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
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   New Dawn FM
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   World Vision
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    NBC Bougainville
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    World Vision
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    Freelance journalist
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    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
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

<table>
<thead>
<tr>
<th>Issue / sub-issue</th>
<th>Negative behaviour</th>
<th>Consequences</th>
<th>Positive behaviour</th>
<th>Benefits</th>
<th>Possible indicators</th>
</tr>
</thead>
</table>
| **Malaria Prevention** | - Lack of effective public (government) education programmes about malaria  
- Not knowing about malaria  
- Complacency - ignoring “rules” about malaria | - 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 | - 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 | - 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 |

- Pregnant women  
- Pregnant women suffer  
- Prioritise pregnant  
- Pregnant women  
- Neonatal
<table>
<thead>
<tr>
<th>Cause</th>
<th>Complications during pregnancy</th>
<th>Women for awareness and preventative measures</th>
<th>Maintain healthy pregnancies, Healthy mothers, healthy babies</th>
<th>Deaths decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to malarial mosquitoes</td>
<td>- Miscarriage, premature births, etc.</td>
<td>- Anemia during pregnancy</td>
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<tr>
<td></td>
<td>- Anemia during pregnancy</td>
<td>- Bleeding</td>
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<tr>
<td>- Not cutting brush around homes</td>
<td>- Stagnant water and mosquito breeding grounds</td>
<td>- Maintaining grounds around the house: free of rubbish, containers that collect water, etc.</td>
<td>- Ensure proper drainage in private and public areas</td>
<td>Mosquito-free environments</td>
</tr>
<tr>
<td>- Individuals allowing water to stagnate in rubbish containers</td>
<td>- Mosquitoes breed and breed unchecked</td>
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<tr>
<td>- Individuals not covering water sources: wells, drums, etc.</td>
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<tr>
<td>- Individuals and public authorities not providing proper drainage in areas that collect water</td>
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<tr>
<td>- Buildings with out ventilation, window/door screens or other barriers</td>
<td>- Mosquitoes get into the house, find places to hide</td>
<td>- Design homes with screens and barriers to keep mosquitoes out</td>
<td>- Mosquito-free homes</td>
<td>Lower risk of bites in the home</td>
</tr>
<tr>
<td>- Overcrowding in households</td>
<td>- Children and other family members get bitten</td>
<td>- Keep homes clean, tidy and well-ventilated to prevent mosquitoes finding places to hide</td>
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<tr>
<td>- Lack of programmes to distribute treated mosquito nets</td>
<td>- Children and other family members get bitten</td>
<td>- Obtain treated nets and ensure that all family members use them every night</td>
<td>- Lower risk of bites in the home</td>
<td>Increased number of nets distributed</td>
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<tr>
<td>- Not sleeping under treated nets every night</td>
<td></td>
<td>- Use repellants and traditional deterrents, e.g. smoke</td>
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<tr>
<td>- Using nets for other purposes (e.g. fishing, gardening)</td>
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<tr>
<td>Prevention of malaria</td>
<td>Treatment</td>
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<tr>
<td>- Not taking anti-malarial drugs</td>
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<td>- Non-compliance with drug regimes</td>
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<tr>
<td>- Bites lead to avoidable malaria</td>
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<tr>
<td>- Not seeking early diagnosis after showing symptoms</td>
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<tr>
<td>- Not getting treatment</td>
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<tr>
<td>- Malaria develops unnecessarily</td>
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<tr>
<td>- Complications due to malaria</td>
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<tr>
<td>- Getting the right treatment on-time</td>
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<tr>
<td>- Exposure to high/low temperatures</td>
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<tr>
<td>- Malarial episodes</td>
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<tr>
<td>- Lower productivity at home and work</td>
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<tr>
<td>- Avoid extreme temperatures</td>
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<tr>
<td>- Supporting a health immune system</td>
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<tr>
<td>- Use of traditional medicines</td>
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<tr>
<td>- Malaria stays dormant</td>
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<tr>
<td>- People able to maintain active lives, productivity, etc.</td>
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<tr>
<td>- Malaria treated</td>
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<tr>
<td>- Less risk of illness</td>
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</tbody>
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## Teenage pregnancy

<table>
<thead>
<tr>
<th>Issue / sub-issue</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Teenage pregnancy</td>
<td>- No parental control over teenagers</td>
<td>- Teenage/unwanted pregnancies and death (HIV/AIDS)</td>
<td>- Character building of children by parents at an early age</td>
<td>- Well behaved children will have good character</td>
<td>Reduction in teen pregnancy</td>
</tr>
<tr>
<td>- Lack of sex education by parents, teachers and gov't authorities</td>
<td>- Teenagers not informed about the dangers of their actions</td>
<td>- Information on sex education made available to teenagers</td>
<td>- Well informed teenager makes right decision</td>
<td>No unwanted pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Girls and boys taking drugs and alcohol</td>
<td>- Addiction, mental health, unproductive, affects sense of judgment – liability to the community</td>
<td>- Awareness by radio, NGOs etc</td>
<td>- Students complete their education</td>
<td>Productive Community</td>
<td></td>
</tr>
<tr>
<td>- Students left unattended by teachers during school hours</td>
<td>- Students have free time to interact with the opposite sex and engage in sex</td>
<td>- Avoid drugs and know about the ill effects of drugs</td>
<td>- Healthy and productive citizens</td>
<td>Financial costs reduced for families so they can spend on health and</td>
<td></td>
</tr>
<tr>
<td>School rules not enforced</td>
<td>- Students not following school rules</td>
<td>- Teachers should remain in class during school hours/don’t leave students unattended</td>
<td>- Educated population</td>
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<tr>
<td>- Christian and moral values not practiced by boys and girls</td>
<td>- Miss out on education</td>
<td>- Teenagers receive life skills and other forms of education on Christian values</td>
<td>- Increase in capacity of the workforce</td>
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</tr>
<tr>
<td>- Instability in the family</td>
<td>- Students don’t have values and principles</td>
<td>- Stable families with parental care and supervision/discipline children</td>
<td>- Helps teenagers make correct judgment</td>
<td></td>
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</tr>
<tr>
<td>- Parents seeking or having extra marital affairs</td>
<td>- Families, communities are affected</td>
<td>- Enforce laws restricting alcohol consumption and sales</td>
<td>- Children are safe</td>
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<td></td>
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<tr>
<td>- Lack of law enforcement on liquor outlets, bars and nightclubs</td>
<td>- Children are vulnerable to bad influences, poor role models</td>
<td>- Children are protected from early sexual activities</td>
<td>- Healthy and happy families</td>
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<tr>
<td>- Misuse of mobile phones</td>
<td>- Children are insecure</td>
<td>- Teens not abusing themselves</td>
<td>- Teens not abusing themselves</td>
<td></td>
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</tr>
<tr>
<td>- Businessmen using money to lure girls</td>
<td>- Parents and adults are poor role models</td>
<td>- Children are protected from early sexual activities</td>
<td>- Children are protected from early sexual activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and management of teenage pregnancies</td>
<td>- Teenagers given the opportunity to socialize all night</td>
<td>- Educated population</td>
<td>- Promotes family life</td>
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<tr>
<td>Complications e.g. deliveries</td>
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<tr>
<td>- Reduction in teen pregnancy</td>
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</tbody>
</table>

**Possible indicators**
- Teenage pregnancy
- No unwanted pregnancy
- Productive community
- Financial costs reduced for families so they can spend on health and
<p>| - Teens contact adults/ no supervision from the parents/   | to minors |
| - Polygamy                                               | - Parents should monitor children's use of mobile phones |
|                                                        | - Ban mobile phones in schools |
|                                                        | - Enforce laws to stop polygamy |</p>
<table>
<thead>
<tr>
<th><strong>Issue / sub-issue</strong></th>
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</tr>
</thead>
</table>
| HIV/STI               | Ignorance of HIV/AIDS and STIs | - 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 | - Raising HIV/AIDS & STI awareness  
- Sex education  
- PLHIV share stories and testimonials | - 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     | - Contract HIV/STIs through transmission to spouse and other sex partners  
- Virus is spread | Stick to one partner | | | |
|                      | - Unprotected sex  
- Intentional spread of HIV | - High rates of transmission | - Safe sex  
- Take precautions  
- Use of condoms | - Reduce chances of HIV infection  
- Safe sex (sex without infections) | |
| Ignoring HIV status or presence of STIs | - Sex partners give each other STIs | | - Voluntary testing  
- Pregnant women | - People know their status  
- Get treatment in time | More people |
<table>
<thead>
<tr>
<th>Unhygienic sex (e.g. not washing penis or vagina prior to sex)</th>
<th>Alcohol and drug use prior to sex</th>
<th>Not knowing HIV status</th>
<th>Rape and forced sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increases likelihood of unsafe sex, other risky/negative behaviour</td>
<td>- Infected people go for treatment - Ongoing counseling for PLHIV and their families - Care and support for PLHIV</td>
<td>- Mothers’ transmit HIV to their babies - HIV is unintentionally spread</td>
<td>- Girls’ put themselves in risky situations - Boys and men take advantage of vulnerable girls</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Leads to unwanted, unintentional sex, STIs HIV</td>
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<td></td>
<td>- Sharing “sharps” and needles during tattooing - Sharing needles during drug use</td>
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<td></td>
<td>- HIV infection</td>
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<td>- Increased demands for ARVs</td>
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</tbody>
</table>

| | | | |
| | | | |

- Avoid Mother-Child transmission
- Accessing VCT services
- Positive living and longer life for PLHIV
- Risk of transmission is reduced

*Bugunvil Mere Tede – Programme Guide*
## Tuberculosis and pneumonia

<table>
<thead>
<tr>
<th>Issue / sub-issue</th>
<th>Negative behaviour</th>
<th>Consequences</th>
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<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis &amp; pneumonia</td>
<td>Not being informed about TB</td>
<td>- Increased chances of TB infections&lt;br&gt;- TB and pneumonia decrease productivity and family income</td>
<td>Public education about TB and pneumonia</td>
<td>- Prevents TB &amp; pneumonia&lt;br&gt;- Healthy mothers, family and children</td>
<td>Less TB cases</td>
</tr>
<tr>
<td>Coughing &amp; sneezing without covering the mouth</td>
<td></td>
<td>- Spread of germs and bacteria&lt;br&gt;- High rates of transmission</td>
<td>Covering the mouth when coughing, sneezing, yawning</td>
<td>Lower transmission rates</td>
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<tr>
<td></td>
<td>- Overcrowding in one house&lt;br&gt;- Poor hygiene in the home&lt;br&gt;- Keeping animals in the house</td>
<td>- High rates of transmission of germs with the house</td>
<td>Design homes for good ventilation&lt;br&gt;- Keep homes and work environments clean and tidy</td>
<td>Good circulation of air in homes&lt;br&gt;- Lower chances of infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Smoking&lt;br&gt;- Exposure to cold</td>
<td>- Weakens the immune system&lt;br&gt;- Lung infections&lt;br&gt;- Health complications</td>
<td>Keeping immune systems healthy&lt;br&gt;- No smoking&lt;br&gt;- Wear warm clothes in the cold</td>
<td>Prevents lung infections</td>
<td></td>
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<tr>
<td></td>
<td>- Not seeking early treatment&lt;br&gt;- Non-compliance with treatment</td>
<td>- Ongoing transmission&lt;br&gt;- Health deteriorates</td>
<td>Parents bring children for BCG immunisation&lt;br&gt;- Seek diagnosis after three weeks of coughing&lt;br&gt;- Access treatment&lt;br&gt;- Follow treatment prescriptions</td>
<td>Cures TB and pneumonia&lt;br&gt;- Lower transmission rates</td>
<td>Increase in numbers of children immunised</td>
</tr>
</tbody>
</table>
## Nutrition and exercise

<table>
<thead>
<tr>
<th>Issue / sub-issue</th>
<th>Negative behaviour</th>
<th>Consequences</th>
<th>Positive behaviour</th>
<th>Benefits</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition and exercise</td>
<td>- Ignorance</td>
<td>- Lifestyle diseases</td>
<td>- Home gardens</td>
<td>- Enough to eat and sell the extras for additional income</td>
<td>Less absenteeism in school and at work</td>
</tr>
<tr>
<td></td>
<td>- Lack of education</td>
<td>- Malnutrition</td>
<td>- Seek advice from nutrition experts</td>
<td>- Prevents outbreak of diseases like diarrhea</td>
<td>Decrease in hospital admissions</td>
</tr>
<tr>
<td></td>
<td>- Eating too much junk food, sweets</td>
<td>- Poor immune system</td>
<td>- Food crop integration</td>
<td>- Productive population</td>
<td>Decrease in death rate</td>
</tr>
<tr>
<td></td>
<td>- Eating the same kind of food everyday</td>
<td>- Affects education</td>
<td>- Proper hygiene</td>
<td>- Boosts the economy</td>
<td>Better performance in school and work</td>
</tr>
<tr>
<td></td>
<td>- Eating too much processed food</td>
<td>- Affects productivity</td>
<td>- Proper food handling</td>
<td>- Creative people</td>
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<tr>
<td></td>
<td>- Lack of access to home grown produce</td>
<td>- Extra expenses for families</td>
<td>- Educate the children</td>
<td>- Alert</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Affects pregnant women and unborn child</td>
<td>- eating the right foods and exercise</td>
<td>- Look smart</td>
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<tr>
<td></td>
<td></td>
<td>- Early deaths</td>
<td></td>
<td>- Good role model for children if parents are eating right food and undertaking physical activities like gardening, weeding</td>
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<td></td>
<td>- Poor handling of food during the preparation</td>
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<td>- Healthy people, healthy nation</td>
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<td></td>
<td>- Too busy to cook food</td>
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<td>- Promoting physical activity like gardening in schools and villages</td>
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<td></td>
<td>- Loss of appetite as a result of drug and alcohol addiction</td>
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<td>- Involving people in sports day etc</td>
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## Obesity

<table>
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<tr>
<th>Issue / sub-issue</th>
<th>Negative behaviour</th>
<th>Consequences</th>
<th>Positive behaviour</th>
<th>Benefits</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>Unbalanced diet</td>
<td>High-blood pressure (hypertension)</td>
<td>Education – individual and public – about nutrition, healthy diets, exercise</td>
<td>Healthy body</td>
<td>Lower incidence of obesity related illness and death</td>
</tr>
<tr>
<td></td>
<td>Overeating</td>
<td>Stroke/heart attack</td>
<td>- Proper meal planning for the family</td>
<td>- Slim, fit and attractive family members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Too much processed food</td>
<td>Lethargy</td>
<td>- Strict adherence to proper diet, balanced meals three times per day</td>
<td>- Greater potential for a long, healthy life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excessive alcohol</td>
<td>Loss of productivity</td>
<td>- Avoid high-cholesterol, high-fat, high-sugar foods</td>
<td>- Increased personal, family and community productivity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Soft drinks</td>
<td>Expenditure on medical treatment</td>
<td>- Regular exercise</td>
<td>- Improved family life, more interactions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Too much sugar</td>
<td>Expenditure on high-cost processed foods</td>
<td>- Regular medical check-ups</td>
<td>- Cost savings on food budget and on medical expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excessive high-cholesterol foods</td>
<td>Diversion of family funds</td>
<td>- Encouraging family and friends to eat well and exercise</td>
<td>- Happy family, community and nation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of exercise</td>
<td>Stress and tension in the family</td>
<td>- Change in family diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excessive smoking</td>
<td>Premature death</td>
<td>- Premature death</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

### Possible indicators

- Lower incidence of obesity related illness and death
## Traditional medicine

<table>
<thead>
<tr>
<th>Issue / sub-issue</th>
<th>Negative behaviour</th>
<th>Consequences</th>
<th>Positive behaviour</th>
<th>Benefits</th>
<th>Possible indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional medicine</td>
<td>- Use of traditional medicine with bad intention</td>
<td>- Causes serious health complications or death among women and children, including o Diarrhea o Bleeding o Vomiting o Mental stress - Overdosage - Family disputes and conflict - Financial burden to families</td>
<td>- 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</td>
<td>- 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</td>
<td></td>
</tr>
</tbody>
</table>
**Programme table**

<table>
<thead>
<tr>
<th>#</th>
<th>Issue/sub issue</th>
<th>Communication objective</th>
<th>Targets</th>
<th>Resource people</th>
</tr>
</thead>
</table>
| 1  | Introduction                     | • 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** | • Women  
• Spouses  
• Entire community | • Participants from the design workshop  
• Vox pops  
• Women  
• Doctors  
• Policy makers  
• Community groups e.g. church groups |
| 2  | Malaria and pregnancy            | • How malaria affects women  
• Understand what malaria is and the problems/dangers it represents (for women), statistics  
• Correct use of malarial drugs | • Women near head of households  
• Mothers (as first nurses in the home) | • Health professionals  
• Pharmacist  
• People most affected by malaria and in charge of the local environment |
| 3  | Malaria the environmental concerns | • 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 | • Women near head of households  
• Mothers (as first nurses in the home) | • EHO (Environmental health officers) in town councils  
• People most affected by malaria  
• Church and local environment members |
| 4  | Teenage pregnancy #1             | • Need for education  
• Moral values  
• Life skills | • Girls 10-26 yrs  
• Boys 10-26 yrs  
• Parents/mother s | • Parents  
• Health professionals  
• Welfare officers |
<table>
<thead>
<tr>
<th>#</th>
<th>Topic</th>
<th>Sex education</th>
<th>HIV and STIs #1</th>
<th>HIV and STIs #2</th>
<th>TB and pneumonia</th>
<th>Nutrition and exercise #1</th>
<th>Nutrition and exercise #2</th>
<th>Obesity</th>
<th>Traditional medicine</th>
</tr>
</thead>
</table>
| 5 | Teenage pregnancy #2 | • Roles and situations  
  • Dangers of drugs  
  • Boys  
  • Girls  
  • Older men with money | | | | | | | |
| 6 | HIV and STIs #1 | | | | | | | | |
| 7 | HIV and STIs #2 | | | | | | | | |
| 8 | TB and pneumonia | • Define TB and relate to pneumonia  
  • Outline preventative measures  
  • Personal  
  • Immunization  
  • Household  
  • Early diagnosis  
  • Importance of treatment | | | | | | | |
| 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)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicators</th>
<th>Timelines</th>
<th>Means of verification</th>
</tr>
</thead>
</table>
| 1. Active listener-learner discussion groups | • 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 | • 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) | • 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 | • 52  
• 75% women | By 31-Dec | Producers to feed info to PT |

### Outcomes

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicators</th>
<th>Time</th>
<th>Means of verification</th>
</tr>
</thead>
</table>
| Awareness of community health issues (covered by the programme) among women increases, including  
- Malaria  
- TB & pneumonia  
- HIV & STIs | • # of women in the listening area attending health facilities – e.g. hospital, clinics, etc. – for treatment, information, drugs, etc. increases  
• 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 | By 31-Dec  
1-15 Dec | • Health services to provide comparative data on attendance at the hospital, clinics, etc. to PT  
• Health professionals on the PT to feed info to the PT  
• Producers to interview OICs in Hantoa and Malasant |