Operational Plan

Tataba and Sigana Community FM Radio

Khabru Mamahe health learning programme

ORGANISED BY THE COMMONWEALTH OF LEARNING 2009

David Leeming david@leeming-consulting.com Tel: 747-6396
Tony Matelaomao PFnet commoff@pipolfastaem.gov.sb Tel: 26358
Walter Turasi SIDT * Melody Siapu IPHS Tel: 35058 * Elliotson Gito IPG Tel: 35029 (or contact these people via PFNet Susubona)
http://www.wikieducator.org/Community_Media/Isabel
http://isabel-youth.ning.com
Khabru Mamahe - Sweet Illness

This is one of the four learning programmes to be developed over three months starting November 2009. The programme was designed at the participatory planning workshop held in Buala, Oct 20-22, 2009. The Khabru Mamahe programme was further reviewed and developed in the content and skills workshop held between Nov 16-19 2009.

Programme Information

Name
The name Khabru Mamahe is local Meringe language for "Sweet Illness" or Diabetes. The programme will educate us about about prevention and maintenance for sufferers, and how a health lifestyle is all-important.

Location
This learning Programme is located at Tataba.

Issues / topics
The main topics of the programme will be Healthy Lifestyle

- Diabetes (Prevention and support for people with the disease)
- Substance abuse

Who are the learners / target audience
Victims/people with diabetes, potential victims and abusers

How long will the radio programmes be
25 minutes

How often will the programmes run
Weekly 7.30-7.45pm
### Message Matrix

<table>
<thead>
<tr>
<th>Bad Practice</th>
<th>Consequences</th>
<th>Good Practice</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue: Diabetes</strong></td>
<td><strong>Reduced metabolism</strong></td>
<td><strong>Lots of physical exercise and activity</strong></td>
<td><strong>Healthy body and mind</strong></td>
</tr>
<tr>
<td>• Lack of physical activity</td>
<td>• Build up of glucose fates</td>
<td>• Right type of food</td>
<td><strong>Less number with diabetes</strong></td>
</tr>
<tr>
<td>• Consumption wrong type food (quality and quantity)</td>
<td>• Increased level of glucose in system</td>
<td>• Eat lots of vegetables and fruits</td>
<td><strong>Healthy lifestyle</strong></td>
</tr>
<tr>
<td>• Poor balanced diet</td>
<td>• Respiratory problems</td>
<td>• Good balanced diet</td>
<td><strong>Increased productivity</strong></td>
</tr>
<tr>
<td>• Laziness (lack of physical exercise and no grown foods from garden)</td>
<td>• Increased blood pressure</td>
<td>• Demonstrations of good cooking methods (i.e. not over cooked)</td>
<td><strong>Good livelihood</strong></td>
</tr>
<tr>
<td>• Over eating</td>
<td>• Develop bad habits</td>
<td>• Awareness</td>
<td><strong>No diabetes</strong></td>
</tr>
<tr>
<td>• Food preference for geasy foods</td>
<td>• Amputation</td>
<td>• Early screening of weight</td>
<td><strong>Increased health and readership</strong></td>
</tr>
<tr>
<td>• Smoking and drinking alcohol</td>
<td>• Retinopathy (blindness)</td>
<td>• Save earned money for other things and rely on garden grown food instead</td>
<td><strong>Higher health and readership</strong></td>
</tr>
<tr>
<td>• Eating at wrong time</td>
<td>• Dependence on money, leading to eating only processed foods and increased risk of diabetes</td>
<td>• Eat/think before eating</td>
<td><strong>Increased health and readership</strong></td>
</tr>
<tr>
<td>• Skip breakfast and eat only one big meal in evening</td>
<td>• High sugar level; increased weight/obesity</td>
<td>• Consumer rights – encourage mothers to sell wholesome snacks i.e. cassava chips</td>
<td><strong>Increased health and readership</strong></td>
</tr>
<tr>
<td>Week</td>
<td>Topic</td>
<td>Communication/Learning Objective</td>
<td>Target</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Publicity</td>
<td>Awareness</td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Diabetes overview</td>
<td>Understand impacts of diabetes around Tataba area</td>
<td>Diabetic patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnant mothers Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What is diabetes</td>
<td>Understand diabetes</td>
<td>As above</td>
</tr>
<tr>
<td>4</td>
<td>Causes</td>
<td>Understand causes, contributing factors to diabetes</td>
<td>As above</td>
</tr>
<tr>
<td>5</td>
<td>Types, signs and symptoms</td>
<td>Understand types, signs and symptoms</td>
<td>As above</td>
</tr>
<tr>
<td>6</td>
<td>Importance of diet</td>
<td>To keep ideal weight; To keep the blood sugar level as normal as possible; Meal preparation</td>
<td>Diabetic patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnant mothers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Children</td>
</tr>
<tr>
<td>7</td>
<td>Importance of exercise</td>
<td>Inactive; Walking; Paddling etc; Check your foot daily; Report any sores; Radio awareness</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Footcare for diabetics; how to avoid</td>
<td>Check your foot daily; Report any sores; Radio awareness;</td>
<td>Diabetic patients</td>
</tr>
<tr>
<td></td>
<td>injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Earning revenue from children</td>
<td>To educate mothers and fathers round Tataba ward</td>
<td>Food sellers at schools</td>
</tr>
<tr>
<td>10</td>
<td>Why is diabetes a problem/complication?</td>
<td>Good understanding about the problem</td>
<td>Patents Youth Diabetic patients</td>
</tr>
<tr>
<td>11</td>
<td>Prevention</td>
<td>Understanding wasy of preventing</td>
<td>As above</td>
</tr>
<tr>
<td>12</td>
<td>Who will get diabetes (who are high risk)</td>
<td>Understanding risk</td>
<td>As above</td>
</tr>
<tr>
<td>13</td>
<td>Treatment/management</td>
<td>Understanding treatment/management</td>
<td>As above</td>
</tr>
<tr>
<td>14</td>
<td>Over eating</td>
<td>Understand the impacts of over-eating to mothers and children in and around Tataba</td>
<td>Community around Tataba</td>
</tr>
<tr>
<td>15</td>
<td>Smoking / drinking alcohol</td>
<td>Understanding side effects of financial availability</td>
<td>Youth, family, Fathers</td>
</tr>
<tr>
<td>16</td>
<td>REVIEW HEALTH PROGRAM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Detailed design for Programmes 1 and 2**

**Programme 1 - Publicity**

Objective: To raise Awareness about the Khabru Mamahe Learning Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Item / format</th>
<th>Who / How / When / Live or pre-recorded / resource persons / needs etc</th>
<th>Preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 secs</td>
<td>Signature tune</td>
<td>Group 3 volunteered to write lyrics and record Wednesday&lt;br&gt;Group 1 suggested to use pan pipe traditional Isabel music&lt;br&gt;Fisheries guitar could be used&lt;br&gt;2 verses, one in pidjin, one in language&lt;br&gt;Needs to be quite general to introduce “Khabru Mamahe” (i.e. not too specific about one sub issue such as food)</td>
<td>Group 3&lt;br&gt;- write lyrics&lt;br&gt;- borrow guitar&lt;br&gt;- chose pan pipe music&lt;br&gt;- practice&lt;br&gt;- record at FM studio</td>
</tr>
<tr>
<td>1 min</td>
<td>Announcer's introduction</td>
<td>This will be live. Broadcaster will prepare a script pidjin and language to briefly introduce the program, and explain that in this episode listeners will learn all about the series of programmes and what is inside them.</td>
<td>Write script (Broadcaster)</td>
</tr>
<tr>
<td>4 min</td>
<td>Talk Session</td>
<td>Group 1 suggested that this will be a live talk session with interviewer featuring:&lt;br&gt;• Chairman (explain the overall purpose of the programs to educate about diabetes etc)&lt;br&gt;• Nurse (explain that it’s in partnership with the health authorities)&lt;br&gt;• Youth (explain the drama and learner support)&lt;br&gt;• Broadcaster (explain there will be 12 episodes, each will have xyz inside them, etc)</td>
<td>Write scripts (Group 1)</td>
</tr>
<tr>
<td>10 secs</td>
<td>Bridge</td>
<td>Music or jingle by the drama group</td>
<td>(Group 2)</td>
</tr>
<tr>
<td>1 min</td>
<td>Intro for drama</td>
<td>Nurse or broadcaster will explain this is a weekly drama episode</td>
<td>Script</td>
</tr>
<tr>
<td>4 min</td>
<td>Drama part 1</td>
<td>Group 2 will write and rehearse a drama. The same characters will be used for each episode. The first episode will raise awareness about the program and why it’s needed etc. The drama will be recorded on Thursday and also performed (village or school)</td>
<td>Drama group to work on drama and record in FM studio by Thursday evening</td>
</tr>
<tr>
<td>30 secs</td>
<td>Jingle</td>
<td>“Ima balu gaoga tho mamahe give ‘e khabru”</td>
<td>Arrange time with school and record</td>
</tr>
<tr>
<td>Duration</td>
<td>Segment</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>4 mins</td>
<td>Drama part 2</td>
<td>Second half of the drama</td>
<td></td>
</tr>
<tr>
<td>2 min</td>
<td>Riddle</td>
<td>The first episode might omit the riddle</td>
<td></td>
</tr>
<tr>
<td>3 min</td>
<td>Music</td>
<td>Selected from island music</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Summary</td>
<td>By the broadcaster live</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Signature tune</td>
<td>Same as beginning but longer</td>
<td></td>
</tr>
<tr>
<td>22 minutes</td>
<td></td>
<td>(Group 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Group 2)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Segment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Selected by broadcaster. Can be requests with callers giving views.</td>
<td>(Group 2)</td>
</tr>
</tbody>
</table>

(Think before eating / Diabetes we are beating)
To be recorded by school children, facilitated by Group 1
### Detail for Programme 2 - Overview of diabetes

**Objective:** To understand the impacts of diabetes in the Tataba area

<table>
<thead>
<tr>
<th>Time</th>
<th>Item / format</th>
<th>Who / How / When / Live or pre-recorded / resource persons / needs etc</th>
<th>Preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 secs</td>
<td>Signature tune</td>
<td>Completed in first episode</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Announcer’s introduction</td>
<td>This will be live. Broadcaster will prepare a script pidjin and language to briefly introduce the program, and explain that in this episode listeners will learn about the impacts of diabetes in the Tataba area.</td>
<td></td>
</tr>
<tr>
<td>4 min</td>
<td>Talk Session</td>
<td>Group 3 suggested that this will be a live talk session with interviewer featuring: Health worker CBR</td>
<td>Health stats</td>
</tr>
<tr>
<td>10 secs</td>
<td>Bridge</td>
<td>Music or jingle by the drama group</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Intro for drama</td>
<td>Nurse or broadcaster will explain this is a weekly drama episode</td>
<td></td>
</tr>
<tr>
<td>4 min</td>
<td>Drama part 1</td>
<td>Group 2 will write and rehearse a drama. The same characters will be used for each episode. The drama will be recorded and also performed (village or school)</td>
<td></td>
</tr>
<tr>
<td>30 secs</td>
<td>Jingle</td>
<td>New jingle needed – or use same one as episode 1</td>
<td></td>
</tr>
<tr>
<td>4 mins</td>
<td>Drama part 2</td>
<td>Second half of the drama</td>
<td></td>
</tr>
<tr>
<td>2 min</td>
<td>Riddle</td>
<td>Riddle needed. This can be by school children and/or the youth drama group.</td>
<td></td>
</tr>
<tr>
<td>3 min</td>
<td>Music</td>
<td>Selected from island music</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Summary</td>
<td>By the broadcaster live</td>
<td></td>
</tr>
<tr>
<td>1 min</td>
<td>Signature tune</td>
<td>Same as beginning but longer</td>
<td></td>
</tr>
<tr>
<td>22 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Operational Plan for Khabru Mamahe

In order to pool skills and equipment resources, it was decided to implement the programme as a joint operation between Tataba and Sigana on a 50-50 basis.

The learning programmes will be produced in Tataba and recorded content shared with Sigana every 2 weeks when the committees meet.

Sigana can then add their own supporting commentary and local content etc to make their own versions of the programmes, using the Tataba materials as the main content.

Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmitter completed and returned to Tataba</td>
<td>4th Dec</td>
<td></td>
</tr>
<tr>
<td>SIDT finalise agreement with COL</td>
<td>4th Dec</td>
<td></td>
</tr>
<tr>
<td>Operating budget advanced to Tataba FM Chairman by SIDT</td>
<td>11th Dec</td>
<td>50% of budget advanced to Committees on signing Funds to be advanced as cash to Tataba Chairman</td>
</tr>
<tr>
<td>Publicity</td>
<td>Until 11th Dec</td>
<td>Parts of first programme can be used in FM broadcasts</td>
</tr>
<tr>
<td>Production</td>
<td></td>
<td>The production teams can start working on Programme 2 as soon as they are ready</td>
</tr>
<tr>
<td>Programme 1 broadcast</td>
<td>8th Dec</td>
<td>Publicity – full programme with learner support (Diabetes Overview)</td>
</tr>
<tr>
<td>Programme 2 broadcast</td>
<td>15th Dec</td>
<td>Final 50% of budget advanced to Committees Funds to be advanced as cash to Tataba Chairman</td>
</tr>
<tr>
<td>After evidence of 5 programmes produced, broadcast and recorded for upload at Guguha</td>
<td>3rd week January (approx)</td>
<td></td>
</tr>
<tr>
<td>Programme 12 broadcast</td>
<td>1st week March</td>
<td></td>
</tr>
</tbody>
</table>
Organisational structure

- Participating in content production and review
  - Health (Georgina, Merlin, Jasper)
  - Education (Loreta, Derrick)
  - Other local orgs/groups (Rieben, Amira, Cathy, Mostein)
  - Isabel Province Health Services (Melody, Jack)
  - Isabel Province (Ellison Gto)
  - Wider stakeholders via networking

- FM/Email Committee
  - TATABA
  - Chair: Robert Kuare

- Review team
  - Health
  - Education
  - Committee
  - Critic (from community)

- Production team
  - John Duran
  - Vaelyn Saler

- Drama team
  - Shirlvster Melo
  - Chris Havi
  - Rose Mava
  - (Other youth members)

- Production team
  - Charles
  - Rickson Faday
  - Ernest Tafaveki
  - Judy

- FM/Email Committee
  - SIGANA
  - Chair: Samson Sebu

- Technical and programme support
  - SIDT (Walter, Fox)
  - PPNet (Tory)
  - David Leeming
  - DLC Guguha (Paul, Sira)
  - MHMS-HPD (Adrian)
Production Cycle

- Production team
- Drama group

- Message matrix
- Program template
- Input from HW, IPHS, HPD etc
- Other sources

Email programme outline to Isabel Youth Learning Net for comments

- Review committee
  - Accuracy
  - Consistency
  - Quality
  - Learner support
  - Communications

- Who?
  - Medical
  - Education
  - Committee
  - A critic from community

- Broadcast
  - Send on CD to Guguha DLC
  - Record programme
Role of the Committees

Responsibilities

- Implement the work plan
- Monitor activities and check scheduled outputs (i.e. the weekly programmes with their learner support activities)
- Coordination
  - Ensure review team meets each week
  - Tataba/Sigana committees and production teams meet every 2 weeks to discuss progress and share content and ideas
- Monitor staff especially those with honoraria
  - Ensure staff carry out their assigned duties defined by their TORs
  - Ensure monitoring and communications plans are implemented
  - Ensure programmes are recorded and shared with Guguha on CDs sent on ship etc
- Management of assets and equipment
  - Carry out inventory
  - Monitor equipment / audit against inventory once a month
- Sustainability
  - Seek to clarify ownership of the FM stations with IPG
  - To engage with IPG to develop understanding and collaboration
  - To seek private sector sponsors
  - To develop a mid-long term strategy for the development of the FM radio stations and seek funding from donors, linked to the benefits (such as the current health learning programme and the Isabel youth project)
  - Seek and request training opportunities for participants, especially technical and youth drama etc
Financial Plan

DRAFT - TO BE DECIDED

The budget will be shared equally between Tataba and Sigana.

- Airtime $3,000
- Studio and equipment usage $3,000
- Coordination, transportation and communication $2,500
- Honoraria for production team $4,000
  - Tataba $100 (Sigana $50) per person per program broadcast, 2 persons, up to 12 programmes
- Equipment $3,000
- Consideration should be given for a small stipend to be paid to the drama group for each production. This can be used for refreshments, etc

TOTAL SBD $15,500

Terms

The budget is to be used to maintain the station so that the productions can take place. For example, printer ink and paper, batteries for recorders, reasonable communication costs (i.e. email and Breeze card charges) and miscellaneous items needed by production and drama teams.

- First 50% on signing
- Remaining 50% on completion of 5 programmes

Administration

- SIDT to administer.
- Financial reporting
  - interim report (end Dec)
  - final report (end Feb)
  - final acquittal (when funds are fully utilised)
Role of Review team

A review team made up of members from the Health (Clinic), Education (i.e. School Board), Committee and someone from the community will meet with the production and drama teams (Tataba) each week to review the upcoming programme. The Committee will check that this happens.

- Production team and drama group to outline their content and story lines etc
- Review medical accuracy of the content

Review consistency with the programme matrix

- Review quality of the content – criticise and improve
- Check that there is good participation of the community (school, women, youth, etc)
- Production and drama teams to incorporate recommendations
- Inform FM Committee
- Inform IPHS via Health 2-way radio

Role of the Youth Members

- Youth are support groups
- Develop drama on issues for the radio dramas
- Public performances (approved by medical committee)
- Create 1 episode per week (referring to programme schedule)
- Record for the radio programmes
- At least one performance for learner support at suitable occasions
- Look for sponsorship
- Seek to link with NGOs to offer outreach via drama (i.e. market the group to NGOs)
Role of Health Workers

1. Data collection
   - Clinics
   - Provincial health services
   - MOH / Diabetic Centre
2. Provide information to production team
3. Organising staff schedule
4. Review production content
   - Programme episodes
   - Schedule must be systematic
5. Linkage with IPHS for endorsement
6. Implementation with production team
7. Monitoring of programmes
8. Evaluation and review
9. Incorporation into official health programme
   - Seek budgeting support options with IPHS, MHMS
   - Integrate into IPHS programme following review
   - Coordinate to create efficiencies; i.e. sharing transport
10. Motivation
    - Award certificates to recognise good work
11. Reporting
Production team TOR

1. Technical duties
   - Broadcasting
   - Recording content
   - Editing content
   - Interviewing
   - Drama (character)
   - Jingles
   - Music
   - Quizzes
   - Recording and archiving programmes

2. Planning
   - Production
   - Training
   - Finance

3. Financial monitoring and accounting of consumables (CDRs etc)

4. Translating content into local languages

5. Training of announcers

6. Maintenance
   - Stationery and consumables
   - Equipments (and safe keeping)
   - Arrange transport

7. Reporting
   - To committee (using template at agreed intervals. Template includes training and resources needs)
   - By email to the Isabel Youth network (descriptive updates for information to wider stakeholder group)
   - Sharing radio programmes burned on CD and delivered on the weekly ship with Guguha (for distribution)
Communication Plan

The communications will include PFNet email, text messaging and 2-way health radio calls.

Tataba will be responsible for weekly reports but Sigana can also benefit from the communications.

The communications plan will consist of the following:

1. Reporting of progress to programme partners
2. Sharing of ideas with the “community of practice” (wider stakeholder group) so that they can help strengthen the content
3. Technical support including regular planned mentoring emails and ad-hoc help requests

The required communications will consist of:

1. One email to the Isabel Youth Learning Network each week. This can be sent after the review meeting. Please include the following in the email:
   - State that this is a regular weekly update as part of the health learning programme “Khabru Mamahe”
   - If there is no substantial progress, please do send the email anyway, and just explain that there is nothing to report (but give and background info)
   - Report briefly on any programme that may have recently been broadcast.
   - Give progress update on the current radio programme.
   - Give a brief outline of each of the formats that you are developing (i.e. outline for drama, school quiz, talk session etc)
   - Give any comments and recommendations of the review committee so that stakeholders can see the local monitoring process is working.
   - State any community reactions, observations from the health clinic, etc
   - Anything else you want to add
2. One radio call between the Tataba clinic and Buala Hospital each week, reporting that the content has been reviewed by health workers for accuracy, and at the same time the content ideas can be discussed and ideas from IPHS be shared with the local team.
3. SMS texting will be used on an ad-hoc basis to ensure critical programme management messages are conveyed to the Chairman and key persons.
Monitoring Plan

The monitoring plan will consist of:

1. The weekly review meetings will monitor programme activities and outputs, and also the accuracy of health related messages with reporting to MHMS via IPHS
2. Rural Health Clinics in the zone will be used to report back to Tataba clinic the response of the community to the health learning programmes
3. During the programme, activities such as listener surveys and feedback from learner support meetings can be conducted