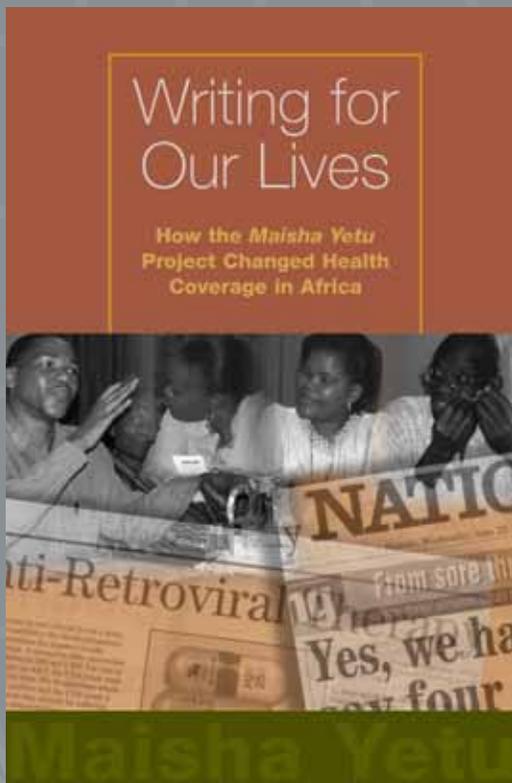


INTERNATIONAL WOMEN'S MEDIA FOUNDATION

A Step-by-Step Online Training Guide for
Better Health Reporting

A companion to Writing for Our Lives



IWMF
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

The Global Network for Women in the News Media

**INTERNATIONAL WOMEN'S MEDIA
FOUNDATION TRAINING WORKBOOK**
A Step-by-Step Guide

*A Toolkit for
Writing for Our Lives*

Introduction

This toolkit grew out of the International Women's Media Foundation's work in Africa that focuses on reporting to improve lives.

Using an intensive approach that begins with buy-in from the top of media houses, the IWWMF works in-house with those companies to improve the quality and quantity of reporting on specific subjects. The IWWMF pioneered this model in 2004-2007, working with six news media organizations in Botswana, Kenya and Senegal to improve reporting on HIV/AIDS, TB and malaria. The *Maisha Yetu* ("Our Lives" in Swahili) project was funded by the Bill & Melinda Gates Foundation. It trained more than 1,000 journalists – half of whom were women – to better report on health issues. The results included a significant increase in the number of stories presented on these subjects, as well as a marked increase in the depth of those stories.

In 2007, following the success of the *Maisha Yetu* model, the IWWMF launched a project to improve reporting on agriculture in Africa. *Reporting on Agriculture, Rural Development and Women: Africa* is funded by the Howard G. Buffett Foundation. The IWWMF will apply lessons learned during the *Maisha Yetu* project as it works with partners in media houses in Mali, Uganda and Zambia to improve coverage of agriculture, a topic of significant importance to the economy of the continent.

This toolkit is designed to share the IWWMF's proven model with media houses that want to implement this type of training on their own. It contains a step-by-step guide for conducting the project, with tips gleaned from *Maisha Yetu* project trainers, and sample training agendas. The toolkit is designed as a guide for project managers, trainers and executives in media houses to lead similar initiatives without having to partner with an outside organization.

The IWWMF approach includes on-site, continuous training and mentoring of editors and journalists. It gives special emphasis to the training and empowerment of women journalists. Some 50 percent of the journalists trained in the IWWMF's *Maisha Yetu* project were women. The toolkit gives suggestions for hiring trainers, who for the IWWMF projects are local, well-respected journalists with proven expertise in their fields. It is designed to be flexible so that any media house in the world can apply the IWWMF model to improve reporting on any topic.

The toolkit is most useful when paired with *Writing for Our Lives*, a report on the IWWMF's *Maisha Yetu* project. *Writing for Our Lives* includes lessons learned, samples of stories developed from the project, and best practices learned as a result of the project.

[Read it online at http://www.iwmf.org/docs/9464_WFOLforweb2.pdf. It is also available on DVD and/or hardcopy through the IWWMF at +1 202 496 1992 or email info@iwmf.org.]

We hope in sharing this model that media houses around the world will adopt it, use it and profit from it to improve reporting on important, timely issues. Please share your successes and challenges with us. And please contact us if you have any questions and think you might benefit from our experience.

A handwritten signature in black ink, appearing to read "Jane Ransom". The signature is fluid and cursive, with a large initial "J" and "R".

Jane Ransom
Executive Director
International Women's Media Foundation

TABLE OF CONTENTS

PART ONE

PROJECT DESIGN: ESTABLISHING AN IWMF IN-HOUSE TRAINING PROJECT

The Essential Steps.....

Step 1.....

Find Out What They Need: Conduct a Needs Assessment

Step 2

Let Their Answers Do the Work: Analyze and Interpret the Results of the Needs Assessment

Step 3.....

Find the Appropriate Trainer

Step 4.....

Make Sure They Get What They Need: Create a Tailor-Made, Long-Term Training Program

Step 5.....

Listen to What They Say: Evaluate Your Training Program

Step 6.....

Keep Track of How Well You're Doing: Create a List of Indicators to Evaluate Your Progress and Successes

PART TWO

SAMPLE TRAINING AGENDAS

Kenya

Botswana

PART THREE

TRAINING AND MENTORING TIPS

Training Tips.....
Mentoring Tips.....

PART FOUR
BEST PRACTICES AND LESSONS LEARNED

Best Practices.....
Lessons Learned.....

APPENDICES.....

APPENDIX 1
EXAMPLE OF A NEEDS-ASSESSMENT QUESTIONNAIRE.....

APPENDIX 2
EXAMPLE OF A NEEDS-ASSESSMENT REPORT.....

APPENDIX 3
EXAMPLE OF A WORK PLAN

APPENDIX 4
EXAMPLE OF A TRAINING EVALUATION FORM.....

PART ONE
PROJECT DESIGN: ESTABLISHING AN IWWMF IN-HOUSE TRAINING
PROJECT

The IWWMF training method follows six essential steps, in a logical order. It's necessary to follow all these steps to ensure your in-house journalism training program is designed thoroughly.

The Essential Steps

- 1. Find out what they need: Conduct a needs assessment**
- 2. Let their answers do the work: Analyze and interpret the results of the needs assessment**
- 3. Find the appropriate trainer**
- 4. Make sure they get what they need: Create a tailor-made, long-term training program**
- 5. Listen to what they say: Evaluate your training program**
- 6. Keep track of how well you're doing: Create a list of indicators to evaluate your progress and successes**

In the remaining sections of Part One, each of these steps is discussed and explained individually.

STEP 1

Find Out What They Need: Conduct a Needs Assessment

What's a needs assessment?

A needs assessment is a measurement of the training needs of journalists in your newsroom. It'll provide you with an indication of the specific aspects that reporters would like to be trained in, such as health news writing or feature writing. It'll also tell you which health subjects they're interested in reporting on and where they need help. A needs assessment for health reporters may include questions such as:

On which of the following subjects have you reported? (check)

- HIV/AIDS
- Tuberculosis
- Malaria
- Mental health
- Environmental health

On which health topics would you like to report more often? (check)

- HIV/AIDS
- Tuberculosis
- Malaria
- Mental health
- Environmental health

Have you had previous health journalism training? (check and fill in the blank)

- Yes, during a _____ day-long workshop.
- Yes, but not in a formal workshop. I learned from _____.
- No

Appendix 1 is an example of a needs-assessment questionnaire that was carried out by the IWFM's *Maisha Yetu* health journalism project. It helped the IWFM determine the health journalism training needs of reporters in Kenya, Senegal and Botswana. Your questionnaire will look a little different – you can use the same format as the IWFM questionnaire, but you'll have to change the questions to ones that are appropriate for your media house or newsroom.

How do you conduct a needs assessment?

Decide which journalists in your news room you'd like to involve in health reporting. You may want to think about involving a team of people from different departments, e.g., a combination of news and features reporters. Also, get the opinions of the reporters' editors. The journalists and editors you'd like to involve in health reporting are the ones you should interview for the needs assessment.

Decide what you want to learn from the needs assessment. You may want to learn more about:

- Which health topics journalists would like to report on more often;
- What type of help they need to do so;
- What type of training (informal, formal or a combination) reporters would be most interested in.

Draw up a list of questions you would like journalists and editors to answer. These questions should be based on what you concluded you wanted to learn from the questionnaire under number two. For example, if you decided you wanted to learn more about the type of help your newsroom reports need to better report on health, you may want to include a question such as:

Check which three health journalism skills you think you need the most help with?

- o How to report and understand statistics
- o How to tell health stories with a human face
- o How to understand and report medical science
- o How to create a good contact list
- o How to develop good news angles for health stories

Include a few questions related to each aspect you'd like to learn more about so you'll have enough information on which to base your training program. It works well to design a multiple choice questionnaire, such as the one in Appendix 1. Multiple choice questionnaire answers are easier to analyze than open-ended questions. Multiple choice questionnaires also help reporters better organize their thoughts.

Try not to include more than 20 questions, otherwise the questionnaire becomes too long.

Schedule interviews with the journalists and editors you'd like to involve in your

training project. If you have 20 questions on the needs-assessment questionnaire, a 30-minute interview with each person should be enough. It's best to get face-to-face, personal interviews, as this enables you to ask follow-up questions and make notes to refer to later. But because newsroom staff members are very busy, one-on-one interviews aren't always possible. The next best option is to ask staff members who don't have time for interviews to complete the questionnaire and return it to you later.

Make sure all the questionnaires are returned to you and store them safely and securely.

STEP 2

Let Their Answers Do the Work: Analyze and Interpret the Results of the Needs Assessment

What does it mean to analyze and interpret the results of the needs assessment?

Analyzing the data of your needs assessment means you look at all the answers and organize them so that you can make more sense of them. For example, if you found that almost all reporters indicated they would like to learn more about reporting statistics, you can be sure it would be a good call to make this a training priority.

The raw data alone will not reveal trends and major skills gaps. You can only discover trends and priorities by analyzing, organizing and summarizing the data.

How do you analyze and interpret the results of the needs assessment?

Organize the questionnaires according to different categories. For example, if you interviewed 10 reporters and editors who work in different sections of your newsroom, you may want to organize them under the following categories:

- Questionnaires from news reporters
- Questionnaires from features reporters
- Questionnaires from newsroom editors
- Questionnaires from features editors

By organizing the questionnaires under different categories, you're also able to also determine what these different categories of people, e.g., editors versus reporters, would most like to learn. You may for instance find that news reporters want to learn more about malaria, but their editors feel HIV/AIDS is a bigger priority. That will tell you that you need to get the two groups together to discuss their training priorities and reach a compromise.

Analyze and interpret the data. You can do this by studying the answer of each question and counting which of the multiple answers were selected more often than others. If "reporting on malaria" was selected most often and "reporting on tuberculosis" second most often, it'll tell you that malaria will be a good focus for your first training and "tuberculosis" a good focus for your second training. If no one selected "reporting on mental health" you may not want to focus on that immediately. If features reporters selected "reporting mental health often," but

news reporters did not, you may want to organize a separate training for features reporters on that subject.

Write a Needs-Assessment Report based on your analysis. Appendix 2 is an example of a Needs-Assessment Report of the IWFMF's *Maisha Yetu* health journalism project. Your report does not have to be that lengthy – remember, the *Maisha Yetu* project focused on three different countries. Your project will only focus on your own media house.

A Needs-Assessment Report for a health journalism training project should answer at least the following questions:

- Which health subjects are journalists most interested in?
- Which skills do journalists and editors feel they need most to effectively report on health issues?
- Which resources (e.g., time, access to transport, contacts, etc.) do journalists and editors feel they need most to effectively report on health issues?
- How much space is your media house or newsroom willing to allocate to the broadcast or printing of health stories?
- What are your main training recommendations?

Ask a colleague or two to read through your Needs-Assessment Report and give you feedback on its clarity and structure. Consider incorporating these suggestions into the final product.

Distribute the report to the relevant editors and journalists. A shared document with good data has significantly more impact than one that no one has seen. This way, newsroom staff will also better understand why you want to create a training program and will be more likely to fully participate. After all, it's their answers and views that you're reporting on.

Have a look at the *Maisha Yetu* Needs-Assessment Report

By reading through the *Maisha Yetu* Needs-Assessment Report in Appendix 3, you'll gain ideas for completing your report. This report includes the analyses of the Needs-Assessment Questionnaires for each country this project worked in as well as training recommendations based on the analysis from each country. For example, in Senegal the needs-assessment analysis recommended that media houses needed “to intensify efforts to and focus more on TB and malaria, identify specific

thematic areas, and improve angles and approaches.” Giving a human touch to stories and identifying a wider variety of sources also were identified as priorities.

To learn more about the *Maisha Yetu* needs- assessment analysis, see p. 25 (Botswana), p.55 (Kenya), p. 91 (Senegal) in *Writing for Our Lives*. You can access *Writing for Our Lives* online at:

http://www.iwmmf.org/docs/9464_WFOLforweb2.pdf.

STEP 3

Find the Appropriate Trainer

Choosing the right media trainer

The results of your needs assessment will give you a good idea of what type of trainer you need.

If you have a training budget, it sometimes works better to use a health journalism trainer from outside of your media house. That way you're able to select someone from a broader pool of people, and you can make sure that person has both health knowledge and advanced journalism skills. You don't have to hire the person permanently – you may want to think about appointing the person on a part-time basis for a few months or full time for three to four months so that your reporters have time to acquire the basic skills.

If you don't have a training budget, consider identifying an in-house person. It should be a person everyone respects and someone who has the ability to work with the journalists in your media house in a nonpatronizing way. If reporters don't get along with the trainer, they won't listen to him or her, no matter how much knowledge the trainer has.

Also, be certain the in-house person will be released from his or her daily duties for the duration of the training project. This can be challenging as you're likely to use a senior journalist whom news editors rely on for leading stories as a trainer.

Good trainers are people who are also willing to learn from the very reporters they're training. Trainers need to be willing to learn about the structures in your newsroom and respect them. For instance, if a journalist is not allowed to pursue a story idea before first pitching it to a news editor, the trainer needs to know that and respect it. In such a case, it would be disrespectful of a trainer to instruct a reporter to investigate a story without first getting the news editor's approval. In the words of the IWFMF's *Maisha Yetu* trainer, Otula Owuor, in Kenya: "I had to get the job done without stepping on any toes."

If you're the trainer yourself, make sure you consider all the above aspects.

How do you select an appropriate media trainer?

Make a list of the qualities you require in a trainer for your program. Your needs assessment will inform you about these qualities. For instance, if your needs

assessment indicated that the top three areas journalists want to learn more about are HIV/AIDS, tuberculosis and malaria, you need to find a trainer who has substantive knowledge on these subjects and has good contacts in these fields.

For the *Maisha Yetu* project, we wanted to find trainers with:

- Knowledge of HIV/AIDS, TB and malaria
- At least five years' experience in reporting health
- At least three years of training experience

Obviously, the trainer you select won't be doing all the health knowledge training. No journalism trainer knows everything about specialized health subjects. The trainer is more likely to be a senior health journalist with experience in creating compelling stories from health knowledge he or she obtains from experts. But it's also important that that person is connected to good contacts in the health field, so he or she can help journalists access good sources for stories and invite compelling speakers to trainings.

Advertise for a trainer in local newspapers or on appropriate notice boards at your media house. But remember, advertising is not the only way to find a trainer and often not the best way. It frequently works better to consult with newsroom editors, media organizations and networks that may know of appropriate trainers.

- Assemble and study the resumes of possible candidates.
- Compile a short list of three to four candidates who you think have most of the qualities you need.
- Ask the short-listed candidates to each send along three examples of health stories they've produced or written.
- Study the sample stories of the short-listed candidates so you have a good idea of the quality of their work.

Conduct in-person interviews with the short-listed candidates. You don't have to do this all by yourself. You can get a selection committee of two or three people together so that you can draw on their expertise and opinions as well. To get a better idea of their personalities and skills, ask candidates the following questions:

- Why would you like to be a health trainer in this newsroom?
- What qualities do you have that will make you a successful trainer?
- What's your previous training experience?
- What has been your most challenging training experience and why?
- How would you evaluate the current health coverage of our newsroom?

- What do you think needs to change about the coverage at our media house?
- How would you achieve such changes?
- What challenges do you expect working as a trainer at our media house?

Select your final candidates and contact at least three references for each. You can ask references to e-mail you letters or speak to them on the phone. If the references are from your own media house, go and speak to them in person. Ask the references some of the following questions:

- How long have you known the candidate and in which capacity?
- Can you tell me more about this candidate's work ethics?
- How does the candidate respond to challenging work situations?
- Can you give me an example of a challenging work situation the candidate has responded to?
- Which qualities of the candidate do you value most?
- Which qualities do you think the candidate needs to work on to be successful at this job?

Select the best candidate. Remember, you don't have to do this by yourself – you can do it with your selection committee.

Send letters of appreciation to the short-listed candidates who were not selected – you never know when you're going to need them.

Draw up a contract between your media house and the trainer. Make sure the responsibilities of the trainer are clearly outlined and that both parties agree on what needs to be achieved.

STEP 4
Make Sure They Get What They Need:
Create a Tailor-Made, Long-Term Training Program

What is a customized, long-term training program?

If you wanted to create a health desk at your media house, a two- or three-day training program is not going to be enough. You're going to need a long-term training program to help reporters on the health desk develop their skills over time. The training program is likely to consist of a few short formal trainings accompanied by lots of in-house coaching and mentoring.

The appropriate training program for your news room is not necessarily going to look the same as your competitor's program, because every newsroom has different structures, dynamics, individuals and requirements.

How do you develop a tailor-made, long-term program?

Use the recommendations in your Needs-Assessment Report as the basis for the design of your training program. If your Needs-Assessment Report found that most journalists want to learn more about feature health writing and how to give their stories a human face, make those strong features of your training program.

Determine the types of training necessary and how many of these you can accommodate. You can develop a variety of training tools, such as the following:

- In-house workshops of different durations (half day, one day, two days or longer). Make sure the duration of the workshops is realistic and in order with news editors – remember, you're going to have to ask news editors to release the health reporters for the training days.
- Workshops during which knowledge on a particular subject, such as malaria or agriculture, is shared.
- Workshops that focus on journalism skills building, such as writing or production skills.
- Workshops during which participants produce stories with the mentoring of the trainer(s).
- Coaching and mentoring of journalists between trainings, i.e., the trainer working with individual reporters on their stories in the newsroom. Reporters might have the trainer help them develop a story idea, share contacts and edit their stories.
- You may want to consider sending individual journalists on outside trainings in addition to what you're doing in-house. For instance, if journalists show

potential, you may want to send them to a senior course at a local or international media training organization – most of these trainings are sponsored by donors and require no payment from your media house.

Decide how long you would like your training program to be. It will be difficult to develop quality health reporting skills among your reporters in a training program shorter than three months. You can expect about 70 percent of the time being spent on mentoring and coaching and about 30 percent of the time on formal trainings.

Create a work plan, i.e., draw up a plan that states which activities you’re going to conduct and in what specific order. Make sure your activities are spread out over the duration of your project. For example, if you’re planning to do three trainings over a three-month period, do one training a month; don’t attempt to fit in all three trainings in the first three or last three weeks. Also, plan for mentoring and follow-up periods with trainees between training workshops. Below is an example of a work plan outline:

When?	Training Activity	Person Responsible
Month 1 Week 1	HIV/AIDS training workshop (2 days)	Trainer and training coordinator (Expert speakers to be invited)
Month 1 Week 2,3,4	Individual coaching and mentoring of journalists	Trainer in collaboration with news editors
	<i><u>Output:</u> At least three published health stories per journalist (one per week)</i>	
Month 2 Week 1	Malaria workshop (1 day) Reporting on statistics workshop (1 day)	Trainer and training coordinator (Expert speakers to be invited)
Month 2 Week 2,3,4	Individual coaching and mentoring of journalists	Trainer in collaboration with news editors
	<i><u>Output:</u> At least four health stories per journalist (one story every five days)</i>	
Month 3 Week 1	Tuberculosis workshop (1 day) Writing skills workshop (1 day)	Trainer and training coordinator (Expert speakers to be invited)
Month 3	Individual coaching and mentoring of	Trainer in

Week 2,3,	journalists	collaboration with news editors
	<i><u>Output:</u></i> <i>At least three health stories per journalist (one story every five days)</i>	
Month 3 Week 4	Evaluation of training program <ul style="list-style-type: none"> • compile final training reports • compile final tracking of indicators • study and analyze the training evaluation forms for a last time • conduct short interviews with some of the journalists and editors to get their feedback 	Trainer, training coordinator and journalists involved

Learn from *Maisha Yetu!*

If you'd like to study an example of a detailed work plan, please see Appendix 3. This work plan was used for the IWFMF's *Maisha Yetu* project in Kenya, Senegal and Botswana.

STEP 5

Listen to What They Say: Evaluate Your Training Program

Why evaluate?

You need to help your trainer evaluate his or her training so you can get feedback from journalists about what worked well and what didn't. That way you can help the trainer to constantly improve the quality of trainings and also gain confidence in what he or she does well.

This is not a complex process. At the end of each training workshop, you can distribute an evaluation form with specific questions. It works well to ask trainees to give a score to specified sessions and also comment on them. The section below will help you design an evaluation form. It's best to ask journalists to fill out this form anonymously so that they feel comfortable in providing honest criticism without fear it will be held against them later.

You can view an example of a training evaluation form in Appendix 4.

How do you design and use a training evaluation form?

1. Determine what you'd like to achieve with evaluation. Normally, trainers want to know which sessions worked well and which ones didn't, whether the training agenda was too full or not, whether journalists liked the facilitators, etc. Below are examples of questions you might include:

Give a score out of 10, with 10 being excellent and 0 being very bad, to the following session:

How to use statistics creatively in your stories

Facilitator: John Smith

Score: /10

You can also include more general questions, such as:

“How did you find the training facilitators in general?”

Score: /10

“How would you rate the training venue?”

Score: /10

In addition to this, you can include a few open-ended questions as well. For instance:

“What is the most useful skill you learned from this training?”

“How will you use this skill in your day-to-day job?”

“Is there anything you feel didn’t work well in this training? Please feel free to give examples.”

This evaluation form should not contain more than 15 to 18 questions, otherwise it gets too long and time consuming.

2. Distribute your training evaluation form to all trainees at the end of the training, and give them enough time to complete it before they leave.

3. Collect the evaluation forms and organize the data. It will help immensely if you calculate the average scores of the individual sessions. For instance:

How to use statistics creatively in your stories

Facilitator: John Smith

Score: /10

If three trainees scored the session 7/10, another three 8/10, and another two 9/10, it gets an average score of 7.86/10.

By calculating the average score, you get a good idea of which sessions worked well and which ones didn’t.

In addition to this, look at the trainees’ answers to questions such as “Is there anything you feel didn’t work well in this training? Please feel free to give examples,” so you can determine if there’s something most journalists feel should change or improve.

4. Write a short training report and provide feedback to editors and journalists.

STEP 6
Keep Track of How Well You're Doing:
Create a List of Indicators to Indicate Your Progress and Successes

Why indicators?

The evaluation forms discussed in Step 5 are subjective because trainees explain what **THEY** think they've learned. It's also possible to evaluate your training program in a more objective way – by looking at the output of the program.

An indicator is a unit of measurement used to monitor or evaluate the achievement of your project objectives over time. In simple language, an indicator is a target you use to measure if your project is working or not.

For instance, if you'd like your training program to boost coverage of HIV stories at your newspaper and the number of such stories published, the indicator you'll use to measure if that is indeed happening is the “number of HIV stories published.” If 20 monthly HIV stories were published prior to the start of your project, and that amount increased to 40 by the end of your project, you'll know your project has had a definite impact on the frequency of HIV stories in your newsroom.

Some other examples of indicators include:

Number of journalists trained (*if you wanted to measure whether there was an increase in journalists in your newsroom that received health training*)

Number of women journalists trained (*if you wanted to measure whether enough women were included in trainings – you may end with a percentage, e.g., 50 percent of trainees were women*)

Number of news stories on a specific topic (*if you wanted to measure whether the news coverage, e.g., of HIV, had increased*)

Number of feature stories on a specific topic (*if you wanted to measure whether the in-depth coverage of HIV had increased*)

Number of front page stories on a specific topic (*if you wanted to measure how often coverage on a specific subject was considered exceptionally newsworthy*)

Number of stories done per journalist (*if you wanted to measure whether the productivity levels of journalists had increased as a result of your training program*)

Number of times each health story has a human face (*if you wanted to measure whether more people infected and affected by HIV were included in*

stories as a result of your training program)

You'll notice that all indicators are quantifiable, which means you can count them. Even when you want to measure something relatively abstract, such as an increase in the quality of stories, the indicators you use to do so will need to be quantifiable. You need to decide what an increase in quality means to you – for instance, an increase in the quality of HIV reporting may go along with reporters reporting on more diverse aspects of HIV. To measure that, your indicator would be “number of story subjects.” You'll divide stories into categories under subjects such as “mother to child transmission of HIV,” “treatment stories,” “prevention stories,” “condom stories,” etc. and count whether there were more story subjects at the end of your project than at the beginning.

You will not be able to determine whether your project was successful or not if you only start to keep track of indicators midway through your project. You need something to measure your success against. This “something” is the status of the indicators prior to the start of your project. You therefore need to do a “baseline count” of all the indicators first.

How do you create a list of indicators and keep track of them?

Determine your project objectives. Objectives are goals you would like to achieve through your project. One of the objectives of the IWMF's *Maisha Yetu* project was to increase the frequency of reporting on HIV/AIDS, TB and malaria. You can have more specific goals as well, e.g., “to improve feature reporting” or “to improve reporting mental health issues.”

Create an indicator(s) for each objective. Above you will find helpful explanations on different types of indicators.

Create a table to keep track of the indicators you've identified for each goal, so you are able to compare whether your project has managed to achieve its goals. Below is an example of such a table – please note that this is not the entire table, only part of it.

Goal Indicator
Baseline
Month 1
Month 2
Month 3
Month 4
To increase the frequency of HIV stories
Number of HIV stories per month

3
5
9
15
20

To empower women journalists through training

Number/percentage of women journalists trained

0 (0% of trainees)

5 (50% of trainees)

6 (60% of trainees)

6 (60% of trainees)

6 (60% of trainees)

Learn from *Maisha Yetu!*

The IWMF's *Maisha Yetu* health journalism project didn't just use training evaluation forms and keep track of indicators. The project also commissioned a formal outside evaluation from a consultancy company. In addition to this, it published a report called *Writing for Our Lives: How the Maisha Yetu Project Changed Health Coverage in Africa*. This report contains lessons learned and best practices from which others can learn. Publishing a report such as this is a costly process. It's not essential that you do this for your in-house media training project. You can access it at:

http://www.iwmf.org/docs/9464_WFOLforweb2.pdf

PART TWO
SAMPLE TRAINING AGENDAS

KENYA

Below is a sample one-day training workshop agenda for IWWMF's health journalism program, *Maisha Yetu*, in Kenya.

IWWMF's 2nd Media Workshop on HIV/AIDS, TB and Malaria
Theme: "Cultural, Gender and Socioeconomic Issues"
May 16th 2005
Grand Regency Hotel

- | | |
|---------------|---|
| 8:45 – 9:00 | Registration |
| 9:00 – 10:00 | Opening session with comments from editors,
<i>Emily Nwanko (IWWMF board member and chair of the meeting)</i>
and the <i>Director of Media Services</i> |
| 10:00 – 10:20 | The Impact of HIV/AIDS, Malaria and TB on Kenya.
<i>Dr. Marion W. Mutugi, Director of the Institute for Tropical
Medicine and Infectious Diseases, Kenyatta University</i> |
| 10:40 – 11:00 | Trends in the Coverage of HIV/AIDS, TB and Malaria
<i>Eulalia Namai</i> |
| 11:00 – 11:20 | Discussion |
| 11:30 – 11:40 | Tea Break |
| 11:40 – 12:00 | Media Coverage of HIV/AIDS, TB and Malaria: A
Gender Perspective
<i>Rosemary Okello, African Women and Child Feature
Service</i> |
| 12:20 – 12:40 | The Latest Updates on HIV/AIDS, TB and Malaria
<i>Ministry of Health</i> |
| 12:40 – 1:00 | Discussion |

- 1:00 – 2:00 Lunch
- 2:00 – 2:30 Doing a Good Story
Wambui Kiai, Journalism School Director, University of Nairobi
Magagyu Magagyu, Kenyan School of Journalism
- 2:30 – 3:00 Review of Media Stories: Print and Electronic
- 3:00 – 4:00 The Way Forward and Closing Ceremony
The Nation, The Standard, Ministry of Health
- 4:00 – 4:20 Tea Break/Networking Session

BOTSWANA

Below is a sample one-day training workshop agenda for IWWMF's health journalism program, *Maisha Yetu*, in Botswana.

***Maisha Yetu* Stakeholders Awareness Workshop**

March 11th 2005

BTV Auditorium

- | | |
|---------------|---|
| 8:00 – 8:10 | Opening Remarks
<i>Bapasi Mphusi, Director of the Department of Information Services</i> |
| 8:10 – 8:25 | Overview of <i>Maisha Yetu</i> Campaign
<i>Sello Motseta (Local Trainer) and Aulora Stally (Project Manager)</i> |
| 8:25 – 8:45 | The Characterization of HIV/AIDS in the Media and the Role It Can Play in Breaking Stereotypes
<i>Richard Mathhare, IEC Consultant - NACA</i> |
| 8:45 – 9:10 | Questions and Answers Session |
| 9:10 – 9:25 | Linking HIV/AIDS Prevalence and TB
<i>Dr. Julius Mboya, Ministry of Health</i> |
| 9:25 – 9:35 | Questions and Answers Session |
| 9:35 – 9:45 | Lessons Learned From the Roll Out of ART in Botswana and Some of the Problems That Have Undermined Its Effectiveness
<i>Segolame Ramothlhwa, ARV Program Manager, Ministry of Health</i> |
| 9:45 – 9:55 | Questions and Answers Session |
| 9:55 – 10:10 | The Role the Media Can Play in Destigmatizing HIV-Infected and Affected People.
<i>David Ngele, BONEPWA</i> |
| 10:10 – 10:25 | Questions and Answers Session |

- 10:25 – 10:45 Tea and Networking Break
- 10:45 – 11:15 The Coverage of Malaria and the Local Media: Opportunities
and Challenges
*Lesetedinyane Lesetedinyane, Assistant Director, Ministry of
Health*
- 11:15 – 11:25 Questions and Answers Session
- 11:25 – 11:35 Linking the Media to Health
*Dr. Patson Mazonde, Permanent Secretary, Ministry of
Health*
Dr. Jeff Ramsay, Presidential Press Secretary
- 11:35 – 11:45 Questions and Answering Session
- 12:00 Noon Vote of Thanks
Simon Seisa, Production Manager, BTV

PART THREE
TRAINING AND MENTORING TIPS

TRAINING TIPS

This section contains helpful training tips from three of the IWWMF's lead trainers for its *Maisha Yetu* health journalism project in Kenya, Botswana and Senegal.

Name of Trainer: Otula Owuor
Country: Kenya

My three favorite training tips for working with journalists in-house (at their media houses) in Kenya are:

1. Tip: Assess the level of interest that individual journalists have in health reporting. Get them excited about health reporting by mentioning well-known health journalists in or outside the country.

Example: This tip helped me establish the appropriate starting point for my training efforts and work toward sustainability of my project.

2. Tip: Know the “newsroom politics” and avoid being seen as an intruder, even if top editors have given clearance. Sometimes media houses feel that “outsiders” (e.g., trainers) have their own agenda and want to influence the editorial independence of journalists.

Example: I had to arrange meeting times outside of the newsroom and outside of working hours with the journalists I trained and mentored even though several top editors told me I could have such meetings during working hours. Middle management, such as news editors, felt frustrated when I did this, as they had to deal with staff shortages and felt I was “stealing” some of their valuable time.

3. Tip: Ask yourself: “What kind of recognition do journalists get from your training?”

Example: Reporters from the Maisha Yetu project made it clear they should

have had some form of recognition, e.g., a certificate for successfully completing the training workshop.

My three most useful training tips for working with editors at *Maisha Yetu* Centers of Excellence in Kenya are:

1. Tip: Do not plan your training activities without input from the news editors. If they're briefed, they feel part of the process and are less likely to resist making journalists available for your workshops. A mere letter or notification from top editors is not enough.

Example: One journalist was prevented from going to Zimbabwe by an immediate boss who insisted her services were required at the home base, despite approval for her trip from top editors.

2. Tip: Editors must be briefed on improvements in the quality and quantity of stories. They should be asked for their feedback and be made to realize you value their opinion.

Example: Several Kenyan editors availed more airtime and space because of such improvements.

3. Tip: Network with journalists outside of the Centers of Excellence to encourage competition and sustainability.

Example: *Maisha Yetu* in Kenya accommodated interested journalists from the Kenya Broadcasting Corporation, Kenya Times and People – none of those media houses were part of the Centers of Excellence. This made journalists from The Nation and The Standard (the Centers of Excellence) feel they were in competition.

Name of Trainer: Beata Kasale

Country: Botswana

My three favorite training tips for working with journalists in-house (at their media houses) in Botswana are:

1. Tip: Don't assume health reporters know people living with HIV. They may never knowingly have met an HIV-infected person. Always get someone with HIV/AIDS to participate in HIV-related workshops to interact with the journalists and give face-to-face highly personal interviews.

Example: My first initiative with Maisha Yetu was a training workshop held for Centers of Excellence and other media houses. Part of the program was a field trip to a hospice for people living with HIV/AIDS. When we discussed the visit afterwards, there were comments like: "It was the first time I talked to people with HIV/AIDS." "How is that possible when we bury so many people in Botswana who have died from HIV-related illnesses?" I asked. "What about that cousin, brother, sister, friend and colleague who died, but no one talks about?" Meeting these people changed journalists' attitudes toward them. From then on, I invited people with HIV to all HIV-related training workshops.

2. Tip: Help journalists understand that they are also affected by HIV/AIDS and are stakeholders in curbing the spread of HIV/AIDS.

Example: To work on a story angle on counseling and testing, journalists underwent the process and reported first-hand experiences. In December 2005, Tduetso Setsiba went for counseling and testing herself. Initially, she was tasked with finding someone to interview on the subject but couldn't find such a person. She then decided to have a first-hand encounter and went for counseling and HIV-testing. The following year, in 2007, two more journalists, Gontse Gareebine and Ndiyane Masole, went through the same process to report on counseling services given by the church and by the medical fraternity. Generally, the journalists recognized it was their social and moral responsibility to report issues of public health.

3. Tip: Encourage reporters to dispel misconceptions to ensure coverage won't confuse readers.

Example: Maisha Yetu journalists discussed the issue and agreed it was unethical to splash headlines about claims of AIDS cures since most readers believed what they read. It was therefore agreed that the journalists should disseminate accurate information and clear up misconceptions about HIV prevention, care and treatment by checking their facts with experts prior to publication.

My three most useful training tips for working with editors at Maisha Yetu Centers of Excellence in Botswana are:

1. Tip: Get buy-in from editors and, if possible, top management.

Example: There was a lot of resistance from one Center of Excellence. Realizing I would not be able to reach my goal, I had no option but to hold a breakfast meeting and become acquainted with the editors and management. Thereafter it was easy to work with the Maisha Yetu journalists there.

2. Tip: If you get journalists to do health stories with a human face, editors start to appreciate the importance of public health reporting.

Example: Through interacting with people with HIV, Maisha Yetu journalists crafted interesting features that were good reads, and this was noted by editors as it improved and enhanced the quality of reporting on HIV/AIDS, malaria and TB. More human interest stories rather than events-driven articles were published and broadcast. The more human interest stories they did, the more open editors became to giving airtime or newspaper space to health stories.

3. Tip: Establish health desks.

Example: Mmegi newspaper established a health desk, a first for a Botswana newspaper that heretofore had carried mostly political stories. It has had a significant impact on the quality and quantity of health reporting in the newsroom.

Name of Trainer: Mouhamadou Tidiane Kassé
Country: Senegal

My two favorite training tips for working with journalists in-house (at their media houses) in Senegal are:

1. Tip: Rather than organizing your training sessions as a side event, try to find links with newsroom activities. This gives *Maisha Yetu* journalists the opportunity to show their colleagues what they do and how important it is.

Example: We participate in the editorial meetings and suggest ideas of coverage related to our training session.

2. Tip: Help journalists expand their sources and expose them to sources outside of big cities.

Example: I regularly traveled with journalists to stories outside of town and put them in touch with new sources and contacts. It gave them new perspectives on health issues. Repeatedly using the same sources made them feel health reporting was boring.

My three most useful training tips for working with editors at *Maisha Yetu* Centers of Excellence in Senegal are:

1. Tip: Involve the editors in the training process, ask them about their needs and expectations from the journalists, validate the program with them, and give them feedback.

Example: I involved the editors at SUD FM in our training and mentoring efforts every step of the way and made sure they felt valued. The result? For the first time ever a provincial radio director of SUD FM accompanied one of his journalists into the field on an HIV-related story.

2. Tip: Show editors that improving the journalism skills of their reporters won't only be of benefit to health stories but will also be good for general reporting.

Example: *When the training coordinator at Le Soleil newspaper realized that the general reporting skills of Maisha Yetu-trained reporters significantly improved, he suggested we also include reporters from regional offices in our training workshops.*

3. Tip: Help editors understand that good and serious coverage of health can lead to win-win partnerships for their media houses to fight diseases.

Example: *As a result of the improved quality of its health programs, SUD FM received a sponsorship from the UN to cover HIV. That way, HIV was covered more effectively, and SUD FM received a much-needed income.*

MENTORING TIPS

This section contains helpful mentoring tips from three of the IWMF's lead trainers on its *Maisha Yetu* health journalism project in Kenya, Botswana and Senegal.

Name of Trainer: Otula Owuor
Country: Kenya

My three favorite mentoring tips to get journalists in Kenya to produce post-workshop stories on the subject I trained them in (and not to simply disappear after the training) are:

1. Tip: Determine which reporters had covered health issues previously and assess their journalism skills in the coverage of other issues.

Example: Some of the Maisha Yetu reporters had to be given more time and encouragement than others. It's important to know who needs more attention. If given the right amount of attention, some of the less-experienced reporters end up doing better than the more experienced ones.

2. Tip: Familiarize yourself with reporters' working environments, including daily routines and other duties.

Example: Some Maisha Yetu reporters had assignments or "beats" that focused on politics, etc. It was important to know that, and to know what their schedules were like, or else I would have put unfair pressure on them to do health stories when it wasn't feasible.

3. Tip: Put journalists in touch with your own sources, some of which may be hard to access for a journalist. It will improve their stories.

Example: This helped Maisha Yetu-trained reporters create stronger links with the national head of TB, HIV/AIDS and malaria control units, etc.

My two most useful mentoring tips to get journalists to go the extra mile and use diverse sources in their stories are:

1. Tip: Encourage journalists to do investigative health stories.

Example: A Maisha Yetu-trained journalist exposed corruption in the National AIDS Control Council and received wide acclaim for it. He used diverse sources to obtain the relevant information.

2. Tip: Help journalists receive recognition by assisting them to apply for awards, fellowships and scholarships to regional or international workshops.

Example: Maisha Yetu-trained journalists had provincial workshops, and key reporters had a chance to travel out of the country to get “international exposure.” As a result, they built up more sources for their stories and also gained new perspectives on the issues they were reporting on.

Name of Trainer: Beata Kasale
Country: Botswana

My three favorite mentoring tips to get journalists in Botswana to produce post-workshop stories on the subject I trained them in (and not to simply disappear after the training) are:

1. Tip: We adopted the “Education with Production” policy established by Patrick van Rensburg where trainees have to produce a story after a workshop.

Example: Story ideas were developed at the training workshops, and these were followed up post-workshop to ensure they were published. Maisha Yetu-trained journalists had to bring clippings of their articles to the next workshop.

2. Tip: Work closely with journalists and discuss story ideas and features frequently.

Example: I constantly called journalists and encouraged them to follow up on health stories. In the end, we developed a really close mentoring relationship that has continued.

3. Tip: Establish a network of health journalists and experts and share information on a regular basis.

Example: Information on HIV/AIDS was shared through workshops as well as opportunities to attend training in and outside the country. We also helped journalists apply for fellowships and journalism competitions.

My three most useful mentoring tips to get journalists to go the extra mile and use diverse sources in their stories:

1. Tip: Produce supplements

Example: In 2006, MY journalists produced an eight-page supplement. Eighty thousand copies were printed and inserted in Botswana newspapers. In 2007, a supplement was produced and officiated by the then President of Botswana, Festus Mogae. Journalists had a chance to interview the President and several other experts that they normally find hard to access.

2. Tip: Create awards for top performers

Example: Digital recorders (radio) and cameras (print) were awarded to journalists who presented well-researched stories.

3. Tip: Encourage journalists to share story ideas and information.

Example: Journalists built relationships among themselves, and this networking provided a forum for sharing information and story angles. Maisha Yetu-trained journalists became a family while still maintaining their competitiveness.

Name of Trainer: Mouhamadou Tidiane Kassé
Country: Senegal

My three favorite mentoring tips to get journalists in Senegal to produce post-workshop stories on the subject I trained them in (and not to simply disappear after the training):

1. Tip: During the training, we identify issues to cover and how to approach them. I then work with journalists after the workshop to plan and mentor their coverage.

Example: AIDS, malaria and TB were hard to get covered in news bulletins. Instead, I worked with journalists on special programs, particularly on Sud FM, and helped them with sources and script reviews.

2. Tip: Follow up with journalists after a training workshop. It makes reporters feel that someone is coaching them and interested in what they're doing.

Example: Every week, according to the coverage plan adopted during the training, I sent a synopsis to the journalists, providing them with story ideas and angles, as well as resource people to interview.

3. Tip: Provide regular feedback to journalists on their stories. It helps them to grow in the way in which they develop stories and also become more independent.

Example: During the second phase of the Maisha Yetu project, journalist trainees started to create their own story synopsis. As a local trainer, all I had to do was help to improve them.

My two most useful mentoring tips to get journalists to go the extra mile and use diverse sources in their stories:

1. Tip: Invite people with interesting associations, such as those dealing with vulnerable groups, to workshops. Create a list of contacts for journalists that they can continue to update themselves.

Example: The Maisha Yetu program in Senegal established a list of resource people and organizations with contacts on the local or national level that journalists could use.

2. Tip: Help journalists understand that AIDS, TB and malaria are not only health issues. Explore with them the different aspects, and help them realize that these diseases have a significant impact on marginalized communities, which could lead to the use of several new sources in their stories.

***Example:** One of the local correspondents of Sud FM in Tambacounda (in the East Region of Senegal) created a weekly program on HIV/Aids that was broadcast to secondary schools. Sources were diverse and often included the voices of vulnerable groups, such as orphans, vulnerable children and other youths.*

PART FOUR BEST PRACTICES AND LESSONS LEARNED

BEST PRACTICES

This section contains helpful best practice lessons from three of the IWWMF's lead trainers for its *Maisha Yetu* health journalism project in Kenya, Botswana and Senegal.

Name of Trainer: Otula Owuor
Country: Kenya

If I were a *Maisha Yetu* Health Journalism Trainer in Kenya a second time, I would definitely do the three following things I learned from the *Maisha Yetu* program again:

1. Best practice: Get journalists to acquire diverse sources for their stories and be able to reach the sources on short notice.

Example: We provided journalists with the mobile phone numbers of health experts as well as the directors of the malaria, TB and HIV/AIDS control units.

2. Best practice: Get journalists to create their own informal networks.

Example: Maisha Yetu-trained journalists often shared experiences among themselves even before workshops and in some cases exchanged tips.

3. Best practice: Create weekly health programs.

Example: The television station KTN availed airtime for a weekly health slot, "Health Digest," on one of its news bulletins. As it is a quality program with many diverse sources and human interest stories, it is still being broadcast, even after the reporter who started it became an editor and had to transfer the reporting duties to someone else.

Name of Trainer: Beata Kasale
Country: Botswana

If I were a *Maisha Yetu* Health Journalism Trainer in Botswana a second time, I

would definitely do the two following things I learned from the *Maisha Yetu* program again:

1. Best practice: Encourage journalists to provide both sides of a story and to humanize diseases such as AIDS, malaria and TB by including the voices of those infected and affected in their stories.

Example: By involving PLHIV in our training workshops, I found that this made my job easier as journalists interacted with PLHIV and issues of balance, language, accountability and sensitivity were addressed. It was no longer a case of “us” and them.”

2. Best practice: Encourage journalists to be cautious of being manipulated by government, NGOs and other parties.

Example: Maisha Yetu-trained journalists were advised to be careful not to be government mouthpieces, NGOs or sources claiming they could cure HIV/AIDS.

**Name of Trainer: Mouhamadou Tidiane Kassé
Country: Senegal**

If I were a *Maisha Yetu* Health Journalism Trainer in Senegal a second time, I would definitely do the three following things I learned from the *Maisha Yetu* Program again:

1. Best practice: Train journalists to train others.

Example: The last workshop we organized was facilitated by a Sud FM journalist. He did a great job. This way in-house training efforts could be sustained even after the Maisha Yetu project had closed.

2. Best practice: Provide journalists from Centers of Excellence with the opportunity of exchange programs to other *Maisha Yetu* Centers of Excellence. This was a strong need expressed by journalists in Senegal.

Example: Le Soleil newspaper wanted a journalist sent to Botswana to write about the impact of AIDS in a country with a high prevalence rate, as opposed to Senegal that has a relatively low prevalence rate. We assisted him to go.

3. Best practice: Fully use information and communication technology for

training workshops.

***Example:** We started to organize editorial meetings via the Internet. It was cheap and useful to the journalists.*

LESSONS LEARNED

This section contains helpful lessons learned from three of the IWFMF's lead trainers for its *Maisha Yetu* health journalism project in Kenya, Botswana and Senegal. It also contains a short section on general lessons learned.

General Lessons Learned

- Incorporate journalism skills training when teaching journalists about the subject matter.
- Invest in monitoring and evaluation, and budget for it. It's expensive, but it is the only way to scientifically prove your project has had an impact.
- Choose project staff carefully. It is better to spend a month without someone in a position than appoint the wrong person.
- Have a team of people with different strengths managing your project. Do not expect one person or one program manager to take on all the responsibilities.
- Develop strategic partnerships with as many local organizations as possible, and draw on their strengths.
- Develop a training curriculum for your program; don't just make it up as it comes along.
- Get buy-in from subject experts right from the start. That way they are able to influence your training curriculum positively right from the start.

Name of Trainer: Otula Owuor

Country: Kenya

If I were a *Maisha Yetu* Health Journalism Trainer in Kenya a second time, I would do the three following things differently:

1. Lesson learned: Get top editors more involved in training efforts.

Example: In one media house where reporters excelled, top editors were not fully aware of that. This made them less cooperative because they didn't feel involved. When we started to provide them with monthly updates, their attitudes changed for the better.

2. Lesson learned: Allow journalists to learn from each other and not just from you.

Example: Training results improved significantly when Maisha Yetu-trained reporters who excelled were used as co-trainers.

3. Lesson learned: Do more follow-up and mentoring, and continue it even after your project has ended.

Example: When I started to closely follow up with journalists and mentor them on new story ideas, they became much more cooperative. Mentoring is more than just looking at stories, it's having a relationship with a trainee where that person feels free to ask for advice without being judged.

Name of Trainer: Beata Kasale

Country: Botswana

If I were a Maisha Yetu Health Journalism Trainer in Botswana a second time, I would do the two following things differently:

1. Lesson learned: Get buy-in from top management right from the start. Don't wait until after you've trained the journalists.

Example: One Center of Excellence was difficult to work with, and I had problems getting participation from the editors and management until I attempted to get buy-in from management through a breakfast meeting.

2. Lesson learned: Budget for technical support, such as laptops, for journalists.

Example: Next time I would budget for at least two laptops for the Maisha Yetu project to ensure we help journalists with stories after workshops. Workshops with a tangible result, such as a story from each journalist, work much better than those without such products.

Name of Trainer: Mouhamadou Tidiane Kassé

Country: Senegal

If I were a Maisha Yetu Health Journalism Trainer in Senegal a second time, I would do the two following things differently:

1. Lesson learned: Negotiate with the appropriate people for access to newsrooms.

Example: At one of the Centers of Excellence we did not approach the right person for access and thought we had access to the newsroom, but we didn't! We had to then renegotiate.

2. Lesson learned: Select trainees better and determine that their skills of reporting are on the same or similar level to assure a more homogeneous group.

Example: Some training workshops were more time consuming than others because participants had different levels of journalism skills. Some became

bored while more junior participants had to learn basic skills. Had trainees been on the same level, things would have gone more smoothly and have been of far greater value.

APPENDICES

APPENDIX 1
EXAMPLE OF A NEEDS-ASSESSMENT QUESTIONNAIRE

Maisha Yetu Needs-Assessment Questionnaire

Name and Country of Center of Excellence:

COE Representative:

Designation, including department:

1. What type of a media organization are you?

- (1) Publishing House
(a) Newspaper (b) Magazine (c) Newsletter/Journal
- (2) Broadcasting
(a) Radio (b) Television (c) Internet

2. Name of major publication and/or program?

- (a) Print (b) Radio (c) Television

3. Main focus of publication and/or program?

- (1) News (5) Developmental
(2) Sports/Entertainment (6) Professional
(3) Business (7) Other, specify
(4) Educational

4. Do you have a health component in your publication/program?

- (1) Yes (2) No
Briefly describe the type of coverage.

5. How often do you publish/broadcast?

- (1) Daily (2) Weekly (3) Fortnightly
(4) Monthly (5) Bimonthly (6) Other, specify

6. What is your print run?

- (1) Under 1,000 (2) 1,000 – 5,000
(3) 5,000 – 10,000 (4) Over 10,000

7. Who is your viewership and /or listenership:

Radio
Television

8. What is your publication/program circulation/reach?

- (1) National (2) Regional (3) International
(4) Provincial (5) District (6) Other

9. What is your target audience?

- Sex (a) Female (b) Male (c) Both
Location (a) Rural (b) Urban (c) Suburban
Age (1) Adolescent (13-18)
(2) Young Adult (19-25)
(3) Adult (26+)
(4) All Ages

10. Are HIV/AIDS, TB and malaria ever a priority area of focus?

- (1) Never (2) Sometimes (3) Regularly

11. What are your main sources of information on HIV/AIDS, TB and malaria?

- (1) Resource Centers (4) Newswire
(2) AIDS Organizations (5) Other, specify
(3) Government Officials

12. How often do you publish/broadcast/in health issues?

(with specific relevance to HIV/AIDS, TB and malaria)

- (1) Never (2) Sometimes (3) Regularly (4) On request

Describe the type of coverage.

13. If never or sometimes, how do you view the topic of HIV/AIDS, TB and malaria as a news story?

- (1) Not interesting (4) Lacks an angle/approach
(2) Fear creating (5) Other
(3) Nothing new

Please briefly explain your view?

14. What topics would interest you when covering HIV/AIDS, TB and malaria?

- (1) Personal life stories
(2) Hard facts and figures
(3) Women and gender
(4) Policy on AIDS (e.g., workplace)
(5) AIDS and the law
(6) AIDS and children/orphans
(7) Condoms
(8) Reproductive health
(9) Research
(10) Prevention
(11) Human rights
(12) Other, specify

15. What kind of HIV/AIDS, TB and malaria stories would be of interest to your readers/audience?

16. What resources would you need to be able to report effectively and consistently on HIV/AIDS, TB and malaria?

- (1) Up-to-date information
(2) Training
(3) Access to the Internet
(4) Relevant partners/networks
(5) Other, specify

17. What specific areas in HIV/AIDS, TB and malaria do you feel should be addressed?

- (1) Increased understanding of the science of these issues

- (2) Understanding how to write on thematic areas (ARVs, VCT, positive living)
- (3) Language and terminology
- (4) Interpreting statistics/data
- (5) Other

18. How best would you prefer to receive information on HIV/AIDS, TB and malaria?

Fact Sheets Press Releases Info Kit Other, specify

VIA

Post E-mail Fax Internet Other, specify

APPENDIX 2
EXAMPLE OF A NEEDS-ASSESSMENT REPORT

**THE INTERNATIONAL WOMEN'S MEDIA
FOUNDATION (IWMF)**

Centers of Excellence Needs-Assessment Report

*Maisha Yetu Media Campaign — BOTSWANA, KENYA and SENEGAL
November 2004*

CONTENTS

COE NEEDS ASSESSMENTS

Objective

Location

Methodology

Limitations

OVERALL COE FINDINGS

Covering HIV/AIDS, TB and Malaria

Readership and Target Audience

Overall Needs-Assessment Outcomes

Sources of Information

Packaging and Focus

Information Needs

Three-Country Assessment

INDIVIDUAL COUNTRY ANALYSES

Senegal COE Analysis

Botswana COE Analysis

Kenya COE Analysis

WAY FORWARD

ANNEX 1 – Profiles: Centers of Excellence

ANNEX 2 – List of Participants

Botswana

Senegal

Kenya

COE NEEDS ASSESSMENTS

Objective

The purpose for conducting needs assessments in the Centers of Excellence (COE) was to determine:

- Specific in-house media needs and gaps with regard to understanding, communicating and effectively covering HIV/AIDS, tuberculosis (TB) and malaria;
- Necessary tools and/or resources required to report effectively on these public health issues;
- Existing sources of information with a view to ascertaining how the *Maisha Yetu* (MY) campaign can provide technical expertise to enhance quality coverage of HIV/AIDS, TB and malaria;
- How to bridge the information and skills gap by providing customized in-house training to sustain these issues on the COE media agenda.

Location

The Needs Assessment was undertaken in Botswana, Kenya and Senegal where the COEs are located. In Botswana, COEs are *Mmegi* and the Department of Broadcasting Services; in Kenya, the Nation Group's *Nation* newspaper, radio and television, *The Standard* newspaper and television; and in Senegal, Sud FM radio and *Le Soleil*, a daily newspaper.

Methodology

Local trainers were tasked to identify and conduct interviews with key COE team members in Botswana, Kenya and Senegal. In each COE, structured interviews using a predesigned questionnaire and in-depth discussions with key informants were conducted. In some cases, questionnaires were distributed for respondents to fill out. The forms were subsequently collected by local trainers, collated and analyzed, then submitted to the project manager who synthesized and finalized this report.

Limitations

The number of respondents for the Kenya and Senegal COEs averaged four. This small number would be expected to limit findings to the moderate cross-section of media practitioners. It was also noted that a small proportion of key questions remained unanswered, posing further limitations. A number of responses contained personal opinions and at times these opinions were not in sync with the objective of the assessment. However, it could be argued that some of these opinions are relevant in some way. For instance, one respondent stated that views had to be ascertained from "higher authorities," indicating either lack of media freedom or self-confidence. On further analysis, it was concluded that this particular media organization regularly publishes and

broadcasts health programs without restriction.

It was not clearly outlined how many respondents should participate in the assessment. A local trainer suggested that the assessment required more extensive representation of journalists from media houses beyond the COEs. However, the same individual also asserted that her own respondents were focused individuals, eager to create a professional niche. The argument would then make the qualitative aspect more valuable than the quantitative one, hence the format of this report. On the other hand, Botswana presented 36 respondents, with a least one-third from outside of the COE realm, but a significant proportion of questions remained unanswered. This strengthens the rationale for a smaller, more focused group of respondents.

Some questions lacked clarity, especially question 3 (main focus of publication and/or programs – see page 48) as some respondents considered that “news” could have encompassed their entire media agenda. However, respondents felt that they knew or understood the logic behind the question.

OVERALL COE FINDINGS

Covering HIV/AIDS, TB and Malaria

The coverage of HIV/AIDS, TB and malaria varied in the different COEs. These public health issues were either (a) not a priority, (b) covered in a sporadic manner, or (c) more positively linked to programs concentrating solely on public health issues. Periodically, these public health issues are only highlighted upon request. This refers to supplements and/or sponsored editorials, mainly by nongovernmental organizations (NGOs). Health coverage is often surpassed by politics, but it was, however, highlighted that the former are prioritized during weekends as features when there is lack of “news.” There is still a strong indication therefore that HIV/AIDS, TB and malaria are not viewed as news topics, despite the overwhelming social and economic implications brought on by these public health issues.

Where it takes a consistent structure, health coverage in the COEs consists of one or more of the following formats:

- a weekly science magazine insert;
- a TV program that focuses solely on health;
- a twice-daily, three-minute long broadcast in the morning and in the evening, comprising reports and interviews;
- regular (but not necessarily priority, i.e., breaking news or front page) print coverage, sometimes with a special desk for this topic with useful, relevant coverage.

Readership and Target Audience

The largest proportion of the COE print and broadcast target audience was adults (+20 years of age) with a comparable male and female range. The next category, to a lesser degree, consisted of young adults (19 or less); this target audience declined with

decreasing age ranges. In general, the COEs target urban populations, and more realistically, the “disposable income” group.

Some COEs are involved in the production of more than one publication (*Mmegi* and *The Nation* newspapers) and as such, their readership shows a certain disparity between the different publications. Where state-owned newspapers are concerned, nationwide distribution could lead to an unrestricted audience, i.e., the family network. However, readership is limited in the rural areas compared to urban locations, often because of accessibility and literacy levels, coupled with financial constraints.

Overall Needs-Assessment Outcomes

The *Maisha Yetu* campaign hoped to achieve several outcomes from the COE needs assessment. These included determining the current level and extent of coverage of HIV/AIDS, TB and malaria in each COE, highlighting gaps, weaknesses and strengths, if any, in covering these public health issues.

The overwhelming response was that news programs are the main focus of all COEs. While news is the principal focus, business, education, human rights and sports feature quite prominently on all media agendas. While entertainment value is the key objective of each COE, it is important to encourage COEs to re-evaluate the media’s social responsibility role by focusing more on the extent and impact of HIV/AIDS, TB and malaria – not only as a health issue, but a wide social and development issue.

Sources of Information

These were not restricted to one key institution and included the following:

- Government officials
- Health institutions (including UNAIDS and the World Health Organization)
- Organizations working in HIV and AIDS
- NGOs
- Newswire agencies
- Press agencies
- Resource centers
- Internet (but not in all cases)

Packaging and Focus

Print COEs (*The Nation*, *Mmegi* and *Le Soleil*) are packaged in either tabloid or magazine format, and distribution is daily, weekly or monthly. These publications benefit from national distribution and can be accessed online, such as *The Nation* and *Mmegi*. Print runs for all COE newspapers are well over 10,000 copies.

Health-related, front-page articles on HIV/AIDS, TB and malaria are minimal, and focus is based on major breakthroughs or links to key political events. In general, public health articles are not allocated regular fixed space but are published on an ad hoc basis in certain

weekly sections or insert magazines, e.g., *The Horizon*, the weekly science insert in *The Nation* newspaper.

Le Soleil has a regular health, population and environmental page devoted to public health issues, and this is where coverage on HIV/AIDS and malaria is featured. *The Nation* newspaper has a dedicated health writer who routinely covers HIV/AIDS, TB and malaria. The *Nation Horizon* focuses prominently on health issues. A fair amount of coverage on HIV/AIDS features in *Mmegi* and its sister publication, *Mmegi Monitor*, but there tends to be less focus on TB and malaria in all COE publications and broadcast channels.

Television and radio focus in all COEs is mainly on entertainment value, with a fair amount of public health coverage. Radio stations broadcast up to 24 hours per day, e.g., Sod FM. HIV/AIDS and related issues feature prominently on Radio Botswana's *AIDS Tips* and *Talk Back* on Botswana Television. News clips and interviews feature quite regularly on Sod FM, Nation Radio and Kenya Television.

Information Needs

The needs cited in this assessment endorsed those identified at the September 2004 MY orientation partners meeting in Nairobi, Kenya.

1. Training in reporting and analysis: A significant proportion of reports featured in health programs originate from local correspondents. Often these journalists are freelance and some have received very little, if any, structured, professional training. The table below represents preferred needs as identified by the COEs. Training and access to information are key priorities.

2. Access to information: Up-to-date information is vital to enhance responsible reporting, and it is imperative that information is available, relevant and accurately interpreted.

3. National and even local information on AIDS, TB and malaria: This focus on information in its local context is of great benefit to the COEs, shifting away from a generally global view of the situation. Information in its local context enables greater sharing and increased understanding of the issues at hand.

4. A realistic focus on the impact (scale and extent) of HIV/AIDS, TB and malaria: It would be relevant to devote more space and time to personal life stories of those affected by HIV, TB and malaria. Giving a human face to such stories will bring about a greater understanding of the impact of these issues on society, the community, the economy and development.

5. Give TB a refreshing outlook: TB is not a frequently reported issue, particularly its

very important link to HIV and AIDS. COEs need to better understand the impact of TB, what it means, and focus on preventative measures.

6. Increased coverage on malaria: Coverage on malaria in Senegal, for example, peaks during the rainy season because this is when the government organizes campaigns for prevention. However, there are regions where malaria is endemic and coverage must not be seasonal; the entire outlook needs to be approached from a different angle. In general, the COEs have not adequately covered malaria in their newspapers or broadcast channels owing to limited information, so innovative approaches need to be investigated to place this topic on the news agenda.

7. More personal testimonies and real-life accounts from people living with HIV/AIDS: Similar to item 4, HIV and AIDS awareness has not fully promoted responsible behavior. Coverage on People Living With HIV and AIDS (PLWHA) can add impetus to current media messages and prove to those who are infected with HIV that there is life after testing HIV-positive. However, journalists need to gain the trust of infected people, and reporting has to be approached with respect and dignity for all concerned.

Three-Country Assessment

Findings/Needs	Recommendations
1) The need to overcome the idea that HIV/AIDS, TB and malaria programs are intrusions into mainstream entertainment media.	The challenge is to repackage health programs and stories and adopt more opportunist reporting habits. This means journalists need to ensure that when there is space, they are readily equipped with innovative articles that will have impact, and with follow-up capabilities, soliciting responses and debate/discussion from the public, i.e., through letters to the editor.
2) The need to coordinate and appropriately time broadcasts and/or publication of HIV/AIDS, TB and malaria.	Encourage in-house meetings and/or brainstorming sessions with COEs. Discuss current, thematic issues that need coverage. Synchronize HIV/AIDS, TB, and malaria coverage into key national and/or international events. For example: <ul style="list-style-type: none"> • <i>Universal Children’s Day</i> (20 November) could focus on children orphaned by HIV/AIDS, TB and malaria. • <i>World AIDS Day</i> (1 December) could intensify HIV and AIDS coverage, using the campaign theme, Women, Girls and HIV. • <i>International Women’s Day</i> (13 March) coverage

	<p>could focus on the vulnerability of young girls or the burden women carry in AIDS-affected households. Story ideas could incorporate TB into programs showing pregnant women are at high risk of infecting their unborn babies.</p> <ul style="list-style-type: none"> • <i>Human Rights Day</i> (10 December) could focus on the human rights aspects of these health issues.
<p>3) Identification of good/useful/new angles and approaches to the HIV/AIDS, TB and malaria story, including new sources of information.</p>	<p>Hold orientation meetings with news editors/managers/journalists and brainstorming sessions that focus specifically on different angles and approaches to story writing; use a suitable framework for reporting on HIV/AIDS, TB and malaria in terms of what works and what does not. Hold regular discussions through the MY e-forum, attend meetings and conferences, and continue to share knowledge and skills.</p> <p>Create a directory of information sources, links, key activists and experts working on HIV/AIDS, TB and malaria. Share widely with COE team and use as a key resource.</p>
<p>4) Addition of human, personal touch to HIV/AIDS, TB and malaria stories, articles, programs, clips and videos.</p>	<p>Develop networks beyond information sources, to include NGOs, ASOs and CBOs, and pay site visits to understand how people are living and coping with illness at household and community levels. Training may include field trips to understand the real lives of people affected by disease. This takes reporters away from the newsroom to experience reality and creates open discussion and debate on issues concerning infected or affected people. It is a good way to reduce stigma and prevent the “them” and “us” situation.</p>
<p>5) Going beyond the medical; promoting the socioeconomic impact of HIV/AIDS.</p>	<p>There is a need to focus on the socioeconomic impact of HIV/AIDS, TB and malaria by using accurate, well-researched information from credible sources. In-house capacity building sessions and team building will create a better understanding of the nonmedical aspects of HIV/AIDS, TB and malaria.</p>
<p>6) Training, training,</p>	<p>Training continues to be called for, and this is not a</p>

training!	new need. Short in-house training sessions by the local trainers with the help of the project manager, are essential. This must be supported by the compilation and distribution of relevant and appropriate terminology and/or updated information that will enable reporters to understand the science and development aspects of these public health issues. Follow up beyond training is key through monitoring and evaluation of published work.
7) Providing information not readily available in COEs to enable informed reporting on HIV/AIDS, TB and malaria; greater access to information resources.	Create in-house resource “corners” within all COEs. These information corners can store material collected on HIV/AIDS, TB and malaria, for example, epidemic updates, fact sheets, useful articles (i.e., through e-forum), data, research, reports, etc. Internet addresses, including useful Internet resources can also be stored in this corner for easy access to information.

INDIVIDUAL COUNTRY ANALYSES

SENEGAL

Sud FM	Sud FM is the first private radio station in Senegal, established in 1994. Sud FM has six local stations, plus one in Dakar and one based in Banjul, The Gambia. With this network, the radio reaches at least two-thirds of the country’s population and has the advantage of being a 24-hour broadcast station. Sud FM is a reference for news and analysis and broadcasts a health program twice a day, in the morning and evening. The program is three minutes long and endeavors to cover all topical health issues, mainly through reports and interviews. Some Sud FM journalists have received training on HIV/AIDS.
<i>Le Soleil</i>	This is a government daily newspaper established in 1970, which currently has a print run of 20,000 and a team of qualified journalists. <i>Le Soleil</i> regularly issues a special supplement on specific topics, such as the environment, population and health. The newspaper has a special health desk and public health issues receive good, often regular, coverage. Despite being

	state-owned, <i>Le Soleil</i> has become more independent after the opposition party won the 2000 election, reflecting a wider diversity of opinion and gaining more credibility.
Senegal COE Analysis	
Findings/Needs	Recommendations
1) Senegal COEs have good health coverage but need to intensify current efforts and focus more on TB and malaria.	A three-stage program, in the short term, midterm and long term has been identified as beneficial. The first stage is raising awareness; the second is follow up; and the third stage will entail expansion (introducing new angles and approaches, more analysis, increased commentary, etc., and reaffirming health coverage as a priority on the news agenda). Timing is an important aspect for enhanced health coverage, and the COEs must take advantage of local and international events to drive and sustain quality coverage of HIV/AIDS, TB and malaria.
2) Identify specific thematic areas/topics to cover HIV/AIDS, TB and malaria.	The local trainer should regularly hold meetings and brainstorming sessions to create a better, more improved understanding of thematic reporting. Topics can be suggested by the COE team, and then the project manager and local trainer can jointly design a guide to thematic reporting. For example, if the theme is “gender,” explain what this means, how to mainstream gender into HIV/AIDS reporting, use of appropriate terminology, etc.
3) Identify good/improved angles and approaches to coverage (including better analysis and interpretation of data).	As above, but consult with editorial team and hold regular brainstorming sessions to focus specifically on gaps/areas that have yet to be reported on, for example, why malaria is harmful, what can be done, and what preventative measures exist. Other ideas include grandmothers and HIV, understanding what TB means, and how it can be avoided, treated, etc.
4) Give a human, personal touch to stories, articles and the program.	This can include meetings, site visits, field interviews and networking with activists. The local trainer can invite representatives from other organizations like the National Program Against TB and National Campaign Against AIDS. This would open

	discussions on real-life issues with the infected or affected, orphaned children, widows, grandmothers, etc.
5) Identify a wider source of information (increased information resources)	Encourage reporters to go beyond their usual sources of information and include young people, affected people, schoolteachers, academics, etc. Support the development of a directory of key contacts for regular referral. Take advantage of the Internet and search for up-to-date research to support your story/program. Use quotable quotes that create impact. Subscribe to online discussions to keep up with debates; link up with media service departments, e.g., UNAIDS communications contacts for updated press releases, trends and data.
<p>Conclusion</p> <p>Senegal COEs have made a concerted effort to feature HIV/AIDS on the media agenda, with ongoing efforts to train journalists. Senegalese journalists have demonstrated commitment to health issues, but they often lack confidence in reporting and interpreting data. More efforts to feature TB and increased coverage of malaria must be made. Both COEs will look at more innovative ways to present “serious” information in an attractive, compassionate way.</p>	

BOTSWANA

Mmegi Newspaper and Mmegi Monitor	The <i>Mmegi</i> is the only daily independent newspaper in Botswana and is read by a cross section of the population, including students, policymakers, intellectuals and the business community. It is the fastest growing newspaper in Botswana and is published weekly. <i>Mmegi</i> , <i>The Reporter</i> , its sister publication, is published on Tuesdays, Wednesdays, Thursdays and Fridays.
Department of Broadcasting Services	Department of Broadcasting Services is the state-owned television network. It falls under the auspices of the Ministry of Communications, Science and Technology and has been in operation for two years. BTV features regular programming on HIV/AIDS.

<p>Botswana COE Analysis</p>	
<p><i>Findings/Needs</i></p>	<p><i>Recommendations</i></p>
<p>1) HIV/AIDS issues in Botswana receive fairly regular coverage in both COEs, with specific slots on BTV.</p>	<p>The need is not for more HIV/AIDS coverage, but enhanced, quality coverage supported by follow-up to sustain the issues on the media agendas of both COEs. TB and malaria have been covered to a lesser extent; therefore, the local trainer must encourage investigation of these two important public health issues.</p>
<p>2) Develop new angles and approaches toward coverage of HIV/AIDS, TB and malaria in an effort to make the topic reader friendly.</p>	<p>Familiarize COEs with updated information, such as UN and WHO fact sheets, terminology, research and analyses. Create links with information dissemination agencies working in public health issues, e.g., SAfAIDS. Attend discussion forums, meetings, seminars, etc. that release such important information. Encourage information sharing and exchange, e.g., productions made by other COEs, media outlets, UNAIDS and SAfAIDS.</p>
<p>3) Maximize coverage of HIV/AIDS, and include TB and malaria as news topics through effective coverage. (Transport is still identified as a main barrier to effective reporting.)</p>	<p>Besides key national and global commemorations, ensure that these topics are mainstreamed in the news agenda through attendance of editorial meetings, sharing of topic ideas and best practices. The local trainer and project manager can contribute ideas for discussion and bridge the information gap. The specific identification of transport as a resource constraint by a significant number of respondents could help explain the limited coverage of those affected and infected by HIV/AIDS, TB and malaria, particularly in the rural areas where most of the population lives, and where stigma and discrimination are likely to be strongest. The local trainer and project manager can devise ways to support journalists in this regard through a contra (exchange) agreement that will enable proactive journalism and improved coverage in an effort to give a voice to the voiceless and reduce prevailing stigma in rural communities.</p>

4) Training, training, training!	The local trainer can conduct short, in-house training sessions with support from the project manager, plus routine compilation and distribution of relevant and appropriate terminology and/or updated information that will enable COE team members to understand the science and development aspects of these public health issues. Trainers can put in place a tool that monitors and evaluates each training session.
----------------------------------	--

Conclusion

HIV/AIDS coverage in both COEs is fairly regular. However, the absence of TB coverage must be addressed, including its link between HIV/AIDS and malaria. The IWMMF report “Deadline for Health” found that despite the 37% prevalence rate, there is only an estimated 2% countrywide media coverage on HIV/AIDS. Scaled-up coverage in a sustained manner cannot be over-emphasized, with greater emphasis on TB and malaria.

KENYA

<i>The Standard</i>	This is a privately owned daily newspaper. Respondents indicated that health issues are never a priority area of focus. The publication has been innovatively expanded and repackaged and widely features business and education. As a COE, team members from <i>The Standard</i> are keen to promote HIV/AIDS, TB and malaria coverage in this newspaper.
Kenya Television Network (KTN)	This is a state-owned television station that broadcasts in both English and Swahili. KTN features a regular health component, but such coverage is often surpassed by politics, news, business and sport.
	HIV/AIDS, TB and malaria are regularly

<p>Nation Group newspaper, television and radio</p>	<p>considered a priority focus area in the Nation Group. The weekly science magazine insert, <i>The Horizon</i>, serves as a major outlet for health coverage. Nonetheless, even in this instance, focus is irregular. It often consists of two or three pages, including commercial advertisements and other stories, such as agriculture, environment, research and biotechnology. The television program, <i>Health Focus</i>, is a positive development in health information dissemination, although it has been reduced from 15 minutes to 5 minutes.</p>
<p>Kenya COE Analysis</p>	
<p>Findings/Needs</p>	<p>Recommendations</p>
<p>1) The need for more investigative, updated and comprehensive stories on HIV/AIDS, TB and malaria</p>	<p>Repackage health programs and stories and encourage regular reporting habits. COEs need to ensure that when there is an opportunity for writing and producing something innovative, they are readily equipped with articles that will have impact (even in a 5-minute slot) supported by follow-up and public responses. Encourage balanced stories with both indicators of achievements and failures, including disadvantages and advantages, e.g., help lines, suggestions for women experiencing abuse, and contacts for assistance.</p>
<p>2) The need to have diverse but credible sources of information, including the affected, women, children, vulnerable groups such as the disabled, etc.</p>	<p>Ensure that stories are not handled in isolation and a wider information base is available to support follow-up stories. Development of an internal directory for COEs is key (also noted in overall country findings). Link up COE journalists with key experts in the field, and encourage partnerships and networking so journalists are not the tail end of an event (through invitations to a launch or special promotion) but are part of the process from start to finish.</p>
<p>3) Promote the socioeconomic impact of</p>	<p>There is need to focus on the socioeconomic impact of HIV/AIDS, TB and malaria by using accurate, well-analyzed information from credible</p>

HIV/AIDS, rather than promoting scientific spiel.	sources. In-house sessions and team building by the local trainer can help. In addition, add color to the story topic by going AIDS-related, as opposed to AIDS-specific, or adopting use of medical jargon.
4) Training, training, training!	Short in-house training sessions by the local trainer with the help of the project manager can enable reporters to better understand these issues in a wider context, promote improved terminology and language use, and reduce stigma and negative stereotypes that are still prominent in news reporting.
<p><i>Conclusion</i></p> <p>The commitment by the Kenya COEs toward <i>Maisha Yetu</i> is a major step forward, and proof that, with management support and interest, these media houses can transform current coverage of HIV/AIDS, TB and malaria into positive service journalism. The COEs need further assistance and encouragement, supported by tailor-made, in-house training programs and access to updated information.</p>	

WAY FORWARD

Local trainers will focus on **specific training** needs identified by each COE, guided by an Action Plan of activities. Training will go beyond understanding statistics and investigate thematic issues with a view to providing commentary and analysis. A reporting guideline (including criteria) will be developed by the project manager for use by local trainers and COE members to assist in quality coverage of HIV/AIDS, TB and malaria.

It is important that COEs assume **ownership of this project**, supported by the local trainers. The development and maintenance of user-friendly local directories and information corners on HIV/AIDS, TB and malaria is one way of recognizing the social responsibility role of journalists in line with the *Maisha Yetu* objectives. In addition, local trainers should document the process and develop a dossier of published articles, programs, clips, etc.

It has also become very clear that HIV/AIDS receives the most public health coverage in all COEs. There is a need for **more story angles and approaches on TB and malaria**. Already, small advances have been made in reporting, and it is important that these advances are used to maximum advantage by ensuring they will have the desired impact.

Dexterous journalistic work, innovation and team working are ways to achieve this.

Increased use of the *Maisha Yetu* e-forum is necessary in an effort to share experiences, skills and ideas among the COEs. This will strengthen the MY activities and could be a way to benefit from successes and/or lessons learned from other COE experiences. It is also a useful way for the local trainers and project manager to monitor progress and maintain communication.

Local trainers will be encouraged to **develop and maintain a dossier** of publications and broadcasts for reference purposes and for exchanging ideas. They will also be encouraged to loosely monitor the reporting trends of other media houses to gauge whether their COE has been instrumental in effectively covering HIV/AIDS, TB and malaria (based on criteria that is set and agreed upon).

Finally, and very significantly, this needs assessment recognized the interest and willingness from other media houses (in Kenya and Botswana) and journalists to be included in ongoing training and editorial activities, with the ultimate aim of **gaining recognition as a COE**. This useful information will guide the future project phase of the *Maisha Yetu* media campaign.

ANNEX 1

<i>Profiles: Centers of Excellence</i>	
<i>Senegal</i>	
Sud FM	Sud FM is the first private radio station in Senegal, established in 1994. Sud FM has six local stations, plus one in Dakar and one based in Banjul, The Gambia. With this network, the radio reaches at least two-thirds of the country's population and has the advantage of being a 24-hour broadcast station. Sud FM is a reference

	<p>for news and analysis and broadcasts a health program twice a day, in the morning and evening. The program is three minutes long and endeavors to cover all topical health issues, mainly through reports and interviews. Some Sud FM journalists have received training on HIV/AIDS.</p>
<i>Le Soleil</i>	<p>This is a government daily newspaper established in 1970, which currently has a print run of 20,000 and a team of qualified journalists. <i>Le Soleil</i> regularly issues a special supplement on specific topics, such as the environment, population and health. The newspaper has a special health desk and public health issues receive good, often regular, coverage. Despite being state-owned, <i>Le Soleil</i> has become more independent after the opposition party won the 2000 election, reflecting a wider diversity of opinion and gaining more credibility.</p>
Kenya	
<i>The Standard</i>	<p>This is a privately owned daily, but HIV/AIDS, TB and malaria are not considered a priority area of focus. The publication has been innovatively expanded and repackaged and widely features business and education.</p>
Kenya Television Network	<p>This state-owned television station broadcasts in both English and Swahili. There is a regular health component; however, health articles are often surpassed by politics, news, business and sport.</p>
Nation newspaper, television and radio	<p>HIV/AIDS, TB and malaria are a priority focus area for the Nation Group. The weekly science magazine insert, <i>The Horizon</i>, serves as a major outlet for health coverage. Nonetheless, even in this instance, focus is irregular. It often consists of two or three pages, including commercial advertisements and other stories, such as agriculture, environment, research,</p>

	biotechnology and others. The television program, <i>Health Focus</i> , is a positive development in health information dissemination although it has been reduced from 15 minutes to 5 minutes.
<i>Botswana</i>	
<i>Mmegi Monitor</i> and <i>Mmegi Reporter</i>	The <i>Mmegi Monitor</i> is a weekly independent newspaper published every Monday. The newspaper is read by a cross section of the population, including students, policymakers, intellectuals and the business community. Its sister publication, <i>The Mmegi Reporter</i> , is the fastest growing newspaper in Botswana and is published four times a week.
Department of Broadcasting Services	Department of Broadcasting Services is the state-owned television network. It falls under the auspices of the Ministry of Communications, Science and Technology and has been in operation for two years. There is good coverage on <i>AIDS Tips</i> and <i>Talk Back</i> providing interactive programs.

ANNEX 2

List of Participants

Botswana

Department of Broadcasting Services

Mpho Connie Balone (Broadcasting Officer Talk-Back), **Solly Nageng** (Producer of Talk-Back), **Caroline Bogale-Jai-iob** (Broadcasting Officer of Remmogo), **Patrick Moronong** (Producer of Remmogo), **Felicitus Mashungwa** (Head of News), **Simon Seisa** (Head of Programs) and **Donny Dithato** (Reporter)

Mmegi, The Reporter/Mmegi Monitor

Morongwa Phala (Reporter), **Thato Chwaane** (Reporter), **Wene Owino** (Copy Editor), **Bester Gabotlae** (Business Editor), **Kabo Mokgoabone** (Business Reporter), **Tshireletso Mothogelwa** (Reporter), **Boitumelo Khutsafalo** (Sports Reporter), **Letshwiti Tutwane**, (Features Editor), **Tshepo Molwane** (Sports Reporter), **Wame**

Selepeng (Reporter) and **Maureen Odubeng** (Reporter)

Radio Botswana

Grace Olsen (Chief Assistant Broadcasting Officer), **Lesole Obonye** (Program Manager), **Monica Mphusu** (Head of News) and **Banyana Segwe** (Deputy Director)

Other Media Outlets

Mirror - **Monnakgotla Mojaki** (Senior News Reporter)

Botswana Press Agency - **Emmanuel Tlale** (Assistant Information Officer), **Lucretia Chima** (Reporter), **Doreen Morupisi** (Information Officer), **Rebaone Tswiio** (Reporter), **Sefhako Sefhako** (Assistant Information Officer), **Edison Ramonkga** (Senior Reporter), **Thomas Nkhoma** (Reporter), **Nathaniel Motshabi** (News Editor), **Keith Keti** (Reporter), **Mabel Kebotsamang** (Reporter), **Aupa Mokotedi** (Assistant Information Officer), and **Esther Mmolai** (Assistant Information Officer)

Daily News - **Itumelang Sabone** (Editor)

Senegal

Le Soleil

El Bachir Sow - Route du Service Géographique, Hann
BP 92 Dakar - Sénégal
Phone: (221) 859 59 10 - Cell: 637 74 19

Sud FM

Ndèye Fatou Sy - Immeuble Fahd, Dakar (Sénégal)
Phone: (221) 822 53 93 - Cell: 653 37 33

Other Media Outlets

Dailies: **Wal Fadjri**, *Le matin*, *Info 7*, *Le Populaire*, *Scoop*, *L'Observateur*, *Le Point*, *L'Actuel*, *Le Journal*, *Sud Quotidien*, *Le Quotidien*, *Taxi Le Journal*, *Stade*,

Weekly: *Le Témoin*, *Le Nouvel Horizon* (the regular)

Commercial radios: **Wal Fadjri Fm**, **Dunyaa**, **Nostalgie**, *Top Fm*, *Radio Futur média*, *Radio Sénégal*, *Environment FM* (all in Dakar) and *Teranga Fm* (in Saint-Louis)

Kenya

The Nation Groups

Naftali Mungai (Science Editor); **Pamela Asigi** (Health Reporter) and **Arthur Okwemba** (Health Correspondent)

The Standard - **Kwendo Opanga** (Executive Editor), **Konchora Guracha** (Science Writer) and **Mwenda Kiogora** (Reporter)

**APPENDIX 3
EXAMPLE OF A WORK PLAN**

MAISHA YETU MEDIA CAMPAIGN ON HIV/AIDS, TB AND MALARIA PROPOSED WORKPLAN FOR CENTERS OF EXCELLENCE IN BOTSWANA, KENYA AND SENEGAL		
NARRATIVE SUMMARY	OBJECTIVES	ASSUMPTIONS
<p>Goal The goal of the COE is to improve the quality and consistency of public reporting on HIV/AIDS, TB and malaria in Africa.</p>	<ul style="list-style-type: none"> • Enhanced reporting on HIV/AIDS, TB and malaria. • Sustained coverage of these public health issues in COE publications and/or television, radio stations and beyond. • Local trainers establish how this indicator will be judged – 3 or 4 strong stories. • Evidence of quality print and broadcast articles on public health. • COE recognized as a media house of “best practices” in public health. • COEs support long-term plan and are willing to cooperate in MY project. 	
<p>Means To provide in-house technical assistance for editorial staff, a wide variety of staff, or cross-cutting group of staff within each of the six COEs (media managers, reporters, editors, sub-editors, etc.).</p> <p>To have senior management visibly supporting the project and urging broad engagement among staff.</p>	<ul style="list-style-type: none"> • Recognition that HIV/AIDS, TB and malaria are important for the news agenda within each COE and beyond. • Quality research and production of public health stories in COE publications and/or television, radio stations. • Design of specific media training sessions for each COE to meet identified needs as per outcomes of needs assessment. • Increased contacts for MY mailing list. • MY target audience widened to include NGO media officers and others, e.g., PLWHAS (People Living With HIV/AIDS), women’s organizations, media associations, etc. • Regular HIV/AIDS, TB and malaria coverage in COE print and electronic media. • Increased reporting during COE period. • Specific materials produced to coincide with commemorations, e.g., World TB Day. • Increase in number of trained journalists in each COE. <ul style="list-style-type: none"> • Promotion of understanding that HIV/AIDS, malaria and TB are cross-cutting issues and must be understood by folks reporting on health as well as those doing business and politics. • Mailing list developed and updated. • Training services provided by local trainer and/or by request by COE and other relevant media outlets. 	<ul style="list-style-type: none"> • Media remains an important communication method in public health communication. • Beyond training, journalists will follow up issues in the newsroom to sustain coverage of HIV/AIDS, TB and malaria. • Coverage will be periodically reviewed and monitored (press clippings, etc.).

	<ul style="list-style-type: none"> • TV and/or radio productions developed and broadcast. 	
<p>MY Activities <u>Sept 2004 to Sept 2005:</u></p> <p>Sept-Oct 2004 1. Local trainers to determine specific in-house media needs and/or gaps within each COE through a needs assessment.</p> <p>2. Local trainers and project manager to network, create links, new contacts, and publicize MY project as widely as possible.</p>	<ul style="list-style-type: none"> • Orientation visits to COE; create contacts/links. • Local trainers undertake needs-assessment questionnaire for COE. • Increase networks and update MY mailing list through feeding information to project manager. • Publicize MY project through related work, e.g., meetings, trainings, workshops, conferences and media associations. • Needs assessment questionnaire designed and survey conducted in COE. • Results collated by local trainer representing each country project. • Three-country survey report developed and finalized by project manager. • Mailing list developed and regularly updated. 	<ul style="list-style-type: none"> • Local trainer and COE are cooperative and fully participate in the process.
<p>September 2004 and ongoing to project end 1. Monitor and evaluate MY activities in each COE.</p> <p>2. Document COE progress on a biweekly basis.</p>	<ul style="list-style-type: none"> • Design MY information/activity/ monitoring form for local trainer. • Distribute to local trainer for activity recording purposes. • Design template for biweekly summary reports. 	<ul style="list-style-type: none"> • Local trainer records and documents all MY activities, including contacts made as they are undertaken. • Documentation of progress is ongoing through biweekly summary reports.
<p>October 2004 - 1. Design action plan for each COE based on identified needs from assessment.</p>	<ul style="list-style-type: none"> • Specific action plans with anticipated results drafted for each COE. • Two COEs in each country to meet. • Training agenda designed for each COE. • Increased sharing and exchange of information through e-mail list among all MY team members. 	<ul style="list-style-type: none"> • Needs assessment results reflect specific COE needs, gaps and weaknesses. • Action plan implemented. • Training programs implemented. • Thorough documentation of process. • Information sharing and exchange.
<p>December 2004 1. Midterm evaluation of initial 3-1/2months of MY project.</p>	<ul style="list-style-type: none"> • Collect/collate relevant information, activities, experiences, reports, etc. of COE since September 2004. 	<ul style="list-style-type: none"> • Activities undertaken as per action plan. • Documentation collected.

<p>2. Revise MY document after midterm evaluation.</p>	<ul style="list-style-type: none"> • Prepare articles for IWFM Web site and other mediums. • Prepare short articles or provide copies of COE articles to run on our own Web site closer to midterm evaluation. • Plan country visits to all COEs. • Assess/measure progress (and/or gaps) against targets set for MY project. • Make adjustments/plans for second half of project. 	<ul style="list-style-type: none"> • Criteria for midterm evaluation drafted. • COE visits undertaken, evaluation conducted. • Report on midterm evaluation written and shared among MY project teams.
<p>January – March 2005 1. Follow up on evaluation recommendations and continued documentation of process.</p>	<ul style="list-style-type: none"> • Revisit action plans taking into consideration evaluation recommendations. • Revise/amend COE training agenda accordingly. • Revise action plan and (if necessary) training agenda for COE. • Provide documentation of process. 	<ul style="list-style-type: none"> • COE will consider midterm evaluation recommendations.
<p>End March – May 2005 1. End of term evaluation. 2. Documentation of overall process.</p>	<ul style="list-style-type: none"> • Using progress reports and both evaluations, prepare final document of best practices, including lessons learned and way forward. • Follow up with media houses. 	<ul style="list-style-type: none"> • IWFM articles posted on IWFM Web site. • Final MY project document produced and disseminated. • Ongoing collaboration among COEs.
<p>June – August 2005 1. Develop resource guide for media in Africa. 2. Draft planning guide with suggested invitees, agenda, etc. for South Africa meeting.</p>		
<p>August – September 2005 1. Regional meeting in South Africa to share MY project results. 2. Develop Africa pool of media practitioners.</p>	<ul style="list-style-type: none"> • Collaborate with IWFM on continentwide meeting. • Lead South Africa conference arrangements with Gifti Nadi and Kathleen Currie. • Discuss follow up – possibly through creation of pool of journalists in Africa, utilization of six COEs as mentors. • Use existing MY links to form basis of proposed Africa media network. 	<ul style="list-style-type: none"> • Share useful MY project best practices and recommendations widely.
<p>Outputs for MY Project Activities 1. Development of at least two print supplements on HIV/AIDS, TB and malaria by March 2005, or</p>		

specific coverage on a chosen public health beat/theme selected and prioritized in each COE.

- Supplements produced and disseminated.
- Articles developed on a selected theme with a focus on service journalism in this area.
- Articles reproduced in other publications.
- Articles re-published in other media and used in other trainings.
- Articles published on IWMF Web site.
- COEs are proactive in their social responsibility role and include HIV/AIDS, TB and malaria on their media agenda in a sustained and cross-cutting manner.

2. COEs cover HIV/AIDS, TB and malaria in a more accurate, responsible manner to reduce levels of stigma.

- Training workshops and/or sessions are conducted in all COEs.
- Trainees are satisfied with the quality of training.
- Coverage of public health issues is more process-driven as opposed to event-driven (sustained).
- Coverage goes beyond health issues and looks at wider social and economic factors, including gender facets.
- Trainings held/record attendance.
- Brief reports produced.
- Workshop evaluation conducted.
- Qualitative media scan of articles produced.

3. Informative audio and visual productions on public health issues developed and widely broadcast.

- 10 1-minute films produced.
- 2 25-minute documentaries produced and broadcast.
- Productions are up-to-date, factual and audience centered.
- Informal listener feedback.
- Script development.
- Filming schedule.

4. Ongoing technical support for COE (by local trainer).

- Increase for technical assistance requests, advisory services by COE.
- Increase for support in media development on HIV/AIDS, TB and malaria.
- Increased networking and partnership formation.
- Increased information requests, presentations/interviews.
- Quality production of media stories.
- Accurate scriptwriting for media productions.
- Network/partner on further activities, e.g., JAAIDS in Botswana.

5. Development of a media resource guide.

- Produce XX copies of a media resource guide for African journalists by third quarter of 2005.
- Distribute copies of this guide to media houses.
- Journalists find this a useful research tool.
- Coincide launch with regional meeting in South Africa.
- Plan wide dissemination as journalists endorse the need for this guide.

6. South Africa regional meeting to share MY project results.

- Create Africa network of journalists.
- Continent wide meeting in South Africa by September 2005.
- Proposed media network to contribute to an increase of well-written articles and quality productions on public health issues.
- Pool of regional print and broadcast journalists formed.
- IWMF partnership base strengthened in Africa.
- This network will be dedicated to effective and quality coverage of public health issues in the media.

APPENDIX 4
EXAMPLE OF A TRAINING EVALUATION FORM

23 November 2007
Theme: Tuberculosis and HIV

The training team would like to know what you think about the tuberculosis and HIV training workshop you attended. Please fill out this evaluation form honestly. You don't have to put your name on it. Your feedback will help us plan and structure future workshops to better suit you.

What was the most valuable skill you learned from this workshop?

.....
.....
.....

How will you apply the above skill in your work?

.....
.....

Are there any skills addressed in this workshop with which you would want extra individual help? If so, please give more details.

.....
.....
.....
.....

Give brief comments and ratings of your opinion on the following:

Guests and speakers:

Dr. ...from ... *The link between HIV and TB*

Rating.....out of 10 (10 is excellent, 0 is very bad)

Mr. ...from... *HIV and TV counseling*

Rating ...out of 10 (10 is excellent, 0 is very bad)

Mr. ...and Mrs. ...from ...who shared their personal stories about living with HIV and TB

Rating...out of 10 (10 is excellent, 0 is very bad)

Mr. from *Creating human stories on HIV and TB*

Rating...out of 10 (10 is excellent, 0 is very bad)

Mrs. from *Where do I find HIV and TB contacts?*

Rating....out of 10 (10 is excellent, 0 is very bad)

The workshop facilitators (*Internews team of trainers*)

Rating...out of 10 (10 is excellent, 0 is very bad)

Comments.....
.....

The workshop program (flow of daily activities)

Rating....out of 10 (10 is excellent, 0 is very bad)

Comments.....
.....

What suggestions would you have for a future follow-up workshop? List topics for which you feel you need more training or support?

Comments.....
.....

Thank you for filling out this form.