

CSIR-FRI/RE/G-AM/2012/022



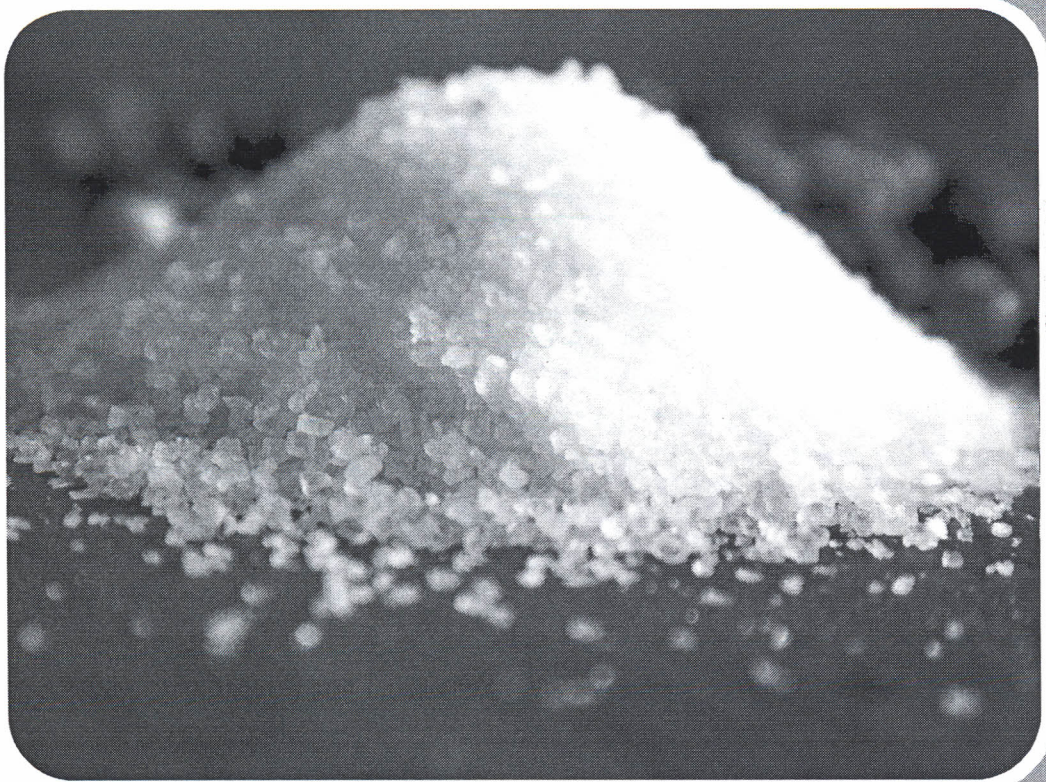
Communication and Advocacy Strategy towards attaining
universal salt iodisation in Ghana

Glover-Amengor, M.



Towards Attaining Universal Salt Iodization in Ghana

Communication & Advocacy Strategy



April 2012

EXECUTIVE SUMMARY

Introduction

Since 1996, when an amendment to the Food and Drugs Act (523) was passed to make salt iodization mandatory, the Government of Ghana and its development partners have taken steps towards improving consumption of iodated salt by Ghanaians. This has ranged from a combination of technical assistance to the industry, communication to consumers, as well as public education on the effects of not consuming iodated salt (with Iodine Deficiency Disorders as the main focus of previous campaigns).

Government of Ghana is embarking on the next wave of efforts towards attaining Universal Salt Iodization (USI). One of the core pillars of the national effort is Communications. This communications strategy will serve as the blueprint to guide the execution of an integrated campaign in support of the national strategy for the attainment of Universal Salt Iodization. The campaign will target four broad categories of audiences:

1. Consumers
2. Producers
3. Traders
4. Local Governments

Proposed Campaign

The proposed communications campaign is divided into two major phases. The focus of this strategy document is on the first phase, which covers: *resources planning, stakeholder engagement, capacity building, communication and education, enforcement, local government action, monitoring and evaluation*. The approach to executing the communication strategy is on three levels. They are:

1. National – Consumers
2. Regional – Consumers
3. District – Consumers, Traders, Local Government, Producers

Efforts at the national level are coordinated by a partnership of four government ministries, whose mandates have direct involvement with USI: *Ministry of Health (MOH), Ministry of Trade and Industry (MOTI), Ministry of Local Government and Rural Development (MLGRD), and Ministry of Women and Children's Affairs (MOWAC)*. They will be assisted by development partners with footprint in USI. Strong advocacy effort is required at national level to secure the resource commitment of the ministry. The regional campaign is focused on consumer education and communication (both below and above the line) in the three northern regions and Eastern region of Ghana. The aim is to impart knowledge and shift consumer preference to iodated salt.

The district strategy is geared at securing local government action in key production areas, with the aim of influencing total national volumes. The sequencing of this approach will begin with central government advocacy, before reaching out to priority districts to buy into the campaign. Success at the district level is heavily dependent on the actions of a proposed multi-sectoral Steering Committee. In each of the selected districts, this taskforce will coordinate USI communication activities. The proposed members of this Steering Committee are: *Coordinating Officer, Assembly Communications Officer, FDB Zonal Officer, District Police Commander, District Environmental Health Officer, District Director of Health Services and a Representative of MOTI.MOWAC representative*

These three levels approach – National, Regional and District – is expected to synergize the achievement of the following objectives:

Consumers:	<ul style="list-style-type: none">▪ 90% of consumers express preference for iodated salt and general knowledge of it.▪ 75% of consumers have knowledge of the benefits of iodated salt.
Producers:	<ul style="list-style-type: none">▪ 100% large producers and 99% medium producers are aware of USI benefits, legal requirements, and are committed to quality iodization.▪ Based on the over-all capacity building plan and activities, 10% small-scale producers know proper iodization process, understand benefits of USI and practice correct iodization methods.
Traders:	<ul style="list-style-type: none">▪ 90% key distributors and salt traders understand USI benefits and legal requirements.
Government	<ul style="list-style-type: none">• Minimum of 6 District Assemblies aligned and working in conjunction with central government ministries.

These approaches will work within a product positioning framework. This framework has six pillars guiding the deployment of resources and presentation of ideas to the audience. The six pillars are: *focusing on product benefits, de-emphasis of price, variation in promotional tactics, creating a product identity, spreading the places to apply communication and building partnerships to maximize resources*. Creating a product identity is key to building a recognizable umbrella brand for iodated salt in the minds of Ghanaians. For this purpose, a colour (BLUE) themed campaign is recommended. BLUE will not be a replacement for the salt logo or fortified foods logo. Although this campaign will not focus on logos, they can continue to exist alongside BLUE.

Phase One Activities

Activities to get this framework into action are divided into five main categories: *Communication and Education, Capacity Building, Mobilization, Monitoring and Enforcement, and Advocacy*. These groups of behaviour change activities will work together to ensure engagement of all elements within the audience. Media and channels for reaching the audience with these behaviour change activities include:

- **Consumer Promotion:** Local radio, national and regional TV, radio or press reporting, news appearances, publicity vans, festivals and events.
- **Market-Place Promotion:** Point of purchase promotions, including RTKs
- **Government Promotion:** FDB enforcement action to producers, EHO work in markets, MOTI communication to salt producers, USI promotions in health service contacts.

The proposed campaign timeline for Phase One is spread over three years. The activities are distributed as follows:

- Year 1: Preparation, Engagement and Mobilization
- Year 2: Communication, Education, Monitoring and Enforcement
- Year 3: Communication, Monitoring and Enforcement

The total estimated budget covering activities over the three years is **GHS 1,229,620.00**. Of this amount, 40.2% goes to district level activities, 35.3% for regional consumer activities, with 24.5% allocated to national coordination, management and production costs (communication collateral). A monitoring and evaluation plan will ensure that these resources are being applied to impactful activities and progress is constantly measured.

Phase Two Summary

Phase Two is proposed to be a two-year consolidation and decentralization stage. Consolidation will allow for the grounding of the progress made in Phase One. Decentralization will ensure that the partner government ministries are able to focus on their core responsibilities under USI, as their constitutional mandate will allow them. The roles under Phase Two are as follows:

1. **Ministry of Health:** *Health Promotion and advocacy*
2. **Ministry of Trade and Industry:** *Approved Business Practices by Salt Producers*
3. **Ministry of Local Government and Rural Development:** *Local Action on USI*
4. **Ministry of Women and Children's Affairs:** *Public Education Activities and Events*
5. **Ministry of Interior:** *Control of salt supply routes*

Coordination of activities would be overseen by single coordinating ministry, to ensure coherence of actions and messages.

TABLE OF CONTENT

1.0	Introduction	5
2.0	Proposed Campaign	5
3.0	Audiences and Objectives - Phase One	6
4.0	Product Positioning	8
4.1	BLUE: Proposed Concept for USI Campaign	8
5.0	Strategic Behaviour Change Activities	10
6.0	Campaign Plan and Timelines	11
6.1	Phase One: 3-Year Campaign	11
7.0	Phase One Budget	16
8.0	Phase One Monitoring and Evaluation	19
9.0	Introduction to Phase Two: 2-Year Campaign	21
10.0	Approaches to Future Communication Strategy	21
	Appendix	

LIST OF ABBREVIATIONS

- DCE – District Chief Executive
EHO – Environmental Health Officer
EHSD – Environmental Health and Sanitation Directorate (of Ministry of Local Government & Rural Development)
FDB – Food and Drugs Board
GAIN – Global Alliance for Improved Nutrition
GHS – Ghana Health Service
GJA – Ghana Journalists Association
GNA – Ghana News Agency
IDD – Iodine Deficiency Disorders
IGP – Inspector General of Police
KAP – Knowledge, Attitudes and Practices
MLGRD – Ministry of Local Government and Rural Development
MOH – Ministry of Health
MOU – Memorandum of Understanding
MOWAC – Ministry of Women and Children’s Affairs
NBSSI – National Board for Small Scale Industries
POP – Point of Purchase
POS – Point of Sale
REHO – Regional Environmental Health Officer
RTK – Rapid Test Kit
TA – Technical Assistance
UNICEF – United Nations Children’s Fund
USI – Universal Salt Iodization
WFP – World Food Programme
WHO - World Health Organization

1.0 INTRODUCTION

Since 1994, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have recommended Universal Salt Iodization (USI) as a safe, cost-effective and sustainable strategy to ensure sufficient intake of iodine by all individuals.

Ghana enacted salt iodization regulation under the Food and Drugs (Amendment) Act 523 of 1996, which states that: "No person shall:

- a) Mine salt for human or animal consumption; or
- b) Import, manufacture, package, label, advertise, store, deliver, distribute, trade sell or export any salt that is not fortified with potassium iodate in accordance with this Act."

Based on this legislative background, Ghana set up a National Salt Iodization Committee to manage the *Ghana National Strategy for Achieving Universal Salt Iodization*. The initial strategy focused on providing support for the establishment of branded salt production and led to the growth of larger scale industrial salt businesses. However, the traditional smaller scale production remains widespread, posing major challenges to adopting fortification technology, communicating messages and enforcing Act 523. As a consequence, 60% of Ghanaians are not protected by USI and remain at risk of iodine deficiency. Based on figures from Ghana DHS, MICS and the Euro Health Group, it can be estimated that despite small-scale producers supplying only 10% of total salt volume, they account for 58% of the non-iodated portion of that total volume. The remaining non-iodized and inadequately iodized salt, estimated at about 42%, comes from large and medium-scale producers.

2.0 PROPOSED CAMPAIGN

A two-phased integrated campaign will be implemented to improve consumption of iodated salt. It will combine both supply and demand side activities and aim to move towards achievement of USI, defined as 90% coverage of adequately iodated salt. Based on a study conducted by Global Alliance for Improved Nutrition (GAIN) in 2008 on the salt sector of Ghana, small-scale sector represents 10% of total production, but account for more than half of the non-iodated and inadequately iodated salt volume.

Category	No. of Producers	Production: M. Tons/Year	Total M. Tons/Year	Overall %
Large	10	10,000 – 60,000	300,000	75%
Medium	30-50	5,000 – 10,000	60,000	15%
Small/ cottage	>1,000	< 5,000	40,000	10%

* The GAIN Salt Sector Analysis, Ghana: November – December 2008

Of the volumes above, 85% (340,000 ton) is exported. The remaining 15% (60,000 tons) has only 2.5% (10,000 tons) being used for industrial purposes. The other 12.5% (50,000 tons) is sold on the local market for consumption. Findings from GAIN's study in 2008 revealed that:

- Appropriate quality control checks are not in place to ensure that producers are practicing proper iodization.
- As a result of the above, iodization methods are not properly applied, leading to over 30% of iodized salt being inadequately iodized.
- There is a need to revamp technical assistance to the industry in general, especially to less equipped small producers.

Therefore, a major campaign focus will be capacity building amongst small producers. However, this is a developmental approach which may take some time to show results; hence the proposed campaign is structured in two phases. Phase 1 will aim to secure significant short and medium term results by focusing on improving performance among large and medium-scale producers, while developing capacity of small-scale producers.

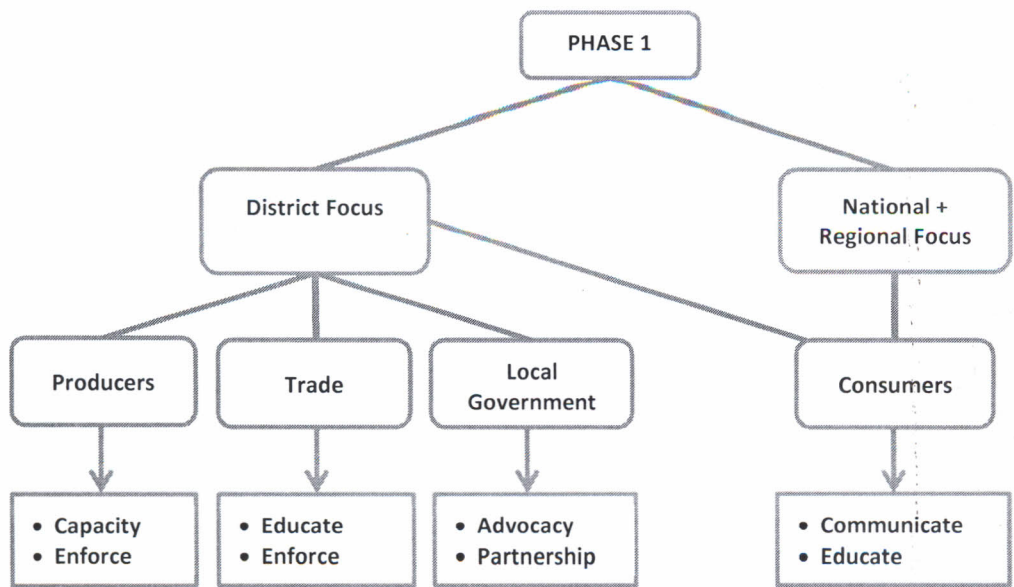
Past communication efforts utilized a centralized campaign to build widespread public awareness and demand. However, despite achieving high awareness, this was not sufficient to sustainably expand the coverage of iodated salt to reach USI. A more intensive and focused approach may be necessary. Phase 1 will target key districts where salt production is concentrated and key regions where iodated salt coverage is low, while emphasizing the following target audiences and/or behaviour changes:

- Influencing preference of consumers by improving their knowledge of iodated salt benefits.
- Enhancing existing compliant behaviour of large-scale producers.
- Assisting medium-scale producers to upgrade their production in order to comply with iodization.
- Commencing capacity building for small-scale producers.
- Influencing trade channels of salt to serve as a check on level of non-iodated and inadequately iodated salt along the supply chain.
- Securing strong involvement of local governments in districts that are major suppliers or distributors of salt.

District assemblies have considerable leverage over local food production and marketing, as well as local communications channels. Therefore, an overall USI-focused partnership with local government can leverage numerous communication media as well as regulatory channels. As capacity building continues on the supply-side, Phase 1 supply-side communication activities will focus on 6-10 key districts. These districts will include almost all large and medium-scale salt producers, as well as a significant share of small-scale producers (especially with functioning cooperatives). Since selected districts will include 75-85% of all national production, Phase 1 can impact national coverage of iodated salt.

This focused 6-10 district communication strategy will seek to support the overall Phase 1 campaign achievement of 70% coverage of quality salt within 3 year time frame, an approximately 80% improvement over the status quo. Based on estimates of 400,000 metric tons annual volume, this achievement is possible by raising well iodated production shares among the various sectors to: 100% among large-scale producers; 99% among medium-scale producers; and 10% among small-scale producers. This will build a strong foundation for expanding to 90% full USI coverage at the production stage.

Phase 1 objective is to ensure that large-scale and medium-scale producers deliver more than 90% iodization while modestly expanding iodization amongst small producers, as sustainable iodization capacity is developed. The regional and district targeting strategy will seek to improve knowledge of iodated salt benefits in the areas most susceptible to iodine deficiency. The campaign framework is as follows:



3.0 AUDIENCES & OBJECTIVES (PHASE 1)

Based on a 2011 Knowledge, Attitudes and Practices study, three audience groups were identified as critical to expanding coverage of iodated salt: Households, Traders and Producers. Given the national development, public health and legal implications, a fourth segment – Government – is also included (A review of audience segmentation research and conclusions available in appendix). The following summarizes opportunities and challenges among these four target groups.

- **Household Consumers:** Because of past IDD communication efforts in Ghana, top-of-mind awareness of iodated salt is relatively high. But the lesson learned is that consumer awareness is necessary but not sufficient to ensure demand of iodated salt. Market research shows salt is a “low involvement” product, purchased with minimal thought or preference. In the case of low involvement products, the classic approach to marketing is to ensure easy access and place promotions as close as possible to the point of purchase. Preceding point of purchase promotions, will be mass media communications and public education on benefits of consuming iodated salt.
- **Producers:** While capacity among larger producers has been built, they have not developed “ownership” of the iodization program. While awareness of a salt law exists, there is little or no experience with its enforcement. Optimizing the performance of large and medium-scale producers via more intensive communication – including enforcement – would produce significant gains in coverage in the short term. Parallel to this is capacity building for small-scale producers, to remove barriers to iodization.
- **Traders:** Research shows traders, market queens and retailers prefer coarse non-iodated salt due to familiarity to consumers, patronage and lower input cost. Their awareness of salt law is low and they have little experience with enforcement. The research found that traders with past interaction with law enforcement request for iodization before transporting purchased salt. Therefore, increased communication, incentives and enforcement may produce significant improvements.
- **Government:** While central government agencies have legal and technical expertise, they lack capacity and infrastructure for communication and enforcement in key production areas. District assemblies have this local access, knowledge and reach, but they are not involved in IDD or USI activities, and feel they lack the mandate to move forward without central government support. Government action to communicate the benefits of salt iodization and enforce salt law requires a partnership of central and local government.

Phase 1 of the proposed campaign, will work in key salt producing districts and regions with each of these key audiences to achieve the following sets of awareness and behaviour change objectives:

Segment	Objective
Consumers:	<ul style="list-style-type: none"> ▪ 90% of consumers express preference for iodated salt and general knowledge of it. ▪ 75% of consumers have knowledge of the benefits of iodated salt.
Producers:	<ul style="list-style-type: none"> ▪ 100% large producers and 99% medium producers are aware of USI benefits, legal requirements, and are committed to quality iodization. ▪ Based on the over-all capacity building plan and activities, 10% small-scale producers know proper iodization process, understand benefits of USI and practice correct iodization methods.
Traders:	<ul style="list-style-type: none"> ▪ 90% key distributors and salt traders understand USI benefits and legal requirements.
Government	<ul style="list-style-type: none"> • Minimum of 6 District Assemblies aligned and working in conjunction with central government ministries. A key benchmark will be charging a multi-sectoral District Steering Committee to achieve the following within their jurisdictions: <ul style="list-style-type: none"> ○ Promulgate appropriate resolution/bylaws or other local legal instruments to support USI. ○ Coordinate local campaign targeting consumers and markets. ○ 90% local health centers display campaign materials and include iodated salt in clinics education program. ○ 100% medium to large-scale producers visited/inspected periodically by district representatives of FDB and MOTI (NBSSI). Results will be announced and producer performance recognized on a regular basis (“Name and Shame”). ○ Monthly sweeps of local markets and retailers by EHOs. Results will be announced and EHO performance recognized and rewarded. ○ Provide full support to capacity building activities targeting all producers, especially small-scale. Ministry of Trade and Industry is the vehicle for USI communications to producers by governments.

4.0 PRODUCT POSITIONING

It is crucial to develop a standard product positioning that is equally appropriate for non-packaged iodized coarse salt, as well as refined branded packaged iodized salt. In developing a positioning for iodated salt in Ghana, the following elements will serve as the pillars for defining messages and communication approaches.

1. **PRODUCT Health Benefits Focus:** This is the leading selling proposition for iodated salt. In communicating benefits, little or no focus should be given to the iodine content or better product characteristic. For iodine content, it could pose a challenge for illiterate audiences, in an attempt to understand this chemical or substance added to their salt. For better product characteristics – such as references to purity, taste, texture, etc. – it would be inconsistent, since both smooth and coarse salt can be iodized for consumption and this associates iodized salt with packaged (and more expensive) salt. Having and communicating standard product benefits across the entire campaign gives all salt retailers a standardized proposition to offer to buyers and encourage them to make a switch to iodated salt.
2. **De-emphasize PRICE:** Messages must be devoid of references to price, albeit even a ‘low price’. The situation is that due to the fortification and processing of iodated salt, it is unlikely to sell at a price lower or at par with non-iodated salt. In low-income areas, references to price will trigger comparisons by consumers, thus affecting the impact of the remainder of the message. Other than for emphasizing that the price is the same, drawing attention to price could be a major de-motivator.
3. **Vary PROMOTION:** This campaign will treat segments separately, based on their audience group and geographical location. As a result, it will utilize both mainstream above-the-line advertising channels (radio, TV, press), as well as below-the-line activities. This would help to apply more effective media channels to the relevant stakeholder audience.
4. **Create Product IDENTITY:** Colour has been identified as a common differentiator of product identity for this campaign. Based on the positive result of Rapid Test Kits, which will be used in a number of activities including the point of purchase, the identifying colour for this campaign is BLUE (see section 4.1). This colour theme will run through communication materials, Rapid Test Kits and even packaging by willing producers. Consumers will look out for this colour as a differentiator of iodated salt from other salt. However, the concept remains to be pre-tested and, of course, producers must buy into the Blue theme before it appears in consumer communications and marketing materials.
5. **Spread PLACE:** The geographical-based approach will help to decentralize the communications away from the less familiar central stakeholders, to more familiar and credible grassroots advocates within society and government. The campaign will focus on key districts with sufficient salt production, particularly amongst large and medium-scale producers, to leverage a national change in USI. While multiple channels will be used, marketing theory shows the point of purchase will be a critical place.
6. **Build PARTNERSHIPS:** Because of the limitation of resources by the core stakeholders, the implementation plan will be hoisted on building partnerships amongst government ministries and agencies for shared responsibility. A second dimension of partnership is public-private, where willing producers are provided with guidance to develop their own communications for their iodated salt brands. By doing so, the public education and communications can have a wider reach through complementing product marketing by suppliers.

4.1 BLUE: Proposed Concept for USI Campaign

Past consumer campaign strategies for USI were based on the notion of creating added-value for iodated salt. However, this is appropriate mainly to salt produced, packaged and branded by large companies. Most of Ghana’s remaining non-iodated salt is packed in bulk and “scooped” in markets without retail packaging. Effective promotions for “low-involvement” products like salt are typically as close to the point of purchase, but these opportunities are limited in this traditional environment. For example, claims on packaging, logos and other branding strategies are not feasible. While point of purchase material can be used, there is little connection to the actual product – to assure the consumer that the claims for “invisible benefit” are valid.

The Rapid Test Kits have been widely used as a communications tool in schools. Children bring salt from home, test salt in school, and finally bring the message back home. Documentation of actual expanded market share for iodized salt

using school-based RTK has not been found, but claims of positive impact are consistent. This RTK approach to raising awareness can be extended to the point of purchase and local communities – where it is most likely to influence consumer behaviour for this low-involvement purchase. Since messages on packaging and branding are not options, the campaign proposes to pre-test using the most visually identifiable feature of iodized salt: the blue spot produced by RTK when iodine is present in salt.

The concept is simply, “Blue”. Blue is the concrete iodization message available at the point of purchase via the RTK. Messaging will associate blue with the benefits of iodization. Literature shows that Blue has a number of positive associations including purity, cleanliness and hygiene as well as health, intellect and clarity. The job of the campaign is to associate Blue with healthy, intelligent (IDD-free) Ghanaians who can prosper in the years to come. It will urge the consumer to “look for Blue” at the point of purchase. Blue is both a theme and graphic device to unite communications efforts from the consumer campaign to “supply side” communications including; to producer, trader and regulator. Blue will not come to replace the use of iodated salt logo or umbrella logo for all fortified foods. However, this campaign will focus less on logos and more on Blue, since colour theme will be easier to recognize and comprehend across varied levels of education. Previous KAP studies have shown low recognition for salt logo. Opportunities to utilize Blue in the following situation:

- **Markets:** EHOs test samples and educate salt traders.
- **Markets:** Market women test salt and display results alongside wares, in communicating their compliance status to the buyer.
- **Producer:** Distinguish iodated salt from non-iodated salt through use of colour theme in packaging.
- **Consumer:** Simplest identifier to be used for public education campaigns.

It is proposed that conceptualizing and running activations for the BLUE concept should be carried out with the technical assistance of a marketing services agency, under supervision of the Health Promotion Department, Ghana Health Service (Ministry of Health).

5.0 STRATEGIC BEHAVIOUR CHANGE ACTIVITIES

COMMUNICATION & EDUCATION	CAPACITY BUILDING	MOBILIZATION	MONITORING & ENFORCEMENT	ADVOCACY
<p><u>HOUSEHOLDS & MARKETPLACE</u> Mass Media Advertisement: Use mainly radio, press writing and limited TV. Wherever possible, district-based media channels will be used. Point of Purchase Materials in markets, including display of “Blue” tested salt and opportunities for consumers to use RTKs. Publicity Vans: Use both public announcement vans for urban and semi-urban areas. Based on availability, for rural areas. Community Gatherings: Use major festivals and religious gatherings as opportunities for sensitization activities. Public Relations: Get third party endorsement in the public and media domain. Use mainly health professionals, traditional rulers and religious leaders.</p>	<p><u>PRODUCERS</u> Workshops for producer associations in priority districts, to support technical training on iodization with a strong motivational component. Also include quarterly “Name and Shame” activities as well as positive producer recognition events.</p> <p><u>ENDORSERS</u> Health Workers Workshop: Workshops organized in regional capitals for selected health workers, who will champion USI at local health delivery points. National Media Symposium: Work with the GNA, GJA and other media influencers to sensitize media professionals to “story opportunities” and on their responsibilities under this campaign.</p>	<p><u>MONITORS & ENFORCERS</u> Law Enforcement: Lobby for increased support of law enforcement through the office of the IGP and CEPS Commissioner and to optimize their communications to counterparts at District level in the focus districts. EHO Mobilization: Work through Ministry of Local Government to train and assign EHOs to high impact districts and markets for trade enforcement and to optimize their communications to counterparts at District level in the campaign districts.</p> <p><u>ENDORSERS</u> Council Meetings: Engage religious leaders, traditional rulers and opinion leaders to use their influence and communications platforms for USI community mobilization.</p>	<p><u>PRODUCERS</u> Site Visits: Bi-annual rotational site visits by FDB to monitor and enforce standards of iodization. District Assemblies enforce USI regulations</p> <p><u>TRADERS</u> Market Visits: Visits by local EHOs to markets, to monitor enforce and test salt (providing advice and assistance to Market Queens and salt traders as well).</p>	<p><u>DISTRICT ASSEMBLY</u> Consensus and MOU: Partner ministries and local assemblies of priority areas agree on terms of a workable partnership and communication package to support these assemblies. MOU signed by all parties to serve as terms of reference.</p> <p><u>CENTRAL GOVERNMENT</u> MOH, through the Ghana Health Service, will lead advocacy to secure commitment from the following policy hubs:</p> <ul style="list-style-type: none"> • Parliamentary Select Committee on Health • Council of State <p>MOTI will lead advocacy with Economic Management Team, to secure increased budgetary support.</p>

6.0 CAMPAIGN PLAN AND TIMELINES

6.1 Phase 1: 3-Year Campaign

Campaign Concept

- **3-year campaign period covering:** planning, mobilization and preparation, as well as Government of Ghana program to increase access and consumption of iodated salt. This includes:
 - i. Supply and capacity building
 - ii. Demand and communications, including:
 - **National Level**
 - ✓ Government stakeholder advocacy, engagement and mobilization
 - ✓ National Launch
 - ✓ National Media
 - **Regional Level**
 - 3 northern regions of Ghana
 - Eastern region of Ghana
 - Consumer media communications
 - Consumer below-the-line activations
 - **District Level**

Intensive strategic focus on 6-10 key salt production districts with potential to impact national supply of iodized salt:

 - ✓ Producer education, monitoring and enforcement
 - ✓ Trade education, monitoring and enforcement
 - ✓ Household consumer communications
 - ✓ Public and market promotions
 - ✓ Engage local leadership (assemblymen & traditional rulers).
 - ✓ Training, recognition and incentives to improve monitoring and enforcement.

Summary of tools used in respective approaches is as follows:

APPROACHES	AUDIENCE	TOOLS
<u>DISTRICT: 6-10 Production Districts</u>	Consumers	Media, Point of Purchase, Events, Endorsers, Community Health Education Campaigns
	Producers	Training, Education, Inspection/Enforcement, Rewards, Recognition along with "Name and Shame"
	Traders	Education, Monitoring, Market Activations, Enforcement
<u>REGIONAL: 3 Northern and Eastern Regions</u>	Consumers	Media, Events, Endorser.
<u>NATIONAL (External): Influencers & Endorsers</u>	Media	Orientation Workshops, Press Conferences
	Influencers	Workshops, Facility-based Education
	Local Government	Advocacy, Sector Ministry
	Consumers	Events, National TV, Radio and Press appearances
<u>NATIONAL (Internal): USI Partners</u>	Central Government	Joint workplans, workshops, coordinating agency, high-level advocacy, program launches and campaigns

Media and Channels

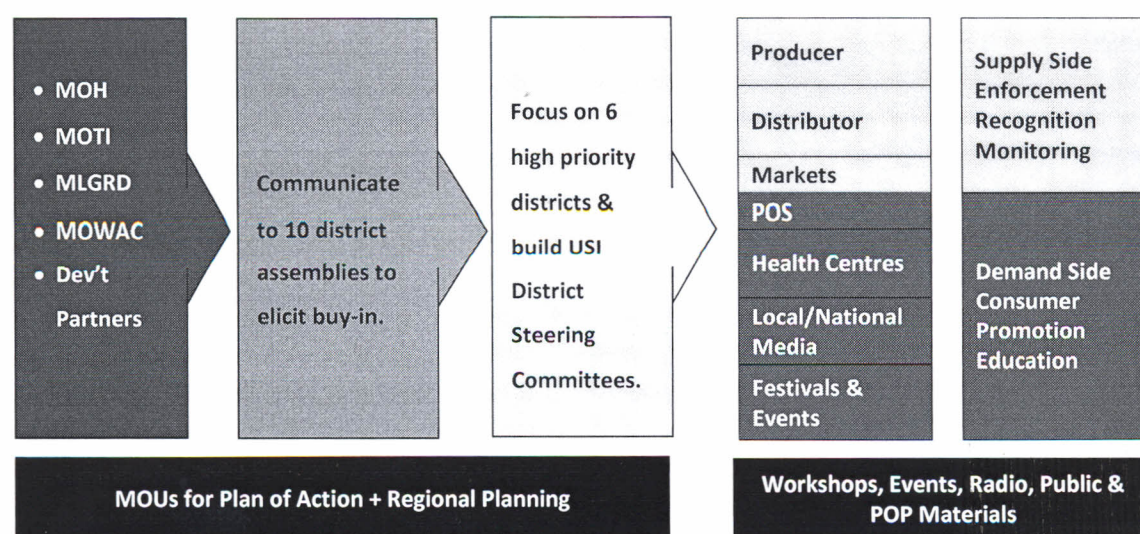
- Consumer Promotion
 - i. Local radio
 - ii. National and regional TV, radio or press reporting and news appearances
 - iii. Publicity vans
 - iv. Festivals and events
- Market-Place Promotion
 - i. Point of purchase promotions including RTKs
- Government Promotion

- i. Intensify and focus FDB and MOTI communication and enforcement action to producers
- ii. Intensify EHO work in markets
- iii. Engage MOTI in salt producer positive behaviour recognition, as well as negative "Naming and Shaming".
- iv. Raise visibility of law enforcement in compliance monitoring and enforcement activities
- v. Integrate USI promotions into hospital, clinic and health centre contacts with population.

Communication materials should be produced and deployed to the respective audience groups as follows:

AUDIENCE	COMMUNICATION MATERIALS
HOUSEHOLDS	<ul style="list-style-type: none"> • PRINT: Flyers, Newspaper (Reports, Stories and Editorials), Posters (public places, e.g. hospital) Brochures • AUDIO: Radio Spot Advert, Radio Interviews, Publicity Vans • VISUAL: Television Interviews, Documentary
PRODUCERS	<ul style="list-style-type: none"> • PRINT: Wall Posters, Iodization Process Guidelines (part of training material), Brochures
TRADERS	<ul style="list-style-type: none"> • OUTDOOR: Stall Hangers, Banners, Umbrellas
GOVERNMENT	<ul style="list-style-type: none"> • PRINT: Brochures (guide for both policy makers and local government)

Sequencing of Activities and Actions



Central Government Stakeholder Objectives	
Target Action	Activities
1. Agreement on 3-Year Strategy	<ul style="list-style-type: none"> • Use National Campaign Partners forum for harnessing resources and commitment for campaign • Provide leadership to districts, advocate for increased media involvement. • Hold District USI Steering Committee meetings to generate more action at grassroots level.
2. Secure MOU for district action plan	<ul style="list-style-type: none"> • Ghana Health Service (under MOH) recommended as lead agency for proposing and reaching understanding with district assemblies.
3. Participate in advocacy to 6-10 district to adopt USI communications initiative	<ul style="list-style-type: none"> • Communication and capacity building package for each district. • Hold national workshop for initial 10 potential districts.
4. Participate in oversight and coordination	<ul style="list-style-type: none"> • Be involved in District USI Steering Committee meetings. • Ensure regular oversight visits to districts.

National Campaign Partners		
Stakeholder	Roles	Tools & Activities
MOH (Campaign Lead)	Food and Drugs Board 1. Participate in communication to engage local government. 2. Conduct USI enforcement at production sites. 3. Include USI monitoring and enforcement as an activity in employee training (part of long-term orientation). 4. Develop Recognition Program for performance on USI monitoring.	1. Position paper to district: <i>Why We Need You</i> . 2. Informal Meetings. 3. USI Steering Committee Workshop 4. Media and Medical Community as supporting channels.
	Ghana Health Service 1. Lead advocacy meetings (with development partners' support) with other stakeholders and policy makers. 2. Agree to participation in communication to local government. 3. Integrate USI into public health Campaigns. 4. Integrate USI into health center contacts.	1. Position paper to district: <i>Why We Need You</i> . 2. Participate in Informal Meetings with stakeholders. 3. Lead USI Steering Committee Workshop 4. Media and Medical Community as supporting channels 5. Lead advocacy meetings with policy makers
MOTI	1. Lead communication to salt production firms as part of proper business practices campaign. This will be achieved by including USI into contacts with salt companies, focusing on USI law and government enforcement activities 2. Participate in communication to local government. 3. Ensure that supply (whether public or private sources) of potassium iodate is adequate to production areas, to prevent that becoming a constraint to iodization. This is critical to the success of producer campaign. 4. Support market monitoring and enforcement EHOs with planning and scheduling workplan, based on MOTI's experience with in-country market activities.	1. Position paper: <i>Why We Need You</i> . 2. Informal Meetings. 3. USI Steering Committee Workshop 4. Meetings with producer firms. 5. Meetings with suppliers and distributors to firm up Potassium Iodate supply arrangements. 6. Business Advisory Centres (NBSSI) as supporting channels and information centres for small to medium salt firms looking for assistance.
MLGRD	1. Upgrade commitment to USI Taskforce within EHO teams. 2. Participation in communications to local government. 3. Assure involvement of EHOs in District Steering Committee & Activities. 4. Develop USI monitoring and enforcement as an activity in EHO training (with long term objective to include in training and orientation curriculum).	1. Position paper: <i>Why We Need You</i> . 2. Informal Meetings. 3. USI Steering Committee Workshop 4. Media and Medical Community as supporting channels
MOWAC	1. Lead public education on USI targeted at women and children. 2. Take advantage of its existing communication platforms to provide opportunities for USI advocacy and communications. 3. Become advocate to other partners whose actions are required for certain key areas of the campaign. 4. Serve as the interface between stakeholders and influencers (e.g. churches)	1. Position paper: <i>Why We Need You</i> . 2. National (monthly) and regional (quarterly) Women's Monthly Meetings (WOMM) for women groups and opinion leaders. 3. Child Rights Clubs and Curious Minds initiative. 4. Media appearances
Development Partners	1. UNICEF: Support in sourcing appropriate technical assistance required by government agencies for successful USI communications campaign. 2. GAIN: Use expertise and experience to assist MOTI to improve supply and distribution of potassium iodate to salt producing areas, close coordination of targeted areas and capacity building activities. 3. WFP: Support with existing program to equip local retailers in	1. Be fully engaged in planning process with central government partners, so contribution can be integrated into workplan.

	iodine-endemic areas, in order to properly influence trade.	
--	---	--

* Proposed National Campaign Lead Agency is Ghana Health Service, under Ministry of Health

District Multi-Sectoral USI Steering Committee	
Stakeholder/ Representative	Objectives/ Activities
District/Regional Coordinating Director	<ul style="list-style-type: none"> • Sign MOU with relevant government agency within National Campaign Partners, on behalf of district. • Promulgate district by-law or resolution on USI. • Designate high-level focal point to deal with national committee. • Develop Terms of Reference for each Steering Committee element, and demand accountability. • Develop sustained program within district after 3-year campaign.
District Communications Officer	<ul style="list-style-type: none"> • Local radio • Publicity vans • Local events and festivals • Local market & points of purchase • Events with NGOs, traditional rulers and assemblymen
FDB Zonal Officer	<ul style="list-style-type: none"> • Producer communications of Code of Practice for iodization • Producer/distributor checks during production season (frequency subject to FDB capacity, but at least all identified producers must be reach during the season) • Consolidate & publish bi-annual results of fieldwork. • 2 publicized annual awards for compliant producers as well as media publicity. • "Name and Shame" campaign to discourage non-compliance.
District Police Commander	<ul style="list-style-type: none"> • Public press conferences • Issue periodic statements to public to communicate position on USI law enforcement.
District Environmental Health Officer	<ul style="list-style-type: none"> • Monthly market sweep checks • Consolidate & publish quarterly results • 2 publicized annual awards for compliant high volume traders
District Director of Health Services	<ul style="list-style-type: none"> • Integrate USI promotions into nutrition and health campaigns and health centre contacts.
MOTI Official (NBSSI)	<ul style="list-style-type: none"> • Collaborate with the FDB Zonal Officer to develop appropriate recognition for producers who are complying with USI. • Work through NBSSI structures to educate producers on USI practices, as part of acceptable business practices.

YEAR 1: PREPARATION, ENGAGEMENT & MOBILIZATION	1	2	3	4	5	6	7	8	9	10	11	12	RESPONSIBILITY
Constitute National Campaign Partners Forum	█												MOH (GHS)
Develop and Finalize Central Government Workplan	█	█	█										National Campaign Partners Forum
Meetings with policy makers	█	█											National Campaign Partners Forum
Communications from National to priority Districts.			█										National Campaign Partners Forum
MOU between National Campaign Partners and Districts					█	█							MOH
Planning with Priority Districts (Activities and Kick-off By-laws)							█	█	█	█	█		National Campaign Partners Forum
Constitute District Steering Committees in 6-10 Priority Districts							█	█					District Coordinating Director
Communications Material Development					█	█	█	█					MOH (GHS) + Communications Agency
Communications Material Testing and Placements									█				MOH (GHS) + Communications Agency
Advocacy to National Media				█	█	█	█						National Campaign Partners Forum
Local Radio Appearances										█		█	District Steering Committee
National Media Appearances (Public/Health Affairs)											█	█	MOWAC & MOH (GHS + FDB)
Local Radio Advert Placements											█	█	District Steering Committee
Advocacy to District Media				█	█	█	█						National Campaign Partners Forum
Advocacy to Health Workers				█	█	█	█						MOH (GHS)
Advocacy to Influencers (Religion, Traditional Rulers, Social Groups)				█	█	█	█						MOWAC/MOH/District Steering Committee
Prepare District FDB Field Officer & EHOs for enforcement action								█	█				FDB & MLGRD
Consultations: Improve Supply of Potassium Iodate (Suppliers & Distributors)				█									MOTI
Medium & Large-Scale Producers Contact: <i>Refresh & Reinforce USI Message</i>				█	█	█	█	█	█				MOH (FDB) & MOTI
Small-scale Associations Contact: <i>Educate, Develop Capacity & TA</i>				█	█	█	█	█	█				MOH (FDB) & MOTI
District Police Media Contact													District Steering Committee
Production Site Visits										█	█		FDB
Bi-monthly Market Sweep Checks													EHOs
YEAR 2: COMMUNICATIONS, EDUCATION, MONITORING & ENFORCEMENT	1	2	3	4	5	6	7	8	9	10	11	12	RESPONSIBILITY
Local Radio Advert Placements	█	█	█				█	█	█	█	█	█	District Steering Committee
Local Radio Appearances	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee
Publicity Vans	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee
Local Public Education Events	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee
Points of Purchase	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee
National Media Appearances (Public/Health Affairs)	█	█	█	█	█	█	█	█	█	█	█	█	MOWAC & MOH (GHS + FDB)
Special Events: Local NGO & Traditional Festival Partnerships	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee
Health Centre Contacts	█	█	█	█	█	█	█	█	█	█	█	█	MOH (GHS)
National Women's Meetings	█	█	█	█	█	█	█	█	█	█	█	█	MOWAC & MOH (GHS)
Regional Women's Meetings	█	█	█	█	█	█	█	█	█	█	█	█	MOWAC & MOH (GHS)
Child Rights Clubs – School Kids Testing Activities (National)	█	█	█	█	█	█	█	█	█	█	█	█	MOWAC & MOH (GHS)
Bi-monthly Market Sweep Checks and enforcement	█	█	█	█	█	█	█	█	█	█	█	█	District Steering Committee (EHOs)
Production Site Visits			█	█						█	█		MOH (FDB)
Producer Awards												█	MOTI

YEAR 3: COMMUNICATIONS, MONITORING & ENFORCEMENT	1	2	3	4	5	6	7	8	9	10	11	12	RESPONSIBILITY
Production Site Visits													MOH (FDB)
Bi-monthly Market Sweep Checks													District Steering Committee
Local Radio Appearances													District Steering Committee
Publicity Vans													District Steering Committee
Special Events: Local NGO & Traditional Festival Partnerships													District Steering Committee
National Media Appearances (Public/Health Affairs)													MOWAC/MOH
Health Centre Contacts													MOH (GHS)
National Women's Meetings													MOWAC & MOH (GHS)
Regional Women's Meetings													MOWAC & MOH (GHS)
Child Rights Clubs – School Kids Testing Activities (National)													MOWAC & MOH (GHS)
Producer Awards													MOTI

7.0 PHASE 1 BUDGET

DISTRICT BUDGET						
District Sector Manager	Activity	Unit	Unit Cost	Frequency	Amount (GHS)	Notes
District Communications Officer	Local Radio Production	Spot	30	720	21,600	2 Stations * 30 Spots/Station * 12 Months
	Local Radio (Interview Appearances)**	Production Cost	150	24	3,600	2 Stations * 1 Interview/Station * 12 Months
	Publicity Vans**	Van Expense	50	24	1,200	1 Vans * 2 Trips * 12 months
	Local Events	Event	2000	6	12,000	1 Events * 6 Months
	Point of Purchase	Hanger per store/stall/structure	20	100	2,000	10 Markets * 10 POPs
	Special Events: NGOs/Festivals	Activations	2000	6	12,000	3 Activations * 2 Years
FDB Zonal Officer	Producer Visits Results Publication**	Press Conference	500	5	2,500	1 Press Conference * 5 Waves
	Producer Recognition Awards	Event	2000	2	4,000	1 Event * 2 Years
District Police Commander	Regulations Public Education**	Press Conference	500	2	1,000	1 Press Conference * 2 Years
Head EHO	Market Visits Results Publication**	Press Conference	500	2	1,000	1 Press Conference * 2 years
	Testing Kits (1 Kits = 100 Samples)	Administered by EHO and opinion leaders for "BLUE certification"	0.55	10000	5,500	50 Markets * 200 Kits
MOTI: Zonal Rural Enterprise Office	Motivational Workshops	Workshop	1000	1	1,000	1 Workshop * 1 District
	Producer Workplace Materials**	Laminated Posters	100	10	1,000	1 Poster * 10 Producers
	Annual Producer Awards	Awards Dinner	2000	2	4,000	1 Awards Event * 2 Years

District Director of Health Services	Integrate USI Promotion	Health Workers Training	2500	2	5,000	2 Workshops * 1 Year
Subtotal					77,400	
Steering Committee Coordination					5,000	
Budget Per District					82,400	
TOTAL: 6 DISTRICTS					494,400	

** Recommended that partner ministries contribute in cash or kind from existing budget

REGIONAL BUDGET					
Activity	Unit	Unit Cost	Frequency	Amount (GHS)	Notes
Local Radio (Spot Fees)	Airings	30	1080	32,400	3 Stations * 30 Spots/Station * 12 Months
Local Radio (Interview Appearances)**	Production Cost	150	36	5,400	3 Stations * 1 Interview/Station * 12 Months
Publicity Vans**	Van Expense	50	36	1,800	1 Vans * 3 Trips * 12 months
Local Events	Event	2000	12	24,000	2 Events * 6 Months
Point of Purchase	Hanger per Store	20	1000	20,000	100 Markets * 10 POPs
Special Events: NGOs/Festivals	Activations	2000	5	10,000	5 Activations
Subtotal Sectoral Budget				93,600	
Regional Coordination				15,000	GHS5000 * 3 Years
Budget Per District				108,600	
TOTAL: 4 REGIONS				434,400	

** Recommended that partner ministries contribute in cash or kind from existing budget

NATIONAL PRODUCTION COST					
Activity	Unit	Unit Cost	Frequency	Amount (GHS)	Notes
Radio	3 Jingle Production	1,500	18	27,000	3 Jingles * 6 Languages
Publicity Van Tapes	3 Tape Program Production	1,500	1	18,000	2 Recordings * 6 Languages
TV/Radio/Press News Placement**	Per Show/Interview/Publication	100	26	2,600	2 Placements * 13 Months
Point of Purchase Materials	Creative Only	-	-	4,000	Estimated Lump Sum
Producer Awards	Plaque/Trophy/Certificate	-	-	4,000	Estimated Lump Sum
Awards FDB/EHO	Plaque/Trophy/Certificate	50	80	4,000	Recognition Item for Performing Officers
Consumer Public Facility Posters	Creative & Production	2	10,000	20,000	Mid-sized posters for health centres
Producer In-Plant Materials	Creative & Production	10	1,000	10,000	Large-sized Laminated Posters
Take-home Flyers	Creative & Production	0.50	100,000	50,000	To be used for community events
TOTAL				139,600	

NATIONAL MANAGEMENT & ADVOCACY BUDGET					
Activity	Unit	Unit Cost	Frequency	Amount (GHS)	
Agency Consultations	Agencies	500	5	2,500	Communications and Coordination
Media Advocacy	Press Conferences & Workshop	5,000	10	50,000	Press Engagement * 10 Regions
Health Professionals	Workshops	5,000	10	50,000	Workshops * 10 Regions
District Communications Package	Production Lump Sum			10,000	Estimated Lump Sum
District Steering Committee Meetings	Meeting	500	12	6,000	2 Meetings * 6 Districts
National Coordinating Agent	Months in Contract	1,000	36	36,000	1 Administrative Person * 36 Months
Stakeholders District Travel	Per diem	80	48	3,840	2 Meetings * 6 Districts * 4 Officials
National Coordination	Trips	80	36	2,880	12 Trips * 3 Days * GHS80
TOTAL				161,220	

BUDGET SUMMARY		
SUMMARY	Amount (GHS)	% Spend
District Steering Committee	494,400	40%
Regional Activities	434,400	35%
National Production Cost	139,600	11%
National Management & Advocacy	161,220	13%
TOTAL	1,229,620	100%

8.0 PHASE 1 MONITORING AND EVALUATION

MONITORING PLAN				
Key Results	Indicators	When?	By Who?	Data Usage
<p>COMMUNICATION & EDUCATION:</p> <ul style="list-style-type: none"> • 90% of consumers express preference for iodated salt and general knowledge of benefits. • 75% of consumers have knowledge of the benefits of iodated salt. 	<ul style="list-style-type: none"> • Household Surveys: awareness, knowledge and preference. • Trade Surveys: consumer demand • Sample collection and analysis. 	<p>3 surveys: Year 2 & 3 months (can be captured under GDHS & GLSS)</p>	GHS	<ul style="list-style-type: none"> • To measure the effectiveness of message and channels. • Inform strategies of focus for Phase 2.
<p>CAPACITY BUILDING</p> <ul style="list-style-type: none"> • Producers: Ensure that 100% medium to large-scale and some functioning small-scale producer associations are interfaced and educated/refreshed on knowledge of proper iodization process, as part of salt business practices. • Health Service: Ensure that at least 80% of state health centres have campaign materials displayed, and have included iodated salt education in their regular clinic programs e.g. antenatal clinics. 	<ul style="list-style-type: none"> • Assessment of knowledge and compliance levels to be conducted during site visits. • Quarterly reports from health centre directors to GHS Health Promotion Department. 	<ul style="list-style-type: none"> • Producers: Twice a year. • Health Service: Quarterly 	<ul style="list-style-type: none"> • Producers: MOH (FDB) & MOTI • Health Service: MOH (GHS) 	<ul style="list-style-type: none"> • Ascertain the impact of educational activities in influencing behaviour change. • To assess the level of involvement of secondary channels in the communications campaign.
<p>MOBILIZATION</p> <ul style="list-style-type: none"> • Law Enforcement: Achieve 95% successfully <u>requested</u> law enforcement presence to support field monitors. • EHOs: Achieve minimum 50% reported and accounted salt iodization visits by EHOs every 2 month. • Religious Leaders: Minimum of 5 reported educational activity with religious organizations per month. • Community Mobilization: Minimum of 10 traditional festivals utilized for USI public education per year. 	<ul style="list-style-type: none"> • Law Enforcement: Response to FDB requests. • EHOs: Percentage of reported and verified market visits. • Religious and Opinion Leaders: Population of audience accessed. 	Quarterly	<ul style="list-style-type: none"> • MOH • MOWAC • District Steering Committee 	<ul style="list-style-type: none"> • Law Enforcement: Identify gaps in and barriers to mobilization. • EHOs: Proportion of resource to be allocated to enforcement and communications in Phase 2. • Religious and Traditional Rulers: Evaluation of their effectiveness for Phase 2.
<p>MONITORING & ENFORCEMENT</p> <ul style="list-style-type: none"> • Producers: Cover minimum 100% of medium-to large -scale, plus 30% of small-scale producers at the end of the 5th wave of visits. • Traders: Cover minimum of 90% coverage of all local markets within priority areas by end of Year 3. 	<ul style="list-style-type: none"> • Producers: Percentage of producers visited and evaluated. • Traders: Percentage of markets visited and evaluated. 	Every half year	<ul style="list-style-type: none"> • Producers: FDB • Traders: MLGRD & MOTI 	Evaluate effectiveness of monitoring and enforcement action and inform continuous use.
<p>ADVOCACY</p> <p>District Assembly: Obtain MOU and by-laws with all priority district assemblies by end of Year 1 (Preparation Year)</p>	<ul style="list-style-type: none"> • Assemblies' contribution in Steering Committee formation and resourcing. 	End of Year 1	MOH (GHS)	<ul style="list-style-type: none"> • Assessment of the effectiveness of using district assemblies for future campaigns

EVALUATION PLAN				
Key Results	Indicators	When?	By Who?	How will the data be used?
<ul style="list-style-type: none"> ▪ 90% of consumers express preference for iodized salt and general knowledge of benefits. ▪ 75% of consumers have knowledge of the <u>correct</u> benefits of iodated salt. 	<ul style="list-style-type: none"> ▪ Percentage of household stocking properly iodated salt ▪ Percentage of household decision-makers with knowledge of iodated salt benefits. 	Pre-campaign data available. Comparative data collected after Month 36.	Research Agency (supervised by GHS)	Used to measure impact of campaign on consumption switch.
<ul style="list-style-type: none"> ▪ 100% large producers, and 90% medium producers aware of USI benefits, legal requirement, and are committed to quality iodization. ▪ 10% small-scale producers know proper iodization process, understand benefits of USI and are committed to quality iodization 	Conversion rate producers practicing proper and documented iodization.	Post-campaign data collected in Months 35 & 36 to evaluate alongside existing data.	Research Agency (supervised by FDB and MOTI)	Difference in Pre and Post-campaign compliance rate will define campaign success rate.
<ul style="list-style-type: none"> ▪ 90% key distributors and Market Queens understand USI benefits and legal requirements 	Number of markets within priority areas classified as compliant according to standards set by FDB.	Collect in current situation by Month 12. Collect post-campaign situation in Month 36.	Research Agency (supervised by FDB and MOTI)	Difference in Pre and Post-campaign compliance rate will define campaign success rate.
<ul style="list-style-type: none"> • District Assemblies of key areas are aware and motivated to work in conjunction with federal ministries to empanel and charge multi-sectoral Steering Committee to achieve the following within their jurisdictions: 	Percentage of Steering Committees fully functional and effective at the end of the campaign.	Collect after Months 24 and 36	GHS in collaboration with from MLGRD)	Will inform use of district approach for Phase 2.

9.0 INTRODUCTION TO PHASE 2: 2-YEAR CAMPAIGN

Campaign Concept

- Two years decentralized national campaign, to be spread out amongst the five stakeholder ministries. Each ministry will develop a specialist campaign to cover its area of concern under the USI umbrella, supported by development partners:
 - i. **Ministry of Health:** *Health Promotion*
 - ii. **Ministry of Trade and Industry:** *Approved Business Practices by Salt Producers*
 - iii. **Ministry of Local Government and Rural Development:** *Local Action on USI*
 - iv. **Ministry of Women and Children's Affairs:** *Public Education Activities and Events*
 - v. **Ministry of Interior:** *Control of salt supply routes*

Even though the campaign will be centrally coordinated, control of resource allocation will be in the hands of each ministry, instead of the national coalition of Phase 1. Frequent meetings will ensure that the central theme of the campaign is maintained.

Media and Channels

- **Health Promotion**
 - i. National and regional radio
 - ii. National and regional TV
 - iii. Health centres
 - iv. Community health and nutrition officers
- **Business Practices**
 - i. Periodic field visits
 - ii. Production cluster refresher training programs.
- **Local Action**
 - i. Local market monitoring and enforcement
 - ii. Assist associations to upgrade to cooperatives to support iodization
- **Public Education**
 - i. Durbars and activities
 - ii. Women's community groups, associations and cooperatives
 - iii. School events (drama, essay competitions, choral events, quizzes competitions, etc.)
 - iv. School science curriculum revision to cover iodization (involve Ministry of Education)
- **Supply Controls**
 - i. Road checks
 - ii. CEPS import and export checks (with Exporters and Importers associations)
 - iii. Law enforcement national media statements and education

10.0 APPROACHES TO FUTURE COMMUNICATION STRATEGY

Phase 1 of this campaign is designed for a 3-year period. It utilizes tools and audiences that can deliver the objectives of stakeholders within the limited time available. The strategy therefore adopts strict audience and tools prioritization to achieve the communication objectives. With this approach, the following opportunity costs exist:

- The propensity to focus on shorter term strategies that will deliver impact within the campaign period, but may have less effect in the long term, with reduced communication spend.
- The propensity to skip strategies that may deliver sustainable behaviour change, but require more communications and advocacy efforts, plus a larger campaign budget.

However, this strategy attempts to reduce the above tendencies by supporting communications, monitoring and enforcement activities that can be continued even after mass communication has ended. Production and trade visits are activities embedded in the normal scope of work of the agencies involved. Therefore, with proper accountability procedures set up within these agencies, it can ensure that the enabling environment remains after communication has ended.

From Phase 2 onwards, the campaign will be decentralized to maximize focus of the national stakeholders involved. For this to be sustainable, the following support must be provided:

- i. **Technical Support:** The development partners should continue to assist the ministries involved to maintain the momentum of Phase 1. Due to the decentralization, some ministries are likely to fall short of the level of technical assistance required to keep their part of the campaign active in Phase 2. It is up to the coordinating ministry of Phase

1 (Ministry of Health) to arrange for technical assistance to support such a ministry, through development partners with experience in the particular campaign area.

- ii. **Communications Strategy Development:** Despite the proposed decentralization from Phase 2 onwards, consultancy arrangements for firming the campaign strategies should be from a central point, but remain relevant and unique to the ministries involved. The purpose of this is to guarantee that the respective methodologies of the stakeholders follow a uniformed message and theme, in order to avoid contradicting each other. Therefore, it is recommended that consultancy services should be from a central source, for which arrangements would be made by the coordinating ministry with assistance from developing partners.

APPENDIX

APPENDIX 1: SITUATION ANALYSIS

In February 2011, UNICEF conducted a Knowledge, Attitudes and Practices (KAP) study to ascertain the behaviour patterns of potential communication audience for a USI campaign. Based on the KAP study, audience was segmented into three main groups: Households, Traders and Producers. In consideration of Ghanaian eating habits, the Food Vendor group will be included as a separate segment to be targeted with communications. Food vendors could either be mobile, informal small-scale or formal (hotels, restaurant, etc.). They serve all other segment groups members through commercial food outlets, a ubiquitous part of the Ghanaian eating habit. In order to instill a strong sense of responsibility and advocacy in the next nationwide USI communications campaign, a fifth segment – Government – will be given prominence.

In identifying the existing common behaviour traits of the respective audience segments, possible inhibitions or aids to future communication efforts were considered. The SWOT factors outlined for each group are potential foundations for a successful campaign development, or possible barriers to efforts. The strengths and opportunities on one hand, and the weaknesses and threats on the other, are outlined for each group as promoters and detractors of future USI communications respectively.

Households

Household insights were gathered through a combination of interviews and focus groups. Seventy percent of respondents pointed to the fact that their perception of iodated salt influences the kind of salt they purchase. This means that a negative or positive perception of iodated salt is a substantial influencer of adoption. Unfortunately, this factor comes into play for respondents in salt producing areas, albeit in a negative form. The significant meanings attributed to iodine and iodated salt are as follows:

WHAT "IODINE" REPRESENTS		KNOWLEDGE OF IODATED SALT	
It prevents <u>goitre</u>	28%	Salt that contains iodine	32%
It is a <u>medicine</u> used to produce salt	16%	It makes children smarter	9%
It is mixed with salt for final consumption	14%	It is a <u>branded</u> salt that comes in a <u>powdered form</u>	8%
It is a <u>packaged powdered</u> salt	8%	It is a <u>medicated salt</u> used to cure diseases	8%

Goitre is the dominant association for iodine. This can be attributed to IDD campaigns in Ghana since the early nineties. Considering the spread of associations and knowledge, it will spread the campaign thin to attempt to answer all perceptions in one communications efforts. Two-thirds of respondents in salt producing areas do not look for, check or demand the presence of iodine before purchasing salt for household consumption. For this section, iodine is not a factor that affecting purchasing decision-making. In salt producing areas such as Ada, salt holds no monetary value for a number of inhabitants along the coast. Sixty six percent of such respondents do not enquire about iodine status at point of purchase.

The strategy to reach such households could be double-pronged. It involved attacking the small-scale operations that feed these homes, and then using appropriate messages to clearly differentiate iodated salt from ordinary coarse salt, based on positive attributes and benefits. Hundred percent of households from the salt producing areas mentioned iodated salt in relation to preventing goitre (not the specific mention, use of descriptions).

Comparisons of product characteristics that drive preference are as follows:

- Iodated salt requires larger quantity to deliver the same taste that non-iodated salt provides.
- Older respondents have difficulty in measuring the correct amount of iodated salt to use. But this only applies to iodated salt in fine texture.
- Iodated salt, commonly sold in fine texture, is preferred more as table salt since it is easy to dissolve.
- Non-iodated salt serves other purposes for users, besides food preparation. An example is fish preservation. Respondent were wary of using iodated salt for fish preservation. Speculatory responses include the tendency to soften and shred fish when applied.

The reasons for usage or non-usage present the opportunities for constructing positioning messages of influence. Below is the feedback from respondents. The common theme is “benefits”.

REASONS FOR USAGE		REASONS FOR NON-USAGE	
Because I know of the benefits of using Iodine	24%	I am so used to the local salt since childhood	46%
It is hygienic/clean and well packaged	18%	Because the producers give us the raw one for free (production areas)	21%
I know not all salts are Iodized	12%	I have never seen anyone with goitre before (production areas)	14%
It dissolves easily	12%	I don't really care about the salt I use	8%
It makes children grow faster	11%	Because some the Iodated salt are fake	5%
It opens the minds of children	9%	Because it is expensive to produce	4%
Because it is of high quality	8%	It gives cardio-vascular diseases	2%
Because community health workers advise us on the benefits	6%		

Producers

Salt producers can be classified as either:

- Large scale (industrialized),
- Medium scale (use of light technology and produce medium wholesale quantity) or
- Small scale (traditional methods with production in mainly retail quantity or for subsistence usage)

Seventy percent of respondents perceive iodine as either a disease prevention substance, or medicine to put in raw salt before bagging and sale. For the latter, while some producers see it as a prerequisite for bagging and sealing salt, others see it medicine in the curative context.

The situation whereby salt for local consumption and the ones for transportation receive different treatments is explained the perception of another thirty-five percent of respondents. To them, iodine prevents diseases (of which goitre was cited in all cases) that mainly affect those in other areas, especially the Savannah (or away from the coastal settlements in general). With this mindset, it is little wonder that some producers will add this “medicine” to salt being transported for consumption elsewhere and leave the one for local consumption with no fortification. This echoes the perception amongst consumers in salt producing areas along the coast that they do not need iodine in their salt. On the perception of iodated salt itself, respondents mentioned, the following (mainly consumer-side benefits):

Prevents and cure the Goiter disease	45%
Helps the body to grow	10%
It opens the mind of Children	35%
It makes the mined salt whitish	10%

What was common with all the producers interviewed was their reference to the mentions above as things they have heard from media, UNICEF in some cases and FDB workshops a few have attended. Nevertheless, there was no clear ownership of these perceptions and beliefs.

To create an enabling environment for producers to increase iodization actions, it is important that this campaign highlight the triggers and remove the barriers to salt iodization. According to our production respondents, the following posed a challenge to fortifying salt on the production site:

Availability problems [Not always available at our Secretariat	40%
Price of Potassium Iodate is too expensive from Individuals who sell to us	25%
Storage problem especially in the raining season	10%
It is difficult to apply during the raining season	5%
Accessing Problem [i.e. travelling all the way to Accra is tedious]	15%
Fortification process delays salt production	5%

For eighty percent of the respondents, availability, accessibility and affordability of potassium iodate is the main barrier to adopting fortification. This revealed a problem with distribution, for which producers advocate for the creating of outlets that sell the fortificant. However, due to the commercial nature of production, some producers cited situations where they have sold the salt without iodization, as the buyer was paying for a large quantity and did not have time for the process to be completed.

Traders and Food Vendors

Traders and vendors are critical to the attainment of universal salt iodization in Ghana. They deliver salt for households through either the sale of raw or iodized salt, or through the sale of prepared meals. In the latter case, they may also have influence on the kind of salt consumed by all other stakeholders, including consumers. Respondents from this group came from Ada-Foah, Ningo-Prampram, Elmina, Kumasi and Tamale. For salt traders, the types of salt they prefer to distribute are as follows:

Local -non granulated Salt -It is a generational product that needs no introduction	30%
Local -non granulated Salt -It is cheaper than the other salt	20%
Local -non granulated Salt -Has high patronage	20%
Annapurna -Because of the campaign on iodated salt	20%
Gino -Because customers request for	10%

Use of coarse and non-iodized salt still enjoys high patronage, especially with the coastal traders. The generational argument is the main barrier to iodated salt adoption (thirty percent). For those leaving along the coast and in salt producing areas, this is fuelled by the abundance of salt and its low-involvement commodity status. This is also the driving force behind the choice to distribute because of high patronage. The demand-pull for coarse non-iodated salt drives traders to allocate it more shelf space. Two-thirds of iodated salt usage was attributed to the Annapurna marketing campaign championed by Unilever from 2001. Even though other brands of iodated salt have emerged since the creation of the Annapurna, respondents away from the coast who use iodated salt have high recall for it. This speaks volumes of the contribution that private sector marketing can make towards the success of this campaign.

Compared to salt traders, food vendors have a fairly equal distribution of preference. Further probing revealed that salt constituted a negligible percentage of their food-processing budget. As such, in commercial terms, it is a low-involvement commodity. Therefore, the choice between iodated vs. non-iodated salt is determined by availability, accessibility and awareness. Affordability plays a much less significant role, due to the inadequate cost significance of salt used in commercial cooking.

Despite the seeming preference for coarse salt amongst the coastal traders, the situation amongst food vendors was mixed. While some complained that coarse salt was difficult to measure (in terms of quantity needed to cooking), the same complaint was made on granulated salt by vendors who say they are tempted to add a lot for the needed effect, and end up using too much.

From feedback on the field, smaller grains do not refer to the near-powder texture of iodated salt. It instead refers to smaller crystals that still represent the traditional liked format but dissolves faster when used for cooking or preserving fish.

Government

Local government units (districts, municipal and metropolitan assemblies) have been identified as the new implementation and enforcement partner for this communications campaign. Tackling this campaign through local governments, instead of central government has the following advantages:

- Local governments have smaller geographical areas of jurisdiction, and are thus more effective at managing logistics and programs.
- Local governments are more likely to gain the trust of households, producers, traders, etc., due to their local experience.
- District, municipal and metropolitan assemblies have existing communication structures for health and nutrition programs.

Based on feedback from three assemblies (all with salt production on the territory), it is not in their mandate to enforce salt iodization amongst producers and traders. They all agree that that is the domain of the Food and Drugs Board, for which they believe resources have been allocated. As long as a mandate does not officially come "from above", the resources of the district will be directed toward other areas of health and nutrition. Currently, the contributions these districts make towards the USI program are as follows:

- Visits to production sites to test the iodine content of produced salt.

- Environmental officers advising producers of all scales to fortify their salt with iodine. This action may or may not go further to include capacity training and support.

A market monitoring team (EHOs) supports the actions of the associations and cooperatives. They do this for a fee, borne by the associations or cooperatives. To secure this trade channel iodization activity, it is important that the cooperatives receive support from the project partners to manage the monitoring team.

Besides the absence of a mandate to allocate resources towards the enforcement of salt iodization, the following bottlenecks could hinder future implementation of USI in the critical districts:

- Logistics issues; the trade monitoring team does not have enough logistics to visit more marketplaces to test salt.
- Inadequate personnel; even with adequate logistics, the trade monitoring and environmental teams do not have the personnel to maintain consistent visitations.

However, the success of all such actions by the district assemblies is heavily dependent on the ability of the FDB (working with law enforcement) to provide the needed leadership. For monitoring and environmental teams to function to full capacity, the FDB must lead the way with their superior experience, expertise and targeted resources.

APPENDIX 2: IDENTIFYING APPROPRIATE MEDIA

- **Radio:** This medium is accessible by both rural and urban household consumers. Radio is a relevant channel for households, retail traders (who tend to share radio listenership in market/shop locations) and food vendors. It is good for localized communications, since language used varies depending on location of station.
- **Television:** This medium has more common usage amongst urban and semi-urban audience. However, television is limited by cost of producing communications collateral for television is relatively higher. For this campaign, television coverage will be used sparingly when nationwide coverage is necessary. Television appearances for experts, rather than advertising, presents a more prudent but effective method.
- **Endorsers and Influencers:** To add extra credibility to this campaign, it is important that reference groups are created by using influential elements to carry the USI message. They will also use their influences in local and central government advocacy, as well as on producers in priority areas. The following are the identified endorsers for this campaign.

ENDORSER & INFLUENCERS	MOBILIZATION AGENTS	COMMUNICATION CHANNELS
Health Workers	<ul style="list-style-type: none"> • Ministry of Health (Ghana Health Service) • Ghana Medical Association (Trade Union) • Ghana Medical and Dental Council (Regulatory Body) 	<ul style="list-style-type: none"> • Consulting Rooms • Outreach clinics • Road monitoring and promotion • Ante-natal Clinic • Newspaper Articles • Radio commentary • TV interviews • Windfall Opportunities (e.g. invitation to speak at communal gatherings)
Religious Leaders	<ul style="list-style-type: none"> • Christian Council of Ghana • Ghana Pentecostal Council • Coalition of Muslim Organizations, Ghana • Ahmadiyya Muslim Mission • National Catholic Secretariat 	<ul style="list-style-type: none"> • Religious Gatherings • Access for communication materials on premises and to members. • Provide audience for public health education efforts.
Traditional Rulers and Opinion Leaders	<ul style="list-style-type: none"> • Regional and National House of Chiefs (priority in salt producing areas) 	<ul style="list-style-type: none"> • Tradition information dissemination channels (town criers, clan heads, council of elders, etc.) • Use traditional festivals and celebrations to promote iodated salt consumption.
Media	<ul style="list-style-type: none"> • Ghana Journalists Association • Ghana News Agency 	<ul style="list-style-type: none"> • Editorials • Interview opportunities for other endorsers • Publishing opportunities for other endorsers
Educational Workers	<ul style="list-style-type: none"> • Ghana Education Service 	<ul style="list-style-type: none"> • Application of Salt Iodization in Science curriculum. • Platform for MOWAC Child Right Clubs to serve as education channels.

APPENDIX 3: GUIDE TO MESSAGE FORMULATION

CONSUMPTION DECISION MAKER	
BOTTLENECKS	MESSAGES
<ul style="list-style-type: none"> • Clear distinction between iodated salt and ordinary salt. After all, have been consuming ordinary salt for a long time and we have no problem. • An understanding of the benefits of iodated salt, to serve as motivation to switch. • Justifications for the extra monetary spend on iodated salt. Ordinary salt is cheaper (or free), so what is the trade-off for the extra spending? • Need to be aware that iodated salt is the law and it is therefore their consumer right to access it for good health. 	<ul style="list-style-type: none"> • It is not about whether you had problems consuming ordinary salt or not. It is about all the extra benefits iodated salt brings, to give you a healthier happier life. Iodated salt has all the qualities of ordinary salt. But it contains the extra nutrients that ensures that: <ol style="list-style-type: none"> Brain Development: You and your family have improved brainpower. <i>Your children can perform better in school if you give them food prepared with iodated salt early on in life.</i> You can also become better at your work and daily activities. Pregnancy: Pregnant women who consume iodated salt have better chance of having healthier and safer pregnancies. It lowers the risk of their babies suffering cretinism and associated growth disorders. <i>Pregnant women who consume iodated salt are more likely to give birth healthy and well-developed babies.</i> Improved Metabolism: In adults, mild-to-moderate iodine deficiency can cause goitre and irreversible brain damage, affecting your work productivity. The right amount of iodine will aid in preventing these conditions. Endorsement: Why should you believe? The Ghana Health Service and Ghana Medical Association (your doctors, whom you trust) endorse it, and your church, mosque and chief support it too! Let us all join the effort, since neighbouring countries have better coverage of iodated salt than us. <p>It should be noted that even though the benefits of iodated salt exceeds those outlined above, these are easy to comprehend across educational, social and economic barriers.</p> <p>To ensure that households consume the right amount of iodine through salt, it is equally important that producers follow the Ghana standard for iodization, packaging (wholesale and retail) and labelling requirements.</p>

PRODUCERS	
BOTTLENECKS	MESSAGES
<ul style="list-style-type: none"> • I produce and sell many volumes of ordinary salt. I make profit on that already and there is market for it. I do not need to iodate it to sell. • Bulk buyer do not always request for iodated salt. If I decide to iodate, the extra hours spent could mean lost revenue for me. 	<ul style="list-style-type: none"> • The laws of Ghana require that all salt produced for consumption must be properly iodated, packaged and labelled. This law was enacted to ensure that we obtain iodine, a very essential nutrient, from salt. The law enforcement agencies are obliged to enforce this law. Do not fall foul of the law and lose your means of livelihood, so let us assist you to learn how to comply. Let us work together so you all can obey the law and be free to continue our salt business. • Because it is legally mandatory to produce and sell only iodated salt for consumption, you and the traders that buy from you, will be flouting the law. Therefore, both parties will avoid trouble by properly iodizing the salt before the transaction is completed. • Consumers will buy iodated salt if supplied. It will be the only alternative if all producers comply, and communications is on-going to educate consumers to switch to purchasing iodated salt.

SALT TRADERS	
BOTTLENECKS	MESSAGES
<ul style="list-style-type: none"> • The demand for iodated salt is lower than ordinary salt in this market. I need to remain profitable so switching to iodated salt is a risk for my business. 	<ul style="list-style-type: none"> • The law requires that all salt sold for consumption contains the right amount of iodine the body requires. Do not be the one to break this law. Protect your business by insisting on only iodated salt from the salt producers. Iodated salt presents higher margins than ordinary salt, because it is sold with extra benefits. It could be more profitable to trade in iodated salt instead of cheaper ordinary salt. • Government is supporting a lot of education for people to learn about the benefits of iodated salt. You need not worry that people do not

<ul style="list-style-type: none"> • People do not know iodated salt very well so they do not ask for it. 	<p>know much about it. Very soon, they will all be asking for it. So take advantage of the opportunity to do business in this area.</p> <ul style="list-style-type: none"> • It is important that you cover your iodated salt always to maintain the right level of iodine, and avoid exposing it to sunlight. Consumers have been educated on the proper way of storing iodated salt. With your salt exposed to the sun, buyers will have less surety of its iodine content.
--	--

GOVERNMENT	
BOTTLENECKS	MESSAGES
<ul style="list-style-type: none"> • We have a mandate to govern our district. However, we do not have a mandate to enforce iodization. We support these producers in ways we could. But we do not have the power to enforce iodization. • We are concerned about the socioeconomic wellbeing of salt producers in this district. Enforcing iodization may affect the livelihood of some of them. We would have failed in our duty to improve the situation. • Other riskier situations demand the allocation of the assembly's resources. Why should we focus on iodated salt? 	<p>LOCAL GOVERNMENT</p> <ul style="list-style-type: none"> • The state agencies tasked to enforce iodization are at work. However, because of your superior local knowledge, your support will be required to address the unique needs of people within your district. You may use all resources at your disposal (including by-laws) to achieve this objective. • Iodization will not destroy livelihoods. We will provide support to ensure that producers are trained to adopt iodization. However, for this to succeed, we need the assembly to assist with coordinating the producers through the local cooperatives. • Iodine Deficiency Disorders has many negative effects. Other menaces receive a lot of attention. But iodine deficiency causes equal or greater damage to the socioeconomic situations of the people. It is time to pay more attention to it. <p>POLICY MAKERS</p> <ul style="list-style-type: none"> • The benefits of iodated salt consumption have a positive effect in the health and socio-economic development of the population. The impact of this far outweighs the investment required to improve iodated salt consumption. There is an opportunity to make meaningful impact through something as readily

APPENDIX 4: COMMUNICATION AUDIENCE PRIORITIZATION

In developing this strategy, we must take into account, the limitations of financial, human and logistical resource, as well as the duration set for achieving evident results in behaviour change. Therefore, it is necessary to select key influential elements in the audience universe, focus resources on them, to achieve the most efficient return on investment. The priority groups are as follows:

i. HOUSEHOLDS

- a. **Consumption Decision-maker:** This person could be male or female, but mostly female in the Ghanaian setting. They may not be the main income earner, but decides on a daily basis, what other members of the household will eat and drink. They are also responsible for the purchase of food, which they may or may not be paying for from their resources. For a majority of the time, they are responsible for food preparation in the household and therefore control decisions on salt consumption. The choice of this sub-group should be evident in choice of visuals and models for developing communication materials.

ii. PRODUCERS:

- a. **Medium-scale:** They have light machinery and equipment that enables them to produce in wholesale quantities for independent buyers. Their salt is purchased in bulk to be broken for local market traders, or in trucks for transporting to other parts of the country. Their ability to sell in bulk ensures that they maintain limited storage space, with the potential to expand their production and machinery to meet season spike in demand.
- b. **Large-scale:** They form the core of Ghana's industrial salt producers. Their factory machines and technology ensures that they maintain production all year. The weather limitations of small and medium-scale producers may be solved with dryers and other such equipment. In terms of salt iodization, large-scale producers have a higher propensity to succeed at the effort.
- c. **Small-scale:** In the short term, communications and enforcement targeted at small-scale producers will be limited to producer cooperatives and association. In the medium to long term, these cooperatives and associations will become the channels for roping in a larger percentage of the scattered small producers.

Category	No. of Producers	Production: M. Tons/Year	Total M. Tons/Year	Overall %
Large	10	10,000 – 60,000	300,000	75%
Medium	30-50	5,000 – 10,000	60,000	15%
Small/cottage	>1,000	< 5,000	40,000	10%

* The GAIN Salt Sector Analysis, Ghana: November – December 2008

iii. TRADERS:

- a. **Salt Market Queens:** These agents are responsible for bulk salt acquisition in local markets. By focusing on them, we can make efficient use of communication resources, while ensuring that we place controls on non-iodated salt making its way into retail trade, and subsequently into homes. Through market Queens, we can ensure that non-iodated salt which escapes production controls can be properly tested, iodated and packaged before it enters the mainstream market. Market Queens are easy to identify and manages, since their location and routes are consistent.
- b. **Large Distributors:** These are traders who buy in bulk and transport to all other parts of Ghana. They control the trucking activities of the salt trade, and will be influential in getting truck drivers to allow for waiting time caused by iodization, before setting off on their post-purchase journeys.

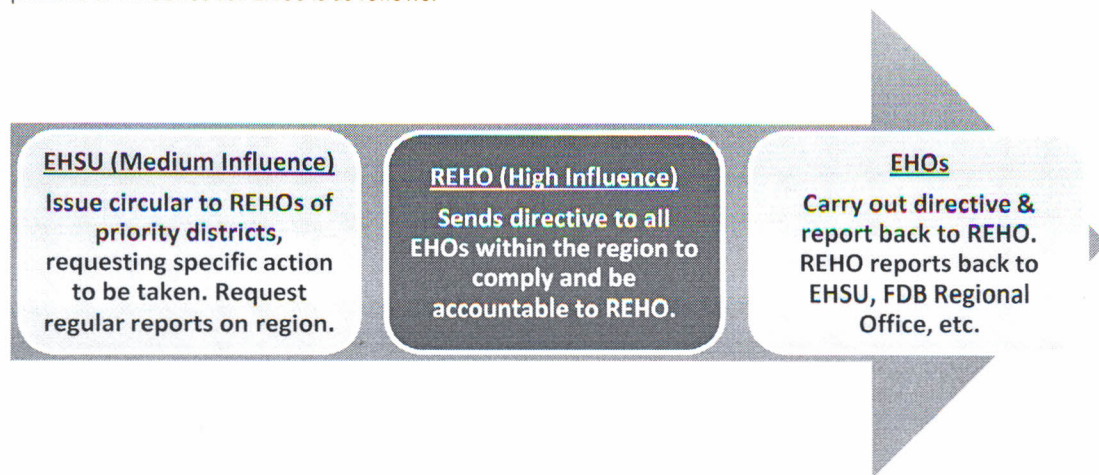
iv. LOCAL GOVERNMENT:

PRIORITY AGENT	REQUIRED RESOURCES	INFLUENCER/EMPOWERED BY
a. District Chief Executive	Mandate, Authority, Guaranteed Technical Assistance	<ul style="list-style-type: none"> ▪ FDB ▪ Ministry of Local Government ▪ Ministry of Health
b. Environmental Health Officers (Head)	Financial, Logistics, Technical Leadership	<ul style="list-style-type: none"> ▪ Ministry of Local Government ▪ Regional EHOs ▪ FDB

c. Law Enforcement (Police & Customs)	Logistics, Leadership	<ul style="list-style-type: none"> ▪ FDB ▪ Ministry of Interior ▪ District Chief Executive
---------------------------------------	-----------------------	---

a. Control of EHOs

When the need to recruit EHOs arises, it is the responsibility of the Environment Health and Sanitation Unit to recruit, train and certify individuals for the positions. Once this process is complete, they are passed on to the Regional Environmental Health Officer (REHO), who determines the localities in need and post the EHOs to those areas. At this point, the operational activities of the EHOs are entirely in the control of the Regional Environmental Health Officer. The Environment Health and Sanitation Unit (EHSU) at the Ministry in Accra continue to provide policy guidance for the regional offices. The process of influence for EHOs is as follows:



One key consideration is to avoid attempts to influence the EHOs at the district level. Based on feedback from the meeting, this is unlikely to succeed. The district assemblies have more focus on revenue collection activities, and may not be the best influencers of EHOs for USI. By following the process above, we can secure the influence of the REHOs, who can control all the actions of the EHOs, and even assign specific task teams for USI. Working through the REHOs has the following advantages:

- It will dissipate all notions that salt iodization is outside the normal scope of work of EHOs and thus requires extra income or logistics. Once it is coming from a REHOs and appears in the work schedule, then it becomes business as usual. After all, salt iodization falls under the food hygiene responsibilities of EHOs.
- REHOs are solely responsible for the transfers and geographical allocations of EHOs. With their support, we can ensure that all EHOs selected for salt iodization training and responsibilities are kept at their post for at least two years after program commences.
- They have the power to set targets and demand accountability from EHOs

GEOGRAPHICAL FOCUS

In order to achieve the best possible impact with this campaign, it is important to identify key areas that should be prioritised. For tackling salt iodization from the source, 6-10 districts and some regions would be identified as critical areas of focus for both supply and demand. The criteria for selecting these priority districts are as follows:

- ✓ Presence of salt production
- ✓ Source of salt supply to the rest of Ghana, through local markets and traders.
- ✓ Prevalence of IDD

If USI is attained in these districts and regions, it could have a spill over effect to the rest of Ghana. Extra involvement is required from the local governments of these areas. These priority districts and regions are:

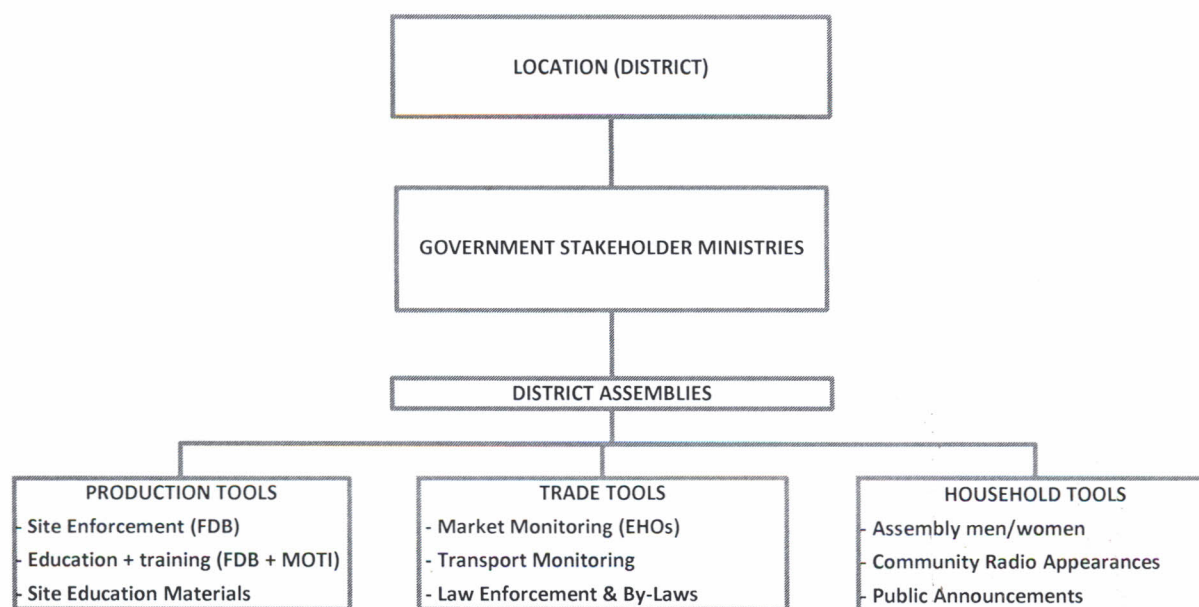
Production Districts

For the purpose of communications, education and enforcement efforts targeted at producers, the following districts have been selected for priority allocation of resources. By focusing attention on these districts, can

influence the entire medium and large-scale producers in Ghana (and some small-scale producers), since they fall within the jurisdictions of these districts.

- i. Dangme East District
- ii. Dangme West District
- iii. Komenda Edina Eguafo Abirem (KEEA) Municipality
- iv. Gomoa East District
- v. Ketu South District
- vi. Mfantseman District
- vii. Ga South Municipality
- viii. Keta Municipality
- ix. Efutu Municipality
- x. Ahanta West District

Prioritisation of resources in these districts will mainly be focused on below-the-line communications to consumers, enforcement activities targeted at producers and traders, as well as advocacy to the assemblies governing the geographical areas. In summary, the flow of resource prioritisation in selected districts is as follows:



Trade Areas

Prioritisation for trade communications and enforcement should be based on the quantity of salt traded, as measured in major markets across Ghana. Reference can be made to the *Trade Survey and Mapping of Salt Distribution Network in Ghana* report (MS International, 2010). This study covered 102 major markets of Ghana, to estimate the volumes of salt traded by regions. However, this data should be verified by MOTI and approved by MOTI.

Priority Regions

These regions were selected based on their location farthest from production sources, as well as performance on IDD prevalence and iodated salt density. The selected regions are:

- i. Northern
- ii. Upper East
- iii. Upper West
- iv. Eastern

UNIVERSAL SALT IODIZATION – NATIONAL COMMUNICATIONS STRATEGY
MEMORANDUM OF UNDERSTANDING – GHANA PARTNER MINISTRIES

We the undersigned Ministries of the Republic of Ghana:

1. **MINISTRY OF HEALTH – REPUBLIC OF GHANA**
2. **MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT – REPUBLIC OF GHANA**
3. **MINISTRY OF TRADE AND INDUSTRY – REPUBLIC OF GHANA**

And:

4. **MINISTRY OF WOMEN AND CHILDREN’S AFFAIRS – REPUBLIC OF GHANA**

Hereinafter referred to as “The Partners”, have come together for the purpose of executing a Communications Campaign for Universal Salt Iodization in the Republic of Ghana.

I. PURPOSE AND SCOPE

The purpose of this Memorandum of Understanding is to secure commitment to the roles and responsibilities of each Partner, as they relate to the implementation of the “Universal Salt Iodization – National Communications Strategy” for the Republic of Ghana.

The Partners hereby agree to perform their duties as outlined in the “Universal Salt Iodization – National Communications Strategy” document. This includes – but not limited to – conformity to timelines, resource contributions and key actions required from each Partner to successfully execute the resultant communications campaign.

The Partners are also required to be present for all joint planning activities, as outlined in the “Universal Salt Iodization – National Communications Strategy” document.

II. EFFECTIVE DATE AND SIGNATURE

This Memorandum of Understanding shall be effective upon the signature of The Partners’ authorized officials. It shall be in force from/...../..... to/...../.....

The Partners indicate agreement to this Memorandum of Understanding by their signatures:

MINISTRY OF HEALTH	MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT	MINISTRY OF TRADE AND INDUSTRY	MINISTRY OF WOMEN AND CHILDREN’S AFFAIRS
.....
Date:/...../.....	Date:/...../.....	Date:/...../.....	Date:/...../.....