



Dear broadcasting partners,

Welcome to package 93! This package features the 10 winning scripts from our recent scriptwriting competition on healthy communities. We also include an issue pack which provides background information and stories on healthy communities, programming ideas for broadcasters, and further resources to help you research materials for programs.

Voices continues our focus on healthy communities. Our feature article provides additional information; we offer general feedback, guidelines and tips to those who submitted scripts for the competition; and we profile the writers of the winning scripts. So that you can see the faces of your peers, we've included photos of the ten winners of the scriptwriting competition!

In each issue of *Voices*, we like to hear from you. In this issue, we share the responses of four of our partners who answered our question on how radio stations can collaborate with organizations and individuals involved in community health. Completing the theme of healthy communities, we present an interview with Alice Bafiala Mutombo, the overall winner of the scriptwriting competition.

Voices also offers a profile of Congolese (Brazzaville) radio station *Biso na Biso* and welcomes our many new partners.

As always, we hope that you use all the materials in this package to create interesting, informative, participatory and entertaining radio programs.

Happy reading!

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Package 93, April 2011: Table of Contents



Theme: Healthy Communities

- Script 93.1 Composting human waste is a healthy way to reduce disease and feed the soil
- Script 93.2 A clean village for a healthy life
- Script 93.3 A community fights malnutrition with local leafy vegetables
- Script 93.4 Talking to teens about unsafe sex
- Script 93.5 Empowerment saves youth from drug abuse
- Script 93.6 Occupational and nutritional therapy for people living with HIV and AIDS
- Script 93.7 Empowering communities with participatory community enumeration
- Script 93.8 Florence saves girls from human trafficking
- Script 93.9 Collecting plastic waste: Cleaning the city and generating income
- Script 93.10 AIDS support group gives positive people a new lease on life!

Issue Pack: Healthy Communities

Issue Pack
Healthy Communities
April 2011

This issue pack on healthy communities is divided into four parts: The first section introduces the idea of healthy communities by sharing four true stories about communities and community members that took the initiative to help themselves. The second section offers background information on healthy communities, some definitions, and several more examples of healthy community initiatives. The third section offers a variety of ideas to help broadcasters make programming on healthy communities. And the final section directs broadcasters to the websites of resource organizations working internationally and in Africa to create healthy communities, and to other audio and video resources.

1. Introduction – four true stories about healthy communities

Story 1¹: Betty says that everyone in Zambia knows her as a positive woman. In 2001, about 35 HIV-positive women and five men started meeting and contributing money. With their pooled funds, they bought three pigs. A chief gave them five acres for their efforts. The group has grown to 73 members, 25 of whom are bedridden. Many have died, and many left children. The group supports the orphans with the proceeds from raising pigs, though they also have to pay for anti-retroviral medicines. They opened a school for the orphans with the money they earned. They feed the pigs with food they grow themselves. Betty says that they can't depend on donors, but work on their own.

Story 2²: Berwings Sambo is a 44-year-old farmer and father of eight in Traditional Authority Mabilabo in Mzimba, northern Malawi. He tested HIV-positive in 2004. At first, he was shocked and disturbed. But he accepted the results, began to live positively and became a living testimony that inspired many in Mabilabo.

After learning his status, Sambo broke the news to his wife and talked with her about going for testing. She also tested positive. They told their children: "... I called all my children and broke the news, and from there, I started teaching them more about HIV/AIDS. Until they came to fully understand what it means to be positive." His children are always happy to remind him to take medication. He was asked why it was necessary to break the news to the children when he could have lived a life without their knowledge. Sambo responded, "I consider myself the living example and I would like to tell the world the truth about HIV and what it means to be HIV positive. I emphasize on prevention of the infection ... I want my experience to save millions out there, but before I reach out to millions, I have to ensure that my family is knowledgeable about the reality of HIV, as charity begins at home."

Sambo works to dispel the stigma and discrimination around HIV, including beliefs that those who are infected are lesser human beings or sinners. Many people still abandon and reject those

¹ From http://www.groots.org/download/Huairou_YWCA_Report.pdf

² From <http://www.firelightfoundation.org/pdf/newsflash-1June2009.pdf>

that are infected, despite intensive campaigns against HIV-related stigma and discrimination in Malawi.

To encourage others to disclose their status as he has, Sambo and some friends who are also HIV-positive formed a group called Nkhongono AIDS Support Group. The group has been involved in HIV awareness campaigns. They are also seriously involved in income-generating activities like farming and making jam. They sell their proceeds, which helps them in their day-to-day life. With support from a local NGO, the group grows three acres of maize and has a grain bank for proper storage of maize.

Story 3³: Rose Thomas is a volunteer community health worker from Ngomano village in Kibwezi District, 200 km southeast of Nairobi. She is 49 years old, married and has four sons. She sensitizes mothers and educates them on the importance of ante-natal care, delivery at health facilities and immunization. Because of the efforts of Rose and others involved in this project, the percentage of mothers who have their babies at the health centre has doubled between 2005 and 2008, and immunization rates have increased from 89% to 100%.

Rose collects data from households. She enters the data into a computer, and produces summaries which she uses to develop action plans. She shares the information with the community and educates them on improving their health based on this information.

Community health workers like Rose work on a volunteer basis, receiving no payment. This can be discouraging as they have to walk long distances in the heat to make home visits and collect data. Distances between households are far in this semi-arid area, and covering ten households may take a whole day. In addition, some community members are not comfortable about disclosing health information to community health workers.

The collaboration and support of the provincial administration and the Ministry of Health give community health workers a sense of recognition and ensures the co-operation of the community members. The provincial administration assists them in calling meetings, and the Ministry of Health provides technical assistance and supervision.

The community and decision makers at health facilities and other levels are now using the information collected by Rose and other community health workers to monitor various health needs and activities. In addition, the community is able to follow trends in common diseases. For example, the percentage of new mothers who gave birth with trained health workers in Ngomano village rose from 35% in 2004 to 48% in 2008. The number of non-immunized children under five years decreased from 4% to 0% in the same period. The communities are now able to demand services from the government based on their needs.

Story 4⁴: On May 25, 2010, in Mbagne, a town in the southwest part of the Islamic Republic of Mauritania, a celebration was held to mark the abandonment of the traditional practices of

³ From <http://www.amref.org/personal-stories/roses-story/?keywords=rose+thomas>

⁴ From <http://www.tostan.org/web/module/events/pressID/172/interior.asp>

female genital cutting (FGC) and child marriage or forced marriage. The event was organized by 78 regional communities.

Representatives from the Hassanya and Pulaar ethnic groups gathered to announce their commitment to protect the health and human rights of girls and women, and to set the stage for future abandonment declarations in the country.

More than three-quarters of women in the region have at least one daughter who is cut. The pledge reinforces the fatwa banning FGC announced by the national Imams in January 2010.

The declaration of abandonment was read aloud in three languages: Hassanya, Pulaar, and French. Through music, dance and theatre, youth groups highlighted the communities' reasons for abandoning the practices and the challenges they faced. Important community actors who were crucial to gaining community consensus – including former cutters, religious leaders and community doctors – spoke and declared their commitment to protecting the human rights of women and girls.

The NGO, Tostan, began its Community Empowerment Program in Mauritania in 2007 in collaboration with international and national agencies. Since then, 30 villages in Brakna have participated in the program. These communities reached out to an additional 48 villages to share and discuss issues related to human rights, health, hygiene and the risks of FGC and child/forced marriage by organizing awareness-raising events, intervillage meetings and debates.

The events also unified two cultures that have sometimes experienced tension. It was a declaration that transcended these differences, demonstrating the power of human rights to unite communities for a common and positive goal.

2. Background information on healthy communities

What is a “healthy community”?

The concept of “healthy communities” combines a broad understanding of “good health” with a community approach to achieving it.

This way of looking at healthy communities considers health as part of general community well-being and community development.

The concept of a healthy community is similar to the concept of “community health.” Both phrases help us to look beyond health as a purely medical issue or solely individual concern. Health is then seen in a more inclusive, holistic way, as a community concern.

When we think about a healthy community, besides medical issues, we think about other, non-medical factors that influence individual and community health – for example, the environment, cultural customs and traditions, and the ability of people to make decisions that help them

achieve good health and quality of life. Of course, we would also consider barriers to their ability to make those decisions.

In this sense, health is an integrated part of larger community culture, environment, governance, and development.

Rural communities face a unique set of environmental, economic and social issues. This script package explores the concept of healthy communities from a rural perspective and offers strategies that can be used to highlight positive responses which build healthy communities. The main aim is to see the many ways in which the overall health of communities can be improved through individual and collective efforts.

What components are included in a healthy community?

- Healthy environment: community solutions for environmental health, including sustainable land use, transportation, water, sanitation and waste management, and healthy home conditions (for example, reducing air pollution from cooking, and separating livestock and human living spaces).
- Agriculture and health: agricultural practices that help farmers contribute to a healthy community, such as controlled use of pesticides, and minimizing the impact of fertilizers on drinking water.
- Maternal health and family planning: community initiatives that promote maternal health and family planning.
- Access to information and health services: increased community understanding of health issues, and community health education and services on topics such as sexually transmitted diseases, for example, knowledge about HIV and care for people living with HIV and AIDS.
- Healthy living: healthy eating practices, treating addictions, addressing mental health issues.
- Equality and social justice: opportunities for women to make informed decisions about their health, promoting equal opportunities for marginalized groups.
- Community peace and safety: initiatives that enable people to live in peace; projects that help people resolve conflict; preventing work-related accidents.

Some definitions:

Let's start by looking more closely at some key terms:

A. Health:

"Health" is defined as a state of complete physical, mental and social well-being.

Good health enables people to learn and to work. It enables them to participate in community life. Health gives people the ability to manage and change their surroundings, As such, it is a vital part of what we know as "community development." Finally, health is a concept which is strongly influenced by circumstances, beliefs, culture, and the social, economic and physical environment.

A healthy community is defined as one that provides peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.

B. Community:

A community is a group of people with common characteristics: a common geographical location, ethnicity, age, interest, cultural group, etc.

“Community” also implies a collective approach. It might be a common approach to identifying, tackling, and solving problems. The word “community” carries a sense of people looking beyond their own interests to a larger group.

C. Healthy communities:

The concept of healthy communities takes a broad view of health. In other words, health is not simply a medical or biological condition. It also encompasses other factors that influence individual or community health.

Healthy communities are mindful of all aspects of health and endeavour to achieve good health for everyone. The idea of community implies that we are thinking about the community as a whole rather than simply each of the individuals in that community.

A healthy community is a community characterized by a strong sense of collective effort from individuals and from public and private agencies to protect and preserve the health of the community.

Examples of healthy communities:

Here are a few examples of healthy communities:

- A community where physical environments are planned to support healthy activities and social interactions. For example, a community that is addressing the issue of stagnant water as a source of malaria, contaminated drinking water as a source of water-borne illness, or safe environments for girls, women and elders.
- A community in which there is adequate access to basic health and other services. For example, a community in which all pregnant women have access to information about childbirth and access to health care, and where treated mosquito nets are available to everyone.
- A community with a sense of community safety – pollution-free, violence-free and crime-free. For example, a community that has addressed the issue of waste, found peaceful ways to resolve conflict, and enforces safe working practices for farm workers, for example, when working with pesticides.
- A community that informs its members about health issues and provides the means to deal with health problems; for example, community efforts to help young people learn about sexually transmitted diseases, mental health, family planning, and parenting skills.

- A community that provides opportunities for learning, skill development and participation in a healthy lifestyle, helping individuals and families to learn about nutrition, exercise and related issues.

What can individuals and groups do to promote healthy communities?

Here are some specific examples of initiatives that contribute to healthy communities. Please note that while most of these examples highlight projects with external funding, small or informal, grassroots initiatives are extremely important in all communities.

Neighbours promote healthy eating practices in rural Mozambique

In rural Mozambique, unhealthy infant and children feeding practices and illnesses caused by poor sanitation are key causes of childhood malnutrition. Cultural traditions can lead to deficiencies in children's diets, even when healthy foods are available. For example, mothers normally feed plain porridge to young children, ignoring locally available vitamin- or protein-rich foods such as nuts or greens. In addition, strict traditional gender roles may prevent men from being involved in nurturing their children.

But today in four districts of Manica Province in central Mozambique, a donor-funded program run by the NGO Africare works with a network of volunteer "model families." The program – called *Crescer* in Portuguese or "to grow" – selects parents whose children are better nourished than average. After training, the model families share their knowledge with neighbours. They conduct cooking demonstrations and lead discussions on choosing nutrient-rich foods, preventing diarrhea, and building latrines, which most rural households lack. Many use traditional methods of communication such as song and dance to reinforce the lessons.

The program and the volunteer groups have helped communities to move beyond strict gender stereotypes, with men now openly involved in caring for their children. Fathers attend cooking demonstrations and lead songs about enriching children's porridge with sesame oil, greens, and eggs – something that was unheard of in rural Manica just a few years ago.

Phukusi la Moyo (Bag of life)

Malawi's maternal and child mortality rates are amongst the highest in the world. *Phukusi la Moyo* is a community-based learning program that promotes community health in Mchinji District, Malawi. It was developed by MaiMwana, a community-based maternal and child health project, in response to a need for greater awareness and action on maternal and child health. The program promotes healthy communities by mobilizing women to identify maternal health issues, share experiences, and work collectively towards solutions. Some 200 groups with more than 6000 active members, mostly pregnant women and new mothers, have been established since 2004. The network covers approximately 350 villages across the district. In 2009, the women took their conversations to a wider audience by beginning a radio show in partnership with Mudzi Wathu, the local community radio station.

The project is reducing maternal and child mortality by increasing women's knowledge of health and enabling collective action. Women are learning simple ways to promote safe childbirth and good health for themselves and their children. The project harnesses the power of shared experience to promote both individual and collective action, mobilizing women to take greater control over their own health care. The program has also generated greater understanding and empathy between health workers and communities.

Affordable health care made accessible in Senegal

Mariama is a spokesperson for the Women's and Children's Development Association of Kolda, in southern Senegal. For years, she and her friends observed that women had particular difficulties accessing and paying for health care. They realized the need for a mutual health organization (MHO). MHOs are not-for-profit, voluntary schemes whereby a group of individuals or households pay contributions to finance all or part of their basic health care services. With the help of a donor-funded health program, a community-based organization was set up to run the MHO. Other program partners trained the committee on how to organize and operate an MHO. Currently, the MHO has 650 members, each of who pays \$2 US to enrol and 40 cents in monthly fees. The health scheme covers doctor's consultations, dental care, hospitalization, laboratory fees, medication, and X-rays. MHO members pay 25% of the costs and the MHO covers the remaining 75%. The health centre committee gives MHO members a 10% discount on medication.

According to Mariama: "There were times when I was sick, and instead of going to get help, I just suffered through it." Mariama recalled times before the MHO when money was in short supply. Like many others, Mariama sometimes went to see the *marabout* (religious leader) instead of consulting a nurse or doctor. But those days are over. Now, Mariama is excited about the new possibilities that the MHO brings to Kolda, and makes rounds in the neighbourhood to convince others to join.

Diane Sagbohan volunteers in anti-malaria efforts

Diane is one of only six women among the 265 spray operators who participated in Benin's first insecticide residential spray (IRS) campaign in three decades. She is from Sèmè-Kpodji, one of the four communes selected for spray operations during 2008 and known for high rates of malaria transmission. Despite the fact that spray operators for IRS campaigns are mostly men from her community, she was eager to join the effort.

Her participation in the IRS campaign offers new opportunities for female leaders to combat malaria in Benin. In her community, she is viewed as a pioneer. She is an example for others to change their behaviour and adopt practices that prevent malaria.

3. Production ideas for broadcasters

There are many ways to create radio programming on healthy communities. Here are a few:

- **Interview rural families** in communities where health and livelihoods are threatened by lack of access to safe water, and thus water-borne diseases such as cholera, diarrhea, malaria and bilharzia. Also interview people in communities who have taken steps to ensure that drinking water is safe and/or have taken steps to reduce habitat for malarial mosquitoes, and thus address water-borne diseases.
- **Write and produce a short drama** about a farmer who spearheads the fight for safe drinking water after losing one of his children to a water-borne disease.
- **Interview an expert on community health** from a national or international health agency, a hospital, a university, or an NGO. Questions to ask include:
 - ◆ What kinds of community projects do you think have the best success in improving the health of a community?
 - ◆ What are the most important methods to protect infants and children from health threats such as water-borne diseases? What kind of projects are most successful at ensuring that these methods are widely used?
 - ◆ What are the most important barriers to improving community health? How can these barriers be overcome?
 - ◆ How can rural people best use traditional social structures and customary practices to address health threats and improve community health?
- **Produce a call-in or text-in program.** Invite community health experts to the studio, and invite callers to call or text questions or comments about addressing community health issues. The expert could be, for example, a health professional, an academic researcher, or an advocate from an NGO.
- **Produce 4-6 radio spots** which explain the importance of improving community health. Each spot could start with the same “punchy” lead line and discuss one important element of an integrated approach, including:
 - ◆ ensuring access to safe drinking water;
 - ◆ healthy pregnancy and childbirth;
 - ◆ good nutrition for infants, children, adults and the elderly;
 - ◆ integrating traditional and modern health practices; and
 - ◆ healthy practices at work.
- Host or chair a roundtable discussion on emerging health issues in your area, and creative ways to address them. Invite representatives from various groups: civic and traditional leaders, leaders of women’s groups, educators, health professionals, NGOs, and concerned citizens.
- Interview members of nearby (or distant) communities that have successfully addressed community health issues. As well as information from health and development experts, it is essential to have local people share their experiences of health issues, positive and negative health practices, and the benefits and consequences. Follow up with a call-in or text-in program which considers whether these solutions would work for your community.

- Hold a poetry contest: invite listeners to submit poems about community health and offer a prize to the “best poem.” Read all the good submissions on the air.

4. Further resources on healthy communities

Some of your most useful resources will be local health professionals. It is extremely valuable for broadcasters to develop an ongoing relationship with local health professionals. These people can often offer locally relevant insight into healthy communities, and can refer you to other experts. As well, you can consult the following organizations, radio programs, and videos. Note that many of the organizations listed below have a wealth of documents and other resources on their websites.

Resource organizations

1. Africare: <http://www.africare.org/>
2. AIDS and Rights Alliance for Southern Africa: <http://www.arasa.info/>
3. AMREF (African Medical and Research Foundation): <http://uk.amref.org/>
4. Cameroon Link: <http://www.cameroonlink.info/pages/download.html>
5. Canadian Physicians for Aid and Relief: <http://www.cpar.ca/>
6. CAP AIDS: <http://www.capaids.org/>
7. Care International: <http://www.careinternational.org/>
8. Centre Régional pour l'Eau Potable et l'Assainissement à faible coût (CREPA): <http://www.reseaucrepa.org/> (French only)
9. Commonwealth of Learning: <http://www.col.org/progServ/programmes/livelihoods/healthyComm/Pages/default.aspx>
10. EngenderHealth: <http://www.engenderhealth.org/index-main.php>
11. Family Health International: <http://www.fhi.org/en/index.htm>
12. Global Alliance for Africa: <http://www.globalallianceafrica.org>
13. The Grandmother Project/ Le Grandmother Project: <http://www.grandmotherproject.org/index.php> (English)
<http://www.grandmotherproject.org/index.php?lang=fr> (French)
14. Inter-African Committee on Traditional Practices: http://www.iac-ciaf.net/index.php?option=com_content&view=article&id=52&Itemid=18
15. International Community of Women Living with HIV/AIDS: <http://www.icw.org/> (English, with some articles in French)
16. International HIV/AIDS Alliance/Alliance SIDA/VIH Internationale: <http://www.aidsalliance.org/homepagedetails.aspx?id=1>
17. Johns Hopkins Bloomberg School of Public Health: The Center for Communication Programs: <http://www.jhuccp.org>
18. National Empowerment Network of People Living with HIV/AIDS in Kenya: <http://www.nephak.org/>
19. Network of Zambian People living with HIV/AIDS: <http://www.nzp.org.zm/>
20. Plan International: <http://plan-international.org/>
21. Raising Voices: http://www.raisingvoices.org/about_us.php
22. RENATA: <http://www.tantines.org/tantinesgood/aunties.html> (English)
<http://www.tantines.org/tantinesbon/tantines.html> (French)
23. Save the Children: <http://www.savethechildren.ca/> (English and French)

24. Sidaction: <http://www.sidaction.org/> (French only)
25. Sonke Gender Justice Network: <http://www.genderjustice.org.za/>
26. Soul Beat Africa: <http://www.comminit.com/en/africa>
27. Soul City Institute for Health and Development Communication:
<http://www.soulcity.org.za/>
28. Tostan: <http://www.tostan.org/>
29. Tostan France: <http://www.tostanfrance.com>
30. United Front Against Riverblindness: <http://www.riverblindness.org/>
31. WaterAid: <http://www.wateraid.org/>
32. WaterAid French sites: http://www.wateraid.org/en_francais/
http://www.wateraid.org/mali_en_francais/default.asp
http://www.wateraid.org/burkina_faso_en_francais/default.asp

Resource programs and documents

Radio programs:

- Blind farmers see a better future – AGFAX, October 2010,
<http://www.agfax.net/radio/detail.php?i=371>
- Breast is best for infant nutrition – AGFAX, July 2010,
<http://www.agfax.net/radio/detail.php?i=350>
- *At your convenience: Nairobi's super-toilet* – AGFAX, April 2009,
<http://www.agfax.net/radio/detail.php?i=242>
- *Community-based treatment of malnutrition* – AGFAX, December 2008,
<http://www.agfax.net/radio/detail.php?i=212>
- *A partnership for piped water* – AGFAX, August 2008,
<http://www.agfax.net/radio/detail.php?i=123>
- *Herbal medicine – it's not witchcraft* – AGFAX, November 2006,
<http://www.agfax.net/radio/detail.php?i=117>
- *The bigger picture: HIV/AIDS* – AGFAX, October 2007,
<http://www.agfax.net/radio/detail.php?i=27>
- *PlusNews: HIV/AIDS Radio* <http://www.irinnews.org/Plusnews-Radio.aspx>
- *Zimbabwe: Home-based care helps shore up crumbling health service.* IRIN News,
<http://www.irinnews.org/audiofiles/240520071.mp3>
- *Urban gardens (Amharic).* Internews and Amhara Mass Media Agency, Ethiopia.
http://www.internews.org/multimedia/audio/africa/ethiopia_radio.shtm
- *A school for all children.* Anne Waithera, Nairobi, Kenya. Internews.
http://www.internews.org/LocalVoicesCD/wa_audio.htm

Videos:

- Videos on curing malaria: <http://www.rockhopper.tv/mmv/default.aspx> -
- *EAC Community Health Workers (Kenya):*
<http://www.youtube.com/watch?v=d0RGMVzBYOY>
- Videos on The Water Channel
http://www.thewaterchannel.tv/index.php?option=com_content&view=frontpage&Itemid=1&lang=en
- *AMREF: Better Health for Africa:* <http://www.youtube.com/watch?v=C8VQgFSXX7A>

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COMMONWEALTH of LEARNING

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Composting human waste is a healthy way to reduce disease and feed the soil

Notes to broadcaster

Food safety and security are two major issues that contribute to poverty in Africa. In African rural areas and even in urban areas, people frequently do not have access to drinkable water nor to sanitation infrastructure. It is obvious that this affects their food habits. This is a problem in slums, where people relieve themselves in open areas or in inappropriate places, due to the absence of toilets. However, improving environmental conditions could significantly decrease exposure to diseases and make food practices healthier.

The UN named 2008 as the International Year for Sanitation to address the disturbing lack of safety and hygiene that causes about 42,000 people to die every year worldwide. According to the UN, in 2007, over two billion people were living in inadequate hygienic conditions.

In Ouagadougou's prison, a solution was found through the ECOSAN-UE project (ecological sanitation project). This project is about using and valuing treated human excrement as fertilizer in farming and market garden production, in order to improve farm production quality and enhance inmates' diets.

Please note that the results achieved in this script – reducing odours, reducing the spread of disease and reducing the cost of purchased fertilizer – are dependent on the special composting toilets used by the prison. Farmers and other people should not expect to produce high quality compost simply by storing human excrement in a steel tank and spreading it on the land. It should also be noted that during proper composting, most disease-causing organisms are destroyed.

Before broadcasting or adapting this script for your own audience, please read the information sources cited below and do local research to see if human waste is composted in your broadcast area, and what kinds of composting equipment are used.

This script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Signature tune

Hostess: Hello and welcome, dear listeners, to *Healthy Community*, our show on community well-being. My name is Kpénahi Traoré. Today we'll talk about a particular type of fertilizer. Did you know that our excrement and urine are powerful fertilizers? They enrich soils and improve the quantity and quality of harvests. And that is not all. By composting human waste, we can also clean up our surroundings. This will protect us from certain diseases.

Signature tune up, then out under the hostess's voice

Hostess: I guess you can't wait to know how this is possible. Follow us into the garden of Ouagadougou's detention and correction centre, called the *Maco*. Here we will meet the person in charge of the prison's garden, the penitentiary security guard, Hilaire Kolgré.

Signature tune up, then fade out under the hostess's voice

Hostess: Three years ago, residents in the neighbourhood complained about unpleasant odours coming from the Maco. Penitentiary authorities were looking for a solution when the initiators of an ecological sanitation project called ECOSAN-UE approached them with a possible solution. In this project, penitentiary authorities educated the prisoners on the appropriate treatment of their urine and excrement, with the goal of offering them a healthier environment

Signature tune up and then fade out under Mr. Kolgré's voice. Background sounds of a machete being sharpened and of a hoe hitting the ground.

Mr. Kolgré: Thanks to ECOSAN toilets, we can collect twenty 20-litre containers of urine per day. The urine and the stools are treated separately. The urine goes through pipes into containers. As for the solid waste, it falls down into specially designed containers. We use no water, but we use toilet paper so that the solid waste maintains its shape. And we cover the solid waste with ashes to prevent flies from landing on it. We store urine in big hermetically-sealed barrels for one month to prevent nitrogen evaporation. Six to eight months are enough for the solid wastes to decompose and be transformed into compost. (*Sound of Mr. Kolgré moving the sheet metal lid of a container for excrement*). By then, the smell and appearance have completely changed. You can't tell that this used to be human excrement. After composting, the urine is used to water plants and the solid waste can be dug into the fields before sowing, or buried in the soil all around the plants when they start growing.

Interviewer: As the person in charge of this prison garden, why did you start this practice?

Mr. Kolgré: We were facing a sanitation problem here. We were invaded by unbearable smells and mosquitoes. Prisoners were urinating directly on the floor in hallways and in cells. We also had a financial problem. We didn't have enough funds to buy fertilizers and other inputs to maintain the garden. The vegetables from this garden are used to cook the prisoners' food, which we call the "penitentiary sauce."

Interviewer: What have been the benefits of this practice for the prison?

Mr. Kolgré: It contributed to improved hygiene and diets, and it significantly reduced diseases. It also helps prisoners in their social rehabilitation process when they leave the prison. In other words, because they are already used to using this practice in the prison's garden, they have no difficulty using it when they work in their own gardens after they get out of prison. They will be able to do market gardening using human wastes as fertilizer, without spending any money for chemical fertilizers.

Hostess: About 100 metres from us, a prisoner is standing in the middle of the garden, holding a black sack in his right hand. Mr. Kolgré calls him and he approaches. He shows what's in his sack: eggplants and peppers. He has just picked them in the garden. This prisoner has been working in the garden for over two months. He has also seen the benefits of using human waste.

Sounds of a hoe far away

Prisoner: Since we started using this new fertilizer, our vegetables are high quality and we produce a lot. Our hygiene and diet have also improved. And what I really like is that we'll be able to do this market gardening for our social rehabilitation.

Hostess: Tell us more about your social rehabilitation. What do you plan to do after prison?

Prisoner: I used to do market gardening before coming to prison. So, when I finish serving my time, I'll have no difficulty finding a job and living a normal life. I will resume market gardening, but with an advantage, the knowledge of using human wastes to improve my garden's production and keep my environment clean.

Hostess: Alaye Bagayiri is the quartermaster of the Maco. He records and supervises all expenses. He appreciates the economic benefits of the new practice.

Mr. Bagayiri: The technique costs nothing and does not require the purchase of fertilizer. Not only did it improve hygiene in the prison, it also allowed us to save money. We don't buy fertilizer any more.

Interviewer: Mr. Kolgré, what challenges have you faced in implementing this practice?

Mr. Kolgré: The challenge was to convince people of its benefits. This has really not been easy. Not everyone wants to handle human urine and excrement.

Interviewer: Are there still complaints from residents living nearby about bad smells?

Mr. Kolgré: Yes, there are still some complaints, but there will be none if we continue this practice regularly. I am almost at the end of my mission at the Maco; I will soon work elsewhere. Someone else will have to take over and continue this work. So I will hold a meeting to see about sharing my knowledge with some prisoners and with my colleagues.

Hostess: To allow the technique to be used permanently at the Maco and by the farmers in the country, Mr. Kolgré wants it to be a permanent policy in Burkina Faso's prisons. Maco's

experience was such a success that officials from other prisons in Burkina Faso have expressed their desire to know more.

Mr. Kolgré: The manager of Banfora detention centre came all the way here (*Editor's note: about 450 kilometres*) to learn about the use of treated human excrement. He experimented with it and is regularly asking for advice. I was really touched by his interest. This is encouraging for me; it proves that I am not the only one to see its usefulness. It is also a good social rehabilitation strategy for prisoners. The Ministry of Justice should integrate it into its programs. I hope that it will be used not only in prisons. The technique must be shared with everyone. If we can succeed in convincing prisoners to use it, we can do the same with others.

Start of signature tune in background

Hostess: It's the end of our show on healthy communities. Thanks for following us. Remember that our health is the most precious thing that we have. So let's take care of our surroundings and eat healthy foods. Good hygiene keeps away hygiene-related diseases. The Maco example that we talked about today is proof that good hygiene doesn't cost much. All it takes is to become aware of the value of human waste. I want to remind you of the fact that the technique we just talked about is not exclusively for prisons. In fact, it is quite usable by farmers and those of you who do market gardening outside of prisons. Don't hesitate to use it in your fields. This will reduce your expenses on chemical fertilizers. So, dear listeners, remember that your waste is worth its weight in gold.

Signature tune up and closure of the show

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Hilaire Kolgré, prison security guard in charge of Maco's garden; Alaye Bagayiri, Maco's quartermaster, unnamed prisoner. Interviews conducted on September 30, 2010.

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A clean village for a healthy life

Notes to broadcaster

Diarrhoeal diseases are very common in most developing countries, and the dehydration that sometimes follows is one of the main causes of death in children.

In the Democratic Republic of the Congo (DRC), diarrhoeal diseases are one of the most common causes of visits to clinics and hospitals, especially for children. The mortality rate of infants in the DRC ranks number nine in the world. Out of 1000 live births, 129 children die. Many deaths in both children and adults are from diseases such as malaria, diarrhoea, and respiratory infections. In the DRC, 30 million (of 41 million) Congolese living in rural areas do not have access to safe drinking water or adequate sanitation.

A government program called *Sanitized Villages and Schools* is trying to address this serious situation. It aims to reach 15000 villages and 2600 schools by 2012. The program begins after a request is received from a village. Villagers choose their sanitization projects and mobilize their own resources to better benefit from the support of the Ministry of Public Health and an NGO called Humana People to People (HPP).

The first stage of the program is about raising awareness of a communities' right for access to water and sanitation. This is one of the most important elements of the program. It is essential that community members know their rights and understand the link between water, sanitization, hygiene and water-borne diseases such as diarrhoea.

The program uses participatory techniques to help families become aware of sanitary and behavioural problems that threaten their health. Families make a list of hygiene needs. That list is a sort of "Community Action Plan" that serves as a starting point and framework for all further activities. Three specific activities must be included in each village's Community Action Plan: protection of water points, construction of family latrines, and hand-washing. Hygiene represents a significant challenge for these communities.

This radio script illustrates a collective approach to the problem of community hygiene. People living in villages decide to work together to establish hygiene rules in their village and to fight against diarrhoeal diseases.

This script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Host: Hello everyone, and welcome to the show. Today, Nsilulu Kanga is a model healthy village in the city and province of Kinshasa, capital of the Democratic Republic of the Congo. But two years ago, this little village of about 200 people was dealing with diseases related to poor hygiene. Dozens of cases of diarrhoea were recorded every month. In the first few months of 2008, more than 30 cases of diarrhoea were recorded in the Binza-Ozone area, where this village is located. The main causes were the lack of safe drinking water, the lack of hygienic toilets, poor management of garbage, and a lack of knowledge to stop the spread of water-borne diseases.

SFX: *Signature tune. Crossfade into everyday sounds of village for five seconds, then fade and hold under host.*

Host: In today's show, we will meet five people from Nsilulu Kanga. These women and men took the initiative to stop the plague of diarrhoea and other water-borne diseases, and have the community respect hygiene rules. Thank you for joining us for this program.

Host: *(Pause)* We have set up our studio inside a straw hut in Nsilulu Kanga. We are in a wide and very clean yard. Behind us are two mango trees. The main road is right in front of us, and in the background are the noises of everyday life in this village. Around me are Charlotte Nzulu, Amos Ngangu, Godelieve Masinga, Ida Tamba and Henriette Bilonda. These four women and one man will tell us about their determination to clean up their village.

Could you start by telling us about the issues you had before cleaning up your village, Mama Charlotte Nzulu?

Charlotte Nzulu: We noticed many cases of disease in our area. Diarrhoea was a real plague among children. Some children were dying. After this bitter observation, we decided to talk with an NGO called Humana People to People or HPP that wanted to be active in our village. We realized that these diseases were caused by the poor quality of the water from the rivers in our community. HPP divided the villagers into 20 groups led by two coordinators. I am one of the coordinators who assisted in the training sessions to help raise awareness among community members. The training was held in downtown Kinshasa. After the training, the villagers brought back products to purify the drinking water.

Host: Did this solve the community's problem?

Charlotte Nzulu: The problem was not entirely solved. There were still cases of diarrhoea. After a new evaluation, we concluded, along with the NGO, that this was due to dirty toilets and no hand washing. Villagers were not used to washing their hands after going to the toilet. We were then trained to educate people about hand washing. We installed home-made hand-wash stations made from bamboo, plastic bottles, and clay calabashes or jugs. The containers we use most often are three or five litre cans. We pierce them with big nails that also serve as stoppers. This allows people to wash their hands with soap every time they use the toilets, or at any other time.

Host: I understand that you also registered with a national program called *Sanitized Village*. This is a program that sets standards related to water, hygiene and sanitation that a village must meet with its own resources. Amos Ngangu, what did you gain from this program?

Amos Ngangu: We benefited in many ways. Latrines needed to be built, as well as three water wells and hand-wash stations for all families. We already had some resources, including sand and gravel, plastic bottles and other containers. The Ministry of Health and the donor partners brought the other materials needed, and they trained a mason to build SANPLAT paving stones. These are paving stones that cover the holes of our toilets so that flies do not gather around them. They are made of sand and gravel, cement and iron bar. We learned how to keep our latrines covered by using these paving stones and to clean them with water and a brush.

Host: What else can you tell me about the program's benefits?

Amos Ngangu: This program organizes regular meetings in the village to ensure that villagers respect the hygiene-related rules that they learn in the program. Now we have wells that are properly protected by concrete structures that surround them. This prevents water from getting soiled when it rains. With the clean-up, we decreased the number of flies and mosquitoes that cause malaria and diarrhoea. Now, you can't even smell any bad odour.

SFX: *Three second musical interlude, then fade out*

Host: All the families in Nsilulu Kanga village now have clean, hygienic latrines and hand-wash stations. Three wells are working. And the partners of the *Sanitized Village* program gave the villagers products to purify their drinking water. (*Pause*) Back to our interview.

Fade in village sounds for three seconds, then fade under

Host: Mama Godelieve Masinga, you are an advisor on the committee of Nsilulu Kanga. Now that your village has been declared clean, is there any reason to fear a return of diarrhoeal diseases?

Godelieve Masinga: As we all go to the toilet every day, it's always a risk. But we are on the lookout. I spend my days monitoring habits, especially in the youngest kids, when they go to the toilet. I make sure that they always wash their hands with soap at the hand-wash stations. It's encouraging because we have no more cases of diarrhoeal diseases.

Host: How did you manage to maintain the better hygiene that you achieved, Mama Ida Tamba?

Ida Tamba: I am the secretary of the committee in the village. After the work we accomplished with the NGO and the *Sanitized Village* program, the Binza-Ozone health region advised us to form a committee in the village. We elected 10 members to be in charge of raising the villagers' awareness about the action plan that we developed before joining the program. That action plan includes proper use of latrines and of hand-wash stations, the fight against diarrhoeal diseases, and disposing of garbage in holes dug in home yards. Every second week of the month, we go door to door to raise people's awareness about a particular topic. For example, it might be about

how to clean and maintain latrines. After raising awareness, we verify, four times a week, that everyone really has hygienic latrines and uses hand-wash stations correctly.

Host: So it sounds as if everything is going well in Nsilulu Kanga village. But you must face some challenges still, Amos Ngangu?

Amos Ngangu: We are facing a lack of sanitation equipment: spades to dig garbage holes, machetes, wheelbarrows and sacks to deal with the soil erosion that is a threat to our village. But we are organizing ourselves within the committee to find efficient solutions.

Host: To finish, I believe that the clean-up of this village is more women's business than men's. Women make up the majority in this studio.

Mama Charlotte Bilonda: It is not only women's business. Our committee is a model of parity: there are five men and five women. It is just that more women were available to participate in this show. We work hand-in-hand, women and men. I will even confess that it is the men who motivate us to do the work.

Maman Ida Tamba: I believe that our efforts have been successful particularly because women are determined and know how to recognize issues. If women get involved in something, it *will* work.

Amos Ngangu: I think that it's the fact that we are all united, women and men. That makes us an exemplary village within the *Sanitized Village* program. I particularly want to thank the Binza-Ozone health region for assisting us in our efforts. We hope that Nsilulu Kanga will be a role model for many. Thank you.

Host: Thank you for agreeing to share your experience with the *Sanitized Village* program.

Fade in signature tune, then under host

Host: *(Pause)* Listeners, if you have questions on this topic or other sanitation issues, contact the closest healthcare institution or UNICEF office. Or you can call our station at 089 813 7000.

Please join us next week for a new show, at the same time. My name is Alice Bafiala Mutombo and I wish you an excellent day.

Closing signature tune, four seconds hold, then fade out

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Translated by: Madzouka B. Kokolo, consultant

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COMMONWEALTH of LEARNING

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A community fights malnutrition with local leafy vegetables

Notes to broadcaster

We eat to live. Without food, we would go hungry. But hunger is not only about not having enough to eat; it is also about what you eat. “Hidden hunger” occurs when people suffer from micronutrient malnutrition. Micronutrients are vitamins and minerals. Unlike macronutrients such as calcium and magnesium, they are needed in smaller amounts. Nevertheless, they are essential for good health. Millions of people, typically those who live in rural areas, eat staple foods such as maize, cassava and sweet potato. While these fill their stomachs, they cannot by themselves provide people with enough micronutrients.

Scientists have started to develop crops with higher levels of micronutrients. While these efforts are underway, there are many indigenous African leafy vegetables with high levels of vitamins, minerals, and micronutrients. But these local vegetables are being underutilized due to lack of knowledge.

This script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Signature tune for 10 seconds, then fade and hold under host

Presenter: Welcome to your favourite program, “Health Matters.” Good nutrition is important for good health. The idea of improving nutrition to solve health problems was raised at a recent farmers’ forum. Our reporter was there to interview the headman of Abotanso community and the extension officer for the area. Stay tuned, wherever you are.

Signature tune up for five seconds, then fade out

Sound of traditional music in the background

Interviewer: I am in Abotanso, a community on the outskirts of Koforidua, the capital of the Eastern Region of Ghana. From where I am, I can see sandbags placed on watercourses to check erosion. The community looks neat and clean. Members of the community have just ended a special meeting. They are celebrating a successful day with drumming, singing, and dancing.

I have two people with me outside the gathering. I want them to introduce themselves; first, the lady.

Gifty: I'm Gifty, the extension officer for Abotanso and its surrounding area. I've been working here for the past five years.

Adjei: I'm Papa Adjei, the headman of Abotanso community. I was born and bred here. I inherited the headmanship from my father, who died twelve years ago.

Interviewer: What was the meeting about, Papa Adjei?

Adjei: Five years ago, the Ministry of Food and Agriculture introduced a land and water management project here. We have implemented the project over the years. We've met to discuss the long-term results of our farming activities.

Fade up sound of drumming and singing, then fade under presenter

Presenter: It appears that the people in Abotanso have gained a lot from the agricultural project. *(Pause)* The drumming has intensified. Let's continue with the conversation.

Fade up drumming and singing, then fade to low and hold under the interview

Interviewer: What are some of the achievements of the project, headman?

Adjei: We've made poor farmlands more fertile. We now have more trees. Our crops are doing well. We make a lot of money from selling our crops. The extension officer has helped us a lot. But the biggest achievement is how she advised us to grow and eat more leafy vegetables to improve our health.

Interviewer: Gifty, the headman is happy with your work. Why do you recommend leafy vegetables to them?

Gifty: Two years ago, I visited Papa Adjei at home and found him feeling unwell. He couldn't gather himself to stand up. Although he didn't know it, he was lacking vitamins and minerals.

Adjei: The day she visited me, I didn't have enough energy.

Interviewer: How did you know that he lacked vitamins and minerals, Gifty?

Gifty: He showed me the list of medicines the doctor had asked him to buy. They were mostly vitamins and minerals. But human beings can obtain these micronutrients directly from their foods, especially fresh local leafy vegetables. I then talked to his wife and asked her to cook more *alefu*, *gboma*, *ayoyo* and *kantomire*. *(Editor's Note: alefu is Amaranthus species, gboma is Solanum macrocarpon, ayoyo is Cochorus species and kantonmire is Xanthosoma or Colocasia).*

Interviewer: Extension officer, did I hear you say micronutrients?

Gifty: Yes. These are substances in food that are needed by the human body in small amounts. Nevertheless, they are essential for good health.

Interviewer: What are some of these micronutrients?

Gifty: Some important micronutrients are vitamin A, iron, zinc and iodine. Vitamin A improves eyesight; iron and zinc are good for body fluids such as the blood, while iodine prevents goitre.

Interviewer: Why did you recommend those vegetables and not any other crops?

Gifty: In the first place, they are nutritious. Also, their seeds are readily available, and the soil and weather here are suitable. Above all, these leafy vegetables are very early-maturing. Most of them take only 40 to 60 days from seed to harvest. Farmers can therefore harvest them several times in a year.

Interviewer: Papa Adjei, why weren't you eating enough of these greens before?

Adjei: We didn't know that local vegetables could be so nutritious. We considered the local leaves to be food for poor people. We rather preferred lettuce and cabbages, even though these foreign crops are more difficult to grow ...

Gifty: (*Interrupting*) They grow their crops and sell everything ... everything, including the local vegetables, for cash!

Laughter

Adjei: (*Jokingly*) Well, officer, don't reveal everything that you have seen!

Interviewer: Papa Adjei, how do you cultivate these crops? Share your knowledge with others, please.

Adjei: We used to broadcast the seeds. But the extension officer taught us to sow them in nurseries and transplant them after three to four weeks. Other seeds are planted directly, with correct spacing. After clearing weeds once or twice, the crops are ready for harvesting.

Interviewer: How do you control pests and diseases?

Adjei: Even though the local vegetables have fewer pests and diseases than foreign ones, we use neem tree extract and wood ash to protect the crops. (*Editor's note: Neem is a plant with insecticidal properties*)

Interviewer: How do the farmers make the neem extract, officer?

Gifty: Farmers pluck and wash neem leaves with water. Then they pound the leaves in a mortar until they get a paste. You soak one kilogram of that paste in 15 litres of water overnight. Then

you stir and sieve the mixture into a knapsack sprayer. You spray the vegetables when you see insects.

Interviewer: What if farmers do not have access to a knapsack sprayer? How do they apply it?

Gifty: Watering cans, perforated tins and gourds are used. A farmer can also tie leaves together to form a brush and apply the mixture that way.

Interviewer: Papa Adjei, what are your typical daily meals now that you've started eating more local green leafy vegetables?

Adjei: In the morning, I take boiled moringa leaves mixed with oil and *kose* to accompany my *koko*. My lunch is normally boiled yam with a stew made with *alefu* or *kontomire*. Instead of the usual *fufu* with light soup for dinner, I now take *fufu* with soup made with green leafy vegetables. (*Editor's note: kose is bean cake; koko is a light cereal porridge; fufu is a thick paste of boiled, pounded roots and tubers*)

Interviewer: How do you feel after eating more fresh leafy vegetables?

Adjei: I don't visit the hospital as frequently as before. My children don't miss school due to illness as much. My wife goes about her household chores without getting as tired as in the past.

Interviewer: Gifty, what else have you done in the project to encourage people to eat these indigenous vegetables?

Gifty: As I said earlier, I talked to Papa Adjei's wife. I also called group meetings and talked to the farmers in the community about it. They are following my advice and it works for them.

Presenter: Dear listeners, let's take a short break. When we come back, our friends have some advice for us.

20-second musical interlude with traditional drumming and singing

Interviewer: Sister Gifty, what advice do you have for people in other communities?

Gifty: Our local foods contain a lot of nutrients. I encourage every farmer to grow more and eat more of our local leafy vegetables. This is because they are both food and medicine.

Interviewer: Before I let you go, headman, what is your last statement?

Adjei: I want this experience of ours to be recorded in the mobile agricultural information van and played frequently till many people value what we have here.

Presenter: We have come to the end of the program, with advice from our guests to grow and eat more fresh leafy vegetables. We must also spread the message to others. Till we meet again next week, keep healthy. I'm _____, your presenter.

Signature tune up, then fade out

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COMMONWEALTH of LEARNING

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Talking to teens about unsafe sex

Notes to broadcaster

Sex is a widely discussed subject across the globe. But in many cultures and communities, talking about sex is still considered taboo. This is because of cultural, moral, social and religious values that vary from place to place. The dynamics of talking about sex have changed further with increases in teen pregnancies, abortions, school dropouts, sexually transmitted diseases and the threat of HIV infection. However, sexual health is a key part of community health, and should be discussed.

Teenage pregnancy rates across Africa have been increasing, and governments have attempted to step in with various media campaigns to create awareness. However, the effectiveness of these campaigns has not been adequately measured. Reports indicate that more teenagers are using party drugs, especially over weekends and holidays, as well as the morning after pill. The numbers of young teenage and single mothers rise daily as young people engage in unprotected sex. Teenagers, especially in rural areas, risk facing serious reproductive health problems if not educated and advised. These health challenges need to be addressed from both a preventive and curative angle in order to safeguard the health of both young people and their babies.

This script is a drama based on actual interviews. It can be used as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers.

This script would also work well if followed by a discussion or interview with guest experts to further explore the sexual health issues raised, and talk about local efforts to address these issues.

Characters

Host

Clare Kiko: health worker

Stella: 14-year-old girl

Ben: Stella's father

Flora: Stella's mother

Boyo: Stella's boyfriend

Esther: 14-year-old girl, Stella's friend

Maggie: Flora's friend

Sonia: Flora's friend

Signature tune up for five seconds, then fade down and out under host

Host: Hello listeners, welcome to this special program on sexual health. Now, have you ever been in a situation where you knew you needed to say something but did not know how? Today we meet a lively, sexually active teenage girl who has never talked to her parents about sex. Her parents also do not know how to talk to her about it. Stay tuned; let's learn more!

SFX: *Noises of a busy market place up for five seconds and then fade and hold under*

Flora: Maggie, what is going on with our girls? I was just walking the other day, and I saw Truphena. She is pregnant! Yet she is only fourteen years old!

Maggie: Are you serious, Flora?

Sonia: She is serious, Maggie, I heard about that. I hope my daughter Sue is not pregnant ...

Flora: Why do you say that, Sonia?

Sonia: She has been feeling unwell each morning. She has also been vomiting a lot. I am terribly worried.

Maggie: You know, in all my years as a teacher, I have never heard of so many young people dropping out of school because of pregnancy. I think I will transfer my children to another school. I do not want them to get mixed up in all this. Eh!

Background noise of busy market street fade out from the background

Signature tune up for five seconds, then fade down and out under host

Host: As the women wonder about their teenagers, on the other side of the market, fourteen-year-old Stella is having some fun in the back yard of her home with Boyo, her sixteen-year-old boyfriend.

SFX: *Kissing sounds, Stella and Boyo giggling*

Stella: Stop it, Boyo!

Boyo: Come on, girl! You know I love the taste of your lips, eh?

Stella: Mmmh!

SFX: *Sound of footsteps approaching*

Ben: You! What do you think you are doing?

SFX: *Ruffling clothes as Boyo and Stella compose themselves*

Stella: Daddy ... Daddy ... er ...

Ben: Daddy daddy what? Eh? You, get out of here! Nonsense joker!

Boyo: But ... but I ...

Ben: Get out before I get my hands on you!!

SFX: *Footfalls as Boyo runs off*

Ben: Nonsense joker!! Stella, did I not warn you about that boy?

Stella: Daddy, he is not just a boy, Boyo is my boyfriend!

SFX: *Sound of a slap landing on Stella's cheek. Stella cries out.*

Ben: I never want to hear that again! Get into the house!

SFX: *Sounds of Stella running into the house, crying*

Signature tune up for five seconds, then down and out under host

Host: Later that day, Stella runs away from home. Her mother Flora is not happy about this. She confronts Ben, her husband. They argue outside their home.

Flora: Ben, why did you have to hit her? Now see what you have done! Stella has run off!

Ben: Flora, your daughter will be back, you wait.

Flora: What do you mean wait? Maybe she has gone to live with that boy! What will you do if she comes back here pregnant?

Ben: She wouldn't dare! Nonsense joker!

Flora: Then take responsibility! You are her father!

Ben: Aargh, leave me alone!

Host: Clare Kiko, a young local health worker, happens to be walking by and overhears their conversation.

SFX: *Sounds of Kiko's footsteps*

Kiko: *(Coming on mic)* Hello Ben and Flora, is everything well?

Ben: (*Angrily*) What is it to you, Kiko? You should be going to the health centre. There are people waiting for you to attend to them.

Kiko: It's okay, Ben. There are other health workers there. But I can leave if I am not ...

Flora: (*Interrupting before Kiko finishes*) No, don't go Kiko, you can help us. We are having a difficult time. Stella ran off today.

Kiko: What? Why did she run off?

Flora: Well, Ben slapped her. She must have gotten angry.

Ben: Weh! Can you tell her *why* I slapped her?

Kiko: Ben, you do not have to be so harsh. What caused you to do it?

Ben: What would you do if you caught your daughter kissing a boy outside your house?

Kiko: Well, I would be quite angry ...

Ben: You see? There it is! Spare the rod and spoil the child!

Kiko: I see. Have the two of you ever talked to her about relationships and sex?

Pause

Flora: No, we never have ...

Kiko: Why not?

Ben: (*Nervous*) Aahmm ... You know ... We talk to her the best way we know how. Aahmm ... but ... but we do not really know how to go about it. Aahhmm ... It's a bit awkward for me to do it, so I think her mother Flora needs to do it.

Flora: Ben, I did not get pregnant on my own!

Kiko: Flora is right, Ben. You as a father also have a responsibility to talk to her. My advice is that you both sit down with Stella and talk to her about your concerns. Tell her you are worried that she is in a relationship or has a boyfriend and she might not be ready for sex yet. Talk to her about the dangers of having sex at an early age, like getting pregnant while she is still a child herself. This can seriously damage her health in the long run and there are chances that she might get cervical cancer later on in life. .

Ben: Ahem ... Aahmm ... How do we talk about sex if she is already ... aahmm ... doing it?

Kiko: You are not sure about that yet, Ben. Explain to her that as much as sex is enjoyable, she needs to be ready both physically and emotionally. Let her know there are condoms these days. She can use them for protection. There are many girls in this community who are getting pregnant and contracting sexually transmitted diseases. She should avoid unprotected sex if she wants to escape difficulties. It might lead to her dropping out of school.

Flora: Kiko, I do not want her to get pregnant now. Are there steps she can take?

Kiko: One way to protect herself is to follow the ABC formula: Abstain, Be faithful or use a Condom. You could advise her to abstain for now. Until she's older. You must remember that if you do not talk to her, she will get advice somewhere else and that could be bad advice and peer pressure from friends.

Flora: Ben, will you help me?

Pause

Kiko: Ben, you are her father. Stella needs your guidance. In a gentler way, of course. It is important to let her know that there is nothing wrong with her having a relationship, but she needs to have someone who will respect her and not force her to do things she is not ready for.

SFX: *Ben takes a deep breath*

Ben: Eh! Ahem! Aahmm ... I do not want to see her pregnant. Er ... Okay, I ... I will help in any way I can.

Signature tune up for five seconds, then down and out under host

Host: Hours later, Kiko finally traces Stella to one of her best friend's homes. She finds Stella seated alone in a bedroom, thinking.

SFX: *Door opening*

Kiko: Stella?

Stella: Who are you?

Kiko: Stella, my name is Kiko. I'm a health care worker. Can we talk about this?

Stella: Just get out!

Kiko: Listen to me, Stella ...

Stella: No Kiko, I know my parents sent you here and I am not interested in what they have to say!

Kiko: No, I am not here because of how your parents treated you. I want us to talk about sex.

Pause

Stella: Sex?

Kiko: Yes, let's talk about sex.

Stella: What about it?

Kiko: Have you ever thought about having it?

Stella: Yes, why not!

Kiko: Then have you had sex before?

Pause

Stella: Ummm...

Pause

Kiko: Are you afraid to tell me?

Stella: I do not even know you.

Kiko: I know it makes you uncomfortable, but I have been there too.

Pause. Stella sighs.

Stella: We ...

Pause

Kiko: Go on. I promise this will just be between us.

Stella: Promise?

Kiko: I promise.

Stella: Ummm ... We ... we ... did it once

Kiko: I understand ... Er ... How was it?

Stella: Ummm ... Painful....

Pause

Kiko: Did you use protection?

Stella: What ... what do you mean? We did it in a safe place.

Kiko: No. I mean, did you use a condom? It helps prevent you from getting pregnant and contracting any sexually transmitted diseases.

Stella: I have heard about condoms ... Could I be pregnant?

Kiko: No, your mother tells me you haven't missed your periods. What is important is that whenever you are having sex, you need to be ready. And you need to use protection. Do you want to do it again?

Stella: Well ... I have been thinking about it. Many of my girlfriends are enjoying it. But I am afraid because I did not enjoy it the first time.

Kiko: It was painful because you were a virgin, and also because you were not psychologically ready for it. Have any of your friends gotten pregnant?

Stella: Five of them have.

Kiko: Didn't they drop out of school?

Stella: Well, yes ... Some of them will come back next term.

Kiko: Do you want that to happen to you? For you to drop out?

Stella: No. I still want to go to school. I want to become a nurse.

Kiko: Then you should think about whether you want to have sex with Boyo again. If he asks for it, you can tell him no. Perhaps you should finish school first. Then you can decide when to have sex. Even then, always use a condom.

Stella: It is hard; he is my boyfriend.

Kiko: I know how you feel. When I was your age, I felt the same way too. I had sex with my boyfriend. But that was a mistake. I learned that I do not have to show him my love by having sex. There is a time for everything. I know you can do it, okay? We have a lot of nurses at the health centre. Do you want to come with me to the health centre?

Stella: Well ... I don't know ...

Kiko: Come, I have some good things I can show you, especially about being a nurse. After that, I will take you home and help you talk to your parents, okay?

Stella: Okay.

SFX: *Sounds of footsteps walking away, door opening and being shut*

Signature tune up for five seconds, then down and out under host

Host: Stella learned some new things about sex by visiting Kiko. After a few days, she starts helping Kiko do her rounds in the community to talk to her peers about avoiding premature and unsafe teenage sex.

SFX: *Sounds of footsteps on a path*

Kiko: How are you feeling about helping me talk to teenagers about sex, Stella?

Stella: A little nervous, Kiko. But I feel it is the right thing.

Kiko: I am really glad you came with me today. I am also happy that you went back home. Your parents looked really happy.

Stella: Yes, we had *the talk*. It was a little strange, because we had never done that before, but at the end of it all, we felt so much closer. It is strange. I feel like I can tell my parents anything now!

Kiko: That is so great! I am sure your parents trust you more now. Are we almost there?

Stella: Yes, it is right around this corner.

SFX: *Sounds of footsteps on a path*

Stella: Hello Esther, my girlfriend!

Esther: Stella! How are you?

Stella: I am fine! I came with the friend I told you about. Her name is Clare Kiko.

Kiko: Hello, Esther.

Esther: Thank you so much for coming. Er ... I ... I have two boyfriends who want to have sex. What do I do?

Kiko: I will help you, Esther, but we shouldn't talk standing here, right? Let's go to the health centre.

SFX: *Girls laugh, footsteps fade away*

Fade up signature tune, then down and out under host

Host: Thank you for listening to this program. I hope you are now going to be able to talk more freely about sex with your teens. Visit your local health centre or youth centre and get more material on this! My name is _____ saying, don't play it shy. Speak up and find out what you need to know. And play it safe!

Ending tune up for five seconds, then down and out

Acknowledgements

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COMMONWEALTH of LEARNING

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Empowerment saves youth from drug abuse

Notes to broadcaster

Young people are the backbone of any nation's future development. The 2010 Kenya census found that there are approximately six million youth (people between the ages of 18 to 35) of a total population of 38 million. Substance abuse increasingly threatens youth. A study by the United Nations Office on Drugs and Crime in April 2007 mapped over 12,000 heroine users and 103 drug dens in Nairobi and Kenya's Coast Province.

NACADA (National Campaign Against Drug Abuse Authority) conducted a survey in 2007 that showed about 40% of Kenyans aged between 15 and 65 years have drunk one type of alcohol or another. It further says that alcohol is abused by 77% of youths out of school and 28% of youths in school. This means that youth in Kenya are at risk from related issues such as HIV infection. This is because alcohol abuse affects the functioning of the brain, leading to high risk behaviours such as sexual indulgence with a partner who may be infected, thus leading to HIV/AIDS and other sexually transmitted infections.

In an interview with a Kenyan newspaper, former NACADA Director, Joseph Kaguthi notes that substances that cause the greatest harm to the youth are those that are legally available, such as alcohol, and not the prohibited ones.

This script looks at a creative approach to the problem of drug abuse and poverty in Kibera slum. Pamoja Youth Foundation, a local community-based organization, has initiated an empowerment program that has trained youth in entrepreneurship and fostering peace.

Note that this script uses the terms "sex worker," "sex work" and "sex trade" in place of "prostitute" and "prostitution." These terms were coined because some felt that "prostitute" and "prostitution" stigmatized those persons who earn their living in these ways. As always, broadcasters should make their own choices on what language to use.

The script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Fade up signature tune for 15 seconds and under

Presenter: Welcome to another episode of *In Focus*, a youth program that focuses on people who have a positive impact on this generation. *(Pause)* Imagine being trapped in the world of drugs and the sex trade. These issues feature strongly in the stories of youth in Nairobi's Kibera slum. In today's program, a former drug addict, Joshua Sepipe, shares how he got hooked on drugs and how he then managed to change his life. We will also speak to Akinyi, who used to be a sex worker, and later on speak to Raphael Omondi from Pamoja Youth, a community-based organization that is changing lives in the slum. Welcome to the program, Sepipe.

Sepipe: Thank you; it's my pleasure.

Presenter: What is the life of a young person like, living in the slum?

Sepipe: Generally, life for youth in the slum is hard. In this place, certain deeds are done in the open, others underground. The drug abuse rate is high, especially hard drugs like bhang *(Editor's note: marijuana)*, khat, and cocaine. Jobless youth stroll along the railway line. Sex work also takes place, though it's not as obvious as in places like Majengo. Staying out of trouble is quite difficult. There are lots of drugs peddled around. Kibera is like the drug headquarters. But we don't know where the drugs are coming from.

Presenter: Why do you think young people are involved in drugs?

Sepipe: I'd say idleness and bad company. Young men are abusing drugs as early as two in the afternoon. Many here are jobless, whether they're educated or not. There is also a lot of peer pressure to abuse drugs. Both ladies and men are involved. If they could be occupied with a job, then they could avoid drugs.

Presenter: How did you get involved in drugs?

Sepipe: It all started when I was in Form 3 in high school. I had lots of friends who were involved in drugs. We went to a party one day and they introduced me to drugs. At first, I declined. But they insisted. They bought me cocaine and soda. One of them told me it's a harmless drug. I tasted, and over time became addicted.

Presenter: How did the drug addiction affect you?

Sepipe: *(Remorseful)* It affected me negatively. I dropped out of high school. My life was ruined. I neglected my family, despite living in a Christian home.

Presenter: Coming up, Sepipe will continue to share more about his changed lifestyle. Don't go away.

Fade in music for 30 seconds then out

Presenter: Welcome back. With us is Mr. Sepipe, a young man who was once a drug addict and is now a youth trainer. What made you join Pamoja Youth Foundation empowerment programs?

Sepipe: Pamoja is the most popular organization in Kibera. Back then, Pamoja used to run theatre and sensitization programs during weekends. I admired their outreaches and programs. I saw they were committed and that my life would change. So I joined. After joining Pamoja, I was rehabilitated. I realized that I had messed up my life. It took a U-turn from then onwards.

Presenter: How have you benefited since then?

Sepipe: (*Happy*) I was able to complete high school. Later, I underwent counselling and training in leadership. Today, I do public speaking, though I used to be shy. I have developed my self-esteem by going out with the organization to talk to the community about various issues. I am now in charge of the Democracy and Governance program at Pamoja!

Presenter: What are you doing to encourage other youth still involved in drugs to improve their lives?

Sepipe: We go to speak to drug addicts in the places where they do drugs. We share the experiences we had before being rehabilitated from drug addiction. After a lot of talk and counselling, they often decide to quit drugs. Today, of the four friends of mine who were addicted to drugs, three are no longer addicted. I am working on the remaining one. Our programs are having an impact. We make sure to do monitoring and evaluation of our projects periodically.

Presenter: What words of advice would you give to other young people?

Sepipe: As youth, we have many opportunities, especially with Kenya's new constitution. Let us not be idle. Don't wait for the government to intervene in your problems. You are the government. You can start your own business and grow.

Music and fade under presenter

Presenter: You are still tuned to *In Focus*, your weekly educational program. Before the break, we heard from Sepipe, who was involved in drugs before getting counselling and treatment from Pamoja. According to the research conducted in 13 villages in Kibera, Pamoja seems to be the most popular organization, bringing change to the lives of many. Up next is yet another success story, this time a young lady who was forced into the sex trade by poverty, but is now into business, thanks to Pamoja. Welcome, Akinyi.

Akinyi: It's a pleasure to be here.

Presenter: Akinyi, how was life for you as a young lady in Kibera?

Akinyi: Life was tough for me and my family. I grew up in a humble background. We barely had any food on the table. When I was fourteen years old, our parents died of AIDS.

Presenter: How was life with no parents at such a tender age?

Akinyi: As the first-born of five siblings, I had to be the breadwinner. I would beg for food from neighbours, or be at the dump site and wait for garbage trucks from Nairobi. Sometimes we would be lucky to get fresh food from sealed bags that were thrown away. While my peers went to school, I would go to the city and beg in the streets. Once, I met some girls who suggested I try the sex trade. It was hard for me to decide at first. But then I consented. It gave me a few more shillings to take care of my siblings.

Presenter: How long were you living that kind of life?

Akinyi: After a year and a half, I really despaired. Business was bad and most clients would leave without paying, and even beat me up! As I sat in our shanty one Saturday, I heard an announcement through a public address system that Pamoja was collaborating with an NGO to invite the youth for training in the area. People who were interested could attend. I went and it was a great enlightenment for me. I met with Raphael Omondi and other officials of the group and shared my story.

Presenter: How did they help you?

Akinyi: They sent some members to our home to evaluate the need. They talked to my siblings and neighbours. Eventually, I enrolled in the business training. I decided to quit my former job and start a vegetable selling business.

Presenter: How did you raise the start-up capital for your business?

Akinyi: Getting capital was hard. The group helped us by linking us to micro-finance institutions such as Equity Bank. We got soft loans with a good repayment period. They are still mentoring us and helping whenever need be. I also went back to high school with a scholarship I got from Pamoja's partners, and my siblings are also in school.

Presenter: Besides the business you are running, are you involved in any community development work?

Akinyi: I am also involved in the reproductive health program. I went for volunteer AIDS testing and I was lucky to be negative. We are helping other girls with health issues by providing counselling, sanitary towels and training. I am grateful to Pamoja for coming to my rescue when I was in need.

Presenter: Raphael Omondi is the Director of Pamoja Youth Foundation in Kibera, the community-based organization that changed the life of Sepipe, Akinyi and others. He shares with us next.

SFX: *Sounds of children in a typical classroom setting in the background. Fade under presenter.*

Presenter: Welcome to the program, Raphael.

Raphael: Thank you very much. It's my pleasure to be here.

Presenter: How did Pamoja Youth start?

Raphael: In 2004, my friends and I formed a youth network in our high school. We lobbied local leaders to establish a government high school in Kibera, named Olympic High School. Later, I noticed that, despite the fact that there are many NGOs in the slum, the residents' lives were not changing. My friends, whom I lobbied with, formed Pamoja in December 2004. It was registered in the following year.

Presenter: What are some of the initiatives that you are currently running?

Raphael: Firstly, our green slum initiative through afforestation: we planted over 26,000 trees on public land. We also want to reduce the number of polythene bags being thrown away in Kibera. Further, we've partnered with Strathmore University and Nairobi University to train our staff and the youth in Kibera on reproductive health. Our computer literacy program was launched in 2008 and has trained at least 50 students. Recently, we held a city festival. The police and youth did hip hop music. This was to enhance the relationship between the police and youth. Our media for social development program has trained youth to work in print and broadcast media. Finally, we have study circles, where we discuss young people's issues. It's a forum where the community can say what projects it wants carried out.

Presenter: How have Pamoja's activities impacted the youth of Kibera?

Raphael: Economic empowerment is the main concern of Pamoja. We have linked young people to microfinance institutions. The youth now run their own businesses. Our youth literacy program has resulted in some youth being enrolled in high schools and colleges. Some have been linked to NGOs where they have found jobs. Most importantly, we have promoted the unity of young people by eradicating negative ethnicity. For a long time, tribalism has dominated the slum. Politicians have used the youth to spread tribalism in order to get votes.

Music and fade under presenter

Presenter: We have been talking to Raphael Omondi, Director of Pamoja Youth Foundation. He has shed some light on the kind of projects the group is involved in. The organization has helped Joshua Sepipe, a Kenyan youth, recover from drug addiction. Sepipe is now a leader, reaching out to youth affected by alcohol and drug abuse. Akinyi, a young woman forced by poverty to engage in sex work, now runs her own business.

(Pause) If you have any questions on today's subject or any other concerns, send them via SMS to 2992. *In Focus* would be grateful to hear from you. Until next week same time, my name is Charles Kemboi, wishing you a blessed week ahead.

Ending tune up for 30 seconds and fade out

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Contributed by: Charles Kemboi, producer, Shine 103.1 FM. Daystar University student radio station

Reviewed by: Busisiwe Ngcebetsa, Radio Trainer and Projects Manager, Media and Training Centre for Health, Cape Town, South Africa

Information sources

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COMMONWEALTH of LEARNING

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Occupational and nutritional therapy for people living with HIV and AIDS

Notes to broadcaster

Lesotho, formerly called Basutoland, is a mountainous country with staggering natural splendour and a breathtaking landscape. It is bordered on all sides by South Africa and has a population of about two million. It has the world's highest HIV prevalence at 27.7%, though, because the population is small, in absolute numbers only about half a million are infected with HIV. That has resulted in the average life expectancy of Lesotho being very low – 37 years. Breadwinners, especially men, often go to work in South African mines and return home with HIV. Those unable to obtain treatment die, leaving behind widows and children. As a result, there are many households headed by children.

It is good to report that people are now able to seek medical treatment and get antiretroviral therapy, or ART. Treatment and drugs are free and HIV-positive people are now able to live longer and healthier lives. However, people living with the disease, especially widows and children, often suffer the dual pain of HIV infection and poverty. Resources are scarce and jobs are hard to come by. In order to help each other, People Living With AIDS, or PLWHAs, usually form support groups to tackle common problems.

The Heso Organic and Integrated Therapeutic Centre is one such support group. It aims to empower families and communities by using a holistic and practical community-based approach to care and support. The Centre is located in the middle of the Thuathe Plateau in Berea District, which faces the beautiful Lesotho landscape and Maluti Mountains. According to the founder Malitlallo J. Majara, the centre has grown to be self-sufficient and caters not only to the needs of HIV-impooverished people, but also the nutritional and occupational needs of nearby communities. It offers a wide range of alternative and complementary therapies to vulnerable groups (HIV-positive or not), including massage, meditation, fitness exercises and open-air garden walks.

This script is a mini-drama based on an actual interview with the founder and participants of the Heso Organic and Integrated Therapeutic Centre in October 2010. Informal interviews also took place between the author and two German interns who had volunteered at the Centre for about six months. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Characters

Mphana: 30-year-old widow and mother of three

Ngopokin: 8 years old, first child and son of Mphana, orphaned by death of father

Mphor: 6 years old, second child and daughter of Mphana

Mateboho: 4 years old, daughter of Mphana and last child

Mputsoe: teacher and active member, HIV support group, Maseru

Modise: an elderly participant in the seminar on income generation and people new to HIV drugs

Moshoeshoe: administrative officer of the support group which Mphana joins.

Presenter: Hello and welcome to our radio show, *Everyday People*. I am your regular presenter, Malepekola Sejane. The following is a mini-drama; I will start by giving you a short summary of this true-to-life drama. This is the story of Mphana. Mphana is a widowed mother of three who recently lost her husband to an AIDS-related illness. She later tested positive for HIV at a government clinic. She began antiretroviral therapy and has been doing well health-wise. Luckily, her three children tested negative. Her major challenge has been her joblessness and her daily struggle to feed and pay the school fees of her three children. Then one day, things took a dramatic turn for the better when her son was brought home by his teacher for unpaid school tuition. This marked the introduction of Mphana to a network of people living positively with HIV and AIDS.

Signature tune. Fade and hold under presenter.

Presenter: On today's episode of *Everyday People*, we will be taking a look at a very sensitive issue that affects women in society. Let me get the ball rolling by asking you a question. (*Pause*) How would you feel if you were an HIV-positive and jobless woman, and the breadwinner of your family passed away? Give me your thoughts. I will be back in a moment with the story of Mphana and her colleagues. We will hear how they were able to weather the storm. I remain your anchor on radio, Malepekola Sejane.

Signature tune up and out

Presenter: Back to my question. What would you do if you were an HIV-positive woman, had no job, and your husband passed away, leaving behind three children? How would you cope? Well, that is the dilemma of Mphana, a housewife with three children whose husband died of an illness related to AIDS. Let's take a peep into Mphana's life. Let's see how she has been coping with life two years after her husband's demise.

Sound of woman singing a local tune, poking wood in the fire

Mateboho: (*Yawning*) Mummy, I am hungry!

Mphana: (*Exasperated, trying to assert her authority*) Will you shut up, Mateboho, and wait for the food to get ready? Can't you see how the fire is burning my hands? Take this cob of maize. Eat it and drink a lot of water. Take this second and give it to your elder sister Mphor. Make sure you don't eat her piece! Then we wait until God provides. Wait till I return from the farm.

Mateboho: But what if God refuses to give us anything?

Mphana: (*Reassuringly*) God who made the mouths – that includes yours, Mateboho’s, Ngopokin’s, Mphor’s and mine – will definitely feed them all, my gal. Smile for mummy, will you? That’s my gal.

Mphor: Mummy, have you taken your medications? I didn’t see you swallow the pills this morning.

Mphana: (*Giving her daughter a big hug, shedding tears*) My guardian angel, what would I do in this world without you? I was busy trying to cook something for you and almost forgot them. Please, go inside the bedroom and bring me the container of pills. Thank you.

Mphana: (*Summoning her guardian angel*) Fetch me some water too, Mphor!

Sound of water gurgling into a cup, then sound of footsteps as Mphor hands over the cup to her mum

Mphana: (*Swallowing hard*) Thank you. Now I can face my (*cut short*) ... Who’s that coming home with Ngopokin? Is he not supposed to be in class?

Mphor: (*Grunting*) Oh oh! This doesn’t look good. I think he is with his class teacher.

Presenter: So what happened next to this hardworking mother of three? Please stay tuned. I’ll be back after a short commercial time out.

Music/advert fades up, then down and out

Presenter: Welcome back to *Everyday People*, your educating and entertaining program. Before the break, we witnessed Mphana, the widowed mother of three, face some challenges. Let us join her as she receives an unexpected visitor.

Sound of footsteps approaching

Mputsoe: (*Coming on mic*) *Lumela meh* (*Editor’s note: pronounced “Du-me-la meh,” which means “Good morning, madam”*). How do you do?

Mphana: *E-e!* I am doing well. And you? (*Editor’s note: E-e! is a verbal mannerism common in the Basotho culture. It is a respectful way of acknowledging a greeting, a way of saying “um hmm” or “yes.”*)

Mputsoe: So-so, but we thank God. Are you Ngopokin’s mother, please?

Mphana: *E-e!* Yes, I am. Is there any problem with my boy?

Mputsoe: Not really. I am his teacher. Mputsoe is my name. I must say your child is brilliant in class. *(Turning sharply)* Hey, Ngopokin, will you stop making faces at your siblings? But that is not what I came here to talk to you about. I was sent on behalf of the school to tell you that he has unpaid school fees for the second and third term. You now owe the school 350 Lesothan Loti. The school feels he should remain at home until all his fees are paid. I am sorry; I'm only a messenger.

Mphana: *(Pause)* Well, thank you. I know he owes that much. You see, I tried to make a vegetable garden to make some money. Unfortunately, we ate up most of it. I used the little I could sell to purchase his new sandals and the exercise books you see him carrying.

Mputsoe: I am so sorry about your late husband. Your son told me about your predicament. Permit me to say I can see we have something else in common.

Mphana: *(Perplexed and anxious)* What would that be apart from womanhood *(burst of nervous laughter)*?

Mputsoe: Well yeah, that's right. Excuse me if I am intruding on your privacy. Those drug containers in your hands – they look exactly like mine. I am also HIV-positive. I have been on ARVs for five years now. I'm not doing badly, am I?

Mphana: That is interesting. Good to hear that. I have been on them barely two years.

Mputsoe: I think we have met at the right time. I am the leader of an HIV support group in the next village. A number of us widows have the same kind of problem, namely, feeding our children, clothing ourselves, paying school fees. My sister, the burden is too much.

Mphana: My sister, you have scratched me where it itches me most. I thought I was the only one suffering in silence. All my in-laws and relatives have abandoned me and the kids to our fate.

Mputsoe: You are not alone. We have actually started forming a larger support group involving our two villages and five neighbouring villages, all around the Maluti Mountains. We have recruited over 40 widows and 20 married women, all living positively with HIV and AIDS. We are involved in farming. We have a co-operative society that gives loans to assist our members. Do you want to join us this afternoon at the Heso Centre near King Moshoeshe the Great's Cemetery?

Mphana: *E-e!* With all pleasure! I will be there for the meeting even before you get there.

Fade in local musical instruments, then fade out

Presenter: In the concluding part of this program, we will hear how Mphana joined this network of women. We will also hear how the support group has improved the socio-economic status and well-being of not only those living with HIV and AIDS, but the neighbouring communities as well. Please, don't go away.

Fade in local musical instrument playing, then fade out

Mputsoe: Ah, my sister Mphana. You beat me to the meeting! You are welcome. Let's get inside. I want you to meet the administrative officer who will register you. It's free. Then later, we meet the other participants.

Mphana: *E-e! Ke leboha!* (Editor's note: Thank you).

Mshoeshoe: Please have a seat. To register, I need a record of your family history: name, marital status, number of children, your educational history, and so on. I will also need your medical history in brief. This will be kept confidential. If you can later get us a medical report from your hospital, it would be easier.

Mphana: That is okay by me. Problem is ... (*shyly*) I have no money to pay for the medical report.

Mshoeshoe: Never mind. I will give you some money from our funds to cover transport and the medical report. Meanwhile, you can choose which area of our activities you want to start on. You can choose to work in the orchard or the piggery or the restaurant or the organic farm. Or maybe you could help in facilitating workshops, or even assist in the administration of the office or the rentals.

Mphana: Did you say facilitating workshops? No, not me. I cannot stand before a sea of eyes and talk! God knows, my vocal cords would fail me. (*Laughter*) I would rather give the pig farming a try. I just have a primary school certificate.

Mshoeshoe: That's good. We will give you a soft loan. You will run the animal farm here on our premises. You can use all our equipment free of charge. You will then remit to the organization on a pay-as-you-earn basis. When you pay back the whole loan, the pigs are all yours.

Mphana: Just like that?

Mshoeshoe: Just like that! That is one of the ways we generate income here. We are self-sufficient. We receive no help from external sources. Of course, if you later wish to change your area of specialization, you can still do that. You can work in the rental unit where you can rent out the accommodation and the conference hall for an affordable fee. You can also choose to join our group of farmers and do farming, or market the farm produce.

Mphana: How about working in the restaurant? I pride myself on being an excellent cook. I will definitely win over new customers.

Mshoeshoe: (*Smacking his lips, perceiving the imaginary aroma of a delicious meal*) Uhhmmmmnnnn! I can't wait to taste your food! Do I take it you want a change from piggery to the restaurant?

Mphana: (*Warm heartedly*) Oh no! Piggery is definitely more profitable. I rear them, sell some of them, and make some money to pay you guys back your loan. Then I have some pigs of my own. What more can I ask for?

Music interlude fades to women singing in local dialect, sound of hoeing in the background, grunts of pigs

Mputsoe: Mphana, could you help me with that pail? No, that one with the corn husks. Yes! Thank you. How many pigs have you fed?

Mphana: *E-e!* I have fed 15. Those piglets in pen 12 are still breastfeeding. When they are done, I will feed their mother. Meanwhile, I want to go to the organic farm. I've got some potatoes and pumpkins to harvest. I need some for those hungry monsters called my children (*laughing*).

Mputsoe: Thank God I'm not alone. Don't forget the principle of a balanced diet. Get them some pork from the abattoir. We can always deduct it from your salary at the end of the month.

Mphana: *E-e! Ke leboha!* (*Editor's note: pronounced "Kia-le bo-ha" which means Thank you!*)

Women singing a boisterous song in Sesotho. Fade and hold under speakers.

Modise: Hey, Teacher Mputsoe, we twenty two participants have just finished the counselling course for those new to their medication, and the income-generating training for village men and women. Can we walk in the garden now, just to relax our nerves and breathe in more fresh air?

A participant: *Ntate* Modise, I have not been in a classroom since my high school. My brain's got rusty for classroom brouhaha! I could use some more oxygen (*Editor's note: Ntate is a polite Sesotho word for Mister*).

Mputsoe: (*Laughing*) I guess you lousy bunch should go for your stress-alleviating and depression-lifting walk around the orchard! The members of the second group from Leribe and Mohale villages are waiting to start their session. Could you please vacate the hall? Can I get an "*E-e!*" in the house?

Chorus: *E-e-e-e-e!*

Signature tune up, then fade and hold in the background

Presenter: The Heso Centre's occupational therapy program has created jobs for over 200 people in five villages. Families have made positive changes to their diet, increased their earning capacity, managed their stress better, and adopted farming as an occupational therapy. In fact, the Centre has built its own conference hall with local materials. It also has five-bed lodging with modern furnishing, a home-based care facility with units for maternal and child health care, a piggery with capacity for 50 animals, organic farms, an orchard, a nutrition centre and more than 10 hectares of farmland. For more enquiries, please contact the centre at +266-58752797.

Fade up signature tune for two seconds, then under presenter

Presenter: This wraps up today's edition. I hope you have been inspired by the stories of the people you have heard. Stay tuned for the next episode of *Everyday People* on this same station, same time. Have a pleasant evening. I remain your presenter, Malepekola Sejane.

Fade up signature tune, hold, then fade out

Acknowledgements

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- Interview with Malitlallo J. Majara, founder, The Heso Organic and Integrated Therapeutic Centre, Makujoe, Berea District, Lesotho took place in October, 2010.
- Interview with two German interns at the Centre in October 2010.
- Informal chats with the Administrative Officer of Heso Organic and Integrated Therapeutic Centre, October 2010.
- Informal chats with a participant who cooks at the kitchen/restaurant, October 2010.

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Empowering communities with participatory community enumeration

Notes to broadcaster

Participatory community enumeration is an efficient way to gather information about urban communities and involve residents in the data-gathering process. This information helps the government plan upgrading activities in slums and resettlement initiatives. More importantly, communities become part of the process of developing their neighbourhoods, rather than being simply dependent on governments.

Around the world, millions of people live in slums and informal settlements. The conditions of living are often deplorable. According to a 2010 report by the Global Land Tool Network, one billion people in the world live in slums. In many cities, slums are now home to a large part of the urban population, and are growing as fast as cities themselves. The report also says that in the developing world, one out of every three people in cities lives in a slum.

Nigeria's capital city is no exception. Over the years, Abuja has witnessed an amazing influx of people. This massive migration has had an adverse effect on the city's social and physical infrastructure. Land is expensive and the cost of living is high. Abuja is also known for forced evictions and demolitions, due to the government's commitment to conform to the city's master plan. These forced evictions and demolitions are a human rights abuse under United Nations' declarations. As a result of these activities, many low-income people work in the city but live in satellite towns. The population in these settlements is high. The settlements are overcrowded, lack basic services and are unplanned. In short, residents' very lives and well-being are uncertain.

This story shows the efforts of an NGO to empower several communities in Abuja. The NGO uses community enumeration to help citizens direct funds to the most desperate sections of their communities.

This script is based on actual interviews. You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Intro music

Presenter: Hello once again, and welcome to your community friendly program, *Community Watch*. It's coming to you from your number one radio station, National 90.5 FM, the first on the dial. I am your regular host, Kemi Aduroja.

If you are just tuning in for the first time, this program showcases various initiatives carried out to make our communities healthier. Today, we have another interesting topic to discuss in the studios. Today, we bring you yet another wonderful effort, called "community enumeration."

SFX: *Bulldozers at work. Fade out under presenter.*

Presenter: Dear listeners, this program showcases the efforts of an NGO to empower several communities in Abuja, Nigeria. The NGO uses community enumeration to help citizens direct funds to the most desperate sections of their communities.

This story helps dispel many myths about poor communities: first, that poor communities are chaotic, crime-ridden and cannot organize themselves. The truth is that the majority of residents earn their living through hard work, and that they lack schooling and are underpaid. And secondly, that the poor cannot resolve their issues because they lack funds and knowledge.

Partnerships between communities, governments and other agencies can help people understand how residents cope in these slums, why they live the way they do, and what they need. This is where community enumeration comes in.

In Kenya when the Railways Corporation notified residents of the Kibera slum of plans to demolish structures in the area, community members quickly enumerated the people and the buildings likely to be affected. The findings revealed that about 20,000 buildings and over 108,000 people would suffer. The residents formed a group to negotiate on their behalf. Pressure was applied to government to stop the plans, and they were cancelled. In 2005, the Railways Corporation started negotiations with the community group. They later conducted a more comprehensive enumeration, which led to a voluntary resettlement scheme that is currently operating.

Enumerations are useful for resettlement. They help local people to organize themselves and propose alternatives to demolition and resettlement, including compensation.

SFX: *Bulldozers at work. Fade out under presenter.*

Presenter: To many living in Nigeria's Federal Capital Territory, the sound of the bulldozer can mean only one thing – demolitions and forced evictions. Here in Abuja, memories of the homes demolished by the government are still fresh in the minds of many people. Because of these demolitions, most of those affected have resorted to living in satellite towns. These communities are now overcrowded and in urgent need of basic services. But an NGO has come up with a solution that will empower these communities. I have here in the studios with me the Executive

Director of the Women's Environmental Programme, Patricia Achakpa. It's good to have you join us.

Mrs. Achakpa: It's my pleasure.

Presenter: Mrs. Achakpa will be telling us all about her NGO's project on community enumeration. Mrs. Achakpa, what is community enumeration?

Mrs. Achakpa: First of all, enumeration is the process of gathering statistical information about a community. But community enumeration goes further. It involves mainly the members of the community, who design and conduct the exercise themselves. What the Women's Environmental Programme does is to provide the technical skills and resources to help community members gather the information.

Presenter: Why did you choose to carry out this initiative?

Mrs. Achakpa: Well, because of the forced evictions and demolitions carried out in Abuja in the recent past, a lot of low-income people now live in the many communities scattered around Abuja. As a result, the population in these settlements has increased drastically, leading to overcrowding. These communities lack basic services like clean drinking water. People live in extremely unhealthy living conditions. Their houses are substandard and unplanned. If an epidemic or fire were to break out, the whole community could be destroyed.

So, in order to prevent such horrific consequences, the organization decided that community enumerations were necessary to bring to light the situation in the community. This process will also empower the communities, make the local people aware of their strengths and weaknesses, and help the local people mobilize to overcome their challenges. They can use this information to resist forced evictions or to demand compensation. Community enumeration will also result in proper planning for the communities and meet the developmental needs of the communities.

Presenter: How is this initiative different or better than the enumerations carried out by the government?

Mrs. Achakpa: The government census gathers various kinds of data from members of a community, by having consultants come in and ask questions and then return to their offices. At the end of the day, the communities only get involved when they are being counted; that's their only involvement.

We started this program last year, after we visited other African countries to see how it is done. Our project is different because the communities themselves are the ones physically involved in the exercise, and collecting the information. Once we have trained the enumerators, they conduct the process from start to finish. So this program is not ours but theirs, for their collective benefit.

Presenter: Talking about benefits, what do these communities stand to gain from this participatory approach to enumeration?

Mrs. Achakpa: Like I said earlier, before introducing this initiative in Nigeria, we visited some other countries. We travelled to the US, India, and African countries like South Africa, Ghana and Kenya. We found that community enumeration is working there. This approach empowers residents by giving them information on their communities. They can use this information to negotiate with their government and with other partners, including politicians. You know that politicians often approach residents, asking them about their developmental needs and making promises, especially near election time. Having the information from community enumeration allows residents to lobby and advocate for their needs, and hold governments accountable. Abuja is full of communities, or slums as you call it; they are all around. They all lack basic amenities – no toilets, drinking water, health services, and so on. So this project is all about people getting ownership and improving these slums.

Presenter: I am sure you know that demolitions are still happening, and that some communities have been targeted as the next to be affected. How can these communities benefit from this project?

Mrs. Achakpa: Community enumeration is not only for communities who have experienced forced evictions. But most of the time, it is used where there are demolitions and land-grabbing going on. In Africa now, it has become normal for governments to destroy communities, because they feel these settlements are illegal, over-populated, and uninhabitable. They fail to consider what becomes of the people afterwards. During the demolitions carried out between 2003-2007 in many areas in Abuja, our NGO could not get an accurate count of the number of people living in these slums. Even those who had land legitimately given to them by community chiefs were not compensated by the government because they could not prove ownership of their land.

For example, we have worked in Jiwa community, which we have been reliably informed that the government will soon come to demolish. We have helped the community members to understand that by participating in this project, they will come to know everything about their community. They will know everything – from the population of their community to the state of its drinking water, the state of electrification, and many other types of information.

Presenter: As Mrs. Achakpa says, training community members to enumerate their communities is one way to help them identify and take ownership of problems in their community and successfully advocate for their needs. But it is not the only step required. In the example from Kenya that we talked about in the introduction, community members mobilized themselves to effectively negotiate with those in power to meet their needs. In fact, the whole community needs to be involved right from the beginning of the community enumeration process. The community needs to carefully decide which questions should be asked; they need to discuss how the collected data should be analyzed, what it means; and they need to mobilize around the issues that the data identifies. Finally, community members need to find ways to present the information to governments and effectively negotiate with those in power to address the needs that are identified through community enumeration. *(Pause)* Let's take a short break, then talk to some community members to get their views on the subject.

Break

Presenter: Jiwa is one of many communities located in Karimu, a major suburb of Abuja. Now, we will hear from some Jiwa residents who will describe their community in their own words. Don't go away.

SFX: *Fade in noises of the community, the usual hustle and bustle, then under speakers*

1st resident: I am Aishatu Mohammed, a woman leader in Jiwa. I am 50 years old and I was born here. The toilets here are in very bad condition, and no one is willing to use his land to build better toilets. What is more, we do not have a functional health centre.

2nd resident: My name is Dahiru Adamu. We are really suffering in this community. No water, no light ... in fact, no sign of government assistance.

3rd resident: My name is Abdulsalam Tanko. I have been living in this community since I was born. I am an enumerator trained in Jiwa. We go from house to house gathering information about our community, on the forms we give people to fill. The government has come before to demolish this place, and we hear they are coming again. This area is very poor. With this program, we can lobby the government to provide water, light and improve Jiwa. I encourage other communities to take advantage of this program.

SFX: *Fade up noises of community, then out.*

Presenter: Welcome back to the program, *Community Watch*, on National 90.5 FM station. I am still speaking with Mrs. Achakpa of the Women's Environmental Programme. Now, Mrs. Achakpa, how is this community enumeration done?

Mrs. Achakpa: First, we go to the leaders and members of a particular community to talk to them on the need for community enumeration. Once this is accepted, we pick out a few community members, about 30 or 40, who can read and write, and train them as mappers and enumerators. The mappers divide the community into clusters, marking each house with green ink, not red which is the sign of demolition in Abuja. The enumerators distribute three sets of questionnaires, which deal with households, businesses and institutions in the community. Before distributing the forms, they pre-test them to make sure they are suitable for the community. When all the necessary adjustments have been made to the forms, we mass produce them and distribute them to be filled in. The last stage is assembling and analyzing the data. And then the result is presented in documents and charts.

Presenter: You started this program in 2009; tell us about your success or otherwise.

Mrs. Achakpa: We started doing community enumeration in 2009 with about six communities, such as Karu and Lugbe in Abuja, and we still keep in touch with them. They have started getting involved in negotiations for a better life. They even formed an association, the Federation of the Urban Poor or FEDUP, which is an affiliate of Shacks and Slums Dwellers International. FEDUP has also started a savings scheme for co-operative housing, and is now negotiating with the government to provide collective land on which to build. We in the Women's Environmental Programme are acting as a go-between to arrange a meeting between the government and the

communities' representatives. We also help in negotiations to prevent misunderstanding between community members and officials.

Presenter: How does this program benefit women in particular?

Mrs. Achakpa: We have found out from past demolition exercises that women and children are the most affected. They sometimes lose their homes and businesses. Sometimes female breadwinners and children are raped or attacked while trying to relocate. But when women and men in the community participate in community enumeration, take ownership of the data collected and mobilize effectively to halt demolitions, these ill effects can be avoided.

Presenter: What are the challenges you face in running this project successfully?

Mrs. Achakpa: Number one is funding. Many communities have now heard about us and call on us to come and help, but we are constrained by funds. Our only sponsor has been a foreign organization, *Misereor*. The Nigerian government has not yet responded to our many requests that they partner with us to develop these areas instead of demolishing them. That is what these communities want. But we trust that with this initiative, community leaders are now better equipped to demand of the authorities how development should proceed in their communities. This, we believe, will make their communities healthier.

Presenter: Thank you very much, Mrs. Achakpa, for your time. I must congratulate you on your organization's efforts at creating healthy communities in our city.

Mrs. Achakpa: Thank you, too.

Presenter: And that's a wrap on today's show. Thank you very much for listening. We hope you have learned something from this healthy community initiative. Please share your comments and feedback with us on our hotlines, at 33155. I am Kemi Aduroja. Join me next week for another edition of *Community Watch* on National 90.5 FM. Bye.

Ending tune up for five seconds, and fade out

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Florence saves girls from human trafficking

Notes to broadcaster

Human trafficking is a crime against humanity. It involves the act of recruiting, transporting, transferring, harbouring or receiving a person for the purpose of exploiting them. Every year, thousands of people are trafficked within and outside their countries, which are either the site of crime, used as transit, or as a destination for victims.

Human trafficking often results in forced labour or prostitution of victims, who are frequently recruited from rural areas on false pretences and then exploited. Stopping trafficking will help maintain girls and women's health and make them more productive in the community.

Human trafficking has become a problem that defies permanent solution in Nigeria and West Africa. Described as modern-day slavery, it is driven by greed, poverty and poor legislation, with the victims predominantly children, girls and women. The National Agency for the Prohibition of Traffic in Persons and other related matters in Nigeria (NAPTIP) has rescued and repatriated more than 5000 victims. Over 60 percent of these, mainly teenagers, tested HIV-positive because they engaged in the sex trade.

According to a US State Department Trafficking in Persons Report, "Nigeria is a source, transit, and destination country for women and children trafficked for the purposes of forced labour and commercial sexual exploitation." The report continues, "Within Nigeria, women and girls are trafficked primarily for domestic servitude and commercial sexual exploitation."

NAPTIP says there are slave camps populated by Nigerian girls in Mali, Cote d'Ivoire, Burkina-Faso, Niger, Libya, Morocco and Cape Verde.

This script is a drama based on actual interviews and true life stories. It can be used as an inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Characters

Host
Rose

Johnbull: Rose's father
Joe: Johnbull's friend
Florence: a lady who was a victim of trafficking

Signature tune for 30 seconds and fade out under host

Host: Hello listeners, and welcome to *Change Makers*, a program that focuses on difficult issues in which people intervened and brought change. Today, we will focus on how one lady prevented a young girl from being trafficked into sexual exploitation. Stay tuned. I am your regular host, Mary Michael.

Signature tune up, then fade out under host

Host: All that glitters is not gold, an old adage says. But some parents forget this saying too quickly when it comes to making money and improving family life. They lure or force their children into taking jobs for which they are not ready or qualified, and that may get them into serious trouble. Some children resist, while some excitedly accept. Have you ever come across an offer that seems to be too good to be true? What do you do with offers like that? Stay tuned. Today, we will hear about one offer that really was too good to be true.

Sounds of flipping through a newspaper. Sound of a man expressing surprise.

Johnbull: It's a lie; this can't be true. I must be dreaming! *(He screams with excitement)* Rose, Rose, where are you?

Rose: Yes, Papa?

Johnbull: My daughter, read this. God has answered our prayers. Read. I want to hear it.

Rose: *(Reading)* Our client, a leader in the tourism and hospitality business needs suitably qualified candidates to fill the following vacant positions: hotel clerks, receptionists, and managers. Requirements: The candidates (preferably female) should possess the following qualities: Ability to speak the English language fluently; at least five foot six inches tall; be willing to travel at short notice; ability to work under pressure to satisfy various customer needs. Possession of academic qualifications like OND, BSc, etc., is not necessary as the company conducts an in-house training for its prospective employees. Upon interview, dynamic and versatile candidates will be taken out of the country to Europe to work in some of our most prestigious business and service outlets.

Johnbull: *(Excitedly)* Stop. It's enough. Does this not answer our prayers?

Rose: *(Hesitant)* I don't understand, papa.

Johnbull: *(Raising his voice)* You don't? I will tell you. *(Emphasizing)* It means you can apply for this job with your O level certificate. It says no OND or BSc is required.

Rose: But papa, I have told you I don't want to work yet. I want to further my education.

Johnbull: With what money? Do I have to starve myself to death for what I am saying to make sense to you? Okay, you want to go to school? No problem. First get the job, go abroad and make money. When you have made enough, you can further your education. Otherwise, hunger and poverty will kill us. Remember, you have siblings.

Rose: Papa, I am not going to Europe or work abroad. How can I go to a place where I don't know anybody?

Johnbull: How do the other employees go? They also leave without knowing anyone where they are going. That's because they know what is important – making money and not friends. Why can't you act like them?

Rose: (*Sobbing*) Papa, please let me stay here and ...

Johnbull: (*Interrupting*) I don't want to hear anything about this again. Just prepare yourself. I will apply on your behalf.

Host: This was the beginning of conflict between Rose and her father. She complained to Florence, a sick, rich lady who told her to stand her ground and refuse to take the job. Her father complained to Joe, his friend, who tried to no avail to end the stalemate between father and daughter. Then the father tried another strategy.

Sound of footsteps

Johnbull: Rose?

Rose: Yes papa, welcome!

Johnbull: What is that you are holding? Is it the job application?

Rose: No papa, I told you I would never take that job.

Johnbull: So what are you holding?

Rose: My school result.

Johnbull: Okay, that outstanding result. Let me look at it again.

Rose: (*Excitedly*) Ok, papa.

(Sound of paper being shredded)

Rose: (*weeping*) No papa, that's my result you just tore. Oh, my life is finished. Papa, what about my education?

Johnbull: I sent you to school, paid your school fees to get this result and you talk back at me? Let me see how you will go to any school.

Rose: (*Sobbing*) Papa, this is not fair, it is not fair. Oh no, why? Why? Why?

Host: Rose again goes to Florence, her confidante, who promises to talk to Johnbull. Johnbull visits his friend Joe to announce that he has found a way to force his daughter to change her mind. While they are talking, Rose meets them and Joe tries to intervene.

Joe: (*Talking to Johnbull*) You think this will change anything?

Johnbull: We will see. (*Footsteps*) Who is there?

Rose: It's me, papa.

Joe: Rose, come here.

Rose: Good evening, sir!

Joe: Good evening, my daughter. What is this I hear you are doing? You've always been a good girl. Where did you pick up this new vice? Your father knows the best for you – he will not deceive you. So listen to him.

Rose: I don't want to work here or in Europe. I want to go to school.

Johnbull: Joe, you see what I have been saying?

Joe: Take it easy, my friend. Rose, listen to me. Jobs abroad bring plenty of money. Look at Florence. If she had not been poisoned, she would still be in Europe.

Footsteps

Johnbull: Who's there?

Florence: It's me, Uncle Johnbull.

Joe and Johnbull: Thank God.

Johnbull: Good timing, Florence. Come in.

Florence: Good evening, Uncle Johnbull, Uncle Joe. Good evening.

Joe: How are you, Florence? How's your health? I hope you are getting better?

Florence: Well, Uncle Joe, that is partly why I came to see Uncle Johnbull.

Johnbull: Have you decided to go with me to see that native doctor for some herbs?

Florence: (*Laughs*) Not really, but we will talk about that later. I came to see you because of Rose.

Johnbull: So you have also heard about her misbehavior. Rose, you see how you have been disgracing yourself?

Joe: I was just telling her she needs that job abroad if she is going to make it in life like you.

Florence: (*Laughs again*) Uncle Johnbull and Uncle Joe, I don't want you to insist that Rose takes a job in Europe.

Joe and Johnbull: Why?

Florence: That is why I am here. This is the same kind of advertisement I saw years back when I applied for the job that took me to Europe. But you know what kind of job I ended up doing? Prostitution.

Joe and Johnbull: What?

Florence: Yes, prostitution. These people will take you to Europe. And when you get there, they will force you to go into prostitution. There is nothing you can do because you are new, and you don't know your way around and they keep your passport. The Nigerian madams control the girls' freedom of movement, where they work, when they work, and how much they receive. The girls work against their will and are held captive for forced sexual exploitation. It's like servitude or slavery! If you are wise and co-operate, you may make extra money and find a way to save some. Otherwise, you will get nothing. And of course clients decide what service they want for their money. You all know about my illness which has been attributed to poison? It is not poison, I was infected with HIV.

Joe and Johnbull: What?

Johnbull: But they said ...

Florence: (*Laughs*) Forget what they said. I would have been dead by now, but a government agency helped me, and I am on a special kind of drug. If I had started the drugs early, I wouldn't have been this ill. The drugs are the reason I am still alive. So if you force Rose, she will end up like me.

Joe and Johnbull: God forbid.

Florence: So I advise that you let Rose continue her studies, and advise all the other men in the community not to allow their children to apply for such jobs. Otherwise, they will end up with problems and failing health. Some people lose their lives.

Johnbull: But you know I don't have any more money to pay her fees to further her education – that's why I asked her to get a job.

Florence: Don't worry about Rose. I will help her through her studies.

Johnbull: I tore her result in anger.

Florence: Don't worry; we will get another one from the school, even if I have to pay for it. I will also help all the other girls whose parents cannot support them through school, and those who want to acquire skills so that these girls are not forced into prostitution.

Joe: You will help the other girls, including mine?

Florence: Yes, I will set up a foundation and pick some people in the community to help me run it. And also involve government agencies and non-governmental organizations. I will pay the girls while they learn these skills.

Johnbull and Joe: Thank you, my daughter.

Johnbull: Rose, I am sorry for what happened. You know I didn't mean to harm you. I wanted the family's progress.

Florence: She knows. Don't worry, Uncle Johnbull. She told me everything from the beginning. That is how I knew what was happening.

Johnbull: Does this mean these girls who go abroad to work and send money to their parents are *all* into prostitution?

Florence: No Uncle Johnbull, not all the jobs are fake. Some are decent and good jobs for people who have educational qualifications and those who are professionals. That's why it's easy for them to send money back home. People should always investigate the jobs they want to apply for before they apply, especially when qualifications are not required. This can keep them out of a lot of trouble.

Johnbull: Oh thank you, Florence, thank you. We will make sure that no daughter of ours is tricked into prostitution or modern slavery again.

Fade out voices and boost signature tune under host

Host: So Florence established a foundation for girls called "The Ambitious Girls Foundation." She helped girls go to school and trained others in different skills, exactly as she promised. She also paid them stipends to help them support their families. When they finished, she gave them loans to establish their businesses, according to their skills. She became a change maker, and made all the men in the village change makers. All the girls also brought change to their lives, families and community through their skills and education.

I hope that, like Rose, we will resist all kinds of vices, stick to our dreams and bring change wherever we are, in whatever way we can. Don't forget – it pays to be a change maker.

If you have any questions on what you can do or where you can get help to stop human trafficking, or you want more information, send your mail to: The producer, *Change Makers*, info@nsptip.gov.ng, or call 234-1-7030000203 or 234-1-8077225566. Until we bring you another edition of *Change Makers*, I am Mary Michael saying have a lovely week.

Boost signature tune and fade out

Acknowledgements

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Collecting plastic waste: Cleaning the city and generating income

Notes to broadcaster

The increase in plastic waste on the streets of African cities is becoming a crucial problem. The use of plastic for packaging and in containers has rapidly grown in recent decades. Today, massive amounts of plastic waste end up being discarded. The purchase of any product is an opportunity to use plastic. This plastic is then thrown away onto streets, and clogs sewage systems. This situation is one of the causes of flooding in Lomé, the capital city of Togo.

To fight this plague, the NGO Environnement Plus decided to buy back used plastic bags. It set up dump sheds in some city neighbourhoods for this purpose. This public-spirited activity not only makes the city cleaner and protects the environment, but also provides employment and money for those who contribute to the clean-up.

In the long run, the waste will be recycled and used for other purposes, for instance, the manufacturing of paving tiles, school slates, shoes, and other items.

This script is based on an interview conducted with representatives of the NGO Environnement Plus. It is about plastic waste management, as performed by that organization, and about opportunities created through collecting plastic waste.

You could use this script as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

People interviewed

Mrs. Esther Oguki-Atakpa Ewoè: president of the NGO Environnement Plus

Bernard Messan Atakpa: manager of Environnement Plus

Modeste Sedor: coordinator of Environnement Plus

Eric: plastic waste collector in Nukafu neighbourhood

Kofi Nagbe: plastic waste collector in Gbossimé neighbourhood

Signature tune, then fade out under the voice of the host

Host: Hello everyone, and thank you for joining us for this show on Légende FM. My name is Bonaventure N’Coué Mawuvi. We are gathered here today to talk about plastic waste management in Togo’s capital city, Lomé. We will be speaking with officials of the NGO Environnement Plus. That organization has launched a program to buy plastic waste from people in the city. This effort will bring back the beauty of our capital city and protect our common environment. But first we’ll take a short break.

Break

Host: The city of Lomé has been a distressing scene for a while now. Plastic bags are all over the streets. This situation seriously threatens the good looks of the city. How did we get to this? What must we do to make our city clean? Our guests will answer these questions as they kindly welcome us to their offices. The offices are located in Tokoin Solidarité neighborhood, not far from the Collège d'Enseignement Général, north of Lomé.

To discuss this topic, we have with us Mrs. Esther Oguki-Atakpa Ewoè, the president of the NGO *Environnement Plus*. She is with her collaborators Bernard Messan Atakpa, a manager in the NGO, and Modeste Sedor, the coordinator of the organization.

Host: Tell us, Mrs. President, what motivated you to start buying plastic waste?

Mrs. Esther Oguki-Atakpa Ewoè: We noticed that our cities were very dirty and very polluted with plastic waste. The waste clogs the sewage system, the rivers and everything. So, we decided to buy the plastic bags back from people.

Host: How do you buy this plastic waste? Mr. Bernard Messan Atakpa?

Bernard Messan Atakpa: We use sheds built throughout the city of Lomé for the collection and storage of plastic waste. We currently have 12 sheds that are operational and four that we just installed and for which we are training collection agents. So, in the short term, we want to buy this plastic waste back from people. But in the long term, we want people to get in the habit of not throwing plastic waste in the streets of our cities.

Host: What are you trying to achieve through this activity?

Bernard Messan Atakpa: The plastic bags have an impact on the environment. If you pay attention during rainy seasons, you’ll notice that they clog sewage systems and pollute the environment. When those bags are in the soil, it takes them hundreds of years before they break down. When they get buried in the soil, they clog the soil’s drainage system. These bags prevent water from infiltrating into the ground. When water is retained on or near the surface of the soil, mosquitoes breed and the potential for transmission of malaria increases.

We can also see open-air rubbish dumps multiplying throughout the city. This negatively affects the image of the city of Lomé. So, we set up this initiative to encourage people to give a new look to the Togolese capital, and to change the image of Togo in general.

Host: Mr. Modeste Sedor?

Modeste Sedor: As mentioned, plastic bags do not disintegrate by themselves in nature like domestic, organic waste. This is why there is an emergency. We must rid the city of those bags to allow rainwater to run freely and to infiltrate into the soil.

Plastic bags are not biodegradable. If buried in the soil, they prevent water from penetrating into the deeper soil. Look what is happening in Adakpamé neighbourhood and the neighbourhoods in the eastern part of Lomé. (*Editor's note: This problem also occurs in Kibera, Kenya's largest slum, and very possibly elsewhere.*) A small amount of rain, and there is flooding. The soil cannot absorb any more rainwater. The soil is waterlogged, so water cannot infiltrate because it is blocked by the bags buried in the soil due to city dwellers' actions.

Host: Listeners, I remind you that we are in the offices of the NGO Environnement Plus. And we are talking with representatives of that organization about the management of plastic waste in Lomé.

Before we continue with our interviews, let's listen to two collection agents from Environnement Plus whom we met earlier at their workplace.

Fade in sound of horns, motorcyclists and itinerant salespersons, then fade under host and hold

Host: Please tell me how you purchase the plastic bags.

Kofi Nagbe: We pay 75 francs per kilogram of plastic waste. So, when clients arrive here, we have a scale ready for use in our shed, and clients can see for themselves how much their plastic weighs. Once the weight is determined, we give them the corresponding amount of money.

Host: Do you have any problems with the clients?

Kofi Nagbe: Oh yes, there are problems. But you shouldn't blame clients for causing problems; you need to educate them.

Host: What kind of problems do you have?

Eric: Sometimes, some clients leave debris in the bags.

Host: What kind of debris?

Eric: Sand, for instance. Bags are weighed before they are bought. Some clients cheat by leaving some sand in the bags so that they will weigh more. There are also some clients who mix rice sacks with plastic bags. However, we do not collect rice sacks.

Another problem that we are facing is that we have only a certain amount of money that we must use to buy the packages of plastic bags. After we have used up that money, we stop buying. This can cause verbal disputes between the plastic bag collectors and the sellers. There are also clients

who come with products that we do not take, such as plastic cans and plastic serving plates. So, we try to explain the situation to them.

Host: How much do you spend on purchasing plastic bags per day?

Eric: Fifteen thousand CFA francs (*Editor's note: about 31 US dollars or 23 Euros*), which represents 200 kilograms for our dump shed in Nukafu neighborhood.

Fade up sound of horns, motorcyclists and itinerant salespersons for two seconds, then fade out

Host: That was Kofi Nagbe and Eric, both collection agents for the NGO Environnement Plus whom we met in the field. Back to the interviews in the office. Tell us, madam, gentlemen, if there have been obstacles to the implementation of this project.

Bernard Messan Atakpa: We are having some difficulties at the purchase points especially when clients come with a lot of bags. Once the money reserved for daily purchases has all been spent, they must wait until the next day, a situation they don't like.

Host: This is what we heard from your collection agents. So, there are more bags to buy daily than there is money available?

Bernard Messan Atakpa: Yes. We're in our fourth month of activity. We have 138 tonnes in storage. We buy 1500 kilograms per day.

Host: What do you do with the bags after buying them?

Bernard Messan Atakpa: Presently, we're just working on collecting this plastic waste. But there's an idea behind this. There are NGOs and businesses that buy this plastic waste and recycle it.

Modeste Sedor: Yes, there are projects that are being implemented to purchase the bags we are collecting, and to recycle them.

Host: What's the purpose of this recycling?

Modeste Sedor: For example, manufacturing of paving stones and school slates.

Host: School slates! So, what have you noticed since you started this activity? Are Lomé's people motivated?

Bernard Messan Atakpa: Yes, I would say that people are motivated, because they understand the message. We do notice a change on some streets in the city. There is a decrease in the number of plastic bags on our streets. And in the neighbourhoods where we have installed our sheds, we see that the environment is clean.

Modeste Sedor: In addition to collecting waste, we also have a communication program. Some of this is done through radio, in partnership with some local stations. People are starting to understand that plastic bags are not just waste items, even those people who are not close to collection points. Plastic bags are becoming an economic good. People can collect plastic bags in very remote areas, and then come to our purchase points to sell their bags.

We have already received some feedback. Already people on the street tell us that there are no longer any bags left here and there. These “city flowers” or “itinerant bags,” as people call them – we don't see them so much anymore.

Host: Before recording this program with you, madam, gentlemen, we interviewed a few people on the street to get their opinion about your initiative. We'll listen to them in this vox pop.

Street sounds – cars, motorcycles, people talking, etc. Fade and hold under vox pops.

Vox pop 1: I think that it's a good project, since this action allows us city dwellers to be aware and to be careful with the bags we carry around in our hands.

Vox pop 2: It's a good thing; they must be encouraged to continue. This makes the city clean, and that's good.

Vox pop 3: This activity is about all of us. But the NGO doesn't cover all the capital. I don't know how it will be able to clean up the hundreds of thousands of plastic bags in the city.

Vox pop 4: Listen, I don't know where those people find money to do things like this. Are they not fooling us? We're having local elections soon, you know what I mean?

Fade up street sounds and hold for two seconds, then fade out

Host: What do you think about those reactions?

Mrs. Esther Oguki-Atakpa Ewoè: These are good reactions. I believe that these people are perfectly right. We must cover the whole city to significantly reduce the number of plastic bags. But you see the small number of sheds we have. I believe that it is only step-by-step that we will conquer the whole city.

Host: Where did you find the money to do this noble activity? Madam? Gentlemen? Yes, Mrs. President.

Mrs. Esther Oguki-Atakpa Ewoè: In the beginning, we started with our own funds. Later on, the President of the Republic also supported us.

Host: Was this enough to meet your budget?

Mrs. Esther Oguki-Atakpa Ewoè: It's still insufficient, because the demand is so high.

Modeste Sedor: We currently have only 12 collection points. But a hundred would not be enough.

Mrs. Esther Oguki-Atakpa Ewoè: Yes, we need at least 100 sheds for the city of Lomé.

Host: Have you ever been approached by people who have projects to recycle plastic bags?

Modeste Sedor: Of course. There is competition among NGOs to buy plastic waste back from us.

Host: Well, it's a very good activity. If there's competition to obtain the bags that you buy back, that's very good. So, what request will you make to decision-makers so that this activity doesn't stop after going so well? Mrs. President?

Mrs. Esther Oguki-Atakpa Ewoè: We are asking business owners to help us, to support us in our activities.

Bernard Messan Atakpa: (*Continuing her thought*) ... so that we can progress, so that we meet our objective, which is Togo without plastic waste.

Host: This show is coming to an end. We thank Mrs. Esther Oguki-Atakpa Ewoè, the President of the Environnement Plus NGO, who kindly agreed to welcome us in the offices of her association. We also thank her collaborators, Bernard Messan Atakpa, Modeste Sedor, Kofi Nagbé, and Eric, who answered our questions. We have talked about the management of plastic waste in Lomé with the NGO Environnement Plus. This NGO buys back all kinds of plastic bags, to fight against the multiplication of waste in the streets of Lomé and the clogging of sewage systems, which is one of the causes of flooding in our country. Thank you all for joining us. Enjoy the rest of the program.

Closing signature tune

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Information sources

NGO Environnement Plus

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Kofi Nagbe, plastic waste collector in Gbossimé

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AIDS support group gives positive people a new lease on life!

Notes to broadcaster

In spite of vigorous campaigns to contain the epidemic, the human immunodeficiency virus (HIV) continues to spread, with 5.2 million people on anti-retroviral therapy (ART) worldwide. Zambia, with a population of 12 million people, has one of the highest HIV infection rates in the world. Donor support has made it possible for ART to be available freely to all HIV-infected people. Yet the success of this therapy depends on good nutrition, which is elusive for a large number of Zambians. Consequently, in the early days, free monthly rations of high energy protein supplements (HEPS) were given to all people living with HIV/AIDS (PLHAs).

The result was that, although the fight against HIV and AIDS was not being won, more HIV-positive people were living longer, thereby relieving hospitals of precious bed-space while adversely affecting the undertaker's business.

Unfortunately, the HEPS program lost donor support and availability became erratic and inadequate, with dire consequences for those infected with HIV, especially the rural poor.

Many HIV-positive people in Zambia have come together and formed support groups to ease the burden of HIV and AIDS. These groups have volunteers who visit the more seriously afflicted members to clean their homes, wash their clothes and encourage them to take anti-retro viral drugs according to the doctor's prescription. *Zithandize* is one such support group in one of the poorer compounds of Chipata, the administrative headquarters of the Eastern Province of Zambia. However, in addition to the usual role of the support groups, *Zithandize* has embarked on a program to make good nutrition available to its members by encouraging them to grow soybeans, which are the main ingredient in HEPS.

This script is a drama based on actual interviews. It can be used as inspiration to research and write a script on a similar topic in your area. Or you might choose to produce this script on your station, using voice actors to represent the speakers. If so, please make sure to tell your audience at the beginning of the program that the voices are those of actors, not the original people involved in the interviews.

Characters

Daliso: sick man on ART

Melia: Daliso's wife

Mbonyiwe and Sipiwe: caregivers

Signature tune (locally popular song about HIV and AIDS)

Presenter: At one time, HIV-positive people in Zambia enjoyed good health because they received free, monthly rations of high energy protein supplements, commonly called HEPS. Unfortunately, the partial withdrawal of donor support made the availability of HEPS both erratic and inadequate. As a result, many HIV-positive people now lack the good nutrition required for their bodies to withstand the onslaught of the virus.

In Chipata, the administrative headquarters of the Eastern Province, the HIV infection rate rose drastically, from 16% in 2000 to 26% in 2010. Hospitals and undertakers were overwhelmed. Clearly, something needed to be done quickly!

In response, some People Living with HIV and AIDS, called PLHAs, in the overcrowded compound of Mchini, came together and formed a group called the *Zithandize Support Group*. *Zithandize* means self-reliance. The aim of the group was to encourage PLHAs to rely on each other for home-based care and other kinds of support for dealing with HIV and AIDS.

In the following drama, Mbonyiwe and Sipiwe are caregivers with Zithandize. They are making one of their routine visits to homes afflicted by HIV and AIDS.

SFX: *Fade in voices of many women and children at water kiosk*

Mbonyiwe: Oh, sissie, this compound is really rundown. Look at the filth. No proper drainage or sewage management. How do people survive here? Maybe we've lost our way!

Sipiwe: I don't think so. The visitation card says a blue shack near a water kiosk, and look, this looks like it!

Daliso: *(Groaning off mic)*

Mbonyiwe: *(Sarcastically)* Sounds like it, too – those groans. Someone's very, very sick here. Let's knock.

Sipiwe: *(Traditional manner of verbal knocking)* Hodi! Hodi!

Daliso: *(Groaning off mic)*

Mbonyiwe: *(Louder)* Hodi! Hodi here!

Melia: *(From inside, off mic)* Come in, please, whoever you are. With a sick person in the house, the door is always left open for visitors.

SFX: *Sound of footsteps entering house*

Melia: Ah – ah, you girls – that uniform – are you doctors from the hospital? No? Nurses? No again; nurses don't wear white T-shirts and slacks, nor do they carry rucksacks.

Mbonyiwe: Indeed they don't. Look at the emblem on our breast pockets.

Melia: It's the red ribbon for HIV and AIDS.

Siphiwe: Correct. We're caregivers, mama!

Melia: Caregivers? Where from?

Mbonyiwe: *(To Siphiwe)* Turn round, Siphiwe, so that she can see what's written on the back.

SFX: *Sound of footsteps as Siphiwe turns*

Melia: *(Reading)* Zithandize Support Group.

Mbonyiwe: *(Soft laugh)* Yes, and we were informed that HIV and AIDS are taking a toll on this family.

Melia: Yes, indeed! Maybe the anti-retroviral medicines are no longer working for him. But come, sit on that reed mat. We've no chairs here.

SFX: *Sound of pulling a mat and people sitting*

Daliso: *(Groaning and coughing)*

Mbonyiwe: Your husband doesn't look well. Yet you said he's on ARVs. When did he start on them?

Melia: Five years ago.

Siphiwe: *(Compassionately, after a brief pause)* Please share your story with us.

Melia: *(Sadly, after hesitation)* It's a long story.

Siphiwe: We'll listen.

Melia: Alright. *(Pause)* Briefly, we have one child, Lozindaba, who now lives with her uncle since we are not able to give her good care. After Lozi, we had a boy, who died young due to poor health. After another child also died in infancy, and my husband, Daliso, got sickly, we knew we had HIV. So we went for voluntary counselling and testing. My immune system was still considered OK. As a result, I was advised to live positively and eat a balanced diet. But Daliso was a wreck. So he was put on ARVs right away.

Mbonyiwe: So have you been living positively and having a balanced diet?

Melia: *(Sad laugh)* If by positive living you mean the practice of abstaining from sex, being faithful to one's spouse or using condoms whenever having sex, yes. However, it's like locking

the door after the burglars have entered the house. But as for a balanced diet (*small laugh*), my dear girl, you can see poverty here even with your eyes closed. How can doctors expect us to get a balanced diet, whatever that is, when we lack even salt?

Siphiwe: So?

Melia: So with Daliso needing more food and care than I, my immune system quickly nose-dived and I got on the ARV bandwagon two years after him.

Daliso: (*Groaning more seriously*)

Mbonyiwe: (*Worried voice*) What's the matter with him?

Melia: You know us people carrying the virus – today it's a running stomach, tomorrow flu, the following day fever or vomiting – always one thing or another!

Siphiwe: And the hospital?

Melia: We've been in and out so frequently I've lost count. The doctors say he just needs to eat a lot. But what can I feed him on, poor as we are?

Mbonyiwe: Yes, what *do* you feed him on?

Melia: Nothing, actually. I give him maize meal porridge, but he vomits. Sump, he vomits (*Editor's note: Sump is maize pounded and then cooked. It's a common breakfast for the poor in Chipata*). This or that, still out it comes. I'm at my wits' end. It was better when we had HEPS.

Siphiwe: How better?

Melia: He never vomited HEPS. In fact, he couldn't get enough of it. (*Sadly*) But it's no longer available.

Siphiwe: It is available, mama, and we've brought you some!

Melia: (*Chidingly*) Don't pull my leg, young lady. HEPS are no longer available. Now we can only groan and die.

Daliso: (*Groaning and coughing*)

Mbonyiwe: Mama, it's true. We've brought some HEPS, enough for a whole month. See!

SFX: (*Sound of rucksacks being opened*)

Melia: (*In wonder*) My, my, my! You girls, what's this?

Mbonyiwe: HEPS, mama, enough for a whole month. After they're finished, we shall bring you some more when we come to monitor the patient's progress. Do you think he'll vomit again?

Melia: I told you, he never vomited HEPS. It was always his favourite and he grew so strong and healthy. (*Heavy pause*) But now I'm afraid you'll come a few times, then disappear with your HEPS!

Siphiwe: No, mama. We're local people within this community. So we won't disappear. We shall always be here to bring you HEPS and care until your husband gets better. Then ...

Melia: (*Interrupting cynically*) Then what? I knew there had to be a catch to this.

Mbonyiwe: (*Conciliatory tone of voice*) There's no catch at all, mama. You see, it's said that if you give a man a fish, he'll eat for one day. But if you teach him how to catch fish, he'll eat fish all his life.

Melia: I don't understand.

Siphiwe: What Mbonyiwe means is that the HEPS program was like giving us PLHAs ready-caught fish. The best thing would have been to teach us how to make the HEPS ourselves. Then we wouldn't be left high and dry like this.

Melia: So?

Mbonyiwe: So at Zithandize Support Group, we have learned how to make our own HEPS. It's so easy, after all. The main ingredient is soy flour, and most of us here are small-scale farmers.

Melia: Please come out in the open with what you mean.

Siphiwe: What we mean, mama, is that we need to find ways of getting more soybeans. Currently, we buy our soybeans from whoever around here grows them. We have a second-hand hammer mill and manufacture soy flour from pre-cooked soybeans and then add the other things needed to make our own HEPS.

Melia: (*Mesmerized*) Really!

Siphiwe: Yes indeed. But we can't get enough soybeans from scrounging around. We need to get everyone involved.

Melia: In buying soybeans?

Siphiwe: No, in *growing* soybeans.

Melia: (*Disdainfully*) But I've never liked soybeans. They taste so bad and sell too cheaply at the market.

Siphiwe: That's the problem! At Zithandize we teach people how to cultivate the crop. After harvest, we teach them how to pre-cook it so that it's ready for milling. If this is not done properly, the flour usually has a bad taste, especially if the beans come in contact with cold water.

Melia: That's all very interesting. But where do I come into this?

Mbonyiwe: You and your husband are small-scale farmers, just like the rest of us here. So you come in by growing soybeans and preparing them for the mill by pre-cooking. Zithandize will buy your soybeans at a fair price. Then we can make HEPS for all PLHAs in this compound, including you, your husband Daliso, my sister Siphiwe here, and me.

Melia: It all sounds so wonderful, but ...

Mbonyiwe: But what, mama?

Melia: You've left us a whole month's ration of HEPS and have promised to come again with some more next month. Yet you have to buy the soybeans and other ingredients for making HEPS. I wonder how you manage to keep such a program going.

Siphiwe: That's a very good observation. You're right; we'll surely sink one day if we continue like a charity. So we're recruiting members – out-grower farmers, if you like. So this is the other reason we're here – to recruit you! If we get many people into this, this community will produce a lot of soybeans, which we shall buy after pre-cooking.

Mbonyiwe: So in addition to maize, everyone will have a new cash crop to focus on, and more cash to spend! With time, we shall add a small price to our HEPS to support production. It'll be a full circle for you: you'll grow, process, and sell soya beans, and then buy them back as HEPS for your good health. But it can only succeed if we have people like you on board. Are you willing to come on board, mama?

Melia: (*Hesitantly*) Er – er ...

Daliso: (*After groaning and coughing*) Hey, mother of Lozi, surely there can be no er- er- about this. Can't you see? This project is a noble effort that will ultimately assure good health to all of us PLHAs in this community. It'll give us a new lease on life. So there's no room for hesitation. Now, get the charcoal brazier afire and cook me my wonderful HEPS porridge.

Siphiwe: No, sir, we're here as caregivers, first and foremost. So mama will be with you while we do everything. We shall clean the house, fetch good, clean water from the kiosk, and then fire the brazier to cook that precious HEPS porridge for you.

Daliso: (*With admiration*) You girls are angels. But start with the porridge because I'm famished! I promise not to throw up. By the time you return, I shall be as strong as Samson and ready to cultivate a whole hectare of soybeans!

Siphiwe and Mbonyiwe: (*Clapping together*) Gees!

Fade out sound of clapping

Presenter: You have just heard one successful assignment completed by the Zithandize Support Group. This group started with just a few sickly members. But through perseverance, its members are now mostly healthy and strong because they support each other to face the challenges of HIV and AIDS. The group has now extended its work to other less fortunate groups, especially in the surrounding rural areas, where it encourages HIV-positive people to grow soybeans and thereby improve their nutritional status.

Knowing how good nutrition can lead to better farm output and incomes, the response has been tremendous, especially among the rural poor.

This sort of initiative can be adopted anywhere by HIV-positive people who are facing nutritional challenges. It also has the potential to receive government support for soybean cultivation and processing, while donors might help with capital equipment like grain mills for processing the soybeans and making the HEPS.

HIV positive people anywhere should try it to achieve a healthy productive life for themselves!

Signature tune fade up full and out

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Information sources

World Health Organization, HIV/AIDS Data and Statistics. <http://www.who.int/hiv/data/en/>

Interviews with:

- Ms. Enely Mumba, Zithandize Support Group
- Anti Retro-viral Therapy (ART) Clinic, Chipata General Hospital
- Ms. Mesi, Provincial Coordinator, Zambia National Aids Network
- Ms. Anne Phiri, Provincial Coordinator, Network of Zambian People Living with HIV/AIDS, Chipata, Zambia

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