



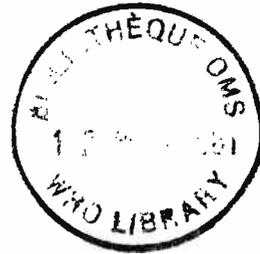
THIRTY-FOURTH WORLD HEALTH ASSEMBLY

Agenda item 41

INDEXED

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 1980, which is annexed hereto.



ANNEX

ANNUAL REPORT OF THE DIRECTOR OF HEALTH OF UNRWA
FOR THE YEAR 1980

(Abbreviated)

INTRODUCTION

1. In accordance with its mandate, which extends until 30 June 1984, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) continued to maintain its relief, education and health services for those eligible. The total number of refugees registered with UNRWA for assistance as at 30 June 1980 was 1 844 318, of whom approximately one-third live in camps,¹ while the others mingle with the local inhabitants in cities, townships and villages. The registered refugees are distributed as follows: Lebanon 226 554, the Syrian Arab Republic 209 362, Jordan 716 372, the West Bank (including east Jerusalem) 324 035, and the Gaza Strip 367 995. Those eligible for the health services provided by the Agency in all five fields² of operation were about 1.6 million.

2. The distribution of the refugees in the Agency's area of operations and their place of residence in the respective host countries have greatly influenced their relative dependence on UNRWA's health services. In general, the camp residents enjoy easy access to UNRWA health centres and they usually make full use of them. By contrast, the refugees living in towns and remote villages often located at a greater distance from the nearest UNRWA health centre, tend to share with the indigenous population the private and public medical facilities locally available, to the extent that they can afford them financially.

RELATIONSHIP WITH THE WORLD HEALTH ORGANIZATION

3. Since 1950, under the terms of an agreement with UNRWA, the World Health Organization has been providing technical supervision of the Agency's health programmes by assigning to UNRWA headquarters, on non-reimbursable loan, five WHO staff members, including the Agency's Director of Health. As WHO Programme Coordinator, the Director of Health is responsible, on behalf of the Regional Director for the Eastern Mediterranean, for advising the Commissioner-General of UNRWA on all health matters and for interpreting WHO's policies and principles as they apply to the planning, supervision, evaluation and development of UNRWA's health services. At the same time, he is responsible for the technical direction of the health services, for the allocation of resources, and for administrative directives on behalf of the UNRWA Commissioner-General.

4. The WHO assistance to UNRWA is provided as an intercountry project of the Eastern Mediterranean Regional Office in Alexandria and, thanks to the Regional Director's personal interest and active support, close technical supervision is received. The total monetary value of WHO's assistance to UNRWA during 1980 was US\$ 384 812. In addition to the salaries and allowances of the five WHO staff members assigned to UNRWA headquarters on loan, this amount includes fellowships awarded to five of UNRWA's Palestinian medical officers for postgraduate training in public health. Furthermore, UNRWA benefited from visits made to the Agency's area of operations by various Eastern Mediterranean Regional Office (EMRO) consultants and regional advisers, particularly in the fields of maternal and child health, nutrition, and control of diarrhoeal diseases.

¹ There are 61 camps in all, of which 10 were established as emergency camps (six in Jordan and four in the Syrian Arab Republic) to accommodate refugees and other persons displaced as a result of the 1967 hostilities. UNRWA provides services in the camps but has no responsibility for their administration or security.

² The term "field" is used by UNRWA to denote a geographical area or territory in which it carries out its relief operation as an administrative entity. There are at present five fields: Jordan, the West Bank, the Gaza Strip, Lebanon and the Syrian Arab Republic.

5. Since March 1979, UNRWA has been participating in the development and implementation of a WHO-assisted project in the Gaza Strip for the administration, in a uniform manner, of oral rehydration therapy in both the government MCH centres and UNRWA health clinics. With the technical assistance of the WHO Diarrhoeal Disease Control (DDC) unit, the preliminary findings and results are being evaluated. This project will continue for one more year, after which the final results will be analysed and published.

6. As in previous years, WHO continued to provide technical literature and publications of fundamental importance for ensuring the proper planning, implementation and evaluation of the current UNRWA health programme. The Agency records its deep appreciation of the sustained interest of the World Health Assembly in its health programme and thanks the Director-General and his staff for their attentive and encouraging support.

UNRWA'S HEALTH POLICY AND OBJECTIVE

7. The preservation of the health of the Palestine refugee population entrusted to its care continued to be UNRWA's basic health policy, through the steady development of its programme as a comprehensive and integrated community health service with three main components: medical care with a strong emphasis on preventive medicine, environmental health, and supplementary feeding.

8. It remains UNRWA's endeavour to maintain health services for eligible Palestine refugees which are concordant with the humanitarian policies of the United Nations and the basic principles and concepts of WHO and consistent with the development and progress achieved in public health and medical care provided by the Arab host governments to their indigenous population at public expense.

UNRWA'S HEALTH PROGRAMME IN 1980

9. The basic financial problem, of obtaining sufficient pledged income to meet the expenditures required to maintain the Agency's essential services, is unfortunately still far from solved. Consequently, once again services to refugees were reduced. The main reduction was in the flour component of the basic ration, which was maintained at 5 kg per person per month instead of 10 kg. Some capital improvements and increase in local staff remuneration (required in accordance with agreements between the Agency and the staff unions) also had to be deferred.

10. Early in February 1981, the regular review of the operating budget and income expectations was undertaken. Budgeted expenditure was estimated at US\$ 230.5 million and expected income at about US\$ 174.3 million, leaving a projected deficit of US\$ 56.2 million. In his effort to cover the projected deficit for 1981 the Commissioner-General has considered all possibilities of reducing expenditure in ways which would not involve irrevocably tearing down the institutionalized structure of UNRWA's services. Approval will be withheld from implementing the entire budget provision for non-recurrent costs, including the replacement of old equipment, construction and major repair of facilities, and environmental sanitation improvements. Even then the savings will go less than half way towards covering the deficit. The residual deficit of US\$ 40 million cannot be absorbed by the relief or the health services, but will have to be cut from the school programme. Unless UNRWA's income for 1981 increases by at least this figure over the first four months of 1981, the Agency will have to relinquish responsibility for all or most of its schools in the five fields of its operations by the end of May 1981.

11. Despite its financial uncertainty, UNRWA continued to maintain its health services in full and to operate them with reasonable smoothness in all fields, except in Lebanon where special operational difficulties were experienced. It is generally admitted that it is unacceptable to realize any savings by curtailing the health services, as they provide mainly basic health care. However, it is feared that, if the present arrangements for financing

UNRWA are not improved upon in 1982, the Commissioner-General may be forced to envisage the total suspension of these services in some fields. Over the past 30 years, the services provided have evolved into a comprehensive community health programme whose different components are described in the following paragraphs. Strong emphasis continues to be given to preventive and promotional activities, such as continuous surveillance of important communicable diseases, maternal and child health services, nutritional protection of particularly vulnerable groups, camp sanitation projects, and health education programmes. That the communities served have a growing awareness of their health needs and a better understanding of the importance of the preventive approach is demonstrated by the great popularity of the Agency's maternal and child health services and routine immunization programmes. This attitude is especially apparent in the refugee camps, where in recent years, for example, the residents were effectively involved in Agency-subsidized self-help projects aiming at the improvement of their environmental sanitation facilities, such as construction of family latrines, improvement of camp water supplies, installation of sewerage systems, construction of surface drains, and pavement of pathways.

12. In Lebanon, the delivery of health services in the south of the country was repeatedly disrupted throughout the year under review by clashes and disturbances of varying degrees between the opposing forces. Refugees in the Tyre area reacted to heavy shelling and attacks against their localities by moving northwards in search of safer temporary locations. Health services were provided to them to a limited extent in their new places of refuge.

CURATIVE MEDICAL SERVICES

13. Medical and dental services continued to be provided to eligible Palestine refugees and UNRWA staff members and their dependants at health centres, health points, polyclinics, hospitals, laboratories, X-ray departments and rehabilitation centres, either UNRWA's own or government, university, private and voluntary ones subsidized by the Agency. Certain refugees had access to government public health services, and others who could afford payment for some of these services received them through their own arrangements.

Out-patient medical care

14. These services were made available in 120 health centres and health points (100 UNRWA, 18 government, and 2 voluntary agencies). The number of medical consultations increased in all fields over the previous year. There was also an increase in attendance for injections and dental treatment, but a decline for ordinary dressings, skin and eye treatments. In Beirut, the refugees who had fled from camps and private residences in the eastern sector of the city continued to receive care at UNRWA health centres in the western sector. The mobile emergency service, which was established in Damour village to look after the displaced refugees there, continued to provide basic medical care including maternal and child health services.

15. Because of repeated shelling of camps and villages in south Lebanon, the health centres and points in the Saida area continued to meet the essential needs of the refugees temporarily displaced from the Tyre area.

Out-patient dental care

16. This includes consultations, dental X-ray, tooth extraction and simple fillings, gum treatment and minor oral surgery carried out in 24 dental clinics. A new dental unit was provided to one of these clinics. The preventive aspects of dental health and hygiene among pregnant women and schoolchildren continued to receive special attention. In certain localities where the number of refugees does not justify the establishment of a dental clinic, dental care is provided by private dentists, remunerated by UNRWA on a contractual basis.

Laboratory services

17. UNRWA operates three central public health laboratories in Amman, Gaza and Jerusalem, and 23 small clinical laboratories located at the Agency's principal health centres which perform tests of a routine nature. All except one are now fully equipped to perform biochemical tests. Additional equipment, in the form of spectrophotometers, colorimeters, autoclaves, centrifuges, binocular microscopes and refrigerators, was provided to various laboratories. Elaborate laboratory investigations continued to be performed at eight government, university and/or private laboratories, against the payment of a fee, free of charge, or as a contribution by the host governments.

In-patient medical care

18. UNRWA maintained its standing policy of providing in-patient care by securing facilities in government, local authority, university, voluntary agency and privately-owned hospitals and medical institutions. It also administers a small cottage hospital in the West Bank (36 beds), nine maternity centres (totalling 71 beds) mostly in the Gaza Strip, and 21 day-time rehydration/nutrition centres (229 cots) located throughout the area of its operations.

19. In all the fields, the cost of in-patient care continued to rise and the Agency had to increase substantially its subsidy to most hospitals where beds are reserved for refugee patients, at the cost of a corresponding reduction in the number of subsidized beds because of its financial difficulties. However, the refugees also had access to local government, private and voluntary hospitals, either freely or against a reasonable and modest charge.

20. In Gaza, the Agency continued to administer jointly with the Public Health Department a 70-bed tuberculosis hospital which serves both refugees and indigenous inhabitants. Following the increase in the number of persons who joined the government national health plan, claims submitted to the Agency for partial reimbursement of individual hospitalization costs continued to decrease.

21. Financial provision was made to meet the cost of treatment of a small number of patients requiring highly specialized attention, such as heart-, chest-, and neurosurgery and kidney transplant cases. Twenty-four patients benefited from such services during the year. In addition, children continued to receive treatment at the King Hussein Medical Centre, Amman, and at Hadassah Hospital, Jerusalem, through the continuing generosity of the Terre des Hommes organization of the Netherlands.

Mental health

22. The Agency continued to give more thought and attention to the preventive aspects of mental health. As a rule, the public health authorities undertake the treatment and custodial care of mental patients. In Lebanon, however, since there is a lack of facilities in the public sector, the Agency had to subsidize beds in private mental hospitals. Because of the present trend in the management of mental conditions, more of these patients had been treated ambulatorily. Due to the continuous increase in the cost of living in Lebanon, the Agency again had to increase its subsidy to the mental hospitals.

Medical rehabilitation of physically handicapped children

23. Under this programme crippled children are rehabilitated, as out- or in-patients, through physical and medical therapy. During the year, 328 children benefited from this service. Orthopaedic devices and prostheses were made available in all areas but at a substantially higher cost than hitherto.

Medical supplies

24. Throughout the year, the flow of medical supplies to all fields was in general satisfactory. Consignments for Lebanon and the Syrian Arab Republic, however, had to be delivered through Aqaba port in Jordan in view of the diversion by UNRWA of consignments away from Beirut port and the congestion of vessels at Lattakia port in the Syrian Arab Republic. Most of the drugs and medical supplies programmed by the Department of Health were purchased on the international market. However, shortages resulting from over-expenditure and occasional late deliveries were met from the central reserve stock as well as through local purchase.

25. The UNICEF Executive Board, at its May 1980 session, approved assistance to the UNRWA preventive health programme during 1980-1982, at an annual rate of up to US\$ 105 000 divided between Lebanon (US\$ 30 000), Jordan (US\$ 50 000), and the Syrian Arab Republic (US\$ 25 000). Most of the 1980 contribution, consisting mainly of vaccines, immunization syringes and needles, clinical appliances and medical equipment for MCH, has been received and put into use.

PREVENTIVE MEDICAL SERVICES

Epidemiology and control of communicable diseases

26. Surveillance of selected diseases was maintained Agency-wide through weekly incidence reports from 82 UNRWA health centres and special investigations when indicated. The incidence for these notifiable diseases for 1980 is shown in Appendix 1.

27. No case of cholera was reported during the year among the refugee population residing in the five fields of UNRWA's operations.

28. While the incidence of diarrhoeal diseases remained more or less the same as in 1979, that of typhoid and paratyphoid dropped from 85 to 41 cases, mainly in the Syrian Arab Republic and Lebanon. Measles dropped from 1776 to 864 cases, reported mainly from Lebanon (622 cases), and pertussis from 61 to 55 cases. On the other hand, poliomyelitis increased from 9 to 17 cases - 9 from Gaza, 5 from Jordan and 3 from the Syrian Arab Republic - and infectious hepatitis from 324 to 793 cases. The incidence of conjunctivitis increased from 20 868 to 23 661 cases, and trachoma from 236 to 300 cases, mainly in Jordan and Gaza.

29. Influenza continued to show a further increase, from 19 153 to 21 388 cases, mainly in the West Bank, Gaza and the Syrian Arab Republic. Five cases of cerebrospinal meningitis were reported, similar to last year: four from Gaza and one from Jordan. No case of malaria was reported during the year. A slight decrease in the number of newly detected cases of respiratory tuberculosis was observed, i.e. from 164 to 158, with the majority of cases reported from Gaza and Lebanon.

30. UNRWA's expanded programme on immunization against specific diseases was maintained against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, typhoid (in the Syrian Arab Republic only) and measles, with a view to securing high and sustained levels of coverage. The routine control programme was also maintained, involving early detection, isolation as necessary, and prompt treatment of cases and management of their contacts. This was done in close coordination with the government health authorities. The Agency's environmental sanitation programme in camps, the nutritional support to the vulnerable groups, and the health education activities contributed to the effective control of communicable diseases.

Maternal and child health services

31. Health protection of the mother and child continued to be one of the major components of the community health programme provided by the Agency, with a number of local authorities and voluntary agencies supplementing the UNRWA programme. Nutritional support to vulnerable groups was given through the Agency's nutrition and supplementary feeding programme.

32. In the prenatal clinics, 31 222 women were registered for maternal care, which included regular health supervision and the issue of extra rations of milk and iron-folate tablets

throughout pregnancy and the nursing period. 30 817 deliveries were reported, about half of them attended in the homes by Agency-supervised dayahs. However, a larger number of babies were delivered in hospitals, especially in urban areas, with the exception of Gaza where about one-third of the deliveries took place in UNRWA maternity centres attached to the health centres. One maternal death was reported during the year. The still-birth rate was 9.6 per thousand reported total births.

33. For 101 170 children up to three years of age, the Agency provided regular health supervision and immunizations in 83 child health clinics. Immunizations against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles were given following the schedule of the expanded programme on immunization. Smallpox vaccinations were discontinued in all the fields in accordance with ordinances issued by the respective government health authority. Immunization against typhoid continued in the Syrian field, where typhoid fever is still prevalent in certain areas. Milk in powder form was distributed on a regular basis to children up to three years of age in all child health clinics.

34. Early and effective treatment of diarrhoea through oral rehydration was emphasized in all health centres as well as in the special rehydration/nutrition centres, where children with diarrhoea were also provided with a daily meal. The study of the effectiveness of oral rehydration therapy in Gaza continued under the supervision of WHO/EMRO and data were collected and reported regularly. Malnutrition clinics, where children at risk or already malnourished received special attention and care, were effectively functioning as part of the child health clinics in the West Bank and Syrian fields. The first malnutrition clinic in the Lebanon field opened in Ein el-Hilweh camp. In the Gaza and Jordan fields, there were in operation three and eleven such clinics respectively.

35. The percentage of children found to be underweight according to local growth curves was 8.1 in the first year, 8.6 in the second year and 3.5 in the third year among those registered at the child health clinics.

36. School health services were provided by health centres and school health teams (three in Jordan and one in each of the other fields) for 336 256 children attending 635 UNRWA/UNESCO elementary and preparatory schools. School entrance medical examinations were given to 45 247 pupils. The necessary health care was provided by health centres and their referral services, while malnourished children were referred for the daily cooked meal at the supplementary feeding centres. Campaigns for treatment of scabies and tinea, still prevalent among schoolchildren, were carried out in some of the fields. A high prevalence of dental caries was found in schoolchildren of all ages. Early restorative dental care was extended to schoolchildren to the degree that limited facilities permitted, and oral hygiene was stressed in the school health education programme. Sanitary conditions were satisfactory in the majority of the schools and efforts were made to bring them to an acceptable standard in the remaining schools.

Health education

37. A team of health education workers in each of the fields promoted the health education programme as an integral part of the health services under the guidance of the health educator at headquarters and in collaboration with other Agency staff in health centres, schools, welfare centres and camp communities. In preparation for the International Year of Disabled Persons (1981), a health calendar on the theme "The handicapped child" was produced by the Agency's Audio-Visual Branch and distributed to the fields, where it is being used by teachers and health education workers in schools and health centres. Information material for World Health Day, on the theme "Smoking or health - the choice is yours", was distributed and used in exhibitions and other ways throughout the fields.

NURSING SERVICES

38. The nursing services in each of the five fields continued to form an important part of the Agency's curative and preventive health services. Each field nursing officer, assisted by a number of qualified nurses, played a vital role in the smooth overall running of these

services in general clinics, MCH centres, rehydration/nutrition centres and malnutrition clinics as well as in the school health service. Nursing staff took an especially active part in the comprehensive immunization and home visiting programmes and participated in the general health education activities.

39. In many areas, the services of auxiliary nurses and midwives continued to be used extensively under the direct supervision of qualified nurses. The basic education and training of many of the new recruits is of a higher standard than that of previous years. Practical nurses in some areas have completed 12 years of basic education and an 18 to 24-month course in practical nursing. Some girls complete their basic education in a nursing stream - Tawjihi Nursing - and are employed as practical nurses. Similarly with midwifery, in Jordan, for example, the basic midwifery student has 12 years of basic education and follows a 27-month training programme, the first 12 months of which are taken with the basic nursing students. This should result in more versatile auxiliaries.

40. To promote attendance at home deliveries by registered traditional birth attendants (TBAs), a trial was started towards the end of the year in two camps in Jordan introducing the payment of a fee per delivery. It is hoped that this arrangement will result in an increase in the number of attended deliveries, expansion of coverage of and improvement in mother and child care services. This arrangement has been in practice in the Gaza field for many years and has proved successful. It should also mean that more traditional birth attendants will be supervised by the health centre staff.

41. In-service training and short refresher courses for the various categories of nursing personnel were maintained. Continuing education of staff nurses has been made possible by contributions from voluntary organizations.

42. Difficulties continued to be encountered in recruiting suitably qualified nursing staff to fill vacant posts in certain fields, due either to the remoteness of the location or non-availability of the required category. Even when qualified candidates are available, they tend to seek employment elsewhere, attracted by better terms of service.

ENVIRONMENTAL HEALTH SERVICES

43. The Agency continues to provide basic community sanitation services in the refugee camps comprising mainly the supply of potable water, sanitary disposal of wastes, drainage of storm water, latrine facilities and control of insect and rodent vectors of disease. A total of 697 122 refugees and displaced persons living in 61 camps benefited from the services, which were maintained at a satisfactory level in all the camps.

44. An endeavour to improve the services further in most of the camps through community participation has been very successful. Assistance provided by the Agency in the form of building materials, technical and financial support have played an important role in the steady progress of self-help schemes. The programme comprises paving of alleys and streets, construction of surface drains, laying of sewers, improvement of animal slaughtering facilities and augmentation of water supplies. During the period under review, the self-help schemes benefited 8 camps in Lebanon, 5 in the Syrian Arab Republic, 2 in Jordan, 11 in the West Bank and 7 in the Gaza Strip. A few of the more popular schemes which have been implemented or were initiated during 1980 are outlined in the following paragraph.

45. With the financial assistance of the Government of Jordan and active participation of the concerned community, the water supply has been augmented and indoor taps have been provided to all refugee shelters in Jalazone camp in the West Bank. The refugee community in Wavel camp in Lebanon has implemented a similar scheme with nominal assistance from the Agency. Water augmentation schemes involving drilling of deep wells and provision of private water connexions to refugee shelters have been completed at Nahr el-Bared and Ein el-Hilweh camps, also in Lebanon. A self-help sewerage scheme for Ein el-Hilweh is also under execution and almost 50% of the planned work has been completed with a financial subsidy provided by the

Agency. Execution of a similar sewerage scheme for Burj el-Barajneh camp is unfortunately held up for want of building materials which the Agency cannot provide now due to its financial difficulties. To ameliorate the problem of overcrowding, a number of additional shelters have been built by the refugees at Homs, Hama, Khan Darnoun and Khan Eshieh camps in the Syrian Arab Republic, while the Agency is providing assistance in the development of drainage, water supply and other essential facilities at the camp extensions. A self-help scheme for the improvement of animal slaughtering facilities at Amari, Kalandia and Jalazone camps in the West Bank is also ready for execution.

46. Other camp improvement schemes which are worth mentioning are the two conjoint schemes for the provision of sewerage facilities and indoor taps to all refugee shelters at Amman New and Jabal el-Hussein camps in Jordan, financed by the host Government. The Government of Jordan is also implementing a water augmentation scheme at Suf camp, where the shortage of water has been a chronic problem. In the Syrian Arab Republic, a programme for providing adequate water for Agency installations has already been completed at three camps and work is in progress at a fourth. The General Authority for Palestine Arab Refugees is in the process of extending the municipal water-supply system to Sbeineh camp. In the Gaza Strip, a regional water-supply scheme is being executed by the occupation authorities for the four Middle camps, to provide indoor taps to all shelters against payment of fees by the refugees.

47. Budgetary restraints have prevented a substantial improvement in the garbage collection and removal service. However, suitable contractual arrangements have been made with private truck owners for the removal of refuse from all five camps located in the Damascus area and three camps in the Jordan field. In the West Bank, the Municipality of Bethlehem has agreed to provide a refuse removal service for Dheisheh, Aida and Azzeh camps against payment of a reasonable fee. At Jenin camp in West Bank, the municipality concerned is providing a garbage removal service free of charge using a compactor truck and the Agency has supplied the camp with complementary equipment (trolleys) to facilitate the work.

48. Control of rodents, through the use of suitable rodenticides, has benefited five camps in Lebanon and two in Jordan where rat infestation had been a problem. In the Syrian Arab Republic and Gaza the use of rodenticides is limited to the Agency installations, e.g., base warehouses, supplementary feeding centres, etc.

NUTRITION AND SUPPLEMENTARY FEEDING SERVICES

49. The supervision, protection and promotion of the nutritional state of the refugees are among the main objectives of the UNRWA health programme. The services are particularly directed towards the most vulnerable groups, namely infants, pre-school and elementary school children, pregnant and lactating mothers, non-hospitalized tuberculosis patients, and members of hardship families. The supplementary feeding programme provides midday hot meals and monthly distribution of milk powder and extra rations for special categories. The cost of the programme was almost entirely met by the European Economic Community (EEC) under a convention first signed in 1972 and regularly renewed, whilst the wholemilk powder continued to be contributed by Switzerland.

50. The data collected during the year, through routine surveillance of the growth development of children attending the child health clinics, show that the nutritional condition of the refugees is well maintained, as evidenced by the decrease in the prevalence of protein-energy malnutrition among children.

51. In view of the continued budgetary deficit, the Agency was only able to distribute the basic rations during 1980 at a reduced rate, particularly the flour component. Monthly basic rations were distributed to about 833 000 eligible refugees, and on behalf of the Government of Jordan to some 194 000 persons displaced in the 1967 war.

52. Whole and skim milk powder was made available to children 6-36 months of age and to non-breastfed infants under 6 months attending the child health clinics. The monthly distribution of the milk powder has generated more regular attendance at the child health clinics and

Annex

greater utilization of the milk programme than when the milk was distributed in reconstituted form. About 60 000 children benefited from the programme. Unfortunately, however, the increase in the number of beneficiaries coupled with delays in shipment of skim milk meant that the rations had to be reduced by about 50% between February and September. In the West Bank and Gaza fields, the stocks of skim milk were completely exhausted, but the programme was maintained through loans from the Government of Jordan and from voluntary societies operating in the occupied territories.

53. Nutritionally balanced hot meals were offered daily at the Agency's supplementary feeding centres to all eligible children under eight years of age and on medical recommendation to older children, sick adults and hardship cases. Because of financial difficulties, the open feeding policy was restricted to children under six years, instead of eight, effective from 1 October 1980. Varied menus are normally consumed at the centres and provide between 250 and 700 calories and between 15 and 30 grams of protein per meal on average, according to the age of the beneficiary. As an experiment beginning in October in all fields, sandwiches were prepared and served at the supplementary feeding centres, rather than hot meals. An evaluation will be made in 1981 of their acceptability to the beneficiaries and any possible saving on operational costs. A special high-protein, high-calorie diet (the post-diarrhoea menu) is also made available on medical recommendation at supplementary feeding centres, rehydration/nutrition centres and malnutrition clinics, to infants and children suffering from diarrhoea and/or malnutrition.

HEALTH MANPOWER DEVELOPMENT

54. 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.

55. The Agency organized at its own training institutions various vocational courses to enable refugee students to become assistant pharmacists, laboratory technicians and public health inspectors.

56. In-service training was carried out by the Department of Health for its own staff in the various disciplines of the programme. One medical officer from Gaza completed a three-month (two days per week) refresher course in theoretical and applied psychiatry at the Mental Diseases Hospital, Gaza, under the guidance of the Government Public Health Department's psychiatrist. Medical officers in charge of MCH services in Jordan attended a seminar in Amman on oral rehydration salts organized by the Ministry of Health in July. Thirteen practical nurses in the Syrian Arab Republic attended an MCH in-service training course. A number of Agency-employed traditional birth attendants attended short training courses organized by the Ministry of Health in Jordan. One staff nurse in the West Bank attended a three-week course in administration given at the Arab College of Nursing, Ramallah. Two nurses from Jordan completed a one-year post-basic midwifery training at the College of Nursing, Amman, and three other nurses (two from Jordan and one from Lebanon) were undergoing the same training at the same institute in Amman. Two nurses (each from Gaza and the Syrian Arab Republic) were following a one-year post-basic midwifery training course at the School of Nursing, Cairo University, and two other nurses from Gaza were also attending a one-year course of training at the same university in Cairo: one in public health nursing and the other in midwifery teacher-training.

57. Five fellowships for postgraduate training in public health were granted by WHO/EMRO in the academic year 1980/81: two to medical officers from each of Jordan and West Bank, and one to a medical officer from Gaza. Two medical officers from Jordan and one from Lebanon who were granted WHO/EMRO fellowships in the academic year 1979/80 successfully completed their training in public health administration. A varied supply of journals and periodicals in Arabic, English and French is provided for the use of health staff, both at Headquarters and in the fields. Scientific documents and communications published by WHO form a substantial part of this material.

ADMINISTRATION

58. The Director of Health is responsible to the Commissioner-General of UNRWA for the planning, implementation and supervision 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 3019 as at 31 December 1980.

FINANCE

59. The Agency's revised budget for 1980, reported to the United Nations General Assembly in the Commissioner-General's annual report for 1979-1980, totalled US\$ 211 289 000. It was made up of: US\$ 112 032 000 for education services, US\$ 32 171 000 for health services, US\$ 57 632 000 for relief services, and US\$ 9 434 000 for other costs.

60. Insufficient financing prevented the Agency from implementing this budget in full. Reductions in services were unavoidable and cut expenditure and commitments back to US\$ 183 677 000, leaving a deficit of US\$ 27 612 000 by the end of 1980.

61. As the Commissioner-General had determined, however, that the health programme must be maintained in full in 1980, as in previous years, it was not affected by the reductions. Expenditure on the three main activities administered by the Department of Health was as follows:

<u>Activity</u>	<u>Expenditure and Commitments</u> US\$	<u>Recurrent Costs</u> US\$	<u>Non-recurrent Costs</u> US\$
Medical services	12 311 737	11 947 598	364 139
Supplementary feeding	7 521 510	7 481 853	39 657
Environmental sanitation	4 932 386	4 508 296	424 090
Share of common costs	6 186 864	6 000 426	186 438
Total	<u>30 952 497</u>	<u>29 938 173</u>	<u>1 014 324</u>

62. With the exception of the cost of international staff, paid by the United Nations, UNESCO and WHO, UNRWA's budget is financed virtually entirely from voluntary contributions in cash and in kind, mainly from governments, and the remainder from nongovernmental and miscellaneous sources.

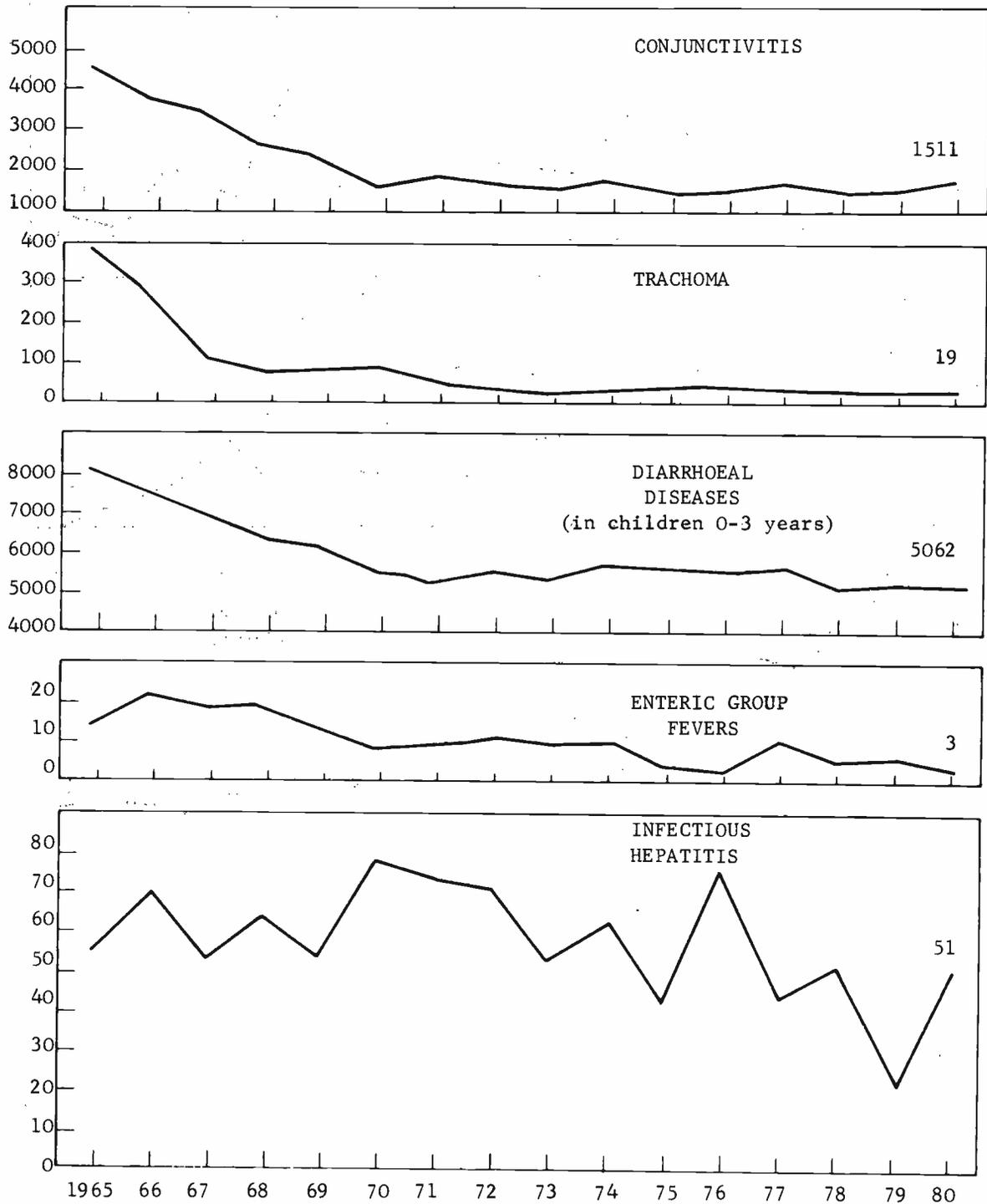
COMMUNICABLE DISEASES

PART A

REPORTED CASES OF NOTIFIABLE DISEASES AMONG REFUGEES IN 1980

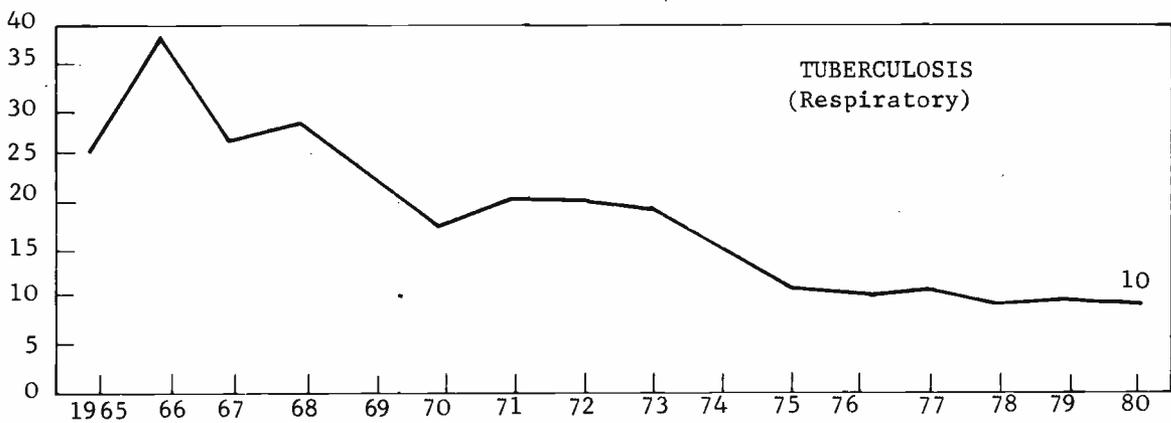
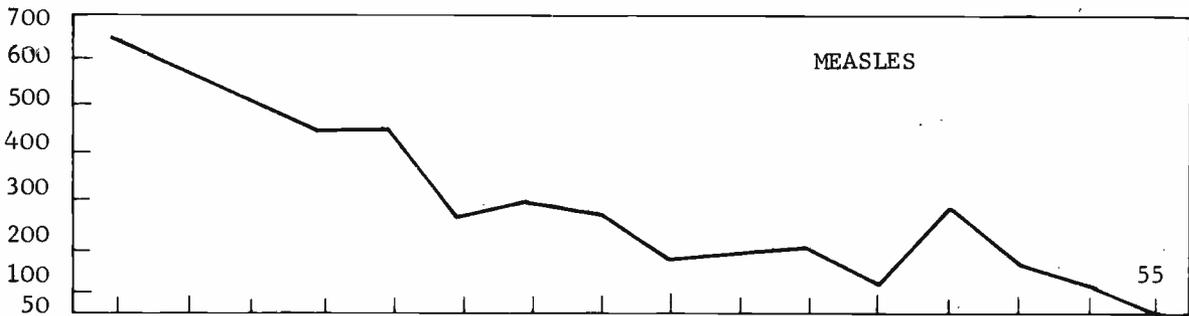
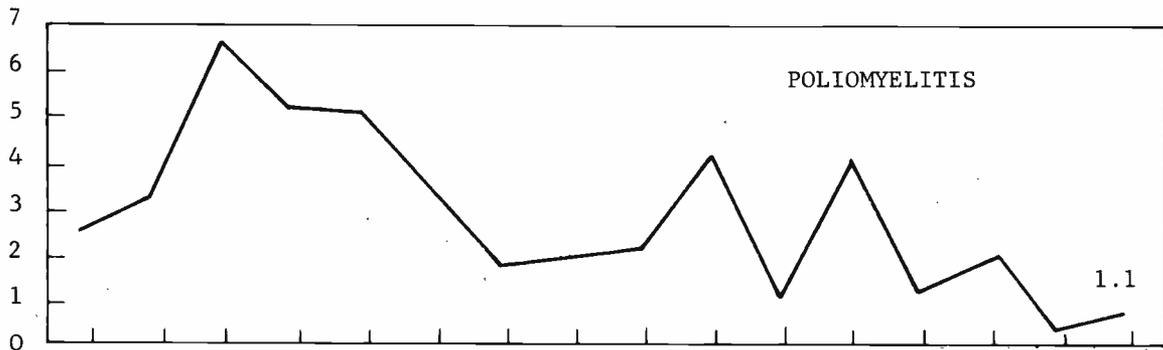
	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	All fields
Population eligible for health services as at 30.6.1980	645 484	251 783	310 167	193 535	185 640	1 586 609
Brucellosis	0	8	0	0	0	8
Chickenpox	776	943	266	1 804	837	4 626
Conjunctivitis	10 077	1 598	1 960	4 404	5 622	23 661
Diarrhoeal diseases: (0-3 years)	30 893	11 224	10 203	12 733	14 216	79 269
(over 3 years NOS)	12 262	5 169	2 852	5 306	7 176	32 765
Dysentery	549	526	1 108	839	868	3 890
Enteric group fevers	0	0	1	12	28	41
Gonorrhoea	0	0	0	2	0	2
Infectious hepatitis	156	316	109	53	159	793
Influenza	931	10 096	6 897	209	3 255	21 388
Leishmaniasis (cutaneous) .	0	0	0	0	1	1
Measles	74	79	59	622	30	864
Meningitis (cerebrospinal)	1	0	4	0	0	5
Mumps	949	855	1 353	604	852	4 613
Pertussis	15	0	1	28	11	55
Poliomyelitis	5	0	9	0	3	17
Scarlet fever	3	0	0	0	1	4
Tetanus neonatorum	0	0	3	0	0	3
Trachoma	127	12	125	1	35	300
Tuberculosis (respiratory)	16	4	74	63	1	158

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

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

PART B (continued)

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



UNRWA'S NUTRITION AND SUPPLEMENTARY FEEDING PROGRAMME 1980

Type of benefit, its nutritional value,
and average number of beneficiariesIV. Basic rations

	<u>Protein</u> <u>g/day</u>	<u>Calories</u> <u>per day</u>	<u>Average monthly</u> <u>beneficiaries</u>
	20.4	830.6	833 330 ^a

^a Includes 4080 staff rations.

II. Supplementary feeding programmeA. Milk and hot meals

	<u>Protein</u> <u>g/day</u>	<u>Calories</u> <u>per day</u>	<u>Average monthly</u> <u>beneficiaries</u>
Hot meals	15-30	250-700	36 683 ^a
Children 0-2 years (dry whole and skim milk)	19.7	237.7	39 083 ^b
Children 2-3 years (dry whole and skim milk)	18.0	205.2	18 935 ^c

^a Includes 1282 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

^b Includes 861 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

^c Includes 432 non-refugee displaced persons on behalf of the Government of Jordan (on reimbursable basis).

B. Extra rations

	<u>Protein</u> <u>g/day</u>	<u>Calories</u> <u>per day</u>	<u>Average monthly</u> <u>beneficiaries</u>
For pregnant and nursing women	20.0	607.6	28 554
For tuberculosis outpatients	42.0	1 500	686

C. Vitamin A-D capsules

Total number of capsules distributed during the year: 7 114 010.

APPENDIX 3

PART A

HEALTH PERSONNEL IN UNRWA

1. Doctors	147	Other staff: ^a	
2. Dentists	14	Medical	212
3. Pharmacists	5	Sanitation	116
4. Nurses	120	Supplementary feeding	155
5. Midwives	54	Labour category:	
6. Auxiliary nurses	290	Medical	278
7. Traditional midwives	54	Sanitation	959
8. Sanitation officers	6	Supplementary feeding	555
9. Laboratory technicians	31		
10. Health education staff	23		
		Total	3 019

^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
<u>I. Outpatient</u>						
Number of health centres/points	16	32	9	22	21	100
Number of prenatal clinics	14	24	9	21	19	87
Number of child health clinics	14	23	9	18	19	83
<u>II. Inpatient</u>						
Number of subsidized hospitals	12	7	5	12	6	42
Number of beds available	259	274	589	259	79	1460
of which: general	175	127	339	128	73	842
paediatric	18	40	96	0	0	154
maternity	25	32	119	0	6	182
tuberculosis	5	0	35	14	0	54
mental	36	75	0	117	0	228

PART 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	258 247	93 046	91 435	118 994	129 934	691 656
Total consultations	723 955	351 944	388 554	315 530	407 675	2 187 658
Injections	241 175	210 068	387 489	137 105	106 032	1 081 869
Dressings	196 214	128 388	180 471	116 932	69 451	691 456
Eye treatments	114 484	67 158	158 793	50 414	9 294	400 143
Dental treatments	29 564	22 670	22 261	20 060	21 745	116 300
II. <u>Maternal and child health services</u>						
Pregnant women registered	8 438	5 283	12 778	2 365	2 358	31 222
Deliveries attended	7 402	5 799	12 362	2 803	2 451	30 817
0-1 year registered	11 009	4 850	11 905	2 945	3 464	34 173
1-2 years registered	11 415	5 255	11 428	2 948	4 068	35 114
2-3 years registered	9 524	4 888	10 409	3 422	3 640	31 883
School entrants examined	17 549	5 070	13 359	2 837	6 432	45 247
Other pupils examined	23 630	9 924	7 274	1 210	9 350	51 388

PART D

CAMP SANITATION SERVICES

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic	Total
I. <u>Water supplies</u>						
Population served by private water connexion	65 250	80 360	108 000	60 630	41 330	355 570
Remaining population served by public point	162 970	4 968	94 810	56 045	22 759	341 552
Annual average supply <u>per capita</u> per day in litres	9.4	14.9	19.9	20.0	27.0	17.2
II. <u>Waste disposal</u>						
Percentage of population served by private latrines	99.0	96.4	98.9	91.7	99.2	97.5