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Qualitative Situation Analysis Report : IODIZED (2CL) Salt Social Marketing Campaign in Low Coverage Mountain Districts of Nepal

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I. Executive Summary

A baseline study of a situation analysis was conducted in three project districts (Mirge VDC - Dolakha, Ramche VDC - Rasuwa and Sangachowk VDC - Sindhupalchowk). A total of 3 FGDs were conducted (one FGD in each district) and 15 Key Informant's Interviews (KIIs) were conducted (5 KIIs in each district). Prior to the study, two days orientation was conducted to the field enumerators. The findings of FGD are presented in different levels: Household, FCHV, Retailer, and Influential people, which are further, segregated into three categories viz., a. current situation, b. barrier, and c. solutions. Current situation at the household level is further segregated into three thematic areas viz., utilization and practices, supply and purchase, and knowledge and perception.

The study shows that the use of phoda salt still exist in the community due to various cultural occasions, rituals, and misconceptions regarding 2 CL salt. Generally, in saying by the community people, 2CL salt is used for human consumption and phoda salt for livestock consumption in all three districts. There are various barriers to using phoda salt and among them, seasonal migration for livestock rearing has caused high phoda consumption in all three districts as they do not carry separate salts for their consumption and livestock. The other barriers are taste, easiness in estimating the quantity of salt during cooking and supports in grinding with other spices.

There is a general practice of buying 2CL in small quantities (1 to 2 packets) for their kitchen use depending upon the family size where as purchasing phoda salt in bulk quantity for livestock use. Unavailability of 2CL salt in inaccessible areas during rainy season is another reason for using phoda salt.

The study shows that the level of knowledge among the community people is satisfactory. However, the deprived ethnic community are unaware about the benefits of 2CL salt. They feel that 2 CL salt is expensive than phoda salt.

Retailers have shown less interest in selling salt due to less profit margins. They do not creating separate space for salt resulting in a bulk quantity of phoda salt outside to prevent salt from moisture while 2 CL salt is kept inside on the shelves in small quantity. This created high visibility of phoda salt.

FCHVs have expressed that government do not have a separate programs related to IDD promotion except for the celebration of iodine month in February. In addition, there are no IDD indicators for regular monitoring in the government health system.

Influential people expressed that the majority of people store phoda salt in bulk quantity for feeding their livestock. In general, people are aware of the benefits of 2CL packet salt, but there are some communities, who still prefer phoda salt due to traditional and ritual beliefs.

II. Background

Iodine is an essential component of thyroxine (T4) and triiodothyronine (T3), and it must be provided in the diet. Inadequate iodine intake leads to inadequate thyroid hormone production, and all the consequences of iodine deficiency stem from the associated hypothyroidism. Both insufficient and excessive iodine intake can result in thyroid disease. The term "iodine deficiency disorders" refers to the several consequences that iodine deficiency imposes on individuals. Important consequences include goiter, hypothyroidism, and intellectual disability. When severe iodine deficiency occurs during pregnancy, it is associated with cretinism and increased neonatal and infant mortality. The World Health Organization (WHO) recommends 90 mcg of iodine daily for infants and children up to five years, 120 mcg for children 6 to 12 years, 150 mcg daily for children ≥ 12 years and adults, and 250 mcg daily during pregnancy and lactation. The iodine requirements are higher in pregnant women due to an increase in maternal T4 production required to maintain maternal euthyroidism. Severe maternal iodine deficiency during pregnancy results in a reduction in maternal thyroxine production, inadequate placental transfer of maternal thyroxine, and impairment of fetal neurologic development.

Iodine deficiency is a significant health problem in developing countries, including Nepal. Iodine deficiency causes goiter, cretinism, and hypothyroidism, and is the major cause of preventable mental retardation in children. Iodized salt is the major dietary source of iodine to combat iodine deficiency in Nepal. In this context, Five Year national Plan of Action to achieve Optimal Iodine Nutrition in Nepal, 2013-2017 states that there has been a positive trend both in the proportion of households using adequately iodized salt (from 55.2%¹⁸ to 80%¹⁹ between 1998 and 2011), as well as in the proportion of households using 2CL salt (from 10.3% in 1998 to 37.7% in 2005 and 59.4% in 2011). In spite of this overall progress at the national level, there is a disparity by rural-urban location, as the coverage of households consuming adequately iodized salt is considerably higher in urban areas (94 percent) than in rural areas (78 percent). The plan further states that the coverage of both adequately iodized salt and 2CL salt in the Mountains, Eastern Rural Hills and Midwest and Far West Hills was considerably lower than other regions and the national average.

III. Study Purpose

Prior to the implementation of campaign activities, qualitative situation analysis study was conducted in all project districts in the month of November 2014. The main objective is to understand prevailing practices and behaviours towards 2CL salt amongst households and salt traders for developing the project activities. A separate team for each district was mobilized for in depth assessment of market perceptions towards 2CL phoda salt, IDD, and individual purchasing behaviours.

Overall purpose of the IDD project is to contribute to Universal Salt Iodization (USI) goal by rapidly increasing the coverage of 2CL adequately iodized salt in three central mountain districts through the implementation of the Two Child Logo social marketing campaign. Thus, purpose of this study is to generate qualitative baseline information and understand the access, availability, utilization pattern, barrier and other relevant information related to 2CL salt social marketing campaign.

IV. Methodology

Situation analysis was done using qualitative study tools i.e., Focus Group Discussions (FGDs) and Key informant interviews (KIIs). Prior to the study, a total of 6 field enumerators were oriented on the tools and study design. Three (3) study teams comprising of two (2) enumerators in each team were formed and mobilized separately in each district. Guideline for both FGD and KII was provided to the field enumerators. *Refer to annex [9.2](#) Issues/Questions for FGD for male and Female Adult participants' at HH level and annex [9.4](#)*

Guiding questions for KII for guiding questions.

- Total of 3 FGDs were done (one FGD in each district) with household male and female adults (refer table-1)
- Total of 15 KIIs were done (5 KIIs in each districts) with the key stakeholders (Health Facilities, Teachers, etc.)

A. Study Districts and Sampling

In three VDCs of the study districts (Ramche in Rasuwa, Sangachowk in Sindhupalchowk, and Mirge in Dolakha), FGDs and interviews were done. Key Informant Interviews (KII) were done with the household's head, FCHV, Mother's Group, Influential people, and Retailer in each study district. All together, 3 FGDs and 15 KIIs were accomplished. Refer to the table below for sampling details.

Table 1: Sample size

S.N.	Description	District			Total
		Rasuwa	Sindupalchowk	Dolakha	
1	FGD (male & female adults at HH level)	1	1	1	3
	Total	1	1	1	3
2	Key Informant Interview (KII)				
a	Household (User-1 and Non- User-1)	2	2	2	6
b	FCHV/Mother's Group	1	1	1	3
c	Influential People	1	1	1	3
d	Retailer	1	1	1	3
	Total	5	5	5	15

V. Limitation of the study

The study has following limitations:

- The study was commenced with a less number of FGDs (One FGD in each district) thus, the information cannot be generalized in a wider population of that respective district.
- Information gathered did not reach the saturation level to draw a conclusion for a whole district.
- Time-frame for the study was for a limited period.
- Logistic arrangement in the district was difficult
- Finding the right target beneficiaries, especially phoda salt users in the specified locations were difficult.

VI. Participant's Profile

A. FGD participant's profile

In total, 30 community people participated in 3 FGDs conducted in the study districts. Out of total participants, majority (46.7%) were from the age group 25-35 years, 63.3% were from Janajati, significantly (90%) of them were married, and one-third (33%) of them were housewife. Female participants were higher by 26.6% than the male participants. *Refer to the annex [9.5 Participants Detail](#)*

B. KII respondent's profile

In total, 15 Key Informant's Interviews were done with household head of the community, FCHVs, influential persons, and retailers.

One-fourth (26.7%) of them were from age group (25-35 years) and more than half (53.3%) were men. More than one fourth (26.7%) of the KII respondents were illiterate, and large majorities (66.7%) were from Janajati. Majority of them were involved in social work and significant proportions (80%) of the KII respondents were using 2CL salt. *Refer to annex [9.5 Participants Detail](#)*

VII. Analysis of Findings

This section covers the analysis of findings from both the FGDs and Key Informant Interviews (KIIs) from the study districts. The findings have been summarized into three major categories: a. current behaviours (utilization and practices, supply/purchasing, knowledge and perception, b. barriers, and c. solutions. The information gathered from interviews with the FCHVs, Retailers and other Influential People such as teacher, community leaders, and health workers have been separately presented.

A. Household

Current Situation

Utilization and Practices

In all districts, use of phoda salt is still in practice due to various cultural occasions, rituals, and misconceptions regarding 2 CL salt. In Dolakha, it is found that people grind and store phoda salt nearby their kitchen for regular use in some food items, such as pickle, where as 2 CL salt is been used for regular foods. In addition, in all three districts, phoda salt is usually mixed and grind with other spices for better taste and that supports grinding process.

The majority of households have livestock as a source of income and they have emotional bond with animals from their ancestors. Hence, they spend most of their time with livestock in animal shed, which are far away from their home. Almost all have expressed that 2 CL salt is used for human consumption and phoda salt for their livestock.

People prefer to buy phoda salt in bulk quantity compared to 2 CL salt. Generally, male members of the family are involved in purchasing phoda salt as they have to buy in bulk quantity.

Supply and Purchase

The cost of the salts varies within the district, for example, it costs NRs. 25 per packet in Safru, Rasuwa and NRs.30 in Timure, Rasuwa. Similarly, it varies between the districts, e.g.,

People's Belief

“ Long-time ago people have a belief that bringing salt from the Bhot (China) and gifting it to their father was a religious belief. Some people of this area still practice this custom, thus it means there is a use of phoda salts. ”

FCHV, Sangachowk, Sindhupalchowk

in some parts of Sindhupalchok, it costs around NRs. 18 and in some parts of Dolakha, it costs NRs. 20 per 1 kg packet. There are cases where 2 CL salt were fed to their livestock, but with some complications shared by them especially in their health conditions such as cough, skin problems, etc.

Shortage of salt was never been experienced in the study districts except in few occasions while during conflict, and rainy season when roads are blocked especially in remote places. This had resulted in the price hike particularly during this season. The people in Sindhupalchok shared their experience of shortage during strikes. People in Rasuwa said they had burrowed salt from neighbourhood when there is shortage in the markets.

Market Price of Salt Varies

In general, Chinese salt costs Rs. 50 per kg, packet salt costs Rs. 25 per kg in Safru, and it cost Rs. 30 per kg in Timure. The cost varies even in a very short distance. //

Interview, Rasuwa

The female members are responsible for all kitchen works, hence are involved in purchasing salt. Usually when the quantity of purchase is more, then male family members are involved. In general, 1 to 2 packets of 2CL salt is purchased depending on the family size. Where as phoda salt minimum of 1 pathi (4 kg) is usually purchased.

Knowledge and Perception

The level of knowledge among the majority of people were found to be satisfactory in all three districts. They were aware about the few benefits of 2CL salt such as hygienic, contains iodine, helps in physical and mental development, etc. They shared that they have heard such information from radio and television. However, deprive ethnic communities such as Tamang and Sherpa residing in program areas have less knowledge about 2CL salt and they are using phoda salt.

Iodized Salt Causes Allergies

“ We have been using Phoda salt from our ancestor’s time. Moreover, iodized salt causes allergies, so I prefer Phoda salt. ”

Interview, Dolakha

In Rasuwa district, the level of awareness is satisfactory due to **SUAAHARA** project intervention as the community people are aware of 2CL packet salt and its importance through food demonstration activity in their regular mother’s group meetings. In all districts, retailers are aware about the importance of 2CL salt. However, due to demand of phoda salt, retailers are adhere to store it to irrespective of their choice.

Barriers

The study findings conclude that phoda salt is consumed by a large number of populations in all three study districts for various reasons. Beside others, the more frequently said reason is that a large quantity of phoda salt is been stored for livestock purpose and during stock out of 2CL salt in their kitchen, the easiest availability of salt is phoda which is stored for livestock.

Barriers for not consuming “Two Child” logo salt has been compiled from both FGDs and interviews with the household head and elaborated below.

1. People who have been using phoda salt since their ancestor's period or since longer time period are reluctant to switch from traditional practices of using Phoda salt. They have some thinking in corner of mind that till date there has been no harm due to use of phoda which developed the concept of why they should switch to 2 Cl salt.
2. In many parts of the district, there is a compulsion of use of phoda salt in various cultural and rituals. For example, sherpa community has been using phoda salt in especially prepared Tibetan tea. This leads to the availability of phoda salt in the community .
3. Generally female who are involved in kitchen have the perception that it is easy to estimate the required quantity of phoda salt in food. This is because they have regularly been using phoda salt and hence have the idea of right amount required for their food.
4. AAlso majority stated that phoda salt accelerates the grinding of other spices resulting in fine paste.
5. People have misconception that 2 CL salt cause allergy, pressure, diabetes, scabies, taste and hence people are reluctant to use 2 CL salt. For eg., in Sindhupalchok, it is believed 2CL salt causes high blood pressure, diabetes and in Dolakha it is believed that 2 L causes allergies, scabies.
6. People have misconception that 2 CL harms livestock for e.g in Dolakha and Rasuwa district; it is believed that 2 CL salt causing cough among livestock in some of the villages. Hence, they prefer phoda salt for their livestock.
7. Majority of the households, phoda is always available and hence they have the alternate salt to be used in urgency when 2 CL is out of stock in their kitchen. People

have bulk quantity of phoda salt at their household as they require larger volume of salt for livestock. During their stay in the sheds for cattle rearing they prioritize to take phoda salt. Since they require larger volume of phoda salt for livestock, they have priority of stocking phoda salt so that they can feed their livestock regularly. This is also because people are not aware about using only 2 CL salt for human consumption. Hence, they don't prioritize to take two different salt with them rather take only phoda salt.

8. There is a perception that if they purchase phoda salt in bulk quantity, they will get in cheaper price. However, the cost of phoda in actual is not cheaper. This is due to lack of knowledge in mathematical calculation refer to the table 2.

9. The cost of salt varies within the districts.

This is due to the additional transportation cost. The transportation cost increases with the increase in the distance of the VDC and hence increasing the cost of the salt more than its actual market price set by salt trading corporation.

Table 2: Price of 2CL and Phoda salt in study districts

District	Price in Rs.	
	2 CL salt (per kg)	Phoda (per Pathi)
Dolakha	18	70
Rasuwa	20	80
Sindhupalchok	18	80

*1 Pathi=approx. 4 kg.

Source: Field survey

10. Retailers don't prioritize of creating space only to store salt and they don't have practice of storing adequate 2 CL salt like phoda. Thus, transportation cost is added in every single purchase making 2 CL salt costly. Moreover, it contributes in unavailability of 2 CL stock at retailers, during rainy season as due to road blockades salt cannot be supplied to hard to reach areas, leaving HHs with no options other than using phoda salt during this time period.

Solutions

To address barriers expressed by the household level participants, the following solutions are recommended below.

1. Children plays a vital role converting behaviours of the family members hence, activities should focus on school children so that they can be mobilized as messengers for delivering the key messages of 2 CL salt and convert their household to 2 CL users.
2. Conduct experiments to explore ratio of phoda to 2 CL salt to make it ease in estimation of 2 CL in food.

3. Labelling of phoda salt with a logo that reflects that it is only for livestock is must. This is make people think at least once before using for their own consumption.
4. Program provide orientation all health service delivery institutions like health posts, traditional healers regarding IDD and create a mechanism to dessiminate messages related to the medical issues of both livestocks and human through them.
5. Coordination with salt trading is must for repackging phoda salt that it rfect it is only for livestocks with note that 2 CL is best for both human and livestock.
6. Program should incorporate the activities like demonstration of grinding the spices with 2 CL salt during mother's group meeting to show that it also supports in grinding as that does with phoda.
7. Program should incorporate the activities like demonstration of basic calculation knowledge
8. Explore the management of space for storage of salt at the retailer so that they have adequate quantity of 2 CL salt even for the temporary shortage during rainy season.

B. FCHV

Situation

FCHVs have expressed that there had been no awareness activities related to IDD by the government except in the iodine month. The activities during the month of February (iodine month) are just limited to rallies and display of flex board with the key messages in the DHO office.

Barrier

1. There is no specific IDD related programs in government health system through which messages regarding what iodine is and why iodine matters are conveyed to the community except for celebrating iodine month in February. Hence, it seems that Iodine program is of less priority for government.
2. There are no indicators of IDD in the government health system that is to be reported from community (FCHV) to the central health system. Hence, there is no strong monitoring mechanism on IDD at any level.

Solution

1. Since there are no any specific programs related to IDD in the government systems, it is necessary to conduct advocacy workshops in the district together with the

stakeholders to highlight key issues and collaborative efforts from all for effective solutions and investments to irradiate IDD problems.

2. There is a need of integrating the IDD indicators in government health system to ensure effective monitoring from various levels and regular reporting.

C. Retail Shop

Current Situation

Majority of the retail shops keep large number of sacks of phoda salt outside their shops where as few packets of 2CL salt is kept in the shelves. Phoda salt is easily visible from outside in the sacks whereas 2CL salt it is hardly seen in the shops. Retail shops have very limited space inside their store and there is no fear of theft, it is believed that stealing salt is a sin.

Retail shops do not put extra efforts to sell 2CL salt due to less profit margin where as there is more margin by selling Phoda salt. Retail shops purchase salt from their dealers/suppliers at NRs. 10 per kg for phoda and NRs. 16 per kg for 2CL salt, but it is sold almost at the same price by them to the consumers. People buy phoda salt in a bulk quantity (minimum of 4 kg) in the name of livestock use, and just 1 to 2 packets of 2CL depending on the size of their family members. Due to this reason, retail shops have to store large quantity of phoda salt compared to 2CL salt and may cause temporary shortage.

Retail shops preferred to buy salt from the major markets. For example, shops from Rasuwa buy salt from Trisula bazaar whereas shops from Sindhupalchok and Dolakha districts buy from Banepa Bazaar. There is a long-term relationships with the market traders and they do not purchase only salt and business is mostly on a credit basis.

Barrier

1. Most of the retailers keep phoda salt outside their shops. If it is kept inside their shops, it becomes wet and rust occurs due to moisture contents in the salt. Therefore, phoda salt has been kept outside the shop facing directly to the sun to prevent it from moisture and rust.
2. There is a very less profit margins to the retail shops by selling salts. They do not prioritize to create a separate space for storing large volume of 2 CL salt. In addition, there is less competition between the retailers in context of salt. The only motive behind putting some level of stocks of salt is due to the fear of moving away their

regular consumers to other shops for purchase of salt. Consumers do not come to purchase only salt in the shop; they have a list of items to purchase in their minds, and the first thing that attracts them is through the salt displayed in front of the shop.

3. According to the retailers, people prefer to buy phoda salt in bulk quantity. Selling in bulk quantity has more profit with obvious reason.
4. Retailers do not purchase only salt from their regular vendor due to high transportation costs. They usually place an order to their vendor for various items and along with them salt is added to fulfil remaining space. This causes the stock out for a limited period until vendor fulfils their orders.

Solution

1. Explore the management of space for storage of salt in the retailer.
2. Ensure the availability of adequate quantity of 2 CL salt at all retailer level to create competition among them.
3. Coordinate with retailers to develop group purchase mechanism so that number of retailers can place an order in a bulk quantity with the STC dealer to fulfill their demand for a certain period. This will lead to a reduction in the transportation costs.

D. Influential People

The analysis of interviews with the influential people such as teachers, local leaders are summarized below.

Current Situation

The majority of people have a priority to stock phoda salt in bulk quantity for feeding their livestock. In general, people are aware of the benefits of 2CL packet salt, but there are some communities, who still prefer phoda salt due to traditional and ritual beliefs.

Barrier

Generally, there is a perception that phoda salt is cheaper compared to the 2CL packet salt when purchased in a bulk quantity. This has caused regular availability of phoda salt in the house, which is also used in their kitchen for food when 2CL packet salt got over.

Solution

In reality, consumers are paying the same price for 2CL packet salt and phoda salt. Consumers do not actually understand mathematical calculation and listen to others and retail shop owners. Hence, it is recommended to teach basic calculations to the households and the pricing structure during mothers' group meeting.

VIII. Conclusion and the Way Forward

As per the study analysis, the following recommendations are listed below for corrective actions for future interventions.

- The study shows that phoda salt is available in almost all households; there is a possibility of consumption of phoda salt even though people say that they are consuming 2 CL salt. Hence, program should design in such a way that people start using 2 CL for both human and animals.
- Large population in rural areas spend their nights frequently in animal sheds, which is far from away from the house and use phoda salt as they do not carrying separate “Two Child” logo salts for own consumption.
- In rural areas where there is no road access, people are paying extra price due to high transportation costs, and during the rainy season, sometimes there is a shortage of salts. Due to large storage of phoda salt, people use it. Therefore, to avoid shortage and high price, regular supply mechanism should be established up to the VDC level by maintaining adequate inventory level.
- Even though people are aware of benefits of 2CL salt, but in practice people are using both phoda and 2 CL salt. Hence, campaign should focus on the behaviour change activities for the sustainable use of 2 CL salt.
- There are misconceptions and traditional beliefs on 2 CL salt, hence campaign activities should be designed to address those misconceptions.
- Since there are differences in price from one VDC to the others, which has been the reason for the preference of phoda salt, thus uniformity in the pricing should be ensured.

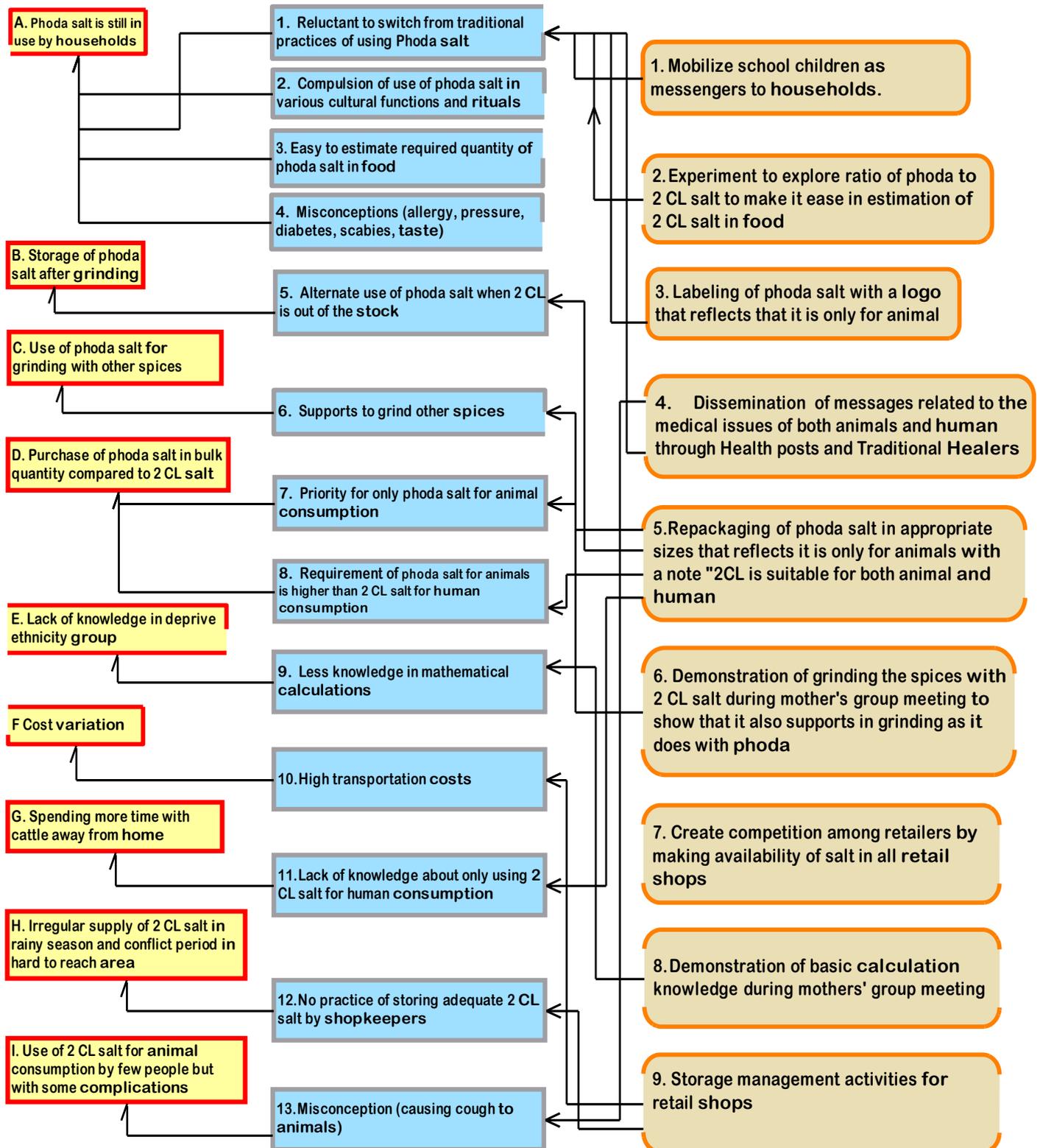
IX. Annex

Level- Household

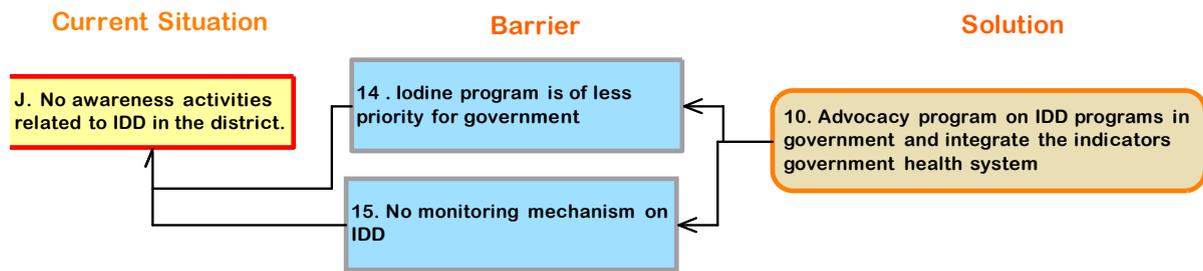
Current Situation

Barrier

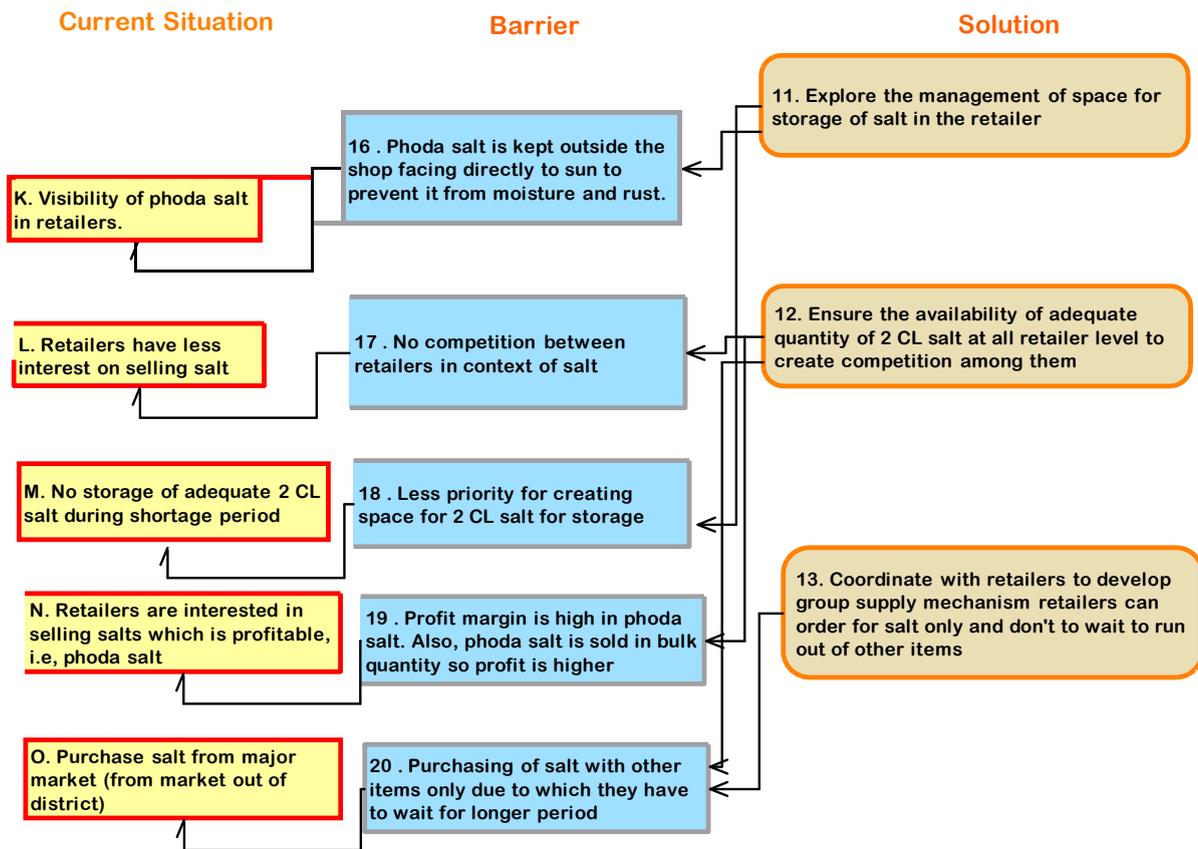
Solution



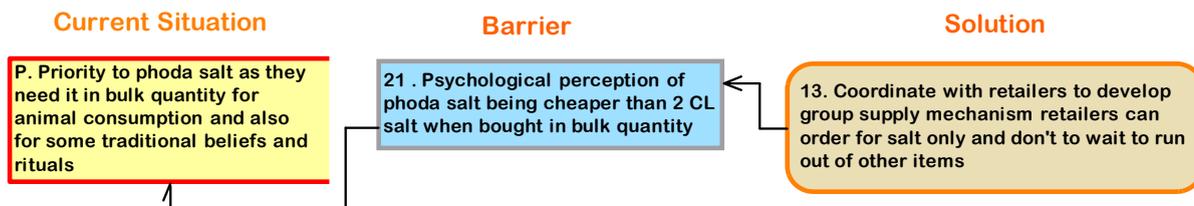
Level- FCHV



Level- Retail shop



Level- Influential People



E. 2. Participants Information Sheet for Focus Group Discussion

<i>SN</i>	<i>Full name</i>	<i>Age (yrs)</i>	<i>Education</i>	<i>Caste</i>	<i>Marital status</i>	<i>Occupation</i>

F. 3. Issues/Questions for FGD for male and Female Adult participants’ at HH level

Utilization and practices

1. Commonly used salt in kitchen in this area? (Probe; **Phoda salt and 2CL salt**)?
2. Reasons to use????
3. Any differences in **TYPES of salts** used for kitchen and livestock use? How? Why? (Stories/events any?????)
4. Purchasing of salt for human and/or livestock(probe: types of salt, quantity in Kg, frequency in month)
5. Storage practices in the household level? (probe: 2CL and Phoda)

Supply

6. From where people buy salts (or source of salt) in this area? (probe: shop, bartering system, distance, time taken to reach there)
7. Usually, who use to go to buy salts from the family in this area? (probe; male, female, children etc)
8. Regular availability of Two Child Logo iodized salt in the market? Any shortage? Reasons? (Stories/events any?????)

Barriers and existing practices to mitigate

9. Opinion about the price of salt (**Phoda salt and 2CL salt**)? (probe; cheaper, expensive)
10. Why people prefer **Phoda salt** than 2CL salt in this area for kitchen use? (probe; expensive, not available in market, lack of knowledge, social factors, past bad evidence, taboos etc)
11. Why people prefer **2CI salt** than Phoda salt in this area for kitchen use? (probe; expensive, not available in market, lack of knowledge, social factors, past bad evidence, taboos etc)
12. Opinion about the consumption pattern of Two Child Logo iodized salt these days in this area? (probe: increasing or decreasing) Why? Reasons?

Instruction to field research team: Display 2CL Logo before the FGD participants and start discussion on following issues.

Knowledge and perception

- 13. Have you ever seen this picture?
- 14. What do you understand from the given picture?
- 15. What is your understanding about the written text of the picture?
- 16. Do you think that iodine is beneficial to us?
- 17. Who need iodine and why? (probe: children, youths, pregnant women etc)

(Thank you for your time, information and cooperation.)

G. 4. Participants Information Sheet for Key Informant Interview (KII)

Instruction for field research team: before starting the interview please follow and collect following information mentioned in a and B headings for every Interview

A. Self Introduction, INFORMED CONSENT, and introduction to discussion topic to make the respondent comfortable

(Namaskar! My name is..... And work for Max pro /Nepal. On behalf of Max pro/Nepal, we are doing baseline situation analysis of Iodine Deficiency Disorder. The main aim of this study is.

[Note: If the answer is yes, the consultant will answer the raised questions to the best of his ability].

[Consultant: Do you agree to give the interview? If the answer is yes, the consultant will start the interview. If the answer is no, the consultant will terminate the session]

B. General Information

District:
Name of the VDC:
Ward No:
Full Name of the Interviewee:
2CL salt: User/ Non User Age:
Sex.....
Caste/Ethnicity:
Occupation:
Level of Education.....
Place of Interview:
Date:

H. 5. Guiding questions for KII

5.1 Guiding Questions for KII with Households (2CL salt user and Non users)

1. From where does your family buy salts (or source of salt)? (probe: distance, time taken to reach there)
2. Usually, who use to go to buy salts from your family? (probe; male, female, children etc)
3. Which salt is used in your kitchen? (probe: 2Cl or Phoda salt)
4. Why?
5. What is your opinion about the price of salts (Phoda salt and 2CL salt)? (probe; cheaper, expensive)
6. **(For 2 CL salt users)** Why you DO NOT prefer Phoda salt for kitchen use?
7. **(For 2 CL salt Non users)** Why you DO NOT prefer 2Cl salt for kitchen use? probe; expensive, not available in market, lack of knowledge, social factors, past bad evidence, taboos etc
8. Any differences in **TYPES of salts** used for kitchen and livestock use? How? Why? (Stories/events any?????)
9. How salts are stored or kept in your house?
10. What do you say about the regular availability of Two Child Logo iodized salt in the market? Any shortage? Reasons?
11. Have you ever heard about iodine? What is that?
12. Do you think that iodine is beneficial to us?
13. What are its benefits?
14. Who are benefited? (probe: children, youths, pregnant women etc)
15. Do you have across or heard any events/cases regarding to Two Child Logo iodized salt? Please explain?

(Thank you for your time, information and cooperation.)

5.2 Guiding Questions for KII with FCHV/Aama Samuha/ Influential Persons

1. Do you think that health disorder due to iodine deficiency is one of the health issues of this area? How? Why (reasons)?
2. Which salt are commonly used in kitchen in this area? (Probe; **Phoda salt and 2CL salt**)?
3. Which types of people of this area do not use **2CL salt** for kitchen use? (probe: caste, economic conditions, education etc)
4. What are the reasons **related to the people** for NOT using 2CL salt in this area?
5. What are other reasons beside the consumers/people side for NOT using 2CL salt?
6. Why people **do not** use Two Child Logo iodized salt? (probe; expensive, not available in market, lack of knowledge, social factors, past bad evidence, taboos etc)
7. Any differences in **TYPES of salts** used for kitchen and livestock use? How? Why? (Stories/events any?????)
8. Do you think that you are also responsible for promotion of 2CL salt in this area? Why you think so?
9. What have been done from your side for promotion of 2CL salt in the community?
10. Currently, what are you doing for elimination of phoda or Phoda salt?
11. What have you done for 2CL salt promotion in the district? (Both Iodine month (February) and remaining months)
12. How could you contribute for promotion of 2CL salt and elimination of phoda salt or Phoda salt?
13. Are you sure for that? How could you assure us?
14. In your opinion, what should be done to address the problems related with IDD in this community?
15. What are your suggestions for increasing consumption of 2CL salt at household level in this community?
16. How can we improve IDD status of the district?
17. In this context, what should be your role?
18. How can you contribute for improvement of government monitoring system regarding to IDD?

(Thank you for your time, information and cooperation.)

5.3 Guiding Questions for KII with Retail Shopkeepers

1. In your opinion, which salt should be used in kitchen (probe: Phoda salt or 2CL salt)? Why?
2. Do you think that 2CL salt is beneficial for human health? How? Who are benefited?
3. Which salt are commonly used in kitchen in this area? (Probe; **Phoda salt or 2CL salt**)? Why?
4. In general how much salt are purchased at a time for the kitchen use in a family in this area? (probe: in Kg)
5. Usually how many time salts are purchased for the kitchen use in a month by a family?
6. Which types of people of this area do not purchase **2CL salt** for kitchen use? (Probe: caste, economic conditions, education etc)? why?
7. Any differences in **TYPES of salts** used for kitchen and livestock use? How? Why? (stories/events any?????)
8. From where do you purchase salts for selling purpose? Why?
9. What types of difficulties do you have experienced regarding to supply of salt up to your shop/store? Explain?
10. How do you store salt in shop? Any difficulty? What are those?
11. What is your preference for selling of Phoda salt or 2Cl salt? Why you think so?
12. Usually how much 2CL salts are sold from your shop in a month? (probe in Kg)
13. Usually how much Phoda or phoda salts are sold from your shop in a month? (probe in Kg)
14. What is your opinion about the selling volume of Phoda salt and 2Cl salt (probe: good selling, demand is high compare to supply, low demand etc)

(Thank you for your time, information and cooperation.)

I. 6. Participants Detail

a. Distribution of FGD participants

Background variables	Category	Dolakha N (%)	Rasuwa N (%)	Sindhupalchowk N (%)	Total	
					n=30	%
Age (in yrs)	20-25	3 (30.0)	3 (25.0)	0	6	20.0
	25-35	5 (50.0)	8 (66.7)	1 (12.5)	14	46.7
	35-45	0	1 (8.3)	2 (25.0)	3	10.0
	45-55	1 (10.0)	0	2 (25.0)	3	10.0
	55 and above	1 (10.0)	0	3 (37.5)	4	13.3
Gender	Men	5 (50.0)	2 (16.6)	4 (50.0)	11	36.7
	Women	5 (50.0)	10 (83.3)	4 (50.0)	19	63.3
Educational status	Illiterate	0	9 (75.0)	1 (12.5)	10	33.3
	Literate & above	10 (100.0)	3 (25.0)	7 (87.5)	20	66.7
Caste/ethnicity	Brahmin	0	0	3 (37.5)	3	10.0
	Cheetri	0	0	3 (37.5)	3	10.0
	Janjati	7 (7.0)	12 (100.0)	0	19	63.3
	Sanyashi	2 (20.0)	0	0	2	6.7
	Newar	1 (10.0)	0	2 (25.0)	3	10.0
Marital status	Unmarried	3 (30.0)	0	0	3	10.0
	Married	7 (70.0)	12 (100.0)	8 (100.0)	27	90.0
Occupation	Agriculture	2 (20.0)	2 (16.6)	2 (25.0)	6	20.0
	Housewife	4 (40.0)	6 (50.0)	0	10	33.3
	Business	0	4 (33.3)	2 (25.0)	6	20.0
	Students	3 (30.0)	0	1 (12.5)	4	13.3
	Social work	1 (10.0)	0	3 (37.5)	4	13.3

b. FGD Participants' Profile of Baseline Situation Analysis of IDD

Profile of HH level Male & Female Adult FGD (Dolakha district) for Baseline Situation Analysis of IDD							
SN	Name of participant	Age	Gender	Caste	Education	Marital status	Occupation
1	Khambasin Tamang	66	Men	Tamang	Literate	Married	Agriculture
2	Tika Bdr Tamang	53	Men	Tamang	Literate	Married	Agriculture
3	Bilap Pakhrin	21	Men	Tamang	10	Unmarried	Student
4	Sajan Lama	22	Men	Lama	10	Unmarried	Student
5	Suya Yogi	29	Women	Sanyasi	Literate	Married	Housewife
6	Samita Yogi	20	Women	Sanyasi	8	Unmarried	Student
7	Kush Maya Tamang	30	Women	Tamang	Literate	Married	Housewife
8	Muna Tamang	34	Women	Tamang	Literate	Married	Housewife
9	Devi Maya Tamang	33	Women	Tamang	10	Married	Housewife
10	Binod kumar Shrestha	28	Men	Newar	10+2	Married	Social worker
Profile of HH level Male & Female Adult FGD (Rasuwa district) for Baseline Situation Analysis of IDD							
1	Shrijana Ghale	22	Women	Tamang	Illiterate	Married	Agriculture
2	Kami Lhamu Tamang	30	Women	Tamang	Illiterate	Married	Housewife
3	Furpa Lhamu Tamang	39	Women	Tamang	Illiterate	Married	Housewife
4	Suku Maya Tamang	21	Women	Tamang	Illiterate	Married	Housewife
5	Sabina Tamang	26	Women	Tamang	Illiterate	Married	Business
6	Lalu Maya Tamang	26	Women	Tamang	Illiterate	Married	Business
7	Yo Samu Tamang	31	Women	Tamang	Illiterate	Married	Housewife
8	Shrijana Tamang	20	Women	Tamang	8	Married	Housewife
9	Kanchi Maya Tamang	27	Women	Tamang	Illiterate	Married	Housewife
10	Tashi Tamang	29	Men	Tamang	literate	Married	Business
11	Dawa Lakpa Tamang	30	Men	Tamang	Literate	Married	Business
12	Chyamindo Tamang	30	Women	Tamang	Illiterate	Married	Agriculture
Profile of HH level Male & Female Adult FGD (Sundhupalchok district) for Baseline Situation Analysis of IDD							
1	NaballalShrestha	63	Men	Newar	Primary	Married	Politician
2	Rajendra Nepal	37	Men	Brahmin	Primary	Married	Business
3	Ashok Parajuli	30	Men	Brahmin	Bachelor	Married	Student
4	BholanathPaudel	73	Men	Brahmin	Primary	Married	Business
5	SatnamayaShrestha	45	Women	Newar	Primary	Married	FCHV
6	YashodhaGiri	51	Women	Chetri	Primary	Married	FCHV
7	SabitriGiri	56	Women	Chetri	Illiterate	Married	Agriculture
8	BishnumayaGiri	40	Women	Chetri	Primary	Married	Agriculture

c. KII respondent's profile of baseline situation analysis of IDD

Background variables	Category	Household (N=6)	FCHVs/ mother gr. (N=3)	Influential persons (N=3)	Retailers (N=3)	Total (n=15)
						%
Age (in yrs)	20-25	2	0	0	0	13.3
	25-35	0	0	1	3	26.7
	35-45	1	0	2	0	20.0
	45-55	2	1	0	0	20.0
	55 and above	1	2	0	0	20.0
Gender	Men	2	0	3	3	53.3
	Women	4	3	0	0	46.7
Educational status	Illiterate	3	1	0	0	26.7
	Literate & above	3	2	3	3	73.3
Caste/ethnicity	Brahmin	1	0	0	0	6.7
	Cheetri	1	0	0	1	13.3
	Janjati	4	2	2	2	66.7
	Madhesi	0	0	1	0	6.7
	Newar	0	1	0	0	6.7
Occupation	Agriculture	1	0	0	0	6.7
	Housewife	1	0	0	0	6.7
	Business	1	0	0	3	26.7
	Students	0	0	0	0	0.0
	Social work	1	3	2	0	40.0
	Job	2	0	1	0	20.0
Use of salt	2CL	3	3	3	3	80.0
	Non 2CL	3	0	0	0	20.0

J. 7. Detail Profile of KII Respondents for Baseline Situation Analysis of IDD

SN	Name	Age (yrs)	Gender	Education	Caste/ Ethnicity	Occupation	Salt users	District	VDC	Type of respondent
1	Naalay Sherpa	54	M	Illiterate	Sherpa	Agriculture	Non 2 CL	Rasuwa	Ramceh-4	Household
2	Santoshi Paudel Adhhikari	23	F	SLC	Brahmin	Job	2CL	Rasuwa	Ramceh-8	Household
3	Lalmaya Tamang	50	F	Illiterate	Tamang	Housewife	Non 2 CL	Sindhupalchowk	Sangachowk-2	Household
4	Radhika Karki	24	F	Bachelor	Chhetri	Job	2 CL	Sindhupalchowk	Sangachowk-7	Household
5	Chandra Bahadur Tamang	60	M	Illiterate	Tamang	Social work	Non 2 CL	Dolakha	Mirge-2	Household
6	Shanti Tamang	36	F	Literate	Tamang	Business	2CL	Dolakha	Mirge-2	Household
7	Mangali Tamang	60	F	Illiterate	Tamang	FCHV	2CL	Rasuwa	Ramceh-9	FCHV
8	Ratanmaya Shrestha	51	F	Literate	Newar	FCHV	2CL	Sindhupalchowk	Sangachowk-4	FCHV
9	Dhankumari Tamang	60	F	Literate	Tamang	FCHV	2CL	Dolakha	Mirge-2	FCHV
10	Bhogendra Karna	29	M	HA	Madheshi	Job	2CL	Rasuwa	Ramceh-8	Influential people
11	Rajan Lama	37	M	SLC	Janajati	Social work	2CL	Sindhupalchowk	Sangachowk-4	Influential people
12	Durge Tamang	36	M	Literate	Tamang	Social work	2CL	Dolakha	Mirge-1	Influential people
13	Chamsingh Tamang	27	M	Bachelor	Tamang	Business	2CL	Rasuwa	Ramceh-9	Retailer
14	Mahendra Thakuri	33	M	Secondary	Chhetri	Business	2CL	Sindhupalchowk	Sangachowk-4	Retailer
15	Deepak Tamang	30	M	Literate	Tamang	Business	2CL	Dolakha	Mirge-2	Retailer