

ACHIEVING USI AS PER RECOMMENDATIONS OF WORLD SUMMIT- THE GUJARAT EXPERIENCE

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Access to sufficient iodine remains a major concern in Public health approach. Iodine deficiency is viewed as the most common preventable cause of mental retardation and brain damage in world today. The most vulnerable groups found are the children, pregnant women and lactating mothers. Hence, the medical research council believes a multipronged approach is required to strengthen the positive trends to achieve USI. As a global effort, Universal salt iodization is one of the most successful public health efforts of the past two decades to eradicate IDD. The technology for salt iodization is cost effective, at the same time will reach all populations irrespective of the socio economic status.

The recent data (IDD Newsletter Nov 2008) reveals that, in South East Asia the assay by urinary iodine excretion survey- 98.8 % school children were covered. 30.3 % of school children were found availing sufficient amount of iodine. In the general population only 30 % were accessing sufficient iodine levels. A comparison between 2003-2006 was quite encouraging - a reduction by 9.6 % to the insufficient intake in the school children, suggesting that overall global situation of IDD had improved since 2003.

Gujarat is India's major salt producer (75 % salt production). In the year 2007-2008, India's production was for 149 lakh tones, of which Gujarat contributed to 117 lakh tones. The production of Iodised salt was 40.82 lakh tones, of which Gujarat's quota was 25.48 lakh tones.

This study was carried out in the year 2006-07. A participatory approach was made to scale up the salt iodization process. Along with

the large scale salt producers (12), a number of small scale producers were involved. (247). The programme was successful due to various partnerships - initiated with salt department, GOG, MI, ICCIDD for subsidized supply of KIO₃, the Gujarat KIO₃ manufacturers association etc. Using the most available local method, multi sprinklers method as well as single drip method was tried. Sustained efforts over a period of 2 months started yielding good results. Various approaches were tried. A few are listed below-

1. Installation of mobile laboratories- 20 mobile labs. between 120 small producers to cover crushers of two districts. The initial reluctance was overcome by providing '**on the job training**' and constant encouragement and support.
2. Salt shakers- Effective supportive staff was placed on **field** based production centres. They were technically trained and functioned as 'extenders' to provide 'on the spot solutions'.
3. Transport-Transport by rail was enhanced after good communication with the authorities. Timely release and increase of railway racks helped in improving the salt movement from one end of the country to the other
4. Advocacy- Series of workshop, meetings, discussions were held with representatives & owners, salt producers, traders, crushers. Minimum 5 associations at various regional locales pledged to support the cause of USI.

5. KIO3 meet- A meet with KIO3 producers was addressed to solve issues pertaining to customs and excise duties, regulation on import of iodine etc.
6. Use of Salt Testing Kit (STK) - More than 40,000 STKs were supplied to field workers of Department of Health and ICDS. Good monitoring system has been evolved. 50,000-80,000 samples from each district on monthly basis were availed. Iodized salt usage was insisted.
7. Advocacy-mass awareness-emphasis was on-
 - a. Imposing ban
 - b. Public distribution system (PDS) supply to below poverty line (BPL) families
 - c. Mid day meal (MDM) to use iodized salt
 - d. Anganwadis worker (AWW) to use iodized salt.
8. Using the Micronutrient Supporting Unit- 6 Zonal Medical Colleges were made to support the cause of Iodisation, technical workshops TOTs were organized for all 6 zones and followed by block level orientation programmes. 47 blocks in salt producing districts were covered.
9. Non salt producing districts- about 175 small scale salt crushers were trained and solutions were provided as and when required
10. School awareness programme- Nodal secondary schools in each district undertake school USI awareness each year. 250 schools were covered in 2006. Special secessions were held (35,000) booklets were provided. Mass rally was conducted using STK they check their own samples.
11. IMPCC- Using the sates IMPCC – Personnel's were trained for USI up gradation and a panel discussion was organized on Doordarshan Kendra of Ahmadabad. As part of USI celebration mass awareness drive was organized. Web story posted on UNICEF website.
12. Hoarding and IEC- to sensitize people at all levels. Exhibition sets, hoarding panels, posters, leaf lets,. etc were made and distributed. Mobile chariot with messages from state ICDS and health were reinstated to consumption of iodized salt.

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