

10+Jagriti

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21st ICCIDD Board of Directors Meeting New Delhi, India 2006

As part of the 21st ICCIDD Board Meeting, 29 Board Members got together at New Delhi to formulate the road map for achieving universal salt iodisation. Members got to know about the status of various countries and success stories were discussed at length. It also gave an opportunity to learn from the experiences of the countries that have achieved significant progress in the last few years. The Board Members came from 20 different countries.



1. Ms. Judith Mutamba, 2. Dr. David P. Haxton, 3. Dr. Gerard N. Burrow, 4. Dr. Jack Ling, 5. Dr. Basil S. Hetzel, 6. Dr. Pieter Jooste, 7. Dr. Mu Li, 8. Dr. C.S. Pandav, 9. Dr. Chen Zu-Pei, 10. Dr. Eduardo A. Pretell, 11. Dr. Aldo Pinchera, 12. Dr. Fereidoun Azizi, 13. Dr. Palo Vitti, 14. Dr. I. S. Hussein, 15. Mr. Huang Wei, 16. Ms. Jun Zhang, 17. Mr. Dong Zhihua, 18. Dr. Richard L. Hanneman, 19. Dr. Gregory Gerasimov, 20. Mr. Lorenzo Locatelli-Rossi, 21. Mr. Mahinda Gunawardena, 22. Dr. John Creswell Eastman, 23. Dr. Harry Black, 24. Dr. Claude Thilly, 25. Dr. Theophile Ntambwe, 26. Mr. Daniel Levac, 27. Dr. Hans Burgi, 28. Dr. Michael Zimmerman, 29. Dr. Dan Iantun

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13/11/06
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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 & Dedication

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 iodised 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 multi disciplinary 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,

International Coalition for Control of Iodine Deficiency Disorders (ICCIDD) as an International Non Governmental Organisation (NGO) came into existence in Kathmandu, Nepal in March 1986. The initial meetings were held in Delhi on 4th and 9th March, 1985 at the All India Institute of Medical Sciences (AIIMS) and UNICEF Delhi. These meetings in Delhi led to agreement to proceed and provided the opportunity to complete initial appointments and approve the Constitution of ICCIDD to be ready for the Inaugural Meeting in Kathmandu in 1986. Following the Kathmandu inauguration, the ICCIDD Board has met on several occasions in various parts of the world. The Board met again in Delhi in 2006 for the 21st ICCIDD Board Meeting. Board members from various parts of the globe joined the meeting along with other senior delegates of Govt of India, International agencies, Senior Civil Servants & Programme Managers, Officials from key ministries like Health, Women and Child Development, Education, Civil Society organisation. It was during this meet that the formation of National Coalition for Sustained Iodine Intake (NCSII) in India was announced.

The board meeting was followed by a session on Universal Salt Iodisation (USI) in India which was hosted by The Micronutrient Initiative (MI). The objective envisaged by MI while hosting this session was to explore successful business models for sustainable USI.

There has been a rise in use of iodised salt in India. A recently conducted report by UNICEF India has estimated that the consumption of adequately iodised salt has gone up to 57% in 2005. The ban on sale of non-iodised salt has been reinstated w.e.f. May 17th 2006. The Ministry of Health & Family Welfare, Government of India has published its annual report. A production of iodated salt of 28.32 lakh MT was recorded till October 2005 and the same is likely to increase to 50 lakh MT by the end of 2005-06. The detailed report of IDDCP is included in this issue.

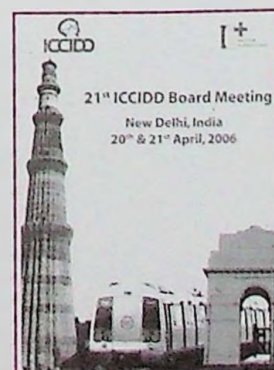
The IDD survey in Jharkhand is in progress. Data has been collected and the samples are being analysed. The report will be ready by October 2006.

Also included in this issue is the field experience of Gujarat & Tamil Nadu Salt industry. As always we look forward to receive your suggestions and comments to improve IQ + Jagriti

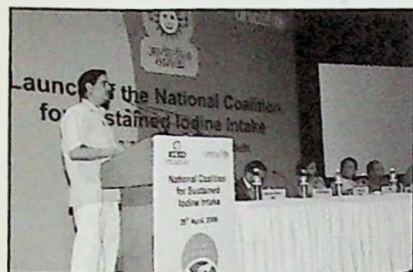
cpandav

Dr. Chandrakant S. Pandav

Regional Coordinator, ICCIDD-South Asia Region



National Coalition for Sustained Iodine Intake (NCSII) India Launches NCSII to Ensure Optimum Iodine Consumption



Mr. P.K. Hota,
Secretary Health & Family Welfare



Ms. Reva Nayyar, Secretary, Department
of Women & Child Development



Mr. Cecilio Adorna, UNICEF
Representative in India

Iodine deficiency is a public health problem in India, as in several other countries worldwide. The serious negative consequences of iodine deficiency affect all population groups. Physical and health consequences include goiter, cretinism, and still birth. It is also the largest preventable cause of brain damage. Even in its milder form it has an impact on brain development of the foetus, and learning capability of children, leading to an average loss of 10-15 IQ points.

Many countries tackle this deficiency through the iodisation of salt. India has re-instated a law on the mandatory iodisation of salt, and has become one of the many countries across the Americas (e.g. Argentine, Peru), Africa (eg Nigeria, Kenya), Europe (eg Italy, The Netherlands), and Asia (eg China, Indonesia) where similar laws are in place. Experience has shown that voluntary iodisation and free-consumer choice leaves especially those most vulnerable (e.g. un-born children, lower socio-economic classes) unprotected against preventable brain damage. Mandatory iodisation is therefore the only option, but this requires effective implementation of rules and regulations.

The 21st International Council for Control of Iodine Deficiency Disorders' (ICCIDD) Board Meeting became an occasion to launch the National Coalition for Sustained Iodine Intake. The coalition has representation from the Government of India, judicial bodies, civil society organisations and salt producers from across the country. It is being supported by International Council for Control of Iodine Deficiency Disorders and UNICEF. It aims to ensure sustained iodine intake by monitoring iodine status of the population, monitoring of the implementation of rules and regulations, information provision and advising different institutions and sectors involved in IDDCP.



Dr. Jack Ling, Chairman ICCIDD

Speaking on the occasion, Ms. Reva Nayyar, Secretary, Department of Women & Child Development said that with the re-imposition of the ban on the sale, purchase and distribution of non iodised salt on May 17, 2006, the Government of India on its part will ensure

that there is no production and movement of non iodised salt for edible purpose whatsoever. She added that strict action will be taken against people who violate the law.

"We at ICCIDD recommend that there is a national coalition in every country to ensure complete iodisation. Some of the most successful countries in terms of their iodisation programmes have a strong coalition in place," said Prof. Jack Ling, Chairman, International Council for Control of Iodine Deficiency Disorders.

Mr. Cecilio Adorna, UNICEF representative in India said there has been a 20 percentage point increase in the intake of adequately iodised salt in the past 3 years. The survey conducted by UNICEF showed that households using iodised salt in India have increased from 37 per cent to 57 per cent resulting in protection against brain damage to an additional six million children.

Mr. P.K. Hota, Secretary, Health and Family Welfare, Government of India said that we have already lost 5 precious years. However, there will be no delay now and the consumption of iodised salt will be increased at a very fast rate, he added.

The Indian Salt Manufacturers Association, represented by Mr. Amit Shukla also made a commitment at the launch that salt iodisation will become a part of their corporate governance.

Mr. Bejon Mishra, President, Consumer Voice thanked all the participants and speakers and wished them good luck for this noble task of complete elimination of iodine deficiency disorders in India.

Dr. Chandrakant Pandav, Regional Coordinator ICCIDD (South Asia), welcomed all the delegates and also conducted the proceedings.

Following the announcement of the coalition, school children including Scouts and Guides did the salt testing to demonstrate the importance and need for iodine.



Welcome address by Dr. C.S. Pandav,
Regional Coordinator, ICCIDD, South-Asia



National Coalition for Sustained Iodine Intake (NCSII)

1) Introduction

Iodine deficiency is a public health problem in India, as in the over large majority of countries worldwide. The serious negative consequences of iodine deficiency affect all population groups. Physical and health consequences include goiter, cretinism, and still birth. It is also the largest preventable cause of brain damage. Even in its milder form it has an impact on brain development of the foetus, and learning capability of children, leading to an average loss of 10-15 IQ points. It therefore has an impact on overall national development and production. Many countries tackle this deficiency through the iodisation of salt. India has re-instated a law on the mandatory iodisation of salt, and has become one of many countries across the Americas (eg Argentina, Peru), Africa (e.g. Nigeria, Kenya), Europe (e.g. Italy, The Netherlands), and Asia (e.g. China, Indonesia) where similar laws are in place. Experience has shown that voluntary iodisation and free-consumer choice leaves especially those most vulnerable (e.g. un-born children, lower socio-economic classes) unprotected against possible brain damage. Mandatory iodisation is therefore the only option, but this requires effective implementation of rules and regulations.

2) Why form a National Coalition?

A national coalition in which important actors, consumers, and decision-makers are represented assuring sharing of information and implementation of required action will greatly enhance sustained salt iodisation. Because iodine is not present adequately in the natural diet of many people, its deficiency can only be prevented in a sustained way if iodine is added to salt in required amounts forever. This eternal iodisation of salt requires a regular monitoring of intake and production. A continued and sustained communication also is required so that nobody forgets why iodisation of salt is important. Ignorance of the magnitude of the iodine deficiency problem and, more importantly, the implications of the problem, is the greatest obstacle to reaching and sustaining success. Major examples of ignorance are:

- I. Among the political leadership (uninformed of the damage to the national economy: a loss of 2-3% of GDP)
- II. In civil society and civic leadership (not knowing of the damage to their children's brains caused by iodine deficiency: a 10-15% IQ loss) and
- III. Among salt suppliers (unaware that the industry can stand out by their positive and powerful role in national nutrition: producers own the solution).

Who should be accountable for assuring that the rules regarding iodisation are implemented and the population continuously informed? There are some notable differences compared to a program such as immunization against measles. Iodised salt should be consumed by the entire population every day, and not be taken by a selected age range only once. Salt is available in shops through the free market and not distributed through a controllable health center

network. Finally, salt is produced and marketed by a large group of producers and traders, and the negative impact goes beyond (purely) health and influences school performance and production. Therefore the groups involved and affected by sustained consumption of iodised salt (or lack thereof) are many and diverse. More than mere government oversight is required to sustain the success of optimum iodine nutrition, even in places where dedicated officials and determined public health professionals are involved. The chances that salt iodisation remains effective in a sustained way increase through making the accountability and responsibility a shared one among the various actors and beneficiaries and not the task of one ministry.

3) Role of a National Coalition

The exact role of a National Coalition should ultimately be decided by the coalition itself once it is formed. Basically it boils down to ensuring sustained adequate iodine intake of the Indian population through salt iodisation. The coalition could achieve this by:

- I. Monitoring iodine status of the population,
- II. Monitoring of the implementation of rules and regulations,
- III. Information provision,
- IV. Advising involved institutions and sectors.

The national coalition is not an implementing institution itself, but is constituted by acting institutions and sectors. Currently the Ministry of Health and Family Welfare is responsible to assure implementation of laws on food fortification and adulteration, and has as such official responsibility for the monitoring of compliance with salt iodisation regulation. The Ministry of Industry supervises other qualities of salt, and influences the allocation of railway rakes for salt transportation. These two ministries therefore carry a major official responsibility, but as outlined above a wider shared responsibility will greatly enhance sustained adequate salt iodisation. Specific tasks of the National Coalition could include:

- I. Review available information (surveys, studies, etc) on iodine status of the population, salt use, production figures of iodised salt, sales trends, price trends, market availability and transportation etc.
- II. Identify gaps in available information and advice on the need to rectify.
- III. Advice on the action required with respect to salt iodisation, communication and information, monitoring, rules & regulations, roles of institutions and sectors.

Advice should in the first place be given to the Ministries of Health and Family Welfare and the Ministry of Industry because of the primary official roles. If for example the iodine content would need to be increased from 15 ppm to 20 ppm, the MoH & FW would need to make this official. In a similar fashion the same ministry can act on advice for improved survey information on population, iodine status and

awareness raising campaigns among policy makers and the general population. Other members of the coalition would be responsible for sharing information among their constituencies, and assure optimal required action by that constituency to assure sustained adequate iodine status. Salt producers could organise themselves to assure optimal quality assurance. Since the Ministry of Health and Family Welfare has a prime official role, it should be the Ministry to officially form the National Coalition and to give NCSII its mandate.

4) Members of a National Coalition

No list will be perfect for the memberships of a National Coalition, but the following offer some indications:

- I. Formal bodies need representation: Ministries of Health & Family Welfare, Education, Food & Civil Supply, Women & Child Development are examples
- II. Civil Society: Consumer Associations, Women's Groups, etc
- III. Communicators: Public Media, Mass Media, Professional Media, and Journalists
- IV. Scientific Groups: Nutritionists, Medical colleges, Universities, and Laboratories
- V. Judicial Bodies: Human Rights groups, enforcement authorities, regulators
- VI. Professional Groups: Teachers Associations, Medical Societies, Mental Health Associations and Productivity Councils

The National Coalition needs to be supported by an efficient Secretariat, whose role would be to assemble the essential information, prepare the agenda and other inputs into meetings, and disseminate the outcome of these meetings to the alliance members. Before each semi-annual Coalition meeting, the Secretariat would collect relevant information from line departments as well as private and civil societies, producers and other sources and prepare a draft "Status of Iodine Nutrition" report, which would cover the following:

- I. The progress made in the period past
- II. Constraints that have arisen and foreseeable challenges in achieving and sustaining USI
- III. Actions required to overcome identified bottlenecks
- IV. Decisions to be taken in order to create an enabling environment for continued success.

Within one month after the Coalition meeting, the Secretariat would prepare a report for wide circulation among all the members.

5) Roles and Responsibilities

5.1) Ministry of Health & Family Welfare: The prime role of the Health Department would be to act as catalyst and monitoring agency to ensure that proper regulation is in place to enforce the production of iodised Salt along with regular monitoring. This should also involve, informing the public about the overall progress in IDD elimination, to publicly report on progress of household access to iodised salt and also inform on awareness creation efforts to promote iodised salt.

5.2) Ministry of Food and Civil Supplies: In charge of the PDS, this Department is instrumental in ensuring the supply of iodised salt at an affordable price to below poverty line families. The Department of FCS would report to the Alliance on progress made in this field. It will also support appropriate education and communications efforts to alert the public to dangers of iodine deficiency and to values of iodine sufficiency.

5.3) Department of Women & Child Development: The DWCD is a significant contributor to the creation and maintenance of awareness among consumers, mainly in rural areas where ICDS is involved as an active partner. The Department would therefore report on their activities in the field. Where AWWs are involved in monitoring the supplies of iodised salt, monitoring data would also be reported

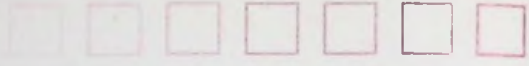
5.4) Department of Education: As part of the Alliance, DoE would ensure that only iodised salt is used in the Mid-Day Meal Schemes. In supporting efforts to make IDD/USI a required part of the teaching curriculum in primary schools, DoE makes sure that at least once a year, salt is tested in schools for iodine content and report on this activity. The DOE will undertake to assure that appropriate changes are made in the curriculum of primary and secondary school systems to underscore the value of iodine nutrition to each citizen.

5.5) Department of Industry: would collect and share data on the sales of iodised salt in the country and its trade. It will undertake to inform its associates, especially State owned enterprises, that all feeding schemes must include iodised salt. It will undertake to encourage food industry corporations and groups favorably to consider using iodised salt in processed foods.

5.6) Representative of salt producers/traders: A balanced representation of large, medium and small scale salt producers/traders would be formed. This composition would also be based on representatives of various States and their respective production capacity. Representatives from various zones would report on quarterly basis regarding the progress in production of iodised salt and its trade, and on the efforts being made to achieve and sustain the goal of USI

5.7) NGO's/Consumer organisations: Civil society represented by NGOs and consumer organisations would press for enforcement of the law and for respecting standards. Their role in the Alliance is to defend the rights of consumers and advocate the importance to guarantee the right to adequately iodised salt.





Progress Towards Achieving USI In India-A Dialogue

Hosted by The Micronutrient Initiative (MI), 22nd April 2006, New Delhi

A session on Universal Salt iodisation (USI) was hosted by the Micronutrient Initiative (MI) on April 22, 2006 at New Delhi. This session was intended to be a dialogue between representatives from the Salt Industry on the industry's partnership to promote USI. The invitee for this session also included representatives from Government of India (GOI), ICCIDD, UNICEF and World Food Program (WFP). The vision envisaged by MI while hosting this session was to explore successful business models for sustainable USI.

Objectives

- I. Understanding the current status of iodisation in India and the reasons for continued poor household coverage
- II. Constraints faced by the Industry and Opportunities present for achieving USI
- III. Role of Government in promoting USI (Central in re-imposing ban and State Governments in ensuring availability of iodised salt through PDS)
- IV. Identifying problems faced by small scale sector in salt iodisation
- V. Sharing of experiences of successful business collaboration between large scale and cottage salt industry

The desired outcomes

- I. Identification of action steps for participating sectors in developing successful business models for achieving USI
- II. Recommended steps that need to be taken to support the small scale private sector
- III. Establishing key operational goals/milestones for the next 12 months to move towards USI

Recommendations

- I. **Securing Political Commitment at the National and Sub-National Level:**

There is a need for high level political commitment. The Government of India has imposed a ban on distribution and sale of non-iodised edible salt that would come into force on May 17, 2006. But this should now be strictly enforced among the Central & State Governments. National plans must commit resources for sustained elimination of IDD. Advocacy needs to be ensured for long term sustained commitment from all collaborating partners. Setting up of a high level national IDD Task Force is essential for monitoring of the USI programme from time to time and give proper directions and guidance to all involved. The Government should play a critical role for advocacy and oversight. National plans must commit Coalition core groups in every State

- II. **Ensuring the Production and Supply of Adequately iodised Salt:**

The present ban is intended only for edible salt meant for human consumption. However, USI should be the accepted norm for all salt produced for human as well as animal consumption for direct use and for use in processed foods. The salt industry should take ownership of the USI program and adopt a multi-sectoral approach to tackling the problem of low coverage of adequately iodised salt in households. To promote USI among small scale salt producers and bring them under the iodisation umbrella, the following measures could be considered:

- i. improving their technical and managerial skills
- ii. improving their production capacity and infrastructure
- iii. ensuring regular supply of potassium iodate
- iv. advocacy with the Government for waiving on import duty on iodine
- v. organising small-scale producers into self-help groups, thus facilitating economies of scale in production
- vi. building-in quality assurance systems in the production and processing of salt in the small-scale sector
- vii. addressing their credit and marketing needs, and contributing towards their sustainable livelihood
- viii. generating additional employment and income, and improving the quality of life of families dependent on small-scale salt production
- ix. creating a demand for adequately iodised salt through a targeted public awareness campaign.

- III. **Social Mobilization, Demand Creation and Community Participation:**

Consumption of adequately iodised salt should be the norm for all by complementing supply push with demand pull. Effective communication to different stakeholders, widespread media coverage would address the demand creation aspects to a great extent especially when it is strengthened by expanding education on the health, economic and social value of iodine in the daily diet through school curricula, media and other channels. IDD should form a part of the school curriculum. Demonstrating the use of salt testing kits would be a social mobilization tool in schools and communities. BPL population should be targeted with adequately iodised salt through PDS in all States (offering both iodised crystal and powder salt). Iodised salt should be a norm for use in ICDS and Midday Meal Programs throughout the country.

IV. Distribution and Marketing of iodised Salt:

States which are in the neighbourhood of the salt producing states where the salt was transported through road, were the ones where non-iodised salt was being sold and used for edible purposes. This is due to lack of proper monitoring mechanisms whereas states which were very far away from the salt producing states and salt was transported through rail and where there are proper checks in place, were getting iodised salt. Inadequate allotment of railway rakes has led to problems of distribution among small scale producers. Rail wagon supply is key to successful iodisation and distribution. Road movement to be controlled and monitored by an agency. Also it should be ensured that proper hygiene during transport and storage is maintained for iodised salt to minimize contamination

V. Surveillance:

Monitoring of salt at all levels particularly at the production level is key to successful USI. Monitoring systems should identify problem areas. Functional monitoring and enforcement systems (with administrative and lab support) should be developed to enable corrective action when required. Mechanisms should include:

- Monitoring diversion of industrial salt
- Monitoring re-packing units

- Enforcement based on a graded penalty system
- Progress towards self-monitoring by producers and traders
- Expanding use salt testing kits especially at consumer level in markets and households
- Linking monitoring more closely with enforcement
- Reporting and sharing widely the results of national and regional progress made toward optimal iodine nutrition
- Food Bill to rationalize standards

VI. Building a National Coalition for Sustained IDD Elimination:

Multi-sectoral national and sub-national coalitions are practical and effective means to sustain IDD elimination. Coalitions should have clearly defined goals, authority and definition of roles and responsibilities. These coalitions should use monitoring information for strategic planning and decision making. Collaboration between government departments and between government and other partners in particular the salt industry, should be promoted for sustainable USI.

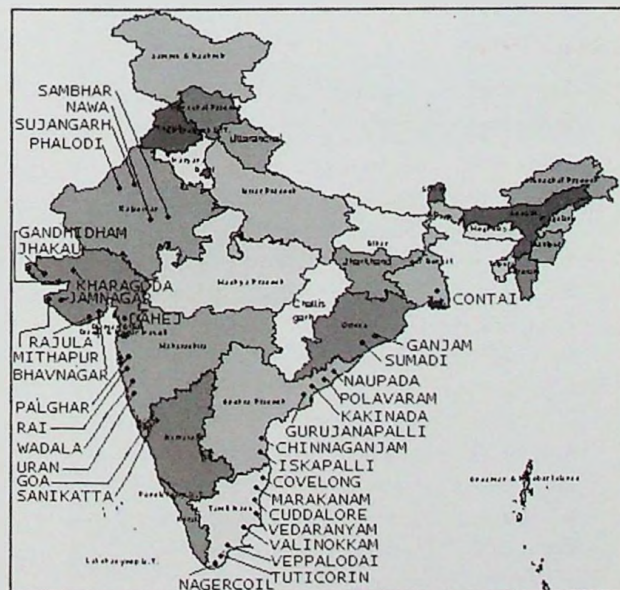
Categorywise Iodised salt Producers

Iodisation units	807
Small Salt Producers	302
Traders	285
Large Salt Producers	104
Medium Salt Producers	74
Refineries	42



A Public Sector Large Scale Salt Washery & iodisation Plant producing Iodised Salt for BPL population

Salt Producing centers in India



Exhibition during 21st ICCIDD Board Meeting, New Delhi 20-21 April, 2006

Several organisations/salt manufactures used the ICCIDD Board Meeting as an occasion to display their products and the range of services they provide. Ankur, Chemfood, Caliber Chemicals, Micronutrient Initiative, Prince International and Hindustan Lever Limited participated and put up their stalls at the meeting. ICCIDD displayed a working model of salt iodisation plant. The exhibition lasted for two days.



Visitors at the Exhibition



Exhibition of Salt Varieties during the Event



Registration Counter for the Inaugural of NCSII



Model of Salt Iodisation Plant at Display



Model of Salt Iodisation Plant at Display



Visitors at the Exhibition

Rise in Use of Iodised Salt in India

A survey has shown that households using iodised salt in India have increased from 37 per cent to 57 per cent resulting in protection against brain damage to an additional six million children. The ban on sale of non-iodised salt for human consumption is in effect from May 17, 2006.

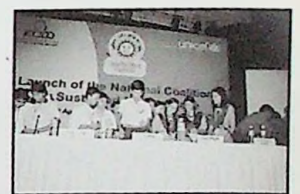
Speaking at the launch of a National Coalition for Elimination of Iodine Deficiency disorders through adequate iodine intake in salt, Cecilio Adorna, UNICEF representative in India said there had been a 20 percentage point increase in the intake of iodine in the past three years.

The Coalition would advise the Government in accelerating progress towards achieving universal salt iodisation in India. The partners in the Coalition include the Union Ministry of Health and Family Welfare, Ministries of Women and Child Development, Industry and the

Department of Education, experts and scientists and representatives of salt producers, traders, and non-governmental organisations.

Chandrakant S. Pandav, Professor and Head of the Department of Community Medicine at the AIIMS, and the Regional Coordinator of International Council for Control of Iodine Deficiency Disorders (ICCID) said all legal formalities for imposing the ban had been completed.

A country-wise study, conducted by the UNICEF, has revealed that an estimated 93 per cent households consumed iodised salt in China, 48 per cent in Myanmar while neighbouring Bangladesh and Nepal fared much better at 70 and 63 per cent respectively. Iodine deficiency is a problem of public health importance in India with no State or Union Territory totally free from it. Of the 312 districts surveyed by the Ministry of Health and Family Welfare, 254 were found to be endemic for iodine deficiency.



Ban on Non-iodised Salt sale from May 17, 2006

The sale of non-iodised salt for direct human consumption will not be allowed in the country from May 17, 2006. The Union Health Ministry had issued a notification to this effect on November 17, 2005 and the ban was to come into force after six months, Director General of Health Services R K Srivastava told.

He also clarified that the ban on sale of non-iodised salt is valid only for direct human consumption and not for the purpose of iodisation, iron fortification, preservation. The sale of non-iodised salt would also be permitted for animal, medicinal and industrial use subject to proper label declaration, he added.



Rise in use of iodised salt in India

A survey has shown that households using iodised salt in India have increased from 37 per cent to 57 per cent resulting in protection against brain damage to an additional six million children. The ban on sale of non-iodised salt for human consumption is in effect from May 17, 2006.

Ban on non-iodised salt

NEW DELHI: The sale of non-iodised salt for human consumption will not be allowed from Wednesday

Ban on non-iodised salt sale from today

NEW DELHI: The sale of non-iodised salt for direct human consumption will not be allowed from Wednesday. The Union Health Ministry had issued a notification to this effect on November 17, 2005 and had planned to enforce the ban after six months, said the Director General of Health Services, R K Srivastava.



भारत का राजपत्र The Gazette of India

NEW DELHI, NOVEMBER 17, 2005

MINISTRY OF HEALTH AND FAMILY WELFARE NOTIFICATION

New Delhi, the 17th November, 2005

G.S.R. 670(E).- Whereas draft of certain rules further to amend the Prevention of Food Adulteration Rules 1955, was published, as required by the Proviso to sub-section (I) of section 23 of the Prevention of Food Adulteration Act, 1954 (37 of 1954), at pages 1 to 3 in the Gazette of India, Extraordinary Part II, section 3, sub-section (i), dated the 27th May, 2005 under the notification of the Government of India in the Ministry of Health and Family Welfare (Department of Health), number of GSR 340(E), dated the 27th May, 2005, inviting objections and suggestions from the persons likely to be affected thereby before the expiry of a period of sixty days from the date on which copies of the Official Gazette containing the said notification, were made available to the public;

And whereas the copies of the said Gazette notification were made available to the public on the 27th May, 2005;

And whereas objections or suggestions received from the public within the specified period on the said draft rules have been considered by the Central Government;

Now, therefore, in exercise of the powers conferred by section 23 of the said Act, the Central Government after consultation with the Central Committee for Food Adulteration Rules, 1955, namely:-

1. (1) These rules may be called the Prevention of Food Adulteration (8th Amendment) Rules, 2005
- (2) They shall come into force after 6 months from the date of publication in the Official Gazette.
2. In the Prevention of Food Adulteration Rules, 1955,-

(i) in rule 42, -

(a) for sub-rule (v), the following shall be substituted, namely:-

“(v) Every container or package of table iodised salt or iron fortified common salt containing permitted anticaking agent shall bear the following label, namely:-

IODISED SALT / IRON FORTIFIED COMMON SALT*
CONTAINS PERMITTED ANTICAKING AGENT

***Strike out whichever is not applicable.**

(b) in sub-rule (zzz), after clause (21), the following clause shall be inserted, namely,-

“(22) Every container or package of common salt shall bear the following label, namely:-

**COMMON SALT FOR IODISATION / IRON FORTIFICATION /
ANIMAL USE / PRESERVATION / MEDICINE / INDUSTRIAL USE***

***Strike out whichever is not applicable**

(ii) after rule 44H, the following rule shall be inserted namely:-

“44 L Restriction on sale of common salt No person shall sell or offer or expose for sale or have in his premises for the purpose of sale, the common salt, for direct human consumption unless the same is iodised:

Provided that common salt may be sold or exposed for sale or stored for sale for iodisation, iron fortification, animal use, preservation, manufacturing medicines, and industrial use, under proper label declarations, as specified under clause (22) of sub-rule (zzz) of rule 42”;

(iii) in rule 49, in sub-rule (10), for the words “Edible common salt or iodised salt or iron fortified common salt”, the words “Table iodised salt or table iron fortified common salt” shall be substituted.

[F.No.P. 15014/4/2005-PH(Food)]
RITA TEAOTIA, Jt. Secy.

Annual Report Ministry of Health & Family Welfare, 2005-06

Iodine Deficiency Disorder Control Programme (IDDCP)

1. Iodine is an essential micronutrient with an average daily requirement of 100-150 micrograms for normal human growth and development. There is an increasing evidence of distribution of environment Iodine deficiency in various parts of the country. On the basis of surveys conducted by the Directorate General of Health Services, Indian Council of Medical Research, Health Institutions and the State Health Directorates, It has been found that out of 321 districts surveyed in 28 States and 7 Union Territories, 260 districts are endemic i.e. where the prevalence of IDD is more than 10%. It is also estimated that more than 71 million persons are suffering from goiter and other Iodine Deficiency Disorders. These disorders include abortions, stillbirth, physical & mental retardation, deaf-mutism, squint, goiter and neuro-motor defects, etc.

2. Objectives of NIDDCP

- I. Surveys to assess the magnitude of Iodine Deficiency Disorders,
- II. Supply Iodated salt in place of Common salt,
- III. Re-surveys to assess the impact of control measures after every five years,
- IV. Monitoring the quality of iodated salt and assess Urinary Iodine excretion,
- V. Health Education and publicity.

3. Achievements

- I. Consequent upon liberalization of iodated salt production, the Salt Commissioner has issued licenses to 840 salt manufacturers out of which 552 units have commenced production. These units have an annual production capacity of 124.00 lakh metric tonnes of iodated salt.
- II. A production of iodated salt of 28.32 lakh MT was recorded till October 2005 and the same is likely to increase to 50 lakh MT by the end of 2005-06.
- III. The Ministry of Health & Family Welfare has issued Notification banning the sale of non iodised salt for direct human consumption in the entire country on 17th November, 2005 under Prevention of Food Adulteration Act to be effective from 17th May, 2006.
- IV. For effective implementation of NIDDCP at the state level 31 States/UTs have established IDD Control Cells.
- V. In order to monitor the quality of iodated salt and Urinary Iodine excretion 19 States/UTs have already set up IDD monitoring laboratories while the remaining States are in the process of establishing the same.
- VI. For ensuring the quality of Iodised salt at consumption level, testing kits for on the spot qualitative testing have been developed and were distributed to all District Health Officers in

endemic States for awareness. A total of 18,011 salt samples were analyzed out of which 13176 (73.15%) samples were found to conform to the PFA standards.

4. IEC Activities

- I. **Song and Drama Division:** Song and Drama Division is carrying out an extensive IEC campaign through approximately 600 programmes in 100 districts of 8 states viz Uttar Pradesh, Rajasthan, Bihar, Madhya Pradesh, Orissa, Chhatisgarh, Jharkhand and Uttaranchal.
- II. **Directorate of Field Publicity:** The Directorate of Field Publicity is conducting 800 special programmes (Approx) through their 268 regional units for extensive IEC campaigns regarding consumption of Iodated salt in prevention and control of IDDs. The activities include Film shows, Group Discussion and other special programmes.
- III. **Doordarshan:** IDD Spots containing messages on consequences of iodine deficiency disorders and benefits of consuming iodated salt are being telecast thrice a week
 - (i) Through the National Network of Doordarshan at the prime time in a week,
 - (ii) just before the start of the National news at 7 AM on alternate days
 - (iii) during the Non Prime time at 11.00 AM on alternate days telecast of, Hindi feature film &
 - (iv) telecast of the IDD messages once a week under the Health Magazine Kalyani Programme from the 8 Regional Kendras.
- IV. **All India Radio:** IDD spots containing messages on consequences of iodine deficiency disorders and benefits of consuming Iodated salt are being broadcast at the Primary Channels in 12 languages by the All India Radio through its 40 Regional Kendras and 120 Local station from October 2005.
- V. **Directorate of Audio-Visual & Publicity (DAVP):** Messages on consequences of iodine deficiency disorders, benefits of iodated salt and current status of NIDDCP in States/UTs were published in the leading 320 National as well as regional Newspapers on the occasion of Global IDD Prevention Day on 21st October, 2005.
- VI. **State Health Directorates:** State Governments have also been provided grants for undertaking IEC activities at the local level in their regional languages to make the impact of IEC activities more effective.

In Response to Newspaper Article on, "Iodised salt and India" Translated from an Article Printed in "Sakal"

An article on, "iodised salt and India" written by Mr. Suryakant Pathak was published in the daily edition of Sakal (one of the leading Marathi newspaper of Maharashtra) on 26th May, 2006. Thereafter, two responses on the article were also published in Sakal. The responses answered few questions raised by Mr. Pathak. Few additional issues raised by Mr. Pathak are written in Marathi and are translated by Ms. Smita Pandav. They are presented here.

1. The article says ban on the sale of common salt is cost related as common salt costs Rs. 1.50 per Kg and iodised salt is Rs. 9 per Kg. But the reality is different. The cost of salt which is Rs. 9/Kg is not because it is iodised but because of refining, packaging, advertising, and because it is branded. Salt can be iodised in any form be it in powdered, crystal or even big crystals known in local language as "Phoda" or "Baragara". The process of iodisation adds only 12 to 15 paise/Kg to its original cost.
2. The second point raised was that only multinational companies produce iodised salt. This point is not at all valid. In India, most of the salt production is done by medium and small scale manufacturers. They too produce iodised salt. Of course, small manufacturers are given guidance, help and encouragement by the government and there is a need to increase it.
3. According to Mr. Pathak, in India, common salt is used by people since ages and no adverse effects have been seen. He also suggested iodised salt should be given only in those areas where iodine deficiency is prevalent.

It is important to emphasize here that salt is used only as a vehicle to carry iodine to the people, a daily nutrient required by all of us. And it is the most efficient, effective, economical method of daily requirement for iodine.

In India, all the surveys and research on iodine deficiency and beneficial effect of iodised salt have been done by Indian scientists in Indian institutions and Indian laboratories. These surveys carried out since 1956 have demonstrated that iodine deficiency is a public health problem not only in the Sub-Himalayan belt but in all states and Union Territories.

In India, the first large scale baseline survey of iodine deficiency and endemic goiter was done by the legendary scientist and former Director (All India Institute of Medical Sciences) New Delhi and (Indian Council of Medical Research) New Delhi- Prof. V. Ramalingaswami and his team in Kangra District of Himachal Pradesh. The survey was done in the year 1956. Then, repeat surveys were done after every five years using iodised salt (KI and KIO₃) in the population. This study, popularly known as, "Kangra Valley study" has become a milestone that demonstrated role of iodised salt in the prevention of Iodine Deficiency Disorders all over the world. Thereafter, many surveys have been done in India by AIIMS, ICMR, Government of India and State Governments, (medical colleges, home science institutions) which have demonstrated that not only areas in the foothills of Himalayas are iodine deficient but most of the states and Union Territories are also iodine deficient.

The effects of iodine deficiency take a long time to show its visual manifestation. Goiter is only one of the commonest and the least dangerous form of visual manifestation. It is said that, "Goitre is only a tip of an iceberg". The more serious and irreversible effects are hidden below the iceberg.

Iodine is an element which is essential nutrient required for the production

of thyroid hormones by thyroid gland. Thyroid hormones play an important role in the development of human brain in the foetus. If a pregnant woman does not get the required quota of iodine everyday, the fetal brain development gets affected. Iodine deficiency is the most

common cause of preventable brain damage in the children, worldwide. It has been widely demonstrated all over the world that the IQ scores of children living in an iodine deficient environment is nearly 13 IQ points less than those living in iodine sufficient environment. In addition, mental retardation; defects of speech and hearing; psychomotor defects; still births; spontaneous abortions are among the many serious effects of iodine deficiency.

Now, why is salt used as a vehicle to supply iodine?

Salt is the best medium to supply iodine in India. Because men and women; rich and poor; young and old, all of us consume salt in a fixed amount everyday. Average daily consumption is 10 gms per person per day. This enables us to get an adequate amount of iodine everyday (iodine should be available to body on a daily basis). In a country like India, to ensure that poorest of the poor person gets iodine everyday in the adequate amount, salt becomes the best vehicle to combat iodine deficiency.

Consequences of excess iodine: Generally iodised salt contains iodine in the range of 30 to 50 (PPM) of potassium iodate. This is a very small amount. In fact, a person in his/her lifetime of 70 years, will consume only a teaspoon of iodine (5 gms) through iodised salt! And to have so called adverse effects of iodine, he/she will have to consume, thousand times more amount at one time, which is just impossible!

In a developing country like India, if we want the new generation to be more intelligent and healthy, it is important for the educated, wise and responsible people to come forward and help in removing fear and misunderstanding from people's mind about iodised salt. Of course, the Government will also have to take further steps, for example,

- I. to give help and encouragement to small and medium scale manufacturers
- II. to take help from railway department for the distribution of iodised salt all over the country
- III. to use media campaign to educate people about iodised salt and iodine deficiency
- IV. to include iodine deficiency and iodised salt in school curriculum.

The above efforts will contribute a long way in preventing mental retardation due to iodine deficiency disorders by consuming adequately iodised salt everyday.



Sustainable Elimination of IDD in Jharkhand A Report on the Ongoing Survey

Micronutrients play a vital role in the prevention of malnutrition among children. Programmes for the promotion of micro nutrients such as iron and vitamin A are already going on in a campaign mode in



Dr. Farhat Sayeed, Programme Officer,
CD & N, UNICEF, Patna, Bihar

Jharkhand state. It is important that similar campaign for consumption of iodised salt also be conducted so that incidences of IDD are curbed. In this regard a statewide survey on Iodine Deficiency Disorders (IDD) was conducted in Jharkhand to assess the status of IDD.

The Directorate of Social Welfare,

Jharkhand with support from UNICEF, ICCIDD and Center for Community Medicine (CCM) AIIMS, New Delhi, initiated the survey. The survey will be carried out in five phases:

1. Planning and selection of areas for collection of samples.
2. Training Investigators to conduct the survey
3. Field survey and collection of samples from the areas selected.
4. Data Analysis and Interpretation
5. Dissemination of the findings of the survey.

1. Planning Meeting:

The survey has been initiated and the first three phases have been already completed. The planning and selection of areas was done in April 2006 when Dr. Chandrakant S. Pandav, Prof. & Head, Center for Community Medicine, AIIMS and Dr. Farhat Sayeed, visited the state to have preliminary discussions with Mrs. Pooja Singhal Apporva, IAS, Director, Social Welfare, Jharkhand. After finalising the plan of action, the areas for collection of samples were identified and the various logistics involved in conducting the survey were discussed. The date for the Training and Orientation workshop for the investigators to carry out the survey was also finalized.

2. Training Workshop:

A state level Training cum Consultation workshop on Iodine Deficiency Disorders was held on the 16th and 17th of May 2006. The objective of the workshop was to enlighten the participants on the status of IDD in Jharkhand and to train the investigators to conduct the statewide survey on iodine deficiency disorders and consumption of iodised salt, in Jharkhand. The participants included Mrs. Pooja Singhal Apporva, IAS, Director, Social Welfare, Sri S.P Verma, Assistant Director, Directorate of Social Welfare, Mrs. Farhat Sayeed Project Officer, Child Development & Nutrition, UNICEF,

Representatives of ICCIDD, AIIMS, Assistant Directors from the Directorate of Social Welfare, District Programme Officers (DPOs) / District Welfare Officers (DWOs), representatives of various departments, NGOs and the investigators.

The workshop commenced with a welcome address by Sri S.P Verma, and self-introduction of the participants. The Director inaugurated the workshop and gave an overview of the ill effects of iodine deficiency. She emphasized on the importance of consumption of iodised salt as it was the only method to consume iodine and prevent IDD. She also expected the survey would be conducted suitably so that the findings of the survey would be accurate enough to design a strategy for the prevention of IDD in the state.

The technical session was taken up by Mr. Amit Shukla and Dr. Prasanth Saboth from ICCIDD, AIIMS New Delhi. Dr. Farhat Sayeed, Programme Officer, CD&N, UNICEF Patna shared her experiences from Bihar where similar survey had already been conducted and the findings had gained very positive feedback from the Government.

The following presentations were made:

- I. Tracking Progress Towards Sustainable Elimination of IDD
- II. IDD in Jharkhand

The technical session was followed by a discussion on the various questionnaires and method of sample collection. The investigators were trained on the filling up of questionnaires, methods of interviewing and other survey techniques. A mock exercise for filling up of questionnaires and collection of samples was carried out the next day in one of the villages of Namkum block. The results of the mock exercise were encouraging. The investigators had understood the technique well and had no problems in carrying out the mock exercise.

3. Field Survey & Collection of Samples:

The last session of the workshop consisted of the discussions on the logistics of the actual survey that was to be conducted. It was decided that the samples and the filled up questionnaires should reach the Directorate by the 25th of May 2006. Instructions for the arrangement for movement of the investigators on the field were given to enable the investigators to carry out the survey on time. It was decided to give an award to the team submitting the samples and questionnaires first.

4. Data Analysis & Interpretation:

The survey has been conducted. The salt and urine samples are being analysed at ICCIDD, AIIMS New Delhi. The data is in the process of analysis at Govt. Medical College, Nagpur. Data entry software is developed. Data entry is completed. Dummy tables are created. Final tables are being prepared.

5. Dissemination Workshop:

The dissemination workshop for the findings will be held in October, 2006.

Field Experience of Gujarat and Tamil Nadu Salt Industry

A note by Mr. Amit Shukla, National Coordinator, ICCIDD, New Delhi

A visit was undertaken to understand the role of the Salt Industry in iodisation of salt and to look for various means to ensure the objective of achieving USI in India. The objective included support to Small Scale Manufacturers (SSM) while ensuring that the iodised salt reaches to the Below Poverty Line (BPL) consumers.

The visit also included the monitoring of the activities carried out by ICCIDD-MII in the region. This included finding out the bottlenecks along with learning from the successful initiatives so as to further smoothen the process of project.

Gujarat Salt Industry

Gujarat, the largest manufacturer of salt in the country, contributes to 75% of the total salt production of the country. The leading nature of Gujarat salt industry is both, because of its geographical location and the suitable climatic conditions prevailing in the state. Gujarat has almost 65% of the total land available for salt production.

Thus, Gujarat should be the major point of focus considering its current production and its potential to increase the production according to the demand of iodised salt.

After interacting with few of the Salt manufactures of all categories, it was felt that a market driven solution is needed. The market driven activities would provide sustainability to the entire process. This could be done through long term industry oriented policies.

The overall scenario of the Gujarat Salt industry is explained in Table 1, Table 2 and Table 3.

Table 1

Total Number of Units	Production (000) tons	% Contribution
Organised	9140	86.33 %
Un-organised	1447	13.67 %
Total production	10587	100.00 %

Table 2

Category wise Production of salt in Gujarat

	No. of Units	% of Units Contribution	Production (Tons)	% Production from all Categories
Cat I (Large)	579	31.40 %	8,020,000	76 %
Cat II (Medium)	21	1.13 %	47,500	0.44 %
Cat III (Small)	111	6.01 %	1,072	10 %
Un-organised	1134	61.46 %	1,447	14 %
Total	1845	100.00 %	10,587	100 %
Production of Iodised Salt			3,015,000	

The whole salt industry across the country can be divided into large, medium and small scale manufacturers. 70%, 5% and 25 % (approx) respectively is the area of land occupied by each of the category. In terms of the units, almost 10% units lie under large scale where as only 8% lie under medium scale ones. The remaining 82% units belong to the small scale and the unorganised sector.

Specifically talking about Gujarat, almost 85% of total land is occupied by large scale manufacturer. There are hardly any medium scale manufacturers in the state. The small scale manufacturers and the unorganised sector contributes almost 24% of the total production in Gujarat.

As we can see from the Table 1, almost 60% of the units are in the unorganised sector which is difficult to be monitored. This is a major bottleneck not only in the growth and development of the Indian salt industry but also in achieving USI in India. It is difficult to monitor and enforce law on the unorganised sector because:

- I. They do not come under the jurisdiction of monitoring authorities
- II. They hardly follow any of the norms set by Governing authorities.
- III. Most of the unorganised sector producers are of Small Scale. They work on very low margins and hence are not bothered about the quality standards.

The contribution of unorganised sector in terms of the total salt production in Gujarat is only about 14%. This refers to all type of salt. It was observed that most of the large manufacturers are more keen to be in the business of industrial salt rather than edible iodised salt. So when we talk about the contribution of the same section (Unorganised Sector) for edible iodised salt it would be substantially more.

The total salt produced for human consumption by Gujarat Salt Industry is 3,812,000 tons which is about 36% as compared to 64% for industrial grade (Ref. Table 3). However, the quantity of salt iodised is 3,015,000 tons. The remaining 797,000 tons is non-iodised and still used for human consumption. Most part of this quantity (797,000 tons) is spread only among Small Salt Manufacturers and the Un-organised sector.

Table 3

Total Production in Gujarat	10,587,000 Tons
Industrial Grade Salt	6,775,000 Tons
Human Consumption	3,812,000 Tons
Iodised Salt	3,015,000 Tons
Non-iodised Salt	797,000 Tons

Tamil Nadu Salt Industry

Tamil Nadu contributes almost 13.5% of the total salt manufactured in India and occupies 15% of the total land available for salt production. Thus in terms of priority the second most important state is Tamil Nadu. In Tamil Nadu almost 64% of the salt manufacturers are in the unorganised sectors and their relative contribution towards the overall production of state is almost 53%. The second point to focus here is, that, Tamil Nadu accounts for almost 36% of the total number of units existing in India. However, in terms of production its share is only 13.5%. This fact draws our attention to the following:

- I. The quality of the salt cannot be maintained because of small size of units
- II. It is difficult to monitor small sized units
- III. It is difficult to extend support/assistance and monitor the same

On the other hand we cannot afford to ignore them. They form a relatively big group of manufacturers, who need to be guided to achieve USI in India (not only in Tamil Nadu but across the country). The overall scenario of the Tamil Nadu Salt industry is explained in Table 4, Table 5 and Table 6.

Table 4

Total Number of Units	Production (000) tons	% Contribution
Organised	1,218	47.35 %
Un-organised	1,354	52.65 %
Total production	2,572	100.00 %

Table 5

Category wise Production of salt in Tamil Nadu

	No. of Units	% of Units Contribution	Production (Tons)	% Production from all Categories
Cat I (large)	42	1.25 %	946,000	36.78 %
Cat II (Medium)	54	4.60 %	159,000	6.18 %
Cat III (Small)	1026	30.6 %	113,000	4.40 %
Un-organised	2130	63.55 %	135,4000	52.64 %
Total	3352	100.00 %	2,572	100.00 %
Production of Iodised Salt			696,000 Tons	

Most of the small salt manufacturers (SSM) in Gujarat & Tamil Nadu supply their salt to the traders or large salt manufacturers. They (SSM) are not directly involved in the salt iodisation process. Remaining SSM, which are directly involved into the process of iodisation do not have adequate knowledge and the systems in place to make adequately iodised salt.

The quality of the salt produced in Tamil Nadu varies widely from that of Gujarat. In other words the quality standards in Tamil Nadu are not good enough to serve the purpose for industrial use and this is because of a variety of reasons like small land size etc.

The point to be noted here (Ref. Table 6) is that, out of 19, 29, 000 tons

(total production) only 36 % is subjected to Iodisation. The remaining 12, 33, 000 tons remains non-iodised. Therefore, the focus should be on:

- I. Small Salt Manufacturers
- II. Traders
- III. Un-organised Sector

Table 6

Total Production in TN	2, 572, 000 Tons
Industrial Grade Salt	643, 000 Tons
Human Consumption	1, 929, 000 Tons
Iodised Salt	696, 000 Tons
Non-Iodised Salt	1, 233, 000 Tons

Gujarat produces almost double the salt for human consumption than that of Tamil Nadu. It iodises almost 80% of it. On the other, Tamil Nadu inspite of the lower production, only iodises 36% of the total salt produced for human consumption. So there is a need to have a strategy in place for Tamil Nadu to increase the percentage (from 36%) of iodised salt production out of the total production of salt for human consumption.

Secondly, since we have shortage of almost 0.5 Million ton of iodised salt for edible purpose, major part of which will be produced by Gujarat, we need to also have strategies for (a) to increase the percentage (from 80%) of Iodised salt production out of the total production of salt for human consumption (b) Increase on the overall production of Salt for human consumption from 38,12, 000 tons.

Now the concern is how do we go about ensuring iodisation and how do we extend our support to both Large Scale and SSM without intervening in the market and achieve USI?

Approach I:

It is suggested that all the categories need proper attention so as to achieve USI. The support provided to various categories would be different. The following approaches can be considered for different categories to achieve USI.

Large Scale: Since the large scale manufacturing firms are self sustainable in terms of incurring the cost of iodising adequately refined iodised salt, so the support provided should be some changes in helping the industry in terms of policy and governance related concern like the PFA act, adequate railway support etc. Any market driven approach would certainly provide sustainability. This will also motivate the small and medium size salt manufacturers to get into the business of Iodised salt who otherwise are worried because of the severe punishments and stringent laws.

Small Scale:

The definition of Small Scale Manufacturer (SSM) varies from region to region, reason being the quantity produced by a SSM at Tamil Nadu varies

immensely from the quantity produced by SSM at Gujarat. So there cannot be a single definition of SSM which is applicable throughout country (Pragmatically). Salt department does not have any category segmentation of Iodised salt manufacturers.

There are a major chunk of producers who are not registered with Salt Department and treated as the Un-recognized sector. They contribute to almost 30% of the total salt production. Hence they play a vital role in achieving USI which we can not afford to miss out.

Most of the SSMs find it extremely difficult to get into the business of producing iodised salt because of:

- I. Lack of resources to create a niche for them
- II. Lack of marketing skills
- III. Lack of proper supply chain
- IV. Fear of getting into legislative details (e.g. PFA act)
- V. Lack of market knowledge

The small scale manufactures certainly need some monetary incentives initially to get motivated for the production of Iodised salt. Over a period of time they would realise the commercial benefit of the sale of Iodised salt. This might fetch them relatively more margins. This can also include the repair of iodisation plant. ICCIDD-MII can work as a catalyst towards providing tie ups of SSM with the large salt manufactures.

Why Support the SSMs and Un-organised Sector?

The total production of Iodised salt in India is about 4.5 Million tons per annum. The entire population of India requires approx 5 to 5.5 million tons of adequately Iodised salt annually.

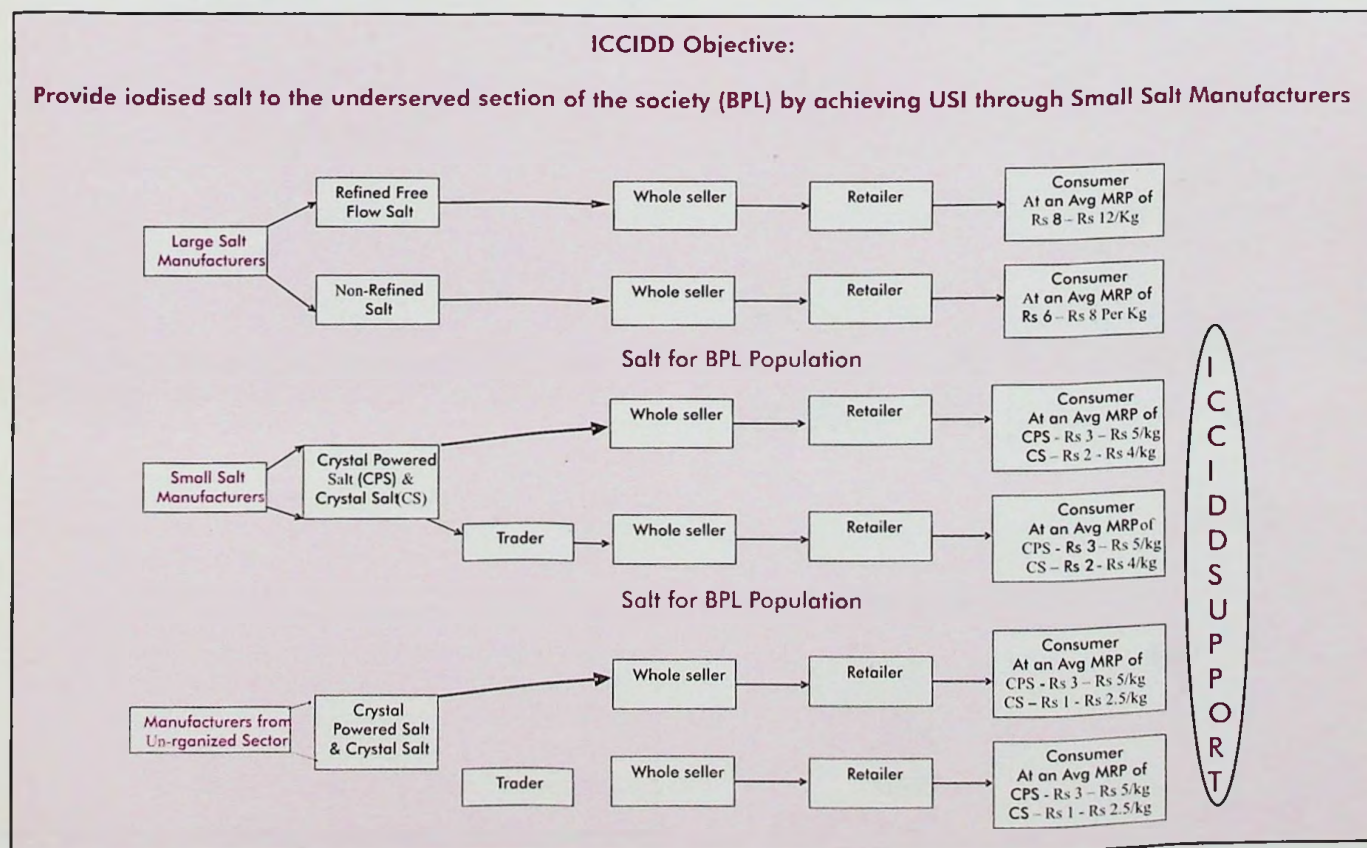
There are few large manufacturers/Brands in India namely, Anapurna, Tata Salt, Ashirvad, Captain Cook, Ankur Salt, Shudh etc and these companies/brands have their established market in place catering to the urban population (since the avg. price of their salt is Rs 7-8/kg). Therefore, as the market awareness of Iodised salt grows there would be an additional requirement of approx 1 Million tons of iodised salt. This could be full filled by SSM or Unorganised sector. Since BPL population would prefer to have Iodised salt:

- I. At their doorstep and
- II. At the cost which they can afford (Below Rs. 5/- per Kg)

Hence it would be more feasible for SSMs and un-organised sector to supply salt to the rural parts of India.

Approach II

Since all the three major salt producing states have different features, Government Policies, climatic conditions, market dynamics, geographical advantages etc, they have different issues to be addressed by the concerned authorities. This will make the industry more competitive and achieve USI as well.



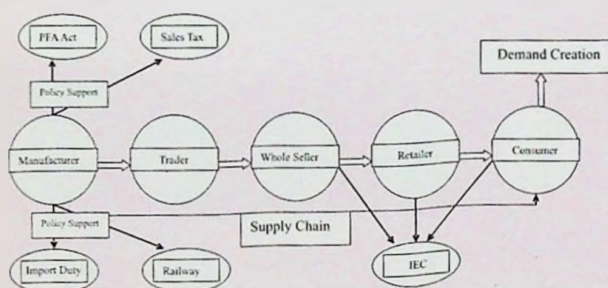
For instance, Industry located at Tamil Nadu needs more basic support like allotment of land, extension of lease agreement. The Gujarat based industry needs more advanced infra structural and technological support to make themselves compete in the global market.

Therefore, it is also suggested to form two regional panels namely:

- I. **South Panel:** Tamil Nadu, Andhra Pradesh, Orissa, Karnataka
- II. **North Panel:** Gujarat and Rajasthan

The formation of these panels would further help us to understand the regional concerns and issues and work more closely with the salt industry.

The suggested model for support to large manufacturers ICCIDD MII



Gujarat

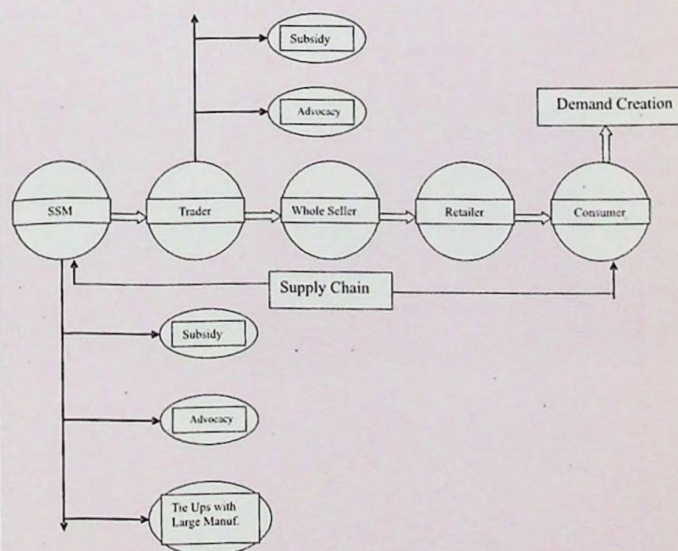


Tamil Nadu

In Summary

- I. The Indian Salt industry is in growth stage. Therefore, it is even more important to have sustainable industry oriented policies especially for areas of prime importance like infrastructure and technology.
- II. The production of iodised salt as well as common salt is scattered among various categories of producers, number of producers, production patterns etc. The given scenario becomes critical in few occasions to bring any policy related or any other strategic changes to make the industry more competitive.
- III. Among all the four categories, small scale producers and producers of Un-organised sector are the ones which need more attention and monitoring to make them competitive enough to retain themselves in the market competition.
- IV. Adequate support is required for every scale of organisation, be it a large, medium or small scale organisation. Although, the kind of support required varies between the scales of organisations.

The suggested model to extend support from ICCIDD-MII To SSMs and un-organised sector



Discussions with Small Scale Iodised Salt Producers at Tuticorin on 3rd May, 2006

A note by Mr. Amit Shukla, National Coordinator, ICCIDD, New Delhi

Tamil Nadu contributes almost 13.5% of the total salt manufactured in India and occupies 15% of the total land available for salt production and that makes the state the second largest producer of salt across the country.

Tuticorin contributes a substantial portion of the total salt produced in Tamil Nadu and most of the salt producers are into the business of salt produced for human consumption. Tuticorin currently offers a lot of potential in terms of achieving USI. The state has huge potential to cater to the need of the iodised salt in the adjacent states as well and hence plays a vital role in achieving USI in India.

The total production of salt in the state is 25, 27, 000 tons/annum. Whereas the production of salt for human consumption in Tamil Nadu is 19, 29, 000 tons, out of which only 36% salt is iodised i.e. 6,96,000 tons. Therefore the state still needs to iodise almost 12,33,000 tons of salt which is produced for human consumption.

To interact with the small iodised salt producers and to know the concerns they face in production of iodised salt which would ultimately lead to an additional effort towards achievement of USI in India, ICCIDD-MII organised a meeting with Tuticorin Salt Manufacturers Association on the 7th May, 2005 at Tuticorin.

The meeting was attended by 50 participants which included Small Salt Manufacturers, Traders, Officials of the Salt Department and Whole Sellers. The objective of the meeting was to really understand the various

concerns of the Small Scale Manufacturers related to the production of iodised salt. The concern regarding the ban against the sale of non iodised salt for human consumption was also discussed.

The meeting was addressed by Mr Amit Shukla, National Coordinator, ICCIDD India, Mr VVD Ravindran, President, Tamil Nadu salt Manufacturers association (TSMA), Mr V Ramasubramanian, immediate past president, TSMA and Mr Satyanidhi Rao, Extender, ICCIDD-MII.

ICCIDD-MII officials briefed the gathering about their objective to support underserved section of the society through supporting the small iodised salt manufacturers of India.

The following points were raised during the interaction:

- I. There should not be any compulsion for production of iodised salt for the human consumption
- II. The price of KIO₃ needs to be monitored and controlled by the concerned Government Authority
- III. The PFA Act needs some changes to make it industry friendly
- IV. The State Government should also consider iodised salt as a priority
- V. The relevant authorities of Salt should become proactive for solving the concerns of the industry



Meeting in progress at TSMA, Tuticorin



President of TSMA, Mr. V.V.D. Ravindran sharing his views during the meeting. Sitting L to R, Suptd. of Salt Mr. D. Shivakumar & Mr. Amit Shukla, ICCIDD



Update from Sri Lanka

A note by Mr. Mahinda Gunawardena, National Coordinator, ICCIDD

Universal Salt Iodisation (USI) Project in Sri Lanka

ICCIDD-MI initiated project in Sri Lanka has many components. The component at USI Project in Lanka Salt Limited, Hambantota is proceeding most satisfactorily. The Civil and Electrical Work have progressed to the mid level of execution, while LSTK Machinery and Centrifuge fabrications are in progress, in India. Judging from current progress, it appears that commissioning will be possible, on schedule by December, 2006.



Puttalam Salt Limited

The Board of Directors have just approved the Civil and Electrical Works award, which would see the Contractor being mobilized by next week. The LSTK Machinery etc. may be confirmed with the Supplier's already selected, thereafter.

Tsunami affected Childrens Project

In respect of the above project in Hambantota, much progress has been made. Construction is underway of the Drop in Centre and Community Hall which may see completion by October 2006. The Centre would facilitate Education, Distant Education, Skills Development, IT related activities, Arts, Drama and Recreation. This Centre would be the ICCIDD Centre in the Iodine Deficiency IEC Programmes in Hambantota. It would also serve as the Nucleus Location that would help the Children to integrate with society as fully complemented, productive and accomplished individuals.



Some Questions about Rock Salt

Source: <http://www.soest.hawaii.edu/GG/ASK/rocksalt.html>

1. What is rock salt?

This is the common name for the mineral "halite". Its chemical formula is NaCl. You might know this substance as table salt. and... Actually, rock salt is not K₂SO₄; it is NaCl. It can have impurities of gypsum (CaSO₄) and sylvite (KCl) but it is very rare to find potassium sulfate as a mineral, although occasionally polyhalite (K₂Ca₂Mg(SO₄)₄·2H₂O) is found associated with rock salt deposits.

2. How is Rock Salt formed?

It is typically formed by the evaporation of salty water (such as sea water) which contains dissolved Na⁺ and Cl⁻ ions.

3. Where is Rock Salt formed?

One finds rock salt deposits in dry lake beds, inland marginal seas, and enclosed bays and estuaries in arid regions of the world. At various times in the geologic past, very large bodies of water (such as the Mediterranean Sea and an old ocean that sat where the Atlantic Ocean sits now) also evaporated and made enormous deposits of rock salt. These deposits were later buried by marine sediments. Since halite is less dense than the materials that make up the overlying sediments, the salt beds often "punched up" through the sediments to create dome-like structures. These are now mostly buried by additional sediments.

4. What is Rock salt used for?

Table salt is essential for human life. A large amount of the commercially mined rock salt is prepared for human consumption. Rock salt is also applied to road beds in cold climates to help reduce the freezing point of water on the road, thereby allowing it to not freeze-over at 0 deg. C.

5. Why is Rock Salt important?

As I mentioned above, Table salt is essential for human life. In addition, the formation of Rock Salt deposits from the world's oceans is the major mechanism through which the Ocean's can regulate their NaCl content, thereby not becoming "overly" salty. Salt formations are also important in the rock record because they form one of the most important "traps" for petroleum in the crust. Geologists often use a variety of techniques to try and locate salt domes in the subsurface when they are exploring for new oil and gas resources.



Halite Crystal

REMEMBERING THE VISIONARIES

"As we enter a new phase of technology application in respect to micronutrient malnutrition, an understanding of the reasons for our failure to utilise optimally some of the common place contributions of science and technology would be useful."

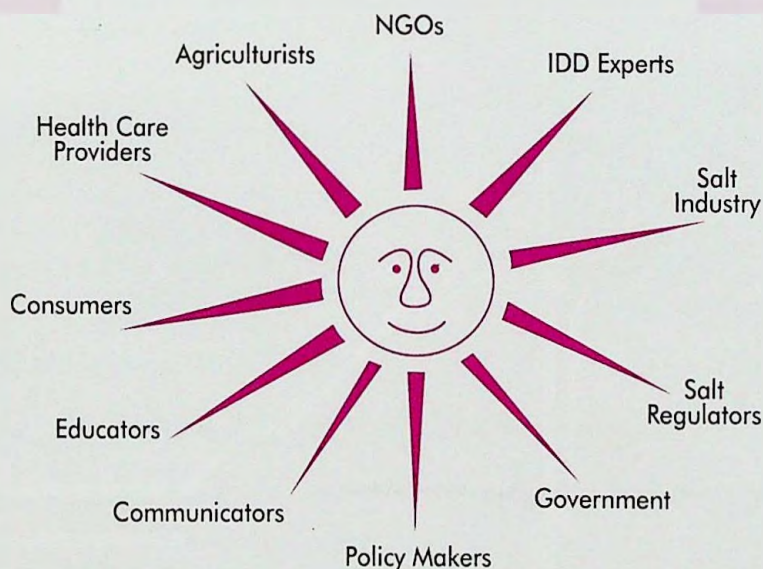
- V. Ramalingaswami, Ending Hidden Hunger, 1991

"Micronutrient deficiency does not produce hunger as we know it. It gnaws at the core of health, but not below the belly. Most of its consequences are not readily perceived; like the iceberg, its' bulk lies beneath the surface. Even its most apparent efforts - such as blindness and cretinism - seem to most people to be unrelated to diet. That is why we call it "Hidden Hunger" and why such an extraordinary effort must be made - through every available channel - to drag it into the open, make it visible as an issue at the political level and empower families with the prevention knowledge they need."

- James P. Grant, Executive Director, UNICEF, 1995

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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