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**BANGLADESH DISEASE
SURVEILLANCE PROJECT:
RADIO PROGRAMME DESIGN**

September 1996

Esta de Fossard

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ACRONYMS

AFP	Acute Flaccid Paralysis
BASICS	Basic Support for Institutionalizing Child Survival Project\
EPI	Expanded Programme on Immunization
JHU/CCP	Johns Hopkins University Center for Communication Programs
USAID	United States Agency for International Development

BACKGROUND

The disease surveillance undertaking in Bangladesh is an endeavor to decrease the mortality rate of children-under-five resulting from polio, neo-natal tetanus, and measles. Bangladesh is eager to join the ranks of countries that have eradicated polio and is striving to reach the world-wide goal of the eradication of polio by the year 2000. In response to this need, BASICS/Bangladesh is undertaking a complex surveillance and reporting system that aims at greatly increasing the timely reporting of all cases of acute flaccid paralysis (AFP). If stool samples are taken in the early stages of AFP, polio can be detected and a "mop-up team" sent to the infected area to carry out immunization. At the same time, there is a need to increase the surveillance and reporting of cases of neo-natal tetanus and measles so that the number of deaths from these diseases can be lessened and the rate of immunization increased.

BASICS currently is finalizing the surveillance and response network across Bangladesh. The need now is to involve all levels of the community in an awareness of the need for reporting the incidence of these diseases, and to provide them with knowledge and when and how to report. To support this need, a radio campaign has been proposed that will alert people of the need for reporting; advise them of where, when and how to report; and motivate them to become involved personally in the reporting system.

With this in mind, a design team was called together from August 16 through August 19 to design all details of the message and program formats. BASICS consultant Esta de Fossard led the workshop which completed a detailed design document which is included with this report. Dr. Rokeya Khanam from BASICS/Bangladesh organized and headed up the workshop, and Dr Iqbal Hossain, also from BASICS/Bangladesh, attended to provide vital information about the work of the project.

Esta will be available to BASICS for future consulting on the project on a temporary basis and for collaborating as required with BASICS staff in Arlington and in Bangladesh on the finalization of program details, the review scripts, and to assist with production details.

ACTIVITIES

1. Preparation of Design Workshop (Rokeya Khanam)
 - select and invite participants to attend workshop
 - identify site for workshop
 - identify and negotiate with production studios
2. Travel to Bangladesh of Esta de Fossard (September 11 -20)

3. Execution of the Design Workshop to Carry out and Record the Details of the Following Tasks—
- definition of project aim
 - definition and description of intended audiences
 - definition of precise measurable objectives of the radio series and methods in which these objectives might be met
 - definition of the number of programs, the duration of each program, and the distribution of programs throughout the campaign
 - definition of the precise message content of each program
 - preparation of a glossary defining the way in which specific words and terms will be expressed in the radio programs
 - design of possible formats for radio programs

REVIEW OF CALENDAR

(The cost of Esta de Fossard's travel to and from Bangladesh was shared with Johns Hopkins University Center for Communication Programs (JHU/CCP) since she was also undertaking a design workshop for their family planning project in Dhaka.)

September 13	Arrive in Dhaka
September 14:	Meet with Rokeya Khanam and Youssef Tawfik to discuss the current status of the surveillance project and make final arrangements for the workshop.
September 15:	Preparation of workshop materials. Fly to Sylhet--site of workshop
September 16 - 19	Workshop
September 20	Return to Dhaka. Finalize details and write reports

WORKSHOP LOGISTICS

The workshop took place in the Hotel Polash in Sylhet between the hours of 8:30 a.m. and 5:00 p.m. each day. There were 16 participants from various organizations whose input was essential to the design of the radio series. (The participant list is included in the design document draft in this report.)

RECOMMENDATIONS FOR FOLLOW-UP

It is estimated that the completion of these steps will require a minimum of three months. (If the establishment and training of the surveillance team takes longer than that, then all the other steps will be similarly delayed. It is essential that the surveillance teams be in place and operating before broadcasting begins.)

1. Establish the surveillance system fully.
2. Train all necessary surveillance personnel in their tasks.
3. Determine date by which surveillance personnel will be trained and the system up and running.
4. From (3), determine the start-up date for broadcasts.
5. Draw up a full budget for the radio production.
6. Contract with a production house or Bangladesh Betar to prepare the radio programs in line with the details of this design document.
7. Contract with a writer if this is not done through the production house.
8. Establish the production schedule with the production house.
9. Appoint a script review team. This should consist of people who were in the design team and should include—
 - content advisor
 - communicator or drama advisor
 - radio director
 - representative of the funding agency (BASICS, EPI).
10. Write three pilot (sample) scripts and several spots/jingles .
11. Have a theme tune composed.
12. Review pilot scripts and spots/jingles and revise as necessary.
13. Record pilot programs and spots/jingles.
14. Test pilot programs, etc., with sample audience.
15. Use the results of pilot programs to guide writing and production of all future programs.
16. Institute ongoing writing, review, and production. Plan to have at least six 15-minute programs; six 5-minute segments, and all spots and jingles ready (recorded and edited) before beginning broadcasting.
17. Broadcast the programs.

At the same time that this work is being prepared for radio broadcast, work should be completed on other media and support materials that are considered necessary for the radio programs.

It is also necessary to determine if any promotion work will be needed ahead of the campaign. Generally, with a campaign, advance promotion is unnecessary, except in the case of a serial drama, when it is advisable to advertise dates and times in advance.

PERSONS CONTACTED DURING CONSULTANCY

- Youssef Tawfik, BASICS
- Rokeya Khanam, BASICS
- Charles Lerman, USAID Chief LM Unit
- Dr. Zareen Khair, USAID Project Management Specialist
- Edson Whitney, JHU/CPP

APPENDIX
RADIO PROGRAMME DESIGN DOCUMENT

BANGLADESH DISEASE SURVEILLANCE PROJECT
RADIO PROGRAMME DESIGN DOCUMENT
SEPTEMBER, 1996

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BANGLADESH DISEASE SURVEILLANCE PROJECT
RADIO PROGRAMME DESIGN DOCUMENT

DESIGN TEAM MEMBERS AND THEIR ROLES

1. S.M. Mahfuzur Rahman IEC Officer, EPI HQ, Dhaka (Content Advisor)
2. Dr. Fariduuddin Ahmed Assistant Director, EPI HQ, Dhaka (Communicator)
3. Mohammad Zobair Coordinator, WATSAN Dhaka Urban Community Health Program (DUCHP), Dhaka (Content Advisor/Audience Representative)
4. Bahram Siddiqui Assistant Director, Programme Planning Bangladesh Betar (Radio) H.Q., Dhaka. (Communicator/Content Advisor)
5. Abdur Rahim Sarker Assistant Regional Director, Bangladesh Betar, Sylhet (Radio Director/Producer)
6. Md. Amirul Islam Program Organizer, Bangladesh Betar, Sylhet Radio Director/Producer
7. Md. Leton Executive Marketing Officer, STAR Ad. Agency Banani, Dhaka (Communicator)
8. Giasuddin Selim Script Writer, STRIDE PLUS, Ad. Agency Dhaka (Writer)
9. Md. Imam Uddin Assistant Director Programme Planning, Bangladesh Betar, Dhaka (Radio Director/Producer)
10. Nasrullah Md. Irfan Programme Organiser, Bangladesh Betar, Dhaka (Radio Director)
11. Niger Rahman Account Executive ADCOM, Ad Agency, Dhaka (Communicator)
12. Lutfе Tahera Communication Coordinator, DUICSP, World Vision, Bangladesh (Audience Representative)
13. M.A. Rahim Correspondent, Bangladesh Betar (Radio director)

14. Dr. Iqbal Hossain BASICS, Bangladesh. (Content Advisor/Funding Agency Representative)
15. Dr Rokeya Khanam BASICS, Bangladesh. (Content Advisor/Funding Agency Representative)
16. Esta de Fossard Programme Design Consultant, BASICS, USA

1. **Rationale for the Radio Series:**

Bangladesh took part in the world-wide endeavor to eliminate neo-natal tetanus by the year 1995. While the numbers of cases of neo-natal tetanus declined markedly by 1995, it has not yet been eliminated from the nation, and the attempts at elimination continue. Similarly, Bangladesh is an active participant in the world-wide program to eradicate polio by the year 2000. ("Eradication" is defined as the complete absence of the causative germ in human beings and in the environment.") Bangladesh is also involved in the attempt to reduce the incidence of measles by 90% and death from measles by 95% from the pre-immunization period.

In order to achieve these goals, the EPI project is undertaking a program to strengthen **Disease Surveillance** which is interpreted to mean "The collection of data for action." The collection of data with regard to the three diseases: neo-natal tetanus, measles and Acute Flaccid Paralysis (AFP) requires the cooperation of many areas of the community in reporting cases of the diseases so that data may be collected and appropriate action taken.

Because radio is a widely used medium in Bangladesh, and because research to date in the National Coverage Evaluation Survey, EPI, DGHS, 1995 indicates that 30% of the population report that they learned about NID from radio, it is considered that this medium could be effective in helping to spread the message of the need for widespread reporting to enhance data collection.

2. **Measurable Objectives of the radio series:**

As a result of the radio programs, there will be:

- a) a significant increase in the number of cases of neo-natal tetanus, AFP and measles reported in accordance with established guidelines,
- b) a significant increase in the number of cases of measles with complications, AFP and neo-natal tetanus being brought to health centers, and
- c) a significant increase in the number of children under one year of age who are fully immunized, and in the number of children who are born protected at birth.

3. **Purposes of the radio series:**

The purposes of the radio programs are

- a) **to educate** the audience on when, where, how and why to report cases of measles, neo-natal tetanus and AFP,
- b) **to motivate** the audience to report, to immunize, to volunteer, to advocate, and to bring cases for treatment, and
- c) **to reinforce** immunization messages

3. Possible Audiences and their duties in the surveillance campaign

1.	General population	Report to HW or FW; Volunteer as an EPI Warden.
2.	Community leaders	Motivate the general population to report, and motivate everyone to immunize.
3.	Health providers	Report. Encourage their clients to report; encourage clients to have children immunized.
4.	Field workers	Immunize, report, encourage immunization and reporting
5.	Education centers	Report, motivate reporting and immunization.
6.	Disease wardens (EPI Volunteers)	Collect information and assist health workers in Collecting and reporting

It was agreed by all members of the Design Team that

- all the message are of equal importance to all six audiences
- it would be necessary to provide also some specific message for the Community Leader audience
- it would not be possible to use radio to train Health Providers, and Field Workers in the business of surveillance because there is no guarantee they would listen to the radio programs. The programs, however, could provide reinforcement for other training that they will be given.
- it would be a good idea to create a series of special programs for education centers if time and resources allow. The general programs will provide motivation and reinforcement for programs that might be created especially for education centers.

4. MAIN MESSAGE

It was agreed by all members of the Design Team that the stress of the radio program series will be on the importance of “reporting” the three diseases (AFP, NNT and measles) to the appropriate authorities. Details of the operation of the Surveillance Program and how it will work will be taught to those who will be involved in it through media other than radio. It was agreed that the term “surveillance” should not be used in the programs because it could be confusing and might deter people from listening.

The main message of the radio series can be stated as:

We can eradicate polio, eliminate NNT and control measles. We can do this only if everyone knows the signs and symptoms of these diseases and reports any cases of these diseases. (GLOSSARY: The word eradicate means the complete absence of the causative germ in human beings and in the environment. The word eliminate means control of the disease to the extent that it is no longer a public health problem--e.g., in the case of Neo-natal tetanus, less than one case per 1000 live births). The control of these diseases can be enhanced by having everyone follow the routine immunization schedule.

5. SPECIFIC MESSAGE CONTENT

A: MESSAGE: REPORTING

What to report:

- tetanus in a newborn baby
- sudden onset of paralysis in a child under 15
- any case of measles

How to detect these cases:

Tetanus in newborn baby:

- Child is less than 28 days old
- Child sucks and cries normally for the first two days of life
- Between 3 and 28 days develops BOTH inability to suck and muscle rigidity in whole body

Sudden onset of paralysis (AFP):

- Child is less than 15 years of age
- Show rapid development of paralysis (less than 14 days from onset)
- The paralyzed part is floppy--not stiff
- The paralysis is not mere weakness or thinness

Measles:

- Anyone who suffers for 3 days from fever and rash, together with any one of these symptoms:
 - cough
 - runny nose
 - red eyes

When to report

Report as soon as any of these symptoms is seen AND bring the child to the health center or hospital for treatment.

To Whom to Report

Report to any one of the "focal persons" who are:

- In the village: the Field Worker
- In the thana and thana-level municipality: Thana Health and Family Planning Officer (TFHPO)
- In the district level municipal area: Health Worker (if available) or Civil Surgeon
- In the City Corporation area: Chief health officer (CHO)

How to Report

Report to the Health Worker in your area, who will, in turn, send the message to the focal person, or report directly by telephone or personal visit to the focal person.

Why Report?

When the Focal Person receives the report, he/she will arrange for investigation, and will carry out Outbreak Response Immunization to limit the spread of infection, so that other children are protected from the disease immediately.

B: Message: Community Participation

Importance of Community Participation:

- the task of collecting data on the three diseases (AFP, NNT and measles) is a huge task and cannot be accomplished by health workers alone,
- this task is a life saving task
- The Government of Bangladesh and the Field Workers cannot alone perform the task fully or on time
- So, participation of the community is essential to achieve the objectives of the program.

Who is included in the “community”?

1) Influentials:

- social leaders (Matbars, moral leaders)
- social elites
- elected leaders (UP Chairmen, Members, Ward Commissioners)
- teachers
- religious leaders (Imams, Purohit, etc.)
- professionals (doctors, lawyers, TBAs, etc)

2) General population

- parents and guardians
- students
- scouts,
- etc.

HOW can the community participate?

1) Information collection and reporting

- by acting as EPI Volunteer (See information on volunteers, below)
- by collecting information on AFP, NNT and measles and reporting it in the correct manner (See information on reporting)
- by encouraging others to collect and report cases of AFP, NNT and measles.

- 2) Disseminating Messages:
- by creating awareness among the community members about the EPI six communicable diseases
 - by encouraging reporting
 - by being an advocate of reporting and of immunization through discussion, group meetings, advocacy meetings
- 3) Influentials can:
- motivate others in the community
 - be advocates
 - recruit volunteers
- The general population can:
- take an active role in all parts of the program

Benefits of Community Participation

- for the individual
 - your child will be saved from these diseases
 - you will be happy and proud because your family is healthy
 - your family life will be happy
- for the community
 - the community environment will be healthy
 - community members will be proud of their healthy society
- for the nation
 - the nation will be a better and healthier place
 - child morbidity and mortality will be reduced
 - the nation will compare favorably with other nations who have eradicated polio and who are eliminating NNT and measles

EPI Volunteers

Criteria for volunteering:

- willing to work without pay
- well informed/willing to learn about EPI

How to Volunteer:

1. Contact the Field Worker
2. Field Worker will tell you what to do and how to do it
3. Your responsibilities will be to keep in touch with a number of families regularly to
 - ensure the children are being fully immunized
 - watch for any signs of the three dangerous diseases: AFP, NNT and measles

- report any signs you find immediately to the Field Worker
- receive reports from community members and pass them to the Field Worker
- encourage everyone to watch for and report signs of the three diseases.

Community Participation in this program provides opportunity for you as a community member to serve yourself, serve society and serve the nation, and to make the nation healthy.

C: Message: Polio Eradication

Why is Polio Eradication Important?

- Polio leads to either death or being an invalid for the rest of life. Invalids are a burden to themselves, to their families and to society as a whole.

- Polio can be eradicated* (see glossary definition).

Along with other nations, the government of Bangladesh is committed to the eradication of polio by the year 2000. The government cannot achieve this goal alone. Achievement of the goal requires the active participation of everyone in the community in order to protect all children from this deadly disease.

How can YOU help?

- Bring your children to the immunization center for all three doses of polio vaccine before the age of one year
- Bring all children under 5 years of age to the immunization center for extra doses of polio vaccine on National Immunization Days (NIDs)
- Report all suspected polio cases immediately--within seven days of the onset of acute flaccid paralysis (AFP)

Please note that your timely reporting will help the authorities to take immediate action which will save other children in your locality from polio.

How can you IDENTIFY suspected cases of polio?

- Watch for these signs of Acute Flaccid Paralysis (AFP)
 - weakness in limbs--lower or upper or both (most often in lower limbs)
 - rapid development of paralysis (within 14 days of onset)
 - the child cannot move the affected limb
 - paralyzed limbs are flaccid (floppy), not stiff

How else can you help?

- Cooperate with Health Workers so that they can immunize at least 200 children under 5 years of age in the polio affected area.
- Be an active participant in the polio eradication program, and encourage others to participate to make the polio eradication program a success.

D. MESSAGE: IMMUNIZATION SCHEDULE

The Six Immunizable Diseases and their Consequences:

Disease	Consequences
polio	Paralysis; death
tetanus	Death
measles	Fever and rash Diarrhea Pneumonia Malnutrition Blindness Death
diphtheria	Can lead to death, but is preventable
tuberculosis	Can lead to death but is preventable
Whooping cough	Can lead to death but is preventable

IMMUNIZATION SCHEDULE FOR CHILDREN:

VACCINE	AGE	DOSE	INTERVAL
BCG	0 days - 1 year	1	_____
DPT	6 wks - 1 year	3	1 month
Polio	6 wks - 1 year	3	1 month
Measles	9 mnths - 1 year	1	_____

Remember that immunization is completed ONLY after measles vaccination at the end of the 9th month.

Remember, measles can lead to the death of the child, so it is essential to be sure the child has the measles vaccination.

**IMMUNIZATION SCHEDULE FOR WOMEN
TETANUS (TT) SCHEDULE**

All women of child-bearing age (15 - 49) must have all five doses of TT vaccination.

DOSE	INTERVAL
TT 1	—
TT 2	4 weeks
TT 3	6 months
TT 4	1 year
TT 5	1 year

In case of pregnancy (even if the woman is younger than 15) she **MUST** take two TT vaccinations in the first pregnancy. Once she has started on TT, she must finish the doses according to the schedule.

Women should know that the TT dose schedule is essential for the protection of the newborn baby as well as for the mother.

E. MESSAGE: SPECIFIC INFORMATION TO BE GIVEN TO COMMUNITY LEADERS

- Encourage and help EPI volunteers
- Motivate all people in community to report cases of the three diseases
- Report cases
- Motivate for full immunization

The information directed to Community Leaders will also provide reinforcement for Health Providers, Field Workers and Educators

6. MESSAGE AND SERIES FOCUS

The focus of all messages will be *hopeful* and *helpful*. All programs, no matter in what format they are presented, should leave the listeners with these feelings of *helpfulness* leading to *hope* for a better future--for individuals, communities and the nation.

7. MESSAGE SEQUENCE

Message information will be presented in the following sequence:

1. General Introductory Overview:
 - national aims: to eradicate polio, eliminate neo-natal tetanus and reduce the incidence of measles,
 - involvement of everyone, and
 - action to be taken: report; immunize
2. Polio eradication, and involvement of community in the task
3. Reporting Procedure for AFP, NNT and measles and involvement of community in reporting
4. Immunization schedule and community involvement in encouraging immunization
5. Community participation and community leadership participation

8. NUMBER AND DURATION OF PROGRAMS

The radio series will be presented in two parts:

- a) a three month campaign, once a year for each of three years
- b) reinforcement programs on a regular basis throughout the other nine month period of each of the three years.

The Three Month Campaign will consist of:

- **once a week**: one fifteen-minute program written especially for and devoted exclusively to the messages outlined above (12 programs)
- **twice a week**: a five minute segment in existing health magazine programs broadcast from Bangladesh Betar (24 programs)
- **twice a day, seven days a week**: spots or jingles of thirty to sixty second duration. (15 - 20 different spots and jingles should be prepared)

The reinforcement programs (9 months of each year) will consist of:

- **five times a week**: a spot or jingle
- **once a month**: a five minute segment in an existing health magazine program

9. PROGRAM FORMAT

This has yet to be finalized. Discussion during the Design Workshop indicated that magazine programs, drama programs and features (specializing in live broadcasts) are most favored with the audience. There is also considerable interest in stories and music, or the combination of both music and story in the traditional fashion.

Since the Design Team could not come to final agreement on format, it was agreed that this should be decided by the Creative Team who will take over the next stage of program design. The Creative Team will consist of:

- script writer(s)
- radio director
- EPI and BASICS representative

The Creative Team can be appointed only after the decision has been made to put the production into the hands of Bangladesh Betar or make use of a commercial production house.

Recommendations for possible program format are given, starting on page 14 of this Design Document.

10. SERIES SLOGAN and THEME TUNE

The slogan ***REPORT DISEASES, PREVENT DISEASES*** was agreed upon by the Design Team as being appropriate for this project. It was recommended that it could be used in association with the EPI logo very successfully.

Other suggested slogans were:

“Tetanus, measles, polio, report, report.”

“Report tetanus, measles, polio,
Immunize and save your child.”

(Iqbal--please add others, here)

THEME TUNE:

In order that all programs in the series have a sense of consistency, it is advisable to have a special piece of music composed as a theme tune for all programs in the series. This music should be written in such a way that it can be played in full (about 3 minutes) as background music, or can be used in short segments (10 - 20 segments) as opening and closing music.

An existing piece of traditional music can be used in place of a new composition if preferred.

SAMPLE JINGLES AND POEMS

During the course of the Design Workshop, various participants created the following poems and songs that could be used with the campaign:

- 1 Shoren, Shoren Mia Vye,
Abar Roger Khabar Chai.
Roger Khabar Chai.
Choi (6) Roger Tika Diley
Rog Theke Shishur Raska Meley,
Tabu-o Dethley Tinty (3) Rog,
Report Karen Vye.
Abar Roger Khabar Chai.
Roger Khabar Chai.
Ham, Polio, Dhanustanker,
Dharley Nei Shishur Nistar,
Tika Nilei Pabena Par,
Report Kara Vye.
Abar Roger Khabar Chai.
Roger Khabar Chai.

11. GLOSSARY

eliminate--control of the disease to the extent that it is no longer a public health problem. e.g., in the case of Neo-natal tetanus, less than one case per 1000 live births means control of the disease

eradicate--the complete absence of the causative germ in human beings and in the environment.

So far the only two words that seem to require definition in a glossary are "eradication" and "elimination", but the Creative Team will make further determinations on possible glossary entries as they prepare the treatments (synopses) of the programs.

SUGGESTIONS FOR PROGRAM FORMATS

The presenter:

In order to give cohesion to all the programs in the campaign, it is advisable to select one presenter (or host) who will be the introducer (or narrator) for each episode of the drama serial and also will appear in each of the five-minute segments, and--where appropriate--in the spots.

The Three Month Campaign will consist of:

1. **The once-a-week fifteen-minute program:**

Format: 12 part serial drama

(Note that this outline is a suggestion only. It must be checked and--where necessary--revised to make it appropriate to the audience and the culture).

The central character of the drama is Kazan (25)-- who lives in a rural community and who has a sister who was stricken with polio at an early age. She is now fifteen years of age, and Kazan has spent his life trying to help her and watching the suffering that she has gone through, together with the burden she has placed on her family and her community.

Kazan hears on the radio one day that in many parts of the world polio has been eradicated. This raises **hope** in his heart. He realizes that it is too late to do anything for his sister, but he believes it would be a wonderful thing for Bangladesh and for future generations of children if polio could be eradicated.

His sister agrees with him. She says that her life would not be useless if she could **help** to make sure that no other children ever have to suffer what she has suffered. Together Kazan and his sister go to the Field Worker to find out more about polio eradication. They learn that as well as eradicating polio, it is also possible for the nation of Bangladesh to eliminate neo-natal tetanus and to greatly reduce the incidence of measles and the serious consequence of measles. During their visit to the Field Worker, they both become EPI volunteers.

Kazan and his sister are excited at the prospects of what they have learned, but they realize that it will take the combined efforts of their community and of communities all across the nation to bring this **hope** to reality. They plan to speak to various leaders in their community to engage their **help** in motivating everyone to work together in this exciting undertaking.

The brother and sister run into various difficulties as they go about their work. Some community members resist having their children immunized because they see no reason to take a healthy baby to the clinic. Other community members find it difficult to remember the immunization schedule for their babies. Kazan's sister is a very talented musician, and in

her concern about babies not being fully immunized, she creates and sings a beautiful song about the immunization schedule. Soon people all over the community are singing her song, and they praise her for the **help** she has been to everyone.

On another occasion, Kazan finds a family whose baby has measles, but they cannot take him to the hospital because they have no transport. Working in his capacity as a volunteer, Kazan makes it his job to find some way of getting the baby to the hospital (perhaps with the help of a community leader). Thanks to his intervention, the baby is saved from further complications. An immunization team is sent out right away to be sure that other children in the area are protected. Kazan is praised for saving the baby's life, and for demonstrating to other people how working together can bring positive results for everyone.

The climax of the story comes when the sister believes that one family in the community is covering up a possible AFP case--perhaps out of fear that the child really does have polio, and they cannot bear to face the reality. The sister knows that it is essential that the case be reported immediately if other lives are to be saved, but she cannot think of a way to persuade the family to take the child for examination.

In her sadness, she is sitting alone in the evening, singing a beautiful and deeply touching song about how lovely her life might have been if someone had protected **her** from polio. The mother of the infected child hears her and realizes the truth of the song. In tears, she comes to the sister and asks her to tell her what she must do to report her baby's illness. The sister tells the mother to go to Kazan who will help her take the baby to the hospital. They get the baby to the hospital just within the time limit so that the tests can be done to determine if polio is present.

The serial ends with the sister singing a beautiful song of **hope** that, within the next few years, no parent in Bangladesh will ever have to face the fear of these terrible diseases.

NOTE:

Once the serial synopsis (treatment) is finalized, it is essential that

- a detailed character profile be created for the major characters
- an episode treatment be prepared, showing--for each episode--how the story will develop and exactly how the message will be spread among the twelve episodes.

2. **Twice--a--week five minute segments** in existing health magazine programs. 24 factual programs. There will be four programs on each of the following six topics:
 1. General overview of all information
 2. Reporting
 3. Community participation
 4. Polio eradication
 5. Immunization schedule
 6. Community Leadership

These topics will be presented in the following order:

1. General Overview (1):
2. Reporting (1)
3. Polio Eradication (1)
4. Immunization Schedule (1)
5. Polio Eradication (2)
6. Community Participation (1)
7. Community Participation (2)
8. Immunization Schedule (2)
9. Community Leadership (1)
10. General Overview (2)
11. Reporting (2)
12. Reporting (3)
13. Community Leadership (2)
14. Polio Eradication (3)
15. Immunization Schedule (3)
16. Community Participation (3)
17. Community Participation (4)
18. Reporting (14)
19. Community Leadership (3)
20. Immunization Schedule (4)
21. Polio Eradication (4)
22. Community Leadership (4)
23. General Information (3)
24. General Information (4)

FORMATS FOR FIVE MINUTE SEGMENTS

Programs marked (1)-- format will be:

Theme song or music

Slogan

Presenter giving news announcements and general information

Song or poem on the topic

Presenter invites letters and questions from listeners

Slogan

Theme song or music

Programs marked (2)--format will be:

Theme song or music

Slogan

Presenter speaking with real people relevant to the topic: This can be interview, actuality or presenter introducing someone who then tells own story.

Slogan

Theme song or music

Programs marked (3)--format will be:

Theme song or music

Slogan

Presenter introduces an expert (scripted) to answer letters from listeners.

Song

Presenter re-invites letters from listeners

Slogan

Theme song or music

Programs marked (4)--format will be:

Theme song or music

Slogan

Presenter reviews the main facts of the topic.

Song

One or two listeners letters.

Short actuality or live presentation.

Brief recap of importance of message

Slogan

Theme Song.

When these five minute programs are re-played during the nine month reinforcement period, only programs marked (1) or (2) should be used, because they do not use letters or questions from listeners. Re-using letters from listeners programs can "date" the series. Actualities and personal reports do not date in the same way.

3. **Spots and Jingles**

Spots and jingles should be of a general nature, encouraging all aspects of the campaign, and can be used at random throughout the week. Where possible, the voice of the general presenter should be included in the spots in order to tie all aspects of the campaign programs together.

NEXT STEPS TO BE TAKEN

It is estimated that the completion of these steps will require a minimum of three months. (If the establishment and training of the surveillance team takes longer than that, then all the other steps will be similarly delayed. It is essential that the surveillance teams be in place and operating before broadcasting begins).

1. Establish the surveillance system fully.
2. Train all necessary surveillance personnel in their tasks.
3. Determine date by which surveillance personnel will be trained and the system up and running.
4. From (3), determine the start-up date for broadcasts.
5. Contract with production house or Bangladesh Betar to prepare the radio programs in line with the details of this Design Document.
6. Contract with writer if this is not done through the production house.
7. Establish the production schedule with the production house.
8. Appoint script review team. This should consist of people who were in the Design Team and should include:
 - content advisor
 - communicator or drama advisor
 - radio director
 - representative of funding agency (BASICS, EPI)
9. Write 3 pilot (sample) scripts and several spots/jingles.
10. Have a theme tune composed.
11. Review pilot programs and spots/jingles and revise as necessary.
12. Record pilot programs and spots/jingles.
13. Test pilot programs, etc. with sample audience.
14. Use results of pilot programs to guide writing and production of all future programs.
15. Institute on-going writing, review, production. Plan to have at least 6 fifteen-minute programs; 6 five-minute segments and all spots and jingles ready (recorded and edited) before beginning broadcasting.
16. Broadcast the programs.

At the same time that this work is being in preparation for radio broadcasts, work should be completed on other media materials and support materials that are considered necessary for the radio programs.

It is also necessary to determine if any promotion will be needed ahead of the campaign -- for example, if a serial drama is to be used, it will probably be necessary to advertise this in advance of broadcast. Generally, with a campaign, it is not necessary to do advance promotion, except in the case of serial drama.