

UNICEF Turkmenistan Country Office
PBA: SC/2003/0635-1

Third Interim Progress Report

Period Covered by the Report: 1 November 2004 to 31 December 2005

ELIMINATION OF IODINE DEFICIENCY DISORDERS IN TURKMENISTAN

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



Summary of activities within the reporting period:



The Chairman of the Mejlis (Parliament) of Turkmenistan Mr. Ovezgeldy Ataev receives a WHO/UNICEF/ICCIDD certificate on achieving the USI from UNICEF Regional Director Ms. Maria Calivis Ashkhabad, 1 November 2004

Turkmenistan has been globally recognized for achieving Universal Salt Iodization (USI) when it was certified by WHO, UNICEF and ICCIDD in 2004. It is one of four countries around the world validated for USI and the first in Central Asia. Consistent with this recognition is Turkmenistan's continuing implementation and enforcement of executive decrees, laws and regulatory requirements to ensure that only iodized salt are produced, imported, sold and distributed in the country. Necessary systems are in place for permanently sustaining USI.

In 2005, the Ministry of Health, in collaboration

with and support from UNICEF and other organizations, identified the need to focus on further assuring that its achievement of USI results in sustained elimination of iodine deficiency

disorders (IDD). These efforts include review and strengthening of USI and IDD monitoring, ongoing technical improvements related to iodine and salt production and distribution and additional communication support activities aimed at building a permanent demand for iodized salt and better awareness of its benefits at community level.

The National Laboratory for biological monitoring of IDD prevention at the Maternal and Child Health Centre (MCH) was re-established to develop the sustainable monitoring and evaluation plan and to strengthen the national monitoring system for efficiency evaluation of IDD strategies in Turkmenistan. UNICEF, with funding support from USAID, provided the laboratory with necessary equipment and reagents This allows the National Laboratory to continue collecting and analyzing the samples from all over the country to monitor the urine iodine levels – an important indicator of iodine nutrition in population. Support was also provided to Sanitary Epidemiological Services (SES) through the procurement of 2,500 Iodine Test Kits for routine testing of “First-In-First-Out” (FIFO) principle observance.

In addition, a training workshop was conducted jointly by the Ministry of Health and UNICEF for *velayat* (province) SES as well as Guvlyduz Salt plant on the use of 10 Iodine Checkers for upgrading of the qualitative control of iodine content at the production and retail/consumer levels. The Ministry recommended the use of these simple and effective checkers at *etrap* (district) and *velayat* levels and now currently preparing a set of methodological guidelines to institutionalize its use.

UNICEF supported the establishment of the electronic data-base to monitor the salt iodization that connects all *velayat* and central sanitary epidemiological services with “Guvlyduz” Salt Factory and MCH Centre. Nine computers with special software that is based on the currently used reporting forms were delivered to the monitoring sites throughout the country.



Training Session on use of Iodine Checkers, Ashgabat, 12 August 2005

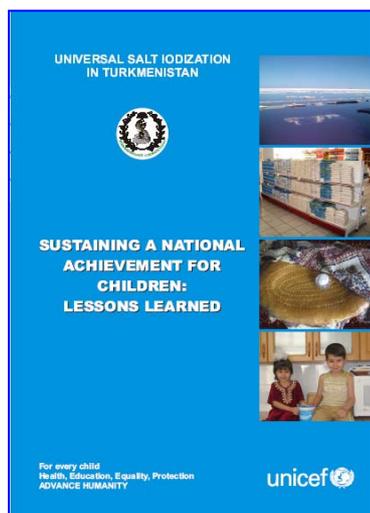
On 17-19 October, 2005 UNICEF, jointly with the Turkmenistan's Ministry of Health and Medical Industry and with the support from the United States Agency for International Development (USAID) organized a three day workshop on a country-level monitoring and evaluation of salt iodization. The workshop aimed at improving a monitoring system and development of a long sustainable monitoring plan for iodized salt. Participants to the workshop were drawn from the salt industry in Guvlyduz, the sanitary epidemiological stations, the Ministry of Health

and Medical Industry, Ministry of Trade and joint-stock company “Turkmen dokum”. Participants were able to jointly set quality control systems for monitoring of salt iodization. A set of methodological guidelines will be prepared by the sanitary-epidemiological services and approved by the Ministry of Health and Medical Industry for use in all SES of the country.

A 30-cluster survey of schoolchildren for the assessment of iodine status of the population and household consumption of iodized salt was conducted by the MCH Centre in collaboration with the Lebap Sanitary Epidemiological Inspection and with UNICEF support. The samples have been analyzed at the MCH IDD laboratory and the results are being analyzed.



Session at the USI Monitoring & Evaluation Workshop, Ashgabat, 17-19 October 2005



Cover page of USI advocacy package leaflet, 2005

The framework for the communication strategy to support USI in Turkmenistan is based on current national experience and capabilities and adapts elements of several models and principles from various communication efforts to support USI. It also draws on organizational communication and motivation principles from both UNICEF’s national and international experience and based on communication for behavior change models and social marketing. These include social mobilization, particularly for those activities focusing on leaders and officials in health and other sectors, lesson learned in building alliances for policy support and maintaining the resources needed to sustain USI and other activities related to sustained control of iodine deficiencies. An all important strategy is public information and building motivation in institutions and activities for pre-service and in-service of health workers, and teachers. As a part of the regional advocacy for achieving the USI in CIS countries, UNICEF supported the roundtable of the Deputy Ministers of Health of CIS countries in Ashkhabad, 13 December 2005.

A USI advocacy and communication information package was developed primarily aimed at talking about Turkmenistan’s achievement and at the same time a call and encouragement for further support to USI. The package also highlights the contributory factor of USI towards achieving national and international goals such as anemia prevention and control, elimination of vitamin A deficiency, and sustainability measures for the prevention and elimination of iodine deficiency. The materials comprising the package come in print and video are intended for Governmental officials in all sectors as well as international development and donor community. These can also be used for adaptation by other countries working to achieve and sustain USI as the primary means of preventing iodine deficiency.

Future directions:

The systematic and strategic country-wide approach for Universal Salt Iodization and IDD control will be continued and the following factors critical for sustaining Turkmenistan’s achievements will be pursued:

- Advocacy for sustained political commitment;
- Continued technical support for strengthening effective monitoring and evaluation system for reliable data tracking for IDD/USI, including the nation-wide survey to determine the prevalence of goiter as an indicator of IDD elimination; and
- Increasing consumers’ awareness and demand by informing the general public on the benefits and importance to physical and mental health of using iodized salt.

Financial utilization report

UNICEF Progress Report No.:	Third Interim Progress Report 2005
Donor Country/Code:	U.S.A. USAID/Washington (G45602)
Assisted Country/Code:	Turkmenistan (611)
Assisted Project	Elimination of Iodine Deficiency Disorders in Turkmenistan
PBA Number:	SC/2003/0635-1
Board Ref. (P/L Reference Number):	E/ICEF/1999/P/L.15
Total Contribution Pledged:	US\$153,000.00
Total Contribution (Programmable):	US\$145,717.20
Duration of Contribution:	30 October 2003 to 30 September 2007
Funds Utilized in 2004:	US\$ 40,790.82
Funds Utilized in 2005:	US\$ 61,617.80
Funds to be reallocated for 2006:	US\$ 43,308.58
Period Covered by the Report:	1st November 2004 to 31 December 2005
Date Prepared:	31 December 2005

Updated: 23 January 2006 (pls refer to the Financial Utilization Report generated on 23/01/06)