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- P I P W -

TURIPOSHA AS A NUTRITION INTERVENTION

29 JANUARY - 13 FEBRUARY 1985

- F I N A L R E P O R T -

PIPW Sponsored by

MINISTRY OF HEALTH,
GOVERNMENT OF SRI LANKA

CARE - SRI LANKA

USAID, SRI LANKA

Facilitators:

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ISN = 54588

THRIPOSHA PROJECT IMPLEMENTATION PLANNING WORKSHOP [PIPW]

29 January - 13 February 1985

PIPW FOLLOW-UP PACKAGE

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THRIPOSHA PIPW

I.1. PARTICIPANT LIST

MINISTRY OF HEALTH

Dr Ranjith Atapattu *	-	Minister
Mr Leonard Panambalana	-	Secretary
Dr S D M Fernando	-	Director General-Health Services
Dr M Rodrigo	-	Deputy Director General-Health Services
Dr H M S S D Herat	-	Senior Medical Officer
Dr George Fernando	-	Deputy Dir.General-Laboratory Services
Dr Joe Fernando *	-	Additional Dir.Gen.-Medical Services
Dr N W Vidyasagara	-	Dir. M.C.H. (Family Health Bureau)
Dr G Gunasekera	-	Medical Officer-Nutrition (F.H.B.)
Dr Damayanthi Seneviratne	-	M.O.H. Padukka
Dr W Williams	-	Medical Officer M.C.H. Batticaloa
Dr Dulcie de Silva	-	M.O.H. Kalutara
Dr P R D Boteju	-	R.D.H.S. Galle
Dr R. T. Arulanandan	-	S. H. S. Kurunegala

MEDICAL RESEARCH INSTITUTE

Dr W D A Perera	-	Nutritionist
Dr B V de Mel	-	Supervisor Ministry of Health/CARE Thriposha Program

UNIVERSITY/HOSPITALS

Prof. Priyani Soysa	-	Prof. of Paediatrics - L.R.H.
Dr Kamalika Abeyratne	-	Paediatrician - L.R.H.

DEPARTMENT OF COMMUNITY MEDICINE

Dr Dulitha Fernando	-	Senior Lecturer

MINISTRY OF PLAN IMPLEMENTATION

Dr Raja Amarasekera	-	Director - Food & Nutrition
Mrs Malsiri Dias	-	Executive Secretary - Childrens Secretariat

MINISTRY OF WOMENS' AFFAIRS & TEACHING HOSPITALS

Dr D D Samarasinghe	-	Secretary
Mrs J M Sumanasekera	-	Directress - Womens Bureau

MINISTRY OF FINANCE & PLANNING

	-	
Mrs P Alailima	-	Deputy Director - National Planning
Mrs P M Maharoof	-	Deputy Director - Budget Division

MINISTRY OF MAHAWELI DEVELOPMENT

Mrs Priennie Ranatunga	-	Chef Community Development Officer (Mahaweli Authority of Sri Lanka)

MINISTRY OF SOCIAL SERVICES

Mr P B Weragoda	-	Senior Assistant Secretary

MINISTRY OF FOOD & COOPERATIVES

Mr E A Nanayakkara	-	Senior Assistant Secretary

MINISTRY OF AGRICULTURE DEVELOPMENT

Mr T D W Siriwardena	-	Research Officer
Mrs F Hussain	-	Head-Division of Food Technology

JANATHA ESTATE DEVELOPMENT BOARD

Mrs Yvette Rodrigo	-	Manager Social Development Division

STATE PLANTATIONS CORPORATION

Dr R S Perera	-	Medical Officer

CARE SRI LANKA

Mr Frederick T Davis	-	Country Director
Mr Bob E Chaples	-	Assistant Country Director
Mr S A C M Zuhyle	-	Dir.Thriposha Production & Commercial Marketing
Mr R Jayesingha	-	Deputy Director-Thriposha Feeding Program
Mr S Perera	-	Administrative Supervisor
Mr T M Sheriff	-	Administrative Assistant
Mr D D Jayatilleke	-	Field Coordinator

USAID

Mr William Schoux *	-	Deputy Director
Mr R Chamberlain	-	Chief H.P.H.R.
Dr G Tenabandu	-	Program Officer
Ms Eileen Oldwine	-	Health & Population Development Officer
Ms Paula Bryan	-	Assistant Health Development Officer

UNICEF

Mr F Rahman *	-	Representative
Dr H Wijemanne *	-	Programme Officer - Health

WHO

Dr K H Notaney *	-	Representative & Coordinator

CEYLON TOBACCO COMPANY

Mr V. P. Malalasekera *	-	Company Secretary
Mr Rohan Dias	-	Manager Thriposha Processing Complex

LEVER BROTHERS (CEYLON) LIMITED

Mr A J Fordham *	-	Marketing Director
Mr R A Fernando	-	Brand Manager

FACILITATORS

Mr David Levine

Mr Elmore Perera

SECRETARIAT

Mrs Tilaka de Fonseka

Mrs Sita Gunawardana

Mrs Sudharshini de Alwis

Mrs Senophi Fernando

*Inauguration and/or limited session attendance only

I. 2. WORKSHOP PURPOSE AND OBJECTIVES

OVERALL PURPOSE

To determine a framework for the future of the Thriposha Project, and to develop initial plans for implementing that framework

OBJECTIVES

To review the history of the project and reach an understanding of how it fits into the broader programs and objectives of the government

* *

To review the current status of the project and reach a common understanding of the issues and problems facing it

* *

To achieve agreement on the purpose and intended objectives of the project for the future

* *

To identify, analyze, and develop plans for addressing key project-related issues

* *

To determine roles and responsibilities for key organizations involved in the Project, including interrelations

* *

To develop initial action plans for the involved organizations and the project overall to support the implementation of the future project directions

* *

To initiate a process of project planning and management likely to contribute to project success

* *

I.3. PIPW SCHEDULE

Daily 9 am - 4.30 pm

JANUARY 29TH, TUESDAY

- Inauguration
- Introduction to Workshop Approach/Facilitators
- Getting Acquainted
- Participant Expectations
- Workshop Purpose, Objectives, Schedule
- Overview of Approaches to Improving NutritionalStatus-UNICEF
- Overview to Thriposha Program - CARE

JANUARY 30TH, WEDNESDAY

- Discussion and Agreement on Purpose and Objectivesof Project
- Identification of Key Issues Facing Project
- Analysis of Key Project Issues

JANUARY 31ST, THURSDAY

- Analysis of Key Issues (contd.)
- Organisational Roles and Responsibilities for Project

FEBRUARY 1ST, FRIDAY

- Issue and Organisational Analysis (contd.)
- Summary and Review of First Week and Remaining Agenda Items

FEBRUARY 6TH, WEDNESDAY

- Developing Organisation Action Plans
- Optional Field Trips

FEBRUARY 7TH, THURSDAY

- Developing Organisation Action Plans
- Optional Field Trips

FEBRUARY 8TH, FRIDAY

- Developing Organisation Action Plans
- Optional Field Trips

FEBRUARY 10TH, SUNDAY

- Reception Hosted by CARE - Sri Lanka

FEBRUARY 11TH, MONDAY

- Reconvening
- Reviewing PIPW to Date and Framework for the Week
- ReviewingCurrent Status of Thriposha Production and Distribution
- Project Action Planning

FEBRUARY 12TH, TUESDAY

- Project Action Planning (contd.)

FEBRUARY 13TH, WEDNESDAY

- Developing an Overall Action Planand Monitoring Arrangements
- PIPW Summary and Review
- Evaluation of Workshop
- Closure

THRIPOSHA PIPW

II. ACTION PLANNING PACKAGE

WORK AREAS

I. OVERALL PURPOSE AND MAJOR OBJECTIVES OF THE THRIPOSHA PROGRAM

II. COMPOSITE PLAN OF MAJOR ACTIVITIES: 2/85 - 4/86

III. THE THRIPOSHA BOARD

IV. THE TECHNICAL CONSULTANCY

V. PROGRAMMING AND MANAGING MCH CLINICS

VI. TRANSFER OF OPERATING FUNCTIONS FROM CARE - SRI LANKA TO MINISTRY OF HEALTH

VII. PRIVATIZATION AND COMMERCIAL PRODUCTION

THRIPOSHA PIPW

II. 1. OVERALL PURPOSE AND MAJOR OBJECTIVES OF THE THRIPOSHA PROGRAM

Overall Purpose

To provide a nutritional supplement to an identified target group of mothers and children, as an integral part of an MCH package to contribute to improved nutrition, emphasizing nutrition education, growth monitoring, immunization, family planning, and improved overall health practices.

Major Objectives

1. To develop a cost effective supplement, able to be distributed to the targetted beneficiaries and made increasingly of local inputs.
2. To develop a targetting system which ensures that the Thriposha Program reaches those most at risk, done only on clinical criteria, with the results being monitored as a part of measuring and evaluating program impact.
3. To ensure that adequate stocks of Thriposha are available for distribution at the points of issue.
4. To provide nutrition education in relation to the overall MCH package including the correct usage of Thriposha, resulting in the improvement of the nutritional status of the target-group.
5. To improve and preserve the health and nutritional levels of mothers and young children through an effective clinical management, monitoring and evaluation system, including

growth monitoring which will also serve to assess and improve overall program performance, whilst ensuring that all aspects of the MCH package receive due attention.

6. To ensure overall management and coordination for the continuous production and distribution of Thriposha to target groups, including the identification of responsibilities for involved organizations.

THRIPOSHA PIPW

II. 2 ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
M/H (1)												
1. Request Working Group Appointments		x										
2. Meeting with USAID & CARE re: Immediate future of commercial program		x										
3. Develop follow-up plan to above			x									
4. Approve PIPW report		x										
5. Establish Project Officer position & define basic functions		x										
6. Appoint Project Officer		x										
7. Appoint Board Secretary			x									
8. Submit cabinet paper			x									
9. Approve plans for Technical Consultancy						x						
10. Provide resources for Technical Consultancy							x					
11. Approve Technical Consultancy report									x			
12. Submit 1986 CARE/M/H Budget request						x						
13. Approve final plans for management unit										x		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY

Organization/Activity	2/15/85	2/28	3/15	3/3.	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
M/H (2)												
14. Approve physical location for unit										x		
15. Approve plans for future of long-range commercial production										x		
16. Submit 1987 budget and operating plan												x
17. Approve terms of reference for Cabinet Paper on privatization and appoint study group						x						
18. Submit Cabinet Paper on privatization									x			
19. If approved, identify firm and enter contract											x	
20. Approve action plans relating to NGO on-site feeding										x		
21. Approve referral circular								x				
22. Plans for decoupling clinics approved							x					
23. Resources obtained to decouple clinics										x		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
Thriposha Board (1)												
1. Appointed as Working Group		x										
2. First Meeting/Input to Cabinet Paper			x									
3. Adopt Operating Procedures				x								
4. Becomes Thriposha Board (CF Approval)					x							
5. Review & Recommend Plans for Technical Consultancy						x						
6. Review & Recommend Board/PO/MH Relationships						x						
7. Review 1986 CARE/MH Budget Requests						x						
8. Review Technical Consultancy Report & Recommend Specific Option									x			
9. Review Implementation Timetable for Option Selected										x		
10. Review & Recommend Final Plans for Management Unit										x		
11. Recommend Plans for Future of Commercial Production										x		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/85	4/30
Thriposha Board (2)												
12. Review FHB Report on Relevant 1985 MCH Activities Including Beneficiary Criteria											X	
13. Review and Recommend 1987 Budget and Operating Plans												X
14. Review Terms of Reference for Cabinet Paper on Privatization						X						
15. Review Cabinet Paper on Privatization									X			
16. Review Market Research Brief for Long Range Commercial Production						X						
17. Review Results of Market Research								X				
18. Review Action Plans for Special Targetting Problems									X			
19. Review Action Plans Relating to NGO On-Site Feeding										X		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
FHB												
1. Review with PO general areas of distribution problems								x				
2. Provide Board with Report on Relevant 1985 MCH Activities including beneficiary criteria review											x	
3. Develop with PO action plans for special targetting problems									x			
4. Develop with PO action plans relating to NGO on-site feeding								x				
5. Develop referral circular								x				
6. Review criteria for beneficiary selection									x			
7. Plans for decoupling clinics developed & resources obtained								x				
8. Decoupling implemented										x		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
CARE (1)												
1. Prepare 1986 budget request with PO including equipment replacements						x						
2. Meet with USAID & MH re: immediate future of commercial production		x										
3. Complete PO familiarization							x					
4. Assist in developing 1987 budget request & operating plans											x	
5. Develop with PO specific procurement plans									x			
6. Define on-going PL 480 functions									x			
7. Determine with PO equipment turn over & budget requirements for replacements in 1987											x	
8. Factory contract & management strengthening recommendations developed with PO										x		

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
CARE(2)												
9. Determine with PO allocation and despatch systems									x			
10. Develop with PO distribution monitoring system									x			
11. Turn over distribution monitoring to PO												x
12. Develop PL 480 end-usage system with PO												x
13. Develop with PO market research brief for long-range commercial production						x						
14. Implement with PO short-range commercial production plans								x				

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
USAID												
1. Meet with CARE & M/H re: immediate future of commerical production		x										
2. Review PL 480 phase out plans based on technical consultancy results										x		
3. Prepare PL 480 food request for FY 87 (10/86 - 9/87)					x							
4. Prepare PL 480 food request for FY 88 (10/87 - 9/88)												x

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
Project Officer (1)												
1. Appointed		X										
2. Submit Plans for Technical Consultancy					X							
3. Prepare Plans for First Six Months, Incorporating All PIPW Identified Tasks				x								
4. Complete Basic Familiarization							X					
5. Review 1986 Budget Requirement with CARE					X							
6. Complete Pre-Consultancy Arrangements and Activities							X					
7. Review Technical Consultancy Report and Submit to Board Recommending Specific Option								X				
8. Develop Timetable to Implement Technical Consultancy									X			
9. Formulate Final Plans for Management Unit									X			
10. Review with FHB Areas of Distribution problems								X				

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
Project Officer (2)												
11. Submit 1987 Budget & Operating Plan											X	
12. Develop with CARE Specific Procurement Functions									X			
13. Determine with CARE Equipment Turn-over & Budgetary Requirements for replacements in '87											X	
14. Recommendations on Strenthening Factory Contracts & Management Developed with CARE										X		
15. Determine with CARE Allocation/Despatch System									X			
16. Survey Peripheral Storage Facilities & Develop Recommendations										X		
17. Develop with CARE System for Monitoring Distribution									X			
18. Take over Distribution Monitoring												X

THRIPOSHA PIPW

ACTION PLANNING SUMMARY (2/85 - 4/86)

Organization/Activity	2/15/85	2/28	3/15	3/31	4/15	4/30	6/30	8/31	10/31	12/31	2/28/86	4/30
Project Officer (3)												
19. Develop PL 480 End-usage Reporting System with CARE												X
20. Implement Short-Range Commercial Production Plans with CARE								X				
21. Recommend Terms of Reference for Cabinet Paper on Privatization					x							
22. Oversee Development of Cabinet Paper on Privatization									x			
23. Develop Market Research Brief for Long-Range Commercial Production						X						
24. Evaluate & Submit Results of Market Research								X				
25. Develop with FHB Action Plans for Special Targetting Problems									X			
26. Develop with FHB Action Plans relating to NGO On-Site Feeding										X		

II. 3 WORK AREA: THE THRIPOSHA BOARD

A. DELIBERATIONS

I. FUNCTIONS

i) Recommend policy options to M/H
(Final authority rests with M/H)

ii) Review and approval of program planning and budget formulation.

iii) Review of monitoring, evaluation and control of program.

iv) Assignment of responsibility to, delegation of authority to, and overall supervision of the Project Officer (PO) and the Management Unit (MU), along with M/H. (Details of delegation of authority to the PO needs be spelled out in greater detail).

v) Co-ordination of Inter agency functions.

II. THRIPOSHA BOARD COMPOSITION

i) Chairman: - Ex-officio appointee
Deputy Director General DDG(PHS)/M/H

ii) 1. Ministry of Health- Director MCH

2. M.O. Finance and Planning

3. M.O. Agricultural Development & Research

4. M.O. Plan Implementation

5. M.O. Women's Affairs & Teaching Hospitals

6. Representative from CARE

7. Technical Advisor in Nutrition
(Eight in total).

iii) OBSERVERS - to be invited as required for particular deliberations.

iv) Secretary to the Board: - to be an officer from M/H

v) Selection of Board members: - to be made by theMinistries/ Agencies concerned

vi) Length of appointment to be for a period of two years (renewable)

III. DATE OF APPOINTMENT OF BOARD

After cabinet paper approval is obtained (end of March 1985). Appointment of "working group" is to occur prior to approval by end of February 1985.

IV. FREQUENCY OF BOARD MEETINGS

Once a month regularly.
If necessary, meetings could be summoned in between monthly meetings.

V. RELATIONSHIP BETWEEN BOARD AND PROJECT OFFICER/MANAGEMENT UNIT

Delegation of authority and list of functions will be given to the Project Officer by the Board. He will be responsible to the Board for the efficient functioning of the unit.

VI. PLANS FOR THE TRANSFER OF RESPONSIBILITIES FROM CARE TO M/H

Role of the Board is to review plans prepared by the Project Officer and make recommendations to M/H for approval.

VII. ROLE OF THE BOARD IN THE BUDGETARY PROCESS

Budget to be prepared by the Project Officer and Management Unit, and submitted to the Board for review and forwarding to M/H.

VIII. ACCOUNTABILITY OF PROJECT OFFICER

Under the
Delegation of Authority and functions identified by Board, Project Officer is responsible to the Board for the smooth functioning of the unit.

IX. SOME SPECIFIC RESPONSIBILITIES OF THE BOARD IN RELATION TO IMMEDIATE ACTIVITIES

i) Preparation of Cabinet Paper is responsibility of M/H - suggestions of "working group" (pre-Board) will be considered in its preparation.

ii) Board to have no role in appointment of Project Officer - This will be done by M/H.

iii) Arrangements for technical consultancy -
Board will review recommendations of the Project Officer to carry out the technical consultancy and recommend to Minister of Health.

Decisions to follow consultancy will be recommended by the Board to M/H for approval.

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : Thriposha Board and Overall Coordination

PLANNING AREA : .....

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Requests for Appointment of Working Group sent out	15/2/85	25/2/85	M/H	M/H	Board will be appointed after Cabinet Paper approved is obtained. A Working Group will be appointed as an interim measure
2. Working Group Appointed		28/2/85	M/H, M/F&P, M/AD&R, M/FI, M/WA&TH, CARE		
3. PIPW Report Approved	18/2/85	28/2/85	M/H	M/H	
4. Project Officer Appointed		28/2/85	M/H		
5. Board Secretary Appointed		7/3/85	M/H		
6. Working Group First Meeting Including Input to Cabinet Paper		7/3/85	See Step 2	M/H	
7. Working Group Adopts Basic Operating Procedures	7/3/85	21/3/85	Working Group	M/H	
8. Cabinet Paper Prepared, Submitted and Approved	20/2/85	31/3/85	Working Group, M/H	M/H	
9. Plans for Technical Consultancy Approved and Activated		30/4/85	PO, Working Group	M/H	
10. Working Group Transformed Into Thriposha Board	31/3/85	15/4/85	See Step 2	M/H	
11. Board reviews and approves relationships among Board, PO, M/H		19/4/85	Board, PO, M/H	M/H	

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : THRIPOSHA BOARD (CONTD.)

PLANNING AREA : .....

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
12. Board reviews budgetary requirements and operating plans for 1986		30/4/85	Board, PO, CARE	M/H	Carried out as Currently done
13. Board reviews and recommends decisions based on Technical Consultancy	15/8/85	31/8/85	Board, PO	M/H	Dates depend on when Technical Consultancy report is available
14. Board reviews and recommends final plans for Management Unit		11/85	Board, PO	M/H	
15. Board approves physical location for Project Unit		12/85	Board, PO	M/H	
16. Board recommends decisions on future of commercial production		10/85	Board, PO	M/H	
17. Board reviews FHB report on relevant 1985 MCH activities, including Thriposha component		Early 1986	Board, PO, FHB		
18. Board reviews and approves 1987 budget and operating plans		4/86	Board, PO	M/H	

II. 4 WORK AREA: DEVELOPING SPECIFIC TERMS OF REFERENCE FOR THE TECHNICAL CONSULTANCY

A. DELIBERATIONS

1. Statement of overall purpose for the consultancy

   a. Developing one or more formulation options using all local materials

   b. Developing factory modification and expansion options based on alternative free beneficiary levels, and commercial production levels.

   c. Developing plans and schedules for factory modification/ expansion and attendant phase out of PL 480 commodities.

2. Specific Areas for In-depth Exploration

   a. Formulation - should conform to overall standards for infant and young child feeding

      - options for replacing ICSM and NFDM retaining nutrient value and shelf-life close to that of current formula. N.B. Nutrient value should not be the over riding consideration, i.e, cost implications are at least as important

      - at least one option which maximises rice usage

      - cost implications of each option

      - further exploration of the cooked/un-cooked formula issue

      - attention to colour/odours/flavours of developed alternatives.

   b. Factory Modifications/Expansion

      - Given formulation options, implication on existing machinery and operations for each.

      - Assumptions about production levels - ensure overall coverage of not less than 650,000 beneficiarization.

      - Selection of machinery for expansion if necessary.

      - Amount of machinery, space and other material and human resource requirements for expansion.

      - Cost implications

c. Timing and the Flow of Resources

- Time frame for modification of current factory complex.

- Time frame for factory expansion.

- These concerns are tied up with the questions of
  - new formulations
  - need for factory modification/expansion
  - time frame for complete indigenisation

- Implications for the amounts of PL 480 commodities required until complete phase out. (Treasury opinionto be sought on the matter)

3. Number and Skills of Individuals for the Consultant Team

a) A team of 4 is proposed: Food Technologist, Public Health Nutritionist, Mechanical Engineer, Agricultural Economist.

Skill areas required	Functions
i) Food Technologist	Formulation Processing Production Quality Control Cost implications of different options Machinery requirement (modifications) - jointly with Mechanical Engineer/ Nutritionist/Agricultural Economist
ii) Mechanical Engineer	In addition to above, examine machinery life span Maintenance costs Availability of spares for models chosen Overall operational costs
iii) Public Health Nutritionist	Assess formulations on the basis of nutrient value (operational) vs. overall cost implications

iv) Agricultural Economist — Assess raw material costs
Assess formula cost implications
Prepare needed economic data

b) Organizations to be contacted by the consultant team

Ministries of Health
Agriculture
Finance
Plan Implementation

CARE
USAID
UNICEF
Faculty of Medicine

c) Decision as to whether any externally recruited consultants are required

Necessity if any, to be determined when Project Officer prepares final plans for the consultancy. If external consultant required action steps & dates will be effected. Preference is for a local team of consultants.

d) Identification of the Team Leader

To be recommended by Project Officer as part of final plans for the technical consultancy.

e) Identification of sources of funding

M/H to locate needed funds from one or more of the following sources, once final plans are developed.

M/H
UNICEF
UNDP
USAID
CARE

4. Related activities

a. Materials to be available to team prior to consultancy:
All data on
i. Number of recipients
ii. Amount of supplement required per unit of time

iii. Current status with regard to
- machinery/production capacity
- problems previously encountered
- including administrative & funding problems
- maintenance and repair problems
- costs

iv. Options comtemplated
v. Overall government policy
vi. Reports/ special studies on
- Thriposha production
- Shelf-life and other factors affecting loss of finished product
- Procurement of raw materials (seasonal variations)

vii. PIPW report & background material

b. Activities/Studies to be completed before team arrives

Compilation of all data listed under 4 a (by related agencies)

c. Team should meet organizations covered under 3 b.

d. Submission of a comprehensive report to Thriposha Board for review and forwarding to M/H spelling out: -

OPTIONS AND COST.

Acceptance by government of an OPTION considered feasible.

5. If PL 480 aid is to be phased out and indigenization left as the only alternative and

if - indigenization is coupled with inevitable 'formula changing' requiring factory modification/expansion

then - the resulting cost implications (medium and long term) must be reviewed against overall national policies relating to health and nutritional improvement of mothers and children.

A decision needs to be taken as to whether the current style of supplementary feeding is to be a permanent feature of Sri Lanka's efforts at keeping its population of mothers and children from being malnourished.

sg/-
12/2/85

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : Technical Consultancy

PLANNING AREA : .....

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Finalize terms of reference and identify team membership	1/3/85	15/4/85	PO	M/H	If externally recruited consultant required more lead time may be needed. If consultants are available only part time rather than full time, more elapsed time will be required, with the result of all dependent activities being delayed
2. Review and approve technical consultancy plans	15/4/85	30/4/85	PO, Board	M/H	
3. Identify and obtain funding support for consultancy	30/4/85	31/5/85	PO	M/H	
4. Establish final schedule for consultancy and for activi--ties which precede and follow it	1/5/85	31/5/85	PO	M/H	
5. Complete pre consultancy activities	31/5/85	30/6/85	PO	M/H	
6. Carry out consultancy	30/6/85	15/8/85	PO, Team		
7. Report reviewed and option selected	15/8/85	31/10/85	PO, Board	M/H	
8. Implementation timetable developed and approved	1/9/85	31/12/85	PO, Board, M/H	Cabinet	

II. 5 . WORK AREA: PROGRAMMING & MANAGING MCH CLINICS

A. DELIBERATIONS

1. Thriposha is to be considered a nutritional supplement forming an integral part of the MCH package, is to be distributed free only to beneficiaries identified by medical personnel in accordance with specific criteria determined from time to time, and is to be monitored by using growth charts effectively. The FHB has planned a project in monitoring growth and development of children in collaboration with UNICEF. These action plans have been designed to fit in with the activities of that project as far as possible.

2. A system will be introduced which ensures that the Thriposha program reaches those most at risk targetted only on clinical criteria, and the results will be monitored to measure and evaluate program impact.

3. Those at risk from among pregnant and lactating women, infants and preschool children will be identified according to the following criteria:

   a) Pregnant women from their 4th month, and lactating women up to 6 months

      i) Weight < 50 kilograms
      ii) Height < 140 centimeters
      iii) Hb < 10 grms %

   b) Infants - from 4 months -
      i) SFD < 2.5 kg at birth
      ii) Multiple births (eg. twins)
      iii) Showing growth faltering. These will continue in program until growth velocity is maintained positively for 6 months.
      iv) Under 3rd percentile

   c) Pre-school

      i) 13 - 60 months: based on weights/age on growth chart.
      ii) Growth faltering as for infants.

4. Method of selection

   By use of the infra-structure already available using trained personnel only, strictly in terms of above criteria.

5. Dosage Variations

a) As recommended at Paediatric Units only.
b) Infants 4-6 months -where growth falters only 1 packet (750 gms) to be issued at a time (1/2 dosage).

6. Growth Monitoring

a) Infants - ideally should be weighed monthly but at least in 1st, 3rd, 5th, 7th, 9th and 11th months.
b) 12-35 months - to be weighed once in two months.
c) 36-59 months - to be weighed once in three months.

7. Termination of Beneficiaries

Lactating mothers - 6 months after delivery.

Infants and pre-school children
a) after growth velocity is maintained for 6 months
b) failure to show response to supplement will result in referral for identification of other causes and review.

8. Prioritization

Will be necessary if and when the supply of Thriposha is insufficient to meet total requirement. Will be decided by applying the following in sequence:

a) Accurate targetting will be ensured.
b) Exceeding of targets in some areas will be reviewed and cut-back.
c) 36 - 59 month old children will be excluded.
d) The criteria for selecting target groups will be reviewed annually.

9. Nutrition Education

Education in relation to the overall MCH package including the correct usage of Thriposha to bring about an improvement of the nutritional status of the target group is necessary.

The Primary Target Group will be

all pregnant women and

mothers of children in the 0-4 years age group.

The strategy adopted will be nutritional education during home visits by PHC workers, nutrition education at clinics and use of mass media (radio), posters and hand-outs.

The messages will emphasize the use of Thriposha as a nutritional supplement as opposed to use as a complete food.

A committee will be appointed to decide on key issues and content of messages as part of the M/H-UNICEF project.

The message will be simple and short.

The efficient utilization of radio, and making available an attractive simple hand-out to all target groups, will be pursued.

The strategy adopted will include:

- conducting regular training programmes;
- agreeing on common curriculum for training;
- regular supervision of PHC workers;
- establishing targets in terms of media reach and for inter-personal and small group discussions.

Project proposals will be submitted to FNPPD and UNICEF, plus private sector (eg. Lever Brothers).

10. Clinical Management, Growth Monitoring & Control

The purpose is to improve and preserve the health and nutritional levels of mothers and young children through an effective clinical management, monitoring and evaluation system, including growth monitoring which will also serve to assess and improve overall program performance, whilst ensuring that all aspects of the MCH package receive due attention.

Issues

a) Too many service elements take place at the same time in one clinic (personnel, accommodation, time constraints).

   The consequence usually is poor quality of service, often amounting to neglect of key service elements, and staff irritation, frustration and corruption.

   The objective is to develop strategies to allow greater attention to key service elements, leading to better quality level of care, by having an increased frequency of clinics and/or splitting of service elements.

b) The lack of an "effective" referral system linking field services with the referral centres (hospitals) has led to a failure to maintain required continuity of health care, resulting in failure to achieve desired objectives.

It is necessary to focus attention on the importance and need to effectively respond to referrals made from peripheral levels of health care, to ensure priority attention to referrals with re-referral as part of case-feed back.

c) Lack of a routine reporting system on "Trends in Incidence of Malnutrition" has resulted in a failure to alert authorities early to adverse nutritional trends.
The establishment of a routine reporting system, with feed-back and appropriate intervention utilising the growth chart as the basis of information, has now been developed as part of M/H- UNICEF project.

d) A need exists for periodic prevalence surveys of nutritional status to supplement information gathered through routine reporting system, to cover gaps in formation on trends in nutritional status, especially where routine reporting system indicates major problems. This has also been addressed under the M/H-UNICEF project.

11. Issues of Thriposha without medical selection

a) Social Services - Special consideration needs to be given for those services rendered by the Department of Social Services, especially because the total quantity involved is less than 2% of the total production.

b) Estate Sector and Mahaweli Areas - On-site feeding without medical selection needs to be phased out over a period of about 2 years by substitution of other foods.

c) The Minister of Health will decide on issues during times of crises.

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : Programming and Managing MCH Clinics - 1

PLANNING AREA : Beneficiary Targetting and Growth Monitoring

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Incorporate attention to Thriposha within the overall changes to the MCH Program carried out through the M/H UNICEF Project, including: - New Growth Charts - Revised beneficiary criteria - Revised referral requirements - Provision of scales - Training of PHC workers - Nutrition Education	On-going	6/86	FHB, UNICEF, WHO, M/H	M/H	Further details of Project available from FHB
2. Issue Circular Re:Referral and re-referral	1/7/85	15/7/85	FHB, M/H	M/H	
3. Review criteria for beneficiary selection & report on relevant '85 MCH activities	1/11/85	31/12/85	PO, Thriposha Board, FHB	M/H	
4. Review targetting in areas where targets have been exceeded or other special distribution problems exist and develop action plans to address them	1/4/85	30/9/85	FHB, PO, Thriposha Board, NGO's	M/H	

(contd ... 2)

THRIFCSHA REVIEW - ACTION PLANNING WORK SHEET

WORK GROUP : PROGRAMMING AND MANAGING MCH CLINICS - 1 (Contd.)

PLANNING AREA : Beneficiary Targetting and Growth Monitoring (Contd.)

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
5. Develop routine reporting system to alert authorities early to adverse nutritional trends	1/7/85	31/12/85	FHB, MRI, M/H, UNICEF, WHO	M/H	Addressed under M/H - UNICEF Project
6. Develop a mechanism to carry out periodic prevalence surveys	1/7/85	30/9/85	FHB, MRI, M/H, UNICEF, WHO	M/H	- do -

THRIPCSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : Programming and Managing MCH Clinics - 2

PLANNING AREA : Decoupling Clinical Services

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. RDHS's to submit proposals for decounling services in clinics	1/4/85	31/5/85	FHB, M/H, RDHS's		
2. Review and approve plans for decoupling, including identifying additional resources required	15/4/85	30/6/85	FHB, M/H RDHS's	M/H	
3. Obtain additional resources	1/6/85	31/7/85	FHB, M/H, M/F	M/F	
4. Implement decoupling	1/7/85	31/12/85	FHB, RDHS's	M/H	
5. Evaluate results of decoupling	1/1/86	31/12/86	FHB, RDHS's	M/H	

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : PROGRAMMING AND MANAGING MCH CLINICS - 3

PLANNING AREA : Addressing Special Thriposha Distribution Issues

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Review distribution of Thriposha through NGOs in each MOH area to avoid duplication	1/4/85	30/6/85	CARE, PO, M/H, NGOs	M/H	
2. Review distribution in Estate Sector and Mahaweli to determine extent of Thriposha distribution to those not within determined criteria	1/4/85	30/6/85	JEDB, SLSPC, CARE, PO, M/H FHB	M/H	
3 Develop plans to ensure the use of medical criteria and to replace Thriposha for non-medically qualified beneficiaries	1/7/85	31/12/85	PO, CARE, NGOs, JEDB, FHB, M/H, Thriposha Board, SLSPC	M/H	
4. Implement plans	1/1/86	31/12/86	- do -	M/H	

II. 6 WORK AREA: TRANSFER OF OPERATING FUNCTIONS FROM CARE-SRI LANKA TO MINISTRY OF HEALTH

A. DELIBERATIONS

1. The following is the general planning framework reflected in the attached planning sheets:

   a. By 28/2/85 the M/H will designate an individual as Project Officer for the Thriposha program.

   b. This individual will become available immediately to begin the process of
      i) detailed familiarization with the current program,
      ii) development of specific plans for the orderly transfer of responsibilities from CARE to M/H,
      iii) management of the transfer process.

   c. This individual will report directly to the Deputy Director-General for Public Health Services in the M/H.

   d. The individual will initially spend as much time as required at the current project offices at CARE-Sri Lanka, and at the Ja-Ela factory.

   e. Authority for the transfer operations will be provided by means of a Cabinet Paper to be prepared by M/H and submitted for approval in March 1985.

   f. Much of the actual transfer will occur during 1986; transfer will be completed a/o January 1987.

   g. The size of the resulting Management Unit will be determined by the range of functions and responsibility required of the Project Officer.

   h. It is anticipated that any required equipment replacement or supply re-stocking will occur during 1986 prior to the final transfer, and any budgetary requirements for such will be included in CARE's request for 1986 Thriposha program local currency requirements.

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS - 1

PLANNING AREA : FORMATION OF A UNIT AT THE M/H

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1) Establish Project Officer (PO) position and define basic functions	14/2/85	28/2/85	M/H	Minister of Health	
2) Appointment of Project Officer	14/2/85	28/2/85	M/H	M/H	
3) Submission of cabinet paper	20/2/85	15/3/85	M/H	M/H	
4) Project Officer prepares overall plan for first six months, incorporating all tasks identified in PIPW	1/3/85	31/3/85	Thriposha Board (Working Group) PO, M/H, CARE	M/H	
5) Familiarization with all aspects of program by Project Officer	1/3/85	31/5/85	PO, M/H, CARE		

THRIPOSHA PLAN - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS - 1 (CONTD.)

PLANNING AREA : FORMATION OF A UNIT AT THE M/H (Contd.)

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
6) Identify major areas of responsibility and organisational structure for the Unit & formulate job descriptions for principal unit staff	1/6/85	31/10/85	PO, CARE, Thriposha Board	M/H	
7) Approval for staffing and Budget					
a) for 1986	1/3/85	30/4/85	M/H, M/F, CARE	Cabinet Paper	
b) for 1987	1/3/86	April '86	M/H, M/F	M/F	
8) Identification & approval of location for the unit	-	Dec 85	M/H	-	
9) Appointment of staff	Sept 85	Jun 86	M/H, M/PA	-	
10) Take over of specific functions by PO	Jan 86	Jul 86	PO, CARE	M/H	
11) Complete turn over of Program to M/H		31/12/86	M/H, M/F, CARE		

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS - 2...

PLANNING AREA : PROCUREMENT OF RAW MATERIALS

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1) Orientation of Project Officer with existing procedures	Mar 85	Sept 85	PO,CARE,M/H		
2) Determine specific functions of unit for procurement and sale of PL 480 containers and sweepings	Mar 85	Oct 85	PC,M/H,CARE	M/H	
3) Define on going CARE functions re: handling of PL 480 commodities	-	Oct 85	CARE,M/H	M/H	
4) Determine equipment that could be transferred from CARE to the Unit. upon project turn over and determine budgetary requirements for additional equipment.	Oct 85	Feb 86	CARE,PO,M/H	M/H, M/F&P	
5) Turn over responsibility of procurement/sales of non PL 480 containers and sweepings to Project Officer	-	Jul 86	PO,CARE,M/H	M/H	

TURIPUSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS - 3

PLANNING AREA : PRODUCTION

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1) Orientation of PO with factory operations	Mar 85	31/5/85	PO,CARE,CTC		
2) Review existing contracts and budgets with emphasis on strengthening factory management and make recommendations	-	Dec 85	PO,M/H,CARE, CTC	M/H	
3) Develop a regular reporting system that will identify problems in factory operations	Jun 85	Nov 85	PO,CARE,CTC	M/H	
4) Develop budget require ments including implica- tions of equipment depreciation and technical consultancy results	-	Mar 86	PO,M/H,CTC	M/H M/F	
5) Turn-over responsibility of monitoring factory performance to PO	-	Jul 86	PO,CARE,CTC		

THRIPOSHA PIPE - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS - 4

PLANNING AREA : ALLOCATIONS/DESPATCHES

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1) Orientation of PO with existing allocation/ despatch procedures and explore alternatives such as contract transport	Mar 85	Sept 85	PO, CARE		
2) Determine specific functions of Unit for allocations/despatches	-	Oct 85	PO, CARE	M/H	
3) Develop a reporting system that will identify allocation /despatch problems	-	Dec 85	PO,M/H,CARE	M/H	
4) Include in budgets, any additional transportation requirements,including exploration of use of container fund for any needed vehicle purchase	-	Mar 86	PO,M/H	M/H M/F	
5) Carry out survey of peri-pheral storage facilities to determine specifications of any additional requirements	Nov 85	Dec 85	PO,M/H		
6) Include in budgets, any additional storage 'require-ments at RDHS/M/H level	-	Mar 86	PO,M/H	M/H M/F	
7) Turn over responsibility of allocations/despatches to PO	-	Jul 86	PO,CARE		

THRIPOSHA PLAN - ACTION PLANNING WORK SHEET

WORK GROUP : TRANSFER OF FUNCTIONS ..5..

PLANNING AREA : FIELD MONITORING OF THRIPOSHA DISTRIBUTION

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1) Orientation of PO with existing system	1/3/85	31/3/85	PO,CARE		
2) Develop an effective field monitoring and evaluation system	1/6/85	1/9/85	PO,CARE,M/H, RDHS	M/H FHB	
3) Allocate functions for field monitoring personnel	1/10/85	1/12/85	PO,RDHS	M/H	
4) Turn over responsibility for field monitoring to PO	1/1/86	1/3/86	PO,M/H	M/H	
5) Develop an effective reporting system on end-usage of PL 480 commodities	1/1/86	1/3/86	PO,CARE, USAID	M/H USAID	

II. 7 WORK AREA: PRIVATIZATION & COMMERCIAL PRODUCTION

A. DELIBERATIONS

1. ASSUMPTION

Non-subsidization is imperative for commercial program (Subsidised PL 480 commodities to be phased out as of 30/9/86, according to current USAID plans)

2. ISSUE # 1

1. Positive and negative aspects of privatization.

a) Positive aspects

1. Planning of production, procurement, tendering, production, quality control, work force management, maintenance of machinery and factory, spare parts purchase, storage of raw material and end product until GSL collects all could be done by contractor without GSL having to handle the functions.

b) Negative aspects

1. Might be more costly if done by private sector (return on investment needs be part of package if private sector to be interested).

2. Local foods may not be sufficient to ensure steady regular supply.

3. Prices of raw materials will fluctuate making stabilising of price difficult.

c) Recommendation

Total production should be contracted by GSL with a private firm.

d) What needs to occur to explore this further

1. Recommendation with full budget implications should be included in a Cabinet Paper.

2. Policy decision to accept recommendation must be made.

3. Identify and contract with private firm

4. Contracted party must assume control of production.

5. Government to consider and devise attractive contractual terms to identify private-sector interest.

3. ISSUE # 2 - COMMERCIAL PRODUCTION

a. Packaging/Name of Product

1. Recommendation

If packaging and name of commercial product are same as free distribution product, this might contribute to attaching a market value to the free distribution product, thereby encouraging resale of product rather than consumption by target beneficiaries of free product --- not a desired outcome! Therefore, our recommendation is that we differentiate the packaging and name of the commercial product from the free product.

b. Pricing

Recommend selling price should cover cost and reasonable return on investment.

c. Need to identify potential market and characteristics

Recommendation is to contract with market research organization to conduct survey.

d. Composition of commercial product not yet known

1. Technical consultancy to agree what composition of indigenous formula is to be.

2. Commercial and free product should be the same.

4. ISSUE # 3

How to prioritize between free distribution and commercial products for the near future.

a. Recommendation - Objective of Thriposha program is to direct Thriposha to identified beneficiaries; therefore priority is for free distribution.

5. ISSUE # 4 - IMMEDIATE FUTURE OF COMMERCIAL PRODUCT

a. Will PL 480 commodities for the 60,000 units of the commercial product cease as of 30/9/85?

If so,

i) will commercial production cease until after the technical consultancy results and factory modification/expansion?

ii) will government decide to purchase ICSM and NFDM for 60,000 units and continue the commercial program at current size?

iii) will government produce commercial product with different formulation and have factory produce 60,000 units of totally different product, with attendant shifts of regular production processes for the limited amount of production time required?

b. Required immediate next steps:

i) A meeting between M/H, CARE and USAID to determine if commercial product requirements for ICSM and NFDM can continue until technical consultancy results are available.

ii) If not, M/H decisions as to which of options in (a) above will be adopted, and the necessary action planning to implement them.

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : PRIVATIZATION AND COMMERCIAL PRODUCTION - 1

PLANNING AREA : IMMEDIATE FUTURE OF COMMERCIAL PRODUCTION

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Meeting to determine post 30/9/85 availability of PL 480 commodities for 60,000 level commercial production	-	22/2/85	M/H, CARE, USAID		
2. Decision as to commercial production plans until results of technical consultancy implemented	-	28/2/85	M/H, CARE,	M/H	
3. Development and implementation of action plan for above	1/3/85	31/8/85	PO, TB, CARE	M/H	

THRIPOSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : PRIVATIZATION & COMMERCIAL PRODUCTION - 2

PLANNING AREA : PRIVATIZATION OF THRIPOSHA PRODUCTION

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Determine terms of reference for Cabinet Paper on privatization and identify and appoint study group	1/3/85	30/4/85	PO, M/H	M/H	
2. Prepare Cabinet Paper for private production, including full budget information	1/5/85	30/9/85	PO, TB, CTC, CARE, M/F	M/H	
3. Approval of Cabinet Paper	1/10/85	31/12/85	M/F, M/H	Cabinet	
4. Identify Private Firm	1/10/85	31/12/85	M/H, M/F	Cabinet	
5. GSL to consider and devise attractive commercial terms for private firm	1/10/85	31/1/86	M/H, M/F	M/H, M/F	
6. Contract with firm and begin turn-over process	1/2/86	31/3/86	M/H, M/F	Cabinet	

THRIROSHA PIPW - ACTION PLANNING WORK SHEET

WORK GROUP : PRIVATIZATION AND COMMERCIAL PRODUCTION - 3

PLANNING AREA : LONGRANGE COMMERCIAL PRODUCTION

ACTION STEP	START DATE	COMPLETION DATE	INVOLVED ORGANISATIONS	FINAL APPROVAL REQUIRED FROM	COMMENTS
1. Write market research brief to identify market size, consumer, packaging product name	1/4/85	30/4/85	PO/Thrirosha Board	M/H	
2. Contract market research firm	1/6/85	30/6/85	TB, PO	M/H	
3. Review and approve results	1/7/85	31/8/85	TB, PO	M/H	
4. Develop plans for commercial	1/9/85	31/10/85			
5. Establish long-range commercial program by implementing results of market research in coordination with technical consultancy results	1/1/86	On-going	PO, TB	M/H	

THRIPOSHA PIPW

II. 8 ACTION PLAN MONITORING ARRANGEMENTS

A Monitoring Committee is established, as follows:

1. Membership - Four

   Dr. M. Rodrigo, DDG/PHS, Ministry of Health
   Dr. B.V. de Mel, Supervisor, Thriposha Program, Ministry of Health
   Representative from CARE
   Project Officer, Thriposha Program, Ministry of Health (once named)

2. Length of Mandate

   60 Days. Will function from 18 February '85 through 30 April '85.

3. Meeting Frequency & First Meeting

   Fortnightly. First meeting to occur week of 18 February 1985.

4. Overall Purpose

   To ensure the carrying-out of the PIPW action plans for the next immediate 60 days, until the Project Officer and Thriposha Board are fully constituted and functioning.

   The committee will identify constraints which arise, bring them to the notice of those individuals in the involved organisations who can resolve them, suggest remedial action and follow-up until rectification is achieved.

   If and as needed, the committee will modify the set of action plans based on actual project progress.

5. Immediate Activities

   During the week of 18 February 1985, the committee will:

   - Ensure the PIPW report is distributed
   - Prepare and distribute an activity flow chart or other tool which will help identify the next immediate steps for the overall project
   - Establish its basic procedures, fix times and places for meetings, and identify whatever support requirements it might have.

III. EVALUATION SUMMARY

THRIPOSHA PIPW: 29 JANUARY - 13 FEBRUARY, 1985

EVALUATION FORM N = 36

I. GOAL ACHIEVEMENT

During the PIPW, we expected to achieve the goals listed below. Please indicate the degree to which you believe these goals were actually achieved.

		Not At All	Fairly Well	Very Well	Extremely Well
1.	Understand how the Thriposha Program fits into the larger policy context of the government	1	1.97 2	3	4
2.	Explore the current status of the program, and under--stand the key issues and problems facing it	1	2	3.08 3	4
3.	Reach agreement on the purpose and objectives of the Thriposha Program of the future	1	2	2.67 3	4
4.	Identify, analyze, and develop action plans to address key program issues	1	2	2.88 3	4
5.	Determine roles and responsibi--lities of key organisations involved in the program	1	2	2.92 3	4
6.	Develop an overall action plan to follow-up and monitor the deliberations of the PIPW	1	2	2.75 3	4
7.	Initiate a process of program planning and management supportive of the program overall	1	2	2.67 3	4

II. YOUR EXPECTATIONS

In terms of the expectations you had for the PIPW

Please list those that were met during the PIPW

Please list those that were not met during the PIPW

see pages following form

III. THE ACTIVITIES

A. Please refer to the list of major PIPW sessions below and check the appropriate column for any you found particularly helpful or unhelpful in achieving our goals and meeting your expectations. Please include specific comments as to why.

	Activity	Helpful	Unhelpful
Day I:	Getting Acquainted/Expecta--tions Sharing	34	0
Day I:	Briefings and Info Sharing from UNICEF and CARE	36	4
Day II:	Developing Purpose and Objectives for the Thriposha Program	35	0
Day III - IV:	Developing Workplan Guidance	36	0
Day V:	Reviewing Current Status of Production and Distribution	27	5
Day V - VI:	Developing Action Plans	35	0
Day VII:	Developing an Overall Action Plan	32	1

COMMENTS

see pages following form

B. The pacing of the PIPW was: (please circle)

Too slow 5 Just about right 26 Too Fast 3

COMMENTS

see pages following form

C. Which, if any, of the activities should have been allowed more time in the schedule, and why?

see pages following form

D. Which, if any, should have been allowed less time and why?

see pages following form

IV. Your Overall Opinion of the PIPW Experience:

A. Please list the most important benefits and/or positive aspects of the experience for you

Please list any significant concerns about and/or negative aspects of the experience for you

see pages following form

B. Overall, please rate the PIPW as a way to plan for program implementation

3.39

4	3	2	1
Excellent	Worthwhile	Marginal Utility	Worthless

C. Overall, please rate your own current confidence in the follow through of the implementation plans for the program

2.5

4	3	2	1
Fully Expect total success	Optimistic, but with some concerns for future	May work, but still many too many unresolved problems	Not a chance for success

V. LOGISTICAL/ADMINISTRATIVE SUPPORT

A. Administrative support team:

4.11

5	4	3	2	1
Highly Satisfactory	Very Satisfactory	Satisfactory	Somewhat Satisfactory	Unsatisfactory

B. Meeting Facilities:

4.03

5	4	3	2	1
Highly Satisfactory	Very Satisfactory	Satisfactory	Somewhat Satisfactory	Unsatisfactory

C. Your suggestions for improving the logistical/administrative support:

see pages following form

VI. YOUR FEED BACK TO THE FACILITATORS (Elmore & David)

Please indicate those things which they did which were most helpful to you and the workshop	Please indicate those things in which they were less helpful than they might have been, or which they might have done differently
see pages following form	

VII. Any overall comments about the PIPW or anything else you'd like to say:

see pages following form

12/2/85

-/sf

II. A YOUR EXPECTATIONS

In terms of the expectations you had for the PIPW

please list those that were met during the PIPW

- Organizations and units responsible for carrying out the programme were identified. Their roles and functions were clarified.

- Preparation of a working document very clearly identifying the role of each organization responsible for smooth transfer of functions in the event of total indigeniasation

- Define objectives.
  Tie up the programme with MCH package.
  Make suggestions for more effective use of Thriposha.
  Suggest definitive action plans.
  Define key roles and responsibilities.

- The methodology used.

- Decision taken regarding some aspects of the program which were not clear at the start.

- Reaching consensus of opinion on the objectives.
  Working out detailed plans of implementation.

- Pleased at level of detail and specificity arrived at in project plans.

- Transfer of functions from CARE to MOH.
  Specific work plan.
  All aspects of the program excluding details of commercial Thriposha.

- Objectives and purpose of the program.
  Roles of various organizations.
  Comprehensive work plan for the program.
  Taking over of functions of CARE by MOH.

- Indigenization.
  Future organization.

- Some consensus on future actions where none existed earlier.

- Understood current problems of the program of identified areas that needed strengthening and support.

- The program to continue.
  Programme looked at in depth.
  Remedial measures suggested.

II A YOUR EXPECTATIONS (Contd.)

- Highlighting of all problem areas of present program.
  Fixing of responsibilities.
  Active participation of those responsible.
  Agreement on a basic work plan.

- Assigning resoonsibilities for a few important areas of program management.

- Assisted to understand the purpose and objectives of Thriposha programme of the future.

- Active plan for M/H and representation from M/H.
  Agreement on defining criteria for beneficiaries.

- All participants to obtain an understanding of the complexity of running this program.
  To reach agreement on the role and objectives of their program for the future.
  GOSL to take an active role in operation of the program.

- The expectations were far higher than I ever hoped in all aspects; 1. purpose 2.objectives 3. planning & 4. implementation. MOH - understanding of its role - More positive overall approach to the Thriposha project by all disciplines into one coherent plan of action.

- The fact that Thriposha is now part of the MCH package.
  To understand the role Thriposha would play in the nation.
  To fully comprehend and study the PIPW methodology.

- Study of the dedication of key individuals in the MCH program.
  Learning methodology of the PIPW.
  Action planning for Thriposha program.

- The role of Thriposha in the MCH package.
  A plan for the take over by the MOH and for indigenization.

- Identification of problems.
  Cohesive discussion of problems and solutions.
  Plan of action.

- Current status, constraints, issues, resolution of key issues
  purpose and objective of program.
  Targetting of beneficiaries.
  The technical nutritional aspects of the program were well discussed, However, policy issues on the future of the program remained cloudy and confused.

II A YOUR EXPECTATIONS (Contd.)

- Current status of the program and key issues and problems facing it.
  Agreement on the purpose and objectives of the Thriposha Program of the future
  Action plan.
  Roles and responsibilities of the key organizations involved.
  Overall action plan.
  Process of program planning and management

- Clear idea about why the workshop was held.
  Mechanism for effective management of the Thriposha program at the periphery.

- Better targetting of the beneficiaries.
  Thriposha included in the MCH package.
  Growth monitoring of the beneficiaries.
  Proper training of the people involved.
  Nutrition education of the people in relation to Thriposha.

- GSL commitment to program.
  GSL agreement to take over.
  Detailed plans and timing for take-over.
  Improved communication.

- Most of the problems brought to light were discussed in detail and we did arrive at solutions.

- Identification of problem areas.
  Development of realistic action plan.
  Identification of specific roles of involved agencies and persons.
  Definition of clear objectives.
- Formulate an action plan that may help in implementing the programme more effectively (hopefully)

- Understanding the current situation of the project and the problems that faces.
  Action required on transition.
  The task that the MCH has before it in handling this project.

- Sustaining the programme to meet targetted beneficiary level.
  Improve better coordination and management of programme to achieve above.
  Technical aspects such as growth monitoring, surveillance and nutrition education be more emphasised in the revised program than was in the past.
  Better programme budgeting and planning monitoring.
  Project will receive more priority of status in the Health Ministry.

- Consensus by doctors and nutritionists on how programme should proceed.
  Programme for take over of Thriposha by M/H.

II.B.YOUR EXPECTATIONS

In terms of the expectations you had for the PIPW please list those that were not met during the PIPW.

- Capacity and capability of the M/H to undertake and run this programme was not assessed.
  Availability of funds not acertained.
  Clear statement re availability of funds and resources and machinery not achieved.

- How this programme fits in government policy.
  Financial constraints and how these will be met.

- Funding and aid factors not clearly spelt out by donor agencies.
  Topics not dealt with at the work shop in detail, highlighted in the work plan summaries.

- Do not understand why a Thriposha program is important to have.

- Future of the commercial Thriposha.

- Some crucial issues needed more examination in depth.

- Long term policy of government on the Thriposha program unclear.
  Was the theme of the seminar addressed?

- Govt/donor inputs to continue as at present.

- Objectives did not clearly indicate a measurable impact.

- The position of "Thriposha" as a nutrition "Intervention"
  A decision to issue Thriposha to all those decried "deserving" on clinical or other agreed criteria.

- No visualization of future resources (financial and man power) for continuation of program.

- A positive approach of committing the FHB to accepting the Thriposha project as in integral part of MOH were not met - is the main reason for its ineffectiveness in the previous 7 years (1977-1983).

- A clearer and detailed action plan to
  a) create awareness of nutritional needs in Sri Lanka
  b) offer solutions and present the MCH package with a view to improve the country's nutritional status.

- The place for supplementary feeding programs in the overall nutrition plan of the country was not defined.

II B YOUR EXPECTATIONS (neg.) contd.

- The financial implications of the
  The formula for indigenization.

- Direct responsible agency/organization for all plans of action in all cases.

- Not clear on the future of the Thriposha program as the relevant organization did not communicate freely at the beginning.

- How Thriposha programm fits in the broader programmes and objectives of the government.

- Understand the need for the sale of Thriposha and the advantages gained by that.
  Details regarding transfer of 'CARE' future to Ministry of Health.

- Consensus on future of commercial program.
  Real consensus on privatization.

- The theme of the workshop was more on supplementary feeding rather than on the said theme of 'nutrition intervention'.

- Identify the place of 'Thriposha' as a 'nutrition intervention'.

- Future of programme will depend on continuance of PL 480.
  If there is a phase out, consequences will result and alternative action plans have to be evolved. This aspect should have received greater priority in deliberations.

Question of indigenization could have been given more emphasis in light of what happened at the Anapollis Food Aid Conference ('85)
Transition phase should have dealt with more specific details.
Could have been more adequate as the success of this would certainly push implementation of the programme.

- Procurement of commodities and distribution problems not analysed sufficiently.
  Uncertainty regarding USAID funding not dissipated.

III. THE ACTIVITIES

A. Please refer to the list of major PIPW sessions below and check the appropriate column for any you found particularly helpful or unhelpful in achieving our goals and meeting your expectations. Please include specific comments as to why.

- Getting acquainted/expectations sharing.
- Briefings and Info sharing from UNICEF and CARE.
- Developing purpose and objectives for the Thriposha program.
- Developing work plan guidance
- Reviewing current status of production and distribution.
- Developing action plans.
- Developing an overall action plan.

COMMENTS

- Day II. a briefing on total government inputs for other intervention programmes to identify the position of Thriposha programme in relation to the total inputs could have been useful. However it transpired that this aspect will be considered when the Thriposha Board is constituted and technical committee is appointed.

- USAID's position and phase out schedule of PL 480 commodities and the end of the USAID contribution to the commercial program should have been clearly stated at the beginning of the PIPW.

- Without these areas the workshop would not have been a success.

- Time constraint.

- Helped to converge the diversity of ideas in arriving at a consensus.
  The contributions by participants who were critics of the program, in trying to evolve a better program.

- Day 1 - The CARE report was available and the questions for clarification should have been sufficient. UNICEF information should have been already known to such people as were participants.
  Day 2 - The role of USAID and PL 480 commodities to CARE not clear.

- Getting acquainted was essential otherwise expectation sharing would not be possible. (Day 1)
  Briefing important to know the situation as it stands for the future. (Day 2)
  Excellent and highly successful as the major criticism against the program was that there was no purpose or objectives originally set out.(Day 3)
  Again excellent because medical personnel and MOH are usually not well versed in these departments of the "game". (Day 4,5,6)

III. THE ACTIVITIES- A. contd.

- By getting acquainted, I was able to assess the expertise that were available, for the workshop.
  The briefing by UNICEF and CARE gave an insight to the problem of malnutrition among infants, preschool children, pregnant and lactating mothers and the present fuctioning of the Thriposha program. By developing purpose and objectives I was able to know the ground that had to be covered by the workshop. Following this, consensus was obtained on the topics that should be taken into account in developing the action plans. By the overall action plan a definite line of action has been mapped out.

- Technical aspects of the production capacity of factory, future indigenisation etc. - information not well shared with the rest.

- Had the opportunity of meeting almost all those who are responsible for the Thriposha programme. The interaction was very useful.
  Got some idea about the role 'CARE' played. (Day 1)
  Helpful for me as a trainer (Day 2)
  It is very important to have work plan guidance in writing (Day 3 & 4)
  Brought out very important, pertinent points for discussion. (Day 5)
  As there were no written out action plans for the present Thriposha programme, this exercise gave room for discussions and lot of thinking. (Day 5 & 6)
  Very useful (Day 7)

- Better awareness of the program was created.
  Better understanding of the objectives and purpose.

- Frank position and state of program was revealed by CARE and UNICEF presentation. Although at the start it appeared confusing Day2,3 and 4 objectives have been fairly satisfactorily achieved.
  Day 5 - Current status of production and distribution was not helpful as there was quite a deal of conflicting data, lack of data and also no understanding of the obvious difficulties involved in programme.
  In the context of data shortages and lack of adequate monitoring of supervision it is not possible to come up with near perfect action plan. But considering limitations, the conference did well in formulation.

III. THE ACTIVITIES

B The pacing of the PIPW was:

Just about right
- Each item dealt in substantial detail, but no time wasted
- Also decision influenced by availability of our time
- Pace was quite reasonable
- Because the flow of one to the other, the sequence was well chosen so that everyone was clear to move to another understanding each well
- It was extremely well conducted and orchestrated, and the background work that would have had to go into it is greatly appreciated
- Enough time was given to participants to study the issues involved
- Opportunities were made available to have longer sessions when necessary
- The two facilitators guided us correctly without allowing to get involved in unnecessary discussion
- At times it seemed a bit slow or cumbersome, but later it became apparent that those periods were necessary in order to achieve later objectives
- Organization (although with difficulty) made participants stick to the time schedules
- Except lastday - too slow, should have finished by lunch time!
- Though time allocated for group discussions during which most of the 'details' were worked out was limited in comparison with the time taken for 'reporting' (especially writing on flip charts, etc.)
- On an average pacing was satisfacotry, but duplications in certain areas may have been avoided

Too Slow
- More time should have been given for action planning. First phase should have been finished in three days instead of four days

Too Fast
- Perhaps unavoidable under circumstances
- Not enough time in all sessions to completely address problems

III. ACTIVITIES

C. Which, if any, of the activities should have been allowed more time in the schedule, and why?

- Clarification on aid programme.
  Clarification on availability of funds (local)
  Data on raw materials for products if the aid programme is withdrawn.

- Review of total action plan to ensure that all necessary steps were accounted for.

- Commercial marketing project not dealt in substantial details.

- Developing action plans. In view of importance of this activity I would have preferred if some more time was given for this activity.

- Distribution satisfactory

- Items 4,5,6 on page 1 should have ended up with a score of 4.

- Development of the overall action plan and its discussion should have had a longer time as justification for some could have to be discussed.

- The financial support for the future program was not indicated, nor even possibilities.

- The distribution was not well discussed because these were clear areas of antagonism and as such the issues were unresolved to my satisfaction - too much will be left to chance.

- Nutrition education - while the basic objectives and strategy were agreed upon and discussed there was no clear detailed plan as to its future actioning.

- Talk on marketing and commercial production,

- More time to discuss the action plan.

- Developing an overall action plan - crucial for follow up purposes.
  Donor (USAID's) plans for the program

- Cost effectiveness of program.
  Cost benefit analysis by a certain group.

- Action plan - because it is the most important side of the issue.

- Day 4 - preparation of the master plan - is an important activity which needs more time.

- I think the time allocated was just correct

- Discussion of action plans in regard to privatization and commercial marketing, to bring out issues in more detail and seek more of a consensus.

III. ACTIVITIES - C contd.

- Group discussions should have been allocated more time.

- Phase out of PL 480 commodities as the future continuance will depend on that aspect.
  Commercialization and state subsidies in relation to project.
  Comparing this in relation to other food subsidies.
  Transfer of funding as this phase will determine future orientation of project.
  Remedial aspects.

- More time may have been beneficial if available for substantive group discussions.

III. ACTIVITIES

D. Which, if any, should have been allowed less time and why?

- If commercial Thirposha would become non viable without the 60% PL 480 input - why discuss it? If commercial Thriposha be used as the pilot project to indigenization then this should have been discussed more thoroughly.

- Dealings and deliberations of the historical aspects.

- In view of the mixed expertise in the group this cannot be answered objectively. Possibly expertise in specific areas may have been pooled as was done on one occasion.

- Developing purposes and objectives of programme.

- Commercialization and privatization of production seemed to be the interest of USAID and not the M/H. If it is not clear how M/H will fund the program, when US phases out, how could privatization be considered. Further, this is for the poorest of the poor, and privatization will make the program out of reach of vulnerable groups.

- Growth monitoring - clinic reorganization of Thriposha is not going to be actively incorporated into the matrix of MCH.

- Agreement of purpose - because we might have been able to do so earlier and got into the objectives and strategy.

- Activities of the last day. It was going over already achieved objectives.

- Briefings from UNICEF ar CARE. Neither was too well done.

- Less time on the problems of the Thriposha program. We have heard of these problems so many times!!

- Preliminaries of the first week. To make more time available for the more important issues.

- UNICEF presentation - not particularly helpful and germane.

- Time allocated for 'guiding' the participants as to what has to be done was too much. A few specific instructions would have been adequate for a group like this.

IV YOUR OVERALL OPINION OF THE PIPW EXPERIENCE

A. Plese list the most important benefits and/or positive aspects of the experience for you.

- Reached agreement on the objectives of programme (i.e. tie in with MCH package). This was done despite initial protestations of many of us who said they were 'not for' the Thriposha program. Developed a good action plan.
  Initiate a process of program planning and management supportive of program overall.

- Acquired considerable knowledge on the step by step process laid out and the workings with the framework to achieve ends.

- Actively taking part in the workshop and sharing and understanding views and ideas of other participants. and each participant knew exactly how the PIPW was progressing.

- Multidisciplinary groups working towards a common cause.
  Efficient planning by the facilitators to cover a lot of ground in a short time.
  To ensure follow up by appointing an interim board to get the schedule drawn implemented.

- Meeting and working with the key decision workers in such a setting. Willingness of participants to stop defending past action and work towards a common goal - MOH managed. successful, beneficial Thriposha program.

- Methodology adopted.
  Timing of activities (time management).

- Listening to the views of related agencies and get a consesus of opinion on various issues.
  Expose to the methodology of the workshop which is different to the other workshops.
  finish with an irbuilt action plan with time targets.

- More knowledge acquired on the Transport distribution aspects. Every item of discussion was of interest to me.

- The gradual 'build up' to try and achieve desired results was an interesting experience.
  The structured plan for the workshop was well suited to the 'problems' concerning the subject.

- The ability of PIPW to get participants to work together as a group and come out with workable solutions to complex problems.

- Better group interaction.

- Step by step action was very important with maintaining of a sequence of events. Methodology of generating group view points and discussing them at plenary sessions for consensus gave a sense of belonging to participants.

IV. A .CONTD.

- The methodology to make a 'mixed group' move fast along a given direction was impressive.

- Exposure to planning M & E of a project.

- Defining the criteria for beneficiaries.
  The commitment of FHB in growth monitoring and relating it to the Thriposha programme.
  The definition of responsibilties between FHB, FNPPD and M/H.
  M/H showed a willingness to play a greater role in the future Thriposha programme.

- All participants are compelled to 'participate'.
  The opinions of the experts in all relevant fields have been obtained, considered, and incorporated.
  A course of action for the future of the program has been drawn up.

- Most was a new methodology which really helped to focus all issues with positive solutions.

- To know the Thriposha program as it exists and collected views of how it should be.

- The management methodology used and its extremely practical approach.
  The activity it has to bring out or end with as internal commitment which is self-motivating.
  The opportunity to contribute in the areas of social marketing, communication, general management.
  The contacts established.

- Met members from other disciplines.
  Good care of the gastronomic aspects.
  The home work done by the facilitators in preparing and collating the documentation during and after each day's proceedings.

- Understand the program better.
  The methodology adopted.

- The logical sequence of events from day 1 through day 7 i.e. working from an overall objective to action plans within a frame work.

- Effective facilitation of workshop by both coordinators.
  Well done! A difficult task.

- Understood the current status of the programme and the problems facing it.
  Preparation of action plan and fixing of targets.

IV. A CONTD.

- Meeting people from various fields.
  Methodology of the workshop.
  Clarification of certain doubts regarding the present Thriposha program.

- Understood the present program as it is.
  What action to be taken to improve the present program by avoiding the existing discrepancies was fully understood.

- Use of facilitators.
  Coming to grips with many issues in meaningful way. For first time.
  Spirit of working toward common objectives.
  Relative absence of attacking or blaming each other.
  Resolving (evaporating) of some long standing questions and objections.
  Coming down to well detailed action plans.
  Wide range of expertise available.
  Great importance attached to workshop by MOH.
  Uniformly high level of attendance.
  Fantastic job done by facilitators and support staff.

- The feeling of confusion and complexity was eased out.
  Methodology of approaching each problem was appreciated. i.e. coming down to each broad topic to reach target.

- Experience in the logical development of a workable programme.

- Meeting people from different specialised fields.
  Enabled to have an 'overall' picture of the different aspects of the programme.
  The interactions that are needed to success of such a program were made clearer.
  Methodology used enabled satisfactory 'interaction' between members of such a 'mixed' group.

- I got a very good understanding of the whole project which will be very useful in making decisions in my field of activity. It was also appropriate to mention that I could enlighten myself with regard to the planning, and implementation of the project after the MOH takes it over from CARE.

- Restructuring and re-orientation of programme to achieve objectives.
  Better appreciation of programme by parties concerned.
  Mutual interaction of persons with different items on project.
  Re-defining of objectives.
  More data.

- Mixing people up and getting a consensus on relatively innocuous topics breaks down barriers and improves the flow of communication.
  More serious topics discussed in specific groups by different disciplines was also constructive.

- The workshop helped to clear the need for clear thinking and understanding of the role of the Health Ministry in this programme.

IV. YOUR OVERALL OPINION OF THE PIPW EXPERIENCE

B. Please list any significant concerns about and/or negative aspects of the experience for you.

- Still not clear on how soon PL 480 input would be withdrawn and why! Not clear on how indigenization would be carried out re funding.
  A lot depends on project officer-his ability and commitment to the programme.

- MOF implications that CARE was some how cheating on equipment purchases.
  Unwillingness to seriously consider the targetting issue.

- Discussion on the past and current operational details of the program which did not contribute to a better understanding or provide assistance to the workshop. On the contrary created certain unpleasant feelings on certain days. This situation was created by one or two individuals.

- One felt 'rushed' and at times 'pushed' on important issues. This would possibly be felt more by those who have to perform after the workshop than by those who contributed with expertise only.

- Time consuming procedure.

- The arbitrary assignments to groups to discuss aspects of a common problem, was seen as a hindrance to the development of a consistent attitude to the problems as a whole.

- Stress on privatization and commercialization.

- Why there was so much stress on privatization and commercialisation of Thriposha when indeed the majority of participants rejected the idea in the context of a welfare program for the poorest of the poor.
  The resistance to the idea of indigenization of the formulation among a few from CARE who were negative about its feasibility.

- In spite of all the well laid out action plans, I am concerned whether these proposals will ever be acted upon and whether this program can be successfully implemented under government management.

- Most important consensus is that when it actually comes to actually putting into practice day to day all these activities in government service and preventing the low pay, frustration etc. breakdowns mostly in transport, distribution sending of returns etc. will occur.

- The lack of understanding regarding what the present commercial operation entailed; its service orientedness as a result of a request from CARE/M/H.
  The inability on a few occasions to view the project in a more result oriented and dedicated manner.
  The dire need today to communicate and thereby educate an already literate people on nutrition needs.

IV.B.contd.

- Time spent on certain minor details. Discussions on trifles.

- Fragmentation of groups and personal hostilitiès.

- Refusal to accept realities, particularly in relation to government approval for the transfer of the programme from CARE to Ministry of Health.

- Hardly any.

- Relatively small degree to which it proved impossible to prevent attacking and blaming each other.

- A general outline of the methodology to be adopted may have been helpful at the outset.

- 'Too much of details' given on the 'assignments' (see 'D' above).

- I am very much concerned about the priority of this project in the overall policy of the government. Whether this project will get dropped in the event that government has to bear a considerable amount of money on the present indigenization. What is the option it can suggest?

- More data on various project aspects could have been provided in order to facilitate and define discussions.

- The method works only if all participants are quite frank about the weaknesses in the program and approach the exercise with an open mind.

- Since the programme is built on a basis consisting of certain unclarified views it is doubtful whether the action plans would be successful to the extent is is envisaged.

V. LOGISTICAL/ADMINISTRATIVE SUPPORT

- Flow charts of present and future activities could have been drawn/presented.
  Copies of studies on evaluation/place of supplementary feeding programs in Sri Lanka/Asian Countries, technical aspects of blending different ingredients, should have been available if requested from a bibliography.

- More paper should have been supplied.

- More secretarial support with more photo copy machines.

- Reduce wastage of paper.

- This was highly satisfactory and hence no suggestions.

- Please continue to keep up the standards maintained.

- If the meetings were held every other day it would have been better.

- Nothing to suggest.

VI. YOUR FEED BACK TO THE FACILITATORS (ELMORE AND DAVID)

A. Please indicate those things which they did which were most helpful to you and the workshop.

- It is very difficult to identify very specifically, but the manner it was conducted was excellent.

- Done very well on a difficult job.

- We were well guided, whereby all participants were free enough to express views, suggestions and also, they made all of us to actively be involved.

- Make everybody take part in the workshop actively. This way it was possible for all participants to exchange and express their views and ideas.

- Clear cut guidelines.
  Patience and tolerance.

- Kept the group focussed on the issues.
  Helped group to continually move ahead and not side-step or back track to more general areas.
  Reminded group that the prupose was to come up with a plan and action steps to achieve it.
  Good sharing of responsibilities between both facilitators.

- Tactful way of handling day to day affairs.
  Going around and explaining details of the work assigned to each group.

- In planning the workshop all aspects had been looked into.
  The manner in which the varous stages/activities had been planned ending up with the final plan.
  Guidance given to the participants.
  Keeping participants in the subject discussion at each session.

- The patience, devotion and dedication was most admirable.

- Very good approach - got groups moving without trying to be pushy. Excellent job. Well done.

- Attempt to bring the personality clashes to a more unbiased level.
  Direction and guidance was achieved in a pleasant atmosphere.
  Dedication to the conduct of the workshop.

- Instructions were very clear.
  Summing up of group feelings was very satisfactory.
  Kept the group moving along.

VI.A contd.

- Arrangements for documentation of the previous day's deliberations and the efforts of the facilitators to ensure an unbroken line of thinking.

- The guidance and structuring with an end point in view.
  The link up between days of work by work done by them behind the scenes which clarified objectives of the workshop helped to reduce the working time of the actual workshop.
  The methodology/fixation of individual thinking followed by exchange of ideas and then the group interchange.

- Guiding the participants.
  Clarifying doubtful areas.
  Preventing fault finding and blame placing.
  Identifying key issues.

- Made me understand what workshop is all about and especially my part in it as I had been involved for ten years!
  Subjugate any personal feelings and work for the project best serving the underprivileged children of Sri Lanka.

- Their ability to have kept the program on course.
  The calm and tolerant posture.
  David - A special mention on your ability to absorb and put into right perspective key issues - well done.

- The briefing before and after each session of group work or plenary were very useful.
  The background materials.

- Briefing the participants at intervals was very helpful.

- Keep a sense of direction to the group and not allow it to be fragmented.

- They worked hard.

- They did the job quite well subject to comments under 3,B,C,D.

- Allowed sufficient time for discussions.
  Did not try to push ideas as very often happens at other workshops.
  Were prepared to listen to the ideas/views of participants.

- They guided us without allowing us to go astray.
  They intervened at the correct time to avoid unnecessary arguments.

- Working like dogs day and night.
  Grasp of the unfolding process and keeping things moving on schedule.
  Building and keeping goodwill and spirit of warm cooperation.
  Coming down to detailed action plans.
  Their warmth, informality and sense of humor.

- A good start and kept going in the same spirit up to the end.
  Instruction more specific.
  Time schedule was stuck to.

VI.A contd.

- Presented major conflicts between self-opinionated persons. Guided the workshop to its logical conclusion. Logistic conclusion in the limited period eliminating irrelevances.

- Introductory sessions- where some background material and inauguration as to how the workshop will be carried out. The way in which group discussions and reporting was organised.

- Necessary guidance given by the facilitators was very helpful at the group discussion in order to keep the group concentration on a set line of thinking.

- Transparencies and slides may have been useful in giving better representation of data.

- The facilitators were helpful in keeping the group and attention on the major issues to formulate this program.

VI. YOUR FEED BACK TO THE FACILITATORS (DAVID AND ELMORE)

B. Please indicate those things in which they were less helpful than they might have been or which they might have done differently.

- There were some ideas that were imposed on the group which should have been presented with explanation as to the need for inclusion in the discussions.

- Should not get involved with arguments with participants. Diplomacy is important.

- Presentation and charts - provided the back up staff existed, more precise and professional presentation might help for easy comprehension for future workshops.

- The circuituous route to action planning.

- Develop a follow up action plan on the Thriposha program where it is from a year from now and develop corrective measures.

- Should be more flexible and try to accommodate more opinions and different approaches while keeping to some guidelines for direction of program.

- Please see the comments under 4 A. (Negative aspects)

- Seating arrangements at the plenary sessions not satisfactory. The distance from the tables to the flip charts is too far. An overhead projector would have been helpful.

- Cant think of anything.

- Asking embarrassing questions;

- They should have given clear information regarding basic details such as government policy of the USAID.
  Details of programmes to be implemented by other ministries which would help the formulation of this program.

VII. ANY OVERALL COMMENTS ABOUT THE PIPW OR ANYTHING ELSE YOU'D LIKE TO SAY

- An excellent opportunity to participate in a workshop where participants really participated in deliberating/expressing views; so that the outcome is a good written document with recommendations.
  Personally I feel that the way it was conducted was excellent and very methodical; was a new experience where compared to other workshops attended.
  It's an eye opener and help to improve our efforts to organize workshops.

- Indigenisation may cost so much that it may not be financially feasible - In which case it may be best to utilise commercial program urgently as pilot project to check on cost of indigenisation.
  Plans are good - but all plans depend on the commitment of those involved in action.

- The future Thriposha Program was addressed almost as a new program rather than existing program with many deficiencies. The failure to lock at it s future in the context of past, present and future may mean that certain inadequacies/reasons for failure will continue to persist because they have not been sufficiently acknowledged. In particular - the responsibility for the program cutting accross so many Ministries will undoubtedly continue to contribute to neglect of responsibilities.

- Excellent system to revive a dying and orphaned concern to the extent that even those who orphaned the project have adopted it once again.

- M/H, the agency which is to be in charge of the project in the future should fully understand the implications and intricacies of the task before them and make a determined effort to operate and monitor the project.

- Job well done.

- I would recommend entering any other experience of this nature to the concerned.

- Is of the opinion that PIPW achieved most of what was expected.

- Worthwhile learning experience.

- I think that the PIPW achieved most of what was expected of it. From a national point of view the areas that were not included in the agenda were crucial, both from the viewpoint of health care of the nation as well as from a rationalisation of the supplementary feeding approach as well.

- The methodology of the workshop was highly commendable. The facilitators had studied the subject - did not reveal any gaps in their understanding, even if they had any!! - they tackled a group of 'unbelievers' or diffidents -

- A good method for obtaining consensus in an area where many experts with different points of view are involved.

- It was done well and wish to thank the facilitators for doing an excellent job.

- As mentioned earlier, overall an excellent concept which was well coordinated and conducted: As long as the follow-up and close monitoring is on-going one could say that the workshop has been a useful exercise but if not one could be certain that it would be futile. I suggest that besides the two relevant presentations, a very basic management communication and marketing overview might help in seminars and workshops where decisions have to be made and implemented by participants whose expertise lies elsewhere and thinking is not neccessarily one of management.

- More Visual Aids should have been used in presentations by CARE, and UNICEF etc. Overhead Projector also could have been used.
  Some of the activities in the workshop were a little boring and repettive and could have been cut short.
  A group photograph should have been taken on the last day and copies should be given to participants.
  The present Project Supervisor should have made a presentation on her studies in the field of supplementary feeding. The bag was of high quality and much appreciated.
  This workshop to be covened in 6 months time at the same venue to evaluate what has happened.
  Field Visits should have been an integral part of the workshop instead of leaving it to only the participants who volunteered.

- The workshop has studied the program in-depth and has made some useful suggestions and an acceptable work plan.

- This workshop helped us to get to know quite a number of government officers and others in the private sector and international agencies, which would be helpful in other fields of life both official and private.

VII. (CONTD.)

- Thankyou - Good learning experience.

- This was a well attended workshop through-out. I think the credit must go to the facilitators.

- I had great expectations of the PIPW and it has fulfilled all of them.
  It has made a great contribution to the future of the Thriposha Program.
  It has greatly assisted CARE's programming in Sri Lanka.
  It has made worthwhile the long hours/days/weeks of effort in preparing for it and getting it to happen at all.
  My hat's off to the facilitators and support staff.

- PIPW achieved most of what was outlined and aimed at.
  Well done and congratulations

- Profitable experience.

- The expertise of different disciplinewere brought in together and were made to arrive on a common understanding

- Facilitators did good job.

- Elmore and David did an excellent job.

- It would be worthwhile to have a review workshop to evaluate the progress of this program.

15/2/85
-/sf