Reviewer's report

Title: Are vitamin A supplementation programmes reaching children from scheduled castes and scheduled tribes? New evidence from India

Version: 4 Date: 4 February 2015

Reviewer: Avula Laxmaiah

Reviewer's report:

Title:
Generally, title may not be given as a research question. Research question may be your objective.

Abstract:
Background
The first introductory sentence may be rewritten. 62% is a sub-clinical vitamin A deficiency (serum retinol levels < 20ug/dL).

Results
There is no need to give number of children as well as percentages (lines 22-24) (may be delete duplication).

In the conclusion the word 'life protecting' may be deleted. It may give wrong notion among readers that just taking vitamin A solution child entire life is protected. No doubt it is important to receive by every child.

Conclusion.

Future programme needs..............sub-district level ..........concentrations of SC/ST. The programme is already existing to give more attention on the SC/ST/OBC children even at village level. We need to say only strengthening of the existing programme.

Main Manuscript

In the Introduction
1) The relevance of review may be improved. Rationale of the present analysis and presentation in the manuscript may be mentioned, instead giving rational in the methodology part. In the Introduction itself, supportive review to the present paper, rational should have been included. In the methodology, lot of introductory, rational paragraphs were included.

2) In fact, the VAS coverage in India is mainly being concentrated in the SC/ST concentrated geographical areas by the Departments of Health and Family Welfare and Department of Women and Child Development, Govt.
3) Overall, the coverage for VAS was increased over a period of time. The authors attributed several reasons for increase in the coverage, but they missed one important reason is that the Govt. itself changed the policy of VAS beneficiaries. The VAS programme was started for 6-59 months children during 1970s, and subsequently, the beneficiaries age was reduced to only 9-35 months due to shortage of supplies, economies (financial limitations), as the younger age group is the priority one. Subsequently, the NNMB data has shown that the problem of vitamin deficiencies are higher even among 36-59 months. Based evidences and recommendations of National Institute of Nutrition, ICMR and several other Research agencies, the VAS programme was extended to 9-59 months again. This could be the main reason for increase in the number of children covered under VAS programme.

4) Why you have grouped SC/ST child population/household concentration into five groups. There was not much difference between higher & highest and lower & lowest. They would have done 3 groups instead of five groups. There is no rational.

5) There are simple terms generally used for coverage of VAS like one dose and two doses in a given reference year. But the author used the words VAS coverage (for one dose) and full coverage (two doses). Full coverage generally denoted that if the 60 months child received all 9 doses or not upto 60 months? This definition may confuse readers.

6) In the line number 79, it was mentioned that the wasting was 59%, which seems to be unrealistic, may be check again.

7) In some of the sentences (112 & 208), repeat words and spell checks may be checked.

8) Language of the writing may be checked by an Language expert.

9) It was concluded that there is a need of nation wide study to document the Vitamin A deficiencies at sub-district level. It is not feasible to conduct that microlevel studies. However, already an established reporting system is available in India through Integrated Child Development services (ICDS) coverage information is available from each village level. However, the accuray and authenticity needs to be monitored and the importance of coverage have to be educated to the gross route level health and nutrition workers.

10) There is no need to provide non-coverage information, once given the coverage in the results.

11) Discussion

May be improved with the more recent refences for any reduction is there in the problem of vitamin A deficiency after increase in the coverage.

Recommendation needs to changed and include the strengthening and strict monitoring of the programme rather than new studies. It should be a surveillance
type of activity, i.e., AAA, Approach, Assessment, Analysis and Action.

Data utilised from three main sources, brief details may be mentioned, who has done, which year it was done.

Limitation of the study may be given

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I have no conflict of interest