

Palestine
Refugees
Today

No. 96





1 UNRWA at the UN

At the 35th session of the General Assembly of United Nations, UNRWA's mandate was extended another three years to June 1984, and \$ 104 million was pledged for 1981 operations.

**4 Water:
the key
to health**

The World Water Supply and Sanitation Decade which began last November aims for everyone to have clean water and proper sanitation facilities in 10 years. Among those who may benefit are the Palestine refugees living in the arid Near East.



**6 30 years of
health service**

UNRWA has been a pioneer in delivering health services, and some of its experiences have been duplicated in other parts of the world. A doctor who has been serving Palestine refugees since 1948 describes the evolution of UNRWA's health programme.



8 Family planning

UNRWA has recently opened a family planning unit at its Health Centre in Baqaa camp, Jordan. The unit will provide information on spacing births to the camp residents.



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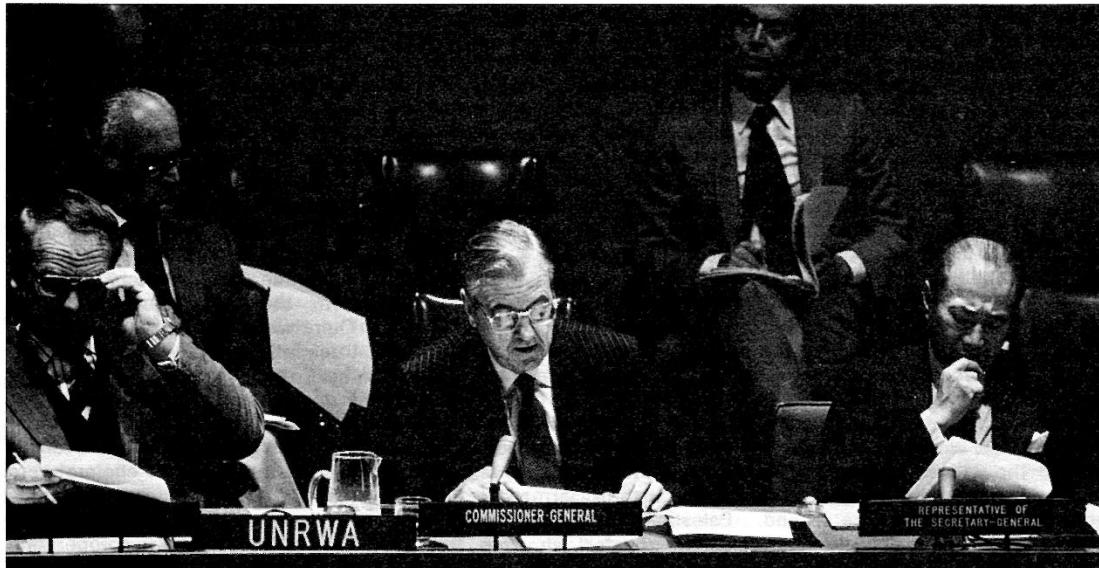
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Cover Photo Husn Camp, Jordan

Palestine Refugees Today

United Nations Relief and Works Agency
for Palestine Refugees in the Near East



UNRWA at the UN

The United Nations General Assembly has adopted six resolutions relating to the activities of UNRWA. The first of these renewed UNRWA's mandate, due to expire on 30 June 1981, for another three years. It called on Governments "as a matter of urgency" to help meet the financial needs of the Agency, urged non-contributing Governments to contribute, and asked contributing Governments to increase their contributions.

The General Assembly called on Israel to take immediate steps for the return of all displaced inhabitants to the territories occupied by Israel since 1967. It asked Israel to stop obstructing the return of these people and to desist from measures affecting the physical and demographic structure of the occupied territories.

A third resolution called on Israel to stop removing and resettling Palestine refugees in the Gaza Strip and to stop destroying their shelters.

Under a resolution on grants and scholarships for Palestine refugees, the General Assembly appealed to UN Member States, specialised agencies and non-governmental organisations to increase scholarships and grants to refugees. The resolution called on the Secretary-General in co-ordination with the Council of the UN University and UNESCO to study ways of establishing a university in Jerusalem to serve Palestine refugees. The General Assembly extended the mandate of the Working Group on the Financing of UNRWA and authorized UNRWA to continue assistance to persons displaced as a result of the June 1967 hostilities.

Pledging Conference

On 17 November, some of the world's governments announced their 1981 contributions to UNRWA at the United Nations in New York. The Agency has budgeted for expenditure of \$ 234.7 million to keep its programmes running at the current level.

Donations promised by governments at the Pledging Conference totalled \$ 104 million. However, not all governments which regularly give to UNRWA were able to pledge in November because of their budgetary or parliamentary procedures. In

these cases, UNRWA assumes that the governments will make donations at the same level as last year. Three countries have made additional pledges since the New York conference—Denmark \$ 250,000, Kuwait \$ 1.5 million and the United States \$ 10 million—in addition to their regular contributions to UNRWA.

The total foreseeable income for 1981 is now \$ 184.3 million, leaving an estimated deficit of \$ 50.4 million. The United Nations, the WHO and UNESCO meet the cost of UNRWA's 113 international staff.

Advisory Commission meets

Commissioner-General Olof Rydbeck put the facts of UNRWA's financial crisis to an extraordinary meeting of the UNRWA Advisory Commission called for that purpose at UN Headquarters in New York on 12 December. The Commission members are: Belgium, Egypt, France, Japan, Jordan, Lebanon, the Syrian Arab Republic, Turkey, the United Kingdom and the United States.

A large budget deficit, he told Commission members, forced him to conclude that only by cutting into the Agency's education programme

could UNRWA remain solvent. Sufficiently large cash savings could not be made in other programmes, although these were also being cut. Advisory Commission members shared Mr. Rydbeck's view that the implications of the crisis went beyond the purely humanitarian. UNRWA's health and relief services and especially its education programme contribute in an important way to political stability in the Middle East. If the UNRWA schools were to close, the repercussions would be serious. The Commissioner-General put forward two alternative courses of action, both designed to save \$ 40 million from the education programme. The first would have involved closing the 314 schools in Jordan and the Syrian Arab Republic by the end of February 1981. The second, involving the closure of all the Agency's 635 schools in its five fields of operation at the end of the school year in May 1981, was more drastic, affecting 339,000 students. But the time available before notice of termination of employment would have to be sent out to teachers in March could be used for further fund raising to avoid closure of the schools.

Mr. Rydbeck said that he interpreted the advice of the Commission members as pointing to the second of the two options, delaying action on the school programme until the end of the 1980/81 school year, with the hope that more money could be raised—but with the risk that all schools might then have to close. If the \$ 40 million were not found by March, notices of termination to some or all of the 9,700 teachers would have to go out at that time.

UNRWA publications for the IYDP

To commemorate the International Year of Disabled Persons, UNRWA has a number of publications and audio-visual presentations available. These include: a full-colour poster, a black and white leaflet and this special edition of "Palestine Refugees Today". Copies of all of these publications are available from the addresses on the inside back cover of this issue. All are available in Arabic, English, French and German.

UNRWA has produced two five-minute film clips on disabled refugees in colour with commentary in English or Arabic. The Agency also has two 16mm colour films on the handicapped: "My Name is Fadwa" on a deaf Palestine refugee child and "My Father's Land", a half-hour film on the Gaza school for the blind. Commentaries in English, French or German.

New Posters Available

UNRWA's Public Information Division has issued three new posters: Family Album—a black and white poster showing the lives of three young Palestine refugees from birth to their life today with text in English, French or German (Px 6); Palestine Refugees in Camps—a full-colour poster showing refugee camp life with text in English, French or German (Px 7); Doubly Disabled—a full-colour poster to commemorate the International Year of Disabled Persons with text in Arabic, English, French, German or blank for overprinting (Px 8).

Posters are available from:
UNRWA Public Information Division,
Vienna International Centre,
P.O. Box 700,
1400 Vienna, Austria

The epidemic that wasn't

With records now complete, it can be reported that the threat of a deadly cholera epidemic was averted in UNRWA's area of operations in 1977-78. In the 1978-79 season, no case was reported at all. In 1979-80 combined operations checked another potential outbreak. Prevention and control of communicable diseases among the Palestine refugee population is a major

concern of UNRWA's Health Department, and its officials co-operated quickly with national and local authorities when reports started coming in of cholera cases in the northern part of the Syrian Arab Republic in 1977.

That year's outbreak spread in the S.A.R. and to a lesser extent in Jordan, the West Bank and Lebanon. Among refugees, 42 cases (including three deaths) were reported from the Syrian Arab Republic. There were 38 cases in Jordan and three in Lebanon, with no fatality in these two fields. Speedy counter-measures prevented any further spread.

In 1979-80, after an uneventful year, a few cases of cholera were reported among refugees. When the first cases were noticed, the UNRWA Health Department in co-operation with governmental authorities in Jordan and the S.A.R. again went into action to prevent a more serious epidemic.

Control in S.A.R.

In refugee camps, UNRWA health staff speeded up the collection and disposal of garbage and carried out regular insecticide spraying, water was examined regularly, health education was intensified, Agency installations were more closely supervised, children in some UNRWA schools were screened to detect possible carriers of the disease, and the hot meal programme was temporarily suspended in Jarash and Qabir Essit camps because of contaminated sewers and possible leakage into the water supply.

Government measures included improved environmental sanitation services, provision of clean potable water in villages where water supplies were in danger of contamination, control of street vendors selling food, and a ban on the sale of salads and uncooked vegetables in restaurants.

Control in Jordan

Similar measures were undertaken in Jordan, with emergency meetings between UNRWA staff and government officials to co-ordinate the campaign against cholera.

In camps, refugees themselves participated in clean-up campaigns and health education which stress

personal hygiene, sanitation and proper food handling. Health inspection tours of camps including shelters, market places, schools and roads were made daily, and sanitation facilities which could have contributed to the spreading of the disease were sought out.

And when a case was discovered, health officers immediately contacted the patient's family and any of his or her direct contacts.

It is UNRWA's policy in Jordan and elsewhere that medical staff double their efforts whenever there is an indication that camp residents might be exposed to any communicable disease such as cholera. The measures used in 1979 included intensification of environmental sanitation services, health education, strict supervision of supplementary feeding and immediate referral of suspected cases to hospitals, plus continuous co-ordination with the local authorities concerned.

The campaign worked and among Palestine refugees in and out of camps only about a dozen cases of cholera were reported.

pneumonia. We were losing a lot of children that way. Our immunisation programme and improved water supply have changed the picture a lot," he told a correspondent.

"Now we have infantile diarrhoea cases caused not so much by inadequate sanitation as by the mother's ignorance and faulty habits during the weaning period, when the baby starts to take solid food. That's a big problem.

"Otherwise the picture has changed to one of normal morbidity that you would expect in a normal population: chronic diseases, heart trouble and so on.

"We have a lot of maladjustment problems connected with the move of people of rural origin to an urban setting where most of the refugees are now concentrated: Damascus, Beirut, Amman. It has created an adjustment problem that you expect to find in any population of migrants going to that kind of life—behavioural disorders of the personality, stress. There is a lot of hypertension. We can touch only the surface of the problem; we are not equipped for it. "This happens among the population in Jordan and the Syrian Arab Republic too; it is not only Palestine refugees. For example, Damascus has grown from 500,000 population to two million: three quarters of the population are Syrians who have come from the countryside. Their problems are the same.

"One of the public health fields in which we have been able to progress in recent years—not because UNRWA could put much money into it but because we have been able to mobilise community participation—is the self-help programme, especially in Lebanon, where we have also the support of the popular com-

mittees in the camps, which receive money from various Arab states.

"These schemes generally start with water drainage; then comes the paving of roads; and sometimes there is also a community water supply project. In places they have paid for pumping stations, or for connection to a municipal water supply.

"In many places, this kind of work has changed the daily life of the camp inhabitants for the better."

Dr. Meilland joins UNRWA

UNRWA's new Director of Health, Dr. Georges Meilland, a Swiss national, is on loan to the Agency from the World Health Organization.

Dr. Meilland, a surgeon, trained at the University of Geneva. He later received a Diploma in Public Health from London University and a Diploma of Tropical Medicine and Hygiene after study at the London School of Tropical Medicine.

He worked for the International Committee of the Red Cross in Palestine during 1949–50 as medical superintendent. From 1955–58, he again worked with the Red Cross, this time in Korea, before joining WHO in 1959. He spent his first years at the WHO Regional Office in Africa in Brazzaville, Congo. Later he went to Zaire as a health programme co-ordinator and to Burundi as a public health administrator and Chief of the WHO Public Health Advisory Team. In 1964, he worked in the WHO Division of Co-ordination where he was responsible for co-ordination of programmes with the International Atomic Energy Agency in Vienna until 1973 and later, until 1980, as Senior Medical Officer of co-operation programmes for development.

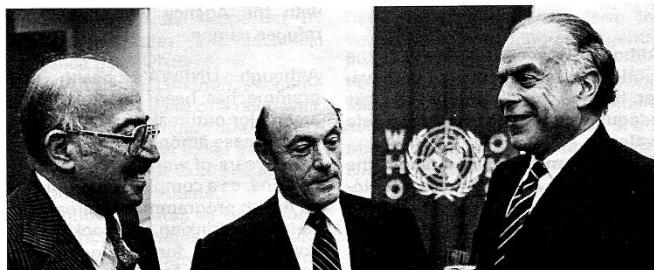
Health Department News

Dr. Puyet retires

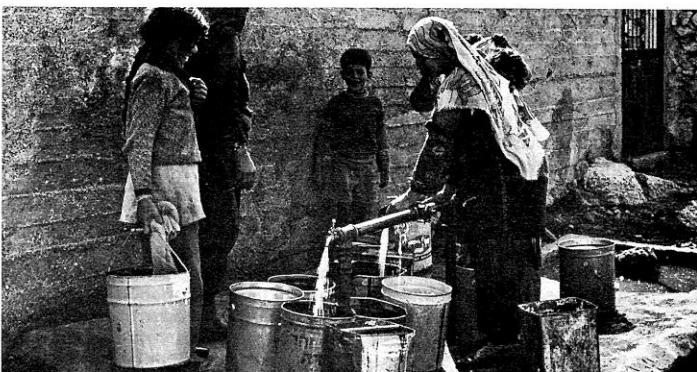
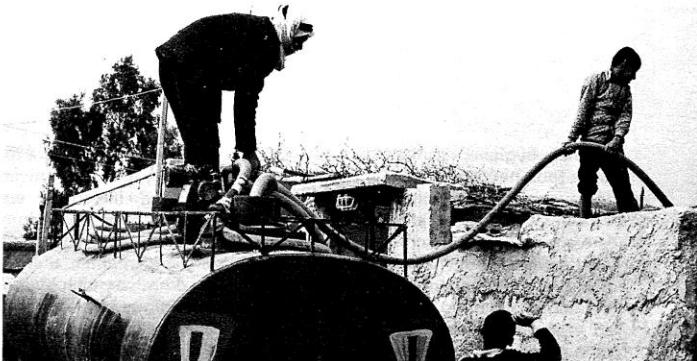
Dr. Jean Puyet, a French national, joined UNRWA in 1952, transferring in 1960 to the World Health Organization. From 1961 to 1973 he undertook WHO assignments in Africa and Asia, returning to UNRWA on loan in 1973. He became Director of Health in 1975.

Before retiring at the end of 1980, with tributes from senior UNRWA officials, he looked back over his years of service to Palestine refugees.

He saw the main change in the refugees' health picture since 1952 as a switch in emphasis from infectious diseases to chronic diseases. "There was a lot of tuberculosis, measles complicated with bronchial



Dr. Muzayyin, Deputy Director of Health (l), Dr. Puyet and Dr. Meilland (r).



WATER AND HEALTH

Although three quarters of the world's surface is covered with water, half the world's population lacks adequate supplies of clean and safe water. To help remedy this situation, the UN General Assembly, on 10 November 1980, launched the World Water Supply and Sanitation Decade. The Decade's aim is that by 1990 everyone will have enough clean water and sanitation facilities.

Health and clean water go together throughout the world. Cholera, typhoid and gastro-intestinal diseases, like many others, are all spread through dirty water and poor sanitation.

The Near East is one area of the world where the lack of water and its inadequate distribution can cause serious health problems. And among those who suffer are the Palestine refugees.

UNRWA provides a basic environmental health and sanitation programme especially for the one third of the 1.8 million refugees registered with the Agency who live in 61 refugee camps.

Although UNRWA's health programme has been able to prevent any major outbreak of a communicable disease among refugees during its 30 years of work, more needs to be done, as a complete environmental health programme requires clean water for drinking, for cooking, for house-keeping, for washing clothes, and for personal hygiene as well as for a sewage disposal system.

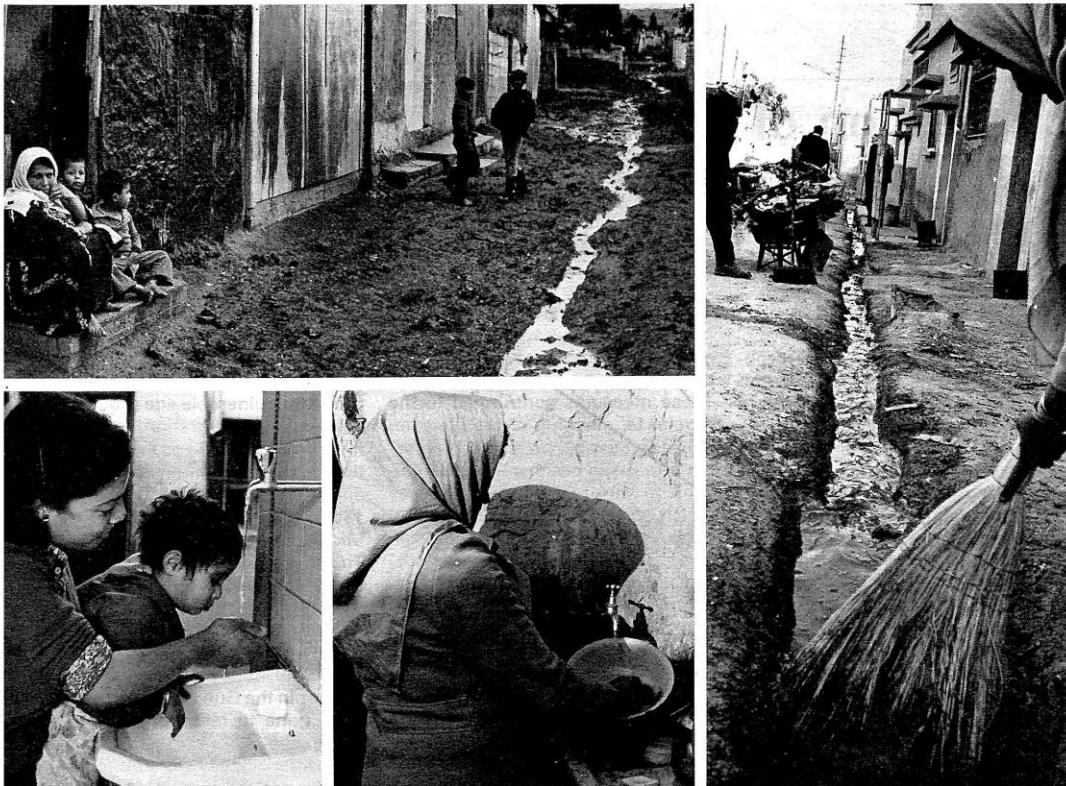
A typical camp

Today 52 per cent of the Palestine refugee camp population have a private indoor water supply. But in many areas, the only source of water still is an UNRWA water point fed by a well, where families go with jugs or cans to pick up their daily water supply.

And camps lack good sewage systems. Waste water in some camps flows down the streets and pathways of the camp, or into overloaded septic tanks. Also, few camps have enough garbage trucks to haul away trash, which lies until it is collected, breeding insects and attracting rodents.

The ideal would be to have all refugee shelters hooked up to a water distribution and sewer system. For some refugees, this is beginning to happen. For example, those living in two camps within the city limits of Amman, Jordan, are having their shelters tied into the city water system, and the city's garbage collection service picks up refuse in the camps.

Dr. Naji Ayyash, UNRWA's Field Health Officer in Jordan, says that



this will have several results. It will enable camp residents to improve their personal hygiene by having access to adequate supplies of clean water. It will also enable them to keep their homes cleaner, cutting down the spread of infectious diseases and the number of parasites.

This will inevitably lead to a decrease in the number of cases of gastro-intestinal diseases which plague camp residents, especially the young. Gastro-intestinal diseases are the most serious health problem facing UNRWA's medical staff and Dr. Ayyash is certain that the number of cases can be cut by an improved environmental health programme.

Some advances

In the areas where UNRWA operates, the Agency, host governments and refugees themselves are working to improve the situation. In Jordan, the government is helping to augment water supplies both in Jordan and the occupied West Bank. Similar work is being done in the Syrian Arab Republic.

One example of a community pro-

ject is in Mieh Mieh camp near Sidon, Lebanon. This community of about 2,000, perched high on a hill, had chronic water supply problems; often, refugees had to go down the steep hillside and carry water up to their homes. Today the story is different and the experience is being duplicated elsewhere.

In 1980, the community completed a sewerage scheme begun in 1972. The camp now has adequate sewerage facilities, an independent water supply system with indoor taps in all shelters, a power generator for the water pumping plant, paved pathways and storm drains. All of the facilities were provided by the refugees themselves, supported by modest subsidies and technical guidance from UNRWA.

In Wavell Camp, Lebanon, a scheme involving the drilling of a deep well, installation of pumping station, construction of a water tower and provision of indoor taps to all shelters has recently been completed.

Throughout its area of operations, the Agency promotes and supports such self-help programmes. During 1979-80, the Agency gave financial and technical aid for building sur-

face drains and sewers in a number of camps, benefiting 10 camps in Lebanon, four in the S.A.R., two in Jordan, 14 in the West Bank and seven in the Gaza Strip. Other self-help programmes are assisting refugees to install private water connections. The programme of replacing communal latrines in camps by private ones is almost complete.

The future

Although Palestine refugees do not see themselves as permanent residents in their host countries, a good environmental health programme is still important to them. To protect their welfare, more long-term investment and planning are urgently needed.

People in some parts of the world take for granted their abundant supplies of fresh, clean water. In the Middle East, one sees tank trucks coming down the street. They look as if they would be carrying heating oil. But here they carry water, delivering it to homes as an oil truck would deliver oil elsewhere. Water is as precious here as oil is in many other places in the world.

Evolution of UNRWA's health programme

Dr. Muhammad Muzayyin is probably the UNRWA staff member who knows the most about the Agency's health services. A Palestinian from Acre, he worked as a volunteer doctor in Lebanon when the first Arab-Israeli conflict broke out in 1948, then with the League of Red Cross Societies as a medical officer until UNRWA began operations in 1950.

His first post with UNRWA was as Area Health Officer in Aleppo, Syrian Arab Republic. Today he is Chief of the Agency's Curative Medicine Division and Deputy Director of Health.

In the following interview, Dr. Muzayyin explains the development of Palestine refugees' health patterns and UNRWA health services and the medical experience acquired during 30 years.

Q: Despite the difficult conditions in which many Palestine refugees still live, there has been an evolution in the health problems facing them—from infectious diseases to chronic diseases of the kind that prevail in developed countries. How do you explain this evolution?

Dr. Muzayyin: Palestine refugees live in a developing area where normally infections, along with poor sanitation, prevail. Since UNRWA began, and before it the Red Cross, the first objective was to provide a clean environment through a clean water supply, better sewerage and proper garbage disposal. At the same time, the Agency health department's main aim was, and still is, to protect the community, especially the new generation against infections—particularly childhood diseases.

As early as 1949, an expanded programme of immunisation was introduced in which all children were given protection against the six main infections. In the early days these were tuberculosis, tetanus, diphtheria, whooping cough, smallpox and typhoid-paratyphoid. Later

we introduced polio and measles vaccines.

At the same time, the Agency was a pioneer in establishing maternal and child health care services in the early 1950s to take care of young children and pregnant and nursing women. The protection of these two vulnerable groups has contributed to the well-being of the whole community. With the introduction of health education, the community became more enlightened on the prevention of infectious diseases.

These measures contributed to the regular lengthening of the life span over the past 30 years, thus exposing a growing number of older refugees to the degenerative diseases which come with ageing. These include cardio-vascular diseases, diabetes, arthritic diseases, cancer, etc., the same as those prevailing in developed countries.

Improved socio-economic status has also influenced the pattern of morbidity among the refugees.

Q: You mentioned the health education programme which involves the community in the prevention of disease. Was the community involved in other ways?

Dr. Muzayyin: The Agency gradually involved the community in what we called self-help programmes to improve the camp environment, to increase, for example, the number of family latrines, to improve the road and pathway system, sewage disposal and so on.

This involvement by the community in its own health matters was, in fact, a result of health education in the early 1950s in UNRWA schools, together with the help of local societies and of public meetings. In this way the refugees became health conscious—conscious of their environment and of their own health. I should add that the majority of UNRWA's health staff, as in other departments of UNRWA, are Palestinians themselves, most of them refugees. So they are in a way involved emotionally and want to provide the best services possible, even at the expense of their own free time.

Q: The World Health Organization which generally plays a consultative role in other areas has played, through UNRWA, a direct and operational role. What are the consequences of this?

Dr. Muzayyin: WHO has always given, and continues to give, advisory

and consultative help to UNRWA. In addition, five of its staff members are seconded to UNRWA and are directly responsible for the Agency's health services. This involvement helped guide the programmes, but it also made possible the introduction of certain programmes among the refugees before they were adopted by the countries where UNRWA operates.

Programmes such as primary and mass immunisation, rehydration-nutrition centres, supplementary nutrition for vulnerable age groups, the use of oral rehydration salt in the treatment of diarrhoea and dehydration, and development of maternal and child health care in the early 1950s, were pilot projects in the Middle East.

These experiences gave our staff such a good background in the delivery of health care services that our employees can easily find work outside the Agency in health organisations or public services, either locally or in the Gulf area, where many have gone to take up positions of high responsibility.

In addition, these programmes were a good means of training students from medical and nursing schools, particularly in mother and child health care and primary immunisation programmes.

Q: You are a WHO staff member. How has WHO used the experiences of UNRWA health services?

Dr. Muzayyin: The results achieved in these pilot projects were analysed by WHO specialists and given as an example to other developing countries, pointing out problems we had faced and difficulties to avoid. Also the turnover of WHO staff members seconded to UNRWA helped. When they are assigned to other areas, they carry with them their experience with UNRWA.

For instance, the use of oral rehydration salt, which was so successful in controlling diarrhoea, dehydration and malnutrition, is now being adopted worldwide. WHO is currently sponsoring a pilot study of this in the Gaza Strip which will benefit refugee children and others in Gaza. The results of the study will be evaluated and published for the benefit of others.

Q: Health problems among Palestine refugees are today comparable in part to those of the citizens of the host countries. What problems does



1948 ...



1967 ...



1978 ...

UNRWA's Health Department still have to face, and how do you expect to deal with them?

Dr. Muzayyin: The two major areas are the continued relatively high incidence of diarrhoea among children, especially those below five years, and the problems involved in treating chronic, degenerative diseases.

We foresee continuing difficulty with diarrhoea, especially for those still living in difficult conditions compared with those living a more normal kind of life.

Our MCH (maternal and child health) staff are alerted to detect such cases at an early stage, when for example a child doesn't gain enough weight for his age, or if his weight curve becomes flat. Such cases are immediately referred to one of our 21 rehydration-nutrition centres. We are in the process of developing a new procedure to standardise the treatment of diarrhoea and malnutrition at our 34 nutrition clinics and the 83 child health clinics.

As for chronic diseases, we try our best to provide the maximum help possible through our regular programmes. These include our recently established specialist clinics.

Cases requiring highly specialised surgery are helped to obtain access to well-equipped medical centres. But some cases such as open-heart surgery or kidney transplant are very expensive to treat. We do this through the help of our emergency life-saving fund, and the aid of non-governmental organisations and relatives' contributions. However, such steps are taken only when we expect that a patient will benefit from special treatment.

Q: UNRWA is referring a growing number of refugee patients to specialist care outside its own system. Does this mean that the need for UNRWA health services is falling?

Dr. Muzayyin: UNRWA health services continue to be badly needed, as they are the major source of medical assistance to the refugee community. Some refugees still can not afford to pay for their own treatment. Even though we are referring some patients to specialised institutions, our services have been and are still needed to provide primary health care to Palestine refugees. And providing primary health care to all is WHO's world-wide goal for the year 2000.



1967 ...



1978 ...





Family Planning Centres Open

Family planning centres have just opened at UNRWA Health Centres in Baqaa and Amman camps (Jordan). But they are not the first such UNRWA centres in the Agency's area of operations (Lebanon, the Syrian Arab Republic, Jordan and the occupied West Bank and Gaza Strip). There have been UNRWA family planning centres in Gaza for the past few years, but the new one is the first in other areas.

Such an initiative by UNRWA has never been possible in the past. Any earlier approach would have been seen as a way of cutting the population increase of the Palestine refugees, or would have been rejected because of tradition in spite of the educational and medical reasons for such a programme.

Spacing births

"About half the residents of Baqaa camp suffer from the results of having too many children," affirms Dr.

Shawki Khateeb, the gynaecologist responsible for prenatal care in the UNRWA Health Centre. "In many shelters, often 10 persons or more share the same room, and many women are worn out by successive and sometimes unwanted pregnancies."

"This programme does not aim to reduce population growth," says Dr. Naji Ayyash, UNRWA's Field Health Officer in Jordan. The objective of UNRWA is not to distribute contraceptives en masse, but to encourage the spacing of pregnancies to preserve the health of both mother and child, to encourage a better socio-economic situation for families and, in certain cases, to prevent the passing on of congenital or hereditary diseases.

"A middle-aged woman or someone married to a relative runs the risk of giving birth to a handicapped child," explains Dr. Ayyash. "Our task as health people is to show the family its responsibilities and give it the means, if it wishes, to avoid the risk."

Forces of tradition

Certain refugees, especially men, feel that any measure that restricts pregnancy is contrary to Islam, according to Dr. Khateeb. Dr. Kiswani, president of the Jordanian Family Planning Association, who is in charge of some 20 family planning centres, says that reluctance to undertake family planning is more marked among those brought up in rural areas, where tradition dictates large families. "People who put for-

ward such arguments should reread the Koran", he said. "It says there that a woman should nurse her child for two years. That clearly indicates that pregnancies should be spaced." Islam is in favour of anything that helps to "organise life", says Dr. Abdel Aziz el Khayat, Director of the theology faculty at the University of Jordan. Circumstances differ by individual and by country, he explains. It is a reality, he says, that the general trend in Jordanian society today is towards quality, not quantity. "Young educated families want to have fewer children than before to assure them good health and better education."

Gaza results

This tendency is confirmed by a study undertaken in 1978 by UNRWA among a representative sample of the 5,000 women who benefit from the family planning programme at the UNRWA Swedish Health Centre in Gaza.

The Centre is run by UNRWA and is financed by Swedish contributions. About 58 per cent of the women questioned practise family planning in order to space births and give better care to the child. The percentage is even greater among those of a higher level of education—71.4 per cent for university graduates. The study also showed that the family planning programme had little effect on population growth among the refugees, as only 29 per cent of the mothers participated in the programme before having their fourth child.



UNRWA Health Centre, Baqaa

UNRWA Publications

GENERAL

UNRWA: Basic Facts (PL 1006)
Printed Leaflet (English, French, German)

After 30 Years . . . UNRWA's 30th anniversary (PL 1008)
Printed Leaflet (English, French, German, Arabic)

Map of UNRWA's area of operations
with refugee location data (English, Arabic)

Survey (PB 1002)
Brochure of facts and figures (English, French, German and Arabic).

PROGRAMME LEAFLETS

Education (PL 2002—English, French, German)

Vocational Training (PL 2001—English, French, German)

Health (PL 3001—English, French, German)

Relief (PL 4001—English, French, German)

Palestine Refugees in Lebanon, the Syrian Arab Republic, Jordan, the West Bank and the Gaza Strip. A series of five leaflets on each field of operation (English).

POSTERS

UNRWA and Children
A set of three posters on Palestine refugee children. Black and white. Titles in English, French, German.

UNRWA: Born in 1950 . . .
Marking UNRWA's 30th anniversary. Titles in English, French, German.

After 30 years . . .
Black and white poster to mark UNRWA's 30th anniversary. Titles in English, French, German or Arabic.

Family Album (Px 6)
Shows the lives of three young Palestine refugees from birth to today. Text in English, French or German.

Palestine Refugees in Camps (Px 7)
A full-colour poster showing refugee camp life with text in English, French or German.

Doubly Disabled (Px 8)

Full-colour poster to commemorate the International Year of Disabled Persons. Text in Arabic, English, French or German.

AUDIO-VISUAL PRODUCTIONS

Slide/Tape Shows

ST 1002: A seven-minute slide/tape production showing UNRWA's activities with Palestine refugees. Commentary in English, French, German or Arabic.

ST 1003: Through the Eyes of Ibrahim, a 10-minute slide-tape presentation in English, French, German and Arabic. Kit with map, posters and teaching notes included. Available on loan or purchase at \$ 45 per set.

Palestine Dresses: A set of 27 colour slides showing Palestine dresses from various regions. Included is a descriptive note in English, French, German or Arabic.

My Name is Fadwa

A 15-minute, 16 mm colour film on a deaf Palestine refugee child. Available for loan or purchase in English, French, German or Italian.

My Father's Land

A half-hour, 16 mm colour film on the Gaza blind school for Palestine refugee children. Available for purchase or loan in English, French or German.

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