science and Information Technology* Volume 7, 2010 Victoria University, Melbourne, Victoria.

- Handley, G. Kate Higgins, K., Sharma, B., Bird, K and Cammack, D. January 2009. Poverty and Poverty Reduction in Sub-Saharan Africa: An Overview of Key Issues. *Overseas Development Institute*. London.
- Harrison, R., Migrants in the City of Tripoli. Libya, *Geographical Review*

  Vol. 57, No. 3 (Jul., 1967), pp. 397-423
- Hassan. A. (1998) *Assets of social research*. Library of wehpaa. Egypt. Cairo.
- Health Act 106; first article. *Health ministry* 1973. Libya, Tripoli.
- Health for all in the Libyan Arab Jamahiriya, (1998). *Eastern Mediterranean Health Journal,* Vol. 6 n.4
- Health information Centre (2008), the Health indicators. General People's Committee for Health & Environment, Tripoli, Libya.
- Health Protection around the World – Libya Healthcare System. Retrieved 11/3/2012 from. http://www.globalsurance.com/resources/libya/index.php
- Heyneman, S. and Jamison, D. (1980). Student Learning in Uganda: Textbook Availability and Other Factors. *Comparative Education Review*, 24 (2), 206-222
- Higgins. J (1981) Social Control Theories of Social Policy. Jnl Soc. Pol., 9,1,1-23.
- Higgins, (1953) In Omar, A and Ruddock, L. (2001). Housing policies and strategies: the experience of Libya's. *School of Construction & Property Management*, University of Salford.
- Houser, J. (2008) *Nursing Research Reading, Using, and Creating E*vidence, PhD, RN, Regis University.
- Human Development Report, 1993. United Nations, New York, p178
- Human Development Resource centre (HDRS). *Helpdesk Report: Libyan Health Service Capacity*: February 2011.UK aid; the Development for International Development.
- Hussey, J. and Hussey, R. (1997): *Business Research: A Practical Guide for Undergraduate and Postgraduate Students*, Macmillan Press, London.
- Ifsheikha, A., (2004) *Women and development in Libyan Arab society,* edition 1, Tripoli; Centre's Libyans Jihad for Historical Studies.

- Independent Evaluation Group (IEG 2006), From Schooling Access to Learning Outcomes: An Unfinished Agenda An Evaluation of World Bank Support to Primary Education. *The World Bank*; Washington, D.C. USA

- Independent Evaluation Group (IEG) (August 7, 2006). *The Unfinished Agenda in PrimaryEducation*. Retrieved 22/6/2012 from. http://lnweb90.worldbank.org/oed/oeddoclib.nsf/DocUNIDViewForJavaSearch/3EB7D1CD76B22939852571D9006C7C1F/$file/primary_education_reach.pdf

- International Bank for Reconstruction and Development, 2007. The Road Not Travelled Education Reform in the Middle East and North Africa .Retrieved 13/11/2010 from. http://siteresources.worldbank.org/INTMENA/Resources/EDU_Summary_ENG.pdf

- International development Research centre, Science for Humanity (IDRC) Retrieved 13/1/2012 from. http://www.idrc.ca/en/ev-106561-201-1-DO_TOPIC.html

- Isikli, E. Marketing Research, Methods and Tools. Ege University; Turkey. Retrieved 5/ 4/ 2010. from http://ressources.ciheam.org/om/pdf/c61/00800154.pdf

- Jehaimi, T (June 2006). The economic growth and reforms in Libya. Unpublished research, Libya, Tripoli.

- Joffé , G(1995) and Mansour O. El-Kikhia, (1997) *In Schneider, B and Post, J. Know the enemy*. Profiles of adversary leaders and their strategic cultures. Maxwell Air Force Base, Alabama 36112-6427. Ed2, July 2003.

- Johnson, R. B and Onwuegbuzie, A .J. (2004) Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Researcher*, Vol. 33, No. 7, pp. 14-26

- Joseph, E. and Bantock, P., (1982). Measuring Potential Physical Accessibility to General Practitioners in Rural Areas: A Method and Case Study. *Social Science and Medicine*, 16: 85–90

- Keibah, S. (1998). Higher education and labour market in Libya. *Journal of Economic Researc*h, 9, 179-202.

- Kerlinger, F (1983) *Foundations of Behavioral Research*, second reprint. Delhi; Indian. Surjeet Publications.

- Kezeiri, S & Lawless, R In Khader, B & EL-Wifati, B,(1987) *The Economic Development Of Libya*: London, Uk
- Kikhia (1981 in Kikhia, M. (1995) “the population”, in Boalghemh, A.& Al-Gaziri,S. a geographical Study, Aldar Al- jamahiriya for publication, distribution and advertising, Sirte, pp. 333 .393.
- Kim, C. and Cho, S. (2000) Institutionalization of quality improvement programs in Korean hospitals. *International Journal for Quality in Health Care*: Volume 12, Number 5.
- Latif, A and Atter, .M. Human Development Report 1999, *the National Commission for Information and Documentation.* Tripoli. Libya.
- Law No. (95) For 1975 concerning compulsory education. Libya. Tripoli.
- Libya - Teaching Profession, Retrieved 24/ 11/ 2010. From http://education.stateuniversity.com/pages/863/Libya-TEACHINGPROFESSION.html.
- Lenghi, M., Libyan British Business Council (LBBC, *Promoting Healthcare Partnerships: Delegation to Tripoli, 14 – 17 February 2010*), Promoting Partnerships in Libya’s Healthcare Sector- Retrieved 25/3/2011. From. http://www.lbbc.org.uk/presentation.php
- Libyan Constitutional declaration issued on 11/12/1969. Article (15).
- Libyan Economy (1995). Report about the development of the economy in Libya. The General People’s Committee for economy. Libya, Tripoli.
- Libya Education,(1987), Retrieved 11/5/2011. From http://www.photius.com/countries/libya/society/libya_society_education.html
- Libya Health Care System, Global Insurance, Health protection around the World Retrieved 5 /2/ 2010. From. http://www.globalsurance.com/resources/libya/index.php
- Libya-Human Development Report 1999 - *The National body for Information and Documentation.* Tripoli.
- Libya – Medical Care, 1987. (online) Available. http://www.mongabay.com/history/libya/libya-medical_care.html
- Libyan National Commission for education, culture and Science – the development of education in the Great Jamahiriya – *A national Report*

Presented to The International Conference on education – Session 47, Geneva 8 – 11 September 2004.

- Libya Visit April (Report 2009) – Libya National Centre for infectious diseases prevention and control .p1. Retrieved 15/2/2011. From http://www.ssat.org.uk/Forms/LIBYA%20REPORT.pdf

- Lister, R (2010). Understanding Theories and Concepts in Social Policy. University of Bristol. UK

- LookLex Encyclopaedia. Libya - Health. Retrieved 19/6/2012. From http://looklex.com/e.o/libya.health.htm.

- Mackenzie, M., Reid, M., Turner, F., Wang, Y., Clarke, J., Sridharan, S., Platt, S. and Donnell, C. (2012). Reaching the Hard-to-Reach: Conceptual Puzzles and Challenges for Policy and Practice. Jnl Soc. Pol. (2012), 41, 3, 511–532.

- Marshall (1965) in R, Titmuss (1974) What is Social Policy? Welfare States: Construction, Deconstruction, Reconstruction. Retrieved 29/5/2012 From http://rszarf.ips.uw.edu.pl/welfare-state/titmuss.pdf.

- Midgley, J (2006). Developmental Social Policy: Theory and Practice. Casa Verde Publishing · ISSN 1681-5874 *Asian Journal of Social Policy*, Vol. 2/1: 1-22

- McGorry, 2002. In A. Hattangdi and A. Ghosh (2008), Enhancing the Quality and Accessibility of Higher Education Through the Use of Information and Communication Technology. Retrieved 22/6/2012 From http://www.iitk.ac.in/infocell/announce/convention/papers/Strategy%20Learning-01-Ashish%20Hattangdi,%20%20Atanu%20Ghosh.pdf

- McLeod, J. (1996). Qualitative research methods in counselling psychology, in Woolfe R. & Dryden W. (Eds.) *Handbook of counselling psychology* (62-83) London: Sage Publications.

- Measuring progress towards a more sustainable Europe; *2007 monitoring report of the EU sustainable development strategy*, Statistical Books. Eurostat. Retrieved 22/6/2012 From http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-77-07-115/EN/KS-77-07-115-EN.PDF

- Metz, H.,(2004).Libya. Retrieved 18 /6/2012 From http://scholar.google.co.uk/scholar?q=Metz,+H.,+2004.+Libya&hl=en&as_sdt=0&as_vis=1&oi=scholart

- Meyers, M. (2000). Qualitative Research and the Generalizability Question: Standing Firm with Proteus. *The Qualitative Report, 4, (March)*, pp3-4. Retrieved 26/ 4/ 2008, from http://www.nova.edu/ssss/QR/QR4-3/myers.html.

- Mohamed, A (1997). The spatial distribution and disparity of education and health services .Master degree. Cairo. Egypt

- Mohsen, M., 2007. *The Modernization and its Relation with Social Awareness for Woman in Libyan Society*. PhD. Tanta University, Egypt

- Momesn, J. (1991) *Women and development in the Third World*, 1Edit, London.

- Montgomery, M. and Hewett, P. (2004). Urban Poverty and Health in Developing Countries: Household and Neighbourhood Effects. Working paper. *The Population Council*, Inc. Retrieved 22/6/2012 From http://www.popcouncil.org/pdfs/wp/184.pdf

- Musmam, A. O. (2002). *Technical and vocational skills and d the impact upon firms in the Libyan labour market*. Unpublished PhD thesis, Cardiff University, Cardiff

- Muthaffar, A. (1985). *Medical Geography the content and methodology and analyses*. Egypt. Cairo.

- Ministry of National Economy, 2006 in Issan, S., Gomaa, N. Post Basic Education Reforms in Oman: A Case Study. *Literacy Information and Computer Education Journal (LICEJ*), Volume 1, Issue 1, March 2010

- Nafukho, F, Hairston, N. and Brooks, K. (2004) "Human Capital Theory": Implications for Human Resource Development, *Human Resource Development International*, 7(4): 545- 551

- National Plan of Training (2009) General People's Committee for Health and Environment. Libya. Tripoli.

- National Centre for Planning and Training statistics (2005). General People's Committee of Health and Environment. Libya, Tripoli.

- National Centre for Education Planning and Training (2009) General People's Committee of Education, Libya, Tripoli.

- National Centre for Education Planning and training (2006), unpublished data, Libya. Tripoli.

- National Centre for Educational Research and Training, (1997), Achievements of Education and Training. People's Committee for Education and Research. Libya. Tripoli.
- National Centre for Education Planning and Training: the educational process in Libya, 1999, Libya. Tripoli.
- National Human Development report (2000). National Authority for Documentation and Information. Libya. Tripoli.
- National Report of the General People's Committee of Education about the development of education in Libya, 25–28 November 2008. *At the 48th session of the International Conference on Education*, Geneva.
- National Report (8–11 September) 2004. Quality Education for all Young People: Challenges, Trends and Priorities, *presented to Session 47 of The International Conference on Education*, Geneva.
- National Report of General People's Committee of Health and Social Security; Health Ministry 2002, Libya, Tripoli.
- National Report of General People's Committee of Health and Social Security (2004), Tripoli. Libya.
- Norwegian Directorate of Immigration, 2004. In W. Otman and E. Karlberg, 2007. *The Libyan Economy, Economic Diversification and International Repositioning*. University Of Aberdeen, UK, p123–124
- National Report of Libya. Indicators for Sustainable Development in the Mediterranean Coastal Regions; Sophia Antipolis, November 2002. Retrieved 22/6/2012 from http://www.planbleu.org/publications/idd_cotiers_ly.pdf
- Neuman, L. (2006) *"Social Research Methods – Quantitative and Qualitative Approaches".* (6th Ed). Pearson Education, Inc. US.
- Newspaper Cyrene, 10 February, 2011 - Newspaper Cyrene - Part 13. Retrieved 12/2/2011 From http://quryna.com/page/13
- Norman, D. (2008) "Justice and Access to Health Care", *The Stanford Encyclopaedia of Philosophy* Retrieved 9/5/2009 from http://plato.stanford.edu/entries/justice-healthcareaccess.
- Oduro, G., Dachi, H., Fertig, M and Rarieya, J. (2007). Examining Education Leadership and Quality in Developing Countries. *EdQual Working Paper,* No.9. The University of Bristol, UK.

- Office of Health care and Community Health, General People's Committee for Health (1998), Libya. Tripoli.
- Office of Research and Planning at Cerritos College (undated) A Brief Guide to the Analysis of Open-Ended Survey Questions. Retrieved. 3/1/2012. From http://cms.cerritos.edu/uploads/ResearchandPlanning/Brief_Guide_to_Open-Ended_Survey_Questions.pdf
- Official Gazette No. 53, the tenth year, November 15 of 1972. Libya, Tripoli.
- Olaniyan. D.A and Okemakinde. T (2008) Human Capital Theory: Implications for Educational Development. *European Journal of Scientific Research* ISSN 1450-216X Vol.24 No.2 (2008), pp.157-162
- Oppenheim, A. N. (1992). *Questionnaire design, interviewing and attitude Measurement* . (2 ed). UK. London.
- Organisation for Cooperation and Development (OECD). Shanghai and Hong Kong: Two Distinct Example of Education Reform in China. Strong Performers and Successful Reformers in Education 2010: *Lessons from PISA for the United States*. Retrieved 2/5/2012. from http://www.oecd.org/dataoecd/34/45/46581016.pdf
- Otman, W. and Karlberg, E., 2007. *The Libyan Economy, Economic Diversification and Internaional Repositioning*. University of Aberdeen, UK,
- Pargeter, A. (Jun., 2006). *Review of African Political Economy*, Vol. 33, No. 108, North Africa: Power, Politics &Promise. pp. 219-235
- Penrose, E. The Economic Development of Libya by International Bank for Reconstruction and Development at the Request of the Government of Libya. by: *Economic, New Series*, Vol. 28, No. 112 (Nov., 1961), pp. 459-462
- People's Committee of Planning, *Annual Report, 1985*, number 2, Tripoli, p. 22
- People's Committee for Health and Social Security (1999), Achievements in health during the thirty years 1969 – 1999. The Centre for Documentation and Information. Ministry of Health, Libya. Tripoli.
- Pereira, C. (2007). Urbanization and Dialect Change the Arabic dialect of Tripoli (Libya). Retrieved. 3/1/2012. from http://csic.academia.edu/ChristophePereira/Papers/1288380/Urbanization_and_Dialect_Change_The_Arabic_Dialect_of_Tripoli_Libya_

- Plan of economic and social transformation (1981-1985), Part I. Tripoli. Libya.
- Preston, P & Parr, J., (2009), Opportunities and Challenges in the Libyan Health care Sector. *Libyan British Business Council* (LBBC) Deputy Director General- Preliminary Research Report. Retrieved. 9/2/2011. From http://www.docstoc.com/docs/25751610/Libyan-Healthcare-Sector---LBBC-Preliminary-Research-Report-_May-2009_.
- Polit and Hungler (1989) In Leana R. Callara (2008), Nursing education Challenges in the 21st Century. *Nova Science Publishers*,Inc. New York.
- Pospisil, J. (2011) *Public Health Indicators in Libya*. Justmeans. Retrieved 3/5/2012. From http://www.justmeans.com/Public-Health-Indicators-in-Libya-Higher-than-Expected-but-Revolt-Disrupts-Services/45930.html
- Report Libya, 2008. Oxford Business Group. Retrieved 3/11/2011 from http://books.google.co.uk/books?id=cfhcjje8dFYC&dq=the+private+health+sector+in+libya&source=gbs_navlinks_s
- Report of the Ministry of Education, 2009. Tripoli. Libya.
- Report of the Libyan Jamahiriya - the Education for All (2000), the Secretariat of General People's Committee. Libya. Tripoli.
- Report on the Least Developed Countries (2002), UNESCO. Retrieved 15/1/2011 from. http://unesdoc.unesco.org/images/0012/001275/127533e.pdf
- Report – Fact-finding visit to Libya, June 2004. The Norwegian Immigration Appeals Board, Strategy and documentation department, August 2004. Retrieved 2/2/2012 From http://landinfo.no/asset/159/1/159_1.pdf Last visited
- Rhema, A and Miliszewska, I. towards E-Learning in Higher Education in Libya. *Issues in Informing Science and Information Technology,* Victoria University, Melbourne, Victoria Volume 7, 2010.
- Rhouma, S., (n.d:), indicators of social development in Libya (1970 – 1980) , Libya. Tripoli.
- Robert, S., (1983). Distance and the Utilization of Health Facilities in Rural Nigeria. *Social Science Medicine*, Vol. 17 (9): 563–70
- Rubin, J. & Rubin, S. (1995). Qualitative interviewing: The art of hearing data. Thousand .Oaks, CA: Sage.

- Russo, P. (2004). Welfare in the Mediterranean countries: Great Arab popular socialist Libyan Jamahiriya. *Centre for Administrative Innovation in the Euro-Mediterranean Region in the Mediterranean Countries*, Great Arab Popular Socialist Libyan Jamahiriya.

- Said, K. (2000). *The use of Computers in the teaching of mathematics in Libyan primary Schools*. PhD Thesis, University of Sunderland, UK.

- Salem, F. (1995) *the geography of health in Libya: accessibility to, utilisation of and satisfaction with public polyclinics in Benghazi*. PhD, Durham University. UK

- Sapsford .R and Jupp, V. (1996). Data collection and Analysis. The Open University. UK. London.

- Saunders, M., Lewis, P. and Thornhill, A. (2007). *Research Methods for Business Students*, the UK: Pearson Education Limited.

- Secretariat of General People's Committee of Planning, Annual Report, 1985, number 2. Libya. Tripoli.

- Schattan, V., (n.d.) What Did We Learn about Citizen Involvement in the Health Policy Process*: Lessons from Brazil*. Retrieved 4/3/2011 from. http://www.drccitizenship.org/system/assets/1052734703/original/1052734703-coelho.2011-what.pdf?1299612773

- Secretariat of Education Report Libya. (2000). the EFA 2000 Assessment: “Country Reports, Libyan Jamahirsa.” Report presented as a progress report for UNSSCO Education for All project.

- Sharif, A. (2000). Expansion in education and labour market requirements. *Journal of Economic Research*, 11 (1-2) 75-105

- Sharif, A (1971), *Libya Geography*, 2 Ed, Libya.

- Sharma, 2003; Sanyal, 2001; Bhattacharya and Sharma, 2007. In A. Hattangdi and A. Ghosh, (n.d.). Enhancing the Quality and Accessibility of Higher Education through the use of Information and Communication Technology. Retrieved 2/7/2010 from http://www.iitk.ac.in/infocell/announce/convention/papers/Strategy%20Learning-01-Ashish%20Hattangdi,%20%20Atanu%20Ghosh.pdf

- Schultz, T. (1981). Investing in people: The economics of population quality. *Berkeley*,CA: University of California Press.

- Schultz (1971), Sakamota and Powers (1995), Psacharopoulos and Woodhall (1997), Olaniyan and Okemakinde (2008) . Human Capital Theory: Implications for Educational Development. *European Journal of Scientific Research* ISSN 1450-216X Vol.24 No.2 (2008), pp.157-162

- Schultz, 1963, in Sweetland, 1996. Sweetland, S. Human Capital Theory: Foundations of a Field of Inquiry. *Review of Educational Research Fall 1996*, Vol. 66, No. 3, pp. 341-359. State University of New York at Buffalo

- Sheibani, G and Harvard, T. (2005). The government role in housing in Libya during the period 1970 - 2000. *Research Institute for Building and Human Environment*, University of Salford, UK .

- Smith, R., (2004). *Foreign direct investment and trade in health services*: a review of the literature. *Social Science & Medicine*, 2004, 2313–2323, Health Economics, Law & Ethics Group, School of Medicine, Health Policy & Practice, university of East Anglia, Norwich, UK

- Statistical book (2006). The National body for Information and Documentation. Ministry of Education. Libya. Tripoli.

- Stiglitz, E., SEN, A. and Fitoussl, P. (2009), *Report by the Commission on the Measurement of Economic Performance and Social Progress*. Retrieved 30/12/2011 from http://www.ft.com/cms/f3b4c24a-a141-11de-a88d-00144feabdc0.pdf

- Streeten, P., with S.J. Burki, M. Ul Haq, N. Hicks, and F. Stewart (1981), First Things First: Meeting Basic Needs in Developing Countries, *Oxford University Press*: New York.

- Sutherland, A. (1998). Socio-economic methodologies best practice guidelines. *Natural Resources Institute* .The University of Greenwich.

- Sweetland, S. Human Capital Theory: Foundations of a Field of Inquiry. *Review of Educational Research Fall 1996*, Vol. 66, No. 3, pp. 341-359. State University of New York at Buffalo

- Szreter, S and Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. IJE vol.33 no.4 International Epidemiological Association.

- Tandon, S. (2010) In N. Kishor. Public health implications of oral health – inequity in India. *Journal of Advanced Dental Research* Vol I: Issue I: October, 2010.

- Tembon, M.and Fort, L., 2008. Girls' Education in the 21st Century. Gender Equality, Empowerment and Economic Growth. *The World Bank*, Washington.

- Comprehensive Plan for Tripoli (2000) the territory of Tripoli. No. 23 Volume 1.

- Thomas, B., Jwaili, M and Al-Hasan, S. (2003) "The Role of Small Firms in Libyan Tourism Development*" WEI Working Paper Series, Paper 30*, Welsh Enterprise Institute University of Glamorgan, Business School. Retrieved 1/12/2010. from http://wei.research.glam.ac.uk/media/files/documents/2006-11 30/wei_working_paper_30.pdf

- Tripoli Medical Centre Statistics 2008. Unpublished data. Libya. Tripoli

- Turki, A. (1994). Teaching Modern Physics in Developing Countries. *Science Education*. Libya, Sebha.

- Turncock, B (2004) In Tener Goodwin Veenema (2007:181).*Disaster nursing and emergency preparedness*. (2 Ed). United States. New York.

- Turocy, p. S., Survey Research in Athletic Training: The Scientific Method of Development and Implementation. *Journal of Athletic Training* 2002;37(4 Supplement):S-174–S-179

- Tyack and Cuban (1995) In Msila, V. From Apartheid Education to the Revised National Curriculum Statement: Pedagogy for Identity Formation and Nation Building in South Africa. University of South Africa, South Africa. *Nordic Journal of African Studies* 16(2): 146–160 (2007)

- Understanding research. (2008). Retrieved 4 /4 2010. from http://www.palgrave.com/business/collis/br/docs/sample.pdf

- United Nations Development Programme UNDP, 2003. In P. Glewwe and M. Kremer, 2005. Schools, Teachers and Education Outcomes in Developing Countries. *Handbook of the Economics of Education*, North Holland.

- United Nations (2005). A Health Situation Assessment of the People's Republic of China. *United Nations Health Partners Group in China*. China, Beijing.

- United Nations. Economic Commission for Africa. Economic and social conditions in North Africa; Twentieth Meeting of the Intergovernmental Committee of Experts (ICE) *Tangier, Morocco* (13-15 April 2005.

- United Nations. The African Development Forum (ADF VI). Achieving gender equality and women's empowerment in Africa; Progress Report (19-21 November 2008) *United Nations Conference Centre* - Addis Ababa, Ethiopia

- United Nations Educational, Scientific and Cultural Organization (UNESCO): Education for all by 2015 will we make it? ; *EFA Global Monitoring Report 2008*. Retrieved 12/7/ 2010 from http://unesdoc.unesco.org/images/0015/001572/157267e.pdf

- United Nations. Development Programme (14 December 2010), *Arab countries can achieve MDGs by 2015*. Retrieved 4 /5/ 2011 from. http://content.undp.org/go/newsroom/2010/december/arab-countries-can-achieve-mdgs-by-2015.en?categoryID=349432&lang=en.

- United Nations. Country programme outline for Libya (2003–2005), Second regular session; 23-27 September 2002, New York. Item 5 of the provisional agenda; Country programmes and related matters.

- United Nations. *The Third Arab Report on the Millennium Development Goals 2010 and the Impact of the Global Economic Crises*. *League of Arab States*, New York.

- United Nations. Medium Term Investment Programme (NMTIP), June, 2006) - Government of the Libyan Arab Jamahiriya Support To NEPAD–CAADP Implementation TCP/LIB/2902 (I), Volume I of V.

- United Nations. *Millennium Development Goal Report, 2008*. New York, Retrieved 1/3/2011. From http://www.un.org/millenniumgoals/pdf/The%20Millennium%20Development%20Goals%20Report%202008.pdf

- U.S. Department of State(2011), (Background Note: Libya) (online) http://www.state.gov/r/pa/ei/bgn/5425.htm#history

- Vandewalle, D., (2005) *A History of Modern Libya*, University of Cambridge.

- Vandewalle, D., (1986) Libya's Revolution Revisited. *MERIP Middle East Report*, No. 143, Nuclear Shadow over the Middle East (Nov. - Dec.,1986), pp. 30-35+43.

- Vaus, D. (2001) *Research design in social research*. First ed. London; Bonhill Street.

- Walonick, S. D. (2003) Survival Statistics .*Minneapolis*: StatPac, Inc.

- Wang, B., (2003) .*A Framework for Health Equipment Management in Developing Countries*. Retrieved 21/12/2011 from http://www.touchbriefings.com/pdf/13/hosp031_r_wang.PDF

- Washington Ochola, W., Sanginga, P and Bekalo, I.(2010) Managing Natural Resources For development in Africa, A Resource Book. University of Nairobi Press. Kenya.

- Wilkinson, R and Michael, M. (2003). *World Health Organization Europe: Social Developments of Health: the Solid Facts*. Second edition. Copenhagen, Denmark.

- Wilson, M (1998) *data collection and analysis* . (2ed). London. UK

- World Bank (2009), Data, Middle East & North Africa (developing only)

  Libya. Retrieved 2/7/2012 from http://data.worldbank.org/country/libya

- World Bank (2008). Education Reform in the Middle East and Africa (MENA) Development Report. *The International Bank for Reconstruction and Development* / the World Bank. US. Washington.

- World Conference in Dakar (UNESCO 2000), *the Dakar Framework Education for All.* Retrieved 27/ 8/ 2011 from. http://www.google.co.uk/#sclient=psy&hl=en&rlz=1W1SVEA_enGB368GB368&source=hp&q=The+World+Conference+Dakar+++2000+&aq=f&aqi=&aql=&oq=&pbx=1&bav=on.2,or.r_gc.r_pw.&fp=315d49cc91b8278&biw=1366&bih=641

- World Data on Education WDE, Libyan Arab Jamahiriya UNESCO 6th edition, 2007. Retrieved 23/12/2011 from http://www.ibe.unesco.org/fileadmin/user_upload/archive/Countries/WDE/2006/ARAB_STATES/Libyan_Arab_Jamahiriya/Libyan_Arab_Jamahiriya.pdf Last Dated

- World Health Report, 2008, in discussion on Global Public Health, Part II: Emerging and future health challenges. Retrieved 23/1/2012 from http://www.un.org/en/ecosoc/newfunct/pdf/amr_edisc_responsesinfull_part2_130309.pdf

- World Health Organisation (February 2010), International Migration of Health Workers, Organisation for Economic Co-operation and Development (OECD), Online from, http://www.oecd.org/els/healthpoliciesanddata/44783473.pdf

- World Health Organisation (2007), Health Systems Profile. *Regional Health Systems Observatory – EMRO*. Kuwait. Retrieved 15/11/2011 from http://gis.emro.who.int/HealthSystemObservatory/PDF/Kuwait/Exec%20summary.pf
- World Health Organisation (2007) Health Systems Profile. *Eastern Mediterranean Regional Health Systems Observatory.* Libya .Retrieved 14/2/2011 from http://gis.emro.who.int/HealthSystemObservatory/PDF/Libya/Full%20Profile.pdf.
- World Health Organisation: the Work of WHO the Eastern Mediterranean Region Annual Report of the Regional Director 1 January - 31 December 1996. Retrieved 26/4/2011 from http://www.emro.who.int/stb/media/pdf/RDReportCD_96.pdf
- World Health Organisation, 31 August 2000. Equity in Access to Public Health. *Report and Documentation of the Technical Discussions held in conjunction with the 37th Meeting of CCPDM*, New Delhi.
- World Health Organisation. (2009).Country Cooperation Strategy for WHO and the Libyan Arab Jamahiriya 2010–2015. *Regional Office for the Eastern Mediterranean Cairo*. Retrieved, 18/2/2010 from. http://www.who.int/countryfocus/cooperation_strategy/ccs_lby_en.pdf
- World Health Organization (2004). *The global burden of disease*. Retrieved from 27/2/2012http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf
- World Health Organization (2006). Country Cooperation Strategy for WHO and the Libyan Arab Jamahiriya 2005–2009, *Regional Office for the Eastern Mediterranean Cairo*. Retrieved 11/3/2010 from http://www.who.int/countryfocus/cooperation_strategy/countries/ccs_final_lby_2005_en.pdf
- World Health Organization (1978). *Declaration of Alma-Ata International Conference on Primary Health Care*, Alma-Ata, USSR, 6–12 September. Retrieved 4/2/2012, from http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf Last update
- World Health Organisation (February 2010). *The International Migration of Health Workers, Policy Brief*. Retrieved 27/1/2011 , from http://news.google.co.uk/nwshp?hl=en&tab=wn

- World Health Organization, 2007. Health System Profile – Libya, *Eastern Mediterranean Regional Health Systems* Observatory. Retrieved 27/1/2011, from http://gis.emro.who.int/HealthSystemObservatory/PDF/Libya/Full%20Profile.pdf

- World Health Organization (WHO) statistics (2008) , Retrieved 20/6/2011, from, http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf

- Wright (1981) Libya a Modern history. United Kingdom. Retrieved 4/2/2012, from http://books.google.co.uk/books?id=NpcOAAAAQAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false

- Wright (1969, in Otman & Karlberg 2007. *The Libyan Economy, Economic Diversification and International Repositioning*. University of Aberdeen, UK,

- Yassi, A., Moore, D., FitzGerald, J. Bigelow, p., Hon, C and Bryce, E. Research Gaps in Protecting Healthcare Workers From SARS and Other Respiratory Pathogens: An Interdisciplinary, Multi- Stakeholder, Evidence-Based Approach. JOEM Volume 47, Number 1, January 2005.

- Youssef, A. (2005). Imported Intermediate Inputs and Economic Growth in Libya, Working paper. *University of El Fateh*, Libya. Tripoli.

- Yousif, H. M, Goujon, A and Lutz, W. (1996). Future population and education - Trends in the Countries of North Africa, Ministry of Finance and Development Planning, Gaborone, Botswana

- Zarrough, A,. El-Hawat, A.,Al-Abid, A., Al-Tagouri, A.,Al-Masoudi, A.,Dagdagh,M and Ghiblawi, S. The Libyan National Commission for Education, Culture and Science. The Development of Education in The Great Jamahiriya, *A national Report Presented to The International Conference on Education Session 46*, Geneva, 2001

- Zohry, A. (2005). *The Development Impact of Internal Migration: Findings from Egypt, Forced Migration & Refugee Studies Program*, Ph.D. American University in Cairo. Egypt

- Zottarelli, L., Sunil, T and Rajaram, S. Influence of parental and socioeconomic factors on stunting in children under 5 years in Egypt. Volume 13 No. 6 November - December, 2007.

- Zoubir,Y.H . Libya in US Foreign Policy: From Rogue State to Good Fellow? *Third World Quarterly*, Vol. 23, No. 1 (Feb., 2002), pp. 31-5

APPENDIXES

Appendix A: Health Questionnaire Design

This questionnaire is about development of health policies in the city of Tripoli. We would like to find out what you think about this topic. Please answer every question as honestly as you can. As for your answer, it will not affect you or your job in any way. We hope that what you tell us will be of assistance to health policy-makers in this important field.

Part 1: about you

please complete the following questions about yourself, and remember that all of your responses will be confidential.

1 – Gender Male Female

2- Age ……….

3 – Job title. -----------------

4- How long have you worked in your job? …………………………………

5 – Place of residence: ……………………………………

- Tripoli city ---------------- other cities ---------------------

- Please write name of your area ………………………………………

Part 2. Opinions of doctors and nurses at hospitals about health policies in Tripoli. -

Please tick according to the scale below. Strongly disagree 1 Disagree 2

Neither disagree nor agree 3 Agree 4 strongly agree

1. The State's goals in the eradication of disease and promotion of health conditions for its citizens.

	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I think all types of immunization are available in hospital					
2	I think most illnesses are cured quickly					
3	All types of medical specialties are available in hospital					
4	Distribution of medical centres giving everyone the same opportunity to access services.					
5	Staff nursing in the hospital with a high degree of skill and experience.					
6	I think the health policy has succeeded in eliminating most diseases.					

2. The development of health facilities and services in the neighbourhoods of the city of Tripoli.

N	Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	I believe there are enough doctors and specialists in hospital.					
2	There are no difficulties in the diagnosis of illnesses due to lack of medicines.					
3	I think there is enough hospital equipment					
4	There is capacity for many patients of different ages to stay in the hospital.					
5	I am satisfied with hospital services					
6	I believe the conditions within hospital are an encouragement to work hard.					

3. State's policy of raising the level of health services and addressing disease and treatment in the city of Tripoli

N	Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	There is encouragement from the Secretariat of Health to conduct research and participate in scientific conferences					
2	I have a desire to work in public hospitals.					
3	There are opportunities to attend workshops at the hospital.					
4	When the State sees any case of communicable diseases it accelerates to eliminate them.					
4	I believe the future plans for the development of the health sector are good.					
6	All types of medicine are available in hospital.					

Part 3: Open questions

1 - What was done by the government to raise the level of health for the population?

1……………………………………………………………………………………

2……………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

2- What is your view of the current situation of health in Tripoli?

1……………………………………………………………………………………

2……………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

3- What would you suggest to improve health policy in Tripoli?

1……………………………………………………………………………………

2……………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

4-Do you find difficulties with regard to transportation getting to hospital? Yes or No

If, yes, please go to following list:

Reason for delay was result of the distance travelled.

Because of a shortage in public transport (e.g. bus).

Road traffic from your house to hospital.

Appendix B: Education Questionnaire Design

This questionnaire is about education services in the city of Tripoli. We would like to find out what your views are regarding this topic. Please answer every question as honestly as you can. As for your answer, it will not affect your work in any way and is anonymous. We hope that what you inform us with will help educational policy-makers in this important field.

Part 1: about you.

Please complete the following questions about yourself, and remember that all of your responses will be confidential.

1– Gender   Male   Female

2- Age   …………………….

3 – Job title. -----------------

4- How long have you worked in your job?   …………………………….

5 – Place of residence:

- Tripoli city ---------   other cities ------------
- Please write name of your area ………………………………..

Part 2 - opinions of teachers and school management regarding basic and middle education in Tripoli.

-Please tick according to the scale below. Strongly disagree - Disagree - neither disagree nor agree – Agree - strongly agree.

1. Equality among citizens in access to education services in Tripoli.

N	Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	Education policy has given everyone the same opportunity to attend school.					
2	Laboratories and teaching aids are available in school					
3	Distribution of education institutions serving all individuals in Tripoli					
4	The distribution of resources to education foundations has given everyone the same chance of receiving an education.					

3. Development of schools in the city of Tripoli quantitatively and qualitatively.

N	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	The educational performance in basic and middle stages is excellent.					
2	I feel the lack of possibilities in schools (e.g. a limited curriculum) have impacted on the level of students' achievements.					
3	The output of specialist secondary schools meets the needs of the job market					
4	There is a focus on quality rather than quantity in education.					
5	I believe there is a need to increase the number of schools.					
6	Student numbers in some classes are too high					
7	I believe there is not a need to reform the educational institutions in Tripoli.					
8	I am satisfied with the direction of the educational level for primary and secondary school students					

3. State's policy of raising the level of education services in Tripoli.

N	Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree
1	Specialist schools have achieved the desired requirements of a large number of students.				
2	There are some teachers in the middle institutes, who lack professional skills				
3	I consider that policy makers are interested in middle and basic education.				
4	Policy makers often do not learn from previous mistakes.				
5	The recruitment of teachers in basic education is efficient and effective.				
6	The laws and regulations on the development of educational systems are good.				
7	Education policies are not always well prepared				
8	I consider that education services have a good future.				

Part 4: Open questions

1 - What was done by the government to raise the level of education for the population?

1…………………………………………………………………………………

2…………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

2- What is your view of the current situation of education in Libya?

1…………………………………………………………………………………

2…………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

3- What would you suggest to improve educational policy in Tripoli?

1…………………………………………………………………………………

2…………………………………………………………………………………

3………………………………………………………………………………

4……………………………………………………………………………….

5- Do you find difficulties with regard to transportation getting to school? Yes or No

If, yes, please go to following list:

Reason for delay was result of the distance travelled.

Because of a shortage in public transport (e.g. bus).

Road traffic from your house to school.

Appendix C: Interview questions (Health sector)

Interview questions (Health sector)

1- What policies have been, and are being, followed by the government in eradicating and treating illness?

2- To what extent can the government offer health services to all individuals in city of Tripoli?

3- To what extent have health policies achieved their goals?

4- What are the difficulties that face the development of health policies?

5 - What plans will be carried out in the future for the development of health policies?

Appendix D: Interview questions (education sector)

Interview questions (education sector)

1- What policies have been, and are being, followed by the government in terms of developing basic and middle education?

2- To what extent can the government offer educational services to all individuals in the city of Tripoli?

3- To what extent have education policies achieved their goals?

4- What are the difficulties that face the development of educational policies in both basic and middle stages?

5- What plans will be carried out in the future for the development of educational services?

Appendix E: Information sheet (health sector)

Information sheet (health sector)

Dear participant:

My name is Abdala Ashhima and I am a PhD research student working for the degree of Doctor of philosophy at the department of geography and sociology, University of Strathclyde (UK) under the supervision of Dr. Colin Clark. Senior lecturer and Dr Patricia McCaffertyin. I am conducting research which investigates the development of health policies in the city of Tripoli

Although there is no direct benefit to you, the results of the study may assist in developing the health services for population in Libya.

I would be very grateful if you kindly help me by answering this questionnaire which will take about 30 minutes to complete. The content of the questionnaire will be treated confidentially and any information would identify you will not be disclosed at all.

Finally, if you have any questions about this research study or your potential participation in this study, please contact me at abd33@yahoo.com .

Yours sincerely

Abdala Ashhima

contact address in the UK

Abdala Ashhima PhD student

Department of Geography and Sociology

University of Strathclyde

Graham Hills Building

50 Richmond Street, Glasgow G1 1XN, United Kingdom..

Contact address in Libya

Lecturer, Sociology department, Tarhuna - Almergabe University.

Appendix F: Information sheet (Education sector)

Information sheet (education sector)

Dear participant:

My name is Abdala Ashhima and I am a PhD research student working for the degree of Doctor of philosophy at the department of geography and sociology, University of Strathclyde (UK), under the supervision of Dr. Colin Clark, Senior Lecturer, and Dr Patricia McCafferty. I am conducting research which investigates the development of educational policies in the city of Tripoli.

Although there is no direct benefit to you, the results of the study may assist in developing the educational policies in the basic and middle education in Libya.

I would be very grateful if you kindly help me by answering this questionnaire which will take about 30 minutes to complete. The content of the questionnaire will be treated confidentially and any information which would identify you will not be disclosed at all.

Finally, if you have any questions about this research study or your potential participation in this study, please contact me at : abdala . ashhima@strath.ac.uk .

Yours sincerely

Abdala Ashhima

Contact address in the UK
Abdala Ashhima
PhD candidate
Department of Geography and Sociology
University of Strathclyde
Graham Hills Building
50 Richmond Street
Glasgow G1 1XN
United Kingdom.
Contact address in Libya
Lecturer, Sociology department, Tarhuna - Almergabe University.

Appendix G: Consent of supervisor

Dr. Colin Clark
Associate Dean (Postgraduate), Faculty of Law, Arts and Social Sciences/Education
Senior Lecturer in Sociology
Department of Geography and Sociology
Graham Hills Building
50 Richmond Street
University of Strathclyde
Glasgow
SCOTLAND
G1 1XN
Telephone: 44-141-548-5789
Fax: 44-141-552-7857
Email: c.r.clark@strath.ac.uk
WWW: http://gs.strath.ac.uk/
Research profile: http://gs.strath.ac.uk/content/view/90/112/

TO WHOM IT MAY CONCERN

Mr Abdala Ashhima

The above named individual is a full-time registered PhD student in the Department of Geography and Sociology at the University of Strathclyde in Glasgow, Scotland. Mr Ashhima is currently in Tripoli to collect data for his PhD. This mainly involves conducting questionnaires and interviews with education and health staff. If you could assist his studies this would be most appreciated. If you require any further information please contact me directly.

Yours sincerely,

Dr Colin Robert Clark

Primary supervisor to Abdala Ashhima

Glasgow, 13-10-09

Appendix H: Consent of participate to interview

Consent form

I do consent to participate in this study. I understand that the interview will be audio tabbed. I grant permission to be quoted directly in the final research report.

Signature -------------------------- Date. ------------------------------

Personal Information

Name ---------------------------- Age------------ Phone. -------------

E-mail address----------------------

Address-------------------------------------

Current of job------------------------------ place of job---------------------------------