

5. Labelling of drugs as 'veg or non-veg' made compulsory <http://www.dd.b.net/.rphael/jain> (Accessed on 27th April 2004).

Reply

We have not recommended the use of applicaps but only suggested that the government should review the current practice based on recent information including that of the cost. We are open to the final choice of delivery mechanism after a thorough review process. In fact, Dr. Kapil, is suggesting continuation with the syrup form despite earlier recommendation that vitamin A capsules of 100,000 be made available to the workers to give along with measles vaccine (1).

Our rebuttal to other specific issues is as below:

1. The total number of sessions with ANM has been mentioned as two in the paper. The number of Anganwadi workers has not been given but it was four workers. The workers were used to estimate the time consumed in giving a dose and for wastage estimations. Though, the study was done in the Field Practice area of Ballabgarh, the ANM used was the one from Haryana government.
2. Incorrect dosing is always possible in any form of delivery but the issue is the frequency and the probability of this occurring. We need objective data to compare the possibility of incorrect dosing with different forms of delivery (syrup, capsules or applicaps).
3. Dr. Kapil may feel that a wastage of 2% and 10% (as can be deduced from the

wastage factors mentioned) are similar. We do not share this perception.

4. The issues raised in *Table 3* are based on national and international experience of the authors.
5. There is no need to make two types of capsules. Children needing 200,000 IU would need to take two capsules of 100,000 IU.
6. Training cost has not been included and was clearly mentioned in the text. Training costs are treated as capital costs. Thus, they are one time costs which are spread over a large time period during which large number of doses of vitamin A would be given. Thus, the actual contribution to a single dose, would be negligible.
7. The non-vegetarian issue has been referred to in the paper.

We agree that the issue of vitamin A delivery system needs careful review. In addition there are now different delivery systems available including the multi-dose dispensers and we would encourage and request the government to undertake a thorough review before opting for anyone of them.

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REFERENCES

1. Kapil U. Study of existing system of procurement distribution and management of drugs under the national nutritional anemia prophylaxis program and the national program for prevention of nutritional blindness due to vitamin A deficiency in selected states of India. Ministry of Health and Family Welfare, Government of India. January 1991. New Delhi.