

Buguvil Mere Tede



Programme Guide

Developed at the programme design workshop held at the Kuri Village Resort, Buka Bougainville, PNG, 7-10 September 2010.

Organised by New Dawn FM in association with participation from the Ministry of Community Affairs, Bougainville Hospital, Bougainville Inter-Church Council, CARE International, NBC Bougainville,

With sponsorship and training by the Commonwealth of Learning and the Regional Media Centre of the Secretariat of the Pacific Community

Buguvil Mere Tede (BMT)

Programme Guide

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Participants

1. Magdalene Toroansi	Staff	Ministry of Community Affairs
2. Leslie Meten		Bougainville Police
3. Maria Laukai		New Dawn FM
4. Aloysius Laukai	Manager	New Dawn FM
5. Soditha Lavett		New Dawn FM
6. Joyce Tohui		New Dawn FM
7. Clarence Vinoko		New Dawn FM
8. May Matanu (day 1)		Bougainville AIDS Committee
9. Matsi Gimis		World Vision
10. Mary Kololi		Bougainville Inter-Church Council
11. Rose Pihei	Minister	Ministry of Community Affairs
12. Margaret Kukupe		
13. Lawrencia Kumis		Buka Town Council
14. Adrian Rasin		NBC Bougainville
15. Boniface Wadari		World Vision
16. Reuben Kalaung		Freelance journalist
17. Barnabas Matanu		Buka General Hospital
18. Geraldine Valei		CARE International
19. Graeme Binin		Bougainville Police

Principles of an Effective Community Learning Programme

What do you think would make an effective education community radio programme?

1. Knowing your specific target audience
 - a. Age
 - b. Gender
 - c. Language
 - d. Location
 - e. Special groups
2. Knowing the issues
3. Appropriate formats, e.g. song
4. Using multiple channels, e.g. radio, mobile phone, brochures, CDs, DVDs
5. Making programmes appealing and attractive, e.g. drama, linking to a concert or show
6. Prioritising issues and structuring of the programme
7. Using local contacts, resources, experience (and develop strategies at the beginning)
8. Use of vernacular language
9. Repetition of programme (to reach different audiences)
10. Participation from the community
 - a. Decision making about the programme
 - b. Ongoing consultations
 - c. Feedback
 - d. Sharing testimonials, profiles, stories
 - e. Involvement in activities (e.g. training), actions and major events, e.g. World AIDS Day
11. Ensuring the sustainability of the programme
12. Keeping in mind outcomes, e.g. health and development impacts
13. Learning leads to community mobilisation and actions
14. Being flexible and responsive to new issues
15. Radio plays
16. Slogans, competitions
17. Interaction with learners
18. Tackling tough issues
19. Approaching touch issues sensitively
20. Use of appropriate presenters, peer based groups
21. Setting milestones, reflecting on lessons learnt and making recommendations
22. Timing of programme (know your target audience)
23. Reaching a wide audience using appropriate media like radio and mobile phones
24. Ensuring the “right information”: accurate, correct and timely
25. Relevance of the issues to the community:
 - a. Priorities according to the people
 - b. Priorities according to health data and evidence

Women's community health issues (sub-issues and key target groups)

1. Teenage pregnancy
 - i. 12-16 yrs old boys and girls
 - ii. Parents, teachers, church
2. Breast cancer
 - i. Women, all age groups
3. Sexual abuse
 - i. Families
4. Cervical cancer
 - i. Women 20 years and older
5. Sexual education
 - i. Youths 12-20 yrs of age
6. Family planning
 - Old age pregnancy
 - Many children
7. Polygamy
 - Older men
 - Young girls
8. Domestic violence
 - Families, victims, rape, rape in marriage
9. Mental health
 - Psychology
 - Suicide
10. Nutrition and exercise
11. Lifestyle diseases – diabetes, obesity
12. Post conflict trauma
13. Malaria
14. Substance abuse
 - Alcohol, drugs, smoking
15. HIV and STIs
 - Pregnancy
16. Medication
 - Following prescription
17. Maternal health
 - Ante natal clinic
 - Husbands, pregnant women, new mothers
 - Suicide
 - Child birth
18. Family relations
 - Divorce
19. Traditional medicine
 - Administration
20. TB/Pneumonia
21. Occupational health
 - Mining
 - Adjustments to change
 - First aid
22. Hygiene
23. Environmental factors, e.g. water, sanitation, use of fertilizers
 - Cholera, diarrhea, sanitation
 - Skin diseases
 - Eye infections
24. Ageing
 - Asthma
 - Excessive bleeding
25. Women and disability
26. Dental health
 - Betel nut chewing

Message matrix for different issues

Malaria prevention and treatment

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
Malaria	<ul style="list-style-type: none"> - Lack of effective public (government) education programmes about malaria - Not knowing about malaria - Complacency - ignoring “rules” about malaria 	<ul style="list-style-type: none"> - Women and their families contract malaria - Pregnant women suffer complications during pregnancy: miscarriage, premature births, etc. - People fall ill and potentially die - Inability to care for the family - Negative impact on income/livelihood (loss of employment) - Children have lower performance at or miss school entirely - Lowering of sexual drive - Family stress - Mental health deteriorates 	<ul style="list-style-type: none"> - Educating children and general community about malaria - Communities involved in raising awareness and “owning” anti-malarial programmes - Community “clean-up” campaigns - Having data on incidents of malaria - Mosquito control through public-community spray campaigns 	<ul style="list-style-type: none"> - Lower incidences of malaria - Women are more productive and better able to care for families - Women/families spend less on medication - More available income for other priorities - Healthy child, health education - Increased productivity for families and the community-at-large - Contributes to overall positive mindset and positive role models - Awareness reaches everyone - Communities mobilised to take action against malaria - Less public spending on malaria 	Number of reported malaria cases decreases
Prevention					
	<ul style="list-style-type: none"> - Pregnant women 	<ul style="list-style-type: none"> - Pregnant women suffer 	<ul style="list-style-type: none"> - Prioritise pregnant 	<ul style="list-style-type: none"> - Pregnant women 	Neonatal

	exposed to malarial mosquitoes	complications during pregnancy - Miscarriage, premature births, etc. - Anemia during pregnancy - Bleeding	women for awareness and preventative measures	maintain healthy pregnancies - Healthy mothers, healthy babies	deaths decreased
<ul style="list-style-type: none"> - Not cutting brush around homes - Individuals allowing water to stagnate in rubbish containers - Individuals not covering water sources: wells, drums, etc. - Individuals and public authorities not providing proper drainage in areas that collect water 	<ul style="list-style-type: none"> - Stagnant water and mosquito breeding grounds - Mosquitoes breed and breed unchecked - 	<ul style="list-style-type: none"> - Maintaining grounds around the house: free of rubbish, containers that collect water, etc. - Ensure proper drainage in private and public areas 	Mosquito-free environments		
<ul style="list-style-type: none"> - Buildings with out ventilation, window/door screens or other barriers - Overcrowding in households 	<ul style="list-style-type: none"> - Mosquitoes get into the house, find places to hide - Children and other family members get bitten 	<ul style="list-style-type: none"> - Design homes with screens and barriers to keep mosquitoes out - Keep homes clean, tidy and well-ventilated to prevent mosquitoes finding places to hide 	<ul style="list-style-type: none"> - Mosquito-free homes - Lower risk of bites in the home 		
<ul style="list-style-type: none"> - Lack of programmes to distribute treated mosquito nets - Not sleeping under treated nets every night - Using nets for other purposes (e.g. fishing, 	<ul style="list-style-type: none"> - Children and other family members get bitten 	<ul style="list-style-type: none"> - Obtain treated nets and ensure that all family members use them every night - Use repellants and traditional deterrents, e.g. smoke 	Lower risk of bites in the home	Increased number of nets distributed	

	selling, etc.)				
	<ul style="list-style-type: none"> - Not taking anti-malarial drugs - Non-compliance with drug regimes 	<ul style="list-style-type: none"> - Bites lead to avoidable malaria 		<ul style="list-style-type: none"> - Prevention of malaria 	
Treat-ment	<ul style="list-style-type: none"> - Not seeking early diagnosis after showing symptoms - Not getting treatment - Exposure to high/low temperatures 	<ul style="list-style-type: none"> - Malaria develops unnecessarily - Complications due to malaria - Malarial episodes - Lower productivity at home and work 	<ul style="list-style-type: none"> - Getting the right treatment on-time - Avoid extreme temperatures - Supporting a health immune system - Use of traditional medicines 	<ul style="list-style-type: none"> - Malaria treated - People able to maintain active lives, productivity, etc. - Malaria stays dormant - Less risk of illness 	

Teenage pregnancy

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
<p>Teenage pregnancy</p> <p>Prevention and management of teenage pregnancies</p> <p>Complications e.g. deliveries</p>	<ul style="list-style-type: none"> No parental control over teenagers Lack of sex education by parents, teachers and gov't authorities Girls and boys taking drugs and alcohol Students left unattended by teachers during school hours School rules not enforced Christian and moral values not practiced by boys and girls Instability in the family Parents seeking or having extra marital affairs Lack of law enforcement on liquor outlets, bars and nightclubs Misuse of mobile phones Businessmen using money to lure girls 	<ul style="list-style-type: none"> Teenage/unwanted pregnancies and death (HIV/AIDS) Teenagers not informed about the dangers of their actions Addiction, mental health, unproductive, affects sense of judgment – liability to the community Students have free time to interact with the opposite sex and engage in sex Students not following school rules Miss out on education Students don't have values and principles Families, communities are affected Children are vulnerable to bad influences, poor role models Children are insecure Parents and adults are poor role models Teenagers given the opportunity to socialize all night 	<ul style="list-style-type: none"> Character building of children by parents at an early age Children should obey parents Information on sex education made available to teenagers Awareness by radio, NGOs etc Avoid drugs and know about the ill effects of drugs Teachers should remain in class during school hours/don't leave students unattended Teenagers receive life skills and other forms of education on Christian values Stable families with parental care and supervision/discipline children Enforce laws restricting alcohol consumption and sales 	<ul style="list-style-type: none"> Well behaved children will have good character Well informed teenager makes right decision Students complete their education Healthy and productive citizens Educated population Increase in capacity of the workforce Helps teenagers make correct judgment Children are safe Healthy and happy families Teens not abusing themselves Children are protected from early sexual activities Promotes family life 	<ul style="list-style-type: none"> Reduction in teen pregnancy No unwanted pregnancy Productive Community Financial costs reduced for families so they can spend on health and

		<ul style="list-style-type: none"> - Teens contact adults/ no supervision from the parents/ Polygamy 	<ul style="list-style-type: none"> - Parents should monitor children's use of mobile phones - Ban mobile phones in schools - Enforce laws to stop polygamy 	
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HIV/AIDS and STIs

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
HIV/STI	Ignorance of HIV/AIDS and STIs	<ul style="list-style-type: none"> - Leads to HIV infection and STIs - HIV infection leads to AIDS - Negative impact on immune system leading to opportunistic infections, illness - Low family moral - Divorce and family disorder - Low self esteem - Stigma and discrimination in livelihood and social life - Family and community rejection - Death - Illness reduces productivity - Orphans and vulnerable children 	<ul style="list-style-type: none"> - Raising HIV/AIDS & STI awareness - Sex education - PLHIV share stories and testimonials 	<ul style="list-style-type: none"> - Informed society - People understand risks and consequences - Reduced case of HIV & STIs - More people going for VTC - Reduction in stigma and discrimination 	Decrease in reported HIV and STI cases
	Multiple partners	<ul style="list-style-type: none"> - Contract HIV/STIs through transmission to spouse and other sex partners - Virus is spread 	Stick to one partner		
	<ul style="list-style-type: none"> - Unprotected sex - Intentional spread of HIV 	<ul style="list-style-type: none"> - High rates of transmission 	<ul style="list-style-type: none"> - Safe sex - Take precautions - Use of condoms 	<ul style="list-style-type: none"> - Reduce chances of HIV infection - Safe sex (sex without infections) 	
	Ignoring HIV status or presence of STIs	<ul style="list-style-type: none"> - Sex partners give each other STIs 	<ul style="list-style-type: none"> - Voluntary testing - Pregnant women 	<ul style="list-style-type: none"> - People know their status - Get treatment in time 	More people

	Unhygienic sex (e.g. not washing penis or vagina prior to sex)		attend antenatal clinics and get tested	Avoid Mother-Child transmission	accessing VCT services
	<ul style="list-style-type: none"> - Alcohol and drug use prior to sex 	<ul style="list-style-type: none"> - Increases likelihood of unsafe sex, other risky/negative behaviour 	<ul style="list-style-type: none"> - Infected people go for treatment - Ongoing counseling for PLHIV and their families - Care and support for PLHIV 	<ul style="list-style-type: none"> - Positive living and longer life for PLHIV - Risk of transmission is reduced 	<ul style="list-style-type: none"> - Increased demands for ARVs
	<ul style="list-style-type: none"> - Not knowing HIV status 	<ul style="list-style-type: none"> - Mothers' transmit HIV to their babies - HIV is unintentionally spread 			
	<ul style="list-style-type: none"> - Rape and forced sex 	<ul style="list-style-type: none"> - Girls/women contract HIV & STIs 			
	<ul style="list-style-type: none"> - Girls put themselves in risky situations - Boys and men take advantage of vulnerable girls 	<ul style="list-style-type: none"> - Leads to unwanted, unintentional sex, STIs HIV 			
	<ul style="list-style-type: none"> - Sharing "sharps" and needles during tattooing - Sharing needles during drug use 	<ul style="list-style-type: none"> - HIV infection 			

Tuberculosis and pneumonia

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
Tuber- culosis & pneu- monia	Not being informed about TB	<ul style="list-style-type: none"> - Increased chances of TB infections - TB and pneumonia decrease productivity and family income 	Public education about TB and pneumonia	<ul style="list-style-type: none"> - Prevents TB & pneumonia - Healthy mothers, family and children 	Less TB cases
	Coughing & sneezing without covering the mouth	<ul style="list-style-type: none"> - Spread of germs and bacteria - High rates of transmission 	Covering the mouth when coughing, sneezing, yawning	Lower transmission rates	
	<ul style="list-style-type: none"> - Overcrowding in one house - Poor hygiene in the home - Keeping animals in the house 	<ul style="list-style-type: none"> - High rates of transmission of germs with the house 	<ul style="list-style-type: none"> - Design homes for good ventilation - Keep homes and work environments clean and tidy 	<ul style="list-style-type: none"> - Good circulation of air in homes - Lower chances of infection 	
	<ul style="list-style-type: none"> - Smoking - Exposure to cold 	<ul style="list-style-type: none"> - Weakens the immune system - Lung infections - Health complications 	<ul style="list-style-type: none"> - Keeping immune systems healthy - No smoking - Wear warm clothes in the cold 	Prevents lung infections	
	<ul style="list-style-type: none"> - Not seeking early treatment - Non-compliance with treatment 	<ul style="list-style-type: none"> - Ongoing transmission - Health deteriorates 	<ul style="list-style-type: none"> - Parents bring children for BCG immunisation - Seek diagnosis after three weeks of coughing - Access treatment - Follow treatment prescriptions 	<ul style="list-style-type: none"> - Cures TB and pneumonia - Lower transmission rates 	Increase in numbers of children immunised

Nutrition and exercise

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
Nutrition and exercise	<ul style="list-style-type: none"> - Ignorance - Lack of education 	<ul style="list-style-type: none"> - Lifestyle diseases - Malnutrition - Poor immune system - Affects education - Affects productivity - Extra expenses for families - Affects pregnant women and unborn child - Early deaths 	<ul style="list-style-type: none"> - Home gardens - Seek advice from nutrition experts - Food crop integration - Proper hygiene - Proper food handling - Educate the children about eating the right foods and exercise 	<ul style="list-style-type: none"> - Enough to eat and sell the extras for additional income - Prevents outbreak of diseases like diarrhea - Productive population - Boosts the economy - Creative people - Alert - Look smart - Good role model for children if parents are eating right food and undertaking physical activities like gardening, weeding - Healthy people, healthy nation - Promoting physical activity like gardening in schools and villages - Involving people in sports day etc 	<ul style="list-style-type: none"> - Less absenteeism in school and at work - Decrease in hospital admissions - Decrease in death rate - Better performance in school and work
	<ul style="list-style-type: none"> - Eating too much junk food, sweets - Eating the same kind of food everyday - Eating too much processed food 				
	<ul style="list-style-type: none"> - Lack of access to home grown produce 				
	<ul style="list-style-type: none"> - Poor handling of food during the preparation - Too busy to cook food - Loss of appetite as a result of drug and alcohol addiction 				

Obesity

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
Obesity	<ul style="list-style-type: none"> - Unbalanced diet - Overeating - Too much processed food - Excessive alcohol - Soft drinks - Too much sugar - Excessive high-cholesterol foods - Lack of exercise - Excessive smoking 	<ul style="list-style-type: none"> - High-blood pressure (hypertension) - Stroke/heart attack - Lethargy - Loss of productivity - Expenditure on medical treatment - Expenditure on high-cost processed foods - Diversion of family funds - Stress and tension in the family - Change in family diet - Premature death 	<ul style="list-style-type: none"> - Education – individual and public – about nutrition, healthy diets, exercise - Proper meal planning for the family - Strict adherence to proper diet, balanced meals three times per day - Avoid high-cholesterol, high-fat, high-sugar foods - Regular exercise - Regular medical check-ups - Encouraging family and friends to eat well and exercise 	<ul style="list-style-type: none"> - Healthy body - Slim, fit and attractive family members - Greater potential for a long, healthy life - Increased personal, family and community productivity - Improved family life, more interactions - Cost savings on food budget and on medical expenses - Happy family, community and nation 	Lower incidence of obesity related illness and death

Traditional medicine

Issue / sub-issue	Negative behaviour	Consequences	Positive behaviour	Benefits	Possible indicators
Traditional medicine Prevention Management	<ul style="list-style-type: none"> - Use of traditional medicine with bad intention - Methods of preparation not transparent/unknown - No limits set on dosage - Self proclaimed traditional healers - Use of traditional medicine to make money rather than healing 	<ul style="list-style-type: none"> - Causes serious health complications or death among women and children, including <ul style="list-style-type: none"> o Diarrhea o Bleeding o Vomiting o Mental stress - Overdosage - Family disputes and conflict - Financial burden to families 	<ul style="list-style-type: none"> - Education – individual and public – about benefits and risks of traditional medicine - Good intention to heal using traditional medicine - Methods are transparent and known (explained) to clients - Testimonials of previous treatment are shared - Healers are registered - Affordable charges 	<ul style="list-style-type: none"> - Increased awareness of traditional healing - Healing takes place using traditional methods - Trust forms in traditional healing practices and healers - Increased disposal income for other services and treatments, e.g. hospital and clinic visits 	

Programme table

#	Issue/sub issue	Communication objective	Targets	Resource people
1	Introduction	<ul style="list-style-type: none"> Making people aware of what's to come, programme on women's health issues, community learning programme, priority local health issues according to data and authority Examples of programmes to come by issue/topic Introduce people and groups, their role and interest Introduce the style/format of the programme: exciting 	<ul style="list-style-type: none"> Women Spouses Entire community 	<ul style="list-style-type: none"> Participants from the design workshop Vox pops Women Doctors Policy makers Community groups e.g. church groups
2	Malaria and pregnancy	<ul style="list-style-type: none"> How malaria affects women Understand what malaria is and the problems/dangers it represents (for women), statistics Correct use of malarial drugs 	<ul style="list-style-type: none"> Women near head of households Mothers (as first nurses in the home) 	<ul style="list-style-type: none"> Health professionals Pharmacist People most affected by malaria and in charge of the local environment
3	Malaria the environmental concerns	<ul style="list-style-type: none"> Understand the environmental considerations, things to do and not to do Corrects use of repellants, malaria drugs, mosquito nets Issues around educating individuals and the public 	<ul style="list-style-type: none"> Women near head of households Mothers (as first nurses in the home) 	<ul style="list-style-type: none"> EHO (Environmental health officers) in town councils People most affected by malaria Church and local environment members
4	Teenage pregnancy #1	<ul style="list-style-type: none"> Need for education Moral values Life skills 	<ul style="list-style-type: none"> Girls 10-26 yrs Boys 10-26 yrs Parents/mothers 	<ul style="list-style-type: none"> Parents Health professionals Welfare officers

		<ul style="list-style-type: none"> Sex education 		<ul style="list-style-type: none"> Policy makers People affected/ teenage pregnant girl/boy who got a girl pregnant
5	Teenage pregnancy #2	<ul style="list-style-type: none"> Roles and situations Dangers of drugs Boys Girls Older men with money 	<ul style="list-style-type: none"> Girls 10-26 yrs Boys 10-26 yrs Parents/mothers 	<ul style="list-style-type: none"> Parents Health professionals Welfare officers Policy makers People affected/ teenage pregnant girl/boy who got a girl pregnant
6	HIV and STIs #1			
7	HIV and STIs #2			
8	TB and pneumonia	<ul style="list-style-type: none"> Define TB and relate to pneumonia Outline preventative measures Personal Immunization Household Early diagnosis Importance of treatment 	<ul style="list-style-type: none"> Teenage girls Mothers 	<ul style="list-style-type: none"> Health professionals TB patients including those who have recovered
9	Nutrition and exercise #1			
10	Nutrition and exercise #2			
11	Obesity			
12	Traditional medicine			

Radio format

Bugunvil Mere Today format

Magazine programme with

- Interviews with Experts, Affected Community Members,
- Vox-pop
- Narration
- Music
- Jingles
- Quiz
- Listener inputs via SMS, letters, emails, etc.
- Radio drama (as possible)

General radio formats

- Radio interviews
- Music
- Talkback show
- Current affairs
- News
- Jingles/teasers
- Commercials/radio spots
- Letters/SMS/emails
- Quiz
- Live broadcasts
- Special programmes e.g. women, youth, children, health,
- Radio drama, serials
- Radio documentary
- Magazine type programme
- Vox pops
- Year in review

Producers' schedule (sample for programme #1)

Evidence/ elements of story	Date/time	Special needs	Comments	Task
Dr Banabas	1.15pm 09/09/10	Recorder, questions for interview	Prepare questions	Adrian
Dr Joel	1.30pm 09/09/10	Recorder, interview questions to be prepared	Prepare questions, arrange transport and interview time	Adrian
Minister for community development	1.45pm 09/09/10	Recorder, interview questions	Prepare questions, confirm interview time	Graeme
Woman	09/09/10	Recorder, interview questions	Prepare questions for interview	Soditha
Vox pops	09/09/10	recorder	Prepare questions	Soditha/ Clarence
Traditional songs/music	09/09/10	Check studio for music		Joyce
Script	09/09/10 – 10/09/10	Laptop		Joyce/Adrian/ Rita
Production	10/09/10	Laptop, editing software		Maria/Joyce
Presentation/ narration	10/09/10	Recorder, script		Soditha/ Graeme

Learner support strategies

Networks support the programme in two key ways:

1. Organizing groups to listen to the radio programme, discuss the content, facilitate learning, and also what actions can be taken individually and collectively.
2. Promoting and advertising the programme

Groups are organised with discussions led by a Facilitator oriented by the BMT programme team. Discussions are organised around a form with a standard set of questions.

Key programme networks

1. Bougainville Inter Church Women's Forum (BICWF)
 - a. Buka
 - b. TInputz/Taonita
 - c. Selau/Suir
 - d. Haku
 - e. Halia
 - f. Tsitalato
2. Neighbourhood Support Group (NSG)
 - a. Kokopau
 - b. Lonahan
 - c. Tohatsi
 - d. Hanpan (Haku)
 - e. Hahalis
 - f. Saposia
3. Bougainville Women's Forum
 - a. Buka Island
 - b. Selau/Suir
 - c. Tinputz
4. Care International
 - a. Peer educators
 - b. Theatre group
5. Health Promotion Unit
 - a. Health Extension Network (50 health workers)
6. Community minded individuals, e.g. Barnabas Matanu

Guidelines for discussion group facilitators

1. Encourage listening to the programme
2. Individually
3. In groups (live or with CDs)
4. Organise discussions (as soon after the programme broadcast as possible)
5. Facilitate discussions according to a standard set of questions (see below)
6. Complete the questionnaire form and return to the programme team via their network
7. Encourage members and or group to respond to the quiz

Questions for the discussion groups

- A. Name of the programme:

- B. Date and time of broadcast or listening session:
 - C. Name and location of the listening group
 - D. Members in attendance:
 - a. Names
 - b. SMS numbers (if people are willing)
1. What was the programme about?
 - a. What were the key messages?
 - b. What did the group learn?
 2. What was did the group like about the programme?
 - a. Information
 - b. Format
 3. Was there enough or too much information?
 4. What actions will your group take?
 - a. Individual members
 - b. As a group

Orientation of group facilitators

1. 2-3 hour orientation sessions
 - a. Participation from key networks in the listening area:
 - i. BICWF: 70
 - ii. BWF: 10
 - iii. NSG: 10-15
 - iv. CARE peer-educator network: 20
 - v. Health extension network: 10
 - b. Run by 2-3 Programme Team members
2. Timeline and logistics
 - a. One by 24-Sep
 - b. One by 8-Oct
 - c. Venues to be determined

Multichannel learning

1. Theatre:
 - a. CARE International's theatre troupe can develop dramas to complement the issues dealt with by the radio programme
 - b. The troupe might also develop some simple radio plays or serials to be included in the BMT radio programme itself
2. CD: Programmes recorded on CD to be used in "playback" sessions, e.g. at community group meetings, fairs, different types of events, over PA systems at hospital, etc.
3. SMS: Text messages to be used for targeted communications with "registered" learners, e.g. those who gave their numbers through the discussion groups, to
 - a. Share and reinforce key programme messages
 - b. Remind them of upcoming programmes
 - c. Register their attendance
 - d. Get feedback

- e. Respond to the weekly quiz

Promotion and advertising

1. Flyer with the following information:
 - a. Name of the programme
 - b. Programme description (50 words)
 - c. List of issues the programme deals with
 - d. Date and time of broadcasts (New Dawn and NBC, including repeats)
 - e. Supporters and partners
 - f. Contact details
2. Word of mouth (with information to be based on the flyer)
3. SMS texting
 - a. Collect SMS numbers of “learner-listeners” into a database to be used ONLY as part of the BMT programme
4. Toksave: Community announcements
 - a. Church services
 - b. Community meetings, fairs, events, etc.
5. Announcements on New Dawn and NBC
6. Shout-outs for listening groups, communities and individual learners

Programme coordination team

Vision

- A team, not a committee
- Each member brings specific expertise and plays a particular roles in representing the essential groups that need to collaborate in a community learning programme (i.e. health and media production expertise, links to community networks and policymakers)
- Meet every two weeks to review and plan programmes
- Programme design every quarter

Participation

- Health professionals (2): Dr Barnabas Matanu,
- Community networks (3): Mary, Geraldine, Leslie
- Public representatives (2): Magdalene, TBA
- Media producers (2-3): TBA
- Other (2-3): Ruben, Aloysius

Responsibilities

1. Overall coordination
 - a. Budget and funding
2. Programme design
 - a. Ensure the programme follows the design
 - b. Ongoing programme design (a one-day design workshop every three months to develop new message matrix, programme chart and monitoring and evaluation plan)
3. Marketing and promotion
 - a. Advertising
 - b. Networking with other groups
 - c. Incentives managed in a fair and transparent way
4. Content
 - a. Ensuring the accuracy of information and appropriateness of messages
 - b. Approve programmes for broadcast
 - c. Advise producers in planning programmes in terms of local contacts, experts' and community members' involvement
5. Production
 - a. Meet production and other deadlines
6. Listening-discussion groups
 - a. Liaise with community networks to ensure listening clubs are active
 - b. Monitoring questionnaires go out and come back from listening groups
7. Monitoring and evaluation
 - a. Reviewing questionnaires and other feedback

Monitoring and Evaluation Plan

Outputs

Description	Indicators	Timelines	Means of verification
1. Active listener-learner discussion groups	<ul style="list-style-type: none"> 20 groups with average 5 members 50 groups with average 8 members 	By 15-Nov By 31-Dec	Questionnaires administered each week by group facilitators and returned via the networks to the programme team (PT)
2. Listeners responding to the end-of-programme quiz	<ul style="list-style-type: none"> 20 (average) per week 100 (average) per week 	By 15-Nov By 31-Dec	New Dawn (ND) FM to feed info to PT
3. Active listener-learners (individuals)	<ul style="list-style-type: none"> 100 (average) participating in discussion groups 400 (average) participating in discussion groups 	By 15-Nov By 31-Dec	Questionnaires administered each week by group facilitators and returned via the networks to the programme team
4. Episodes broadcast	13	By 31-Dec	PT to verify
5. Experts interviewed	26	By 31-Dec	Producers to feed info to PT
6. Community members interviewed, including women	<ul style="list-style-type: none"> 52 75% women 	By 31-Dec	Producers to feed info to PT

Outcomes

Description	Indicators	Time	Means of verification
Awareness of community health issues (covered by the programme) among women increases, including	<ul style="list-style-type: none"> # of women in the listening area attending health facilities – e.g. hospital, clinics, etc. – for treatment, information, drugs, etc. increases 	By 31-Dec	<ul style="list-style-type: none"> Health services to provide comparative data on attendance at the hospital, clinics, etc. to PT
<ul style="list-style-type: none"> Malaria TB & pneumonia HIV & STIs 	<ul style="list-style-type: none"> Attendance at clinics in Hantoa and Malasant increases in comparison to Lemanmanu and Tearouki Officers-in-charge at Hantoa & Malasant perceive increase in local women's health awareness on relevant issues 	1-15 Dec	<ul style="list-style-type: none"> Health professionals on the PT to feed info to the PT Producers to interview OICs in Hantoa and Malasant

