

## ABSTRACT

The objectives of the present study were :

1. To conduct an in-depth investigation of selected management components pertaining to the National Nutritional Anemia Prophylaxis Programme (NAP) and National Programme for the Prevention of Blindness due to Vitamin A Deficiency (VAP) and to assess the role of Family Planning Programme (FP) in influencing the implementation of NAP and VAP.
2. To determine utilization of supplements and their impact on beneficiaries.
3. To assess the relative strengths and weaknesses of the qualitative and quantitative research methods used in achieving the study objectives.

Nine Urban Family Welfare Centres, 5 rural Primary Health Centres and 5 Subcentres were purposively selected for the study on the basis of predetermined criteria. Seventy two functionaries from the grass root level workers upto the senior district level officials and recently trained ANMs comprised the sample at the providers' level. A total of 370 beneficiaries including 57 pregnant women, 103 lactating women and 210 preschool children comprised the sample at the beneficiaries' level. The management of NAP and VAP was studied with respect to manpower and material resources (KAP of functionaries, training, work organization, time management, infrastructural support including logistics of supplies, incentives and transport) and monitoring and control (Supervision, MIS).

Direct observations of 19 ANMs (6 days each) and 14 LHVs (3 days each) were carried out over a period of one year. Other qualitative and quantitative research methods such as structured domain interviews, narratives, scenarios, ranking, secondary data review and informal conversations were applied to the functionaries' sample. The beneficiaries were interviewed for receipt and consumption of supplements. Estimation of their hemoglobin levels (women and preschool children) and the clinical examination of eyes for Bitot's spots (only preschool children) were also carried out.

The results indicated that the knowledge of functionaries at various levels of hierarchy was very inadequate regarding field level implementation of NAP and VAP. Though favourable attitudes and practices as regards NAP and VAP were expressed in interviews, the observations revealed to the contrary : ad-hoc and unplanned implementation and poor record maintenance. The supplies of iron and vitamin A were inadequate and irregular. Supervision in general, and pertaining to NAP/VAP, was inadequate and perfunctory; restricted to infrequent field visits, cursory record checking and inadequate guidance.

The time and motion study data of observations indicated that mean number of working hours of functionaries per day were

less than 5 as against the reported average of 6 hours. One-third of the total work hours was wasted by them in unproductive personal work and interactions.

Immunization and family planning work were found to be the focus of functionaries and officials at all levels as indicated by the interviews and further validated by observations, ranking, scenarios and narratives. Planning, implementation and evaluation of these two programmes took up majority of the time of the functionaries at various levels.

According to beneficiaries' interviews, only 43 percent of the child beneficiaries and 61 percent of the women beneficiaries in the sample had received iron supplement while vitamin A supplement was received by only 21 percent of the preschool children in the sample. The prevalence of Bitot's spots was high (4%) and so was the prevalence of anemia in pregnant women (82%) and children (77%). Urban beneficiaries had lower hemoglobin levels than their rural counterparts. The receivers of iron supplements had higher mean hemoglobin levels and a lower prevalence of anemia.

The study has highlighted the low priority given to NAP and VAP at all levels in the health services. Despite the focus on family planning and immunization, the management of NAP and VAP in the present situation is likely to improve with improved training, better time management, logistical support, adequate supervision and a functional Management Information System. Information Education and Communication to beneficiaries needs to be greatly strengthened. Finally, urgent advocacy efforts are needed to obtain greater support and more resources for NAP and VAP from decision makers and programme administrators. Programme evaluations need to integrate qualitative and quantitative research methods to obtain holistic and contextual results.