The Campaign Title: BSV "Saanp Ka Vaar, Aspatal Mein Upchaar"

The Client Name: BSV

BRIEF & OBJECTIVE:

BSV identified snakebite as a critical rural health challenge where fatalities continued not due to lack of medical treatment, but due to **deep-rooted superstition and delayed response**. The brand recognised that conventional awareness messaging had failed to alter first-response behaviour in villages.
The objective, therefore, was **not to build awareness**, but to **disrupt belief systems** that pushed communities towards faith-based remedies instead of hospitals. BSV wanted to **replace superstition with science**, by triggering an instinctive, immediate response to seek medical care.

Target states: Andhra Pradesh/Telangana, Rajasthan, and Karnataka, where fatalities continued not due to lack of medical treatment, but due to deep-rooted superstition and delayed response.

THE PREMISE:

THE PROBLEM: A SILENT KILLER THAT THRIVES ON MYTHS

In the heart of rural India, fear does not have a face.
It has a *sound* — the hiss of a snake.

Every year, **60,000 Indians die of snakebites**, more than malaria or dengue combined.
Yet, the venom is not the biggest killer.
Superstition is.

From Rajasthan to Telangana, villagers continue to trust:
— *jhaad phoonk*
— *babas and tantriks*
— home remedies
— herbs, haldi, neem
instead of the only thing that can save a life: **Anti-venom in a hospital.**

Snakebite isn't a medical emergency for them. It's a matter of faith.

And BSV, the maker of India's anti-venom serum, knew:
Unless faith shifts from superstition to science, lives will continue to be lost.

So the mission began — Not to spread awareness. But to **change generations of belief.**

THE INSIGHT: FEAR TRAVELS FAST IN VILLAGES. SO MUST TRUTH.

Strategic Insight

Snakebite deaths happen **not because the venom is unbeatable**, but because **people trust myths more than medicine**.

BSV discovered that traditional healers are trusted not because they cure — but because they are *accessible, familiar, and comforting*.

To defeat this system, we needed something more powerful than logic. We needed **stories, emotions, voices, children, leaders, and repetition.** A campaign that doesn't just speak **to** villagers, but speaks **like** them.

Thus was born a grassroots movement:

"Saanp Ka Vaar, Aspatal Mein Upchaar"

A campaign that didn't travel *to* villages. It travelled *through* villages, homes, schools, anganwadis, haats, and hearts.

A rural behaviour-change ecosystem using **storytelling, touchpoints spread over multiple visits, school-led advocacy, myth-busting games, and local influencer participation** — ensuring the message doesn't just reach villagers but **sticks**.

Through repeated exposure, engaging formats, and community ownership, we turned awareness into **habit change**.

THE IDEA: TURNING THE VILLAGE INTO A CLASSROOM. A STAGE. A MOVEMENT.

The campaign was designed not as a one-day event, but as **three powerful visits**, each building on the last.

Like how venom spreads, so would the truth.
Layer by layer, touchpoint by touchpoint.

VISIT 1 — Our journey began quietly.

The first visit was not about performing — it was about **understanding the village before educating it**.

Our team met the key opinion leaders who shape rural behaviour: **Sarpanch, ASHA & Anganwadi workers, RMPs, teachers, and local elders.**

We sought their **permissions**, but what we truly gained was **insight**:

- Where people actually go after a snakebite
- Why they prefer jhaad-phoonk over hospitals
- What myths still dominate belief
- What delays treatment in that specific village

As we explained the campaign message — **"Saanp ka vaar, aspatal mein hi upchaar"** — KOLs immediately recognised the need for it and offered their **full support**.

Working with them, we identified:

- The **right locations** for maximum crowd gathering
- The **best haat and market days**
- The **mohallas** where people would stop and listen
- The **timings** when men, women, and seniors are most accessible

By the end of Visit 1, the village wasn't just informed —
it was **prepared**, aligned, and ready to welcome the campaign.

This foundation ensured that when our activation returned,
the message would be heard, trusted, and spread.

VISIT 2 — TAKING THE MESSAGE TO THE HEART OF THE VILLAGE

If Visit 1 prepared the village, **Visit 2 ignited it.**

A week later, our branded awareness van entered the village — bright, musical, impossible to ignore. With it came a team of 4–5 artists, ready to perform where rural India truly gathers:

- **Haats**
- **Mohallas**
- **Chowks**
- **Bus stands & markets**
- **Any place where people stop and listen**

As crowds formed, the **nukkad natak** began — a familiar, relatable story that hit close to home.

The play told a story everyone related to:

- **Bhola** — innocent, believing in jhaad phoonk
- **Jagruk Jagan** — the voice of logic and truth
- **A terrified father** — whose child is bitten
- **A race against time** — where superstition almost costs a life

The emotional climax hit hard: The child survives **only because he is taken to the hospital**, not to a healer.

People cried, laughed, argued, responded to the dialogues — but most importantly, they **understood**.

After the natak, the audience participated in interactive myth-buster activities:

- **Myth vs Fact Memory Game**
- **"Knock Down the Myths" Can Game**

These were intentionally designed for **adults**, at **community congregation points**, where learning could spread quickly.

VISIT 3 — WHERE THE FUTURE LEARNT THE TRUTH

If Visits 1 and 2 changed the village, **Visit 3 changed the next generation.**

In this phase, our team went to the places that shape habits early — **schools and anganwadis.**

Here, the message needed to be simpler, softer, and more memorable. So we adapted our approach for young minds:

- A child-friendly, shortened version of the **nukkad natak**
- Simple explanations of what to do during a snakebite
- Real conversations with children about their everyday risks in fields and playgrounds

Then came the activity that transformed learning into instinct:

The Snakes & Ladders Learning Game

(played ONLY in schools and anganwadis)

A giant floor game redesigned to teach life-saving behaviour:

- **Snakes** represented myths
- **Ladders** represented correct actions
- The final goal: **Reach the hospital first**

Children learned by *playing*, not by being lectured. The energy was electric — kids cheering, shouting answers, correcting each other.
And slowly, the most powerful shift happened: **Children began explaining the right steps to *us* — and to each other.**

Before leaving, each child made a promise: **to take the message home and correct at least three adults.**

When kids repeated: **"Saanp ka vaar, aspatal mein hi upchaar,"**
it wasn't a slogan. It was a *habit forming.*

By the end of Visit 3:

- Thousands of children were empowered
- Teachers committed to revisiting the lesson
- Kids became ambassadors in homes where superstition was still strong

The message didn't just reach families —
it entered them through the voices they trust the most.

IMPACT: MEASURABLE CHANGE. MEANINGFUL TRANSFORMATION.

Quantitative Impact

(Mid-Campaign Review – BSV)

Over the course of the intervention, the campaign achieved measurable scale across multiple rural touchpoints:

- **118 villages covered** across three states, creating deep penetration rather than surface-level reach
- **6,000+ community members educated** through repeated, in-person engagements at high-footfall village congregation points
- **2,965+ school children empowered**, ensuring early habit formation and intergenerational message transfer
- **29 nukkad natak performances**, each conducted at strategically identified haats, chowks, and market days to maximise visibility
- **100+ RMPs sensitised**, strengthening the first point of medical advice in rural ecosystems
- **17,000+ educational collaterals distributed**, reinforcing recall and serving as permanent household reminders

Qualitative Impact — Where Real Change Took Root

- **A visible shift in belief systems**
  Villagers who previously relied on **jhaad-phoonk and traditional remedies** openly acknowledged their earlier practices and **committed to seeking hospital treatment** in the event of a snakebite. What was once **faith-led decision-making** began giving way to **informed urgency**.
- **RMPs evolving from participants to partners**
  Registered Medical Practitioners did not merely attend the sessions — **they requested additional posters and materials to continue spreading the message independently**, becoming **long-term custodians of the campaign's objective** within their communities.
- **Education becoming a sustained intervention**
  Teachers began **integrating snakebite response learnings into routine classroom conversations**, ensuring that the message **extended beyond the campaign timeline** and became part of **everyday education**.

- **Households adopting a shared language of action**
  The campaign line began **echoing beyond public spaces** — finding its way into **kitchens, fields, and evening family discussions**. Families started **repeating the message collectively**, reinforcing a **shared understanding of the correct response**.
- **Behavioural intent translating into life-saving decisions**
  For the first time, villagers were heard saying with **clarity and conviction**:
  "Bite hua toh seedha hospital jaayenge."
  This **single shift — from hesitation to immediate action — is the difference between life and death.**

WHY THIS CAMPAIGN DESERVES TO WIN

This was not a campaign that merely delivered information — **it reprogrammed instinct**. In regions where fear is deeply embedded and superstition often travels faster than science, BSV chose not to confront belief with authority, but to **replace it with familiarity, repetition, and trust**. By embedding medical truth into everyday village life, the campaign shifted responses from hesitation to action — turning awareness into an automatic, life-saving reflex.

The transformation was driven through a carefully designed ecosystem that combined:

- **Local culture and street theatre** to make the message emotionally relatable
- **Community leaders and grassroots influencers** to build credibility and ownership
- **Children as advocates of change**, ensuring intergenerational transfer of correct behaviour
- **A simple, repeatable truth** that could be recalled instantly during moments of crisis

As a result, villages evolved into **learning ecosystems**, and families became **first responders** — equipped not with fear, but with clarity.

This initiative did not merely reach rural India — **it stayed with it**. In doing so, one line became a life-saving reflex:
"Saanp Ka Vaar, Aspatal Mein Hi Upchaar."

A line that travelled across three states, through **118 villages**, into **thousands of homes**, and most importantly — **into moments where a life would otherwise have been lost**.

That is not awareness. That is impact.