

DONOR REPORT

TO THE
USAID/Washington FOR UNICEF

ELIMINATION OF IODINE DEFICIENCY
DISORDERS

Sarajevo
13 December 2005



ANNUAL PROGRESS REPORT: ELIMINATION OF IODINE DEFICIENCY DISORDERS

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ELIMINATION OF IODINE DEFICIENCY DISORDERS

1. CONTRIBUTION DATA

Annual report for:	USAID /Washington
Country:	Bosnia and Herzegovina (BiH)
Assisted programme/project Development/	Child Survival and Inclusive Basic Services and Child Protection /Early Childhood Health and Development Project
PBA Number:	SC/2004/0577-01
Expiry date:	30 September 2007
Total contribution pledge amount: <i>(including 5% indirect programme support costs)</i>	US\$ 185,000.00
5% indirect programme support costs:	US\$ 16,816.50
Programmable amount:	US\$ 168,183.50
Funds used to date:	US\$ 143,108.58
Balance of funds available	US\$ 25,074.92
Period covered by report:	01/01/2005 – 30/09/2005
Date prepared:	14 December 2005

2. EXECUTIVE SUMMARY

This annual report to the USAID relates to the nine months period and positive action which was made possible from this generous USAID contribution the organization of Survey on Iodine Deficiency Disorders and provision of two portable ultrasound and consumable materials required for the Survey on Iodine Deficiency Disorders (IDD) which commenced in April and still is going on. The Survey on IDD will be finalized by the 15 October.

These contribution form USAID will enable two entities Ministries of Health and their national teams and team of health professionals from District Brcko to conduct the Survey on IDD and to get more accurate information regarding the situation in the Bosnia and Herzegovina related to the Iodine Deficiency Disorders. In this survey 2,600 children of the school age from 8 to 10, of both genders will be covered and examination of goiter with ultrasound will be done among them. The Survey on IDD has carried out in schools with equal representation among cities and villages and will be the first survey conducted

after the adjustment of the salt legislation from year 2001 in Federation of Bosnia and Herzegovina, and in 2004 in Republika Srpska. The last survey at the BiH region was carried out with UNICEF support in year 1999, and pointed out that Bosnia and Herzegovina is country with moderate level of the iodine deficiency disorders, and an adjustment of iodine level in salt was increased from 5-15 to 20-30 mg iodine per kilogram of salt and that was stipulated within the salt law. Also, beside the fact that this survey which took place in April 2005 will give us the accurate information related to the prevalence of the IDD, other expected results from this survey will be further directions for sustainable elimination of iodine deficiency disorders in Bosnia related to the establishment of the solid monitoring mechanism for the salt quality control in the entire country.

3. COUNTRY PROFILE

Bosnia and Herzegovina (BiH), formerly one of the six republics of the Socialist Federal Republic of Yugoslavia, declared its independence in March 1992. The four-year war that followed left the country's resources devastated. Of the country's 4.4 million population, approximately 1.2 million went abroad as refugees and one million were internally displaced. It is estimated that 200,000 people, mainly civilians, were killed, among them, nearly 17,000 children. Some 35,000 children are estimated to have been wounded and approximately 1,800 disabled.

The Dayton Peace Agreement signed in December 1995 ended the war and started the peace process. It established BiH as a state comprising two Entities, the Federation of Bosnia and Herzegovina (FBiH) and the Republika Srpska (RS), with a small disputed portion of the country known as the District of Brcko coming under separate administration by the international community. Both entities have their own governments

and civil structures, whereas the FBiH is highly decentralized, with 10 cantonal governments with a large degree of autonomy.

The Dayton Peace Agreement has established the position of a High Representative based in the country to oversee the implementation of the accord. The executive powers that are accorded to this position provide the international community with a degree of authority, leverage and influence. This mechanism contributes substantially to peace and stability in the



country. Yet, it also hides the depths of the continued ethnic conflict and contributes to national authorities not assuming responsibility to tackle the key social questions in the country, be it out of unwillingness and inability.

BiH is not only recovering from a devastating war, the country is struggling with a whole range or immense development challenges: setting up functional state institutions and government bodies for the newly formed state, imbuing principles of democracy and the rule of law into governance, the transition to a market economy, the overall economic crisis in the region, widespread organized crime, and the restructuring of the social welfare system.

These challenges have to be tackled in a context of a highly decentralised and fragmented political and administrative structure, designed in the Dayton agreement as the lowest common denominator to preserve BiH as one state, but not designed to actually function effectively. In addition to the State Council of Ministers, each of the two entities has separate ministries. Within the FBiH, each of the 10 Cantons have their own Cantonal Ministries, operating reactively independently of the Federal Ministries based in Sarajevo. Governance is thus shared by 13 political units, each possessing constitutional and legislative authority, and managed by 181 ministries for 3.7 million people. While the State Government faces tremendous challenges in trying to reconcile conflicting interest of its two Entities, this fragmentation constrains the provision of equitable services and threatens sustainability because of extremely high administrative costs.

Furthermore, children's and women's rights within have been largely marginalized in many the post-conflict reconstruction and development programmes. Across all social sectors, and particularly in education, there is a lack of clearly defined policies and weak administrative structures.

The combined effects of war, economic crisis and political transformation have had a significant, negative impact on children and women. Children continue to suffer disproportionately from the societal stress of the post-war era. Out of 617,000 refugees from BiH about 130,000 are children, of the 518,000 internally displaced persons, 108,000 are children; out of a total of 1,225 mine accident victims since 1996, 268 were children¹.

Many children experienced psychosocial stress and trauma during and after the war. Countless children lost one or both parents, many live in home environments that do not adequately support their positive growth and development. Access to, and quality of, basic services such as basic education and health care have declined substantially compared to pre-war standards. In this context, many children and youth are especially vulnerable to unsafe sexual behaviour, violence, abuse and exploitation, particularly commercial sexual exploitation and trafficking.

¹ Ministry of Human Rights and Refugees report, July 2001.

In health, women do not receive appropriate health supervision during pregnancy as much as they did prior to the war. Low rates of exclusive breastfeeding and high levels of micronutrient deficiencies suggest that the nutrition of children from birth is inadequate. Immunization coverage rates have almost recovered since their decline during the war, but national monitoring and supervision systems are lacking. Youth are at risk from high use of tobacco, alcohol, and drugs, nutrition disorders, and unsafe sexual behaviour. There is unequal access to health services for certain vulnerable social groups including migrants, returnees and the unemployed, and between rural and urban areas. The health information system is undeveloped and uncoordinated resulting in general insufficiency of data concerning the health status of population.

4. PROJECT BACKGROUND

4.1 Nature of the Problem

Iodine deficiency in children causes cerebral lesions and mental retardation, and is clinically manifested as goitre. In women, it can lead during pregnancy to miscarriages, low birth weight, still births, and poor foetal brain development. Iodine deficiency has historically been a significant problem in BiH, with recorded cases of goitre going back several hundred years. In the post World War II period, salt iodisation was mandated by law at 5-15 mg iodine per kilogram of salt, which resulted in a subsequent reduction in the prevalence of goitre. Epidemiological studies performed in 1956 and 1960 found that there were around 563,000 persons suffering from goitre. A survey carried out in 1973 in Bosnia and Herzegovina, revealed that among school children, endemic goitre was as high as 20 per cent.

During 1999 UNICEF supported surveys in the Federation of Bosnia and Herzegovina and Republika Srpska on the level of iodine in salt sold on the market and the prevalence of goiter and urinary iodine among school children. The surveys revealed that the frequency of goiter in the Federation of Bosnia and Herzegovina was 28.48 per cent and in the Republika Srpska 23.47 per cent roughly one quarter of children surveyed. The figures were significantly higher than in other parts of former Yugoslavia (Croatia and Macedonia). The survey also revealed that the concentration of urinary iodine in school was 69.75 per cent in the Federation of Bosnia and Herzegovina and 23.64 per cent in Republika Srpska, higher than the recommended WHO/UNICEF/ICCIDD criteria for eliminating IDD as a public health problem, which is less than 50 per cent of urinary iodine samples below 100mcg/L. The survey results revealed that in BiH, there was universal access to iodised salt, although there were not always adequate levels of iodine nutrition in the salt. In light of the survey results, new laws were passed requiring an increase in the levels of iodine content to 20-30 mg at production.

One of the biggest problems is that there is no system to monitor the situation of the iodine deficiency in Bosnia and Herzegovina, which is caused mainly by a lack of capacity of the professionals trained to monitor salt quality. The lack of a monitoring mechanism for the quality of iodized salt at all levels (production, retail and import) can deteriorate sustained elimination of iodine deficiency disorders in Bosnia and

Herzegovina. Additionally, there is a lack of accurate data on the quality of produced and imported salt used for human consumption.

4.2 Legal framework

In May 2000, the Federation Committee for Iodine Deficiency Disorders recommended that the existing legislation on the level of iodine in salt should be changed to increase the content of iodine from 20 to 30 mg of iodine per 1 kg of salt at the production site, for human and animal nutrition, as well as for food industry, regardless of whether the salt was produced in or imported into Bosnia and Herzegovina. In January 2001, the Parliament of the Federation of Bosnia and Herzegovina approved and ratified a law on Salt Iodization in the Federation of Bosnia and Herzegovina. According to this law, the iodization of all produced salt for human and animal consumptions is obligatory for salt producer. In the Entity of the Republika Srpska, of Bosnia and Herzegovina (BiH), the government has not yet approved and ratified a law on Salt Iodization, but the Republika Srpska Committee for Iodine Deficiency Disorders has recommended legislation similar to the law ratified by the Federation.

Although the law has been endorsed in two-thirds of the country, non-iodized technical salt (intended for chemical industry and road de-icing) continues to be imported and traders divert this salt to human consumption markets after entry into the country. The intent of the law is being sabotaged and cheap non-iodized salt undercuts the market price for iodized salt. To address this loophole, the Ministries of Health from both Entities have recognized the need to issue a legislative decree to enable the Sanitary Epidemiological Service (SES) inspectors to take sanctions against traders and vendors found in violation of the law. The situation is made more difficult because there is no data on imported salt.

4.3 The Salt Production Situation

After the break up of the Socialist Federal Republic of Yugoslavia, BiH was left with only one very poorly equipped self-financing salt factory in Tuzla to cover the needs of the entire country.

The estimated requirement of edible salt for humans in BiH is 13,800 tons. According to the salt producer's data, the country produced 13,875 tons of iodized salt in 2002. This means that 101% of the requirements were met with domestically salt produced. (Regional Charts salt coverage. 2004; see table 1

Table 1. Annual Production in Bosnia and Herzegovina

BOSNIAHERZEGOVINA				
Year	1999	2000	2001	2002
Population (x million)	3.596	3.763	3.879	3.943
Iodized salt requirement (MT)	12586	13170.5	13576.5	13800.5
Iodized salt supply (production, import, export)	16094	17207	14543	13875
Coverage	128%	131%	107%	101%

5. EXPECTED RESULTS: OUTCOMES AND OUTPUTS

The overall goal of the UNICEF 2005-2008 country programme is to support the Government in meeting its obligations under the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women.

It is specifically aimed at ensuring inclusion of all children, young people and women in the provision of basic education, health and child protection services with their increased and genuine participation.

The Elimination of Iodine Deficiency Disorders projects fits within the Results Based Management framework outcomes of:

- Policy makers at state, entity and municipal levels provide leadership in coordinating the development of national standards to implement and monitor national policies that affect children's and women's rights.

There are three outputs through which UNICEF has contributed to the attainment of the outcome.

- IDD Survey conducted countrywide
- IDD Committee re-established and National Action Plan for sustained elimination of IDD developed
- Working groups of government and NGO expert develop legislation, standards and protocols for child health, including for elimination of IDD, implementation of Global Alliance Vaccine Initiative and early childhood development

6. STRATEGIES

To attain the objectives, UNICEF has pursued the following strategies: *service delivery and capacity building*.

Service delivery. UNICEF provided two ultrasound and consumable materials needed for examination of goitre among 2,600 school children aged 8-10, involved in the IDD Survey which is going to be finalised by the mid of October. Once the IDD survey is completed two ultrasounds will be given to the entities Ministry of Health which will donate equipment to the clinical centres to use equipment for further monitoring of the prevalence of iodine deficiency disorders in the country.

Capacity development. The IDD focal point from UNICEF has attended the Regional Micronutrient workshop which took place in Antalya and gained new knowledge and skills on the micronutrient deficiency, needed for technical support required by the governments of BiH in elimination of iodine deficiency disorders the countrywide.

7. REPORT ON ACTIVITIES AND RESULTS

At the outcome level, together with other partners and donors, UNICEF's Elimination of Iodine Deficiency Disorders project during the period from 2001 to 2005, has contributed to improving the quality of salt available in BiH and prevention and management of iodine deficiency disorders.

The USAID /Washington Fund for UNICEF contribution committed in year 2005 has allowed UNICEF to make good progress towards achieving the following outputs:

Output 1: IDD Survey conducted countrywide

The USAID/Washington Fund for UNICEF contribution has made it possible for the two entity Ministries of Health and District Brcko to conduct the Survey on Iodine Deficiency Disorders countrywide.

The IDD Survey is still going on and will be finalised by the mid of October. Based on official data from two Institutes for Statistics and Ministry of Education the IDD Survey plan was developed by three survey teams consisting 12 health experts and covered 16 different regions/cantons, schools and pupils that should be examined.

65 clusters in whole country were chosen with total number of 2600 pupils from the selected schools.

65 Primary schools where the examinations have taken place were determined proportionally according to the number of pupils which depended on the number of children enrolled in the school and respecting their gender, equal number of girls and boys were selected. The pupils examined were selected by their teachers using the method of random choice.

This methodology will provide data on the IDD prevalence in BiH and will underline differences in the prevalence of IDD in specific area.

For the IDD Survey in BiH several indicators proposed by WHO UNICEF and ICCIDD were chosen and applied such as:

1. Palpation of the thyroid gland; 2600 pupils were examined by palpation and their size of thyroid gland was determined. As demonstrated by studies of experienced examiners, using this method misclassification of volume of thyroid gland can be high if it is performed by many different experts and it is important to have standardization training to try and assure low inter-observer variability.

Thanks to USAID donation the Team of experts from Macedonia has conducted four day training on standardisation of palpation of thyroid gland and 12 professionals involved in IDD Survey were fully trained.

In the same time, Pilot testing was organized in four schools to estimate the amount of time needed to complete the survey in each cluster and to identify any potential problems with the survey instruments and protocol. The pilot testing undertaken in schools was simulating the actual data collection. Survey teams discussed the experience and made final modifications.



(Palpation of the thyroid gland in “Dositej Obradovic” primary school in Republika Srpska)

2. Detection of the size of the thyroid gland by ultrasound was undertaken by this Survey. That is a quantitative commonly accepted method for assessment of the size of the thyroid gland and 20% or 520 children were examined by ultrasound in the Survey. This USAID donation was used for provision of 2 ultrasounds for the Endocrinologist Clinics in Sarajevo and Banja Luka and has enabled health professionals to get the indicator of prevalence of hyperthyroidism and iodine nutrition in the population and the impact of the updated salt legislation.

The provision of ultrasounds was very an important part for the Government to assess the situation in the country on iodine deficiency disorders, and based on the survey findings to start work on establishment of sustainable monitoring mechanism for the salt quality control in the entire country.



(Detection of the size of the thyroid gland in “Dositej Obradovic” primary school in Republika Srpska using the ultrasound)

3. Detection of iodine in the urine is a biochemical method chosen for the Survey on IDD. The number of examined children was 20% out of total number surveyed children. 520 urine samples were collected from them and sent to Macedonia Laboratory for analysis, since laboratories in Bosnia and Herzegovina are not able to perform this analysis.

In the near future, experts team from Macedonia will provide technical assistance to two entities Clinical Centers in Bosnia and Herzegovina in building of their capacity required for establishment of the laboratory for analysis of iodine in urine.

4. The fourth indicator determined for the IDD Survey in BiH was the proportion of households using iodized salt. Around 2000 of salt samples have been collected and iodine content will be tested in laboratories of two entity Public Health Institutes using standard titration method. This activity will contribute to build local capacity and will serve as basis for solid monitoring mechanism for salt quality control. The professionals from PHIs laboratories were trained with two days training on appropriate salt titration methodologies by three professionals from Skopje National Public Health Institute.



(Children brought salt from their households)

Data analysis and final Survey Report

The proper analysis of survey data collected by three Survey teams will be done by Master researcher of IDD Survey from Macedonia after accomplishing of Survey. The final Survey report and recommendations for sustainable elimination of Iodine Deficiency Disorders in Bosnia and Herzegovina is expected by the end of December.

Output 2: IDD Committee re-established and National Action Plan for sustained elimination of IDD developed

Based on finding and recommendations from the Survey on IDD Final Report the National IDD Committee will meet to propose the strategy and National Action Plan for elimination of IDD in Bosnia and Herzegovina. This event is planned for mid December.

Output 3: Working groups of government and NGO expert develop legislation, standards and protocols for child health, including for elimination of IDD, implementation of Global Alliance Vaccine Initiative and early childhood development

Two planning meetings were organised and members of this working groups were considered to be appointed by three different ministries. The preparatory meeting was organised on 28 November and working group agreed on development of national multi sectoral strategy paper for Early Childhood Development. The first draft of action plan for development of this document will be developed by the end of January 2006.

8. CONSTRAINTS AND LESSONS LEARNED

One considerable constraint is the complex administrative and political structure of BiH, with two Entities, the Republika Srpska and Federation of Bosnia and Herzegovina, and one district, Brcko, and three independent Ministries of Health responsible, with no official coordination mechanism for the entire country. Although time-consuming, it is critical to encourage the different ministries to establish a countrywide mechanism for monitoring the quality of iodized salt available on the market and consumed at the household level.

9. FUTURE PLANS

During 2005, based on the IDD Survey results the National IDD Committee will support development of the National plan for sustainable elimination of the Iodine deficiency disorders countrywide. Also based on this national plan meetings and workshops with relevant professionals will be organised to ensure the establishment of the monitoring mechanism of quality of salts from the time of production to the time of consumption by the households as an integral part of a new system. Technical support to government will be provided by UNICEF in the process of harmonization of Entity and District legislation to promote the sustainable elimination of iodine deficiency disorders.

A countrywide survey on the iodine level in the urine and a consumer awareness campaign to increase demand for iodised salt will be finalised by mid of October.

10 FINANCIAL UTILISATION

Financial utilization report attached.