Author's response to reviews

Title: Vitamin A supplementation programmes are missing children from scheduled castes and scheduled tribes. New evidence from India

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Author's response to reviews: see over
Dear Editor,

Thank you for forwarding the final feedback of the two reviewers to our paper: Vitamin A supplementation programmes are missing children from scheduled castes and scheduled tribes. New evidence from India by Victor M. Aguayo, Nina Badgaiyan, and Jee Rah.

We are pleased to see that reviewer 1, Dr. Anantha Narayana, has recommended that the article be accepted for publication. Reviewer 2, Dr. Avula Laxmaiah, has two minor recommendations. These have been incorporated in the final manuscript as follows:

§ Regarding vitamin A supplementation (VAS) coverage and full VAS coverage, suggested to give detailed definitions in the methodology.

Authors: Following international recommendations, VAS coverage was defined as the proportion of eligible children who received at least one VAS dose in a given calendar year while full VAS coverage was defined as the proportion of eligible children who received two VAS doses in a given calendar year. For any given district and calendar year, VAS coverage was computed as that of the semester with the highest VAS coverage whereas full VAS coverage was computed as that of the semester with the lowest VAS coverage, thus assuming that all children who benefitted from the VAS programme in the semester with the lowest VAS coverage also did in the semester with the highest VAS coverage [30].

§ The VAS coverage has increased significantly over a period of time among the children in the districts where SC/ST population is more. Even though it has increased in recent times, in fact the coverage is low among SC/ST population.

Authors: In the Conclusion we can read: Indian states have achieved significant progress in expanding the coverage of the VAS programme. However, a large proportion of children are not benefitting yet from this important child survival intervention, particularly among SC/ST children (~29% of the children 6-59 months old who are not fully covered) who are potentially the most vulnerable to VAD and its consequences.

We hope that with this response and revisions you will find our manuscript suitable for publication in your journal.

With Kind regards, --Dr. Victor Aguayo