



National Communication Campaign on sanitation of Bangladesh



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POOR ENVIRONMENTAL SANITATION and hygiene practices, combined with limited use of safe water contribute to high diarrheal incidence particularly among children. On average each child under the age of five has 3.5 episodes of diarrhea per year, leading to 110,000 deaths.

The Government of Bangladesh has achieved remarkable water coverage (97 per cent-BBS'95). However, sanitation coverage in rural Bangladesh is only 39 per cent (1996). But, despite this high coverage, there has been little reduction in water borne diseases. Poor human waste disposal is the major causes of water borne diseases. In Bangladesh 20,000 metric tons of human excreta per day disposed in the open areas in an insanitary fashion. Regarding the sanitation, here too, there has been significant achievement in recent years with access to, and use of sanitary latrines increasing significantly from just 16 per cent in 1990, to 39 per cent in 1996. However, more than two thirds of the rural population still pollute the environment through the use of non-sanitary latrines of open defecation. Furthermore it is estimated that only about 17 per cent of the rural population wash their hands using soap and water after defecation (BBS 1998), and there is a lack of understanding of the relationship between good sanitation practice, hygiene and health.

Significantly, over half of the rural primary schools do not have basic sanitation and water facilities. This is not only a missed opportunity to promote good sanitation and hygiene behavior development, it is also an important factor in discouraging girls from attending school. An evaluation study of the school sanitation program indicated that the availability of sanitary facilities in schools has increased girls enrolment by about 11 per cent.

While the hardware revolution, namely the provision and availability of the tubewells and sanitary latrines is well underway, the challenge lies in bringing about a software revolution, that is to change/develop personal hygiene behavior of all sections of the people of Bangladesh.

Although some individual agencies have developed some effective communication strategies for behavioral development, no concerted effort to develop nation-wide strategy for social mobilization exists. In 1998, the Government and UNICEF together with their partners has initiated development of a comprehensive *National Communication Strategy for Sanitation, Hygiene and Safe Water Use*, using synergistic, reinforcing media delivered through a variety of strategic channels, is being developed in 1998, for country wide scale-up in 1999. It aims to reach the family, and children in particular, to promote behavioral development

for a healthier, safer environment in Bangladesh. Innovations in the form of new strategies, products and participatory processes are being adopted, all incorporating UNICEF's core values with respect to gender equality, ethnicity, disability and class. *Media for, by and with children* are at the center of the new communication strategy.

The communication strategy

The communication strategy emphasizes the fact that hygienic practices, like other social behaviors, can not be achieved by individual change in behavior but requires concerted action from entire communities. Certain enabling factors include:

- the time, skill and means must be in place to help them achieve this change. Communication plays a pivotal role in ensuring that these factors are in place. It will generate the need, point out the relevant, long term and short term benefits;
- economic and health, demonstrate the simplicity of the action and the consequences of not adopting the suggested behavior, enable the suppliers and mobilize the opinion leaders in the community.

Communication objectives

Clearly identified, measurable objectives were set for the National Communication Strategy in 1997, as a first-step in developing the campaign. Broad objectives were identified through a national workshop with key stakeholders in June, 1997. These were further refined in the following months by carefully matching communication objectives to programme goals. Not only did this allow for greater synergy between programme and communication activities, it served as an important threshold for determining which communication activities to pursue. Overall, the communication campaign supports the central WES programme objective which is to reduce childhood morbidity and mortality due to diarrhoea. Accordingly, 22 specific communication objectives have been set, including:

- by 2001, at least 80 per cent of the population is aware how faeces contaminate water, soil, fingers and food and that an additional 41 per cent of rural households are motivated to construct sanitary latrines;
- by 2001, all children in classes 4-5 of schools targeted under the School Sanitation Project are actively involved in cleaning and properly using latrines at school and home;

Key data related to diarrhoea

Mortality under five (U5);	110,000 annual deaths of children 1 in every 4 deaths of U5 children; Big decrease since last census
Morbidity U5 children;	65 million episodes annually amongst 3-4 annual episodes per U5 child; No significant decrease over the years.
Peak seasons	February-March June-July

Key data related to sanitation

Latrine coverage	Rural:	39 per cent
	Urban:	87 per cent
	Metro city:	90 per cent
	Slums:	67 per cent
	Non slums:	94 per cent
	Other urban:	8 per cent
National:	44 per cent	
Type of latrine	Waterseal pit:	16 per cent
	Home-made pit:	28 per cent

20,000 metric tons faeces per day end up in water bodies, open fields due to

Hanging latrine:	37 per cent
Open defecation:	21 per cent

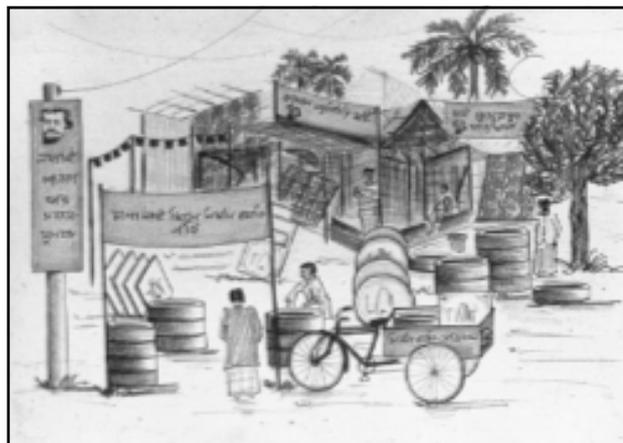
Key data related to hygiene

Coverage in hand washing

After defecation	
With water and soap:	34 per cent
With water and soil/ash:	68 per cent
With water only:	33 per cent

Before eating, feeding and handling food

With water and soap:	3 per cent
With water only:	97 per cent



is expected to change the attitude towards open defecation and make sanitary latrine use a habit.

The strategy suggested tapping the element of social status associated with homes with sanitary latrines and mobilizing social pressure through school children. Proper hand washing and use of safe water for all hygienic purposes would be built into the communication. To target both individual and community behavioural change, the campaign had proposed the following components:

- A campaign identity to create synergy
- Sanitary mart package
- School package
- Media plan
- Social mobilization plan (sanitary para drive)
- Local level advocacy

Establishing an identity

- by 2001, all children in classes 1-3 in schools targeted under the School Sanitation Project know and practice proper techniques for washing hands and use the latrine regularly;
- by 2001, at least 50 per cent of the adult population know and practice three methods of safe water collection, and know how to keep the water safe to drink once its collected, and 50 per cent of the population know the four golden rules for protecting ponds from contamination.

Key components of communication strategy

The communication strategy accords primary focus to sanitation and strives towards making one household - one sanitary latrine a norm. This would be achieved by linking good health and therefore, economic well-being to environmental sanitation. A simple explanation of the Germ Theory through demonstration is deemed necessary. This



Good communication requires an identity that is instantly recognizable by people, no matter their literacy level. A campaign logo is being developed that puts the benefit of sanitation, hygiene and safe water use up-front. The current DPHE programme logo will be re-shaped to integrate the programme activities with a tangible benefit - protection against disease, which leads to good health and economic prosperity. Specially designed campaign borders and colours will be also draw together the various campaign packages, creating synergy across media. Campaign personality

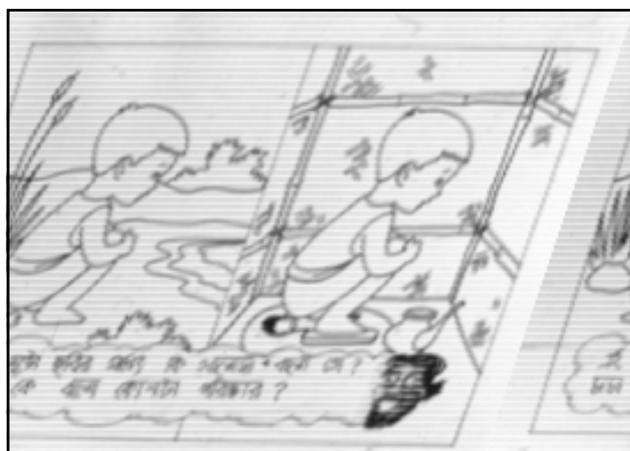
A *campaign personality*, in the form of a cartoon character called Kalim Chacha (Uncle Kalim), is being developed. This friendly, funny character will be integral to the campaign, creating a visual linkage between the various packages. His appeal to children and adults, based on the development of a personality rooted in a firm understanding of social and cultural norms of Bangladesh, will help to ensure the popularity of the campaign.

Campaign packages

Synergistic, reinforcing 'packages' are being designed to reach the child and community directly. The campaign's focus on behavioural development necessitates an approach that starts first with the child. For this reason, a strong concentration is placed on media for, by and with children, including:

School package

Activities such as games, songs and rhymes will promote self-efficacy, joyful learning, learning by doing, and learning through vicarious experiences. The simple telling of how germs are spread through the use of drawings, comic books and demonstration will also promote sequential learning and problem-solving abilities. Older children will model correct behaviour through 'child-to-child' activities. Social mobilization activities will carry the message of the benefit of sanitation and hygiene from the school to the home, and the community at large. This package reflects the commitment to behavioural development, reaching children as early as possible to shape habits and attitudes which are precursors of life-long values. Importantly, it



puts the programme closer to the age group most at risk of diarrhoeal disease.

Media package

For television production 30 seconds animated 'infomercials', regular 30 second spots and five second 'break-bumpers' with messages promoting core behavioural change (e.g., 'did you wash your hands today') are planned. The spots will dramatize the issue of germs and empower the audience to solve problems by following up with a solution sequence. Because of its creative treatment, the spots will be of special interest to children who are avid television watchers, even in media-poor areas of Bangladesh. Radio spots will rely on traditional media, such as jari songs, as well as a rendition of the namta (the mathematics table set to song) to messages about sanitation.

Sani mart

To encourage sustainability, the campaign will help build the marketing ability of local masons who construct rings and slabs. A 'sani-mart' is envisaged, which will turn a mundane shop into an exciting, interactive communication opportunity. Marketing aids, such as buntings, flyers and posters, as well as miniature latrine models, will foster greater local supply and demand. The service delivery point will be developed as a communication medium, attracting local people through appropriate branding, while building knowledge and understanding through demonstration.

Social mobilization

The social mobilization effort involves the entire village community participating in drive to achieve the distinction of being declared a "Nirmal Para" keeping in mind that rural communities are more likely to adopt a new behavior together than take individual initiative. A Child-to-Child package is integral to this effort, as it help them take the lead and extend the safe learning environment from the school to their homes. Simultaneously, the service providers (both from the health and sanitation sector) shall be given inter-personal training and aids to help them convince the community to change their behavior.

Advocacy

The advocacy package exhorts opinion leaders to provide the resources and the leadership to achieve the program goals; at the same time it rewards those leaders who achieve the objectives the soonest. This campaign will include advocacy materials focussed on elected members to the Union Parishad (UP), the lowest level of government in Bangladesh. In particular, materials will be developed for the female members of the UP. Communication aids will help UP members promote the link between health and sanitation/hygiene to villagers, while advocating a role for the council in ensuring land is available to families who want to construct a sanitary latrine.

Finally, for the success of the National Communication Campaign participation of different partners and allies is

indispensable. The Water and Environmental Sanitation (WES) Section of UNICEF-Bangladesh organized meetings with different partners and allies to develop a strategy defining their participation in the campaign. The stakeholders strongly felt that the campaign would greatly help their programme in achieving the desired results and expressed their willingness to actively participate when the campaign is launched.

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