

REPORT ON DISSEMINATION WORKSHOP HELD ON 26TH APRIL, 2005 AT PUBLIC HEALTH INSTITUTE, SHEIKHPURA, PATNA

A workshop was held on 26th April, 2005 at the Public Health Institute in Patna, to disseminate the results of a state-wide study carried out to track progress towards sustainable elimination of iodine deficiency disorders.

The welcome address was delivered by Dr. A. K. Tiwari (State Programme Officer, Iodine State Nutrition Cell, Department of Health, Government of Bihar).

Ms. Sangita Jacob (Project Officer, Child Development and Nutrition, UNICEF Bihar and Jharkhand) presented the objectives of the workshop. The objectives of the workshop were:

- To share the results of the study
- To orient key stake holders on the issues related to iodine in the state
- To make joint plan of action to overcome challenges
- To develop key recommendations for follow up at all levels.

Dr. M. G. Karmarkar (Senior Advisor, ICCIDD, New Delhi) delivered a PowerPoint presentation stating the history and perspective of Iodine Deficiency Control Programme in India. He highlighted the ill-effects of IDD, including mental retardation, diminished IQ, harmful effects on pregnant and lactating women, and diminished productivity of livestock. He explained that IDD is more prevalent in low socio-economic groups. He then compared the Universal Iodization of Salt progress in various countries to India. Whereas other countries have achieved relatively higher levels of salt iodization, India is still lagging behind. He explained the various reasons why India is still way below the required coverage of iodized salt (Government of India lifting ban on sale of non-iodized salt, complacency at state-level, increase in rail tariff, and reduction in most common visible effect of iodine deficiency – goitre).

He concluded his presentation by saying that “daily consumption of iodized salt is a healthy habit”.

Mr. Luc Leviolette (Regional Director, MI, New Delhi) then spoke on commitments of Micronutrient Initiative (MI) to promote Universal Salt Iodization in India. He said that in Bihar, MI is committed to eradication of IDD and is committed to working with UNICEF, ICCIDD and the State Department of Health, to promote consumption of good quality iodized salt.

Mr. B. Rajbhandari (State representative, UNICEF Bihar and Jharkhand) reiterated the commitments of UNICEF to achieve USI in Bihar.

Mr. M. A. Ansari (Salt Commissioner, Government of India) spoke on quality assurance of iodized salt. He said there is an imminent need to strengthen monitoring at production and distribution level. He enumerated the role of salt department in assuring quality of iodized salt. During his presentation, he also addressed cost issues. He concluded that a quality monitoring system in consuming areas is to be developed and feedback sent to the Salt department for taking necessary steps to improve quality of salt.

Mr. A. K. Choudhary (Commissioner and Secretary, Department of Health, Government of Bihar) declared the Government's commitment and support to promote availability and use of iodized salt in Bihar. He then released the IDD study report.

After a short tea-break, the study report was presented to the audience by Dr. M. G. Karmarkar and Dr. Anil Kumar. Dr. Karmarkar started the presentation by citing background studies on IDD in Bihar. According to previous studies conducted by DGHS, IDD has been widely prevalent all over Bihar. Since there was no state-level survey for all the three indicators of IDD (Iodine in salt, iodine in urine and Goiter prevalence), this necessitated the current study.

A summary of results of the study:

Total children studied:	1200
Total Goitre rate:	5.2%
Median Urinary Iodine:	85.6µg/L
Iodized salt coverage:	40.1%
(Household level)	

A unique feature of this study was the qualitative component. This was presented by Dr. Anil Kumar (Research Officer, ICCIDD, New Delhi). The qualitative phase intends to understand perceptions of people on usage of iodized salt. More specifically, qualitative phase sought to understand these perceptions from a range of stakeholders like Health care providers (Government doctor, private physician, health worker, anganwadi workers), School teachers, Panchayati Raj members, and Women in the community.

Results of the qualitative study at the household level:

- 50% respondents do not know what type of salt do they buy
- 60% purchase packaged salt
- 65% do not know how to identify iodized salt
- 97% store salt in kitchen
- 48% store salt in container with lid

- 50% favor taking iodized salt
- 48% have heard messages on IDD and iodized salt, primary media being TV (81%) and radio (10%)

Results of the qualitative study at the retailer level:

- 54% retailers claim they sell only iodized salt
- 33% sell both iodized and non-iodized salt
- 13% were not sure which type of salt they were selling
- Powdered salt has the maximum sale, due to customer demand
- 84% retailers think only iodized salt should be used

The health system did not appear to play a part in informing the community. Most of the retailers reported a steady increase in demand and sale of packet salt and refined salt. Lack of awareness on the benefits of iodized salt was probably due to "packet culture". This is important to bear in mind from the point of view of Sustainability of Salt Iodization. People are using iodized salt without knowing its health benefits. Iodized salt coverage has gone down [46.9% in NFHS-2 ('98-99) to 40.1% at present].

Dr. Anil Kumar then concluded that Iodine Deficiency Disorders remains to be a public health problem in Bihar.

Dr. A. K. Tiwari (State Program Officer, Iodine, Government of Bihar) then eloquently informed the audience about the efforts of Government of Bihar in addressing IDD issues in the state. He cited the "Dular" scheme being run in four districts of Bihar as a great success, and advocated the scheme to be extended to all districts in the state of Bihar. Dr. Tiwari advocated utilizing school children as change agents for elimination of IDD. He informed that 60,000 immunization sites have been setup in Bihar, which provide not only immunization services, but also other health services like Vitamin A prophylaxis and treatment, iron supplementation to population at risk, and salt testing for iodine content. He stated that more than 4 lakh salt samples have been collected from all over Bihar, and the results of data analysis will be available soon.

Dr. Eric Ategbo (Project Officer, UNICEF, New Delhi), then addressed the challenges to eliminate IDD in Bihar. He insisted on defining the roles of stakeholders precisely (why, when, who and how).

The lunch break was followed by Group Discussion Session. Dr. Y. N. Pathak (State Program Officer, Iron and Vitamin A, State Nutrition Cell) briefed the groups. Four groups were formed, and their discussion topics delineated by Mrs. Farhat Saiyed (Project Officer, UNICEF). The discussion results were compiled

and discussed thereafter, so as to facilitate the formulation of an action plan for control of IDD in Bihar.

PROPOSED RECOMMENDATIONS:

- Dissemination of the results of this study
- Efforts should be made on war-footing to increase the household coverage of adequately iodized salt.
- Efforts need to be directed towards awareness-generation and demand-creation
- Need to revive and reconstitute the State Level IDD Control Task Force (formed in 1988)
- The Task Force should include members from key ministries, salt traders and distributors, international agencies like UNICEF, MI and ICCIDD, NGO's and Self-Help Groups
- Association of salt traders and distributors in Bihar must be informed of Government's efforts to improve iodized salt coverage
- Need to replicate IDD component of "Dular" to whole Bihar
- Utilize school children as change-agents
- Utilize immunization drives as awareness generation opportunities
- Increase visibility of iodized salt at retail outlets (posters, danglers etc.)
- Need to sensitize retailers to sale of iodized salt
- Ministries should seek support of Panchayat Raj members
- Panchayat Raj members could be given a spot-testing kit.
- They could be requested to periodically check the salt sold in retail shops in their villages
- They could be asked to ensure that only iodized salt is sold in their villages
- Ensure use of iodized salt in ICDS scheme and Mid-Day Meal scheme
- Strengthen the USI programme by enforcing existing law on banning sale of non-iodized salt
- Judicial enforcement should be sought by involvement of District magistrates and Chief Medical Officers
- Random checks of salt consignment by Salt Department and Food and Drug Administration of Government of Bihar
- Need to formulate clear reporting line for monitoring results
- Reduce railway freight for transport of iodized salt
- A system of annual cyclic monitoring should be developed
- Aim should be to monitor ALL the districts in a five-year cycle
- The monitoring system should be linked to the decision making process to ensure corrective actions
- Iodine monitoring laboratory at Public Health Institute, Patna should be upgraded.

- It should provide training, and serve as reference laboratory for the state
- Government should try to make quality iodized salt available through Public Distribution System at an affordable price
- Urgent need to study and correct iodization patterns at production, transportation, storage and household level

The conclusions of the workshop and future directions towards eliminating IDD were discussed by Prof. M. G. Karmarkar and Dr. Eric Ategbo, who insisted that the use of iodized salt should be promoted at all levels, as a measure to prevent IDD.

Mr. M. A. Ansari and Mr. Luc Laviolette delivered the closing remarks of the workshop.

Dr. S. N. Singh (Director in Chief cum Director, State Nutrition Cell, Government of Bihar) concluded the workshop with a vote of thanks.