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UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES

The Regional Director has the honour to present to the Fifth Session of the Regional Committee for the Eastern Mediterranean the report of Dr. L. Findlay, Chief, Health Division and WHO Representative, UNRWA, for the period July 1954 - July 1955.

UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES

REPORT OF THE HEALTH DIVISION

July 1954 - July 1955

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UNRWA Headquarters
Beirut, Lebanon.
July 1955.

Louis Findlay, M.B.
Chief, Health Division and
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HEALTH SERVICES

1. ORGANIZATION AND STAFF

1. The organization of the Agency's health services has remained substantially unchanged during the fiscal period 1954/55 though certain posts have been added both at headquarters and in the field. The World Health Organization, by agreement with UNRWA, continues to be responsible for the technical direction of these services by designating and providing certain of the senior staff, including the Chief Medical Officer of the Agency.

2. Table 1 shows the personnel establishment (including those seconded by WHO) as at 15 June 1955. The column "others" includes administrative, clerical, laboratory, pharmaceutical and supply personnel as well as sanitary, supplementary feeding and milk distribution personnel above the labour category. The table does not include the hundreds of workers employed in hospitals, subsidized by the Agency, which provide services to refugees.

Table 1

<u>International Staff</u>	<u>HQ</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Jordan</u>	<u>Gaza</u>	<u>Total</u>
Doctors	4	1	1	1	1	8
Nurses	1	1	1	2	1	6
Sanitation Officers	1	0	0	0	0	1
Nutritionist	1	0	0	0	0	1
Health Educator	1	0	0	0	0	1
Administration	1	0	0	0	0	1
				Sub-Total	-	<u>18</u>
<u>Area Staff</u>						
Doctors	0	20	16	44	15	95
Dentists	0	1	2	7	1	11
Nurses	1	20	15	38	19	93
Nurses: Practical, Aid,)						
Midwives)	0	45	43	117	64	269
Sanitation Officers	0	1	1	2	1	5
Laboratory Technicians	0	2	2	2	1	7
Pharmacists	1	1	1	2	1	6
Food Supervisors	0	1	1	1	1	4
Others: Medical	13	17	11	224	40	305
Sanitation	1	22	10	54	48	135
Suppl. Feeding/						
Milk	0	28	6	32	20	86
				Sub-Total	-	<u>1016</u>
<u>Labor Category:</u>						
Medical	0	37	33	0	79	149
Sanitation	0	98	51	382	448	979
Suppl. Feeding/						
Milk	0	131	98	435	223	887
				Sub-Total	-	<u>2015</u>
				Grand Total	-	<u>3049</u>

2. CLINICS, HOSPITALS AND LABORATORIES

3. The number of clinics and out-patient departments operated by the Agency increased from eighty-one to ninety during the reporting period. New static clinics have been opened in all four host countries; a new mobile clinic has been provided to serve a group of villages in the neighbourhood of Ramallah (eight miles north of Jerusalem); and in Gaza, a new dental clinic has been established. The following table shows the number of visits paid to Agency clinics during the reporting period :-

Table 2.

<u>Description</u>	<u>Lebanon</u>	<u>Syria</u>	<u>Jordan</u>	<u>Gaza</u>	<u>Total</u>
Population served by Medical Services	102,000	88,000	476,000	270,000	936,000
General Medical Cases	412,459	382,087	620,917	465,082	1,880,545
Dressings and Skin	258,280	220,288	959,474	520,940	1,958,982
Eye Cases	252,767	105,118	1,065,176	687,773	2,110,834
School Health	15,293	36,232	154,239	447,654	653,418
Maternal	14,275	11,698	22,495	55,142	103,610
Infants	54,812	83,491	138,081	147,858	424,242
V.D.	1,083	822	563	497	2,965
Dental	34,950	46,303	36,099	13,584	<u>130,936</u>
					<u>7,265,532</u>

4. The number of hospital beds maintained by or reserved for the Agency increased from 2,052 in June 1954 to 2,302 in June 1955. The increase was spread over the four host countries proportionately to the number of beds in each; and at the latter date their distribution was as follows:

Gaza	704
Jordan	1,059
Lebanon	342
Syria	197

5. Perhaps the most notable improvement in the Agency's hospital service was the opening on 1 April 1955 of a new Tuberculosis Hospital at Nablus in Jordan; the X-ray department and the services of a radiographer for six months were provided by the Swiss Government. Among other changes was the establishment of an adequate number of beds subsidised by the Agency in the Government Hospital at Tulkarem, permitting the Agency to close its small children's hospital there as well as the nearby subsidised El Jihad Hospital. St. Luke's Hospital at Hebron, which had been operated by the Agency for more than four years, was handed over to the Jerusalem and Near East Mission, the majority of beds still being reserved for the use of refugees. Two new wards were added to Kalkyia Hospital as well as a new operating theatre. A fully equipped radiological department was developed in the subsidized Sisters of Nazareth Children's Hospital in Amman. In the Gaza District, a new wing, housing the medical offices, out-patient department, laboratory, dispensary, operating theatre and X-ray department, was added to the Bureij Tuberculosis Hospital. Dar El Shifa, a new hospital which is subsidized by the Agency, was opened by the Egyptian Authorities for general medical, paediatric and infectious cases. A maternity centre of fourteen beds has been opened by the Agency in the new Jabalia camp, thus bringing the number of such centres in Gaza to a total of ten.

6. Laboratory services, which on the whole have been satisfactory, are obtained from private, subsidized, and government laboratories; sometimes, as in Gaza, the Agency has its own laboratories. In Jordan, the load of work has caused some strain on governmental laboratories which are, however, being developed and whose work is being better distributed.

The situation there has been further eased by the recent opening of a small Agency Laboratory in the Jericho area.

3. MATERNAL AND CHILD HEALTH

7. Every encouragement is given to mothers and pregnant women to make full use of maternity clinics, at which there were 103,610 attendances (monthly average 8,634) during the period under review. During the previous twelve months, the total attendances had been 95,868.

8. During pregnancy they undergo routine examination at regular intervals. A blood test for syphilis is taken at the first attendance and, if found to be positive, a standard course of treatment with penicillin is given with surveillance continued for a lengthy period, the family members being at the same time investigated. Deliveries take place at home or in the camp maternity centres, hospital admission being usually reserved for complicated cases. These deliveries are attended by child birth attendants, who are under the supervision, in most instances, of the camp nurse. Deliveries in camp maternity centres are attended by a trained midwife.

9. There were 424,242 attendances at infant health clinics during the period under review (monthly average 35,353) whereas there had been 454,102 in the previous period.

10. The need for further training of infant health clinic staff continues to be felt. Though a limited amount of in-service training has taken place, it has not proved possible during the past year to establish a satisfactory programme, it must await development during the coming year. A new infant health record card for the first and second years of life was designed and issued.

4. SCHOOL HEALTH

11. This new service was created during the year for the purpose of prevention of disease among the school children or for its detection and treatment in its earliest stages. Originally planned to include six school health teams (three in Jordan and one each in Lebanon, Syria and Gaza), it was only possible to establish two teams in Jordan, thus making five teams in all, each consisting of a medical officer, a trained nurse, a clerk and a driver.

12. At the commencement of the work each team completed a rapid survey of the school children in its area in order to obtain an impression of the general state of health of the children and to refer for treatment without loss of time those most obviously in need of medical attention. This having been accomplished, a systematic and detailed examination of individual pupils took place, with completion of health record cards, and with the establishment of a system of referrals for treatment and follow-up. School teachers were also examined to ensure that they were free from tuberculosis or other infectious conditions that might render them a danger to the health of the pupils under their care.

13. Other functions of the school health teams are as follows - collaborating with camp doctors in the preventive measures to be taken in case of infectious or contagious diseases occurring among the school children; reporting on the accommodation, lighting, furniture, and sanitary facilities of schools; selection from among the school-age group of beneficiaries for supplementary feeding; and taking part in the health education programme among pupils, teachers and parents.

14. During the period under review, about a quarter of the children and the same proportion of teachers in Agency schools were fully examined.

5. NUTRITION

15. Throughout the year the calorific value of the basic rations supplied to the refugees has been 1480 calories per day during the summer months and 1560 calories per day during the winter months. There are no items of fresh food in the ration nor any animal protein, the total vegetable protein content being 42.4 grams per day in summer and 47.1 grams per day in winter.

16. This is certainly a meagre ration. Yet it can be said that the general state of nutrition of the refugee population does not appear unsatisfactory, on the evidence of the monthly returns made by camp medical officers of the incidence of deficiency signs seen per hundred first attendances at the camp clinics. These returns differ little from the corresponding returns of the previous years.

17. Such a state of affairs can be explained partly by the fact that the refugees have traditionally good food habits and therefore tend to eat those foods which are the most essential. They are also good traders and in fact do sell certain items of the basic ration such as rice and sugar to buy other foods which are less expensive but more valuable nutritionally. A certain number also obtain casual employment and, with the wages they earn, are able to buy extra food-stuffs. Finally there remains the supplementary feeding and milk programme of the Agency, through which the most vulnerable groups are protected: infants, children up to the age of fifteen years, and pregnant and lactating women, are in receipt of a daily milk issue; one substantial hot meal, which includes animal protein as well as vegetables and fresh fruit, is given for periods of three months to those selected by the clinic doctors as showing deficiency signs or signs of undernourishment or of malnutrition; double rations are provided for the non-hospitalized cases of tuberculosis, as are cod liver oil and vitamins for special groups. For the future, a further safeguard will be the issue of a monthly supplement to pregnant and nursing mothers sufficient to provide an extra 500 calories per day. Donations of food received throughout the year have made possible periodic issues to selected groups of valuable additional items of food.

18. The basic foodstuffs distributed by the Agency are as follows:-

Table 3.

<u>Commodity</u>	<u>Grams per month</u>	<u>calories per day</u>
flour	10,000	1,167
pulses	600	70
oils & fats	375	110
sugar	600	76
rice	250	30
burghol	275	27
		<u>1,480</u>
added in winter:		
dates	500	46
pulses	300	<u>35</u>
		<u><u>1,561</u></u>

19. The Agency provides cooked meals as supplementary feeding for a maximum of six per cent of the number of refugees receiving basic rations. The maximum is at present

numbers of the centres where the meals are prepared and served; but new centres are being built and additional premises rented.

20. The school milk programme is proving increasingly successful as parents and teachers come to realise the value of a daily issue of milk to school children.

6. SPECIAL PROGRAMMES

21. Tuberculosis. During the period under review, tuberculosis control continued to be further developed in all countries. All modern chemo-therapeutic agents are available for the use of both hospitalized and ambulatory patients. Non-hospitalized cases receive double food rations, as mentioned above. In Gaza, the construction of a new wing in the Bureij Sanatorium has been mentioned above; a new children's ward is to be constructed shortly. The appointment of a resident medical officer in the sanatorium has allowed the Medical Superintendent (who is also the tuberculosis officer) to give more time to his diagnostic and preventative work in camps. The opening of the new hospital at Nablus, in Jordan, has also been mentioned above. In addition, forty beds were reserved for refugee patients in Berachah Sanatorium. Twenty-six beds were already reserved in the Augusta Victoria Hospital in Jerusalem; so that a total of 166 beds are available for the treatment of cases of pulmonary tuberculosis among refugees in Jordan. Following allegations of an unusual spread of tuberculosis among refugees there, a tuberculosis consultant of the W.H.O. was invited by the Agency and the Government of Jordan to investigate the situation. He was able to report that he had found no evidence of any such spread of the disease among refugees in Jordan. In Lebanon, negotiations are being conducted for the construction of a new wing of 150 beds for refugee patients in an existing sanatorium so as to permit the closure of the present tented tuberculosis hospital. In Syria, plans have been completed and money set aside for the construction of a new 24 bed tuberculosis detention ward in Nairab Camp, Aleppo; permission to build is awaited from the Government. In both the latter countries, the tuberculosis officers, previously part-time, have become full-time.

22. Mass immunization has been continued against small-pox, diphtheria and the enteric group fevers. As large numbers of refugees had been already protected during the previous year's campaign, the number of injections and vaccinations fell from about 700,000 to about 413,000 given in the period under review. In addition, many refugees have been immunized in the B.C.G. campaign being carried out in Jordan by the W.H.O. and the Government.

23. The detection of venereal disease by means of the blood tests for syphilis carried out on all pregnant women attending the Agency ante-natal clinics, as mentioned above, continues to be the most effective method of controlling this disease among the community. All cases diagnosed received full courses of treatment as recommended by the W.H.O. Expert Committee on Venereal Disease and undergo a prolonged period of surveillance afterwards. So far as is possible family members are also examined and treatment is provided. Of the 21,223 blood tests carried out on pregnant women during the year, 557 proved to be positive, i.e. 2.6%.

24. A nursing staff of 368 persons is provided by the Agency for its various clinics and institutions, for home visiting, as well as for the various public health services mentioned in this report (maternity and child health, school health, tuberculosis control, immunization and supplementary feeding). In addition, the nursing

services have played an active part in the health education programme and in nursing training.

7. HEALTH EDUCATION

25. This joint W.H.O.-Agency project continued to develop successfully during the year. By the end of the period ten trained health education workers were employed by the Agency in the field, nine of them having completed a one year training course under the direction of the W.H.O. Health Educator. A further group of eleven students had also completed their six months of theoretical training at Headquarters and were undergoing a practical course of similar length in the field. This course was expected to be completed in November 1955 when a total of twenty trained workers would then be in the employment of the Agency. The influence of these workers among the camp population is evidenced by the increased appreciation of the role of immunization and of sanitation in the prevention of disease, of the value of the Maternal and Child Health Clinics and of the supplementary feeding programme.

8. EPIDEMIOLOGY

26. None of the six treaty diseases (cholera, yellow fever, small-pox, typhus and louse borne relapsing fever) occurred during the year under review. Only one atypical case of endemic typhus was reported in Gaza, while all cases of relapsing fever reported in Jordan were proved by the W.H.O. expert to be of the tick-borne variety. A list of infectious diseases recorded among the refugees during the period 13 June 1954 to 11 June 1955 is given in the following table:-

Table 4.

POPULATION*	<u>Lebanon</u> 102,000	<u>Syria</u> 88,000	<u>Jordan</u> 476,000	<u>Gaza</u> 270,000	<u>Total</u> 936,000
Plague	0	0	0	0	0
Cholera	0	0	0	0	0
Yellow fever	0	0	0	0	0
Small-pox	0	0	0	0	0
Typhus (louse borne)	0	0	0	0	0
Typhus (Endemic)	0	0	0	1	1
Relapsing fever	1	6	79	2	88
Diphtheria	24	4	39	0	67
Measles	388	573	2,256	3,400	6,617
Whooping Cough	4,047	737	1,486	122	6,392
Chicken Pox	1,334	414	1,305	859	3,912
Mumps	1,740	793	1,339	3,398	7,270
Meningitis	10	4	12	27	53
Poliomyelitis	10	0	27	2	39
Typhoid (Para A&B)	211	278	193	227	909
Dysentery	36,063	22,786	16,648	23,523	99,020
Malaria	947	3,495	13,550	43	18,035
Bilharziasis	1	0	3	105	109
Ancylostomiasis	130	0	1	397	528
Trachoma	16,120	3,907	129,790	12,264	162,081
Conjunctivitis	35,734	23,928	123,055	21,578	204,295

* These figures represent the number of refugees whether registered or not and also residents (as in Gaza) concerning whom UNRWA's field health officers obtain records of infectious diseases' incidence. The balance of Gaza residents at risk are reported upon by the Public Health Department.

27. Dysentery and eye diseases continue to be the leading prevalent infections especially during the summer months

when flies are numerous. Clinical malaria shows a further decrease in incidence as a result of the malaria control programme, some 11,000 cases less being reported than in the previous year. Enteric group fever cases were relatively few due to prophylactic inoculations and the provision of safe water supplies. Immunization of susceptibles has kept the incidence of diphtheria low, though there was a slight increase in the number of cases occurring in Lebanon.

9. INSECT AND MALARIA CONTROL

28. The insects which are hazards to refugee health are the mosquitos, flies, lice and ticks which can give rise to malaria, dysentery, typhus and relapsing fever. Other insects, such as bed-bugs and human fleas, cause discomfort and nuisance. Consequently, preventive measures are taken to control them all and if possible to eliminate them completely.

29. The incidence of malaria among refugees attending the Agency's polyclinics is observed from the clinic records during the malaria season from July to December. The following table shows the declining trend in all countries:-

Table 5.

<u>Country</u>	<u>July</u>	<u>August</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>
<u>Lebanon</u>						
1952-53	1.5	1.2	1.3	1.4	1.6	1.1
1953-54	1.2	1.5	1.1	1.5	0.8	0.5
1954-55	0.4	0.2	0.3	0.3	0.3	0.2
<u>Syria</u>						
1952-53	0.8	0.7	1.0	0.8	1.4	0.9
1953-54	0.4	3.4	2.6	3.4	1.9	1.0
1954-55	1.3	1.9	1.5	2.5	1.4	0.5
<u>E. Jordan</u>						
1952-53	10.6	6.4	10.5	13.0	18.5	2.7
1953-54	8.5	8.3	7.5	8.3	6.0	5.1
1954-55	2.9	3.0	3.9	4.1	3.5	2.2
<u>W. Jordan</u>						
1952-53	4.6	5.4	5.0	4.5	5.6	4.4
1953-54	2.1	2.4	2.7	2.4	2.2	1.0
1954-55	2.2	1.5	1.4	1.8	1.7	1.6
<u>Gaza</u>						
1952-53	0.0	0.0	0.0	0.1	0.0	0.0
1953-54	0.0	0.0	0.0	0.0	0.0	0.0
1954-55	0.0	0.0	0.0	0.0	0.0	0.0

Malaria is no longer the dreaded disease that it once was, though its decline is least marked in Syria where inadequate measures have been taken to control mosquito breeding in the area of increased rice cultivation in southern Syria.

30. While the Yarmuk-Jordan Anti-Malaria Project is carried out by an independent staff administered by the UNRWA Epidemiologist, the Agency's general anti-malaria programme is the responsibility of the Field Health Officers' sanitation staff. Each year, an "UNRWA Anti-Malaria Plan" is prepared in coordination with the government concerned. In Gaza, where malaria was eradicated in 1949, routine canalizing of valleys and regular oiling of irrigation pits is all that is necessary, and even that is mainly for the control of pest mosquitos. In Jordan, the Yarmuk-Jordan

project staff operates along the whole length of these river valleys, including the neighbouring towns and villages. The campaign is based on a larvicidal campaign (including spraying, oiling, canalizing, draining and clearing of grass from the edges of streams) repeated weekly and cost \$48,304 during the period under review. In Lebanon and Syria, residual spraying of refugee camps and the surrounding villages with 5% D.D.T. during May and June is the usual practice.

31. The following table summarizes the Agency's anti-malarial activities during the period under review:-

Table 6.

<u>Residual Spraying Campaigns</u>					
<u>Country</u>	<u>Camps Sprayed</u>	<u>Valleys Sprayed</u>	<u>Sq. Metres Sprayed</u>	<u>Pop. protected</u>	<u>Cost/head in U.S.\$</u>
Lebanon	12	2	282,510	32,713	0.06
Syria	1	50	382,750	15,480	0.14
Jordan	1	68	1,117,894	60,436	0.10

Larvicidal Campaign (Jordan)

Estimated number of square metres oiled during period April-November 1954 inclusive 42.349,187

Number of litres DDT-Pure Resin-Solar Oil (2.5% DDT and 2% Resin) 108,570

Drainage (Jordan)

number of metres cleared 9,230
number of cubic metres dry as drains 54,110
number of square metres dried 5,557,000

32. In the anti-fly campaign the routine weekly spraying from April to November of fly-breeding sites in camps with chlordane has been carried out. Residual spraying with insecticides such as DDT is now largely ineffective as the flies have become resistant to these chemicals. The only certain method of achieving an appreciable reduction in the fly population is by diminishing the facilities for breeding by the improvement of sanitation (provision of septic tank latrines, proper garbage disposal system and so forth) as well as by an intensive health education programme among the refugees.

33. Delousing is carried out continuously during the winter months or periodically according to the needs. The absence of even a single case of epidemic typhus in the whole refugee population in all countries during the last two years bears witness to the efficiency of the methods used.

34. The use of Dieldrin as a residual spray is proving to be effective against bed bugs while the dusting of bedding and of the ground with various insecticides (DDT, Chlordane, Dieldrin, Gammexane) in the appropriate strength gives immediate relief from fleas. Flea-traps also continue to be used.

10. ENVIRONMENTAL SANITATION

35. The Health Division is responsible for the maintenance of sanitation services in the organized camps and in certain other Agency centres. Under the technical direction of a Public Health Engineer, the various field Camp Maintenance

and Sanitation Officers carry out a programme covering water supplies, sewage and garbage disposal, construction and maintenance of shelter and roads in camps, being at the same time also actively concerned in the insect control programme described above.

36. In the sanitary field the replacement of the fly-breeding pit latrines by septic tank latrines has proceeded steadily throughout the year, particularly in Gaza. In Jordan also considerable numbers of these septic tank latrines have been built and a further extension is planned for the coming year. The construction of permanent garbage containers has done much to facilitate an efficient garbage collection and disposal system.

37. In the shelter programme, the construction of a new hutted camp in Gaza has made possible the closure of the last tented camp in that district. Two new camps are at present under construction, one at Nabatieh in Lebanon and another near Amman in Jordan. In Lebanon also at Debayeh the existing camp has been increased in size and permanent huts have been built to replace the tents. The proportion of registered refugees living in camps rose during the year under review from 36.8 to 40.1 per cent of the total refugee population. During the same period the proportion of the camp population living in tents fell from 25% to 18%.

38. The low rainfall during the winter months of 1954-55 caused water shortages in Jordan and the southern part of Syria, but Lebanon and Gaza were not affected. These shortages were foreseen in the spring of 1955 and a number of water tankers were procured which were utilized during the summer to augment the water supplies in those camps where a shortage was experienced.

11. MEDICAL EDUCATION AND TRAINING

39. The following tables demonstrate the continuation of the training of para-medical staff:-

Table 7.

Courses completed during year under review

<u>Project</u>	<u>Location</u>	<u>Length of Training</u>	<u>No. of Trainees</u>
General Nursing	School of Nursing Jordan	3 years	23
Sanitary Sub-Inspectors.	Jerusalem	1 year	15
Laboratory Technicians.	Govt. Lab. Jerusalem	2 years	10
Asst. Pharmacist.	Gaza	1 year	24
Health Education.	UNRWA HQ	1 year	9
General Nursing	Sterling Memorial Hos. Gaza.	3 years	5
<u>Courses in Operation</u>			
U.K. General Nursing	England	3 years	14
Health Education	UNRWA HQ	1 year	11
General Nursing	School of Nursing Jordan	3 years	16
"	National School of Nursing Beirut	3 years	1
"	El Makassed Hospital Beirut	3 years	1
"	Syrian Univ. Hospital Damascus	4 years	1
	Sterling Memorial Hospital Gaza	3 years	18
Mental Nursing	Asfuriyeh Mental Hospital Beirut	3 years	2

Table 7 (continued)			
Project	Location	Length of Training	No. of Trainees
Tuberculosis Orderlies.	Hamlin Sanatorium Lebanon.	2 years	5
Ophthalmic Medical Orderlies	Lebanon	3 months	17
"	Jordan	3 months	6
"	Gaza	3 months	2
Childbirth Attendants	Kimal Maternity Centre Gaza	9 months	12

40. Centres for nursing training continue to be attached to the Augusta Victoria Hospital in Jerusalem and the Sterling Memorial Hospital in Gaza. In view of the great need for ophthalmic medical orderlies, special courses have been held in Gaza, Jordan and Lebanon.

41. Sixty-one UNRWA scholarships in medicine, seven in pharmacy, four as veterinarians and one in dentistry are at present held by refugees at universities in Egypt, Lebanon and Syria. One scholarship in each of sanitation, public health education and hospital administration have also been provided for refugees by the United States Foreign Operations Administration.

42. The Agency contributed to the costs of the Fifth Middle East Medical Assembly held in Beirut from 22 through 24 April 1955 and arranged an exhibit of Community Health Education. The Assembly was attended by some seventy doctors from the Agency's staff and from the staff of hospitals and institutions subsidised by the Agency.

43. Regular meetings took place throughout the year in Jordan where medical papers were read, clinical cases discussed and, on occasions, addresses by distinguished visitors given.

44. World Health Day was this year devoted to the subject "Water, the Mirror of Health". An exhibit arranged by the Agency's Sanitation and Camp Maintenance Branch on the provision of drinking water to refugee camps was a part of the celebration in Lebanon. Broadcast talks in Arabic and English were given by the UNRWA Epidemiologist and Sanitary Engineer on the theme of the day.

12. MEDICAL AND SANITARY SUPPLIES

45. During the period under review, supplies to the value of \$344,084 have been received, excluding the cost of the X-ray equipment for the new Nablus Hospital. A new accounting and ordering system is expected still further to improve the distribution system.