



THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

Agenda item 32



**HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED ARAB
TERRITORIES, INCLUDING PALESTINE**

The Director-General has the honour to bring to the attention of the Health Assembly, in abbreviated form, the annual report of the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) for the year 1984, which is annexed hereto.

ANNUAL REPORT OF THE DIRECTOR OF HEALTH
OF UNRWA FOR THE YEAR 1984
(Abbreviated)

INTRODUCTION

1. Overall, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) cares for 2 034 314 registered refugees as at 30 June 1984, of whom more than one-third live in camps, while the rest live in cities, towns or communities. The registered refugee population is distributed as follows: Lebanon, 256 207; Syrian Arab Republic, 235 019; Jordan, 781 564; the West Bank, 350 779; and the Gaza Strip, 410 745. In the five geographical areas or territories called "fields of operation" 1 797 546 refugees are eligible for health care services.
2. The level of service responds to the needs of the refugees, which in turn reflects their place of residence. Camp residents use UNRWA facilities with ease of access; other refugees living in towns or remote villages at a distance from the nearest Agency health centre tend to share local community facilities, whether private, voluntary or public health.
3. Since 1950, under the terms of an agreement with UNRWA, the World Health Organization has provided technical supervision of the Agency's health care programmes by assigning to UNRWA headquarters, on non-reimbursable loan, currently six WHO staff members including the Agency's Director of Health. The latter, as WHO programme Coordinator, is responsible on behalf of the WHO Regional Director for the Eastern Mediterranean for advising the UNRWA Commissioner-General on all health matters and for the implementation of WHO's policies as they apply to the Agency.
4. While this report reflects the range of health-related activities undertaken through the established framework, the emphasis on primary health care detailed in last year's report remains. Within this orbit, certain noteworthy items merit emphasis.
5. Health education can be a major force in enlightening people as to how they can show responsibility for their health. Several avenues exist to promulgate this. These are being energetically followed in community, school and health work. As recipients of health education become more sophisticated, so the message delivered must match. While the full effects take a long time to be evident, there can be early signs of success. When staff in our health centres report that parents refer to information brought home from school by their children, this is one such sign.
6. The "at risk" approach being refined from studies in the West Bank and Gaza fields will enable traditional birth attendants, midwives and medical staff to recognize early warning signs of problems in pregnancy and take appropriate action. The parameters being evolved may well have widespread relevance far beyond the Agency.
7. Nursing services record progress both in service and education. Gradually further opportunities are arising for post-basic nursing studies, together with in-service education programmes.
8. In the field of nutrition, an important survey of a balanced sample of the population served was undertaken. Full analysis of the results is still awaited but should allow stock to be taken of our programmes, especially when supplies in cash and kind become more constrained.
9. Our work in environmental health is making progress but much remains to be done. One of the urgent requirements is progressive liaison with host governments to link our efforts to their developments.

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10. One aspect of our curative medical services which merits emphasis is the progress made in dental care. Besides an expansion of treatment facilities, the more fundamental progress is in oral health and preventive measures.

11. These references are random samples to illustrate the record of stewardship by the Health Department staff. We commend the report to the sympathy and support of readers.

CURATIVE MEDICAL CARE SERVICES

12. Curative medical, dental and rehabilitation services continued to be provided by UNRWA to about 1.8 million eligible Palestine refugees and to locally recruited staff members and their dependants who are not participating in Agency-sponsored insurance schemes. These services were made available at various health centres/points, polyclinics, hospitals, laboratories, X-ray departments, and rehabilitation centres - either run by UNRWA or by governments, universities, private or voluntary organizations, subsidized by the Agency or paid for on a fee-for-service basis. Some of the refugee population has access to insurance schemes and others, who can afford payment for some of these services, receive them direct through their own arrangements.

Out-patient medical care

13. Medical care services were provided in 124 health centres/points (98 UNRWA, 25 government and one voluntary agency). Compared to 1983, the numbers of medical consultations were markedly increased during the year in all fields. Agency-wide, there was an increase also in the reported attendances for other out-patient services, i.e., eye, skin and dental treatment. This increase in demand for UNRWA services in all fields is attributed to prevailing economic difficulties.

14. The situation in Lebanon and continued conflicts have adversely affected the delivery of the UNRWA health services, particularly in the refugee camps. Medical services continued to be provided and essential improvements were made. The increase in the utilization of UNRWA medical services compared with previous years is due to the increased need of the refugees for these services and the reduced provision of similar ones from other sources.

Out-patient dental care

15. This service includes consultations, tooth extraction and fillings, gum treatment, dental X-ray and minor oral surgery. Establishment of two new dental clinics was completed in Lebanon field and one in Jordan, bringing the total Agency-wide to 30. In remote localities where the number of refugees does not justify the employment of a dental surgeon, dental care is provided by private dentists, remunerated by UNRWA on a contractual basis. Emphasis on the preventive aspects of oral health continued, especially among school children.

Laboratory services

16. UNRWA operates three central public health laboratories in Gaza, Jerusalem and Amman, where tests of a public health and clinical nature are performed. In Damascus, such tests are made in a private laboratory on a contractual basis and in Beirut at the Government central laboratory. The Agency also operates 24 clinical laboratories located at main health centres in the different fields; these perform tests of a routine clinical nature, including biochemical ones. Elaborate laboratory investigations continue to be performed at seven government, university and/or private laboratories, against payment of a fee, free of charge, or as a contribution from a host government. About 520 000 tests were performed Agency-wide as against around 460 000 in 1983.

In-patient medical care

17. The Agency usually makes provision for in-patient care in government, university, voluntary agency and privately-owned hospitals and medical institutions. However, it also operates a small hospital in Qalqilya, West Bank (36 beds), and nine maternity centres

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(totalling 71 beds), mostly in the Gaza Strip); it operates jointly with the Public Health Department in Gaza a 70-bed tuberculosis hospital in Bureij Camp which serves refugees and indigenous inhabitants from the Gaza Strip and a few from the West Bank.

18. The Agency had to increase its subsidies to hospitals and other facilities serving refugee patients in all fields because of the continuous rising cost of medical care in the area. In Jordan and Gaza fields the Agency has schemes for the reimbursement of costs to refugees on the basis of need. The Agency, however, maintained its subsidy for beds reserved for refugees at two voluntary hospitals in Amman. In addition, refugees in all fields had direct access to local government, private and voluntary hospitals.

19. UNRWA continued to meet part of the costs of specialized care and emergency life-saving care, mainly in the form of cardiac and neuro-surgery, from which 25 patients benefited during the year. In addition, four children from Jordan received such care at the King Hussein Medical Centre in Amman, one from Lebanon at the American University Hospital, Beirut, and 18 children from the West Bank were treated at Hadassah Hospital in Jerusalem, all under the auspices of the Terre des Hommes organization of the Netherlands, which contributes to such care by covering a substantial part of the cost of hospitalization of 20 children who receive cardiovascular treatment each year.

Mental health

20. The preventive aspects of mental health were given special attention by UNRWA, as the treatment and custodial care of mental cases are normally provided by the public health authorities. As such public facilities are lacking in Lebanon, the Agency continued to subsidize beds in private and voluntary mental hospitals at constantly increasing rates due to the very high cost of living there. Because of the present professional trend in the management of mental diseases more and more patients are put on ambulatory treatment.

Medical rehabilitation of physically handicapped children

21. Crippled children are rehabilitated, as out- or in-patients, through physical and medical therapy. During the year, 808 children benefited from this service in four fields. In Jordan, crippled children receive similar care at the Government rehabilitation centres in Amman. Patients from the West Bank and the Gaza Strip are referred to the Jerusalem Crippled Children's Centre for out-patient and in-patient care. In south Lebanon, and with the help of the Norwegian Refugee Council, the Agency has established and is administering a new rehabilitation centre in Tyre to provide physical rehabilitation services to children and adults. Orthopaedic devices and prosthesis were made available in all areas as usual, but at a higher cost.

Medical supplies

22. Medical supplies to all fields have been in general satisfactory. Most of the medical supplies and equipment programmed by the Department of Health continued to be purchased on the international market and through the UNICEF Packing and Assembly Centre in Copenhagen. However, occasional shortages due to over-consumption and delays in the delivery of overseas consignments were met from the Director of Health's stock reserve and through local purchase. The value of medical supplies and equipment received as contributions amounted to US\$ 203 530, while purchases during the year totalled US\$ 865 746.

PREVENTIVE MEDICAL CARE SERVICES

Epidemiology and control of communicable diseases

23. Surveillance of selected communicable diseases was maintained Agency-wide through weekly incidence reports from the 98 UNRWA health centres/points, and special investigation where indicated. The incidence of these notifiable diseases in 1984 is shown in Appendix 1.

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24. No case of cholera was reported from any field during the year. However, anti-cholera measures were stepped-up in coordination with the health authorities concerned. One imported case of malaria was reported by Gaza field. Forty-five cases of brucellosis due to consumption of fresh cheese were reported, 40 from West Bank and five from the Syrian Arab Republic. Nine cases of cutaneous leishmaniasis were notified, six from the Syrian Arab Republic and three from the West Bank, where an anti-sandfly campaign was conducted in the Jericho area as in previous years.

25. Compared with 1983, the following notifiable diseases showed a decrease in incidence: diarrhoeal diseases - over 3 years (23 491 in 1983 to 22 216 in 1984); gonorrhoea (7 to 2); leishmaniasis (10 to 9); cerebrospinal meningitis (5 to 2); pertussis (18 to 3); poliomyelitis (6 to 2); trachoma (98 to 28); and respiratory tuberculosis (136 to 105). On the other hand, the following notifiable diseases showed increased incidence: brucellosis (1 to 45); chickenpox (5498 to 11 338); conjunctivitis (22 504 to 25 064); diarrhoeal diseases - 0 to 3 years (44 268 to 48 298); dysentery (4669 to 4840); enteric group fevers (128 to 386, almost all in the Syrian Arab Republic, etc.); infectious hepatitis (576 to 861); influenza (25 412 to 29 889, mainly in the Gaza Strip and the West Bank); malaria (0 to 1); measles (576 to 996, mainly in Jordan); mumps (5043 to 6535); scarlet fever (38 to 44, mainly in the Syrian Arab Republic); and tetanus, neonatorum (2 to 3). No case of diphtheria, leprosy, plague, rabies, relapsing fever, syphilis, tetanus, typhus or yellow fever was reported.

26. UNRWA's expanded programme on immunization was maintained against the six target diseases - tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles - with a view to securing high and sustained levels of coverage among the child population at risk. The Agency's environmental sanitation programme, the nutritional support to the vulnerable groups, and the health education activities among refugee communities contributed to the effective control of communicable diseases.

Maternal and child health services

27. Health monitoring of pregnant women and children was the major component of the health programme provided by the Agency through a network of 98 health units. Nutritional support was given to vulnerable groups through the nutrition and supplementary feeding programme (see Appendix 2). The services under the maternal and child health programme provided in 85 health centres, are detailed in Table 8 of the statistical annex to the full report.

28. In the antenatal clinics, 37 179 women were registered for maternal care, which includes regular health supervision and the issue of extra dry rations and iron-folate tablets throughout pregnancy and the nursing period. Immunization of pregnant women with tetanus toxoid, implemented in Gaza and Lebanon, will be extended to the other fields. 36 255 deliveries were registered, which represented a coverage of approximately 52% of the expected number of deliveries (assuming a birth rate of around 40 per 1000 of the eligible refugee population as at 30 June 1984). Of these deliveries, 38% still took place at home, the majority attended by Agency-supervised dayahs (traditional child birth attendants). But many women nowadays prefer deliveries in hospitals. Even the figures from Gaza field, which is the only field that provides maternity services as part of the camp health services (maternity wards are attached to six of the nine health centres), show that 44% of the deliveries took place in the government hospitals, whereas 32% took place in the camp maternity centres and 24% in the homes. Two maternal deaths were reported from the West Bank field. The stillbirth rate reported was 10 per 1000 of the total births registered.

29. 113 574 children up to the age of three years received regular health supervision and immunization in the Agency's child health clinics. Immunizations were given against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles, following the same schedule as that of WHO Expanded Programme on Immunization (with the exception of polio immunization in Gaza and West Bank fields, where the modified schedule of combining oral and injectable (Salk) polio vaccines is still in effect). Early and effective treatment of

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diarrhoea by oral rehydration was carried out in all health centres. Children showing growth failure received special attention and care in the nutrition rehabilitation clinics, established in most health centres throughout the field as an integral part of the child health programme. The percentage among the total number of children registered in the child health clinics who were found to be underweight according to local growth curves was 5.2 in the first year, 5.7 in the second year and 2.6 in the third year.

30. The analysis of the retrospective study on risk factors (related to death in the newborn period) in the entire camp population of the West Bank field was completed with the assistance of Dr Brian McCarthy, a WHO consultant. The report is under preparation. The study continued with collection of data on deaths in early childhood in the birth cohort of 1983, supplemented by a related study on weight gain during pregnancy. As an outcome of these studies started in 1980, a series of important innovations to improve the surveillance of maternal and child health (MCH) have taken place. The risk study in Gaza field concerned with infants' deaths in 1983 in the whole refugee population is being completed. Risk factors in the early newborn period are being determined. All 50 dayahs operating in the camps in Gaza were trained in the use of simple spring scale and are now satisfactorily measuring the birth weight of every infant they deliver. Birth weights are also recorded in the hospitals. A special study in UNRWA maternity centres was started to measure arm, head and chest circumferences with a very simple method to see how well this method will compare with the ordinary way of measuring the birth weight. A WHO workshop on the risk approach in MCH surveillance is planned to be held in Amman in autumn 1985. The data from the West Bank studies will be used in the workshop, which will be conducted by Dr McCarthy; UNRWA medical officers from the five fields will be invited to attend.

31. School health services covered 346 000 children in 640 UNRWA/UNESCO schools. Medical examination at school entry, including vision screening, and reinforcing immunizations against diphtheria, tetanus and tuberculosis (BCG) were carried out by a school health team from each health centre. The teams paid regular visits to the schools to inspect school premises and monitor pupils' health. Schoolchildren with suspected visual or hearing defects, usually identified by their teachers, were being referred for investigations through the health centres. Eye-glasses were provided free of charge to all schoolchildren who needed them. Very limited dental services were extended to the schoolchildren.

Health education

32. Health promotion and information activities were carried out by a staff of health education workers in collaboration with camp communities and Agency staff in schools, health and supplementary feeding centres. Fly and rodent control as well as regular campaigns against communicable diseases, like the annual anti-cholera campaign, were organized by the health education workers together with the camp health committees. Health education workers and other staff gave courses in health education to women attending sewing centres, under the Agency's welfare programme.

33. Two-year in-service training courses for teacher-tutors in health education were organized by the UNRWA/UNESCO Education Department in close collaboration with the Health Department headquarters in Amman. Twenty-six teachers in Jordan field and 22 in the Syrian Arab Republic completed the course; they are now responsible for health guidance and information in their respective schools, and health education activities are being organized in accordance with a one-year plan which each teacher-tutor prepared as a graduation requirement at the end of the training. To plan for an active enrolment of the school attendants in the maintenance of a hygienic and healthy school environment, an experimental practical course for 20 school attendants in Jordan field was held in summer 1984. It is expected that every year similar courses will be held throughout the fields.

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NURSING SERVICES

34. Nursing services cover a wide spectrum of the health services provided throughout the Agency's areas of operation. Senior registered nurses, many of whom have had postbasic training in midwifery or public health, carry the responsibility of administration and supervision of day-to-day work of the nursing and ancillary staff. They also organize and run the MCH clinics and assist in any other area of the health services where needed. Practical nurses and midwives perform most of the routine nursing and midwifery care. Traditional birth attendants are utilized in many areas to provide domiciliary care and, in some places, to assist with simple clinic routine.

35. Home visiting/community nursing is an essential part of the services rendered. This is carried out by all categories of nursing personnel and is mainly concentrated on visits to clients registered at the health centre. There is a need to extend the service to the total community in areas where home visiting is practicable in order to ensure that all cases in need of care are dealt with. This has been implemented in one field on a trial basis and will be extended, where feasible, throughout the fields.

36. Nursing services require constant supervision, more especially when work is carried out with such limited facilities as faced by the staff. The overall supervision of the nursing service is carried out by well qualified and experienced field nursing officers (FNOs), deputy FNOs and/or area nursing officers. The extent of supervision is subject to the availability of transport, which at times is inadequate.

ENVIRONMENTAL HEALTH SERVICES

37. Basic community sanitation services, comprising the provision of adequate supplies of potable water, sanitary disposal of wastes, drainage of storm water, latrine facilities, and control of insect and rodent vectors of diseases are provided by the Agency in the refugee camps. A total of 763 773 refugees and displaced persons living at 61 locations benefited from the services. The cooperation of host governments, local councils and municipalities is steadily growing in the delivery of services. The refugees continued to take an interest in the improvement of environmental health conditions in camps and are cooperating, as best as they can, in the implementation of aided self-help programmes. Through a collective effort some essential works and improvements were carried out during the year, as described in the following paragraphs.

38. An amount of approximately US\$ 1.5 million was reserved by the Agency to subsidize self-help schemes and a major portion of the amount was used for the repair and reconstruction activities in south Lebanon. Refugee communities paved pathways, constructed surface drains for the disposal of storm water, laid sewers where feasible, improved water supplies at a few locations, and reconstructed or renovated a large number of family latrines which were destroyed or badly damaged by the war in Lebanon. The enormous community effort in the rehabilitation of wastewater disposal systems and other reconstruction activities helped immensely in the prevention of epidemics caused by adverse environmental factors. A number of refugee camps in all the five fields benefited from the ongoing self-help programme, which also provided stimulus to the refugees in upgrading their shelters. With the passage of time and consequent growth in the refugee population, most of the shelters are getting overcrowded and vulnerable to the vagaries of weather.

39. In Jordan, a government scheme for the augmentation of the water supply at Suf camp has been completed; this involved drilling of a deep well and renovation of the water distribution network. A scheme for providing all refugee shelters with indoor taps is under execution at Baqa'a camp near Amman. Khan Eshieh camp in the Syrian Arab Republic has been linked with a municipal water system and schemes for providing indoor water taps at Sbeineh and Jaramana camps are also at their initial stages of implementation. In West Bank, with

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the financial assistance of the Agency, the concerned municipality has improved the water supply at Tulkarem camp. Necessary arrangements are under way to link Deir Ammar camp with a regional water scheme, which would also facilitate installation of indoor taps in the shelters. In Lebanon, UNICEF assistance is being sought for the implementation of a community water supply scheme at Ein-el-Hilweh camp, with provision for indoor taps. The scheme, which is sponsored by Saida Water Company, would restore the water supply situation as it existed before the Israeli invasion. In Jordan, additional public water points have been installed at Jerash and Marka camps to meet the growing needs. Water chlorination systems have been further improved in Lebanon and Syrian Arab Republic fields.

40. In West Bank, Shufat camp has been effectively linked with a regional sewerage system. The surface drainage network of Am'ari camp has been connected with the terminal sewer of El-Bireh municipality. With the collaboration of the concerned municipality a sewage pumping station is being established for the Ramallah Women's Training Centre, where the disposal of wastewater has become an acute problem. The sewerage network at Ein-el-Hilweh camp in south Lebanon was further improved and technical details have been worked out for effectively linking the network with the municipal sewerage system of Saida. In the Syrian Arab Republic additional sewers and sturdy cast-iron covers were provided to improve the efficacy of sewerage networks at four camps. The Government of Jordan, in cooperation with the Agency, is planning to execute sewerage schemes at Baq'a, Irbid, Marka and Zarka camps. Efforts are also continuing for the initiation of self-help sewerage schemes at a number of camps in the occupied territories, where the refugees are already benefiting from indoor water taps provided by regional distribution systems.

NUTRITION AND SUPPLEMENTARY FEEDING SERVICES

41. The supervision, protection and promotion of the nutritional state of the refugees in general, and the most vulnerable groups in particular, are among the main objectives of the UNRWA health programme. These groups include infants, preschool and elementary schoolchildren, pregnant and nursing mothers, non-hospitalized tuberculosis patients, and members of hardship families. The supplementary feeding programme provides mid-day meals and a monthly distribution of milk powder and extra rations to special categories. The cost of the programme is partly met by the European Economic Community under a convention first signed in 1972, the whole-milk powder continued to be contributed by Switzerland, and the remaining cost of the programme was met by the Agency.

42. In collaboration with WHO, the Department of Health carried out a nutrition survey during April-May 1984 in Jordan, West Bank and Gaza. The survey covered a sample of about 8800 infants, preschool children, and pregnant and nursing mothers. It included anthropometric measurements (weight, height and arm circumference), serum haemoglobin level determinations, examination for clinical deficiency signs and collection of information on aspects thought to influence the nutritional status such as breastfeeding practices, participation in the supplementary feeding programme, literacy of parents, etc. the data analysis carried out so far shows that there has been continued improvement since the previous survey in 1978 in the nutritional status of children as indicated by the weight-for-height ratios. In contrast, there has been no improvement in the growth in length-for-age which indicates that chronic malnutrition of some degree is a problem. Nutritional anaemia was also found to be a serious problem throughout the female population, which suggests poor diet.

43. UNRWA distributes a monthly ration of whole and skim milk powder to children 6-36 months of age and to non-breast-fed infants under six months attending the child health clinics (CHCs). The distribution of milk during the child health sessions has generated a more regular attendance at the CHCs and a greater utilization of the milk. About 75 000 children benefit from the programme. In view of the increased number of beneficiaries, without a corresponding increase in the size of the Swiss contribution of whole milk, the Agency was obliged to maintain the monthly issue of whole milk for the children 6-24 months old at a reduced rate of 300 grams (instead of 500 grams) per child throughout the year.

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44. Nutritionally balanced mid-day meals are offered daily at the Agency's supplementary feeding centres to all children under six years of age and on medical recommendation to older ones, sick adults and hardship cases. In Lebanon, however, in view of the continued emergency situation, the authority given in 1982 to issue the mid-day meals on an open basis to children up to the age of 15 years was maintained in 1984. This has resulted in a tremendous increase in the number of beneficiaries from the pre-war level of about 3500 to about 12 800. The mid-day meal was served in the form of a sandwich on most days of the week, after this proved to be more acceptable to the beneficiaries and with negligible wastage. Fruits were served with the meals. A special high-protein, high-calorie diet (the post-diarrhoea menu) was also made available on medical recommendation at the nutrition-rehabilitation clinics and supplementary feeding centres to infants and children suffering from diarrhoea and under-weight.

45. An in-service training course in nutrition and mass feeding for senior supplementary feeding staff, sponsored by the WHO Regional Office for the Eastern Mediterranean, was conducted in Amman during July/August; it was attended by 11 UNRWA candidates and a few observers from the Jordan Ministry of Health.

HEALTH MANPOWER DEVELOPMENT

46. The Agency maintained and further developed its programme of education and training in the field of health. Basic professional and vocational training is primarily the responsibility of the Department of Education, while in-service training is the direct concern of the Department of Health.

47. The assistance provided for medical students includes maintenance grants, payment of tuition fees and an allowance to cover the cost of books, training material, instruments and other essential items. Young men and women have been encouraged to enrol in nursing education courses at schools of nursing and at universities. Scholarships for nursing education were donated by voluntary agencies. In Gaza, in March 1984, eight UNRWA-sponsored students from Gaza and one practical nurse from West Bank began an 18-month basic midwifery training course sponsored by the British Save the Children Fund. The number of refugee students benefiting from this programme is shown in Table 12 of the statistical annex to the full report.

48. The Agency provides paramedical courses at its vocational training institutions to enable refugee students to become assistant pharmacists, laboratory technicians and public health inspectors. On completion of their training, graduates may join the Agency's service or be assisted by the UNRWA placement office to find employment in the region. The total number of students who were in attendance and those who graduated in 1984 is given in Table 12 of the statistical annex to the full report.

49. In-service training was carried out by the Department of Health for its own staff in the various disciplines of the programme. All UNRWA doctors and qualified nurses in Gaza attended a two-week seminar on oral rehydration therapy conducted by Dr M. Santosham, WHO short-term consultant, in Gaza from 17 to 29 February. Twenty-one assistant pharmacists from Jordan attended a three-day seminar at Amman New Camp, Jordan, in March. The Field Preventive Medicine Officer and the Deputy Field Nursing Officer, Syrian Arab Republic, attended a seminar on the expanded programme of immunization for supervisors at the intermediate level conducted in April by the Ministry of Health, Syrian Arab Republic in collaboration with the WHO Regional Office for the Eastern Mediterranean in Damascus, and the Area Nursing Officer, North Area, Syrian Arab Republic, attended a similar seminar in Lattakia. Five dentists from Jordan attended a two-day Dental Conference in Aman, in April; the Chief, Preventive Medicine Division and Health Educator, headquarters, Amman also attended the first day of the seminar. The Senior Medical Officer, Marka Camp Health Centre, Jordan, participated in a 12-day symposium on health services administration organized by the Ministry of Health of Jordan in cooperation with WHO from 19 to 30 May. Three area sanitation officers and area education workers from Jordan attended a four-day public health

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refresher course conducted by the Ministry of Health of Jordan from 3 to 7 June. Thirty-three UNRWA teachers attended the UNICEF-sponsored two-week training course in health education at the UNRWA Education Development Centre and at the Demonstration, Training and Research Centre (DTRC), Damascus, in July. Forty-two kindergarten supervisors in Damascus area attended the UNICEF-sponsored one-month training course in health education in Damascus in July. The one-year in-service training course in health education for 26 teachers from Jordan conducted in 1983/84 ended with a six-day summer course, including a one-day workshop on teaching techniques in health education, in Amman in July. Nineteen senior staff nurses and staff nurses from Jordan attended a two-day in-service training course in community health nursing, health education and the risk approach in MCH in July. The Field Health Officer and 10 Medical officers from Jordan attended the first Jordanian Public Health Conference in Amman in July. Twenty-two UNRWA teachers from Damascus Area attended an in-service training course in health education during the scholastic year 1983/84 which ended with a five-day summer course, including a workshop on health education techniques, at the DTRC, Damascus, in August. The Senior Medical Officer, Zarqa Camp Health Centre, and the Area Nursing Officer, Amman, attended an 11-day workshop on educational planning at the Jordan University Nursing College, Amman, in September. Twenty-six dayahs assigned to Amman, Zarqa, Balqa and Irbid areas attended a two-day in-service training course in October. Three new training courses in health education (one in Jordan for 25 selected teachers and two in West Bank for 20 teachers each), consisting of weekly seminars conducted by a course tutor from the respective education development centre, started in November. A dental surgeon from the West Bank attended the Fifteenth Arab Dental Congress in Baghdad in November. An agency-employed senior staff nurse from Jordan successfully completed a one-year postbasic midwifery training course at the College of Nursing, Amman, in March.

50. Six fellowships were granted by the WHO Regional Office for the Eastern Mediterranean in the academic year 1984/85 to: two medical officers from Irbid and Baqa'a health centres in Jordan, the first to pursue an 11-month postgraduate course in public health administration leading to the DPH degree at the High Institute of Public Health, Alexandria, Egypt, starting on 15 September, and the second to pursue a 12-month course in clinical and tropical medicine leading to the Master of Science degree at the London School of Hygiene and Tropical Medicine starting on 21 September; the School Health Medical Officer, West Bank, to pursue a 17-month course in MCH leading to the Master of Science degree at the Institute of Child Health, University of London, starting in October; the Field Health Officer, Gaza, to conduct a six-week scientific tour in the United Kingdom which included the Nuffield Centre for Health Services Studies in Leeds, the Health Economic Research Unit in Aberdeen, the Department of Community Medicine in Edinburgh, and attendance of the International Workshop on the Managerial Process for National Health Development Planning for Care of the Elderly in Leeds/Edinburgh from 6 June to 19 July; the Field Health Officer, Jordan, to pursue a course in personnel and fiscal management at the Department of Community Medicine, Usher Institute, Edinburgh, United Kingdom, from 22 October to 30 November; the Dental Surgeon, Yarmouk Camp Health Centre, Syrian Arab Republic, to attend a one-month WHO/DANIDA course in dental public health at the Demonstration, Training and Research Centre, Damascus, from 12 November to 13 December.

51. The Deputy Field Nursing Officer, Jordan, and a senior staff nurse (technical and training), Gaza, were granted APHEDA fellowships of six months' duration in community health nursing in New South Wales, Australia, which started on 30 September.

ADMINISTRATION AND FINANCE

Administration

52. The Director of Health is responsible to the Commissioner-General of UNRWA for the planning, implementation, supervision and evaluation of the health and supplementary feeding programmes within the budgetary limits approved by the Commissioner-General. He is assisted in this task by a staff of professional and auxiliary health workers and manual workers totalling 3032 as at 31 December 1984.

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Finance

53. The Agency's revised budget for 1984, reported to the United Nations General Assembly in the Commissioner-General's annual report for 1983-1984, totalled US\$ 235 103 000.

54. Expenditure and commitments on the regular programme covering the three main activities administered by the Department of Health were as follows:

<u>Activity</u>	<u>Total Costs</u>	<u>Recurrent costs</u>	<u>Non-recurrent costs</u>
	US\$	US\$	US\$
Medical Services	20 183 410	19 714 752	468 658
Supplementary feeding	9 294 720	9 269 405	25 315
Environmental sanitation	7 373 475	6 874 186	499 289
Share of common costs	7 122 480	6 944 440	178 040
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Total	43 974 085	42 802 783	1 171 302
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55. With the exception of the cost of international staff, paid by the United Nations, UNESCO and WHO, UNRWA's budget is financed almost entirely from voluntary contributions in cash and in kind, mainly from governments, and the remainder from non-governmental and miscellaneous sources.

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APPENDIX 1

COMMUNICABLE DISEASES

PART A

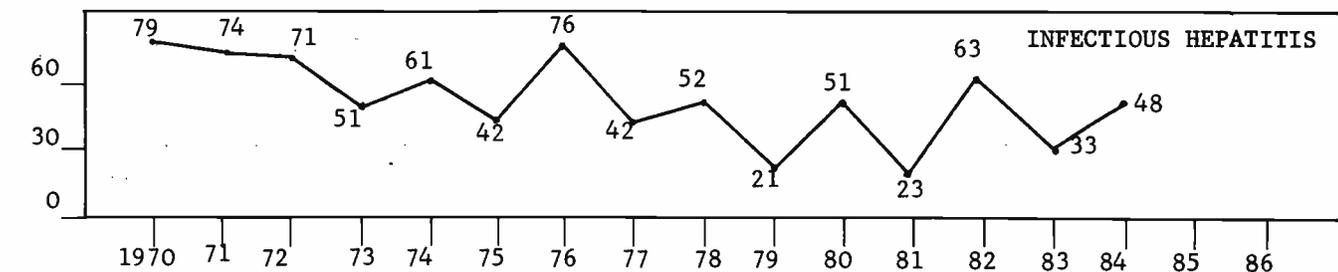
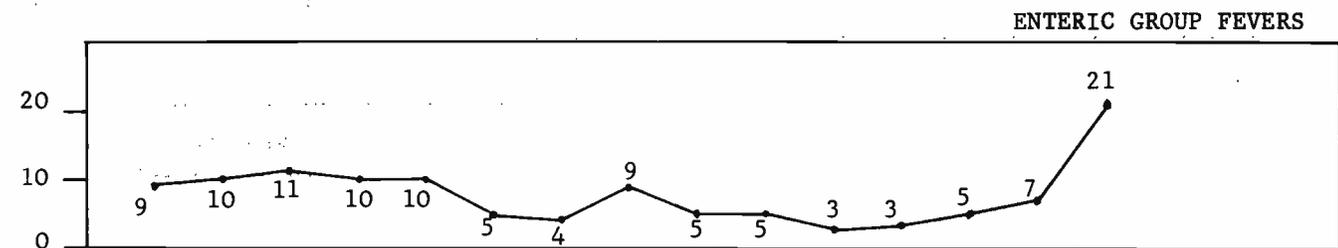
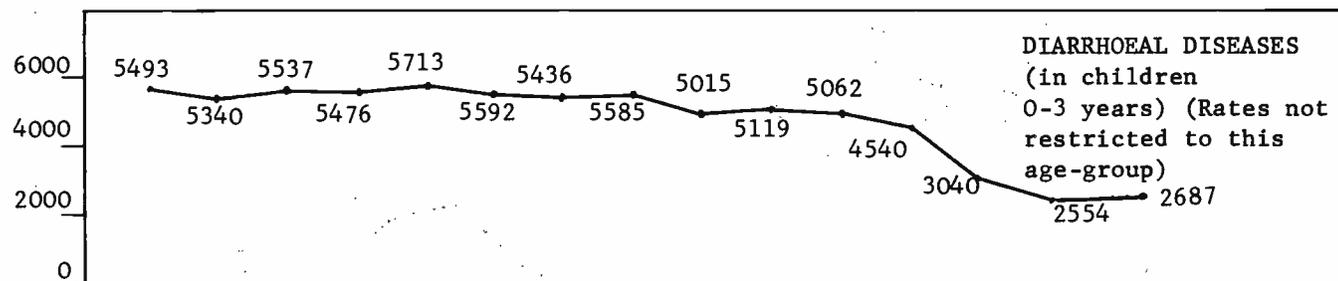
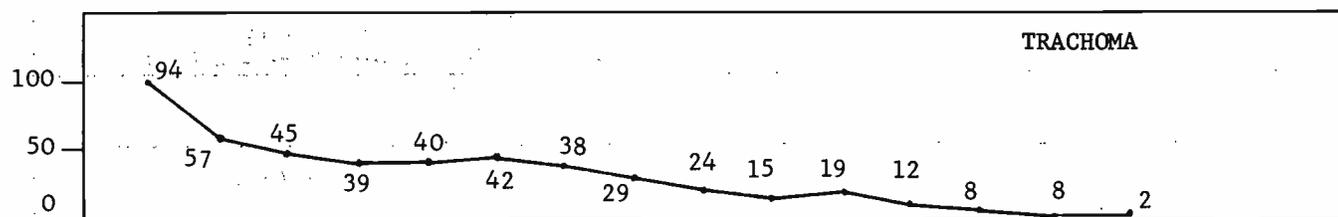
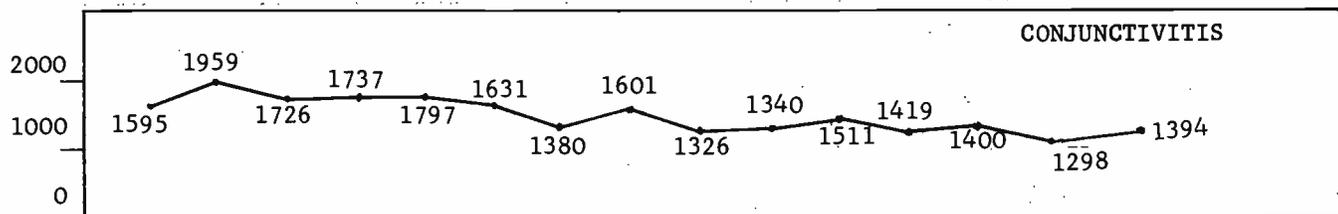
REPORTED CASES OF NOTIFIABLE DISEASES AMONG REFUGEES IN 1984

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	All fields
Population eligible for health services as at 30.6.1984	712 101	276 876	373 679	223 003	211 887	1 797 546
Brucellosis	0	40	0	0	5	45
Chickenpox	2 034	3 994	1 631	1 643	2 036	11 338
Conjunctivitis	10 020	2 435	1 970	5 167	5 472	25 064
Diarrhoeal diseases						
(0-3 years)	14 000	6 043	8 403	12 324	7 528	48 298
(over 3 years NOS)	6 482	2 843	3 482	5 713	3 696	22 216
Dysentery (amoebic and bacterial)	852	491	1 173	760	1 564	4 840
Enteric group fevers	0	0	0	4	382	386
Gonorrhoea	1	0	1	0	0	2
Infectious hepatitis	118	111	232	119	281	861
Influenza	993	11 376	13 267	217	4 036	29 889
Leishmaniasis (cutaneous) .	0	3	0	0	6	9
Malaria	0	0	1	0	0	1
Measles	779	2	12	66	137	996
Meningitis (cerebrospinal).	0	2	0	0	0	2
Mumps	1 822	1 567	1 385	532	1 229	6 535
Pertussis	3	0	0	0	0	3
Poliomyelitis	1	0	0	0	1	2
Scarlet fever	9	0	0	0	35	44
Tetanus neonatorum	0	2	0	0	1	3
Trachoma	18	2	5	0	3	28
Tuberculosis (respiratory).	30	2	29	40	4	105

Note: No cases of ankylostomiasis, bilharziasis, cholera, diphtheria, leprosy, plague, rabies, relapsing fever (endemic), relapsing fever (louse-borne), syphilis, tetanus, typhus (endemic), typhus (louse-borne), or yellow fever were reported.

PART B

INCIDENCE TRENDS OF SELECTED COMMUNICABLE DISEASES
(Rate per 100 000 eligible population)

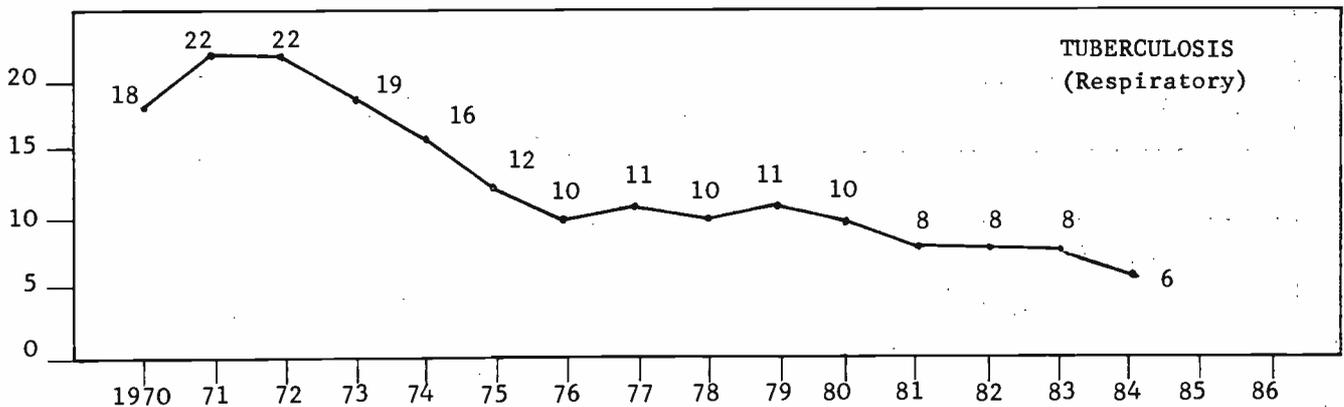
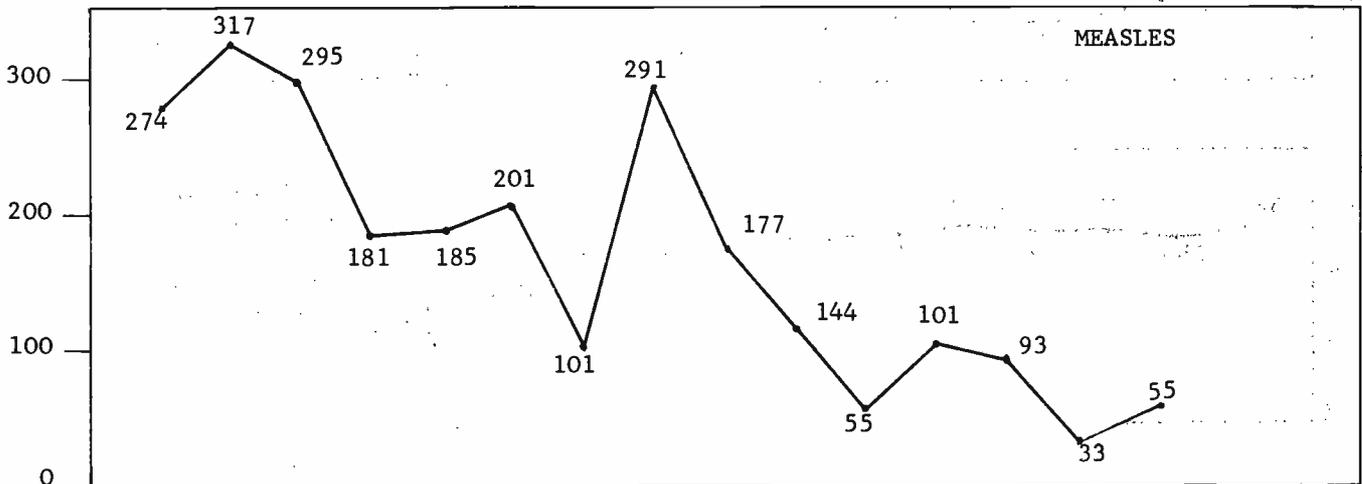
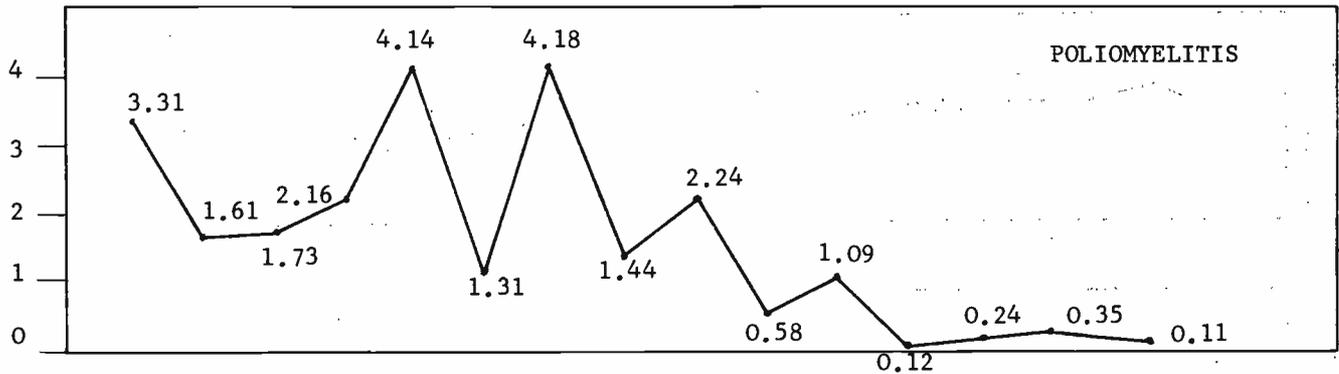


Annex

Appendix 1

PART B (continued)

INCIDENCE TRENDS OF SELECTED COMMUNICABLE DISEASES
(Rate per 100 000 eligible population)



UNRWA'S NUTRITION AND SUPPLEMENTARY FEEDING PROGRAMME 1984

Type of benefit, its nutritional value,
and average number of beneficiaries

I. Special hardship rations

<u>Protein g/day</u>	<u>Calories per day</u>	<u>Average monthly beneficiaries</u>
61.0	1884	94 000

II. Supplementary feeding programme

A. Milk and hot meals

	<u>Protein g/day</u>	<u>Calories per day</u>	<u>Average monthly beneficiaries</u>
Mid-day meals	15-30	250-700	42 249 ^a
Children 0-2 years (dry whole and skim milk)	20.0	238	46 594 ^b
Children 2-3 years (dry whole and skim milk)	18.0	205	28 660 ^c

B. Extra rations

	<u>Protein g/day</u>	<u>Calories per day</u>	<u>Average monthly beneficiaries</u>
For pregnant and nursing women	37.0	996	30 099
For tuberculosis outpatients	61.0	1 884	643

C. Vitamin A-D capsules

Total number of capsules distributed during the year: 7 527 642

^a Includes 2114 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

^b Includes 1179 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

^c Includes 817 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

Annex

APPENDIX 3

PART A

HEALTH PERSONNEL IN UNRWA

1.	Doctors	157	Other staff: ^a	
2.	Dentists	21	Medical	131
3.	Pharmacists	5	Sanitation	117
4.	Assistant pharmacists ..	91	Supplementary feeding	156
5.	Nurses	126		
6.	Midwives	56	Labour category:	
7.	Auxiliary nurses	311	Medical	285
8.	Traditional midwives ...	49	Sanitation	980
9.	Sanitation officers	7	Supplementary feeding	483
10.	Laboratory technicians .	33		
11.	Health education staff .	24	Total	<u>3 032</u>

^a Comprises various categories of health auxiliaries and aides who mainly perform administrative and clerical duties at camp level.

PART B

UNRWA HEALTH FACILITIES

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	Total
I. <u>Outpatient</u>						
Number of health centres/points ..	16	32	9	20	21	98
Number of prenatal clinics	14	24	9	19	19	85
Number of child health clinics ...	14	23	9	19	19	84
II. <u>Inpatient</u>						
Number of subsidized hospitals ...	11	7	6	12	5	41
Number of beds available	252	273	560	256	54	1 395
of which: general	173	142	278	118	48	759
paediatric	13	43	116	0	0	172
maternity	25	13	112	0	6	156
tuberculosis	5	0	35	12	0	52
mental	36	75	19	126	0	256

AnnexAppendix 3PART C

UTILIZATION OF UNRWA HEALTH SERVICES

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	Total
I. <u>Outpatient medical care</u>						
Number of patients						
attending	284 503	116 817	105 181	181 168	107 185	794 854
Total consultations	763 833	465 431	478 154	515 500	355 839	2 578 757
Injections	167 565	169 363	369 478	153 504	96 294	956 204
Dressings	192 970	114 301	223 929	135 428	63 220	729 853
Eye treatments	95 917	62 953	174 761	64 504	9 068	407 203
Dental treatments	51 324	25 940	28 800	23 976	21 257	151 297
II. <u>Maternal and child health Services</u>						
Pregnant women						
registered	8 364	5 458	16 484	3 487	3 386	37 179
Deliveries attended	8 768	6 092	14 893	3 498	3 004	36 255
Children registered:						
0-1 year	12 031	5 192	15 303	4 211	4 528	41 265
1-2 year	12 057	5 415	12 296	3 128	4 791	37 687
2-3 year	11 834	5 067	10 467	2 967	4 287	34 622
Number of pupils						
examined	18 487	18 250	14 183	7 312	14 134	72 366

PART D

CAMP SANITATION SERVICES

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	Total
I. <u>Water supplies</u>						
Population served by						
private water connection	75 208	75 024	128 792	78 296	44 776	402 096
Remaining population						
served by public point	166 398	15 881	98 145	53 613	27 640	361 677
Annual average supply <u>per</u>						
<u>capita</u> per day in litres	12.8	19.4	12.1	31.7	34.0	18.4
II. <u>Waste disposal</u>						
Percentage of population						
served by private						
latrines	99.4	99.2	99.3	93.3	99.6	98.2