

AVERTING THE INVISIBLE POISON

বিষ ক্ষয়



**A COMMUNICATION STRATEGY
ON ARSENIC MITIGATION**
- for
The Department of Public Health Engineering
with
Unicef assistance

Asiatic social

March 11, 1999

LIBRARY IRC
PO Box 93190, 2509 AD THE HAGUE
Tel.: +31 70 30 689 80
Fax: +31 70 35 899 64
BARCODE: 15708
LO: 922 BD 99

TABLE OF CONTENTS

| | | |
|------|---|----|
| I. | Situation analysis | 1 |
| | A. Program responses | 1 |
| | B. Information and communication | 1 |
| II. | The role of communication | 4 |
| III. | Communication objectives | 6 |
| IV. | The communication strategy | 9 |
| | A. The over all framework | 9 |
| | B. Analysis of target audience | 11 |
| | C. Strategic communication intervention | 13 |
| | D. Behavior change model | 15 |
| V. | Media strategy | 17 |
| | A. Mass media in nation domain | 17 |
| | B. Inter-personal communication in program domain | 18 |
| | C. Advocacy activities | 19 |
| | D. Communication in high schools | 19 |
| VI. | Creative strategy | 21 |
| | The overarching message | 21 |
| | Campaign identity | 21 |
| | Mass media in national domain | 22 |
| | Additional mass media in program domain | 24 |
| | Inter-personal communication materials | 26 |
| | Materials for medical practitioners | 27 |
| | Advocacy materials for indirect influencers | 27 |
| | Communication materials for schools | 27 |

Annexures

| | | |
|------|---|----|
| I. | Issues to be covered in national and program domain | 29 |
| | National domain | 29 |
| | Program domain | 30 |
| II. | Issues, approaches and learning objectives to be covered in different media (item wise) | 32 |
| | A. television | 32 |
| | B. radio | 35 |
| | C. hoardings | 35 |
| | D. tin plate posters | 37 |
| | E. miking | 37 |
| | F. 16 mm film | 38 |
| III. | IPC materials | 40 |
| | A. materials for front line workers | 40 |
| | B. materials for medical practitioners | 41 |
| | C. advocacy materials indirect influencers | 42 |
| | D. materials for secondary school students | 42 |

I. SITUATION ANALYSIS

A. Program Responses:

The contamination of ground water with arsenic was first detected by the Department of Public Health Engineering in 1993 in Baroghoria Union of Nawabgonj District where five tubewells were found to have contamination levels higher than the WHO recommended threshold of 10 parts per billion (ppb). In 1994, a national committee was formed to review the situation of arsenic in ground water. The committee initiated research in those areas where symptoms of arsenic poisoning among people were first detected.

In 1998 an international conference in Dhaka declared among other things, that ... *"the arsenic problem is a threat to public health and social structure of Bangladesh ... Supply of arsenic free water is the only solution"* ... The ingestion of surface water which is infested with fecal bacteria can cause cholera, diarrhoea and parasite infestation and could lead to a return to increased morbidity and mortality which makes the "switching off" of tubewells "unthinkable". The preferred response, it is widely agreed, is to examine the various elements as well as the totality of the arsenic issue in a rational and solution-oriented way. Towards this end the Government of Bangladesh has joined hands with international agencies to mount an **Arsenic Mitigation Water Supply Project**. In February 1999, the National Workshop on the Integrated Arsenic Mitigation Program concluded that treated surface water could be promoted as a safe water option along with ground water where arsenic is not a problem.

The DPHE testing program, supported by UNICEF, has so far inspected over 30,000 tubewells using field kits. In 60 per cent of the total number of thanas covered, no arsenic contamination has been found. Based on currently available data, it is not as yet possible to accurately estimate the number of people at risk from arsenic poisoning.

Several national and sub-national NGOs, bilateral and multi-lateral agencies, ICDDR,B and the MOH & FW/ UNDP Emergency Mitigation Project are already involved in arsenic mitigation communication, advocacy and program actions. There is a great deal of heterogeneity in the size, scope, objectives, and processes of these efforts. Prominent among these agencies are BRAC (testing and water treatment), CONCERN (distribution of information materials), OSA (information dissemination as part of MCH activities), and Dhaka Community Hospital (case management and advocacy).

B. Information and Communication:

A major constraint to addressing the arsenic problem in Bangladesh is the lack of information at different levels – including, importantly, at the community level. DPHE maintains that villagers need to be informed of alternate ways of collecting safe water, such as rainwater harvesting and using sand filters to treat surface water. Arsenic contaminated water can still be used, at least temporarily for household chores. In the meantime the government and donors are working to evaluate the effectiveness of low-

cost, home based arsenic removal systems. Depending on the results these will be suitably promoted. A national media survey (1998; N=10400) showed that 85.8 per cent of the population were not aware of the problem of arsenic contamination. Smaller research investigations (e.g. Asiatic, 1997) conducted earlier showed that there is neither awareness nor heterogeneity in people's knowledge of arsenic contamination and its causes and consequences. In some affected areas, the level and nature of knowledge is inadequate and/or inappropriate. Social inter-mediation and health and hygiene education have been identified as necessary, "to assist the community in recognizing environmental problems associated with arsenic contamination and how to become active in solving or containing these problems" (World Bank, 1998; p. 16).

In December 1998, Asiatic Marketing Communications Ltd., a full service social marketing agency, was hired to develop a strategy for communication on the arsenic issue. In the following month, January 1999, a research team from the agency visited five districts with the aim of making observations and gathering first hand information on the views and practices of community members and service providers with respect to a comprehensive range of issues related to the arsenic problem.

A detailed report of the findings has been prepared (*The Quest on Arsenic*, AMCL, 1999). The key findings, which have a bearing on the communication strategy presented in this document, were as follows:

- Field research confirmed that while there were **wide variations in what people knew** about arsenic contamination and its consequences for health, across groups, awareness levels were very low. The level of awareness was relatively higher in those areas where some arsenic mitigation activities had been conducted.
- There existed some **misconceptions about arsenic contamination and its outcomes**, e.g. arsenic was confused with iron. The difference between pathogen free and arsenic free water was not clearly understood.
- Generally speaking, the attitude to the arsenic threat was one of **complacency**. There was general resistance to change water consumption and water management behaviour. Affected communities did not see themselves as playing any role in arsenic mitigation.
- People were more **predisposed to switch to a safe source of water if:**
 - it was familiar
 - did not contradict existing beliefs (e.g. drinking pond water that looked dirty)
 - was economically viable
 - it could be made available at the individual household level
- **Women** were responsible for water collection and management but were constrained by **restricted mobility and had limited access** to information sources.

- Tube well testing was conducted mainly by DPHE tube well mechanics who had not received any direct or formal training in the procedure. **No standardized procedure** was followed to distinguish “safe” and “unsafe” tube wells. If tube wells were found to be contaminated, no systematic or formal feedback was provided to owners.

The strategy outlined in this document is for a two year programme of communication to be conducted through mass media activities at the national level and through intensive and multi-media activities to be conducted in seven (Year One) + seven (Year Two) districts covered by the DPHE & UNICEF Safe Water program. This initial two year period is seen as the first stage of a longer term and progressively expanding program of information, education and communication, which will eventually cover another 21 districts. The two-year communication strategy is primarily informed by the research findings listed above. It has also been developed on the basis of facts and data gleaned through desk research, interviews with experts working in the field and experiences, and insights gained from Asiatic’s experience with other large scale campaigns of social communication in Bangladesh.

girls, who, compared to men and boys, have limited access to a range of media. Existing channels of communication, e.g. health workers who are in relatively frequent touch with women, will have to be utilized innovatively and to the fullest extent possible.

Reinforcement of messages by credible, trustworthy role models, as well as facilitation of inter-personal channels of communication will require an enabling environment created by ensuring that all levels of program implementers are informed and familiar with basic facts of arsenic mitigation and related activities.

II. THE ROLE OF COMMUNICATION

The role of communication in the arsenic mitigation campaign is to:

- **generate awareness, keeping in view the opportunities available to target audiences, about**
 - a. **the causes and consequences of arsenic contamination in ground water, and**
 - b. **technically sound and locally appropriate safe water options**
- **especially focus on women who play a critical role with respect to water management, more so in areas that are less accessible to mass media (media dark)**
- **create an environment that will facilitate attitude and behavior change vis-à-vis water consumption and gender sensitive collection and management practices, and,**
- **provide sufficient information at all levels to support and reinforce programmatic actions**

Communication for arsenic mitigation has a critical role to play in creating an environment for appropriate behaviour change and represents a complex challenge for several reasons. There is still debate on the causes or spread of arsenic contamination. Resources, human and material, for the testing of tube wells are limited and only a relatively small portion of the country has been covered so far. Program actions are still in the process of being defined and executed on a limited scale. People have the right to be informed about the risks they face but they cannot be told conclusively whether they are actually under threat. Yet in the context of the arsenic crisis it is an ethical responsibility to inform the public of the hazards of consuming arsenic contaminated water and suggest possible and realistic alternatives that are acceptable, implementable and sustainable. All the communication outputs will have to be sensitive to an environment of a potentially eroding trust vis- a- vis drinking water which had been established through the promotion of tube well water as safe water in the last two decades. For this reason appropriate information will need to be reached to different audience groups according to whether they have access to testing facilities or not and whether they are covered by remedial interventions or not.

Over the last two decades the population has learned to reject surface water as unsafe and harmful. People have learned to trust and subscribe to tube wells. The notion of arsenic contaminated water is highly abstract. There is no immediate and visible cause-effect relationship that can be established. Alternative sources of safe water are not always convenient, and often expensive or labour intensive; it is likely that women and girls will be expected by their families to walk further to fetch water. Suggested alternatives will have to be sensitive to the traditional gender division of labour. Availability of and access to media channels is not uniform for all members of families and communities. A special effort will have to be made to address all 'audience' segments, especially, women and

III. COMMUNICATION OBJECTIVES

Overarching Objective

Redefine the concept of safe water so that people understand that consuming arsenic contaminated water has serious health and economic implications and raise awareness as to the desirability of switching to safe water options.

Specific communication objectives have been clustered under five heads:

- a) General awareness objectives
- b) Health objectives
- c) Gender and social objectives
- d) Program objectives
- e) Water consumption and management objectives

a) *General Awareness Objectives*

By mid-2001,

- at least 40% population in the National Domain and 70% of men, women and secondary school students in the Program Domain (*) are aware that arsenic may be found in tube well water and that consumption of arsenic contaminated water can cause serious illness. (* 14 districts of Years One and Two).
- at least 25% of people in the National Domain understand that safe water (*nirapad pani*) means water which is free of arsenic contamination (*arsenic dooshan mukto*) and free of pathogens which cause disease (*jeebanu mukto*).
- all decision makers and implementers from relevant sectors and selected press persons within the Program Domain are informed of the presence of arsenic in ground water, its health implications, possible solutions and the Government program to mitigate arsenic.
- at least 25% of people in the National Domain and all men woman and high school children in the Program Domain are aware that boiling does not remove arsenic.
- at least 25% of people in the National Domain know that green painted tubewell spout means water is tested for arsenic and safe to drink.
- At least 25% of the people know that red painted tubewell spout means the water of that tubewell has unsafe levels of arsenic and should not be used for drinking and cooking but can safely be used for other household purposes.

b) *Health Objectives*

By mid-2001,

- raise awareness so that at least 80% men and women in the Program Domain who think they have symptoms of arsenicosis/arsenic poisoning know that they should seek help from health worker or nearest Thana Health Complex.
- at least 80% of health workers in the Program Domain are aware of the visible symptoms of arsenicosis and know that they should inform people about how some symptoms of arsenicosis may be reversed and what further medical assistance persons suspected of arsenicosis should seek.
- at least 80% MBBS doctors in the Program Domain are aware of the causes and consequences of arsenic poisoning and know the distinction between visible symptoms of arsenicosis and other dermatological conditions and have the information to provide appropriate advice to those who are affected.
- at least 50% RMPs in the Program Domain are aware of arsenic contamination its effects on health, that the disease is not contagious and the need to refer patients to the THC.

c) *Gender & Social Objectives*

By mid-2001,

- at least 25% men and women in the National Domain and 60% men and women and high school children in the Program Domain know that men and boys should share the responsibility of water collection and management with women.
- at least 25% men and women National Domain and 60% men and women in Program Domain know that women should have an equal role in decision making with respect to water collection and management.
- at least 80% men and women in the Program Domain know that persons with suspected symptoms of arsenicosis, *including* women and girls, should receive medical help.
- at least 70% people in the Program Domain are aware that arsenicosis is not contagious and that they should not discriminate, reject or abuse people (especially women and children) with symptoms of arsenicosis.

d) *Program Objectives*

By mid-2001,

- the DPHE and other field test workers working in tandem with the DPHE workers in the Program Domain are enabled to communicate the need for testing, sharing test results, and advising people about what they should do if their tube-well is affected.
- all health workers in the Program Domain believe that they have a role to play in communicating information about the nature of help that should be sought by the people suspecting arsenic poisoning, and use appropriate communication aids to do so.
- all other identified frontline communicators (agricultural extension workers, high school students, etc.) in the Program Domain use materials to raise awareness about the threat of arsenic contamination and provide information about steps a family or community can take to switch to a safe water source.

e) *Water Consumption and Management Objectives*

By mid-2001,

- 25% people in the National Domain and 60% people in the Program Domain believe that it is their social and moral duty to share safe water resources with their neighbors
- at least 70% population in the Program Domain are aware that if their tube well is contaminated by arsenic, they should turn to other safe water sources for drinking and cooking while continuing to use the affected tube well water for other purposes such as bathing, washing etc.

(N.B. The achievement of the above objectives will be directly influenced by how closely the pre-specified Distribution, Implementation and Media Plans are followed.)

IV. THE COMMUNICATION STRATEGY

A. THE OVERALL FRAMEWORK

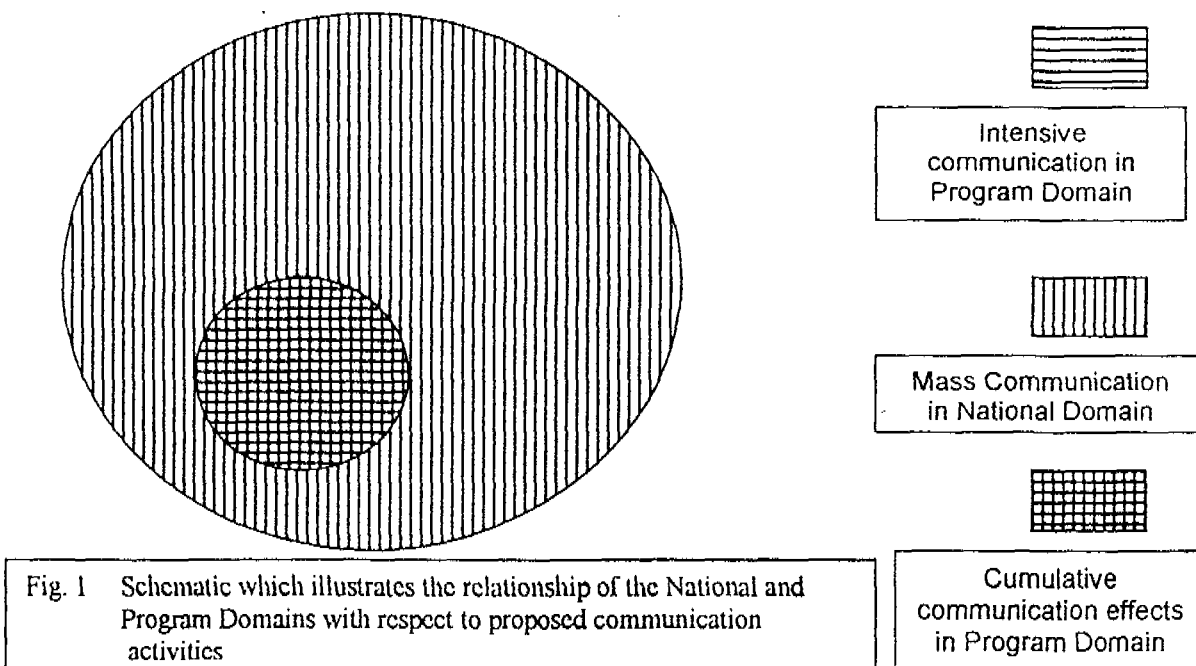
In order to achieve the objectives of the arsenic mitigation communication campaign, a *multi-media, multi-level and multi-year strategy* is proposed. Communication will be directed at two principal domains viz. the **Program Domain (PD)** and the **National Domain (ND)**. These two domains are mutually non-exclusive; the **PD** comprises areas that are covered by the **DPHE safe water program** (UNICEF assisted) and the **ND** which comprises both program and non-program areas across the nation.

- **Program Domain:** An intensive multi-media communication campaign in the program areas will complement and support local programmatic actions and supplement the larger mass media campaign. The effort will be to raise awareness and equip individuals, families and communities to respond in an informed way to the many dimensions of the arsenic contamination problem.

Reach: Selected thanas in 14 program districts - seven districts in Year One and seven districts in Year Two. The Program Domain is likely to expand beyond Year Two, as additional districts are covered by the program.

National Domain: An extensive mass media campaign will be designed to alert the general public to the problem of arsenic contamination and redefine the concept of safe water and subsequent sharing of water from a common source, and to raise awareness about accurate information (medical and social) to arsenicosis.

Reach: Nationwide including the selected thanas in fourteen program districts.



The multi-media, multi-level and multi-year strategy is described below.

Multi-media: Given the complexity of the task at hand, the wide geographical distribution and variation in psycho-graphic profiles of target audiences, a mix of media and media channels will be utilized in a synergistic way. Within the primary target audience (see following section) there is wide variation in literacy levels, availability of media (e.g. there are several "media dark areas") and access to media channels (e.g. restricted mobility in the case of certain audience segments *viz.* women and girls) and coverage by services. The different media will include a mix of mass and inter-personal media channels.

Multi-level: The communication will be aimed at the national level (including program and non-program areas) and at the family and community levels in program areas. At the intermediate level, potential communicators in the program areas will also be addressed in order to equip them with knowledge and skills so that they are equipped to act as channels of communication.

Multi-year: The strategy proposed here is for a multi-year communication campaign for program and non-program areas.

In program areas intensive communication activities in the first year will in the first instance address the audiences of the selected thanas in seven districts. In the consecutive year intensive communication activities will be extended to other areas *viz.* selected thanas in seven additional districts. As the program enlarges to cover more and more geographical areas, intensive communication activities will expand in parallel. It is expected that each successive year of exposure to communication will take the target audience to a new desired level of knowledge, attitude and practice.

Areas not covered by the program also need to be addressed to ensure people are aware of the arsenic situation. This too would be a multi year approach.

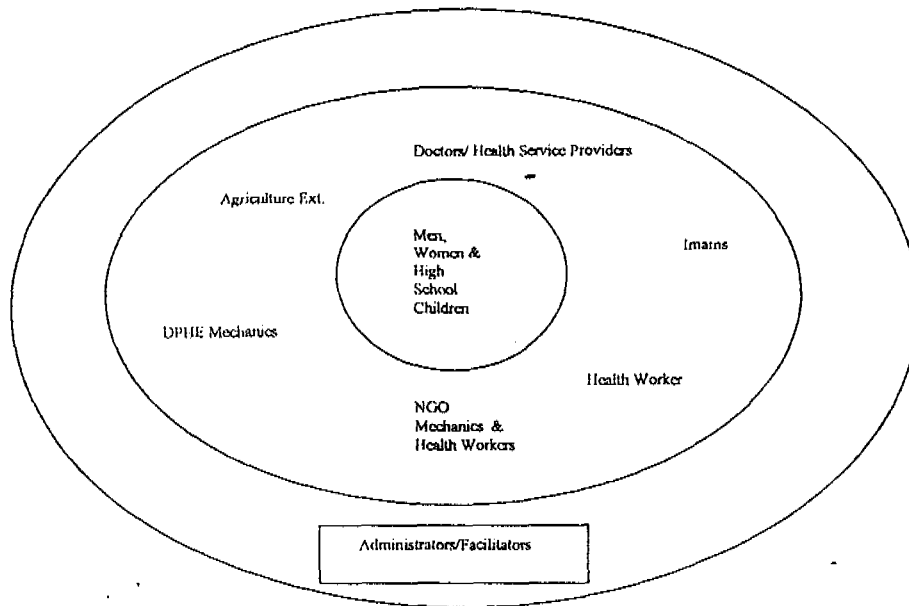
A multi-year campaign is proposed, as there is an urgent need to fill the information gap created by the detection of arsenic in ground water and the subsequent change in the definition of safe water. By creating an environment for critical awareness families and communities will be more willing to access program interventions, thereby leading to sustainable behavioral change. This itself requires time and a multi-year approach.

It is envisaged, that beyond the two year period (commensurate with the DPHE program) of exposure to communication on arsenic mitigation, the message content will need to be modified in accordance with the KAP status of the target audiences, as well as to accommodate scientific advances.

B. ANALYSIS OF TARGET AUDIENCE

Three levels of audience have been identified:

Segmenting the Target Audience:



i. Primary Target Audience

Men, women and school going children, in the Program Domain and the National Domain.

National domain :

Rationale: A significant proportion of the population of Bangladesh is potentially under threat of arsenic poisoning and therefore has the right to be informed about general risks, the need to consume and share safe/arsenic free water, and how to respond appropriately to arsenicosis in themselves and/or others.

Program domain:

In the Program Domain, where services are already available, all members of communities must be additionally informed about program activities and options so that they are predisposed to play a proactive role in arsenic mitigation.

Men need to be targeted to capitalize on their important role in decision making at the family and community levels. **Women**, in their role of collectors, managers, and storers of water for domestic use need to have a clear understanding of the problem. **High**

School Students are enthusiastic learners and can be effective change agents which is why they need to be addressed. **Communities** also need to be targeted as units as arsenic mitigation activities are often dependent on joint action at these levels.

ii. Direct Influencers (Secondary Target Audience)

The secondary target audience is composed of frontline workers and medical practitioners who will be both recipients of information on arsenic mitigation and act as inter-personal communicators and influencers.

WES Service Providers

| | |
|--------------------|---|
| Field test workers | Tube well mechanics (DPHE) NGO workers |
|--------------------|---|

Health Service Providers

| | |
|-------------------|---|
| Frontline workers | Health Workers of the Ministry of Health and NGOs |
|-------------------|---|

| | |
|-----------------------|---|
| Medical Practitioners | MBBS Doctors Rural Medical Practitioners Registered Medical Practitioners |
|-----------------------|---|

Other Communicators

| | |
|-------------------|---|
| Frontline workers | Block Supervisors (Agriculture Extension) |
|-------------------|---|

Rationale: The issues of arsenic contamination are complex and resistance to changes in usual practice run deep. Regular, sustained, and persuasive face-to-face interaction with a trusted person is needed to influence behaviour change. Frontline workers are in touch with individuals, families and communities. Often their rapport with their target groups is good. In order to enable frontline workers to be effective influencers with respect to arsenic mitigation, they need to be equipped with information, skills and teaching aids to disseminate information and field questions, dispel myths and promote desirable practices.

iii. Indirect Influencers (Tertiary Target Audience)

| | |
|--|--|
| <u>Decision makers/Implementers</u> | from the Ministries of Health including Public Health Engineering, Agriculture, Ministry of Local Government and Rural Development, Local Administrators (including DCs, TNOs and Union Parishad Members) and NGOs |
|--|--|

| | |
|----------------------|--|
| <u>Press:</u> | Editors, correspondents and reporters from National and prominent Regional dailies |
|----------------------|--|

Wide scale advocacy efforts with the above groups are necessary to create a critical mass of informed opinion among relevant decision makers and implementers and thereby

create support and accountability for grassroots activities. The press have played a significant role in reporting on arsenic, they need to be updated about facts in the field of arsenic mitigation; they also need to appreciate the need for responsible and solution-oriented reporting.

C. STRATEGIC COMMUNICATION INTERVENTIONS

It was concluded that in order to achieve the objectives of the communication campaign, it would have to be guided by key directions distilled from intensive field observations as well as learnings from other sources. These *strategic communication interventions* will inform not only the content but also the methodology of the campaign.

a) Standardized information at all levels

There is an information gap with respect to arsenic contamination at the community level. At the service provider level i.e. among government functionaries, administrators and local leaders, knowledge is uneven, sometimes incorrect. In some cases this has led to sporadic and non-uniform information dissemination and decision making, which can potentially compound confusion and frustrate communication efforts. **Standardized and consistent information will be provided so that appropriate decisions/choices can be made at all levels.**

b) Redefined concept of safe water

Though several options for drinking water such as deep-tubewells, pond sand filters, rainwater harvesting etc. were mentioned by the audience, the *concept of 'Nirapad Pani' across the board was equated with tubewell water.* Since all tube wells are not necessarily safe in the context of arsenic contamination, communication activities will provide a modified definition of safe water which includes the concern for arsenic contamination i.e. **water can be deemed safe for consumption only if it is pathogen free as well as free of arsenic contamination.**

c) Complacency with respect to the arsenic threat to be penetrated without generating panic

Our initial concern was that a direct approach to communicating about arsenic would create widespread panic and generate unfulfilling demand for testing and consequent frustration. However, we observed that respondents in the areas visited were not anxious to change their water consumption practices or seek viable solutions *even when they were aware* that they were drinking arsenic contaminated water which was detrimental to their health. In areas where there were acute cases of arsenicosis there was some concern, but even here there seemed to be a tendency for denial or a false sense of invulnerability. All service providers seemed to believe that if people were to be spurred to change their behavior **stronger visual and conceptual stimuli and more emphatic messaging** would be required. This was consistent with general public opinion.

d) Gender sensitive/progressive solutions provided

In view of the fact that alternative water management practices can result in an increase of the work burden of women, **gender progressive solutions such as the participation of men and boys in water related activities will be promoted.** All arsenic mitigation communication, especially that directed at the community in general or at men, will recognize, clearly, women's critical role in water related activities and the need for them to participate in all decisions pertaining to safe water options. Encouraging women to see a doctor when they are suffering from arsenicosis will also be promoted.

The opportunities to reach information to women and to change their and their families' behavior, are constrained by women's restricted mobility, their negligible interaction with service providers (other than health workers), their exclusion from social forums such as *Jatras* and *haats*, their lower levels of literacy, and the gender disparate decision making structures in the household. **Existing opportunities to communicate directly with women (e.g. through health workers and health centers) will be used to the fullest extent.** Additionally, new and acceptable agents of inter-personal communication, such as high school girls and existing GOB programs such as Vulnerable Group Feeding (VGF), Road Maintenance Program will be used to reach women.

All communication on the social implications of arsenicosis will necessarily address the gender dimension.

e) Safe water options to be recommended

Specific safe water options have been identified as part of the arsenic mitigation program. These options **will be promoted in all program area communication activities.**

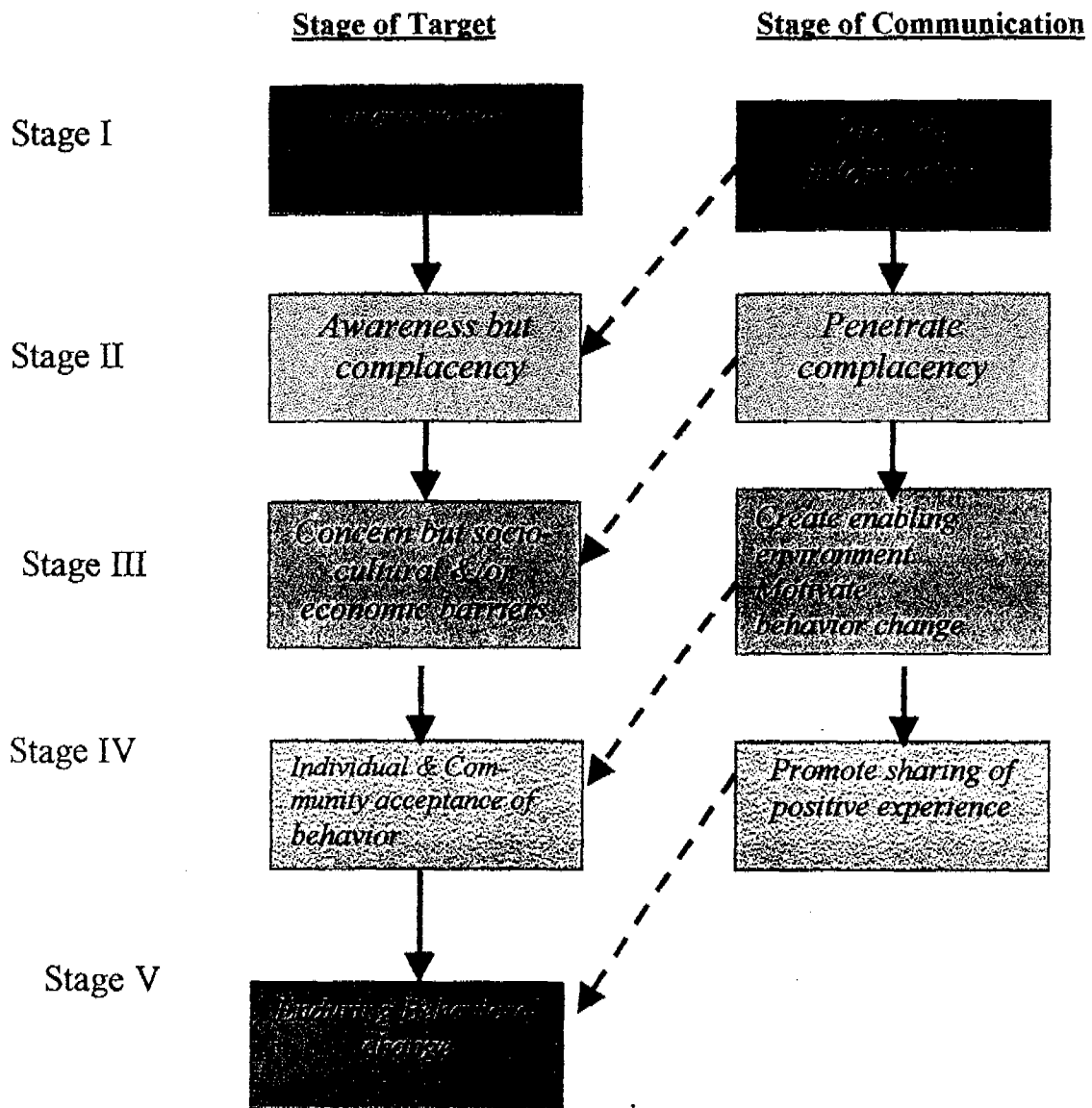
f) Water sharing and management to be promoted

From the findings it was adequately clear that there is a deep resistance to water sharing. Therefore the strategy will focus on **initiating a process of attitude change towards sharing and management of safe water resources.**

f) Communication activities to be synchronized with program activities

The **communication campaign will move in tandem with program activities** to ensure the desired mutual reinforcement effect. For example, communication activities will initially take place in the seven districts of the Program Domain in the first year; in the second year as the program expands to an additional seven districts, the coverage of communication activities will enlarge correspondingly. Communication activities in the National Domain will continue throughout the two years (and subsequent years) with the flexibility of accommodating new information as and when required.

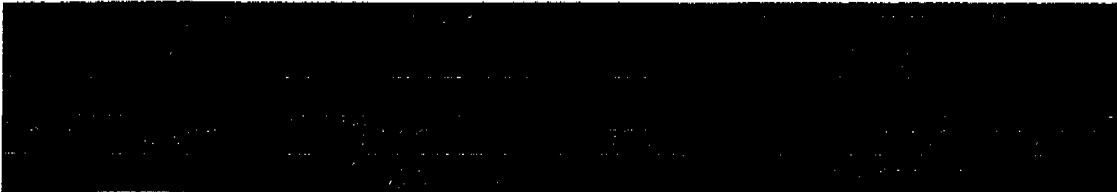
D. BEHAVIOUR CHANGE MODEL



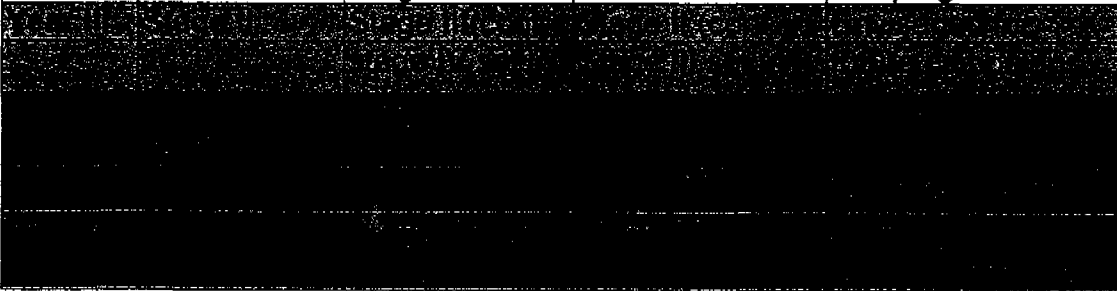
Exposure to new information, understanding it, accepting it as valid and beneficial, examining options, and modifying usual practices in accordance with new knowledge are the precursors of enduring behaviour change at the individual, familial and community levels. The above model shows how communication intervention can initiate and propel such a process. (Please note: the stages have been separated out for the sake of conceptual simplicity; depending on different external and internal factors, some stages of behaviour change may overlap, be telescoped or skipped.) **In the context of the arsenic mitigation campaign, communication activities in the Program Domain will support program activities to make the primary target audience logically arrive at Stage V. In non-program areas, the mass media will enable audiences to arrive at**

Stage II predisposing them to behaviour change contingent on future program and communication activities.

It is pertinent to mention here that the current proposed communication strategy would only set the stage for universal behavior change as envisaged in the overall behavior change model. The long term effect of current and future communication and programmatic interventions has been envisaged at the time of strategy development. As new areas of the country will come under the program domain and existing program areas will reach a higher awareness status, the communication model is expected to take the following phased pattern.



| Year II | Stage I | Stage II (cont.) | Stage II set in | Covered by current campaign |
|---------|---------|------------------|-----------------|-----------------------------|
| | | Stage III set in | | |



This phased multi-year approach will, in the long run, ensure transition of the target audience from the stage of ignorance to universal behavior change.

V. MEDIA STRATEGY

A mix of mass media forms will be directed at the National Domain. In the Program Domain additional intensive, inter-personal channels will be used to dialogue with individuals, communities and families about arsenic mitigation. Suitable information materials will be developed for high school students in the Program Domain. Indirect influencers such as decision makers and the press will be addressed through specially prepared print media and advocacy materials.

MASS MEDIA IN THE NATIONAL DOMAIN

Electronic media

- Television is the most popular medium of entertainment and a credible source of information in rural and urban areas of Bangladesh. Television programmes are broadcast throughout the country by Bangladesh Television (BTV). According to the National Media Survey, 1998, television is viewed by 42% of the population. In field visits it was observed that television is very popular. Even traditionally media dark audience segment, such as women and girls, get the opportunity to view some amount of television going to a neighboring place. In general high levels of recalling of favorite programs and television stars was noted.
- Radio reaches 39% of the population in rural and urban areas. Radio is an immensely popular medium of information which acts both directly and subliminally. For example, in the field it was observed that a radio playing in one household was audible to neighboring homes. Furthermore, listening to the radio, unlike watching television, does not interfere with ongoing activities, which makes it a useful medium for women involved in domestic work. Another advantage of radio is that it is a "whole day" rather than merely a prime time medium like television.

- Press The national and regional press have played an important role in alerting the public to the issue of arsenic contamination. Unfortunately, in some cases there has been a tendency to sensationalize the issue or publish news items that are unfounded. National and regional dailies represent a credible source of information for educated readers – the group to which our direct and indirect influencers belong – and are a medium through which irresponsible reporting can be countered and the correct "facts" of arsenic mitigation disseminated. According to the National Media Survey, 1998, newspapers reach 32% of the urban population. Our influencers are most likely to belong to this group.

ADDITIONAL MASS MEDIA IN THE PROGRAM DOMAIN

- Outdoor Glance media such as hoardings, road signage, stickers and posters will be used extensively in the Program Domain. More so in fixed GOB locations such as DPHE, MOH & FW etc.

- **Miking** In Bangladesh, broadcasting messages in limited areas using loud speakers hitched onto rickshaws is popular means of information dissemination. We propose to use this medium in situations such as “haats”
- **Film** The Mass Media Department operates 64 Mobile Film Units – one per district. We propose to use these units in the Program Domain to screen a 30’ and 16mm film on arsenic mitigation in as many locations as possible.
- **Cinemas** Special slides on the arsenic issue will be developed and distributed in cinema halls in the Program Domain. A 35mm version of the above film will also be screened in these cinema halls.

INTER-PERSONAL MEDIA IN THE PROGRAM DOMAIN

Inter-personal communication is the most powerful medium of influencing people’s knowledge, attitudes and behaviour with respect to social and health issues. In the case of the arsenic mitigation communication campaign inter-personal communication is not only important, it is essential. The reasons for this are:

- the subject matter is complex
- deeply entrenched resistances can be addressed through the gradual introduction of new ideas
- people will have the opportunity to resolve doubts in an immediate and interactive context
- updates of information can be provided alongside the continuing evolution of the program
- “media dark” segments of the target audience, especially women and girls, can be reached.

Messages disseminated on the mass media will be reinforced and elaborated upon. Interpersonal communicators will be enabled with **specially designed materials** addressed to them and **teaching aids** to dialogue with target audiences about program activities and suitable safe water options, influence attitudes and mobilize individuals and groups to take proactive action with respect to arsenic mitigation. Frontline communicators will also be addressed through **existing print media channels** e.g. periodic bulletins published by NGOs and other bodies.

Issues related to gender will be addressed by encouraging people to share the responsibility for water management, and promoting a more equal role for women in decision making about the choice/ use of alternate safe water sources

Direct Influencers

WES Service Providers

Frontline workers Tube well mechanics (DPHE)
NGO workers

Health Service Providers

Frontline workers Health and Family Planning Workers (Ministry of Health)
NGOs

Medical Practitioners MBBS Doctors
Rural Medical Practitioners
Registered Medical Practitioners

Other Influencers

Frontline workers -
Block Supervisors (Agriculture Extension)
High school students

Health workers and medical practitioners need to be adequately knowledgeable about the causes and consequences of arsenic poisoning as they can influence preventive health and health seeking behaviour. Additionally, health workers usually have direct access to women and girls and can be effective channels of communication for this conventionally "media dark" group. Mechanics actually test tubewells; they are thus available at a critical time and in a critical context to persuade people to modify their water consumption and management practices. The existing institution of *uthan-boithak*, or community meetings with the mechanics, provide an excellent forum for arsenic related community mobilization activities. Block supervisors are in frequent touch with communities bringing them information on innovations and improvements in agricultural practices. Their profile as trusted agents of change who are mainly communicators and operate in all areas makes them particularly appropriate influencers in the context of arsenic mitigation community mobilization. Other GOB programs, such as those reaching hard core poor through food for work and welfare schemes will be investigated as a means of reaching the target audience.

ADVOCACY ACTIVITIES

In order to support communication activities in the Program Domain, it will be necessary to sensitize the entire chain of command to the issue at hand. Special materials will be developed for decision makers, implementers and local leaders. These will provide clearly stated and attractively presented standardized information on arsenic mitigation to all these players. Their respective roles in this sector will also be defined.

COMMUNICATION IN HIGH SCHOOLS

School students are enthusiastic learners and can be important agents of change who can influence family and community behaviour. Female students usually have access to women and other girls at the community level. They could therefore supplement the communication efforts of frontline workers. Given the complexity and seriousness of the

issue, high school students in the Program Domain will be addressed through the communication campaign. In addition, DPHE is launching a concurrent communication and social mobilization campaign on hygiene & sanitation in the program domain. Supplementary materials for classes 1-5 have already been developed and introduce younger students to the arsenic problem.

VI. CREATIVE STRATEGY

The creative strategy is informed by the key strategic interventions outlined in a previous section. While employing devices that attract attention, are culturally acceptable, and cater to a range of linguistic and visual literacy skills, the creative materials will communicate an underlying tone of urgency and need to act and penetrate complacency without causing panic.

THE OVERARCHING MESSAGE

Even though arsenic is a complex problem with a large number of overlapping issues related to health, water management and social justice, the bottom line is that arsenic is a slow poison and *the only solution is to consume arsenic safe water*. Based on field observations, it is necessary for the overarching message to be direct and unambiguously worded in order to penetrate complacency effectively. For this reason the use of the word "poison" has been consciously integrated into a call for action:

'Arsenic is an invisible poison. Drink safe water free from arsenic contamination.'

This message reveals the harmful nature of arsenic and gives an indication that arsenic is related to/present in water. This message is complete in itself and will not only make people aware of arsenic but will also trigger curiosity and concern.

CAMPAIGN IDENTITY

The campaign will have a unique and instantly recognizable identity which will be established through a distinctive campaign colors and a specially designed logo. These will be integrated into all media and materials in a variety of creative ways in order to create synergy.

Campaign colors

Red and *Green* have been chosen as the colors for arsenic communication campaign. It was confirmed in the field that red symbolizes danger and caution signifying the danger of arsenic. Green on the other hand is the symbol of 'go-ahead' signifying that arsenic free water is safe for drinking. These colors will help the audience relate to the red-green markings on the tubewells in program areas.

Red and Green will be used in a variety of creative, subliminal and direct ways. For example, red and green brush strokes (see upper right hand corner of this page) will be used in all material and correspondence papers used for arsenic communication.

The Logo

The logo encapsulates waves and a tumbler symbolizing drinking water in two semi-circular banners. The banner on the top is in color red symbolizing danger / caution and reads:

আর্সেনিক এক অদৃশ্য বিষ

The banner at the bottom is green colored symbolizing safe water and reads:

আর্সেনিক দূষণমুক্ত নিরাপদ পানি পান করুন

The logo is simple to understand and states the problem and the solution both visually and in words. However the graphical drops of water may be discarded if too much resistance is indicated. The glass held with a hand is indicative of drinking water. The drop is the reinforcement of the subject which is- water.

MASS MEDIA IN THE NATIONAL DOMAIN

As arsenic is a very serious issue that affects the life of a significant proportion of the country's population, the tone and creative design of the communication through the mass media should be **direct, convincing and authoritative**. Given that people continue to consume arsenic contaminated water *even after they know* that it is detrimental to their health means that in addition to transmitting accurate information there is a need to emphasize the gravity and magnitude of the issue.

Television

Item: TV Spots

Channel: Television

Form: Five TVCs will be prepared. One generic spot will be of 10" duration and will carry the overarching message of the campaign. The other four spots will be of 40" duration and will draw attention to key issues related to arsenic mitigation.

Target Audience: Primary, secondary and tertiary audiences

Special feature: "Use of credible role model in a "chunk of life situation"(TV spots)

The 10" TVC will be based on visual imagery. The visual will be a completely new experience for average BTV viewers. This overarching TVC will be used in two ways. First it will be used as a stand alone spot that will allow people to associate arsenic with the visual and also help them understand the basic message that arsenic is a poison.

Once the audience develops a relationship with this overarching TVC, it will be added on, as precursor and/or epilogue, to the four 30" TVCs. The audience will first be exposed to the 10" TVC at high frequency.

A credible, trustworthy role model will present each of these issues e.g. a doctor will talk about the fact that arsenicosis is not contagious; an Imam will make an appeal for community water sharing and so on. The film treatment will be unusual and integrate an element of surprise.

Item: TV Drama Serial

Channel: Television

Form: A 13/26 episode drama serial

Target Audience: Primary, secondary and tertiary audiences

Special feature: Docu-drama approach

This realistic drama serial will unfold slowly and with it the various aspects of the arsenic problem and its mitigation. The serial will appeal at an emotional and subliminal level. The serial will inform and educate in an engaging manner through demonstrating solutions and proactive actions at the family and community levels. Gender related issues will be addressed directly.

Radio

Item: Radio Spots

Channel: Bangladesh Betar

Target Audience: Primary, secondary and tertiary audiences

Form: A total of 5 radio spots will be produced along the lines of the television spots i.e. one generic radio spot will be of 15" duration and the other four radio spots will be of 45" duration and deal with specific issues.

Special Feature:

Dramatic tone to catch the attention of the passive listenership.

The 15" generic radio spot will be broadcast frequently and repeatedly. It will be "added on" to each of the 45" radio spots (as in the case of the TVCs). The three 45" radio spots will follow the popular folk style called '*Jatra Bibek*'. Primarily this style is based on rhymes and is a very popular folk medium in Bangladesh. The key messages will be presented in a way that will catch and hold audience interest and at the same time provide accurate and appropriate information.

Regional radio program

Item: radio magazine program

Channel: Bangladesh Betar, regional centres

Target Audience: Primary, secondary and tertiary audiences

Special features: The program will be primarily focussed on women. Different regional dialects will be used to befriend the target audience more easily.

ADDITIONAL MASS MEDIA IN THE PROGRAM DOMAIN

OUTDOOR

Hoarding

Form: One (National Domain) + four (Program Domain) hoardings of size 15' x 30'

Reach: Primary, secondary and tertiary target audiences

Special features: Hoardings will be put up at strategic locations such as Haats and along highways. One standardized hoarding design will be developed. The logo and the slogan will be included in the design. In Program Areas an additional 4 hoardings will depict specific arsenic related messages.

Poster

Form: Four posters of size 18" x 23"

Target Audience: Primary, secondary and tertiary audiences

The posters shall be specifically targeted at the primary target audience in program areas.

Special features: The simplicity of design and message will make the poster a very effective, informative medium and create a high saliency level in the mind of the audience.

Miking

Form: Audio cassette broadcast from a rickshaw

Target Audience: Primary target audience in program areas

Special Feature: A special audio-cassette of popular music interspersed with arsenic messages will be compiled. The music will play as the rickshaw moves around and generates interest. The decorated rickshaw will stop periodically to play music and arsenic messages to groups of people. Jingles developed for the radio will also be included in the audio-cassette.

16mm Folk Enter-educate film

Channel: Mobile Film Units of the Ministry of Information.

Form: 30' docu-drama film

Target Audience: Primary audience in program areas

Special Features: This film will deliver all important information on arsenic in a witty, simple and memorable way. The film will be produced in the Jatra style of folk theater which is very popular in rural Bangladesh. The script will be such that all information on arsenic is given in a manner that is understandable and appealing to the audience. The setting and style proposed will combine modern elements into the traditional Jatra style thereby making it very watchable.

Other Channels: At a later stage of the campaign this film can also be telecast nationwide. A shorter version of the film can be exhibited in cinema halls. Most NGOs

and many Govt. offices at the grass-root level have audio-visual equipment and can screen the film for their staff.

INTER-PERSONAL COMMUNICATION MATERIALS

The inter-personal materials will integrate the following features:

- **Flexibility**; so as to accommodate new items of information contingent upon the changing technical knowledge on arsenic mitigation
- **Longevity**; as these materials will be used frequently they will be designed to be long lasting
- **Interactive and friendly tone**; a special effort will be made to make the materials non-didactic and motivational
- **User friendly** e.g. reader friendly, easy to use and carry
- **Realistic and powerful visuals (photographs)** will be included in all materials in order to penetrate complacency
- **Gender progressive language, visuals and solutions**
- **Standardized technical information**
- **Suggestions** on effective inter-personal communication skills as well as suggestions on how to make solutions acceptable to different segments of the target audience

Communication Aids for Different Groups of Frontline Workers

a.1 Health

Channel: Health Workers of the Ministry of Health and NGO sector.

Target Audience: Primary target audience in program areas

Special Features: The item will help the health workers to communicate effectively issues relating to arsenic mitigation. Special emphasis will be laid on health issues. It will be printed on both sides. The front (for the audience) will show appropriate visuals and key messages; the back (for the health worker) will have bulleted messages for communication.

Note: It may be noted that the agency is of the view that the health workers are already burdened with too many elaborate communication materials and hence a compact and easy to carry material has been suggested.

b.2 Technical Field Test Workers Package

Channel: Government (DPHE mechanics) and NGO field test workers.

Target Audience: Primary target audience in program areas

Special Features: The item will be designed along the lines of the material for health workers. However, the content will be specially directed at field test workers and their target groups.

b.3 Agriculture Extension Workers

Channel: Block Supervisors

Target Audience: Primary target audience in program areas

Special Features: The item will be developed so in a way such that it is easier for the block supervisors to use in court yard meetings.

MATERIALS FOR MEDICAL PRACTITIONERS

b.4 Desk top item for medical practitioners:

Form: Desk calendar

Target Audience: MBBS Doctors

Special Features: One side of the calendar will have pictures of arsenicosis patients so that the visitors can have a look at this when they come to visit the doctor. The other side will be the usual calendar so that it is useful to medical practitioners.

ADVOCACY MATERIALS FOR INDIRECT INFLUENCERS

Form: Information chart with covering letter

Target Audience: Decision makers, implementers, and administrators from selected relevant departments e.g. Health, Public Health Engineering, Agriculture, Local Government and NGOs

Special Features: A simple, illustrated and attractively designed information chart will be developed. The chart will have a dual purpose; it will provide information to the recipient; when posted on a wall in the recipient's work place it will act as a poster for visitors. The letter covering the chart will be pitched at the particular recipient (e.g. DC, TNO or UP Chairman) and signed by a senior representative of the respective sector.

COMMUNICATION MATERIALS FOR SCHOOLS

1. Poster/Tin Plate

Size: 30"x23"

Special features: The poster will appeal to high school children. The poster will depict a role model e.g. teacher (one of those appearing in the TVCs) speaking directly to students on the arsenic issue. Students will be motivated to play a role in arsenic mitigation. Five key suggestions on what school students can do will be included on the poster.

2. Carry-home item: Routine Chart

Size: 6"x8"

Special features: One side of the routine chart will be inscribed with 5 key messages on arsenic and relevant pictures so that the students can be familiar with arsenic problem and can take the message home to influence the family members. The other side of the routine will be the usual class routine.

ANNEXURES

ISSUES TO BE COVERED IN NATIONAL AND PROGRAM DOMAIN

National domain:

In national domain the communication materials will contain four issues. Each issue will cover several messages as follows:

Issues: -

I. Basic information:

1. What is arsenic
2. Where does it come from (from ground water through tubewells)
3. Presence in some tubewell water
4. Causes serious health hazard
5. Boiling does not remove arsenic from water
6. It is possible to test the presence of arsenic in tubewell water. Government and non-government organizations are taking up programs to ensure tubewells are tested for arsenic
7. Definition of safe water including arsenic

II. Health effects:

1. Arsenic causes serious health hazard
2. It is possible to recognize visible skin symptoms of arsenicosis
3. Keratosis and melanosis can easily be confused with other skin problems and therefore seeking help from a doctor or health worker (shasto kormi) is necessary
4. Arsenicosis is not contagious or hereditary
5. In no way should the people suffering from arsenicosis be discriminated/ ostracized

III. Gender issue:

1. Men have equal responsibility for collecting and management of water for consumption
2. Women have equal voice in the decision making process of water collection and management

IV. Community responsibility (Water sharing):

1. Water is a gift of God
2. It is the solemn duty of the "community" or "village" all to share water among themselves
3. People have a responsibility to share water as a means of tackling the arsenic problem

Approach:

1. Direct but soft selling without over stimulating them to access a service (testing, mitigation)
2. Informative (to raise awareness)
3. Credible, trustworthy tone by the role models to exude confidence that the situation is under control
4. Simple and non literacy based

Program Domain:

Program domain will cover all the issues of national domain in greater details as well as some additional issues that are specific/ appropriate for the program areas.

Issues:

I. All issues as in the national domain

II. Testing and use of red/green tubewell:

1. All the tubewells need to be tested
2. Red painted tubewell water is arsenic contaminated and not safe for drinking and cooking but can be used for purposes other than drinking and cooking
3. Green painted tubewell water is not arsenic contaminated and hence is safe for all purposes including drinking and cooking
4. People can get information from on testing tubewells from the local DPHE office, as well as some NGOs and it is there responsibility to access service and collect information

III. Alternate sources (as and where appropriate):

1. Green painted tubewells (shallow and deep)
2. Pond sand filters
3. Rain water harvesting
4. Treatment of TW water that is contaminated with phitkiri (home based solution) – but only as an emergency response if no other safe water option is immediately available
5. People have responsibility to i. Access service ii. Share safe water iii. Manage the water point (e.g. clean pond sand filter, keep the tank full etc.)

IV. Health aspect:

1. It can take years for symptoms to develop even if one has been consuming arsenic contaminated water for a long time, but he may be internally seriously damaged already
2. Health advice/ help for patients through health workers, doctors and RMPs
3. Some of the early symptoms may go away if one stops drinking the contaminated water

4. The symptoms of arsenicosis are not sequential, they can be painful if got infected, antibiotic may be used against infection, skin symptoms may lead to cancer etc.
5. It is people's responsibility to i. stop drinking the arsenic contaminated water immediately ii. Talk to a health worker immediately if they think they are sick of their health is at risk

Approach:

1. Direct and hard selling (pushing people to take action e.g. stop drinking water they know is arsenic contaminated, seek out service such as testing etc,)
2. Educative
3. Follow the program
4. Photographs will be used in inter-personal communication to show symptoms

V. Issues for Service Providers/Communicators

1. Effective delivery of messages
2. Issues related to arsenic problem and mitigation with respect to: Basic Information, Health effects, gender issues, responsibility of community, alternate sources and testing and use of red and green tubewells
3. Role of service providers in arsenic mitigation
4. Overview of arsenic mitigation program

**ISSUES TO BE COVERED IN
DIFFERENT MEDIA (ITEM WISE):**

Television:

a. One 10" generic TV spot:

Issues:

- i. "Arsenic is an invisible poison, drink safe water that is free from arsenic contamination."

Approach:

- i. Bell to attend (calling and holding attention of the audience)
- ii. Direct and strong voice
- iii. Creative visuals to make it stand out from the clutter of other social communication

Learning Objectives:

1. To understand that arsenic is a poison.
2. To understand that arsenic contaminated water is unfit for consumption.

b. Four 40" TV spots:

TVC #1:

Issue: Basic information

1. What is arsenic
2. Where does it come from (from ground water through tubewells)
3. Presence in some tubewell water
4. Causes serious health hazard
5. Boiling does not remove arsenic from water
6. It is possible to test the presence of arsenic in tubewell water and therefore
7. Definition of safe water including arsenic

Learning Objectives:

1. To understand that arsenic is a naturally found element and is present in groundwater.
2. To understand that arsenic may be consumed through tubewell water
3. To understand that while some tubewells may be arsenic contaminated others are not
4. To understand that consumption of arsenic contaminated water can cause serious health hazard
5. To understand that it is possible to test tubewell water for presence of arsenic
6. To understand that arsenic cannot be removed by boiling contaminated water.

TVC #2

Issue: Tubewell Testing

1. Its is possible to get tubewell tested for arsenic contamination
2. Various agencies (Government and non-government) are involved in programs for testing arsenic contamination
3. All tubewells found to be contaminated shall be painted red and water from such tubewell is unfit for drinking and cooking but may be used for all other household chores
4. Tubewells found to be safe from arsenic contamination shall be painted green and water from such tubewell is safe for all purposes

Learning Objectives:

1. To understand that it is possible to test tubewells for arsenic contamination
2. To understand that various arsenic testing programs (Govt. and non-govt.) are underway
3. To understand that water from red tubewells is arsenic contaminated and that it is unsafe to use this water for drinking and cooking whereas water from green tubewell is safe
4. To understand that water from red tubewells may be used for other household chores such as washing clothes, utensils & hands, bathing etc.

TVC #3

Issue: Health effects

5. Arsenic causes serious health hazard
6. It is possible to recognize arsenicosis seeing the visible symptoms
7. Seeking medical help is necessary
8. Arsenicosis is not contagious or hereditary and, therefore,
9. In no way should the arsenicosis patients be discriminated

Learning Objectives:

5. To understand that arsenic poisoning causes serious health hazard
6. To understand that visible symptoms of arsenicosis can be recognized by a health worker or doctor (to visually understand some of the symptoms)
7. To understand that it is the responsibility of the affected individual and his family to seek medical help if arsenicosis is suspected
8. To understand that arsenicosis is not hereditary or contagious
9. To understand that one should not discriminate against arsenicosis affected individuals on the contrary such individuals should be cared for

TVC #4:

Issue: Gender

1. Men and women have equal responsibility in collecting water from outside
2. Women have equal voice in the decision making process therefore equal right to/access to information and treatment
3. Men and women should get equal access to medical treatment

Learning Objectives:

1. To understand that women should be a part in the decision making process and therefore must get equal access to information
2. To understand that it is the equal responsibility in collecting water from outside
3. To understand that men and women should get equal access for medical treatment

TVC #5:

Issue: Mitigation (water sharing)

1. Water is the gift of God
2. It is the solemn duty of all to share water among themselves
3. For long women have had to take the the burden of waer collection it is now time for men to share the responsibility

Approach of four 40" TVCs:

1. Use of credible, trustworthy role model from real life who will talk directly to the audience/ camera

Learning Objectives:

1. To understand that water is a gift of God and it is the moral duty and social responsibility of all to share safe water sources

TV Serial:

Issues:

1. All the issues of the national & program domain
2. Will keep room for incorporating the subsequent developments
3. Flexible

Approach:

1. Docu-drama approach
2. Slowly unfurling story based on real life situation that incorporates new interventions and inventions

Radio:

i. Radio spots:

The idea of the radio spots is basically same as TV spots. There will be one 10" generic call- to- attend spot and four 45" spots focusing on four issues as focused in the TVCs. However, approach of the radio spots will be different from that of the TVCs.

Approach:

1. Direct dramatic approach – jatra style
2. Appealing and informative
3. The conscience will be the spokesperson

Learning Objectives:

Same as Television spots

ii. Regional radio program (magazine format)

Issues:

1. Specific regional issues e.g. alternate source of water
2. Work-burden of women to be shared
3. Women's equal voice in family decision making

Approach:

Regional dialect to create empathy and appeal

Hoarding:

i. National domain hoarding:

There will be one hoarding for the national domain

Issues:

1. Slogan (Arsenic is an invisible poison, drink safe water that is free from arsenic contamination)
2. Definition of safe water

Learning Objectives:

1. To understand that arsenic is a poison and that arsenic contaminated water is unfit for consumption
2. To understand that safe water means arsenic contamination free and pathogen free
3. To recognize and associate with the logo and pay-off line of the campaign

ii. Program domain hoarding:

There will be three hoardings in the program areas each of those will cover one of the following issues:

Issues:

1. Testing
2. Alternate sources
3. Sharing water

Approach:

1. Non literacy based
2. Strong visuals using illustrations

Learning Objectives:

Hoarding on testing:

1. To understand that is possible to get tubewell tested for arsenic contamination
2. To understand the uses of red and green tubewell water

Hoarding on Alternate Sources

1. To understand that in case of no green tubewell in comfortable distance it is possible to install an alternate safe water option
2. To understand that water from following sources is safe for all purposes:
 - Green tubewell
 - Pond Sand filter
 - Rain Water Harvesting

Sharing of water & sharing of water collection responsibility

1. To understand that water is a gift of God and it is the moral duty & responsibility of each individual of the community to share his/her water/water source with others

Tin plate poster:

Four posters each about one of the four alternate options will be designed for the program areas. One or more of these will go to the areas where they apply to depending on the program in that specific area.

Issue:

1. Alternate sources i. Pond sand filter ii. Rain water harvesting
2. Health
3. Sharing

Approach:

1. Non literacy based
2. Specific with learning objectives

Learning Objectives (alternate sources):

1. To understand the availability of safe water options in absence of green marked tubewells in comfortable vicinity
2. To understand how the safe water option can be got installed/constructed and how it should be maintained
3. To understand responsibility of the community with respect to management and maintenance of safe water options

Learning Objectives (Sharing of water)

1. To understand that water is a gift of God and it is the moral duty & responsibility of each individual of the community to share his/her water/water source with others

Learning Objectives(Health)

1. To understand that arsenic causes serious health hazard
2. To visually understand some of the visible symptoms of arsenic
3. To understand that the only way to prevent arsenic poisoning is to consume arsenic contamination free water

Miking:

Issues:

Gist of all the issues

Approach:

Audio cassette with popular songs/ music interspersed with arsenic mitigation messages to reinforce what the other media are doing where TW testing is being carried out.

Learning objectives:

1. To reinforce knowledge gained from other media
2. To understand that arsenic is a naturally found element and a poison

3. To understand that it is found in ground water and transmitted through tubewell water
4. To understand that red painted tubewells are arsenic contaminated and hence unfit for consumption while green marked tubewells are safe for all purposes etc.

16 mm film

Issues:

All the issues of arsenic in the greater details

Approach:

Docu-drama approach

Learning Objectives:

1. To reinforce knowledge gained from other media
2. To understand that arsenic is a naturally found element and a poison
3. To understand that it is found in ground water and transmitted through tubewell water
4. To understand that red painted tubewells are arsenic contaminated and hence unfit for consumption while green marked tubewells are safe for all purposes etc.
5. To understand that it is possible to get tubewell tested for arsenic contamination
6. To understand that it is the responsibility of the tubewell user to get his tubewell tested
7. To understand that the one can get his tubewell tested from the DPHE as well as other organizations involved in arsenic mitigation
8. To understand that arsenic contaminated tubewells shall be painted red on detection and that they are unfit for consumption; safe tubewells will be marked green
9. To understand that in case of no green tubewell in comfortable distance it is possible to install an alternate safe water option
10. To understand that water from following sources is safe for all purposes:
 - Green tubewell (shallow and deep)
 - Pond Sand filter
 - Rain Water Harvesting
 - Use of alum ('fhitkari')
11. It is the responsibility of the community to arrange, install, manage and maintain safe water sources
12. To understand that water is a gift of God and it is the moral duty & responsibility of each individual of the community to share his/her water/water source with others
13. To understand that men have an equal responsibility in collecting water from outside
14. To understand that arsenic causes serious health hazard
15. To understand that the only way to prevent arsenic poisoning is to consume arsenic contamination free water

16. To understand the nature of visible symptoms and that anyone suspecting arsenicosis must consult a qualified doctor or health worker can

IPC MATERIALS

Creative approach:

1. Realistic and powerful visuals
2. Interactive and friendly tone
3. Factual and reliable information
4. Gender progressive direction
5. Focussed on family

Item wise

MATERIALS FOR FRONT LINE WORKERS

General Issues for all frontline workers:

Generic information on arsenic with illustrations

Learning Objectives:

1. To understand that arsenic is a poison that cannot be seen in water
2. To understand cause, effect and magnitude of arsenic problem
3. To understand the arsenic mitigation program (testing, red-green marking)
4. To learn answers to common questions/doubts raised by people on arsenic issue
5. To understand the importance of gender sensitivity in arsenic mitigation activities

Health, NGO workers

- **Fan cards**

Issues:

1. Generic information on arsenic & arsenic mitigation with illustrations
2. Information and photographs of symptoms of arsenic poisoning
3. Definition of safe water and sources of safe water
4. Available remedies available for arsenicosis management

Learning Objectives for health/NGO worker.

1. To understand that arsenic is a poison that cannot be seen in water
2. Arsenic causes serious health hazard
3. To understand the various symptoms of arsenicosis
4. To understand the dissimilarity of visible arsenicosis symptoms with other skin diseases
5. To understand that it may take years for symptoms to develop despite prolonged consumption of arsenic contaminated water
6. To understand that while there is no cure for arsenic poisoning, patients showing clinical symptoms could be managed by symptomatic treatment in some cases
7. Skin symptoms can be managed with certain antibiotic lotions and medicated cream
8. To understand that the only way to prevent arsenic poisoning is to consume arsenic contamination free water

9. Arsenicosis is not contagious or hereditary and people suffering from arsenicosis should not be discriminated or ostracized on the contrary they should be given extra care

Tubewell Testers Communication aide

Issues:

1. Communicating results of test (red means arsenic contaminated, green means safe from arsenic contamination)
2. Uses for which red and green tubewell water can be utilized
3. In case of no green tubewell in the vicinity what are the safe water options
4. How the safe water options can be installed, maintained and managed
5. The need to share safe water sources
6. Health effects of consuming arsenic poisoning

Learning Objectives for tubewell testers:

1. The need & importance of communicating test results
2. Red tubewell water is unfit for drinking and cooking but can be used for all other household purposes; green tubewell is safe for all purposes
3. The following are the safe tubewell options recognized by the Govt. and Unicef: Rain Water Harvesting, Pond sand filter, green tubewells and in case of no other option adding 'phikari' to contaminated water
4. Basic facts about arsenicosis
5. It is the moral and social duty of all to share safe water resources since water is a gift of God

Block supervisors

1. Basic information on arsenic and arsenic mitigation
2. Water sharing
3. Men should share the burden of water collection with women
4. Responsibility of the community in water resource management and maintenance

Approach:

Simple format useful for communicating with mostly illiterate audience. Conversational style text and stress on visual support for communication.

MATERIALS FOR MEDICAL PRACTITIONERS

- calendar for the doctors

Issues:

1. Information on arsenicosis
2. Photographs of patients

Approach:

Informative and appealing approach to support the enlisted doctors providing them with useful information related to syndromic treatment. It is expected that the calendar would be displayed by the doctors and that would also help attract the attention of patients to arsenicosis.

Learning Objectives:

1. To understand the nature, cause and magnitude of arsenic problem in Bangladesh
2. To understand the basic facts on arsenic mitigation programs
3. To understand the clinical manifestations of arsenic problem
4. To understand the various symptoms of arsenic problem
5. To understand how arsenicosis affected patients can be managed
6. To understand that doctors have an important role and responsibility in arsenic mitigation activities

ADVOCACY MATERIALS FOR INDIRECT INFLUENCERS (MANAGEMENT TIERS)

- **Information docket with covering letter**

Issues:

1. General overview on the arsenic crisis and mitigation program
2. Crisis so as to involve everyone in the campaign

Approach:

Informative, useful and appealing approach to create a common knowledge platform on the issue for smooth dissemination of the program

Learning Objective:

1. To understand the nature and magnitude of arsenic problem in Bangladesh
2. To understand basic facts about arsenic poisoning and arsenicosis management
3. To understand basic facts about arsenic mitigation programs underway
4. To understand basic facts about safe water options
5. To understand their role in arsenic mitigation activities

MATERIALS FOR SECONDARY SCHOOL STUDENTS

- **Poster/Tin Plate**

Issues:

Key suggestion on what students can/should do

Learning Objectives:

1. To understand that students have a role and responsibility in arsenic mitigation activities
2. To understand five key activities that students can undertake to communicate about arsenic and assist in arsenic mitigation.

Carry-home Item-Routine Chart

Issues:

1. Basic facts on arsenic and arsenic problem
2. Basic measure to counter arsenic threat

Learning Objectives:

1. To understand that arsenic is a poison that cannot be seen in water
2. To understand cause, effect and magnitude of arsenic problem
3. To understand the arsenic mitigation program (testing, red-green marking)