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UNITED NATIONS  
ECONOMIC  
AND  
SOCIAL COUNCIL



GENERAL  
E/ICEF/281/Add.4  
4 February 1955  
ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Programme Committee

GENERAL PROGRESS REPORT OF EXECUTIVE DIRECTOR:

PROGRAMME DEVELOPMENTS IN THE

EASTERN MEDITERRANEAN

Table of Contents

	<u>Paragraph Nos.</u>
General	1 - 14
Mass Health	
Malaria Control	15 - 26
BCG Antituberculosis Vaccination	27 - 42
Other Programmes	43 - 46
Maternal and Child Welfare	47 - 53
Milk Conservation	54 - 60
Long-range Feeding	61 - 64
Emergency Situations	65

EASTERN MEDITERRANEAN AREA

General

1. The past months have been noteworthy in connexion with the progress made towards long-term planning by a number of governments. In these countries, current and future UNICEF aid, like other international and bilateral aid, falls, to a considerable extent, within the framework of national development plans. UNICEF has a real opportunity to gear its own contribution into coordinated long-term efforts.
2. The long-term planning confronts the governments with a number of problems, including the availability of qualified personnel to carry out the plans; the financial resources available not only for initial capital outlays but for maintaining new services as part of normal budgets; and the balance to be maintained between strengthening the economies of the countries and the development of its social services.
3. The needs of rural areas receive increasing priority in national planning but in a number of countries there are no extraordinary resources available for investing additional funds in the agricultural and social development of the areas. Projects for which UNICEF aid is envisaged are in many cases for an intermediate stage in the planning process, while a detailed analysis is being made of the problems inherent in the longer-range planning.
4. Iran: with the prospect of resuming oil revenues, has ... activitated its seven-year plan. In the social field, the Ministry of Public Health has evolved a national plan for permanent health services including MCW.
5. In Iraq: the Development Board, with its main emphasis on major capital investment projects and new construction, has been supplemented by the establishment of an Inter-Departmental Coordinating Committee for Health Services. As its first task, this Committee has laid down a uniform basis for the training of health personnel.

/6. Progress towards

6. Progress towards planning has been made in Egypt where the goal is a five-year plan balancing an increased production output with expanded, simplified and coordinated public services. Though emphasis on rural development is not new in Egypt, the five-year plan takes emphatically into consideration the needs of the fellahin. Services to mothers and children are receiving high priority in this plan into which future UNICEF aid could fit in naturally.

7. A number of countries have sought external loans for their development. In many cases also, expenditures for establishment and running of services like education and health are partly covered by credits from abroad. In this group, Israel is in the advanced position of having an overall national plan which includes services for mothers and children. The governments of Jordan, Libya and Turkey, are working towards country-wide action in the field of social needs, and the time is approaching when UNICEF aid to Turkey can be proposed as an integral part of a national plan.

8. A few countries, like Ethiopia and Syria have so far financed their social services within a balanced budget from ordinary internal revenues, with only limited international and foreign aid. In both countries, firm plans of a long-term nature have, however, been evolved which offer the obvious framework of policy in connexion with services for mothers and children. A certain scarcity of matching funds however indicates that utilization of aid from UNICEF may be slow.

9. Requests for UNICEF aid have been received from the Governments of Cyprus and Saudi Arabia. Yemen has requested the visit of a UNICEF Representative to work out possible aid for mothers and children. The Regional Director, with an expert from WHO and the UN Social Welfare Adviser, visited Somali Trust Territory to discuss the possibilities for UNICEF aid. He also visited the Colony and Protectorate of Aden for the same purpose.

10. Fourteen of the fifteen governments represented in the WHO Eastern Mediterranean Region met in Alexandria in September as Sub Committee A, the first gathering of this kind since the Regional Committee was established in 1950. Amongst the main subjects treated were: methods of planning; training and use of auxiliary health personnel; and environmental sanitation. All three of these items were considered especially in relation to possible assistance from WHO and UNICEF.

11. Since inception UNICEF has allocated some \$24.4 million to eleven countries in the Eastern Mediterranean area and for Palestine refugee mothers  
/and children. A

and children. A summary of these allocations by type of programme and by country is given in E/ICEF/L.716, pages 15-18. Exclusive of allocations which have been made for Palestine refugees and for freight the total is \$6.9 million as follows:

Completed Programmes.....	\$ 990,000
Active Programmes.....	5,883,000*
	<hr/>
	\$6,873,000

12. Of the active programmes, the approximate position as of the end of 1954 was:

Shipped	\$3,190,000
Ordered but not shipped	1,256,000
Not ordered	<u>1,437,000</u>
Total	\$ 5,883,000

13. Of the \$1.4 million not yet ordered almost a third will be for milk conservation equipment, and about one-fourth for maternal and child welfare and malaria control.

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\* less than \$1,000 unprogrammed in this total.

14. By type of programme the allocations in terms of percentages have been as follows:

	From inception to <u>31 December 1954</u>	<u>1954</u> (percentage)
<u>Maternal and Child Health</u>	<u>4.6%</u>	<u>9.2%</u>
<u>Mass Health</u>		
BCG vaccination campaign	6.2%	13.7%
Malaria control	4.0%	36.5%
DDT production	1.2%	-
Bejel/Syphilis control	0.8%	-
Mycosis Control	0.2%	-
Anti-Trachoma work	0.1%	1.1%
	<u>12.5%</u>	<u>51.3%</u>
<u>Child Nutrition</u>		
Long-range Feeding	1.8%	5.3%
Milk Conservation	6.0%	9.5%
	<u>7.8%</u>	<u>14.8%</u>
<u>Emergencies</u>	<u>75.1%</u>	<u>24.7%</u>
Total	100%	100%

(The percentages are based upon project allocations without freight)

Mass HealthMalaria Control

15. As can be noted from the table above, allocations for malaria control comprised the largest single portion of all allocations to the Eastern Mediterranean area in 1954. The Board noted at its September 1954 session that there will be an increasing emphasis in this area to country-wide programmes and a regional approach to this problem. The role to be assumed by WHO helping the various countries coordinate their programmes in a regional approach is a vital one.

16. UNICEF aid with DDT in 1955 will continue to Egypt, Iraq, and Syria. In Iran, for which UNICEF approved an allocation of \$385,000 in March 1954 (E/ICEF/260/Rev.1, para. 126) the DDT requirements in 1955 are expected to be fully covered by United States aid. In Lebanon, UNICEF aid with DDT, which protected 247,000 persons, ended during the course of the year, and full responsibility has been taken over by the Government.

17. In 1953, UNICEF DDT protected 885,000 persons in the area. In 1954, this protection had more than doubled, reaching 2,013,000 persons. In the three countries in which UNICEF is providing 270 tons of DDT in 1955, the UNICEF DDT will protect 4,537,000 persons, or somewhat under half of the total of 9,650,000 persons to be protected in these programmes.

18. Egypt:

	<u>Number of Persons Protected</u>	
	<u>Achieved 1954</u>	<u>Target 1955</u>
Total Programme	295,000	3,600,000
With UNICEF DDT	" "	" "

19. UNICEF will provide 135 tons of DDT to Egypt in 1955. Construction on the UNICEF-aided DDT plant is now progressing more rapidly and Egypt will probably need no further DDT from UNICEF. With the help of a UNTAA engineer stationed in Egypt, problems were overcome in choosing a site, acquiring the land, and getting under way for the DDT plant. By the end of 1954, contracts were let for the main factory buildings, and excavations and construction had started. All the UNICEF equipment for this project has been delivered and is in storage in Egypt.

/20. Iraq:

20. Iraq:

	<u>Number of Persons Protected</u>	
	<u>Achieved 1954</u>	<u>Target 1955</u>
Total Programme	209,000	800,000
With UNICEF DDT	169,000	187,000

21. The malaria control programme in Iraq has continued to be successful. National specialists are gradually taking over the responsibilities, but the Government is anxious to retain the WHO malariologist for another period of time. The Government is also increasingly taking over the requirements for supplies and equipment.

22. Iran?

	<u>Number of Persons Protected</u>	
	<u>Achieved 1954</u>	<u>Target 1955</u>
Total Programme	3,914,000	4,500,000
With UNICEF DDT	1,120,000	-

23. The malaria control campaign is drawing its main aid from bilateral sources. The \$385,000 that UNICEF allocated in March 1954 (E/ICEF/260/Rev.1 para.12) was on an emergency basis and is not expected to be renewed. There has been progress during 1954 in implementing the recommendations that the Chief of the WHO Malaria Section made at that time. The campaign moved out entirely into the villages in 1954. It was not necessary to respray the cities, where one million people continue to live without malaria. The 3,914,000 people protected were all in villages, numbering 15,418. This compared with 3,440,000 inhabitants of 12,300 villages protected in 1953. The protection was provided on an area rather than village basis. At considerable hardship to personnel, all villages previously unsprayed but located within the area of operations were sprayed with some operations being delayed by floods. Malariometric survey operations were increased in the priority areas where there is danger of A. Sacharovi developing resistance to DDT. Consumption of DDT per head continues to be high. While the transport provided by UNICEF will continue to be used in the future, DDT requirement in 1955 will be fully covered by U.S. Aid. The Iranian seven year Plan Organization has undertaken commitments designed to insure operations in 1956.

24. Syria:

	<u>No. of Persons Protected</u>	
	<u>Achieved 1954</u>	<u>Target 1955</u>
Total Programme	182,000	750,000
with UNICEF DDT	182,000	750,000

/25. The control

25. The control operations have been expanded to the whole of the coastal zone and surveys have been completed in the Gezireh province in the north, where control measures will be initiated. The acute difficulty in this programme continues to be the insufficient number of national technicians. It is hoped that the fellowships provided by UNICEF in September 1954 will help in this problem.

26. Other Countries: Proposals for UNICEF aid for malaria control to the Sudan and the Somali Trust Territory are currently being developed for presentation to the Board at its current session. The problem is also serious in Ethiopia where surveys are being undertaken with the aid of technicians from WHO and US Foreign Operations Administration, the results of which are expected to be known later this year.

#### BCG Anti-Tuberculosis Vaccination

27. UNICEF is currently assisting six countries in the area with BCG vaccination campaigns: Ethiopia, Iran, Iraq, Jordan, Sudan and Turkey. Aid has previously been given for campaigns in Aden, Egypt, Israel, Libya (see para.38 below), Lebanon, and Syria where the programmes are continuing entirely with national resources. The programme in Egypt was the largest, where over 6.6 million children were tested by the end of 1954 and 1.75 million vaccinated. The cumulative number of children tested in the area by the end of 1954 was 8.4 million and the number vaccinated was 3 million.

28. The goal of testing some 19 million children in the six currently-assisted countries is far from reached, as is shown in the following table:

	<u>Number of Children in Countries Currently Aided in BCG Campaigns</u>	
	<u>Tested</u>	<u>Vaccinated</u>
By end of 1953	2,770,000	1,361,000
in 1954	<u>3,120,000</u>	<u>1,317,000</u>
Total	5,890,000	2,678,000

The target for 1955 is 3,540,000 tests and 1,510,000 vaccinations.

29. There is need in the Eastern Mediterranean region for careful analysis of the problems of developing mass vaccination campaigns based upon more

/knowledge of the incidence

knowledge of the incidence and spread of tuberculosis and for devising methods for reaching children in the more remote rural areas. A start has been made in clarifying these problems through the work of the WHO Regional Assessment Team (whose personnel costs are financed by UNICEF) which commenced its operations in November. Egypt and Libya have already been visited, and the team is at the present time at work in Iran. The further schedule for the team includes Cyprus, Iraq, Jordan, Libya and Syria.

30.	<u>Ethiopia:</u>	<u>Tests</u>	<u>Vaccinations</u>
	Achieved 1954	237,000	103,000
	Target 1955	300,000	160,000

31. The target for 1954 was 150,000 tests; however, 237,000 were achieved. The population still to be reached are in the less accessible areas with a consequent rise in the costs. In view of the established high rate of dangerous TB infection, it is hoped that the BCG vaccinations in this country can be continued as part of a combined vaccination scheme to be undertaken by rural mobile health teams.

32.	<u>Iran:</u>	<u>Tests</u>	<u>Vaccinations</u>
	Achieved 1954	269,000	169,000
	Target 1955	250,000	150,000

33. This campaign has been on a reduced scale since the low rate of positive reactors found in rural areas raised the question whether it was worthwhile pushing BCG vaccination out so far. The WHO Regional BCG assessment team has recently arrived in Iran and will help gather the necessary data to advise on this question. Meanwhile, operations in recent months have been concentrated in the big province of Kermanshah (Kurdistan) and the actual organization of rural mass vaccination worked well, so that it would be administratively possible to carry out in the future whatever course of action may be decided during the year 1955.

34.	<u>Iraq:</u>	<u>Tests</u>	<u>Vaccinations</u>
	Achieved 1954	225,000	69,000
	Target 1955	500,000	200,000

35. The total number treated in 1954 was somewhat less than the 1954 target of 300,000. At present Iraq is at the stage of developing plans for the period when the mass phase will be consolidated into a permanent system.

36. Jordan:

	<u>Tests</u>	<u>Vaccinations</u>
Achieved 1954	252,000	129,000
Target 1955	240,000	100,000

37. The campaign which started in December 1953 has gone well and the 1954 goal of 100,000 tests was more than doubled. Work in the capital and two districts was completed by the end of September 1954 and in October 1954 the campaign started in the western part of Jordan.

38. Libya: In 1954 the campaign in Libya tested 83,000 children and vaccinated 32,000. Cumulatively to the end of 1954, 279,000 children were tested and 111,000 vaccinated. For the future the Government is planning to provide continuation by vaccination of the new born, but is considering as an alternative the repetition of the mass campaign within the next five years.

39. Sudan: The campaign initiated in April 1954, has now completed its sampling phase with 38,000 tested and 13,000 vaccinated by the end of the year and it is hoped that the results can be assessed soon enough by WHO to allow for a smooth transition into the mass vaccination phase.

40. Turkey:

	<u>Tests</u>	<u>Vaccinations</u>
Achieved 1954	2,098,000	832,700
Target 1955	2,250,000	900,000

41. The campaign in Turkey continues to be most successful and a third of the eligible population has now been covered. The savings which are anticipated to be made on Turkey's heavy outlays for treatment of tuberculosis have provided justification for the Ministry of Public Health to earmark additional resources to speed up the tempo of the campaign.

42. Other Countries: Aid for ECG work in the future has been requested by Cyprus, the Trust Territory of Somali and Saudi Arabia  
Other Programmes

43. UNICEF assistance to the bejel/syphilis control programme in Iraq was completed at the end of May 1954. The programme has been continued by the Government and the total number of persons treated in 1954 was approximately 47,000, of which 35,000 were children and mothers. The cumulative

number treated at the end of 1954 was 130,000 of which 97,000 were children and mothers. In 1955 the Government hopes to treat another 60,000 persons (45,000 children and mothers).

44. The bejel-syphilis control campaign in Syria has started in accordance with the plan of operations in the Deir-el-Zor area. Since the work in this first phase is to a great extent of an explorative nature, the number of mothers and children examined by the end of 1954 was 10,300 with 2,000 treated. The target for 1955 is to double these numbers.

45. The first part of the medical supplies for the trachoma control pilot project arrived in Egypt toward the latter part of the year. In late October a WHO expert reviewed with Government officials the administrative and technical aspects of the project and a revised plan of operations was drawn up. A WHO team leader was appointed to assume duties at the end of December preparatory to launching the project this year.

46. A WHO expert visited Syria in September to help develop campaign strategy for the mycosis project and subsequently attention has been given to the types of supplies required to launch the project this year.

#### Maternal and Child Welfare

47. The maternal and child welfare programmes are currently in operation in 10 of the 11 countries to which UNICEF's aid has so far been extended: Egypt, Ethiopia, Iran, Iraq, Israel, Jordan, Lebanon, Libya, Syria and Turkey.

48. The UNICEF Board has approved basic equipment for 377 maternal and child welfare centres and drugs and diet supplements for 763 centres, as follows:

	<u>Number of MCW Centres</u>	
	<u>Basic Equipment</u>	<u>Drug and Diet Supplements</u>
Egypt	-	384
Ethiopia	8	8
Iran	-	100
Iraq	153	3
Israel	30	100
Jordan	22	22
Lebanon	18	-
Libya	26	26
Syria	30	30
Turkey	90	90
<u>Total:</u>	<u>377</u>	<u>763</u>

49. In the main, progress in developing maternal and child welfare programmes in this area has been slow, due in considerable part to the newness of the concept of preventive health work and the difficulties of integrating rural maternal and child health services into the rest of the public health structure. The lack of trained personnel presents a serious difficulty. There are, however, hopeful signs that the problems are gradually being overcome and that, in particular, more trainees will become available for training as public health nurses, midwives, and health visitors, as has been the case in Libya, Jordan, and Iraq.

50. Egypt and Israel remain the only countries of the area where maternal and child welfare services, though still in inadequate number, are numerous. A long-term, permanent maternal and child welfare service as part of rural health has been under study in Iran and is now ready for implementation.

51. With the possibility of obtaining aid only for the MCW part from UNICEF and no similar outside source of assistance for the other components of a rural health unit, a tendency has been observed in some countries to either broaden the concept of MCW or to request supplies and equipment in excess of the strict MCW part. Though a certain flexibility has been allowed, it is important that this relationship be better defined in order that the legitimate MCW field can be clearly identified.

52. Another important question of technique concerns fixed versus mobile services for continuing preventive health work in villages. A great deal of thinking and experiments have already been made in different countries in the area but so far no conclusive trend of ideas can be seen. While Egypt aims at completing the number of fixed centres as the most economic method, and only provides vehicles for technical supervision, Iran and Turkey are proposing to provide transport to actually mobilize the preventive health services.

53. An interesting proposal in this context is being made from Ethiopia with the request for assistance in the establishment of a pilot scheme for a mobile rural health team. The idea is here to run a compromise between mass campaigns and established health services, concentrating on preventive vaccinations and giving only incidental attention to emergencies which may come up. This project has its specific significance in a country where the rate of available health personnel is one of the lowest in the world.

### Milk Conservation

54. UNICEF is currently aiding five countries in the area with milk conservation equipment: Egypt, Iran, Iraq, Israel and Turkey.

55. In the period under review, considerable progress has been made on the construction of the dairy plant in Iran. The equipment from UNICEF has begun to arrive in Teheran and is expected to be installed during the summer. A FAO resident engineer has been appointed and will take up his assignment in April. Training abroad of Iranian nationals to specialize in plant management and milk quality control is under way through the provision of fellowships administered by FAO.

56. Construction of the dairy building in Ankara, Turkey, is nearly completed, and soon will be ready for the UNICEF-supplied equipment to be installed. Steps have also been taken by the Government to improve both quantitatively and qualitatively milk production in the area serving the dairy.

57. The delivery of equipment to the milk-bottling scheme in Israel is now nearly complete. The first small dairy assisted has started to produce sterilized milk in bottles. The remaining four pasteurizing plants will start bottling milk some time in late 1955 and early 1956.

58. Some delays have been encountered in Iraq and Egypt in connexion with sites for the plants. It is hoped that final decisions can be reached during visits of UNICEF engineers in February and March 1955, thus clearing the way for early building construction.

59. In Syria, technical investigations have been carried out to assess the possibilities of providing safe milk for children; the findings are promising and the Government's negotiations with UNICEF and FAO continue.

60. The UNICEF-assisted projects in milk conservation in the area are of a pioneer nature; it has taken a considerable time and much technical attention and vigilance to put them on a sound and reliable working basis. It is interesting that, even before the installations approved are ready to function, the governments or their agents have gone further, planning additional dairies as well as other measures towards an improved national milk policy. Both Iran and Turkey have asked UNICEF to give further assistance in the milk conservation field, but careful studies are required to determine the probable benefits of any such aid  
/on the health and nutrition

on the health and nutrition of the countries' children before any recommendations are made. The effectiveness of the operation of the plants presently being aided will also be a point for consideration.

#### Long-Range Feeding

61. UNICEF is currently aiding long-range feeding programmes in four countries: Iran, Iraq, Libya and Turkey. The total number of children and mothers reached through these programmes in 1954 was 53,000. The target for 1955 is 242,000.

62. The results of the first - and somewhat experimental - year of the school feeding scheme in Iraq, have at this stage become clear. Reports received from the Liwas school medical officers have recorded successful results in improved health, less absenteeism and greater alertness. The number of beneficiaries was 25,000 rather than the planned total of 40,000; nevertheless, the Government and the provincial authorities are planning for the continuation and expansion of the school feeding programme, building it as a permanent service.

63. A school feeding programme approved for Libya in September (E/ICEF/276, para. 164) is now in the stage of early implementation and is expected to reach 50,000 children in 1955.

64. The feeding programmes in Iran and Turkey, are both part of a broader scheme including milk conservation. By the end of the year Iran was feeding 20,000 children and plans to reach 80,000 in 1955; Turkey was reaching 8,000 and plans to reach 25,000 in 1955. In both countries the UNICEF-aided milk conservation plants are expected to start in 1956, providing free milk for a portion of these beneficiaries.

#### Emergency Situations

65 UNICEF milk, fish oil capsules, fish oil capsules, rice, dried fruit, and soap was provided to Egypt for the emergency feeding programme in Gaza for some 18,000 children and mothers. About 30,000 are expected to benefit in 1955. In Jordan UNICEF dried milk and other foods benefitted 58,000 children and mothers in impoverished frontier villages. It is noteworthy that within the framework of this emergency feeding programme, a nucleus school feeding programme reaching 10,000 children has developed. In 1955 this is expected to reach 15,000 children with the total UNICEF-aided programme reaching 70,000. UNICEF fish liver oil capsules and coconut oil was distributed to 32,000 Palestine refugee children in 1954 and about 45,000 are expected to benefit this year.

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