

IODISED SALT DEMAND CREATION IN THE PHNOM PENH AREA AND ITS OUTSKIRTS



**FINAL REPORT
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FINAL REPORT

Activities:

- A) The "Iodised Salt Demand Creation campaign in Phnom Penh and its outskirts "operation began in September 1999. Six months of intensive media and field promotions brought Iodine Deficiency Disorders (IDD) awareness to the Phnom Penh population as well changed their salt consumption habits where now they choose iodised salt over that of non-iodised ones.

From November 12th, 1999, our promotion campaign was concentrated and focused on houses, the main reasons were the following:

- all the markets were already covered and those who actually came to the markets were not all decision-makers.

- We wanted our field teams to talk directly to the "lady of the house" who makes the decisions on purchasing. By visiting houses, we were also able to talk to other members of the families such as children or the elderly who were very interested with the campaign.

The TV campaign has been very successful with the children. During the last month of the promotion campaign, we covered areas which were not in our schedules such as the slum areas (because these areas do not have street numbers and were not on the map) where a lot of very poor people live. These people should have been our priority since most use only non-iodised salt due to ignorance or the fact that they cannot afford it.

We delivered our report to UNICEF and the NSCIDD every month. We also have a monthly meeting at the Ministry of Planning with the NSCIDD discussing all problems our teams faced in their daily work and the evolution of the IDD in Cambodia. We believe that the feedback we get from the people are very helpful for the NSCIDD, notably regarding the problem of fake iodised salt in markets. We noticed also that our activity report was the center of every meeting.

The special event: the three-day concert during the Water Festival was also very instructive for us because our attention was on the people from the provinces. The conclusion of our "Water festival" survey was that even if some of them had seen the TV spot, a majority did not understand much about IDD. The lack of iodised salt availability in some of the provinces was also obvious. A special effort should be made towards the provinces especially on the problem of the supply, of iodised salt, even if some people want iodised salt, in some areas they could not buy any.

We have learnt that concert is very popular and successful medium of communication, which could be used later on in future projects in the provinces. At a lower scale, concerts have a very powerful attraction especially in remote areas where people would be ready to walk long distances to come enjoy this kind of entertainment. With only a very small budget we could take the opportunity to organise another concert, perhaps during the approaching Cambodian New Year.

B) Conclusion:

According to our survey, more than 50 % of households now use iodised salt every day (Cf. data analysis). Even in the slum areas where the use of iodised salt is increasing despite its high price. In Phnom Penh and in areas of its outskirts, the population is now better educated about iodised salt and IDD even when they remember mostly only about goiter. We decided not to ask the people if they know about iodised salt because of two main reasons: 1) this question is too vague, 2) an overwhelming majority of the surveyed people answered that they already know about iodised salt. That is why, we focused our attention on the use of iodised salt.

The Demand creation of iodised salt in Phnom Penh and its outskirts exists. But problems linked to the supply of iodised salt remain; the iodised salt market must be secured.

II. Feedback:

A) TV coverage:

Most of the families in Phnom Penh and in areas of its outskirts have a TV set at home. It seems to be the case in slum areas, too. This explains why UNICEF TV spots were very successful in reaching the population. The TV coverage helped greatly in the promotion of iodised salt. The TV spot with the Giant is very popular among the children but the one that had the strongest impact was the one showing images of goiter. The last TV spots (with the testing of salt) should be very helpful also once the testing kits are widely available. Until now, even salt wholesalers are asking for testing kits.

B) Difficulties faced during the operation:

Our promotion teams only met a few difficulties during the implementation of the project. In October 1999, we had flooding in some areas of Phnom Penh. In future projects, we should take this into account. Other problems were associated with the presence of fake iodised salt in markets and the non-availability of testing kits. The quality of iodised salt (its dark color, chemical taste, and chemical instability).

C) Requests from the Phnom Penh population:

The iodised salt market is hindered by the presence of fake iodised salt in Phnom Penh and its outskirts. Many consumers in the provinces stop buying and using iodised salt because they were too many times misled by unscrupulous salt sellers.

People's concerns were about the quality of the iodised salt: they hardly trust iodised salt sold in markets. They often asked our promoters to sell iodised salt directly to them. Our promoters informed them that we only promote iodised salt; we are not a salt company. One other major problem is the price of iodised salt. For the people living in slum areas, the prices determine their choice.

Provincial people we met during the Water Festival wished to see the promotion and the availability of iodised salt in their areas-

D) Recommendations:

- a) During the extension of the promotion project in Phnom Penh and its outskirts, we should:
 - ✓ distribute testing kits to wholesalers hi markets as well as to those people who wish to test the salt for themselves;
 - ✓ control the iodised salt of all wholesalers and producers;
 - ✓ Have follow-ups of the iodised salt from the producer to the consumers.
- b) We believe that the Demand Creation of iodised salt in Phnom Penh and its outskirts should be continued but at a low level to strengthen the increase the created demand and consolidate people's awareness of IDD. This low level of monitoring should allow us to have the feedback from the consumers and retailers thus enhance our IDD promotion campaign. We have to focus our attention on the availability and the quality of iodised salt in the markets. These matters should be discussed with wholesalers. An agreement with them should boost the iodised salt market especially with restaurants and food manufacturers. As well, a stronger commitment from everyone involved would help in the elimination of fake iodised salt in the markets. A seminar on Iodine Deficiency Disorders with major groups is planned for July-August 2000; this should be a great opportunity for this.
- c) Potential projects:

The promotion and the availability of iodised salt should be spread to the provinces where a lot of people are already suffering from IDD.

We believe that UNICEF's TV promotion campaign less effective in remote areas. In some areas, there are only a few black & white TV sets, but in some houses, there is no TV set at all. The only way to promote iodised salt or any other health matters is to reach them directly. These areas are the ones that need the most help.

UNICEF has plans to promote iodised salt consumption in Kratie province, and the northeastern provinces (Ratanakiri, Mondulkiri, Steung Streng).

In the remote areas, we suggest meeting directly with the people (house to house). Then, we have to find a way to make the iodised salt available in these areas. The availability of iodised salt should be effective almost simultaneously as the promotion. In some areas, due to the very few potential consumers, a system of subsidy should be set up otherwise the supply of iodised salt would not be there. A too long delay between the promotion and the availability of iodised salt could prevent people from consuming it.

- d) In March 2000, the Demand Creation of iodised salt in Phnom Penh and its outskirts will be replaced by a new promotion operation but on a lower scale. There will only be six educators-promoters. The new campaign will be essentially aimed at monitoring the real state of the salt market in Phnom Penh, in terms of price, quality and quantity. The Promoters will continue promoting iodised salt in markets and answering people's questions on IDD and related issues with iodised salt.
- e) At the same time, a three-month promotion campaign will commence in Kratie province. We still firmly believe that meeting and talking directly with the people is the best approach to educating and encouraging them to choose iodised salt every time in their daily cooking.

Provided the price is not too high and the distribution of iodised salt is widespread, this operation should be successful in reducing the high rate of goiter in the province.

III) Data collection on salt sold by Phnom Penh wholesalers (Cf* annex II, pages 17-21)

For the months of January and February 2000, the quantity of non-iodised cooking salt (the salt in general) has plummeted. According to the wholesalers, this is due to the fact that people in the provinces do not need salt for fishes. The fishery season (December 99) is over.

In Phnom Penh and its outskirts, the wholesalers assure that people use iodised salt (most of the iodised salt is for Phnom Penh and its outskirts) but their figures include also the provinces, mainly the non-iodised cooking salt. This explains the reason why the quantity of non-iodised salt still at a so high level in relation to the iodised salt one. In the provinces, among people who are aware of iodised salt and IDD, there is distrust in the iodised salt market due to the massive presence of fake iodised salt. Moreover, the price of iodised salt (the price of non-iodised cooking salt can be twice cheaper than the iodised one among the wholesalers. The retail price is higher. The difference is too much important for the populations of the provinces.