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UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES

The Regional Director has the honour to present to the Sixth Session of the Regional Committee for the Eastern Mediterranean the report of Dr. L. Findlay, Chief, Health Division and WHO Representative to UNRWA, for the period 1 July 1955 - 30 June 1956.

UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES

REPORT OF THE HEALTH DIVISION

1 July 1955 - 30 June 1956

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UNRWA Headquarters
Beirut, Lebanon.
July 1956.

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 1955-1956. The World Health Organization, by agreement with the Agency, 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 below shows the personnel establishment (including those seconded by WHO) as at 30 June 1956. During the period under review, the number of doctors and of all categories of nurses was increased. The category "others" under the heading "area staff" includes administrative, clerical, laboratory, pharmaceutical and supply personnel as well as sanitary, supplementary feeding and milk distribution personnel above the labour category. Also during the year, a number of posts in the former category were transferred to the labour category. The table does not include the hundreds of workers employed in hospitals subsidized by the Agency, which also 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	19	18	50	17	104
Dentists	0	1	2	7	1	11
Nurses	1	18	16	48	17	100
Nursing auxiliaries	0	45	38	192	69	344
Sanitation Officers	0	1	2	2	1	6
Laboratory Technicians	0	2	2	2	1	7
Pharmacists	0	1	2	2	1	6
Food Supervisors	0	1	1	1	1	4
Others: Medical	9	20	14	54	49	146
Sanitation	1	24	6	20	85	136
Suppl. Feeding/ Milk	0	27	8	13	38	86
					Sub-Total -	<u>950</u>
<u>Labour Category :</u>						
Medical	0	28	48	114	82	272
Sanitation	0	107	62	475	452	1096
Suppl. Feeding/ Milk	0	123	111	565	219	1018
					Sub-Total -	<u>2374</u>
					Grand Total -	<u>3354</u>

In addition to these numbers the following Agency staff members are seconded by another Division within the Agency for full-time service with the Health Division at HQ :

<u>International Staff</u>	
Supply and Materials Officer (Medical)	1
<u>Area Staff</u>	
Pharmacist	1
Others: Medical	11
Labour Category: Medical	1

2. CLINICS, HOSPITALS AND LABORATORIES

3. The number of clinics and out-patient departments operated or utilised by the Agency remained unchanged at a total of 90 during the period under review. But refugee movements and the opening and closing of camps in Lebanon caused some clinics to be closed and some new ones opened. Civil disturbances in Jordan temporarily interrupted clinic services in some areas. Efficiency of treatment has been improved by the introduction into Jordan and Syria of the system, which has operated satisfactorily in Gaza and Lebanon, of registering each patient on an individual card; this system will eventually be adopted in all clinics.

4. The following table shows the number of visits paid to the Agency's 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 ^a	102,000	89,000	426,000	270,000 ^b	887,000
General Medical Cases	365,984	372,737	637,181	567,069	1,942,971
Dressings and Skin	220,798	215,235	919,255	578,769	1,934,057
Eye Cases	240,324	108,666	1,039,758	653,875	2,042,623
Dental	<u>23,777</u>	<u>19,321</u>	<u>19,882</u>	<u>12,846</u>	<u>75,826</u>
	<u>850,883</u>	<u>715,959</u>	<u>2,616,076</u>	<u>1,812,559</u>	<u>5,995,477</u>

a Figures show the number of refugees and residents served by the Agency's medical services and do not represent the total numbers of refugees in the respective countries.

b Includes services to refugees by Public Health Department and the Red Crescent in Gaza, as well as services by the Agency to Gaza non-refugees.

5. The number of hospital beds maintained by or reserved for the Agency decreased from 2302 in June 1955 to 2241 in June 1956. This decrease was mainly due, as is seen in paragraph 6 below, to the withdrawal of beds in Syria and the temporary reduction of the numbers of beds in Lebanon consequent on planned improvements in the Agency's services for tuberculosis patients. The changes in the different countries were as follows :-

	<u>June 1955</u>	<u>June 1956</u>
Gaza	704	708
Jordan	1059	1093
Lebanon	342	293
Syria	197	147

6. In Gaza, a new children's ward of 28 beds was opened during April in the Agency's tuberculosis hospital at Bureij. A new X-ray apparatus was provided for that hospital by the Swiss Government. The Red Crescent Hospital, in which beds are reserved for the Agency, was damaged by shelling on 5 April, but has been repaired. In Jordan, the Government

Hospital in Jericho, which also is used and therefore largely supported by the Agency, moved into newly-built premises during October 1955. A special paediatric team of the Save the Children Fund shortly afterwards undertook the medical direction of 20 children's beds there. In Lebanon, as the Director reported to the tenth session of the General Assembly, the Agency had been planning to close its tented tuberculosis hospital near Sidon; this was done in October 1955. Some of the patients were discharged and those who needed continuing hospital treatment were transferred to the private sanatorium where a new wing is being built by the Agency. That new wing will contain considerably more beds than the Agency's old Sidon hospital. In May 1956 a new 8-bedded maternity ward was opened in the Agency's camp hospital at Nahr el Bared, near Tripoli. In Syria, at the request of the Government, the 22-bedded wing operated by the Agency in the hospital at Dera'a was returned to the Government Health Department in January 1956. In Nairab Camp, Aleppo, a new building was constructed to accommodate the maternity and children's section of the medical unit there.

7. Laboratory services continued to be provided by subsidized private laboratories, by governmental, or by Agency-operated laboratories. In Jordan, owing to the strain on the Government laboratory in Jerusalem, a special technician has been provided by the Agency to the laboratory for the purpose of examining specimens submitted in respect of refugees.

3. MATERNAL AND CHILD HEALTH

8. Attendance at the Agency's maternity clinics increased from 103,610 during the reporting period 1954-1955 to 123,049 for the period at present under review. This increase is thought to be partly due to the introduction in July 1955 of a special issue of supplementary rations for pregnant and nursing women. Monthly attendance at the clinics is the rule except towards the end of pregnancy when attendance may be at two weekly or one weekly intervals. Thus regular medical and nursing supervision is provided until delivery which in normal cases usually takes place either in the home or in camp maternity centres; hospital care is normally reserved for complicated cases. During pregnancy, simple health instructions are given in preparation for delivery, and either a ready-made layette or materials are provided from which a layette can be made by the mother herself. A blood tests for syphilis is taken at the first attendance; if it is positive, an adequate course of treatment is instituted, and the family members are also investigated for evidence of the disease. When the number of sero-positive women is 5% or over of those attending the clinic the whole family of each sero-positive women is treated with penicillin. Where the number is lower than 5%, only those family members with positive blood reaction are treated. Of the 20,376 blood tests carried out on pregnant women during the 12 months under review, 362 were positive, that is, 1.28%.

9. There were 465,009 attendances at infant health clinics during the period under review (monthly average 38,751) whereas there had been 424,242 in the previous period. The issue through the infant health clinics of authority for special supplementary rations for nursing mothers for a 12-month period after delivery is considered, as in the case of the maternity clinics, to have been a powerful stimulus to increased attendance. In these clinics advice is given to

the mothers on the care of infants and young children, their diet, personal hygiene and clothing. Prophylactic immunizations against small pox, diphtheria and enteric group fevers are also given. Beneficiaries for supplementary feeding in the 0-2 age group are also selected through these clinics.

10. With the establishment of additional teams in Jordan and Gaza, the number of school health teams has now been increased to eight (four in Jordan, two in Gaza and one each in Lebanon and Syria). Each consists of a medical officer, a trained nurse, a clerk and a driver.

11. Under the school health service, each school child is medically examined on entry and on leaving school. Children requiring medical treatment are referred to the nearest Agency clinic for attention, and are re-examined periodically by the school health team. School teachers are also examined to ensure that they are free from tuberculosis or other infectious conditions that might render them a danger to the pupils under their care.

12. During the period under review, 32,183 school children and 997 teachers in Agency schools were fully examined. There was some interruption of the service during January, February and March 1956 while a number of the school medical officers were engaged in the nutrition survey.

4. NUTRITION

13. The calorie value of the basic ration supplied to refugees continued unchanged throughout the year at about 1500 calories per day in summer and about 1600 calories in winter and with a total vegetable protein content of 41.7 and 44.2 grams respectively. The constituents also remained unchanged except that burghol because of its high cost was eliminated and replaced by rice.

14. With effect from 1 July 1955, a special monthly supplementary issue of dry rations having the value of 500 calories per day has been issued to all women from the beginning of the fifth month of pregnancy to the end of the twelfth month after delivery. In addition all children up to the age of 15 years as well as pregnant and nursing women are entitled to a daily issue of liquid milk. Fish oil capsules are issued daily through infant health centres, supplementary feeding centres and schools, to all children. Further, a hot meal is provided six days weekly to refugees certified on medical grounds as being in need of supplementary feeding. This daily meal is usually provided initially for a period of three months, and is continued if a medical examination at the end of that period shows that the beneficiary still needs it. Non-hospitalized pulmonary tuberculosis patients continue to receive double basic rations.

15. During the year, several new supplementary feeding centres, infant feeding centres and milk centres were built in an effort to reach persons who were not yet beneficiaries of these services. The school milk programme has expanded particularly in those countries where the teachers appreciate its value. The receipt of United States agricultural surplus commodities and gifts of food from voluntary societies have made possible the maintenance of the standard of the supplementary meals; this would otherwise have been difficult, since fresh food has become more expensive. Hospitals and non-hospitalized tuberculosis patients have also benefitted from these contributions.

16. A decision was taken in the autumn of 1955 to invite the WHO to conduct a survey of the nutrition of refugees. The survey was begun during December, 1955 and was finished by the end of March, 1956. It was conducted under the direction of two WHO experts who used the services of some of the Agency's staff, particularly doctors of the school health service, and consisted of two parts: a clinical survey, involving the physical examination of some 5,400 refugees and of a number of non-refugees as controls; and a survey of the dietetic habits of the refugees by means of a detailed study of the actual items of food consumed in the homes of 400 families during a period of several days. The information obtained from the survey is still in the hands of the experts.

5. COMMUNICABLE DISEASES CONTROL

17. Epidemiology. No case of the treaty diseases (plague, cholera, yellow fever, smallpox, typhus and louse-borne relapsing fever) occurred among the refugees during the year. The cases of relapsing fever reported are considered, on epidemiological grounds, to be tick-borne infections. The infectious diseases recorded among the refugees during the period 12 June 1955 to 9 June 1956 are listed in the following table :-

Table 3

POPULATION*	Lebanon 102,000	Syria 89,000	Jordan 426,000	Gaza 270,000	Total 887,000
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	0	0
Relapsing fever	0	1	39	3	43
Diphtheria	30	6	69	0	105
Measles	2,204	476	1,790	5,582	10,052
Whooping Cough	2,641	555	779	4,090	8,065
Chicken Pox	489	113	1,060	1,456	3,118
Mumps	600	151	1,041	534	2,326
Meningitis	9	2	21	8	40
Poliomyelitis	1	2	18	-	21
Typhoid (Para A&B)	153	212	154	167	686
Dysentery	29,667	27,740	17,228	25,536	100,171
Malaria	463	673	8,109	42	9,287
Bilharziasis	1	-	2	103	106
Ancylostomiasis	122	-	-	683	805
Trachoma	16,737	3,694	134,221	17,799	172,451
Conjunctivitis	29,002	17,379	116,168	35,675	198,224

* 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 the incidence of infectious diseases. The balance of Gaza residents at risk are reported on by the Gaza Public Health Department.

18. Dysentery and eye diseases continued to be the most prevalent infections, particularly during summer when there are more flies. A noticeable further reduction compared to previous years in the enteric group fever cases is attributed

to prophylactic inoculations and the provision of safe water supplies. Clinical malaria cases dropped to practically half (from 18,035 last year down to 9,287 this year) due again to extensive malaria control measures. Immunization of susceptibles against diphtheria and whooping cough has helped to keep the incidence of these diseases low.

19. Immunization. Mass immunization campaigns against small pox, diphtheria and enteric group fevers were carried out and inoculation against whooping cough was instituted among young children in those areas where whooping cough was prevalent. In all, 342,272 inoculations and vaccinations against these diseases were given during the period under review.

20. Tuberculosis control. This programme is based on tuberculosis clinics established by the Agency in the main centres of refugee population, where diagnostic facilities and facilities for the supervision and treatment of ambulatory patients are available, and on hospital accommodation for the patients who need isolation, closer supervision, more specialized attention or surgical treatment. The clinics are served in each host country by a special tuberculosis medical officer and his staff.

21. The opening of a new ward in Bureij Hospital, Gaza, has been mentioned above. In Jordan, a new dispensary has been established at Zerka, and arrangements have been made for the extension of facilities for sputum culture in the Government Hospital, Jerusalem. In Lebanon, the Agency's 150-bed wing at a private sanatorium at Bhanne is under construction, and a campaign of BCG vaccination is envisaged, as part of the extension of the vaccination programme. The Syrian Government has made beds available in the Ibn Rashid Sanatorium for cases from the Agency's tuberculosis detention post in Nairab Camp, Aleppo; closure of the post has thus been made possible.

22. At the Agency's invitation, a survey of its tuberculosis programme in all four host countries was made by the WHO Senior Tuberculosis Adviser to the Governments of Jordan and Lebanon, starting in December 1955. Improvements and developments in the Agency's services for the control of tuberculosis have been planned in the light of his recommendations. These concern principally the establishment of a registration system which will permit regular surveillance of the patients so as to ensure not only their continued treatment but also tracing of contacts and a diminution of public health dangers. The number of staff engaged on this work will also be increased, and it is possible that there may be need for an increase in the number of tuberculosis hospital beds in Jordan where the possibility of establishing a second tuberculosis hospital of 100 beds is under review.

23. Malaria control. The following table summarizes the Agency's anti-malaria activities during the year under review :-

Table 4

Residual Spraying Campaigns

<u>Country</u>	<u>Camps Sprayed</u>	<u>Villages Sprayed</u>	<u>Sq.Meters Sprayed</u>	<u>Population Protected</u>	<u>Cost per head in US \$</u>
Lebanon	12	-	778,371	42,528	0.03
Syria	13	36	603,536	31,403	0.06
Jordan	1	19	1,637,498	73,421	0.04

(Cont'd.)

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Table 4 (Cont'd.)

Larvicidal Campaign (Jordan)

Estimated number of square meters oiled during period
April-November 1955 inclusive 54,696,765.

Number of litres DDT-pure resin-solar oil (2.5 per
cent DDT and 2 per cent resin) 137,449.

Drainage (Jordan)

Number of linear meters cleared 20,800
Number of cubic meters dug as drains 16,998
Number of square meters dried 1,319,220

24. The greatest problem facing the Agency as regards malaria control has been in Jordan, where the Jordan and Yarmuk Valleys were once the most hyper-endemic zones. There, large-scale control measures, directly supervised by the Agency's Epidemiologist, constitute the Yarmuk-Jordan Anti-Malaria Project, which was originally confined to the two river valleys but which during the year under review was extended to include the adjoining valleys and hills; it had become apparent that some of the infections among refugees in the area were being contracted in the adjoining uncontrolled parts. The campaign itself is based on a weekly larviciding of all breeding surfaces, supplemented by residual spraying of premises whenever circumstances warrant such action.

25. Epidemiological investigations carried out in the area of the Yarmuk-Jordan Anti-Malaria Project during the year revealed that no infection occurred among 511 infants under the age of one year whose blood smears were microscopically examined for malarial parasites. A total of 2,768 blood films taken from school children of the project area revealed an overall parasite rate of 3.3% only. Corresponding figures for the year 1954/55 were 9.6% and 1953/54, 14.3%.

26. In other parts of Jordan, Lebanon and Syria, the Agency's sanitation staff under the technical direction of the Epidemiologist carry out control measures both in and around the organized refugee camps as well as in villages where refugees form a high proportion of the population.

27. The percentage incidence of malaria during the malaria season - July to December - is obtained from the records of all the Agency's polyclinics. The table below shows the drop in the incidence year after year, being most marked in the year under review :-

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
1955-56	0.18	0.18	0.18	0.19	0.16	0.07
<u>Syria</u>						
1952-53	0.8	0.7	1.0	1.4	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
1955-56	0.54	0.68	0.80	1.0	0.5	0.18

Table 5 (cont'd.)

Country	July	August	Sept.	Oct.	Nov.	Dec.
<u>East Jordan</u>						
1952-53	10.6	6.4	10.5	13.0	18.5	12.7
1953-54	8.5	8.3	7.5	8.3	6.0	5.1
1954-55	3.0	3.0	3.9	4.1	3.5	2.2
1955-56	1.96	1.8	1.7	1.9	2.3	1.5
<u>West 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
1955-56	1.24	1.2	0.86	1.1	1.1	0.8
<u>Gaza</u>						
1952-53	0.0	0.0	0.0	0.0	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
1955-56	0.0	0.0	0.0	0.0	0.0	0.0

6. ENVIRONMENTAL SANITATION

28. Water supplies. Low winter rainfall caused a drought in the summer of 1955 which resulted in water shortages especially in Jordan; one camp in Syria was also affected. In anticipation of the shortages, the Agency had augmented its fleet of tankers and had loaned eight tankers to the Government of Jordan for help to refugees and non-refugees alike. This matter was reported in the last annual report of the Director to the General Assembly of the United Nations (A/2978, paragraphs 22, 23 and 24). Considerable improvement has been made in water supplies during the period under review, particularly in Gaza where better control at lower cost has been obtained. In Jordan, however, the assistance of the Government has been requested so that certain necessary improvements can be made to water supplies to the camps near Jericho.

29. Excreta and refuse disposal. Construction of septic latrines and of permanent garbage dumps continued throughout the year, the former replacing the old fly-breeding pit-latrines to a great extent. Bathing facilities have also been increased and a further expansion is planned for the coming year.

30. Shelter. In Jordan, a hut-building programme to replace tents began in 1956, and during the period under review one new camp was completed near Amman to accommodate refugees who had been living in poor shelter in the city. In Lebanon, three new camps were opened and two old camps were closed. One temporary tented camp was established near Tyre for the accommodation of refugees moved by the Lebanese authorities from Anjar Camp and certain villages along the South Lebanon border. In Syria, cash grants have been given to refugees for hut construction and have proved to be very effective.

31. Insect control. This programme was devoted mainly to controlling insects of medical importance, such as mosquitoes, flies, lice and ticks, and as a result, the incidence of insect-borne diseases was kept at a reasonably low level. Because they cause discomfort, bed-bugs and fleas were dealt with as far as possible.

32. Fly control measures were continued by routine treatment with insecticides of fly-breeding sites in camps from April to November. As DDT and other allied insecticides are now becoming ineffective against flies due to development of resistance, a mixture containing a phosphrated insecticide (Diazinon) together with DDT, chlordane and Dieldrin in suitable proportions was used instead. A space spray containing Lindane was also used in the feeding centres and clinics. However, the use of insecticides alone cannot produce a sufficient effect on flies; in addition, good sanitation and intensive health education among the refugees are necessary and are part of the Agency's programme.

33. Regular delousing campaigns are carried out among all the refugees in the camps each winter and periodically among the highly infested Bedouin communities in an attempt to keep the refugee population free from louse-borne typhus and relapsing fever. No case of these infections has occurred among the refugees within the past three years. In a series of tests conducted on body-lice to determine effectiveness of the common insecticide powders, it was observed that some degree of resistance in the lice is now apparent to DDT, whereas gamma BHC and Pyrethrins were still found to be fully effective.

7. PUBLIC HEALTH NURSING

34. The nursing services continue to make a major contribution to the Agency's programme of preventive health services especially in the maternal and child health field, in tuberculosis control and in health education. To as wide an extent as possible home visiting is also being carried out, though time and the distances involved do not favour a full development of this activity. A full part is also played in the immunization campaigns and when special measures have to be taken to control outbreaks of diseases such as whooping cough among infants and the younger age-groups.

35. A staff of 106 nurses and 344 nursing auxiliaries is provided by the Agency for the care of the sick in clinics and hospitals as well as for the various preventive services mentioned above. In this number are not included the large number of nursing staff employed in hospitals and clinics subsidized by the Agency.

8. HEALTH EDUCATION OF THE PUBLIC

36. The training scheme of health education workers sponsored jointly by UNRWA and WHO was concluded on 15 November 1955. All persons trained under the scheme were employed by the Agency in the promotion of better health and sanitary practices.

37. From a survey now being made, it is evident that the Agency's medical, social welfare, and teaching staff are paying more attention to the protection and maintenance of health by educating the refugee population. This is being emphasized by nurses in the maternal and child health and ante-natal clinics, and the importance of cleanliness is being taught by sanitation workers, teachers in classrooms, and social workers during their routine visits to homes. As a result, the refugees now live in cleaner surroundings; mothers bring their children to the clinics at the onset of illness; and the ante-natal and maternal clinics are being used much more. School children are cleaner, and the inhabitants of the camps cooperate in carrying out instructions with regard to cleanliness. More people willingly accept immunization, now that they understand its value.

38. Vacancies in health education have arisen because some workers have emigrated or accepted better-paid jobs. Efforts are being made to fill these posts with candidates who are as well qualified as the present group of workers. There are at present no plans for increasing the number of health education workers employed by the Agency. But plans are being made to expand the programme by utilizing the services of other staff members of the Agency, and it is hoped that they will be put into effect during the coming year.

9. MEDICAL EDUCATION AND TRAINING

39. The following table shows the continuation of the training programme of para-medical staff :-

Table 6

Courses completed during year under review

<u>Project</u>	<u>Location</u>	<u>Length of Training</u>	<u>Number Qualified</u>
Health Education	UNRWA HQ,	1 year	10
General Nursing	School of Nursing, Jerusalem	3 years	15
" "	Baptist Hospital, Gaza	3 "	4
" "	National School of Nursing, Beirut	3 "	1
Mental Nursing	Asfouriyeh Mental Hospital, Beirut	2 "	7
Ophthalmic Medical Orderlies	UNRWA, Lebanon	6 weeks	22
" "	St. John's Ophthalmic Hospital, Jerusalem	3 months	6
" "	UNRWA, Gaza	3 "	32
Childbirth Attendants	Rimal Maternity Centre, Gaza	9 "	71

Courses in Operation

			<u>Number of Trainees</u>
Health Education	American University, Beirut	11 months	1
Public Health Nursing	American University, Beirut	11 "	1
General Nursing	England	3 years	18
" "	School of Nursing, Jordan	3 "	20
" "	Baptist Hospital, Gaza	3 "	12
" "	El Makassed Hospital, Beirut	2 "	1
" "	Syrian University Hospital, Damascus	4 "	1
Mental Nursing	Asfouriyeh Mental Hospital, Beirut	3 "	1
Ophthalmic Medical Orderlies	St. John's Ophthalmic Hospital, Jerusalem	3 months	6
Tuberculosis Orderlies	Hamlin Sanatorium, Beirut	2 years	6
X-ray technicians	Augusta Victoria Hospital, Jerusalem	1 year	4

40. The need for trained para-medical staff continues to be felt, particularly for general-trained nurses, and efforts are being made to interest suitably educated secondary school girls in entering the profession. There is, indeed, a world-wide shortage of nurses; but the traditions of the region make its correction particularly difficult in the Near East.

41. 69 UNRWA scholarships in medicine, 20 in pharmacy, 3 for veterinarians, and 3 in dentistry are at present held by refugees at the universities in Egypt, Lebanon and Syria. During the period under review 8 holders of scholarships in medicine have completed their course of training successfully.

42. The Agency has again contributed to the costs of the Sixth Middle East Medical Assembly held in Beirut from 7th to 9th April 1955. Some seventy doctors from the Agency's staff and the staff of hospitals and institutions subsidized by the Agency attended the Assembly; a special section was devoted to nursing in which the Agency's nursing staff took part.

43. Clinical meetings and medical discussions continued to be held in Jordan, while several scientific papers on the subject of tuberculosis and its control have been reproduced and circulated among all the medical officers employed by the Agency.

44. World Health Day was observed by the Agency in the arrangement of a special exhibit showing its anti-malarial activities, in the exhibition of posters and in giving broadcast talks on the subject of the year "Destroy disease-carrying insects".

10. MEDICAL AND SANITARY SUPPLIES

45. Following the introduction at the end of last review period of the new accounting system, the provision of medical supplies has improved greatly during the past twelve months. In general the situation is satisfactory though some delays in the procurement of individual items still occur. There are also difficulties in connection with certain import licences. Dead stocks and slow-moving items have been disposed of. The new medical supply catalogue has been completed and was circulated to all concerned in February, 1956.