

Writing for Our Lives

How the *Maisha Yetu*
Project Changed Health
Coverage in Africa



Maisha Yetu

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Foreword

In 1998, the International Women's Media Foundation (IWMF) launched leadership training to strengthen the role of African women in the news media. The HIV/AIDS pandemic in sub-Saharan Africa had escalated to crisis proportions, and the IWMF wanted to make a contribution to the worldwide response to this crisis. The IWMF realized this would require increased leadership by women journalists, who are the majority of radio reporters and a significant proportion of other media health reporters in Africa. Beginning in 2000, the IWMF trained women journalists in Africa to accurately and consistently report on HIV/AIDS.

As part of this commitment, in 2000 the IWMF published a media resource guide entitled *Reporting on HIV/AIDS*. This guide has been used widely in African media houses. In 2002, with support from the Bill & Melinda Gates Foundation, the IWMF broadened its concerns to include TB and malaria and launched the *Maisha Yetu* ("Our Lives" in Swahili) project. To lay the ground for future work, the IWMF conducted a study of the media's coverage of HIV/AIDS, TB and malaria in five African countries – Botswana, Cameroon, Kenya, Malawi and Senegal. Published in 2004 as *Deadline for Health*, the findings were used by the IWMF to develop the next phase of the project, a revolutionary model for engaging media houses in promoting better health reporting in Botswana, Kenya and Senegal, the three countries selected for the project.

This publication, *Writing for Our Lives*, documents best practices from *Maisha Yetu*, whose defining feature has been continuous in-house mentoring and training on health care reporting in six African media houses over a two-year period. The uninterrupted presence of journalist-trainers (as opposed to the more widespread

model of one-time workshops on health care reporting) has allowed for the integration of theory and practice, resulting in dramatic changes in the quantity and quality of reporting on HIV/AIDS, TB and malaria. It has created champions of health care journalism in mid- and upper-level management where there was little or none before. It has helped journalists to recognize the centrality of women's stories in the HIV/AIDS crisis.

On behalf of the IWMF, we thank the Bill & Melinda Gates Foundation for the grant that allowed us to design and initiate *Maisha Yetu*. We offer our gratitude to Aulora Stally, the *Maisha Yetu* project manager, and journalists Tidiane Kasse (Senegal), Beata Kasale (Botswana), Sello Motseta (Botswana) and Otula Owuor (Kenya) who brought *Maisha Yetu* to life, as well as to Gifti Nadi, the IWMF's senior program officer for Africa, who provided overall coordination. We also thank Lisa Woll, former executive director of the IWMF, whose vision fueled the *Maisha Yetu* project; South Africa-based journalist Mercedes Sayagues, who reported the story of the *Maisha Yetu* project; and the IWMF's deputy director, Kathleen Currie, for her painstaking and insightful work as editor of *Writing for Our Lives*. We believe this publication offers direction and inspiration to all who are concerned with improving the news media's capacity to address Africa's most urgent health problems. Finally, we wish to thank IWMF board members Akwe Amosu, Lynn Povich and Carole Simpson for championing the IWMF's efforts in Africa.

Eleanor Clift
Co-Chair

Larry Olmstead
Co-Chair

Jane B. Ransom
Executive Director

Introduction

The continent of Africa bears the largest human burden of the HIV/AIDS pandemic. In the absence of a cure for AIDS, accurate and relevant messages on prevention, care and support are necessary to reduce prevailing stigma and bring about behavior change. Information about malaria drug policies and TB treatment strategies can save lives – *if* people know about them.

The African media, therefore, have an important role to play in helping to prevent, cure and better understand these public health issues. This role goes beyond simply reporting the latest statistics. It requires holding governments accountable for their actions and reporting on the human face of disease. It goes beyond merely reporting facts to questioning actions, recording the lives of those living with major illness, and helping save those lives.

In 2002, working with a grant from the Bill & Melinda Gates Foundation, the International Women's Media Foundation created the *Maisha Yetu* project to enhance the quality and consistency of reporting on HIV/AIDS, TB and malaria in Africa. *Maisha Yetu* was created to give African media the means to become more responsive to their communities and to magnify their efforts in reporting on health.

The first phase of the project was qualitative and quantitative research on how the media cover HIV/AIDS, TB and malaria in Cameroon, Botswana, Kenya, Senegal and Malawi. These countries were chosen because they reflect diverse media environments, different rates of disease and different responses from governments to disease. The result of the research was published in 2004 as *Deadline for Health: The Media's Response to Covering HIV/AIDS, TB and Malaria in Africa*.

The second phase of *Maisha Yetu* was launched in September 2004 with the goal of turning research into practical, sustainable measures that would help African media improve their coverage of HIV/AIDS, TB and malaria. For the second phase, the IWWMF decided to partner with Centers of Excellence in three countries

and work with them to develop models for health reporting. Botswana, Kenya and Senegal were chosen as the countries for this second phase because of their regional diversity and because they have different media environments and diverse health profiles.

According to UNAIDS' July 2004 *Report on the Global HIV/AIDS Epidemic*, Botswana's HIV prevalence rate, at 37.3 percent, is high. Kenya's prevalence rate, 6.7 percent, is considered controlled. Senegal has a low prevalence rate of 0.8 percent. Kenya has a well-developed media infrastructure. Senegalese media includes a growing number of privately owned media houses with a strong base of government-owned media. In Botswana, most media are government, and there are restrictive media laws, but privately owned media also have found a home in the country in recent years. Both Botswana and Kenya are English-speaking countries. French is the primary language of Senegal.

The IWFM decided early in *Maisha Yetu* that it was important to obtain buy-in for the project from the top of media houses and signed Memorandums of Agreement with the heads of six media companies in three countries. The partners are:

- **Botswana** – government-owned Botswana Broadcasting Services and privately owned *Mmegi* newspaper.
- **Kenya** – privately owned Nation and Standard media groups (both of which include print and electronic media).
- **Senegal** – government owned *Le Soleil* newspaper and privately owned Sud FM radio.

Harare-based *Maisha Yetu* project manager Aulora Stally identified experienced health and science reporters to become local trainers in each country. (See biographies of trainers on page 120.) In collaboration with the trainers, she then designed individual plans, based on each country's and each media house's needs, to move *Maisha Yetu* into newsrooms and elevate the quality and consistency of media coverage of health through accurate and relevant media messages.

Between March 2005 and March 2006, the Centers of Excellence held more than 20 skills-building workshops. The training was designed to link HIV/AIDS, TB and malaria to wider social and development issues as well as provide basic skills journalists need to cover health. Women comprised at least half of participants in these workshops. Journalists from beats other than health and newsroom managers also were encouraged to attend workshops in an effort to spread health reporting to other news areas, such as economics, politics and features.

SNAPSHOT: HIV/AIDS, TB AND MALARIA IN AFRICA

HIV/AIDS has claimed more than 20 million lives worldwide, and by the end of 2004 some 39 million people were living with HIV, according to the United Nation's *Millennium Development Goals (MDG) Report 2005*. Also according to the report, malaria claims 1 million lives a year, mostly young children, slowing economic growth by 1.3 percent a year. Ninety percent of those deaths are in sub-Saharan Africa, where more than 2,000 children die each day from the disease.

Tuberculosis, which is preventable and curable, kills 1.7 million people a year, most of them in their prime productive years. The number of new TB cases has grown by 1 percent a year, with the fastest increase in sub-Saharan Africa, according to the MDG report.

According to the UNAIDS *Epidemic Update of December 2004*, there were an estimated 25.4 million people living with HIV at the end of 2004. Just under two-thirds (64 percent) of all people living with HIV are in sub-Saharan Africa. More than three-quarters (76 percent) of all women with HIV are in sub-Saharan Africa.

Writing for Our Lives documents the successes and problems encountered by the *Maisha Yetu* project in the six Centers of Excellence. We have included a narrative of how the project developed in each center and also added snapshots of several journalists and the stories they developed using tips learned from *Maisha Yetu*.

Finally, working with the local trainers and the journalists who used *Maisha Yetu* in their professional lives, we have included **Nine Best Practices for Better Health Reporting**. These nine suggestions form the heart of *Maisha Yetu*. They are the summation of what works best if a newsroom wants to copy the *Maisha Yetu* project and implement its practices and successes. Use them. Add to them. Tell us what you've learned, and we'll share your experiences with others in the IWFM network. *Maisha Yetu* is flexible and can be adapted and replicated to suit any media house on any continent.

We have produced this report to document the successes and lessons of the *Maisha Yetu* project, but it would not have been written without the commitment and hard work of our partners in the Centers of Excellence – the journalists and subeditors and editors – whose daily work makes such a huge difference in the lives of so many Africans. In addition, *Maisha Yetu* would not have become reality without the generous support and vision of the Bill & Melinda Gates Foundation. To all of you – thank you, merci, asante, ke a leboga, obrigado, jërë jëf.

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fewer men test for HIV

12

feature

The sex debate

TUDUETSO SETSIBA
Staff Writer

“Men never know at what point will they get a lay. They just pay for the commodity for which there is no prior agreed price and they are not even sure they will eventually get it,” writes Bugalo Chilume in his *Monitor Monday Meeting* column. To curb this unfair trading practice, Chilume suggests that introduction of brothels would bring an end to the “shameful fraud” perpetuated against men. Not only that, Chilume argues that introduction of brothels would bring happiness and stability in families and also help to curb the spread of HIV/AIDS.

However, the publicity secretary for Emang Basadi, Ntombi Setshwaelo does not take kindly to Chilume’s sentiments. “In fact

his deliberations are distasteful and insensitive to say the least,” she says.

She wonders if Chilume would have the same father, grandfather and uncles in the column. Chilume argued in his columns that it is in a man’s natural content with having sex with a woman.

He likened them to a bull that mates with 100 cows and confer on himself mating rights over all these cows. That the reason why the bull can mate with one cow is that variety is central and this can be achieved through numerous mating partners.

Setshwaelo says that Chilume is raising the issues at a time when Botswana is still coping with a lot of problems.

Brothels may be ancient in other parts of the world but she feels that it is a culture that does not fit in Botswana.

She says the research can really help curb the spread of HIV/AIDS and she says it would be important to look at other countries that have legalised brothels and see how they have performed in curbing the spread. “We should see if this form of curbing the situation in other countries.”

Those who are in support of the concept of legalised brothels could have economic benefits in Nevada State, brothels provide many ways including tourism. There are many ways including their...

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BOTSWANA

Maisha Yetu's Centers of Excellence in Botswana, a small, diamond-rich country in Southern Africa, couldn't be more different.

The state-owned Department of Broadcasting Services of Botswana (DBS), with one television and two radio channels, occupies a new, sprawling sandstone and glass building in downtown Gaborone, the capital. There are fountains both inside and outside the building. Inside, the walls are adorned with ceramic murals of the people of Botswana, and winding wooden stairs lead from the ground floor to the first floor. The studios have state-of-the-art technology. Producers enjoy large individual offices equipped with their own televisions, boom boxes, computers, printers and editing stations. Broadcasting Services may have the best-equipped newsrooms on the African continent.



“We believed *Maisha Yetu* would create excitement in the newsroom, improve health reporting and help us perform a public service.”

TITUS MBUYA, MANAGING EDITOR, *MMEGI*

Across town, *Mmegi*, Botswana’s first independent newspaper, is housed in a dilapidated, cream-colored, one-storey house tucked behind a petrol station and a supermarket in Maruapula, a light industrial area of the city. Inside, rooms are small and packed with used furniture and old computers and, of course, the journalists who work there. The publication has been in existence for 21 years, which is a long time for Botswana’s independent media. After independence in 1966, the government controlled all media and only slowly began relaxing its grip in the mid-1980s.

Three Out of 10 Adults

Broadcasting Services of Botswana and *Mmegi* are the media bookends of a country where, despite its resources, half of the people live on \$2 (U.S.) a day, according to the *United Nations Human Development Report 2004*. The United Nations ranks Botswana among the world’s five nations with the sharpest economic inequalities among its citizens.

Botswana has a higher GDP than most other African countries. According to 2004 data from the World Bank, its per capita GDP is \$4,340, compared to an average of \$600 for other sub-Saharan African countries. However, Botswana also has the second-highest rate of HIV infection in Africa and in the world. According to UNAIDS, slightly more than 37 percent of Botswanans ages 15-49 – or approximately 330,000 people out of a population of 1.78 million – have HIV/AIDS. Botswana also suffers from a TB epidemic and seasonal malaria.

In its report on Botswana, UNAIDS writes, “Botswana is a middle-income country. The country nonetheless faces three major development challenges – HIV/AIDS, poverty and environmental degradation.”

For 10 years, the government was largely silent about the HIV epidemic, and that silence cost the population dearly. Now, three out of 10 adults are infected with the virus. Nearly everybody knows someone who either has died of an AIDS-related illness or is living with HIV.

Beginning in 2001, the government started addressing the epidemic. In 2002, it began providing free antiretroviral (ARV) treatment to HIV-positive people through the public health system. As of June 2005, some 32,000 people, or 2 percent of the total population, were taking ARVs.

As in other African countries, silence, denial and stigma drive the HIV epidemic. Few people are willing to state publicly that they are HIV-positive, although free ARV treatment is changing this as people see that an HIV diagnosis is no longer a death sentence.

Improving Health Coverage

The Department of Broadcasting Services and *Mmegi*, the two Botswana media houses participating in *Maisha Yetu*, decided to become Centers of Excellence for the project because both have a commitment to better reporting on health.

“All media houses in Botswana lack a policy, strategy and commitment to health reporting,” said Titus Mbuya, managing editor of *Mmegi*, who signed the Memorandum of Agreement that brought *Maisha Yetu* into his newsroom. “We believed *Maisha Yetu* would create excitement in the newsroom, improve health reporting and help us perform a public service.”

Habuji Sosome, who was director of Broadcasting Services at DBS when *Maisha Yetu* began, noted, “Our previous communication strategies on health did not work, and we hoped *Maisha Yetu* would help us give the right information to the right people at the right time.”

Botswana's Media

The government of Botswana maintains sizeable control over the country's media, though in recent years the government monopoly had begun to loosen – on the print media beginning in 1984 and on broadcasting since 1998. Still, broadcasting in particular “has been hampered by legal restrictions, bureaucratic red tape and unclear guidelines,” according to the Media Institute of Southern Africa, a regional media advocacy organization based in Namibia.

The only TV channel and two radio channels that reach the whole country – which is slightly smaller than the state of Texas – are state-owned, well-endowed and, according to the *World Press Freedom Review 2004*, “tightly controlled and work more like a mouthpiece of the sitting government than an independent entity.” The first private FM radio station started broadcasting in May 1999. There are two private FM radio stations now, both Gaborone-based, as is the only private TV channel, Gaborone Broadcasting Corporation.

There are 12 privately owned newspapers with a combined circulation of 183,875, according to their own figures. Eight are in Gaborone and one is in Francistown; all are weeklies except *Mmegi*, which is a daily, and all are in English except one, which is in Setswana, the national language. According to the *World Press Freedom Review 2004*, the small but robust independent press often has to fight expensive libel suits and the threat of withdrawal of government advertising, which can provide up to 40 percent of a newspaper's income.

With newspaper distribution confined to cities and towns, radio is the main source of news and information for most people, followed by TV. However, decision-makers and professionals read newspapers and watch satellite TV. “The media could be regarded as underdeveloped in Botswana,” said the *Botswana Media Report* published by the school of journalism at Rhodes University in South Africa. “This probably has a lot to do with the government

and its restrictive attitude towards the media, despite upholding the rights to freedom of expression and of speech.”

There is little commercial advertising in Botswana because the country’s economy is based on diamond mining. Tourism is the most prominent domestic business, and there are few others. Most advertising is placed by South African grocery and department stores. Imported newsprint is expensive and newspaper circulation is small. Independent media houses struggle to survive financially.

Until 2001, when a school of journalism was established at the University of Botswana, aspiring reporters had to study abroad, usually in South Africa. Many journalists work without any training or basic reporting skills. “It is tough training journalists to write on public health issues when they find it difficult to string a basic sentence together,” said *Maisha Yetu* project manager Aulora Stally.

Salaries, even in the state-owned media, are half of those in the corporate and nongovernmental sectors. This means experienced reporters are constantly leaving media jobs for better-paying positions as press officers. Nor is there a tradition of investigative reporting. “Reporting and editing staff at media outlets are generally young, relatively inexperienced and have little, if any, journalism training,” wrote Joyce Barrett, a Knight International Fellow who taught journalism in Botswana, in the summer 2001 edition of *Knightline International*. “Beat reporting is practically nonexistent in Botswana, primarily because of the limited financial resources of the news outlets. Political reporting, business reporting, environmental reporting and health reporting all suffer from a lack of basic understanding of each field.”

In a 2004 edition of *Knightline*, Barrett wrote of journalism in Botswana, “The quality of reporting and writing is generally poor. ... Officials are rightfully fearful when reporters call and, consequently, demand that all questions be submitted in writing. They take their time to respond.”

BOTSETSE: PURIFYING MOTHER AND CHILD

Botsetse, a purifying ritual performed after childbirth in Botswana, is a time when a woman and her newborn baby are confined for six to 12 weeks, depending on the ethnic group. The mother and child live in a special hut under the care of the mother's mother, the baby's grandmother. As the designated caregiver, the new grandmother cooks for them, bathes them and keeps them physically and spiritually healthy.

The new mother, called Motsetse in Setswana, takes this time to rest and gain weight. A goat is killed so she can have plenty of meat. Because Motsetse is undergoing purification, she leaves the hut only in the evening for short walks. During the day, she rests, eats, washes the baby's clothes and is pampered by her mother and visitors.

The new grandmother is the caregiver. She must follow traditional practices to chase away evil spirits. The umbilical cord, for example, requires great care. According to belief in Botswana, if witches grab the cord, the mother may become infertile. To guard against this, the caregiver must quickly bury the cord or throw it into a pit latrine. After she has done this, the blood of the first woman in the family to menstruate after the birth is mixed with mud and smeared on the baby's wrists, ankles and waist to ensure its future fertility.

Caroline Bogale-Jaiyeoba (left), a producer of *Re Mmogo*, takes notes alongside Boikhutso Rabasha of Radio Botswana 1 at a *Maisha Yetu* workshop in Botswana in October 2005.



This old and revered ritual presents some modern-day, life-threatening hazards. While performing the required ceremonies, the grandmother uses her bare hands, which are likely to have tiny lesions from gathering firewood and thorny mopane worms. She comes in contact with the bodily fluids of mother and baby and risks transmission of HIV.

In Botswana, HIV spreads mainly through heterosexual contact, but the virus is also transmitted, although at lower risk, when infected blood and other body fluids come into contact with broken skin and open sores.

“Elderly female caretakers may be particularly at risk. They are less likely to be well-informed about AIDS and about risks of infection in general, and their own skin may be frail with age and subject to cuts and scrapes from gardening and other activities,” according to *AIDS Africa, Continent in Crises*, a 2002 study done by Helen Jackson, regional HIV/AIDS advisor for the United Nations Population Fund.

Still, the first line of defense against HIV infection – wearing plastic gloves or bags over hands – is unacceptable to those who practice Botsetse. Wearing gloves means that someone is contaminated, and this would be against the spirit of Botsetse, which is a ritual of purification and health.

Caroline Bogale-Jaiyeoba, a producer with *Re Mmogo*, an award-winning documentary program on Botswana state television, knows about Botsetse. She went through it with each of her three children. During a meeting to discuss story ideas about traditional practices that carry risk of HIV infection, a production assistant suggested doing a story on the practice. Bogale-Jaiyeoba quickly seized on the idea.

She went to *Maisha Yetu* trainer Sello Motseta to discuss what she wanted to accomplish with the story. They decided to show that valued cultural practices can spread HIV and need to evolve in the face of the epidemic. In addition, they saw an opportunity for the program, which would be broadcast throughout Botswana in the

national language, to give caregivers important information so they could protect themselves against the virus.

Motseta also suggested that they look into a bigger policy issue: What is being done by the government and NGOs to reach elderly caregivers with advice and demonstrations of practical nursing and hygiene techniques to avoid HIV?

Most important, the program would allow real people to talk about their lives in their own environments. This would be a big change in Botswana, where journalists primarily base their reporting on press releases and media briefings.

“Instead of journalists sitting behind desks with phones and faxes, *Maisha Yetu* training emphasized getting out in the field, experiencing the lives of real people, and presenting the voices of real women, which are rarely heard,” said project manager Aulora Stally.

First, Bogale-Jaiyeoba asked for help from Women’s Coalition, a nongovernmental organization whose information officer, Keabonye Ntsabane, promised to find a Motsetse for her to interview. Meanwhile, Bogale-Jaiyeoba did research. Motseta suggested she read *Botswana Laws and Customs* by Isaac Schapera.

When a month had gone by and Women’s Coalition hadn’t found her a Motsetse to interview, Bogale-Jaiyeoba asked her grandparents for help. They found a new mother for her to visit in their village, Tshidilamo, 300 kilometers south of Gaborone. Bogale-Jaiyeoba and her crew arrived in the small, dusty outpost at 6 a.m. on a Saturday morning in March 2005. Before they could enter the ritual hut, the Motsetse’s mother (the new grandmother) sprinkled ashes over them to ward off evil spirits. Inside, the new mother, whose head was covered by a scarf, would not agree to talk with

“Instead of journalists sitting behind desks with phones and faxes, *Maisha Yetu* training emphasized getting out in the field, experiencing the lives of real people, and presenting the voices of real women, which are rarely heard.”

them but allowed them to film. The grandmother, however, talked at length about Botsetse as it is practiced by her ethnic group, the Barolong. At her request, Bogale-Jaiyeoba agreed not to mention HIV in front of the Motsetse.

Later, Bogale-Jaiyeoba interviewed the village nurse, a woman trained in Western medicine, who spoke about the connection between exposure to bodily fluids and HIV infection and gave some tips about how to avoid infection. For example, she suggested that caregivers use gloves during Botsetse and that women should consider giving birth at a hospital, where skilled health personnel are available.

“I was extra nice to the nurse to get her to open the clinic for us to film on a Saturday, her free day, when her husband was visiting from Gaborone,” said Bogale-Jaiyeoba.

The crew spent the rest of the day filming in the village. Bogale-Jaiyeoba interviewed four women. The two oldest said they did not know anything about HIV and that Botsetse should continue as usual. The younger ones said both the mother and daughter (the Motsetse) should know their HIV status through testing and be careful when dealing with blood to prevent infection.

Back in Gaborone, Sello Motseta suggested that Bogale-Jaiyeoba interview Keabonye Ntsabane from Women’s Coalition about efforts to reach the elderly with adequate information on HIV. Ntsabane told her that not enough was being done and that many elderly lack basic knowledge about AIDS.

“What I liked about this piece is the idea that we can renovate tradition,” said Bogale-Jaiyeoba. “I like Botsetse. I would send my daughter to do it. I believe that the child and the mother will be healthy with Botsetse. It is good to rest and get fat. But Botsetse must adapt to the modern reality of AIDS.”



CAROLINE BOGALE-JAIYEOPA'S LESSONS FOR TELEVISION JOURNALISTS

- If you get stuck in a dead end, turn around and find another street. When she hit a dead end, Bogale-Jaiyeoba asked her grandparents for help and found a mother undergoing Botsetse.
- Do enough research. Read background reports and other publications (as Bogale-Jaiyeoba did) to be sure you have enough background to report a story.
- If people make reasonable requests that limit reporting, find another way to make your point. Bogale-Jaiyeoba asked the village nurse to discuss HIV/AIDS when the grandmother asked that she not mention the subject in front of the Motsetse.
- Get comments from diverse sources. This leads to a better balanced story. Bogale-Jaiyeoba sought the opinions of several generations of village women.
- Address specific issues as public education. For example, Bogale-Jaiyeoba's story showed HIV can be transmitted without having sex. Address larger public policy issues. Bogale-Jaiyeoba asked an expert on women's issues to address the larger issue of what is being done in Botswana to educate the older population – especially women who are traditional caregivers – about HIV transmission.
- Practice what you preach. For example, if journalists recommend that people undergo HIV testing, they also should have HIV tests to understand how it works.
- Find a way of unburdening to avoid burnout. After every reporting trip, Bogale-Jaiyeoba talks to her sister. "She is the only person in my life that I can confide in," she said. "She listens and gives me hope." People living with HIV/AIDS need to be treated with care because their moods change frequently. Be patient and you will get the interview you want.
- Have passion for the stories you report.

Media and Health

Except for politics and sports, journalists do not have specialized beats. This means that reporters assigned to health have a poor command of technical language and no time to build rapport with sources or develop a database of contacts. In addition, there is no tradition of in-depth reporting.

In spite of high HIV prevalence rates in their country, the media in Botswana have not made coverage of health a priority. As reported in *Deadline for Health*, an IWMF publication that summarizes qualitative and quantitative research on the media's health care reporting in five African countries, there was no more than one health story per issue in the *Daily News* and *Mmegi* newspapers in 2002, the time period during which the IWMF monitored coverage. Nearly all stories were on HIV/AIDS, less than 3 percent were on malaria, and there were no stories specifically about TB. A small percentage of stories in *Mmegi*, 0.7 percent, mentioned TB.

Both the government and nongovernmental organizations are wary of media who report on HIV/AIDS. NGOs are not used to dealing transparently with the media because of poor reporting by journalists. The National Security Act requires journalists to apply for permission to visit health facilities and speak to medical personnel. "Government officials are not forthcoming with information and interviews," said Simon Seisa, deputy head of programs at state-owned Botswana Television (BTV), a division of the Department of Broadcasting Services. This results in delays and frustrations. Often, reporters give up trying to obtain authorization.

Journalists also face bureaucratic barriers in accessing information. It takes many phone calls, letters of introduction, faxes or e-mails with advance questions, then weeks of waiting to interview an HIV/AIDS expert or health official, *if* you can find one who is not attending a workshop, meeting or funeral, traveling or on

leave. For example, for a story on children with AIDS, Thato Chwaane, the health reporter at *Mmegi*, first had to fax her questions to the director of a well-known children's clinic in Gaborone. Then, she followed up with several phone calls, but the director was always in meetings or on holiday. Six weeks later, the director answered Chwaane's questions in writing and granted a short interview in person, but the reporter was not allowed to talk to patients, even when she guaranteed anonymity and sensitivity in telling their stories.

The Ministry of Health and the National AIDS Control Agency (NACA) do not have press offices where journalists can go for information and comment or for help in obtaining interviews. In 2005, the government ordered every ministry to create such an office. This will take more than a year, a NACA official said.

The *Maisha Yetu* project faced different challenges and obtained different results at each of the Centers of Excellence in Botswana. At Broadcasting Services, as perhaps could have been expected from a large, bureaucratic organization, a huge chunk of the *Maisha Yetu* trainer's time was spent working to achieve buy-in from all levels of the organization. The top three successes at the broadcaster were the launching of a radio program on HIV/AIDS; elevating coverage through the trainer's regular meetings with editors and journalists; and achieving a shift from reports crammed with statistics toward thematic reporting covering issues of gender, culture and living positively with disease.

At *Mmegi*, also predictably, the project was hampered by lack of resources. The biggest obstacles were staff shortages, a small budget and inadequately trained journalists. On the plus side, *Mmegi* managed to meet a self-imposed quota of at least one story per week on HIV/AIDS, TB or malaria; extended the project successfully to its newsroom in Francistown, 400 kilometers from Gaborone; and trained three reporters to report on health.

Maisha Yetu Plans and Players

In May 2004, the IWFM signed Memorandums of Agreement with Broadcasting Services of Botswana and *Mmegi* to participate in the *Maisha Yetu* project. At Broadcasting Services, the contact was Simon Seisa for both radio and TV. At *Mmegi*, the contact was Gideon Nkala, editor of the *Mmegi Monitor*, a weekly newspaper that appears every Monday. Mesh Moeti, editor of *Mmegi*'s sister paper, the *Mmegi Reporter*, also gave his full support to the project. (Moeti left the paper in October 2005.) In August 2004, Sello Motseta, a freelance journalist with experience writing on health issues, was hired to be the local *Maisha Yetu* trainer.

Motseta's responsibilities included assessing the training needs of each Center of Excellence; training the journalists in improving their coverage of HIV/AIDS, TB and malaria; and acting as a source of information and a resource for contacts with sources such as health officials. He also was responsible for building partnerships within and beyond the Centers of Excellence, including with Journalists Against HIV/AIDS in Botswana (JAHABO), the National AIDS Control Agency, and the ministries of health and information.

In October 2004, Motseta carried out a needs assessment in each Center of Excellence. Then he and Aulora Stally, the Harare-based *Maisha Yetu* project manager, devised the project's strategy for Botswana: to build journalists' skills on public health reporting through customized training programs and to expand the angles and approaches for reporting on HIV/AIDS, TB and malaria. "Sello and I designed a work plan that focused mainly on the need for training, not only within both Centers of Excellence, but also including other key media partners and government players who influence the information chain," said Stally.

Starting in March 2005, Motseta held monthly workshops on specific topics where journalists met with various health specialists. This provided the journalists with opportunities for

networking and building contacts with sources within government departments and AIDS service organizations. It also helped break down barriers between health officials and the media. Motseta was able to cut some red tape and facilitate access to sources by sharing the network of contacts he had from his previous job reporting for PlusNews, the United Nations Web-based information service on HIV/AIDS.

He also attended editorial meetings at both Centers of Excellence and suggested story ideas, looked at scripts and helped plan coverage for World Days on HIV/AIDS, TB and malaria. At the meetings, he encouraged management and journalists to treat public health as a socioeconomic issue and a cornerstone of development and urged them to develop more diverse stories with many different angles.

Mmegi

Mmegi, which means “The Reporter” in Setswana, began as a weekly newspaper in 1984. Created to appeal to Botswana’s urban middle class — business and professional people as well as students — it quickly became an agenda-setting publication. In 2004, *Mmegi* began publishing on weekdays and split into two publications, the *Mmegi Monitor*, a weekly that appears on Monday, and the *Mmegi Reporter*, which appears Tuesday through Friday. Each tabloid-size paper has a different editor but the same staff. The *Monitor* is slightly more analytical, while the *Reporter* is more news-oriented.

As of November 2005, circulation at the *Mmegi Monitor* was 18,000. At the *Mmegi Reporter*, circulation was 9,000 from Tuesday to Thursday and 19,000 on Friday. In comparison, the free government-owned *Daily News* was printing 65,000 copies a day.

When *Mmegi* agreed to participate in the *Maisha Yetu* project as a Center of Excellence, the newspaper was in crisis. Having decided to become a daily in 2004, *Mmegi* had to contend with

competition from other newspapers, scarce advertising and expensive imported newsprint. Morale and pay at the newspaper were low, and it was losing staff to corporations and nongovernmental organizations. A star reporter whose beat was development issues – including housing, sanitation, health, gender and human rights – left in 2004. Another four reporters left in 2005. This meant a loss of one-quarter of *Mmegi*'s full-time staff. (The newspaper has a full-time staff of 20 with 10 stringers.)

Still, *Mmegi* decided to participate in *Maisha Yetu*. “We made this conscious decision because it was our social responsibility,” says *Mmegi Monitor* editor Gideon Nkala, who became the *Maisha Yetu* contact. *Mmegi Monitor* reporter Thato Chwaane was assigned to work with *Maisha Yetu* trainer Sello Motseta. The editors agreed on a minimum of at least one AIDS, TB or malaria story a week.

Slow Progress at First

Motseta kicked off *Maisha Yetu* at *Mmegi* with a two-hour session during which he presented the project and gave pointers on health reporting to all the newsroom staff. He also showed them how health angles can be worked into different types of stories, from business to farming. At first, Motseta attended some weekly editorial meetings where he promoted more discussion of coverage of HIV/AIDS, TB and malaria.

As a result, *Mmegi* began to increase the number of stories it produced on HIV/AIDS, and those stories were not limited to the health page. For example, the *Lifestyle* section ran a profile of Miss Stigma Free, the winner of an annual beauty pageant created to encourage young women to be positive about their HIV status and counter the tremendous stigma attached to the disease.

But progress was slow. One problem was that the reporter assigned to the project, Thato Chwaane, needed more journalism skills. This is a common problem in many newsrooms where staff members are stretched beyond capacity. There is little time

or opportunity for mentoring young reporters; this results in stories that are neither well-researched nor well-written. In addition, as young journalists gain experience, they leave their underpaid professions for better-paying slots at nongovernmental organizations.

Mmegi editor Gideon Nkala was open to having the *Maisha Yetu* trainer edit health stories to improve their quality, but Chwaane didn't like that idea, so it was dropped.

Another problem was that, in addition to health, Chwaane covered the courts. By her estimate, she devoted 80 percent of her time to the courts and 20 percent to health. She felt overworked and stressed. Often she cancelled the weekly meetings with the trainer due to court assignments. "I had no time to do features, especially when a big court case was going on," she said.

Editor Nkala admits the setup led to tensions: "It was a management problem. The reporter felt overworked and that the trainer was on her case. In turn, she needed better time management to fulfill the quota of one health story per week before the big trials came up," he said.

Tuduetso Setsiba (left) and Thato Chwaane of *Mmegi* attended a *Maisha Yetu* workshop in Botswana in October 2005.



Another problem was resistance to the project in the newsroom. “The trainer was perceived as domineering, there was little chemistry between him and the newsroom, and we didn’t show leadership to solve it,” admitted managing editor Titus Mbuya.

After participating in the project for 10 months, *Mmegi* editors said they would have preferred an arrangement that built on skills within the newsroom, with the *Maisha Yetu* trainer training the editor, Gideon Nkala, so that he could in turn train his reporters. “*Maisha Yetu* should work through its [contact point in the newsroom] and empower Nkala so he can train his journalists,” said Mbuya.

Nkala and Mbuya say they were committed and well-intentioned about the project but failed to make sure the needed changes were implemented. “We have our priorities wrong,” said Nkala. “We are so fixated on political issues that we completely shut ourselves to other issues.”

“Yes,” added Mbuya, “we are obsessed with politics and power.” Nkala, who worked as a reporter at the *Kansas City Star* in the United States, recalled that the *New York Times* and *Washington Post* had “regular, extensive, sensitive, front-page coverage of AIDS in Botswana,” especially when President George Bush visited in 2003. “Why don’t we?”



Aulora Stally (far left), project manager for *Maisha Yetu*, talks to journalists at the Ramotswa Hospice in Botswana. The field trip was part of a *Maisha Yetu* workshop in October 2005. Seated (from left): Patrick Morolong of BTV, Onalenna Modikwa of *Mmegi*, Caroline Bogale-Jaiyeoba of BTV, and Boikhutso Rabasha and Evelyn Makgwathna of Radio Botswana.

"I am HIV Positive but I can't talk about it.."
By THOPE OJOKA
Burl Ridge

World Aids Day
I know my HIV status

A RAY OF HOPE

Pains of keeping a secret

Maisha Yetu aims to enhance the quality and consistency of media coverage of HIV/AIDS, tuberculosis and malaria in Africa through responsible, accurate and relevant messages. (See her blog: [http://www.iwmaf.org](#))

International Women's Media Foundation

Mmegi produced this spread for World AIDS Day in 2005. Included is a piece by Maisha Yetu participant Tduetso Setsiba about her experience undergoing an HIV test.

Two of Mmegi's most popular stories in 2004-2005 – “when the switchboard was jammed with phone calls and the Web site with e-mails” – described causes and remedies for snoring and warts, said Nkala. Readers show interest on health issues they could relate to, he noted. “The tragedy of working in a small newspaper with few resources is that we have to make tough decisions that impinge on quality.”

In spite of management buy-in, *Mmegi* found it hard to break the habit of giving more weight to politics and sports and continued to relegate health coverage to a minor beat. By May 2005, Mbuya admitted that “*Maisha Yetu* has not been a big success here, and we take full responsibility. Let's make a fresh start.”

Maisha Yetu project manager Aulora Stally visited Botswana in March 2005. Her meeting with Mbuya resulted in getting *Mmegi* to extend the project to its Francistown newsroom where there is “a young team, fresh and hungry,” said Mbuya. Francistown, with

a population of 200,000, sits on Botswana's eastern border with Zimbabwe. It is the country's second most important town. The Francistown team – one editor, four reporters and one stringer – latched onto the project. In June and July 2005, they produced 25 stories on health issues with an emphasis on HIV/AIDS, said Ryder Gabathuse, Francistown bureau chief.

Francistown reporter Tduetso Setsiba joined *Maisha Yetu* fresh out of journalism school in South Africa. She was aware of the problems she faced. "Health reporting is complicated," she said. "The government has a negative perception of the media, is over-protective and secretive. We have a culture of fear and of respect: only the director can talk. Older people think that talking about sex promotes sex and criticize our stories. In the newsroom, everybody goes for politics. You go for health, you are second-class. Politics is about power and important people. Health is about ordinary people."

She said that she was interested in writing health stories because "it is important for our people. We owe it to them."

Meanwhile, in Gaborone, editor Nkala broadened the scope of health stories at *Mmegi*. Thato Chwaane began producing stories on heart disease, menopause, flu and winter coughs. This stronger interest in general health issues was a ripple effect of *Maisha Yetu*.

In July 2005, reporter Tduetso Setsiba was moved from Francistown to Gaborone and assigned to do health stories for *Maisha Yetu*. Thato Chwaane remained in Gaborone.

Even with ups and downs and the constraints it faced, *Maisha Yetu* managed to leave a lasting legacy at *Mmegi*. "Maisha Yetu training changed our mindset," said Gideon Nkala. "Now we try to do cross-cutting reporting so AIDS appears in economic or sports stories. We have more stories on AIDS, even if some are badly written, and public health is now part of the national agenda as well as our own."

LETLHABILE: THE SUN HAS RISEN

In 2005, Lillian Masilo battled for two things at Radio Botswana. In January, she fought to get a program on HIV/AIDS on the air. Three months later she fought to remain as its presenter after she was reassigned to other programs. In both instances, she found an ally in *Maisha Yetu* trainer Sello Motseta. Together, they lobbied Radio Botswana management for the program and for Masilo's continued involvement in it.

Masilo's program is called *Letlhabile* ("The Sun Has Risen" in Setswana). "The thing I am proudest of is getting *Letlhabile* on air. That's my baby," said Motseta. "It felt good to fight hard for something and win."

To get support for the program, Motseta pointed out to Radio Botswana, a division of Botswana Broadcasting Services, that they had agreed to assign space and resources to health coverage when they signed the Memorandum of Agreement with *Maisha Yetu*. He also argued that Botswana's HIV infection rate of 37 percent of the adult population made it imperative that they develop a program to address the population's needs with good, solid information.

Letlhabile as developed by Masilo and Motseta was actually in its second incarnation. Radio Botswana had already discontinued a program with the same name. It was not the network's first program on HIV/AIDS. From 1997-99, a program called simply *AIDS Tips* gave basic information on HIV. In 1999, a new program, *AIDS Kills*, emphasized prevention by using scare tactics about the disease. In 2001, the name was changed to the more optimistic *Letlhabile* ("The Sun Has Risen") to complement the name of the national AIDS treatment program, *Masa* ("Dawn"). With the name change, the program's content changed from a focus on death to one that offered support for those living with AIDS. This evolution mirrored changes in perception about the HIV pandemic in Botswana.

The original *Letlhabile* was discontinued in 2003. It was put back on the air again thanks to the lobbying of Masilo and Motseta and the foresight of Monica Mphusu, a new head of programs at Radio Botswana. Mphusu not only revived the program, she also doubled the number of reporters assigned to it from two to four, including Masilo, who was named coordinator.

“This program is Lillian’s dream; she won’t be moved,” said Mphusu.

Maisha Yetu’s influence on *Letlhabile* did not stop with its re-launch. Motseta and Masilo met in person for an hour each week and continued their collaboration by e-mail. Motseta suggested story ideas and helped Masilo develop them. He planned interviews, referred Masilo to useful Web sites and helped her get access to sources at the Ministry of Health, National AIDS Coordinating Agency (NACA) and other organizations.

Authorities who work on AIDS in Botswana are notoriously reluctant to cooperate with the media, but Motseta helped Masilo obtain authorization to record interviews for a six-part series on the treatment of AIDS at the Infectious Disease Clinics at Princess Marina Hospital in Gaborone. “Sello opened doors for me,” said Masilo. “Now the doors are open, I can get what I want, everything is easier.”

Six months after its re-launch, *Letlhabile* had developed a reputation for making HIV/AIDS *interesting*. (See box for program schedule.)

For example, Masilo developed a story on “discordant” couples – a relationship where one partner is HIV-positive and the other is not –

“The program used to be dull and nobody wanted to be associated with it... . Now, thanks to *Maisha Yetu*, it has become interactive and popular. It provides training opportunities, workshops and travel for the producers.”



With the help of *Maisha Yetu* trainer Sello Motseta, Lillian Masilo (above) launched *Lethabile*, a program about HIV/AIDS, on Radio Botswana.

which aired in June 2005. She got the idea when Motseta showed her a local study on these couples that raised the question of whether some people may be immune to the HIV virus. Masilo said she wanted to give couples information so they can protect the noninfected partner.

“The program used to be dull and nobody wanted to be associated with it,” said Monica Mphusu. “Now, thanks to *Maisha Yetu*, it has become interactive and popular. It provides training opportunities, workshops and travel for the producers.” Following a tip learned from *Maisha Yetu* training, Masilo and her team frequently leave Gaborone on reporting trips.

“*Lethabile* reporters go to rural communities and talk to them in their own language and setting; this makes it more interactive and educational than other radio programs,” said freelance journalist Kgosana Masaseng, a founding member of Journalists Against HIV/AIDS in Botswana.

Masilo’s reward, however, is the reaction she is getting for her work. One pregnant woman called to tell her that she had enrolled in a mother-to-child HIV prevention program after listening to a broadcast on the subject. “I feel good every time I remember we saved a baby,” said Masilo.

She also has a personal reason for her work on *Lethabile*. Her two sisters are HIV-positive, and AIDS has claimed three cousins, one cousin’s wife and one cousin’s son. “Doing the program I learn things about AIDS that are useful for my sisters, for my mother, for everybody who is infected or affected, and that is all of us Motswana,” she said.

EIGHT-WEEK PROGRAM SCHEDULE FOR *LETLHABILE*

1. How to move antiretroviral treatment forward.
2. How to address fear of HIV testing.
3. How are men involved in prevention of mother-to-child transmission.
4. Which group in society is hardest hit by HIV and why.
5. What can be done about parents who refuse antiretroviral treatment for their children.
6. Is Botswana vigilant about nonsexual transmission of HIV?
7. The twin epidemics of TB and HIV/AIDS.
8. Is abstinence workable?
9. Is Botswana doing enough to support AIDS orphans?

LILLIAN MASILO'S TIPS FOR RADIO JOURNALISTS

- People are saturated with AIDS messages; be creative if you want them to listen. Use music in radio programs. Find new topics and fresh angles. Go beyond the ABC (abstain, be faithful, use condoms) approach to prevention.
- Journalists can influence people's decisions about HIV/AIDS treatment. Do research and keep up-to-date on the latest scientific information. Don't rely on Google (which some journalists do) for information. Read respected books, newsletters and magazines.
- Imagine that you are HIV-positive and empathize with people who are. Do programs on hopeful topics, like research on vaccines and successful prevention of mother-to-child transmission of the virus.

Broadcasting Services

Government-owned Department of Broadcasting Services (DBS), which includes Radio Botswana 1 and 2 and Botswana Television (BTV), is the only broadcasting entity in the country with national reach. This made it a natural partner for *Maisha Yetu*. The Memorandum of Agreement was signed in May 2002 by Banyana Segwe, then deputy director and now acting director of Botswana Radio and Television.

However, in keeping with Botswana's reputation as a country that doesn't rush anything, *Maisha Yetu* had a slow start at DBS. The first reason was that radio and TV staff who attended the orientation meeting for *Maisha Yetu* in Nairobi in September 2004 were reporters, not editors. Upon their return to Botswana, the reporters, the *Maisha Yetu* contact at BTV Simon Seisa, and trainer Sello Motseta had to sell the idea to senior and middle management at both radio and TV. "The project would have moved faster if we had had one gatekeeper at the meeting in Nairobi," said Motseta.

Motseta also admits he was initially a bit lost. "It took me two months to understand I would not be getting a ready-made plan of action. I had to do it," he said. As he did at *Mmegi*, the trainer carried out a needs assessment. "The process took more time

Lillian Masilo (left) of Radio Botswana 1 and Dorcas Phirie of BTV attend a *Maisha Yetu* workshop in Botswana in October 2005.



than anticipated because the contacts in the Centers of Excellence needed to ground themselves with the project and understand the trainer's role and responsibility," said Stally.

In addition, because AIDS remains such a sensitive, taboo topic, *Maisha Yetu* had to overcome "some resistance among top management," said Simon Seisa, the contact at Botswana Television.

A visit in December 2004 by project manager Aulora Stally helped dissolve many of the doubts surrounding *Maisha Yetu*. Stally convinced the Centers of Excellence their lack of capacity could be improved through routine training and one-on-one mentoring by the *Maisha Yetu* trainer. She also pointed out that the trainer could help by showing how to better work with a diverse range of information sources, including government agencies, and by suggesting new angles and approaches for the health stories.

Seisa was a steady driving force behind *Maisha Yetu*. A soft-spoken man in his 50s, he is a devout Christian and a volunteer with an interdenominational charity that works with the sick, disabled and imprisoned. "I belong to the Jesus Generation Movement, and this fuels my interest and commitment to AIDS issues," he said.



Journalists visited the Ramotswa Hospice during a *Maisha Yetu* workshop in Botswana in October 2005. From left: Evelyn Makgathna of Radio Botswana 2, Mirriam Gondwe of Journalists Against HIV/AIDS Organization (JAHABO) and Kgosana Masaseng of JAHABO.

At BTV, Seisa has organized AIDS awareness and peer education, mobile voluntary counseling and testing, prayer meetings and talks on AIDS-related topics. He participated in drawing up the DBS policy on HIV/AIDS when he was HIV coordinator at BTV. Seisa explained that the national AIDS policy requires every government department to include AIDS in its annual work plan. At a media house, this means AIDS should be in the news. Another selling argument Seisa and Motseta used was that *Maisha Yetu* was a professional tool to help them achieve excellence in health reporting.

Six months after the launch of *Maisha Yetu*, in addition to his training work with journalists, Motseta was holding meetings every Friday with the DBS production team. In April 2005, the production team and senior managers formed a steering committee – called *Maisha Yetu* Best Practices – that met every two weeks with the trainer to discuss progress and problems. Motseta wishes he had set up this committee sooner. “It eased *Maisha Yetu* through the Broadcasting Services,” he said. “For this project to succeed, you need the political support of CEOs and editors. You also need journalists who enjoy health reporting. Otherwise they will not go the extra mile to produce better pieces.”

Creating New Health Programs

Both Radio Botswana and BTV had regular programs on health, but the quality was uneven and the stories were mostly event-driven or based on press releases.

There were two programs at BTV. *Re Mmogo* (“We Are Together” in Setswana), is an award-winning, 30-minute documentary program dedicated to HIV/AIDS, broadcast every Thursday at 8 p.m., mostly in Setswana with some bits in English. *Talk Back* is broadcast in English for an hour between noon and 1 p.m. on Tuesdays, with a rebroadcast on Saturdays. *Talk Back* targets school teachers and is funded by outside donors, including the African Comprehensive HIV/AIDS Partnerships (ACHAP), a

collaboration between the government of Botswana and the Bill & Melinda Gates Foundation and the United Nations Development Program.

Botswana Radio 1, where most health programs are produced, was the primary *Maisha Yetu* partner. It also produced two regular health programs. *A o Tsogile* (“Are You Well?”) is a daily 5-minute program that airs after the 6 a.m. news. It was originally devoted to HIV/AIDS, but two years ago, when editors decided that the show’s audience had become saturated with the topic, coverage was expanded to include all health issues.

A third program was developed directly out of *Maisha Yetu*. *Letlhabile* (“The Sun Has Risen”), a 15-minute program on HIV/AIDS broadcast on Sundays at 8 p.m., went on the air in January 2005.

In addition, the news and current affairs department at BTV committed to at least one story each week on HIV/AIDS, TB or malaria.

Maisha Yetu trainer Motseta worked with all these programs by participating in some editorial meetings and working closely with individual journalists to help them develop story ideas. The relationships forged among the trainer, management and journalists were sometimes difficult but still rewarding.

“For this project to succeed, you need the political support of CEOs and editors. You also need journalists who enjoy health reporting. Otherwise they will not go the extra mile to produce better pieces.”

SELLO MOTSETA, MAISHA YETU TRAINER

For example, *Re Mmogo* had already been airing for three years and had won an award for its reporting when the *Maisha Yetu* project was introduced at BTV. The program had a generous budget and the freedom to develop stories. Producers were able to take crews out on assignment for days, with the result that they had produced more than 100 programs from all parts of the country about the epidemic.

With this background, it is easy to see why some *Re Mmogo* staff resented it when the *Maisha Yetu* trainer parachuted into their weekly planning meetings. They questioned the legitimacy of the project and the trainer's qualifications to work with them. In addition, *Re Mmogo* producers had expectations about *Maisha Yetu* that were not fulfilled. "We were excited about *Maisha Yetu*," said *Re Mmogo* coordinator Caroline Bogale-Jaiyeoba. "We were made to believe by the trainer that there would be trips, travel, allowances and gifts for interviewees. This did not happen."

"This misconception caused problems in the *Maisha Yetu* project," said project manager Aulora Stally. "We never intended to supply these kinds of allowances, which is clear in the Memorandum of Agreement we signed with the Centers of Excellence. Nevertheless, we were able to offer some small travel and equipment grants after the project had gotten underway. This helped the Centers of Excellence produce different stories with new sources of information that they would not otherwise have been able to do. The whole point of the *Maisha Yetu* project is to invest in intensive training of journalists so that their reporting will become self-sustaining, not to provide them with one-time assistance."

Bogale-Jaiyeoba said the project had a positive impact by providing training workshops, better access to health officials and other health sources, and networking with health experts and other journalists at the workshops. "Our Friday meetings are

more structured and productive now,” she added. “I have improved. When I go to the field, I remember what we have discussed: no talking heads, focused questions, gender issues, respect people’s privacy.”

Bogale-Jaiyeoba, the only woman in a three-producer team, and Motseta, talked over stories and approaches constantly. But a similar relationship did not develop between the trainer and the two male producers at *Re Mmogo*, who complained that Motseta did not give them the support they wanted. “Sello never joined us on a reporting trip,” said Tiro Kganela, a producer. On the plus side, Kganela said the trainer contributed “a few story ideas and improved our reporting by sending us up-to-date information on the three diseases.”

Working With Sources

The most common complaint of reporters in Botswana is that officials with information are reluctant to talk to the press. For their part, officials complain that journalists are ill-prepared to speak to them and are always in a hurry to get their stories.

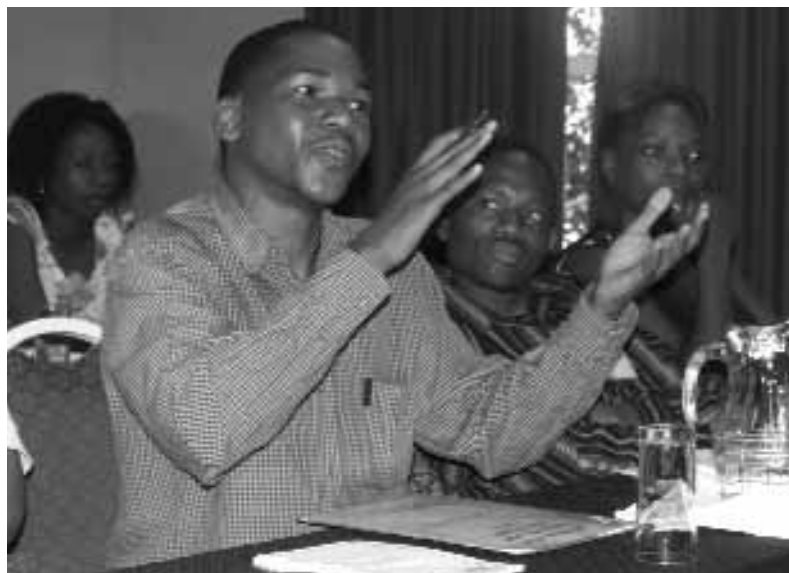
This uneasy relationship between the media and the government is common in Africa and rooted in history. After independence, most African countries became one-party states. Press freedom, civil society and multiparty democracy are relatively new, dating from the mid-1990s. The effect of several decades of government monopoly of the press – secrecy, fear, arrogance and lack of accountability – is hard to eradicate.

Motseta had a good network of contacts, which he shared with journalists at the Centers of Excellence. He met the press secretary at the Ministry of Information and secured his endorsement for *Maisha Yetu*. As a result, *Maisha Yetu* journalists were included in the ministry’s mailing list for health events.

Starting in March 2005, Motseta organized one-day workshops on specific topics each month. He opened these to other journalists, and they proved to be very popular. “Media workshops by government and NGOs are boring and conventional, but these were practical, informative, issue-driven and useful,” said Kgosana Masaseng, a freelance reporter and member of the Journalists Against HIV/AIDS Organization (JAHABO) in Botswana.

The association became part of *Maisha Yetu’s* expanded network of journalists interested in health reporting. Association members attended *Maisha Yetu* workshops and produced stories from the information they acquired there. For example, Masaseng placed two stories in the weekly *Botswana Gazette*, one on the lack of coverage of malaria and TB, and one on Miss Stigma Free, Cynthia Leshomo, an HIV-positive activist.

Patrick Morolong of BTV attended a *Maisha Yetu* workshop on overcoming stigma and discrimination, which was held in Botswana in December 2005.



Learning to Trust the Media

At the workshops, journalists met health specialists from the government, nongovernmental organizations and the United Nations, as well as people living with HIV/AIDS. This networking was invaluable to the journalists because it helped them develop much-needed sources as well as amass more in-depth knowledge about subject areas, exchange experiences and develop new story ideas. “*Maisha Yetu* broke the bureaucracy,” said Caroline Bogale-Jaiyeoba of *Re Mmogo*.

The breaking down of barriers between the media and health officials may well be *Maisha Yetu*'s most enduring legacy in Botswana. “*Maisha Yetu* can bridge the gap between sources and journalists,” said Richard Matlhare, information, education and communication officer at NACA. He suggested that *Maisha Yetu* should “aggressively target bureaucratic structures to break down these barriers further.”

At a *Maisha Yetu* meeting in Gaborone in July 2005, the minister of health, Sheila Tlou, acknowledged the project's impact. “Press coverage of HIV/AIDS, TB and malaria has increased after *Maisha Yetu*,” she said. “*Maisha Yetu* has improved the rapport between resource persons and the media. We [health officials] are learning to trust the media and appreciate how it can help government understand the impact of our interventions. *Maisha Yetu* has also made the government more aware of the constraints that journalists face in health reporting.”

Rape and sexual oppression of women in Africa has increased
vulnerability to deadly infection. What can be done to check t

Abuse puts women at risk of Aids

By SUSAN NJOKI

... was 6.30pm. An hour earlier, Rose was familiar with the sur- and regularly used this path- on. On this day however, rain- and she was going rapid.

Rose last Saturday in we- rises the Woodley grounds- most of activities had been- to most progress made to in- tain Aids.

of three children aged 13, years, Rose recounted her- ading the reception she- in Kibera police post when- report the incident two

police men urged me forward, and as soon as I whispered that I had been raped, he directed me towards another room at the back and another female cop who allegedly

Five months later, Rose was confirmed as HIV positive. Rose said she has been to a health centre to do a

IN MORE NEWS

A new agreement between a human- rights agency and an equity company view the introduction of what will be the

The National Anti-Corruption Commission (NACC), which coordinates the pro- cess, has been set up to handle all cases

The country's total of 244 million people will be the target of the World Bank's

The fund has been set up to support the work of the National Anti-Corruption Commission (NACC)

over Sh448m for Aids council and Global Fund agency in tussle over alleged delay in releasing donor money to various organisations to fight disease

The Group used a plan to settle the alleged Fund deal in February subject about 50 per cent to the Kenya High Court of Justice

However, the court ruled in favour of Kenya authorities - The date, an add- ress, and other details were not disclosed

Some of the money was used to support the Kenya Aids Commission, which has been set up to coordinate the work of various

Anti-corruption complaints by The Group in Kenya



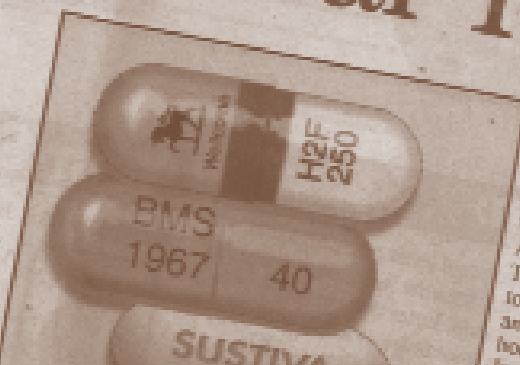
CREW... SUPPOSED... INVEST CHIN...

... 2004 million to people... It is a surprise that the... had only released in the... last year... The... various organisations... Kenya... The... completed in the... Commission... the... agencies... and have... ment's... building... and... based on... Commission... At a meeting... most... Report... the... programme... report... members...

It has been noted that there appears to be slow movement of funds... this situation needs to be corrected... - Dr PATRICK AMBEGA, NACC

Anti-Retroviral Therapy

... CD4 count is one's blood levels is done. A count establishes the blood parameters and, it determines the number of cells by the virus. A normal healthy person has a count of between 500 and 1,500. For one to be put on ART, the CD4 count must be less than 350. In situations where one is HIV positive and the CD4 count is low, the person may already be suffering from opportunistic infections hence could be very vulnerable to other infections. One may test HIV positive but is still healthy with a relatively high CD4 count. ART does not apply here yet. The safety living conditions to be maintained on ART...



... come into play. Proper use from your medical provider plays a big role. Q. How much does the ART cost? A. For one to be put on the ART, full tests and screening to establish one's status as HIV positive and how advanced the disease is, are necessary. The cost of the ART varies from one country to another. In Kenya, the cost of ART is about KSh 1,000 per month. The cost of the ART is covered by the government for those who are eligible. The cost of the ART is also covered by some private health insurance companies. The cost of the ART is also covered by some NGOs. The cost of the ART is also covered by some religious organisations. The cost of the ART is also covered by some international organisations. The cost of the ART is also covered by some local organisations. The cost of the ART is also covered by some individuals. The cost of the ART is also covered by some families. The cost of the ART is also covered by some communities. The cost of the ART is also covered by some countries. The cost of the ART is also covered by some regions. The cost of the ART is also covered by some continents. The cost of the ART is also covered by some world.

KENYA

Centers of Excellence in Kenya

The two *Maisha Yetu* Centers of Excellence in Kenya are the daily newspapers and TV stations of both the Nation and the Standard media groups. Independently owned, they are among the most widely read, watched and respected media outlets in Kenya.

The Nation media group, backed by the Aga Khan, stretches west into Uganda and south into Tanzania and further into southern Africa through its partnership with South Africa's Media 24 group. *The Daily Nation* newspaper, based in Nairobi, has been publishing since the 1960s. With a print run of 180,000 on weekdays and 300,000 on Sundays, it occupies 74 percent of the media market, according to *Deadline for Health*, a study published by the International Women's Media Foundation in 2004. *The Daily Nation* carries a weekly supplement on science and health called *Horizon*. Its main newsroom in Nairobi has 80 editors, subeditors and reporters; there are also five bureaus, one each in Kisumu, Mombasa, Nakuru, Eldoret and Nyeri.



The EastAfrican, a weekly publication of The Nation Media Group, focuses on Uganda, Tanzania and Kenya. It targets elites in the private and public sectors, has a specialized medical writer, and carries two pages on science and health in every issue. It has a circulation of 25,000.

Nation TV, launched in December 1999, reaches the major cities and towns of Kenya and has an estimated three million viewers.

The Standard, founded in 1904, is one of Africa's oldest newspapers. *The Standard's* print run on weekdays is between 95,000 to 110,000 copies. *The Sunday Standard* has a print run of 150,000 and, according to *Deadline for Health*, accounts for 23 percent of the market share. Its readers are primarily middle class decision-makers and professionals. It also owns a television channel, Kenya Television Network (KTN), launched in 1990, which broadcasts in English and Kiswahili and reaches an estimated five million viewers.

The Trainer

The International Women's Media Foundation hired Otula Owuor, known to Kenyan journalists as the "Father of All Science Journalists," as the *Maisha Yetu* trainer for that country. Many journalists who write on health in Kenya have been influenced by Owuor's encouragement, training and mentoring. He was science editor at *The Nation* for 10 years and quit in 1995 to become a freelance journalist. "When staff at the Centers of Excellence knew that Owuor was in the driving seat, they were happy," said *Maisha Yetu* project manager Aulora Sally.

Health Reporting in Kenya

Deadline for Health, published by the IWWMF in 2004, found that "public health reporting in Kenya ... suffered from the general propensity towards political content." The report also found that most health stories were based on pronouncements from politicians. When experts were used as sources, they were quoted verbatim, using medical jargon "incomprehensible to the average reader."

Most journalists lacked an understanding of public health issues, so they limited their reporting to health statistics and who was getting what amount of funding. They were neglecting human interest and service stories and were not covering the socioeconomic factors that fuel HIV/AIDS, TB and malaria, the report said.

Lucy Oriang, managing editor for magazines at *The Nation*, who was also the Kenya researcher for *Deadline for Health*, said, “The lack of integrated reporting on health, poverty and development is essentially the result of a lack of analysis. Many of the young reporters who handle news do not have the knowledge or insight to add depth to their stories.”

Deadline for Health identified five obstacles to quality health reporting in Kenya:

- Media houses are more interested in making a profit than in being socially responsible.
- News consumers prefer “good news” or titillating information.
- Media houses don’t have enough money for and investment in stories that require research time.
- Media houses don’t have in-house guidelines about the amount of space to assign health and social issues.
- Journalists don’t have the capacity to adequately cover health and science.

Just as *Maisha Yetu* was getting started in 2004, Kenya was riveted by several political developments: the electoral triumph of the opposition for the first time since independence in 1963, several high-profile corruption trials, and a debate on a new constitution.

“The lack of integrated reporting on health, poverty and development is essentially the result of a lack of analysis. Many of the young reporters who handle news do not have the knowledge or insight to add depth to their stories.”

“These were dramatic news competing with health for space and attention,” said trainer Owuor. “We pushed health against the tide.”

HIV/AIDS, TB and Malaria in Kenya

According to UNAIDS’s 2004 report on the global AIDS epidemic, HIV prevalence among adults aged 15-49 in Kenya was estimated at 6.7 percent, within the margin of a low estimate of 4.7 percent and a high of 9.6 percent. This amounts to some 1.1 million people living with HIV. The report estimated 150,000 deaths from AIDS in 2003.

There are some areas in Kenya where malaria transmission is high all year. In other areas, malaria is seasonal. Some 36,000 children die every year from malaria, and half of all outpatient medical consultations are for malaria, according to the Kenya Ministry of Health. The World Health Organization reported that in 2002, 18 percent of hospital admissions and 25 percent of hospital deaths in Kenya were due to malaria. In 2003, only 4 percent of all children under five slept under a mosquito net according to UNICEF.

Chakaya Muhwa, M.D., head of the National Leprosy and TB Control Program, says TB infection rates have been rising in Kenya by 12-16 percent every year for the last decade. Official figures for 2004 are 106,000 TB cases reported and 10,000 TB-related deaths reported. An equal number of cases and deaths go unreported, he said.

Launching *Maisha Yetu* at *The Nation*

Maisha Yetu’s Memorandum of Agreement was signed by *The Nation*’s editorial director, Mwangi Wangethi, in September 2004. Wangethi and Nation Group managing editor Joseph Odindo assigned the *Maisha Yetu* project to the science editor, Naftali Mungai, who was in charge of the weekly science supplement, *Horizon*. Mungai would be the entry point for the project.

Owuor and Mungai met to discuss the way forward for *Maisha Yetu*. Ten journalists from print and television were assigned to the project.

Mungai was very supportive of *Maisha Yetu*; this helped ease the roll-out of the project. There was, however, a drawback. “There was a breakdown of communication between the science editor and the section editors,” said Odindo. The result was that other editors were not properly informed about *Maisha Yetu* and were less willing to release their journalists for meetings with the trainer and make space for health stories. If he could start again, said Odindo, he would introduce *Maisha Yetu* to 10 key editors at the newspaper and television station, then follow up with periodic checks during editorial meetings.

“A formal presentation would have made editors more receptive,” he said. “The editors would have seen *Maisha Yetu* as a responsibility and a challenge for the whole newsroom, not just a project for the science editor and his reporters. “A memorandum presenting *Maisha Yetu*, sent on the media house’s intranet, would have helped bring down the resistance to health coverage among editors,” said Dagi Kimani, a medical writer for *The EastAfrican*, a weekly publication of the Nation Media Group.

Mungai left the paper in March 2005 and was not replaced. Gatonya Gatura, who produces supplements for *The Daily Nation*, took over editing *Horizon*. Television health reporter Pamela Asigi, who had already been working on the project, took over as the point of contact for *Maisha Yetu*. Asigi was committed to strengthening health coverage at Nation Television, but she did not have good access to the print newsroom. The reason, as described by Joseph Odindo, was “the firewall between Nation television and print.” The newspaper and the television station operate in isolation from each other and do not hold joint editorial meetings, even though they share the same 15-story tower in downtown Nairobi.

“Health affects people, but papers ignore that. It was time to change this.”

OKECH KENDO, *THE STANDARD*

Although health coverage eventually made headway in the newsroom and moved into different sections of the paper, the project would have developed much more quickly had there been a health editor or health desk, said Otula Owuor, the *Maisha Yetu* trainer. “What is needed is a science editor who is confident enough and experienced enough to deal with the news editors and subeditors and all the little chiefs who control pages and space and apportion priority,” said Owuor.

Joseph Odindo agreed: “The solution is to have a dedicated health editor. We did that for business coverage and it improved quality a lot.”

Launching Maisha Yetu at The Standard

At *The Standard*, the *Maisha Yetu* Memorandum of Agreement was signed by Tom Mshindi, who was appointed CEO in September 2004. Mshindi had worked for UNICEF in New York and Nigeria and was managing editor at *The Nation* for 13 years. His experience with UNICEF nurtured his belief in the media as a tool for development. “I was happy to accept *Maisha Yetu*,” he said. “Our health reporting was wanting in quality, lacking context, boring, shallow, not interesting to read.”

Both in his newsroom and in public appearances, Mshindi argues that the media must deal with social issues to be relevant. His engagement made it easier for *Maisha Yetu* to operate at *The Standard*. “My personal interest in *Maisha Yetu* permeated the newsroom,” he said. “Plus, the three diseases are close to our lives, so it was not a difficult sell.”

Mshindi assigned Kwendo Opanga, then executive editor and now editorial director, to be, in Opanga’s words, “the *Maisha Yetu* driver.” Mshindi, Opanga and Owuor together presented the project to three key print editors, including the training editor,

and nominated print journalists to take part in *Maisha Yetu*.

The process was repeated at KTN, the Standard Group's television channel. Initially, Owuor selected 10 journalists for *Maisha Yetu* – four from TV and six from print and Web pages. Two from TV were very active in the project. "I try to keep a list of 10 'Maisha Yetu friendly' journalists – two of them as main contacts – at each Center of Excellence," said Owuor. "This makes it easy to reach various departments, special sections or magazines in both the print and electronic sides. It also helps us cope with high turnovers, including job changes, resignations, those on annual holidays, transfers and special assignments."

"Owuor presented the project to us, and we bought it," said then *Standard* training editor Okech Kendo. "Health affects people, but papers ignore that. It was time to change this." In addition, Mshindi's personal interest moved *Maisha Yetu* forward and gave it impetus. "Having the seal of approval of the CEO gave *Maisha Yetu* great weight," said Opanga.

This "seal of approval" was useful whenever Opanga met resistance. "Sometimes at the editorial conference, three out of four editors complain we are running too many depressing AIDS stories," he said. "I say the government has declared AIDS a national catastrophe. We are not helping people by pushing AIDS out."

Mshindi added, "The challenge is the gatekeepers. Journalists will write about anything given a chance – some better, some worse. But the decision to publish a story or not belongs to the gatekeepers [editors and subeditors]. This is why we need to involve the editors directly. We need to change their minds. At the end of the day, *Maisha Yetu* is an exercise in the persuasion of editors."

Otula Owuor agreed: "If you have the blessing of the top guys but battle at the bottom with the small chiefs, you go nowhere."

I DEVELOPED A PASSION FOR HEALTH

LILLIAN ODERA OF KENYA TELEVISION NETWORK

Mtongwa, a Swahili village 10 kilometers from Mombasa on Kenya's coast, is a dusty cluster of mud houses with the occasional wood hut. The roads are unpaved, and there is no sanitation. Coconut and mango trees provide both fruit and shade. Women are dressed in buibuis, the black head-to-toe gown worn by devout Muslims. The men usually find casual work at Mombasa's port.

This out-of-the-way place was the setting for a five-part series on HIV/AIDS produced by Lillian Odera for the Kenya Television Network. The series, called *Making a Difference*, was broadcast around World AIDS Day, December 1, 2004.

Odera and *Maisha Yetu* trainer Otula Owuor planned the program together. Owuor suggested the angle: the link between poverty and HIV/AIDS. He also suggested that some segments be filmed in Kenya's poor coastal region. While Odera and Owuor met to develop their ideas, Odera secured approval for the series from her editors at KTN. She found an AIDS-related project being conducted by Action Aid, a British charity, in Mtongwa. Fifteen villagers had

Lillian Odera



been trained to care for people sick with AIDS by going to their homes to nurse, bathe and feed them and provide emotional support.

Odera made the seven-hour trip from Nairobi to Mtongwa with a cameraman and a driver and planned to stay for two days, enough time to shadow two caregivers during a typical day. The resulting story, said Odera, was her most difficult assignment – and also the most rewarding work she had done since joining *Maisha Yetu* in September 2004. She was most impressed by the caregivers. “It’s like a calling. They are amazing,” she said. “They sacrifice time with their own families. They share their scarce food. They care for the sick as if they were relatives.”

The Action Aid project manager identified two caregivers who agreed to be filmed, but many of the families they were caring for refused to go on camera. They were afraid of the stigma associated with HIV/AIDS. The combined public relations skills of the caregivers, Odera and her crew fell flat many times. However, they persevered and were eventually able to interview two families. They also interviewed caregivers and the project staff at Mtongwa Community Initiative Home-Based Care.

Odera was particularly moved by a woman in her 30s, who was terminally ill with AIDS; had been deserted by her husband, children and family; and was being threatened with eviction. The crew was so impressed by the woman that they dug into their pockets and gave her \$30 (U.S.) to pay her rent. “Doing this piece made me aware of how much we take for granted – health, love and family support,” said Odera.

“It’s like a calling. They are amazing. They sacrifice time with their own families. They share their scarce food. They care for the sick as if they were relatives.”

“Health being at the center of development, I developed a passion for it.”

LILLIAN ODERA

In addition to revealing destitution and disease in Mtongwa, Odera's piece also showed solidarity among villagers, like the caregivers who were helping their neighbors. “In the face of disease and poverty, many communities have developed amazing coping mechanisms. Reporting on these can inspire others,” said Odera.

In late 2004, KTN sent Odera to neighboring Sudan to report on the 27-year-old civil war raging there. Before she left, Otula Owuor reminded her to look for health stories, too. Odera did a story on a hospital so bare of medical supplies that people crossed the border into Uganda to buy anti-malarial drugs. She filmed an interview with a father who had walked for two days into Uganda to buy medicine for his child, only to find on his return that the child had died. This report won Odera a CNN award for the Best Health Report of 2004.

Odera, 30, the single mother of an 11-year-old child, was a teacher before studying journalism at the Kenya Institute of Mass Communication. She became a journalist because she wanted to write stories that would address the roots of poverty and underdevelopment in Kenya. She began as an intern at KTN in 1998 and was hired the following year. She is now a senior reporter at the network.

The *Maisha Yetu* project tapped into Lillian Odera's passion. “Health being at the center of development, I developed a passion for it,” she said. “In news, politics takes all attention, people are forgotten, health and development neglected. This is the stereotype we are trying to break with *Maisha Yetu*.”

The Approach

In October 2004, a needs assessment designed by project manager Aulora Sally and trainer Otula Owuor was carried out at the two Centers of Excellence.

The assessment found a need for:

- More investigative and comprehensive stories on HIV/AIDS, malaria and TB;
- Diversifying and varying sources beyond government officials;
- Producing stories on the socioeconomic impact of HIV/AIDS;
- Training to enable reporters to better understand health issues in a wider context;
- Improving terminology and language use;
- Reducing stigma and negative stereotypes that are still prominent in news reporting.

In the meantime, the trainer and his contacts at the two media houses agreed on a two-pronged approach of combining personal coaching with informative workshops.

In the area of personal coaching, Owuor worked closely with the selected journalists. Throughout the project, he encouraged the journalists to produce more health stories. Owuor is passionate about health journalism, and his enthusiasm is contagious. “I am convinced,” he said, “and I try to convince the journalists that it is our social responsibility, our professional and ethical duty as journalists, as Kenyans and as Africans, to help control these diseases.”

He sold young journalists on the various advantages of becoming health reporters: to help people to be healthy, to build a professional niche and develop a specialty, to win scholarships and awards, to travel to conferences and to earn extra income.

“At the end of the day, *Maisha Yetu* is an exercise in the persuasion of editors.”

TOM MSHINDI, CEO, *THE STANDARD*

Owuor scoured the Internet for fellowships, scholarships, training and university courses on health reporting and encouraged *Maisha Yetu* journalists to apply for these opportunities. Lillian Odera, a reporter with KTN, took his advice and was accepted for a three-month training with Radio Netherlands in Holland in early 2005. “The most rewarding thing was to see five young journalists [out of several who became involved in *Maisha Yetu*] become passionate health reporters,” said Owuor. “If I saw a spark of interest, I would grab them and tell them that the sky is the limit for any journalist who enters the field of health reporting seriously.”

At the beginning of the project, Owuor assessed the journalists’ skills and commitment to journalism as well as their levels of interest and commitment to health issues. He also analyzed their strengths and weaknesses, style of reporting and the types of stories they were producing. Then he discussed with each journalist what stories they would like to do on HIV/AIDS, TB and malaria. He proposed story ideas, new angles, possible sources to interview and locales with high incidences of HIV/AIDS, malaria and TB that they could report on.

Owuor made himself available as a resource while the journalists were producing their stories. After the stories were finished, he gave them feedback on quality and suggested follow-ups. All this was done in collaboration with the *Maisha Yetu* contacts and relevant editors in the media houses. Owuor informed them regularly of what he was doing, discussed story ideas and news pages for the different newspaper sections and TV programs, and kept everybody involved in *Maisha Yetu* updated.

For example, for World AIDS Day, Owuor suggested to Lillian Odera and her editor at KTN that they produce five programs covering different aspects of HIV/AIDS, and Owuor and Odera planned the coverage in detail.

By November 2005, Owuor was receiving two to three calls daily and an equal number of e-mails from journalists who wanted to consult with him about story ideas, ask for sources and contacts, check where to find information or ask for his advice. He estimated this “personal coaching” took 80 percent of his time instead of the 50 percent originally called for in his contract. It also generated huge cell phone bills.

Workshops in Kenya were designed to bring journalists together with experts – health officials, media professionals and other resource persons – who could give them cutting-edge information and statistics, explain the gender perspective on health and disease and analyze health coverage.

Owuor personally visited the heads of the HIV/AIDS, malaria and TB programs at the ministry of health and Kenya’s director of medical services to talk about *Maisha Yetu* and ask for their help in easing journalists’ access to health officials, health facilities and information. Owuor’s excellent reputation helped the project gain acceptance with these important government contacts. He was able to get them to agree to respond to questions from *Maisha Yetu* journalists and participate in the project’s workshops. At the workshops, the journalists had an opportunity to meet the heads of these national programs in a relaxed environment, build rapport with them as future sources and get the latest statistics on HIV/AIDS, TB and malaria.

One journalist who made full use of this opportunity was Pamela Asigi, the *Maisha Yetu* contact at Nation Television. As a result of a relationship she established with the head of the malaria program, she produced many new stories on the disease. The workshops became so popular that Owuor opened them to journalists with a proven interest in health coverage outside the Centers of Excellence. Each workshop had an average of 30-35 participants.

Some Problems

Owuor said that the biggest problem he encountered was gaining access to the journalists. He had planned to meet with the *Maisha Yetu* reporters at each Center of Excellence for coaching once a week for two hours at a fixed time, but that didn't work. It was hard to schedule a time that worked for all the journalists. On the day of the meeting, some journalists were invariably out on assignment or had deadlines to meet. Owuor tried shrinking the meeting to one hour, then 30 minutes, but that didn't work either. Journalists didn't turn up, or editors said they couldn't spare their reporters.

"Kenyan newsrooms have chronic staff shortages, and journalists assigned to *Maisha Yetu* are among the best so they are in demand from editors," said Owuor. He could have asked the top bosses to order editors to carve out space for the meetings. *The Standard's* Tom Mshindi, for example, had offered to "put his foot down" and make meetings happen. Owuor weighed the pros and cons and decided against it. "My gut feeling was that being pushy or getting the big guys to push was the surest way to kill the project," he said. "I had to get the job done without stepping on any toes."

Owuor decided to schedule informal individual meetings with each journalist. Even that was difficult. He would make an appointment with a journalist to discuss ideas for the next week's health coverage, but the editor would suddenly send him or her out of the newsroom to cover a story, and Owuor would arrive to find the journalist gone. "Newsrooms are chaotic places where only journalists enjoy working," he said.

Owuor adapted. Instead of making appointments to meet in newsrooms, he met reporters in the reception areas of their media houses in the early morning before they saw assignment editors, over tea on their breaks, at lunch and in the evenings, any time they could spare a few minutes. And when he couldn't meet with

them, he followed up with phone calls and e-mail. “Being flexible and accommodating makes *Maisha Yetu* sustainable,” he said.

Constant turnover also challenged the *Maisha Yetu* project. Rival media groups frequently raid each other’s newsrooms. The joke is that each is a training ground for the other. Once, *The Nation* poached six staff at one time from *The Standard*. Later, *The Standard* lured half back. Another time, four subeditors resigned from *The Standard* at once. In 2004, *The Standard* lost 10 journalists out of a total of 50. In 2005, the Nation TV editor moved to Kenya Television Network at *The Standard*. *Maisha Yetu*’s investment in persuading editors and training journalists was not lost because they took their health training and commitment to their new jobs, but high turnover meant frequent fresh starts.

Another challenge for Owuor was working with two media houses in direct competition with each other. He had to maintain balance and diversity in the story ideas he suggested to each Center of Excellence. During the first three months, Owuor was careful to tailor story suggestions to the profiles and abilities of the journalists at each newspaper and make sure that all suggestions were equally interesting. To *The Nation*, he suggested stories on the link between HIV/AIDS and poverty, the socioeconomic impact of the pandemic, economic mismanagement of the HIV/AIDS national program and malaria. To *The Standard*, he suggested a focus on access to antiretroviral treatment and stories on TB.

The high migration of journalists and editors between the two Centers of Excellence made Owuor realize there was no point in trying to give different story ideas to each Center of Excellence. The high turnover meant that journalists went to the new newsroom carrying their *Maisha Yetu* experience.

In December 2004, Owuor changed his approach to sharing by e-mail all information, fact sheets and story ideas with both Centers of Excellence. When working one-on-one with journalists, he suggested different story treatment and angles. “There are so many different stories you can do about each topic, there is never a lack of variety,” said Owuor.

For example, Joy Njeri, a journalist with *The Standard*, recalled how, in June 2005, both the *Standard* and *Nation* covered an official event on HIV/AIDS. *The Nation* led the front page with a story about four clergymen who declared at the event that they were HIV-positive. *The Standard* ran a short piece on an inside page summarizing a minister’s speech at the same event.

“Heads nearly rolled at *The Standard* because we missed the story and *The Nation* scooped us,” said Njeri. The reporter at *The Nation* had been able – thanks to *Maisha Yetu* training – to seize the importance of the clergymen’s willingness to reveal their seropositive status to fight stigma.” *The Standard*’s reporter, who had not been exposed to *Maisha Yetu*, was simply following the prevailing formula of reporting on what politicians said instead of looking at the larger story.

Maisha Yetu and TV

Perhaps because it is a younger medium with younger editors who are open to new ideas and can employ the power of visuals, television was fertile ground for *Maisha Yetu* in both Centers of Excellence.

Maisha Yetu was especially successful at Kenya TV Network (KTN, part of The Standard media group). Since *Maisha Yetu* started in September 2004, KTN has substantially increased its coverage of the three diseases and has launched two new regular health programs.

According to CEO Tom Mshindi, the KTN editor was receptive to health stories and already had the environment as a regular beat. He also was supported by journalists with lots of drive who were eager to find fresh material. “We did better in TV than in print with *Maisha Yetu*,” Mshindi said.

At KTN, Otula Owuor trained reporters on health reporting skills, suggesting story ideas, providing contacts and sources, and supplying them with information on HIV/AIDS, malaria and TB. He discussed what kind of stories reporters and editors wanted and how to get them.

Two new regular programs have grown from KTN journalists’ involvement in *Maisha Yetu*:

Health Digest, a five-minute news segment on all health issues broadcast on Saturdays at 9 p.m. after the main news bulletin grew directly out of *Maisha Yetu*. *Health Digest* is broadcast in English, with occasional soundbites in Kiswahili.

“I got the idea for the program at the first *Maisha Yetu* workshop in March 2005,” said producer Mwenda Kiogora. “*Maisha Yetu* opened me to the reality of the three diseases. They are still with us, and people still don’t know the basics about them. I realized there was so much information, such huge needs and so little done.”

Kiogora also was fortunate that the top editors at the Standard Media Group – chief executive Tom Mshindi, editorial director Kwendo Opanga and head of KTN Farida Karoney – were so supportive of *Maisha Yetu*. *Health Digest* first aired in May 2005. Among the topics covered have been new drug treatments for and outdoor spraying with DDT against malaria, cholera, herbal medicines and rheumatic heart disease. Other stories in the works as of July 2005 were cesarean sections, winter coughs, flu, pneumonia

'WE NEED TO WRITE STORIES ABOUT REAL PEOPLE'

A WORKSHOP ON GENDER, POVERTY AND HEALTH IN KENYA

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WRITING FOR OUR LIVES

In April 2005, *Maisha Yetu* trainer Otula Owuor held a workshop in Nairobi to sensitize reporters to the impact of gender and poverty on disease.

One of the speakers was Mary Amuyunzu-Nyamango, Ph.D., a medical anthropologist at the African Institute for Health and Development, who has conducted research on gender roles and sexual behavior in Kenya. She explained how women are biologically, socioeconomically and culturally vulnerable to HIV/AIDS, TB and malaria.

Using stories published in the Kenyan press about HIV-positive women who were deserted by their husbands and HIV-positive men who refused to have safe sex with their wives, Dr. Amuyunzu-Nyamango explained how HIV impacts men and women in different ways because of gender roles. She also discussed problems women have getting their partners to use condoms, negotiating safe sex, being open about being HIV-positive, gaining access to treatment for HIV and caring for sick family members.

Dr. Amuyunzu-Nyamango also analyzed cultural practices such as wife inheritance that may help spread HIV/AIDS. (When a husband dies, his brother "inherits" his widow, children and property.) Wife inheritance fulfills an important social role by offering support to widows and orphans, she said, and should not be condemned uncritically by the media. Rather, journalists should explore how the practice is changing in the face of AIDS. She pointed out that some communities continue wife inheritance to insure protection for widows, while at the same time foregoing

Dr. Mary Amuyunzu-Nyamango, a medical anthropologist, discussed cultural and socioeconomic perspectives on HIV/AIDS, TB and malaria at a *Maisha Yetu* workshop in Nairobi in May 2005.



the traditional practice of sex between a widow and her brother-in-law. She urged the media to cover such issues, “to be the voice of the voiceless and debunk myths.”

She also discussed how discrimination against women makes them vulnerable to malaria and TB. For example, men are given priority over women and children in sleeping under mosquito nets, and a woman with TB suffers because her domestic chores do not allow her to go to a clinic for the required daily treatment.

Dr. Marion W. Mutugi, director of the Institute of Tropical Medicine and Infectious Diseases in Nairobi, told reporters they must understand health issues if they are going to produce stories meaningful to the communities they write for and about. She urged journalists to educate themselves about health by learning about the pathology, transmission and prevention of disease and to speak to readers and viewers in language they can understand.

Eulalia Namai of the World Health Organization looked at media trends in the coverage of HIV/AIDS, malaria and TB. The journalists then debated what they had heard. They asked: What are the pros and cons of wife inheritance? What about the risky behavior of university students who, it was rumored, were trading sexual favors for preferred treatment from lecturers? Stories on both these themes – one about a man who believes in wife inheritance and another about student behavior and HIV/AIDS at Maseno University in Kisumu – appeared in *The Nation* following the workshop.

In closing, Okech Kendo, former training and revision editor at *The Standard*, reminded participants to stay away from abstract statistics. As an editor, he said he would like to see more stories from rural areas, where 80 percent of Kenyans live. “We need to write stories about real people.”

Eulalia Namai (left), a media consultant, chats with Joy Njeri of *The Standard* at a *Maisha Yetu* workshop in Nairobi in May 2005.



“My problem is that I don’t have the technical skills to report on AIDS, to simplify the language and the science.”

TOM AROCHO, KENYAN TELEVISION NETWORK

and mental health. “The feedback – 10 or more e-mails and phone calls after each program – proves I was right. People want to know more about health,” said Kiogora.

She added that *Maisha Yetu* had made editors much more open to ideas and programs on health, like *Health Digest*. And she now does research on health in *The Standard* library and on the Internet, when she can find a free computer in the newsroom. She also learns by interviewing experts. “Doctors are more at ease with me now that they see this is a quality program,” she said, “but government sources are less forthcoming.”

Mending the Ribbon is a four-minute segment on HIV/AIDS that has been broadcast every Sunday with the main news bulletin at 9 p.m. since April 2005. It was greatly influenced by *Maisha Yetu*. The program has featured ARV treatment, prevention of mother-to-child transmission, HIV-positive children, HIV/AIDS in the workplace and vaccine research.

Producer Tom Arocho, a political reporter, was not among the reporters initially assigned to *Maisha Yetu*. Surprisingly, he changed beats so he could cover health. “AIDS was not properly covered. It was grim and hopeless,” he said. “I am trying to repair the damage done with a program that is hopeful and compassionate, hence the title.”

Arocho’s shift into health reporting can be linked to the way *Maisha Yetu* took hold at KTN, making health reporting look “sexy” and cutting-edge. When Arocho came up with the idea for *Mending the Ribbon*, his editor at KTN was open to the idea of a new program on HIV/AIDS, thanks to *Maisha Yetu*.

Mending the Ribbon receives an average of 15 phone calls through the switchboard at every broadcast. Viewers like the positive

spin on AIDS, though a few complain that the language is too scientific. “My problem is that I don’t have the technical skills to report on AIDS, to simplify the language and the science,” said Arocho. When Arocho told Owuor this, Owuor started e-mailing him fact sheets, tips on language, links to Web sites and other useful information to improve his reporting.

In addition to these two new programs, KTN increased the number of news stories it airs on health on its regular programs and has dedicated more coverage to HIV/AIDS, malaria and TB. For example:

Making a Difference was a series of five-minute segments on HIV/AIDS broadcast for one week around World AIDS Day on December 1, 2004. Topics included home-based care, availability and affordability of antiretroviral drugs, young commercial sex workers, wife inheritance among the Luo people, and AIDS prevention in the coastal village of Mtongwa. *Maisha Yetu* trainer Otula Owuor helped develop the program by discussing story ideas, contacts and angles with senior reporter Lillian Odera. “We had an overwhelming response by phone, e-mail and in person, like people congratulating me on the street for illuminating these issues,” said Odera. The e-mail that most moved her came from an HIV-positive person who praised the program for being hopeful and providing solutions.

The series won an award from the International Chambers of Justice, an international law association concerned with social justice.

Nation TV

Pamela Asigi, the contact at Nation TV, was instrumental in placing health coverage high on the station’s agenda. Asigi covers both health and general news. In 2004, her editor gave her one day or

more each week to do health stories and reduced the number of her other assignments. That editor left in 2005. Asigi's new editor assigned her so many more general and political news stories that she began using her day off to shoot health stories.

These included:

1. *Lifeline*, a six-minute segment aired every Wednesday at 9:30 p.m.
2. Stories on ARV treatment twice a month for the Sunday news bulletin.
3. Specific projects around health events. For example, for World Malaria Day in May 2005, she showed a clip from the highly malarial coastal area every day for two weeks.
4. Health stories prepared to feed into the regular news bulletins. For example, in the first half of 2005, she did a story on a cholera epidemic.

Asigi, who was a Knight Science Journalism Fellow at the Massachusetts Institute of Technology in 2002-2003, became interested in health reporting at workshops developed by Otula Owuor in 2002. Owuor helped Asigi develop her health reporting and gain better acceptance for her stories from her bosses. Her immediate supervisor is very supportive of her involvement in *Maisha Yetu* and Nation Group CEO Mwangi Wangethi also takes a personal interest in her reporting, calling her regularly to check out what she is following and congratulate her on good stories. *Maisha Yetu* has brought "more newsroom support, good contacts and opportunities to learn about other journalists' experiences at the workshops," said Asigi. *Health Focus*, in particular, owes a debt to the *Maisha Yetu* project. "Otula Owuor gave me ideas, contacts and sources for *Health Focus*," said Asigi.

Asigi said she grew professionally as she developed a close mentoring relationship with Naftali Mungai, the science editor and original *Maisha Yetu* contact at the *Daily Nation*. Their relationship began after they met at a *Maisha Yetu* workshop.

The older Mungai shared his experience with 28-year-old Asigi. When Mungai left the *Daily Nation*, Asigi was appointed contact for *Maisha Yetu*. In addition, said Asigi, the visit in December 2004 of *Maisha Yetu* project manager Aulora Stally energized everybody involved in the project.

Maisha Yetu and Print Media

The print media in Kenya is older and more set in its ways than the electronic media. This may explain why, despite enthusiasm from reporters and key contacts assigned to the project, print newsrooms had more difficulty embracing *Maisha Yetu*.

The standard line, “health doesn’t sell,” is still heard among some editors. According to Charles Kimathi, an editor at *The EastAfrican*, a regional weekly that is part of the Nation Group, editors have little interest in science and health, either because they came through the ranks of political reporting or because they have backgrounds in literature, humanities or social sciences, not health and science. “Editors generally don’t see health as a priority,” said Kimathi. “We need to engage them so they will realize the importance of health and science.”

Part of Owuor’s job was to consult with editors and find out what health angles would interest them and how journalists could package health to make it attractive and newsworthy. For example, the science editor at *The Nation* was interested in running stories that explored the impact of diseases on poverty, so Owuor steered *The Nation’s Maisha Yetu* journalists in this direction. *Horizon*, the health and science supplement ran a number of stories on this issue. *The Standard* also ran stories such as *Millionaire Turned Loner*, which chronicles the life of a once-affluent man suffering from TB who has little money left, even for food.

“Editors generally don’t see health as a priority. We need to engage them so they will realize the importance of health and science.”

Another issue for *Maisha Yetu* was how to fit into newsrooms with firmly established rules, hierarchies and politics. “*Maisha Yetu* is a permanent exercise in public relations,” said Owuor. “You have to be so careful to avoid creating resistance. You have to work around newsroom politics.”

Maisha Yetu was introduced into newsrooms through a Memorandum of Agreement signed by the top executive officer at a Center of Excellence. But, as Owuor and the other trainers discovered, while this seal of approval is essential, it is not sufficient to push health coverage through the newsroom. The mid-level gatekeepers – the editors, subeditors and assignment editors who control pages, airtime, reporters and budgets – can block the effort.

Owuor’s advice is to “avoid being too present in the newsroom in order not to be perceived as intruding.” His nonconfrontational approach deflected resistance from editors.

The Standard

Owuor worked closely with Konchora Guracha, the science writer at *The Standard*. They discussed story ideas and to whom stories should be assigned. They also planned coverage of World AIDS, TB and Malaria Days. Owuor also worked closely with reporters from different sections of the paper, which resulted in health coverage that cut across different sections and was not restricted to the health and science beat.

For example, *Style and Substance*, a magazine that appears on Saturdays, put a photograph of Asunta Wagura, an HIV-positive activist, on its cover, instead of the usual celebrity or top model. In the accompanying story, Wagura, founder and head of the nongovernmental organization Kenyan Women Against AIDS,

“You have to be so careful to avoid creating resistance. You have to work around newsroom politics.”

spoke of her desire to have a child even though she is HIV-positive and how she would prevent transmission to the baby. “It was ... written with sensitive, careful treatment, that gave a message of hope,” said Kwendo Opanga. Following the story, Wagura became a contributor on HIV/AIDS to *The Standard*.

The Standard lost Guracha, its science writer, in early 2005. This didn’t change the *Maisha Yetu* project much, said Owuor, because it “was designed to spread both vertically and horizontally into all the newsroom’s departments and to institutionalize the coverage of important health issues. Even the departure of our initial entry or focal points had minimal impact.”

The Nation

In the newsrooms of Kenya, where most reporters specialize in politics, sports and crime, *The Nation* stands out for its health and science beat, with an editor and pages devoted to the topic, at least until March 2005. But even with these human resources, “*The Nation’s* health coverage was ad hoc and lacked follow-up,” said Rosemary Okello-Orale, executive director of the African Woman and Child Feature Service.

In every issue of *The EastAfrican* (part of The Nation Group), medical writer Dagi Kimani coordinates two pages on science and health. Each week, the section runs two or three news or analysis articles or commentaries but no soft features. One-fifth of the items are on HIV/AIDS, a topic that occasionally makes the front page. About half of the articles are locally generated. The rest are reproduced from a media partner abroad.

Kimani has no problems placing health stories in *The EastAfrican*, but when submitting articles to *The Nation*, he often is met with the standard response that “health does not sell.”

Horizon, a four-page section on science and health appears every Thursday in the *Daily Nation*. Half of the stories are on science – including biotechnology, agriculture, the environment and other topics – and half are on health. Of these, two-thirds are on HIV/AIDS, malaria and TB as a result of *Maisha Yetu’s* influence, said editor Gatonye Gathura. Some 75 percent of the stories are written by stringers and freelance journalists, including African Woman and Child Feature Service writer Arthur Okwemba, who was also part of the *Maisha Yetu* network and attended the project’s workshops.

After receiving information and story ideas from Otula Owuor, *Horizon* ran a number of stories on malaria, looking at the disease from different angles. One of the most popular of these was a story by Okwemba about planting artemisia, a Chinese herb used in the newest anti-malaria drug. It elicited about 50 phone calls directly to editor Gathura, another 50 that didn’t make it to him directly, and some 200 calls or e-mails that went directly to the writer, Okwemba. This list of calls and e-mails was useful a few weeks later when Gathura had to justify to his boss why *Horizon* was running more malaria stories.

Another story on the pros and cons of outdoor spraying against malaria with DDT – also suggested by *Maisha Yetu* – was also very popular. “If people see a link between science and their lives and making money, they are interested, and I get feedback,” said Gathura. (Growing artemisia under contract to pharmaceutical companies can bring in money for the growers. Spraying against malaria reduces health care expenses and boosts productivity.)

In principle, the nine-year-old *Horizon* is a sign of the newspaper's commitment to health and science. In practice, however, *Horizon* is the first section of the newspaper to disappear in a crunch. For example, during long-running trials about corruption in the Kenyan government in 2004 and 2005, court transcripts took over *Horizon* pages. In June 2005, *Horizon* was cancelled two weeks in a row on short notice. The lack of continuity doesn't help sell advertising for the supplement, said Gathura, and this in turn reaffirms the stereotype that "health doesn't sell."

Journalists from both Centers of Excellence and freelance health journalists who participated in *Maisha Yetu* were able to discuss these frustrations with their senior editors at a workshop in March 2005. Mike Mwaniki, a senior journalist with *The Nation* told them: "Local papers give too much space to politics and conflict at the expense of health and science problems that are devastating individuals, families, communities and the environment."

"It is so frustrating to submit story ideas on development and health issues and have them spiked," said Zeddy Sambu, a young reporter at *The Nation*.



Journalists split into two groups for a lab visit at Kenya Medical Research Institute. The visit was part of a workshop held in October 2005 to bring together nongovernmental AIDS organizations and Kenyan experts in the fields of HIV/AIDS, TB and malaria.

Kwendo Opanga, editorial director for both print and TV at The Standard Group, said that joining *Maisha Yetu* was a good example of the willingness of the Centers of Excellence to give more space and airtime to important health issues. “If well-written stories on TB, malaria and HIV/AIDS are not used for reasons unknown to the writer, please get in touch with me promptly,” he told the journalists at the workshop.

By providing a space for candid discussions, *Maisha Yetu* helped smooth obstacles to increasing coverage of health issues.

Maisha Yetu Workshops

Between April 2005 and February 2006, *Maisha Yetu* organized six workshops for health and media experts, senior editors and journalists. For Rosemary Okello-Orale of the African Woman and Child Feature Service, the *Maisha Yetu* workshops created a space for interaction between sources and media. “This broke down the mistrust of doctors and health officials,” she said. She said the workshops allowed health officials to become more familiar with TV and print reporters. Once the officials saw that the quality of health stories had improved, they allowed reporters to film and take photographs in hospitals and laboratories, a practice that had been forbidden.

Panelists participate in a panel discussion at a *Maisha Yetu* workshop in Nairobi in May 2005.



At the first workshop in March 2005, top health officials presented the latest data about HIV/AIDS, TB and malaria, as well as new information about the national programs to fight these diseases.

Chakaya Muhwa, M.D., head of the National Leprosy and TB Control Program, gave journalists a scoop. TB rates were highest among health care workers at Kenyatta National Hospital, where workers contract the disease while on the job, he told them. Both Centers of Excellence ran stories about this problem.

A second workshop in May 2005 on socioeconomic and cultural perspectives on HIV/AIDS, malaria and TB was highly praised by journalists for providing different insights into the diseases from the perspective of gender.

A third workshop in July 2005 brought together journalists and editors to analyze what makes good health coverage and what problems health journalists face.

Naftali Mungai, former health editor at *The Nation*, who had been the *Maisha Yetu* contact at his newspaper before leaving, also attended. Given the increasing competition for space and airtime, he said, journalists must adjust their reporting styles in order to make stories interesting to both editors and readers. Among his suggestions:

- Move beyond basing stories on press releases and official speeches
- Become good storytellers
- Listen keenly and take good notes
- Find a fresh approach to an old story
- Seek the hidden conflict in every situation
- Watch for people with unique stories to tell
- Find and emphasize the human interest of each story
- Do thorough background research

- Use technical language correctly
- Make statistics understandable
- Look for the surprise element in each story
- Be alert for manipulation by publicity-seeking organizations, including nongovernmental organizations

Expanding the *Maisha Yetu* Network

The benefits of *Maisha Yetu* did not stop within the Centers of Excellence. When other journalists learned about the project and wanted to participate, Otula Owuor opened the workshops to, among others, the Kenyan Correspondents Association, African Woman and Child Feature Service, and Utafiti media consultants, a group of freelance journalists and public relations specialists. Before he became associated with *Maisha Yetu*, Owuor maintained a database of Kenyan journalists interested in health. Once he became affiliated with the project, he expanded his list so that it now includes some 250 journalists. Forty-eight of them are strongly interested in health. Owuor maintains e-mail contact with all of them, sharing information about HIV/AIDS, TB and malaria. By January 2005, this expanded network had produced some 120 stories, said Owuor. About two-thirds of them were influenced by *Maisha Yetu*.

Dr. Marion Mutungi, director of the Institute of Tropical Medicine and Infectious Diseases at Jomo Kenyatta University of Agriculture and Technology, gives a presentation concerning gender aspects of HIV/AIDS, TB and malaria in Kenya at a *Maisha Yetu* workshop in Nairobi in May 2005.



The Impact of *Maisha Yetu*

According to Owuor, by January 2005, some 65 journalists had participated in *Maisha Yetu*. As a result, Nation TV and KTN had produced 19 programs, and the *Standard* and *Nation* had published 42 stories, approximately double their normal output. “I was surprised to see the interest on health stories persisted through time, and there was no burnout of journalists or fatigue from editors,” said Owuor.

Commenting on the enhanced quality of the work, *The Standard's* former training editor, Kwendo Opanga, mentioned that the reporting had “better presentation and stronger leads and fewer ‘The Honorable Minister opened ...’ intros. Stories also tightened up and became issue-oriented instead of ‘opening and closing ceremony’ types,” he said. “Journalists can [now] better explain statistics and their implications.”

At *The Nation*, Joseph Odindo, group managing editor, said that as a result of *Maisha Yetu*, his paper was running more imaginative AIDS coverage, with less emphasis on sensational or shocking stories and deeper understanding of issues. At *Horizon*, he said, there is now more focus on new scientific developments and journalists jump at the opportunity to report health stories.

Marion W. Mutugi, Ph.D., director of the Institute of Tropical Medicine and Infectious Diseases at Jomo Kenyatta University and a resource person at *Maisha Yetu* workshops, noted that journalists in the project made better use of statistics, explaining them in simple language accessible to readers and viewers. Dr. Mutugi said that there are now more articles on malaria in print, including an editorial about an outbreak in the highlands. “This would have been unthinkable before *Maisha Yetu*,” she said.

Rosemary Okello-Orale of the African Woman and Child Feature Service noted “a policy shift – editors are more receptive to health stories after *Maisha Yetu*.”

Summing up 10 months of the project, Otula Owuor said that *Maisha Yetu* in Kenya:

- Showed that health can become a political story when it points up the inefficiencies of the public health system. For example, *Maisha Yetu* produced stories on unequal access to antiretrovirals and mismanagement of funds for AIDS programs.
- Broadened journalists' understanding of issues surrounding prevention, treatment and care for HIV/AIDS, malaria and TB. Increased journalists' understanding of Kenya's health infrastructure and national budget allocations for health. For example, Mike Mwaniki, a medical writer at *The Nation*, who was part of the *Maisha Yetu* team, wrote a story about the national HIV/AIDS budget (*Row Over Sh448m for AIDS War*, 28 June 2005). Mwaniki revealed corruption at the National AIDS Control Council; the story was quickly picked up by others in the Kenyan media. As a result, several people at the council lost their jobs, and NGOs who had received funding to hold workshops on HIV/AIDS, but never held them, were exposed.
- Brought more diverse voices and sources of information into stories instead of just relying on government officials.
- Popularized the idea that health stories can go beyond a strictly medical focus to show how health impacts the economy, agriculture, education and the lives of men, women and children. For instance, *Call to Invest in Fishing*, an article in *The Nation* from January 2006, details how the AIDS pandemic is affecting the fishing industry. Also, articles in *The Nation*, such as *AIDS Forces Granny to Start Parenting Afresh* and *For This Teenager, Parental Duties Came Too Soon*, demonstrate how AIDS deaths are changing the face of parenthood and show how deeply the disease affects individuals as well as communities.

- Built health as an essential, legitimate and even sexy topic from which journalists can derive professional satisfaction and benefits.

How will *Maisha Yetu* be sustained in Kenya's newsrooms? Otula Owuor said the cadre of passionate converts to health journalism have made the project's principles their own and will spread their knowledge to new initiates. "The high turnover of good health reporters resulted in a strategy to identify at least three journalists who constantly serve as focal points [contacts in the media houses]. ... They can mentor others and put extra effort to ensure that the media houses keep on covering these major diseases despite what remains a high season of juicy political events in Kenya."

Des femmes de plus en plus touchées

Les femmes payent un tribut de plus en plus lourd, aussi parce qu'elles portent l'essentiel du fardeau grandissant des malades.

« Dans la grossesse et l'accouchement, les femmes payent un tribut de plus en plus lourd, aussi parce qu'elles portent l'essentiel du fardeau grandissant des malades. »

contracteur l'infection...
de leur partenaire sur lequel elles n'ont
plateauement aucun contrôle.
Les millions de femmes qui...

Hommes et de femmes au-delà des statistiques

...TUBERCULOSE, LE PALUDISME ET LE VIH/SIDA.

Un futur sans Sida se construit avec les acteurs locaux

projet Maisha Yetu. « dans certains cas comme la tuberculose ou le sida, il y a une forte stigmatisation qui met les personnes en retrait de la société, alors que le rôle du social et psychologique est en charge des soins médicaux. »

articulation qui permet aux médecins de passer plus facilement aux sources d'information. Nombre de jours reconnus les difficultés rencontrées dans l'accès à certaines données dans l'identification de cellules meilleures », a-t-il dit à la fin de l'atelier. Pour notre atelier parvient, à travers ce projet, à une sorte que Sud Fm s'efforcent au-delà de ce qu'ils peuvent offrir à ceux qui travaillent dans les programmes nationaux. Les médias offrent de nouvelles possibilités de qualité sur l'information pour aller de l'avant.

pour venir à bout du Vih/Sida, il est important d'associer les acteurs auxquels l'organisme « pour l'avenir » l'approche, de définir et proposer des projets de recherche, les programmes de prévention et autres programmes de soutien et autres programmes de soutien aux personnes vivant avec le Vih/Sida.

En prélude à la réunion de son comité technique consultatif international qui aura lieu les 04 et 05 décembre à Dakar, le Dr Mariam Kassambara Sow, directrice de « Sécuriser le futur », a déclaré, jeudi devant la presse, au Mali, le Président, les orientations...



SENEGAL

In Senegal, the two *Maisha Yetu* Centers of Excellence – independent Radio Sud FM and government-owned daily newspaper *Le Soleil* – had already identified health coverage as a priority when they agreed to join the project. The media houses had health desks and health editors, pages dedicated to health and specialized health programs, but the quality of their coverage needed to be improved. “What we wanted from *Maisha Yetu* was training, information and support,” said Ndeye Fatou Sy, chief editor at Sud FM.

“As a taxpayer-funded organ, public service is in our mission statement,” said Amadou Fall, senior journalist and coordinator of *Le Soleil’s* Directorate for Strategies and Projects. “We do health with or without *Maisha Yetu*, but we signed because we wanted to improve our performance.”



Amadou Fall, chief editor at *Le Soleil*, said he signed up for *Maisha Yetu* "because we wanted to improve our performance."



Both media houses in Senegal were committed to health coverage. Still, they needed to enhance the quality of their coverage, and they faced "an acute shortage of resources and lack of specialized journalists," according to *Deadline for Health*, a 2004 IWMMF publication that surveyed media coverage of health issues in five African countries.

Tidiane Kasse, a well-known journalist with years of experience as a trainer on reporting on HIV/AIDS was hired as the *Maisha Yetu* trainer for the two Centers of Excellence. He faced a number of problems:

- Weak technical skills and low levels of professional training among journalists.
- Superficial coverage of health issues. Journalists churn out statistics and official declarations without analysis.
- Most published stories on TB, malaria and HIV/AIDS are tied to news pegs like seminars or World AIDS Day celebrations. Even though the Centers of Excellence have pages and programs dedicated to health, most stories are hooked to big events, such as the opening of a testing center. Sud FM's daily health program gives tips on curing and preventing some diseases, but in both Centers of Excellence there is very little analysis, and

journalists rarely get out of their offices to do interviews.

- No diversity in sources. Journalists rely almost exclusively on officials and medical professionals for their stories. They seldom quote people living with or activists fighting disease. The result is important aspects of the fight against HIV and TB – such as the stigma attached to having the diseases – are missing from stories.
- Most journalists aren't interested in developing the health beat as a profession. Health reporting is considered less prestigious than the political beat and attracts few senior journalists.
- At the time the project began, political and health officials – especially TB and malaria authorities – often didn't trust the press and were not open with information.

In spite of these weaknesses, “the media remain the key instrument for sensitization in the domain of health,” said Kasse.

The Centers of Excellence

The government-owned daily newspaper *Le Soleil* began printing in 1970. Today it has a circulation of 25,000 on weekdays and 30,000 on weekends. Prior to the 1990s, when there was an explosion of independent media in Senegal due to the emergence of multiparty democracy and liberalization of private and community broadcasting, *Le Soleil's* circulation was double that figure. Senegal now has a variety of privately owned media: 15 dailies, 19 weeklies and magazines, 15 FM stations and a dozen community radio outlets. Only *Le Soleil* newspaper, one TV station and one radio station are owned by the government.

Le Soleil generally reflects the government's position on issues. It faces strong competition from independent newspapers but is still second in sales in the country. It is widely read by the middle class and has good national distribution, reaching all major cities.

The other Center of Excellence, Radio Sud FM, Senegal's first independent radio network, is privately owned. Launched in 1994, Sud, as it is called, is very popular throughout the country,

reaching a wide audience. The network includes eight provincial stations that produce local programs and a central station in Dakar, which feeds national programs, including daily news programs, to the bureaus. Sud broadcasts in French, the official language of Senegal, in Wolof, Senegal's most widely spoken language, and in other local languages. With 95 percent saturation of the country, the radio network lives up to the popular saying, "If something is happening, you hear it on Sud."

A group of journalists – among them *Maisha Yetu* trainer Tidiane Kasse – set up the Sud Media group in 1986. Private investors joined later. In 1987, the Sud Media Group launched a weekly newspaper, *Sud Hebdo*, and in 1993, it launched a daily newspaper, *Sud Quotidien*. The group also owns a TV production studio and a marketing and distribution agency that provides service for the daily newspaper. The media group also set up a school of journalism, Institut Supérieur des Sciences de l'Information et la Communication, which offers a three-year course leading to a diploma in journalism. (Sud FM was launched in 1994; Kasse left the group in 1993.)

In Senegal, both state-owned and privately owned media houses have strong dedication to public service. This is largely the legacy of 40 years of socialist governments emphasizing public health and education. Senegal is also a cohesive society, characterized by strong grassroots organizations mobilized around social issues. According to a 2001 UNAIDS study, *Acting Early to Prevent AIDS: The Case of Senegal*, "Senegalese society has a tradition of active community involvement in health and development issues."

This tradition was an essential element in health coverage at the Centers of Excellence, where *Maisha Yetu* training promoted a strong focus on community involvement in the prevention and management of HIV/AIDS, TB and malaria.

HIV/AIDS, Malaria and TB

Along with neighbors Mauritania and Mali, Senegal has a very low HIV prevalence, with 1.4 percent of its population of 10 million, or some 80,000 people, infected, according to the mid-2005 epidemiological fact sheet from UNAIDS. Senegal's government has been open about HIV since the first AIDS cases were detected in 1985. It mounted a successful prevention program based on community mobilization and was praised as a role model by UNAIDS in its publication, *Acting Early to Prevent AIDS: The Case of Senegal*.

As early as 1987, the government negotiated a strategic alliance with Islamic leaders (95 percent of the population is Muslim) and later with Christian churches to prevent and treat AIDS. In 1997, Senegal started Africa's first antiretroviral program, with the government allocating money for ARVs. At first, people were expected to pay a small fee for the program, but now access is free.

Paradoxically, Senegal's low HIV prevalence appears to deepen stigma, secrecy and shame in the society. The relatively few people who are infected find it difficult to be open about their HIV status. After two decades of mass prevention efforts, the motto "*Stopping AIDS Is a National Duty*," preached by imams regularly during public conferences, has been driven into the national psyche. As a result, HIV-positive people are perceived as reckless or promiscuous and sinners, according to *Initiative senegalaise d'accès aux antiretroviraux/The Senegalese Initiative for Access to Antiretroviral Treatment*, a report published in 2002 by the French *Agence nationale de recherches sur le Sida/National Agency for Research on AIDS*.

"Senegalese society has a tradition of active community involvement in health and development issues."

REPORTING ON THE GROUND IN KAOLACK

“This was my first time to meet people living with AIDS...”

Kaolack is a busy commercial transport hub of 1.1 million people in central Senegal, the gateway to the country’s Casamance region in the south. It is known for its covered market, the second largest in Africa after Marrakech in Morocco.

Kaolack was chosen as the site of a *Maisha Yetu* workshop that brought together reporters from Dakar and the provinces because of its central location and because it has, for Senegal, relatively high indicators for HIV/AIDS, TB and malaria. Malaria is the leading cause of morbidity and mortality for children under five and pregnant women; TB has increased since 1999 among youth aged 15–24 years; and the HIV rate – 2.5 percent of the population – is slightly higher than Senegal’s average, 1.4 percent of the population.

Both Sud FM and *Le Soleil* have bureaus in Kaolack. Fifteen journalists from Dakar and regional bureaus attended the workshop held there in July 2005. For some, this was the first opportunity to work with colleagues from the other Center of Excellence. For others, it was the first time to work with colleagues based in Dakar.

Maisha Yetu trainer Tidiane Kasse, Sud FM’s Baye Oumar Gueye and *Le Soleil*’s El Bachir Sow facilitated the workshop. The resource people were seven health officials and two activists from nongovernmental community groups. The workshop started with Kasse telling participants they would be expected to produce real

Moussa Drame (left), correspondent for Sud FM in Sediou, interviews the supervisor of Senegal’s TB program in Nioro. This took place during the *Maisha Yetu* workshop in Kaolack in July 2005, where journalists went into the field for their stories.



stories to be carried by *Le Soleil* and Sud FM. The group then moved to the Regional Health District headquarters to meet Issa Mbaye, M.D., the chief physician of the Kaolack medical region, and the staff in charge of programs addressing HIV/AIDS, TB and malaria. They also met representatives of the Association for the Promotion of Senegalese Women and the Association of Young Women Leaders, organizations active in the health field.

Dr. Mbaye presented Kaolack's main health indicators for each of the three diseases. This was a scoop, since the figures were to be sent to the Ministry of Health the following day. A question-and-answer session followed.

Back at the Sud FM bureau, the journalists selected topics they wanted to cover the next day and were divided into teams that mixed radio with newspaper people. That evening, they prepared a synopsis of the planned coverage. Early the next day, the teams presented and polished their ideas.

From 9 to 11 a.m., the reporter teams spread out to cover their stories. One group went to a health center serving people with malaria. The second group visited an association of people living with HIV/AIDS and a center for voluntary HIV testing and counseling. The third group traveled to Niore, a village 50 kilometers



Baye Oumar Gueye of Sud FM broadcasts his daily program called *Info-Sante* (Info-Health). The photo was taken during the *Maisha Yetu* workshop in Kaolack in July 2005.

At a *Maisha Yetu* workshop in July 2005, journalists met Dr. Issa Mbaye, chief physician of Kaolack Health District, and his staff. Dr. Mbaye presented an overview of health in Kaolack so journalists could identify themes and stories to cover. The meeting was held at the regional hospital in Kaolack.

outside of Kaolack where a community mobilization effort is reducing TB. At a 3 p.m. editorial meeting, the entire group reconvened and prepared a 45-minute program that was broadcast by Sud FM that same day at 4:30 p.m. Each team of reporters was allotted a segment for their assigned disease for the broadcast. Malaria stories looked at how the high cost and low availability of insecticide-treated mosquito nets and anti-malarial drugs, as well as poor hygiene and sanitation, lead to high rates of the disease. For the segment on HIV/AIDS, reporters showed how Kaolack, a transit hub for countries with higher HIV prevalence rates, has additional risk factors because of its high concentration of sex workers and transient truck drivers, groups known for high-risk behavior. This segment also covered the difficulties that people living with HIV/AIDS have in getting access to drugs and the role of the press in responding to stigma.

Joseph Sène, a new reporter at *Le Soleil*, said, “This was my first time to meet people living with AIDS. I am very impressed to see how they live positively and their courage to promote the activities of their association. I will never have the same vision and opinion had before on AIDS and HIV-positive people.”

For the segment on TB, the journalists described the good results registered in the village of Nioro through mobilizing the community, spreading information, building family support and helping the sick to complete treatment. Maimouna Gueye, a journalist from *Le Soleil*, reported a moving story about a woman who had been



sick with TB for six months. Her husband, who did not want to buy her drugs, abandoned her. She returned to her parents' home, but her husband never visited her, and she missed her children.

For journalist Boubacar Tamba of Sud FM, the project was a first. "I have been working on health issues for several years, but this is the first time I covered TB," he said. "I was impressed by community mobilization in Niore. The NGO working there is to be congratulated, and this experience should be disseminated." After the broadcast, the group reconvened to analyze the programs and give feedback on the day. Mouhamadou Sow, a reporter at *Le Soleil*, said, "I will replicate what we did here in my region of Kolda and will have relevant coverage on the same issues." Cheikh Omar Seydi, the local correspondent for Sud FM in the village of Velingara, said he appreciated working with senior journalists "like those who have coached us. I have discovered the importance of having different angles of approach."

After they had analyzed their programs, the journalists split into their own Centers of Excellence for editorial meetings. Sow and his team from *Le Soleil* planned a roster of stories to be published 10 days after the workshop. Sud FM journalists prepared a live, one-hour special program that was aired the next day. During the program, Lamine Beye, the supervisor of primary health care in the sanitary district of Kaolack, answered the journalists' questions and gave advice to listeners on how to prevent HIV/AIDS, TB and malaria.



At a *Maisha Yetu* workshop in Kaolack in July 2005, El Bachir Sow of *Le Soleil* explains to Joseph Sene, reporter at *Le Soleil*, how to find a good story angle after Sene's visit to an association of people living with AIDS.

In all, the workshop produced:

- Two, three-minute programs for *Info Sante* on Sud FM's national network.
- A 45-minute *Special News Edition* on health issues reported by Sud FM journalists and broadcast by the local Sud station in Kaolack.
- A live one-hour question-and-answer session on health issues broadcast on Sud FM's national network.
- Stories published in two-page spreads from July 28-30 in *Le Soleil*.

The formula for the workshop – working with other media houses and going into the field to report stories on the spot – proved to be successful. “This opportunity we had to work together, journalists from *Le Soleil* and Sud FM, was wonderful,” said El Bachir Sow, the *Maisha Yetu* contact for *Le Soleil*. “It proves that we can make important things with little budget. Next time we should have more days to criticize our work and improve it.”

Mouhamadou Barro from Sud FM said, “It was very enriching to meet colleagues from other regions and share experiences. Every time you meet a person living with AIDS, you discover a different life story that affects you strongly. And the criticism they made on the way we treat information on AIDS was very motivating to me.”

The *Maisha Yetu* contact at Sud FM, Baye Oumar Gueye, said he would have liked more time at the workshop. “My concern is the impact on the population,” he said. “If we had one or two more days for the workshop, it would be interesting to have feedback from the listeners.”

The director of Sud FM in Kaolack, El Hadj Guisse, was delighted with the initiative. “This was an excellent job,” he said. “Our station has benefited from your experience. We have done a lot on health issues. Our radio is on the front line. Sometimes people call us before they call a doctor. Thank you for adding value to our programming. We are ready to welcome you again.”

Malaria is the number one killer in Senegal, responsible for 37 percent of all hospital deaths. It is also the major reason for medical consultations, accounting for 35 percent of adults and 37 percent of children under five, according to the Ministry of Health. There are more than 1 million consultations for malaria each year and 8 thousand deaths. Nearly half of all pregnant women who visit clinics have malaria, which causes anemia in mothers and low-birth-weight in their babies, according to Bacary Sambou, M.D., a program officer for malaria at the World Health Organization in Dakar.

TB is a hidden epidemic, with 9,600 reported cases in 2004 and an equal number of unreported cases, according to the National Program for the Fight Against TB. Senegal's national TB rate of 110 cases per 100,000 people is considered a "medium burden" according to World Health Organization standards. (WHO considers a rate of 100 cases per 100,000 people a medium burden. Europe and the United States have burdens of between zero to 24 cases per 100,000 people. South Africa has a rate of 300 cases per 100,000 people.)

Just about the time *Maisha Yetu* was launched in September 2004, Senegal was rocked by a series of public health controversies. In February 2005, a group of respected NGOs publicly criticized aspects of the national AIDS program. The NGOs said there was lack of transparency in managing donors' funds and lack of coordination with associations, NGOs and community leaders. Then, in early 2005, the Global Fund for HIV/AIDS, Malaria and TB did not renew its grant to Senegal for malaria prevention, citing inefficient management at the ministry of health.

These events generated a lively public discussion about the AIDS and malaria national programs, and the politics of health became a newsworthy topic. President Abdoulaye Wade of Senegal said he would pay more attention to the management of funds for public health. The controversies about public health spending fueled

“...a commitment that other newspapers either cannot or will not make.”

2004 IWMF REPORT, *DEADLINE FOR HEALTH, ABOUT LE SOLEIL*

enthusiasm about health reporting among journalists at the Centers of Excellence. It also had a negative effect. According to Tidiane Kasse, increased scrutiny and criticism from the press made health officials more difficult to approach.

Health Coverage at *Le Soleil* and Sud FM

Le Soleil is a 16-to-24-page tabloid. (The number of pages changes daily, depending on events.) It has a daily health and lifestyle page run by an experienced editor and a team of four reporters. These unusual resources demonstrate “a commitment that other newspapers either cannot or will not make,” according to the 2004 IWMF report, *Deadline for Health*. Until May 2005, the editor and driving force behind this section was El Bachir Sow, who is now a member of the paper’s Directorate of Strategies and Projects. Sow, who was selected as *Le Soleil*’s contact for *Maisha Yetu*, attended the meeting in Nairobi that launched the project in September 2004. When he returned to Dakar, he worked with trainer Tidiane Kasse to introduce *Maisha Yetu* to his newsroom.

The other Senegalese Center of Excellence, Sud FM, also has a health desk. It is coordinated by Baye Oumar Gueye, who produces and presents health programs and coordinates the health reporting of journalists based in Senegal and The Gambia. Gueye was the contact for *Maisha Yetu* at Sud.

Sud regularly incorporates health into its news bulletins. Since January 2004, it has produced a three-minute daily program, *Info-Sante* (Info-Health), that is broadcast Monday to Friday at 6:40 a.m. and again at 10:30 p.m. *Info-Sante* covers all health topics, combining interviews with news reports and health education. Reporters in Sud bureaus contribute to the program, which is sponsored by Pfizer, the drug company. Occasionally, NGOs and United Nations agencies co-sponsor specific broadcasts; in 2004, for example, UNIFEM sponsored a series of programs on the link between HIV/AIDS and violence against women.

Eight provincial SUD stations synchronize hourly news bulletins with Dakar. The local stations also have time to produce and air their own content, often in local languages. This provides them with an opportunity to report on issues important in these communities. For example, the local correspondent in St. Louis, a town near the Senegalese border with Mauritania, produces a weekly program on health in partnership with the regional hospital and also sends three health reports a month to Sud in Dakar.

Health editor Gueye and chief editor Ndeye Fatou Sy attended the *Maisha Yetu* launch meeting in Nairobi in September 2004. After they returned, Sy called a staff meeting to present the *Maisha Yetu* project as a collective newsroom responsibility “so we could take ownership,” she said.

In November 2004, trainer Tidiane Kasse participated in meetings at each Center of Excellence to present *Maisha Yetu*. At Sud, Kasse met with Oumar Diouf Fall, general director, and chief editor Sy to plan a strategy. They agreed that *Maisha Yetu* would concentrate on improving the skills of 10 journalists who prepare health reports in addition to general news. At *Le Soleil*, Kasse and *Maisha Yetu* contact El Bachir Sow met with the newspaper’s editorial committee to get the project started.

A Slow Start

Maisha Yetu got off to a slow start in Senegal for a number of reasons. *Le Soleil’s* contact, El Bachir Sow, traveled frequently, as did Tidiane Kasse, so they had trouble meeting. In addition, during most of October and November 2004, the Centers of Excellence were busy responding to a needs assessment designed by *Maisha Yetu* project manager Aulora Stally in collaboration with Kasse. The assessment found that in Senegal the Centers of Excellence needed “to intensify current efforts 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.

Journalists listen to a program on HIV/AIDS in order to make criticisms and find good angles of approach at a *Maisha Yetu* workshop in March 2005.



Based on the findings, Kasse devised a strategy together with Gueye from Sud FM and Sow from *Le Soleil*. They selected nine journalists at *Le Soleil* and 10 at Sud FM who would participate in the project. Kasse was to e-mail story ideas, news pegs and information to Gueye and Sow, who in turn would funnel these ideas to their reporters. This strategy wasn't successful because Kasse did not have direct access to the journalists, did not know what they were producing, and did not know if the information he was sending was useful to them. "The *Maisha Yetu* contacts at Sud and *Le Soleil* were often unavailable due to other newsroom activities and did not always transmit my suggestions to reporters," he said.

In addition, Kasse had direct contact only with Dakar-based journalists, but a majority of the journalists reporting on health issues important to *Maisha Yetu* worked in the provinces. Two Sud FM reporters worked in Dakar and six worked in the provinces. At *Le Soleil*, two reporters were located in Dakar and seven were in outlying bureaus.

The Centers of Excellence also made many requests for financial support for equipment. Initially, there was no budget for these items, but as the project took off, the IWMF agreed to fund small projects within *Maisha Yetu*. The turning point came in December 2004, when project manager Aulora Stally and Gifti Nadi, the IWMF's senior Africa project manager, visited the Centers of

Excellence and clarified the *Maisha Yetu* policy on equipment. “We were willing to meet some of the needs that directly influenced reporting, especially supporting journalists with transport and tapes to reach to the rural areas, but we could not immediately meet all needs,” explained Stally.

The project managers’ visit had positive effects. According to Kasse: “After Stally’s visit, I felt more engagement from the part of the Centers of Excellence and was able to make a number of suggestions to the contacts [in the media houses].” Kasse requested the phone and fax numbers and e-mail addresses of the journalists identified for *Maisha Yetu* so that he could contact them directly. He then contacted the reporters and did a survey of their needs and expectations. The survey included questions about how to communicate with them; what their priorities and areas of interest were in covering HIV/AIDS, TB and malaria; the problems they faced in reporting on these public health issues; and their levels of skill and training in journalism and health reporting.

The survey found that few of the reporters had any formal journalism training; none of them had training on reporting on HIV/AIDS, TB and malaria. The daily schedules of reporters in the field are less packed than those of their colleagues in Dakar, so they have more time to devote to covering health issues. Most of them are freelancers, however, so they tend to focus on stories for which they can easily find placement and payment. Most often that means stories on politics, not health. “Reading the press, one quickly realizes that health information is essentially centered in Dakar, yet health needs are greater in the provinces because people are poorer and the health system is weaker than in the capital,” said Kasse. Both Baye Oumar Gueye and El Bachir Sow said that before *Maisha Yetu* the quality of stories produced by provincial reporters was not good, so they tended not to use them. Stories improved once provincial reporters became affiliated with *Maisha Yetu*.

A COMMUNITY RALLIES AGAINST MALARIA

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WRITING FOR OUR LIVES

When it was time for Africa Malaria Day on April 25, 2005, Maimouna Gueye, a reporter on *Le Soleil's* health desk, convinced her editor that it was also time to give a new slant to the newspaper's coverage of the observation. The official ceremony for the national program against malaria would be held at Thienaba, a small town 80 kilometers from Dakar that has reduced the incidence of malaria through community mobilization. "Let's not focus on the official narrative or the speeches. Let's find out about how people live with malaria," she told *Le Soleil's* chief editor and *Maisha Yetu* contact, El Bachir Sow. He agreed.

Maisha Yetu trainer Tidiane Kasse and project manager Aulora SALLY agreed to use some \$400 (U.S.) left over from a workshop to support the cost of a two-day trip to Thienaba for Gueye and her colleague Moussa Sadio. Kasse, Gueye and Sow planned the coverage together. They decided to focus on how the community had organized to achieve a 32 percent reduction in the number of reported malaria cases between 1999 and 2004, with no deaths from malaria being reported in 2004. Before the campaign, malaria cases accounted for 80-85 percent of medical consultations. In 2005, this figure dropped to 52 percent.

At a *Maisha Yetu* workshop in March 2005 in Dakar, journalists read articles published in *Le Soleil* to try to find new angles of approach. From left: Mouhamadou Sagne, Isseu Niang, Fara Diaw, Maimouna Gueye and Tidiane Kasse.



Gueye had been with *Le Soleil* for five years and with *Maisha Yetu* since its start in September 2004. “The project has given me a strong interest in and commitment to health reporting,” she said. She added that her focus has shifted from reporting official pronouncements to investigating communities’ health needs. “With *Maisha Yetu*, I learned to reach out to people and listen to their problems.”

One of *Maisha Yetu*’s goals is to encourage journalists to highlight the voices of marginalized and vulnerable groups – and that is exactly what Gueye and her colleague Moussa Sadio did in Thienaba. They talked to adults, youth and children, to women’s groups and Muslim priests, to nurses, doctors and ordinary people. One of the people they interviewed was El Hadj Diop, the driving force behind Thienaba’s response to malaria. Diop, a schoolteacher, lost his 12-year-old daughter to malaria in 1999. He turned his grief into action by mounting a prevention campaign and putting together a coalition against malaria that includes local authorities, health officials and religious, political and community leaders. The coalition’s driving force is the Islamic Association Sopey Mohamed (AISM, in French), a group that Diop founded and presides over through its 44 committees for village health.

AISM teams teach people how to prevent malaria and how to recognize symptoms in adults and children and then bring down a fever by wrapping the sick person in wet cloth. The organization also promotes taking sick people to clinics as quickly as possible. Every Monday, volunteers clean the village, burn rubbish and eliminate stagnant water. Women’s groups in the coalition devised a creative way to distribute insecticide-treated nets. At every christening, when it is customary to collect money for a gift, every new mother gets two nets.

“People were so open, we didn’t have to convince them to talk,” said Gueye. “Even the imam [Muslim priest] was very open. He told us that, being a family man, it is his duty during prayers at the mosque to teach families how to prevent malaria. Some journalists think that imams are reluctant to talk to the media, but this was not the case.”

Gueye also interviewed the village nurse, who recalled being overburdened day and night by people with malaria in 1999, a rainy year during which many more mosquitoes than usual were bred. The reduction in malaria cases has made his workload lighter.

Gueye and Sadio could not file from Thienaba because they don't have a laptop computer for field reporting. So, they returned to Dakar to write their story. Without support from *Maisha Yetu*, they wouldn't have had the budget to stay overnight, and their story would have been limited to coverage of the World Malaria Day ceremony.

At the end of their visit, a community leader thanked the *Le Soleil* team for their interest and for having spent time in the village talking to so many people. He said the media attention had reinforced Thienaba's commitment to address malaria.

"We thanked them for their welcome and for helping us get a good story," said Gueye.

"People were so open, we didn't have to convince them to talk."

MAIMOUNA GUEYE, *LE SOLEIL*

In addition, there aren't many computers in provincial newsrooms, and reporters work with old equipment, which means poor broadcast quality. If they want to go on the Internet to report, journalists use cyber cafes, often at their own expense. Some can afford it only once a week for short periods of time. Cell phones, which can be expensive, have eased communication, but cellular networks are unreliable in remote areas.

In January 2005, Kasse shared his findings with Sud and *Le Soleil*. Kasse, Gueye and Sow agreed that Kasse would work directly with their reporters. Gueye and Sow introduced Kasse to reporters in Dakar in person and made introductions by e-mail and on the phone to reporters in the provinces. After that, Kasse contacted the journalists directly and kept Gueye and Sow informed about *Maisha Yétu* activities.

The New Strategy

Kasse, Gueye and Sow defined a four-part strategy.

1: Professionalize the health reporting staff by expanding the *Maisha Yétu* network to include experts and resource people.

Trainer Kasse had excellent contacts in the public health world, including experts on HIV/AIDS, malaria, TB and gender issues. His network included medical professionals, health officials, people living with HIV/AIDS and community activists. He invited them to participate in *Maisha Yétu* workshops, where they shared their experiences and expertise with the journalists. "It was important to associate medical people and community actors with the project so they could bring their expertise, perspectives and reality, and work together with the media," said Kasse. One important resource person was Fatim Louise Dia, a doctor of pharmacy who specializes in HIV/AIDS as a program officer at Africa Consultants International. Dia and Kasse often work together as media trainers on health reporting in West Africa.

At the *Maisha Yetu* workshops organized by Kasse, Dia highlighted the gender perspective on HIV/AIDS, malaria and TB, explaining the specific impact of the diseases on women in their roles as mothers, wives and caregivers. She also explained the gender-based vulnerabilities of each disease. “I was very excited with the idea of *Maisha Yetu*, of highlighting two especially neglected diseases like malaria and TB,” she said. “We need coverage that will awaken consciences and change behavior.”

The *Maisha Yetu* network was expanded further when Kasse received a request from the Association of Community Radio Women, who wanted to be trained on HIV/AIDS coverage. As a result, he provided 20 women from six community radio stations in Dakar with all the information and training materials he had produced for the Centers of Excellence.

2: Build an informal network of *Maisha Yetu* journalists to cross-train reporters and editors.

Kasse and the contacts in the Centers of Excellence agreed that they wanted to strengthen the relationship between the Centers of Excellence, introduce peer review of health stories by the *Maisha Yetu* contacts and journalists across the Centers of Excellence at workshops, and find new approaches to covering HIV/AIDS, TB and malaria. They selected nine journalists at *Le Soleil* and 10 at Sud FM and held a two-day seminar in March 2005. This was the first time that many provincial reporters and editors had met their Dakar-based colleagues. This was an added benefit of *Maisha Yetu*,” said Dia, the media health trainer. “There is high value in supporting provincial reporters. Their reporting helps communities become agents and actors for their own health.” When reports from the provinces are aired on national radio broadcasts, she added, they can help influence policy.

The seminar also had strong team-building value for *Maisha Yétu*. “We had personal contact. I learned their hopes and needs. We bonded as a group with a goal,” said Kasse. Dia, Kasse and the *Maisha Yétu* contacts at the Centers of Excellence, Gueye and Sow, along with Fara Diaw, an editor at *Le Soleil*, facilitated the seminar.

Before the seminar, journalists were asked to list what they needed to improve their health reporting. After the seminar, they listed their expectations for the next step. The journalists wanted fresh ideas and angles for stories, and they wanted to work with their editors and the *Maisha Yétu* trainer to produce stories with strong human interest angles. Finally, they requested financial support so they could get out of their offices and do reporting in Senegal’s different communities.

Kasse and project manager Stally agreed to allocate \$400 (U.S.) – the amount left from the seminar budget – to fund some of these requests.

3: Make better use of news pegs to strengthen reporting skills and improve quality of stories.

Kasse developed a calendar and guidelines for coverage of each disease. (See sidebar: *Planning Malaria Coverage*.) Two useful news pegs were coming up: World TB Day on March 24 and Africa Malaria Day on April 25. For each observance, Kasse produced a detailed dossier with fact sheets, story ideas, angles, gender perspectives, possible sources to interview and information available on the World Wide Web. He e-mailed and faxed it to the journalists. In April and June 2005, he organized two training sessions, one online for those who had Internet access and one over the phone for those who did not. During the online training, Kasse followed up with reporters on how they were preparing the coverage of the global commemorations on TB and malaria. After the training, Kasse, Gueye and Sow continued assigning

stories with the journalists. One result was unprecedented coverage around Africa Malaria Day, April 25, 2005. *Le Soleil* ran eight stories on topics including community mobilization, new malaria drugs, availability of insecticide-treated mosquito nets, and the economic impact of malaria on both national and family economies. The newspaper also published interviews with the head of the Senegal national anti-malaria program and the malaria program officer at the World Health Organization office in Dakar.

Le Soleil reporter Maimouna Gueye coordinated a spread on a successful community mobilization program against malaria in Thienaba, a town 80 kilometers north of Dakar. Gueye, who in October 2005 became chief of *Le Soleil's* health desk, and a colleague, Moussa Sadio, were able to do the story because their travel expenses were funded with money left over from the earlier *Maisha Yetu* workshop. "Before, we would have gone for the ceremony and returned in the day," said Gueye. "With *Maisha Yetu*, I learned to go beyond officialdom and statistics, to go to the people and listen to their problems."

The two reporters spent the weekend in Thienaba talking to children, nurses at the local clinic and activists to tell the story of how the community managed to reduce the number of annual malaria consultations from 3,450 in 1999 to 1,200 in 2004, with no deaths from the disease in that time period.

At Sud FM, editor Gueye used his portion of the left-over money to produce several brief news stories related to World Malaria Day and a 20-minute program on malaria. For the longer program, Gueye included the 2005 WHO and UNICEF reports on malaria. The Sud correspondent in Ziguinchor in southern Senegal produced a report on malaria in his province, which has been devastated by a 20-year civil war that has helped destroy the economy and weaken health care in the region. He included interviews with village women, doctors and nongovernmental

activists working on prevention programs. The program also covered the province's needs and prevention efforts and gave tips on how to deal with malaria, including a suggestion that people should not delay going to a clinic if they had malarial symptoms.

Another story was produced by Sud's correspondent in Sedhiou, a swampy district where 70 percent of consultations at the local health posts (first aid centers) are for malaria. Sedhiou has only one health center (clinic) and 35 health posts for some 400,000 people. Some of the health posts are closed because there aren't enough people to staff them. The Sud story reported on efforts by the local health authorities to mobilize communities against malaria by encouraging them to collect rubbish, dispose of stagnant water and sleep under insecticide-treated mosquito nets.

Another correspondent reported on a success story in the Dakar suburb of Guediawaye, which has reduced its malaria prevalence rate from 25 percent to 19 percent through collaboration between health staff and the community. Health technicians trained 185 volunteers in 15 centers how to treat mosquito nets with insecticide. Community volunteers distributed 4,200 treated nets and anti-malarial drugs in the community. As a result of these stories, community associations in Pikine and Guediawaye invited Sud FM to broadcast weekly health programs from their areas. Sud FM agreed. Now, every two weeks the station broadcasts health programs, giving local leaders and health staff the opportunity to share important messages about prevention and treatment of disease.

The success of the malaria coverage at both *Le Soleil* and Sud fueled enthusiasm among reporters. In June 2005, Kasse refined and systematized his online training method. He started contacting the journalists every two weeks by e-mail and fax to suggest story ideas and sources for covering specific diseases. He alerted them to upcoming news pegs and suggested angles for their coverage. He also gave feedback on stories to both reporters and editors.

Journalists began to call and e-mail when stories were going to be broadcast on Sud so he could listen and give his feedback.

The online dialogue, in particular, said Kasse, proved to be an inexpensive and efficient way to have regular contact with journalists and create the opportunity for them to work as a network. "Now the project was getting exciting," he said.

Le Soleil and Sud created comprehensive packages for World TB Day on March 24, 2005, and Africa Malaria Day on April 25, 2005. Again, the trainer provided guidelines, story ideas, treatment angles and lists of contacts.

For World TB Day, *Le Soleil* published an in-depth interview with Cheikh Seck, the coordinator of the national TB program. For the same observance, Sud FM correspondents who had attended the *Maisha Yetu* seminar earlier in the month and who had been participating in the online training, reported from the provincial towns of Diourbel and Mbour.

Mouhamadou Barro, the reporter in Mbour, 70 kilometers north of Dakar, focused on TB transmission risks due to over crowding, poor environment and sanitation. In Diourbel, 150 kilometers east of Dakar, Tauty Seye reported that three to four new TB cases are registered each day in the local health center, but only 25 clients are following treatment. The reporter interviewed health officials and people with TB and their families to find out why clients abandon treatment, even though it is free. One reason is stigmatization of those with TB. People do not want to be seen taking pills every day. Poverty and ignorance also play roles in spreading the disease. People lack money for transport to the clinics and for proper nutrition. They delay getting medical attention, giving the disease an opportunity to spread. One nurse interviewed by Seye said lack of family support keeps people

from following the required eight-month-long treatment. Seye also described the poor conditions of the TB health facility, which has a chronic lack of medical supplies.

Following the program, the director in charge of infectious diseases at the Diourbel Health District told Seye that these types of radio programs were extremely useful because they encouraged people who had abandoned treatment to resume it.

4: Conduct at least one workshop where journalists are expected to produce stories.

In July 2005, *Maisha Yetu* trainer Kasse and the contacts at the Centers of Excellence agreed that their reporters needed practical training and close mentoring. They decided to hold a workshop with the goal of producing stories for publication and broadcast. “A practical workshop is less expensive than a formal seminar. It produces instant results and generates commitment,” said Kasse.

They picked Kaolack, a commercial town in central west Senegal, as the site for the hands-on training. Kaolack has a higher than average HIV rate (2.5 percent of the population as opposed to Senegal’s average of 1.4 percent), a TB rate that is rising among 15-to-24-year-olds and a malaria rate high enough to be the primary cause of death for pregnant women and children under five. Kasse and representatives from the Centers of Excellence designed a workshop to broaden the radio and print reporters’ understanding of the three diseases in the community and to identify stories for them to cover. They decided to emphasize community mobilization. After attending a brief seminar on the subject, the reporters from Sud FM and *Le Soleil* went into the field and produced stories.

In March 2005, Tidiane Kasse, the *Maisha Yetu* trainer, held his first seminar for the Centers of Excellence in Senegal. First, Fatim Louise Dia, a doctor of pharmacy who is a media trainer and program officer at Africa Consultants Organization, presented facts and figures about HIV/AIDS, TB and malaria epidemics in the world and in Senegal, and their impact on development. Then, she presented Senegal's programs for each disease and described the major international donors. Finally, she highlighted the importance of communication and community involvement in the response to the three diseases.

Kasse focused on the role of the media in improving the health of people and analyzed the previous health coverage of *Le Soleil* and Sud FM.

The following day, the group conducted a peer review of stories from both Centers of Excellence. Kasse selected stories then assigned the journalists to work in groups to identify the stories' strengths and weaknesses and look for angles they could pursue in their own regions. The stories included articles and radio programs on violence against women, women and HIV/AIDS and the link between poverty, migration and HIV/AIDS.

The entire group then identified obstacles to good health coverage, and Kasse gave them tips on how to overcome the obstacles. He told the journalists to identify new angles, give their stories a "human" face and diversify their sources of information. Then the journalists identified story ideas they would like to pursue, and together with Kasse and the editors they designed a calendar and planned content for the Centers of Excellence. (See: *Planning Malaria Coverage*, page 111.)

Baye Oumar Gueye, chief of the health desk at Sud FM, said that a major outcome from the seminar was the rich exchange of experiences among the provincial and Dakar-based print and radio journalists. He added that the training corrected the journalists' misconceptions; refined their knowledge about HIV/AIDS, TB and malaria; and helped provide them with diverse angles for covering each topic.

Boubacar Tamba, Sud's correspondent in Casamance, located in Senegal's southern region, had won awards for his extensive HIV/AIDS coverage. He was less familiar with malaria and TB. "I learned a lot and got loads of new ideas for stories on malaria and TB at the seminar," he said.

"The seminar reinforced our engagement with health reporting," said Maimouna Gueye, a reporter with the Health and Lifestyle page at *Le Soleil*. "Our stories now are less concerned with officialdom and more concerned with people and communities."

Maisha Yetu's Impact

One quantifiable impact of *Maisha Yetu* was the increase in the number of stories produced on HIV/AIDS, TB and malaria at the two Centers of Excellence. According to Kasse, from September 2004 to May 2005, *Le Soleil* ran 106 stories on HIV/AIDS, nine on TB, and 43 on malaria. He estimates *Maisha Yetu* influenced about one-third of the stories produced during this time.

It is harder to assess the impact at Sud FM because provincial radio stations produce stories that are not monitored in Dakar. Gueye, the *Maisha Yetu* contact at Sud FM in Dakar, estimates that at least one story every week was influenced by *Maisha Yetu*, or some 40 stories between September 2004 and May 2005.

Another impact was the increased attention given to health topics as political issues. For example, both Centers of Excellence produced continued coverage of the mismanagement of the national malaria and HIV/AIDS programs. *Maisha Yetu* training empowered the journalists to hold public officials accountable.

Maisha Yetu also prompted stories with specific gender and sexual orientation angles. For example, journalists broke new ground by reporting on the impact of malaria and AIDS on women, said Kasse. And when a nongovernmental organization published a study about the link between HIV/AIDS and men who have sex with men, reporters at Sud and *Le Soleil* closely followed the story. In Senegal, as in other parts of Africa, sex between men is a taboo topic. Covering this story was a breakthrough for the Centers of Excellence. At first, heads of the media houses were against covering the subject, but because of their work with *Maisha Yetu*, they became convinced that it was important.

According to El Bachir Sow of *Le Soleil*, *Maisha Yetu*:

- Improved reporting because of the information that Tidiane Kasse provided at workshops and through online mentoring.

“Our correspondents increased their awareness about the importance of these diseases and how they relate to local development,” said Sow. “They also learned to have a wider focus and to include community actors. Giving them opportunities to go into the field also helped them to give a human touch to their stories.”

- For the first time, journalists from the two Centers of Excellence shared experiences with one another and with reporters from their outlying bureaus at joint training workshops. This was Kasse’s idea. It had never happened before because the journalists were used to working independently.
- *Maisha Yetu* put TB in journalists’ and editors’ agendas for the first time by highlighting the magnitude of this hidden epidemic. Prior to *Maisha Yetu*, TB had been a neglected disease in Senegal’s media. After *Maisha Yetu*, the newspaper ran significant reports on TB from the field. By providing minimal financial support, *Maisha Yetu* also helped journalists report on malaria from the field.

According to Ndeye Fatou Sy, chief editor at Sud FM, *Maisha Yetu*:

- Boosted interest in health coverage among the reporters selected to work with *Maisha Yetu*. Being selected to become a Center of Excellence motivated reporters to put maximum effort into the project. It also made them proud because they perceived this as recognition of their efforts in promoting health coverage as a public service.
- Sensitized the entire newsroom to HIV/AIDS, malaria and TB, which meant they produced more stories on these diseases.
- Increased by 20 to 30 percent the number of stories on the three diseases done by reporters in the provinces.

- Introduced gender perspective on the three diseases into stories. For the journalists, considering gender impact on disease was an entirely new way to approach coverage.

Maisha Yetu trainer Kasse noted that there were several problems in getting the project up and running. He said that the initial time frame of six months was too short to see significant changes in the way journalists report on health. Extending the project another six months was very helpful. He also said that the core group of 19 journalists was too big and diverse in terms of skills, interests and commitment to health issues. This made it more difficult to design a training course that would meet the needs of all the people being trained. “The project would have benefited from a precise agreement on the output expected – number of stories to be produced every month – and the material and financial support to be provided to each Center of Excellence,” added Kasse.

Finally, the Pan-African aspect – sharing experiences among all trainers and Centers of Excellence in Africa – could have been stronger, with exchange visits and shared publishing of stories, he said.

A group of participants in a March 2005 *Maisha Yetu* workshop criticize stories published in *Le Soleil* written by journalists at the workshop.



Future Plans

Maisha Yetu's next phase, said Kasse, should involve intensive coaching and editing to improve style and content of stories on HIV/AIDS, TB and malaria. Kasse would select a group of no more than 10 journalists from each Center of Excellence and take them on reporting field trips. While in the field, he would work closely with the journalists to identify possible stories, themes and angles, as well as ways to infuse style into the stories and get readers' attention. These journalists would become leaders in promoting health coverage in their newsrooms and eventually be able to work with other media houses to help improve health coverage, he said.

They would meet periodically and repeat the hands-on reporting workshops carried out during *Maisha Yetu* in areas most affected by the three diseases. The advantage of such a strategy, said Kasse, is that information gathered about a region would be reported at the national level and people at the local level would also benefit from specialized coverage about their areas. The exercise would also improve the relationship between national health staff and journalists in provincial bureaus at Sud and *Le Soleil*. The provincial journalists who report on health also would gain legitimacy with their local resource persons, such as health officials, NGO activists and religious and political leaders.



Sud FM journalists pause during a coffee break at a March 2005 *Maisha Yetu* workshop.

“We have done a lot on health issues, and our radio station is on the front lines. Sometimes, people call us before they call a doctor.”

BOUBACAR TAMBA, SUD FM

The remaining journalists in the media houses would not be neglected. Kasse said that he would expand *Maisha Yetu* by suggesting that activists involved with disease prevention in the community be invited to give presentations at editorial meetings. He would also develop story ideas that show the link between disease and the economy, politics, the arts and sports so that journalists working those beats would write stories with health angles.

Added Value to the Work

The Centers of Excellence in Senegal had made a commitment to health coverage before *Maisha Yetu*. At the end of the project, the journalists had tapped deeper into health issues and discovered new ways to write about HIV/AIDS, TB and malaria.

“I have been working on health issues for several years,” said Boubacar Tamba from Sud FM, “but this was the first time that I covered TB. . . .this experience is to be disseminated.”

“Our station has benefited from your experience and the impact is important for us,” El Hadj Guisse, director of Sud FM in Kaolack, said after participating in a *Maisha Yetu* workshop. “We have done a lot on health issues, and our radio station is on the front lines. Sometimes, people call us before they call a doctor. Thank you for the added value [to our work].”

PLANNING MALARIA COVERAGE

During the first *Maisha Yetu* seminar in Senegal, trainer Tidiane Kasse worked with the journalists to identify angles and themes for ongoing coverage of health issues. He prepared this grid to help the journalists in their coverage of malaria. Not all of the topics were later covered in stories.

Dates	Themes	Angle
March 24-31 2005	The new drug policy on malaria	The Health Ministry introduced a new drug protocol against malaria because old malaria drugs are becoming less effective. Are people informed about this new policy? Are they ready to accept a new approach? Are pharmacies informed about the policy? Are they informing consumers?
April 4-9	Consequences of drugs bought and sold on the black market	The use of inappropriate or outdated drugs sold on the black market inhibits the body's ability to fight malaria and builds resistance to the malarial parasite. What kinds of drugs are sold on the black market? Where do they come from? What are the legal and illegal circuits of importing and selling drugs in Senegal? What are the negative effects when people decide to medicate themselves without proper medical advice?
April 11-16	Malaria is a serious public health issue	Malaria is a common illness in Senegal. It is not seen as a serious public health issue, although it is the leading cause of mortality. How can society respond to the disease? Why do people go to traditional healers instead of seeking proper medical treatment?
April 18-23	Community mobilization against malaria	Malaria is spread through poor hygiene and sanitation conditions. The community can collaborate with health centers on prevention and mobilization efforts. How dedicated is civil society (NGOs, community organizations) in its response to malaria? Is civil society supported by the national program against malaria? Are there any limitations?
April 25-30	Why the U.N. Global Fund suspended support for the malaria program	Why did the Global Fund suspend its support to address malaria in Senegal? How will this suspension impact ongoing efforts that address malaria? What corrective measures are being taken?
May 2-7	Cost of treatment and the economic impact of malaria	Prevalence of malaria and the cost of repeated treatment burdens family budgets. When people are sick with malaria, they work less, and family budgets are reduced. What is the impact of malaria on the national economy?
May 9-14	Use of insecticide-treated mosquito nets: overcoming the obstacles	The use of insecticide-treated mosquito nets is crucial to address malaria, but there are two obstacles: <ul style="list-style-type: none"> • Nets are expensive. How can cost be reduced? • Many Senegalese are not familiar with mosquito nets, and they need to understand why they are necessary and how to use them.
May 16-21	Environment and malaria	Hygiene and sanitation are important in the response to malaria. Do the National Hygiene Office and the National Sanitation Office have the means to succeed in this campaign?

NINE BEST PRACTICES FOR BETTER HEALTH REPORTING

1. Get buy-in from top editors and top management

- Write a Memorandum of Agreement signed by the top bosses of the media house that spells out responsibilities, shared goals and commitments for each partner. If there are any hitches, especially with middle management, the Memorandum carries weight. For example, if a subeditor says he won't assign a reporter to a health story because of other priorities, it will be immeasurably helpful to mention that the editor in chief or CEO has signed off on the project and is behind it 100 percent. Even better, you might ask those at the top of media houses to send out reminders of support, speak to editors and allow you to use their names when you hit obstacles.
- Designate a key project contact person or liaison in each media house who has the backing and respect of top management. For example, the *Maisha Yetu* local trainers looked for journalists who had good track records, were recognized as excellent journalists and were hungry for recognition. These key journalists were already motivated to do excellent work.
- Consider creating a steering committee of senior managers to help drive the strategy and execution of the project. At the Department of Broadcasting Services in Botswana, a best practices committee met twice a month to review the progress and problems of *Maisha Yetu*. This committee simplified channels of communication for the trainer since some key people in decision-making positions were included in the committee.
- Sensitize management to the importance of covering health issues. To get buy-in, top editors and bosses will need information and data that underscore the economic and political impact of poor health. *Maisha Yetu* encouraged both reporters and editors to attend training workshops so they could better understand various trends and health-reporting methods. For example, in Senegal, *Le Soleil* and Sud FM published and produced a series of stories and radio interviews on malaria prevention to commemorate Africa Malaria Day after journalists and key editors attended a *Maisha Yetu* workshop where they received detailed information about the disease.

- Sustain the commitment from top management without relying on financial support. If you want to continue good health reporting beyond the length of a project, journalists and editors at media houses must themselves be committed to continuing their coverage. Gideon Nkala, editor of *Mmegi* in Botswana, said his newspaper has a social responsibility to systematically cover public health issues along with political and economic stories. As a result of *Maisha Yetu*, that includes more front page stories on HIV/AIDS and more mainstreaming of health coverage.

2. Raise the professionalism of health journalists through customized training programs

- Conduct a needs assessment first, and tailor your training programs to the findings in close discussion with editors. A cookie-cutter approach will not work. For example, *Maisha Yetu* workshops were designed to meet journalists' specific needs. Often, workshops are designed to fulfill funders' expectations.
- Give trainings on several topics and at several levels of competence. For example, one training could be on general information about HIV/AIDS, TB and malaria. Another could cover public health issues. Another could be on the socioeconomic implications of disease. Others could be held on the gender dimension of disease and development implications.
- Hold the training workshops outside the media house. Training held in newsrooms competes with deadlines and daily assignments. Editors also may resist them.
- Organize skills-building workshops. Several *Maisha Yetu* workshops convened reporters so they could jointly plan and produce stories while working closely with their editors and the *Maisha Yetu* trainer. They produced stories that were then used by their media houses. These workshops were very rewarding because they provided immediate learning and professional satisfaction. In Senegal, *Maisha Yetu* successfully carried out a day-and-a-half workshop during which participants produced four radio programs and two pages of print stories.

- Experiment with various kinds of training and critiques. Online training was used successfully in Senegal, where *Maisha Yetu* worked to improve knowledge about HIV/AIDS, TB and malaria among a dozen reporters stationed in the provinces. Peer review of stories also proved to be a useful tool because it helped journalists develop practical reporting skills. *Maisha Yetu* trainers in both Kenya and Senegal used this method, arming journalists with a checklist and asking them to critique their colleagues' stories by asking questions: Is the science properly explained? Does the language promote stereotypes? Are women's voices heard in the stories? Is it a good, well-told story?

3. Build a professional niche for health journalists

- Create a health beat and health desk at the media house with a commitment to regularly cover and publish stories on public health issues. For example, *Mmegi* newspaper in Botswana developed a health desk as a result of participating in *Maisha Yetu*.
- Portray health reporting to top editors as a social, professional and ethical responsibility for all African media. HIV/AIDS, TB and malaria impact all Africans, so coverage of these issues should be a professional responsibility of the African media. For example, Tduetso Setsiba of *Mmegi* in Botswana decided to be tested for HIV after becoming involved in *Maisha Yetu* because she decided that she could not accurately write about HIV testing if she had not been tested herself.
- Show reporters and editors the advantages of developing a specialization in health journalism. Health reporting presents an opportunity to become specialized in an area with relatively few competitors. For example, Otula Owuor, the local trainer in Kenya, mentored a cadre of young health journalists by helping them develop professionally and gain attention for their stories. One of them, Mike Mwaniki of *The Nation* newspaper, followed the money being allocated to HIV/AIDS programs in Kenya and found abuse in the National AIDS Control Council (NACC). His resulting stories caused a national uproar and gained Mwaniki a reputation for excellent journalism.

- Health reporting also provides professional opportunities – and additional income – such as writing for foreign media, development magazines and health Web sites. Encourage journalists to pitch story ideas to these media (and not to get discouraged with initial rejections). There are other rewards in the form of scholarships, fellowships and training opportunities abroad; national and international awards and prizes; and opportunities to travel to international health conferences. Show reporters where these opportunities are available through Web sites, specialized publications, nongovernmental organizations (NGOs) and United Nations agencies, listservs, newspaper ads, etc. – and encourage them to apply. Offer to write letters of recommendation, help them write interesting CVs (or show them Web sites that give guidelines on CV writing), and encourage them to submit abstracts for presentation of their health reporting at international conferences and summits.
- Propose that your media house establish an awards program for health reporting. Propose that other organizations – United Nations agencies, national AIDS councils, NGOs, pharmaceutical manufacturers and health insurance companies – do the same.

4. Share resources among journalists to create synergy

- Create a team or cluster of reporters and editors interested in health, including those who cover politics, economics and development issues. Provide them with a method (e-mail or weekly meetings) for them to share contacts, story ideas, information and tips. Encourage mentoring of young reporters by experienced editors and senior journalists. Workshops and seminars are good opportunities for health journalists to share resources and create synergy.
- Get health information out to reporters in the field, especially those stationed outside the capital city where there is less access to information. *Maisha Yetu* trainers developed mailing lists of journalists both in headquarter cities and in bureaus, which created an expanded network of journalists interested in health issues.

- Share information across Centers of Excellence as well as broader networks. The project manager sent relevant articles, press releases and fact sheets from specialized agencies on HIV/AIDS, malaria and TB to the six Center of Excellence partners (totaling 51 members). The trainers also distributed this information to their own networks beyond the Centers of Excellence. Journalists learned about cutting-edge developments in the science, management, prevention, treatment and care of HIV/AIDS, TB and malaria. The information stimulated debate among trainers, journalists and editors.

5. Diversify sources

- Include nongovernmental organizations (NGOs), academics, researchers, university lecturers, United Nations staff and community activists in your network of sources. They usually are willing to talk to the media because they have fewer bureaucratic barriers than health officials. NGOs and U.N. agencies are useful when identifying community-based health projects and initiatives that are interesting to visit. Sometimes they can provide transport for journalists who want to visit projects, solving one problem for under-resourced media houses. Some NGOs are media-savvy and make things easy for journalists because they need publicity. At the same time, journalists should be aware that NGOs and U.N. agencies have their own agendas and are happy to co-opt the media to help with publicity or fundraising. As watchdogs, the media must scrutinize NGOs by questioning their information and programs. Governments are not alone in spending more donor funds on salaries and 4X4s (SUVs) than in helping people.
- Give a voice to the voiceless. This includes groups that represent women, youth, sex workers, the gay community and others. Centers of Excellence partners in Botswana and Senegal did this by getting to know the community and its problems, visiting people and building trust so they could better cover stories. People living with AIDS were invited to workshops to speak frankly and openly to journalists. This approach instilled a sense of trust between the journalists and the speakers and opened possibilities for future relationships. In Botswana, for example, some journalists attending workshops said they had

never met people living with HIV. The workshop helped reduce stigma and break down myths about the disease.

- Build a database of heads of national programs dealing with HIV/AIDS, TB and malaria, academics, researchers, nongovernmental contacts, health experts and academics and invite them to workshops and other events. This will help reporters build rapport with them. Developing good sources and building partnerships requires constant care and feeding, but it will really pay off with tips on good stories and the right, reliable sources who are ready to comment. In Kenya, *Maisha Yetu* built an expanded network of journalists and sources committed to good health reporting beyond the Centers of Excellence. In Senegal, women reporters from community radio stations asked to join *Maisha Yetu* so they could share information circulated by the project.
- Pay a visit to the minister of health and the heads of national programs dealing with HIV/AIDS, TB and malaria to engage them personally and make them aware of the problems that journalists face. It helps if top editors or trainers who have contacts and respect within the agencies set up the meetings and accompany reporters. For example, Kenya trainer Otula Owuor introduced *Maisha Yetu* journalists to the chief information officer at the Ministry of Health and the director of the Institute of Tropical Medicine and Infectious Diseases at Jomo Kenyatta University, among others. These were all contacts he had established through years as a science reporter. Layers of bureaucracy, mistrust of the press, lack of familiarity with giving interviews, fear of distortion or inaccurate reporting, and lack of time for the press build barriers between journalists and officials. As health officials and medical personnel realize that journalists are serious, well-prepared, accurate and ethical, they become more willing to talk to the press. Such visits can produce more access to medical and patient information, and may even help facilitate authorization to film and take photos in hospitals and clinics.
- Set up workshops and panel discussions where journalists can meet health officials and other health sources, talk freely, engage in question-and-answer sessions, exchange contact information

and generally develop rapport and trust. *Maisha Yetu* workshops were praised in all three Center of Excellence countries for providing such opportunities and easing access to information and sources.

7. Get out of the newsroom

- Go into the field and become engaged – truly fascinated – with health subjects. See first-hand what the facts are “on the ground,” either by going out into the community or traveling to areas affected by disease. Good health reporting must seek the voices and experiences of people affected by HIV/AIDS, TB and malaria as well as users of health facilities and consumers of health services. Many communities across Africa have mobilized in inspiring ways to cope with HIV/AIDS. In Senegal, recording these efforts was a key focus of *Maisha Yetu*. For Africa Malaria Day, *Maisha Yetu* encouraged and funded print stories on malaria in a rural community. This was a change from the newspaper’s previous Africa Malaria Day coverage, which was centered on the speeches by government officials. In Botswana, *Maisha Yetu* supported the producers of *Re Mmogo*, an award-winning documentary program on HIV/AIDS, when they went to a remote area in the north and filmed the daily life of an HIV-positive girl.

8. Maintain regular contact with everyone involved in the project at all levels

- Set up a system so senior management, project contact people, reporters and resource persons are constantly in touch, either by e-mail, phone or regularly scheduled editorial meetings. In Botswana, the *Maisha Yetu* trainer met every Friday morning for two hours with the producers of *Re Mmogo*, a documentary program on HIV/AIDS. They analyzed the previous week’s program and planned future coverage. In Kenya, the trainer found that one-on-one contact with selected journalists worked best. Meetings in the media house with groups of journalists failed because of conflicting newsroom priorities and schedules. In Senegal, the *Maisha Yetu* trainer relied significantly on e-mail and fax to send information and maintain contact with editors and journalists involved in the project.

9. Learn newsroom politics

- Figure out what each newsroom values and doesn't value and show your project can complement and add value to its work. It takes time, but you must be seen as an ally, part of and respectful of the culture in which you are working. The more you know about the workplace you wish to influence, the more successful you will be. For example, if a staff traditionally meets on Mondays at 10 a.m. and you insist on meeting at that time, too, you will do more harm than good. Be flexible. Adapt. Remember that health is one of many issues competing for attention, space and resources in under-funded and under-staffed newsrooms. In Botswana, the local trainer agreed to meet with *Mmegi* newspaper each week at a time convenient to the news team. The trainer in Kenya molded his schedule to those of the journalists and their editors. This way, he was seen as part of the team and not an intruder adding another burden to their already busy days.



Aulora Stally, an independent HIV/AIDS media consultant based in Zimbabwe, is overall coordinator for the *Maisha Yetu* project. A former journalist, Stally spent many years editing a series of commercial publications in Zimbabwe. In 1996, she began working with the media on HIV/AIDS-related issues in Africa. She developed the regional media program for the Harare-based Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS). Stally holds a master's degree in mass communications from Leicester University in the United Kingdom.



Beata Kasale is the local trainer for the *Maisha Yetu* project in Botswana. She is the publisher and co-owner of *The Voice* newspaper and has more than 20 years of experience as a journalist. Kasale has conducted several projects as a consultant on HIV/AIDS to the Panos Institute and Steps for the Future, among others. In 2004, she conducted a needs assessment study on reporting on HIV/AIDS in Botswana for the Panos Institute. In 2003, Kasale wrote a report on alcohol and other substances and HIV/AIDS for the Botswana Ministry of Health and the African Comprehensive HIV/AIDS Partnership (ACHAP).



Tidiane Kasse is the local trainer for *Maisha Yetu* in Senegal. Since 2002, he has worked with various agencies to increase awareness of HIV/AIDS. Among his responsibilities are helping with Africa Consultants International's monthly newsletter, *Sida Media Flash*, organizing information seminars on HIV/AIDS for journalists, and assessing the *Les jeunes face au Sida* (Youth Facing AIDS) campaign of Family Health International. Prior to 2002, Kasse was chief of the press and publications department of the Panos-West Africa Institute. Kasse holds a post-graduate degree in journalism from the Center for Information Science and Technology at Dakar University.



Sello Motseta was the local trainer for *Maisha Yetu* in Botswana from September 2004 to August 2005. He is the coordinator for the Botswana Media Workers Union, which focuses on issues such as gender issues in the media, press freedom and labor rights for journalists. Motseta is also the Botswana correspondent for several news services and publications, including the Associated Press and *Business Day*, South Africa's leading business daily newspaper. Motseta holds a bachelor's degree in sociology and classics and a master's degree in international studies from Rhodes University in Grahamstown, South Africa.



Otula Owuor, a media consultant and science writer and editor based in Nairobi, is the local trainer for the *Maisha Yetu* project in Kenya. He was previously an editor and writer for the African Biotechnology Stakeholders Forum, where he helped to launch ABSF's Web site. Owuor has worked with the World Health Organization on programs and workshops on HIV/AIDS. He was a science writer and editor for 10 years for the Nation Media Group in Nairobi, where he helped launch *Horizon*, *The Nation's* weekly science section. Owuor holds bachelor's degrees in mass communication and microbiology and a master's degree in international relations from the University of Texas at Arlington.

ABOUT THE IWMF



The International Women's Media Foundation was launched in 1990; its mission is to strengthen the role of women in the news media worldwide. IWMF programs are designed to move women into key positions in the news media by providing them with the information, skills and connections they need to succeed.

The IWMF's groundbreaking projects, innovative research and support of women in the media help women develop their talents and advance in the profession. IWMF programs have been held in 26 countries and on the Internet and have reached more than 3,500 women in the media worldwide. The IWMF network includes more than 1,500 women and men in the media in more than 130 countries.

For more information, visit the IWMF website, www.iwfmf.org.



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