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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 Seventeenth Session of the Regional Committee for the Eastern Mediterranean the Annual Report of the Health Department of the United Nations Relief and Works Agency for Palestine Refugees, covering the period 1 July 1966 to 30 June 1967.

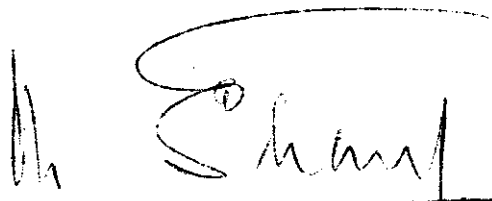
UNITED NATIONS RELIEF AND WORKS AGENCY

FOR PALESTINE REFUGEES

(1 July 1966 - 30 June 1967)

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UNITED NATIONS RELIEF AND WORKS AGENCY

FOR PALESTINE REFUGEES

(1 July 1966 - 30 June 1967)

I. HEALTH SERVICES IN GENERAL

The period of this report witnessed a major conflict in the area of the Middle East during the end month. While therefore the detailed description in Sections II to V following, cover the health services during the first eleven months of this period, namely from 1st July 1966 to 31st May 1967, it will be noted that the statistical tables cover only the period up to 30th April 1967, owing to a disruption in the reporting from the affected Fields of UNRWA's operation.

A brief general description of the health services during and immediately after the conflict in the month of June is given in sub-paragraph B below.

A. Pre-Emergency Period (1.7.66 - 31.5.67)

Up to the end of May 1967, no major changes took place in UNRWA's health programme, nor has there been any significant increase in the per capita cost of the health services. Such modest improvements as have been made were in general achieved either through internal economies or through the receipt of donations given specifically for health purposes. Thus in three camps it was possible to replace old unsatisfactory health centre buildings with entirely new and well-designed structures. A development of interest has been that, with the exception of four posts held by WHO officials (three on a non-reimbursable loan to UNRWA) attached to the office of the Director of Health and WHO Representative, all senior supervisory staff posts, both at Headquarters and in the four Field Health Offices, are now localized and filled by Area staff members.

The health programme continued to be carried out with the help of WHO which provides advisory and consultative services as required and supervises the technical aspects of the programme. Due weight was given to the needs and requirements of the curative services, but the main emphasis continued to be laid on the health promotive and preventive aspects, including communicable diseases control, environmental sanitation, health education of the public, nutrition and supplementary feeding.

The health services have been designed to keep closely in line with those provided by the host Governments for economically comparable sections of the local populations in their countries. Assistance has been received from a variety of sources, including charitable organizations, universities, commercial concerns, private individuals and especially from the Ministries of Health of the host Governments. Cordial relations have continued to be maintained with those Ministries and co-operation has been particularly fruitful in such fields as tuberculosis control and mass immunization campaigns. Donations have been received in the form of monetary gifts for the construction of health centres as well as for the training of refugee students, particularly in basic nursing education. Donations received in kind included medical supplies, vaccines, layettes and supplementary food items. Assistance has also been provided in the form of personnel, free hospital, X-Ray and laboratory facilities as well as help in mass vaccination campaigns.

B. During the Emergency (June 1967)

The sudden and the tragic war that engulfed the countries of the Middle East, particularly the areas of UNRWA's operation, during the period 5 to 11 June, not only inflicted havoc on life and property in the areas of the actual conflict, but had a far reaching effect on the life of the refugees and other persons living there.

In Jordan approximately 175,000 terror-stricken persons, among them about 100,000 UNRWA-registered refugees crossed over from areas west of the river Jordan into Amman and other areas east of the river and immediately posed serious health as well as administrative and other socio-economic problems there.

Similarly in the Syrian Arab Republic another approximately 117,000 persons including about 17,000 UNRWA-registered refugees were displaced from the war afflicted Quneitra region in south Syria and sought refuge largely in Damascus and the surrounding villages, posing identical problems there.

The vast majority of the displaced persons fled their homes carrying few belongings. While several thousands found refuge in the homes of relatives and friends, large numbers had to be accommodated in Government and UNRWA schools, mosques, sheds and other public buildings. Some thousands even remained under the shelter of trees or in the open for a while. Emergency measures had therefore to be taken to provide shelter, food, clothing, essential environmental sanitation, health protection and medical care facilities.

In the Gaza Strip where actual fighting had taken place in the Gaza Town and in some of the camps themselves, three UNRWA health centres operated as emergency hospitals and for a while some disruption of health services also took place. By about the 20th of June, however, essential health services were resumed.

Since then a gradual return to normal function is taking place. UNRWA, of course, continued to operate its normal health services in the undisturbed areas in all Fields.

Arrangements were also immediately taken in hand, and by end of June in Jordan eight camps had been established, five of which were under UNRWA's administration accommodating 42,500 displaced persons. Two camps accommodating 13,500 persons were administered by the Government of Jordan and one for about 6,000 persons was set up and run by the Red Lion and Sun Society of Iran. Most of these temporary camps made use of donated tents for shelter.

Pending distribution of cooking stoves, pots and pans in the form of a family kit and resumption of dry ration distribution a large number of the displaced persons were provided with cooked meals, making special provision for children in the 0-15 years age group, pregnant and nursing women and debilitated and aged persons.

Mass immunizations against smallpox and typhoid were started and that against cholera was programmed to follow suit as also triple vaccination for children.

In these circumstances of dire distress UNRWA, on grounds of health and humanity, strongly advocated the need for the earliest return of the displaced persons back to the security of their abandoned homes in towns and camps where all essential health, relief, social welfare and education facilities already established by UNRWA were now lying unused and subject to decay from disuse and neglect.

It is hoped that it may be possible for the displaced persons to return before the onset of the approaching winter in order to avoid the grave hazards to life and health to which they, especially the children, pregnant and nursing women and the aged and debilitated persons will be exposed beyond question.

II. CURATIVE AND PREVENTIVE MEDICAL SERVICES

A. Clinics, Hospitals and Laboratories

Curative and preventive services continued to be provided to refugees at 122 points. The Agency itself maintained services at 105 clinics and gave subsidies to Governments and voluntary societies to operate the remaining 17. Although the number of refugees entitled to UNRWA's medical care rose by 2.48 per cent, as compared with the previous year, the average monthly attendances for curative services dropped by 7.04 per cent owing largely to a general decrease in the incidence of infectious eye conditions.

The Agency's curative services comprised medical consultations in UNRWA clinics, injections, dressings, eye treatments, limited dental care and the dispensing of medicines. Where indicated, patients were referred to specialists or hospitals for further investigation or treatment. Arrangements have also been made to enable patients to benefit from technological advances in such specialized fields as open cardiac surgery, facilities for which have recently become available in the Middle East. Table I contains a summary of clinic attendances.

The total number of hospital beds available for refugees as at the end of April 1967 was 1,869. Some 75.5% of these beds were used for the treatment of acute cases (medical, surgical, paediatric, gynaecological and obstetrical); the remaining 24.5% were reserved for patients suffering from chronic diseases (tuberculosis, mental diseases). The Agency itself maintains only two hospitals, both in Jordan (a tuberculosis hospital and a cottage hospital), nine camp maternity wards located for the most part in the Gaza Strip, seventeen rehydration/nutrition centres situated in all four host countries and a small paediatric ward in the Gaza Strip. In addition, UNRWA and the United Arab Republic Government health authorities jointly operate a tuberculosis hospital in Gaza. The majority of hospital beds are, however, located in Agency-subsidized governmental, university or private institutions. Statistical information on the number of beds available is given in Table 2.

Laboratory services continued to be provided by university, Governmental or private laboratories, generally on a subsidy or cost for service basis, though occasionally free of charge. The Agency itself has continued to maintain one central laboratory as well as a small clinical laboratory attached to the UNRWA/Swedish Health Centre in the Gaza Strip, and two small laboratories in Lebanon. It is intended that Central Laboratory at Gaza should be amalgamated with the laboratory of the newly established UNRWA/Swedish Health Centre.

B. Control of Communicable Diseases

No case of any of the six quarantinable diseases (cholera, plague, relapsing fever, smallpox, typhus and yellow fever) was reported amongst the refugee population. However, in the face of the threat posed by an outbreak of cholera in a neighbouring country in August 1966, strict precautionary measures, including mass immunization, were applied throughout the Agency's areas of operation, in line with the policies of host Governments.

Gastro-enteric infections of a wide variety continued to present the Agency's curative and preventive services with their greatest challenge, and no striking decrease in either diarrhoeal diseases of infants or dysenteric diseases of older children and adults can be reported. Infectious hepatitis showed a sharp rise of incidence in the Gaza Strip and the Syrian Arab Republic, as did enteric-group fevers in the latter country. There was a moderate increase in poliomyelitis but the total for the refugee population in all host countries during the ten months up to 30 April 1967 was 28 cases only. Aside from routine immunization against enteric-group fevers and poliomyelitis, improvement of environmental sanitation standards is given constant emphasis by the Health Department as the means of controlling this major group of infectious diseases.

The acute respiratory infections continued as a second major group of communicable diseases in terms of their prevalence and seriousness, especially for infants and young children. Whooping-cough and diphtheria continued to be well controlled through immunization, although cases of the former occurred in some number in the more remote areas not under close health coverage by the Agency. To combat measles, an ever-prevalent and serious childhood disease, the Health Department carried out mass immunization with inactivated vaccine in the past year and was conducting pilot studies, in collaboration with WHO, on the use of a mixed smallpox and attenuated measles virus vaccine which studies were however interrupted by the war. The communicable eye diseases, including trachoma, continued their steady downward trend, largely as a result of modern methods of treatment.

The mass pulmonary tuberculosis survey and control programme which the Public Health Department in Gaza has been conducting for resident and refugee populations alike over the past 1½ years, with financial assistance from UNRWA, brought to light a substantially increased number of cases; 238 were reported as compared with 213 reported last year. The Government of Jordan also embarked upon the pilot phase of a mass survey and control programme in September 1966 which includes the refugee population (24,000) of Amman New Camp. On its part, the Agency's Health Department initiated pilot projects of direct BCG vaccination for infants and elementary school entrants in Jordan, Lebanon and the Syrian Arab Republic as a step towards eventual routine protection of all young children in the refugee population. In malaria control or eradication, the Agency's main efforts have been directed to the Gaza Strip, where the Government Public Health Department and UNRWA's Health Division jointly carry out modified surveillance and larvicidal measures. The Agency submitted an evaluation report on the programme for the year 1966 to the Eastern Mediterranean Regional Office of WHO (EMRO).

Table 4 summarizes the numbers of cases of communicable diseases reported during the ten months (1 July 1966 to 30 April 1967) for the refugee population.

C. Maternal and Child Health

Comprehensive health protection for the mother and child continued to be provided in 81 maternity clinics and 79 infant clinics in the Agency's health units, as well as in a few clinics operated by voluntary agencies. Maternal services included pre-natal care, delivery at home or in maternity centres and post-natal care, supplemented by hospital referral service in cases of abnormality. The infant health service comprised regular supervision at clinics, selective home visiting, a broad programme of immunization and systematic health teaching.

The nutrition of mothers and young children continued to receive special attention and is described more fully in the section on nutrition. Special efforts were made towards nutritional restoration of underweight infants through the supplementary feeding programme and through timely referral to the rehydration/nutrition centres. Two additional rehydration/nutrition centres were opened during the year, making a total of 17 centres with 202 cots in all four host countries.

Health services for the school child continued along established lines and comprised medical examination and follow-up care of school entrants, later examinations as indicated, immunity reinforcement with diphtheria toxoid and TAB vaccine, health education and school sanitation. Medical examination procedure and the system of reporting on school health services were revised. The Health Department is collaborating with the Education Department in a special study on scholastically retarded children.

A survey on health status, morbidity and mortality in the pre-school child (2-5 years) was conducted in all host countries. Analysis of the survey data is proceeding and the findings will provide the basis upon which both to plan regular health care for this group and to make later evaluations.

Summarized information on pre-natal and infant care and on the school health services is presented in Table 5.

D. Health Education

The Agency provides individual and mass health education through the channels of its clinics, feeding centres, maternal and child health services, schools, youth centres and sewing centres. The basic aim of the programme is to encourage the refugees to recognize their health needs and to co-operate with the health staff in finding solutions to them. Monthly health drives and weekly health promotion days are organized, and use is made of group discussions, lectures, informal talks and audio-visual aids. Special emphasis is given to health education in schools, where school health committees and clubs have been formed and where a particular theme is developed on the month-by-month basis. The teachers themselves receive health education in the Agency's training centres, where the subject now forms part of the curricula.

E. Nursing Services

The Agency's nursing staff continued to provide nursing services in both the preventive and curative fields and were specially concerned with maternal and child health, layette distribution, school health, health education, home visiting, infant feeding supervision, tuberculosis and venereal diseases control, individual immunizations and mass immunization campaigns, special surveys and the care of the sick in clinics, hospitals, and rehydration/nutrition centres. They also participated in the Gaza Strip in the special health and education project in operation in preparatory girls' schools. At the end of April 1967 the Agency was employing 161 graduate nurses and midwives and 298 auxiliary nurses. The clinics and hospitals subsidized by the Agency also provide substantial nursing staff.

III.

NUTRITION AND SUPPLEMENTARY FEEDING

UNRWA's programme of supplementary feeding and milk distribution is designed to protect the health and nutrition of certain beneficiaries among the more vulnerable groups of the refugee population, including infants and children in the pre-school age, school children, pregnant women, nursing mothers and tuberculous out-patients. This is desirable in view of the fact that the basic rations, issued monthly to entitled refugees, contain no items of fresh food nor animal proteins.

The Agency's milk distribution programme is largely made possible by a special annual contribution of skimmed milk by the United States Government. This contribution amounted during the year under review to 1009 metric tons, as compared with 1688 metric tons in the previous year. Due to this curtailment of supplies, the programme had to undergo various changes. The school milk programme, under which an average of 90,000 elementary school children received milk for 22 days a month during the school year, was suspended, as was distribution of reconstituted skimmed milk to children aged from six to fifteen. It was, however, possible to maintain for most of the period under review the daily issue of a mixture of whole and skimmed milk for approximately 6,600 babies from the age of six to twelve months and for infants under six months who could not be breast-fed, and the daily portion of reconstituted skimmed milk available on 26 days a month for children aged one through five years, pregnant and nursing women and patients on medical recommendation (in all 42572 beneficiaries).

The Agency runs 105 supplementary feeding centres in its camps and in places where large conglomerations of refugees exist. In these centres, a nutritionally balanced hot meal is provided on six days a week for a maximum of 45,000 beneficiaries, drawn largely from children below the age of six, although some older children are also admitted on medical recommendation. A special bland high protein diet is also provided for the treatment of infants and young children suffering from gastro-enteritis and/or malnutrition. Vitamin A and D capsules are issued to children attending the supplementary feeding centres on 26 days in each month. Elementary school children used to receive the Vitamin A and D capsules on 12 days a month, but as from 1 February 1967, this was replaced by the distribution of multi-vitamin tablets at the same rate. On medical certification, extra dry rations are issued to expectant mothers from the fifth month of pregnancy and for one year after delivery. Extra rations are also issued to tuberculous out-patients. A special contribution of 542 tons of CSM (cornflour-soya-milk mixture, an alternative source of protein) was received from the United States Government and is being used in the hot meal programme, the cost to the Agency being limited to that of ocean freight and distribution. The average number of refugees benefiting from various services, by country, is shown in Table 6.

As was mentioned in last year's report, an appeal by UNRWA for help to maintain its supplementary feeding programme was addressed to the World Food Programme in April 1966, but could not be acceded to under the terms of the basic texts governing the Programme. The possibility of amending those texts, in such a way as to enable UNRWA's request to be taken into consideration, was discussed by the Inter-Governmental Committee of the World Food Programme at its tenth session in November 1966, but was not found to be desirable.

Although a general nutritional survey has not been carried out during the past 12 months, the study of the health status of pre-school children included appraisal of the nutritional status of each child examined. Close attention has also been paid to the numbers and percentages of underweight infants among the

age-group 0-2 years attending infant health clinics. The number of severely underweight children is low (1.2%), but those moderately underweight amount to about 8.3% and those slightly underweight to about 13.9%. These figures indicate the existence of a substantial nutritional problem, probably of complex origin, which merits close observation and surveillance and will necessitate the continued special protection, as far as may be possible, within the limits of the Agency's restricted resources, of particularly vulnerable groups. The Agency's supplementary feeding and milk distribution programme described above has been designed with this specific need in mind, though due attention is also given to environmental sanitation and health education, more particularly of mothers of families.

IV.

ENVIRONMENTAL SANITATION

This programme continued to be chiefly concerned with the provision of safe water supplies, sanitary waste disposal, and the control of insect and rodent disease vectors in the Agency's fifty-four camps. During the period under review, the number of public water points and taps as well as the number of private domestic connections with public or private water schemes has been increased. A sewerage scheme has been completed in one camp and a number of similar schemes are being carried out by local authorities, with the financial assistance of UNRWA. The construction of family latrines continued to be encouraged by the Agency and about 39% of refugee families living in camps now have private latrines, the rest depend on the public latrines which are also available. Garbage disposal is dealt with by composting, incineration or dumping, depending on local circumstances. Waste water disposal continues to present serious problems in a number of camps situated within or near municipal boundaries. As regards fly control, reliance is mainly placed on the prevention of fly breeding through improved environmental sanitation, combined with the judicious use of insecticides. Louse and bedbug control is carried out by means of selective dusting and rodents are controlled principally by trapping. In malaria control, the Agency works closely with the national malaria eradication programmes. During the period under review, the ratio of the sanitation labour force in camps has been reduced from 1.8/1,000 to 1.7/1,000 of the camp population, mainly as a result of the increase in the number of family latrines available and the consequent closure of some public latrines.

V.

MEDICAL EDUCATION AND TRAINING

Table 8 I, shows that of the 250 scholarships held or awarded in the field of health under the Agency's university scholarships programme during 1966-1967, a total of 213 were in medicine, 31 in pharmaceutical chemistry, and 6 in dentistry. In addition, 84 students were receiving training in nursing and midwifery; 42 in basic nursing, 36 in mental nursing, 5 in midwifery and one in tuberculosis nursing for practical nurses. 41 students were under training as assistant pharmacists, 27 as public health inspectors and 16 as laboratory technicians. One Agency medical officer was awarded a WHO scholarship in public health, one nurse an Agency scholarship in public health nursing training, and one staff member a scholarship in basic statistics. An active programme of in-service training of staff, including doctors, nursing and auxiliary staff, continued to be carried out.

Table 3LABORATORY SERVICE

During the period 1 July 1966 - 30 April 1967, 40,036 tests were carried out. The most significant of these were as follows :-

Tests	No. Examined	No. Positive
Blood		
Films for malaria and relapsing fever	1,100	
Malaria		9
Relapsing Fever		0
Widal	1,163	292
Weil Felix	2	0
STS	8,608	30
Stools		
Ova and Parasites	27,241	
Ascaris		5,320
Taenia (mostly Saginata)		546
Ankylostoma		98
Trichuris Trichiura		1,864
Amoebae Hist. (Cysts or Troph)		1,920
Smears and Cultures		
Coryn. Diphtheriae	129	4
Neisser. Gonorrhoea	55	18
Mycobact. Tuberculosis	1,740	259

Table 4

INFECTIOUS DISEASES RECORDED AMONG PALESTINE REFUGEE POPULATION
1 JULY 1966 - 30 April 1967

	Jordan	Gaza	Lebanon	Syrian Arab Republic	Total
Population	<u>672,092</u>	<u>296,445</u>	<u>140,704</u>	<u>129,854</u>	<u>1,239,095</u>
Cholera	0	0	0	0	0
Plague	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
Ankylostomiasis	1	71	3	0	75
Bilharziasis	1	28	0	0	29
Brucellosis	0	0	0	0	0
Chickenpox	1,381	785	965	403	3,534
Conjunctivitis	19,641	8,306	6,228	5,404	39,579
Diphtheria	0	0	0	0	0
Dysentery	1,832	1,236	828	967	4,863
Enteric Group Fevers	6	51	0	128	185
Gonorrhoea	1	10	6	5	22
Infectious Hepatitis	84	466	73	110	733
Leishmaniasis Cutaneous	0	0	0	6	6
Malaria	1	8	0	0	9
Measles	1,449	1,440	1,170	784	4,843
Meningitis (cerebrospinal)	12	1	3	2	18
Mumps	751	1,710	955	681	4,067
Pertussis	172	14	458	32	676
Poliomyelitis	3	5	9	11	28
Rabies	0	0	0	0	0
Relapsing Fever (endemic)	0	0	0	0	0
Scarlet Fever	0	0	0	0	0
Syphilis	1	24	6	2	33
Tetanus	0	1	0	0	1
Tetanus Neonatorum	0	14	2	0	16
Trachoma	823	613	595	261	2,292
Tuberculosis (pulmonary)	62	238	45	32	377
Typhus (endemic)	0	0	0	0	0

Table 5

MATERNAL AND CHILD HEALTH
1 JULY 1966 - 30 APRIL 1967

Ante-Natal Services	Jordan	Gaza	Lebanon	Syrian Arab Republic	Total
No. of Ante-natal clinics	<u>30</u>	<u>9</u>	<u>18</u>	<u>24</u>	<u>81</u>
No. of pregnant women newly registered	7,505	12,475	3,669	2,101	25,750
Average monthly attendance	2,827	4,751	1,408	723	9,709
No. of STS performed	2,280	2,212	1,217	442	6,151
No. of cases positive serology	1	13	6	2	22
No. of home visits (pre-natal care)	382	44	842	1,289	2,557
<u>Infant Health Care</u>					
No. of infant health centres	<u>28</u>	<u>9</u>	<u>18</u>	<u>24</u>	<u>79</u>
Number registered 0-1 year monthly average	8,580	12,200	4,109	2,382	27,271
No. attended 0-1 year, monthly average	6,580	10,133	3,363	1,657	21,733
No. registered 1-2 years, monthly average	9,277	10,919	4,334	2,884	27,414
No. attended 1-2 years, monthly average	3,407	2,067	1,538	1,129	8,141
No. of smallpox vaccinations	4,148	11,083	3,027	2,051	20,309
No. of TAB immunizations completed	6,059	5,633	2,665	1,352	15,709
No. of triple vaccine immunizations completed	6,905	6,465	3,479	2,173	19,022
No. of home visits (infant care)	13,595	3,948	8,610	7,103	33,256
<u>School Health Services</u>					
No. of school teams	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>5</u>
No. of children examined	41,020	4,823	2,843	15,438	64,124
No. of school inspections	428	316	61	256	1,061
No. of TAB boosters given	52,070	0	0	10,171	62,241
No. of diphtheria boosters given	8,861	5,897	3,775	2,876	21,409
No. of triple vaccine (one dose)	1,766	0	0	0	1,766
" " " (2 doses)	1,165	0	0	0	1,165
" " " (3 doses)	1,795	0	0	0	1,795
No. of smallpox revaccination	22,194	0	0	4,812	27,006
No. of cholera boosters given	7,231	48,980	31,468	37,014	124,693
No. of BCG given	3,448	0	0	2,770	6,218

Table 6

UNRWA SUPPLEMENTARY FEEDING
PROGRAMME

Average Number of Beneficiaries
1 July 1966 - 30 April 1967

Daily Cooked Meal Beneficiaries Monthly Dry Ration Beneficiaries

Country	Average for the Period				Average for the Period				Grand Total
	No. of Feeding Centres	0-2 Yrs.	2-15 Yrs. & Special Cases	Total	Preg-nant Women	Nursing Mothers	TB Out-Patients	Total	
Jordan	47	1,420	14,786	16,206	2,634	10,715	455	13,804	30,493
	6 ^x	154	329	483					
Geze	23	1,284	11,870	13,154	4,012	9,159	446	13,617	26,771
Lebanon	18	446	3,940	4,386	1,039	2,713	110	3,862	8,248
Syrian Arab Republic	17	360	3,734	4,094	624	1,435	101	2,160	6,254
	111	3,664	34,659	38,323	8,309	24,022	1,112	33,443	71,766

^x Centres operated by voluntary societies

Table 7

UNRWA MILK PROGRAMME

Daily Number of Beneficiaries

A. Average for July - October 1966

	Preparation and Distribution	Distribution only	^{x1} Milk Distribution Centres	Schools	Orphanages Medical Prescriptions etc.	Total
Jordan	73 ^{x2} 10 ^{x3}	8 -	29,987 286	-	217	30,490
Gaza	23 ^{x4}	-	19,388	-	75	19,463
Lebanon	21	3	25,707	-	250	25,957
Syrian Arab) Republic)	20 ^{x5} _____	- _____	23,350 _____	- _____	72 _____	23,422 _____
	147	11	98,718	-	614	99,332

B. Average for November 1966 - April 1967

	Milk Distribution Centres	Orphanages Medical Prescriptions etc.	Total
Jordan	13,445 57	199	13,701
Gaza	8,200	78	8,278
Lebanon	9,814	236	10,050
Syrian Arab) Republic)	10,455 _____	88 _____	10,543 _____
	41,971	601	42,572

^{x1} Milk was distributed throughout the period to children below 6 years, pregnant and nursing women, while children 6 through 14 received milk during the period July - October, 1966 only.

^{x2} One milk centre closed during January, 1967.

^{x3} Centres operated by voluntary societies, one centre closed in March.

^{x4} Including one preparation centre only.

^{x5} One milk centre closed during April.

Table 8

EDUCATION AND TRAINING PROGRAMME

The following is a summary of the training of medical and para-medical personnel in universities, nursing training schools and vocational centres per country of residence during the academic year 1966/67.

I. BASIC TRAINING

A. Universities

	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Total</u>
Medicine	104	52	21	36	213
Dentistry	2	1	1	2	6
Pharmacy	18	8	2	3	31
Veterinary	-	-	-	-	-
	<u>124</u>	<u>61</u>	<u>24</u>	<u>41</u>	<u>250</u>

B. Vocational Training

	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Total</u>
(i) Public Health Inspector (VTC Sibliin)	-	-	27	-	27
(ii) Laboratory Technician (VTC Damascus)	-	-	-	16	16
(iii) Assistant Pharmacist (VTC Damascus)	-	-	-	41	41
Sub-Total	-	-	27	57	84

Table 8 (Cont'd)

I. BASIC TRAINING (Cont'd)

C. Schools of Nursing, Midwifery & Others

(i) <u>General Nursing</u>	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Total</u>
AVE School, Jerusalem	9	-	-	-	9
School of Nursing, Haifa ^{(x)1}	-	-	-	4	4
Baptist Hospital, Gaza	-	15	14	-	29
 (ii) <u>Midwifery</u>					
(At Government Midwifery School, Damascus)	-	-	-	5	5
 (iii) <u>Mental Nursing</u> ^{(x)2}					
(At Lebanon Hospital for Mental & Nervous Disorders)	-	-	36	-	36
 (iv) <u>Tuberculosis Nursing</u> ^{(x)2}					
(At Hamlin Sanatorium, Lebanon).	-	-	1	-	1

D. Others

Basic Statistics Course	-	-	1	-	1
Sub-Total	9	15	52	9	85

(x)1 Previously referred to as PARI School.

(x)2 At no cost to the Agency.

II. POST-GRADUATE TRAINING

	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Total</u>
Public Health	1	-	-	-	1
Public Health Nursing	-	-	-	1	1
Sub-Total	1	-	-	1	2
 Grand Total	 134	 76	 103	 108	 421

Note:- As at the end of December, 1966

Table 1

HEALTH SERVICES

NUMBER OF VISITS TO UNRWA AND SUBSIDIZED CLINICS 1 JULY 1966-30 APRIL, 1967

	Jordan	Gaza	Lebanon	Syrian Arab Republic	Total
* Population Served by Medical Services	672,092	296,445	140,704	129,854	1,239,095
General Medical Cases	538,018	330,970	321,927	288,791	1,479,706
Injections	382,194	304,519	179,742	135,627	1,002,082
Dressing and Skin Treatments	421,547	328,178	188,833	106,367	1,044,925
Eye Cases	390,942	354,535	117,821	30,044	893,342
Dental	22,390	16,698	17,933	6,734	63,755
TOTAL	1,755,091	1,334,900	826,256	567,563	4,483,810

* Based on the Registration Statistical Bulletin for the second quarter of 1967.

Table 2

HOSPITAL FACILITIES AVAILABLE TO PALESTINE REFUGEES 1966-1967
(Statistics refer to the actual situation as at 30th April, 1967)

	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syrian Arab Republic</u>	<u>Total</u>
Population served by Medical Services (1)	672,092	296,445	140,704	129,854	1,239,095
<u>No. of beds available</u>					
General	483	338	140	82	1,043
Tuberculosis	116 ⁽²⁾	150	36	20	322
Maternity	44	68 ⁽³⁾	12	7	131
Paediatrics	114	103	19	-	236
Mental	<u>75</u>	<u>-</u>	<u>61</u>	<u>1</u>	<u>137</u>
TOTAL	832	659	268	110	1,869
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Beds per 1000 population	1.23	2.22	1.90	0.84	1.50

1) Figures based on the Registration Statistical Bulletin for second quarter of 1967.

2) An average of 2 Tuberculosis beds in Bhanes (Lebanon) Sanatorium were occupied by refugees from Jordan.

3) 36 extra beds were provided at Dar El Shifa hospital effective 1.1.67.

No. of Hospitals

Government and Local Authorities	31
Voluntary and Private Societies	39
Agency	<u>2</u>
	72
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In addition the Bureij Tuberculosis Hospital is operated jointly with Government Hospital Authority, Gaza.

In addition there are 9 maternity centres; 1 in Syria, 2 in Jordan and 6 in Gaza.

Rehydration/Nutrition Centres

	<u>Jordan</u>	<u>Gaza</u>	<u>Lebanon</u>	<u>Syrian Arab Republic</u>	<u>Total</u>
No. of Centres	<u>5</u>	<u>5*</u>	<u>3</u>	<u>3</u>	<u>16*</u>
No. of Cots	<u>58</u>	<u>78*</u>	<u>25</u>	<u>21</u>	<u>182*</u>

*A further centre of 20-bed capacity was opened on 16 May 1967.

HospitalsTable 2 (Continued)

The number of bed days utilized by refugee patients during this and previous reporting period was as follows :-

	Present Period (10 Months)			Previous Period (12 Months)		
	No. of bed days available	No. of bed days used	% used of total bed days available	No. of bed days available	No. of bed days used	% used of total bed days available
Jordan	251,532	198,626	79	305,419	240,144	79
Gaza	190,225	158,824	83	220,089	186,596	85
Lebanon	74,072	74,072	100	102,814	102,814	100
Syrian Arab Republic	<u>33,355</u>	<u>24,839</u>	<u>74</u>	<u>40,084</u>	<u>29,125</u>	<u>73</u>
	549,184	456,361	83	668,406	558,679	84
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Monthly Average	54,918	45,636	83	55,700	46,550	84

The number of bed days used per 1,000 refugees were as follows :-

<u>Country</u>	<u>Bed Days</u>	<u>Population</u>	<u>Bed Days per 1,000</u>
Jordan	251,532	672,092	374
Gaza	190,225	296,445	642
Lebanon	74,072	140,704	526
Syrian Arab Republic	<u>33,355</u>	<u>129,854</u>	<u>257</u>
	549,184	1,239,095	443
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