

IQ+Jagriti

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India Bans Non-Iodised Salt - A Significant Step

Wednesday, June 15, 2005 was a special day for India's children. On this day, the Minister for Health and Family Welfare, Dr. A. Ramadoss announced the Government of India's decision to re-instate the ban on the production and sale of non-iodised salt for human consumption.

The Minister said that this move will reinforce India's commitment to accelerate young child survival and development. This is a significant step, if the country's annual 25 million newborns are to grow up protected from brain damage and physical deformity.



Dr. A. Ramadoss (Minister of Health & Family Welfare) addressing the GOI-UNICEF meeting, Dr. C. S. Pandav (Prof. AIIMS), Mr. P. K. Hota (Secretary Health & Family Welfare), Ms. Reva Nayyar (Secretary, Department of Women & Child Development) and Mr. Cecilio Adorna, (Unicef Representative to India).

The ban is a part of a May 27, 2005, notification on amendment of the Prevention of Food Adulteration rules, 1955, controlled by the Union Ministry of Health and Family Welfare. The notification invited comments to be submitted in the next two months. Under standard protocol, a final decision will be taken only after reviewing all comments.

If accepted, the amendment would ensure that non-iodized salt is not available in the market for human consumption; it would be available only for limited purpose, including preservation, medicinal and industrial use. The amendment aims to protect people from iodine deficiency, which can cause cretinism, goitre and loss of IQ. Food is the main source of iodine, but due to

excessive flooding, soils in certain areas have become deficient and the food grown there does not have enough iodine. Salt is considered the best vehicle to counter the deficiency as it is consumed by all. Marine fishes are also rich in iodine but sea salt is a poor source of iodine.

According to the National Family and Health Survey-II, around 70 per cent of India's population consumes salt with some amount of iodine. But only 49 per cent uses adequately iodised salt. However, this figure fell to 37 per cent after the lifting of the ban on the sale of non-iodised salt. Further, great variations also exist in the consumption of iodised salt, across socio-economic and urban-rural divide. The consumption of adequately iodised salt is significantly low among the rural masses, the economically backward classes and the members of the scheduled castes and tribes.

Iodine Deficiency Disorder (IDD) is a major public health problem. Of the 312 districts surveyed by the Ministry of Health, 254 showed that people suffered from iodine deficiency. As a result the Tenth Five-Year Plan has aimed at universal access to iodised salt, Minister Ramadoss said.

He also participated in a live salt testing demonstration. Children led by Bharat Scouts and Guides showed the gathering how they could use salt testing kits to tell the difference between iodised and non-iodised salt.

"All children have a right to enjoy a secure and healthy childhood so that they can grow up to fulfill their full potential," said Cecilio Adorna, UNICEF Representative to India. He appealed to all stakeholders - salt producers, traders, village level-vendors and the government, to see that the implementation process is successfully achieved. Widespread information and education is needed to spread the message that iodising salt is safe, simple and affordable, he added.

The estimated annual requirement for iodized salt for human consumption in India is 5 million tons. But, despite having the capacity to iodize 13 million tons, at already installed iodisation plants, India currently only iodizes 4.4 million tons, a fraction of which is exported. This situation exists even though salt iodisation is technically simple, cheap, safe and sustainable.

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17/10/05

असतो मा सद्गमय
तमसो मा ज्योतिर्गमय
मृत्योर्मा अमृतं गमय

*From the unreal lead me to the real;
From darkness lead me to light;
From death lead me to immortality.*

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ICCIDD Vision & Mission

Vision: The vision of ICCIDD is a world virtually free from Iodine Deficiency Disorders with national endeavors to maintain optimal iodine nutrition primarily through consumption of iodized salt, which should be made easily available and affordable for all people for all times.

Mission: The mission of ICCIDD is to provide a focused advocacy to governments and development agencies, of a continued priority for iodine nutrition, providing technical expertise in a multidisciplinary approach.

Dedication: ICCIDD dedicates itself to programs fully supported at the national level for permanent, sustained success and will work with all partners and national entities towards that end.



Editorial

Dear Colleagues,

Iodine deficiency is the single largest cause of preventable mental retardation. Of 25 million children born in India each year, half are unprotected against iodine deficiency disorder, whose symptoms also include deaf-mutism and severely reduced levels of productivity.

15th June 2005 was a special day for India's children. On this day the , the Minister for Health and Family Welfare, Dr. A. Ramadoss announced the Government of India's decision to reinstate the ban on the production and sale of non-iodised salt for human consumption. This is a significant step, if the country's annual 25 million newborns are to grow up protected from brain damage due to iodine deficiency.

A press briefing was organized by ICCIDD on 9th August 2005 at Hotel Samrat, New Delhi to brief the media on the importance of iodisation of salt and the Govt. of India's decision to reinstate the ban on production of non-iodised salt meant for human consumption.

Nutrition is increasingly being recognized as one of the most important indicators of development all over the world. Good nutrition is the material basis for human resource development. Malnourished children tend to have low I.Q., impaired cognitive development affecting their school performance and productivity in their later life.

"Consider iodised salt as a vaccine that costs 10 paise per person per year and protects against the single largest cause of brain damage among children in India". Let us contribute towards making India as knowledge superpower!

Dr. Chandrakant S. Pandav
Regional Coordinator, ICCIDD-South Asia Region.



Government of India bans sale of non-iodised salt for human consumption: A step in the right direction.

(Rajan Sankar¹, Chandrakant S. Pandav²)

The recent announcement by the government of India on 27th May 2005 that it intends to reimpose the ban on the sale of non-iodised salt for human consumption is a welcome public health measure and a step in the right direction for addressing the most important cause of preventive brain damage due to Iodine Deficiency Disorders (IDD).

Iodine deficiency at critical stages during pregnancy and early childhood results in impaired development of the brain and consequently in impaired mental function. Iodine deficiency continues to be the leading cause of potentially preventable mental retardation (1, 2). Elimination of iodine deficiency is an important health and social development goal for most governments and its elimination is within reach and would be an unprecedented success story in the field of public health and public nutrition.

India was pioneer in both recognizing iodine deficiency as a national public health problem and providing iodised salt to its population. Iodised salt was first made available in 1956 during a seminal study on goitre prevention and control led by Professor Ramalingaswami in the Kangra district of Himachal Pradesh (3). While only a few countries in the 1980s had recognized iodine deficiency as a public health problem or established a National IDD control programme, by 1962 India had launched a National Goitre Control Programme (NGCP) (4). When NGCP began, it was a targeted programme, aiming to identify districts of goitre endemicity and subsequently make available iodised salt in these identified endemic districts (4). By the early 1980s, data collected from different regions of the country revealed that iodine deficiency was a public health problem in all the states and union territories of the country (3, 5). Around this time, convincing evidence was accumulating on the need for optimal iodine intake for normal physical and mental development. In the light of increasing evidence of existence of iodine deficiency in most parts of the country, the scope of NGCP was expanded to cover the entire country and it was decided to iodise all salt for human consumption by, (Universal Salt Iodisation) 1990, in a phased manner. The NGCP was rechristened as National Iodine Deficiency Disorders Control Programme (NIDDCP) in 1992.

Iodine is required for the synthesis of thyroid hormones. Thyroid hormones play a determining role in the process of early growth and development of most organs, especially that of the brain (6, 7). Iodine deficiency at critical stages during foetal and early postnatal life results in impaired development of the brain and consequently in impaired mental function. Extensive studies have shown very clearly that part of the foetal thyroxine is of maternal origin, disproving the old concept that maternal thyroid hormones do not cross the placenta (8, 9). On the contrary, maternal thyroxine is crucial for brain development in early foetal life, including the first trimester, before the onset of foetal thyroid function (10, 11, 12). Several recent publications have drawn attention to the role of thyroid hormone status of the mother on the

future neuropsychological development of the child (13, 14, 15, 16). Recent studies also support the possibility of improving the IQ of many children from areas with mild iodine deficiency by ensuring an iodine intake sufficient to achieve a urinary iodine concentration greater than 100 µg per litre (17). It has also been reported that risk of attention deficit and hyperactivity disorder is greater in children born to mothers with mild iodine deficiency and hypothyroxinemia (18). Studies have clearly shown the pervasiveness of iodine deficiency and the focus of IDD elimination is on prevention of brain damage.

The goal to eliminate iodine deficiency was first adopted at the World Summit for Children in 1990, where Heads of States and Government from more than 70 countries established a number of goals to improve and protect children's lives. India is a signatory. Elimination of iodine deficiency has consistently been a goal in the country's Five Year Plans and Prime Minister's 20-point program.

Why iodise salt? Everyone needs and consumes salt, usually in fairly constant daily amounts. The average daily intake per person in India being 10 gms. The sources of salt are usually limited, making them feasible for addition of iodine. The techniques for iodisation are simple and well established. Addition of iodine to salt does not affect the appearance or taste of salt and is usually well accepted by the consumer. Therefore, salt iodisation is the preferred strategy for elimination of iodine deficiency and is being currently practiced in more than 130 countries. In India, over the past few years, considerable progress has been made in improving the availability and accessibility of quality iodised salt to the population across the country. Iodised salt production increased from 0.2 million tons in 1983 to more than 4 million tons in 2000 (19). This is an increase of 20 times in a short span of 17 years! The infrastructure to produce the required quantity of iodised salt has been established and the proportion of population consuming iodised salt has the potential to reach or exceed 90%. For this to happen, we need to accelerate our efforts.

The ban on the sale of non-iodised salt was lifted in September 2000. In April 2001, the freight for transporting salt by rail was hiked. These measures resulted in a significant drop in the household coverage of iodised salt. NFHS-2 (1998-99) (20) showed that 49.3 percent of the household in the country were consuming adequately iodised salt; in the RCH survey (2001-2) (21), this dropped to 37 percent. The RCH survey showed that in several northern states, the coverage at household level was abysmally low, exposing huge number of newborns unprotected from brain damage.

Why this legislation and compulsory salt iodisation? Can people have a choice? There are situations in which "free to choose" is all wrong and this is one of them. Individuals often cannot make good choices when the benefit is preventive or in the future. Every government has a responsibility to protect population health. Universal salt iodisation has positive externalities when benefits of salt iodisation accrue to society as a whole, the government's role

1. Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD)

2. Prof. & Head, Centre for Community Medicine, AIIMS & Regional Coordinator, ICCIDD for South Asia.

is to encourage greater production. There are ideological debates on the individual freedom and choice that is brought in to argue against compulsory iodisation. Public health experts who see iodine deficiency as a critical problem should lead the fight against the ideological arguments tilted in the direction of doing nothing. It is helpful to remember that the history of government interventions on behalf of public health, from fluoridation of water to the campaign against smoking, is one of consistent life-enhancing success. Let us strive to make iodised salt available, accessible and affordable to every one of India's citizens and for all time to come.

Legislation is one essential step; but in itself is not sufficient to achieve USI. Despite well meaning legislation, practice often lags behind policy. Legislation presupposes an effective monitoring and enforcement based on the partnership of salt industry and governmental agencies. In such a partnership, the government seeks improved public health, and the industry seeks protection against competition with non-iodised salt.

The government also needs to introduce series of programmatic interventions. The NFHS-II (1998-99) survey showed that the people in low-socio-economic strata have the least coverage of iodised salt. These are the people who consume salt produced by small-scale manufacturers who often fail to iodize salt adequately. The government needs to focus on the small scale salt producers, so as to ensure that the poorest of the poor benefit from consuming iodised salt. There is need to reduce freight on iodised salt, and to increase the availability of wagons for transport of iodised salt throughout the country. There are cost-concerns regarding iodised salt, because iodine is imported from other countries. The government should exempt iodine for iodised salt from import duty and sales tax, as iodised salt is like a, "vaccine for optimum brain development". NFHS-II (1998-99) also showed lack of awareness among people regarding iodised salt and its benefits. This requires appropriate, sustained and intensive Information, Education & Communication (IEC) campaign. There is also a need for external independent quality assurance program to make sure that all iodised salt produced is of good quality.

Ending IDD once and for all depends on building and maintaining a network of partnerships. Let us build a partnership and use it for creating a full circle of communication that helps sustain political will, stimulate demand for quality iodised salt, deliver the salt efficiently, and create a healthy standard that can be sustained from generation to generation.

"In the field of nutrition, as in politics the task is to do what is possible without for getting to make possible what is necessary"(22). It is eminently possible to sustain elimination of IDD through universal salt iodisation.

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**Regional Consultation Meet on Nutrition
(for Western States/Union Territories)
at Yashada, Pune on 19-20 May, 2005,**

**Food and Nutrition Board, Department of Women and Child Development
Ministry of Human Resource Development, Government of India**

Nutritional Status of the population represents a national economic asset. Nutrition of young children and women reflects the developments of a country. Nutrition during pregnancy and early childhood determines the health of the individuals during their entire life span. Thus, nutrition is critical for the survival and well being of current and succeeding generations.

The Governments of India has been implementing a number of programmes for improving the nutrition and health of its population. There have been significant achievements in the nutritional status of people since the independence but the current levels of malnutrition are still unacceptably high. Nearly 47% of the preschool children are underweight, 68% of preschool children are anaemic, 0.7% suffer from vitamin A deficiency signs and more than 10% suffer from iodine deficiency disorders.

Anaemia levels in pregnant and lactating mothers and adolescent girls is a cause of concern.

Micronutrient deficiencies relating to vitamin A, iron, folic acid and iodine afflict a large percentage of the population resulting in reduced immunity, poor cognitive development, high morbidity and mortality.

Malnutrition is a multifaceted problem requiring a multi sectoral approach. The National Nutrition Policy (1993) identified nutrition with development. As such various developmental programmes need to integrate nutritional concerns and make nutrition improvement and explicit objective of their programmes. Advocacy of senior programme managers towards the consequences of malnutrition, the important role of nutrition in accelerating the development and simple solutions for preventing and controlling the problem of malnutrition is a primary pre-requisite for achieving nutrition goals.

With this aim, the Food and Nutrition Board (FNB), Department of Women and Child Development, the nodal Department for nutrition has been organising Regional Consultation Meets on Nutrition in the country. The first Regional Consultation Meet was organised for North Eastern States at Shillong on 17-18 February, 2005. The second Regional Consultation Meet on Nutrition involving the States/UTs of Maharashtra, Gujarat, Goa, Dadra & Nagar Haveli, Lakshadweep and Daman & Diu was organised at Yashwantrao Chavan Academy of Development Administration (YASHADA), Pune on 19-20 May, 2005.

Objectives:

- ☐ To sensitise policy makers towards the magnitude of the problem of malnutrition and its consequences on human resource development, productivity, economic growth and national development.
- ☐ To review the experiences of the States in promoting nutrition of the people through ICDS and other programmes and innovative approaches, if any and help share experiences between States in the region.

- ☐ To update the knowledge on vital nutrition issues like infant and young child feeding, micronutrient malnutrition, nutrition monitoring, mapping and surveillance, and nutrition education, training and advocacy.
- ☐ To facilitate inter sectoral coordination mechanism at different levels and networking with professional institutions like Food and Nutrition Departments of Home Science Colleges, Preventive and Social Medicine Departments of Medical Colleges and established NGOs in the field.

Participants: A Profile

In order to achieve a multi sectoral forum for deliberating on important nutrition issues, the State Secretaries incharge of Women & Child Development, Health and Family Welfare and Education and their Directors from the Western States/UTs were invited. Food and Nutrition experts from Home Science Colleges of this region, Medical Colleges, established NGOs and representatives of National and international organisations were invited both to share their experiences with the participants as well as to facilitate networking in the region for accelerating the progress in achieving nutrition goals.

The Hon'ble Minister of State for Women and Child Development (WCD), Government of India and Ministers of WCD and Health & Family Welfare from Maharashtra were invited for inaugurating the Consultation Meet on Nutrition and to share their experiences with the participants, respectively. The senior policy makers from the Government of India were also invited.

There were about 102 participants comprising of representatives from Central and State Governments, Home Science and Medical Colleges, Field Units of Food and Nutrition Board (FNB), NGOs and National & International Organisations.

The multi sectoral participation along with experts from professional institutions of these States would not only help integrate nutritional concerns in respective programmes of women and child development, health and family welfare and education departments but would also help build linkages with experts from Home Science and Medical Colleges and NGOs.



Smt. Reva Nayyar, Secretary, Department of WCD, GOI highlighted the Objectives of the Consultation Meet in her address. At the outset she highlighted the importance of nutrition for cognitive development, growth and health of children, the need for ensuring nutrition of the girl child, adolescent girls, pregnant and lactating women to break the intergenerational cycle of malnutrition and ensuring optimum nutrition for all for better productivity and economic growth. The complex nature of the problem of malnutrition and the need for having a multi-pronged strategy for prevention and control of malnutrition was explained by her. The importance of inter-sectoral coordination mechanism for achieving convergence between various developmental programmes of the Government as directed by the National Nutrition Policy of the Government of India in 1993 was also stressed. She mentioned that simple solutions to the complex problem of malnutrition were available and the need was to bring nutrition issues centre stage so that high priority could be assigned to interventions addressing various forms of malnutrition.

The inter sectoral forum of this Consultation Meet was considered ideal for helping various stakeholders to identify strategies for addressing malnutrition and developing network with like minded organisations. She expressed that the country has the best Nutritionists, doctors, institutions etc and still the nutrition goals laid down for the Eighth and Ninth Five year Plans have also not been achieved. The high level of anaemia, under nutrition among children and infant mortality rates continue to be a cause of concern. Urgent steps were needed to reduce the infant mortality rate, maternal mortality rate and malnutrition levels and improve the longevity of the people.

She pointed out that a mix of interventions would be required for addressing the problem of malnutrition. Besides nutrition and health interventions, access to safe drinking water and sanitation, introducing nutrition in the curricula of school children and reaching nutrition information to all through media were important. An aggressive campaign for promoting exclusive breast feeding for the first six months and initiating complementary feeding at six months with home based complementary foods was required to ensure nutrition for the whole life span as well as for reducing infant mortality rate.

Smt. Reva Nayyar, Secretary, DWCD also spoke on the subject to further highlight the importance of addressing malnutrition in a mission mode.

A presentation on "Malnutrition: A Call for Urgent Action" was made by Smt. Shashi P. Gupta, Technical Adviser, Food and Nutrition Board, DWCD, GOI with a view to enumerate the magnitude of the problem of malnutrition, its serious consequences on all spheres of human life, the cost of malnutrition to the nation and the need for improving nutrition of the people for accelerating the pace of national development. It was pointed out that the thrust of the National Nutrition Policy adopted by the Government in 1993 was to integrate nutritional concerns in policies and programmes of various developmental sectors so that nutrition is promoted through a multi sectoral approach. The broad strategies required for addressing malnutrition included building alliances with various stakeholders, monitoring nutrition levels of vulnerable groups on regular basis, promoting appropriate infant and young child feeding to prevent the onset of malnutrition in children, addressing micronutrient malnutrition in a holistic manner giving due emphasis to fortification of common foods and horticultural interventions and undertaking vigorous awareness campaign to reach nutrition information in regional languages to all parts of the country.

Dr. C. S. Pandav, Professor of Community Medicine, AIIMS made a presentation on, "Addressing Iodine Deficiency Disorders". He narrated how non-iodised salt was responsible for iodine related deficiencies and the need for urgent attention before it was too late. The impact of iodine deficiencies on human development specially on cognitive development in terms of I. Q. was addressed by him. He pointed out that iodine deficiency was completely preventable with very simple means and awareness. The mental retardation due to iodine deficiency was rampant although it was totally preventable. He emphasized the need to focus on mental retardation in the Information Education & Communication (IEC) campaign. The regular consumption of adequately iodised salt by all in different parts of the country was needed to eradicate the scourge of iodine deficiency disorders as a public health problem in India.

Smt. Shashi P. Gupta, Technical Adviser (FNB), DWCD extended a Vote of Thanks to the Hon'ble Ministers for their valuable guidance, Department of Women and Child Development, Government of Maharashtra and Director General, YASHADA, Pune for their active support in organising this workshop and to all the delegates who made it possible to participate in this two-day Consultation meet from States/UTs of Western Region.

Govt reimposes ban on sale of non-iodised salt

EXRESS NEWS SERVICE
NEW DELHI, April 22

MINISTER for Health & Family Welfare, Dr. Anbumalai Pragasam, today announced a ban on the sale of non-iodised salt from August 15. The ban will be imposed after a year of four years.

The minister said that the ban would be imposed on the sale of non-iodised salt in all parts of the country. The ban would be imposed on the sale of non-iodised salt in all parts of the country.

Minister says double fortification of salt with iron will be made mandatory.

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Govt to again ban non-iodised salt

Sanchita Sharma
New Delhi, April 22

Warning

IODISED SALT will be back in all kitchens. The union health ministry is re-imposing a nationwide ban on the production and sale of non-iodised salt. The ministry is being finalised and will be ready within a week. Health Minister Anbumalai Pragasam said.

The decision was prompted by the nationwide fall in iodine salt consumption since a similar ban was lifted in 2000 under pressure from salt manufacturers in Gujarat. It is a decision. Countries such as Britain have 90 per cent iodised salt consumption and states such as UP have 100 per cent, said a health ministry official.

Fortifying salt with iodine is the cheapest and most effective means of addressing the dietary intake of the essential mineral. The National Iodine Deficiency Disorders Control Programme's policy, which

Non-iodised salt to be banned today

Sanchita Sharma
New Delhi, April 22

Health Minister Anbumalai Pragasam today announced a ban on the sale of non-iodised salt from August 15. The ban will be imposed after a year of four years.

Minister says double fortification of salt with iron will be made mandatory.

Sale of non-iodised salt banned again

He imposed after 1 years will come into effect from August 15



**Regional Consultation Meet on Nutrition
(for Eastern States) Held at Bhubaneswar on 18-19 July, 2005,
Food and Nutrition Board, Department of Women and Child Development
Ministry of Human Resource Development, Government of India**

Nutrition is increasingly being recognized as one of the most important indicators of development all over the world. Good nutrition is the material basis for human resource development. Malnourished children tend to have low I.Q., impaired cognitive development affecting their school performance and productivity in their later life. Anaemia and Chronic Energy Deficiency in women results in low birth weight babies. Malnutrition during pregnancy and early childhood has life long implications on the health of an individual as it predisposes the person to diet related chronic diseases like diabetes, hypertension, cardiovascular diseases etc in later life.

Nutrition is an issue of survival, health and development of current and succeeding generations. Improved nutrition is, therefore, critical to development, health, productivity, economic growth and national development.

The cost of Malnutrition to the economy of a nation is extremely high. According to a study coordinated by Department of WCD and conducted by the Administrative Staff College of India (ASCI), Hyderabad, malnutrition reduced India's GDP by 3-9% during the year 1996. The report also brings out that the cost of treating malnutrition is 27 times more than the investment required for its prevention.

Malnutrition is a multifaceted problem the determinants of which vary from food inadequacy at household level to illiteracy, inadequate access to health care, hygiene and sanitation, poor infant and young child feeding practices, ignorance about nutrition and health, poor status of women and low purchasing power. Efforts to prevent and control malnutrition, therefore, have to be multi pronged.

Advocacy of senior programme managers towards the consequences of malnutrition, the important role of nutrition in accelerating the development and simple solutions for preventing and controlling the problem of malnutrition is a primary pre-requisite for achieving nutrition goals.

With this aim, the Food and Nutrition Board, Department of Women and Child Development, the nodal Department for nutrition is organising Regional Consultation Meets on Nutrition in the country. The first Regional Consultation Meet was organised for North Eastern States at Shillong on 17-18 February, 2005 and the second for Western States was organised at Yashwantrao Chavan Academy of Development Administration (YASHADA), Pune on 19-20 May, 2005.

The third Regional Consultation Meet on Nutrition for Eastern States involving the States Bihar, Jharkhand, Orissa and West Bengal was organised at The New Marriot Hotel, Bhubaneswar on 18-19 July, 2005.

Objectives

- ❑ To sensitise policy makers towards the magnitude of the problem of malnutrition and its consequences on human resource development, productivity, economic growth and national development.

- ❑ To review the experiences of the States in promoting nutrition of the people through ICDS and other programmes and innovative approaches, if any, and help share experiences between States in the region.
- ❑ To update the knowledge on vital nutrition issues like infant and young child feeding, micronutrient malnutrition, nutrition monitoring, mapping and surveillance, and nutrition education, training and advocacy.
- ❑ To facilitate inter sectoral coordination mechanism at different levels and networking with professional institutions like Food and Nutrition Departments of Home Science Colleges, Preventive and Social Medicine Departments of medical Colleges and established NGOs in the field.



Profile of the Participants

In order to achieve a multi sectoral forum for deliberating on important nutrition issues, the State Secretaries incharge of Women and Child Development, Health, Food, Panchayati Raj and Education and their Directors from the Eastern States were invited. Food and Nutrition experts from Home Science Colleges of this region, Medical Colleges, established NGOs and representatives of National and international organisations were invited both to share their experiences with the participants as well as to facilitate networking in the region for accelerating the progress in achieving nutrition goals.

There were about 77 participants comprising of representatives from Central and State Governments, Home Science and Medical Colleges, Field Units of Food and Nutrition Board (FNB), NGOs and National & International Organisations.

The two-day Programme of the Regional Consultation Meet on Nutrition had seven sessions in all. There were five Technical Sessions in addition to Inaugural and Valedictory Sessions.

Presentations on critical issues of nutrition in the areas of infant and young child nutrition, micronutrient malnutrition, nutrition monitoring, mapping and surveillance, nutrition and health

education, inter sectoral coordination for nutrition promotion from eminent national and international experts were scheduled in the Technical Sessions. Experiences of States in Improving Nutrition Scenario along with Innovative Approaches, if any, were included in the first Technical Session.

Recommendations

A detailed account of deliberations of the two day Consultation Meet on Nutrition held at Bhubaneswar itself is full of innovative ideas and success stories. The recommendations are, however, presented herewith a view to reiterate the same.

1. Malnutrition is a drain on economy and a silent emergency requiring urgent multi pronged action

- Malnutrition is a drain on economy and adversely affects national development. Thus, malnutrition is a Silent Emergency and requires innovative measures for its prevention and control. A multi pronged action involving all developmental sectors was required urgently to address the problem of malnutrition in a time bound manner.
- The action and progress to be monitored in months and not years.
- Urban malnutrition was as bad as rural picture if not worse, and deserved due emphasis.

2. Panchayati Raj Institutions (PRI) for convergence and effective delivery of services at periphery

Out of the six services provided through ICDS, three and a half services concerned health sector. Convergence of services was important and the Panchayati Raj Institutions could be utilized to achieve convergence. Interface between Government and PRI system needs to crystallize.

3. Food and Nutrition Mission at the State Level

State Level Coordination Mechanism is essential for policy initiatives and greater synergy between various programmes. A centrally sponsored Food and Nutrition Mission at State level could be the best option to address the problem of malnutrition in a mission mode.

4. Better Linkages between ICDS and Department of Elementary Education and Literacy

- "Balwarg" comprising of 3 to 6 year old children need preschool education as well as supplementary feeding and micronutrient supplements. Such children covered under 'Sarva Shiksha Abhiyan' should be provided quality preschool education and nutrition through convergence between MID Day Meal and ICDS as Education has a separate teacher for 'Balwarg'.
- The existing training institutions under Education like Block Resource Centres (BRCs), Cluster Resource Centres (CRCs) (for a group of villages in good middle school) and District Institute for Education and Training (DIET) should be utilized for training ICDS personnel too. One training centre could take care of two ICDS projects.
- Joint Committee of Education and ICDS should look after both programmes for better convergence.
- Nutrition Education should become an important service under ICDS.
- Syllabi of all formal and non-formal educational systems

should have basic nutrition information. The syllabi should be reviewed and nutrition content incorporated utilizing the expertise of FNB and NIN.

- School children can prove to be the best change agents. NIN has converted FAO publication "Feeding Minds, Fighting Hunger" publication to suit Indian system. The Indian module on "Feeding Minds, Fighting Hunger" should be incorporated in primary, secondary and senior secondary school curricula.

5. Effective positioning of infant and young child feeding in ICDS, RCH, NRHM etc.

- Optimal breast feeding i.e., early initiation, exclusive breast feeding for the first six months and continued breast feeding upto two years and beyond along with complementary feeding introduced at six months of age, was considered critical for child survival, development and health. Exclusive breast feeding for first six months and continued breast feeding for another six months along with adequate complementary feeding has shown to reduce infant mortality rate by 16% (Lancet 2003).
 - Priority to infant and young child feeding has to be reflected in national/state/local plan resources and goals.
 - Effective positioning of infant and young child feeding in ICDS, Reproductive and Child Health (RCH), National Rural Health Mission (NRHM) and others focusing on best possible start to life, survival, growth and development, maternity protection and family support is required.
 - Adopting / translating National Guidelines on Infant and Young Child Feeding, integrating these in the training curricula under ICDS, Reproductive and Child Health, Panchayati Raj Institution and Rural Development needs to be undertaken on priority.
 - ICDS monitoring to include indicators on early initiation of breast feeding, exclusive breast feeding for first six months, complementary feeding with home based foods from six months along with continued breast feeding up to two years or beyond.
 - Facts like breast feeding prevents obesity, it has economic value, exclusive breast feeding prevents HIV in infants, etc. need to be utilized in Behavioural Change Communication.
 - Reposition ICDS with a focus on under twos. Deliver Infant and Young Child Feeding (IYCF) counseling as a service in ICDS.
 - BPNI's network in States and Districts to be utilized for skill development training, capacity building and awareness generation on IYCF.
- #### 6. Promoting production of low cost processed and fortified complementary foods for infants and young children at District, Block and Village levels
- Production of low cost processed and fortified blended foods for ICDS beneficiaries utilizing Self Help Women Groups needs to be promoted at district and block levels.
 - Self Help Women Groups to be the owners of such production units (2 MT capacity/day) with one time financial assistance as has been done in Orissa.
 - Public Private partnership for reaching 'Sattu' like instant infant mixes at village shops should also be explored.

7. Addressing critical stages of life cycle adopting life cycle approach

- Focus on prenatal care and counseling, under threes, pregnant and lactating mothers and adolescent girls.
- Emphasis on early action and preventive approach is required.
- Joint Training and Supervision of ICDS and Health personnel for synergetic impact
- Joint training of ICDS and health personnel is essential.
- Using a common mother-child growth and development card by RCH and ICDS and an entitlement card for unreached population would be desirable.

8. Monitoring of performance under ICDS to be based on "Outcome indicators" and not "Process indicators" alone

- Monitoring of ICDS through Monthly/Quarterly Progress Reports to be based on "Outcome" indicators like improvement in nutritional status of the children rather than "process" indicators like receiving supplementary food, preschool education etc.

9. Ensuring 100 % weighing efficiency in ICDS

- Weighing efficiency was reported to be directly proportional to reduction in malnutrition levels.
- Universalisation of ICDS should also mean 100 % registration of all children under three years, all under threes to be weighed and all under three families to be provided with mother child card.
- Addressing micronutrient malnutrition in a holistic manner
- Micronutrient malnutrition control requires concerted action on all the five major strategies viz. Dietary Diversification, Supplementation, Food Fortification, Horticultural Interventions and Public Health Measures.
- Ensuring universal coverage under Iron and folic Acid supplementation programme and extending the anaemia control programme to cover infants and adolescent girls needs to be taken up on priority.
- ICDS workers could identify moderate and severe anaemia through pallor of mucosal membranes and take remedial measures.
- Importance of iodine in brain development to be emphasized in communication efforts.
- Vitamin A supplementation coverage should be universalised for children under 3 years and all efforts made to cover children up to 6 years. Household and community production and consumption of red, yellow and green coloured fruits and vegetables besides milk and eggs needs to be promoted.

10. Fortification of Foods

- Multipronged strategies with due focus on fortification is required for addressing micronutrient malnutrition.
- Micronutrient malnutrition has been effectively addressed through fortification in West and also in some South American and African countries. Fortified wheat flour in Darjeeling district of West Bengal demonstrated a significant reduction in anaemia (15.16 % in adolescent girls) in 18 months period.
- Supplementary foods for ICDS beneficiaries and Mid Day

Meals for primary school children should be fortified with essential micronutrients.

- Iodised salt and fortified supplementary foods should be made available to people through fair price shops.
- Fortification of cereals with iron and folic acid, salt with iron and iodine needs to be adopted on priority.

11. Vigorous Awareness Campaign on Nutrition

- The link between nutrition education and health needs to be emphasized. Awareness on consequences of malnutrition on physical and mental growth, school performance, productivity and economic growth needs to be generated.
- Nutrition education should address family as a whole and not just the women. Nutrition education should focus on communication for behavioural change.
- Advocacy and sensitisation of policy makers and Parliamentarians should be undertaken to create "Administrative" and "Political" will.
- Networking with professional institutions like Food and Nutrition departments of Home Science Colleges, Medical Colleges and NGOs was needed to extend the coverage under nutrition education.
- Electronic media to be involved in Advocacy and Behavioural Change Communication.
- All commercial advertisements need to be censored and celebrities need to dissociate themselves from the same.

12. Achieving Convergence between ICDS and RCH

- Observe Nutrition and Health days in AWCs to increase outreach coverage with focus on ANC, weightment, immunisation and micronutrient supplementation.
- Regular subcentre level meetings for better coordination between AWWs, ANMs and PRI functionaries.
- Continuous capacity building of AWWs and ANMs.

13. Nutrition Monitoring, Mapping and Surveillance

- The successful experiences of West Bengal and Orissa on reducing malnutrition through Nutrition Monitoring, Mapping and Surveillance need to be replicated in other States.
- Community based monitoring to be adopted and Social audit at the village level using social maps/para-maps done on a regular basis.
- Resources available with the ICDS could be utilized effectively for monitoring and data analysis.
- The Monitoring Procedure could be as under:
 - Data compilation at the Project level by CDPO.
 - District level compilation by the DPO
 - Electronic transmission and state level compilation at the Directorate.
 - Data analysis with various indicators
 - Nutritional and growth monitoring on the basis of these indicators and available resource maps.
 - Coordination Committees at State and District levels, monitoring Committees at Subdivision and Project levels and Village Level Committee at the AWC should be the Monitoring Infrastructure.



सत्यमेव जयते

NATIONAL CONSULTATION ON ICDS: UNIVERSALISATION WITH QUALITY



Organised by
Department of Women and Child Development
Ministry of Human Resource Development, Government of India
with UNICEF cooperation

OBJECTIVES

- To share the national policy initiative for "ICDS Universalisation with Quality" with a wide spectrum of stakeholders and partners.
- To discuss key issues in "Universalisation of ICDS with Quality", in accelerating reductions in Infant Mortality, malnutrition and enhancing early child development.
- To learn from best practices and programme implementation experiences - What works well and why.
- To collectively formulate an operational plan for "A New Generation ICDS" - focusing on improved young child survival, nutrition and development outcomes for children under three years.

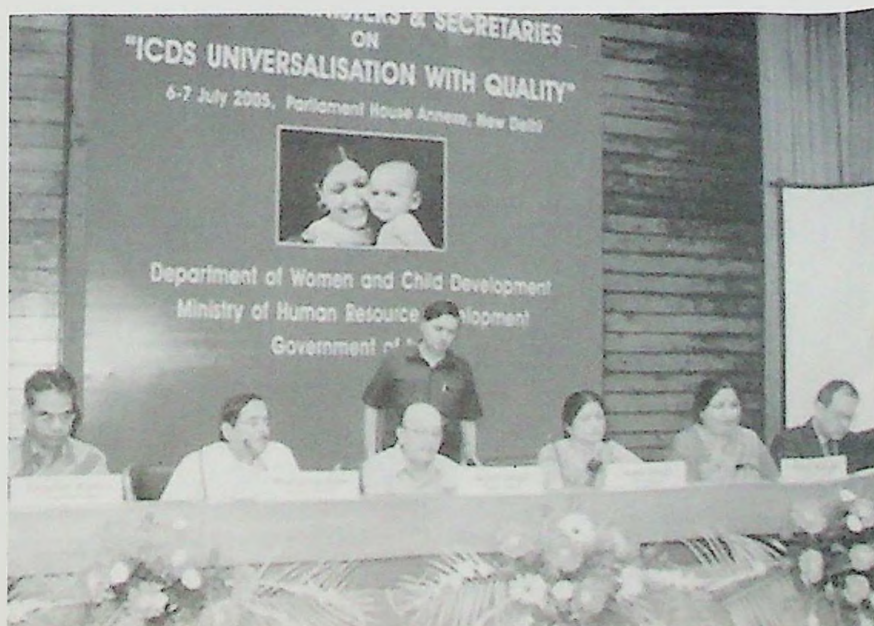
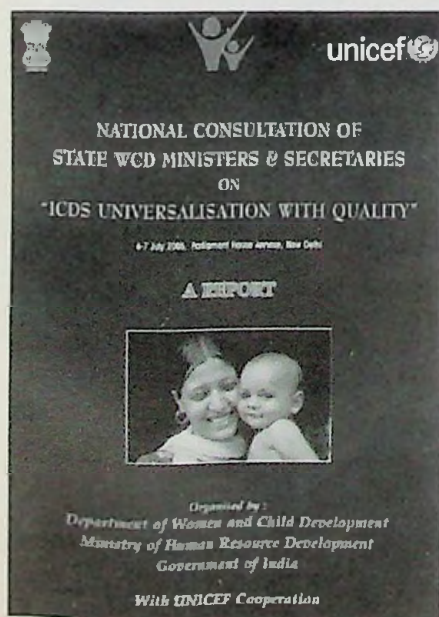
OUTCOMES

- A shared vision of "A New Generation ICDS" focusing on improved young child survival, growth and development outcomes for children under three years.
- A strengthened vibrant partnership (across sectors, partners) for integrated early child development supporting "ICDS Universalisation with Quality".
- An Operational Framework for moving forward, linked to other sectoral policy initiatives (such as National Rural Health Mission, RCH II, Sarva Shiksha Abhiyan, Total Sanitation Campaign).

PARTICIPANTS : A PROFILE

Around 150 participants : Representation from the following groups

- National and State DWCD Ministers, Secretaries, Policy makers, planners and officials from different sectors (WCD, Elementary Education, Health and Family Welfare, Biotechnology, Rural Development, Drinking Water Supply), Planning Commission.
- State DWCD Secretaries, Directors, State teams, including programme functionaries.
- Experts & Resource person drawn from renowned institutions.
- Planners from Commissions (NCW), Central Social Welfare Board, National Advisory Council, Child Councils, professional bodies (BPNI, ICCIDD, INCLEN, IAP, IMA).
- Planners from voluntary agencies and networks working on issues related to children and women, community based organisations, Panchayati Raj Institutions, women's groups and parent support group.
- National Training & Research Institutions - NCERT, NIPCCD, NIN, NIIHW, AIIMS & selected State Institutions.
- Development Partners Including - UNICEF, World Bank, CARE, WFR, WHO and others.



Status of Salt Iodisation: Efforts of Government of Bihar

By Dr. A. K. Tewary, State Programme Coordinator, State Nutrition Cell, Health Service, Govt. of Bihar
& Farhat Saiyed, Project Officer Child Development & Nutrition (CD & N), UNICEF, Bihar

As per the recent survey in Bihar the consumption of salt with adequate iodine is around 40%. Almost two-thirds of the households in Bihar are reported to consume salt with no iodine or low iodine.

After the preparation of the Plan of Action (PoA) for Elimination of IDD in Bihar, we initiated working towards building a system of government commitment, as there was very low interest or priority for IDD issues and that of iodized salt status.

We have brought together a State Level Task Force on IDD. This committee has representatives from State Departments of Health, Social Welfare, Secondary Education, Food and Civil Supplies, Salt Traders Association, Salt Department, ICCIDD and MI.

At the state level, the Chief Secretary was briefed on this issue and on his direction a high level meeting was conducted on 7 June under the Chairmanship of Development Commissioner in his Chamber. The meeting was called by the Development Commissioner to sensitize the Secretary, Secondary Education; Secretary Planning; Director Health and Integrated Child Development Scheme (ICDS) and Secretary Food and Civil Supplies, to discuss the situation with regard to IDD / USI in the state and share the Plan of Action and the Concept Note. The idea was also to ensure that each department committed to this cause issued directives to respective officers in the district. The purpose was also to ensure that all levels, the Sector heads coordinate with concerned partners and initiate necessary action to improve monitoring of salt, promoting sale of iodized salt by the retailers and at the same time convince families to purchase and use of iodized salt at household level.

This approach gained complete support and cooperation from the Secretaries in supplementing our efforts in 15 districts. These 15 districts are those which have salt unloading stations. Also the availability of funds made us prioritize our efforts in limited areas.

Thus, initiating a system of commitment from the government and concerned partners was the first step taken in this direction. In each of the 15 districts the District Magistrate (DM) formed a District Coordination Committee (DCC) comprising of district heads of all concerned partners and facilitated meetings to sensitize the issues of IDD / USI and get directions on moving ahead, with sensitization of block officials in about 193 blocks.

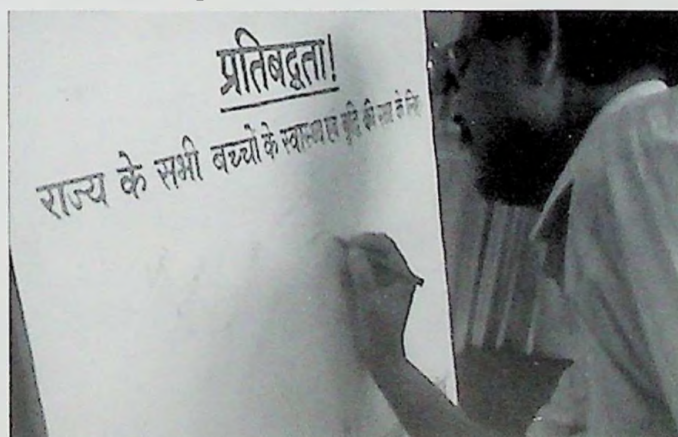
The DCC meeting has been completed in all districts. Only 11 blocks remain to be covered which will be completed by 8th of this month. The meeting was attended by the following:

- Civil Surgeon
- District Program Officer
- District Welfare Officer
- District Education Officer
- District Supply Officer
- District Transport Officer
- Representative from Police Department
- Food Inspectors
- Local Salt Traders

The Sector heads from Health, ICDS and Education further conducted orientation and planning meetings in the blocks.

A. The outcome of the meetings have been summarized as under:

1. A total of 577 DCC members have been enrolled in 15 districts.
2. As much as 2250 members at the district level from various sectors were sensitized on the IDD / USI.
3. A total of 193 block level meetings were conducted to sensitize 577 Medical Officers and about 30,000 field staff from Primary Health Centers (PHCs) and Anganwadi Clinics (AWCs). About 2,000 teachers are ready to take IDD activities in schools from the blocks.
4. A total of 22 key members of Salt Traders Association from 15 districts were motivated to indent for better quality iodized salt from Gujarat.
5. Directives re-issued to Integrated Child Development Scheme (ICDS) for using iodized salt in the supplementary food. Similarly for the schools to use Iodised Salt (IS) in khichadi cooked daily as a part of Mid Day Meal (MDM).
6. These directives were further forwarded to government institutions, jails, restaurants etc.
7. Some District Magistrates (DMs) wrote back to the Health Secretary to introduce iodised salt in the Public Distribution System (PDS) so as to reach the population in their district that was Below Poverty Line (BPL). This is one of the major points for our State Task Force meeting Agenda.
8. Finally, District Magistrates (DMs) look forward to the state to support their district in strengthening monitoring of salt quality at the unloading stations.



B. Social Mobilization:

Strong social mobilization by a team of 15 District Mobilizers who are coordinating with schools and AWCs to reach out to 200000 population each month. The aim is to spread knowledge on IDD and use of iodized salt through various activities.

C. Assessment of Laboratories that for testing Iodine in Salt:

State Nutrition Cell undertook assessment of the lab situation in all districts of the state. Govt. Of Bihar (GOB) is looking for funds within to improve the functioning of these labs through support in terms of materials such as chemicals, glass wares, or in manpower (technicians), their training, or infra structural upliftment of the labs etc.

Pamphlets Distributed By Bihar Salt Manufacturers Associations Depicting Promotion Of Iodised Salt

आयोडीन की कमी से उत्पन्न होने वाले रोग

गर्भवती महिलाएँ

- ✳ गर्भपात या मृत बच्चा पैदा होना
- ✳ गर्भस्थ बच्चे के शारीरिक विकास में रुकावट
- ✳ गुंगा-बहरा ✳ बौनाकद
- ✳ मानसिक विकृति का क्रेटिन बच्चा पैदा होना।

बच्चे

- ✳ मानसिक मंदता ✳ सांखने की क्षमता में कमी
- ✳ अवरुद्ध मानसिक विकास, ✳ अधूरा शारीरिक विकास
- ✳ गुंगापन एवं बधिरता ✳ लकवा मारना

व्यस्क

- ✳ स्फूर्ति में कमी ✳ जल्द थकावट महशूस करना
- ✳ कार्य उत्पादकता में कमी ✳ घेघा रोग

बचाव-प्राकृतिक, संतुलित आयोडीन-युक्त, भरोसेमंद



बाबा साल्ट

यह स्वाद ही नहीं स्वास्थ्य का भी मामला है।

उत्पादक- जयदीप साल्ट वर्क्स, बवानिया (गुजरात)

गुणवत्ता पुरस्कार विजेता

बिहार राज्य के शोच एवं सुखदा नमक विक्रेताओं से अपील

- ✳ आयोडीन की कमी से उत्पन्न होने वाले विभिन्न रोगों यथा : पेया, गुंगापन, बहरापन, मंदबुद्धि, विकलांगता आदि की रोकथाम एवं गर्भवती स्त्रियों के स्वास्थ्य तथा हेतु आयोडीन युक्त नमक का सेवन जन स्वास्थ्य के लिये लाभकार है। जिसमें आपकी महत्वपूर्ण भूमिका है।
- ✳ आपके द्वारा बेचे जाने वाला छाछ नमक स्वतः ही नही स्वास्थ्य में भी संवेधित है।
- ✳ सदैव गुणवत्तापूर्ण, शिवसनीय आयोडीन युक्त नमक की विक्री करें।
- ✳ आयोडीन युक्त नमक को पुष्ट एवं नयी से बचाव तथा अछाछ वस्तुओं के साथ इमका भंडारण न करें।
- ✳ आयोडीन युक्त नमक के नाप पर निम्नस्तराव (पट्टिया क्रिम्प) कम वजन के अमानक (Sub-Standard) नमक की विक्री किसानों प्रलोभन/दबाव में न करें, वह अमानवीय ही नही छाछ अपवित्रण अपवित्रण तथा माप तौल अपवित्रण के अन्तर्गत दण्डनीय अपराध भी है।
- ✳ अभिव्यक्तरीय / सदिध नमक की विक्री के लोक-पाय हेतु स्थानीय प्रशासनिक पदाधिकारी / मुख्य निरीक्षक पदाधिकारी / छाछ निरीक्षक / यूनीसेफ, बिहार / स्वास्थ्य विभाग (पोषाहार कोषांग) बिहार सरकार, पटना या बिहार राज्य आयोड्डाण्ड नमक आगुर्तिकर्ता संध, पटना को सूचित करें, जिससे जन स्वास्थ्य के साथ कूट बढाक करने वालों पर अंकुश लगायी जा सके।
- ✳ यूनीसेफ / भारत सरकार / बिहार सरकार द्वारा उषांगता स्तर पर छाछ नमक में आयोडीन की औच करने तथा व्यापक प्रचार-प्रसार की व्यवस्था की जा रही है, उपभोक्ता स्तर पर न्यूनतम 15PPM आयोडीन की मात्रा अनिवार्य है। इससे आवश्यकतानुसार आप भी सहयोग करें।
- ✳ गुणवत्ता सुधार हेतु आपन बहुपुन्य सुझाव महत्वपूर्ण है।
- ✳ लोकहितकारी राष्ट्रीय कार्यक्रम में अपनी सहभागिता द्वारा मानवता की रक्षा कर व्यवसायीक क्षेत्र को गौरव प्रदान करें।

English Translation

Diseases Caused By Deficiency Of Iodine:

Pregnant Women

- Abortion or still birth
- Retarded growth & development of the Fetus
- Dumb Deaf
- Stunted growth
- Birth of mentally retarded child/cretin

Children

- Impaired mental function
- Difficulty in learning
- Impaired mental growth
- Impaired physical growth
- Deaf & Dumb

Adult

- Low energy
- Fatigue
- Low work progress
- Goitre

Prevention: Use of adequately iodized salt

"The issue is not just the taste only, but the health also"

Baba Salt, Manufacturer Jaydeep Salt Works, Bowania, (Gujarat)

An Appeal To Wholesalers And Retailers Of Salt In Bihar

- The use of iodised salt for human consumption is necessary for healthy pregnancy and to prevent diseases caused due to deficiency of iodine like: Goitre, Deaf-Mutism, Mental retardation etc.

You play an important role in it.

- The salt that you sell should not only be tasty but also be healthy.
- Always sell good quality and adequately iodised salt.
- Always store iodised salt away from heat and humidity and do not store along with other food products.
- Do not sell sub standard, inadequately iodised salt under any influence or pressure. It is not only inhuman but also a punishable act under Prevention of Food and Adulteration Act and Weight & Measures Act.
- Please report about sale of substandard salt to local administrative officer/Chief Medical officer/ Food Inspector/ UNICEF, Bihar/ Health Deptt., Bihar Govt, Patna or Bihar State Iodised Salt Manufacturers Association, so that the responsible persons who are playing with the health of common people can be booked.
- UNICEF/ Govt. of India/ Govt. of Bihar is organizing testing for the content of iodine in salt. It is mandatory that at the consumer level the iodine content should be at least 15 PPM.
- Your valuable suggestions are important for Quality Assurance and Quality Control.
- Please contribute your efforts towards National Program for the benefit of the people.

Funded And Printed For The Benefit of People By Rajkumar Mishra, General Secretary, Bihar State Iodised Salt Manufacturers Association, Patna

State Task Force Meeting on Elimination of IDD in Bihar

Bihar is moving ahead to address various issues related to IDD and USI so as to increase the sale, purchase and consumption of adequately iodised salt in 15 districts of the state. As a member of the State Task Force (STF) for IDD in Bihar, the Regional Coordinator ICCIDD, South Asia, Dr. Chandrakant S Pandav was invited to participate in the First meeting of STF on 4th October 2005 at Patna, Bihar. Dr. Pandav made a presentation on "An Overview of the Emerging Challenges in the Elimination of IDD in India".

The meeting was attended by Mr. Deepak Kumar, Secretary Health & Family Welfare, Bihar, Mr. Bijaya Rajbhandari, State Representative UNICEF Bihar, Dr. Farhat Sayed, UNICEF Patna, Dr. A. K. Tiwary, SPO, IDD State Nutrition Cell, Dr. (Capt.) S.N. Singh Director-in-Chief cum Director State Nutrition Cell, Bihar



Shri Arjun Singh
Minister of Human
Resource Development

NATIONAL NUTRITION WEEK 1-7 SEPTEMBER 2005



Smt. Kanti Singh
Minister of State for Women
& Child Development

Micronutrient Deficiencies: A Drain on Indian Economy

**Vitamins and Minerals, also known
as Micronutrients, are vital for human beings.**

Consequences of Deficiencies

Vitamin A Deficiency

- * Poor Growth of children.
- * Increased morbidity due to Diarrhoeal diseases and Respiratory infections.
- * Increased mortality due to measles
- * Increased risk of degenerative diseases and cancer.

Folic Acid (Vitamin) Deficiency

- * Neural Tube Defects (birth defects) in new borns.
- * Anaemia in children and pregnant women.

Iron Deficiency Anaemia

- * Reduced physical work capacity. (Low Productivity)
- * Impaired Cognitive Functions and Brain Metabolism (Poor Learning Ability)
- * Reduced Immunocompetence (Increased morbidities)
- * Adverse Pregnancy Outcomes (Maternal Deaths) (Low Birth Weight) (Obstetrical Risks)

Iodine Deficiency

- * Abortions, Stillbirths, Congenital anomalies, Increased Perinatal Mortality, Squint, Deaf Mutism, Brain Damage, Dwarfism.
- * Loss of 10-15 IQ pts
- * Impaired Mental function, Retarded Physical Development, Goitre.

Food Sources

- * Whole milk, curd, egg yolk, liver, butter, ghee.
- * Green, orange and red coloured fruits and vegetables.

- * All foliage-dark green leafy vegetables.

- * Whole grain cereals, sprouted pulses, dates, nuts and oilseeds, green leafy vegetable, red meat, liver etc



- * Iodized salt, double fortified salt (iron and iodine)
- * Sea foods.

**HEALTH EATING - HEALTH PEOPLE
FOR
BETTER PRODUCTIVITY AND ECONOMIC GROWTH**



Food and Nutrition Board
Department of Women and Child Development
Ministry of Human Resource Development
Government of India



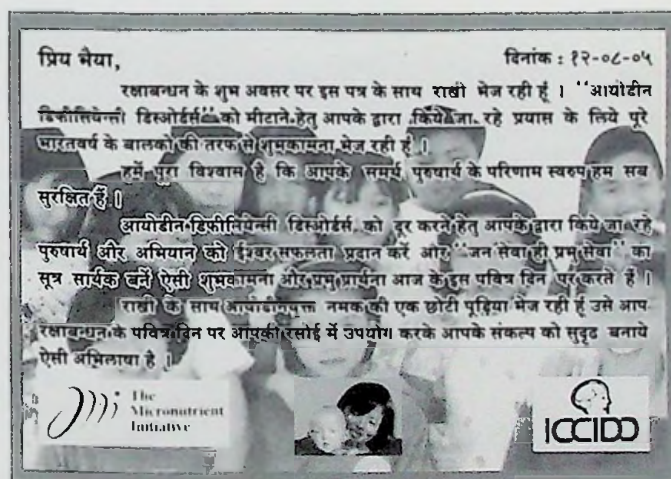
dayp 2005/492

Advt. Brought out by Deptt. of Women & Child on National Nutrition week from 1 - 7 Sept. 2005. It was a 3 quarter page advertisement covering 143 newspapers all over the country in all the languages. Expenditure incurred was Rs. 37,50,000/- (3.75 Millions)

Awareness campaign - Rakhi with a packet of iodised salt

Welcoming the central government's decision to ban the sale of non-iodised salt, ICCIDD, in coordination with several NGOs across the states and with the help of Mr. Dinesh Thacker, ICCIDD, Extender, Gujarat distributed Rakhi with a packet of iodised salt.

It was a novel concept incorporated by Indian Coalition for Controlling Iodine Deficiency Disorders (ICCIDD), for creating awareness among rural population on the benefits of iodised salt. With Rakshabandhan as a backdrop for its campaign, the organization felt that it may be able to reach the masses. This was taken very well among the people and it helped them to understand that only iodised salt should be consumed.



English translation of the message

Dear Brother,

Dated: 12-08-2005

On the occasion of Rakshabandhan, I am enclosing a "Rakhi" along with this letter. For your efforts towards eradication of Iodine Deficiency Disorders, I am sending you the wishes of the children of the whole India.

It is our belief that in result of your good work we all are safe.

May God bless your humanitarian efforts & this program for eradication of Iodine Deficiency Disorders. We wholeheartedly wish the slogan "Human Service is the service to the God" may come true, & pray to God on this Holy Day.

Along with Rakhi, I am also enclosing one small packet of iodised salt on this auspicious day of Rakshabandhan. Please use this in your kitchen & make your promise sturdier.

In Tamil Nadu, Consumers want their children to be healthy and intelligent

FEDCOT is the Federation of Consumer Organisations in Tamilnadu. In collaboration with UNICEF, it started a campaign in Tamil Nadu in 2004. Its objectives were to:

1. Create awareness about Iodine Deficiency Disorders (IDDs).
2. Eradicate IDDs from Tamilnadu.
3. Make the people of Tamil Nadu demand only iodised salt for human consumption.
4. Educate salt retailers to sell only iodised salt for human consumption.

FEDCOT launched the eradication of IDD programmes in 10 selected districts of Tamil Nadu from September 2004 to 25th March, 2005. The Salt Department, Government of India and the Government of Tamil Nadu simultaneously supported this programme. The programme has been launched to cover all the districts in Tamil Nadu in three phases.



Fedcot's Most Potent Weapon Awareness Creation.

People - consumers, traders and manufacturers - were made aware of the ill effects of iodine deficiency. Awareness creation was achieved through:

1. Motivating traders selling common salt for direct consumption at the district level.
2. Motivating manufacturers to commit to producing only iodised salt for human consumption.
3. Simultaneously creating awareness among the general public, especially women and students, through personal involvement.

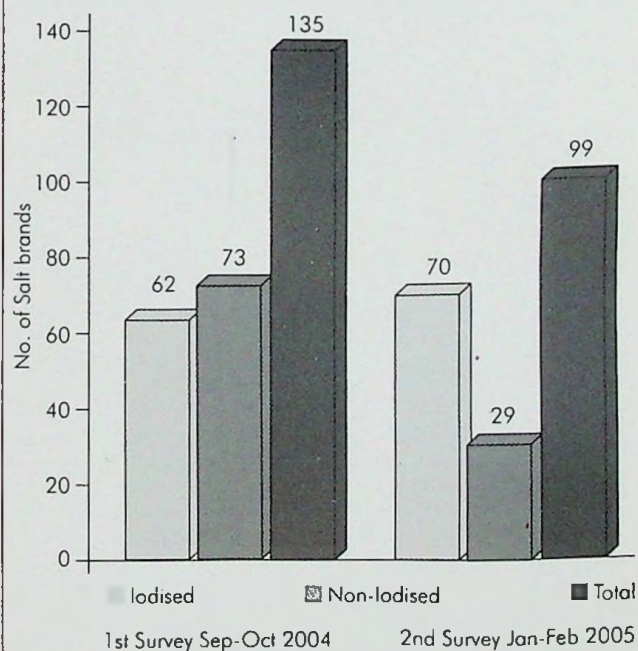
Awareness Campaign in Schools and Self Help Groups

- 892 schools visited and 4,698 teachers motivated
- Over 30,000 salt samples brought by students tested for iodine.
- 1,453 Self Help Groups covered and 29,796 women motivated.
- 40% increase in turnover in Tamil Nadu Salt Corporation's sale of iodised salt.
- Surveys and motivational Campaign covered extensively by press with wide media publicity.

Awareness Creation

- 6 District Workshops: 78 Salt Manufacturers/Traders, Health Workers, Panchayat and Municipal Leaders participated.
- District Level Training Programme for Consumer Activists in 10 Districts.
- Surveys Conducted: 11,472 shops were visited by their activists and samples tested.

Survey result showing increase in
Iodine Salt brands in Tamil Nadu



Mr. Peer Mohammed is a member of FEDCOT in Tamil Nadu. He was instrumental in mobilizing consumer groups in that state.



Due to the dedicated efforts of these consumer groups, almost 90% of the salt used for human consumption in the state today is iodised. Such a figure is remarkable, especially before any official ban on the sale of non-iodised salt.

"Iodised salt is part of your consumer right to good health. If we can increase the demand for it, so can you".
- Mr. Peer Mohammed

- Iodine is not expensive!
- It cost only 10 paise per person, each year.
- Large companies and MNC's do not monopolise the production of iodised salt.
- Salt production in India is in the hands of national companies and small and medium-scale producers are playing a significant role.
- 63% of households in Nepal consume iodised salt.
- 77% in Vietnam & and 95% in Bhutan!
- Less than 50% of households in India consume iodised salt.



- We must all exercise our right to iodised salt. We can make a difference to the well-being and development of our communities.
- Daily consumption of iodised salt is a Healthy Habit.
- As a consumer, you have the right to healthful products. You have the right to demand iodised salt.

- The success of FEDCOT is an example.
- It can be replicated in Gujarat, Rajasthan, Maharashtra... Bihar, UP, MP... In your state too.
- Let's make this endeavour a nationwide success. Join the VOICE initiative.



CONSUMER VOICE
www.core.nic.in
www.consumer-voice.org
National Consumer Helpline
1600-11-4000 (toll free)
Post Box No. 3306,
New Delhi - 110014, India



चतुर्थ राष्ट्रीय अधिवेशन, नई दिल्ली 2005
गुणवत्तीय वस्तुओं और सेवाओं के प्रति उपभोक्ताओं को अधिकृत करना



उपभोक्ता होने के नाते, आपके आठ अधिकार हैं

सुझाव का अधिकार
सूचना का अधिकार
सुरक्षा का अधिकार
वस्तु विकल्प का अधिकार
व्यापक समीक्षण का अधिकार
उपभोक्ता शिक्षण का अधिकार
विकासात्मक विकास का अधिकार
नृसंगत उपभोक्ताओं का अधिकार

अपने अधिकार मांगें

गुणवत्तीय वस्तुओं और सेवाओं का प्रयोग करें

आप अपने धन की कीमत वसूलने के लिए अधिकृत हैं
आप अपने अधिकारों को मांगिए अधिकार से

विकासात्मक करें, सुझाव दें और सुझाव मांग करने के लिए सम्पर्क करें

Core centre
www.core.nic.in

राष्ट्रीय उपभोक्ता हेल्पलाइन फोन : 1600-11-4000 (टॉल फ्री)
पोस्ट बॉक्स नं. 3306, नई दिल्ली - 110014, भारत



क्वालिटी काउंसिल ऑफ इंडिया (क्यू सी आई) द्वारा अनुमोदित www.qcin.org

ICCIDD Press Conference:

"Declare unequivocal support to the proposed non-iodised salt ban"

A press briefing was organized by ICCIDD on 9th August 2005 at Hotel Samrat, New Delhi. The briefing was co-ordinated by Accord to sensitise the media on the importance of iodisation of salt and the Govt. of India's decision to reinstate the ban on production of non-iodised salt meant for human consumption.

Media attendance was overwhelming. A total of 26 persons from the print media were in attendance, while 10 persons attended from the electronic media which included 3 from Aaj Tak, 4 from CNBC and 3 from DD.*

Dr. Chandrakant S. Pandav briefed the media on the necessity for universal salt iodisation and cleared the apprehensions regarding salt iodisation. CNBC Awaaz subsequently carried a news clip on 09-August-05. The print media covered the event in various news dailies between 10th to 18th August 05. Some of the publications which covered the event are, Dainik Tribune, New Delhi, Rajasthan Patrika, New Dehi, Amar Ujala, New Delhi, Dainik Jagaran, New Delhi, Rashtriya Sahara, New Delhi, Jansatta, New Delhi, Navbharat Times, New Delhi, Dainik Tribune, New Delhi, The Indian Express, New Delhi, Hindustan, New Delhi.



The Press Release

Top scientists and doctors at AIIMS declare unequivocal support to the proposed non-iodised salt ban

"Consider iodised salt as a vaccine that costs 10 paise per person per year and protects against the single largest cause of brain damage among children in India"

New Delhi, August 9, 2005: Top scientists and doctors at the All India Institute of Medical Sciences (AIIMS), under the aegis of the Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD), today declared their support to the Government's proposed ban on the sale of non-iodised salt. The scientists also addressed some of the misgivings that have arisen around the Government's decision due to inadequate information and appreciation of ground realities in India.

While the need for salt iodisation is relatively well understood, many do not appreciate the gravity of the situation when it comes to iodine deficiency disorders. Goiter and Cretinism are the only evidently visible disorders that result from deficiency of iodine in the diet; they, however, are not the most alarming. "Iodine Deficiency is the single largest cause of mental retardation in India. Unfortunately, mental retardation is not immediately associated

with iodine deficiency, which makes the situation so alarming," said Dr. Chandrakant S. Pandav, Prof. and Head of the Department, Community Medicine, AIIMS, who lead the AIIMS team in a media briefing today. "Goiter and Cretinism are only the visible tips of the iceberg. Iodine deficiency is destroying the brains of our children, and this is going unnoticed" he added. Dr. Pandav is also the Regional Coordinator ICCIDD and is one of the authorities on iodine deficiency disorders in the country.

Against consequences of iodine deficiency as dire as physical stunting in children, mental retardation, hearing loss, goiters, hypothyroidism and speech impediments, the arguments being raised against the proposed ban are unfortunately based on incorrect informational and defy all evidence on record.

"The cost to iodise the entire amount of salt a person consumes in one full year is a mere 10 paise. The cost if we don't ensure consumption of adequately iodised salt will be mentally retarded and physically stunted children. What's worse is that the damage will be more widespread among the poorer sections of the society where diets as such are deficient and it is rather unlikely that iodine deficiency will be made up from other diet components", said Dr. M.G. Karmarkar, President, ICCIDD and Former Prof. Laboratory Medicine, AIIMS. In a recently published paper by the Centre for Community Medicine, AIIMS, it has been shown that only 36 per cent of the poor segment of the population consume adequately iodised salt. In the same paper, the figures for medium and high socio-economic status groups are 50% and 70% respectively.

Not only is salt iodisation inexpensive, not a single small-scale manufacturer was affected during the previous ban in 1997. Infact, for many of the smallest producers, business actually increased. These are facts and are available on record.

Unfortunately, many of those opposing the ban are mistakenly equating iodised salt to the premium packaged and branded salt available in groceries and supermarkets. This comparison is then being used to raise issue on the ban making salt expensive and out of reach of the common person. Nothing could be farther from the truth.

"70% of the iodised salt sold in India is and will continue to be of the loose iodised salt variety. The cheapest, unbranded loose iodised



Demonstration of testing of salt for presence of iodine using Salt Testing Kit developed by ICCIDD

salt sells between Rs. 1.50 Rs. 2.50 per kg. The differences in price between loose non-iodised and loose iodised salt will be negligible." Said Dr. Pandav

There is no single argument against the upcoming ban that stands up to reason, logic and evidence.

The need of the hour, say experts in Community Medicine, is for the Government, medical institutions, the civil society and particularly the producers to join hands and make this historic decision that will safeguard the future of our young children. India's greatest strength is the intellectual capital vested in the young and energetic minds of its youth. Every effort must be made to ensure it.

What is the iodine status in India?

Iodine deficiency is a problem of public health importance in India and no state/UT is totally free from iodine deficiency. Out of the 312 Districts surveyed by the Ministry of Health and Family Welfare (MOHFW) Government of India, 254 were found to be endemic for iodine deficiency.

The prevalence of IDD is not confined to the sub-Himalayan region, as it was earlier believed. The survey shows that the malaise exists all over the country.

In India, salt is iodized to a level of 30 ppm (parts per million, i.e. 30 mg of iodine per 1 kg of salt) at the manufacturing stage, allowing for up to 50 per cent loss during transit, storage and distribution.

According to the National Family and Health Survey-II, around 70 per cent of India's population consumes salt with some amount of iodine. But only 49 per cent uses adequately iodised salt. However, this figure fell to 37 per cent after the lifting of the ban on the sale of non-iodized salt. Further, great variations also exist in the consumption of iodised salt, across socio-economic and urban-rural divide. The consumption of adequately iodised salt is significantly low among the rural masses, the economically backward classes and the members of the scheduled castes and tribes.



Though over the past decade the government has taken various initiatives, there still remains an alarming gap between the national requirement of iodised salt and the actual production. With 890 iodisation plants in Gujarat, Rajasthan, Tamil Nadu, Orissa, West Bengal, Assam and Andhra Pradesh, the nations total installed capacity for manufacturing iodised salt stands at 12 million tons per year that is far in excess of the annual requirement in India. The under utilised capacity could be directed towards the export market after meeting the domestic needs.

The current production figures indicate that the larger refineries produced only 1.3 million tons, where as about 3.8 million tons is manufactured by the small and medium salt producers. This is against the annual requirement of 5.2 million tons. However, in 2002 only 4.2 million tons of iodised salt was manufactured and a year later, in 2003, this figure fell to 4.1 million tons. The data shows that not only a big role in production of iodised salt is played by the middle and small-scale manufacturers but also the requirements of the country are not being met, in spite of the production capacity.

Among the states producing salt, Gujarat accounts for about 71 per cent, Tamil Nadu 16 per cent, Rajasthan 9 per cent and others share the balance 4 per cent.

Health comes with adash of iodised salt

ONE of the long pending demands by doctors and others interested in the welfare of children has been finally met. The Central Government intends to impose the ban on the sale of non-iodised salt effective August 15.

It may be recalled that the then Central Government had revoked the ban in 2000, the target year set by the World Health Organisation (WHO) to eliminate iodine deficiency as a public health problem, around the world.

What is the first place where iodine is important that in regulation like the WHO has taken up the issue? Iodine is a micronutrient like vitamin A and iron. Iodine that comes from natural food is used by the thyroid gland to produce thyroid hormones. These hormones in turn are essential for normal growth and development of the brain and body.

Deficiency in iodine in daily food intake leads to a host of problems, such as stunted growth, goitre, mental retardation, cretinism, deafness and dumbness, to name a few. These are collectively called the iodine deficiency disorders (IDD).

Children highly vulnerable

Since brain development and physical growth are at a maximum during childhood, any deficiency in iodine level has a direct impact on children. The daily requirement of iodine does not start after the baby is born but much before.

Even as a foetus, any deficiency in iodine can affect its mental brain development and body growth. Hence it is imperative for pregnant women and lactating mothers to have iodised salt and ensure that they transfer sufficient iodine to their foetus.

The first three years of a child, right after conception, are very critical for the child's brain development.

- Deficiency of iodine intake through food exists
- Iodine deficiency leads to goitre, mental retardation and stunted growth
- Daily intake of adequately iodised salt is must for children, pregnant women and lactating mothers
- Iodised salt should be stored in air-tight containers

segregation. Any deficiency in iodine level during this period will result in irreversible damage.

Even as adults require only 15 mg of iodine daily. Pregnant women and lactating mothers need more (20 mg). This works out to just a teaspoon of iodine for a person over a 20-year period. Unfortunately, the body has no mechanism to store iodine or to take it up once it is down to a daily critical level.

Daily intake imperative

This is where the daily intake of iodine gets special significance. Though daily iodine requirements can be met by eating normal food items, the salt in many regions either lacks iodine or is completely devoid of it. The crops grown in such soils are deficient in iodine.

Adequate consumption

However, the number of households that consumed adequately iodised salt from their 15 mg daily requirement of iodine was only about 50 per cent. Similar trends were seen in other States where such studies were undertaken.

Consumption of adequately iodised salt is important to keep IDD at bay.

There are many reasons why households consume inadequately iodised salt. They are not sufficiently iodised by the manufacturers, some of the most important factors.

Some losses occur when salt is in transit, some when it is transported and stored. Some losses occur when it is transported and stored. Some losses occur when it is transported and stored.

consumption of iodised salt is lower than required. Studies undertaken in several States have shown that the consumption of iodised salt has dropped to varying levels since 2000.

Though the Central Government abolished the ban, all State governments, except Gujarat and Kerala, came up with their own legislations to ban the sale of non-iodised salt. While Gujarat was quick to follow the Central Government's footsteps in revoking the ban, Kerala never imposed the ban.

The implications are there for all to see — a study undertaken in Kerala recently has revealed that iodine deficiency disorders are prevalent in 14 of the 14 districts surveyed. Goitre prevalence rate is nearly 17 per cent. This despite the fact that the consumption of fish, which is rich in iodine, is high in the State.

But even in a State like Tamil Nadu, where a ban on non-iodised salt exists, the prevalence of IDD has increased. Nearly 13 per cent of the 1200 children studied were suffering from goitre.

The most important revelation was that though Kerala had no ban in place, almost 100 per cent of households consumed iodised salt.



SALT SOLUTION: Salt is an old while the iodine fortification as it is cheap and is one of the items that is universally consumed. PHOTO: S. THAKUR

properly transported and stored. Some losses occur when it is transported and stored. Some losses occur when it is transported and stored.

Studies have shown that many households add more than 15 mg of iodine per kg of salt was only about 50 per cent. Similar trends were seen in other States where such studies were undertaken.

Some losses occur when salt is in transit, some when it is transported and stored. Some losses occur when it is transported and stored.

that has withstood several generations of iodised salt is the price.

The price of iodised salt is nearly double that of ordinary salt. And consumers are not willing to pay the extra money for iodised salt. And they pay a huge price for it.

Lack of awareness

The unwillingness to pay the extra money for iodised salt has been a major reason for the low consumption of iodised salt. And consumers are not willing to pay the extra money for iodised salt. And they pay a huge price for it.

The WHO estimates that though people are aware of the importance of iodine, they are not willing to pay the extra money for iodised salt. And consumers are not willing to pay the extra money for iodised salt. And they pay a huge price for it.

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Building a reaction and ensuring that the price is not too high is the challenge. The WHO estimates that though people are aware of the importance of iodine, they are not willing to pay the extra money for iodised salt. And consumers are not willing to pay the extra money for iodised salt. And they pay a huge price for it.

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Discussions with known opponents of the ban on non-iodised salt at Trivandrum, Kerala

The decision of Government of India to re-introduce the ban on sale of non-iodised salt for direct human consumption, although welcomed by many, has few opposing it. The opposition comes principally by groups of Gandhians, Sarvodya Leaders, Swadeshi Jagran Manch and few salt industry lobbies. The objections raised vary from group to group, but some of the main reasons quoted are: the policy of salt iodisation marginalizes small producers, it is a ploy to provide entry into the salt trade to the MNCs, salt iodisation is not needed in India, etc. All these are factually wrong and arise largely due to lack of correct information. Therefore there is a good chance of winning over many of those opposing the ban, by providing them with correct information and allaying their fears.

In the year 2000, when the Government of India (GOI) revoked the central ban, it was largely because of pressure from few activist groups and salt industry lobby.

Opposition to the ban is likely to arise from the same quarters and therefore, it was decided in a meeting with interagency partners, that every effort should be made to contact the known resistance points/groups and provide them with right information and try to convince them of the need for salt iodisation. It was also decided that we should work to organize support groups, comprising of important stakeholders in every region in the country who could serve as resource persons to dialogue with those who oppose the ban.

As a part of the strategy, the ICCIDD had organized a meeting in Trivandrum. The meeting was attended by Prof. MG Karmarkar and Dr R Sankar. The purpose was to meet with known opponents of the ban on non-iodised salt and discuss with them and to meet with government officials, academicians and office bearers of Indian Medical Association (IMA), Kerala to enlist their support for the ban.

Meeting with Dr Raja Mohanan:

Dr Raja Mohanan, is a senior pediatrician, epidemiologist and is a highly respected scientist in Kerala. He was the anchor person for the IDD evaluation done in Kerala. He has access to bureaucrats, politicians and civil society. He was kind enough to spend few hours with us on 26th May 05 and arranged several meetings with key persons. Important points that emerged from our meeting with him were:

- Form a coalition of local key stakeholders and support them to sensitize the consumers, programme managers and others.
- UNICEF and IMA partnership did a remarkably good work in Kerala in educating the people on the need to have iodised salt and his recommendation was to continue with the partnership.
- Work closely with the Department of Community Medicine, Medical College Trivandrum, as the government looks up to this department for public health policy decisions.

Meeting with Health Action for People:

- The meeting was almost on the same lines as with Kerala Sahitya Science Parishad (KSSP).
- One major achievement of this meeting is that they have assured us that they will support salt iodisation, provided, we make it explicit that salt iodisation does not require refined salt

and the crystal non-refined salt is efficient in eliminating iodine deficiency.

- They were also provided information that salt iodisation has not marginalized the small producers. Their share in the area of land worked for salt production and quantity of salt produced have remained more or less the same in the last two decades.

Meeting with Dr Ambi, Professor Emeritus, Amrita Institute of Medical Sciences, Kochi:

Dr Ambi is a senior professional and is highly regarded and respected in the medical community and in the social sectors. He is a multifaceted personality and is very active in the Malayalam Theater and Television. Prof. MG Karmarkar and Dr Ambi are friends for last 43 years and that helped very much.

Main points that emerged from the meeting:

- Dr Ambi was appraised that there is likely to be objection from some quarters in Kerala for the GoI's decision to reimpose the ban on sale of non-iodised salt. He is fully aware of the groups, individuals who are opposed to the ban. He briefed us on this and helped us understand the dynamics involved.
- He agreed to commit his time and serve as an Ambassador for disseminating facts and figures to government officials and opinion leaders and work towards improving iodised salt coverage in Kerala.
- He has assured that he will make his best effort to engage those opposed to the ban and provide them with scientific information on why it is necessary to enact and implement the legislation in the interest of children and women.
- He advised that UNICEF/ICCIDD should help in forming a local coalition of stakeholders to serve as local resource persons to nullify the resistance that is likely to pop up from time to time.
- He helped in getting appointment with some of the known opponents of salt iodisation, like members of the Kerala Sahitya Science Parishad (KSSP).

Meeting in Women and Children hospital, Trivandrum:

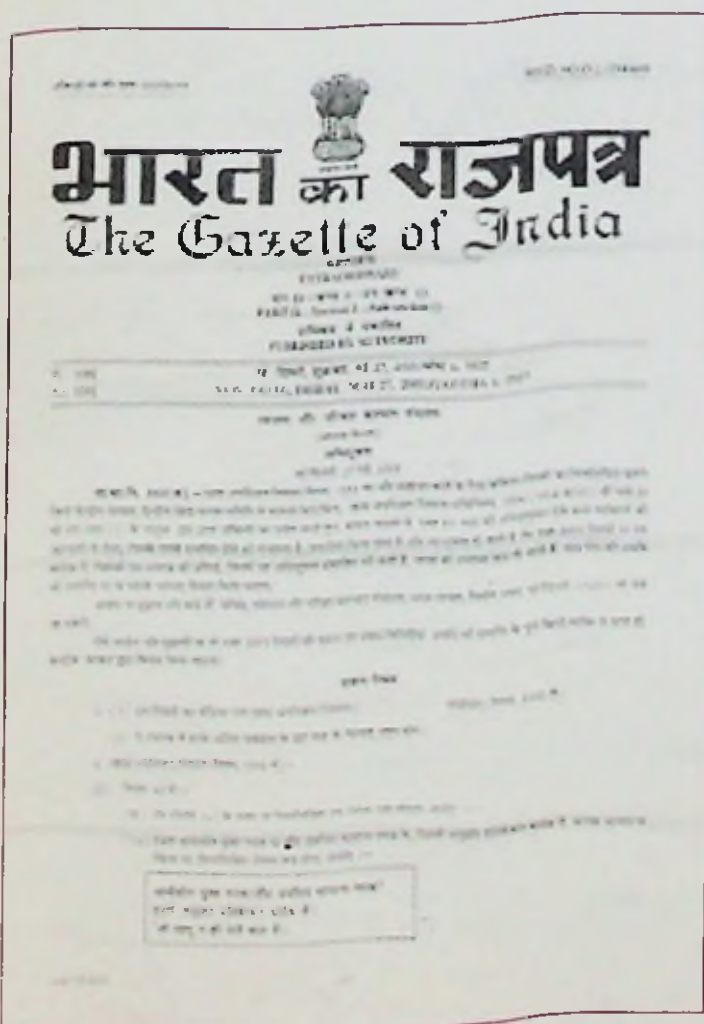
- Participants in the meeting were extremely supportive of salt iodisation and the legislation to ban the sale of non-iodised salt. They are ready to help in every possible way. Their main suggestions are:
- Form a coalition of stakeholders. The Department of Community Medicine should take the lead. UNICEF could support this coalition.
- IMA Kerala will continue with their efforts to sensitize.
- Dr Mohan Nair will take the lead and write in the local press and also in the IMA news letter on IDD and the need for iodised salt.
- To assist in setting up laboratories for monitoring iodised salt programme.

Meeting with KSSP:

- After a difficult meeting, it was managed to get an assurance from this group, that they will not oppose salt iodisation.

Sates providing access of Iodised Salt to Below Poverty Line (BPL) population under Public Distribution System

States	Distribution System	Rs./kg	Type of Salt
Andhra Pradesh	Through PDS	2.00/kg	Ordinary Salt
		4.00-4.50/kg	Refined Salt
Arunachal Pradesh	Through PDS	0.75/kg	-
Assam	Through PDS	2.80/kg	Unpacked Salt
		4.00/kg	Poly Pack
Chattisgarh	Through PDS	0.25/kg	-
Delhi	Through PDS	5.50/kg	Refined Salt
Gujarat	Through PDS	0.50/kg	-
Himachal Pradesh	Through PDS	5.50/kg	Refined Salt
Haryana	Through PDS	3.50/kg	-
Jharkhand	Through PDS	0.25/kg	-
Karnataka	Through PDS	3.00/kg	-
Orissa	Through PDS	1.80/kg	Loose Salt
		3.80/kg	Poly Pack
Rajasthan	Through PDS	1.00/kg	-
Sikkim	Through PDS	2.90/kg	Crushed Loose Salt
Tripura	Through PDS	3.50/kg	Poly Pack
Tamil Nadu	Through PDS	2.50/kg	-



HTNATION

New Delhi, Thursday, June 16, 2005

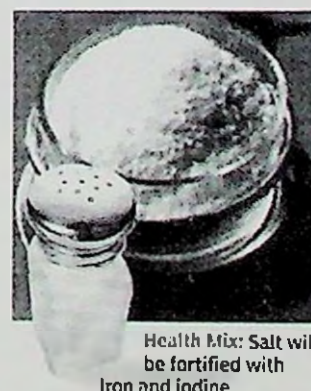
A pinch of health salt

SANCHITA Sharma
New Delhi, June 15

NOW YOU won't need to buy your salt with a pinch of it. It will come doubly fortified with iron and iodine soon.

"Iodising salt will become mandatory from August 15. The government is bringing in legislation for double fortification of salt with iron and iodine, which will be commercially produced in a couple of months," said health minister Anbumani Ramadoss at UNICEF's Reproductive and Child Health strategy review meet.

Iron-deficiency anaemia affects 70 per cent children and 75 per cent pregnant women in the country, and fortifying salt and food with iron – especially for babies, children, pregnant women and the elderly – will help meet this deficiency. "Initially, doubly fortifying salt had stability problems but the National Institute of Nutrition, Hyderabad, has overcome that and made it stable, paying the



Health Mix: Salt will be fortified with iron and iodine

Deadline: Non-iodised salt will be banned from August 15

way for its commercial fortification," said Ramadoss.

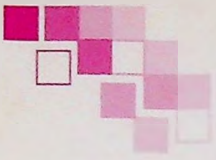
Iodising salt will not make much difference to its price, as the cost of iodisation is just 10 paise for one kg of salt, with simple iodizing units costing about Rs 1,000. Over two-thirds of the iodised salt currently available

in India is already being produced in small and medium units (3.8 million tonnes of the annual production of 4.1 million tonnes), with only 1.3 million tonnes being manufactured in large refineries. "Since non-iodised salt was banned two years ago, the mechanism to iodise salt is easily available everywhere. It will not make much difference to cost," says Ramadoss.

The Ministry for Railways has offered to lower freight charges for salt to lower the price further.

Iodine for IQ

"Even mild iodine deficiency has been shown to lower IQ by 13 to 15 points. Studies in India have shown that children living in iodine-deficient areas have IQs 10-15 points lower than children in iodine-abundant areas," said Cecilio Adorna, representative of UNICEF India. In India of the 312 districts surveyed for iodine deficiency, 254 were found to have low levels of the essential nutrient.



Vision for the Nation

"With our resources and the money we spend, we could easily accomplish three times what we do, in half the time we normally take, if we were to operate in mission mode with a vision for the nation"

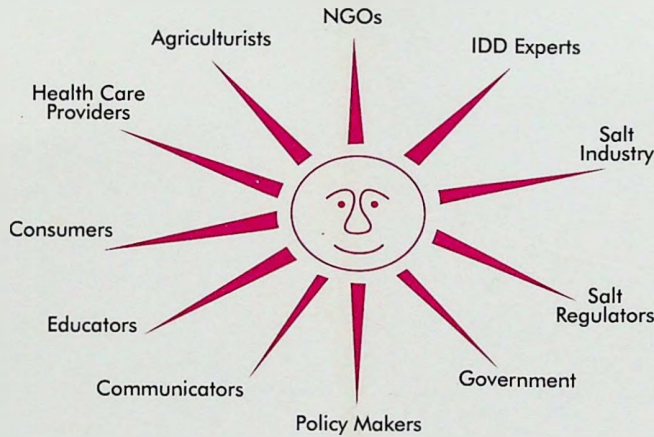
- Dr. A. P. J. Abdul Kalam

President of India

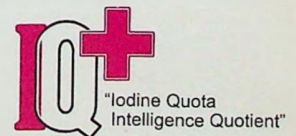
("Ignited Minds")

आयोडीन युक्त नमक प्रतिदिन।
बुद्धि और स्वास्थ्य सुरक्षित हरदिन।।

Daily consumption of Iodised salt
is a healthy habit



Sustaining Elimination of IDD



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