---- --- -

TABLE NO.	TITLE	PAGE
(i)	Iron supplementation programmes in different regions of the world	9
(ii)	Supplementation programmes in India	10
(iii)	Management indicators and data collection methods used in the study	56
1	Profile of the functionaries	68
2	Knowledge of functionaries about NAP : Major responses	70
3	Knowledge of functionaries about VAP : Major responses	75
4	Knowledge of functionaries regarding food sources and deficiency of iron : Major responses	78
5	Knowledge of functionaries regarding food sources and deficiency of vitamin A : Major responses	81
6	Responses of functionaries with regard to number of beneficiaries covered per day of distribution of iron and vitamin A supplements	85
7	Beneficiary response to delivery of iron supplements as reported by functionaries	86
8	Beneficiary response to delivery of vitamin A supplements as reported by functionaries	87
9	Beneficiary adherence to iron supplementation as reported by functionaries	89
10	Beneficiary adherence to vitamin A supplementation as reported by functionaries	90
11	Functionary responses regarding types of side effects experienced by beneficiaries	90

.

DACE

.

.

~

.

TABLE	NO. TITLE	PAGE
12	In-service training programmes, refresher courses, seminars and workshops attended by centre level supervisors	104
13	Working hours of functionaries : Interview data	107
14	Working hours of ANMs and LHVs : Interview data and observation data	108
15	Time of commencing of daily work by function- aries : Interview data	110
16	Time of commencing of daily work by ANMs and LHVs : Interview data and observation data	110
17	Job functions mentioned most frequently by functionaries	111
18	Job functions mentioned most frequently by ANMs in interviews and those carried out by them in the observation period	112
19	Job functions mentioned most frequently by LHVs in interviews and those carried out by them in the observation period	113
20	Time spent by ANMs and LHVs on productive and non-productive work on an average work day : Observation data	115
21	Time spent by ANMs on various job functions on an average work day : Observation data	117
22	Time spent by LHVs on various job functions	118
23	Ranking of job functions by functionaries according to perceived relative importance, time expenditure and level of difficulty faced	126
24	Infrastructural support provided to functionaries	128
25	Adequacy and regularity of supply during the year preceding the study	133

TABLE	NO.	TITLE	PAGE
26		Logistics of iron syrup (April 1990 - March 1991) : Receipts	135
27		Logistics of iron syrup (April 1990 - March 1991) : Issues	136
28		Logistics of small tablets (April 1990 - March 1991) : Receipts	137
29		Logistics of small tablets (April 1990 - March 1991) : Issues	138
30	-	Logistics of large tablets (April 1990 - March 1991) : Receipts	139
31		Logistics of large tablets (April 1990 - March 1991) : Issues	140
32		Logistics of vitamin A solution (April 1990 – March 1991) : Receipts	141
33		Logistics of vitamin A solution (April 1990 - March 1991) : Issues	142
34		Views of functionaries regarding targets given for NAP and VAP	148
35		Expectations of health personnel from their supervisors	149
36		Expectations of supervisors from their subordinates	151
37	-	Supervision provided to ANMs and MPWs by LHVs, BEEs and MOs : Subordinates' vs supervisors'	
38		supervision provided to LHVs, BEEs and MOs by	150
		district level officials : Subordinates' vs supervisors' responses	154
39		Checking of records related to NAP and VAP by centre level supervisors and by district level officials as reported by centre level	
		supervisors	155

-----

TABLE	NO.	TITLE	PAGE
40		Enquiries made and guidelines provided by supervisors in relation to NAP and VAP	157
41		Feedback related to NAP and VAP given to ANMs and MPWs on receipt of monthly reports by supervisors	159
42		Feedback related to NAP and VAP given to centre level supervisors on receipt of monthly report by district officials	161
43		Problems reported by ANMs and MPWs to their supervisors in the year preceding the study	165
44		Problems reported by centre level supervisors to district level officials in the year preceding the study	166
45		Visits made by supervisors : as reported by ANMs and MPWs vs as reported by supervisors themselves	168
46		Centre visits by district level officials : as reported by centre level supervisors and as reported by district officials themselves	170
47		Community visits by district level officials : as reported by centre level supervisors and as reported by district level officials themselves	372
48		Background information on beneficiaries	184
49		Receipt and consumption of small iron tablets by beneficiaries	187
50		Receipt and consumption of large iron tablets by beneficiaries	189
51		Receipt and consumption of vitamin A solution by beneficiaries	191
52		NAP and VAP related IEC received by benefi- ciaries at the time of receiving the supplements	192

TABLE NO.
-----------

## TITLE

#### PAGE

· --- ·

53	Monitoring of receipt and consumption of iron supplement by beneficiaries	: <b>▲</b>	194
54	Receivers' perceptions regarding benefits and side effects of small iron tablets	•	155
55	Receivers' perceptions regarding benefits and side effects of large iron tablets	•	196
56	Receivers' perceptions regarding benefits and side effects of vitamin A solution	•	198
57	Discontinuation of iron and vitamin A supplements by receivers	•	199
58	Mean hemoglobin levels of pregnant and lactating women and preschool children in rural and urban Indore	•	201
59	Mean hemoglobin levels of pregnant women in relation to age, education and duration of	-	201
60	pregnancy	•	202
	relation to age, education and duration of lactation	•	204
61	Mean hemoglobin levels and prevalence of anemi in urban and rural pregnant women : Receivers vs Non-receivers	а	
62	Mean hemoglobin levels and prevalence of anemi in urban and rural lactating women : Receivers		209
6.2	vs Non-receivers	•	210
63	Mean hemoglobin levels and prevalence of anemi in urban and rural preschool children : Receivers vs Non-receivers		212
64	Prevalence of Bitot's spots among preschool children	•	214
65	The strengths and limitations of major qualitative and quantitative methods used		014
	in the study	•	217