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REPORT OF THE HEALTH DEPARTMENT OF THE UNITED NATIONS
RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES

The Regional Director has the honour to present to the Twelfth Session of the Regional Committee for the Eastern Mediterranean the **Annual Report** of Dr. S. Flache, Director of Health and WHO Representative of the United Nations Relief and Works Agency for Palestine Refugees, covering the period 1 July 1961 - 30 June 1962.

UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES

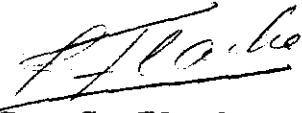
REPORT OF THE DEPARTMENT OF HEALTH

1 July 1961 - 30 June 1962

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UNRWA Headquarters
Beirut - Lebanon
August, 1962.


Dr. S. Flache
Director of Health &
WHO Representative
U N R W A.

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES

REPORT OF THE HEALTH DEPARTMENT

1 July 1961 - 30 June 1962

I. GENERAL

1. During 1961-1962, there was no major change in the nature of the Agency's health services. Work was continued in the preventive and curative medical fields, milk and supplementary feeding, and environmental sanitation, at a total cost of \$5.5 million. Three priorities were established for 1962 viz. (i) streamlining of curative & preventive medical services; (ii) studies and review of the nutritional status of the refugees; and (iii) training and professional stimulation of the Health staff. The World Health Organization continued to assist the Agency through technical advice and the secondment of personnel, one of whom served as the Agency's Director of Health. Implementation of the health programme, as in the past, was almost entirely effected by a staff recruited from among the Palestine refugees.

2. The success of the health programme has been materially enhanced by the generous and substantial special assistance of Governments, universities, voluntary agencies, United Nations agencies (particularly WHO), private firms and individuals. Such assistance has taken the form of personnel, free hospital beds, services in out-patient clinics, maternal and child health centres, assistance in immunization campaigns, medical supplies, vaccines, layettes, and supplementary food supplies. Some funds have also been provided in this manner for the construction of clinics and maternal and child health centres. The programme of medical rehabilitation through physical training of crippled children is made possible only through donations received for this specific purpose. Similarly, two voluntary societies have made available the skills of a group of orthopaedic surgeons on a carefully planned basis which permitted doctors to come to the area in rotation. Donations have also helped to provide scholarships to a number of refugee students, particularly in basic training as nurses

3. Throughout this period the Agency purchased most of its medical supplies through UNICEF on a world tender basis. The system of decentralization of supplies, introduced in 1961, is now working smoothly. Direct shipment of supplies to the fields has eliminated the need for storage at the Beirut base warehouse and made possible considerable savings to the Agency.

II. CURATIVE AND PREVENTIVE MEDICAL SERVICES

(a) Clinics, Hospitals and Laboratories.

4. The Agency now maintains 99 health centres and 12 mobile clinics, covering 117 points of service. These centres and mobile clinics provide both curative and preventive services, including doctor's consultations, dressings, injections, eye treatments, dispensing of medicines, maternal and child health care, dental attention and health education. During 1961-1962 certain improvements were achieved in the system of medical consultation. A standard staffing pattern has been drawn up and is now being implemented. Out of savings already achieved in the health programme, some additional medical and para-medical posts have been established which will enable the Agency to raise the overall quality of its services. Moreover, through the clinic construction programme, several older structures have been replaced by better-planned and more efficient buildings. As indicated in table 1 of the annex, refugees averaged six visits per person to the health centres during the year.

5. The number of hospital beds maintained by or reserved for the Agency was reduced slightly from 2,080 in 1961 to 2,035 in 1962, primarily as the result of the closure of the Agency's hospital at Salt (Jordan) and the reduction in the number of beds subsidized in the Bhanes Tuberculosis Sanatorium (Lebanon) from 150 to 100. In general the Agency has continued its basic policy of using local resources, where possible, subsidizing beds for refugees in hospitals operated by Governments, local authorities, voluntary agencies or private concerns. The Agency now operates only two small camp hospitals, one cottage hospital and two tuberculosis sanatoria, (one in conjunction with the Government authorities). After closure of the UNRWA hospital at Salt, redistribution of the Agency subsidized beds was made for the purpose of providing a wider and more efficient allocation of facilities, taking into account the needs and geographical distribution of the refugee population. In the Syrian Arab Republic a new agreement was reached with the administration of the Mouassat Hospital in Damascus under which the Agency reserves 25 beds. Currently the ratio of hospital beds per 1,000 persons stands at 1.88.

6. The Agency continues to rely heavily on laboratories operated by Governments, universities and private organizations, depending on circumstances and the type of examination required. The Agency operates its own units only where necessary and currently this includes two small clinical laboratories in Lebanon, one in the Tuberculosis Hospital in Nablus (Jordan) and a central unit in the Gaza Strip.

(b) Control of Communicable Diseases.

7. There were no major epidemics during the past year and not a single case of any of the six "Convention" diseases -- plague, cholera, yellow fever, epidemic typhus, and louse-borne relapsing fever -- among the refugee population. There was a small, very localized outbreak of malaria in the Jordan Valley and an increase in its incidence in the Gaza Strip, where, however, the source of infection was mostly exogenous. In the latter area also 13 cases of tetanus neonatorum occurred. The incidence of diphtheria (19 cases) was slightly higher than in the previous year, while that of poliomyelitis continued to be low in all countries, and there was a considerable decrease in the reported number of enteric group fever cases. Measles incidence showed a 32 per cent decrease and the number of cases of whooping cough also fell. During warm weather the prevalent diseases continued to be diarrhoea, dysentery and infective eye conditions, such as acute conjunctivitis and trachoma.

8. The Agency has continued its active immunization programmes against the enteric group fevers, smallpox, whooping cough, diphtheria and tetanus. The Agency has also carried out immunization of the age group 4 months-5 years in the Gaza Strip with oral poliomyelitis vaccine.

(c) Tuberculosis Control.

9. The Agency continued to provide facilities for the treatment of refugee patients suffering from tuberculosis in hospitals and through out-patient services. In this treatment there has been very close cooperation with the corresponding services of the host countries, particularly in the Syrian Arab Republic, Jordan and Gaza. Adequate medical supplies have been provided and, in addition, out-patients under treatment are given double basic rations, on the recommendation of the supervising medical specialist.

(d) Maternal and Child Health.

10. Special care for expectant mothers, infants, pre-school children and the school population generally, has been one of the major activities of the Agency's health programme since 1950. Supervision, advice and guidance are given to mothers, before and after delivery, in 84 maternal and child health centres. Layettes are issued, supplementary rations authorized, and prophylactic immunization schedules suitable for infants and young children implemented. Since gastroenteritis is a common condition among the young during warm weather, a special regime for its treatment has been evolved, based on the maintenance or restoration of the body fluids and electrolyte balance, appropriate medication, and special diet (at the supplementary feeding centres). In addition, two rehydration units have been equipped in the Gaza Strip for the treatment of infants and young children suffering from this condition with an associated mild or moderate dehydration. The results are very encouraging

(e) Nursing Services.

11. The Agency directly employs a staff of 127 nurses and 333 nursing auxiliaries in preventive and curative services, in addition to the considerable nursing staff employed in clinics and hospitals subsidized by UNRWA. While UNRWA nursing staff participate in virtually every aspect of the Agency's health programme, they have particular responsibilities in those activities related to maternal and child health, home visiting, school health, health education and tuberculosis control.

(f) Health Education.

12. The programme of health education, which dates almost from the inception of the Agency, uses various methods and media to disseminate information, create interest and stimulate a better understanding of good health practices. These include health films, flannel-graphs, health calendars, and specific seasonal programmes on the prevention of infectious diseases and nutritional subjects. In schools, health education is promoted through health committees. In addition to its medical, nursing, para-medical and teaching staff members, the Agency also employs 25 health education workers who maintain close contacts with the various communities and groups, especially in camps and villages, and utilize every opportunity to spread ideas for healthier living.

III. NUTRITION AND MILK AND SUPPLEMENTARY FEEDING PROGRAMME

13. Since the basic ration is dietetically inadequate, the protection of such vulnerable groups as infants, young children and expectant and nursing mothers is of paramount importance. The Agency provides a daily issue of whole milk to infants (aged 0-1 years), skim milk to children (2-15 years), and to mothers from the fifth month of pregnancy to the end of the twelfth month after delivery. It also provides a nutritionally balanced hot meal, six days per week, to medically selected beneficiaries (mainly in the age group 0-6 years) and special diets for severely undernourished infants and those suffering from diarrhoea. It provides vitamin A and D capsules to those receiving supplementary feeding and to children in elementary schools. Through the school milk programme, it gives a daily issue of skim milk to all children up to the age of 12 years.

14. In order to obtain the optimum results from the supplementary feeding and milk programmes, certain changes in the procedures for supplementary feeding and milk distribution were introduced in the spring of 1962. The main changes were:- (a) the issue of a whole milk/skim milk mixture for babies aged 6-12 months, and for non-breast fed babies under 6 months, in place of the whole milk previously issued for babies 0-12 months;

and (b) the provision, on an experimental basis in certain camps, of a daily hot meal to all children aged 2-6 and to certain older, under-nourished children. Previously all beneficiaries over 2 years of age of the latter part of the programme were subject to medical selection, but in future only those over 6 years will be.

15. Two full-scale nutrition surveys were carried out by the United States Interdepartmental Committee on Nutrition for National Defence (one in Lebanon and one in Jordan in the spring of 1961 and 1962 respectively), involving both the refugee and non-refugee population in these two countries. Senior members of the Agency's Health Department participated in these surveys. The resulting information obtained has proved to be most valuable. In general it can be stated that the nutritional status of the refugee population has been found to approximate to the standard of nutrition of the other sections of the local population.

IV. ENVIRONMENTAL SANITATION

16. The essential environmental sanitation programme, which provides for water supply, sewage and refuse disposal, insect control measures and drainage, was implemented satisfactorily. Over-crowding and inadequate control of hut construction continue to impair environmental sanitation in many camps particularly in suburban areas. Although the rainfall during 1961 was within the normal range, in Jordan an emergency water supply programme costing \$45,000 had to be implemented to meet water shortages, especially in camps near municipalities. With regard to waste disposal, it is noteworthy and encouraging that more and more refugee families are accepting and participating in the construction of family latrines. The use of these latrines is promoted and subsidized by the Agency.

V. MEDICAL EDUCATION & TRAINING

17. The Agency programme of professional training in the medical sciences at the university level, includes a current no. of 168 scholarships. During the past year a subsidy was granted to the School of Nursing at the Augusta Victoria Hospital, Jerusalem, where there are 17 students following courses in basic nursing. For the in-service training of Agency medical and paramedical staff, there are facilities for attendance at scientific assemblies, such as the annual Middle East Medical Assembly in Beirut, lectures by distinguished specialists and various courses for nurses and midwives. In May 1962 Agency medical officers attended a one-day symposium in Beirut on the practical aspects of management with respect to diarrhoea and malnutrition treatments in childhood.

Contributors to this symposium included not only senior UNRWA staff members but the Professor of Paediatrics of the American University of Beirut and the UNICEF Professor of Child Health at the Makerere Medical School, Kampala, Uganda. A Health Department Bulletin has been created for circulation to the staff. Plans are now being developed for the inclusion next year of a training course in environmental sanitation in one of the Agency's vocational training courses.

HEALTH STATISTICS

Table .1

NUMBER OF VISITS TO UNRWA AND SUBSIDIZED CLINICS, 1 JULY 1961-30 JUNE 1962

	Lebanon	Syrian A.R.	Jordan	Gaza	Total
Population served by medical services	<u>126,863</u>	<u>110,323</u>	<u>592,708</u>	<u>252,130</u>	<u>1,082,024</u>
General medical cases	404,165	435,634	648,192	482,106	1,970,097
Injections	289,009	244,724	506,992	355,942	1,396,667
Dressings and skin	262,638	157,862	732,622	505,634	1,658,756
Eye cases	196,079	89,711	856,632	577,169	1,719,591
Dental	<u>36,321</u>	<u>17,319</u>	<u>30,784</u>	<u>17,268</u>	<u>101,692</u>
Total	1,188,212	945,250	2,775,222	1,938,119	6,846,803

Table .2

HOSPITAL FACILITIES AVAILABLE TO PALESTINE REFUGEES, 1961-1962

Hospitals	
Government and local authorities	27
Voluntary societies or private	45
UNRWA	<u>5</u>
Total	77

In addition there are 3 maternity centres in Jordan and 7 in Gaza.

No. of beds available	Lebanon	Syrian A.R.	Jordan	Gaza	Total
General	160	81	610	294	1,145
Tuberculosis	100	20	110	150	380
Maternity	24	11	61	80	176
Paediatrics	27	18	166	17	228
Mental	<u>53</u>	<u>3</u>	<u>50</u>	<u>0</u>	<u>106</u>
Total	<u>364</u>	<u>133</u>	<u>997</u>	<u>541</u>	<u>2,035</u>
Beds per 1,000 population	2.87	1.21	1.68	2.15	1.88

Table 3.

LABORATORY SERVICES

During the year 1 July 1961-30 June 1962, 71,904 tests were carried out. The most significant of these were as follows.

Services	No. examined	No. positive
<u>Blood</u>		
Films for malaria and relapsing fever	5,793	
Malaria		124
Relapsing fever		3
Widal	1,605	459
Weil Felix	334	1
S.T.S.	19,753	373
<u>Stools</u>		
Ova and Parasites	39,425	
Ascaris		8,720
Taenia		895
Ankylostoma		943
Trichiuris Trichiura		2,802
Amoebae Hist. (Cysts. or Troph)		3,713
<u>Smears and Cultures</u>		
Coryn. Diphtheria	277	6
Neisser. Gonorrhea	110	21
Mycobact. Tuberculosis	4,607	803

Table 4

**INFECTIOUS DISEASES RECORDED AMONG PALESTINE REFUGEE POPULATION;
1 JULY 1961-30 JUNE 1962**

	Lebanon	Syrian A.R.	Jordan	Gaza	Total
Population	126,863	110,323	592,708	252,130	1,082,024
Plague	0	0	0	0	0
Cholera	0	0	0	0	0
Yellow fever	0	0	0	0	0
Smallpox	0	0	0	0	0
Typhus (louse borne)	0	0	0	0	0
Relapsing fever (louse borne)	0	0	0	0	0
Relapsing fever (endemic)	0	0	3	0	3
Diphtheria	1	6	12	0	19
Measles	2,356	1,344	2,394	3,418	9,512
Whooping cough	1,118	312	826	457	2,713
Chickenpox	1,178	1,084	3,034	2,249	7,545
Mumps	1,421	725	1,549	77	3,772
Meningitis (cerebro-spinal)	0	6	6	5	17
Poliomyelitis	11	6	27	3	47
Enteric group fevers	16	396	174	31	617
Malaria	0	3	63	72	138
Bilharziasis	0	0	0	61	61
Ancylostomiasis	28	0	6	552	586
Tuberculosis	102	49	187	285	623
Syphilis	34	18	5	152	209
Gonorrhoea	1	0	5	6	12
Scarlet fever	0	0	0	0	0
Rabies	0	0	0	0	0
Tetanus	2	0	5	13	20
Brucellosis	0	0	0	0	0
Infective hepatitis	35	92	162	147	436
Leishmaniasis	0	13	1	0	14

The following statistics show the number of clinic attendances in respect of the diseases indicated:-

Dysentery	12,637	7,685	7,160	15,616	43,098
Trachoma	1,453	112	19,895	21,950	43,410
Conjunctivitis	14,268	9,905	64,720	25,575	114,468

Table .9.

MATERNAL AND CHILD HEALTH

Ante-natal services	Lebanon	Syrian A.R.	Jordan	Gaza	Total
No. of ante-natal clinics	20	24	27	9	80
No. of pregnant women registered	4,562	2,284	11,354	11,856	30,056
Average monthly attendance	1,444	687	3,330	3,257	8,718
No. of STS performed	1,633	1,630	6,291	11,173	20,727
No. of cases positive serology	51	35	7	109	202
No. of home visits (ante-natal care)	<u>1,807</u>	<u>1,083</u>	<u>3,412</u>	<u>118</u>	<u>6,420</u>
<u>Infant Health Care</u>					
No. of infant health centres	20	24	31	9	84
No. reg. 0-1 yr monthly average	3,925	2,174	7,591	9,474	23,164
No. attended 0-1 yr, monthly average	3,536	1,978	5,961	8,535	20,010
No. reg. 1-2 yrs. monthly average	3,068	2,298	6,144	7,628	19,138
No. attended 1-2 yrs, monthly average	1,414	730	4,241	2,535	8,920
No. of smallpox vaccinations ^a	5,714	3,567	1,447	4,530	15,258
No. of TAB immunizations completed ^a	2,919	1,540	4,012	4,438	12,909
No. of triple vaccine immunizations completed ^a	3,629	2,629	6,255	3,811	16,324
No. of home visits (infant care)	<u>10,025</u>	<u>7,928</u>	<u>29,830</u>	<u>1,104</u>	<u>48,887</u>
<u>School Health Service</u>					
No. of school teams	1	1	2	1	5
No. of children examined	3,163	14,798	31,809	15,372	65,142
No. of schools inspected	188	122	194	200	704
No. of TAB boosters given ^a	788	0	8,076	91,710	100,574
No. of diphtheria boosters given ^a	<u>3,741</u>	<u>0</u>	<u>1,796</u>	<u>5,631</u>	<u>11,168</u>

^a In addition to vaccinations carried out in infant health centres and in schools there are periodic vaccination campaigns referred to in the text of the Report.

SUPPLEMENTARY FEEDING

Table .6

UNRWA SUPPLEMENTARY FEEDING PROGRAMME

AVERAGE NUMBER OF BENEFICIARIES, 1 JULY 1961-30 JUNE 1962

Daily cooked meal beneficiaries					Monthly dry ration beneficiaries				
Average for the year					Average for the year				
Country	No. of feeding centres	0-2 yrs	2-15 yrs & special cases	Total	Pregnant women	Nursing mothers	TB out patients	Total	Grand Total
Lebanon	22	566	4,261	4,827	1,120	3,198	253	4,571	9,398
Syrian A.R.	18	373	4,059	4,432	618	1,651	192	2,461	6,893
Jordan	(48 (26 ^a	1,597 176	16,474) 2,010)	20,257	2,721	9,975	555	13,251	33,508
Gaza	<u>16</u>	<u>1,205</u>	<u>9,755</u>	<u>10,960</u>	<u>3,128</u>	<u>8,196</u>	<u>433</u>	<u>11,757</u>	<u>22,717</u>
	130	3,917	36,559	40,476	7,587	23,020	1,433	32,040	72,516

^a Centres operated by voluntary societies

Table 7

UNRWA MILK PROGRAMME

AVERAGE NUMBER OF BENEFICIARIES, 1 JULY 1961-30 JUNE 1962

Country	Number of milk centres		Daily number of beneficiaries Average for the year			
	Preparation and distribution	Distribution only	Milk distribution centres	Schools	Orphanages, medical pre- scriptions etc.	Total
Lebanon	23	11	34,629	5,966	371	40,966
Syrian A.R.	22	0	34,032	5,947	112	40,091
Jordan	84 34 ^a	6	66,325 2,824	21,054	643	90,846
Gaza	<u>16</u>	<u>0</u>	<u>40,196</u>	<u>29,613</u>	<u>0</u>	<u>69,809</u>
	179	17	178,006	62,580 ^b	1,126	241,712

^a Centres operated by voluntary societies.^b Average for the scholastic year.