IDD NEWS

IQ+ Jagriti

VOL. IV, ISSUE 4, DECEMBER 2006

IN THIS ISSUE

Salt for Freedom - Adequately Iodised
Salt for Freedom from Brain Damage

आयोडीन-युक्त नमक
एक नया आंदोलन

आयोडीन-युक्त नमक इन रोगों से हमारी सुरक्षा करता है:

- घेंघा रोग
- बहरापन
- अविकसित मस्तिष्क

NATIONAL RURAL HEALTH MISSION

Courtesy: National Rural Health Mission,
Ministry of Health & Family Welfare, 2005

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.

Printed & Published by:
Dr Chandrakant S Pandav
on behalf of ICCIDD
Contact Address:
Room No 28, CCM Building,
Old OT Block, All India Institute of
Medical Sciences, New Delhi-29
Tel: 011-26588522
E-mail: cpandav@iqplusin.org
Website: www.iqplusin.org
Designed & Printed at
Pathfinders, Lajpat Nagar
Ph.: 26295066

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,

As the year 2006 opens the door for the New Year, it reminds us that a lot has been done towards IDD elimination. Yet much more needs to be done. India has reinstated the ban on sale of non iodised salt for human consumption. Effective implementation of the ban is a challenge and there is a strong political will to do that.

A lot has happened in this quarter. A workshop was organised by the Ministry of Health & Family Welfare under National Iodine Deficiency Disorders Control Program (NIDDCP) on the occasion of Global IDD Day. The Ministry also conducted a workshop on Nutrition, Micronutrient Deficiency, Diet Related Chronic Non Communicable Disorders and Promotion of Healthy Lifestyle. The Union Health Minister graced the occasion. A detailed report is included in this issue.

A state level survey in Jharkhand on "Tracking Progress Towards Elimination of IDD" was conducted by Government of Jharkhand, ICCIDD, UNICEF and agencies. The household consumption of adequately iodised salt in Jharkhand is 64.2% which is much better than the neighbouring states of Orissa and Bihar. The dissemination workshop of the results of the study was conducted on 17th November, 2006 at Ranchi, Jharkhand. So far ICCIDD, UNICEF, MI in partnership with the State Governments, Medical Colleges & National Institutes like AIIMS, NIN Hyderabad, NIE Chennai have conducted studies in Kerala (2001), Tamil Nadu (2002), Orissa (2003), Bihar (2003), Goa (2003), Rajasthan (2004) and now in Jharkhand (2006).

The southern region panel meeting by ICCIDD at Tuticorin, Tamil Nadu gave a platform to the producers of South India to bring forward their concerns regarding iodisation of salt.

The Endocrine Society of India organized its 36th Annual Conference, ESICON 2006 at Jaipur.

A national consultation meeting to develop strategy to initiate newborn screening program in India was organized at the All India Institute of Medical Sciences (AIIMS), New Delhi.

An inter-country workshop was held at Jaipur by the United Nations World Food Programme to share the experiences with regard to efforts towards IDD elimination.

Thus, progress is being made on all fronts-Policy & Program, Professional Associations and at salt production level. Thus stakeholders are contributing individually and collectively so as to ensure and sustain IDD elimination in India.

cpandav

Dr. Chandrakant S. Pandav

Regional Coordinator - SA Region

National Iodine Deficiency Control Programme (NIDDCP) workshop
26 - 27 October, 2006, New Delhi

Dr. Arijit Chakrabarty, ICCIDD

A two day National multi-sectoral workshop on "National Iodine Deficiency Disorders Control Programme" (NIDDCP), was organized by the Ministry of Health and Family welfare, Government of India, on 26 - 27 October, 2006 at the India Habitat Center, New Delhi. The workshop was organised to mark the Global Iodine Deficiency Disorders Prevention Day which could not be held on the 21st of October as it coincided with a major festival of India viz. "Diwali", the festival of lights.

States and union territories health services directors, representatives from the Ministries of Salt Industry, Women and Child Development, Iodised Salt Manufacturers and Potassium Iodate Manufacturers, WHO, ICCIDD, UNICEF and AIIMS, participated in the workshop.

Secretary Health, Mr. P.K. Hota inaugurated the meeting. He said, "providing good quality iodine-enriched salt to people was the national need if diseases caused due to lack of iodine had to be countered". He urged both scientists and salt manufacturers to have a new look at the issues connected with effectiveness of iodine in salt. He said that since the central ban on sale of non iodised salt for human consumption was reinstated w.e.f. 17th May, 2006 it was important that the ban gets implemented strongly and the monitoring is strengthened.

Secretary Hota also released a compact disc 'Swasthya Ki Dagar - Iodine Namak' and the revised policy guidelines of NIDDCP on the occasion.

The workshop gave a platform to the Iodised Salt Manufacturers and Potassium Iodate Manufacturers to bring forward their concerns and discuss them on a common platform shared by the policy makers and other agencies. The workshop also included scientific presentations on IDD and the current status of the NIDDCP programme in the states.

The workshop also facilitated ICCIDD and UNICEF to reiterate its stand on the formation of the National Coalition. This point was noted by the Joint Secretary Health and Family Welfare and an assurance was given that the proposal would be evaluated on a priority and a decision would be taken within 4 weeks time.

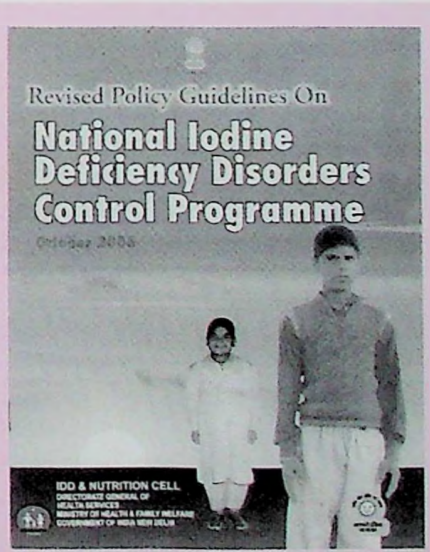
The following points were brought forward for consideration in the recommendations of the workshop:

Monitoring

1. Improve quality control of iodised salt at production site, before and during transport and during distribution.
2. To develop mechanism to monitor the movement of iodised salt by road in the country.
3. To develop a mechanism for registering the unregistered iodised salt producers so that their production can be monitored.

Ministry of Railways

1. To take up case with Ministry of Railways for ensuring regular timely supply of railway wagons.
2. Increase the allotment of wagons for movement of iodised salt.
3. To reduce the increased freight of rail transport and revert back to preexisting rates before 1st April, 2006.
4. Priority for movement of iodised salt to be upgraded to category "B" which is currently category "C".
5. Ministry of Health & Family Welfare, Government of India, to write to Ministry of Railways to create discussion platform for the salt sector.



Prevention of Food Adulteration (PFA) Act

1. PFA needs to be revised to make it less stringent (Industry Oriented) to the iodised salt manufacturers.
2. Non-bailable warrants and imprisonment should be omitted.
3. Fine amount should be increased to not less than Rs. 10000/-. It should relate to the amount of salt transported.
4. Detection of misbranding of iodised salt should be given high priority. A fine amount of not less than Rs. 10000/- should be imposed on the concerned producer/wholesaler/ retailer
5. Purity of Potassium Iodate should be brought down to 99% which is currently 99.8%. In other countries Potassium Iodate used for salt fortification is of Food Chemical Codex (FCC) Grade, which is 99%. In India food grade (PFA) is 99.8%.
6. To review the specifications of 30 PPM of iodine at production level and 15 PPM of iodine at the consumer end. Should it be reduced to 20 PPM at the production level or should the clause be removed for production level all together as long as the consumer end remains at 15 PPM needs to be debated.
7. All pending cases booked under current PFA should be withdrawn.

Ministry of Industry

1. Eliminate Counter Veiling Duty (CVD) on iodine which is meant for production of potassium iodate. Currently the overall duty on imported iodine is 33.65% (Basic duty: 10%, CVD: 16%, Additional Duty: 4%. Educational Cess: 2%, Overall additional education Cess: 2%). Since CVD is equivalent to Excise Duty, CVD should be abolished for the Iodine which is meant for production of Potassium Iodate with appropriate end use certificate. (as there is no excise duty on potassium iodate). b. VAT @ 4% on potassium iodate by state government should be exempted as Hon'ble Finance Minister has already agreed to exempt iodised salt and iodine from VAT.
2. If it is not possible to abolish CVD on imported iodine then excise duty on potassium iodate should be imposed (This shall not increase any price of potassium iodate).
3. Director General Foreign Trade (DGFT) should Modify Standard Input /Output Norms from existing 0.695 Kgs to 0.595 Kgs Iodine against export of 1 Kgs Potassium Iodate (Chemical Product Group Sl. No: A1156). At present scenario, if 1 Kg Potassium Iodate is exported then exporter shall get 0.695 Kgs of Iodine without payment of Duty which in actual should be 0.595 Kgs. Thus exporter shall receive 10 % more duty free Iodine than actually required. This means if 1 Kg of Potassium Iodate is exported from India there is a revenue loss to custom for 100 gms Iodine.

Coalition formation

1. There is a need to adopt a regional approach to analyse issues related to USI.
2. A multi - sectorial body (National Coalition) comprising of various stakeholders such as Salt Industry, Government agencies, other agencies for USI should be formed to actively address the above mentioned issues.
3. Increase Government spending on awareness creation.

Besides representatives of 16 States and Union Territories (Jammu & Kashmir, Chandigarh, Punjab, Bihar, Lakshadweep, Tamil Nadu, Mizoram, Andhar Pradesh, Gujarat, Kerala, Rajasthan, Haryana, Delhi, Orissa, Madhya Pradesh, Himachal Pradesh) in India, the following attended the meeting.

1. Mr. Prasanna Hota, IAS, Secretary (Health & FW)
2. Ms. S. Jalaja, IAS, Additional Secretary, Ministry of Health and Family Welfare, Govt. of India
3. Ms. Rita Teaotia, IAS Joint Sectretary, Ministry of Health and Family Welfare, Govt. of India
4. Dr. R.K. Srivastava, Director General Health Services, Ministry of Health and Family Welfare, Govt. of India
5. Dr. S. J. Habayab, WHO Representative to India
6. Dr (Ms.) L. Sonar, DDG (P)
7. Dr. B. K. Tiwari, Advisor Nutrition, Ministry of Health and Family Welfare, Govt. of India
8. Dr. N. Kochupillai, Ex-Prof & Head Deptt. of Endocrinology & Metabolism, AIIMS, New Delhi
9. Mr. S. Sundresan, Salt Commissioner, Govt. of India
10. Dr. Eric Alain Ategbo, UNICEF
11. Dr. Chandrakant S. Pandav, Prof. & Head, center for Community Medicine, AIIMS and Regional Coordinator (SA Region), ICCIDD
12. Dr. Arijit Chakrabarty, ICCIDD
13. Mr. Amit Shukla, ICCIDD
14. Dr. Shariqua Yunus, WHO Country Office, India
15. Dr. Mohan Ram, Ex-director, NIHFW, Hyderabad
16. Ms. Usha Bhasin, Senior Director, Prasar Bharati, Doordarshan
17. Mr. M. S. Prakash, Director, Tuticorin Salt Manufacturers Association, Tamil Nadu
18. Mr. Hiralal Parekh, Ankur Chemfood Products, Gujarat
19. Mr. Rajubhai, Kharagoda Salt Manufacturers Association, Gujarat
20. Mr. Parasmal Nahata, Chrai Salt Ltd., Gandhidham, Gujarat
21. Mr. Anil Gattani, President Nava Salt Mfg. Association, Rajasthan
22. Mr. Ramkumar Agarwal, President Rajasthan Iodised Salt Manufacturers Association, Rajasthan
23. Mr. Manubhai Makadia, All India Potassium Iodate Mfg. Association, Ahmedabad, Gujarat
24. Mr. Kiran Dave, Micron Laboratories, Gujarat

National Workshop on Recent Advances in Nutrition, Micronutrient Deficiency, Diet Related Chronic Non Communicable Disorders and Promotion of Healthy Lifestyle

14 - 15 December, 2006, New Delhi

Dr. Arijit Chakrabarty, ICCIDD

A two day workshop was held at Vigyan Bhavan, New Delhi organized by the Directorate General Health Services, Ministry of Health and Family Welfare, Government of India. The inauguration of the workshop was done by the Hon'ble Union Minister for Health & Family Welfare, Government of India, Dr. Ambumani Ramadoss.

Speaking on the occasion Dr. Ramadoss said that the workshop is a unique one because it would address all the issues related to nutrition. He urged the participants to come up with suitable recommendations for inclusion in the National Rural Health Mission (NRHM) of Government of India. The minister would be meeting the Hon'ble Human Resource Minister, Sri. Arjun Singh to finalise a proposal to make health and lifestyle classes mandatory in schools.

"We want to introduce health as a subject in schools, to be taught bi-weekly. We plan to enlighten the younger generation about diseases and a healthy lifestyle. They should know what to eat and what to avoid how much to exercise, what type of lifestyle is best for them, how it will help their health besides being aware of diseases like HIV/AIDS,"Ramadoss said.

The Secretary Health, Government of India, Mr. Naresh Dayal gave the key note address. He said, "Every school should look into the health of its children. The school health programme should become an integral part of NRHM ". He said that Nation building should be a priority and the social security system should be strengthened. He further appealed to the scientists that research should supplement the policy implementation. Mr. Dayal informed that the notification for increasing the age of beneficiaries from 3 years to 5 years for the Vit A programme is now in place.

There were forty participants at the workshop which included State Representatives and Regional Directors of Ministry of Health.

The workshop saw a wide range of presentations dealing with diet related disorders and micronutrient deficiency. There were presentations dealing with Ayurveda and Yoga also.

Dr. Arijit Chakrabarty from ICCIDD attended this workshop. He participated in one of the group activities which dwelled on the micronutrients. He contributed to the group work by recommending the following for IDD elimination:

1. Strict enforcement of the legislation to maintain the quality production of adequately iodised salt.
2. Increased budgetary allocation for strengthening IEC activities for IDD in NIDDCP.
3. Strengthening the PDS network for ensuring availability of adequately iodised salt at an affordable price to the underprivileged population of the nation.
4. To promote spot testing of iodine in salt using salt testing kit by school children in coordination with Ministry of Education.

Key Attendees:

1. Dr. Ambumani Ramadoss, Hon'ble Union Minister for Health & FW, Government of India
2. Mr. Naresh Dayal, Secretary Health & FW, Government of India
3. Dr. R.K. Srivastava, Director General Health Services, MOH, Government of India
4. Ms. Rita Teaotia, Joint Secretary, Department of Health &FW, Government of India
5. Ms. S. Jalaja, Additional Secretary, Ministry of Health & FW, Government of India
6. Dr. B.K.Tiwari, Advisor Nutrition, Dte. GHS, Government of India
7. Dr. Arvind Mathur, NPO, WHO Country Office, India
8. Dr. L. Sonar, DDG (P), Dte. GHS, Government of India
9. Mr. Chaman Kumar, IAS, Joint Secretary, WCD, Government of India
10. Dr. V. Kochupillai, Chief IRCH, AIIMS
11. Dr. A. Ramachandran, Diabetes Research Centre, Chennai
12. Dr. S.K. Sharma, Adviser Ayurveda
13. Mr. K.D. Maiti, Director, (MH), Deptt. of HFW
14. Mr. I.V. Basavareddy, Director Morarji Desai, National Inst. of Yoga
15. Dr. B.D. Athani, Director, AIIPM&R
16. Dr. Mohan Ram, Ex-Director, IIH&FW
17. Dr. Shariqua Yunuss, WHO Country Office
18. Dr. Arijit Chakrabarty, ICCIDD
19. Dr. Saraswati Bulusu, The Micronutrient Initiative

Hon'ble Union Health Minister, Dr. Ambumani Ramadoss's address

Smt. Rita Teaotia, Jt. Secy MOH & FW

Participants at the workshop

Workshop on Iodine Deficiency and Mental Retardation
11th December, 2006, B.R. Medical College, Gorakhpur

Dr. Arijit Chakrabarty, ICCIDD

As a part of the activity in the National Iodine Deficiency Control Programme (NIDDCP), the State Health Institute (SHI) of Uttar Pradesh organized a workshop at Department of Paediatrics, B.R. Medical College, Gorakhpur to announce the launch of survey on mental retardation in Gorakhpur district. This survey is being funded by the NIDDCP Dr. Arijit Chakrabarty from ICCIDD, AIIMS, New delhi was invited as a guest speaker for the session "Iodine and its importance in Brain development".

The workshop was attended by about 50 people which included representatives from state IDD cell, students and doctors of B.R. Medical College, Gorakhpur.

Key Attendees:

1. Dr. A.K. Srivastava, DGHS, Ministry of Health, Government of India, New Delhi
2. Dr. B.K. Tiwary, Advisor Nutrition, Ministry of Health, Government of India, New Delhi
3. Professor V.K. Srivastava, Convener State Nutrition Resource Centre, Social & Preventive Medicine, KG Medical University, Lucknow
4. Professor Uday Mohan, Social & Preventive Medicine, KGMC, Lucknow, Uttar Pradesh
5. Dr. O.P. Singh, Principal, B.R. Medical College, Gorakhpur, UP
6. Dr. A.K. Rathi, Head of the Department of Paediatrics, B.R. Medical College, Gorakhpur, UP
7. Dr. V.K. Verma, State IDD Cell

Participants of the workshop

Dignitaries on the Dias

Sonia Gandhi Lauds NGOs' Role in Development
24 - 25 November, 2006, Tirupathi

Pritam Singh Tanwar, Rajesh Lal

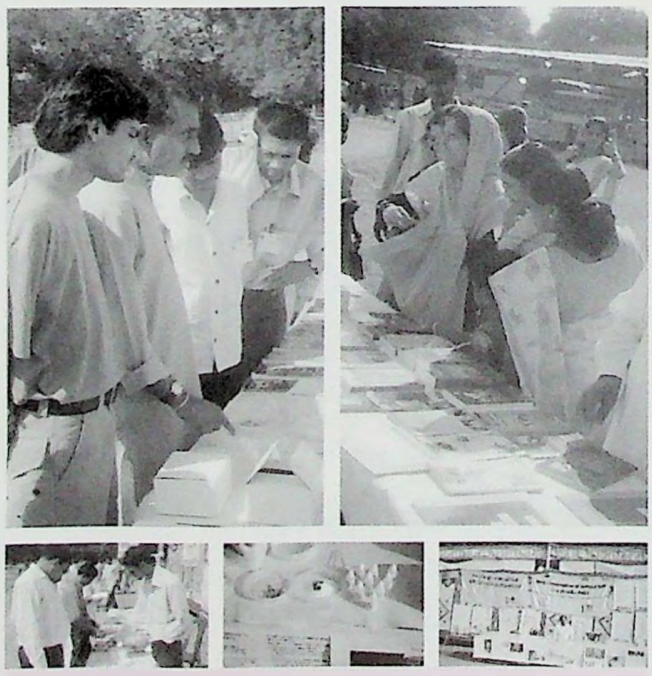
Community organizations should play an active role in implementing various development and welfare programmes of the government meant for the upliftment of the deprived sections of the society - Sonia Gandhi, Chairman, Indian National Congress Party.

Inaugurating the three day annual summit of Akhil Bharat Rachanatmak Samaj (ABRS) and Silver Jubilee celebrations of Rashtriya Seva Samithi (RASS) at Tirupathi, Andhra Pradesh, Sonia Gandhi also emphasized the role of these organizations in strengthening the Panchayat Raj system by improving skills of Women Self Help Groups (SHG).

The summit recorded an attendance of over 50,000 people. ICCIDD sent a team of two persons to display printed materials on IDD and demonstrate the use of Salt Testing Kit. Mr. Pritam Singh Tanwar was accompanied by Mr. Rajesh Lal in this team.

Besides several ministers from the central and state government, the key persons who attended the summit are as follows:

1. Sonia Gandhi, UPA Chairperson
2. YS Rajasekhara Reddy, Chief Minister of Andhra Pradesh
3. Rameshwar Thakur, Governor of Andhra Pradesh
4. Nirmala Deshpande, Member Rajya Sabha
5. Munirathnam, RAS



Demonstration of use of Salt Testing Kits by ICCIDD-MII officials. Also on display are the printed advocacy material produced by ICCIDD-MII on IDD awareness

Dissemination Workshop: Jharkhand Survey
17th November, 2006, Ranchi

Dr. Prasant Saboth, ICCIDD, Mr. S.P. Verma, Dr. Farhat Sayeed

A dissemination workshop was held on 17th November, 2006 at the SKIPA hall, Ranchi to disseminate the results of the state wide study carried out to track progress towards sustainable elimination of iodine deficiency disorders in Jharkhand. The participants were from Integrated Child Development Services (ICDS) Scheme, Health, Education and Civil Supply Departments. Representatives from UNICEF, ICCIDD, CARE and other national and local NGOs were also present. The electronic and print media was also present in the workshop. In total there were about 300 participants in the workshop.

Mr. S.P. Verma, Assistant Director, Department of Social Welfare, Government of Jharkhand delivered the welcome address.

Mr. M.P. Sinha, Director, Social Welfare, Government of Jharkhand presented the objectives of the workshop which were:

1. To share the results of the study
2. To orient key stake holders on the issues related to iodine in the state
3. To make joint plan of action to overcome challenges
4. To develop key recommendations for follow up at all levels
5. Sri U. K. Sangama, IAS, Principal Secretary, Social Welfare, Women and Child Development inaugurated the workshop and addressed the workshop on importance of iodine in daily life. He gave stress that effective IEC activities can result in improved consumption of iodised salt in the state.

Dr.Chandrakant S. Pandav, Professor & Head, Centre for Community Medicine, AIIMS, New Delhi made a power point presentation stating the history and perspective of Iodine and Iodine Deficiency Disorders (IDD). He highlighted the ill effects of IDD on the community as a whole. He praised the efforts of Jharkhand Government for providing adequately iodised salt to the Below Poverty Line (BPL) families through the Public Distribution System (PDS). He also reminded every body on the reinstatement of the central ban on production of non iodised salt for human consumption from 17th May, 2006. He appealed to the Government, NGOs and other agencies to take Jharkhand towards USI. He urged the Government of India to establish a IDD cell in Jharkhand and to involve the Panchayti Raj Institutes (PRI), school teachers and children in monitoring the iodine content in the retail shops and at household level.

Mr. Sujeet Ranjan, State Representative, CARE, Jharkhand made a presentation on the importance of micronutrients in early child development. He gave stress on strengthening IEC for behavior change in the community for purchasing iodised salt.

Dr. Prasant Saboth, ICCIDD made a presentation on the findings of the survey. He shared that the household consumption of iodised salt in Jharkhand was 95.5 % in comparison to 84.7% and 86.9% in the neighboring states Bihar and Orissa respectively. He further stated that while the proportion of people consuming adequately iodised salt in Jharkhand is 64.2 %, it was 40.1% in Bihar and 45% in Orissa (the national figure is 49.9% (NFHS-2, 98-99).

The median urinary iodine is 173.2 μg/L in Jharkhand. It is 85.6 μg/L and 85.4 μg/L in the neighboring states Bihar and Orissa respectively. Proportion of population having urinary iodine excretion (UIE) below 100 μg/L is 26.4 % in Jharkhand, while it is 55.3% and 60.3% in Bihar and Orissa respectively. Proportion having UIE below 50 μg/L is 10 % in Jharkhand while it is 31.5% in Bihar and 32.2 % in Orissa.

Goitre prevalence is 0.9% in Jharkhand while it is 5.2% in Bihar and 8% in Orissa state.

Dr. Prasant stressed on the sustainability of USI in Jharkhand and mentioned that IDD is a nutritional deficiency due to the result of deficiency of iodine in soil and water. IDD can therefore return at any time if the control programmes are not maintained constantly.

There was a wide discussion on the recommendation among the participants before presenting it to the Hon'ble Minister, Social Welfare, Women & Child Development, Smt. Joba Majhi

Dissemination workshop proceedings of Jharkhand. Hon'ble Minister Social welfare, Smt. Joba Majhi addressing the gathering

Recommendations

1. A time bound plan should be prepared to widely share the results of the survey and the substantial progress achieved with multi-sectorial and multi-disciplinary state level audience involved as stakeholders to the IDD problem. Dissemination of the results of the study should be a high priority. It also ensures that the objectives and activities proposed are data-driven & linked to informed decision making process.
2. Associations of salt traders and distributors of iodised salt in Jharkhand should be informed of the State Governments efforts to improve the IDD status and their cooperation and suggestions must be sought.
3. The Chief Minister and Minister of Health & Minister of Social Welfare, Women & Child Development should write to all the Panchayat Raj members seeking their support for sustaining the IDD control programme and ensuring that only iodised salt is sold in the villages in their areas.
4. The Chief Secretary, Principal Secretary Social Welfare, Women & Child Development, Secretary Health should write to all the District Magistrates and the Secretary, Health should write to Chief Medical Officers of the districts to ensure sustainable IDD elimination as a top priority. They should ensure that adequately iodised salt reaches to all the population in their districts.
5. To work out a strategy plan for "sustaining the progress" and more important to comprehend the fact that IDD can always come back and that the same amount of effort and resources are required to sustain the progress after elimination.
6. Strengthen the IEC. This is important to bear in mind from the point of view of sustainability of salt iodisation. Lack of adequate IEC can result in decrease in demand of iodised salt.
7. A system of annual cyclic monitoring should be developed for the state so that in a five year monitoring cycle all the districts are covered for ensuring availability of adequately iodised salt. The monitoring system should be linked to the decision making process so that required corrective actions are taken to ensure availability of adequately iodised salt.
8. A comprehensive communication & awareness raising plan must be developed & initiated so that the population continues to understand why it is important to consume only adequately iodised salt.
9. Plan should include the testing of salt by school children, which should be made part of the regular curriculum to be financed by Ministry of Education. Testing can also be done on regular basis by AWW & ANMs.
10. The present household coverage of iodised salt in the state is 95.5% whereas the coverage of adequately iodised salt is 64.2%. While the figures are much better than the neighboring states and the National average, all efforts should be made to raise the coverage of adequately iodised-salt to 90% and sustain it as well.
11. Jharkhand has almost met all the indicators except the coverage of adequately iodised salt. It is currently the ideal state to have made substantial progress in IDD elimination. This has been largely possible due to the State Government's initiative and leadership in procuring and making available iodised salt to a large population at an affordable price through the PDS.
12. Jharkhand is a remarkable example of success story for a newly formed state.
13. Opportunity should be provided to Jharkhand to share the achievements not only in the health sector but also in the development sector.

No.	Variables	Jharkhand 2006	Bihar 2003-04	Orissa 2002-03	Goal
1.	Proportion of households consuming iodised salt (both adequate and some amount of iodine) %	95.5	84.7	86.9	
2.	Proportion of households consuming adequately iodised salt % (>=15 PPM by titration)	64.2	40.1	45.0	> 90%
3.	Median urinary iodine µg/L	173.2	85.6	85.4	> 100
4.	Urinary iodine excretion (UIE) < 100µg/L (%)	26.4	55.3	60.3	< 50%
5.	Urinary iodine excretion (UIE) < 50µg/L (%)	10	31.5	32.2	< 20%
7.	Goitre prevalence (%)	0.9	5.2	8.0	< 5%

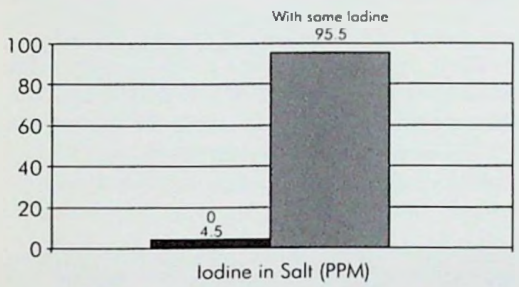
Address by the Hon'ble Minister for Social Welfare, Women and Child Development, Government of Jharkhand:

The Hon'ble Minister, Smt. Joba Majhi expressed her solidarity to the recommendations and asked the officials to make a practical plan to achieve the goal of universal salt iodisation in Jharkhand state. She told the delegates that the fight against malnutrition is incomplete without strengthening micronutrient supplementation for the population. Her emphasis was more focused to improve the nutrition status of pregnant women and children of rural and BPL families. She suggested preparation of IEC materials to educate the mass on the link between iodine intake and improved Intelligence Quotient. She expressed her confidence that once the villagers are educated about the benefits of iodine for the growing fetus and intelligence of their children, they will not compromise with the quality of salt.

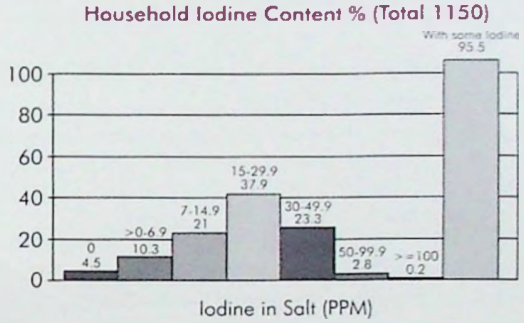
She appealed the officials present in the house to come together and make a revolution in Jharkhand state to eliminate goitre and make the state free from iodine deficiency disorders.

Vote of thanks was given by Mr. Subodh Kumar, Assistant Director, Department of Social Welfare, Government of Jharkhand.

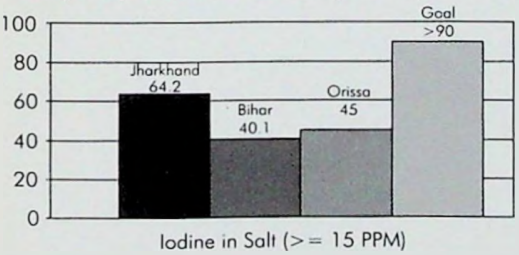
Household Iodine Content % (Total 1150)



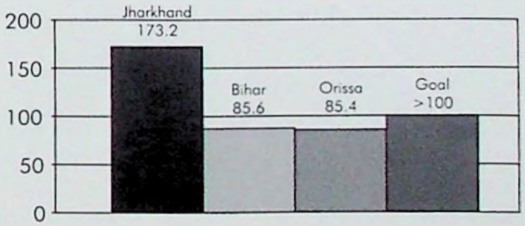
Household Iodine Content % (Total 1150)



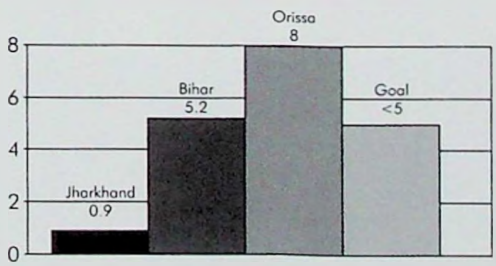
Adequately Iodised Salt Consumption % (Goal > 90%)



Median Urinary Iodine µg/L (Goal > 100)



Goitre Prevalence % (Goal < 5%)



Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders (IDD) in Jharkhand

A collaborative project of:

Government of Jharkhand, ICCIDD, UNICEF, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, Government Medical College, Nagpur, Maharashtra

Interactive Session on Production of Adequately Iodised Salt in Gujarat
6th October, 2006, Gandhidham, Gujarat

Amit Shukla, ICCIDD

With an objective to interact with the Gujarat salt industry, an interactive session was organized at Gandhidham Chambers of Commerce and Industry on 6th October, 2006 at Gandhidham, Gujarat by ICCIDD and MII.

Objectives of the session

1. To understand the constraints of the producers and initiate dialogue with a view to finding solutions.
2. Take stock of the current practices with regard to quality assurance at production level and come out with a protocol for quality control at production level.
3. Serve as a platform for the salt producers and traders to interact with the officials of the Salt Commissioner's office and ICCIDD-MII officials regarding the support extended by ICCIDD-MII towards elimination of IDD and achieving USI in India.

Approximately 80 iodised salt producers and traders from all parts of the Gujarat state attended this session. They interacted with the officials of the salt department and officials from ICCIDD-MII team.

Dignitaries on the Dias

1. D.L. Meena, Deputy Salt Commissioner, Gujarat
2. Bachubhai Ahir, President, Gandhidham Chamber of Commerce and Industry
3. D.S. Jhala, President, Indian Salt Manufacturers Association
4. Babulal Singhvi, Managing Director, Friends Group of Companies
5. Nakul Agarwal, Director, Bhagwandas & Sons
6. Tripti Pant Joshi, National Programme Officer, MII, New Delhi
7. Amit Shukla, National Coordinator, ICCIDD, New Delhi

The welcome address was given by Ms. Tripti Pant Joshi of MII. She explained the long term association of salt producers and ICCIDD-MII. She went on to narrate the activities carried out in Gujarat by MII-ICCIDD, under the ICCIDD-MII-USI Project. Talking about iodine and its importance she mentioned, Iodine is a micronutrient and it is essential for brain development of child. Therefore, iodisation is necessary and requested all the present members to come forward with their views and suggestions to improve the quality of iodisation in the salt.

Mr. Amit Shukla explained the objective of the ICCIDD-MII-USI project and also briefed about the progress of the project to the industry. It was explained to the industry that the efforts are in direction to produce more quantity of adequately iodised salt. At the same time efforts are on to make it more saleable in the open market. He proposed that the effort needs participation from the industry people as well.

Mr. D.L. Meena, Deputy Salt Commissioner, in his speech, expressed his satisfaction for the iodisation programme in Gujarat and emphasised upon the good work done by the industry people, as the iodised salt production increased to 3.3 million tons for year 2005-06 as compared to 3 million tons during 2004-05. The intervention of ICCIDD-MII was appreciated for the improved quality of iodised salt. It was discussed that KIO3 distribution in the inland area, has made the difference and the quantity has increased. Mr. Meena also mentioned about the irregular supply of Railway wagons for transportation of iodised salt.

Mr. Nakul Agarwal, in his presentation, highlighted various constrains faced by the Inland Salt Producers. He suggested some changes in the current criteria of the ICCIDD-MII project for distribution of KIO3. While appreciating the intervention of ICCIDD-MII, he mentioned the remarkable change and progress in the production of iodised salt.

Sitting from left. Mr. Amit Shukla; Mr. D.S. Jhala; Mr. Bacchubhai Ahir; Ms. Tripti Pant Joshi, Mr. D.L. Meena; Mr. Nakul Agarwal

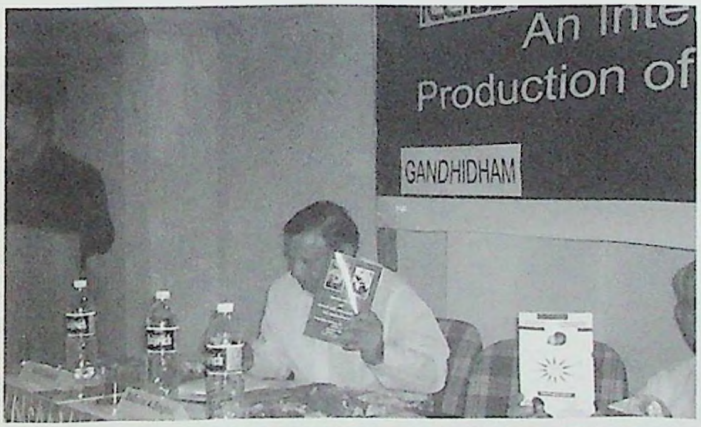
Mr. Agarwal also mentioned the concern related to PFA Act and how it affects the USI campaign. He requested ICCIDD-MII to increase the support for KIO3 distribution.

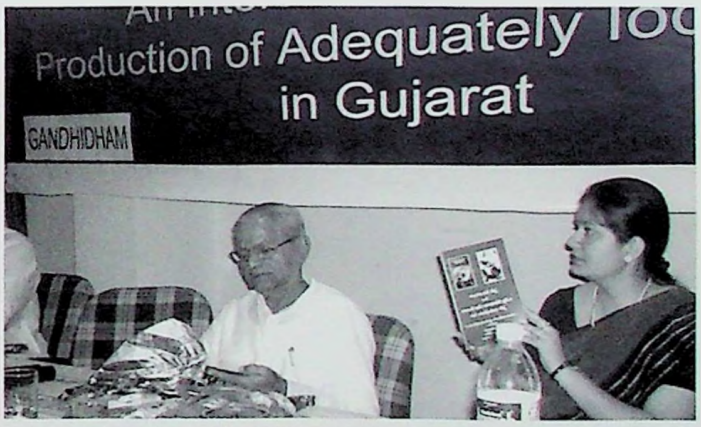
Mr. Babulal Singhvi, in his speech, extended his gratitude for organizing such a workshop and appreciated the delegates who came all the way from various parts of Gujarat to attend the workshop. He mentioned that to maintain the competitive atmosphere and to avoid anomalies in iodised salt prices in Gujarat KIO3 should be distributed to all producers. But he mentioned that refineries can be excluded as the beneficiaries of the ICCIDD-MII project. The present policy may lead the Medium Scale producers towards the least iodisation or inadequate iodisation of salt, as the medium scale producers will have to compete with small one in price war, who benefited with KIO3 subsidy.

Mr. Bachubhai Ahir, pressed upon adequate iodisation as a social responsibility. He mentioned that, it is the moral responsibility of all iodised salt producers to produce adequately iodised salt. He emphasised on strict monitoring on quality. He mentioned that international and bilateral organisations should focus more on monitoring of such activities. He mentioned Railways and PFA Act are the greatest constraints in iodisation campaign in India. He suggested the department to develop a system to keep track of spurious packets where they have no control. He mentioned that the movement of iodised salt through road has no quality related control. He emphasised that despite the problems, iodisation of salt is a moral responsibility and the producers should adequately iodise the salt. He also appreciated the interventions of ICCIDD-MII. He mentioned that the reduction in price of KIO3 will certainly be of great help to the industry.

Mr. D.S. Jhala, President Indian Salt Manufacturers Association proposed the vote of thanks and appealed everyone to support USI campaign in India despite the various constraints that the salt industry is facing. He mentioned that IDD is a public health problem and producers are responsible to deal with it. He also mentioned that the concern related to Railway and PFA act should be addressed jointly by all the agencies and department. He then extended his vote of thanks to all the participants and the Gandhidham Chambers who took lead to organise such a workshop.

The Gujarati version of the booklet "swatantraya mate mithu ane magaj ni khshti tadva ma thi mukti mate iodised mithu" was released by Mr. Bachubhai and Shri D.L. Meena along with the dignitaries on dias. This book is sponsored by the Gandhidham Chamber, Jawahar Nagar Vepari Welfare Association, Kandla Salt Manufacturers Association and Kutch Small Scale Salt Manufacturers Association.





Mr. Bacchubhai Ahir, Mr. D.L. Meena and Ms. Tripti Pant Joshi releasing the Gujarati version of the advocacy material booklet.

Un-organised Sector of Gujarat Salt Industry
8 - 10 September, 2006, Ahmedabad

Amit Shukla, ICCIDD

With a view to understand the un-organised sector of Gujarat Salt Industry known as "Ghantiwala Salt Manufacturers Association", officials from ICCIDD-MII visited these manufacturers during 8th and 10th September, 2006.

The purpose of the meeting was to understand the role, constraints, contribution and impact of the un-organised sector on IDD program and in the development of the salt industry, specifically in Gujarat. The team consisted of Dr. Chandrakant S. Pandav, Mr. Amit Shukla and the Guajarat ICCIDD-MII extender, Mr. Dinesh Thacker.

It was noticed that a large portion of the supply of iodised salt in many parts of Gujarat is being supplied by these small "Chakkiwalas". These chakkiwalas have an association consisting of about 55 members in Ahmedabad named as "Ghantiwala Salt Manufacturers Association".

After visiting physically to the work place of few of the Chakkiwalas in Ahmedabad the following points were observed:

1. None of the Chakkiwalas are registered with the Salt Department, although they are willing to get themselves registered
2. Most of the Chakkiwalas cater to the adjoining areas of Ahmedabad, but few of them do supply iodised salt to states like Maharashtra
3. Most of the common salt for the purpose of iodisation is procured from places like Halwad, Kuda, Nimmaknagar, Kharagoda, and Dharghandra
4. All the Chakkiwalas have self-owned iodisation plants and their average selling price of iodised salt is about Rs.3/- per kg

Considering the fact ihat Gujarat is the largest producer of iodised salt in the country but still the average household coverage of iodised salt in Gujarat is about 53%. This is a matter of great concern. The lack of focus on Chakkiwala producers, which caters to a good number of population, could be a major reason for the lower coverage in Gujarat. Hence efforts should be made to bring them into the main stream of the organised sector and support them with required technical and financial support.

The Gujarati version of the pink booklet has been printed to increase the regional outreach. The Tamil & Oriya versions are also in the process of translation

An immediate action was also taken to address their concern. A proforma was prepared and circulated to the Ghantiwala Association members to get adequate information about their production process and work place. A thorough analysis would be done of the information and on the basis of analysis the report would be sent to the Salt Department.

Iodisation unit of the Chakkiwalas

Packaged iodised salt of the Chakkiwalas

Demonstrating the iodisation unit. From left Dr. Chandrakant S. Pandav, Mr. Dinesh Thacker, Mr. Amit Shukla

Field Visit to Salt Producing Areas of Nagaur District in Rajasthan, 19th – 21st November, 2006

Dr. Arijit Chakrabarty, ICCIDD

ICCIDD-MII has been extending its support to the salt producing areas of Nawa city and Rajas in Nagaur district of Rajasthan. With a view to understand the concerns of the producers in these areas and also to coordinate with UNICEF Rajasthan to plan a roadmap for achieving USI in Rajasthan, Dr. Arijit Chakrabarty from ICCIDD visited Jaipur to meet the concerned people and prepare a feedback.

Objective of the visit

1. Evaluation of requests for salt iodisation plants received by UNICEF Project Officer in Rajasthan.
2. To address the concerns of producers in Nava city and Rajas.

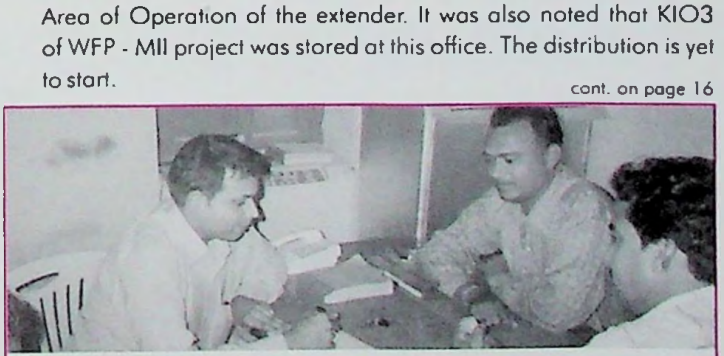
Activities

1. Meeting with Er. H.C. Dadheech, National Programme Officer, Micronutrient Initiative (MI), Rajasthan
2. Meeting with Dr. Minakshi Singh, Project Officer, UNICEF, Rajasthan
3. Meeting with Dr. Satish Kumar, State Representative, UNICEF
4. Meeting with salt producers of Rajas
5. Meeting with salt producers of Nawa city
6. Visit to Sambar Lake and ICCIDD - MII office

Highlights of the meetings

1. A case was forwarded by UNICEF, Rajasthan for requirement of iodisation plants by six producers in Nawa / Rajas area in June 2006 to MI. After discussions with Mr. Dadheech who had visited these individual manufacturers and careful evaluation of the original letters for the requests made by these producers, it was noticed that none of the producers listed made any requests for provision of iodisation units. All they wanted was to be recommended for registering their plants with the salt department. Registration would pave way for them to be eligible to bid for Government tenders for providing iodised salt in various states.
2. Another case was forwarded by UNICEF Rajasthan for requirement of iodisation plants by four groups of salt producers in Bap area near Phalodi in Jodhpur district of Rajasthan. The details as mentioned in their individual applications are summarised in Table 2. As per the papers it appears that the production is too low. It was felt that a field visit to these areas is required to evaluate the actual situation.
3. On meeting Dr. Minakshi Singh the above two points were pointed out. It was brought to her notice that while ICCIDD - MII would be interested to provide these units if it is helpful in making progress towards achieving USI, care must be taken that these units are given to genuine producers only. It was also mentioned that ICCIDD - MII would only fund a part of the total cost and a certain percentage has to be borne by the producers/cooperatives. Bap area needs ground evaluation which could be planned in future. Dr. Minakshi offered the assistance of UNICEF extenders in Bap area. She also requested for a copy of the criteria required for provision of salt iodisation units.
4. Dr. Minakshi Singh also narrated the story of the social marketing for promoting use of iodised salt taken up by UNICEF in Village Junia of Tonk district in Rajasthan. As a result of this initiative the village procures adequately iodised salt directly from the manufacturer in Nawa and is bought by the consumers at Rs. 3.50/-. An interesting point which was noted is that the village insists for a printed price of Rs.5/- though it is sold at a much lesser price! The salt sells because the consumer believes that he is paying a lesser price for a good product!
5. Dr. Minakshi Singh and Dr. Satish Kumar suggested another survey on IDD in the state of Rajasthan.
6. The salt producers of Rajas requested for sustained supply of KIO3 instead of abrupt ones. They also requested for iodisation plants to few unregistered units although they did agree that their primary objective was to get registered with the salt department. It was further revealed that they were already in the process of getting the registration with a minor clause that they would not demand for rail rakes for transportaion. On further evaluation of the table mentioned above it was felt that Satguru salt suppliers and Indira salt may be considered for provision of these units as the others are bigger fellows. These two producers have the crushers and make powdered iodised salt by dry mixing. The requirement is for a iodisation plant which uses the drip method. They also agreed to share the cost.
7. The producers of Nawa city strongly requested for setting up of ICCIDD - MII office in Nawa city. A place was also shown which can be used as an office and storage of KIO3. Truly speaking it makes sense to have an office of the extender at the site of production. This would increase the interactions and make KIO3 available to the smallest of the producer. The rent offered was Rs. 5000/- per month which is quite prohibitive. However in the meantime till a decision in this regard is taken the ICCIDD - MII extender was directed to visit Nawa and Rajas at least once every week regularly along with a small stock so that producers become aware of his presence on a particular day at least once a week.
8. A visit to Sambhar lake office of the extender was also made. It was felt that though the office is secure but still it is quite far from the Area of Operation of the extender. It was also noted that KIO3 of WFP - MII project was stored at this office. The distribution is yet to start.

cont. on page 16



Dr. Arijit Chakrabarty of ICCIDD in discussion with the salt producers of Rajasthan

Women of Junia Show the Way

Courtesy, UNICEF Rajasthan

Dr. Minakshi Singh

'Who says the sky can not be holed? Try pelting once, with heart and soul to hold!!'

This is the refrain of a song sung by the women of Junia, a sleepy village dotting the rural landscape of Rajasthan. Dusty roads, hardworking farmers, perpetually busy women untiring in their efforts to make ends meet are a common sight. But today the sight of women veiled in multi-hued tie'n'dye drapes, carrying heavy gunny bags on their heads, selling iodised salt from door to door is not an unusual sight.

Role of Bal Rashmi

The dusty road, coming off the NH 8 near village Dooni in Tonk district of Rajasthan, leads to the village Junia, where UNICEF has assisted a voluntary organisation Bal Rashmi to promote integrated development for women and children with involvement of local communities in the Integrated Village Planning project called "Gramshakti" underway in the district. The project envisages that village development plans will be developed by the communities and local Panchayats in a participatory planning process keeping in view the key indicators for survival and development of children. As per the project, once the development plans are finalized, a group of four youth volunteers and local development committee will do a follow-up of the same. One of the indicators promoted in this project is the improved access and consumption of iodised salt by families to avoid iodine deficiency disorders in pregnant women and growing children.

Bal Rashmi has forged good links with the village communities in the block and has also promoted the concept of self-reliance among the women by supporting the formation of women Self-help Groups (SHGs). These SHGs were then encouraged to promote the sale and consumption of iodised salt.

Making iodised salt available in village

According to a member of a local SHG, Mrs. Laadi Bairwa, the villagers knew that consumption of raw salt could cause serious diseases but continued consuming it as iodised salt was very expensive and sometimes ordinary salt was sold as iodised salt. The unavailability of iodised salt was tackled by Bal Rashmi by facilitating the supply of Tata Salt @Rs 7/kg through the network of village youth volunteers over a period of 4 months. However, many families of the village still could not afford it. UNICEF Jaipur then took the initiative of convincing the salt traders of Nawa, Nagaur district to provide low-priced iodised salt to the voluntary organizations, who in turn, would supply the same to the community. An impromptu deal was struck between Bal Rashmi and Kailash Salt Industries for one truck load of iodised salt sold (equivalent to 20,000 consumer bags of 1 kg each) for a mere Rs 24,000. "The iodised salt, including all expenses, costs us Rs 2.00/kg. It is sold @ Rs 3.50/kg by the women's group. The direct and net gain of Rs. 1.50/kg has been a great motivator of unprecedented enthusiasm in the women folk!" says Mrs Renu the local project coordinator of Bal Rashmi. The organisation has facilitated a formation of 60 women SHG within the Deoli sub-division and plans to provide a loan of Rs. 10.000 to each and every woman of these groups. The women members can thus contribute equally to collect enough money for buying the iodised salt. Every member of a group consisting of 6 members has to contribute Rs. 4000 to pool Rs. 24.000 which is required to buy 20.000 consumer bags of 1 kg each.

The villagers were so enthused that the Sarpanch (Headman) and members of the Panchayat Support Group who oversee the village development plans agreed to provide storage room for the salt. So, a makeshift storage arrangement was made in a room at a Government Senior Secondary School. Today, the salt storage unit of Junia named as "Dundhar Iodised Salt Storage " is providing iodised salt to at least 1000 families of Junia and three neighbouring villages. The store is being managed by six members of the local SHG. They are also assisted by the Village Planning Facilitator Mr. Buddhiprakash, of the Integated Village Planning Project, in book-keeping and accounting.

This initiative has stirred the imagination of the other villages. Currently iodised salt storage warehouse have started functioning in Nagarfort, Dooni and Deoli villages besides Junia, benefiting a total of 50 villages. This movement of iodised salt is expected to spread to another 50 villages, totalling to 100 by the end of this year. The ongoing movement has facilitated the sale of 1,00,00 kg iodised salt (20,000 kg per month) in about four months (May-August) across the villages. If the profit is calculated even at nominal rate of .05 paise / kg, it accrues profit money of Rs. 50,000/- to the women group. Bal Rashmi expects that within 6 months the women will be confident enough to run the show on their own steam without any outside support. And so the story goes . women can show the way.

Source: http://www.unicef.org/india/health_2474.htm

Women members of Self-help group selling iodised salt in Dundhar Iodized Salt Storage in village Junia, Tonk.district, Rajasthan

First ICCIDD Southern Region Panel Meeting
4th November, 2006, Tuticorin, Tamil Nadu

Amit Shukla, ICCIDD

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) has been working for the various issues related to Iodine Deficiency Disorders (IDD) and to achieve Universal Salt Iodisation in India. The Indian salt industry has a vital role to play to achieve the set objectives. Therefore, ICCIDD has formed two regional panels, namely ICCIDD Western Region Panel (IWRP) and ICCIDD Southern Region Panel (ISRP) to work more closely with the salt industry. The first meeting of the IWRP was held on 9th September, 2006 at Ahmedabad which was reported in our September issue of the newsletter. The first meeting of the ISRP was held on 4th November, 2006 at Tuticorin, Tamilnadu and is reported here.

Objective

To act as a catalyst to achieve USI in India through support from salt industry and also to provide adequately Iodised salt to the Below Poverty Line (BPL) population

Approach

1. Interaction with the industry to know the various issues involved in production of adequately Iodized salt.
2. Raising the concerns in the right platform and to the relevant authority who have the solution.
3. Preparing a suggested roadmap along with industry inputs/suggestions to achieve the set objective.
4. Involve the key industry people to share their inputs with National Coalition for Sustained Iodine Intake (NCSII)
5. Making the panel members as advocacy partners for spreading the awareness across all the iodised salt producers.

Proceedings

Members briefed about their organisations and also enumerated the number of years they have been involved in the business of salt production (non iodised and iodised).

The members consisted of large, medium and small sectors of the salt producers. ICCIDD was represented by Dr. Chandrakant S. Pandav, Mrs. Smita Pandav, Mr. Amit Shukla and Mr. Satyanidhi Rao.

ICCIDD briefly presented the objective of the formation of the panel and the objective of the meeting as well. The producers and traders were given a platform to raise their concerns and issues pertaining to the production, storage, transportation and distribution of iodised salt in Tamil Nadu.

ICCIDD also explained the gathering about the USI program in India. It started from how this serious concern of Iodine Deficiency Disorder (IDD) was brought into the notice of Government of India (GoI) and proper scientific facts were given to attain the adequate attention from the GoI. It was explained that we have come a long way to achieve our objective but still there is a long way to go.

ICCIDD emphasised upon the fact that the USI program cannot be successful until the iodised salt manufacturers are thoroughly involved in the project and their concerns are addressed.

Highlights

1. The producers mentioned that the production of iodised salt in Tamil Nadu has declined during the current financial year as compared to the previous year. They explained that the major reason for the decline is the demand of iodised salt from the open market.
2. The producers accepted the fact that they have sufficient production capacity to produce iodised salt but the entire market is demand driven. Therefore no quantity of iodised salt can be produced unless they have the demand for the same.
3. They requested ICCIDD and other International agencies to come out with some campaigns to increase the awareness about the consumption of iodised salt and hence increase the demand of the iodised salt.
4. The producers also raised the serious concerns of PFA act and said that the stringent norms of the PFA act are very discouraging. They said that the producers are preferring to move out of the business of iodised salt. Especially, talking about Tamil Nadu where almost 60% of the producers are from un-organised sector which needs to be motivated to get seriously involved in the business.

Welcome address: Amit Shukla, National Co-ordinator, ICCIDD, New Delhi, delivering the Welcome address.

(L to R): D. Sivakumar, Superintendent of Salt, M.S. Prakash, Tuticorin Salt & Marine Chemicals, Dr C. S. Pandav, Regional Coordinator, South Asia, V.V.D. Ravindren, President Salt manufacturer's & Merchants Asso. Thoothukudi, Michael Motha, Sahayamatha Salt Refinery Ltd.

Front row (L to R): Amit Shukla, National Coordinator, ICCIDD, M. Kandaswami, SKMS Chennai, Michael Motha, Sahayamatha Salt Refinery Ltd. Thoothukudi, (Far right) M.A. Chandrasekaran, Ex-RAB member, S. Muthuveerappan, Inspector of Salt

5. They also raised a local concern wherein the Tamil Nadu Pollution Control Board is treating the salt industry as one of the pollutants of the environment.
6. The producers mentioned the concern of availability of Potassiium Iodate and also about the prices of the product which are continuously going up.
7. They also requested that since the norms of the PFA act are so stringent the salt department should bring more awareness about the legalities and technicalities of the Act.
8. The small scale manufacturers have requested the international agencies to make their product more competitive in the market.
9. Vedaranyam manufacturers requested for a broad guage railway line to facilitate the transportation of the salt from their area.

Action Points

1. Regarding awareness about iodised salt, ICCIDD explained that the awareness campaign should be a combined exercise wherein all the agencies should be involved viz. Government, International agencies, Salt Department and Iodised salt producers. The producers were requested to think of the option wherein they can also be a part of the campaign and submit the proposal for the same.
2. Dr. Pandav explained that the All India Institute of Medical Sciences (AIIMS) will have interaction with the medical fraternity of all medical colleges of South India to bring them to the same platform on USI program in India.
3. Regarding the PFA Act, ICCIDD explained that there could be a delegation from the Tamil Nadu Salt Industry as selected by the Indian Chambers of Commerce and Industry and this delegation would be accompanied by ICCIDD and AIIMS to pay a visit to the Minister of Health & Family Welfare, Government of India.
4. Regarding demand generation, it was discussed that ICCIDD along with other agencies can organise a meeting with civil supplies officials of all India so that most of the states can directly procure the iodised salt from the producer and also ensure the consumption of the same.
5. Regarding the railways, ICCIDD explained that the organisation is already in touch with the Railway Ministry and this point can be added to the representation.
6. Regarding the availability and price of KIO3, ICCIDD assured that it will share the copy of the representation to Dr. A. K. Dua, Secretary, Industry and Commerce, GoI.

Participants List

Salt Industry

1. R. Ramar, G. Das & Co. Pvt. Ltd
2. M. Ramalingam, G. Das & Co. Pvt. Ltd
3. P. Earoonamoorthy, G. Das & Co. Pvt. Ltd
4. B. L. Damani, G. Das & Co. Pvt. Ltd
5. M. S. Prakash, Tuticorin Salt & Marine Chemicals
6. V.V.D. Ravindren, President Salt Manufacturer's & Merchants Association. Thoothukudi
7. Michael Motha, Sahayamatha salt Refinery Ltd. Thoothukudi
8. M.S.P. Thenraj, President, TTUEV Sangam, Thoothukudi
9. V.S.A. Jeyaraman, Thoothukudi
10. S.K.S.C. Dharmaraj, S.K.S.C. Natarajan & Bros. Thoothukudi
11. Narayan Dharmaraj, Brilliant Salt Trading Co., Thoothukudi
12. Jainarayan Santosh Kumar
13. M. Kanpadaswami, SKMS Chennai
14. J. Kennedy, Tiny Salt
15. N. Dhanalel, Tiny Salt
16. P.K. Dillikumar, Tamil Nadu Salt Association
17. T.S.M. Singavar, T.S.M. Salt
18. A. Srinivasan, Sree Durga Salt Traders
19. P. Kasi Raman, TSMC Ltd

Salt Department

1. D. Sivakumar, Superintendent of Salt
2. S. Muthuveerappan, Inspector of Salt

ICCIDD

1. Chandrakant S Pandav, Regional Coordinator, South Asia
2. Smita Pandav, Project Co-ordinator
3. Amit Shukla, National Coordinator
4. Satyanidhi Rao, Salt Extender

cont. from page 13

Conclusions and Recommendations

1. The restriction on MRP of Rs. 3/- is impractical. As evident by the UNICEF experience it is the basic human psyche to buy a product lesser than the MRP. As long as the product (adequately iodised salt) is available to the underprivileged people at an affordable price we should be satisfied. MII may take up case with CIDA to revise the criteria regarding the MRP.
2. The percentage of subsidy given could be raised. 15-20% of the total requirement is too low in the 2nd year of the project. It could have been 50% in the current year and could have been lowered gradually in the subsequent years.
3. Agencies should build a model to channel the produce to the PDS of the various states to ensure availability of adequately iodised salt to the underprivileged population. This would create a market for low priced adequately iodised salt.
4. An inter-agency meeting / workshop can be done with the stake holders in Rajasthan especially the salt producers, Civil Supplies Department and the IMA to disseminate the ICCIDD - MII USI objectives and look for practical solutions especially social marketing of iodised salt and building a market through PDS.

The Impact of ICCIDD-MII-USI Project on Bahuda Society of Orissa

Dr. Prasant Saboth, ICCIDD

Bahuda Salt Production & Sales Cooperative Society Limited is an association of small salt producers formed in 1949 in a coastal village of Surala in Ganjam district of Orissa in the east coast. The tradition of crystal salt production and selling to local traders and local industries was the routine business of this association. With the implementation of Ban on non-iodised salt and orientation by salt department and different agencies, the members thought of not selling their salt for edible purpose. The society did not have enough resources to repair their non functional iodisation plant and purchase KIO3. Therefore they contacted a local industry house for selling their salt. However the industry house offered a very low price to the association for their salt.

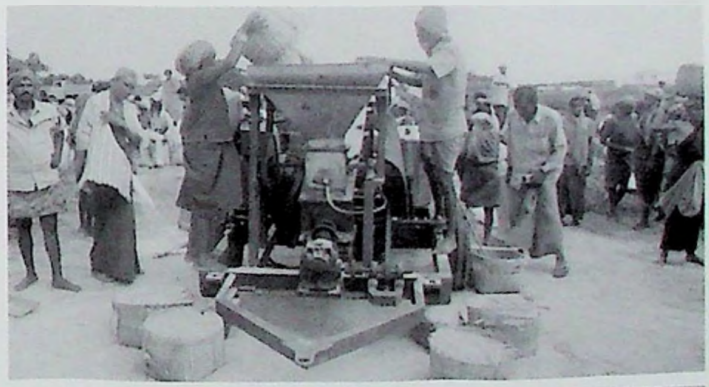
This society was visited by the ICCIDD-MII representative in the Orissa, Dr. Prasant Saboth. A local NGO has also played the role of motivator for the society members. This NGO is based in Chatarpur area of Ganjam district in Orissa and has been working with the salt workers for the last 5 years. Dr. Saboth offered help to the society with the condition that they would in turn produce adequately iodised salt and would price it at not exceeding Rs. 3/- Kg.

The iodisation plant with the association was given by UNICEF in the year 1999. The unit needed repairs. When the association was offered assistance towards the repair work, the association secretary, Mr. Khirod Chandra Sahu immediately called a meeting of the members and came to a consensus to go ahead for repair of the plant and to iodise their entire stock of 2340 MT of salt which was stocked.

On their request Dr. Prasant visited their office and got an assessment of the plant by a local mechanic. The cost towards the repair work was borne by ICCIDD-MII. Eventually the plant became functional by the second week of November 2006. The association members celebrated the repair and iodized 900 MT in last two weeks of November 2006!

The producers are very happy and thankful to ICCIDD-MII initiative, as now there will be no scope for exploitation by the industry house! The smile on the faces of the society members gives a message of commitment towards USI.

The members have also requested to establish a laboratory for monitoring iodine quality / PPM on cost sharing basis. They have appointed a chemist from their village who has done B.Sc in chemistry. With initiative from ICCIDD, the chemist has been imparted a three day training at Bhubaneswar Salt Department Laboratory. The laboratory will be established by January 2007.



The non functional iodisation plant of the Bahuda society is now functional as a result of repair works taken up by ICCIDD-MII

36th Annual Conference of Endocrine Society of India (ESICON)
17 - 19th November, 2006, Jaipur

Dr. Arijit Chakrabarty, ICCIDD

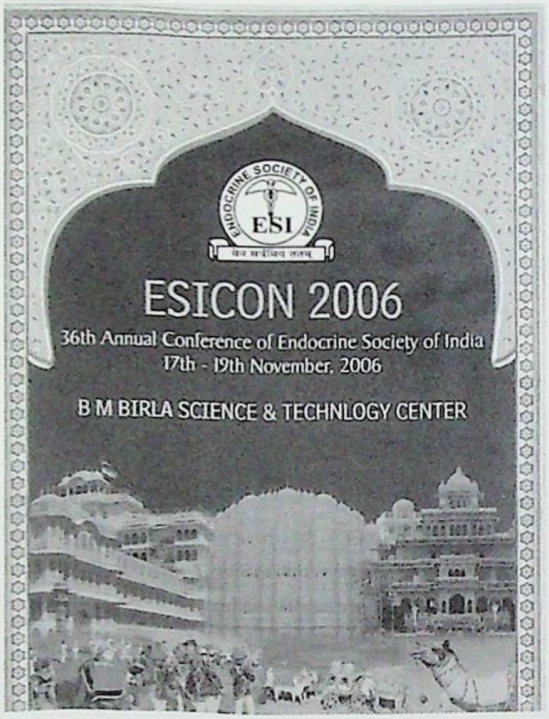
The Endocrine Society of India organized its 36th Annual Conference, ESICON from 17th to 19th November, 2006 at B. M. Birla Science & Technology Center, Jaipur, Rajasthan. Dr. Arijit Chakrabarty of ICCIDD attended this conference from ICCIDD.

It is well established that endocrine faculties are instrumental in physiological development of human body and normal functioning of all vital organs, thereby playing a key role in overall health and quality of life.

The conference provided an opportunity to exchange the experience, find new technology in the field of relevant medical science and open new doors to mitigate the human suffering. The scientific deliberations during the conference were very useful for all delegates. The knowledge can be utilized for the care / protection of the endocrine problems.

The session on thyroid disorders was chaired by Dr. N. Kochupillai. This session had a presentation on pathogenesis of Graves Hyperthyroidism by Dr. R. Utiger. Dr. Kochupillai also made a presentation later during the session on, Thyroid: Issues and Controversies. His talk enumerated the evolution of endemic goitre to iodine deficiency disorders and current status of IDD prevention in India. He dwelled on the issues related to salt iodisation programme in the country and answered various queries related to it from the audience.

A souvenir was published to mark this occasion.

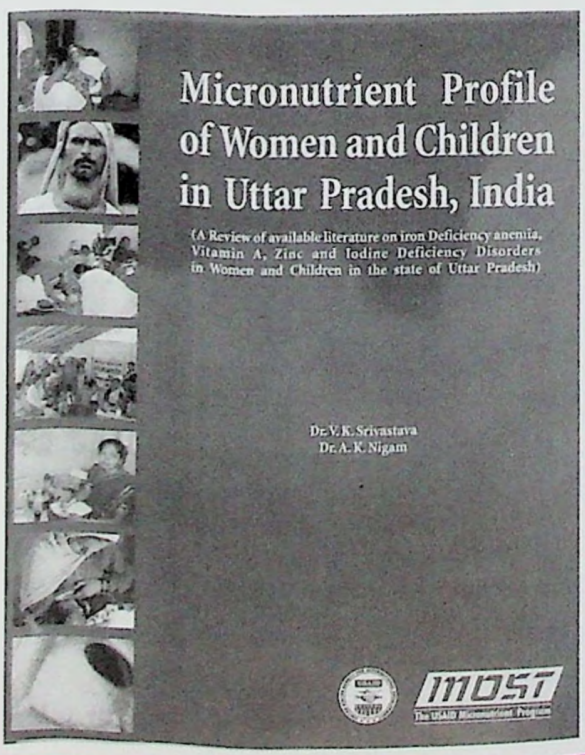


Micronutrient Profile of Women & Children in Uttar Pradesh, India
A Review of Available Literature

Dr. V.K. Srivastava, Lucknow

This work is a compilation of various studies on micronutrients carried out by many researchers done in the state of Uttar Pradesh. This compilation is edited by Dr. V. K. Srivastava, Professor of Social & Preventive Medicine, KG Medical College, Lucknow & Convenor, State Nutrition Resource Centre (Micronutrients), U.P. & Dr. A.K. Nigam, Director, Institute of Applied Statistics & Development Studies, Lucknow, Uttar Pradesh.

The compaendium which is a review of the available studies on micronutrients in the state of Uttar Pradesh has been prepared with the objectives of finding out the prevalence of various important micronutrient deficiencies, carry out analysis for trends and regional variations, identify gaps in knowledge & identify the potential areas for future research.



Nutrition 2006-I World Congress of Public Health Nutrition/ VII Congress of the Spanish Community Nutrition Society 28 - 30 September, 2006, Barcelona

Nutrition 2006 (I World Congress of Public Health Nutrition / VII Congress of the Spanish Community Nutrition Society), Barcelona was a landmark event organized by the Spanish Society of Community Nutrition (SENC) in collaboration with the International Union of Nutritional Sciences (IUNS), solely dedicated to address issues in the area of Public Health Nutrition from a worldwide perspective.

The format of the congress consisted of Keynote, Roundtable and Symposium sessions in which invited international experts debated leading topics of interest and address solutions for emerging nutritional problems in a global context. Dr. Chandrakant S. Pandav, Regional Coordinator, ICCIDD, South Asia and Professor & Head, Center for Community Medicine, All India Institute of Medical Sciences, New Delhi, India was invited as a speaker for the session titled "Micronutrient Initiative session", on the subject titled "Advances in the Control of IDD".

The session was introduced by Erick Boy, Micronutrient Initiative, Ottawa, Canada. Following are the details of the speakers in this session:

I. Global Progress and challenges in VAD control: M. G. Venkatesh Mannar, International Council for Control of Iodine Deficiency Disorders, Micronutrient Initiative, Ottawa, Canada

II. Global Progress and challenges in IDD control: Chandrakant S. Pandav, Regional Coordinator ICCIDD, South Asia and Professor & Head Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi, India

III. Magnitude and impact of the zinc deficiency problem in developing countries: Christine Hotz, Nutrition Specialist, HARVEST PLUS, IFPRI

IV. Magnitude and impact of the iron deficiency problem in developing countries: Fernando E. Viteri, Researcher, Professor Emeritus Scientist, Department of Nutritional Sciences and Toxicology, University of California, Berkely and Center for Nutrition and Metabolism, Children's Hospital Oakland Research Institute (CHORI), USA

V. Iron and malaria, WHO recommendations: Bruno de Benoist, Coordinator, Micronutrients, WHO, Geneva, Switzerland

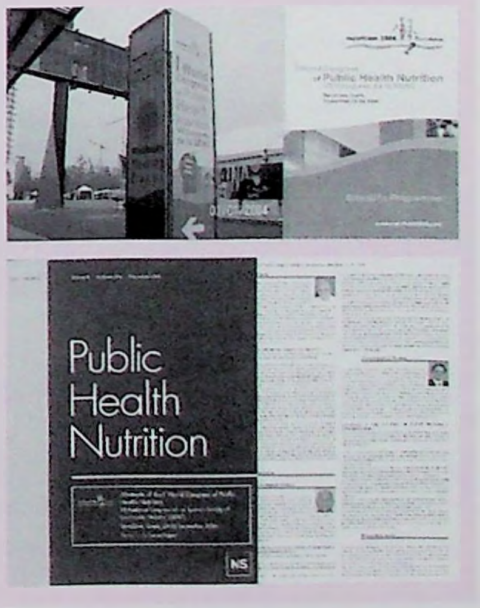
VI. Feasibility and expectations in plant breeding for micronutrient deficiency control: Howarth E. Bouis, Program Director, Harvest Plus, International Food Policy Research Institute (IFPRI), Washington, USA and the International Institute for Tropical Agriculture, Cali, Columbia

In his presentation Dr. Pandav told that iodine deficiency-an ancient scourge of mankind, includes goitre and brain damage at all ages beginning with the foetus during pregnancy. He said that, Iodine deficiency is now considered the most common cause of preventable brain damage in the world today.

Dr. Pandav reiterated that extensive studies throughout the world over the last 20 years have revealed that 130 countries are affected by iodine deficiency, with a total population in excess of 2 billion at risk of the occurrence of varying degrees of brain damage. He said that around the time of the World Summit for Children (1990), 20% of households had access to iodine by using iodised salt. By the end of 2000, almost 70% of households had access to iodine by using iodised salt, thus preventing more than 80 million newborns in the world annually from consequences of iodine deficiency. Since 2002 many countries have reported steady progress towards achievement of the goal. UNICEF has identified 16 countries ("make or break" countries) with the intention to ensure extended support beyond 2005.

He concluded by saying that there has been substantial progress in the last decade towards the elimination of iodine deficiency. It reflects the efforts made by countries to implement effective IDD control programmes and is proof of the successful collaboration between all the partners in IDD control, in particular the health authorities and the salt industry. The abstract of Dr. Pandav's talk is printed on page 47 of the special issue of Public Health Nutrition, Volume 9, Number 7 (A), September 2006.

During this event (Nutrition 2006) a new Public Health Nutrition Association was created. This was an important initiative that the President, I World Congress of Public Health Nutrition, Professor Lluis Serra-Majem hoped would make a real difference in the field of community nutrition and public health. The draft document was prepared by Barrie Margetts and Agneta Yngve. 100 experts in the field were solicited to comprise the PHN 100 Founding Board. Dr. C. S. Pandav was invited to participate in this meeting on 30th September, 2006 at Barcelona. During this event the constitution of this International body was also presented.



Inter-Country Participatory Workshop (WFP-MI)
4 - 6 December, 2006, Jaipur, Rajasthan

Dr. Arijit Chakrabarty, ICCIDD

A three day workshop was organized by The United Nations World Food Programme (WFP) which aimed to bring together the officials, managers, experts and technicians with two ongoing WFP-MI collaborative projects aimed at accelerating the USI strategies in Rajasthan (India) and Northern Pakistan. The workshop was also an occasion for WFP to officially announce the launch of the WFP-MI initiative in Rajasthan.

Participants invited in the workshop included officials from all the stakeholders (Government of India, Food and Nutrition Board, Salt Department, UNICEF, ICCIDD, MI) connected to IDD elimination in India and the representatives of salt producers association in Rajasthan. WFP hosted the workshop and their officials came from Rome, Thailand, Pakistan and India.

Key attendees in the workshop

1. Ram Kumar Agarwal, President Nava, Salt Manufacturers Association, Rajasthan
2. Anil Gattani, Rajas Salt Manufacturers Association, Rajasthan
3. Parshottam Barwal, Mfg. Potassium Iodate, Calibre Chemicals
4. Kiran Dave, Mfg. Potassium Iodate, Micron Laboratories
5. Manubhai Makadia, Mfg. Potassium Iodate Mercury Dye Chem Industries
6. Gianpietro Bordignon, WFP Country Head, India
7. Tina van den Briel, Senior Programme Adviser, WFP, Rome
8. Fritts van den Harr, Professor, Emory University
9. Magdalena Moshi, Head of Programme Unit, WFP, Pakistan
10. Mohamed Mansour, Senior Programme Adviser, WFP, Rome
11. Rita Bhatia, Regional Adviser ,WFP Asia, Thailand
12. Ravi Shankar, Deputy Technical adviser, Food & Nutrition Board, Government of India
13. Deepti Gulati, Senior Nutritionist, WFP, India
14. Eric Alain Ategbo, UNICEF, New Delhi
15. Arijit Chakrabarty, ICCIDD, AIIMS, New Delhi
16. S. Sunderasan, Salt Commissioner, GOI
17. M.A. Ansari, Deputy Salt Commissioner, GOI
18. Raghu, Salt Commissioners Office
19. Ramesh Mehta, Assistant Finance Officer, WFP India
20. Luc Lavilolette, RD, MI Asia
21. Venkatesh Mannar, MI Ottawa, Canada
22. H.C. Dadheech, NPO, USI MI India
23. Sathyapal Jayapal, MI Asia
24. Prakash C. Chhangani, Consultant Centre for Community Economics and Development Consultants Society (CECOEDECON)
25. K. Ponnuchamy, Chairman & Managing Director, Hindustan Salts Limited, Rajasthan

Women workers of the Self Help Group (SHG) of Nava packaging iodised salt

A refurbished iodisation unit of Self Help Group producing iodised salt

The workshop was designed in two parts consisting of a one day joint field visit to Nava city, Rajas and Sambhar lake, the location o f the WFP-MI project in Rajasthan and a two day residential gathering composed of plenary and break-out sessions.

The objective of the field visit was to help participants obtain first-hand observation of the practical project execution in Rajasthan. While the two day plenary session helped discuss and draw joint conclusions from the observations and opinions of stakeholders, based on practical implementation of the WFP-MI projects in Pakistan and India.

Outcomes of the workshop

1. Increased understanding among participants of the political and practical realities that influence the results from project execution in Rajasthan and Northern Pakistan
2. Agreements on the required next activities for each project to ensure continued progress toward the national goal of IDD elimination through USI
3. Broad consensus on method and approaches to measure, report and publicize the results obtained from project execution in each country
4. Shared initial ideas on the minimum efforts and conditions that can facilitate self-sustained results and actions introduced from the projects in Rajasthan and Northern Pakistan

Inaugural session of the workshop saw strong political commitment coming from two ministers from key ministries of the State Government viz. Minister of Food & Civil Supplies, Mr. Kirori Mal Meena and Minister of Industry, Mr. N.S. Rizwi gave the Presidential Address and Special Address respectively.

Project Goal

To reinforce and sustain the reduction of IDD in the State of Rajasthan and India as a whole, by increasing the availability and accessibility of quality iodised salt to the vulnerable sections of the Indian population.

Key Components

1. Bringing the small-scale salt producers (SSP) and medium-scale salt producers (MSP) under the iodisation umbrella by organizing them into self-help groups
2. Improving the technical and managerial skills of SSP and MSP
3. Improving the production capacity and infrastructure of SSP and MSP
4. Ensuring regular supply of potassium iodate to SSP and MSP
5. Building-in quality assurance systems in the production and processing of salt in the small and medium-scale sector
6. Addressing the credit and marketing needs of SSP and MSP
7. Contributing towards their sustainable livelihood
8. Creating a demand for adequately iodised salt among the state population through a targeted public awareness campaign

A woman worker scraping the salt pan crystallizer for receiving the brine

Project Components

1. **Technology and Infrastructure**: Support the establishment of locally assembled, small iodisation plants by subsidizing the repair costs of old machinery wherever appropriate and installation of new small capacity iodisation units
2. **Potassium Iodate Subsidy**: Cost of the Potassium Iodate is low - about US$ 1 per ton of salt. Operating margins of small salt producers could be as low as US$ 2.2 per ton of salt. Hence, iodisation is perceived as an additional burden
3. **Packaging**: Packaging of salt into small, good quality polythene packets to ensure hygiene of the product; preservation of the iodine content in salt; facilitate branding and quality certification and to make the product attractive from a marketing point of view
4. **Quality Assurance**: The producers will be oriented on the importance of adherence to quality norms for iodine content, overall hygiene and packaging. A system will be built to ensure that the salt is tested through titration by Inspectors of Salt Department, GoI
5. **Training and Technical Support**: Training and technical support will be provided to all persons connected with the salt iodisation on Iodisation techniques, Equipment maintenance, Quality management, Inventory management, Marketing skills and Health/nutrition education, etc.
6. **Mobilisation and Institution Building**: It is a critical element in the project and encompasses a whole range of interventions to be carried out in partnership with a local NGO in terms of social mobilization and institution building. This would include: Bringing together small salt producers to form small cooperatives and run the enterprise on a joint ownership basis, strengthening their access to institutional credit, federating SHGs into an apex cooperative body to facilitate linkages with institutional finance and premix suppliers, and also serve as a QA authority
7. **Marketing**: The public distribution system (PDS), ICDS and the MDM programme will provide a very large market for iodised salt, SSP and MSP will also be provided with adequate marketing skills to position their product in the open market, iodised salt to be marketed in small packages -1 kg / half-kg packs will be favored by poorer households who currently consume non-iodised or inadequately iodised salt

India Micronutrient National Investment Plan for 2007 - 11
19th October, 2006, New Delhi

The Micronutrient Initiative launched the India Micronutrient National Investment Plan (IMNIP) for 2007-2011 on 19 October 2006 in New Delhi.

The Investment Plan is the result of a highly participatory process carried out in 2005-06 by a task force consisting of representatives of government departments, academic institutions, non-governmental organizations, the private sector and international organizations. The Investment Plan seeks to provide micronutrient protection to 206 million high risk beneficiaries per year (average) over a five year period at an additional cost of Rs 587-733 crore per year (USD 130-163 million). It is about Rs 5.40 per capita per year, which is fifty times less than the estimated per capita yearly loss to GDP resulting from micronutrient deficiencies (Rs 284). The IMNIP builds on the significant activity currently underway in the country and the infrastructure already in place.

The Investment Plan and the current situation in India was discussed in detail with senior Government Officials, leading scientists from across India and international agencies who were present on the occasion. Speaking on the occasion, Mr Luc Laviolette, Regional Director, Asia, The Micronutrient Initiative, said, "More than 2 billion people worldwide suffer from vitamin and mineral deficiencies, of which 35 per cent of them live in India. Women and children are the most affected and these deficiencies kill children and women, damage health, impair work capacity, impact reproduction, reduce intelligence and occupational choices. Speaking on this occasion, Mr. T.S.R. Subramanian, former Cabinet Secretary, Government of India and currently Chairperson of the Micronutrient Initiative India, an Indian non-profit Trust, said, "The lower end total cost (Rs 587 crore per year) represents the highest priority interventions and will accounts for only 0.1 per cent of the total expenditure budget for 2005-06 and less than 5 per cent of the Central Health budget (2006-07). Given the small additional costs compared to the huge potential benefits in the field of public health, we are confident that these proposed interventions can be funded in the 11th Plan."

His Excellency, David Malone, Canadian High Commissioner to India and Mrs. Deepa Jain Singh, IAS, Secretary, Department of Women and Child Development, Government of India

Develop Strategy to Initiate Newborn Screening Program in India
6 - 7 September, 2006, All India Institute of Medical Sciences, New Delhi

Dr. Madhulika Kabra

Anational consultation meeting to develop strategy to initiate newborn screening program in India was organized by the Department of Biotechnology (DBT) at the All India Institute of Medical Sciences (AIIMS) in New Delhi.

Giving away the welcome address Professor M.K. Bhan, Secretary Department of Biotechnology, Government of India emphasized the need for a newborn screening (NBS) program in India. He requested the experts to evaluate the feasibility of such a program in the country in view of the different demographic profile, health priorities, limited availability of good health care facilities and different health seeking behaviors in view of socioeconomic and cultural scenario in the country. He also stressed the need for having inbuilt research issues.

The formal presentations in the meeting began with a talk on "Demographics and Need for Newborn Screening in India - an overview, by Prof. I.C. Verma. He discussed the demographic profile of India and mentioned the genetic services and newborn screening become relevant once the IMR goes below 50 which is already the case in certain states of India. He also emphasized that expertise for genetic testing is increasing in the country due to research support by many agencies like Department of Biotechnology (DBT), Department of Science & technology (DST) and Indian Council of Medical Research (ICMR). He also presented the available and extrapolated data for disorders commonly considered for NBS and it was clear that the burden is significant. Disorders like congenital hypothyroidism (CH) are more common than the developed countries especially in the iodine deficiency areas, the other important disorders being hemoglobinopathies specially in certain areas of the country. He also opined that in the present scenario CH is probably the first disorder which should be screened in the country if it is to be implemented as a national program. If the screening is planned in a project mode then a wide range of disorders should be screened.

Dr. B.L. Therrell from NNSGRC , Austin, USA gave a talk on "World of Newborn Screening - basic concepts and review of program experiences around the world". He stated that NBS is an essential public health program that prevents catastrophic health consequences through early detection, diagnosis and treatment.

The next talk was given by Dr C.D. Padella from NIH Manilla on "A Model for Successful Implementation in an Asia-Pacific Developing Country - successful strategies and barriers". This was a very encouraging talk as she gave the details of how she started with a small setting and gradually made it a country wide activity. She emphasized on the following points:

1. Importance of participation of Public, Government, Practitioners, Academicians and NGOs
2. Need for a clear SMART (Specific, Measurable, Attainable, Realistic, Time bound) goal
3. Need for a good team with one dedicated leader
4. Core group of experts should be formed
5. To get the support from the community advertising and campaigning is a MUST before initiating the program

Following this Professor V.K. Paul (AIIMS) talked about state of newborn care and health in India. He discussed the demography, causes of neonatal mortality and problems of coverage in view of high percentage of home deliveries.

In the next presentation Dr. Vasantha Muthuswamy talked of the ICMR initiatives.

In the post lunch session Dr. C. Boyle from CDC Atlanta talked about Newborn screening for hearing loss. She emphasized that:

1. Each year, 12,000 infants (3/1000) are born with hearing loss (75,000 in India) which is the most frequently occurring birth defect
2. Average age of identification without newborn hearing screening is 2 1/2 years of age
3. Existence of a 'sensitive period' for language development, a gradual decline in language acquisition skills as a function of age
4. Undetected, hearing loss may adversely affect social, emotional, and academic achievements

Professor Meena Desai talked of her experience of NBS for CH using cord blood and emphasized the need of early detection and follow up.

Dr. Radha Rama Devi from CDFD Hyderabad presented her experience of two pilot projects on NBS.

Following this Dr. W.H. Hannon gave a talk on "Assuring the Quality of Newborn Screening - need for external proficiency testing, assuring sustained performance, logistics and issues to establish a quality assurance program". He emphasized on the need of quality control both internal and external and introduced CDC QC programs.

The last talk was given by Dr. J. Hanson from NICHD USA on "Issues for Government Agencies in Creation of a Sustainable Newborn Screening Program - protection, assurance and policy formulation; ethical, legal and social; research goals and objectives; personnel and infrastructure". He discussed the following issues:

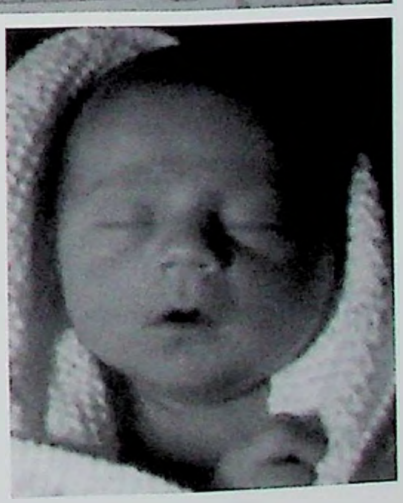
1. Procedural guidance for screening
2. Research objectives and issues should be inbuilt
3. Policy implications and issues
4. Personnel and infrastructure issues

Key Attendees:

1. Dr. Altaf Lal, US Embassy, New Delhi
2. Dr. B.L. Therrell, NNSGRC, Austin, TX USA
3. Dr. C. Boyle, CDC, Atlanta, USA
4. Dr. C. D. Padilla, NIH Philippines, Manila
5. Dr. J. Hanson, NICHD, Washington D.C. USA
6. Dr. Moore, Margaret
7. Dr. W.H. Hannon, CDC, Atlanta, GA USA
8. Dr. Anant Rao (AIMS Cochin)
9. Dr. A.K. Dutta, KSCH, New Delhi
10. Dr. A.K. Singh Kolkata
11. Dr. Chandrakant S. Pandav, AIIMS, New Delhi
12. Dr. Dipika Mohanty, Bhubaneshwar
13. Dr. I.C. Verma, SGRH, New Delhi
14. Dr. Jyothy, Director, IGB, Hyderabad
15. Dr. M.K. Bhan, Secretary, DBT
16. Dr. Madhulika Kabra, AIIMS, New Delhi
17. Dr. Mammen Chandy, CMC, Vellore
18. Dr. Meena P Desai, Mumbai
19. Dr. Nikhil Tandon AIIMS New Delhi
20. Dr. Radha Rama Devi, CDFD, Hyderabad
21. Dr. Rita Christopher, NIMHANS, Bangalore
22. Dr. Roshan Colah, Mumbai
23. Dr. Seema Kapoor, MAMC, New Delhi
24. Dr. Sheffali Gulati, AIIMS, New Delhi
25. Dr. T.S. Rao, DBT, New Delhi
26. Dr. Tara Nath Shetty, NIMHANS, Bangalore
27. Dr. Usha P Dave
28. Dr. V. Muthuswamy, ICMR, New Delhi
29. Dr. Veena Kalra, AIIMS, New Delhi
30. Dr. Vinod Paul, AIIMS, New Delhi

Newborn hypothyroid screening program using cord blood on Whatman No. 3 Filter Paper Spot

Department of Science & Technology AIIMS Project (1981-1990)



EPIGRAMS FROM GANDHIJI

"Education should be so revolutionized as to answer the wants of the poorest villager, instead of answering those of an imperial exploiter"

"A balanced intellect presupposes a harmonious growth of body, mind and soul"

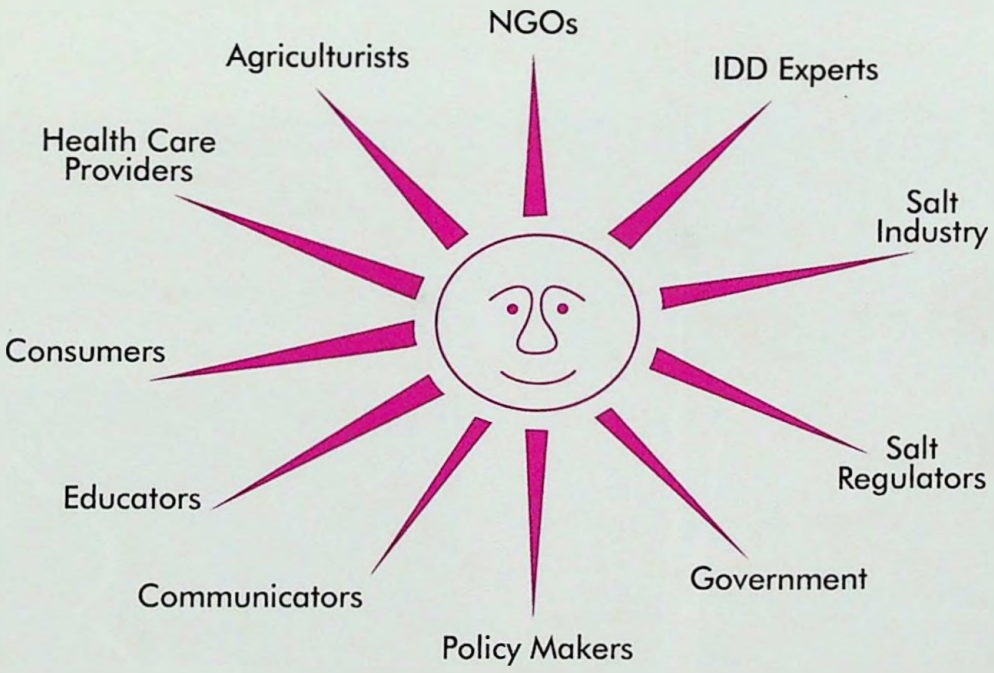
"The greatest lessons in life, if we would but stoop and humble ourselves, we should learn not from the grown-up learned men, but from the so called ignorant children"

"Basic education links the children, whether of the cities or villages, to all that is best and lasting in India"

"National education to be truly National must reflect the National condition for the time being"

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

Daily consumption of Iodised salt is a healthy habit



Sustaining Elimination of IDD

ICCIDD

IQ+ "Iodine Quota Intelligence Quotient"

Publishing any material in IQ+ Jagriti does not necessarily mean ICCIDD's endorsement of the views expressed therein or the results quoted.

Materials for publication, subscription request, comments may be sent to: Dr. Chandrakant S Pandav, Room No 28, CCM Building, Old OT Block, All India Institute of Medical Sciences, New Delhi 110029 E-mail: cpandav@iqplusin.org