World Health Organization
African Region

2gether 4SRHR

Journalists' training manual

Reporting on Sexual and Reproductive Health Rights(SRHR)

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Through the 2gether 4 SRHR partnership, we remain committed to fostering an informed, ethical, and rights-based media landscape that advances SRHR for all.

Acronyms and abbreviations

AYP	Adolescent Young People
AU	African Union
CAC	Comprehensive Abortion Care
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSE CSO	Comprehensive Sexuality Education Civil Society Organization
DRC	Democratic Republic of Congo
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
JHR	Journalists for Human Rights
KDHS	Kenya Demographic and Health Survey
LMICs	Low- and Middle-Income Countries
MISP	Minimum Initial Service Package
MSM	Men who have Sex with Men
MYP	Meaningful Youth Engagement
PAC	Post-Abortion Care
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights

SRR	Sexual and Reproductive Rights
STI	Sexually Transmitted Infection
ToT	Training of Trainers
UDHR	Universal Declaration of Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

About the manual

This manual is a comprehensive training resource designed to equip journalists and media professionals with the knowledge, ethical frameworks, and practical skills needed to report accurately, sensitively, and effectively on SRHR.

It aims to shift reporting from sensationalism and stigma towards **evidence-based, data-driven, solutions-oriented, and survivor-centred journalism.**

Evidence from 2gether 4 SRHR social listening reports indicates that public discourse on SRHR is often dominated by crime-focused reporting on gender-based violence (GBV), with limited inclusion of survivor perspectives. This manual addresses this gap by promoting more balanced, ethical, and inclusive storytelling.

The manual can also be adapted to support SRHR advocates in engaging effectively with media and strengthening SRHR storytelling.By improving media coverage, the manual aims to:

- Increase public awareness
- Reduce stigma and discrimination
- Strengthen informed public and policy dialogue
- Promote the rights and health of women, adolescents, key populations, persons with disabilities, and other vulnerable groups

Who is this manual for?

This manual is primarily intended for

- Journalists and reporters across print, broadcast, digital, and social media
- Editors, producers, and content managers overseeing health and human rights reporting
- Media trainers and journalism educators
- Civil society communication officers engaging with media on SRHR

Background on Sexual and Reproductive Health and Rights

Sexual and Reproductive Health and Rights (SRHR) refers to a state of physical, emotional, mental, and social well-being in relation to sexuality and reproduction, not merely the absence of disease or dysfunction.

The **Guttmacher–Lancet Commission** expands this definition to include access to services and rights such as:

- Comprehensive sexuality education
- Safe abortion care
- Prevention and treatment of sexually transmitted infections
- Respect for bodily autonomy
- Control one's body
- Define one's sexuality
- Choose one's partner
- Access confidential, respectful, and quality services

Achieving SRHR requires addressing structural barriers embedded in laws, policies, economic systems and social norms[1]. Harmful gender and social norms, unwritten rules about what is acceptable, continue to shape behaviour, limit agency, and influence access to services.

In East and Southern Africa, norms related to gender, sexuality, age, and privacy affect responses across sectors, including health, education, and justice. These norms particularly[2] restrict adolescents and key populations.

Improving wellbeing requires enabling individuals to make informed decisions about their sexual and reproductive lives while respecting the rights of others. This includes the right to:

Progress remains uneven. Despite commitments under global and regional frameworks such as the **Sustainable Development Goals (SDGs)** and the **Maputo Protocol,** challenges persist due to:

- Weak political commitment
- Limited resources
- Persistent discrimination
- Reluctance to address sexuality openly

The cost of inaction[3] is significant. 2gether 4 SRHR estimates that the economic burden of unmet SRHR needs among young people.[4] is substantial, including billions of dollars in losses in countries such as South Africa and Zimbabwe.

[1] https://www.2gether4srhr.org/uploads/files/WHAT-WORKS-REVIEW_2025-05-16-153700_zqpb.pdf
[2] https://www.2gether4srhr.org/news/transforming-social-norms-a-key-to-sexual-and-reproductive-health-in-east-and-southern-africa
[3] https://www.2gether4srhr.org/uploads/files/JC3130E-cost-of-inaction-south-africa-zimbabwe_en.pdf
[4] https://www.2gether4srhr.org/resources/understanding-the-network-of-norms-affecting-adolescent-sexual-and-reproductive-health-and-rights

Definition of terms

Adolescent Mother	A girl or young woman aged 10–19 who is pregnant or has given birth.
Comprehensive Abortion Care (CAC)	A full range of services including information, safe abortion care (where legal), post-abortion care, contraception counselling, and psychosocial support.
Comprehensive Sexuality Education (CSE)	A curriculum-based process that equips young people with knowledge, skills, and values related to sexuality, health, and relationships.
Data Journalism	The use of data to identify, analyse, and communicate trends and insights in news reporting.
Gender-Based Violence (GBV)	Harmful acts directed at individuals based on gender, including practices such as FGM and child, early, and forced marriage.
Harm Reduction	Approaches that minimise health and social risks associated with high-risk behaviours without requiring abstinence.
Informed Consent	Voluntary agreement based on clear understanding of purpose, risks, and use of information.
Key Populations	Groups disproportionately affected by HIV and SRHR challenges due to structural barriers, including stigma and criminalisation.
Meaningful Youth Engagement (MYE)	A participatory approach ensuring young people's voices are included in decisions affecting their lives.
Minimum Initial Service Package (MISP)	Priority SRHR services delivered at the onset of humanitarian crises.
Post-Abortion Care (PAC)	Treatment and support following miscarriage or unsafe abortion.
Sexual and Reproductive Rights (SRR)	The right to make informed decisions about one's sexual and reproductive life free from coercion, discrimination, and violence.
Solutions Journalism	Reporting that focuses on responses to social problems and their effectiveness.
Triple Threat	The intersection of GBV, HIV, and unintended pregnancy affecting adolescent girls and young women.
Trauma-Informed Interviewing	An approach that prioritises safety, consent, and well-being when engaging with survivors.

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01

Youth voices in SRHR storytelling

Overview

Young people and youth-led networks such as The UNITED! Movement[5] are not only beneficiaries of SRHR programmes, they are also experts in their own experiences, innovators, and agents of change.

Excluding their voices can lead to inaccurate reporting, reinforce stigma, and limit effective solutions. Meaningful inclusion leads to more accurate, inclusive, and impactful journalism.

This module addresses the gap between reporting about young people and working with them. It provides practical and ethical guidance for engaging youth as sources, collaborators, and audiences.

Learning Objective

To equip journalists with the tools, ethical frameworks, and strategies to engage young people meaningfully in SRHR reporting, shifting from adult-centred narratives to inclusive, youth-informed storytelling.

Methodology

This module uses an interactive and participatory approach aligned with the core principles of meaningful youth engagement:

- **Experiential learning:** Activities enable journalists to experience both interviewer and interviewee roles, fostering empathy and deeper understanding.
- **Direct testimony:** A live youth panel and interviews provide firsthand insights, bridging theory and practice.
- **Collaborative co-creation:** Group discussions and shared outputs support collective learning and practical application of youth-inclusive storytelling.
- **Multimedia integration:** Videos and social media examples cater to diverse learning styles and maintain engagement.

[6] https://docs.google.com/document/d/1tVJpinv0aEaLZ2Gpt2n6uF0Z7G4z2gmeZ7gGAFjGM6Y/edit?pli=1&tab=t.0

Session One Meaningful Youth Engagement

Overview

This session equips journalists with practical tools, ethical frameworks, and editorial strategies to meaningfully engage young people in SRHR reporting—as sources, collaborators, and audiences.

Learning Objectives

By the end of this masterclass, participating journalists should be able to:

1. **Explain** the importance of youth inclusion in SRHR reporting
2. **Recognise** the role of youth-led storytelling and digital activism
3. **Apply** ethical approaches to engaging young people as sources and co-creators
4. **Identify** ways to shift reporting from adult-centred narratives to youth-inclusive storytelling

Activity 1: Opening Exercise – Who Speaks for the Youth?

Purpose: To assess whose voices dominate SRHR coverage and identify gaps in youth representation.

Steps:
- Divide participants into small groups.
- Ask each group to reflect on recent SRHR stories involving young people
- Discuss whose voices were most prominent (e.g. experts, policymakers, youth).
- Identify barriers to youth participation and how these shape public narratives

Output: A collective "Youth Inclusion Gap Map"

Understanding Meaningful Youth Engagement
Meaningful youth engagement is a participatory process in which young people's ideas, experiences, and perspectives are integrated into decision-making at all levels[6]. This includes involvement across all stages of programmes, policies, and initiatives:

- Design
- Implementation
- Monitoring and evaluation

It requires moving beyond tokenism to **shared decision-making[7] and co-creation**. Young people consistently identify the following as essential for meaningful engagement:

- Trust and recognition as equal partners
- Opportunities for intergenerational dialogue
- Access to data, evidence, and youth-friendly research
- Communication tools and media support
- Technical and financial resources

[6] https://www.unesco.org/en/youth/engagement
[8] https://www.unfpa.org/sites/default/files/pub-pdf/FinalVersion-Strategy-Web.pdf

In the context of SRHR, meaningful youth engagement improves:

- Programme relevance
- Data quality
- Accountability
- Uptake of services

Evidence shows that engaging young people as researchers, advocates, and programme designers leads to more effective and responsive interventions. Examples include:

- Youth advocacy improving access to youth-friendly health services (e.g. Rwanda)
- Social media campaigns reducing stigma around HIV treatment (e.g. Kenya)
- Youth participation in policy processes and funding proposals

Why Youth Inclusion matters in SRHR Reporting

Africa's youth population is projected to exceed **830 million by 2050**, yet many young people report limited opportunities to participate in public discourse.

At the same time:

- Adolescent girls and young women remain disproportionately affected by HIV
- In Eastern and Southern Africa, new HIV infections among girls aged 10–19 are significantly higher than among boys
- The region accounts for a large share of global adolescent AIDS-related deaths

A **life-course approach** recognises adolescence as a critical stage that shapes lifelong health and wellbeing. Including youth perspectives ensures that reporting reflects these realities.10

Why Youth Inclusion is important in SRHR Reporting

1. Youth are key stakeholders
- In many countries, over 60% of the population is under 25
- Young people face unique SRHR challenges, including limited access to services and information

2. Inclusion improves accuracy and relevance
- Youth provide lived experience and context often missing from expert-driven narratives
- Co-creation strengthens storytelling and audience connection

3. Inclusion builds trust and engagement
- Audiences engage more with content that reflects their realities
- Youth-informed reporting performs better on digital platforms

4. Inclusion aligns with global commitments
Frameworks such as CEDAW, ICPD, the Beijing Platform for Action, AU Agenda 2063, and the SDGs emphasise youth participation in decision-making.

5. Inclusion strengthens solutions
Young people are innovators leading community initiatives, digital campaigns, and peer education efforts.

The Risk of Exclusion

Excluding youth perspectives can result in:

- Policies that fail to address real needs
- Persistent stigma and misinformation
- Missed opportunities for social change

Activity 2: Experience Sharing – "Nothing About Us Without Us"

Purpose: To provide journalists with direct insights from young people on how they want to be represented in the media.

Steps:

- Convene a panel of four young changemakers (approximately 5 minutes each);
- Facilitate discussion on:
    - Why youth perspectives are often excluded
    - How young people want to be represented
    - How journalists can engage youth ethically
- Ensure diversity across gender, geography, disability, HIV status, and other identities.

Headline bank framing youth voices in SRHR Reporting

A. Youth Centered Framing

- "Young Voices Leading the SRHR Conversation."
- "Nothing About Us Without Us: Youth Demand Space."
- "Real Voices Behind SRHR Statistics."

B. Headlines Linking Youth Voices to Accountability & Rights

- "Youth Call for Accountability in SRHR Service."
- "Young People Demand Dignity and Access."
- "Youth Demand Respectful, Rights-Based SRHR Services."
- "From Silence to Advocacy: Youth Redefining SRH Rights."
- "Young People Challenging the Gaps in SRHR Policies."

C. Gender-Responsive / AGYW-Focused Headline

- "Youth Call for Accountability in SRHR Service."
- "Girls Speak Up: Centering AGYW Voices in SRHR Reporting."
- "Young Women Leading Change in SRHR Access."
- "AGYW Break the Silence on Barriers to SRHR."
- "Teen Voices, Real Realities: Inside the SRHR Challenges Girls Face."

D. Positive Masculinity & Young Men's SRHR Voices

- "Young Men Are Breaking Myths in SRHR Discussions."
- "Boys and Young Men Speak Up on Responsibility and Respect."
- "New Masculinities: Young Men's Voices in SRHR Solutions."

E. Headlines Linking Youth Voices to Data & Evidence

- "Teen Voices, Real Realities: Inside the SRHR Challenges Girls Face."
- "Behind the Numbers: Youth Stories Giving Meaning to SRHR Data."
- "Youth Realities That Statistics Don't Show."
- "Regional HIV/SRHR Data Through the Eyes of Young People."

F. Digital & Multimedia Storytelling Angles
- "Youth Are Rewriting SRHR Narratives on TikTok and Instagram."
- "Digital Creators Elevate Youth SRHR Stories."
- "How Young Voices Online Are Transforming SRHR Awareness."

G. Solutions-Focused Headlines
- "Youth innovations Transforming SRHR Access."
- "Young Changemakers Driving Community SRHR Solutions"
- "From Barriers to Breakthroughs: Youth-Led SRHR Interventions"
- "Youth Voices Inspiring New SRHR Approaches in Communities"

Key Tips for reporting with youth

1. Co-create Story Ideas
- Involve youth from the story-planning stage. Ask them what narratives are important to them and what perspectives are often missing.
- Encourage young people to suggest angles or topics that reflect their lived realities.

2. Prioritize Safe and Inclusive Spaces
- Ensure interviews and discussions are conducted in environments where youth feel safe, respected, and free from judgment.
- Clarify consent for quotes, images, and video use.

3. Use Youth-Friendly Language
- Avoid jargon-heavy or overly technical SRHR language; use terms that resonate with young audiences while maintaining accuracy.

4. Diversify Youth Representation
Feature a range of youth voices—different genders, abilities, regions, and backgrounds—to avoid stereotyping or generalizing.

5. Acknowledge Power Dynamics
Recognize the inherent power imbalance between journalists and youth sources; work to build trust and mutual respect.

6. Highlight Youth as Change Agents
Showcase stories where youth are not just recipients of SRHR information, but also leaders and advocates driving change.

7. Integrate Social Media Storytelling
Collaborate with youth to adapt content for platforms they use (e.g., Instagram Reels, TikTok, YouTube Shorts) and co-create shareable formats.

8. Fact-check with Youth
Involve youth in verifying the accuracy of how their experiences are represented.

9. Consult with Adolescent and youth Engagement experts -
Gain from their insights and experiences.

Activity 3: Wrap-Up – "My Youth-Inclusive Pledge"

Purpose: To help the learners commit to action and accountability in their youth SRHR reporting;

Steps:
- Each journalist writes one commitment to improve youth inclusion in their work.
- These are shared in a group, forming a visual "Commitment Wall." if the training is online, they can share on the chat, and these can be documented
- Optionally, sign a symbolic "Youth Voices Media Charter."

SRHR Youth Inclusion Checklist

A journalist should ask themselves the following questions when including youth perspectives in their SRHR Story Telling.

Participation & Representation
- Are young people meaningfully involved beyond being "case studies"?
- Are youth included as experts, advocates, peer educators, or leaders?
- Does the story reflect diverse youth voices (gender, disability, rural/urban, key populations, school-going and out-of-school youth)?
- Are adolescents (10–19) and young adults (20–24) clearly distinguished where relevant?
- Have we avoided tokenism?

Informed Consent & Assent
- Was informed consent obtained in a language the young person understands
- For minors, was parental/guardian consent secured (where appropriate and safe)?
- Was assent from the young person themselves obtained?
- Was the purpose of the story clearly explained (platform, audience, risks)?
- Does the young person understand they can withdraw at any time?
- Was consent obtained for photography, video, audio, and social media reuse?
- Is the young person at risk of harm if identified (e.g., LGBTQI+, HIV status, SGBV survivor, minor seeking abortion care)?
- If risk exists, are pseudonyms, voice alteration, or silhouette imagery used?

Safeguarding & Do No Harm
- Has a risk assessment been conducted?
- Are we avoiding retraumatization?
- Was psychosocial support information provided where sensitive topics were discussed?
- Are interview questions trauma-informed and non-judgmental?
- Are we avoiding sensationalism?

Accuracy & Context
- Does the story include verified SRHR data?
- Are myths and misinformation corrected?
- Is the story placed within policy or legal context? (e.g., age of consent, access to contraception, safe abortion laws)
- Are youth experiences contextualized within structural barriers (poverty, stigma, policy gaps)?
- Are youth quoted accurately and not misrepresented?

Language & Framing
- Is non-stigmatizing language used?
- Are we avoiding victim-blaming?

- Is the tone respectful and empowering?
- Are youth portrayed as agents of change rather than passive beneficiaries?
- Are harmful stereotypes avoided (e.g., “irresponsible teens,” “immoral girls”)?

Power Dynamics & Ethical Interviewing
- Was the interview conducted in a safe, private environment?
- Was there any economic or social pressure influencing participation?
- Are we transparent about compensation (if any)?
- Are journalists trained in engaging adolescents on sensitive SRHR issues?
- Was adequate time given for reflection before publication?

Digital Safety & Online Risks
- Have we considered online harassment risks?
- Are social media comments monitored if youth are identified?
- Is geolocation data removed from images where necessary?
- Are digital files stored securely?
- Has consent included cross-platform digital sharing?

Intersectionality & Inclusion
- Are voices of young women, young men, and non-binary youth included?
- Are young people living with HIV meaningfully represented?
- Are youth with disabilities included (with accessible communication formats)?
- Are rural, refugee, or marginalized youth represented?
- Does the story reflect how multiple vulnerabilities intersect?

Feedback & Accountability
- Were young participants given the opportunity to review their quotes (where appropriate)?
- Is there a mechanism for correction or withdrawal post-publication?
- Have we shared the final product with participating youth?
- Are youth credited appropriately (if safe to do so)?

Red Flags to Watch For
- ❌ “Poverty porn” or exploitative imagery
- ❌ Publishing identifiable minors in sensitive SRHR cases
- ❌ Using youth stories without their knowledge
- ❌ Overexposure of vulnerable youth for advocacy optics
- ❌ Extractive storytelling without community benefit

Table One -Story examples of Youth involvement and Voices in SRHR

Reading: Role of Youth in Policy Advocacy	
Ambassador for Youth and Adolescent Health Program (AYARHEP) in Kenya collaborates with other SRHR champions to petition the court on clauses in the National Reproductive Health Policy 2022-2032(NRH Policy).	https://www.kelinkenya.org/petitioners-win-partial-victory-in-reproductive-health-policy-case/
Ruele, 26 year old Young HIV advocates stand up to fake news and stigma	
Ruele, 26, is a Kenyan young advocate working with Y+ Kenya and is trying to address the major challenge of stigma. Too many people feel shame taking Antiretroviral Therapy(ART) , especially young men. Ruele takes his ART in public to help normalise the idea of taking this medication and is using social media to reach young people	https://www.unicef.org/esa/stories/young-hiv-advocates-stand-fake-news-and-stigma
The Power of a Podcast: Radio 4000 Listening Parties Shape the Future with and for Adolescent Girls and Young Women (AGYW)" (2025)	
Through this initiative, young people across ESA share experiences on HIV, SRHR, relationships and health services, bringing lived youth realities into public discourse	https://www.2gether4srhr.org/news/the-power-of-a-podcast-radio-4000-listening-parties-shape-the-future-with-and-for-adolescent-girls-and-young-women

02

Reframing Gender Based Violence in the media

Overview

Gender-based violence (GBV) remains one of the most reported SRHR issues in Eastern and Southern Africa. It includes forms of violence such as intimate partner violence, sexual abuse and exploitation, rape, and female genital mutilation (FGM), among others.

GBV is driven by deeply entrenched social and cultural norms that normalise violence within relationships. These norms limit individuals' ability to negotiate safe sexual practices, restrict access to justice, and contribute to poor health outcomes, as outlined in the regional[9] policy guidance on social and gender norms.

Reframing GBV in media reporting requires a shift away from victim-blaming and sensationalism towards a focus on survivor dignity, prevention, and systemic change. This includes:

- Using survivor-centred and respectful language
- Avoiding harmful stereotypes and assumptions
- Highlighting resilience, recovery, and access to services
- Reporting on effective interventions and accountability mechanisms

This module supports participants to move beyond court reporting and high-profile cases. It encourages journalists to amplify survivor perspectives, report on community-led prevention efforts, and highlight structural drivers and solutions to GBV.

Learning Objectives

By the end of this 90-minute module, participants will be able to:

- Identify gaps in conventional reporting on gender-based violence (GBV) affecting women and girls, using evidence and research
- Apply survivor-centred interviewing and storytelling techniques
- Highlight community-driven prevention and response efforts beyond legal and criminal justice frameworks
- Use GBV reporting to strengthen policy accountability and public awareness
- Develop compelling human-interest stories that centre the lived experiences of women and girls

Methodology

This module employs a participatory, case-based learning approach:

- Critical Analysis - Deconstructing harmful media examples to identify problematic patterns.
- Ethical Role-Playing - Practicing trauma-informed interviewing techniques in a safe training environment.
- Collaborative Problem-Solving - Group exercises to reframe headlines and develop story angles.
- Legal & Policy Toolkit - Framing international and regional frameworks as practical tools for investigative journalism.
- Solutions-Journalism Focus - shifting the focus from solely exposing problems to highlighting effective interventions.

[9] https://www.2gether4srhr.org/uploads/files/Policy-Guidance-for-Social-Gender-Norms-Eastern-Southern-Africa.pdf

Session One Why we must change the narrative: The case for ethical GBV reporting

Session objective: This session highlights the critical role journalists play in shaping public understanding of gender-based violence (GBV). It recognises GBV as a widely reported issue in the media and examines common gaps in coverage, including sensationalism and victim-blaming.

The session introduces a strengthened approach to GBV reporting grounded in ethics, evidence, and impact. It supports journalists to adopt more accurate, responsible, and survivor-centred reporting practices.

Gaps in Reporting GBV within Eastern and Southern Africa Media

Journalism is a powerful tool for advancing social justice, particularly in addressing gender-based violence (GBV). Journalists can amplify the voices of women, girls, and gender-diverse people; expose the different forms of violence they face; and challenge harmful social norms that sustain inequality and GBV.

Evidence from the 2gether 4 SRHR joint programme, which commissioned Ipsos to analyse traditional and social media[10] coverage shows that GBV is one of the most frequently reported SRHR issues. Nearly half of the analysed coverage focused on GBV, alongside HIV and broader SRHR topics.

Similarly, the **Global Media Monitoring Project (GMMP) 2025**[11] found that GBV is a prominent global news topic, accounting for 1.8% of coverage following politics and governance (26%), the economy (17%), and crime and violence excluding GBV (16%). Reported GBV issues most commonly included sexual harassment, rape, femicide, trafficking, and intimate partner violence.

Despite this visibility, significant gaps remain in how GBV is reported.

1. Limited Understanding of the GBV–SRHR Nexus

Gap:
Media coverage often treats GBV and SRHR as separate issues. Reporting tends to focus on criminal justice outcomes without linking to health and rights implications.

Example:
Coverage of rape cases may highlight arrests or court proceedings but omit critical SRHR elements such as access to emergency contraception, post-exposure prophylaxis (PEP), or psychosocial support[12].

Result:
Missed opportunities to show how GBV affects SRHR outcomes, including unintended pregnancy, unsafe abortion, HIV transmission, and mental health.

[10] https://www.2gether4srhr.org/uploads/files/Ipsos-Media-Scans-Review-and-Learnings-Phase-1_2025-08-21-121813_sqcq.pdf
[11] https://whomakesthenews.org/gmmp-2025-key-findings/
[12] https://peopledaily.digital/news/only-3-of-gbv-stories-in-kenya-focus-on-perpetrators-report

2. Underrepresentation of Survivors' Voices

Gap:
Reporting relies heavily on official sources such as police and courts, while survivors' perspectives are often absent, anonymised to the point of invisibility, or presented in sensationalised ways.

Result:
Stories lack human context and fail to reflect the barriers survivors face in accessing services, including stigma, discrimination, and limited availability of youth-friendly care.

3. Sensationalism and Victim-Blaming

Gap:
Media analysis highlights the use of inappropriate language and framing that can perpetuate harmful stereotypes or assign blame to survivors.

Example:
Terms such as "love gone wrong" or "love triangle" minimise the seriousness of GBV and obscure issues of consent, coercion, and bodily autonomy.

Result:
Such framing normalises violence and undermines survivor dignity.

4. Limited Use of a Rights-Based Approach

Gap:
Coverage is often event-driven, focusing on incidents rather than linking them to rights, legal obligations, and access to services.

Result:
Audiences are informed about what happened, but not about survivors' rights to healthcare, protection, dignity, and justice, or the state's responsibility to provide these services.

5. Inadequate Focus on Prevention and Structural Drivers

Gap:
Reporting tends to focus on individual cases rather than underlying causes such as gender inequality, harmful social norms, lack of comprehensive sexuality education, and weak health systems.

Result:
GBV is presented as isolated incidents rather than a preventable issue linked to broader social and structural factors.

6. Limited Understanding of Medical and Legal Processes

Gap:
Some journalists lack knowledge of key SRHR service pathways and legal frameworks, including:
- Access to post-rape care
- Medico-legal evidence collection
- Reporting timelines
- Relevant legislation (e.g. sexual offences laws)

Result:
Reporting may unintentionally misinform audiences or discourage survivors from seeking care.

7. Limited Follow-Up and Accountability Reporting

Gap:
Media coverage often ends after the initial incident, with little follow-up on:
- Access to justice
- Health outcomes
- Policy responses

Result:
Opportunities are missed to hold institutions accountable and to highlight systemic gaps in GBV and SRHR services.

While GBV receives significant media attention, the quality of reporting remains uneven. Strengthening GBV reporting requires a shift towards **survivor-centred, rights-based, and solutions-focused journalism** that reflects the full complexity of GBV and its links to SRHR.

Session Two — How to report differently: Skills for survivors may be people living with disability, people facing conflict & displacement or LGBTQ

This practical session translates ethical principles into **actionable reporting skills.** Participants will learn how to conduct safe and ethical interviews, use appropriate language, and illustrate stories without causing harm.

Learning Objectives:

By the end of this session, participants should be able to:
- Apply ethical standards for obtaining informed consent and conducting trauma-informed interviews
- Use non-stigmatising, person-first language in GBV reporting
- Identify ethical and creative approaches to storytelling that protect survivor dignity

Guiding Principles for Media Professionals

Journalists play a critical role in raising awareness of GBV and challenging harmful norms and misconceptions. Responsible reporting can highlight survivor resilience, promote accountability, and support social change.

Survivors' Best Interests as Key

All reporting on GBV must prioritise the safety, dignity, and well-being of survivors.

Journalists should:
1. Protect survivors' rights to privacy, confidentiality, and security
2. Assess potential risks before publishing any story
3. Ensure there is a clear public interest purpose beyond human interest
4. Consider how reporting may affect individuals and communities

Where appropriate, survivors should be allowed to share their experiences in general terms to minimise the risk of re-traumatisation.

Rights-Based Language and Terminology in GBV Reporting

Rights-based reporting recognises survivors as **rights holders**, not passive victims.

Good practice includes:
- Using the term "survivor" (except in legal contexts)
- Avoiding language that implies blame or responsibility
- Using gender-neutral terms where appropriate (e.g. "person experiencing violence")
- Clearly attributing responsibility to perpetrators

Avoid:
- Sensational or emotional language
- Terms that minimise violence (e.g. "domestic dispute", "lover's quarrel")
- Phrases that imply blame (e.g. references to clothing, behaviour, or location)

Use accurate terminology aligned with international standards, such as:
- Gender-based violence (GBV)
- Intimate partner violence (IPV)
- Sexual and gender-based violence (SGBV)
- Sexual exploitation and abuse (SEA)

Protect the identity of the Survivor, their families and Associations and audience:
- Do not publish names, images, or identifying details of survivors or their families
- Avoid sharing details that could indirectly reveal identity (e.g. location, physical characteristics)
- Use trigger warnings where appropriate
- Ensure that publication does not expose survivors or service providers to harm

Consult with GBV experts and Provide Support information
- Engage local GBV experts to ensure accuracy and contextual understanding
- Seek guidance when ethical risks are unclear
- Include information on available support services, where appropriate and safe
- Obtain consent from service providers before sharing contact details

Considerations when Reporting on GBV Survivors in Marginalised Groups

Survivors With Disabilities
- Respect autonomy: Do not assume they cannot speak for themselves; always ask how they prefer to communicate.
- Accessible communication: Provide sign language, simple language, or alternative formats as needed.
- Avoid infantilization: Use adult language and avoid portraying them as helpless or childlike.
- Protect identity: Be extra cautious—assistive devices, caregivers, or locations can reveal identity unintentionally.
- Acknowledge compounded risks: Note that stigma, dependency on caregivers, and inaccessible justice systems increase vulnerability.

LGBTQ+ Survivors
- Maintain strict confidentiality
- Use chosen names and pronouns with consent
- Avoid sensationalism
- Highlight structural barriers such as criminalisation and discrimination

Migrants, Refugees, or Displaced Persons

- Do not disclose immigration status
- Avoid publishing identifiable locations (e.g. camps or shelters)
- Recognise power dynamics and dependency on institutions
- Highlight barriers to justice and services

Ethical and Safe Survivor Interviews

- Ensure a **private, safe, and confidential setting**
- Use trained interpreters who understand confidentiality and GBV dynamics
- Respect cultural context and survivor preferences
- Allow survivors to:
- Decline questions
- Pause or stop the interview
- Choose the time and location

Journalists should:

- Clearly explain the purpose and use of the story
- Avoid intrusive or re-traumatising questions
- Provide contact details for follow-up

Key principle: Do no harm.

Manage Expectations

- Be transparent about the purpose of the story
- Clarify that participation does not guarantee financial or programme support
- Ensure that any support provided does not influence the interview

Ethical Use of Images and Visual Content

- Do not use identifiable images without informed, written consent
- Avoid images that compromise dignity or safety
- Use visuals that illustrate broader issues rather than specific incidents
- Avoid using stock images that misrepresent survivors

Reporting on Children

Children require the highest level of ethical protection.
Requirements:

- Obtain guardian consent and child assent
- Ensure the child understands and agrees to participate

Do NOT proceed if:

- The guardian is the alleged perpetrator
- The guardian may expose the child to harm

In such cases:

- Seek consent from an authorised protection professional
- Conduct interviews under supervision of a trained child protection expert

Important:

- Do not publish identifiable images of child survivors
- Avoid any content that could lead to stigma, harm, or retraumatisation

See examples of super creative anonymous photography and illustrations for sensitive topics.

Story Title	Story Link
The child witches of Liberia	https://s.telegraph.co.uk/graphics/projects/child-abuse-witches/index.html
Hope in their hands: Refugee children share their keepsakes	https://www.unicef.org/stories/hope-their-hands-refugee-children-share-their-keepsakes
Coventry refugee children's drawings show reality of war	https://www.bbc.com/news/uk-england-coventry-warwickshire-46461154

Creative anonymous photography and illustrations

When reporting on sensitive topics,[13] particularly GBV, visual materials must prioritise **safety, dignity, and confidentiality.**

1. **Conceal Identifying Features**
   - **Blur faces**, tattoos, or other recognizable features.
   - **Crop** images to focus on non-identifiable elements (eg, **hands, objects)**
   - Take photographs from **behind** or at **angles** that protect identity.

2. **Use Illustrations and Abstract Visuals**
   - Replace real images with **illustrations, icons, or artistic representations drawings**
   - Use **stock images** that are generic and non-identifiable
   - Ensure illustrations are **respectful and realistic,** and free from stereotypes or sensationalism.

3. **Avoid Revealing Contextual Clues**
   Do not include identifiable details such as:
   - **Location**
   - **School names**
   - **Street signs,** or landmarks
   - Use neutral or non-idetentifiable backgrounds where possible.

4. **Use Composite or Symbolic Visuals**
   - Combine several **non-identifiable images** (e.g., objects, places, or symbols) to tell a story.
   - Use **shadows, silhouettes, or reflections** to convey emotion while preserving anonymity.

5. **Add Captions Responsibly**

Avoid captions that reveal identity or sensitive details

Avoid:

"Jane, 17, from Kibera, survivor of GBV"

Use Instead:

- "A young SRHR advocate,"
- "Participant in a youth dialogue,"
- "Symbolic image used to illustrate adolescent SRHR."

[13] https://www.unicef.org/youthledaction/media/791/file/UNICEF-Guidance-on-Consultations-with-Young-People.pdf.pdf

Community-Led Solutions to GBV

Community-led approaches are essential in addressing GBV. These solutions are grounded in local realities, cultural context, and the lived experiences of affected communities.
Local activists, survivor networks, and grassroots organisations often:

- Identify risks early
- Provide safe spaces and psychosocial support
- Advocate for policy and social change
- Strengthen community accountability mechanisms

Highlighting Community Leaders
Journalists are encouraged to spotlight local initiatives and changemakers working to prevent and respond to GBV.

Example:
Purity Gikunda, Co-Founder of **Greenland School** (featured on CBC Canada) – integrating GBV prevention into education. (Facilitator note: Show CBC video during training)[14].

Visual storytelling should inform without causing harm. Ethical use of images strengthens reporting while protecting the dignity and safety of individuals and communities.

Session Three From Problem to Solution: Building Better Story Angles

The final session empowers journalists to proactively find and frame stories that make a difference. It focuses on moving beyond the criminal case to report on prevention, solutions, and systemic accountability.

Learning Objectives

By the end of this session, participants will be able to:
- Develop a story idea that spotlights community-led solutions or systemic policy gaps.
- Pitch a solution-focused story angle that avoids sensationalism and centers accountability.
- Utilize a provided "Story Angle Menu" to generate ideas for impactful GBV reporting.

Tangible Story Ideas on GBV in ESA (Linked to Triple Threat)

The goal: **move beyond courtroom cases and sensationalism** → focus on s**ystemic issues, community responses, and survivor voices.**

A. Policy & Accountability Stories
- **Budget Tracking**: Where is the GBV budget? Investigate whether allocated funds for GBV shelters, hotlines, and legal aid reach communities.
- **Service Gaps:** Are survivor support services (counseling, legal aid) accessible in rural areas?
- **Data Gaps:** Why do official GBV statistics differ from CSO data? How does underreporting affect policy response?
- **School Safety:** How are ministries of education addressing sexual violence in schools, especially during prolonged school closures?

[14] https://www.youtube.com/watch?v=sTHB9MJKWtk

B. Community-Driven Solutions

- **Local Innovations:** Community watch groups or paralegal networks supporting GBV survivors in remote areas.
- **Faith-Based Responses:** Religious leaders driving conversations about gender norms and ending harmful practices.
- **Youth-Led Campaigns:** Digital activism on TikTok or WhatsApp against sexual harassment or early marriage.
- **Men as Allies:** Male champions engaging in breaking cycles of violence.

C. Survivor-Centered & Human-Interest Angles

- **Survivor Resilience:** Women rebuilding lives after GBV—how economic empowerment or education transformed their paths.
- **Adolescent Voices:** Stories of girls navigating GBV risk while seeking SRHR services during pregnancy.
- **Post-Survivor Support:** What happens after the court ruling? The long road of mental health, stigma, and reintegration.

D. Triple Threat Intersection

- **GBV & HIV:** How sexual violence drives HIV infection in adolescent girls, especially where PEP access is limited.
- **GBV & Early Pregnancy:** Link between coerced sex, early/unintended pregnancy, and school dropouts.
- **Disability and GBV:** How girls with disabilities face higher risk and limited reporting options.

E. Under-Reported GBV Angles

- **Economic-linked GBV:** Partners denying women financial resources—impact on livelihoods.
- **Online/Technology Facilitated GBV:** Cyberbullying and sextortion targeting adolescent girls.
- **Conflict-related GBV:** Stories from refugee camps in DRC, South Sudan, or Northern Mozambique.
- **Justice Barriers:** Survivors withdrawing cases due to stigma, cost, or corruption.

F. Best Practices for GBV Reporting

- **Use survivor-centered language:** “Survivor” not “victim,” avoid sensational terms.
- **Ethical interviewing:**
  - → Obtain informed consent;
  - → Ensure privacy and security;
  - → Avoid re-traumatization (don’t push for graphic details).
- **Diversify sources:** Include community workers, health officials, legal experts, and survivors.
- **Frame solutions:** Showcase successful interventions and policy reforms.

G. How Journalists Drive Accountability

- **Data-driven stories:** Use GBV statistics from UN Women, WHO, UNICEF, and national gender observatories.
- **Monitor Policy and international frameworks:** Track ratification vs. implementation of protocols like Maputo.
- **Shift the Narrative:** From individual blame to structural and cultural issues (patriarchy, harmful norms, religious beliefs etc).
- **Plan to Agenda-set GBV during campaigns:** Spotlight GBV during elections—hold candidates accountable for gender commitments.

Activity Writing GBV Headlines

Steps

- This is a real time simulation of GBV stories headlines.
- Ask the participants to rewrite them, so they shift the focus from sensationalism and perpetrator-centered framing to survivor-centered, systemic, and solution- focused narratives.
- Then share and discuss your reframed headlines in breakout groups or the chat box

Example:

From - ***"Teacher Charged with Defilement of Student"***

To - ***"Gap in School Safety Policies Fuels Rising GBV Cases – Survivors Call for Urgent Reform"***

Problematic Headlines to Reframe

1. "Jealous Husband Burns Wife Alive After Dispute"
2. "Schoolgirl Elopes with 40-Year-Old Man"
3. "Beauty Queen Brutally Murdered in Love Triangle"
4. "Drunk Man Beats Wife Over Dinner Argument"
5. "Village in Shock After Mother of Three Commits Suicide"

Answers to expect- Remember there could be several other ways to capture it.

- **Original -** "Jealous Husband Burns Wife Alive After Dispute"
- **Reframed -** "Lack of Enforcement of GBV Laws Leaves Women Vulnerable – Calls Grow for Stronger Protection Measures"
- **Original -** "Schoolgirl Elopes with 40-Year-Old Man"
- **Reframed -** "Child Marriage Persists Despite Legal Ban – Community Leaders Mobilize to Protect Girls' Rights"
- **Original -** "Beauty Queen Brutally Murdered in Love Triangle"
- **Reframed -** "Femicide Rates Rise as Experts Urge Urgent Action on Intimate Partner Violence"
- **Original -** "Drunk Man Beats Wife Over Dinner Argument"
- **Reframed -** "Alcohol Abuse and Weak Response Systems Fuel Domestic Violence –
- Survivors need Shelter Access"
- **Original -** "Village in Shock After Mother of Three Commits Suicide"
- **Reframed -** "Untreated Trauma and GBV Linked to Rising Suicide Rates – Mental Health Services Remain Scarce"

Frameworks to Hold Governments Accountable on GBV in East and Southern Africa

Journalists play an important role in promoting accountability by referencing **international, regional, and national legal frameworks** in their reporting on gender-based violence (GBV).

To report accurately, journalists should verify whether a country has:

- **Signed** a legal instrument
- **Ratified** it (making it legally binding)
- **Domesticated** it into national law
- Understanding this status helps journalists assess government obligations and hold institutions accountable. Key frameworks can support reporting by:
- Providing a **rights-based lens**
- Clarifying state responsibilities
- Strengthening evidence-based storytelling

Journalists are encouraged to consult legal experts, human rights lawyers, and gender advocates to interpret these frameworks and apply them effectively in reporting.

Universal Declaration of Human Rights (UDHR, 1948)

- **Article 1:** All human beings are born free and equal in dignity and rights.
- **Article 3:** Right to life, liberty, and security of person → directly relates to freedom from GBV.
- **Article 5:** No one shall be subjected to torture or to cruel, inhuman, or degrading treatment → GBV violates this protection.
- **Article 7:** Equal protection of the law without discrimination.

Implication for GBV:
The UDHR established that women and girls are entitled to equal dignity, security, and protection, making GBV a fundamental violation of human rights.

International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966)

- **Article 2:** Non-discrimination in enjoyment of rights (including sex-based discrimination).
- **Article 3:** Equal rights of men and women in all Covenant rights.
- **Article 12:** Right to the highest attainable standard of physical and mental health → includes protection from GBV and access to survivor-centred health services.

Implication for GBV:
States must take steps to address GBV as a barrier to women and girls fully enjoying their economic, social, and cultural rights, including education, work, a

Convention on the Rights of the Child (CRC, 1989)

- **Article 19:** Protection from all forms of physical or mental violence, injury, abuse, neglect, maltreatment, or exploitation.
- **Article 24:** Right to health and healthcare, including measures to abolish traditional practices harmful to children's health (e.g., FGM).
- **Article 34:** Protection from sexual exploitation and sexual abuse.
- **Article 39:** Recovery and reintegration of child victims of abuse, neglect, exploitation, torture, or armed conflict.

Implication for GBV:
The CRC obligates states to prevent and respond to GBV against girls, including sexual violence, child marriage, and harmful practices, and to ensure survivor support and justice.

Beijing Platform for Action

Global commitment to address violence against women and girls. It notes that women need to be healthy to realise their full potential. This includes proper nutrition, sexual and reproductive rights, mental health as well as freedom from violence. It advocates for states to better coordinate provision of health services for women and girls including survivors of violence.

The International Conference on Population and Development (ICPD)

This is a global conference that sought to address population issues and promote human rights, including SRHR. The ICPD recognized the importance of ensuring universal access to reproductive health services, reducing maternal mortality, and promoting gender equality.

CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women)

1. Requires states to eliminate discrimination and violence against women.
2. Adopted in 1979, CEDAW notes that discrimination against women violates the principle of equality of human rights and respect for human dignity.
3. Challenges states to take all appropriate measures to eliminate discrimination against women by any person, organization, or enterprise. iii. States to take all appropriate measures, including legislation to modify or abolish existing laws, regulations, customs, and practices which constitute discrimination against women.
4. States to take appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care, including those related to family planning.

Maputo Protocol (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa)

The Maputo Protocol of Action urges member states to combat all forms of discrimination against women through appropriate legislative, institutional, and other measures. The Protocol also includes a clear reproductive rights provision (Article 14). Article 14(2)(c) obliges States Parties to authorise medical abortion in cases of sexual assault, rape, incest, and where the continuation of the pregnancy endangers the mental or physical health or the life of the pregnant woman.

SADC Protocol on Gender and Development

Requires member states to halve GBV by 2030.

African Union Convention on Ending Violence Against Women and Girls (AU-CEVAWG) (adopted 2025)

This landmark convention requires member states to prevent, investigate, and punish all forms of violence against women and girls and to provide survivor-centered services and reparations; journalists can use it as a benchmark to hold governments to account on laws, budgets, and service delivery for VAWG.

African Charter on the Rights and Welfare of the Child (1990)

The Charter affirms children's rights to protection, health, and education and prohibits harmful practices and sexual exploitation. Journalists should cite it when investigating child marriage, sexual violence against minors, access to adolescent SRHR services, and state obligations to protect young people.

Sustainable Development Goals (SDG Goal 3, 5, and 10)

- **Goal 3:** Ensure Healthy lives and promote well-being for all at all ages
  - » **Target 3:1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births 2030;
  - » **Target 3:7** By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive Health into national strategies and programmes;

- **Goal 5:** Achieve gender equality and empower all women and girls;
  - » **Target 5:1** End all forms of discrimination against all women and girls everywhere;
  - » **Target 5:2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation;
  - » **Target 5:3** Eliminate all harmful practices such as child early and forced marriages and female genital mutilation;
  - » **Target 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;
  - » **Target 5c.** Adopt and strengthen sound policies and enforceable legislation for the promotion of Gender equality and the empowerment of all women and girls at all levels
- **Goal 10:** Reduce inequality within and among countries
  - » **Target 10.3** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating Discriminatory laws, policies, and practices and promoting appropriate legislation, policies, and action in this regard;
  - » **Target 10.2** By 2030, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, or economic or other status.

Additional Legal frameworks to hold the government accountable

Most East and Southern African countries have:

- Constitutions guaranteeing equality
- Domestic Violence Acts / Sexual Offences Acts
- National GBV Action Plans (many countries have cost action plans aligned with SDG 5).
- Child Protection Laws that prohibit child marriage and sexual exploitation;
- Ministerial decrees and guidelines on Gender Based Violence In Kenya, the frameworks include;
  - » The Constitution of Kenya (2010), Penal Code, Sexual Offenses Act (2006), Children's Act (2022), Protection Against Domestic Violence Act (2015), Prohibition of Female Genital Mutilation Act (2011);
  - » HIV Prevention and Control Act (2017), Countertrafficking in Persons Act (2010);
  - » Computer Misuse and Cybercrimes (Amendment) Act (2025), Marriage Act (No. .4 of 2014) and;
  - » International Crimes Act (No 16 of 2008).

Checklist for Reframing GBV Reporting

A. Survivor-Centered Approach

- Prioritize the safety, dignity, and consent of survivors.
- Obtain informed consent before sharing any information, images, or quotes.
- Protect identity: avoid names, identifiable details, recognizable images, or exact locations.
- Use trauma-sensitive language and avoid re-traumatizing interviews.

B. Ethical Framing and Language

- Avoid sensationalism, graphic details, or victim-blaming language.
- Use accurate terms: "survivor" instead of "victim" where appropriate.
- Focus on the perpetrator's actions, not the survivor's behaviour or attire.
- Avoid stereotypes about gender, culture, or sexuality.

C. Contextualizing GBV as a Structural Issue

- Present GBV as a systemic human rights issue, not an isolated incident.
- Highlight drivers: harmful norms, unequal power relations, economic inequality, conflict, climate shocks, etc.
- Link individual cases to broader trends, laws, policies, and data.

D. Accuracy and Verification

- Verify all sources, including police, medical, and community reports.
- Cross-check allegations with multiple credible sources.
- Avoid publishing unverified claims—especially in breaking news.

E. Do No Harm

- Evaluate potential risks for survivors, families, or communities before publishing.
- Assess whether publishing details could expose survivors to retaliation or intimidation.
- Consider cultural sensitivities and the local security environment.

F. Balanced Voices and Representation

- Include survivors' voices only with consent and in a respectful, empowering way.
- Include experts: counsellors, GBV advocates, legal experts, human rights bodies, and SRHR specialists.
- Avoid over-reliance on official/male voices (police, chiefs) while excluding women's rights or youth voices.

G. Avoid Harmful Myths and Misconceptions

- Challenge myths: e.g., "GBV is a private matter," "provoked," or "caused by alcohol alone."
- Ensure stories are free of stereotypes related to gender, age, disability, sexual orientation, or ethnicity.

H. Provide Support Information

- Always include help-seeking information: hotlines, shelters, legal aid, psychosocial support, SRHR services.
- Where possible, highlight community resources or national GBV/Child Helplines.

I. Inclusivity and Intersectionality

- Acknowledge vulnerability of diverse groups: adolescents, persons with disabilities, LGBTQ+ persons, key populations, displaced persons, older women, etc.
- Reflect lived realities respectfully without sensationalising or exposing them.

J. Strengthening Accountability

- Highlight duty bearers' roles: law enforcement, judiciary, health facilities, community
- Follow up on court cases, enforcement of laws, and gaps in service delivery.
- Avoid narratives that normalise impunity.

K. Solutions and Positive Masculinity

- Feature stories on prevention, positive masculinity, and community-led change.
- Share innovative SRHR/GBV response models and youth-led initiatives.

L. Quality Editing and Headline Discipline

- Ensure headlines are survivor-friendly and avoid sensational language.
- Match headlines to content without exaggeration or distortion.
- Avoid clickbait that reduces serious GBV cases to shock value or drama.

03

Engaging men and boys for gender equality and positive SRHR outcomes

Overview

This module addresses a critical gap in SRHR reporting: the role of men and boys in promoting positive SRHR outcomes through positive masculinity and the transformation of harmful gender norms.

Evidence from the 2gether 4 SRHR joint programmes indicates that discussion on masculinity increasingly dominates social media across the region, with growing engagement around positive masculinity and its role in driving social change. Several countries have begun institutionalising this shift. Uganda was the first in the region to develop a 'male engagement strategy', with UNAIDS support followed.[37] by Lesotho, Malawi, Lesotho, Malawi, Zimbabwe and Kenya.

Moving beyond stereotypes that portray men solely perpetrators or disengaged actors, this module equips journalists to explore the diverse roles men play—as partners, service users, survivors of violence, and allies in advancing gender equality and improving SRHR outcomes.

Journalists play a critical role in shaping public narratives. This module supports them to:

- Report on masculinity as a **public health and social issue**
- Challenge harmful and restrictive gender norms
- Amplify positive male role models and community initiatives
- Highlight how transforming masculinities contributes to improved health and well-being for all

Promoting positive masculinity can:

- Improve health-seeking behaviour among men and boys
- Increase uptake of SRHR services
- Reduce stigma and discrimination
- Support the prevention of GBV, HIV, and unintended pregnancy (the "triple threat")

Across Africa, community-based approaches are already demonstrating impact. These include:

- Peer-led outreach in spaces where men and young people gather
- Youth-led support networks providing mentorship, home visits, and safe spaces
- Community dialogue platforms that encourage open discussion of health and gender norms

Such approaches help address barriers identified by young people, including:

- Perceptions of judgemental attitudes from service providers
- Concerns about confidentiality
- Limited access to youth-friendly services

Transforming harmful gender norms and promoting positive masculinity are essential to achieving sustainable SRHR outcomes. Media coverage that reflects these shifts can contribute to changing attitudes, behaviours, and social norms across communities.

Learning Objective

By the end of this module, journalists will be able to-

- **Explain the importance** of engaging men and boys for achieving gender equality and positive SRHR outcomes for all.
- **Identify and challenge harmful stereotypes** and outdated narratives about masculinity in their own reporting and media landscape.
- **Develop stories** that showcase positive masculinity, shared responsibility, and the role of men as allies and beneficiaries of SRHR.

- **Apply practical tools** for interviewing men and boys on SRHR issues in a way that is insightful and avoids reinforcing harmful norms.

Methodology

This module uses reflective and interactive techniques to unpack deeply accepted norms and practice alternative storytelling angles:

- **Critical Reflection:** Journalists analyze their own and their peers' past work/case studies to identify common narrative tropes about men.
- **Narrative Shift Framework** - Provides clear, practical examples of how to reframe common story angles.
- **Panel/Role-Playing & Simulation** - A hands-on activity allows journalists to experience the stark difference between traditional and empathetic interviewing techniques. Could involve a male SRHR champions or health advocates.
- **Solutions Journalism** - Focuses on finding and showcasing programs and policies that successfully engage men and boys in positive ways. For example, the media could develop stories on male engagement strategies for Uganda, Lesotho, Malawi, Zimbabwe, Zambia, Botswana and Kenya. See the Ugandan example[15].

Session One The "Why" – Making the Case Beyond the Obvious

This session makes the data-driven case for why engaging men and boys is not a zero-sum game but an essential public health strategy for improving outcomes for all. It challenges journalists to think beyond common objections and understand the real cost of restrictive masculinity norms.[15]

Objectives

By the end of this session, participants will be able to:

- Articulate the negative impact of restrictive masculinity norms on the health of men, women, and communities.
- Identify key data points (e.g., men's HIV testing rates, maternal mortality linked to partner support) that reveal gaps in male engagement.
- Defend the importance of including men in SRHR narratives without diminishing focus on women's rights and autonomy.

Reframing Masculinity in Africa

Across Africa, men and boys are increasingly engaging in conversations about what it means to be a man and an ally in advancing sexual reproductive health and rights (SRHR). These discussions are informed by growing research on how social and gender norms shape attitudes, behaviors and health outcomes.

Harmful gender norms can discourage men from seeking healthcare and promote risk-taking behaviours, sexual dominance, and a perceived sense of invulnerability. These norms negatively affect men' s own health outcome and contribute to broader SRHR challenges.

Evidence from UNAIDS and partners highlights that men and boys remain underrepresented in HIV testing, treatment, and care services in Eastern and Southern Africa. Addressing these gaps requires targeted efforts to engage men as active participants in health-seeking and prevention behaviours.[17]

[15] https://www.2gether4srhr.org/news/africas-embrace-of-positive-masculinity-is-saving-lives-in-five-unique-ways
[16] https://menengageafrica.org/resource/the-national-strategy-for-male-involvement-participation-in-reproductive-health-maternal-child-and-adolescent-health-and-rights-nutrition-including-hiv-tb/
[17] https://www.2gether4srhr.org/news/transforming-social-norms-a-key-to-sexual-and-reproductive-health-in-east-and-southern-africa

The Role of Social and Gender Norms

The 2gether 4 SRHR policy brief on transforming harmful norms emphasises that social and gender norms remain among the most significant barriers to health, rights, and equity in the region.

These norms:
- Limit access to SRHR information and services
- Reinforce inequality and discrimination
- Contribute to stigma and gender-based violence (GBV)
- Drive preventable negative health outcomes

Often operating subtly but pervasively, these norms influence behaviours at individual, community, and institutional levels.

Impact of Patriarchy on SRHR

Patriarchal systems further restrict women's autonomy and access to SRHR services. This includes limited decision-making power regarding:

- Family planning
- Child spacing
- Use of protection methods

These constraints increase vulnerability to unintended pregnancies, HIV, and other adverse health outcomes. Transforming harmful gender norms[18] and promoting equitable decision-making are essential to improving SRHR outcomes for both men and women. Engaging men and boys as allies is a critical component of this process.[19]

Evidence on Harmful Gender Norms and SRHR Outcomes

A recent 2gether 4 SRHR policy brief highlights the measurable impact of harmful social and gender norms across Eastern and Southern Africa.[20]

Key findings include:
- **Zambia:** Men aged 25–39 account for 43% of new HIV transmissions, reflecting norms that normalise multiple partnerships and discourage health-seeking behaviour.

- **Regional trend:** Adolescent girls and young women aged 15–24 represent approximately 10% of the population but account for 28% of new HIV infections. This reflects gender inequality, power imbalances in relationships, and limited access to education and health services.

- **Adolescent birth rate:** At 92 births per 1,000 girls, the regional rate is nearly twice the global average. This is linked to norms that restrict open discussion of contraception and limit access to services.

- **Namibia:** Approximately 33% of ever-married women aged 15–49 report experiencing intimate partner violence, highlighting the normalisation of control and abuse.

[18] https://www.2gether4srhr.org/news/how-male-clinics-and-community-dialogues-are-redefining-masculinity-and-transforming-lives-in-lesotho
[19] https://www.2gether4srhr.org/uploads/files/2533-2gether4SRHR-Men-and-Boys-V3-1.pdf
[20] https://www.2gether4srhr.org/resources/policy-brief-transforming-harmful-norms

- **South Africa:** 30.7% of men report having used physical violence against an intimate partner more than once, reflecting persistent power imbalances in relationships.

- **Tanzania:** Fewer than 1.1% of women aged 15–49 who experience physical or sexual violence seek support services, reflecting stigma, normalisation of violence, and barriers to care.

Gender Norms and the Burden of Responsibility

Across many African contexts, sexual and reproductive health (SRH) is often viewed primarily as a woman's responsibility. At the same time, men may neglect their own SRH needs, as well as their roles in supporting the health of their partners and families.

Efforts to address men's SRH needs are sometimes met with concern that increased focus on men could undermine services for women. It is essential that policies continue to prioritise and protect women's rights to access and use SRHR services.

However, evidence shows that engaging men and boys in SRHR has mutual benefits.[21]

Why Engaging Men Matters

Providing men and boys with SRHR education including gender equality education and access to services can:
- Improve their own health outcomes and quality of life
- Promote shared responsibility in relationships, including family planning and parenting
- Support women's access to SRHR services
- Reduce the burden on health systems

Research indicates that engaging men in SRHR:
- Encourages healthier behaviours and increased service uptake (Marcell et al., 2015)
- Supports equitable decision-making in relationships (Starrs et al., 2018)
- Contributes to improved outcomes for women, children, and families

In addition, SRHR services provide an entry point to address broader health needs among men. This is particularly important given that men, globally, have shorter life expectancy and are disproportionately affected by many major health conditions (Ragonese et al., 2019).

Addressing harmful gender norms and engaging men and boys as partners in SRHR is essential to improving health outcomes, advancing gender equality, and strengthening health systems.

2gether 4 SRHR recommendations to Improve SRHR Outcomes

Creating Safe and Participatory Spaces
Transforming harmful social norms requires creating safe, participatory spaces that enable reflection and dialogue.

Example:
The ***PREPARE intervention*** in South Africa[22] used structured school-based programmes to support adolescents in reflecting on gender norms, power and violence. The intervention contributed to measurable reductions in intimate partner violence by promoting healthier relationship norms.

[21] https://www.2gether4srhr.org/news/transforming-social-norms-a-key-to-sexual-and-reproductive-health-in-east-and-southern-africa
[22] https://www.2gether4srhr.org/uploads/files/POLICY-BRIEF-Transforming-Harmful-Norms_2025-10-09-033104_dgba.pdf

Similarly, the *'Men's Corner'* clinic initiative in Lesotho helped shift social normalise male health-seeking behaviour. By providing services in male-friendly environments, it challenges the perception that accessing healthcare is incompatible with masculinity.[23]

Publicising and diffusing change
Norms shift more rapidly when new behaviours are made visible, accepted, and reinforced.
The media plays a critical role in:

- Amplifying positive behaviours
- Showcasing role models
- Normalising change through storytelling

Example:
The ***Momentum Project*** in the Democratic Republic of the Congo engaged local role models to share their experiences of safer sexual behaviours in public forums, followed by community discussions. This approach helped legitimize behaviour change and contributed to reduced HIV risk.

Reinforcing and sustaining change
Sustained change requires consistent reinforcement through institutions, systems, and policies.

Example:
The Connect with Respect programme in Botswana strengthened the capacity of teachers and community facilitators to deliver school-based GBV prevention initiatives. Schools and communities reinforced positive norms, promoting respectful and non-violent relationships.

Role of Faith Based and Religious Institutions

Faith-based organisations (FBOs) and religious leaders play a significant role in shaping social norms across Eastern and Southern Africa.UNAIDS has supported religious leaders to:

- Speak out against gender-based violence (GBV)
- Promote gender equality and non-violence
- Engage men and boys in SRHR and HIV prevention

FBOs[25] contribute by:

- Leading community initiatives on GBV and gender equality
- Promoting zero tolerance for violence
- Supporting prevention, treatment, and care efforts

While many faith traditions emphasise compassion, dignity, and care for vulnerable populations, collaboration is essential to address persistent stigma and discrimination.UNAIDS/FBO Strategic Framework.[26] highlights the importance of partnership that:

- Engage religious leaders in addressing gender norms
- Support community dialogue on GBV and SRHR
- Promote inclusive, rights-based approaches within faith communities

[23] https://www.2gether4srhr.org/news/how-male-clinics-and-community-dialogues-are-redefining-masculinity-and-transforming-lives-in-lesotho
[24] https://link.springer.com/article/10.1186/s12905-022-02032-1
[25] https://www.unaids.org/sites/default/files/media_asset/20100326_jc1786_partnership_fbo_en_0.pdf
[26] https://berkleycenter.georgetown.edu/interviews/a-discussion-with-rev-canon-gideon-byamugisha-founder-african-network-of-religious-leaders-living-with-or-personally-affected-by-hiv-aids

The "Man Box": How Restrictive Norms Harm Everyone

The concept of the ***"Man Box"*** refers to rigid and restrictive norms that define what it means to be a man. These norms often promote:

- Emotional suppression
- Dominance and control
- Risk-taking behaviour
- Pressure to be the sole provider

Such expectations create a narrow definitions of masculinity and can negatively affect both men and women

- **Impact on Men**
  - » Leads to poorer mental health,
  - » Increased substance abuse
  - » Risky sexual behaviors
  - » Lower uptake on health services
  - » Reduced life expectancy

- **Impact on Women**
  - » Fuels gender inequality,
  - » Higher rates of GBV and intimate partner violence
  - » Reduced autonomy in SRHR decision-making

Transforming harmful gender norms requires coordinated efforts across communities, institutions, and media. Promoting positive masculinity and inclusive social norms benefits the health, safety, and well-being of all.

Session Two Shifting the Narrative – From Problem to Partner

This practical session equips journalists with tools for journalists to improve how they frame stories. It moves from identifying the common challenges to applying solutions, with a focus on developing new story angles and effective interview techniques.

By the end of this session, participants will be able to:
- Reframe stereotype-driven narratives into solutions-focused and inclusive stories
- Formulate interview questions that avoid reinforcing stereotypes and elicit deeper, more meaningful insights

Narrative Shift Framework

Outdated Narrative (Avoid)	Reframed Narrative (Embrace)
Men as obstacles to women's SRHR.	Men as allies and beneficiaries of gender equality.
Women empowered to use contraception."	Couples communicating for shared contraceptive choice.
Father absent from childcare."	Dads championed shared parenting and parental leave.
Boyfriend infects girlfriend with IV."	Young men leading 'Know Your Status' campaigns to protect their partners.

Table 3: Narrative Shift Framework

Session Three Finding the Story – Angles and Case Studies

This session provides journalists with practical story ideas and credible sources. It enables participants to experience the impact of effective questioning through role-play exercises.

By comparing ineffective and effective interview techniques, participants develop a deeper understanding of how empathetic, narrative-driven questioning leads to more insightful and responsible reporting.

Learning Objectives

By the end of this session, participants will be able to:

- Demonstrate the use of **empathetic, narrative-driven questioning** in interview scenarios
- Analyse how different questioning techniques influence the quality and depth of responses
- Apply at least one improved interviewing technique in their future reporting

Story Ideas and Angles on Male Engagement

A. Stories portraying men as allies, caregivers and champions of not only as perpetrators or gatekeepers, highlight them as **allies, caregivers, and champions of change** in SRHR.

B. They Show examples of men supporting **partner health, family planning, and shared decision-making.**
Emphasize **positive role models** — teachers, religious leaders, or young men leading peer education.
Use storytelling that shows **growth and transformation** ("from harmful to helpful masculinity"

Example story angle:
"From Silence to Support: How Young Men in Zambia Are Redefining Fatherhood and Family Health."

C. Feature Everyday Champions
Look for **local male champions** who quietly contribute to better SRHR outcomes — nurses, boda boda riders promoting condom use, male youth leaders encouraging girls to stay in school, etc.

Tell their **personal journeys** and motivations.
Highlight **what worked** — training, mentorship, peer support — to inspire replication.

Example story angle:
"The Midwife Who Changed Minds: A Male Nurse Advocating for Adolescent SRHR in Tanzania."

D. Center Voices of Both Genders
Balance male and female perspectives.
Include testimonies of **women and girls** who have experienced the benefits of male engagement.
Feature **men reflecting** on how gender norms shaped their own health and relationships.

Tip: Use **dialogue-based formats** — e.g., "Conversations Between Generations" or "He Said/She Said"— to make stories more relatable.
Example: Watch on how adolescent fathers are affected by adolescent pregnancies:[27]

[27] https://www.youtube.com/watch?v=RY9mY3rWQk0

E. Show Impact on Health and Wellbeing

Connect positive masculinity directly to SRHR outcomes;
Increased uptake of family planning. Reduction in GBV.

Example story angle: "Why Men Matter: Linking Male Engagement to Safer Motherhood in Kenya."

F. Use Sensitive and Empowering Visuals

Portray men **interacting positively** — e.g., attending clinic visits, talking with sons/daughters, or engaging in community dialogues;
Avoid imagery that reinforces power hierarchies or pity narratives;
Use **symbolic visuals** (hands, shared work, laughter) to convey respect and care.

G. Highlight Community and Policy Efforts

Profile local or regional programs that **train men as SRHR allies** — including initiatives by UNFPA, Sonke
Gender Justice, MenEngage, or community-based organizations.
Explore what **policy gaps or successes** exist in national SRHR strategies regarding male engagement.

Example story angle: "Changing Norms, Changing Lives: The Ripple Effect of MenEngage Clubs in Malawi."

H. Integrate Cultural and Faith Perspectives

Explore how **faith and tradition** can support (not hinder) positive masculinity;
Engage **progressive religious leaders** who promote compassion, equality, and mutual respect within relationships.

Example story angle: "Faith in Change: Church Leaders Encouraging Men to Stand for Women's Health in Uganda."

I. Use Solutions Journalism

Don't just highlight the problem — focus on what's working and why.
Ask:
What innovative ideas are changing male attitudes toward SRHR?
What can be scaled up or replicated elsewhere?

Example story angle: "The Power of Peer Circles: How Young Men in Lesotho Are Rethinking Masculinity and SRHR."

J. Include Intergenerational Voices

Bridge generations — older men mentoring boys, fathers talking to sons about consent or responsibility.
This approach helps **connect traditional values with modern SRHR principles.**
Example story angle: "Conversations Across Generations: Fathers and Sons
Redefining Respect and Responsibility."

K. Policy & Accountability Angles

Tracking paternity leave policies - Which SADC countries have progressive, non- transferable paternity leave? What is the uptake? Why does it matter?
Men in health systems - Profile male nurses, midwives or community health workers who are championing SRHR and challenging gender stereotypes within their profession;
Tracking the success of FBOs-led interventions that directly partner with and engage men in addressing gender dynamics about HIV prevention, violence against women and girls, treatment and care;
Holding governments accountable - Are there budgets for programs that specifically work with men and boys to prevent GBV or promote HIV testing?

L. Human Interest & Solutions Angles

The Active Father - Profile a father who is the primary caregiver, showcasing the joys and challenges, and interviewing the family about the benefits;

The Champion Husband - Interview a man who accompanied his wife for antenatal care, supported her family planning choices, or advocated for her during childbirth;

The Male Survivor - Ethically and sensitively report on men who are survivors of sexual violence or who have struggled with mental health, breaking the silence around these taboo issues.

Question Formulation when Interviewing Men and Boys Avoid Reinforcing Stereotypes

Instead of Asking...	Try Asking...
"As the man of the house, how do you provide for your family?"	How do you and your partner share the responsibilities of providing and caring for your family?"
"Why did you decide to let your wife use contraception?"	How did you and your partner come to the decision about family planning together?"
"don't you think real men are strong and silent?"	How does the idea that 'men don't cry' affect your health and your relationships?"

Table 4: Question Formulation when Interviewing Men & Boys Avoid Reinforcing Stereotypes

Activity One: Practical Exercise - The "Man on the Street" Reboot

Purpose

To demonstrate how different interviewing techniques shape the quality and depth of responses on SRHR when engaging men.

Steps

- Divide participants into two groups without disclosing which is handling the traditional or reframed approach.
- Each group will role-play with three roles-
  - » **Journalist** – asks the questions.
  - » **"Man on the Street"** – responds as an ordinary interviewee.
  - » **Rapporteur/Secretary** – records the answers.

- **Group A (Traditional Style)**- Journalist asks generic questions like:
  - » "What do you think about women's rights?"
  - » "Do you support gender equality?"

- **Group B (Reframed Style)** - Journalist uses narrative-driven, specific prompts such as-
  - » "What's the best piece of advice your father gave you about how to live
  - » and interact with women? What would you tell your son differently?"
  - » "If you had a daughter, what would you want her to know about relationships that you didn't know at her age?"
  - » Likely outcomes- deeper, more reflective, emotional, and personal insights.

- The exercise will demonstrate traditional vs. reframed styles and highlight how journalistic framing can either reinforce clichés or unlock nuanced, human-centered stories. Participants can reflect on which style is more useful for SRHR reporting and why.

Checklist for Reporting on Men and Boys' Engagement in SRHR

Find below the checklist in reporting men and boys engagement in a nuanced ethical and human-centered way.

Highlight Positive, Rights-Based Engagement
- Focus on men and boys as allies and partners in promoting SRHR.
- Showcase actions that advance gender equality, respectful relationships, and shared responsibility.
- Avoid framing men as "heroes" rescuing women; centre shared rights and mutual respect.

Use Gender-Transformative Language
- Show how men are challenging harmful norms, not reinforcing stereotypes.
- Use language that recognises power dynamics and promotes equitable behaviour.
- Avoid language that normalises patriarchy or male dominance.

Include Diverse Male Experiences
- Reflect voices of adolescents, young men, fathers, male caregivers, men with disabilities, and LGBTQ+ men.
- Avoid assuming men are a homogeneous group with similar motivations or barriers.

Accurate Context and Evidence
- Provide data on how male involvement improves SRHR outcomes (maternal health, HIV prevention, GBV reduction).
- Link stories to national or regional policies, community programmes, or evidence-based interventions.
- Provide data on how male involvement improves SRHR outcomes (maternal health, HIV prevention, GBV reduction).
- Link stories to national or regional policies, community programmes, or evidence-based interventions.

Avoid Reinforcing Harmful Norms
- Do not imply that women need men's permission to access services;
- Avoid narratives that blame women or shift responsibility for SRHR solely to men;
- Avoid sensationalism around masculinity.

Respectful and Inclusive Representation
- Present men as capable of empathy, care work, and partnership;
- Show men and boys participating in non-traditional roles (caregiving, advocacy, family planning decisions);
- Ensure that women's voices and agency remain visible in the story.

Ethical and Balanced Storytelling
- Obtain consent from all persons featured, especially adolescents;
- Avoid exposing sensitive personal information (HIV status, sexual orientation, etc.);
- Balance narratives with expert input—SRHR specialists, counsellors, youth advocates.

Link to Solutions and Community Impact
- Highlight programmes, innovations, or community initiatives that effectively engage men and boys;
- Show real change—behaviour shifts, improved relationships, reduced GBV, increased health-seeking behaviour.

Call to Action and Resources
- Where appropriate, provide information on SRHR services, hotlines, or support programmes.
- Encourage responsible, gender-equitable participation.

Further Reading

Bridging the Gap - Men and Sexual Reproductive Health and Rights[28], a 2gether 4 SRHR provides an assessment of how SRHR policies and strategies across several ESA countries include (or fail to include) the specific SRHR needs of men and boys, particularly adolescent boys and young men (18–34). The report attempts to map the policy environment is critical for understanding where male-focused SRHR engagement is lacking and where potential entry points exist.

Under a programme supported by UNFPA (and partners), a group of young men and adolescents used theatre/drama and community dialogues to challenge taboos around family planning, condom use, adolescent sexual health, and harmful norms.[29] The story shares personal testimony from a young male community mobiliser who describes how participation changed his view of masculinity and strengthened SRHR uptake in his community.

[28] https://www.2gether4srhr.org/resources/bridging-the-gap-men-and-sexual-reproductive-health-and-rights?utm_source=chatgpt.com
[29] https://zambia.unfpa.org/en/news/changing-face-srhr-through-male-involvement

04

Media coverage of key populations

Reporting with Dignity to Advance Health and Rights

Overview

This module addresses one of the most sensitive and critical areas of SRHR reporting: coverage of key populations (KPs). These include sex workers, men who have sex with men, people who inject drugs, and transgender individuals.

Key populations often face heightened levels of stigma, discrimination, criminalisation, and violence. These challenges are frequently reinforced by harmful or inaccurate media portrayals.

This module supports journalists to move beyond stereotyping and sensationalism by developing the knowledge, language, and ethical skills needed for accurate and responsible reporting. It emphasises:

- Humanising stories of key population
- Highlighting structural drivers of vulnerability
- Promoting access to services and rights-based accountability

Changing attitudes and social norms takes time. For example, individuals like "James," a gay man who turned to sex work for survival, have become advocates for SRHR through engagement with the 2gether 4 SRHR programme.[30] Such examples demonstrate the importance of inclusive, rights-based approaches.

Launched in 2018, the **2gether 4 SRHR programme** supports policy and programmatic interventions across ten countries: Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia, and Zimbabwe. The program works in collaboration with

- Regional human rights institutions
- Civil society organisations
- Networks of people living with HIV
- Adolescents and young people
- Key population networks.[31]

Key Interventions and Challenges
Programme interventions include:
- Advocacy and strengthening of KP-focused programming
- Peer education initiatives
- Digital and social media outreach, particularly in contexts where same-sex relations and sex work are criminalised

Despite progress, significant challenges remain:
- Restrictive legal and policy environments
- Persistent stigma and discrimination, including within healthcare settings
- Fear among key populations to access services
- Limited availability of reliable data to inform evidence-based interventions

The media plays a critical role in shaping public understanding and influencing attitudes towards key populations. However, evidence from a UNICEF media analysis of SRHR, HIV, and GBV coverage in Eastern and Southern African,[32] indicates that reporting is largely focused on GBV, sexual abuse and reproductive health, with minimal coverage of key populations.
This gap highlights the need for more inclusive, accurate, and rights-based reporting that reflects the realities and needs of key populations.

[30] https://www.2gether4srhr.org/uploads/files/Reaching-Key-Population-Groups-with-Sexual-and-Reproductive-Health-Services.pdf
[31] https://www.unicef.org/esa/media/11906/file/Reaching%20Key%20Population%20Groups%20with%20%20Sexual%20and%20Reproductive%20Health%20Services.pdf
[32] https://www.2gether4srhr.org/uploads/files/Media_Scan_-Executive_-Summary_-Coverage-_of_SRHR_HIV__-Sexual-Gender_based_violence_in_ESA.pdf

Learning Objective

This Module seeks to empower journalists to produce evidence-based, rights- affirming, and solutions-oriented reporting on key populations by mastering sensitive language, trauma-informed interviewing, and rigorous accountability framing, thereby reducing media-perpetuated stigma and improving public understanding.

Methodology

This module employs a balanced approach of factual grounding and ethical skill- building:

- **Data-Driven Foundation:** Uses stark statistics to establish the disproportionate impact of HIV and SRHR disparities on KPs, framing it as a public health and human rights imperative.
- **Ethical Case Studies:** Analysis of harmful vs. helpful reporting examples to build critical awareness.
- **Legal & Policy Toolkit:** Introduces international and regional frameworks (Maputo Protocol, SDGs) as tools for holding governments accountable.
- **Practical Scenarios:** Role-playing and group exercises to practice ethical decision-making, interviewing, and risk assessment before publication.
- **Solutions-Journalism Focus:** Challenges participants to find angles that highlight community resilience, effective programs, and policy solutions.

Session One Understanding Key Populations Beyond the Labels

This session provides the foundational knowledge and context crucial for responsible reporting. It moves beyond acronyms to explore the human realities and structural forces that create vulnerability for key populations, establishing why ethical reporting is a matter of life and death.

Objectives:

By the end of this session, participants will be able to: (include in the Hand Outs)

- **Define** key populations and explain the difference between behavior- based and identity-based groupings.
- **Analyze** the intersection of legal, social, and economic factors that drive disproportionate HIV risk and SRHR gaps among KPs.
- **Identify** relevant international and regional human rights frameworks that protect KPs and can be used for accountability reporting.

Key Populations

Defined by a higher risk of acquiring HIV due to specific behaviors and structural barriers.

- **Sex Workers:** Male, female, and transgender individuals. Vulnerability is driven by criminalization, stigma, and violence, not the work itself.
- **Men who have Sex with men (MSM):** Face severe stigma, homophobia, and criminalization in many Eastern and Southern Africa (ESA) countries, driving them underground and away from services.
- **People Who Inject Drugs (PWID):** Criminalization leads to sharing needles and equipment, increasing HIV risk. Lack of harm reduction services (e.g., needle exchange) exacerbates the problem.
- **Transgender People:** Often face intense discrimination, violence, and a lack of gender-affirming healthcare, which is a critical SRHR need.
- **People in Prisons and Closed Settings:** Overcrowding, lack of condoms and lubricants, and violence create extremely high-risk environments.

Key Drivers for the Key Population

Their vulnerability stems from a combination of factors that increase their risk of both infection and poor health outcomes to SRHR.

- **Criminalization & legal barriers** - Laws that criminalise sex work, same-sex relations, drug possession or gender expression limit access to services and increase fear of arrest.
- **Stigma & discrimination** - Health worker bias, social ostracism, family/community rejection.
- **Service barriers** - Clinic hours, ID requirements, hostile staff, lack of peer-led services.
- **Marginalisation & Poverty** - Transactional sex, survival sex, overcrowding, food insecurity.
- **Institutional settings** - Overcrowded prisons, poor sanitation, lack of privacy, and friendly health care services.
- **Intersecting vulnerabilities** - Age, disability, migration status, mental health, conflict related displacement.

Relevant Data related to Key Populations

Globally, key populations and their sexual partners account for a significant proportion of new HIV infections. According to UNAIDS, they represented **55% of new infections in 2022**, compared to **65% in 2020**. The risk of acquiring HIV is significantly higher among key populations:

- **35 times higher** among people who inject drugs
- **34 times higher** among transgender women
- **26 times higher** among sex workers
- **25 times higher** among gay men and men who have sex with men (MSM)

Young people within key populations face compounded risks, particularly in contexts shaped by stigma, discrimination, violence and punitive legal environments.[33]

Evidence shows that:

- HIV prevalence among MSM and female sex workers under age 25 exceeded **20%** in several reporting countries (UNAIDS, 2022)
- Approximately **70% of new HIV infections among males aged 15–24** occur among MSM, trans men, and male sex workers
- Around **25% of new infections among adolescent girls and young women** are among female sex workers and transgender women

These figures highlight the disproportionate burden faced by young key populations.The heightened vulnerability of young key populations is influenced by multiple, overlapping factors:

- Stigma, discrimination, and violence
- Criminalisation of identities and behaviours.[34]
- Power imbalances in relationships
- Social isolation and exclusion
- Limited access to youth-friendly SRHR services
- Inadequate comprehensive sexuality education (CSE).[35]

These structural and social barriers restrict access to prevention, testing, treatment, and care services. In Eastern and Southern Africa (ESA), key populations and their partners account for approximately **23% of new HIV infections** (UNDP, 2022).

[33] https://www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf
[34] https://watermarkoutnews.com/2025/03/17/queer-kenyans-with-hiv-aids-face-double-burden-of-stigma-discrimination/
[35] https://www.undp.org/sites/g/files/zskgke326/files/2022-09/undp-SAYKPII-project-brief.pdf

Additional data highlights:
- **220,000 young people (15–24 years)** were newly infected with HIV in 2021
- This represents **37% of all new adult infections**
- **Young women account for 77%** of these infections
- Young women are **three times more likely** to acquire HIV than young men
- Adolescent girls.[36] (15–19 years) are **six times more likely** to acquire HIV than their male peers

Gendered and Behavioural Drivers:
Factors contributing to increased vulnerability among young women include.[37]
- Transactional sex
- Biological susceptibility
- Limited access to healthcare services

Studies also show that young key populations may have:
- Lower perception of HIV risk
- Lower uptake of HIV testing services compared to older populations.[38]

Data Gaps and Reporting Challenges

Reliable, disaggregated data on key populations remains limited due to:
- Restrictive legal environments
- Fear of disclosure
- Stigma and discrimination
- Weak monitoring and reporting systems

Strengthening data collection and reporting is essential for developing effective, evidence-based interventions.

Tip: Always ask for methodology/date when using NGO/peer group data;triangulate with at least one other source.

Addressing HIV risk among key populations requires a **rights-based, evidence-driven approach** that tackles structural barriers, improves access to services, and strengthens inclusive reporting.

Emerging trends on narratives about KPs that Journalists could look into in ESA

- Increased visibility of youth-led KP advocacy and social media activism for story ideas and sources of information, and testimonials by willing parties. For example, they give out blogs that share stories and advocates for KP issues and rights.[39]
- Harm-reduction program expansion and new policy debates around decriminalization could be considered in coverage;
- Criminalization of backlash or progressive legal changes (e.g., decriminalization/rights of court rulings).
- Progress with service innovations - differentiated service delivery (DSD), community ART refill groups, mobile/hybrid KP-friendly clinics.
- Intersectional programming - integrated GBV + HIV + SRHR services for different categories of Key Population. Are there intersectional partnerships that are best practices to be highlighted?

[36] https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-eastern-southern-africa_en.pdf
[37] https://www.unaids.org/sites/default/files/media_asset/transactional-sex-and-hiv-risk_en.pdf
[38] https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261943
[39] https://giveout.org/blog/

Legal and Policy Frameworks: What journalists could interrogate

Questions reporters can follow up (national & regional)

- Has the country ratified/implemented the Maputo Protocol / CEDAW / CRC? What obligations apply to KPs?
- Are there national laws criminalizing same-sex conduct, sex work, possession of drugs, or gender expression? How are they enforced?
- What is the national HIV strategy's coverage of KPs? Are KP-specific budget lines present?
- Are there harm reduction policies (needle exchange, opioid substitution therapy), and do they exist in practice?
- What are prison health standards? Are incarcerated people guaranteed access to SRHR services?
- What policies protect key populations who are migrants, refugees and asylum seekers' access to SRHR and HIV services?

A. When Frameworks Are Adhered To

When countries comply with frameworks (Maputo Protocol, CEDAW, CRC, Global AIDS Strategy, AU/SDGs), the following positive outcomes typically occur:

1. **Improved Health Outcomes:** Reduced HIV incidence and mortality among KPs, higher uptake of ART, PrEP, PEP, STI treatment, and better maternal/reproductive health outcomes for women and girls in KPs.
2. **Enhanced Legal Protection:** Rights-based laws reduce discrimination, arrests, extortion, and violence, and increase access to justice and accountability.
3. **Increased Access to SRHR Services:** Decriminalization opens pathways to community-led services and safe spaces, and harm-reduction programs expand (needle exchange, OST, safe shelters).
4. **Better Funding & Sustainability:** Governments are more likely to allocate budget lines for KP programs, and donors trust countries that respect frameworks, resulting in sustained financing.
5. **Stronger Data & Monitoring:** Countries produce better, disaggregated data on KPs, enabling targeted interventions and program efficiency.
6. **Regional Alignment:** Alignment with SADC, EAC, and African Union HIV/SRHR frameworks and easier cross-border service provision for migrants/refugees.

B. When Frameworks Are Not Adhered To

1. **KPs face criminalization & violence:** Allows arbitrary arrests of sex workers, LGBTQ persons, PWUD, and trans persons. Police harassment leads to fear and reduced health-seeking behaviour.
2. **HIV Incidence rises:** Denial of prevention services (PrEP, condoms, needles) leads to higher infection rates and late diagnosis, and poor viral suppression.
3. **Donor Funding at risk:** Global Fund, PEPFAR, and EU pressure countries violating KP rights and possible cuts or conditional funding.
4. **Parallel systems & inefficiencies:** When community groups must fill gaps → duplication, fragmentation.
5. **Poor monitoring & invisible populations:** Without adherence to rights frameworks, countries often exclude KPs from national surveys, distort data, and underreport violence or discrimination.
6. **Regional reputational risks:** Countries seen as hostile to KPs may hinder cross-border health programs, regional cooperation, and diplomatic relations.

International and Regional Frameworks

International Human Rights Law (UDHR, ICCPR, ICESCR, CEDAW, CRC, African Charter on Human and Peoples' Rights) enshrines rights to health, dignity, non-discrimination, and equality before the law.

- **The Maputo Protocol** (2003) protects women's rights, including SRHR, with implications for female sex workers, transgender women, and women who inject drugs.
- **African Commission on Human and Peoples' Rights (ACHPR) Resolutions,** e.g., Resolution 275 (2014), condemn violence and discrimination based on real or perceived sexual orientation or gender identity.

- **Sustainable Development Goals**

SDG Goal 3: To ensure healthy lives and promote well-being for all at all ages. Target 3;7 states that by 2030, states should ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. This includes all, including K.P. This commits states not only to universal health coverage, HIV response, gender equality, but to leaving no one behind (including Key Populations).

SDG Goal 5: Targets to achieve gender equality and empowerment for all women and girls. Target5:1 calls for an end to all forms of discrimination against women and girls everywhere.

SGD Goal 10: To reduce inequality within and among countries. Targets seek to ensure equal opportunity and reduce inequalities, including eliminating discriminatory laws, policies, and practices and promoting appropriate legislation, policies, and actions in this regard. Target 10.2 seeks to promote inclusion of all, irrespective of age, sex, disability, or other status.

Session Two The Media's Role - From Stigma to Solutions (Ethical reporting)

Session Introduction: This session translates principles into practice. Journalists will learn the tangible skills needed to report on KPs without causing harm, from the words they choose to the way they conduct interviews and assess risks before publishing.

Learning Objectives

By the end of this session, participants will be able to:
- Apply non-stigmatizing, person-first language consistently in their reporting.
- Design a trauma-informed approach to interviewing members of key populations, prioritizing safety and consent.
- Conduct a pre-publication risk assessment to mitigate potential harm to sources.

Harmful Practices to Avoid

- Sensationalism in reporting: "Shock," "Scandal," "Sin" "Vice"
- Victim-Blaming Language: Implying individuals are responsible for their vulnerability;
- Dehumanizing Labels: "Prostitutes," "Homosexuals," "Drug Addicts," "AIDS victims."
- Outing Individuals: Never disclose someone's HIV status or membership in a KP without their explicit, informed, written consent;
- Using Stock Images that reinforce stereotypes (e.g., shadowy figures with needles).

Ethical and Effective Practices to Use

- **Person-First - humanising language, Accurate Language**
  - → "Sex worker" not "prostitute."
  - → "Person who injects drugs" not "drug addict."
  - → "Person living with HIV" not "HIV/AIDS victim."
  - → Use the names and pronouns transgender people use for themselves.

- **Focus on Structural drivers:** Frame stories around laws, policies, stigma, and poverty, not individual "fault."

- **Center Human Dignity:** Tell stories of resilience, community-led responses, and advocacy;
- **Ensure Safety and Consent**: Always explain how the story will be used. Offer anonymity;
- **Solution Journalism- Include Solutions:** Highlight programs that work, e.g., peer-led education, harm reduction services, legal aid organizations, and non-discriminatory clinics. Develop human-interest pieces featuring testimonies and expert voices on an existing problem.

Do no harm; obtain informed consent; prioritize confidentiality; avoid re-traumatization; practical rules:

- **Minors & adolescents** - Anyone under the age of 18 years is considered a child under the UN Convention on the Rights of the Child and therefore consent must be gained from their parent/guardian and the journalists must put the child's best interest first when considering an interview;
- **Safety planning** - pre-agree safe times/places for contact, safe ways of communicating (encrypted apps where needed), and referral pathways for services;
- **Avoid facilitating illegal activity** - never give instructions (e.g., on injecting) — focus on health, rights and systemic issues;
- **Payment & compensation** - where appropriate, offer fair compensation for time or transport (transparent, agreed ahead). Document and consider ethical implications.

Case Study : Ethical Dilemma Case Study (This is an identity protection Exercise)

Purpose: to build skills in do-no-harm, protecting sources, and ethical decision- making.

This is the scenario for participants to consider
A sex worker in your town wants to speak about increasing police violence. She is willing to go on camera because she "wants her story to be heard."

Ask participants to decide:

- Would you film her face?
- What risks does she face after broadcast?
- What alternatives exist (silhouette, audio, pseudonym)?
- What do you tell her about possible consequences?

Participants present their choices and why.

- What they learn;
- Informed Consent;
- Risk Assessment;
- Safety over Speed

Other Story Approaches and Angles for Journalists

Accountability & policy

- Are budget lines for KP services adequate? (Budget vs. need stories)
- Stockouts or supply chain failures affecting KP access (condoms, PrEP, ARVs, methadone).

Human + system

- Profile of a KP peer educator and how outreach saves lives (humanize but protect identity).
- Prisons - prison health neglect , ART interruptions, TB outbreaks, sexual violence.
- Harm reduction in action - how needle/syringe programs reduce infections.

Data-led

- Mapping KP service deserts - which districts lack KP-friendly services?
- Trend analysis - HIV incidence among MSM vs general population over time.

Investigative
- Law enforcement practices that drive KPs underground (police harassment, extortion).
- Online exploitation networks targeting young migrants/sexual exploitation.

Solutions & innovation
- KP-led clinics, mobile clinics, community dispensing, telemedicine for KP sexual health.
- Successful decriminalisation advocacy campaigns and their impact.

Human-interest w/ rights frame
- A survivor's pathway from arrest to care — focuses on systemic failures and solutions rather than moralizing individual conduct.

Story Angles and Framing examples

Avoid This Angle	Try This Solution-Focused Angle
"Drug Addicts Spread Cut Disease in Slums"	"Needle Exchange Program Faces Funding despite 40 Drop in HIV Among PWID"
"Prostitutes Arrested in Police Raid"	"Sex Workers Demand an End to Police Violence So They Can Access Health Services"
"Gay Men a Threat to National Morals"	"Clinic Provides Lifeline for MSM in Hostile Legal Environment"

Table 5: Story Angles and Framing examples

Checklist for Reporting on Key Populations (KPs) and SRHR

Prioritise Safety and Confidentiality
- Never reveal identities, faces, names, locations or distinguishing details without explicit consent.
- Avoid showing tattoos, neighbourhoods, workplaces, or backgrounds that can expose individuals.
- Consider digital safety — blur faces, remove metadata, use pseudonyms, secure storage.
- Explain risks clearly before interviewing (arrest, stigma, eviction, violence).

Informed, Voluntary Consent
- Ensure the person understands how their story will be used, shared or edited.
- Provide the option to withdraw statements or decline certain questions.
- Confirm consent especially when dealing with minors, trauma survivors, undocumented migrants, LGBTQ+ persons, and sex workers.

Use Rights-Based, Non-Stigmatizing Language
- Use accurate terms:
- Sex workers (not "prostitutes")
- People who use drugs (PWUD) (not "addicts/junkies")
- Gay, bisexual, LGBTQ+ persons (avoid slurs or stereotypes)
- Persons living with HIV (PLHIV) (not "infected persons")
- Avoid criminalising language: "engages in sex work" vs. "sells their body."
- Avoid moralising or sensationalizing behaviour.

Contextualise Structural and Legal Barriers
- Explain how the law (criminalisation, police harassment, lack of documentation) affects SRHR access.
- Highlight barriers: stigma in health facilities, discrimination, poverty, mobility restrictions.
- Show how policy gaps influence HIV services, GBV protection, harm reduction, contraception, and mental health outcomes.

Avoid Stereotypes and Simplistic Narratives
- Don't portray Key Populations only as vectors of disease, danger, or risk.
- Avoid over-generalising ("all sex workers…" "all PWUD…")
- Highlight diversity: gender, age, disability, migration status, sexual orientation, livelihood.
- Balance stories with agency, resilience, and leadership.

Responsible Use of Data
- Use validated data sources: UNAIDS, WHO, UNFPA, national KP size estimates, 2gether4SRHR resources.
- Avoid inflating prevalence rates or implying causation without evidence.
- Explain numbers with context: service gaps, social determinants, intersectional vulnerabilities.

Include Expert and Community Voices
- Interview KP-led organisations (sex worker collectives, LGBTQ networks, PWUD groups).
- Avoid relying solely on police or government voices — ensure balance.
- Include SRHR experts, health workers, psychologists, GBV specialists.

Trauma-Informed and Do-No-Harm Approach
- Avoid graphic details of violence, drug use, or sexual acts.
- Do not pressure for emotional stories; allow survivors to set boundaries.
- Prioritise the wellbeing of the person over the story.
- If distress emerges, pause or stop interviews.

Highlight Solutions and Services
- Include information on safe SRHR services, harm reduction, shelters, community support, psychosocial care, GBV hotlines.
- Showcase positive examples of inclusive healthcare or KP-led interventions.
- Avoid doom-only narratives.

Intersectionality Awareness
- Recognise overlapping vulnerabilities:
- LGBTQ+ sex workers
- Migrant PWUD
- Disabled persons in KP groups
- Adolescents in KPs
- Avoid representing Key Populations as homogeneous.

Ethical Visual Reporting
- Use symbolic or abstract images instead of real faces.
- Avoid photos that directly identify a KP person without consent.
- Do not show harmful stereotypes (e.g., drug-use imagery, street scenes of distress).

Strengthen Accountability
- Link stories to duty-bearers: policymakers, health ministries, providers.
- Highlight gaps in rights protection, service delivery, funding, and law enforcement.
- Maintain fairness and accuracy while exposing systemic issues.

05

Triple threat

Adolescent mothers and the intersection of GBV, HIV & early unintended pregnancy

Overview

This module enables journalists to transcend sensational reporting by providing accurate, ethical, and solutions-oriented coverage of the interrelated issues of Gender-Based Violence (GBV), HIV, and unintended pregnancy affecting adolescent girls, a set of challenges collectively known as the "Triple Threat."

The module seeks to equip journalists with skills to frame these syndemic interrelated issues not as problems, but that the period presents an "Opportunity" requiring investment in education, health, and rights, so that in future families, communities and countries would be able to reap the benefits of these investments. Similarly, journalists have an opportunity to hold duty- bearers accountable and amplify the voices of those affected. The module is practical, trauma- informed, and explicitly oriented toward producing publishable content that delivers accountable journalism, reducing explicitly oriented to producing publishable content delivering accountable journalism that reduces stigma while advancing policy and programmatic accountability. The intersecting challenges that adolescent girls and mothers may face, such as HIV and violence, highlight the need for interventions that address a combination of issues, rather than just one. For example, in South Africa, findings show that this multifaceted approach is linked to positive education and health outcomes among these young women - staying in school during pregnancy, feeling self-confident, getting friendly and respectful health services and the use of formal childcare services are linked with more condom use (55–66%) thus lowering the chance of getting HIV and falling pregnant again quickly, more mothering girls progressing to the next grade (37–79%) as well as more girls returning back to school after giving birth (40–90%).

Investing in girls' education, also for those who've had a baby, and helping them stay in school can unlock their potential, help them break out of poverty and build healthier and better educated future generations. But for this to happen, harmful social and gender norms that infringe on these girls' rights need to be broken down so that they can be part of shaping their own future. The AU's commitment to inclusive education is an important step towards giving young women a brighter future, but only swift, accountable action will ensure that every girl can learn, thrive and contribute to a healthier, more equitable society. Following the 1st Pan-African Conference on Girls' and Women's Education in Africa in 2024, the African Union (AU) called upon all Member States to prioritise girls and women's education, in line with regional commitments including Agenda 2063 and the Maputo protocol. AU has asked Member States to ensure adolescent girls can access both formal and informal learning pathways such as STEM (science, technology, engineering, and maths) education and Technical and Vocational Education and Training (TVET), 2gether 4 SRHR highlights in The Right to Return policy Brief for Eastern and Southern Africa.[40] See ***Annex 2 for more on Triple Threat***

Learning Objectives

To equip journalists with the knowledge, ethical frameworks, and practical skills to investigate, frame, and produce impactful, solutions-driven stories on the interconnected challenges of GBV, HIV, and unintended pregnancy among adolescent girls, ultimately shifting public and policy discourse from stigma to investment and accountability.

Methodology

This module uses a participatory, adult-learning approach:

- **Storytelling:** Leveraging lived experiences to build empathy and context.
- **Data Literacy Exercises:** Hands-on work with real data to build investigative skills.
- **Collaborative Learning:** Group discussions and breakout activities to foster peer- to-peer learning.
- **Practical Application:** A culminating pitch session to translate learning into actionable story ideas.
- **Critical Reflection:** Guided discussions on ethics, language, and the journalist's role.

[40] https://www.2gether4srhr.org/uploads/files/Right-To-Return-7th-Jan.pdf

Session One Tracking the Triple Threat

Objective

By the end of this session, participants will be able to:

- Analyze the interconnected drivers and impact of the Triple Threat (GBV, HIV, and unintended pregnancy) on adolescent girls and reframe these challenging factors and young age of girls and their numbers offering a "Triple Opportunity" for investment and systemic change.
- Source and utilize accurate, verifiable data from governments, NGOs, UN agencies, and local communities to develop evidence-based stories that highlight both the challenges and the opportunities in investing in adolescents' health and education.
- Identify some of the key national and regional legal and policy frameworks designed to mitigate the Triple Threat and leverage.

Media's Role in Advancing Solutions against the Triple Threat

Journalists have a crucial role in exposing these links and shifting public debate from isolated headlines to systemic solutions. Reporting that simply describes incidents without tracing the social drivers, risks reinforcing stigma and missing opportunities for accountability. By centering adolescent voices, using disaggregated data, connecting stories to policy and program responses, and following trauma-informed ethical standards, reporters can illuminate prevention strategies, such as integrated youth-friendly health services, education re-entry policies, peer support networks and cash-transfer programs that demonstrably improve outcomes for adolescent mothers and their children.

Although this module shows journalists how GBV, HIV, and unintended pregnancy intersect to create a "triple threat" for adolescent girls and young mothers, it also provides practical, ethical tools and story angles for reporting on solutions that protect rights, health, and futures. The media has a role to play in making this a reality through data driven non stigmatizing storytelling and reporting that gives a human face while demanding accountability from duty bearers.

The Triple Threat Situation in East and Southern Africa

Adolescent Pregnancy

- In East and Southern Africa, a quarter of young women give birth before they're 18[41], with the teen pregnancy rate in the region at 92 per 1 000 girls, twice the global average. Moreover, six in ten girls are not in school. Adolescent pregnant mothers are more likely to experience poor mental health, stigma and discrimination, and isolation.[42]

- They are more likely to drop out of school and face increased risks of both HIV and GBV. These challenges often extend to the children of adolescent mothers, with the same issues being experienced in the next generation;

- At least half of adolescent pregnancies are unintended, reflecting a high unmet need for effective contraception. Adolescent girls aged 15-19 years old have higher rates of pregnancy and childbirth complications, and maternal conditions are the leading cause of death among adolescent girls globally. Infants born to such young mothers are at an increased risk of dying in their first month of life. According to UNICEF in 2020 low- and middle-income countries, newborn, child, and adult offspring born to adolescent mothers were disadvantaged compared with those born to mothers aged 19 years or older, in terms of important health outcomes. First-time mothers have a higher risk of having a child who has stunting, suffers diarrhea, and has moderate or severe anemia.

[41] https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy
[42] https://www.unicef.org/esa/media/12906/file/AH-PCA-SRH-pregnancy-motherhood-policy-brief.pdf

- According to 2gether 4 SRHR, too many adolescent mothers never return to school after childbirth — not because they lack ambition or ability, but because systems are still not designed to accommodate adolescent motherhood or support alternative pathways for young mothers to continue learning. In the evidence-informed policy brief The Right to Return,[43] over half, 11 of 21 countries (52%) of Eastern and Southern Africa countries reported having a specific school re-entry policy for pregnant and parenting adolescents. The findings of the regional study using online survey - conducted with 18 Ministries of Education, 31 UNICEF and UNESCO Country offices, and 67 civil society organizations across 21 EASA countries indicate that only six out of 10 countries reported full implementation and a dedicated budget to re- entry and more than half had measures that target boys and young men. A 2022 Human Rights Watch report also highlighted in 2gether 4 SRHR website indicates that at least 38 African countries have adopted laws or policies that ensure pregnant girls can stay in school, and go back after giving birth. Angola, Eswatini, and Ethiopia have no comprehensive national frameworks that protect continuation or re- enrolment, leaving school administrators with wide discretion to exclude girls;

- Tanzania, although it lifted its formal ban in 2021, still lacks a robust, rights-based re- entry policy, and many girls continue to face administrative barriers, stigma, and inconsistent implementation. In these contexts, the absence of clear legal protections means that pregnant and adolescent mothers are often pushed out of school, either formally or through informal pressure, undermining their education, SRHR outcomes, and long-term socio-economic opportunities.

HIV

Eastern and Southern Africa remain the epicenter of the global HIV epidemic. Two-thirds of the global population of adolescents living with HIV reside in this region.[44]

HIV remains the number one cause of death of adolescents in 12 countries in Eastern and Southern Africa. And HIV accounts for 10% of maternal deaths in this region.

Girls are disproportionately affected by HIV. 85% of the adolescents who acquired HIV in 2022 in this region were girls. In East and Southern Africa, 1,200 girls aged 10-19 newly acquired HIV every week in 2022.

Gender Based Violence(GBV)

Too often, early unintended pregnancy and HIV result from gender-based violence. Gender inequalities and harmful gender norms contribute significantly to the ability of women and girls to claim their right to bodily autonomy.

Southern Africa has one of the highest rates of violence against women and girls. One third of women reported experiencing intimate partner violence in the last 12 months in the 16 countries in the SADC region in 2022 and a shocking 17% of women and girls in Southern Africa have experienced forced sex in their lifetime. This lack of autonomy directly impacts women and girls' capacity to protect themselves from HIV transmission.

Sexual violence against early adolescents aged 15 years and below is highest in the conflict and post-conflict countries of the DRC, Mozambique, Uganda, and Zimbabwe. Men and boys matter not as part of the problem but as essential agents of change. Harmful gender norms that prize dominance, control, and silence about sexual health drive, intimate partner violence, coercion, transactional sex, and the inability of girls to negotiate safer sex; at the same time, men's unequal access to information and services (and poor engagement in caregiving) can deepen the triple threat. That same social terrain, however, offers clear entry points for change: male peer educators, fathers who model respectful parenting, youth groups

[43] https://www.2gether4srhr.org/uploads/files/Right-To-Return-7th-Jan.pdf
[44] https://www.unicef.org/esa/press-releases/adolescent-girls-are-six-times-likely-acquire-hiv-boys-eastern-and-southern-africa

of boys practicing non-violent masculinities, and influential community and traditional leaders can all reduce violence, increase uptake of HIV prevention and treatment, and support adolescent mothers to stay in school.

Success Stories: Progress and Programmes that Work

Evidence shows that targeted investments can transform the Triple Threat into an opportunity. In East and Southern Africa, new HIV infections among children have dropped by over 70% since 2010, largely due to the scale-up of prevention of vertical transmission commonly referred as PMTCT (Prevention of Mother-to-Child Transmission) services and improved treatment access for pregnant and breastfeeding adolescents.

What's working?

- **Peer Support Networks:** Mentor-mother models strengthen treatment adherence, reduce transmission, and empower young mothers as leaders.
- **Youth-Friendly PMTCT Services:** Integrated antenatal, HIV, and SRHR care keeps adolescent mothers engaged throughout pregnancy and breastfeeding.
- **Community-Based Follow-Up:** Peer educators help trace missed appointments, encourage partner testing, and support safe infant feeding.

Stories of Change:

- **From adolescent mum to farmer, mentor, and businesswoman —**
  A young mother in Uganda uses her experience to support other girls, build a livelihood, and keep families healthy.[45]
- **Young mothers looking out for each other —**
  Peer groups in South Africa are reducing HIV transmission rates and strengthening family wellbeing.[46]

Key message:
When adolescent girls receive **respectful care, peer support, social protection, and consistent treatment,** both they and their children thrive, proving that effective programmes already exist and can be scaled.

The Heavy Cost of Inaction

The cost of inaction towards mitigating the "Triple Threat," new HIV infections, adolescent pregnancy, and sexual and gender-based violence (SGBV/GBV) against adolescent girls and young women is huge and multilayered: worse health, lost schooling, reduced lifetime earnings, higher health & social service bills, intergenerational poverty, and slower national development.

The total lifelong cost of inaction on youth SRHR in South Africa is equivalent to 8.1%[47] of annual GDP, i.e., for every $100 spent in the country over the course of a year, the cost of inaction on youth SRHR is equivalent to $8.00 in financial outlays paying for the effects of the lack of SRHR services, or opportunity costs of future value and income foregone due to the consequences of these actions. To put the magnitude of these figures further into context, the total cost of inaction in South Africa is larger than the annual education budget, and more than double the annual health budget.

While in Zimbabwe, the total lifelong cost of inaction is the equivalent of 12.9% of GDP, driven mainly by the cost to society of early pregnancy. While the absolute cost of inaction on youth SRHR is smaller in Zimbabwe, given the smaller size of the economy, the cost is a higher percentage of GDP, in other words, higher relative to the size of the economy. In Zimbabwe, the cost of inaction is higher than social development, health and education spending combined.

[45] https://www.2gether4srhr.org/news/from-adolescent-mum-to-farmer-mentor-and-businesswoman-jackline-nabwire-is-a-mother-to-four-children-in-namayingo-district-uganda?utm_source=chatgpt.com
[46] https://www.2gether4srhr.org/news/young-mothers-looking-out-for-each-other-reducing-hiv-transmission-while-supporting-families-to-thrive?utm_source=chatgpt.com
[47] https://www.unaids.org/en/resources/documents/2025/cost-of-inaction-zimbabwe-south-africa

NB: *Look out for a similar East African report on the cost of inaction, which is underway by UNAIDS.*

National and Regional Frameworks

National, regional, and international legal frameworks all recognize the rights of adolescent girls to health, protection, and education, yet gaps in implementation continue to fuel the "triple threat" of GBV, HIV, and early/unintended pregnancy. Regionally, the Maputo Protocol obliges states to protect girls from child marriage, FGM and to ensure access to SRHR services, while the African Youth Charter and Agenda 2063 emphasize education and youth participation. At the global level, frameworks such as CEDAW, the Convention on the Rights of the Child (CRC), the ICPD Programme of Action, and the SDGs (3, 4, 5, 10, 16) affirm adolescents' rights to health, equality, and protection from violence. Journalists can use these commitments not just as background but as accountability tools—asking whether governments are delivering the promises made to protect and empower adolescent girls.

Several countries in Eastern and Southern Africa have policies/laws on individual components of the "Triple Threat," e.g., laws on gender-based violence (GBV), national adolescent sexual & reproductive health (ASRHR), or HIV-prevention frameworks. Uganda, Tanzania, South Africa, Zambia, Zimbabwe, Eswatini, Malawi, Mozambique, among others all have GBV legislation, Kenya is explicitly known to have adopted a formal "Triple Threat Commitment Plan "End the Triple Threat" policy which integrates responses to new HIV infections, adolescent (teenage) pregnancies, and sexual-/gender-based violence (SGBV) and has established the National Syndemic Disease Control Council (NSDCC).[48]

Session Two Media Strategies for Delivering a Triple Opportunity

Session objective

By the end of this session, journalists will be able to:

- Formulate a clear story objective, target audience, and messaging strategy to overcome stigma and advance solutions for adolescent SRHR.
- Apply trauma-informed, gender-responsive, and non-stigmatizing principles across all reporting stages, from interviewing to publication.
- Utilize multimedia and digital tools (e.g., data visualization, mobile journalism, social media) to effectively engage diverse audiences, especially youth.
- Construct a compelling story pitch that highlights systemic accountability, community-led solutions, or policy gaps related to adolescent mothers.

Tips on Data-driven coverage on the Triple Opportunity to protect adolescent girls and young women

Step One: Start with the Right Question

- Frame your story idea as a specific question, not just "explore the data."
  Weak: "HIV is a problem in Southern Africa." **Strong:** "Why are adolescent girls in Malawi still three times more likely to contract HIV than boys despite national interventions?" Align your question with **SDGs** or national priorities to make it relevant.

[48] https://nsdcc.go.ke/wp-content/uploads/2024/05/Ending-the-Triple-Threat-Commitment-Plan-2024.pdf

Step Two: Identify Reliable Data Sources

- Focus on trusted, verifiable, and region-specific sources:

Area Data Sources

Always check:Year of data; data collection method (survey, estimate, model) and any notes on limitations.

Step Three: Analyze for Patterns

- Look at **Trends over time** (e.g., HIV infections 2010–2023 from the UNAIDS portal.
  Instruction to the facilitator: Demonstrate to participant how to navigate the UNAIDS data Portal - https://aidsinfo.unaids.org/
- **Comparisons across gro**ups (e.g., gender, age, rural vs. urban).
- **Outliers** (e.g., why is one country improving faster than others?).
- Ask: What has changed? Why? Who is affected most?

Step Four: Visualize the Story

- Use visuals to make your findings clear:
  - → **Charts:** Line for trends (HIV rates over the years).
  - → Bar for comparisons (countries with highest GBV rates)
  - → **Maps:**
    a. HIV prevalence by province.
    b. Drought-affected counties.

- **Tools:**
  - → **Data wrapper** (datawrapper.de) enriches your stories with data, maps
  - → **Flourish** (flourish.studio)
  - → **Google Data Studio** (for dashboards)

Step Five: Add Human Faces/Source the voices

- Data gives credibility, **people give emotion**. Combine **case studies + stats** for impact. Find real voices behind the numbers for example a teenage mother in Zambia when reporting adolescent pregnancy,

Step Six: Ensure Accuracy & Transparency

- **Fact-check** before publishing. Check other data sources.
- Show your sources: "According to the UNICEF 2023 report…"
- Acknowledge limitations e,g "Data excludes remote rural populations."

Step Seven: Publish in Multiple Formats

- **Data** visualization (charts, maps, and video clips).
- **Radio/TV:** Simplify stats into **talking points**.
- **Social media:** short data cards or infographics.

Step Eight: Story amplification and audience engagement

Interactive charts & maps – readers can hover, click, or filter to explore data (e.g., HIV prevalence by county).
Embedded hashtags – tying the article to wider online conversations.
Comment sections & forums – fostering dialogue and debate around the article.
Polls & surveys – capturing public opinion and feeding back results in real time.
Quizzes – testing reader knowledge (e.g., "How much do you know about SRHR rights?")

Step Nine: Stay Safe & Ethical

- Respect **privacy** (don't identify minors without consent).
- Avoid **sensationalism** (especially in GBV or HIV stories).
- Apply **Do No Harm** principles in conflict or humanitarian reporting.
- Remain Legal (Avoid libel and defamation) Defamation is the act of making a **false statement** about a person (spoken, written, or otherwise published) that **harms their reputation** in the eyes of the public. It can be **spoken (slander) or written/published (libel)**.
- Ethical concern: Like subterfuge (lying about who you are or why you are there), it intrudes on privacy. It can only be justified when exposing serious wrongdoing, when open methods fail, and when the evidence is in clear public interest. Similar to **Covert Filming** (use hidden camera recording technique).

Step Ten: Keep Learning

- **Free resources:**
  - → 2gether for SRHR Knowledge hub Google News Initiative – Data Journalism;
  - → NICAR Resources

Activity One: Practical Application - From Data to Pitch| Time: 45 minutes

Objective

By the end of this session, journalists will be able to synthesize a data brief into a concise, solutions-focused news pitch comprising a headline and lead paragraph that frames a systemic issue, centers survivor dignity, and implies accountability.

Group One: Data Briefs: use these data briefs to develop an intro to a story.

Brief A — HIV (Kenya, 2022)

In 2022 in Kenya, adolescents and young people aged 15–24 accounted for 41% of new adult HIV infections. According to KELIN, adolescent and young girls (AGYW) showed a prevalence of 10.5 in 2024, significantly higher than the national prevalence of 3.3 recorded in 2023.

Brief B — GBV and Education (Kenya, 2022)

In 2022 in Kenya, 34% of women reported having experienced physical violence since age 15. Violence risk varies by education - women with only primary education report higher rates (47%) than those with secondary education (23%).

Brief C — Adolescent Pregnancy (Kenya, KDHS 2014–2022)

Teenage pregnancy in Kenya declined from 18% in 2014 to 15% in 2022. Research shows adolescent mothers face poorer adult physical and mental health outcomes, and their children face higher risks of developmental and educational disadvantages.

Brief A — Model

Headline - "Youth Drive 41% of New HIV Infections — Urgent Youth-Focused Response Needed"
Lede - New 2022 data shows people aged 15–24 accounted for 41% of new adult HIV infections in Kenya, prompting calls from youth organisations and health officials for expanded youth-friendly prevention and testing services.

Brief B — Model

Headline - "Education Gap Linked to Higher Violence Risk — Schools Must Protect Girls"
Lede - A 2022 survey found 34% of Kenyan women experienced physical violence since age 15, with women who only completed primary school reporting far higher rates than those with secondary education (47% vs 23%), spurring advocates to demand stronger school-based prevention and support services.

Brief C — Model

Headline - "Teen Pregnancy Drops to 15% but Young Mothers Need Support to Thrive."

Lede - Kenya's KDHS shows teenage pregnancy fell from 18% in 2014 to 15% in 2022, yet experts warn that without education re-entry programs and social support, adolescent mothers and their children remain at heightened risk of poor health and economic outcomes.

Outcome helps showcase data-focused storytelling.

Group Two Interactive Exercise: Country Reality Check

Objective: Localise the Triple Threat

Activity: Each participant researches the prevalence of HIV, GBV, and Teenage/unplanned pregnancies in their own countries ahead of the class.

Participant list: Triple Threat trends in their country: Who is most affected, and the services that are available, and if there are policy/implementation gaps.

A story is generated based on the feedback on the country.

Group Three: "Mapping the Drivers" Group Discussion

Objective: Understand interconnected root causes and the syndemic concept.

A syndemic is when multiple epidemics or problems happen at the same time, influence each other, and create a bigger, more harmful impact than if they occurred separately. We have interacted with the overall reality and statistics and the overall picture of the Triple Threat to Adolescent Girls and Young women in Eastern and Southern Africa.

Illustrate the Syndemic Tree, map or circular diagram linking HIV, Teenage pregnancy and SGBV; to showcase the root causes, gaps, and consequences.

Drivers (gender norms, poverty, CSE gaps, harmful practices)

For example

Concentric circles or a spider-web system diagram, not a straight line.

- Center = Problems
- Middle = Interactions
- Outer = Drivers
- Optional outermost = Solutions

The participants discuss their illustration and present one local story idea and whom you will interview.

Outcome: Helps them move from event-based reporting to structural, systemic storytelling.

Checklist for Reporting Triple Threat Stories

Understanding the Issue

- Have you defined the Triple Threat clearly (HIV, teenage pregnancy, SGBV)?
- Have you explained how the three issues interact as a syndemic? A syndemic, when multiple epidemics or problems happen at the same time, influence each other, and create a bigger, more harmful impact than if they occurred separately.
- Have you checked national and county data (www.2gether4SRHR, NSDCC, MoH, UNFPA, UNICEF, UNAIDS)?
- Have you identified root causes—poverty, gender inequality, harmful norms, limited SRHR information?

Rights-Based & Ethical Reporting

- Are you using rights-based language (not moralising, judgmental, or victim- blaming)?
- Have you protected the privacy, dignity, and safety of adolescents and survivors?
- Have you avoided revealing the identity of minors, survivors of rape, or HIV status?
- Have you obtained informed consent (and assent for minors) before any interview?
- Have you used people-first language (e.g., "adolescent girl living with HIV")?

Gender-Sensitive Perspective

- Have you shown how gender inequality affects HIV infections, teen pregnancy & SGBV?
- Have you included both girls' and boys' experiences?
- Have you avoided stereotypes (e.g., "fast girls," "irresponsible boys")?
- Are you challenging harmful norms instead of reinforcing them?

Evidence & Context

- Have you cited recent, credible data?
- Have you included voices from affected communities (youth, parents, CHPs)?
- Have you contextualised structural drivers—school dropout, early marriage, unemployment?
- Have you avoided sensationalism (graphic details, shaming language)?

Solutions-Focused Reporting

- Does the story show what is being done to address the Triple Threat?
- SRHR services
- Comprehensive sexuality education
- Safe spaces
- Community health promoters
- Legal/justice interventions
- Have you presented evidence-based solutions, not myths or unverified opinions?
- Have you given examples from counties or organisations that are succeeding?

Youth Engagement

- Have you included youth voices meaningfully, not as token quotes?
- Have you highlighted adolescents as agents, not just victims?
- Have you captured the diversity of youth (rural/urban, LGBTQ+, disability, migrants)?
- Have you checked for parental / guardian consent where needed?

Sources & Experts

- Have you spoken to at least two technical experts (health/SRHR/GBV)?
- Have you validated information from:
- NSDCC / MoH
- UNICEF / UNFPA / UNAIDS
- Community health workers
- Local NGOs
- Have you cross-checked data before publishing?

Framing & Terminology

- Is your headline accurate and non-stigmatizing?
- Are you using correct SRHR terminology?
- Have you avoided:
- Language that blames adolescents
- Stigma around HIV ("infected person," "AIDS victim")
- Moralising about pregnancy;
- Sensationalising SGBV.

Intersectionality

- Does the story consider special vulnerabilities of:
- Adolescents with disabilities
- LGBTQ+ youth
- Refugees, migrants, displaced adolescents
- Adolescents living in humanitarian/crisis settings
- Have you ensured safe, sensitive reporting when quoting these groups?

Accountability

- Have you highlighted gaps in government responses, funding, or implementation?
- Have you checked whether county/national Triple Threat Commitments are being met?
- Have you sought comment from responsible authorities?
- Have you linked the issue to broader rights commitments (NHIF, SHIF, SDGs, Education Act, Children Act, GBV laws)?

Sample Story Angles

"Peer Power - Greenland Girls School story[52] of resilience and possibility on visionary community members"[53]

[52] https://www.youtube.com/watch?v=sTHB9MJKWtk&t=8s
[53] https://jhr.ca/jhr-and-lisa-laflamme-return-to-greenland-girls-school-as-it-transforms-more-lives/

06

Data driven reporting on SRHR and HIV

Turning numbers into narratives for accountability

Overview

In an era of misinformation, data is a journalist's most powerful tool for truth and accountability. This module moves beyond anecdotal reporting to equip journalists with the skills to find, interpret, and humanize complex data on SRHR and HIV. Participants will learn to mine key global and regional databases, identify compelling story hooks hidden in spreadsheets, and transform statistics into impactful, ethical stories that expose gaps, track progress, and hold leaders accountable for their commitments to health and equality, and solution-focused stories that hold duty-bearers accountable while amplifying community voices. The **2018** Guttmacher-Lancet Commission report in The Lancet called for accelerated progress on SRHR by defining a comprehensive vision, an essential package of services (including contraception, maternal care, STI/HIV prevention/treatment, safe abortion, CSE, infertility care), and linking SRHR to broader development goals, highlighting it as affordable, essential for equity, and achievable through incremental national strategies, despite persistent barriers like weak political will and stigma.

The **SADC SRHR Scorecard** is a regional accountability tool designed to track how Southern African countries are progressing toward delivering comprehensive sexual and reproductive health and rights. Developed as part of the SADC SRHR Strategy (2019– 2030), the Scorecard brings together a set of high-priority indicators covering maternal and newborn health, adolescent SRHR, HIV prevention and treatment, family planning, GBV response, and the enabling legal and policy environment. By standardising data across Member States, the Scorecard provides a clear snapshot of regional performance, highlights disparities, and enables governments, civil society, and development partners to identify where progress is occurring and where urgent gaps persist.

Beyond measurement, the Scorecard is a **peer-review and political accountability mechanism.** Countries report biennially, allowing progress to be compared over time and across the region. This encourages transparency and stimulates evidence-based dialogue among governments. The Scorecard has already shown important gains — such as reductions in new HIV infections and expanded access to adolescent SRHR services — while also exposing persistent challenges, including high maternal mortality, unmet need for contraception, and widespread GBV. For journalists and advocates, the Scorecard offers a credible, comparable evidence base that can inform reporting, support advocacy, and hold decision-makers accountable for commitments to SRHR.

Learning Objective

To empower journalists to become confident data storytellers by mastering essential platforms like Demographic Health Surveys, UN data platforms and accountability mechanisms such as the EAC Regional Integrated RMNCAH and the SADC SRHR Scorecard, track progress in key service elements envisioned by the Guttmacher Lancet Commission and by apply ethical principles to translate quantitative and qualitative evidence into clear, compelling, and human-centered narratives that drive public discourse and policy change.

Methodology

This module is highly practical and hands-on, using a learn-by-doing approach:

- Live Demos: Facilitator-led navigation of key data platforms e.g AIDSinfo, SADC Scorecard etc.
- Guided Data Interpretation: Step-by-step exercises on how to read charts, understand confidence intervals, and identify significant trends.
- Headline Writing Clinics: Group activities to practice crafting accurate and engaging headlines from raw data points.
- Ethical Application: Constant reinforcement of the "do no harm" principle, especially regarding confidentiality and stigmatizing language when reporting HIV data.
- Collaborative Story Building: Working in groups to build a full story pitch from a single data point.

- Referencing:The practice of citing credible data sources—such as DHIS2, surveys, research studies, or official reports—to verify claims and allow audiences to trace information back to its origin.
- Triangulation:The process of comparing and cross-checking information from multiple independent sources—data sets, interviews, documents, and observations—to strengthen accuracy, reveal inconsistencies, and build a more reliable SRHR story.

Session One Understanding the Data Basics and Navigating Key Platforms

This session provides the foundational knowledge and tools to start the data journey. It ensures journalists understand the core facts about SRHR and HIV and can confidently navigate the primary sources of SRHR data in the region.

Objectives

By the end of this session, participants will be able to:
- Outline the key elements of the key elements of the Guttmachar Lancet on improving SRHR Outcomes and the relevant data sets
- Navigate the SADC Scorecard
- Identify a story hook by comparing data points across demographics or time periods.

Understanding SRHR

Sexual and Reproductive Health and Rights **(SRHR) refers to the complete set of sexual and reproductive health services, information, and rights that enable individuals to make informed, autonomous decisions about their bodies, sexuality, and reproduction—free from discrimination, coercion, and violence**.

It encompasses access to quality health services (such as contraception, maternal health, STI/HIV prevention, and safe abortion where legal), comprehensive sexuality education, bodily autonomy, and the protection of human rights that support sexual wellbeing and reproductive choice.

(SRHR) and HIV are tightly linked: they share drivers, vulnerabilities, prevention tools, and service needs. Unprotected sex is a primary route for both unintended pregnancy and HIV/other STIs. Social and structural drivers, including gender-based violence (GBV), poverty, limited bodily autonomy, stigma, and discriminatory laws, increase people's vulnerability to both poor SRHR outcomes and HIV infection, particularly for women, girls, adolescents, and key populations.

Sustainable Development Goals(SDG) towards a global sustainable future presents a framework to support acceleration of results towards addressing HIV in Eastern and Southern Africa. **SDG Goal Three** states that Parties need to **Ensure healthy lives and promote well-being for all ages.** HIV is explicitly named in **Target 3.3:** That, "By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases."

Other relevant targets within Goal: 3.7 - Universal access to SRHR and family planning; 3.8 - Universal Health Coverage (UHC), including access to medicines and vaccines 3.b - Support for Research & Development of vaccines and medicines for communicable diseases, including HIV.

Other Linked Goals include **SDG 1 (No Poverty):** Poverty increases HIV risk and limits access to treatment; **SDG 2 (Zero Hunger):** Nutrition is essential for people living with HIV (PLHIV) to remain healthy; **SDG 4 (Quality Education):** Comprehensive sexuality education and HIV awareness reduce new infections, especially among adolescents; **SDG 5 (Gender Equality):** Gender inequality and GBV heighten women and girls' vulnerability to HIV. Ending child marriage and harmful practices is also key;

SDG (Decent Work and Economic Growth): Discrimination limits employment opportunities for PLHIV; decent work supports treatment adherence and dignity; **SDG 10 (Reduced Inequalities):** Tackling stigma, discrimination, and inequalities faced by key populations (LGBTQ+, sex workers, people who use drugs, migrants); **SDG 16 (Peace, Justice, and Strong Institutions):** Human rights protection and ending stigma are essential for effective HIV responses and **SDG 17 (Partnerships):** Global and regional cooperation are critical for financing, research, and sharing best practices on HIV/AIDS.

The SADC SRHR Scorecard measures progress across a set of **core sexual and reproductive health and rights (SRHR) indicators** aligned with the SADC SRHR Strategy (2019–2030). It tracks performance in **maternal and newborn health**, including maternal mortality, neonatal mortality, and skilled birth attendance. It also monitors **adolescent SRHR,** such as adolescent birth rates, access to comprehensive sexuality education (CSE), and youth-friendly SRH services.

The Scorecard further measures **family planning** through contraceptive prevalence and unmet need for contraception, and **HIV/STI outcomes,** including new HIV infections, HIV incidence among young people, viral suppression, and prevention of mother-to-child transmission. It includes indicators on **gender-based violence (GBV)**, such as availability of services and integration of GBV–HIV–SRH responses. Additionally, it reviews the **legal and policy environment,** including laws affecting adolescents' access to SRHR, availability of essential SRHR commodities, and the strength of health systems. Overall, the Scorecard provides a comprehensive, comparable picture of how well SADC countries are meeting key SRHR commitments.

Guttmercher lancet commission report[54] notes that gaps in sexual and reproductive health and rights (SRHR) take an enormous toll on individuals, communities and economies around the world. Closing these gaps requires a holistic approach that encompasses the right of all individuals to make decisions about their bodies—free of stigma, discrimination and coercion—and to have access to essential sexual and reproductive health services. The Guttmacher-Lancet Commission's vision of universal access to SRHR is affordable, attainable and essential to the achievement of health, equitable development and human rights for all.

Using AIDSinfo Data Portal (https -//aidsinfo.unaids.org/)

This is a global data on HIV epidemiology including some data on Syphilis and response Its an up to date information on the HIV epidemic and uses country routine health information data submitted by countries to UNAIDS[55].

How to Use It -

- Select country or region (e.g., ESA).
- Choose an indicator (e.g., new HIV infections by age and sex).
- Adjust the year range to see trends.
- Export data or download visual charts.
- Compare countries/ regions, even sub-nationals.
- Highlight "fastest improving" or "most at risk" categories.
- Show unexpected reversals or spikes.

Note: This data uses country routine health information data submitted by countries to UNAIDS. The data is put into an estimation tool (Spectrum Model) that applies assumptions and uses country specific demographic data available. The data does project forward and provides estimates for programming etc.

[54] https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary
[55] https://www.unaids.org/sites/default/files/media_asset/data-book-2024_en.pdf

Some more examples below:

1. https://immunizationdata.who.int/global/wiise-detail-page/hepatitis-b-vaccination-coverage?GROUP=WHO_REGIONS&ANTIGEN=HEPB_BD&YEAR=&CODE=
2. https://data.unicef.org/resources/hiv-estimates-for-children-dashboard/
3. https://data.unicef.org/adp/
4. https://www.unfpa.org/data
5. https://naomi-spectrum.unaids.org/
6. https://aidsinfo.unaids.org/
7. https://data.who.int/
8. https://www.who.int/data/gho/data/themes/mortality-and-global-health- estimates
9. https://sdgs.unep.org/scorecard/

News Angle Example -

Adolescent girls 6 x as likely as boys to acquire HIV in ESA which led to Jerop Limo interview BBC World News TV - On gaps in policy implementation. (Briefly discuss)

SADC SRHR Scorecard – Turning Regional Data into National Stories

Inside the Scorecard

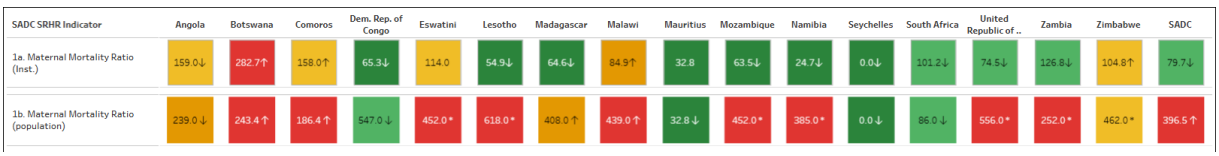
The SADC SRHR Scorecard is a milestone-based monitoring tool that tracks the progress of individual Member States against key sexual and reproductive health and rights (SRHR) indicators.

Each Member States' targets are customized, based on its 2019 baseline and the trajectory required to meet SRHR-related Sustainable Development Goals (SDGs) by 2030. Milestone targets are set for the years 2021, 2023, 2025, 2027, and 2029, allowing progress to be assessed incrementally. As a result, each Member State's performance is measured against its own nationally defined targets, rather than against a regional average.

Interactive Features

- ***The traffic light visualisation*** - immediate visual interpretation allows for policymakers and stakeholders to see performance at a glance resulting in cross country comparisons thereby encouraging accountability and action.

- ***The directional arrows*** - show the direction in which the indicator is progressing with the downward arrow indicating progress, the upward regression and an asterisk no c



SADC SRHR Indicator	Angola	Botswana	Comoros	Dem. Rep. of Congo	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	United Republic of ..	Zambia	Zimbabwe	SADC
1a. Maternal Mortality Ratio (Inst.)	159.0↓	282.7↑	158.0↑	65.3↓	114.0	54.9↓	64.6↓	84.9↑	32.8	63.5↓	24.7↓	0.0↓	101.2↓	74.5↓	126.8↓	104.8↑	79.7↓
1b. Maternal Mortality Ratio (population)	239.0↓	243.4↑	186.4↑	547.0↓	452.0*	618.0*	408.0↑	439.0↑	32.8↓	452.0*	385.0*	0.0↓	86.0↓	556.0*	252.0*	462.0*	396.5↑

- ***Drill-down data*** – Keep the cursor on any indicator to see details relating to that specific indicator. These include the baseline for the indicator, the milestone targets, the 2030 target, key achievements and challenges and indicator definition and data source.
- ***Qualitative reporting*** - in 2023 qualitative reporting for the SADC Scorecard was introduced to highlight achievements, challenges, technical assistance requests and priorities for upcoming two years. The qualitative report can be used to put the reported indicator data into context and for example gain more insight on why the maternal mortality ratio has increased.
- The 2023 Milestone Scorecard presents the status of indicators for the 16 SADC Member States against the 2025 targets. The 2025 scorecard is underway, further input on the data set expected as studies advance and are validated and launched.

Session Two From Numbers to News: Storytelling and Ethical Application | Time 30 mins

This session is about the art and ethics of data journalism. Participants will move from finding data to crafting it into a powerful, ethical news story that resonates with audiences and holds power to account.

Learning Objectives

By the end of this session, participants will be able to:
- Apply techniques to "humanize" data by pairing statistics with personal stories.
- Construct a news-friendly headline and lead paragraph from a complex data set.
- Develop a story plan that uses data for accountability, highlighting a policy success or failure.

How Journalists Can Use It

- **To generate National Angles**
  "Why Malawi's Teen Pregnancy Rate Rose 12% Despite New SRHR Laws
- **Regional Angles**
  "SADC's Contraception Race – Zambia Surges Ahead, Madagascar Falls Behind"
- **Accountability Stories**
  "Eswatini's Backslide on SRHR – Did COVID-19 Funds Divert from Health Services?"

Example Draft Press Release Angle

SADC SRHR SCORECARD 2023 – Progress Stalls as 12 of 16 Nations Miss Maternal Mortality Targets
- **Frequency** - Published every two years.
- **Content** - Tracks key SRHR indicators for each SADC member state, including;
  - → HIV prevalence
  - → Maternal mortality
  - → Contraceptive use
  - → Adolescent pregnancies
  - → Gender-based violence (GBV)

- **Accessing the Data -**
  - → Visit the Scorecard online.
  - → Double-click indicator squares for country-specific context—explaining why progress is advancing, stalling, or reversing.

Media Story Opportunities

- **Comparative Analysis** – Rank and compare countries to spark accountability debates.
- **Spotlight Leaders & Laggards** – Showcase best practices and expose gaps.
- **Trend Tracking** – Follow changes over multiple scorecards to reveal long-term patterns.

Sample Story Ideas -

- "Botswana Tops SADC in HIV Reduction – But Teenage Pregnancy Rates Still Climbing"
- "Namibia Joins Elite Group Eliminating Vertical Transmission"

Turning Raw Data into Headlines

Journalists should

1. **Frame numbers as people** – "instead of 5,000 fewer infections" use " 4 out of 5 girls have..."
2. **Use comparisons** – "Our country vs. regional average" or "This year vs. 5 years ago."
3. **Add policy context** – link trends to national SRHR commitments and the SDGs.
4. **Identify "Why?" angles** – use data to trigger deeper investigation into causes of success or failure.

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Data Journalism Toolkit

Best Practices:

- **Triangulate** - Cross-check UNAIDS/SADC data with national health surveys.
- **Humanize** - Pair metrics with patient stories (e.g., a mother benefiting from EMTCT).

Ethical Guardrails:

- Never identify HIV+ persons or any individual, adolescents or children with any SRHR disease or condition without their consent.
- Contextualize data (e.g., "6x higher risk" reflects structural inequities, not behavior).
- NB- Some of the data is estimated and some are routine data, and both have their pros and cons.
- It is always important to put the date of the data extraction or use.

Data-Driven Reporting

Data-driven reporting on Sexual and Reproductive Health and Rights (SRHR) and HIV involves using data to inform, monitor, and evaluate programs and policies related to these issues. This approach helps in identifying trends, understanding the impact of interventions, and ultimately improving outcomes for individuals and communities.

Here's a more detailed look at the key aspects of data-driven reporting on SRHR and HIVData-Driven Reporting and Dissemination

- **Regular Reports**
  Producing regular reports that synthesize data from various sources and present findings in an accessible format for stakeholders, including policymakers, health providers, and the public.
- **Media Engagement**
  Dissemination of data-driven stories about SRHR and HIV, increasing public awareness and knowledge.
- **Policy Advocacy**
  Using data to advocate for policy changes and implementation that support SRHR and HIV prevention and treatment, such as increased funding for services or legal reforms.
- **Community Engagement**
  Sharing data findings with communities to empower them to take action and demand better services.

- **Infographics and Visualizations**
  Using infographics, charts, and other visual aids to communicate data findings in a clear and engaging way. See below a table having some guidelines on good and bad infographics.

Guideline	Good visual (example)	Bad visual (example)
Single clear message	Headline: "Child vaccination rates up 12% in 2024"; one supporting chart + 1–2 callouts	Crowded poster showing five unrelated topics with no clear takeaway
Right chart for the data	Line chart for trends; bar chart for comparisons; map for locations	Donut for time series or pie with 12 tiny slices
Clear labels & annotations	Direct labels on lines/bars; short annotation explaining spikes	Tiny legend only; reader must hunt to interpret
Visual hierarchy & whitespace	Headline → subhead → visual → source; plenty of white space	Tiny headline, cluttered icons, cramped margins

Examples of Data-Driven Initiatives

Country specific data (e.g Kenya's) HIV related Estimates - Kenya's HIV data estimates, such as the 2020 and 2021 reports, provide data on HIV prevalence, incidence, and other key indicators, informing national responses and interventions. **2gether 4 SRHR project** - This project has focused on strengthening the integration of SRHR and HIV services in several countries in Eastern and Southern Africa.

Data on HIV prevalence - The World Health Organization (WHO) provides global data on HIV prevalence and other key indicators, which informs global strategies and interventions.

Data interpretation in SRHR and HIV reporting

SRHR and HIV data must be read critically, contextually, and ethically and not at face value

- **Check the source:** Know who collected the data, why, and who may be missing (e.g., adolescents, key populations).
- **Understand the indicator:** Don't confuse prevalence, incidence, and service-use data.
- **Look at trends, not snapshots:** One-year figures can mislead; read changes over time.
- **Disaggregate:** National averages hide inequalities by age, gender, location, and population group.
- **Contextualize:** Numbers need policy, social, and health-system context to explain why they look the way they do.
- **Handle percentages carefully:** Small numbers can exaggerate impact; translate figures into real-life meaning.

- **Interrogate narratives:** "Success" or "failure" claims often need deeper scrutiny.
- **Apply an ethical lens:** Avoid stigma, protect dignity, and frame data as a rights and accountability issue.

Importance of Data-Driven Reporting

- **Improved Program Effectiveness -** Data-driven reporting helps to identify gaps in services, target interventions effectively, and track progress towards achieving goals.
- **Promotes Accountability -** Data provides a basis for holding governments and other actors accountable for their commitments to SRHR and HIV.
- **Informs Policy Decisions -** Data-driven reporting informs policy decisions, leading to more effective and targeted policies and programs.
- **Increases Awareness and Knowledge -** Data-driven reporting raises awareness about SRHR and HIV issues, empowering individuals to make informed decisions about their health.
- **Reduces Stigma and Discrimination -** Data can help to dispel myths and misconceptions about HIV and SRHR, reducing stigma and discrimination.

Activity One: From Theory to Practise

Exercise One - Build a Data-Driven Story

Purpose

To help learners use a **national datasets** to identify disparities, progress, and accountability gaps in Country SRHR outcomes;

Steps

1. **Pick a Source -** AIDSinfo- https://aidsinfo.unaids.org/ **Extract 1–2 key findings** (e.g., "Zimbabwe reduces new HIV infections by 37% amongst ages 20 -24 years since 2020").
2. **Produce -**
   - A headline + subheading.
   - 3 bullet points of context.
   - 1 quote from a local health official (simulated)

Exercise Two : Analysing the SADC SRHR Scorecard for Storytelling

Purpose

To help participants use a **regional comparative dataset** to identify disparities, progress, and accountability gaps in SRHR outcomes across SADC countries.

Step 1: Visit the SADC SRHR Scorecard page on the 2gether 4 SRHR Knowledge Hub. The scorecard tracks 20 key indicators tied to the SADC SRHR Strategy 2019–2030 and aligned with SDG targets.

Step 2: Identify 2 Key indicators and pick at least two countries to analyse

Choose a mix from the list for example: HIV & AIDS Progress; SRHR Service & Outcome Indicators and Legal/ Policy Indicators 2gether 4 SRHR Knowledge Hub

Rank countries by performance (highest to lowest). Note who is outperforming or lagging (e.g., South Africa vs Malawi). Identify **regional patterns** (e.g., generally strong HIV treatment access but low comprehensive sexuality education coverage). Are any indicators showing **missing data or gaps?**

Step 3: Draft a data story angle
Use the comparison to write a tight story angle, such as:

"Despite progress in reducing new HIV infections, only X of 16 SADC countries have laws that let adolescents access SRH services without parental consent." Or

"Comprehensive sexuality education in schools remains weak across the SADC region, with only Y countries meeting the target by 2023."

Include a **rights-based accountability question like:**

- What policy barriers are preventing countries from meeting their commitments?

Checklist for Data-Driven SRHR Reporting

1. Define the SRHR Problem Clearly
- What SRHR issue are you examining (e.g., teen pregnancy, GBV, HIV among adolescents, contraceptive access)?
- What is the exact question your story must answer?

2. Identify the Right Data Sources
- Primary SRHR Data Sources
- DHIS2 District Health Information System (national routine health data)
- Demographic and Health Survey (DHS)
- Multiple Indicator Cluster Surveys (MICS)
- UNAIDS country estimates
- Guttmacher Institute studies
- UNFPA, UNICEF, WHO dashboards
- SADC / AU Scorecards (where relevant)
- Country Health Department annual reports
- Civil registration and vital statistics (CRVS)
  - → Have I used at least two independent sources?
  - → Are the sources credible, updated, and comparable?

3. Verify the Data (Triangulation)
- Does the trend or statistic appear in more than one dataset?
- Have you cross-checked with experts, facility records, or community voices?
- Have you checked the methodology—sampling, definitions, timeframe?

4. Understand the Indicators
- Do you know what each indicator means?
- Are you aware of how it is collected and its limitations? Journalists must check:
  - → Definitions (e.g., "maternal death," "modern contraception," "GBV case")
  - → Population denominators (per 1,000? per 100,000?)
  - → Age brackets (10–14, 15–19, 20–24.

5. Analyse Trends, Not Just One Number
- Look for changes over time, not isolated statistics. Compare data across:
  - → Countries
  - → Demographics

- Services (facility type, age group, gender);
  - ➔ What is increasing? For example, an increase in new infections is bad, and an increase in ART coverage is good.
  - ➔ What is decreasing? (Decrease in new infections is good)
  - ➔ What is unusual or alarming?

6. Identify Inequalities
- Who is being left behind?
- Consider gender, age, disability, location, poverty, crisis settings.
- Does the data show disparities?
- Do I link these disparities to rights violations or system gaps?

7. Humanise the Data
- Pair data with lived realities.
- Use survivor-safe, trauma-sensitive interviews.
- Do NOT single out individuals based on data trends (e.g., blaming teen mothers).
  - ➔ Have I included context and human stories ethically?
  - ➔ Did I avoid reinforcing stigma?

8. Place Data in a Rights-Based Frame
- Highlight entitlements (what services should exist).
- Show duty-bearer responsibility (government, health system).
- Identify barriers (stockouts, costs, discrimination).

9. Provide Solutions or Accountability Paths
- Who should act?
- What policies exist—and are they being implemented?
- Promote constructive, evidence-based recommendations.

10. Present Data Clearly
- Use simple charts or comparisons.
- Avoid data dumps; highlight the key insight.
- Explain what the numbers mean in plain language.
  - ➔ Are my visuals accurate and labelled?
  - ➔ Did I avoid exaggeration or misinterpretation?
  - ➔ Have I disclosed limitations?

NB: It is important to note AIDSInfo data cannot be compared between different year data sets - years and countries / regions can only be compared using a single year's data set.

11. Check for Safety, Ethics & Do-No-Harm
- Avoid exposing survivors, minors, or key populations.
- Avoid identification through indirect details.
- Get informed consent.
  - ➔ Could my story harm someone?
  - ➔ Did I anonymise sensitive information?

12. Have Someone Else Review It
- Consult an SRHR expert or health data analyst.
- Check for accuracy, bias, and clarity.

07

SRHR in humanitarian settings

Reporting on SRHR in Life-Saving Care in Crisis

Overview

When disaster strikes, whether conflict, climate disaster, or pandemic, sexual and reproductive health needs do not disappear; they become more acute and often more lethal. This module equips journalists to report on one of the most overlooked yet critical aspects of a humanitarian response: the provision of SRHR services. Moving beyond portraying victims of crisis, journalists will learn to report on the systemic gaps and heroic efforts that define SRHR in emergencies, using the Minimum Initial Service Package (MISP) as a framework for accountability and highlighting the resilience of women, girls, and vulnerable populations when services are disrupted.

MISP is an internationally agreed set of priority SRHR services for the first phase of a humanitarian response (life-saving clinical care, prevention and response to sexual violence, safe childbirth, and continuity in HIV response. MISP seeks to reduce death, disease, disability and violence in humanitarian crises while safeguarding rights and dignity. UNFPA facilitates the implementation of the Minimum Initial Service Package (MISP) to ensure that all affected populations can access essential, life-saving sexual and reproductive health services in times of crisis[56] This seeks to make sure the implementation eliminates unmet needs for family planning, prevent avoidable maternal deaths, and reduce gender-based violence (GBV) and harmful practices, even in the context of humanitarian emergencies.

Learning Objective

To equip journalists with the specialized knowledge, ethical frameworks, and practical skills to accurately and sensitively report on SRHR issues within humanitarian crises, focusing on accountability, resilience, and the life-saving interventions that protect the health and rights of the most vulnerable.

Methodology

This module uses a scenario-based, immersive learning approach:

- Crisis Simulation: Participants are placed in a realistic humanitarian scenario to apply their learning in real-time.
- Framework Analysis: Using the MISP and SPHERE standards as concrete tools for investigating and measuring response effectiveness.
- Ethical Dilemma Workshops: Practicing trauma-informed interviewing and navigating complex safety decisions in volatile environments.
- Source Mapping: Learning to quickly identify and verify credible sources (UN clusters, local NGOs, government units) in a chaotic information landscape.
- Solutions-Focused Pitching: Developing story ideas that expose gaps while also highlighting innovative

[56] https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations

Session One The Crisis Context

Introduction

This session provides the foundational understanding of why SRHR is a critical, life-saving component of any humanitarian response. It introduces the key tools and frameworks that journalists can use to assess the situation and hold responders accountable.

Objectives

By the end of this session, participants will be able to:

- Identify the critical SRHR needs that escalate during different types of humanitarian emergencies (displacement, drought, conflict).
- Define the Minimum Initial Service Package (MISP) and its core components as a benchmark for response.
- Locate key data sources and expert voices (OCHA, UN clusters, and local NGOs) for accurate reporting.

Understanding SRHR Needs and Frameworks

Humanitarian settings and emergencies dramatically increase vulnerabilities to sexual and reproductive health harms- service disruption, spikes in gender- based violence, interruptions to HIV treatment, and barriers to contraception and safe childbirth. Among the most pressing gaps is the lack of comprehensive healthcare, particularly for people living with HIV. In humanitarian crises, critical services for HIV and sexual and reproductive health are often sidelined, overshadowed by the urgent need for food, shelter, and disease control.

In November 2015, the African Union launched a framework outlining innovative humanitarian principles and tools to prevent and mitigate crises. Since then, more coordinated actions from African Union Member States have been taking shape. The African Humanitarian Policy Framework (AUHPF) encompasses two imperative visions. The first is the need for regional cooperation. The second is the need for humanitarian action. 2gether 4 SRHR has conducted an assessment of the integration of sexual and reproductive health and Rights and Humanitarian issues in Eastern and Southern Africa.[57] The data from the document can be used by the communities, and local networks to understand the gaps in the current response mechanism and identify measures for strengthening at the same time it can also be used by decision makers.

Journalists reporting from emergencies must be able to find reliable data, protect sources, explain the Minimum Initial Service Package (MISP) for SRHR and other related response systems, and highlight gaps and solutions that save lives. MISP is an internationally agreed set of priority SRHR services for the first phase of a humanitarian response (life-saving clinical care, prevention and response to sexual violence, safe childbirth, and HIV response).

Recent Trends and Data

In May 2025, a surge in conflict in Mozambique's Cabo Delgado Province forced over 95,000 people from their homes. Overall, Mozambique hosts approximately 609,000 internally displaced people—the highest number in the region. Across Southern Africa, climate-related disasters such as droughts, storms, and floods continue to drive further displacement. In addition, the region is home to around 693,000 refugees and asylum seekers, compounding the humanitarian situation.

[57] https://www.2gether4srhr.org/resources/assessment-integration-of-sexual-and-reproductive-health-and-rights-and-humanitarian-issues-in-east-and-southern-africa

Equally, on the cyclic humanitarian crises in South Sudan, reports from UNICEF and other partners have documented ongoing child rights violations, fueled by the recruitment and use of children by armed groups, displacement, food insecurity, economic instability, and limited access to education and healthcare services. A UNICEF analysis[58] of GBV data shared by service providers estimates that a total of 221 rape cases against children were recorded by the providers since the beginning of 2024. The youngest reported survivors were four one-year-olds. These dynamics of humanitarian crises are often under-reported.

Why MISP is important in Humanitarian Settings

- **Saves Lives in Emergencies:** In the first days/weeks of conflict, disaster, or displacement, maternal and newborn mortality rises sharply. MISP ensures safe delivery, emergency obstetric care, and newborn survival, preventing avoidable deaths;
- **Prevents and Responds to Sexual Violence:** Women and girls face heightened risk of rape, exploitation, and GBV in crises. MISP sets up confidential, survivor-centred clinical care for rape survivors, psychosocial support, and protection systems;
- **Ensures Continuity of HIV and other STI Prevention and Treatment:** Disruptions to ART, PrEP, or PMTCT services endanger lives and increase transmission. MISP guarantees continuity of HIV services, including safe blood transfusion and infection prevention;
- **Provides Immediate Family Planning:** Even in emergencies, people need contraception to prevent unintended pregnancies. MISP supplies contraceptives (especially condoms for dual protection against HIV/STIs and pregnancy);
- **Protects Human Rights and Dignity:** Access to SRHR is a human right, MISP ensures that women, girls, and vulnerable groups have safe, confidential, and respectful care even in chaotic settings;
- **Lays the Foundation for Comprehensive SRHR:** MISP is a starting point. Once the situation stabilises, it transitions into comprehensive, long-term SRHR services (e.g., infertility care, cancer screening)

Critical SRHR Needs in Humanitarian Contexts: What Media Should Look Out For

1. **Humanitarian context & why SRHR is essential**

- Emergencies disrupt health supply chains, close clinics, displace people, and increase sexual exploitation and violence;
- Key SRHR consequences- interrupted antenatal care, increased maternal mortality, unsafe abortion complications, ART interruption, increased survivor referrals, unmet contraceptive needs, sexual exploitation/coercion;
- Journalistic rationale- timely SRHR reporting can mobilize resources, hold duty-bearers accountable, point survivors to services, and reduce misinformation.

2. **The Minimum Initial Service Package (MISP)[59]**

- MISP is an internationally agreed set of priority SRHR services for the first phase of a humanitarian response (life-saving clinical care, prevention and response to sexual violence, safe childbirth, HIV continuity);
- Core elements journalists should know- emergency obstetric care, safe delivery referral. The services also offer clinical management of rape, condom distribution, and HIV treatment continuity, blood safety, contraceptive access, and referral pathways for GBV. Similarly, the prevention of maternal and newborn morbidity and mortality.

3. **GBV in emergencies — patterns media should look for**

- Incidence often arises (camp settings characterised by long commutes for water/food, market violence, insecure shelter, shared and distant sanitation);

[58] https://www.unicef.org/sudan/media/15671/file/UNI754893.pdf.pdf
[59] https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations

- Reporting priorities- protection mechanisms (safe spaces, case management), coordination (protection cluster, GBV sub-cluster), and documentation of service disruptions;
- Ethical imperative- survivors in emergencies are especially vulnerable—confidentiality, safe interviewing, and referral information are mandatory.

Figure 1- Inter-Agency Working Group for Reproductive Health in Crisis (IAWG) MISP

Objective 1 - seeks to ensure the health sector/cluster identifies an organisation to lead the implementation of the MISP
Objective 2 - Prevent Sexual violence and respond to survivor needs
Objective 3 - Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs
Objective 4 - Prevent excess maternal and newborn morbidity and mortality
Objective 5 - Prevent unintended pregnancies
Objective 6 - Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector cluster partners to address the health building blocks: Service delivery, Health workforce, Health Information systems, medical commodities, financing and Governance and leadership.

1. **Service continuity (HIV testing, ART & contraception supply, maternal care)**

- Report on stockouts, supply chain interruptions, continuity plans for ART, community ART groups, task-shifting, and mobile clinics.
- Ask- are there emergency procurement plans? Are clinics providing multi-month ART refills? Are mobile teams reaching remote sites?

2. **Adolescents and key populations in emergencies**

- Adolescents face increased risk of sexual exploitation, child marriage and school dropouts; adolescent mothers need targeted services and education re-entry support.
- Key populations (LGBTQ+, sex workers, people with disabilities, refugees) are often invisible in response plans — journalists should surface their needs and service access barriers.
- Identifying reliable data & sources in crisis reporting

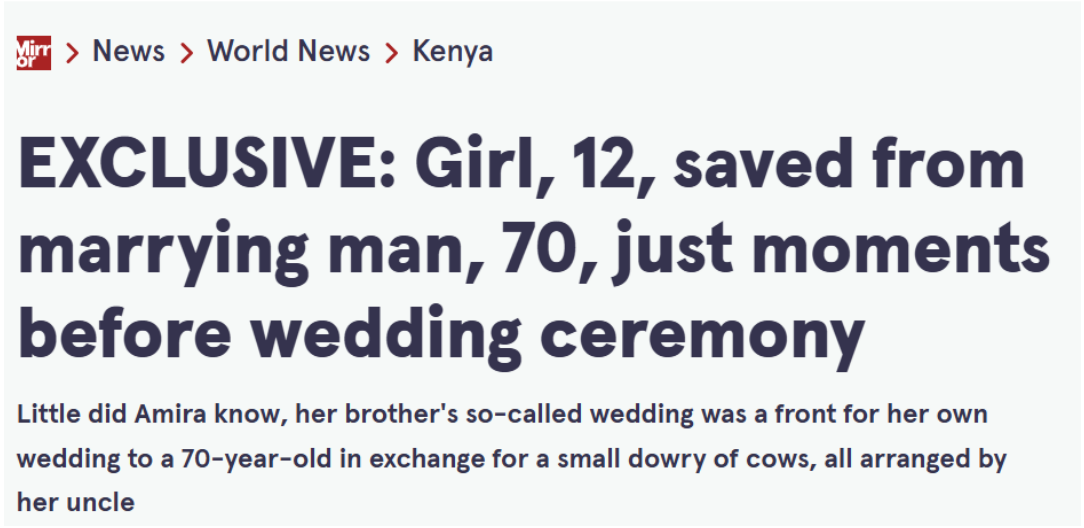
Reliable sources and data begin with those impacted by the story you are reporting on. It is important to make our stories people-centred. In essence, journalists should start by speaking with people affected by SRHR issues in emergencies when people, especially women and girls, cannot access services. Once you get their perspectives, you can then source other relevant data and duty bearers for accountability purposes. Journalists can get reliable data from the institutions listed below.

Reliable sources

- UN clusters (health/protection), WHO/UNFPA/UNICEF/UNAIDS country offices,
- National Government/ MoH emergency units, protection cluster reports, NGOs and local CSOs, health facility records.
- Community leaders/peer networks and survivors.
- Be cautious with early numbers; verify triangulation (facility reports, agency situation reports, and NGO field notes). Note attribution and limits clearly.

Example of how data was used in past emergency coverage

Facilitator: Share the links to The Mirror and UNICEF articles with the journalists in the chat box and in an email after the masterclass.



Policy and Legal Framework

Humanitarian action in Eastern & Southern Africa is oftentimes guided by the following documents. Some of them may not explicitly address SRHR, but they are applicable and relevant to the SRHR services that need to be put in place or strengthened during emergencies.

- African Union Humanitarian Policy Framework
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)
- Intergovernmental Authority on Development's Initiative for Drought Resilience and Sustainability in the Horn of Africa (IGAD's IDDRS)
- East African Community Disaster Risk Reduction laws and policies (EAC DRR) laws
- Southern African Development Community Disaster Risk Reduction
- and Resilience frameworks (SADC's DRR) resilience frameworks.
- African Risk Capacity (ARC) risk financing mechanism
- Africa Centres for Disease Control and Prevention (Africa CDC)

Agenda 2063 (African Union) and Humanitarian Support

Agenda 2063 is the AU's 50-year plan (2013–2063). It embeds humanitarian response under several aspirations:

1. **Aspiration 1: A Prosperous Africa based on Inclusive Growth and Sustainable Development:** Calls for ending hunger, improving resilience, and disaster preparedness.
2. **Aspiration 3: An Africa of Good Governance, Democracy, Respect for Human Rights, Justice, and the Rule of Law:** Upholds protection of vulnerable populations in conflict and disasters.
3. **Aspiration 4: A Peaceful and Secure Africa:** Links humanitarian action to peacebuilding, conflict prevention, and post-conflict recovery.
4. **Aspiration 7: Africa as a Strong, United, Resilient, and Influential Global Player,** advocates African-led humanitarian solutions and a stronger presence in global humanitarian systems.

African Union Humanitarian Policy Framework (2016) provides a common African approach to humanitarian action. It also guides AU member states in preparedness, disaster response, displacement, and post-crisis recovery.

African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention, 2009). It is a legally binding treaty on the protection of IDPs—the first of its kind globally. It applies to displacement from conflict, disasters, and development projects.

Regional Economic Communities (RECs) & Mechanisms

IGAD – Intergovernmental Authority on Development (Horn & Eastern Africa)

- **IGAD Drought Disaster Resilience and Sustainability Initiative (IDDRSI, 2011)**
  Regional framework to end drought emergencies, linking humanitarian and development approaches;
- **IGAD Regional Strategy for Disaster Risk Management** promotes early warning systems, cross-border disaster preparedness, and climate adaptation;
- **The IGAD Regional Migration Policy Framework** addresses displacement and refugee issues, relevant in humanitarian crises.

EAC – East African Community

- **EAC Disaster Risk Reduction and Management Act (2016)** Establishes mechanisms for preparedness, response, and recovery within EAC partner states;
- **EAC Regional Contingency Plans** for epidemics (like Ebola, cholera) and natural disasters.

SADC – Southern African Development Community

- **SADC Disaster Risk Reduction (DRR) Strategic Plan & Regional Resilience Framework (2020–2030)** Prioritises preparedness, coordinated response, and resilience to climate shocks (droughts, cyclones, floods).

Sustainable Development Goals (SDGs)

While there is no standalone "humanitarian SDG, addressing SRHR" several directly link to humanitarian action, crisis response, and resilience:

- **SDG 3 – Good Health and Well-being** Targets on reducing maternal/child mortality and combating epidemics relevant in crisis settings, where reproductive and related services may have been cut off;
- **SDG 6 – Clean Water and Sanitation** Emergency WASH interventions in humanitarian crises for hygiene and also safety;
- **SDG 16 – Peace, Justice, and Strong Institutions:** Protecting people in conflict, ensuring access to justice, and strengthening governance in fragile settings;
- **SDG 17 – Partnerships for the Goals** Humanitarian–development–peace partnerships, resource mobilization, and international cooperation.

Session Two Reporting in Practice - Ethics, Angles, and Simulation

This session translates knowledge into action. Journalists will grapple with the ethical dilemmas of reporting on vulnerable populations and apply everything they've learned to develop a compelling, responsible story pitch under pressure.

Objectives

By the end of this session, participants will be able to:

- Apply ethical, trauma-informed principles to interviewing survivors and vulnerable groups in crisis settings;
- Develop a story angle that moves beyond tragedy to highlight solutions, resilience, or accountability;
- Construct a comprehensive story pitch that includes data, human voices, and a clear accountability question.

Practical Newsroom Checklist for SRHR in Emergencies

A. Has the MISP been activated by Governments?

- Are critical services functioning- emergency obstetric care, ART continuity, PAC, GBV case management?
- Key contacts verified and stored (MoH, cluster, NGO, hotline)
- Consent obtained and safety plan in place for interviews
- Referral information included in the story (safe clinics, hotlines)
- Data verified/triangulated and limitations stated
- Do no harm- anonymize where needed; avoid identifying details that risk safety.
- Include solution/accountability angle- who should act and what resources are missing?

B. Ethical & safety guidance in reporting

- **Prioritise survivor & source safety** over speed, never publish identifying details in chaotic settings.
- **Do not act as responders** unless trained, reporters should document and refer; coordinate with protection actors if survivors request help.
- **Child protection** - follow national protocols for reporting on children; do not identify minors; involve child-protection actors before publishing sensitive cases.
- **Confidentiality & storage** - encrypt sensitive files and limit access; agree with editors about secure handling.
- **Do no harm in visuals** - avoid images that reveal camp locations or individual identities that could lead to targeting.

C. Ethical & Trauma-Informed Interviewing

- **Principle 1- Do No Harm.** Your story is not more important than the survivors' safety and dignity;
- **Principle 2** "Never photograph or describe camp layouts/locations in detail — it can put survivors at risk of targeting."
- **Principle 3** - Informed Consent. Explain who you are, who you work for, and how the story will be used. Consent must be ongoing; they can stop at any time;
- **Principle 4- Anonymity & Privacy.** Never identify a survivor of GBV or a vulnerable minor without explicit, documented consent. Use pseudonyms, blur faces, and alter voices;
- **Principle %- Support, Don't Just Extract.** Always end an interview by providing information on where to find help (e.g., "Thank you for your time. I want to make sure you know that free counseling is available at the clinic in Zone B.");

NB: Journalist Secondary Trauma: That journalists may suffer secondary trauma, and stigma newsrooms and journalist networks are encouraged to access the media debriefs and psychosocial support to promote a responsible reporting culture and journalist well-being

D. Framing Questions

- **Instead of -** "Can you describe the attack?" (re-traumatizing);
- **Ask -** "What helped you survive?" or "What kind of support do you need now to rebuild?" (focus on agency and resilience)

The SRHR Toolkit for Humanitarian Reporters

A. Key Data Sources & Experts

Share with journalists where to find some credible information.

Source	What it Offers	How Journalists Can Use It
UNFPA (Global & Country Offices)	Real-time data on needs, distribution of "dignity kits", a number of midwives deployed, GBV service mapping.	Request press briefings, access situation reports (SitReps), get quotes from dedicated SRHR officers in the field.
The Inter-Agency Working Group (IAWG) on SRHR in Crises	Research, policy briefs, and the **SPHERE Handbook** (the humanitarian gold standard), which includes minimum standards for SRHR.	Ground reporting in international standards. Ask responders- "Are you meeting the SPHERE standard for X number of midwives per population?"

Local Women-Led Organizations	On-the-ground context, trusted community access, real stories of resilience. They are the first responders.	Partner with them to find interviewees, understand cultural nuances, and identify gaps in the international response.
Ministries of Health/Gender & Disaster Management	National data, policies, and coordination plans.	Hold governments accountable- "What is your plan to provide SRHR services in this crisis? Is it funded?"

**Table 7 – Humanitarian data sources and Experts*

B. Story Angles Beyond the Obvious & Resilience Stories

Move beyond just depicting despair to stories that drive change.

Angle Category	Description	Example Headline
The Solutions Angle	Highlighting innovative programs that work.	"Solar-Powered Clinics- How Midwives are Delivering Babies in Darkness in Displacement Camps"
The Accountability Angle	Investigating why needs aren't being met.	"Dignity Denied- Why Only 2% of Humanitarian Funding Reaches SRHR Programs" or "Empty Promises- The Broken Aid Containers Missing Lifesaving Contraceptives"
The Resilience Angle	Amplifying the local heroes and survivors leading change.	"From Survivor to Savoir- The Refugee Women Providing Peer Support in Cameroon's Camps"
The Data- Driven Angle	Using numbers to reveal a hidden crisis.	"Pregnant and Invisible- The 50,000 Expectant Mothers Cut Off from Aid in Sudan"
The Policy Angle	Examining the laws that help or hinder.	"Closed Borders, Open Wombs- How Border Policies Deny Refugees Access to Abortion Care"

**Table 8 – Story angles beyond the obvious*

Group Exercise: The News Desk Simulation

Scenario - A massive flood has displaced 200,000 people in a low-income country. You are a journalist deployed to the scene.

Task: In groups of 3, develop a pitching memo for your editor with the following-

a. Proposed Story Angle - Choose one from Section B above.
b. Key Data Point - Find one statistic from a credible source to anchor your pitch.
c. Human Character - Who will you interview? (e.g., a pregnant woman, a midwife, a camp manager, a local youth activist). Describe how you will approach them ethically.
d. Potential Visuals - What would your photographer/videographer focus on? (e.g., a dignity kit being unpacked, a mobile clinic, a safe space for women, a broken health facility).
e. The Accountability Question - What one question will you ask the lead humanitarian agency official?

Example Pitch

a. **Angle:** Solutions Angle - Focusing on a new model of mobile clinics;
b. **Data**: "Only 1 in 5 displacement camps has a dedicated health clinic."
c. **Character** - Interview "Anita," a midwife with the International Medical Corps, who travels by boat to reach stranded communities. We will get her consent and focus on her work, not just the trauma she sees;
d. **Visuals:** Photos of the boat clinic, the medical supplies, Anita consulting with a patient (with consent);
e. **Accountability Question:** To the Health Cluster lead- "The SPHERE standard calls for one midwife per 10,000 people. Are you meeting that target, and if not, what is the barrier?"

Checklist for Reporting SRHR in humanitarian settings

(For journalists covering SRHR in emergencies, crises, displacement & disasters)

1. Understanding the Humanitarian Context

- Have you clearly identified the type of humanitarian crisis (conflict, drought, floods, displacement, epidemic)?
- Have you explained how the emergency affects access to SRHR services? Have you identified who is most affected (women, girls, adolescents, persons with disabilities, LGBTQ+, refugees)?
- Have you shown the before-and-after impact of the crisis on SRHR services?

2. Rights-Based & Humanitarian Lens

- Are you framing SRHR as a human right, even in emergencies?
- Have you avoided portraying affected people as helpless "victims only"? Have you highlighted State and humanitarian duty-bearers responsible for services?
- Have you linked the story to international protections (CEDAW, CRC, Geneva Conventions, SDGs)?

3. Protection & Safety First

- Have you ensured no harm comes to your source because of this story?
- Have you avoided revealing the location, identity, or movement patterns of survivors?
- Have you considered security risks in camps, conflict zones, or border areas? Have you avoided filming the faces of survivors without explicit consent?

4. Ethical Reporting on Survivors

- Have you obtained informed consent (and guardian consent for minors)? Have you avoided retraumatising questions?
- Have you avoided graphic or sensational details?
- Have you provided information on where survivors can seek help?

5. Special Focus Areas in Humanitarian SRHR

- Have you covered one or more of the following accurately?
- Sexual violence and rape in em,ergencies?
- Access to emergency contraception & PEP Safe delivery and maternal health in camps Adolescent SRHR services in displacement Menstrual hygiene access
- Unsafe abortions & post-abortion care HIV prevention & treatment continuity Child marriage and exploitation;
- Survival sex / trafficking risks.

6. Gender & Power Analysis

- Have you shown how women and girls are disproportionately affected? Have you addressed power imbalances in camps, aid distribution, and protection?
- Have you included voices of women & girls, not just officials?
- Have you included men and boys as part of prevention and accountability?

7. Data & Credible Sources

Have you verified information with:

- UN Agencies (UNFPA, UNICEF, WHO, UNAIDS);
- Humanitarian NGOs Ministry of Health Protection clusters;
- Have you avoided publishing unverified rumours?;
- Have you cited recent humanitarian data, not outdated figures?

8. Language & Terminology

- Are you using non-stigmatizing SRHR language?
- Are you avoiding:
- Victim blaming
- Victim-blaming Cultural shaming;
- Sensational rape terminology;
- Are you using people-first language (e.g. “woman living with HIV”)?

9. Intersectionality

Does your story consider:

- Persons with disabilities?
- LGBTQ+ persons?
- Refugees, asylum seekers, IDPs Migrants and stateless persons Ethnic minorities?
- Adolescent girls and young mothers.

10. Accountability & Governance

- Have you asked who is responsible for delivering SRHR services in this emergency?
- Have you shown gaps in humanitarian funding, staffing or supplies? Have you questioned why services are unavailable or inaccessible?
- Have you included government and agency responses to allegations or failures?

11. Solutions & Resilience

- Have you highlighted what is working (mobile clinics, safe spaces, community health workers)?
- Have you shown women-led or youth-led solutions?
- Have you included recommendations from experts or affected communities?

12. Do No Harm Final Check

Before publishing, ask:

- Could this story expose someone to retaliation?
- Could it increase stigma or discrimination?
- Does it respect dignity, safety and rights?
- Does it empower rather than exploit?

Story Samples

Studies show that refugee girls and young women are up to three times more likely to experience sexual violence compared to their non-refugee peers. Yet many refugee adolescents still lack access to essential services, including contraception, safe maternal care and psychosocial support as told through the voice of **Juliet Oyella, a refugee** from South Sudan.

Further Reading Materials

08

Recap of ethical reporting of SRHR

Overview

Sexual and Reproductive Health and Rights (SRHR) stories can inform, protect and mobilize but can also cause harm if not handled carefully. Journalists covering SRHR routinely encounter sensitive situations: of victims and survivors of violence including physical, people living with HIV, and other vulnerable groups whose privacy, safety, dignity and access to services depend on responsible reporting. This module emphasises the ethical framework, simple tools and practical skills needed to report on SRHR in ways that reduce stigma, prevent risks of retraumatisation, protect sources, and strengthen accountability. Through short demonstrations, hands-on practice and real-world examples, participants will learn how to use sensitive language carefully, secure informed consent, safeguard identities in multimedia, and design locally led stories that centre community agency rather than outside saviour narratives.

Learning Objective

This 90-minute recap consolidates core ethical principles and practical skills for reporting on sexual and reproductive health and rights (SRHR). It refreshes terminology, consent practice, identity-protection techniques for multimedia, and locally-led, decolonised storytelling approaches. The module is hands-on and trauma-informed: participants practice consent scripts, anonymisation methods, and reframing story angles so reporting protects sources, reduces stigma and strengthens accountability.

By the end of this session, participants will be able to:

- Use accurate, non-stigmatising SRHR terminology (aligned with UNAIDS/WHO guidance).
- Apply practical techniques to protect identities in photos, videos and audio.
- Gather and document informed consent ethically (including for minors and vulnerable people).
- Produce locally-led, decolonised story ideas that centre community agency, avoid saviour narratives: and fairly share credit and compensation.

Methodology

- Approach: short facilitator inputs +practical group exercise, lived experience + quick formative assessments.
- Principles: trauma-informed, survivor-centred, do-no-harm, rights- based, age-sensitive, locally led and decolonising.
- Delivery: interactive lecture
- Safeguards: use anonymized vignettes for practice; never use an unprepared survivor in role-play; provide referral contacts; allow participants to opt out of exercises that may be triggering.

Session One Core Ethics, Terminology & Consent

This session seeks to revisit why ethics matter in SRHR reporting: accuracy, trust, do-no-harm, and the role of language in either reducing or reinforcing stigma. This session refreshes core terms and gives a practical consent script reporters can use immediately.

Objectives

- Use accurate, non-stigmatizing SRHR terminology aligned with UNAIDS/WHO/UNICEF/UNFPA guidance.
- Demonstrate a short informed consent script and complete a basic consent form (audio or written).
- Explain special consent considerations for minors, survivors of GBV and key populations.

Why Ethics in Journalism is Important

Journalism's core role is to inform the public. Upholding ethical principles (independence, transparency, accountability) reinforces journalism as a trusted public good. People rely on journalists for credible information that affects their lives and decisions. Ethical standards like accuracy, verification, and fairness ensure reporting is fact-based, not misleading. Without ethics, journalism risks spreading disinformation and eroding public trust. Ethics helps ensure reporting does not stigmatize, exploit, or harm vulnerable groups (e.g., children, survivors of violence, persons with disabilities). Ethical reporting ensures critiques are evidence-based, not biased or defamatory, strengthening democracy and accountability.

- **Builds Public Trust[60]:** Ethical practices build confidence that news organizations are reliable and trustworthy, which is essential for an informed public.
- **Ensures Truthfulness and Accuracy:** Journalists are obligated to seek and report the truth, presenting facts accurately and verifying information to avoid misleading the public.
- **Promotes Independence:** Ethical journalism requires independence from political, commercial, or cultural influences, allowing for objective reporting free from conflicts of interest.
- **Provides Fairness and Impartiality:** Journalists should strive to present balanced viewpoints, giving a platform to diverse perspectives and ensuring all sides of a story are represented.
- **Fosters Accountability and Transparency:** Ethical journalists hold themselves accountable for their work, transparently explaining their sources and methods, which builds credibility with the audience.
- **Combats Misinformation:** In an era of widespread "fake news" and digital platforms, ethical standards are crucial for fact-checking, resisting the spread of false narratives, and protecting journalistic integrity.
- **Upholds a Watchdog Role:** Ethical journalism serves as a watchdog over government and public affairs, ensuring transparency and giving a voice to those who may otherwise be unheard.
- **Minimizes Harm:** Ethical principles guide journalists to be mindful of the potential impact of their words and images on victims/survivors and to the broader public readers, striving to avoid unnecessary harm and minimising triggers and providing trigger warnings when necessary.
- **Journalistic Ethics** guides professional conduct with principles that ensure accuracy, fairness, transparency, and accountability while serving public interest. Institutions such as the Society of Professional Journalists (SPJ)[66] provide adoptable ethical guidelines. According to SPJ66 a journalist acting with integrity, seeks the truth, reports it while minimising harm, acts independently, and is accountable and transparent. Moreover, most journalists have national codes of conduct for reporting sensitive issues that emphasize accuracy, objectivity, truth, balance, and tone of story, amongst other guidelines that are relevant to reporting SRHR.

Session Two Identity Protection, Visual Ethics & Practical Reframing

Practical demonstration of techniques to protect identities in photos, video and audio, followed by an active reframing exercise turning sensational headlines into survivor-centred, systemic leads. Participants practice and receive feedback.

Objectives

- Apply practical techniques to protect identities in photos, video and audio (e.g., framing, blurring, voice modulation, metadata stripping).
- Reframe sensational headlines into survivor-centred, solution-focused headlines and ledes.
- Prepare a 1-line pitch that includes ethical safeguards and referral information.

[60] https://www.spj.org/spj-code-of-ethics/

A. SRHR terminology — short practical guide (10 min)

Why it matters - Words shape stigma and policy. Using correct terminology preserves dignity and improves accuracy.

Quick rules

- Use person-first, neutral language- **"person living with HIV"** instead of "HIV victim."
- Say **"unsafe abortion"** or "complications from unsafe abortion" rather than sensational terms.
- Use **"contraception"**, not "birth control" if local usage prefers it—ask sources.
- Avoid loaded words- promiscuous, immoral, backstreet, deviant.
- For sex/gender terms- respect self-identification; ask how people want to be described.

Micro-quiz (live) - Show 4 short phrases and ask participants to rewrite into non-stigmatizing alternatives.

Here are some samples

1. On HIV and STIs

- **Stigmatising:** "AIDS victim," "HIV carriers," "infected people," "spreading the disease."
- **Preferred:** "People living with HIV (PLHIV)," "HIV-positive people," "transmission of HIV," "many adolescent girls acquired HIV."

2. On Sex Work

- **Stigmatising:** "Prostitutes," "selling their bodies," "immoral trade."
- **Preferred:** "Sex workers," "people engaged in sex work," "adults involved in consensual sex work." and "Transactional sex."

3. On Adolescents and SRHR

- **Stigmatising:** "Promiscuous youth," "bad behaviour," "spoiled girls," "child mothers" (for adolescents who give birth).
- **Preferred:** "Adolescents with unmet SRHR needs," "adolescent pregnancy," "girls who became mothers as adolescents or young mothers if they identify that way." NB:When reporting on young people use language that recognises agency and dignity and ask the young people how they want to be described/referred. (formal terms may feel distancing).

4. On Abortion

- **Stigmatising:** "Abortionist," "backstreet abortion," "baby killers," "illegal abortion."
- **Preferred:** "Unsafe abortion," "health providers who offer abortion services," "termination of pregnancy (where legal)."

Note: UN provides health workers, Government ministries of health, health systems etc is all within the legal environment of that country.

5. On Contraception and Fertility

- **Stigmatising:** "Family planning failures," "barren women," "irresponsible men who don't use condoms."
- **Preferred:** "Unmet need for contraception," "women experiencing infertility," "men with limited access to SRHR services."

6. **On People with Disabilities**
- **Stigmatising:** "The disabled and their sexuality," "sexually active despite disability."
- **Preferred:** "Persons with disabilities and their SRHR rights," "ensuring inclusive access to SRHR services."

Resource note - ***Align language with the UNAIDS Terminology Guide, WHO and national ministry glossaries where available.***

B. Anonymity in filming & photography — guidelines & practice (25 min)
(Key techniques to protect identity)

- Camera angles & framing- film from behind, over the shoulder, or focus on hands/feet;
- Tight detail shots- show context (clinic exterior, shoes, clothing) without faces;
- Silhouetting- backlight the subject so that facial features are not visible;
- Use of props/reenactment- staged B-roll with consented actors or consenting community members. Clearly labeled as a reenactment when published;
- Voice protection- pitch-shift, slow/fast audio, or record voiceovers with permission;
- Obscuring faces in post-production- blur, pixelate or black bar (use sparingly; explain why in captions);
- Metadata & file security- strip EXIF data; encrypt storage; limit access;
- Written consent for any identifiable images and explicit confirmation for distribution channels (social, broadcast, print)..

Demonstration

- Show 2 short "how-to" examples (slides or short clips) demonstrating framing, blurring and voice-alteration techniques;
- Media friendly empowering ways examples:
  - → Written - https://s.telegraph.co.uk/graphics/projects/child-abuse- witches/index.html
  - → Video - https://youtu.be/I11hi1XMoac?si=X3USm5u15TmTl3Ot
  - → Discuss pros/cons (authenticity vs safety; risk of recognition).

C. Gathering informed consent — principles & template
(Core principles)
- **Information** - explain purpose, audience, risks, how materials will be used and stored.
- **Voluntary** - no coercion; offer options for anonymity/pseudonym.
- **Specific** - consent for interview ≠ consent for photos ≠ consent for video reuse.
- **Capacity** - assess whether the person has legal/psychosocial capacity to consent (minors, persons with disability).
- **Revocable** - allow persons to withdraw consent within a defined window where possible.

Sample Consent Script and Short Template (Annex 3)

D. Representation, decolonisation & locally-led storytelling (15 min)
Core ideas (brief)
- **Decolonising practice** means shifting power- privileging local voices, letting communities set the agenda, sharing editorial influence, credit and often compensation;
- Resist "saviour" framing, avoid centering outsiders as the solution;
- Value local epistemologies and vernacular; translate without distorting meaning;
- Ensure diverse representation- gender, age, disability, sexuality, rural/urban, migrant status.

Group discussion: Peer experience session - Participants can share an example if they have any experience sharing equitable crediting or collaboration

See these examples

- Acknowledging community reporters, fixers, interpreters, and data contributors. where safe;
- Respecting requests for anonymity or collective attribution and also avoiding extractive storytelling where communities bear risk but receive no recognition

E. Subterfuge and Covert Filming in Investigative

Subterfuge-Definition: The use of deception, trickery, or misrepresentation to obtain information that would otherwise be inaccessible.

Examples in journalism:

- Pretending to be a cleaner in a hospital to expose fraud and theft of drugs in an SRHR department.
- Using hidden identities to gain entry into restricted places.

Ethical concern: Subterfuge raises serious debates because it often involves deceiving sources or the public. Many journalism codes of ethics (e.g., SPJ, BBC, Ofcom) state it should only be used as a last resort, when the public interest is overwhelming and no other method can achieve the same results.

Covert Filming: Recording (video/audio) without the knowledge or consent of the subjects being filmed.

Examples in journalism:

Covert filming is all about using hidden cameras to document bribery, human trafficking, or exploitative settings and secret audio recordings of corrupt officials negotiating deals.

Ethical concern:

Like subterfuge, it intrudes on privacy. It can only be justified when exposing serious wrongdoing, when open methods fail, and when the evidence is in the clear public interest.

Key Difference: Subterfuge - the deceptive method (lying about who you are or why you are there).

Covert filming -the hidden recording technique. They often overlap: Covert filming is frequently enabled through subterfuge (e.g., a reporter goes undercover as a worker and secretly films).

Practical steps reporters can take

- **Co-creation** - invite community members to suggest story angles and review factual sections.
- **Shared editorial control** - where feasible, offer interviewees a right to correct factual errors (not editorial control over framing).
- **Equitable crediting & compensation** - pay youth peer reporters or community photographers; credit local researchers and NGOs.
- **Local partnerships** - use local fixers, translators and civil society as partners, not just sources.
- **Contextualize external assistance** - report how international programs work with local actors, budgets, and sustainability issues.

Facilitation Notes and Safety Tips

- Always start with a short ethics grounding and signpost support services for participants who may be affected by content;
- Use anonymized case studies for practice; avoid bringing live survivors into role-play without prior consent/support arrangements;
- Encourage journalists to follow newsroom Standard Operating Procedures(SOPs) if they exist. Nevertheless it is important for SRHR journalists to think of potential threats and harassment and plan for their safety when undertaking such stories. (Seek to undertake safety training whenever possible);
- Offer a follow-up clinic for technical skills (video editing to anonymize, file encryption, voice modulation).

Digital Media Sourcing, publishing, and audience management in SRHR Reporting

Ethical SRHR reporting extends beyond images and video to include the responsible sourcing, use, and publication of **screenshots, audio clips, voice notes, chat messages, social media posts, and user-generated digital content.** Given the heightened risks faced by survivors, key populations, adolescents, and activists, journalists and editors must apply **enhanced safeguards** across the digital content lifecycle.

Ethical Use of Screenshots and Digital Messages

Screenshots of social media posts, messaging apps (e.g. WhatsApp, Telegram), emails, or online forums can unintentionally expose identities, locations, and social networks.

Ethical considerations

- Treat screenshots as **identifiable personal data**, not neutral evidence.
- Blur or redact:
- Usernames, profile photos, phone numbers, timestamps, group names, and location indicators.
- Avoid publishing screenshots from **closed or private groups** unless there is a compelling public interest and consent has been obtained.
- Do not publish deleted posts without careful editorial justification; deletion may indicate fear, risk, or retraction.

Best practice

- Paraphrase or recreate messages where possible rather than reproducing screenshots verbatim;
- When screenshots are necessary, document: Why they are essential; What harm-mitigation steps were taken, and whether consent was obtained or why it was not possible;

→ **Use of Audio Clips and Voice Notes**

Voice notes, phone recordings, and audio clips can reveal identity through accent, tone, background sounds, or speech patterns—even when names are withheld.

Ethical considerations

- Audio is **biometric data** and should be treated as highly sensitive.
- Survivors and SRHR sources may not understand that:
  - » A voice note shared privately can be broadcast publicly;
  - » Their voice can be recognized by family, partners, or authorities

Best practice

- Obtain explicit consent for any use of recorded audio, including:
  - » Broadcast;
  - » Online publication
  - » Social media clips
  - » Archival or future reuse
- Offer alternatives:
  - » Use transcripts instead of audio;
  - » Employ voice alteration or actors for narration
- Remove identifiable background sounds (e.g. children, clinic settings, community noise).

→ Consent for Digital Reuse and Cross-Platform Publishing

Consent obtained for one format does not automatically extend to all digital uses.

Key principle

Consent must be informed, specific, and ongoing ethical considerations;

- Sources may agree to:
  - » A radio interview but not social media clips;
  - » A print article but not a searchable online archive
- Digital content can be:
  - » Shared out of context;
  - » Screen-recorded;
  - » Used to incite harassment or violence

Best practice

- Explain clearly:
  - » Where the content will appear (website, X, TikTok, WhatsApp, YouTube);
  - » How long it will remain accessible;
  - » Whether it may be reused in future stories or campaigns
- Re-seek consent if:
  - » The story angle changes;
  - » The platform changes;
  - » The political or legal context shifts
- Allow sources to **withdraw consent** where possible, especially in high- risk SRHR cases.

Annex Two: Consent Script

Opening script (spoken)
"Thank you for speaking with me. I want to explain how we may use your story- it could appear on TV/ online/print. We can use your real name, a pseudonym, or keep your identity fully anonymous. You can stop the interview at any time. Do you agree to continue?"

Simple written consent template fields (one page)
- Name (or pseudonym);
- Media type(s) consented to- [print] [online] [radio/TV] [social];
- Level of ID- [full name] [first name only] [pseudonym] [anonymous];
- Use of images/video- [yes/no] + specify restrictions;
- Withdrawal period , this can be done at any time;
- Signature / Date / Contact for follow-up

Special cases
- **Minors -** Follow UNICEF guidelines on protecting children ie. Protect identities of any child vulnerable to abuse or reprisals. Children associated with armed groups, GBV survivors, child-headed households, children living with HIV, whatever the national laws, or guardian consent, we should never reveal their identities in the media. They have to be over 18 to give consent to tell their story and even then, we'd only reveal if they were no longer in danger, with access to support, experienced at campaigning and fully aware of the potential ramifications;
- **Survivors of GBV -** prioritise safety — prefer anonymized quotes and non-identifying details unless survivors explicitly request otherwise and are supported;
- **Key populations (LGBTQ+, sex workers) -** ensure confidentiality; be aware of legal risks in context.

SRHR Ethical Decision Checklist

Final Pre-Publication / Pre-Broadcast Review

Core Test: Public Interest • Do No Harm • Rights-Based • Context-Aware

1. Public Interest & Necessity

- Does the story serve a **clear public interest** related to health, rights, accountability, or access to services?
- Is the story necessary in its current level of detail?
- Have we avoided sensationalism, voyeurism, or shock framing?

→ **If harm outweighs public value → Revise or do not publish.**

2. Legal and Contextual Risk Assessment

Are any of the following criminalised, restricted, or heavily stigmatised in this context?
- Abortion
- Same-sex relations / LGBTQI+ identities
- Sex work
- HIV non-disclosure or exposure
- Adolescents' SRHR access
- Could publication expose anyone to arrest, prosecution, deportation, violence, or retaliation
- Have we sought legal or editorial guidance where risk is high?

3. Source Safety & Anonymity

- Have we removed **direct and indirect identifiers** (names, faces, voice, locations, timelines, distinctive details)?
- Could someone still be identified through context or deduction?
- Are pseudonyms and anonymization consistently applied across text, audio, visuals, captions, and social posts?

4. Informed, Specific & Ongoing Consent

- Was consent freely given and fully informed?
- Does the source understand?
- Where the story will appeal
- That it may be shared, archived, or commented on
- The risks of digital circulation was consent obtained for:
  - » Images/video;
  - » Audio/voice;
  - » Screenshots/messages;
  - » Social media reuse

Has consent been reconfirmed if the story angle or platform changed?

5. Power, Vulnerability & Exploitation Check

- Is the source in distress, poverty, crisis, or dependency?
- Have we avoided pressure, inducement, or emotional coercion?
- Are we centering dignity, agency, and choice rather than suffering?

6. Language, Framing & Accuracy[61]

- Is language non-judgmental, non-stigmatising, and rights-affirming?
- Have we avoided victim-blaming and moralising?
- Are facts, data, and medical claims accurate and contextualised?
- Are stereotypes and harmful tropes avoided?

7. Digital & Visual Ethics

- Are screenshots, images, audio, or video strictly necessary?
- Are they redacted, blurred, or altered to protect identity?
- Do thumbnails, captions, and headlines uphold the same ethics as the full story?

8. Live Media, Calls & Audience Interaction

- Is the story live or open to comments/call-ins?
- Can harm be effectively moderated or controlled?
- Have we considered disabling comments or using delayed broadcasts?
- Have sources been warned about audience risks?

If harm cannot be managed → Do not go live.

9. Equity, Credit & Collaboration

- Have community contributors, fixers, translators, or co-reporters been credited fairly (where safe)?
- Have power imbalances between journalist and source been acknowledged and mitigated?
- Are we avoiding reinforcing saviour narratives?

[61] https://www.hrc.org/resources/hrc-guide-to-getting-it-right-reporting-about-hiv

10. Aftercare & Accountability

- Do we have a plan if harm occurs after publication?
- Is there a clear contact for corrections, takedown requests, or safety concerns?
- Are raw materials stored securely or scheduled for deletion?

Final Gate Question

If I were the source—or their family—would I consider this story fair, necessary, and safe?

- Yes → Publish / Air
- Unsure → Revise
- No → Do not publish Further

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Annex

A. ANNEX 1: Moderator Script

2. "Thank you for joining. This panel is called 'Nothing About Us Without Us.'
3. The moderator reads the biographies of the AYPs. Then give guidelines as " Each speaker will have 2– 3 minutes to respond to two short prompts. After that, we'll take 2–3 quick questions from journalists."
4. Prompt 1 (to all) - "Kindly share your experiences in advocacy and the impact it has had, Also highlight how you want young people to be represented in the media?" (3 min each)
5. Prompt 2 (to all) - "Share one example of how mainstream media missed or misrepresented youth voices — and one practical suggestion for journalists." (1–2 min each)
6. Quick Q&A - 2–3 short questions from journalists (timeboxed).

Sample closing line for moderator
"Thank you to our panelists for sharing honest, practical guidance. Journalists - please post one commitment in chat — one specific thing you will do differently when reporting on youth and SRHR."

B. ANNEX 2: The Triple Threat - Securing AYG;s Future

In sub-Saharan Africa, more than 6 million pregnant and parenting girls are out of school — with many not going back after giving birth. Research shows one of the best ways to help young moms build a life for themselves and their babies is to help them to finish secondary school. Because when young moms finish school, they tend to have more job opportunities, and better health — for themselves and their children. But restrictive policies, stigma and discrimination, and financial hardships can derail their plans to carry on learning. Here's how this can be turned around. For the past five years, about 130,000 adolescent girls have given birth in South Africa each year — it means one in every seven babies is born to teenagers.

Having a baby before 18 can put both young mothers and their children at risk. Such moms are two to five times more likely to die during labour than women in their 20s, may drop out of school and fall pregnant again soon, and can face mental health challenges. Their babies may also die at a young age or struggle with physical and cognitive development and have worse educational outcomes

Tapping into regional commitments: The African Union (AU) declared 2024 the year of education in Africa, with the continent's leaders vowing to make girls' and women's schooling a priority. Adolescent moms — an often overlooked group - need specific support, say the signatories to an AU-backed set of recommendations, declared at the 1st African Union Pan-African Conference on Girls and Women's Education.

Sensitising AYG on their rights: What can help fulfil adolescent moms' right to education — and unlock their potential for a continent with a brighter future? Knowing their rights could help. Knowing about these rights might be protective. For instance, in Zambia, young moms who knew about their country's re-entry policy were almost 90% less likely to leave school because of teasing or bullying and said they felt less stigmatised when they came back after giving birth.

Train and empower teachers and administrators: But just knowing that girls should be able to go back to school without shame is not enough — especially among school administrators responsible for implementing these policies. A 2015 study from Kenya found that while teachers were aware of the country's re-entry policy, they chose not to implement it, to preserve the "image" of the school.

Having support from their school could influence how easy — or difficult — it is for adolescent mothers to return to school, studies show. Teachers can make or break this, especially with evidence from several countries showing that these moms report being treated badly by their educators. Properly trained and empowered teachers can create an inclusive and welcoming environment through, for example, being more empathic and introducing more flexible teaching methods, such as helping with catch-up plans for missed schoolwork.

Addressing other barriers to schooling: Malawi's Zomba Programme, which paid tuition fees for school-going girls in the rural Zomba district in an effort to combat HIV, not only lowered HIV rates (by 64%) but also delayed early marriage and pregnancy and encouraged girls who dropped out of school to go back to their classes. Barriers such as long commutes to school or money worries are more pronounced in the case of school-going mothers, because they need to organise — and sometimes pay for — someone to look after their babies.

Providing Childcare for young moms: When childcare services are available, young moms report experiencing greater autonomy in their decisions about continuing with school. In South Africa, research has shown that making use of childcare is linked with higher odds of moms being in school or having a job, passing to the next grade, having positive plans for the future and showing a healthy parenting style. Their children also tend to score better on thinking, language and motor tasks as they get older than when they were not in childcare.

Supportive Ecosystem: But schools alone can't meet all the needs of adolescent mothers; other sectors need to provide support too. For example, an analysis of child welfare outcomes in Ethiopia (2002–2013) showed that the health extension programme, which addressed health education, child vaccination and family planning, helped reduce child marriage and adolescent pregnancy, increased school enrolment, and improved children's skills in reading and working with numbers.

Having basic needs: A study on adolescent girls in the Eastern Cape, including those who've had a baby, show that having enough to eat is linked with fewer of them engaging in transactional sex, sex while on substances and sex with an older partner — and at the same time supports school enrolment.

Helping girls tap into peer support: Having support from friends (including other young moms), parents or teachers can help girls continue their schooling. For example, in a 2022 study in Malawi, young mothers reported that all-women groups from the community worked with school staff and parents to encourage them to come back to class after giving birth. Across several Eastern and Southern African countries, peer providers — other young moms from the same community — offer mental health and social support, such as for accessing cash grants and finding alternative routes to keep learning (like vocational training) and other ways to earn their own money. Sello Matsoso, programme director of Help Lesotho, a non-profit organisation that runs life skills and social support projects in the country, says they've seen "many positive outcomes when such support is in place, such as young mothers feeling markedly more hopeful and confident in seeking health services, more using condoms during sex, and intimate partner violence dropping by almost half".

Intersecting interventions: The intersecting challenges that adolescent girls and mothers may face, such as HIV and violence, highlight the need for interventions that address a combination of issues, rather than just one.

For example, in South Africa, findings show that this approach is linked to positive education and health outcomes among these young women - staying in school during pregnancy, feeling self-confident, getting friendly and respectful health services and the use of formal childcare services are linked with more condom use (55–66%) thus lowering the chance of getting HIV and falling pregnant again quickly, more mothering girls progressing to the next grade (37–79%) as well as more going back to school after giving birth (40–90%).

Addressing harmful norms: But for this to happen, harmful social and gender norms that infringe on these girls' rights need to be broken down so that they can be part of shaping their own future.

Accountability interventions: The AU's commitment to inclusive education is an important step towards giving young women a brighter future, but only swift, accountable action will ensure that every girl can learn, thrive and contribute to a healthier, more equitable society.
This work is part of the UNICEF Eastern and Southern Africa partnership with the Universities of Cape Town and Oxford, under the Joint UN 2gether 4 SRHR programme. The partnership aims to enhance the evidence base for adolescent sexual and reproductive health and rights (SRHR), HIV, and overall health and well-being programming in the region, while also building the capacities of young professionals, including emerging African researchers.

C. ANNEX 3: Consent Script

Opening Script (spoken)-
"Thank you for speaking with me. I want to explain how we may use your story, it could appear on TV/ online/print. We can use your real name, a pseudonym, or keep your identity fully anonymous. You can stop the interview at any time. Do you agree to continue?"

Simple written consent template fields (one page)-

- Name (or pseudonym);
- Media type(s) consented to- [print] [online] [radio/TV] [social];
- Level of ID- [full name] [first name only] [pseudonym] [anonymous];
- Use of images/video- [yes/no] + specify restrictions;
- Withdrawal period, this can be done at any time;
- Signature / Date / Contact for follow-up.

Special cases

- **Minors:** Follow UNICEF guidelines on protecting children ie. Protect identities of any child vulnerable to abuse or reprisals. Children associated with armed groups, GBV survivors, child headed households, children living with HIV, whatever the national laws, or guardian consent, we should never reveal their identities in the media. They have to be over 18 to give consent to tell their story and even then, we'd only reveal if they were no longer in danger, with access to support, experienced at campaigning and fully aware of the potential ramifications;
- **Survivors of GBV -** prioritise safety — prefer anonymized quotes and non-identifying details unless survivors explicitly request otherwise and are supported;
- **Key populations (LGBTQ+, sex workers) -** ensure confidentiality; be aware of legal risks in context.

D. ANNEX 4: Frameworks to Hold Governments Accountable on GBV in East and Southern Africa

Journalists can use international, regional, and national legal instruments to promote accountability around GBV from governments. It is important to check whether the country has signed or not ratified the instrument. The following are some of the key frameworks that can support journalists to report on GBV, they can also follow up lawyers and gender advocates to elaborate on the national status and application of the same to specific cases..

International and Regional Instruments

Universal Declaration of Human Rights (UDHR, 1948)

- **Article 5:** No one shall be subjected to torture or to cruel, inhuman, or degrading treatment → GBV violates this protection.
- **Article 2:** Non-discrimination in enjoyment of rights (including sex-based discrimination).
- **Article 3:** Equal rights of men and women in all Covenant rights.
- **Article 12:** Right to the highest attainable standard of physical and mental health → includes protection from GBV and access to survivor-centred health services.

Implication for GBV:

States must take steps to address GBV as a barrier to women and girls fully enjoying their economic, social, and cultural rights, including education, work, and health.

Convention on the Rights of the Child (CRC, 1989)

- **Article 19:** Protection from all forms of physical or mental violence, injury, abuse, neglect, maltreatment, or exploitation.
- **Article 24:** Right to health and healthcare, including measures to abolish traditional practices harmful to children's health (e.g., FGM).

Beijing Platform for Action

Global commitment to address violence against women and girls.It notes that women need to be healthy to realise their full potential. This includes proper nutrition, sexual and reproductive rights, mental health for women and girls including survivors of violence as well as freedom from violence. It advocates for states to better coordinate provision of health services

The International Conference on Population and Development (ICPD)

This is a global conference that sought to address population issues and promote human rights, including SRHR. The ICPD recognized the importance of ensuring universal access to reproductive health services, reducing maternal mortality, and promoting gender equality.

CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women)

- Requires states to eliminate discrimination and violence against women;
- Adopted in 1979, CEDAW notes that discrimination against women violates the principle of equality of human rights and respect for human dignity.

Maputo Protocol (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa)

The Maputo Protocol of Action urges member states to combat all forms of discrimination against women through appropriate legislative, institutional, and other measures. The Protocol also includes a clear reproductive rights provision (Article 14). Article 14(2)(c) obliges States Parties to authorise medical abortion in cases of sexual assault, rape, incest, and where the continuation of the pregnancy endangers the mental or physical health or the life of the pregnant woman.

SADC Protocol on Gender and Development

Requires member states to halve GBV by 2030.

African Union Convention on Ending Violence Against Women and Girls (AU-CEVAWG) (adopted 2025)

This landmark convention requires member states to prevent, investigate, and punish all forms of violence against women and girls and to provide survivor-centered services and reparations; journalists can use it as a benchmark to hold governments to account on laws, budgets, and service delivery for VAWG.

African Charter on the Rights and Welfare of the Child (1990)
The Charter affirms children's rights to protection, health, and education and prohibits harmful practices and sexual exploitation.

Sustainable Development Goals (SDG Goal 3, 5, and 10)
- **Goal 5:** Achieve gender equality and empower all women and girls;
- T**arget 5:1** End all forms of discrimination against all women and girls everywhere
- **Target 5:2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- **Target 5:3** Eliminate all harmful practices such as child early and forced marriages and female genital mutilation
- **Target 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Additional Legal frameworks to hold the government accountable
Most East and Southern African countries have:

- Constitutions guaranteeing equality;
- Domestic Violence Acts / Sexual Offences Acts;
- National GBV Action Plans (many countries have cost action plans aligned with SDG 5);
- Child Protection Laws that prohibit child marriage and sexual exploitation;
- Ministerial decrees and guidelines on Gender Based Violence For example in Kenya, the frameworks include;
  - The Constitution of Kenya (2010), Penal Code, Sexual Offenses Act (2006);
  - Children's Act (2022), Protection Against Domestic Violence Act (2015), Prohibition of Female Genital Mutilation Act (2011);
  - HIV Prevention and Control Act (2017), Countertrafficking in Persons Act (2010);
  - Computer Misuse and Cybercrimes (Amendment) Act (2025), Marriage Act (No. .4 of 2014) and;
  - International Crimes Act (No 16 of 2008).

E. ANNEX 5: Handout/s

THE 9 GUTTMACHER–LANCET SRHR ELEMENTS & HOW DATA REPORTING APPLIES

1. Comprehensive Sexuality Education (CSE)

Definition:
Age-appropriate, scientifically accurate education on sexuality, relationships, consent, health, and rights for young people in and out of school.
Data reporting application:
- Track % of schools delivering CSE;
- Compare curriculum coverage vs. actual implementation;
- Use surveys on adolescent knowledge, myths, and behaviours.

2. Access to Contraception & Family Planning

Definition:
Full access to a range of modern contraceptives, counselling, and informed choice without coercion.
Data reporting application:
- Use DHS, DHIS2, and FP commodity stock-out data;
- Compare unmet need, contraceptive prevalence rate, adolescent uptake;
- Investigate stock-outs using county procurement data.

3. Maternal & Newborn Health

Definition:
Quality pregnancy, childbirth, postnatal, and newborn care; emergency obstetric services; skilled birth attendance.
Data reporting application:
- Use maternal mortality ratios, neonatal mortality, and facility delivery rates;
- Analyse gaps by county, poverty level, or facility type;
- Investigate ambulance response times and delays ("Three Delays Model").

4. Safe Abortion & Post-Abortion Care

Definition:
Access to safe abortion where legal, and universal access to quality post-abortion care. Data reporting application:
- Report on PAC caseloads, complications, and demographic patterns;
- Compare legal allowances with real-world access;
- Use hospital records to quantify unsafe abortion impact.

5. Prevention, Testing & Treatment for HIV/STIs

Definition:
Comprehensive HIV and STI prevention, testing, treatment, and viral suppression services.
Data reporting application:
- Track new infections, testing rates, ART retention, viral suppression;
- Analyse county hotspots;
- Cross-reference youth vs. adult HIV trends.

6. Prevention & Response to Gender-Based Violence (GBV)

Definition:
Systems to prevent and respond to physical, sexual, emotional, and economic violence. Data reporting application:
- Use police OB data, hotline records, shelter availability;
- Compare reported vs. unreported cases; review conviction rates;
- Analyse patterns during crises (e.g., elections, floods).

7. Reproductive Cancers (e.g., cervical, breast, prostate)

Definition:
Prevention, screening, early diagnosis, treatment, and palliative care for reproductive cancers. Data reporting application:
- Use screening rates, HPV vaccination coverage, cancer registry data;
- Compare rural vs. urban diagnosis delays;

- Track mortality trends and access to radiotherapy.

8. Infertility & Reproductive Morbidities

Definition:
Recognition, diagnosis, and treatment of infertility and other reproductive disorders (endometriosis, fibroids).
Data reporting application:
- Highlight lack of national infertility data;
- Analyse treatment costs and availability;
- Investigate barriers for low-income couples.

9. Sexual Health & Well-being

Definition:
The broader physical, emotional, mental, and social dimensions of sexual health, including pleasure, consent, and bodily autonomy.
Data reporting application:
- Use surveys on sexual satisfaction, consent practices, or stigma;
- Analyse mental health linkages (e.g., SRHR + depression);
- Use qualitative data (FGDs, interviews) for social norms.