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THE THRIPOSHA PROGRAM

BACKGROUND INFORMATION

TO

FACILITATE DECISION MAKING

PREPARED FOR THE  
THRIPOSHA PROGRAM IMPLEMENTATION PLANNING WORKSHOP  
JANUARY 29 - FEBRUARY 13, 1985

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THE THRIPOSHA PROGRAM AT-A-GLANCE  
=====

|   |               |
|---|---------------|
| 1. TARGET BENEFICIARIES AT ANY ONE TIME                                   | 650,000       |
| 2. BENEFICIARIES CURRENTLY REACHED<br>(OF 650,000)                        | 538,516       |
| 3. DIFFERENT BENEFICIARIES REACHED OVER<br>A YEAR'S TIME                  | 1,005,000*    |
| 4. PER CENT OF TARGET CURRENTLY<br>REACHED                                | 82.8%         |
| 5. RECIPIENTS UNDER COMMERCIAL<br>MARKETING PROGRAM                       | 60,000        |
| 6. VALUE OF PL 480 COMMODITIES<br>FOR CURRENT YEAR                        | Rs.85 MILLION |
| 7. MINISTRY OF HEALTH BUDGET<br>FOR CURRENT YEAR                          | Rs.45 MILLION |
| 8. EX-FACTORY COST OF DAILY RATION<br>NOT INCLUDING DONATED COMMODITIES   | Rs. 0.20      |
| 9. COST PER BENEFICIARY PER YEAR,<br>NOT INCLUDING DONATED<br>COMMODITIES | Rs.75.00      |

\* THIS IS BECAUSE INFANTS, ANTENATAL AND LACTATING WOMEN REMAIN IN THE PROGRAM ONLY SIX MONTHS, AND BECAUSE ABOUT 25% OF THE PRE-SCHOOL CHILDREN MOVE OUT OF PROGRAM DURING EACH YEAR, ALL ARE REPLACED BY NEW ENTRANTS.

## 1. History and Overview of the Thriposha Program

### A. History of the Program

The Thriposha program grew out of an earlier program in which non-fat milk powder supplied by USAID through CARE was delivered by the Ministry of Health to MCH centers in all parts of the island. To overcome various disadvantages in this program, it was decided to change to a more nutritious, ready-to-eat food.

The Thriposha program then began in 1973, with 75,000 beneficiaries. The product for the first year was entirely imported under PL 480 commodity aid.

In 1974, local food commodities were introduced, and in 1976 the first extrusion cooking plant began operation in Kundasale, serving 293,000 beneficiaries. A table showing annual recipient targets is given in Annex 1A.

With the feasibility of the extrusion cooking process demonstrated, it was decided by the Government and CARE to provide for a considerably larger program by constructing a factory in Ja-Ela. This factory went into full production in 1980, and provided commodities for 519,000 recipients.

Total cost of the factory complex was Rs. 17,593,403. This included purchase of the land, construction of the main factory building, purchase, import and installation of the equipment, construction of a separate warehouse, and laying of railway tracks.

Funding for this was provided as follows:

|                       |            |                          |
|-----------------------|------------|--------------------------|
| Ministry of Health    | Rs.        | 3,721,273                |
| CARE                  |            | 11,572,130               |
| USAID Container Funds |            | <u>2,300,000</u>         |
| <b>Total</b>          | <b>Rs.</b> | <b><u>17,593,403</u></b> |

Since 1982, the factory has worked three shifts (22 hours) per day, producing approximately 12,300 metric tons of Thripasha per year.

This permits a goal of 650,000 beneficiaries under the free distribution program. The program is limited to this beneficiary target by the present production capacity of the factory. The free distribution program is described in detail in Section 3A.

In 1980, a commercial sales program was begun and proved viable. That program now covers sale of Thripasha to 60,000 persons in southern and central portions of the country. The price is Rs. 9,- per box of 454 grams. The commercial marketing program is described in detail in Section 3B.

B. Objectives

There was no original project document defining objectives. A possible statement of objectives would be:

1. To combat under-nutrition of mothers and children by providing a nutritional supplement to bridge the gap between their normal diet and minimum daily requirements.
2. To progressively increase the local food input into Thripasha so that it becomes a 100% indigenous product, independent of outside aid, and stimulating local production and marketing of local maize and soya.
3. To make Thripasha available commercially to families not reached by the free program, at a self-supporting cost well below that of comparable commercial products.

C. Operation of the Program

The program operates under annual agreements as follows:

1. Between USAID and CARE for supply of the PL 430 food component.
2. Between the Government and CARE for the operation of program and supply of local raw materials, packing materials, etc.

3. Between the Ministry of Health, CARE and the Ceylon Tobacco Company for operation of the Thriposha factory.

The PL 480 food commodities, consisting of ICSM (Instant Corn Soya Milk) and non-fat dry milk, are made available to CARE in the USA.

CARE arranges shipment of the commodities to Sri Lanka and their delivery to the Thriposha factory.

CARE purchases, with funds from the Ministry of Health, local commodities (maize and soya), imports vitamin and mineral premixes, and materials for packaging, and has these materials converted locally into polythene and paper bags.

CARE monitors the operation of the Thriposha factory, and operates 6 trucks provided by the Ministry of Health to deliver commodities to the factory and to deliver Thriposha to health centers in the central and southern portions of the island that cannot be reached by rail.

CARE has a staff of 10 persons who receive monthly reports from each of the distributing centers, audit them and prepare despatch allocations for fresh supplies, and correspond with centers, under the supervision of the Ministry designated Thriposha Program Supervisor, Dr. B.V. de Mel.

CARE has a staff of 6 Field Coordinators who spend three weeks each month in the field, visiting Thriposha and School Biscuit distribution centers, facilitate local solving of problems at the local level and reporting back to CARE and the Ministry on problems that require attention at the central level.

D. Organizations distributing Thriposha

There are a total of approximately 4,030 points through which Thriposha is distributed by the Ministry of Health,

Estates, The Mahaweli Authority of Sri Lanka, and voluntary organizations. A description of these distributions follows:

1. Ministry of Health

Most Thriposha is distributed through 746 receiving health centers, which redistribute it to approximately 1,800 MCH outlets.

From the Thriposha Factory, deliveries are made by rail or truck to all RDHS regions. Some supplies go direct to the RDHS. Others go direct to MCH clinics in hospitals of all grades, central dispensaries, maternity homes and MOH clinics.

2. Department of Social Services

Thriposha is distributed through the Department of Social Services to about 10,000 beneficiaries, who are pre-school children and primary school-age children in 291 Social Service Institutions.

3. Estates

A total of approximately 100,000 beneficiaries on 591 estates, including 525 estates of the Janata Estates Development Board and the Sri Lanka State Plantations Corporation receive Thriposha through daily, on-site feeding at creches.

All estates participating in the program send trucks to the Thriposha Factory at Ja-Ela to pick up their supplies. Estates that do not come under a polyclinic scheme of the Medical Officer (Family Health) Estates of the area, pay for the packing and processing of the Thriposha they receive. This money is paid to CARE and put in a special account described in section 5.

A further description of the Estate program is in Section 3.A.3.e.

4. Mahaweli Authority of Sri Lanka

A total of 33,720 infants and pre-school children and women receive Thriposha through daily on-site feeding.

### 5. Voluntary Organizations

About 69,300 beneficiaries receive Thriposha through daily, on-site feeding centers operated by various voluntary organizations. The supplies go direct from the Thriposha factory to these institutions.

The organizations include Sarvodaya, which distributes Thriposha to approximately 36,815 infants and pre-school children in daily, on-site feeding centers in 2,300 pre-schools operated by Sarvodaya.

Other voluntary organizations distributing Thriposha include rural development societies, temples, churches, community centers and Lions clubs, and others.

### 6. Gramodaya Mandalayas

Gramodaya Mandalayas distribute Thriposha in the following Districts, and number of recipients per district:

| <u>District</u> | <u>Areas</u>          | <u>Beneficiaries</u> |
|-----------------|-----------------------|----------------------|
| Nuwara Eliya    | All AGA Divisions     | 23,107               |
| Colombo         | Padukka MOH Area      | 1,364                |
| Ratnapura       | Kuruwita AGA Division | 2,181                |
| Moneragala      | All AGA Divisions     | 20,000 (estimated)   |
|                 | Total                 | 46,652               |

A further description of that program is in Section 3.A.3.f.

### 7. Multi-Purpose Cooperative Societies (MPCS)

Six multi-purpose cooperative societies in four administrative districts distribute Thriposha to a total of approximately 4,280 pre-school children, antenatal and lactating women.

| <u>District</u> | <u>MPCS</u>          | <u>Beneficiaries reached (approx)</u> |
|-----------------|----------------------|---------------------------------------|
| 1. Kurunegala   | Hiriyala             | 575                                   |
| 2. Kurunegala   | Ridigama             | 620                                   |
| 3. Kegalle      | Warakapola/Ambepussa | 48                                    |

| <u>District</u> | <u>MPCS</u>  | <u>Beneficiaries<br/>reached (approx)</u> |
|-----------------|--------------|---|
| 4. Polonnaruwa  | Hingurakgoda | 1,888                                     |
| 5. Badulla      | Udawalatha   | 514                                       |
| 6. Badulla      | Ambagasdowa  | <u>635</u>                                |
|                 | Total        | <u>4,280</u>                              |

#### E. Criteria for recipients of free Thripasha

In keeping with the objective of restricting the distribution of Thripasha to those mothers and children most in need of a nutritional supplement, the following criteria have been set to medically select beneficiaries:

1. Infants: Those in 2nd and 3rd degree malnutrition on the Gomez scale, that is, whose weight for age falls in the following percentages of the US National Academy of Sciences standard:

|            |           |
|------------|-----------|
| 2nd degree | 66-75%    |
| 3rd degree | under 60% |

Infants falling in these categories are eligible to receive Thripasha from the six through twelfth month of age.

2. Pre School Children: Children aged 13 through 60 months, who are in the 2nd or 3rd degree of under-nutrition.

3. Antenatal Women: Those who show signs of nutritional anemia with a Talquist reading of 50 per cent or below, or are otherwise under-nourished.

4. Lactating Women: All women, during the first six months after giving birth, who have low-birth-weight babies, show clinical signs of anemia or are having difficulty in lactating.

5. Ward patients: Mothers and children who fall in the above categories.

While the target for beneficiaries is 650,000 at any one time, the estimated number of beneficiaries served per year is 1,005,000. This is because infants, antenatal and lactating women remain in the program for only six months, and because about 25% of the pre-school children move out of 2nd

degree undernutrition and leave the program.

F. Ingredients of Thriposha

Ingredients of Thriposha

|  |     |
|--|-----|
| Instant Corn Soya Milk<br>(PL 480 commodity) | 51% |
| Non-fat dry milk                             | 9%  |
| Local maize                                  | 27% |
| Local soya                                   | 11% |
| Vitamin & Mineral premix                     | 2%  |

G. Ration of Thriposha

Thriposha is packaged for free distribution in 750 gram polythene packets. Each beneficiary receives two packets per month, or 1,500 grams, providing a ration of 50 grams per day for 30 days. Commercial Thriposha is packed in 454 gram boxes.

Facsimilies of the front and back of a 750 gram packet of free Thriposha and a 454 gram box of commercial Thriposha are in annexes 1D and 1E.

H. Nutritional Content of 50 Grams of Thriposha

A 50-gram ration of Thriposha contains:

|                             |
|-----------------------------|
| 184 calories                |
| 10.3 grams of protein       |
| 3.2 grams of fat            |
| 28.5 grams of carbohydrates |

Essential amino acids, Vitamins and minerals.

A complete list of these nutritive values is in annex 1F.

I. Ex-Factory cost of a 750 gram packet of Thriposha

The cost, net including the donated PL 480 commodities, is Rs. 3.14. If the cost of the donated commodities were included, the cost would be Rs. 9.02. If local commodities were substituted for the donated commodities, the cost would be Rs. 6.06. Detailed breakdowns of the ex-factory costs of free and commercial Thriposha are given in annexes 1G & 1H.

J. Cost of Thriposha per beneficiary per year

This cost, not including the donated PL 480 commodities, is Rs. 75.36 per year. If the cost of the donated commodities were included, the cost would be Rs. 216.48. If local commodities were substituted for the donated commodities, the cost would be Rs. 145.44.

This does not include the cost of rail transport or local distribution costs of the Ministry of Health centers and clinics.

## ANNEX 1A

ANNUAL BENEFICIARY TARGETS AND MINISTRY OF HEALTH  
BUDGET ALLOCATIONS

| <u>CARE FISCAL<br/>YEAR<br/>JULY - JUNE</u> | <u>BENEFICIARY<br/>TARGET</u> | <u>GOVERNMENT<br/>FISCAL YEAR<br/>JANUARY-DECEMBER</u> | <u>BUDGET<br/>ALLOCATION<br/>(Million Rupees)</u> |
|---|-------------------------------|--|---|
| 1973/74                                     | 135,000                       | 74   | 1.00  |
| 1974/75                                     | 275,000                       | 75   | 3.70  |
| 1975/76                                     | 350,000                       | 76   | 7.70  |
| 1976/77                                     | 400,000                       | 77   | 11.84   |
| 1977/78                                     | 450,000                       | 78   | 15.84   |
| 1978/79                                     | 500,000                       | 79   | 15.84   |
| 1979/80                                     | 550,000                       | 80   | 16.11   |
| 1980/81                                     | 550,000                       | 81   | 16.11   |
| 1981/82                                     | 600,000                       | 82   | 21.93   |
| 1982/83                                     | 600,000                       | 83   | 35.07   |
| 1983/84                                     | 650,000                       | 84   | 42.00   |
| 1984/85                                     | 650,000                       | 85   | 45.00   |

AMOUNT OF PL 480 COMMODITIES  
COVERED ON ANNUAL AGREEMENT AND VALUES

| <u>YEAR</u> | <u>COMMODITY</u> | <u>QUANTITY - LBS</u> | <u>VALUE - \$</u> |
|-------------|------------------|-----------------------|-------------------|
| 1973/74     | WSB              | 3,698,000             | 483,328           |
| 1974/75     | WSB              | 7,678,000             | 1,382,040         |
| 1975/76     | WSB              | 9,676,800             | 1,617,961         |
| 1976/77     | WSB/ICSM         | 11,425,000            | 2,056,500         |
| 1977/78     | WSB, ICSM        | 13,428,000            | 3,941,118         |
| 1978/79     | ICSM             | 13,891,500            | 3,028,347         |
| 1979/80     | ICSM             | 15,898,500            | 3,440,090         |
| 1980/81     | ICSM             | 16,489,000            | 3,765,131         |
| 1981/82     | ICSM             | 16,947,000            | 5,029,327         |
| 1982/83     | ICSM             | 13,464,000            | 2,516,085         |
|             | NFDM             | 2,375,000             |                   |
| 1983/84     | ICSM             | 13,464,000            | 2,696,327         |
|             | NFDM             | 2,375,000             |                   |
| 1984/85     | ICSM             | 5,967,000             | 3,289,876         |
|             | NFDM             | 1,053,000             |                   |

WSB - Wheat Soya Blend

ICSM - Instant Corn Soya Milk

NFDM - Non Fat Dry Milk

ANNUAL CARE ADMINISTRATIVE COSTS

| <u>YEAR</u> | <u>DOLLOR COST \$</u> | <u>RUPEE COST</u><br><u>(IN \$)</u> |
|-------------|-----------------------|-------------------------------------|
| 1973/74     | 38,694                | 25,071                              |
| 1974/75     | 26,030                | 38,612                              |
| 1975/76     | 65,070                | 44,259                              |
| 1976/77     | 59,824                | 56,592                              |
| 1977/78     | 76,510                | 69,010                              |
| 1978/79     | 75,530                | 58,782                              |
| 1979/80     | 129,698               | 52,475                              |
| 1980/81     | 129,763               | 66,669                              |
| 1981/82     | 152,115               | 106,805                             |
| 1982/83     | 115,196               | 108,424                             |
| 1983/84     | 75,001                | 139,533                             |
| 1984/85     | 85,871                | 149,617                             |

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## ශ්‍රී ලංකා THRIPOSHA



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විකල්ප ආහාරයක්



**NUTRITIONAL SUPPLEMENTARY FOOD  
FOR CHILDREN AND MOTHERS**



Packed in Sri Lanka for CARE and  
distributed through the Department of Health Services





Date of Manufacture

Max. Retail Price  
Rs. 9.00

Minimum Net. Wt.  
454 g.

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|           |       |
|-----------|-------|
| කැලරි     | 378   |
| විෂ්කම්භ  | 59.0% |
| ප්‍රෝටීන් | 19.8% |
| කේරු      | 6.8%  |

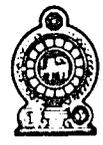
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ශ්‍රී ලංකාවේ THRIPOSHA



A NONPROFIT NUTRITIONAL SUPPLEMENTARY FOOD  
PRODUCED IN SRI LANKA BY  
THE MINISTRY OF HEALTH IN COOPERATION WITH CARE



NUTRITIVE VALUE OF 50 GRAMS THRIPOSHA

|                          |                  |
|--------------------------|------------------|
| Energy (cals)            | 184              |
| Fat                      | 3.2 g            |
| Protein                  | 10.3 g           |
| Carbohydrates            | 28.5 g           |
| Essential amino acids -  |                  |
| Isoleucine               | 20 mg            |
| Leucine                  | 48 mg            |
| Lysine                   | 29 mg            |
| Methionine + cystine     | 14 mg            |
| Phenylalanine + tyrosine | 39 mg            |
| Threonine                | 16 mg            |
| Tryptophan               | 5                |
| Valine                   | 23               |
| Vitamins -               |                  |
| Thiamin                  | 375 mcg          |
| Riboflavin               | 275 mcg          |
| Niacin                   | 4 mg             |
| Vitamin C                | 20 mg            |
| Vitamin B6               | 3 mg             |
| Pantothenic acid         | 1.5 mg           |
| Iron                     | 9 mg             |
| Folic                    | 100 mcg          |
| Vitamin B12              | 2 mcg            |
| Vitamin A IU             | 281 mcg - 850 IU |
| Phosphorus               | 325 mg           |
| Calcium                  | 450 mg           |
| Magnesium                | 47.5 mg          |
| Zinc                     | 1.37 mg          |
| Sodium                   | 137.5 mg         |
| Potassium                | 425 mg           |
| Iodine                   | 22.5 mcg         |

(Courtesy Dr. Mrs. B.V. de Mel)

EX FACTORY COST OF 750 GRAM PACKET OF THRIPOSHA  
FOR THE FREE PROGRAM

| <u>Cost Estimate</u>                         | <u>60% PL 480 commodities</u>   |               | <u>Cost with 100% indigenous</u> |               |
|--|---------------------------------|---------------|----------------------------------|---------------|
|  | <u>Grams</u>                    | <u>Rupees</u> | <u>Grams</u>                     | <u>Rupees</u> |
|  | <u>40% indigenous materials</u> |               | <u>materials *</u>               |               |
| Maize  | 205.65                          | .898          | 514.12                           | 2.245         |
| Soyabeans                                    | 88.35                           | .756          | 220.78                           | 1.89          |
| ICSM   | 382.5                           | 4.59          | -                                | -             |
| NFDM   | 67.5                            | 1.29          | -                                | -             |
| Vitamins                                     | .30                             | 0.0905        | .75                              | .226          |
| Minerals                                     | <u>5.70</u>                     | <u>.202</u>   | <u>14.25</u>                     | <u>.505</u>   |
| Sub Total                                    | 750.0                           | 7.8265        | 750.0                            | 4.866         |
| <u>Packaging Materials</u>                   |                                 |               |                                  |               |
| Printed polybags                             |                                 | .314          |                                  |               |
| Master bags                                  |                                 | <u>.125</u>   |                                  |               |
|  |                                 | .439          |                                  | .439          |
| <u>Administration &amp; General Expenses</u> |                                 |               |                                  |               |
| Management staff salaries                    |                                 | .215          |                                  |               |
| Others                                       |                                 | <u>.074</u>   |                                  |               |
| Sub Total                                    |                                 | .289          |                                  | .289          |
| <u>Overheads</u>                             |                                 |               |                                  |               |
| Direct labour                                |                                 | .033          |                                  |               |
| Management fee                               |                                 | .116          |                                  |               |
| Transport (Fuel, salaries & allowances)      |                                 | .056          |                                  |               |
| Depreciation plant & machinery, trucks       |                                 | .026          |                                  |               |
| Electricity                                  |                                 | .127          |                                  |               |
| Insurance                                    |                                 | .017          |                                  |               |
| Factory spares                               |                                 | .061          |                                  |               |
| Printing & other expenses                    |                                 | <u>.030</u>   |                                  |               |
| Sub Total                                    |                                 | .466          |                                  | .466          |
| GRAND TOTAL                                  |                                 | <u>9.0205</u> |                                  | <u>6.060</u>  |
|  |                                 | =====         |                                  | =====         |

\* PL 480 commodities substituted with local commodities.

PL 480 commodities: ICSM (Instant Corn Soya Milk)  
NFDM (Non Fat Dry Milk)

Other costs to the program

- a) Rail transport cost per 750 gram packet averages to .095 cents.
- b) Transport cost to clinics, storage and staff time at clinics are not costed.

These figures do not include CARE administrative costs.

EX FACTORY COST OF 454 GRAM PACKET OF THRIPOSHAFOR THE COMMERCIAL MARKETING PROGRAM

| <u>Cost Estimate</u>                         | <u>With PL 480</u>               | <u>Rupees</u> | <u>Cost of 454 gram packet</u>                  |               |
|--|----------------------------------|---------------|---|---------------|
|  | <u>Quantity</u><br><u>(Gram)</u> |               | <u>with 100% indigenous</u><br><u>materials</u> |               |
|  |                                  |               | <u>Grams</u>                                    | <u>Rupees</u> |
| Maize  | 124.487                          | .544          | 311.444   | 1.361         |
| Soyabeans                                    | 53.481                           | .458          | 133.476   | 1.143         |
| ICSM   | 231.540                          | 2.778         | -   | -             |
| NFDM   | 40.860                           | .784          | -   | -             |
| Vitamins                                     | .182                             | .055          | .454  | .137          |
| Minerals                                     | 3.450                            | .122          | 8.626   | .305          |
| Sub Total                                    | 454.0                            | 4.741         | 454.0   | 2.946         |
| <u>Packaging Materials</u>                   |                                  |               |   |               |
| Polybags                                     |                                  | .145          |   |               |
| Corrugated Cartons                           |                                  | .256          |   |               |
| 454 gram packet                              |                                  | 1.38          |   |               |
| Gum and Glue                                 |                                  | .013          |   |               |
| Sub Total                                    |                                  | 1.794         |   | 1.794         |
| <u>Administration &amp; General Expenses</u> |                                  |               |   |               |
| Management staff salaries                    |                                  | .130          |   |               |
| Others                                       |                                  | .045          |   |               |
| Sub Total                                    |                                  | .175          |   | .175          |
| <u>Overheads</u>                             |                                  |               |   |               |
| Direct labour                                |                                  | .020          |   |               |
| Management fee                               |                                  | .070          |   |               |
| Transport (fuel, salaries & allowances)      |                                  | .034          |   |               |
| Depreciation Plant & Machinery, Trucks       |                                  | .015          |   |               |
| Electricity                                  |                                  | .070          |   |               |
| Insurance                                    |                                  | .010          |   |               |
| Factory spares                               |                                  | .037          |   |               |
| Printing expenses                            |                                  | .018          |   |               |
| Sub Total                                    |                                  | .274          |   | .274          |
| TOTAL COST OF PRODUCTION                     |                                  | 6.984         |   | 5.189         |
| Cost of Sales                                |                                  | 2.32          |   | 2.32          |
| Total cost                                   |                                  | 9.30          |   | 7.51          |
| • Price of a packet (effective 16/10/85)     |                                  | 9.00          |   | 9.00          |
| Profit (Loss)                                |                                  | (.30)         |   | 1.49          |

\* Price of a packet prior to 16/10/84 was Rs. 6.50.

The profit margin is used to meet the increase in cost of materials required to meet the increase in demand for the product.

NOTE

PL 480 Commodities - ICSM (Instant Corn Soya Milk)  
NFDM (Non Fat Dry Milk)

These figures do not include CARE administrative costs.

2. Coverage of the Program

A. The overall coverage of free distribution program for the last 18 months is given on the following page. Salient points of it are:

1. During January-June, 1983, the program reached 631,680 of the target of 650,000 beneficiaries, or 97.2 per cent.

2. In 1983 Thripōsha Progrām was affected due to the unanticipated events in the middle of the year.

3. During January-June, 1984 coverage climbed back to 82.8 per cent.

4. Category wise, the group that appears most difficult to reach in proportionate numbers is antenatal women.

5. The average number of packets issued per person per month is about 1.90 against a target of 2 packages.

6. Losses and damages in transport and storage amount to less than one per cent of allocations.

THRIPOSHA PROGRAMBENEFICIARIES REACHED - COMPARED WITH TARGET POPULATION OF COUNTRY AS A WHOLEJANUARY 1983 - JUNE 1984

| 1. <u>CATEGORY</u>                       | JANUARY - JUNE 1983 |                       |                    | JULY - DECEMBER 1983 |                       |                    | JANUARY - JUNE 1984 |                       |                    |
|--|---------------------|-----------------------|--------------------|----------------------|-----------------------|--------------------|---------------------|-----------------------|--------------------|
|  | Beneficiary Target  | Beneficiaries Reached | Per cent of Target | Beneficiary Target   | Beneficiaries Reached | Per cent of Target | Beneficiary Target  | Beneficiaries Reached | Per cent of Target |
| Health Centres                           | 505,000             | 498,399               | 98.7               | 505,000              | 315,111               | 62.3               | 505,000             | 430,997               | 85.34              |
| Estate Clinics                           | 135,000             | 121,166               | 89.8               | 135,000              | 91,027                | 67.4               | 135,000             | 96,040                | 71.14              |
| Social Services                          | 10,000              | 12,115                | 121.1              | 10,000               | 11,479                | 114.79             | 10,000              | 11,479                | 114.8              |
| <b>TOTAL</b>                             | <b>650,000</b>      | <b>631,680</b>        | <b>97.2</b>        | <b>650,000</b>       | <b>417,617</b>        | <b>64.2</b>        | <b>650,000</b>      | <b>538,516</b>        | <b>82.8</b>        |
| 2. <u>BENEFICIARIES REACHED PER TYPE</u> |                     |                       |                    |                      |                       |                    |                     |                       |                    |
| Infants                                  | 66,000              | 62,198                | 94.2               | 66,000               | 41,444                | 62.7               | 66,000              | 65,251                | 98.8               |
| Pre-school children                      | 380,000             | 403,920               | 107.6              | 380,000              | 266,496               | 70.1               | 380,000             | 331,382               | 87.2               |
| Pregnant women                           | 136,000             | 84,531                | 62.2               | 136,000              | 56,280                | 41.38              | 136,000             | 74,171                | 54.5               |
| Lactating women                          | 58,000              | 60,635                | 104.5              | 58,000               | 40,002                | 68.96              | 58,000              | 54,028                | 93.1               |
| Social Services                          | 10,000              | 12,115                | 121.2              | 10,000               | 11,479                | 114.79             | 10,000              | 11,479                | 114.7              |
| Ward Patients                            | (in above)          | 3,281                 | -                  | -                    | 1,915                 | -                  | -                   | 2,205                 | -                  |
| <b>TOTAL</b>                             | <b>650,000</b>      | <b>631,680</b>        | <b>97.2</b>        | <b>650,000</b>       | <b>417,617</b>        | <b>64.2</b>        | <b>650,000</b>      | <b>538,516</b>        | <b>82.8</b>        |

Among the observations that can be made from this table are:

1. The program was reaching 97% of the target number of beneficiaries before the July 1983 disturbances. The figure fell to 64.2% for July - December 1983, and climbed to 82.8 during January - June 1984.
2. The most difficult category of beneficiaries to reach are ante-natal women.
3. The figure for health centers includes the Mahaweli Authority of Sri Lanka and approximately 191 voluntary organizations, including rural development societies, temples, churches, community centers, Lions clubs and others.

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|   | <u>JANUARY - JUNE 1983</u> | <u>JULY - DECEMBER 1983</u> | <u>JANUARY - JUNE 1984</u> |
|---|----------------------------|-----------------------------|----------------------------|
| 3. <u>AVERAGE NUMBER OF PACKETS<br/>ISSUED PER MONTH</u>                      | 1,217,759                  | 759,588                     | 950,993                    |
| 4. <u>AVERAGE NUMBER OF PACKETS<br/>ISSUED PER BENEFICIARY,<br/>PER MONTH</u> | 1.93                       | 1.87                        | 1.88                       |
| 5. <u>TOTAL ALLOCATIONS TO CENTRES</u>  | Not Available              | 4,035,510                   | 6,625,380                  |
| 6. <u>TOTAL LOSSES AND DAMAGES</u>  | 16,046                     | 10,582                      | 10,506                     |
| 7. <u>LOSSES AND DAMAGES AS PER CENT<br/>OF ALLOCATIONS</u>                   | Not Available              | 0.2%                        | 0.7%                       |

B. Nutritionally at-risk population in terms of Thriposha Program Criteria.

The following table represents the first attempt to determine the nutritionally at risk population in terms by RDHS regions, and to adjust this to relate only to categories of women and children eligible for Thriposha.

The basis for the calculation is the Food and Nutrition Policy Planning Division's publication No.1 on Statistics on Child Nutrition.

Following the table is a description of how these figures were arrived at, using Department of the Census figures for mid-1984 population, and Thriposha Program Criteria.

NUTRITIONALLY AT RISK POPULATION IN TERMS  
OF THRIPOSHA PROGRAM CRITERIA

(Based on estimated Mid-Year population 1984)

| ADMINISTRATIVE DISTRICTS | INFANTS | PRE-SCHOOL CHILDREN | ANTE-NATAL MOTHERS | LACTATING MOTHERS | TOTAL   |
|--------------------------|---------|---------------------|--------------------|-------------------|---------|
| AMPARAI                  | 2,736   | 24,597              | 4,480              | 4,928             | 36,741  |
| ANURADHAPURA             | 4,131   | 37,116              | 7,119              | 7,830             | 56,196  |
| BADULLA                  | 3,959   | 36,412              | 5,808              | 6,389             | 52,568  |
| BATTICALOA               | 2,858   | 23,294              | 4,134              | 4,548             | 34,834  |
| COLOMBO                  | 4,576   | 42,719              | 11,282             | 12,411            | 70,988  |
| GAMPAHA                  | 4,603   | 40,722              | 11,248             | 12,373            | 68,946  |
| GALLE                    | 3,533   | 30,785              | 6,982              | 7,680             | 48,980  |
| HAMBANTOTA               | N-A     | N-A                 | 4,371              | 4,809             | 9,180   |
| JAFFNA                   | 3,119   | 28,429              | 7,594              | 8,353             | 47,495  |
| KALUTARA                 | 3,354   | 30,112              | 7,148              | 7,862             | 48,476  |
| KANDY                    | 5,417   | 47,672              | 9,767              | 10,745            | 73,601  |
| KEGALLE                  | 3,097   | 27,617              | 5,544              | 6,098             | 42,356  |
| KURUNEGALA               | 6,304   | 59,498              | 10,221             | 11,243            | 87,266  |
| MATALE                   | 2,245   | 18,092              | 5,713              | 3,678             | 29,728  |
| MATARA                   | N-A     | N-A                 | 5,712              | 6,283             | 11,995  |
| MONERAGALA               | 2,037   | 17,943              | 3,541              | 3,895             | 27,416  |
| MULAITIVU                | 454     | 3,691               | 1,118              | 1,229             | 6,492   |
| MANNAR                   | 766     | 5,911               | 1,436              | 1,579             | 9,692   |
| NUWARA ELIYA             | 3,796   | 34,770              | 4,862              | 5,348             | 48,776  |
| PUTTALAM                 | 2,979   | 26,477              | 5,163              | 5,680             | 40,299  |
| POLONNARUWA              | 1,502   | 11,671              | 3,166              | 3,483             | 19,822  |
| RATNAPURA                | 4,725   | 37,052              | 8,593              | 9,452             | 59,822  |
| TRINCOMALEE              | 2,111   | 17,254              | 3,367              | 3,703             | 26,435  |
| VAVUNIYA                 | 602     | 5,414               | 1,186              | 1,305             | 8,507   |
| TOTAL                    | 68,904  | 607,248             | 139,555            | 150,904           | 966,611 |

The method used to derive these figures is given on the following page.

Thriposha ProgramMethod of Calculating Target Population at risk NutritionallyBy Administrative DistrictsStep 1 Calculation of Population1 Infants

Total

| Estimated  | Per cent of  | Total      |               | Thriposha  |
|------------|--------------|------------|---------------|------------|
| Mid-year   | x Infants in | = Infant   | $\div 2^{**}$ | = Target   |
| Population | Population * | Population |               | Population |
| 1984 *     |              |            |               |            |

\* Source Department Censes &amp; Statistics

\*\* Because Infants are eligible for Thriposha from  
6-12 months only2 Pre-school Children, 1-5 years

The per cent of children aged 1-5 in 1981 multiplied by  
the estimated mid-year population of 1984.

3 Antenatal WomenSame figures as for infants  $\div 2.2^*$ \* ANW come to Thriposha clinics for average of last  
5.5 months only.

....2/-

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4 Lactating Women

Same figures as for infants - 2\* because lactating women are eligible for Thripasha for only the first six months after birth.

Step 2 Calculation of Population at Risk Nutritionally

1 Infant and Pre-school Children

Number of target population multiplied by per cent in 2nd degree plus 3rd degree (Gomez) as given on p 13 of FNPPD Statistics on Child Nutrition.

2 Antenatal Mothers

Number of target population x 70%. The figure of 70% of pregnant women suffering from nutritional anemia is from a 1974 study. It is supported by the conclusions of several doctors consulted.

3 Lactating Women

Number of target population x 70%  
The figure of 70% is not based on a study but on the conclusion of doctors consulted that the nutritional status of lactating women is no better than, and probably worse than, antenatal women.

C. Beneficiaries reached by RDHS regions compared with at risk population for all categories of recipients

The following table represents the first attempt to relate beneficiaries reached to the at-risk population.

In compiling these figures, it is recognised that differences exist between the areas covered by RDHS regions and administrative districts. However in many cases these areas are quite similar. Exceptions are

While recognizing these differences, it was felt that a comparison could be useful for program planning purposes even though figures in some cases are not 100% comparable.

BENEFICIARIES REACHED BY RDHS REGIONS COMPARED WITH  
AT-RISK POPULATION FOR ALL CATEGORIES OF RECIPIENTS

January - June 1984

Part I - Distributions through Ministry of Health, Estates and Non-Governmental organisations to all categories of beneficiaries.

| R.D.H.S. REGION                            | AT RISK<br>(By Administrative District) | REACHED | % REACHED<br>OF AT RISK |
|--|---|---------|-------------------------|
| AMPARAI                                    | 36,741                                  | 8,782   | 24.00                   |
| AHURADHAPURA                               | 62,631                                  | 45,718  | 55.3                    |
| BADULLA                                    | 52,568                                  | 32,846  | 62.10                   |
| BATTICALOA                                 | 34,834                                  | 14,390  | 41.3                    |
| COLOMBO                                    | 70,988                                  | 37,641  | 53.02                   |
| GAMPAHA                                    | 68,946                                  | 15,331  | 22.2                    |
| GALLE                                      | 48,580                                  | 28,067  | 57.30                   |
| JAFFNA                                     | 47,495                                  | 19,173  | 40.36                   |
| KALUTARA                                   | 48,476                                  | 25,268  | 52.12                   |
| KANDY                                      | 73,601                                  | 61,645  | 83.75                   |
| KEGALLE                                    | 42,356                                  | 23,648  | 55.83                   |
| KURUNEGALA                                 | 87,266                                  | 35,157  | 40.28                   |
| MATALE                                     | 49,550                                  | 22,989  | 46.39                   |
| MATARA/HAMBAHOTTA                          | N/A                                     | 41,003  | N/A                     |
| MONERAGALA                                 | 27,416                                  | 3,610   | 13.29                   |
| NUWARA ELIYA                               | 48,776                                  | 54,356  | 111.44                  |
| PUTTALAM                                   | 40,299                                  | 10,782  | 26.75                   |
| RATNAPURA                                  | 59,822                                  | 37,664  | 62.96                   |
| VAVUNIYA                                   | 24,691                                  | 8,967   | 36.31                   |
| SUB TOTAL                                  | 945,436                                 | 527,037 |                         |
| Part II - Department of<br>Social Services | -                                       | 11,479  |                         |
| TOTAL                                      | *945,436                                | 538,516 | 56.9                    |

|  |     |               |
|--|-----|---------------|
| *Population At-Risk                                | ... | 945,436       |
| Add At-Risk population of<br>Matara and Hambantota | ... | <u>21,175</u> |
| Total Population At-Risk                           |     | 966,611       |
| (See Table 2-5)                                    |     | *****         |

The figures for infants and pre-school children in Matara and Hambantota have not been included because these percentages of 2nd and 3rd\* PCM are not given in the F & NPPD study.

The figures of 111% coverage in Nuwara Eliya relates to the daily on-site feeding on estates where it is necessary to feed all children, and medical selection is not possible.

D. Beneficiaries Reached by Category, compared with  
At-Risk Population

The following four tables are a breakdown of the figures given in the preceding table by category of recipients: infants, pre-school children, antenatal and lactating women.

BENEFICIARIES REACHED BY CATEGORY COMPARED  
TO AT RISK POPULATION

INFANTS

| R.D.H.S. REGION                    | AT RISK | REACHED | % REACHED |
|------------------------------------|---------|---------|-----------|
| 1. AMPARAI                         | 2,736   | 1,132   | 41.3      |
| 2. ANURADHAPURA/T'MALEE            | 6,242   | 7,154   | 114.6     |
| 3. BADULLA                         | 3,959   | 3,171   | 80.0      |
| 4. BATTICALOA                      | 2,858   | 2,491   | 87.15     |
| 5. COLOMBO                         | 4,576   | 5,805   | 126.8     |
| 6. GAMPAHA                         | 4,603   | 2,230   | 48.4      |
| 7. GALLE                           | 3,533   | 3,582   | 101       |
| 8. JAFFNA                          | 3,119   | 4,545   | 145.7     |
| 9. KALUTARA                        | 3,354   | 3,413   | 101.7     |
| 10. KANDY                          | 5,417   | 5,059   | 93        |
| 11. KEGALLE                        | 3,097   | 1,858   | 60        |
| 12. KURUNEGALA                     | 6,304   | 5,885   | 93.3      |
| 13. MATALE/POLONNARUWA             | 3,747   | 2,199   | 58.6      |
| 14. MATARA                         | N-A     | 4,145   | N-A       |
| 15. MONERAGALA                     | 2,037   | 623     | 30.5      |
| 16. NUWARA ELIYA                   | 3,796   | 4,687   | 123.4     |
| 17. PUTTALAM                       | 2,979   | 1,108   | 37.1      |
| 18. RATNAPURA                      | 4,725   | 4,329   | 91.6      |
| 19. VAVUNIYA/MULLAITIVU/<br>MANNAR | 1,822   | 1,835   | 101       |
| TOTAL                              | 68,904  | 65,251  | 94.6      |

The figures of 114% for Anuradhapura reflects the daily, on-site feeding in the Mahaweli areas, where it is necessary to feed all children who come and medical selection is not possible.

The figure of 126% for Colombo reflects the number of recipients who come to Colombo hospitals from outside Colombo.

The figure of 145% for Jaffna is due to doctors giving Thripasha to all who attend clinics as a weaning food.

The figure of 123% for Nuwara Eliya reflects on-site feeding on estates, where medical selection is not possible and where all are fed.

BENEFICIARIES REACHED BY CATEGORY COMPARED  
TO AT RISK POPULATION

PRE - SCHOOL

| R.D.H.S. REGION  | AT RISK | REACHED | % REACHED |
|------------------|---------|---------|-----------|
| 1. AMPARAI       | 24,597  | 5,800   | 23.58     |
| 2. ANURADHAPURA  | 54,370  | 30,127  | 55.41     |
| 3. BADULLA       | 36,412  | 21,260  | 58.38     |
| 4. BATTICALOA    | 23,294  | 7,333   | 31.48     |
| 5. COLOMBO       | 42,719  | 17,814  | 41.70     |
| 6. GAMPAHA       | 40,722  | 7,143   | 17.54     |
| 7. GALLE         | 30,785  | 17,312  | 56.23     |
| 8. JAFFNA        | 28,429  | 9,719   | 34.18     |
| 9. KALUTARA      | 30,112  | 17,510  | 58.14     |
| 10. KANDY        | 47,672  | 44,277  | 92.87     |
| 11. KEGALLE      | 27,617  | 16,584  | 60.04     |
| 12. KURUNEGALA   | 59,498  | 20,091  | 33.76     |
| 13. MATALE       | 29,763  | 14,742  | 49.53     |
| 14. MATARA       | N-A     | 26,333  | N-A       |
| 15. MONERAGALA   | 17,943  | 2,282   | 12.71     |
| 16. NUWARA ELIYA | 34,770  | 38,477  | *110.66   |
| 17. PUTTALAM     | 26,477  | 5,943   | 22.44     |
| 18. RATNAPURA    | 37,052  | 23,448  | 63.28     |
| 19. VAVUNIYA     | 15,016  | 5,187   | 34.54     |
| TOTAL            | 607,248 | 331,382 | 54.57     |

\* The figure for Nuwara Eliya appears to reflect the daily on-site feeding on estates where all who come must be fed and medical selection is not possible and the distribution of Thripasha to some normals who attend Gramodaya Centres.

BENEFICIARIES REACHED BY CATEGORY  
COMPARED TO AT RISK POPULATION

ANTE-NATAL MOTHERS

| R. D. H. S. REGION | AT RISK        | REACHED       | % REACHED     |
|--------------------|----------------|---------------|---------------|
| 1. Amparai         | 4,480          | 1,626         | 36.29%        |
| 2. Anuradhapura    | 10,486         | 4,972         | 47.41%        |
| 3. Badulla         | 5,808          | 3,809         | 65.58%        |
| 4. Batticaloa      | 4,134          | 2,322         | 56.16%        |
| 5. Colombo         | 11,282         | 11,089        | 98.28%        |
| 6. Gampaha         | 11,248         | 3,555         | 31.60%        |
| 7. Galle           | 6,982          | 4,452         | 63.76%        |
| 8. Jaffna          | 7,594          | 3,394         | 44.69%        |
| 9. Kalutara        | 7,148          | 2,641         | 36.94%        |
| 10. Kandy          | 9,767          | 6,223         | 63.71%        |
| 11. Kegalle        | 5,544          | 2,850         | 51.40%        |
| 12. Kurunegala     | 10,221         | 5,668         | 55.45%        |
| 13. Matale         | 8,879          | 2,939         | 33.10%        |
| 14. Matara         | 10,083         | 5,091         | 50.49%        |
| 15. Moneragala     | 3,541          | 401           | 11.32%        |
| 16. Nuwara Eliya   | 4,862          | 4,357         | 89.61%        |
| 17. Puttalam       | 5,163          | 2,357         | 45.65%        |
| 18. Ratnapura      | 8,593          | 5,105         | 59.40%        |
| 19. Vavuniya       | 3,740          | 1,320         | 35.29%        |
| <b>TOTAL</b>       | <b>139,555</b> | <b>74,171</b> | <b>53.14%</b> |

BENEFICIARIES REACHED BY CATEGORY  
COMPARED TO AT RISK POPULATION

LACTATING MOTHERS

| R.D.H.S. REGION  | AT RISK | REACHED | % REACHED |
|------------------|---------|---------|-----------|
| 1. Amparai       | 4,928   | 203     | 4.1%      |
| 2. Anuradhapura  | 11,533  | 3,170   | 27 %      |
| 3. Badulla       | 6,389   | 4,386   | 68.6%     |
| 4. Batticaloa    | 4,548   | 2,230   | 49 %      |
| 5. Colombo       | 12,411  | 2,773   | 22 %      |
| 6. Gampaha       | 12,373  | 2,350   | 19 %      |
| 7. Galle         | 7,680   | 2,560   | 33.3%     |
| 8. Jaffna        | 8,353   | 1,355   | 16.2%     |
| 9. Kalutara      | 7,862   | 1,669   | 21.2%     |
| 10. Kandy        | 10,745  | 5,831   | 54.2%     |
| 11. Kegalle      | 6,098   | 2,268   | 37.1%     |
| 12. Kurunegala   | 11,243  | 3,401   | 30.2%     |
| 13. Matale       | 7,161   | 3,032   | 42.3%     |
| 14. Matara       | 11,092  | 5,363   | 48.3%     |
| 15. Moneragala   | 3,895   | 273     | 7 %       |
| 16. Nuwara Eliya | 5,348   | 6,525   | 122 % *   |
| 17. Puttalam     | 5,680   | 1,359   | 23 %      |
| 18. Ratnapura    | 9,452   | 4,671   | 49.4%     |
| 19. Vavuniya     | 4,113   | 609     | 14.8%     |
| TOTAL            | 150,904 | 54,028  | 36 %      |

\* The figures for Nuwara Eliya appear to reflect the daily on-site feeding on estates, where medical selection is not possible.

3. How the Program Operates

A. The Free Distribution Program

1. Production

- a. CARE obtains the PL 480 commodities from USAID.
- b. Local commodities, packing materials, vitamin & mineral premix are purchased with the Government Funds for the CARE Program.
- c. Thriposha is produced at the factory in Ja-Ela.  
A flow chart showing the foregoing steps is in annex 3a.

2. Distribution

- a. Health Centers, Estates and other organizations apply to the Thriposha Program Supervisor to be included in the program, stating the expected number of recipients.
- b. An 'Approved Beneficiary List' is fixed giving maximum number of recipients per center.
- c. An allocation and despatch of Thriposha is made to the center (a sample of Thriposha Despatch Authorization is in annex 3b)
- d. The commodity is received by rail and truck and forwarded to the center or clinic.
- e. The commodity is distributed and records kept at the center or clinic.

3. Monitoring

- a. Each center prepares and forwards to the Thriposha Program Supervisor a "Monthly Beneficiary and Inventory report" (a sample of this is in annex 3 c) indicating the category and number of persons to whom Thriposha has been distributed during the month, the beginning balance, receipts, amount distributed and closing balance.
- b. These MBI forms are processed by CARE staff, and new allocations and despatches made to the centers.
- c. Monthly status reports are issued by CARE on the performance of the program. One of these is given in annex 3D.

d. Six CARE Field Coordinators spend three weeks each month travelling to RDHS regions in turn, observing operation of the program at all levels, facilitating resolution of problems at the local level, and reporting back to CARE and the Thriposha Program Supervisor on their observations and problems that need attention in Colombo, by the Ministry of Health and/or by CARE. The Field Coordinators also observe the operation of the School Biscuit Program.

e. Estate program

The Janatha Estates Development Board (JEDB) and the Sri Lanka State Plantations Corporation (SLSPC) are the two major plantation organizations distributing Thriposha. The Lanka Estates Development Company, the Tea Research Institute, the Rubber Research Institute, the National Livestock Development Board and the Cashew Corporation, also distribute Thriposha on some of their estates. In addition to the estates managed by these authorities, about fifty estates owned by private individuals also distribute Thriposha.

Of the major plantation management organizations, 98% of the SLSPC estates and 87% of the JEDB estates, are enrolled in the Thriposha program. Few estates that are not participating in the program, are in most instances, unable to participate either due to the unavailability of suitable creches, lack of trained health staff to conduct a feeding program or the absence of a resident labour force (which is the case on most coconut estates).

The Family Health Bureau has appointed medical officers to the plantation regions (MO, Family Health -[Estates]), to attend to the health of the estate workers. They conduct poly clinics on the estates, with the assistance

of the Estate Medical Assistants. All estates on which poly clinics are conducted receive Thripasha free of charge whereas other estates are required to pay a nominal charge of .50 cts. per packet of Thripasha, towards the processing and packing charges. The commodity itself is given free.

Since all plantation women are provided work on the estates, they are normally in the practice of leaving their younger children at the creches, when they go out to work, except in instances where retired grandparents or older children, are available in their homes. Because of this, it is possible to conduct on-site feeding of Thripasha for most of the pre-school children on the estates. The upgrading of creches by UNICEF has also contributed towards this end.

Each estate submits to the Thripasha Program Supervisor a monthly beneficiary and inventory report, giving details of the stock position and the categories and number of beneficiaries that received Thripasha that month. On the basis of this report, fresh allocations of Thripasha are made, so that the program will continue without interruption. The Estate Medical Assistant (EMA) ensures that children are weighed regularly and proper records maintained. Trained creche attendants are responsible for preparing their meals and caring for them, in addition to being their pre-school teacher.

f. Gramodaya Mandalayas Program

1. Padukka MOH (Medical Officer of Health) Area

In the Padukka MOH area, the assistance of the Gramodaya Mandalayas was obtained to further improve the storage and distribution of Thripasha.

The following procedure is adopted:

- a. Beneficiaries are selected by the MOH at her clinics. Thripasha is issued at the clinic to such medically selected infants, until the immunizations are completed.
- b. On completion of immunizations, these children are directed by the Public Health Inspector PHI/Family Health Worker (FHW) to the gramodaya centre closest to their homes.
- c. Monthly distributions are conducted by PHI/FHW on an appointed day at each gramodaya centre or distribution point, with the assistance of the Special Services Officer and gramodaya volunteers. Thripasha is issued and records are maintained. Child Health Cards are marked and beneficiary lists are maintained. Beneficiary levels and stock levels are conveyed to the MOH by the Family Health Worker to enable the MOH to prepare the consolidated monthly beneficiary and inventory report (MBI) for submittal to CARE. Approximately 1,364 beneficiaries receive Thripasha from this program. Children are weighed once in 3 months by the Family Health Worker. Those gaining weight are eliminated from the program at the appropriate time.
- d. Ante-natal mothers are examined by the MOH at the Ante-Natal Clinics (ANC). They obtain their Thripasha and iron tablets at these clinics, and not at gramodaya centres.
- e. Lactating mothers in need, also obtain their Thripasha at clinics conducted by the MOH, and not from gramodaya distribution.

f. Thripasha consignments for this program are allocated to the MOH who issues the requirement of each gramodaya mandalaya to its president or Special Services Officer. Transport and storage is arranged by the gramodaya mandalaya in conjunction with the Family Health Worker. The requirements for the MOH's clinics only, are retained at the MOH's office.

2. Nuwara Eliya District

A program of distribution of Thripasha through gramodaya mandalayas was inaugurated in 1982 by the Government Agent, Nuwara Eliya, due to lack of adequate health services in the district. Nuwara Eliya has five AGA divisions and over 120 gramodaya mandalayas. Due to the mountainous nature of the terrain and the size of the district, transport problems are prevalent. There are many remote villages where the inhabitants have a very low per capita income. It has been found that a high degree of malnutrition prevails. Due to the lack of medical officers and para medical staff, the Ministry of Health's Thripasha program was not reaching the majority of the people. Therefore it was decided to inaugurate this program through gramodaya mandalayas.

Thripasha is allocated to the Government Agent (GA) for approximately 23,107 beneficiaries in the five AGA divisions. The program is monitored by the planning division of the GA's office and supervised by each AGA. Thripasha is issued to beneficiaries by the Special Services Officer of each gramodaya mandalaya with the assistance of officials, volunteers and para medical staff, where available. Beneficiaries are weighed regularly and Child Health Cards are

maintained. Monthly beneficiary and inventory reports are sent to the GA's office. Prior to the inauguration of this program, only about 14,000 beneficiaries were in the Thriposha program in the district.

3. Ratnapura District - Kuruwita AGA Division

A program, similar to that in Nuwara Eliya is in operation in Kuruwita under the Government Agent, Ratnapura in the Kuruwita AGA division, distributing Thriposha to approximately 2,181 pre-school children. Pregnant and lactating mothers receive their Thriposha from health centres and not from gramodaya mandalayas.

4. Moneragala District

A program of distribution through gramodaya mandalayas has just commenced in Moneragala district. Approximately 20,000 beneficiaries will receive Thriposha through this program.

B. The Commercial Marketing Program

1. Launching of Commercial Thriposha

Commercial Thriposha was launched in August 1980 as a test market operation in the Lever Brothers sales territories of Kandy, Matale, Galle and Matara.

2. Program as at present

a) Sales territories:

Kandy, Matale, Ambalangoda, Galle, Matara, Tangalle, Ratnapura, Balangoda and Nuwara Eliya. Production capacity of the factory does not permit sales to other areas. Sales have not been made in Colombo because Colombo dealers would sell to all parts of the country, creating a greater demand than could be met.

b) Sales:

Approximately 100,000 packets of 454 grams per month.

c) Price:

Rupees 9.00 per packet.

d) The composition of the product:

|   |       |
|---|-------|
| Instant Corn Soya Milk (ICSM)                       | - 51% |
| Non Fat Dry Milk (NFDM)                             | - 9%  |
| Maize and soya fortified with vitamins and minerals | - 40% |

3. Goals

Final goals are to improve nutritional standards among families, particularly among infants and pre-school children.

The intermediate goals of the program are as follows:

- a. To provide a low-cost, high nutrition, ready to eat supplementary food for mothers and children, particularly those who do not receive free Thripasha.
- b. To demonstrate the extent to which people buy the product.
- c. To gather experience on which to base decisions regarding the future of such a program, including feasibility of eventual island-wide sales.

4. Production

The objective of the program is to produce with 100% indigenous materials, within the next few years. The production of commercial Thripasha is an integral part of the production program for the free program. The quantity produced for commercial marketing varies with the quantity sold. The production for the free program varies with the number of beneficiaries reached. Therefore, there is no correlation between the quantities produced for the two programs. The production for commercial Thripasha currently stands at about 5% of the total.

Commercial Thriposha is produced at the Processing Complex at Ja-ela under an annual management agreement between the Ministry of Health, CARE and Ceylon Tobacco Company.

5. Cost Structure

The cost structure of a 454 gram packet is shown below

|                                      | Excluding the value of<br>PL 480 commodities | Including the value of<br>PL 480 commodities |
|--------------------------------------|--|--|
| Cost of production                   | Rs. 3.42                                     | Rs. 6.98                                     |
| Advertising                          | .40  | .40  |
| Levets handling charges              | .21  | .21  |
| Retailers & wholesalers profit & BTT | 1.71   | 1.71   |
| Total Cost                           | 5.74   | 9.30   |
| Sale price                           | 9.00   | 9.00   |
| Profit (Loss)                        | 3.26   | (.30)  |

6. Marketing

Commercial Thriposha is distributed by Lever Brothers. Lever Brothers has assisted this program on a voluntary basis. So far no agreement has been signed. However, an agreement for the future will be signed shortly.

7. Surveys

Subsequent to an initial survey conducted by Lever Brothers marketing staff, two exercises were undertaken by the Lanka Market Research Bureau (LMRB). The first one was to cross tabulate the data gathered by Lever Brothers for the earlier survey. The findings of this study are as follows:

- a. More households with a monthly income higher than Rs. 300/- purchase Thriposha.
- b. More households with children below 6 years of age buy Thriposha frequently.

The second survey was to determine the use and attitude among regular and irregular users. Some of the findings of this survey are as follows:

- c. Awareness of Thriposha among the target groups in the market areas is high.
- d. 13% in Kandy/Matale and 21% in Galle/Matara bought Thriposha within the past three months.
- e. Per capita consumption of Thriposha is higher among children 2-5 years.
- f. 25.8% of those who purchase Thriposha also receive free Thriposha.

Some of the findings of the survey of January 1985 are:-

- g. The habit of consuming Thriposha appears to be limited to a set of loyal, regular users, and this set has not widened despite the advertising support given to Thriposha.

However, advertising, in that sense, may have helped in giving added value to Thriposha, when considering the high proportion of consumers now purchasing and using Thriposha as against using Thriposha only when obtained free.

- h. Among consumers, Thriposha is consumed more by the younger age groups although it is consumed by all age groups. By and large, it is consumed only once a day except in the case of very young children who consumed it more often.

In terms of varied forms of preparations, Aggala prepared with Thriposha appears to be the firm favourite among consumers.

#### 8. Consultant

Commercial Thriposha enjoys the benefits of a consultant, Professor John Nichols, from the Texas Agricultural and Mechanical University, whose services are made available to the program under the cooperative agreement with United States Department of Agriculture.

Prof. Nichols has been a regular visitor to Sri Lanka since 1976. His reports have been useful guidelines to the program development.

9. Sales Promotion

At the time of launching the product, sales promotion included house-to-house campaign and display of point-of-sales materials. These promotional activities were suspended for some time and resumed in February 1983 with the display of point-of-sales materials and posters. Subsequently, display of these materials was carried out in February 1984.

The major promotional work via regional radio transmission stations in Kandy and Matara was inaugurated in February 1984. Three different versions of radio spots are directed to the target groups, highlighting preparations, and are currently being used. These spots, designed with the assistance of HTA Thompson Lanka Limited, are continuously transmitted to all southern and central territories.

10. Financing

The PL 480 commodities component is donated by United States Agency for International Development (USAID). The full cost of indigenous raw materials, packaging materials, labour, management etc. was at first borne by the Ministry of Health. However, since July 1984, all the local costs are met from sales proceeds of the program.

11. Monitoring and Controlling

The production of commercial Thripasha is done under direct control of CARE-Sri Lanka. The production plans are made by CARE to reach a projected target group for the year. CARE also monitors utilization of input materials, production and timely delivery schedules etc. The marketing operations of the product in the scheduled sales territories done by Lever Brothers is monitored

11

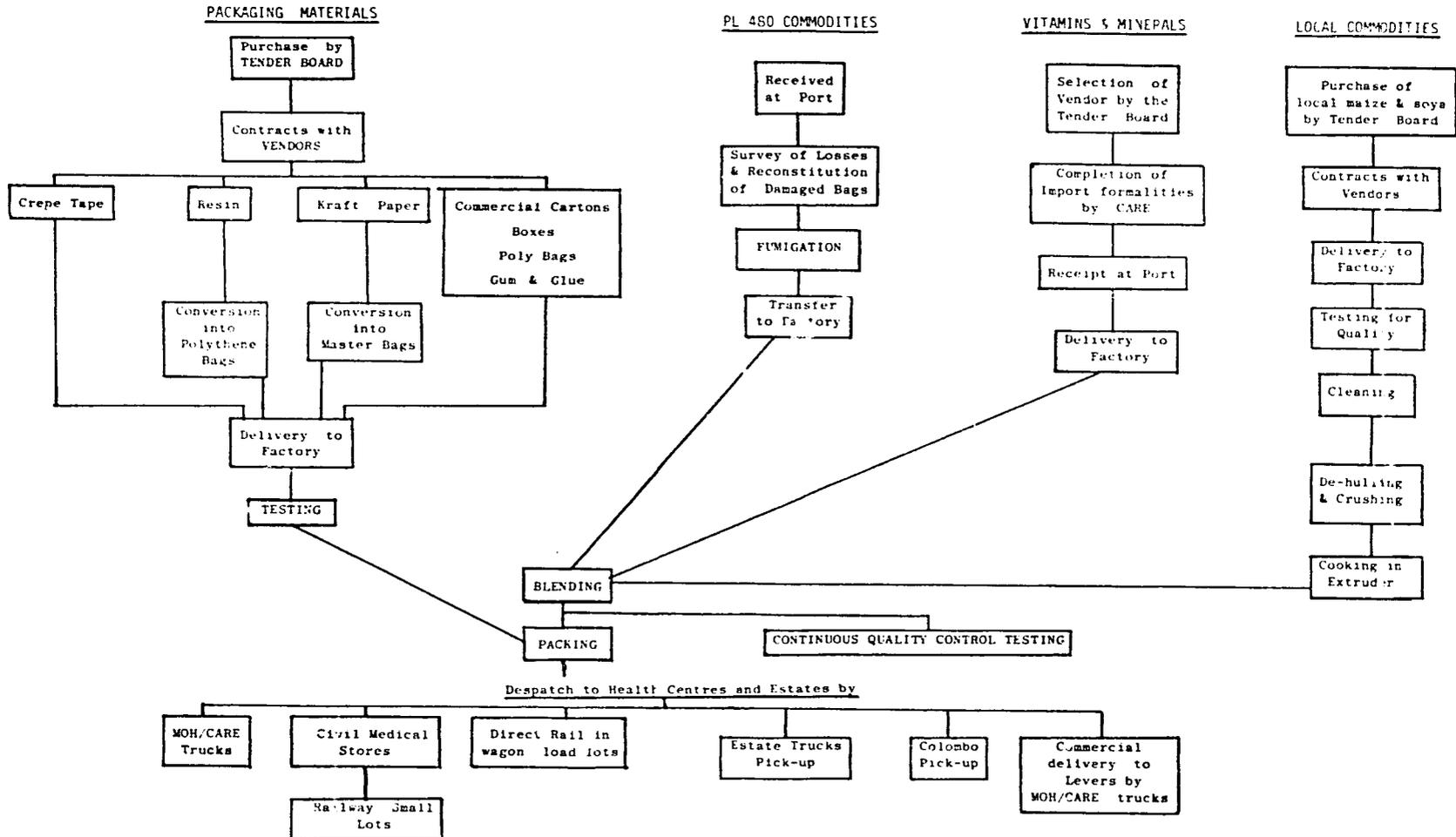
by CARE on a regular basis through field visits, reports and discussions. Income from sales proceeds is collected by Lever Brothers and remitted to CARE. CARE deposits the sales proceeds in a special bank account. All usage of these funds is approved in advance by the Ministry of Health. CARE submits monthly statements to the Ministry of Health, conveying opening balance, receipts, expenditure, interest earned and closing balance.

12. Comparative sale price of Thripasha and comparable products

| <u>Product</u> | <u>Cost per gram<br/>(in cents)</u> |
|----------------|-------------------------------------|
| Thripasha      | .02                                 |
| Lakspray       | .05                                 |
| Nespray        | .06                                 |
| Cerelac        | .10                                 |
| Farex          | .15                                 |
| Farlene        | .25                                 |
| Farley         | .45                                 |

FLOW CHART SHOWING OPERATION OF THRIPOSHA PROGRAM

=====



THRIPOSHA DESPATCH AUTHORISATION

T. D. A./H. NO. 31936

DATE 7th August, 1964.

TO THRIPOSHA STORE KEEPER you are hereby authorised to deliver Thripasha Bags indicated below to Civil Medical Stores for onward despatch to:

TO The Regional Medical Superintendent,  
General Hospital,  
Colombo.

HEALTH STATION CODE 7

RAILWAY STATION Kegirawa.

| COMMODITY | TOTAL NUMBER MASTER BAGS | NO OF PACKETS PER MASTER BAG | TOTAL NO PACKETS | TOTAL NUMBER MASTER BAGS (IN WORDS) |
|-----------|--------------------------|------------------------------|------------------|-------------------------------------|
| THRIPOSHA | 100                      | 30                           | 3000             | one hundred and forty only.         |

NOTE: This despatch authorisation is to be presented to Stores within 5 days of the date of issue indicated above. If the authorisation is not presented within this period it automatically stands cancelled.

FOR THE THRIPOSHA PROGRAMME

FOR USE OF CIVIL MEDICAL STORES

Received the above mentioned quantity for onward despatch

SIGNATURE

TITLE

DATE

CERTIFICATE OF RECEIPT BY HEALTH STATION

සෞඛ්‍ය මධ්‍යස්ථානය විසින් භාර ගැනීමේ සහතිකය

I hereby acknowledge receipt of the following Thripasha master bags

සහ සඳහන් ත්‍රිපෝෂ මර මාවෙන ලැබුණු බව මිනිසුන් සහතික කරමි.

140 Master Bags

one hundred and forty only

25.8.64

NUMBERS (අලක්කම් මලින් ගණන)

WORDS (ඒවන වලින්)

DATE (ලැබුණු දිනය)

Details of damages/losses

පරදවීම/නැතිවීම වලිබඳ විස්තර

NAME තම R. RAJA-GURAI

SIGNATURE අත්සන

TITLE තනතුර R.M.P. R.H. - Kintubidunuwawa

DATE දිනය 25.8.64

The above quantity of Thripasha (value Rs 58,220.00) has been allocated to you and should be despatched by Civil Medical Stores within 7 days. Immediately on receipt of the Thripasha please complete the certificate of receipt above and send this entire form to: THRIPOSHA PROGRAMME, CARE, P. O. BOX. 1024, COLOMBO. The same form can be folded and used for this purpose and it has been pre addressed for your convenience.

සෞඛ්‍ය මධ්‍යස්ථානවලට නිවේදනයක්: ඉහත සඳහන් ත්‍රිපෝෂ ප්‍රමාණය (වටිනාකම රු. 58,220.00) ඔබ වෙතුවෙන් වෙන් කරන ලද අතර රජයේ බෙහෙත් ගබඩාව විසින් දින 7 ක් ඇතුළතදී එය ඔබ වෙත එවිය යුතුය. ත්‍රිපෝෂ කොනය ලැබුණු විෂාම ඉහත දක්වෙන ත්‍රිපෝෂ භාරගැනීමේ සහතිකය පුරවා මෙම පෝර්මය සම්පූර්ණයෙන්ම (නිසිම කොටසක් වෙන් නොකර) සහන සඳහන් ලිපිනයට තැපෑල කරන්න. ත්‍රිපෝෂ වැඩසටහන් කායාර්ය, ඇදිහැය, නැ. පො. 1024, කොළඹ. මේම පෝර්මය හැඩ අංශු තැපෑලට පාවිච්චි කළ හැක. ඔබගේ පහසුව සඳහා එහි ලිපිනයද සඳහන් වී ඇත.

- COPIES:
1. Thripasha programme
  2. Health Station
  3. Civil Medical Stores
  4. Thripasha Store Keeper

5. Thripasha via C. M. S. to be returned to Thripasha Office on completion of Part 'B'
6. Thripasha Via H. S. to be returned to Thripasha Office on completion of Part 'C'

FORM MBI

THRIPOSHA MONTHLY BENEFICIARY & INVENTORY REPORT

ත්‍රිපෝෂ මාසික ප්‍රතිලාභ සහ මහා වාර්තාව

| CODE NUMBER<br>සංකේත අංකය | REPORT for MONTH<br>වාර්තාව | NAME OF CENTRE/ESTATE<br>මධ්‍යස්ථානය/වත්තමාව | S. H. S. REGION<br>ස. ම. ස. කොට්ඨාසය | RAILWAY STATION<br>රුමිය ස්ථානය |
|---------------------------|-----------------------------|--|--------------------------------------|---------------------------------|
| A7                        | AUGUST 84                   | R.H.Galenbindunuwewa                         | Anuradhapura                         | Kekirawa                        |

INVENTORY REPORT

මහා වාර්තාව

BENEFICIARY REPORT

ප්‍රතිලාභී වාර්තාව

|  | AMOUNT IN PKTS ONLY<br>ප්‍රමාණය පැකට් වලින් | CATEGORY OF BENEFICIARIES<br>ප්‍රතිලාභී වර්ගයන්                                   | NUMBER OF BENEFICIARIES<br>ප්‍රතිලාභීන් ගණන | NUMBER OF PACKETS<br>නිකුත් කළ පැකට් ගණන |
|--|---|---|---|--|
| A. Balance Brought Forward (i.e. last months closing balance)<br>අ. ඉදිරියට ගෙනා ගන්නා මස මස අගදී තත්වය  | Nil   | Ante - Natal Mothers<br>අධිකාරී මව්වරුන්  | 55  | 106                                      |
| B. Quantity of Thripocha received this month<br>ආ. මේ මස ලැබුණු ත්‍රිපෝෂ ප්‍රමාණය  | 4500  | Lactating Mothers<br>කිරි පිළිවෙලින්  | 257   | 514                                      |
|  |   | Infants (6-12 months)<br>ලදරුවන් (මස 6-12 දක්වා)                                  |   |  |
|  |   | Pre - School Children (1-5 years)<br>පුර්ව පාසැල් ළමුන් (අවු: 1-5 දක්වා)          | 1827  | 5654                                     |
| C. Total Thripocha available (A + B)<br>උ. නිවහන මුළු ත්‍රිපෝෂ ප්‍රමාණය (අ + ආ)  | 4500  |   |   |  |
| D. No of pkts. distributed this month<br>ඊ. මේ මස බෙදා දී නිකුත් කළ ත්‍රිපෝෂ ප්‍රමාණය  | 4274  | Ward Patients of the above categories only<br>ඉහත කී කොටස්වල අයත් වාර්ඩ්වල ලෙසින් |   |  |
| E. Closing balance C - D (i.e. next month's balance carried forward)<br>එ. මස අගදී ගන්නා (උ - ඊ) (එනම් ලබන මස සඳහා ඉදිරියට ගෙනාගත ගන්නා) ගන්නා | 226   |   |   |  |
| Remarks by Health Station Estate<br>මධ්‍යස්ථානය/වත්තමාව විසින් සඳහන් කළ යුතු වෙනත් කරුණු.  |   | TOTAL<br>එකතුව  | 2157  | 4274                                     |

|                                     |                |
|-------------------------------------|----------------|
| Quantity<br>ප්‍රමාණය                | 4200<br>500    |
| T.D.A. Number<br>නිකුත් කිරීමේ අංකය | 51956<br>51927 |
| Date Received<br>ලැබුණ දිනය         | 25-8-84        |

|   |  |
|---|--|
| Approved Beneficiary Level<br>අනුමත ප්‍රතිලාභීන් සංඛ්‍යාව | Total Number of Clinics held in the month<br>මේ මස බලපැවැත්වූ සායන ගණන |
| 1500  | Three  |

|                    |                |              |
|--------------------|----------------|--------------|
| Signature<br>අත්සන | Title<br>තනතුර | Date<br>දිනය |
| <i>(Signature)</i> | R.M.P          | 7-9-84       |

| For Programme Office use only (Do not write here) |                        |                       |                |              |
|---|------------------------|-----------------------|----------------|--------------|
| Inv. Data check                                   | Approved Beneficiaries | Allocation pkts. bags | Date allocated | T. D. A. No. |
| ✓   | 1500                   | 4260 142              |                |              |
| Value   |                        | Remarks               |                |              |
| 38,766/-  |                        |                       |                |              |

THRIPOSHA PROGRAM PERFORMANCE DATA

ANNEX 3 D

Month of October 1984

HEALTH CENTRES AND ESTATES ONLY

|   | This month | Target  | % of Target |
|---|------------|---------|-------------|
| Total beneficiaries reached             | 529,553    | 650,000 | 81%         |
| Infants                                 | 55,763     | 66,000  | 84.4%       |
| Pre-school children                     | 341,749    | 380,000 | 90%         |
| Ante-natal mothers                      | 76,133     | 136,000 | 60%         |
| Lactating mothers                       | 53,634     | 58,000  | 92.4%       |
| Ward patients                           | 2,274      |         |             |
| No. of centres in the program           | 1,337      |         |             |
| No. of centres distributing Thripasha   | 1,130      | 1,337   | 84.5%       |
| Centres having Thripasha but no clinics | 42         | 0       | 3.1%        |
| Centres having clinics but no Thripasha | 44         | 0       | 3.3%        |
| No. of clinics                          | 4,030      |         |             |
| Centres with full stock for next month  | 722        | 1,337   | 54%         |
| Centres short of stock for next month   | 448        | 0       | 33.5%       |
| Centres having NO stocks                | 44         | 0       | 3.2%        |
| Centres not reporting                   | 121        | 0       | 9.1%        |
| Packets produced                        | 1,140,160  |         |             |
| Packets allocated                       | 1,292,040  |         |             |
| Packets despatched/picked up            | 1,154,250  |         |             |
| Packets issued                          | 929,927    |         |             |
| Packets issued per beneficiary          | 1.75       | 2       | 87.5%       |
| Losses and damages                      | 507        |         |             |
| Losses and damages in % of despatches   | 0.04       |         |             |

This report is based on monthly reports received as of 4/12/84

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4. Some problems of the Thripasha Program

2. The program is not covered by a project document, stating among other things, the objectives of the program.
3. There is confusion in the minds of many people about the respective roles and responsibilities of the Ministry of Health and CARE in the program.
4. The physical distribution of Thripasha and record keeping imposes a considerable burden on health center and clinic staff.
5. Medical selection is not done in 100% of cases.
6. A considerable number of ineligible beneficiaries receive Thripasha. These include children in first degree or normal nutritional status, some of whom were formerly in second or third degree under-nutrition.
7. Report to the Ministry of Health on the status of the program are not required from RDDHS and MOOH. Because of this, MOOH and para-medical personnel do not consider the Thripasha program is a part of their duties in the same manner as other Ministry of Health programs.
8. Many distribution centers do not send in their monthly reports on time, delaying allocation of further stocks, and resulting in exhaustion of stock in the centers and gaps in distribution.
9. Storage conditions at RDHS and MOH levels are inadequate.
10. Lack of transport facilities and travel funds at RDHS and MOH levels delays transfer of Thripasha from railways and limits the number and outreach of clinics held.
11. Lack of nutrition education of mothers (and of health center and clinic staff as well) limits the effectiveness of the program.
12. There is no built-in, on-going system of evaluation of the effect of Thripasha on the nutritional status of recipients.

13. Probably due to the short fall in the northern and eastern areas, the capacity of the distribution system has fallen from 97% of the target of 650,000 beneficiaries to 82%.
14. Decision needs to be made of which unit of the Government will assume complete, long-term responsibilities for operation of the Thriposha factory, relieving CARE of these operational functions.
15. Decision needs to be made on the future of the commercial marketing program, and if it is to be continued/expanded, finding a private or governmental agency to take over full responsibility for this from CARE on a long-term basis.
16. Thriposha is not sufficiently understood by recipients as only a Supplement to normal diets, and is thought in some cases to be a cure-all for undernutrition.
17. In many instances, weighing of children and recording of weights on growth charts is not done, or is not done properly.
18. Shortage of MOCH and paramedical staff limit the coverage of the program.
19. The Thriposha program is not thoroughly integrated with other MCH services of the Ministry of Health.
20. There is lack of clarity about the role of the Ministry of Health's designated Thriposha program Supervisor, vis-a-vis both the Ministry and CARE.
21. Working of the Government tender procedures, introduced in 1984, is slow and cumbersome, resulting in many difficulties in keeping the Thriposha and factory in continuous operation.
22. The six trucks (donated to the Ministry of Health by UNICEF in 1978) which CARE operates on behalf of the Ministry, are worn out and need early replacement if the program is to continue to function effectively.

23. CARE has, since 1983, proposed to the Ministry of Health that all program operations now performed by CARE, other than obtaining PL 480 commodities and monitoring their use, be turned over to the Ministry of Health or other Government organization.
24. Consideration needs to be given to possibilities of increasing distribution in some regions where, on the basis of a new study, coverage appears to be disproportionately low in relation to nutritional status.
25. Perspectives differ as to whether the Thripasha Program should be considered supplemental feeding, for general improvement of nutritional status, or a safety net of nutrition intervention for under-nourished mothers and pre-school children.
26. The relative amount of Thripasha distributed by Medical Officers of Health through voluntary organizations is unclear under the present method of reporting.

5. Program Inputs and Accounting

|   |                 |
|---|-----------------|
| A. The value of inputs for the current program year (July 1, 1984 through June 30, 1985) are: |                 |
| 1. Value of PL 480 commodities supplied by USAID through CARE                                 | Rs. 64,287,418  |
| 2. Value of Ocean freight paid by US Government   | Rs. 21,249,358  |
| 3. Value of funds derived from sale of PL 480 containers and used to support the program      | Rs. 312,000     |
| 4. Payments by Ministry of Health to CARE for operation of the program                        | Rs. 44,245,028  |
| 5. Value of costs of the Commercial Marketing program met from sale proceeds                  | Rs. 4,661,878   |
| Total Value of Program Inputs   | Rs. 134,755,682 |

B. Financial Documentation

An annual agreement providing for the foregoing program inputs is entered into each year between the Government and CARE. Under this agreement, the Ministry of Health makes payments to CARE for administrative costs and for the costs of purchasing local commodities, packaging materials, vitamin and mineral premix, etc. for production of Thriposha, and for operation of the Thriposha Factory and six trucks. A copy of the current CARE agreement is in annex 5A.

CARE deposits these receipts in a special bank account and makes disbursement according to the terms of the agreement. CARE's financial accounting to the Government consists of the following:

1. Monthly reports of expenses for (1) administration and (2) purchase of commodities, etc.

Examples of these reports are in annexes 5B and 5C.

2. Annual summary of income and expenditure, as of June 30th each year. A copy of the report for the last year is in annex 5d.
3. Annual report of receipts and utilization of commodities as of June 30th each year. A copy of the report for the last year is in annex 5e.
4. A final accounting, prepared by CARE's Headquarters, showing total receipts and receipts and disbursements for administrative expenses, and the balance, if any, as of June 30th each year. A copy of this report for the latest year is in annex 5f.

C. Bank Accounts kept by CARE for the Thriposha program (all in the Commercial Bank of Ceylon).

1. The "Thriposha Account" for receipt of all payments from the Ministry of Health.

2. The Sundry Income Account, for receipt of all sums received from the sale of empty containers purchased at Ministry expense, Estates for packing costs of Thriposha, sweepings from the Thriposha factory and interest on all bank accounts.

3. The Commercial Sales account, for deposit of all proceeds from the commercial sale of Thriposha.

Withdrawals from the Sundry Income Account and the Commercial Sales Account are used only with written approval of the Ministry of Health.

4. In addition to these there is the Container Fund account for receipts from sale of PL 480 containers. This fund is used, with the approval of USAID, for such things as improvement of storage conditions of PL 480 commodities, fumigation and similar expenses.

Balances in these accounts as of December 31, 1984 were:

|  |                  |
|--|------------------|
| Thriposha Account  | Rs. 2,120,754.27 |
| Sundry Income Account  | 2,990,457.30     |
| Commercial Sales Account   | 7,315,446.06     |
| PL 480 Container Fund Account  | 2,978,231.43     |
| (also includes income from sale of PL 480 containers from the school feeding program.) |                  |

D. Interest

All accounts are interest bearing, at the current rate of 22.5% per annum. From March 1983, when the bank agreed to pay interest on these accounts, through December 31, 1984, the interest income totalled Rs. 2,624,152.28.

E. Audits

In the past, CARE Headquarters conducted independent external audits of the Thripasha accounts each year by a local firm. Copies of all such audits were sent to the Ministry of Health. Beginning in 1984, the accounts are subject to audit by the Auditor General's Department of the Government of Sri Lanka.

DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA  
MINISTRY OF FINANCE AND PLANNING  
DEPARTMENT OF EXTERNAL RESOURCES  
COLOMBO

To: CARE,  
660 First Avenue,  
New York 10016  
U.S.A.

Gentlemen:

1. Your Organization has offered to seek to acquire by donation from the United States Government, approximately 5,967,000 kilos of Instant Corn Soya Milk (ICSM), a high protein enriched flour and approximately 1,053,000 kilos of Non Fat Dried Milk (NFDM) hereafter referred to as the commodities for distribution in Sri Lanka to infants, pre-school aged children, expectant and nursing mothers and ward patients reached under the auspices of the Ministry of Health approved programs over a twelve-month period beginning on or about 1st July 1984.
2. CARE will request the above commodities from the United States Government in quarterly instalments, each instalment to approximate one-fourth of the total quantity, and will ship the commodities in such quantities as are made available to it by the U.S. Government immediately after it is delivered to it by the Government.
3. CARE will make every effort to secure from the United States Government, the quantity of commodities indicated above and arrange for its shipment to Sri Lanka, but my Government will not assert any claim against CARE for loss or damage to the commodities involved in this Program, or for failure to make delivery due to causes beyond CARE's control.
4. The performance by CARE of its obligations under this letter will involve certain dollar costs to your organization. Such costs will include the cost of handling, marking, insurance and necessary administrative and operating expenses of your organization in the United States properly attributable to this particular program. You have estimated such dollar costs to CARE at approximately \$85,871 for the entire program. It is understood that this figure is an approximation and that actual costs will vary depending upon certain costs which are subject to fluctuation. It is further understood that CARE will endeavour to keep the costs abovementioned to the minimum and that it will collaborate in this matter with the officials of this Government.

.....5./

5. In addition, your organization will have certain costs, incurred in the currency of my country in connection with CARE's administration and observation of the distribution of the commodities. These costs may include salaries of local employees, expenses of staff assistants including per diem, rent, telephone and cables, office supplies, repairs and maintenance, automotive costs, travelling expenses and any other related expenses incurred at the Mission. Any new item of expenditure exceeding Rs.25,000 such as for equipment, vehicles and additional rentals will need the prior approval of the Ministry of Health. These costs are in order to ensure that the distribution of the donated commodities are accomplished in accordance with our mutual requirements. In addition, they will permit the identification and implementation of jointly approved projects in support and in extension of the on-going nutrition intervention programs. You have estimated such costs to CARE at the equivalent of approximately Rs.3,890,064.
6. You have explained that CARE, a non-profit charitable organization does not have the funds with which to finance this program. My Government has, therefore, authorized me to agree to the following arrangements:

- (a) The sum of \$85,871 will be paid in two instalments.

The sum of \$31,211 will be paid to CARE upon notice from CARE's office in Sri Lanka that you have received approval of this total program in principle from the Agency for International Development (AID) of the United States Government.

The second instalment of \$54,660 will be paid to CARE upon notice from CARE's office in Sri Lanka that you have received final approval from the Agency for International Development (AID) for commodities to cover the entire program. The second instalment of \$54,660 will be paid to CARE by February 15, 1985.

An interim statement of balances will be submitted at the time of presentation of the Annual Agreement for the following year. At the conclusion of the Program, CARE will submit a written statement to my Government showing the nature and amount of the various dollar costs incurred and the balance. Such balance shall be the net balance after deducting from the total expenses amounts of recoveries from warehouses, carriers or insurers received by your organization on account of any loss of or damage to the commodities hereunder where such recoveries are in excess of the liquidated damage due to the United States Government on account of such loss or damage.

Payments by my Government as they become due are to be made in United States dollars against funds established in New York under an irrevocable Letter of Credit, acceptable to CARE. Each Letter of Credit will be made for at least a 60 day period.

...6.(b)/

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- (b) To cover CARE's administration and observation of internal distribution, my Government agrees to advance to CARE a sum of Sri Lanka Rupees 3,890,064 to be placed in a special account in the same bank in Colombo as that in which other CARE accounts are maintained. This will be paid to CARE in two instalments, the first amount of 1,638,811 within 15 days after signing of this Agreement and the second instalment of Rs. 2,251,253 by February 15th, 1985. CARE shall submit to my Government a monthly statement of the withdrawals made from this account.
- (c) Upon presentation of the final statement of costs incurred by CARE in the United States and in Sri Lanka, should costs exceed the payment to CARE, the balance will be paid to CARE in such manner as CARE may prescribe. Should however, the costs to CARE be less than the payment to it, the balance in favour of my Government will be refunded to it by CARE.
7. A major undertaking of this Agreement will be the development, production and distribution of Thripasha - a Sri Lanka Fortified Food Product. This Program will entail certain costs, which include but are not limited to purchase of local cereals, milling, processing, blending, repacking, plastic and paper containers, transport, storage, wages and promotional and educational materials which will be met by the Government of Sri Lanka to CARE and managed for such purposes.

It is estimated that for this Agreement period, a total of Rs. 37,310,702 plus \$210,519 for external purchases of material will be required for the abovementioned costs. It is understood that this figure is an approximation and the actual costs will vary depending upon certain costs which are subject to fluctuation and the possibility of change in the exchange rate. My Government will make every effort to pay the instalments according to the schedule in Annex 1.

These funds will be utilized in accordance with Government Financial Regulations. This would apply to the purchase of commodities, packaging materials and services. Adjustments will be made to the above schedule once contracts have been made in January 1985 for maize and soya as some payments will be made direct by the Ministry of Health to Government Agencies providing these commodities.

This program will also incur certain costs for the procurement of machinery spare parts from the United States which are estimated at \$14,600. This amount is included in the figure of \$210,519 mentioned above.

...Funds/

*J*

Funds carried over in this Clause from the previous year's program will accrue to the current program. An interim statement of balance will be submitted by CARE at the time of presentation of the Annual Agreement for the new FY. The amount carried over will be deducted from the total amount for the current program year, in one adjustment to the second instalment.

These funds will be placed in a special bank account in Colombo in the same bank in which other CARE accounts are maintained. CARE will submit to my Government a monthly statement of withdrawals made from this account. At the conclusion of the program, CARE will submit a written statement to my Government showing the nature and amount of the cost incurred for the Thripasha Program. CARE for its part, will make every effort to minimize the expenditures, consistent with good programming standards and to manage these funds in a professional manner. It is further understood that CARE will endeavour to keep the abovementioned costs to a minimum and will collaborate in this matter with the officials of this Government.

8. Payments made under this Agreement will be deposited by CARE in interest bearing accounts, and the interest earned will accrue to the credit of the Government. Such interest credits will appear in the final accounting to be submitted by CARE after the conclusion of the agreement period.

All funds contributed by my Government for the Thripasha Program are subject to audit by the Auditor General of Sri Lanka. Accordingly, the monthly financial statements submitted by your organization would need to conform to the format approved by the Ministry of Health, in concurrence with CARE and the Auditor General.

9. My Government agrees that in arranging for ocean shipment, your organization will select and appoint all shipping brokers required to effect shipment.
10. Possession of the commodities will be transferred by CARE to my Government, which will thereupon be entrusted with its physical distribution in my country, at the end of ship's tackle at the port or ports of discharge in Sri Lanka.
11. In order to assure compliance with the law, regulations and contract terms and conditions under which CARE will obtain the commodities from the United States Government, my Government agrees as follows:
  - (a) The commodities, when entrusted to my Government for distribution in my country, will not be sold (except by mutual agreement) exchanged or disposed of except by non-commercial distribution free of cost to needy groups in my country, in accordance with a program mutually acceptable to CARE and to my Government. For this purpose, needy groups are those who by virtue of their nutritional status are in need of food assistance.

...11.(b)/

- (b) My Government will provide, or cause to be provided proper facilities in my country for the handling, storage and redistribution of the commodities and will arrange for the maintenance of the commodities in my country at all times in such manner and under such storage and transportation condition as to ensure its ultimate distribution in good condition to needy persons in my country.
  - (c) In the distribution of the commodities, my Government will take such steps as are necessary to assure that the recipients thereof will not diminish their normal expenditure for food by reason of the donation.
  - (d) The distribution in my country shall be supervised by United States citizens representing CARE and residing in my country at the time the program of distribution is in operation.
  - (e) No part of the commodities, will after distribution, in my country, be imported into the United States, its territories or possessions, in any form or by any person.
  - (f) My Government will maintain adequate records of distribution and submit reports as requested by CARE.
  - (g) My Government agrees to hold CARE harmless against any claim of the United States Government resulting from the failure of my Government to carry out its obligations under this paragraph 11. In this regard, my Government agrees to reimburse CARE in the amount required to release CARE from its responsibility to the United States Government for loss of or damage to the commodities subsequent to its off-loading at port, or ports of Sri Lanka when such loss or damage results in failure to distribute the commodities to the recipients for whom they were intended.
12. A Board consisting of representatives of the Ministry of Health and CARE will be responsible for all policy decisions including determination of beneficiary levels, and the production and distribution of Thriposha. The Board, at monthly meetings, will also take any necessary measure to ensure that various aspects of distribution of Thriposha by the Ministry of Health will be conducted in ways that will maximize the effectiveness of the Program in improving the nutritional status of mothers and children to whom the Program is directed.
13. Title to the commodities shall rest with CARE until distribution to the ultimate recipients is effected. The disposal of commodities unfit for human consumption will be done in accordance with Government Financial Regulations.

...14./

14. In view of the beneficial nature of the Program for which the donated commodities described herein are to be used, the commodities as well as the equipment and supplies required to be imported by CARE for the administration of the program and the personal effects, equipment and supplies of the International employees of CARE will be admitted free of all import duties, taxes and fees for consular invoices. To the extent such exemption is not provided under Government regulations, the implementing ministry will pay or reimburse the same.
15. CARE has proposed and my Government agrees that it is desirable that as early as possible, the Government should relieve CARE of most of the internal logistics of the program, including :
- a) Procurement of materials for the production and packaging of Thripasha, other than PL 480 commodities.
  - b) Supervision of the Thripasha plant.
  - c) Making of all allocations and despatches to distribution centres and conducting correspondence with the centres.

To this end my Government will appoint a group to study and make recommendations related to such a transfer of functions and submit a report in this connection by December 31, 1984.

16. May I assure you of the co-operation of my Government in working out the details of this Program.

Very truly yours,



Date: 1-10- 1984

DIRECTOR OF EXTERNAL RESOURCES

Accepted.



DIRECTOR, CARE - SRI LANKA  
for Co-operative for American  
Relief Everywhere (CARE)

Date: 1.10, 1984

1 Schedule 2 Payments - FY85

| PAYABLE DATES                                      | DESCRIPTION                    | Thripasha Free Distribution |            | Thripasha Commercial Marketing |           | Sub-Totals |            |        |            | GRAND TOTAL |    |                    |
|--|--------------------------------|-----------------------------|------------|--------------------------------|-----------|------------|------------|--------|------------|-------------|----|--------------------|
|  |                                | Rs                          | Rs         | Rs                             | Rs        | Rs         | Rs         | Rs     | Rs         | Rs          | Rs |                    |
| <u>Dollar payments for Administration Costs</u>    |                                |                             |            |                                |           |            |            |        |            |             |    |                    |
| 1. Aug 1984  | Thripasha Production           | 30,106                      |            |                                |           | 30,106     |            |        |            |             |    |                    |
| 2. Aug 1984  | Thripasha Commercial Marketing |                             |            | 1,103                          |           | 1,103      |            | 31,211 |            |             |    |                    |
| 3. Feb 1985  | Thripasha Production           | 30,107                      |            |                                |           | 30,107     |            |        |            |             |    |                    |
| 4. Feb 1985  | Headquarters Operation Costs   | 24,553                      |            |                                |           | 24,553     |            | 34,460 |            |             |    | 83,871             |
| <u>Local Payments for Administration Costs</u>     |                                |                             |            |                                |           |            |            |        |            |             |    |                    |
| 5. Aug 1984  | Thripasha Production           |                             | 1,536,677  |                                |           |            | 1,536,677  |        |            |             |    |                    |
| 6. Aug 1984  | Thripasha Commercial Marketing |                             |            |                                | 82,134    |            | 82,134     |        | 1,636,811  |             |    |                    |
| 7. Feb 1985  | Thripasha Production           |                             | 2,149,119  |                                |           |            | 2,149,119  |        |            |             |    |                    |
| 8. Feb 1985  | Thripasha Commercial Marketing |                             |            |                                | 82,134    |            | 82,134     |        | 2,231,233  |             |    | 2,890,864          |
| <u>Dollar Payments for Materials and Equipment</u> |                                |                             |            |                                |           |            |            |        |            |             |    |                    |
| 9. Aug 1984  | Thripasha Production           | 32,887                      |            |                                |           | 32,887     |            |        |            |             |    |                    |
| 10. Aug 1984                                       | Spare Parts                    | 14,600                      |            |                                |           | 14,600     |            |        |            |             |    |                    |
| 11. Aug 1984                                       | Thripasha Commercial Marketing |                             |            | 3,343                          |           |            | 3,343      |        | 81,342     |             |    |                    |
| 12. Feb 1985                                       | Thripasha Production           | 191,222                     |            |                                |           | 191,222    |            |        |            |             |    |                    |
| 13. Feb 1985                                       | Thripasha Commercial Marketing |                             |            | 7,453                          |           |            | 7,453      |        | 158,677    |             |    | 210,819            |
| <u>Local Payments for Materials and Equipment</u>  |                                |                             |            |                                |           |            |            |        |            |             |    |                    |
| 14. Aug 1984                                       | Thripasha Production           |                             | 16,083,306 |                                |           |            | 16,083,306 |        |            |             |    |                    |
| 15. Aug 1984                                       | Thripasha Commercial Marketing |                             |            |                                | 2,094,040 |            | 2,094,040  |        | 16,187,346 |             |    |                    |
| 16. Feb 1985                                       | Thripasha Production           |                             | 17,029,416 |                                |           |            | 17,029,416 |        |            |             |    |                    |
| 17. Feb 1985                                       | Thripasha Commercial Marketing |                             |            |                                | 2,094,040 |            | 2,094,040  |        | 18,323,456 |             |    | 37,310,702         |
|  |                                | 284,483                     | 36,949,418 | 11,903                         | 4,352,348 |            |            |        |            |             |    | 396,390 41,300,794 |

Thripasha Free Distribution

Rupre equivalent of dollar cost @ Rs 26.00 = \$1 = \$284,483 = Rs 7,396,810.00  
 Local Costs = Rs 36,949,418.00  
 Total cost of Thripasha Production for free distribution to be paid by Ministry of Health = Rs 44,346,228.00  
Thripasha Commercial Marketing  
 Rupre equivalent of dollar cost @ Rs 26.00 = \$1 = \$11,903 = Rs 306,930.00  
 Local Costs = Rs 4,352,348.00  
 Total cost of Thripasha Commercial Marketing to be paid from commercial sales proceeds account maintained by CARI for Ministry of Health = Rs 4,661,878.00

TOTAL COST IN RUPEES

Thripasha Production = Rs 44,346,228.00  
 Thripasha Commercial Marketing = Rs 4,661,878.00  
 TOTAL COST = Rs 48,908,106.00

2-VG Kuttiraj

PARTNERSHIP NUTRITION PROGRAM

MINISTRY OF HEALTH

Fiscal Year 1985

LOCAL ADMINISTRATIVE EXPENSES FOR THE MONTH OF NOVEMBER 1984

|   |                            |
|---|----------------------------|
| Gross Salaries - National Personnel               | 78,233.05                  |
| National Personnel Accrued Benefits & ETF         | 4,419.03                   |
| Perdeim - National Personnel                      | 11,238.65                  |
| Office stationery, printing & office supplies     | 7,163.41                   |
| Postage, telephone calls and cables               | 9,940.94                   |
| Office rent                                       | 12,960.00                  |
| Lights, Office maintenance, repairs & alterations | 11,511.53                  |
| Maintenance and repairs to vehicles               | 23,755.08                  |
| Travel and lodging                                | 2,429.50                   |
| International Personnel expenses                  | 26,965.00                  |
| <u>Sundry</u>                                     |                            |
| Miscellaneous freight                             |                            |
| Survey fees, bank charges                         |                            |
| General promotion & publication etc.              | <u>10,989.67</u>           |
| Rs.   | <u>199,605.86</u><br>===== |

CARE-SRI LANKA  
11.01.1985

THRIPOSHA PROGRAM  
REPORT OF EXPENDITURE NO. 131  
FOR THE MONTH OF NOVEMBER 1984

| CODE NO.<br>AND DESCRIPTION    | DESCRIPTION OF PURCHASES AND SERVICES   | QUANTITY | RATE    | SUB TOTAL       | GRAND TOTAL      | REMARKS |
|--------------------------------|---|----------|---------|-----------------|------------------|---------|
| 100<br>Raw<br>Materials        | No Payment was made for raw materials<br>in November 1984   | -        | -       | -               | -                |         |
| 200<br>Milling &<br>Processing | Administration expenses incurred by<br>Ceylon Tobacco Co.Ltd., outstanding for<br>reimbursement from July 1984                          | -        | -       | -               | -                |         |
| 300<br>Packing<br>Materials    | Conversion cost of master bags including<br>4% BTT & Transport<br>Less: Refund on cash drawn for clearing<br>Sack Kraft Paper from Port | 57,000   | Rs.1/10 | 66,918.00       |                  |         |
|                                |   |          |         | <u>3,000.00</u> | 63,918.00        |         |
| 400<br>Warehouse               | Casual wages for Civil Medical Stores<br>Labourers  | -        | -       | 2,565.00        | 2,565.00         |         |
|                                | C/F   |          |         |                 | <u>66,483.00</u> |         |

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Continuation

Page 2 of 3 pages

| CODE NO.<br>AND DESCRIPTION              | DESCRIPTION OF PURCHASES AND SERVICES                          | QUANTITY            | RATE                 | SUB TOTAL  | GRAND TOTAL | REMARKS   |  |
|--|--|---------------------|----------------------|------------|-------------|-----------|--|
| 500<br>Transport                         | Balance B/F  |                     |                      |            | 66,483.00   |           |  |
|  | Number of Trucks (6)   |                     |                      |            |             |           |  |
|  | Salaries of Drivers (5)<br>(One resigned and not replaced yet) |                     |                      | 8,200.50   |             |           |  |
|  | Salaries of Cleaners (6)                                       |                     |                      | 8,513.35   |             |           |  |
|  | Mechanic (1)   |                     |                      | 1,829.15   |             |           |  |
|  | Despatch Clerk (1)   |                     |                      | 1,747.00   |             |           |  |
|  | Overtime   |                     |                      | 1,340.00   |             |           |  |
|  | <u>Truck No.</u>   | <u>Mileage done</u> | <u>Fuel Consumed</u> |            |             |           |  |
|  | 26/2650  | 1856 km.            | 438 Lit.             |            |             |           |  |
|  | 26/2651  | 1483 km.            | 522 Lit.             |            |             |           |  |
|  | 26/2652  | 1734 km.            | 417 Lit.             |            |             |           |  |
|  | 26/8077  | Under repairs       |                      |            |             |           |  |
|  | 26/8078  | 1466 Miles          | 583 Lit.             |            |             |           |  |
|  | 26/8079  | 1362 Miles          | 577 Lit.             |            |             |           |  |
|  | Cost of gasoline   |                     |                      |            |             |           |  |
|  | Cost of spare parts & repairs                                  | 26/2650             |                      | 1,350 lit. | Rs. 8/23    | 11,111.81 |  |
|  | "  | "                   |                      |            |             | 952.00    |  |
|  | "  | "                   |                      |            |             | 2,868.86  |  |
|  | "  | "                   |                      |            |             | 2,031.85  |  |
|  | "  | "                   |                      |            |             | 515.00    |  |
| "  | "  |                     |                      |            | 2,411.00    |           |  |
| "  | "  |                     |                      |            | 1,065.00    |           |  |
| Petty Cash expenses for Thripasha Trucks |  |                     |                      |            | 42,585.52   |           |  |
|  | Balance B/F  |                     |                      |            | 109,068.52  |           |  |



THRIPOSHA PROGRAM

ANNEX 5 D

SUMMARY OF INCOME AND EXPENDITURE FOR THE PERIOD 1ST JULY 1983 TO 30TH JUNE 1984

(RELATING TO LOCAL CURRENCY ONLY)

| D E S C R I P T I O N  | THRIPOSHA<br>PRODUCTION & FEEDING | THRIPOSHA<br>COMMERCIAL MARKETING | THRIPOSHA<br>SUNDRY INCOME | G R A N D<br>T O T A L |
|--|-----------------------------------|-----------------------------------|----------------------------|------------------------|
| Cash balance as at 30th June 1983                                    | 165,162.87                        | 3,460,811.03                      | 404,344.77                 | 4,030,318.67           |
| Less: Interest transferred to Sundry Income Account in February 1984 | 152,694.63                        | -                                 | -                          | 152,694.63             |
|  | 12,468.24                         | 3,460,811.03                      | 404,344.77                 | 3,877,624.04           |
| Add: Total receipts during the year                                  | 41,727,352.00 *                   | 3,194,523.12                      | 633,662.35                 | 45,555,537.47          |
| Add: Total interest earned during the year                           | -                                 | 6,113.82                          | 1,597,881.27               | 1,603,995.09           |
|  | 41,739,820.24                     | 6,661,447.97                      | 2,635,888.39               | 51,037,156.60          |
| Less: Expenditure during the year                                    | 35,671,657.43                     | 163,420.00                        | 650,042.44                 | 36,485,119.87          |
| Cash in hand as at 30th June 1984                                    | 6,068,762.81                      | 6,498,027.97                      | 1,985,845.95               | 14,552,036.73          |
| Add: Amount receivable during FY 85 relating to FY 84                | 828,267.21                        | 1,930,983.40                      | 82,994.97                  | 2,842,245.58           |
|  | 6,896,430.02 *                    | 8,429,011.37                      | 2,068,840.92               | 17,394,282.31          |
| Less: Unpaid obligations as at 30th June (Estimated)                 | 6,040,757.59                      | -                                 | -                          | 6,040,757.59           |
| Cash Balance carried forward for FY 85 Program                       | 855,672.43                        | 8,429,011.37                      | 2,068,840.92               | 11,353,524.72          |

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26.9.84

RECEIPTS AND UTILISATION OF COMMODITIES

July 1, 1983 - June 30, 1984

ANNEX 5 E

|  | SOYA<br>(kgs)    | MAIZE<br>(kgs)     | ICSM<br>(kgs)       | NFDM<br>(kgs)      | VITAMINS<br>(kgs) | MINERALS<br>(kgs) |
|--|------------------|--------------------|---------------------|--------------------|-------------------|-------------------|
| 1. Opening Balance as at 1.7.83                        | 526,180          | 60,300             | 415,973.88          | 316,726.2          | 5,065.08          | 49,254.8          |
| 2. Receipts  | <u>746,756.5</u> | <u>3,035,786</u>   | <u>4,648,802</u>    | <u>540,282.96</u>  | <u>-</u>          | <u>-</u>          |
| Total  | 1,272,936.5      | 3,096,086          | 5,064,775.88        | 857,009.16         | 5,065.08          | 49,254.8          |
| Sorted from sweepings (reclaims)<br>and taken to stock | <u>4,980</u>     | <u>14,160</u>      | <u>-</u>            | <u>-</u>           | <u>-</u>          | <u>-</u>          |
| TOTAL  | 1,277,916.5      | 3,110,246          | 5,064,775.88        | 857,009.16         | 5,065.08          | 49,254.8          |
| Issues for Production                                  | <u>974,080.5</u> | <u>1,727,326</u>   | <u>4,946,635.76</u> | <u>818,952.12</u>  | <u>2,815.08</u>   | <u>43,675.52</u>  |
| Closing Balance (30.6.84)                              | 303,836<br>***** | 1,382,920<br>***** | 118,140.12<br>***** | 38,057.04<br>***** | 2,250<br>*****    | 5,579.28<br>***** |

|                                 | <u>RECEIPTS AND UTILISATION OF PACKING MATERIALS</u> |                 |                  |                  |                | <u>FINISHED PRODUCT</u> |                     |
|---------------------------------|--|-----------------|------------------|------------------|----------------|-------------------------|---------------------|
|                                 | July 1, 1983 - June 30, 1984                         |                 |                  |                  |                | 1.7.83 - 30.6.84        |                     |
|                                 | Printed Poly<br>Bags                                 | Master Bags     | Comm. Poly Bags  | 454 grm Boxes    | Large Cartons  | 750 grm.<br>Packets     | 454 grm.<br>Packets |
| 1. Opening Balance as at 1.7.83 | 220,537  | 82,514          | 149,493          | 603,552          | 3,716          | 224,340                 | 4,896               |
| 2. Receipts                     | <u>10,739,344</u>                                    | <u>366,347</u>  | <u>771,963</u>   | <u>488,727</u>   | <u>15,777</u>  | <u>*10,551,872</u>      | <u>*813,115</u>     |
| TOTAL (1 + 2)                   | 10,959,881   | 448,861         | 920,456          | 1,092,279        | 19,493         | 10,776,212              | 818,011             |
| 3. Issues                       | <u>10,642,964</u>                                    | <u>351,766</u>  | <u>816,916</u>   | <u>819,192</u>   | <u>16,999</u>  | <u>10,750,562</u>       | <u>818,011</u>      |
| 4. Closing Balance (30.6.84)    | 316,917<br>*****                                     | 97,095<br>***** | 103,540<br>***** | 273,087<br>***** | 2,494<br>***** | 25,650<br>*****         | NIL<br>*****        |

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1, 2

**CARE.**

660 FIRST AVENUE, NEW YORK, N.Y. 10016 (212) 686-3110

CABLE: PARCELUS N.Y

SINCE 1946



THE WORLD'S MOST NEEDED GIFT

April 18, 1984

CHARLES AMER  
 Director of Administration  
 CARE, Inc.

IRVING WISELY  
 International Development Committee, Inc.

WALTER CAMPBELL  
 American Red Cross

DEAN PAPANIK  
 American Fund for  
 the Prevention of Blindness, Inc.

PAUL HUBERT  
 American Red Cross

EDWARD HUBENIK  
 Public Member

EVAN KAZAKHAKHATON  
 CARE, Inc.

AMIELE BUNKER  
 CARE, Inc.

LEONOR KRUSHY  
 CARE, Inc.

KIMAN LEEK  
 Public Member

MRS. ORVILLE FREEMAN  
 CARE, Inc.

THEODORE KNOWN  
 CARE, Inc.

LESLIE MORRIS  
 CARE, Inc.

EDWARD A. RUBIN  
 Public Member

NORMAN ROSS  
 Public Member

PATRICIA RUSSELL AID  
 CARE, Inc.

REBECCA SALVADORIN  
 Public Member

LOUIS SAMPSON  
 CARE, Inc.

ROBERT SHERIDAN AID  
 CARE, Inc.

CAROL WATERS  
 CARE, Inc.

EDWARD ROBINSON  
 CARE, Inc.

Honorable Minister  
 Minister of Health  
 Government of Sri Lanka  
 Colombo, Sri Lanka

Dear Mr. Minister:

In accordance with the terms of the agreement reached with your Government on August 6, 1982, attached is a statement representing the final detailed accounting for receipts and costs for the 1982-1983 feeding program for delivering and distributing approximately:

1,640,550 pounds of milk powder, and  
 14,407,100 pounds of blended food formula #2. . . .

to certain groups of needy persons in Sri Lanka.

You will notice that no charge has been made for the commodities. They were donated free of charge by the Commodity Credit Corporation, an agency of the United States Department of Agriculture under Section 416 of the Agricultural Act of 1949.

When the contract was signed, CARE estimated that the total cost not including those for ocean freight would be approximately \$223,620 to cover expenditures in the United States and in Sri Lanka.

Based on the contractual agreement, your Government then proceeded with periodic payment for which we received the following amounts:

\$63,660 in February 1983  
 42,440 in March 1983  
 123,196 in June 1983

for a total of \$229,296. We have deducted from this total the amount of \$5,336 representing net exchange loss due to currency fluctuation thus making the full amount of \$223,960 available for the operation of program.

# CARE.

Annex 5F-2

660 FIRST AVENUE, NEW YORK, N.Y. 10016 (212) 686-3110

CABLE: PARCELUS N.Y.

SINCE 1946



THE WORLD'S MOST NEEDED GIFT

Honorable Minister

-2-

You will notice from the attached statement of accounting, covering expense period from July 1982 to June 1983, that the total dollar cost applicable to forwarding fees, CARE's administrative charges and operating expenses amounted to U.S. \$209,149 for the entire program leaving a net balance of U.S. \$14,811 in favor of the Government of Sri Lanka.

A schedule of the agricultural shipments made for this program is attached for your guidance and files.

The splendid cooperation afforded by your Government during the operation of this program has been greatly appreciated.

Sincerely, yours,

Emilio A. Vazquez  
Accounting Manager

attachments

CARE COOPERATIVE FOR AMERICAN RELIEF EVERYWHERE

CARE is a non-profit organization incorporated under the laws of the District of Columbia to provide a service through which donors may supply goods and services abroad for purposes of relief, rehabilitation and development. The organization is governed by a board of directors representing sponsoring member organizations and public members.

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COOPERATIVE FOR AMERICAN RELIEF EVERYWHERE, INC.SRI LANKAFINAL STATEMENT AS OF JUNE 30, 1983PCN 600293

|  | <u>MILK POWDER</u> | <u>BLENDFD FOOD #2</u>         | <u>TOTAL</u>    |
|--|--------------------|--------------------------------|-----------------|
| FORWARDING FEES  | \$ 100             | 350                            | 450             |
| ADMINISTRATIVE OVERHEAD  | <u>\$3,773</u>     | <u>26,182</u>                  | <u>29,955</u>   |
| SUB-TOTAL  | \$3,873            | 26,532                         | 30,405          |
| Spare parts for Thripasha Plant  |                    |                                | 6,475           |
| Operating expenses including salaries of CARE personnel plus related benefits, auto expenses, traveling, transportation, per diem, office supplies, postage, telephone charges, cables, etc. . . . . |                    |                                | <u>172,269</u>  |
|  |                    | <u>TOTAL CARE DISBURSEMENT</u> | 209,149         |
| Less: Amounts received from the Government for the operation of the program. . . . .   |                    | February 1983                  | 63,660          |
|  |                    | March 1983                     | 42,440          |
|  |                    | June 1983                      | <u>123,196</u>  |
|  |                    |                                | <u>229,296</u>  |
| Less: Exchange loss due to currency fluctuation  |                    |                                | <u>5,336</u>    |
|  |                    |                                | <u>223,960</u>  |
|  |                    | Balance due Sri Lanka          | <u>\$14,811</u> |

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This amount of \$14,811 was refunded to the Government of Sri Lanka in July, 1984.

Annex 5E-4

SCHEDULE OF AGRICULTURAL SHIPMENTS

SRI LANKA

JULY 1982 - JUNE 1983

PCN 600293

| <u>MONTH</u>   | <u>BLENDED FOOD FORMULA #2</u> | <u>MILK POWDER</u> |
|----------------|--------------------------------|--------------------|
| July 1982      | 337,450                        |                    |
| August 1982    | 2,738,900                      |                    |
| September 1982 | 337,500                        |                    |
| October 1982   | 989,250                        |                    |
| November 1982  | 1,976,750                      |                    |
| December 1982  | 959,500                        |                    |
| January 1983   | 2,090,900                      | 1,012,500          |
| February 1983  | 872,500                        | 74,100             |
| March 1983     | 2,228,850                      |                    |
| April 1983     | 39,000                         |                    |
| May 1983       | 689,150                        |                    |
| June 1983      | <u>1,147,350</u>               | <u>553,950</u>     |
| TOTALS         | 14,407,100 lbs.                | 1,640,550 lbs.     |

6. Evaluations of the Program

Two evaluations of the Thriposha Program have been made in recent years.

One, completed in 1982, was made by the Community Systems Foundation of Michigan, USA, in coordination with USAID.

The other, issued in 1983, was by the Food and Nutrition Policy Planning Division of the Ministry of Plan Implementation.

Excerpts from the findings of these two evaluations follow.

A. Excerpts from Findings  
of the Community Systems Foundation / USAID  
Evaluation of the Thripasha Program,  
Dated October, 1982  
Summary of Results

1. Nutritional Effectiveness of the Program

Retrospective longitudinal data for 1,799 preschool children were gathered in 61 Maternal Child Health Clinics participating in the Thripasha distribution program. Based on our sample, the program is reaching needy children. Four out of five children met one of the two criteria for participation; (1) they were suffering from second or third degree malnutrition or (2) they were younger than the age of maximum risk while showing clinical signs of nutritional deterioration.

A comparison of the nutritional status of children who had participated in the program for a substantial time to that of children who had participated for only a short time offered compelling evidence that the package of services provided through the MCH clinics improved nutritional status. (All comparisons were done for children in the same narrowly-defined age categories to eliminate the possibility that observed improvement resulted from the changing age distribution of the sample.) The amount of nutritional improvement surpasses that seen in any other food supplementation program that has been subjected to the rigorous statistical tests applied to this data. Indeed, we emphasize the package of services because we cannot isolate the contribution of the Thripasha alone. However, we firmly believe that without Thripasha the benefit observed would not be found.

The evidence suggests Thripasha is shared in the family, probably to the degree that the net Thripasha intake of the child would, of itself, not support the nutritionists' gains observed. This leads to the hypothesis that the combination of Thripasha distribution, use of health cards, immunizations, treatment of disease, nutrition education and family planning calls forth better child care behavior. Field observations and interviews convinced the team that Thripasha was a strong inducement to ongoing participation in this package of services.

2. Cost-Effectiveness

A detailed cost analysis of the Thripasha program was done using audited cost figures from invoices and other sources. The analysis showed that the cost of production was minor relative to the cost of

commodities and that the major portion of costs borne by Sri Lanka were for production, transport and administration and not for commodities-- even when the GSL contributes 40% of the raw materials. A comparison of Thripasha to alternative products available in the market place revealed that Thripasha delivers more nutrient per rupee than its nearest competitor--with regard to protein, in fact, Thripasha is twice as cost-effective.

### 3. Management

In order to view the P.L. 480 Title II program within the broader context of Sri Lankan food and nutrition policy, interviews were conducted with representatives of the concerned Ministries, USAID and CARE. These interviews revealed a complex web of interrelationships between concerned individuals leading to a less than optimal management structure for food and nutrition programs. One possible means of simplifying the management structure is the development of a common, shared information system to serve as a focal point for debate and policy formulation regarding food and nutrition issues. Such a monitoring and evaluation system should be based on the routine collection and use of a minimum quantity of relevant data at the point of service delivery.

B. Excerpts from the Findings  
of the Food & Nutrition Policy Planning Division  
Evaluation of the Thriposha Program  
Publication No. 14, 1983

1. Selection of Thriposha recipients should be based on pre-set criteria.
2. Appropriate criteria should be formulated for coverage of 'approved beneficiaries' of Thriposha.
3. The adequacy of the nutrition supplement provided by Thriposha should be reviewed.
4. The original objectives and nutritional goals of the programme should be reviewed.
5. There is a need to overcome limitations on the percentage of local food inputs to the programme.
6. Packing procedures should be improved by changing from manual to machine packing of Thriposha.
7. Quality control of the product should be improved.
8. Quality control of packaging material should be established.
9. Inaccuracies in the reporting system should be remedied.
10. Delays in Thriposha despatches should be minimized.
11. Storage facilities should be improved.
12. Maintenance of records on nutrition surveillance should be improved.
13. Clarifications should be made in the annual agreement between the CARE organization and the Government of Sri Lanka.

7. CARE's role in the program

A. Operations currently performed by CARE

1. CARE's organization chart, showing staff who spend full time or part time for the Thriposha Program, follows in annex 7a.
2. Negotiating annual agreements and day-to-day liaison with the Government, USAID and the Ceylon Tobacco Company; correspondence with CARE Headquarters.
3. Obtaining PL 480 commodities for the program. A list of steps is in annex 7B.
4. Purchasing other commodities and materials required in Thriposha production. A list of these steps is in annex 7c.
5. Monitoring the work of the Ceylon Tobacco Company in operation of the Thriposha Factory. A list of these steps in annex 7d.
6. Monitoring the distribution program, in conjunction with the Thriposha Program Supervisor, through auditing of monthly reports from centers and making new allocations. A flow chart of these functions is in annex 7E.
7. Despatch of Thriposha. A list of steps is in annex 7f.
8. Financial Accounting. These steps were described earlier in section 5.
9. Monitoring the distribution program through six Field Coordinators. Their work is described in detail in annex 7G.

B. Operational functions CARE has proposed since 1983 be taken over by the Government.

1. Production of Thriposha including purchase of local ingredients and packing materials, import of vitamins and mineral premix and supply of these items to the

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Thripasha factory at times needed to meet production schedules.

2. Distribution of Thripasha. This would include preparation of allocations, transport of Thripasha from the factory to CMS and to RDHS and MOH areas, where rail transport is unavailable.

3. Most of the monitoring aspects of the program now performed by CARE's staff of 10 Program Assistants, whose work includes:

a. Receiving monthly returns from Thripasha distribution centers, auditing them and preparing new allocations.

b. Monitoring stock figures and beneficiary levels at each distribution point.

c. Monitoring losses due to damage and theft and filing and pursuing claims.

d. Monitoring and receiving payments from Estates.

e. Maintaining registers with essential data on each distribution point.

f. Drafting correspondence with RDHS, MOHs, Sarvodaya and other non-governmental organizations.

g. Providing liaison with and briefing for CARE's six field coordinators for their three-week tours each month.

4. Sale of sweepings at the factory and collection and sale of empty Thripasha master bags from clinics, the proceeds of which go to the Ministry.

5. All responsibility for the commercial marketing program.

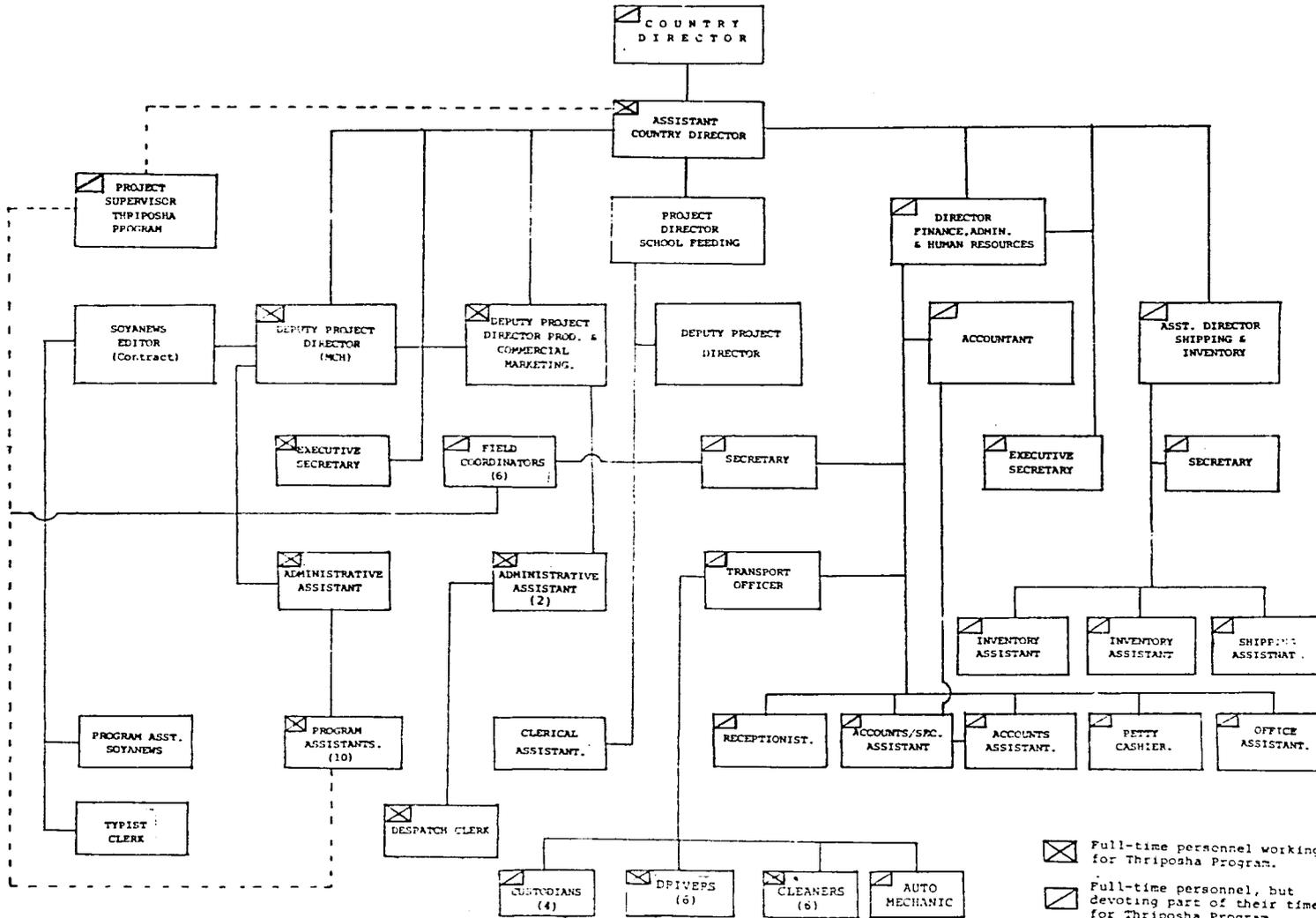
C. Operations CARE would continue to perform

1. Obtaining, receiving and, supervising the handling of PL 480 commodities.

2. Sale of empty PL 480 containers at the Thripasha factory, the proceeds of which go in a special container fund jointly controlled by CARE and USAID, which is used to meet costs of the program not covered by budgetary provisions of either the Ministry or CARE.

3. CARE's 6 Field Coordinators would continue to spend three weeks each month in the field visiting RDHS and MOH areas and distribution points to observe the progress of the program, work out problems locally and report back to CARE (and through CARE to the Ministry).

ORGANISATION STRUCTURE OF CARE-SRI LANKA  
FOR THE THRIPOSHA PROGRAM



Role of CARE staff in regard to PL 480 commodities for the  
Thriposhia program

CARE Staff perform the following approximately 250 procedures per year in regard to shipments of commodities for the program.

A. Planning and Indent Procedures

1. Prepare overall program plan for approval of AID and CARE Headquarters.
2. Prepare Annual Estimate of Requirements for approval of AID and CARE Headquarters.
3. Prepare quarterly indents for commodities needed, for approval of AID and CARE Headquarters.

B. Pre-arrival documentation for each of approximately 10 shipments per year, totalling 7,020 metric tons of food commodities.

4. Notify customs, giving quantities and values per pound, and requesting customs to release cargo to Food Department.
5. Request either joint or independent survey of shipment by the Surveyors of CARE and that of Steamer agents.
6. Request Food Department to clear cargo and transport to its store Beira Lake Stores.
7. Request Ports Authority to arrange to clear cargo ex-ship's tackle.

C. Procedures on Arrival of Each Shipment

8. Go on board and inspect condition of commodities.
9. If inspection shows any damage, bring this to the notice of the Steamer agents, Surveyors and (if damages are extensive) to the ship's captain.
10. Monitor survey being conducted by independent surveyor.
11. Continue to monitor transportation from port to Beira Lake Stores until final clearance and resolve problems as they develop at Customs, Sri Lanka Ports Authority, Food Department and Steamer Agents (as regards stevedore labour).

Annex 7B-2

12. Write letter of protest to shipping agent, holding it responsible for marine losses or damages.
13. At Beira Lake Stores, monitor to insure proper storage of commodities as they come in.
14. Draw samples of commodities and send to Government Analyst for testing.
15. Monitor reconstitution of torn and slack bags by Food Department.
16. Sell commodities found unfit for human consumption to a government institution manufacturing animal feed, after getting approval of the Ministry's Thriposha Program Supervisor, AID and certification from the Quarantine Office that the commodities are fit for animal feed. Report sales to AID and CARE Headquarters.
17. Check Survey Report and Reconstitution Report received from Surveyors to ensure that information provided agrees with the documentation of the Sri Lanka Ports Authority, and that at the Food Department warehouses.
18. Obtain out-turn report from Ports Authority.
19. Prepare and despatch claim documentation to enable CARE Headquarters to recover marine losses from shipping company.

D. On-Going Procedures

20. Fumigate commodities every two months.
21. Audit Beira Lake stock ledgers monthly.
22. Prepare Delivery Authorization forms requesting Food Department to release commodities for transfer to Thriposha factory.
23. Deliver commodities to factory to meet production schedules at an average rate of 30 metric tons per day.
24. Maintain inventory ledgers in CARE office.

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25. Monitor commodities at factory to ensure proper storage, fumigation and utilization.
26. Take physical count of all commodities at Beira Lake Stores and at Thriposha factory quarterly and report to AID and CARE Headquarters.
27. Prepare quarterly Commodity Status Reports for AID and CARE Headquarters, covering beginning inventory, receipts, consumption details of marine and inland losses, and ending balance.
28. Prepare and submit quarterly commodity import statistics report to Department of External Resources and AID.
29. Sell empty containers to highest bidder, deposit proceeds in Container Fund Bank Account, report to AID quarterly on receipts, usage, interest and balance.
30. Determine equipment and materials required for proper storage and fumigation and purchase from Container Funds.

CARE'S ROLE IN PROCUREMENT OF COMMODITIES AND  
PACKAGING MATERIALS FOR THE THRIPOSHA PROGRAM

CARE staff perform the following procedures in procurement of commodities, material and services for the Thriposha program.

These items include:

|                |                                      |
|----------------|--------------------------------------|
| maize          | Crepe tape                           |
| soyabean       | commercial packets                   |
| vitamin premix | commercial cartons                   |
| mineral premix | plain polythene bags                 |
| LDPE resin     | printed polythene bags               |
| Kraft Paper    | conversion of printed polythene bags |
|                | conversion of master bags.           |

1. Maintain inventory records and re-order quantity levels for all commodities and packaging materials.
2. Inform the Ministry of Health of the stock levels and request the ministry to initiate tender board action to procure the materials.
3. Assist the ministry to initiate bids by press advertisements or letters.
4. Advise the ministry on standards and specifications of materials.
5. Assist the ministry in obtaining technical advice (whenever necessary), on materials quoted.
6. After tender board/Ministry of Health decision, enter into purchase contracts with suppliers.
7. Follow up with suppliers to insure delivery according to contract.
8. Check records from Thriposha factory on quality and quantity received.
9. If quantity and quality received are correct, make payments.
10. Establish letters of credit on materials for import.
11. Take delivery at port, clear from customs and transport to the factory.

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CARE'S ROLE IN PLANNING AND MONITORING PRODUCTION  
AT THE THRIPOSHA FACTORY

CARE staff perform the following activities in regard to Thriposha production:

1. Providing annual production targets, reviewing performance on a monthly basis, gearing production to the level required by the feeding program.
2. Reviewing daily and weekly production reports from the factory and monitoring production levels. Checking adherence to the stipulated formula.
3. Checking cleanliness of the factory. Checking to insure fumigation and hygienic use of raw materials.
4. Checking quality of finished product by having laboratory tests made fortnightly by Medical Research Institute.
5. Ordering spare parts from USA, clearing from the port and delivering to the factory.
6. Visiting the factory weekly to:
  - a) monitor conditions of storage and production of the commodities.
  - b) Discuss all relevant matters with the factory manager and staff.
  - c) Assist in resolving problems.

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Role of CARE staff in monitoring, allocation and despatch of stocks

Note: MBI refers to Monthly Beneficiary and Inventory Reports sent by each centre.

TDA refers to Thriposha Despatch Authorization.

1. Incoming MBI forms from the 1,397 centers are checked for accuracy and compared with stock balances from previous month in ledger.
2. TDA forms are checked to insure receipt of each consignment has been properly and fully acknowledged.
3. If there are discrepancies in the MBI or TDA forms returned, letters are written to the centers concerned.
4. Information from the MBI and TDA forms is entered in ledgers.
5. Letters are written to centers regarding any other matters, such as change in beneficiary levels, disposal of any packets damaged etc.,
6. The number of packets to be allocated to each center for the coming month is calculated.
7. TDA forms for this are prepared, together with covering letters.
8. These are signed by the Thriposha Program Supervisor.
9. Copies of the TDA forms are sent to the State Medical Stores, to health centers, to estates and to the Thriposha factory manager.
10. Reminders are sent to centers on outstanding MBI and TDA forms.

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CARE'S ROLE IN THE DESPATCH OF THRIPOSHA FROM THE FACTORY

A. Allocations of Thripasha are despatched in the following ways:

1. Despatches by wagons directly loaded from the Thripasha factory.
2. Despatches from Colombo Goods Shed of Railway (small lots of master bags)
3. Deliveries by Ministry of Health/CARE trucks.
4. Collection by Department of Health trucks for delivery in Colombo.
5. Collection by Department of Social Services.
6. Collection by Mahaweli Authority.
7. Collection by estates.
8. Collection by Colombo Group of Hospitals.

B. Despatches by wagons

Despatches by wagons are large lots of 200-500 master bags per wagon. CARE staff functions in this regard are:

- 1) Preparing Thripasha Despatch Authorization forms (TDA) and sorting out for despatch of large quantities by wagons to health centres.
- 2) Preparing a Commodity Despatch Authorization (CDA), indicating the details of quantity and recipient railway station.
- 3) Booking the required number of wagons and informing the wagon controller of the railway of the date and number of wagons required at the Thripasha factory.
- 4) Preparing a schedule for each railway station, indicating the Thripasha Despatch Authorization number, name of health centre, name of the railway station, and the number of bags. This is sent to the factory, with a copy to Railways.
- 5) Monitoring on the specified day, the loading of wagons at the factory, in the presence of a railway checker.

C. Despatches from Goods Shed of Railway

CARE staff functions in this regard are:

- 1) Preparing Thripasha Despatch Authorization forms and sorting for despatch of small quantities from the Railway Goods Shed, Colombo.
- 2) Preparing a Commodity Despatch Authorization, indicating the total amount to be despatched from the factory to health centres and non governmental organizations (NGOs).

- 3) Transporting Thripasha to railway goods shed in assigned quantities.
- 4) Unloading of the bags.

D. Deliveries in Ministry of Health trucks to centres where transportation by railway is not possible:

CARE staff functions in this regard are:

- 1) Preparing Thripasha Despatch Authorizations.
- 2) Sending all necessary documents to the factory for release of the assigned quantity of Thripasha.
- 3) Scheduling deliveries into 250 bags per truck according to the route of delivery.
- 4) Picking up truck load lots from the factory and transporting to health centres.

E. Collections of Thripasha by -

1. Department of Health trucks for delivery in Colombo city

2. Department of Social Services

3. Estates

In these cases, CARE staff prepare Thripasha Despatch Authorizations and send them to the above organizations, which arrange pick up from the Thripasha factory.

DESCRIPTION OF THE WORK OF CARE FIELD COORDINATORS

CARE has six field coordinators who spend three weeks every month in the field observing the island-wide Thripasha Feeding Program and the School Biscuit Program. During the one week that they spend at the CARE office, they write their reports for the trip just concluded and are briefed by Dr. E.V. de Mel and CARE Program Assistants on problems prevalent at individual centres in the Regional Director of Health Services (RDHS) area to be visited, on the forthcoming trip.

While in the field, they:

1. Assess the status of the program.
2. Identify problems and program constraints, and make suggestions to overcome them and improve the effectiveness of the program.
3. Collect specific data.

They have discussions with the Regional Director of Health Services of the area, the Medical Officers of Health (MOH) and the para-medical staff. They interview beneficiaries at clinics and make some home visits. In addition to health centres, they also visit estates, Sarvodaya pre-schools, Social Service institutions, voluntary organizations distributing Thripasha.

During the last year, the Field Coordinators visited each RDHS area 3 to 4 times, and made a total of 1,062 visits to health centres and 112 visits to estates distributing Thripasha. This is an average of 88 health centres and 10 estates per month.

On their visit to a health centre or estate they facilitate implementation of the program by:

1. Identifying local problems and suggesting solutions.
2. Encouraging regular and correct weighing of children.
3. Promoting proper use of the child health card.
4. Clarifying details of program to medical staff, where necessary.
5. Providing nutrition education to beneficiaries (albeit a small proportion of the total).
6. Determining the adequacy of Thripasha stocks.
7. Making assessments of whether more beneficiaries can be reached in the area and how this can be achieved.
8. Taking action to have monthly reports sent in on a timely basis, to prevent interruptions in supply of Thripasha.
9. Reviewing accuracy of monthly reports.
10. Making suggestions to overcome transport bottlenecks.

11. Reporting their findings and activities to CARE and to Dr. Mrs. B.V. de Mel, the Ministry of Health supervisor for the Thripasha Program.

At times, Field Coordinators collect specific data, for example they recently studied the percentage of mothers who cook Thripasha.

MOHs and paramedical staff in 99 health centres in 9 RDHS areas were asked their estimate of the percent of mothers who cook Thripasha before giving it to their children.

The responses are as follows:

| <u>Percent of mothers<br/>who cook Thripasha</u> | <u>Number of medical<br/>staff responding</u> |
|--|---|
| None   | 30  |
| 2%   | 3   |
| 5%   | 18  |
| 10%  | 13  |
| 15%  | 6   |
| 20%  | 3   |
| 25%  | 6   |
| 30%  | 4   |
| Don't know                                       | <u>16</u>                                     |
|  | Total - 99                                    |
|  | ==  |

It should be noted that most of the mothers who cook Thripasha, do so in preparing a dish which has to be cooked, such as pittu or roti. Thus it would appear that mothers generally understand that Thripasha is pre-cooked and does not need further cooking.

\* \* \* \* \*

Samples of Field Coordinators' General and Individual Clinic Visit Reports are attached.

11 December 1984

FIELD COORDINATORS' GENERAL REPORT

**To:** Mr. F. Davis  
Mr. B. Chaples  
Dr. Mrs. B.V. de Mel  
Mr. R. Jayasingha

**From:** D.D. Jayetilleke

**Subject:** Thripasha Program in Regional Director of Health Services (RDHS) area, PUTTALAM

Coverage

During my field visit from 14.11.84 to 5.12.84, I visited the health stations of Medical Officer of Health (MOH) areas - Puttalam, Chilaw, Dankotuwa and Marawila. I also visited the Women Medical Officer (WMO) Puttalam, District Medical Officer (DMO), District Hospital (DH) Puttalam, DMO/DH Anamadawa, Medical Officer (MO) Madampe and central dispensaries Madurankuliya, Vanathavillu, Nawagathhegama, Mampuri, Mellawe and Peripheral Unit (PU), Mundel.

Visited four clinics in session in the four MOH areas of the RDHS, Puttalam. They are the clinics at Ipalogama, Tebbowa, Arachchikattuwa and Nainamadama. I met the public health sisters and the family health workers and discussed the Thripasha program in their areas and their difficulties. I gave a talk about this program at every one of their clinics and thereby assisted the family health workers and the public health sisters who were conducting these clinics. The paramedicals said that the coverage of beneficiaries is poor as they do not get enough Thripasha. I requested them to select the beneficiaries on a medical basis and asked for increased allocation of Thripasha from Dr. Mrs. B.V. de Mel through the respective MOHs. They must give a breakdown figure of the beneficiaries when asking for increased allocation of Thripasha.

Puttalam

Dr. Mrs. Krishnamohan is the MOH. Her beneficiary level has been reduced from 1,250 to 1,000 for she has not been issuing Thripasha to lactating mothers. She has not issued Thripasha at another two clinics in Sinnapadu and Etape. I requested her to issue Thripasha at these clinics and to lactating mothers at all her clinics and ask for increased allocation of Thripasha. This is her first appointment and she and her public health sister are both new to this program. MOH had 258 packets of Thripasha which were spoilt and unfit for human consumption. She had been given the authority to destroy these, but she had not done so. I got them burned in my presence. She has a rat proof room in her office but she could not get Thripasha stored therein, as the room had not been handed over to her. Met the RDHS and discussed this and he promised to hand over this room early. Monthly Beneficiary and Inventory (MBI) reports had been incorrectly prepared. I attended the staff conference and explained how it should be prepared.

WMO Puttalam

The Woman Medical Officer, Puttalam has been transferred and not replaced. MOH Puttalam, Dr. Mrs. Krishnamohan is acting. They have mixed up the code numbers of the MOH and the WMO and the MBIs have been incorrectly prepared. The previous WMO has not included some 300 packets which she received. I requested the acting WMO to submit the amended MBIs from April 1984 onwards and explained how to do it. 660 packets of Thripasha allocated by TDA 31147 of 17.5.84 on 3.6.84 had still not been received by the WMO. I traced this stock to DMO Puttalam, and requested him to hand over the stock to WMO. I requested the WMO to take over this 660 packets of Thripasha and send the TDA to the CARE office after perfecting it. SHS was also informed about this.

Five master bags of Thripasha against TDA 25404 of 17.2.83 had been delivered short to WMO by an Urban Council employee - A.M.Nawas. This employee has gone to the Middle East.

DMO Puttalam

Dr. H.T.Kusumapala is the DMO. Met the DMO and discussed the program. Thripasha had not been issued since August 1984. There were no medical officers to carry on these clinics. Formerly, the WMO used to conduct these clinics. The DMO is unable to carry on the work in these clinics as he has a lot of other work to do like judicial work, etc.

The DMO has got 660 packets of Thripasha without a TDA form. I traced this to the WMO. I requested the DMO to hand over these to the acting WMO and the balance Thripasha in the stores, to the MOH, Puttalam, otherwise his stock, presently at the stores, will get spoilt. I informed the Regional Director of Health Services about this. He ordered the MOH to take over this stock and issue it at her clinics. MOH to inform CARE after taking delivery of this stock of Thripasha. The DMO will submit MBIs for August, September and October 1984.

CD Vijayakatupotha

Mr. M.Tiruchelvam is the new Assistant Medical Practitioner (AMP). There had been no AMP for a long time and the clinic has not functioned since October 1983. The new AMP is interested in the program but there are no facilities to carry out the clinic, as there is no storage space and the building is very old and is in a state of disrepair. This central dispensary may be deleted from the program until the dispensary is repaired. The MOH conducts an ante-natal clinic close by, but does not issue Thripasha. I discussed this with the SHS and made arrangements to issue Thripasha through MOH as he (MOH) can transport Thripasha from Puttalam in the jeep when she goes to conduct the clinic. The MO/PU has forgotten to submit the MBIs for August, September and October. I got him to prepare these immediately.

The MOH Marawila, is transferred and not replaced, to date. Seven TDA forms - 29760,31145,31527,31979,32866,31754 and 33308 not duly perfected and sent to CARE office, as there was no MOH to sign these. Requested the clerk in charge to sign these and forward them to CARE in future, as it is he who maintains the inventory register.

The following health stations do not prepare their monthly returns correctly. They are MOH Marawila, MOH Chilaw, RMP Nawagaththegama, DMO Anamaduwa, AMP Vanathavillu, RMP Madurankuliya and MOH Puttalam. I explained how MBIs should be prepared in the future by giving the correct breakdown figures of the beneficiaries.

## FIELD COORDINATORS' INDIVIDUAL CLINIC VISIT REPORT

## CLINIC EVALUATION

=====

Date: 20/11/84 Name of Centre: LMO/Dh, Anamadawa Type of Clinic ANC&WBCCode No: h 414 MCH Area: Pattalam

|   |                             |                                |                            |
|---|-----------------------------|--------------------------------|----------------------------|
| How often held? <u>alternate wednesdays ANC</u> Staff: <u>MC, F.M.I. &amp; FHW</u>  |                             |                                |                            |
| Registered (T) issued to children on 1st No. seen at Beneficiaries: <u>wednesdays of the month (800) 510</u> clinic <u>inc</u> <u>-</u>   |                             |                                |                            |
| Thripocha Register Maintained?  | YES/NO                      | Child Health Cards Maintained? | YES/NO                     |
| Iron tablets issued?  | YES/NO                      | Growth Charts maintained?      | YES/NO                     |
|   |                             |                                | Estimated                  |
| Others instructed in nutrition  |                             |                                |                            |
| (a) By CARE:  | No: _____                   | Sale of Thripocha:             | _____                      |
| (b) Clinic Staff  | Date: _____                 | Shared by Family:              | _____                      |
| <u>INVENTORY</u>  |                             |                                |                            |
| Opening balance:  | (a) <u>469</u>              | MRI re: mailed to CARE on:     | <u>1/11/84</u>             |
| Quantity received:  | (b) <u>1560</u>             | No. of empty bags in stock:    | <u>86 Bags</u>             |
| Date: <u>19/10/84</u>   | <u>2029</u>                 |                                |                            |
| (a) + (b)   |                             |                                |                            |
| TDA No <u>33266</u>   |                             |                                |                            |
| Quantity issued to-date:  | (c) <u>415 + 867 = 1282</u> |                                |                            |
| 747   |                             |                                |                            |
| Stock balance:  | (a) + (b) - (c)             |                                |                            |
| Physical balance in stores  | <u>747</u>                  | Good                           | <u>Nil</u> Spoilt <u>-</u> |
| Storage: Satisfactory   | <u>Yes</u>                  | Unsatisfactory                 | <u>-</u>                   |
| Remarks: (Storage, Transport, Staffing Problems, availability of weighing scales, infant weighing scales etc. etc.)   |                             |                                |                            |
| (1) LMO/Dh is Dr. R. J. Jayasekera. There are two A.M.I's. They are not involved with (T) program. Officers involved in the (T) program other than DMO are rml and the Family Health workers - Anamadawa, Kottukachchiya, Andigama. The population served is about 20,000 to 25,000 according to the  |                             |                                |                            |
| (2) Clinics are held as follows: - ANC - alternate wednesdays - (T) is clerk. issued to these Clinics. WBC - Once a month on 1st Thursday of the month. Only (T) issued on these days. Every Monday, there is an immunization Clinic served over by F.M.I. and the midwives.  |                             |                                |                            |
| (3) The ABL had been 510 upto April, 1984. but without any authorisation from CARE, they have increased it to 800.  |                             |                                |                            |
| (4) 1000 Child health cards to be sent.   |                             |                                |                            |
| (5) A weighing scale to be sent.  |                             |                                |                            |
| The ABL is 510, but they have increased it to 800. Requested them to select beneficiaries again and send the breakdown figures to Dr. (Mrs.) Nel, CARE Sri Lanka to get the beneficiary level increased. DMO feels that they cannot cope up with one days clinic attendance. Difficult to break up as the Field Staff cannot spare another date for a Clinic. LMO wishes me to contact the MOH. |                             |                                |                            |

8. SUMMARY OF THRIPOSHA FACTORY MODIFICATION PROPOSAL

Nature of Proposal

This proposal is to modify the Thripasha Factory by adding one large extruder.

A. Purpose

The purpose of the project is twofold:

- 1) To provide the additional processing capacity necessary to phase over from the present formula of 60% PL 480 commodities and 40% local commodities to 100% local commodities by 1992. This will require more cooking capacity.
- 2) The extrusion capacity of the local commodities would increase by about 11% over the present production level. This increase would allow either to:
  - a) increase the free feeding program to reach 80,000 more beneficiaries, or
  - b) to increase sale of commercial Thripasha, or
  - c) increase both programs marginally.

B. Capital Cost

The total capital cost is \$495,458 to be met as follows:

1. CARE International - \$ 175,560
2. US AID or other source - \$ 261,098
3. Government of Sri Lanka - \$ 58,800 \*

\* The government contribution, which will be in rupees, is for costs of erecting the equipment and purchasing a transformer. These funds are available in the recoveries made under the program from sales of empty containers and Thripasha sweepings.

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**C . Recurring Costs**

**Recurring costs for the Free Program on major items would be as follows:**

|      |                |               |
|------|----------------|---------------|
| 1985 | Rs. 45,000,000 | (\$1,730,770) |
| 1986 | Rs. 48,000,000 | (\$1,846,104) |
| 1987 | Rs. 58,000,000 | (\$2,230,769) |
| 1988 | Rs. 68,000,000 | (\$2,615,385) |
| 1989 | Rs. 82,000,000 | (\$3,153,846) |
| 1990 | Rs. 96,000,000 | (\$3,692,308) |
| 1991 | Rs.112,000,000 | (\$4,307,692) |
| 1992 | Rs.128,000,000 | (\$4,923,077) |

**The increase in costs is due to the gradual increase in quantity of indigenous commodities and annual price increase of both packaging and raw materials.**

**This does not include administrative delivery costs of the finished product.**

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