



COLLEGE OF MEDICINE

**Impact of media training and journalist support on the development of health research
reporting in Malawi: An evaluation of the Journalist in Residence Programme of the
Malawi Liverpool Wellcome Trust Clinical Research Programme**

By

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BA in Business Communication

(MPH201770074108)

**A Dissertation Submitted in Partial Fulfillment of the Requirements of the Master of
Public Health Degree**

MARCH, 2020

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Declaration

I, Josephine Semu Phumisa, hereby declare that this thesis is my original work and has not been presented for any other awards at the University of Malawi or any other university.

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Dedication

To my amazing children: Loyiso, Nondumiso and Ntandoyenkosi.

You are a blessing to my life

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Dr Kate Gooding, for her unwavering support and guidance towards my thesis journey. I would also like to thank Malawi Liverpool Wellcome Trust Clinical Research Programme staff and the Science Communication Department for entrusting me with this project of evaluating their Journalist in Residence Programme as my thesis. Mr Rodrick Sambakunsi, the Science Communication Department Manager, your support made this happen. You created a conducive environment for me to conduct the evaluation.

May I also appreciate the support I got from the MPH Course Director Dr Susan Carnes Chichlowska for believing in me. Her quest for diversity in the course cannot go unnoticed.

I am most indebted to all the participants in this evaluation for sharing all they had with me.

Thank you, my mother, Mrs Edith Semu for setting the pace in attaining higher education and for believing in educating the girl child.

I also thank my classmates for their encouragement and psycho-social support.

My acknowledgments would be incomplete if I don't mention my husband, Blessings, for his encouragement. You came into my life at the right time. To my children, Loyiso, Nondumiso and Ntandoyenkosi, I thank them for understanding when I could not be available for them.

ABSTRACT

Introduction: In 2012, the Science Communication Department at Malawi-Liverpool Wellcome Trust established the Journalist in Residence programme. It was established to train journalists and give them support when reporting health research stories from Malawi-Liverpool Wellcome Trust. However, the programme has not been evaluated since its inception.

Objective: To assess the impact of media training and support through the Journalist in Residence programme on the development of health research reporting in Malawi.

Methods: Qualitative approaches were used to conduct in-depth interviews with 5 journalists, 2 editors, 2 consultants, 5 researchers, and 3 Ministry of Health Officials. Two Focus Group Discussions were also conducted with Community Advisory Group members selected in Blantyre and Chikwawa. All interviews and focus group discussions were recorded and transcribed verbatim. Data were analysed using Nvivo11.

Results: The findings show that most stakeholders recognize that JIR programme has a positive impact on the development of health research reporting in Malawi. The quantity and quality of health research stories are reported to have increased after introducing the programme. Additionally, journalists are motivated to write health research stories as they get training as well as support in the programme. The health research work of Malawi-Liverpool Wellcome Trust is now being recognized by policy makers and the public at large through stories published by journalists in the programme.

Conclusion: The evaluation found that JIR programme is a powerful tool to achieving the development of health research reporting in Malawi through all its aspects.

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Abbreviations and Acronyms

BT	Blantyre
CAGs	Community Advisory Groups
COMREC	College of Medicine Research and Ethics Committee
CK	Chikwawa
FGDs	Focus Group Discussions
HIV	Human Immunodeficiency Virus
IDIs	In-Depth Interviews
JIR	Journalist in Residence
MBC	Malawi Broadcasting Corporation
MACRA	Malawi Communications Regulatory Authority
MLW	Malawi-Liverpool Wellcome Trust
MoH	Ministry of Health
NSO	National Statistical Office
TA	Traditional Authority

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1.0 CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

1.0.1 Need for dissemination of research findings

The dissemination of research findings is not only valued by a majority of researchers but is also a requirement from funding agencies [1]. Disseminating research findings on a peer to peer basis helps to increase researchers' knowledge of new methods and findings. Furthermore, it helps to improve researchers' scientific skills. Appropriate dissemination of research results helps in avoiding duplication studies within the same location or similar setting and therefore aids in adding value to knowledge and saving resources. A researcher's visibility is also increased among the scientific community and may lead to advancement in a researcher's rank or position [2].

In addition, communicating research findings with policy implications provides policy makers with valuable information for evidence-based decision making. This is because policy makers are important stakeholders who could also use research findings and can implement study recommendations [2].

When communicating research findings, members of the general public are not to be left out. It is important to include the public in the dissemination process because they are beneficiaries of research findings. Some studies are also funded with taxpayers' money and there is therefore the need to be accountable and transparent about the research process. The public gets good value for their money and community members who participated in the study are rewarded for their time. Besides, it also helps to create awareness about health and health conditions, foster acceptance of science and may attract potential research partners and funding sources [2].

1.0.2 Channels for research dissemination

The challenge facing research dissemination is specific guidance on how best to accomplish effective dissemination. Many researchers use workshops and seminars to publicize their findings to audiences of varying backgrounds. Another medium used to publicise research findings is policy briefs. These have been used in successful advocacy efforts across public health topics. They are normally enhanced with data visualization that is targeted toward a specific audience and desired action.

One-on-one meetings have been also been used to target elected officials as the interactions are easily remembered and acted upon swiftly [2]. As social media continues to gain traction across the world, scientists and publishers of scientific journals are also beginning to recognize the inherent potential in social media in disseminating study findings to the public. However, the numbers are still low with one study finding that 15% of health researchers use social media as a dissemination tool [3].

Using various communication platforms, journalists are some of the best communicators of vital information in clinical research as they do so in languages that the public easily understands. For instance, effective communication about HIV/AIDS might result in a decrease in HIV transmission [4]. A 2009 WHO publication entitled ‘Promoting gender equality to prevent violence against women’, it is noted that:

“Media interventions can alter gender norms and promote the rights of women women’s rights and that public awareness campaigns and other interventions delivered via television, radio, newspapers and other mass media can be effective for altering attitudes towards gender norms.” [5]

Therefore, effective communication between health research groups and journalists from around the world is essential if the understanding of health research worldwide is to improve.

1.0.3 The role of the media

The media, also called the Fourth Estate because of its watchdog role, occupies an important, yet often unacknowledged, role in the health system. The media provides a fair account of the system's strengths, weaknesses, and opportunities to the public [4]. Researchers view the media as one of the main channels to convey research findings to policy makers although the extent of the media's power in influencing policy remains unclear [1].

The media is also a place where hard questions can be asked and answered, holding governments, business and the health system itself to account [4]. Journalists are the storytellers that the public listen to and are charged with looking at a problem from many perspectives to develop a coherent narrative that speaks to their audience [6]. Such high demands on great qualities of storytelling in the media profession are not present among scientists and public health professionals. As such, journalists have a very vital role in filling that communication gap in medical research. Specialist health journalists, as key gatekeepers for quality in the health landscape, help educate their peers and editors on health issues which are often complex and require more than a passing understanding of context to communicate well.

1.2 Some attempts to strengthen the role of the media and evidence on their effectiveness

1.2.0 Training and support

Around the world, a small number of programs provide training on scientific and environmental topics to early and midcareer journalists. However, there are still questions about the

effectiveness of these programs. Such questions often revolve around the quality or quantity of science reporting and its likely impact.

Using surveys, quantitative content analysis, and semi structured interviews, a study in India addressed these questions by exploring the process and impact of science journalism training program on participants' reporting behavior. The study placed its focus on how reporters use scientific information and sources. It analysed reporter confidence in reporting scientific stories, and reflected on the training experience. The empirical results revealed that journalists felt training gave them more confidence and skills for science reporting. Content analysis showed small positive changes in source selection, references to scientific uncertainty, and thematic framing in the year following participants' training experience. Interviews highlighted participants' opinions that interpersonal interactions with scientists are the most valuable part of the training experience [6].

A case study conducted by the George Institute of Global Health discovered that journalists face various challenges when they write stories on health. These include lack of evidence-based approach to health reporting, not being able to critically appraise research papers, and lacking the ability to work with data and numbers as well as analyzing and interpreting them, [7]. As such the institute developed what it called a Critical Skills Appraisal Programme (CSAP) that offers a unique opportunity for professional skills development of journalism students, mid-level media, editors and government officials [7]. According to the George Institute of Global Health, a critical appraisal is a process of carefully and systematically analyzing evidence to judge trustworthiness, value and relevance in a particular context. Asking the right questions, getting

the best evidence, tracking the right source of information, critically appraising the evidence and contextualization of the news are the steps that are taken in the critical appraisal process [7].

1.2.1 The Malawi Scenario: The Journalist in Residence Programme-JIR

Malawi is a former British colony that shares similar media structures with the United Kingdom. Understanding the context of health-reporting in the UK, therefore, could also provide the right base in probing the efficacy of the JIR project in Malawi.

In the UK, a science media centre was established after noting that coverage of health research raised debate especially on mental health stories. Crimes committed by mentally disturbed persons had become a focal point of the media's news coverage without any deliberate attempt to screen the contributing factors [8]. As such, the centre embarked on training journalists on mental health research in order to reduce the stigma and discrimination emanating from the media's coverage on mental health. The centre started giving support towards publication of well-informed stories based on research. This, in the long run, created a healthy working relationship with the media which resulted in a positive change in the way mental health research was covered. Big media institutions such as the BBC, Sun, Mirror, Daily Telegraph, Daily Mail, among others, expressed much interest and worked hand in hand with the Science Media Centre [8].

In Malawi, the Journalist in Residence project is following a similar path under the Science Communication Department of MLW. The project is working with big and well established media houses such as the Malawi Broadcasting Corporation (MBC), Nation Publications Limited

and Times Group in achieving quality health research reporting in Malawi. MLW has been investing a lot of resources in the project to make it a success. However, there has not been an assessment of the impact of such an effort. This evaluation provided the opportunity to investigate how effective the investment of such resources has been.

1.3 Impact of health research reporting on policy making

The media is a crucial source of health-related information for health professionals and the public [9]. A study conducted in Lebanon found out that the media played a crucial role in policy formulation. In their study, El-jardali et al observe that the media can influence health behaviours, disseminate health research results to the medical and science community as well as prompt policy makers to make decisions that promote health [9]. In another study conducted in the United States of America, Bou-karroum et al found out that media interventions may have a positive impact when used as accountability tools leading to prioritizing and initiating policy discussions, increase policymakers' awareness, influence policy formulation, policy adoption and improve compliance with laws and regulations [10].

Policy window which is advocated for by the 1984 Kingdon model (see Figure 1) considers mass media to play a vital role in opening opportunity windows where groups with different interests advocate for solutions and exert pressure on government to respond [9]. According to the model, the three streams namely problem stream, policy stream and political stream neither work in isolation nor as a pair. It is only when the three of them work together with the help of the media that change can be achieved. It is through the media that policies can be evaluated and policy makers be held accountable for their decisions [9].

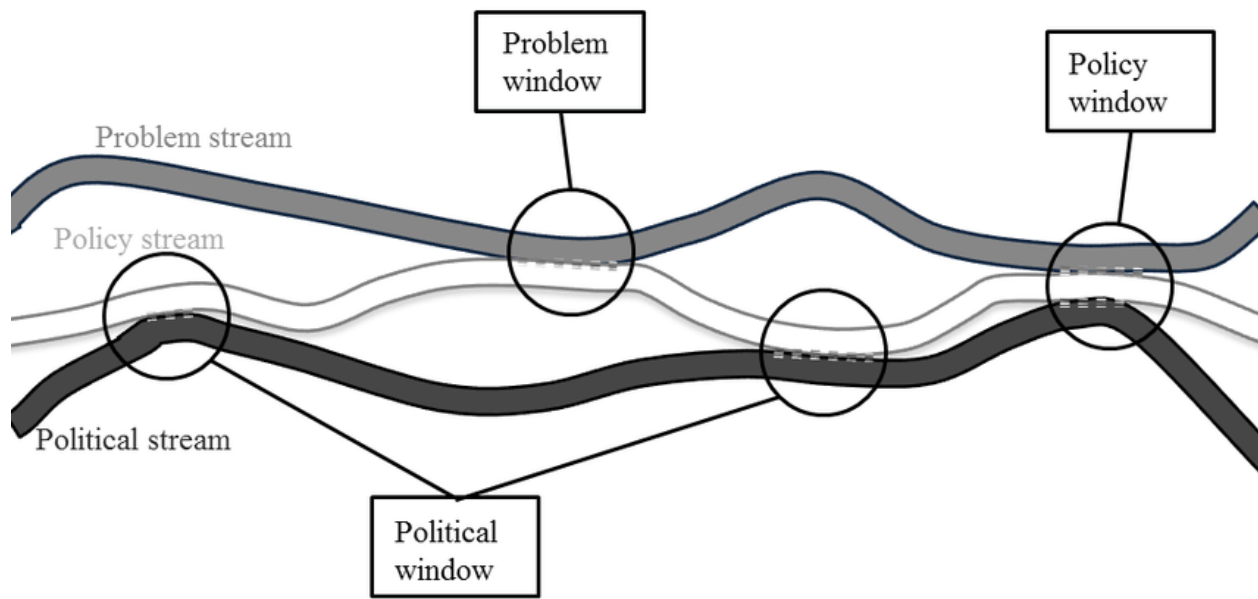


Figure 1: The 1984 Kingdon Model

Media interventions have the capacity to convey health-related information including research evidence to the public, policy makers as well as health professionals. On top of that they can influence individual health behaviours [11].

1.4 Impact of health research reporting on researchers

News stories about medical research have a positive impact on researchers. Media coverage provide the scope that help researchers to know how widely read their research is as well as raise their public profiles and improve funding opportunities for their research.

However, if reporters suspend their usual scepticism and watchdog vigilance, there is always the danger of stories which promote research that is premature and no benefit for public health, or research that never eventuates beyond the animal testing stage of the randomized clinical trials [12].

News on the latest research findings in the world of medicine is often popular because it ignites interest on how such findings impact people's health and that of their communities. However, reports on medical research can sometimes be ambiguous and contradictory. For example, in one instance, a news story might say what's good for someone's health and only to have a counter version of the story that contradicts the earlier findings. Sometimes these contradictions reflect differences of opinion and approaches to research in the scientific community. These are a normal part of the scientific process.

However, in other instances, health news may misinform because of the way some journalists interpret and report research findings. Most information is lost in translation thereby affecting the whole meaning of a particular initiative [12]. This is due to lack of expertise and specialisation which can be corrected through training as well as support from relevant stakeholders.

Journalism inculcates in media practitioners values and ethics of looking at a debate with impartiality and writing well-balanced new stories that are factual and accurate. Such professional tenets is especially needed in medical news reporting when reporters have to make sense of complex scientific data and present it in a way that everyone can understand [12]. However, in the hands of inexperienced reporters, the true meaning of medical research may get lost. Rather than inform or educate accurately, stories may exaggerate and mislead.

These shortcomings can be a problem as the public usually first hears about the latest scientific findings regarding advances in health and medicine from the news media. Stories can end up generating false hopes as well as unfounded fears [12]. Given the potential for medical reporting to have a powerful effect on the public, it is important that reporters understand science i.e its language, processes and topics before they communicate the information to their audiences.

Having enough background knowledge and experience will prevent people from being misled by unfamiliar claims and assertions [12].

1.5 Impact of health research reporting training on quality of stories

The media have been described as crucial medium for research results since they give a platform for researchers to publicize their findings to the general public. They reach to stakeholders that teams of researchers cannot. Though they can be sensational sometimes, due to lack of facts in their reporting, the media takes government to task to effect change as well as highlight inequities on initiatives that seem not to be working [13].

Johanna Vehkoo [14] writes that journalists and academicians have different definitions of what constitutes quality in journalism. Quoting Robert G Pickard (2000), she says assessment of the quality of journalism is not as unsophisticated as it sounds [14].

“Difficulties in defining quality are especially problematic because the issue of the quality of journalism is not merely a question of increasing the value of a product to consumers. Rather, quality is a central element in achieving the social, political, and cultural goals asserted for journalism in democratic societies.” (2000,97).

Pickard is of the opinion that quality in journalism is judged by journalistic activities which include interviews, attending events, attending staff meetings, discussions and training, obtaining background material and knowledge plus travelling to and from locations where information is gathered [14].

Lacy and Rosenstiel (2015) say that increasing quality of journalism will lead to better decisions by citizens and more accountability of government [15]. They write that education and support from relevant stakeholders boost quality in journalism which leads to evidence-based and well-researched stories. They emphasize that media houses need to invest in upgrading their workers for them to earn the trust and confidence of their audiences. They say training and support aid in specialized reporting such as health research reporting or medical writing which can take a long time to break through [15]. Understanding the language of scientists is the key to reporting their work. They contend that it does not need one to be a scientist to report in that area. When a journalist understands the scientific language, he or she can challenge claims made by researchers.

Heini Maksimainen posits that a good health story meets ten conditions for it to pass as a quality news item. The conditions are:

(1) Discuss the cost of the intervention, (2) quantify the benefits,(3) quantify or explain the harm, (4) evaluate the quality of the evidence,(5) avoid disease-mongering,(6) use independent sources and identify conflicts of interest,(7) compare the new approach with existing alternatives, (8) establish the availability of the covered procedure/product, (9) establish the true novelty of the approach and, (10) and rely on other sources than merely a news release [15].

She notes that most journalists fail to meet those conditions because they lack the expertise to analyze evidence-based medicine that comes with exposure through training and support. Just like other researchers, Maksimainen identifies lack of scientific knowledge as one of the biggest problems in covering scientific stories leading to poor production of stories [15]. She

recommends that a good health story must have its facts put into a meaningful context so that the evidence it brings out assists the reader to get the importance of the new piece of information in that context without sounding uninteresting.

1.6 Why the need for media training?

In Malawi, science journalism faces several challenges, including limited understanding of science among journalists and limited links between researchers and the media. In addition, health research reporting is generally done by reporters without specialization in this field. As such, training as well as support for capacity building, which provides skills in the way the media reports particular issues like health research, play a significant role in keeping the public well informed on health issues.

MLW is one of the six Wellcome Trust funded Africa-Asia programmes conducting advanced global research. In an effort to ensure that its work is well known by members of the general public, it established the Science Communication Department in 2008. It had become evident that a lot of communication was needed as medical research in Malawi was gaining traction and the demand for meaningful engagement with research communities was increasing.

In order to meet that demand and the requirements for its funders, Wellcome Trust, MLW, through its Science Communication Department, started to diversify its initiatives for public engagement. Science Communication therefore became an integral part of the research strategy. The Journalist in Residence (JIR) programme was developed by MLW to increase and improve science reporting in Malawi. The programme involves training of journalists as well as support from media consultants with production of stories and pairing between journalists and research groups.

Since its inception, the programme has trained 32 journalists from different media houses in the country. Journalists undergo one week of intensive training in health research reporting with funding from the Malawi Liverpool Wellcome Trust Clinical Research Programme. Trainers come from The Polytechnic, a constituent college of the University of Malawi and veteran media practitioners from Malawi Broadcasting Corporation. Researchers are also incorporated to help with technical jargons from the medical industry so that JIR fellows are familiar with those terms. Though the programme was established to cover research work for MLW, its fellows have gone as far as covering other health research organisations due to the expertise received from the programme.

The JIR fellows are tasked with compiling and publishing health research stories in print and electronic media. They publish hard news pieces, features, documentaries, special programmes among others. Social media is yet to be incorporated.

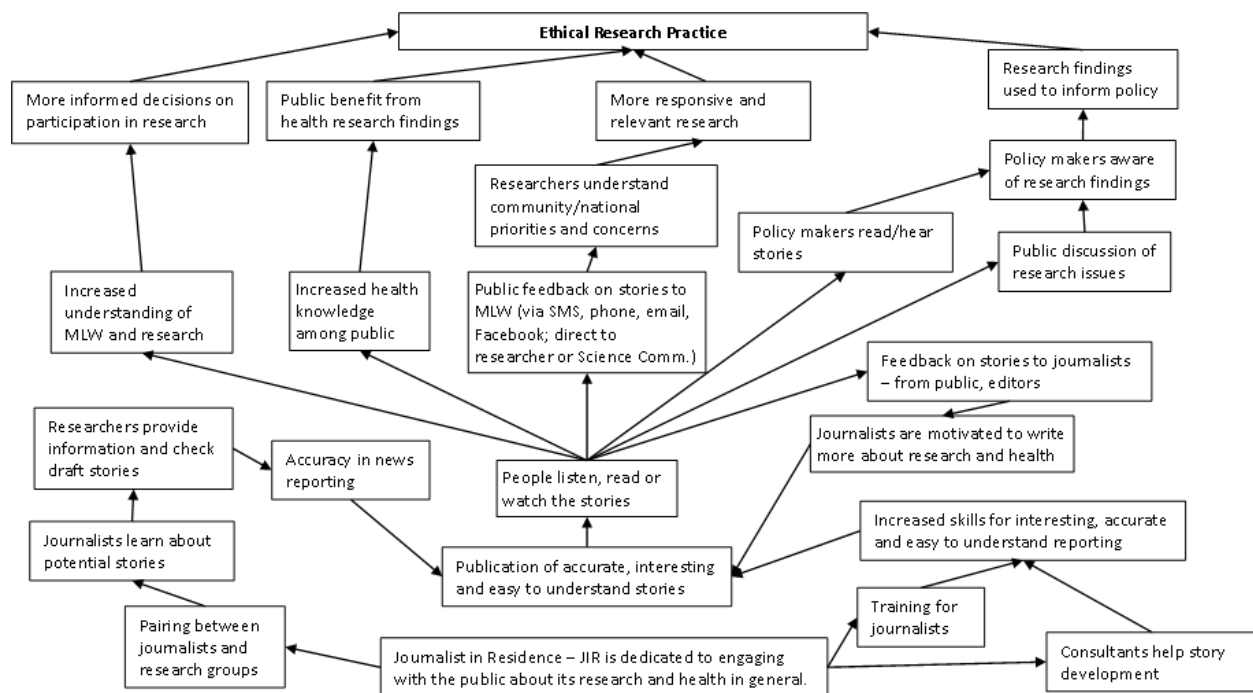


Figure 2: The Theory of Change informing the JIR Programme

The JIR has several objectives including increasing story production by training journalists to write health research stories. This helps in raising public awareness as well as creating awareness among policy makers about research findings. These objectives are shown in the theory of change above in Figure 2 [16].

1.7 Justification of the evaluation

Existing research has examined the impact of media and journalist support on the development of health research reporting in other countries[10], [17]. However, there has been a paucity of such research in Malawi and no evaluation of the Journalist in Residence project of the MLW Clinical Research Programme has been conducted. The proposed evaluation, therefore, has the potential to generate information on whether or not the JIR training as well as its accompanying support brings out the intended results. The findings would generate lessons that can support the

improvement of the design of future media engagement initiatives by MLW and other research organizations. Such initiatives would help public health interventions in the country.

1.8 OBJECTIVES

1.8.1 Broad

To assess the impact of media training and support through the JIR programme on the development of health research reporting in Malawi.

1.8.2 Specific

1. To assess JIR's reported impact on production of quality stories about health research.
2. To assess JIR's reported impact on journalists' motivation to cover health research.
3. To assess JIR's reported impact on awareness of health research and MLW among the general communities.
4. To assess JIR's reported impact on researchers and research including informing future research plans and translation of findings to policy.

These objectives are informed by the aims of the JIR as set out in the theory of change shown earlier. The Theory of Change has several concepts that are being assessed in this evaluation. One of them is training where journalists are equipped with skills to increase their reporting of stories in a manner that is accurate, interesting and easy to understand. On accuracy, there are consultants who help in story development. They check the stories before they are published in print or broadcast media so that they are easily understood by the public.

The concept of pairing with researchers is vital because journalists are close to the source, appreciate the research process and learn about potential stories. The researchers provide information and check the draft stories for errors and other inaccuracies. In the theory of change, it is believed that when journalists are equipped with the necessary skills, they are motivated to

write more stories on health research on top of the incentivisation that comes in after the story is published.

Well written health research stories have the potential to grab the attention of policy makers who in turn can make meaningful policy adjustments. The knowledge of health issues among the general public also help can trigger debate on matters of health, a key requirement assessing the thoughts and opinions of the public on health services.

The JIR is poised to raise the profile of the MLW's Trust Clinical Research Programme and its research work. By increasing awareness of the MLW's research activities, the public stands to benefit from knowing about the organisation and its research work. This would even make the public to participate in research from a very well informed position. In summary, this is one of the manifestations of the Theory of Change.

2.0 CHAPTER 2: METHODOLOGY

2.1 Introduction

This section presents the methodology that the evaluation adopted. The section provides information on the following: study design type; details of study's location and population; study period; sample size and sampling procedures; data collection methods and instruments; and data analysis techniques. The chapter also presents anticipated results and their use; ethical considerations; and possible constraints.

2.2 Evaluation Design

This was a qualitative evaluation with data collection using in-depth interviews, observation, document reviews and focus group discussions–FGDs. The investigator solely did the data collection exercise from FGDs, IDIs as well as document reviews.

2.3 Study Participants

Interview guides were used to conduct interviews and discussions. Refer to Appendix 2 to 6.

Data collection for this evaluation involved in-depth interviews with journalists, their editors, JIR consultants, policy makers and MLW's researchers, focus group discussions, participant observation as well as document reviews.

2.3.1 Focus Group Discussions-FGDs

Two FGDs were conducted. The first one took place in Traditional Authority (TA) Somba's area in Blantyre District while the other one was conducted in TA Maseya's area in Chikwawa. They comprised Community Advisory Group (CAG) members from the two districts, who normally take a lead in dissemination of health research results in their communities. The discussions ranged from 40 minutes to less than one and half hours. The FGDs brought into perspective how community members receive health research information, the role of the media in providing health information, and awareness of stories on MLW research.

2.3.2 In-depth Interviews

In-depth interviews were conducted with a range of stakeholders. This included editors, journalists and consultants involved in JIR, MLW researchers and policy makers. Interviews with editors, consultants and journalists focused mainly on the JIR's effects on production of high quality stories and journalists' motivation to cover health research as well as feedback received from readers and researchers on such stories. There was also discussion of barriers to producing stories and questions on whether stories influence the public or policy makers.

Interviews with MLW researchers focused on perceptions of story quality and feedback received on news stories. There was also an investigation on whether news stories inform the public or policy makers. The interviews also explored on whether there were any effects on the researcher's own work or motivation following their involvement in JIR. Interviews with policy makers mainly focused on their sources of information on health research, the role of the media in providing information, and any awareness of stories on MLW research. Duration of interviews ranged from 7 minutes to 28 minutes per person. Table 1 summarizes all about study population.

2.3.3 Observation

JIR activities, such as two review meetings the investigator observed during the impact assessments enabled familiarity with JIR processes and identification of any barriers and achievements that were discussed.

2.3.4 Document review

Existing project records were reviewed to identify the number of stories produced through the JIR and any barriers or strengths identified in previous meeting reports. These included an excel sheet detailing stories compiled from 2015-2018 as sampled by each quarter. These were

newspaper articles, television stories as well as radio stories on health research. Some were special programmes while others were documentaries on TV and radio.

2.4 Evaluation location details

The evaluation was carried out in Blantyre and Chikwawa districts.

2.5 Population

Table 1: A summary of the population

METHOD	NUMBER OF PARTICIPANTS	POPULATION	LOCATION
Focus Group discussions	2 groups (9 participants in each group)	MLW Community Advisory Group (CAG Members)	Blantyre and Chikwawa
In-depth interviews	5	Journalists involved in the JIR project	Blantyre
In-depth Interviews	2	Editors in media houses that have contact with the JIR project	Blantyre
In-depth interviews	2	Consultants involved in the JIR project	Blantyre
In-depth interviews	5	MLW Researchers	Blantyre
In-depth Interview	3	Policy makers (1x national Ministry of Health official (by	Blantyre Lilongwe Chikwawa

		phone), 2x District Health Officers for Blantyre and Chikwawa.	
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2.6 Sample size

The evaluation recruited 36 participants, as indicated in Table 1. The sample size was chosen purposively to include views of all key programme stakeholders while allowing in-depth investigation within the available time and resources. The investigator had planned for 10 participants from each group but one participant from Blantyre did not turn up for the FGD while one participant from Chikwawa excused himself following the sickness of his daughter.

2.7 Data Management and analysis

All interviews were done in English while focus groups discussions with Community Advisory Group members were conducted in Chichewa. The discussions were recorded on a voice recorder then transcribed verbatim in a written form in the recorded language which is Chichewa or English. Voices in Chichewa were translated into English language for coding. The responses were written on Microsoft Word template and analysed using Nvivo11. This evaluation used thematic content analysis with coding guided by the evaluation objectives and questions and also identifying emerging themes from the data itself. In some cases, quotes have been identified and presented in this report without modification.

2.8 Limitations of evaluation

The main limitation of the evaluation was that sample size came from Southern Region only with one ministry of health official coming from the central region of Malawi. As such community perception from other regions was not explored due to funding constraints. In addition, many

CAG members who represented members of the public have access to health research information by virtue of working with MLW. Therefore, their views cannot be generalized to the entire population they represent. Women, though highly encouraged to participate in the evaluation, were underrepresented during focus group discussions as they were committed to other issues such as farming.

2.9.0 Ethical Considerations

The investigator started this impact evaluation by seeking approval from the Research Ethics Committee of College of Medicine (COMREC). The committee gave the evaluation the approval to go ahead. This evaluation also met the criteria for exemption from ethical review.

2.9.1 Informed Consent

All individuals selected to participate in focus groups or interviews were provided with information about this evaluation. This included the rationale and selection process of individuals for participation. Verbal consent was sought from participants. Verbal consent was adequately given with emphasis that this was a project evaluation with no significant risks and the involvement of MLW stakeholders who have some familiarity with research. If a participant no longer wanted to take part in this programme evaluation, he/she was going to be allowed to withdraw as participation was voluntary. For observation of JIR events, MLW staff briefed JIR participants in advance about the evaluation. At the end of one quarterly meeting, the investigator was allowed to talk about the impact assessment to the participants.

2.9.2 Confidentiality

Interviews were conducted in a private space limiting any chance of eavesdropping. All participants were given an ID number and no names were recorded on transcripts or used in final reports. Data were stored on a password protected laptop belonging to the investigator. The data were also uploaded on the secure MLW server as a backup. Any paper copies were stored in a

locked filing cabinet. Only evaluation team members and the MPH Course Director were given access to this data.

Focus group discussions always involve a challenge for confidentiality because group participants hear the views of other participants. In the group discussions with community advisory group members, members were asked not to share discussions beyond the group.

3.0 CHAPTER 3: RESULTS

3.0.1 Introduction

This Chapter presents the findings on the evaluation with reference to the JIR Theory of Change that guided the process of data collection. Quotes from the recorded interviews have been used to illustrate the participants' responses discussed during the interview.

The first section presents the demographic characteristics of the respondents as well as recruitment of fellows in the programme. It also presented immediate outcomes of the JIR programme such as quantity, quality and increased skills for reporting health research stories. Furthermore the section will look at ultimate impacts of the programme which in this case are public awareness of health research and MLW. The implementation aspects of the JIR programme have been presented under a section that details the relationship between researchers and journalists and motivation of journalists to cover health research stories.

3.0.2 Demographic Characteristics of the Sample

During the evaluation, 36 participants were involved in the IDIs and FGDs. These included journalists, editors, consultants, ministry of health officials, MLW researchers and Community Advisory Group members.

Table 2: Summary of demographic characteristics of the participants.

Participant	Gender	Activity	Location
Journalist 1	Female	In-depth Interview	Blantyre
Journalist 2	Female	In-depth Interview	Blantyre
Journalist 3	Female	In-depth Interview	Blantyre
Journalist 4	Male	In-depth Interview	Blantyre
Journalist 5	Female	In-depth Interview	Blantyre
Editor 1	Male	In-depth Interview	Blantyre
Editor 2	Male	In-depth Interview	Blantyre
Consultant 1	Male	In-depth Interview	Blantyre
Consultant 2	Male	In-depth Interview	Blantyre

MLW Researcher 1	Female	In-depth Interview	Blantyre
MLW Researcher 2	Female	In-depth Interview	Blantyre
MLW Researcher 3	Female	In-depth Interview	Blantyre
MLW Researcher 4	Male	In-depth Interview	Blantyre
MLW Researcher 5	Male	In-depth Interview	Blantyre
Ministry of Health Official 1	Male	In-depth Interview	Blantyre
Ministry of Health Official 2	Male	In-depth Interview	Lilongwe
Ministry of Health Official 3	Male	In-depth Interview	Chikwawa
CAG Members (9)	2 Females & 7 Males	Focus Group Discussion	Blantyre
CAG Members (10)	3 Females & 7 Males	Focus Group Discussion	Chikwawa

I sought to balance gender among all groups. However, the actual gender balance reflected respondents' availability in each category. While the majority of JIR journalists are women, both of the consultants are male. On the other hand, as the FGDs took place in Malawi's farming season female attendance in the FGDs was reduced because some women excused themselves from participating to tend to their farms.

3.0.3 Recruitment into the JIR Programme

Journalists said that they are recruited into the programme through application as well as nomination by their media houses:

"I used to attend to some trainings that were organized by the Malawi Liverpool Wellcome Trust and that was around 2013/2014. So in 2013, during one of the trainings that we attend, they announced that they wanted to establish the Journalist in residence programme and they encouraged us to apply. During that time to enroll in the programme, you had to apply." (IDI, Journalist 2)

While other journalists were contacted directly into the programme after MLW noticed their interest in health research reporting:

“Malawi Liverpool Wellcome Trust noted that I had a passion in health reporting. So they contacted me to be part of the programme. So that’s how I earned myself this fellowship.” (IDI, Journalist 1)

However, the recruitment process was criticized by some journalists and their consultants saying some fellows are not passionate about health research reporting which is a setback to the programme:

“[...] when they are recruiting members or fellows for JIR, they should seriously look into issue of who is passionate [...] about reporting events about health or research dissemination issues. They should look at the passion. Because it is only through passion that someone could wake up and come up with a story idea that is going to bring a difference to the public.” (IDI, Journalist 1)

“One of the issues that I see is that we don’t seem to have very committed journalists, people who have a passion for science reporting in general and health research in particular because MLW their focus is much on health research. [...] we need to have a cadre of more committed journalists to take the programme forward.” (IDI, Consultant 2)

3.1 Reported Effects of JIR on production of number of stories

The introduction of the JIR programme at MLW has increased the number of stories published in the media. In a review of documents about the programme, an excel sheet detailed stories compiled from 2015-2018 as sampled by each quarter. These were newspaper articles, television stories as well as radio stories on health research. Some were special programmes while others were documentaries on TV and radio. Documentaries’ duration ranged from 15 minutes to 30

minutes while special programmes ranged from 30 minutes to 60 minutes. Some special programmes included phone-in programmes where radio listeners had the chance to talk to research experts on a particular topic. In the special programmes and documentaries, researchers were discussing different health research issues ranging from communicable as well as non-communicable diseases to various vaccination campaigns. The review showed that stories have been increasing from five in 2015 to 39 in 2018. These health research stories were compiled by JIR fellows and were documented by the Science Communication department at MLW.

Table 3: Quarterly compilation of JIR health research stories

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total stories
2015	-	-	5	-	5
2016	4	-	-	5	9
2017	4	-	14	6	24
2018	8	12	7	12	39

From Table 3, the blank spaces represent no stories written in that quarter. But it was observed that the momentum increased from third quarter of 2017 to the whole of 2018.

One Editor also agreed that his media house has been publishing a lot of health research stories because they have a JIR fellow who has gained more skills and news sources:

“I have seen some changes mostly in the frequency of the stories that we published. I also saw her using more and more sources” (IDI, Editor 1)

On the part of researchers, all of them acknowledged that the JIR programme has increased the number of stories being published in the media in comparison with the time the programme was not in existence. One researcher said:

“We never had these Salmonella stories before this. So yeah enormous I couldn’t even count. I mean we’ve had so many interviews on different radios as I’ve forgotten now how many, dozens. I’ve done I think five or six appearances on national TV. We’ve had news stories and we’ve also had a feature in the newspaper on several occasions and we’ve also had a feature about typhoid. We’ve had very complete coverage. We would not have had that coverage if it were not for Journalist in Residence” (IDI,R2).

Much as production of stories has increased, an Editor expressed concern that Editors were left out during recruitment of JIR fellows. He said sometimes stories are not given editorial attention and fail to get publication space because Editors do not know what their journalists are working on. There is also the political economy of news production that plays out. According to the editor, political news stories sell more copy than other news beats. This, he said, hinders the quantity of health research stories as stories from other news beats are given more prominence.

“And another thing that I saw [...] was that [...] editors were left behind. So, much as a reporter will have his/her eyes opened up since health stories are important stories but if editors don’t know that, if the editors don’t appreciate that sometimes you get suppressed [...] And then when the editors don’t understand the issues that reporters are writing, why they matter, editors will leave out that important story for a lesser important political story that is going to sell.” (IDI, Editor 1)

A JIR consultant also shared a similar observation that some media houses are still finding it hard to prioritise health research stories saying they do not attract more readers or viewers in the

media. He observed that media houses do not have problems with sports and political beats because such news items attract many viewers, listeners or readers. He said this in the long run affects production of health research stories:

“[...] what I will give you as one of the major barriers is just the set up of MBC for instance. Do we have a section specifically for health? [...] So you will discover that unless we have such deliberate policies that we have a health section just like we have entertainment, like news, that kind of thing specifically for health programming we will be able to achieve substantial ground. But currently it's impossible [...]” (IDI, Consultant 1)

3.2 Reported effects of JIR programme on the quality of stories

The researchers also observed that the quality of stories has improved. They said issues of accuracy are no longer a concern as stories are checked before they are published. This was attributed to the cordial relationship that exists between journalists and researchers which creates trust between the two parties:

“I think if you look at the quality of health reporting over the past year, it's really been phenomenal. I mean the stories being important national stories but also accurately reported and that's because the journalists are now able to interact with the health professionals or the researchers instead of writing the stories on their own and not actually verifying their writing. And I think that establishment of trust between the media and the researchers and the health professionals is critical if we are going to put out important messages accurately to the general public. And personally I think it's actually been different over the past year or so in terms of the quality of reporting, the trust and interaction between the media and the researchers” (IDI, Researcher 4).

While some researchers made an observation of an improvement in the quality of stories, on the other hand some did not see a similar change. One researcher mentioned that it was hard to notice any change in the quality of health research stories because JIR stories are very similar to ordinary health research stories authored by journalist who did not go through the programme:

“I find it very hard to differentiate what stories have come out that could be related to the JIR scheme and what stories have come out that are unrelated to JIR scheme [....] I can’t really comment on how the JIR scheme itself has improved quality”(IDI, Researcher 1).

JIR Consultants as well as the Science Communication staff expressed satisfaction with journalists being able to write well investigated stories with minimal or no factual errors; no complaints were registered during the previous quarters.

3.3 Reported effects of JIR on journalists’ motivation to cover health research in Malawi

JIR alumnae expressed gratitude for the impact the programme has had on their careers saying it has helped them in many ways. Firstly, they said the programme has increased their knowledge in health research and has enabled them to write rich and in depth stories. One journalist said:

“I can say that I am somehow knowledgeable about health research issues and have more stories written, [...].all because of the JIR programme.” (IDI, Journalist 1).

In addition, JIR alumnae said the programme has opened doors for them career wise because they use stories they write for this programme to apply for different grants:

“I think it has opened doors for me. I know like there are many instances that I have used the stories that I have written for Malawi Liverpool Wellcome Trust as part of JIR to apply for some fellowships and I have also used the stories to enter some competitions.” (IDI, Journalist 2).

The evaluation also found out that the programme has enabled the journalists to meet new sources who are mentoring them in health research reporting. This has created a cordial relationship between journalists and researchers resulting in an increase in stories published in the media on health research while motivating them to write more on health research:

“I am motivated to write about more health research stories because of that training and the JIR part of it all. Malawi Liverpool Wellcome Trust officials are always available to be honest. They are always there suppose you want to pursue a certain story.” (IDI, Journalist 3).

Other motivating factors mentioned by journalists in the programme are that they receive financial support from their media houses (or MLW) by participating in the programme and producing more health research related stories:

[...] when MLW recruits you as a fellow, they ensure you are well motivated because in the process of doing a story you do waste your time and some resources. So, when the story is published they make sure that they should pay you something just like a token of appreciation” (IDI, Journalist 1)

One editor said feedback received from readers through *Letter to the Editor* and other platforms about a story a JIR fellow published in his paper shows that audiences are reading health research stories. He said this is a motivation to invest and write more on the subject:

“I can tell the most exciting thing that has happened is that our readers really care about health reporting. [...] We get letters to the editor and sometimes we get tweets, we get it on Facebook, and you see people even trying to get more about the less that we are giving” (IDI, Editor 1)

3.4 Reported effects of JIR on increased skills for reporting

During an interview, a JIR consultant who is also media trainer noted that the training journalists get from JIR programme is free of charge, rich in content and has enabled them to cover issues in-depth. He said there is no particular institution that trains journalists in health research reporting in Malawi:

“Most institutions here are ill-equipped financially to train their reporters. And for you to organize the experts to come and explain everything, give the reporters some more time to respond to them it’s not easy. Because in the first place all the institutions that are providing media training in Malawi, talk of the Polytechnic, be it Chancellor College, Malawi Institute of Journalism and several others that are providing media related training, they do not tackle that as a specific issue. Health and Science reporting is not there.” (IDI, Consultant2).

In agreement with Consultant 2, the journalists said the JIR programme generally has enabled them to write medical terminology in a way that is accessible to audiences and is easy to comprehend. They said that the interactions between journalists and researchers have helped journalists improve their vocabulary and subsequently report accurately. One journalist gave the following as an example of the technical terms she used to struggle with before being enrolled into the programme:

“In most of the cases when the researchers are talking about trials or research projects, they usually use words like RANDOMISED TRIALS, PLACEBO or they could keep mentioning combination of drugs like TRUVADA in PREP or maybe ARVs like 5A, 6A stuff like that. The terms are not like something that someone, a layman, can understand

just like that. They need an explanation. So they would appear to be jargons to some extent” (IDI, Journalist 1).

3.5 Reported effects of JIR on Researchers

In an interview with an MLW researcher, it was revealed that the programme has taught him how to handle the media and address questions from the media in a right way:

“I think that the programme has had a big impact on how I conduct research and how I communicate with the media on what I do and I am really open to questions from the media on this kind of work.” (IDI, Researcher 4)

Another researcher said the media attention he received through JIR fellows influenced his nomination into the national HIV self testing taskforce. He said being in the media spotlight helped him get recognition and appreciation from the minister of health:

“I have had a lot of attention personally, and I sit on the HIV self-testing taskforce, so I would say there’s been a direct impact from the JIR program.” (IDI, Researcher 5)

3.6 Reported effects of JIR on relationship between researchers and the media

The JIR also aims to build a good working relationship between researchers and journalists. Several journalists and researchers felt this relationship had been strengthened through JIR and was a contributing factor to the increase in number and accuracy of stories published in the media as this researcher puts it:

“I think we had better quality of stories from the journalist who had been more in touch with our group. [...] Things went right. And I don’t think there was anything that was misleading either. I think some gave more depth than others. [...] Am quite happy that nothing incorrect or misleading was broadcast” (IDI, Researcher 2).

Some researchers also observed that capacity has now been built among health researchers on working and collaborating with journalists and the media in general. One researcher said she is now more aware on how to interact with journalists:

“[...] I am more media aware. [...] we don’t normally get trained in any media training. So there’s learning there.” (IDI, Researcher 3)

Though the relationship between journalists and researchers has improved, most journalists complained that researchers are busy people who are sometimes not readily available to take care of other concerns in a story which in the process affects the deadline for publishing the story:

“These are researchers and doctors we are talking about. They don’t have similar deadlines like ours. So for them to understand that I need this thing as soon as yesterday, they don’t seem to understand somehow.” (IDI, Journalist 1)

Findings also showed that the pairs and groups that were established to tackle particular themes in health research are not working. These groups act as refresher forums aimed at checking the programme’s progress. However, some researchers and journalists do not meet frequently for updates:

“I feel that the pairing, the group pairing, it needs to be looked into seriously. Because like in my case the challenges that I have faced is sometimes they can pair me to a particular group but people of that particular group are never available. [...] And also they should make sure that they follow up on fellows like over time having a refresher course with them or maybe having them interact with researchers. [...] So apart from just linking us up with the doctors and researcher, they should just create something

deliberate like a meeting so that these people can interact and listen to each other [...]"

(IDI, Journalist 1)

3.7 Reported effects of JIR on public awareness of health research and MLW among communities

The JIR programme also aims to increase awareness of research and MLW among communities. During an interview to assess this aim, this is what researchers think on how the programme is accomplishing that goal:

"There have been a lot more articles published, a lot more media output, I mean this means that overtime people get to know what MLW is all about, [...] so when we get all these media outputs it means that people are reading more about MLW, or they are hearing more about MLW through the radio and so on. So overtime we get if you like free adverts" (IDI, Researcher 5)

Some researchers attested that the public are getting health research stories out there after an encounter with consumers of his work in a public place hours after work:

"I was very surprised going to the gym and a number of people coming and say, Oh that was very interesting. I didn't know that you do that kind of work. [...] So people are really reading my work." (IDI, Researcher 4).

MLW uses Community Advisory Group members as gateways into most areas with health research information. The CAG members said their areas were more aware of MLW and its research work. CAG members from Blantyre acknowledged learning more about health research from all media channels:

"[...] when the Malawi Liverpool Trust invites us for a meeting, they communicate a lot. After they talk to us the CAG, we call for meetings with members of the community to

inform them that there will be a new research on a particular subject. This is how we learn about upcoming research” (CAG Member, FGD2, CK).

“[...] these issues most of the times I hear about them on the radio and I also watch on the TV, [...] and sometimes when we are having our CAG meetings [...] they tell us how the research studies are going on and how they can be improved. On top of that, I read in the newspapers sometimes you find [...] in books[...]"(CAG Member, FGD1, BT)

Through the FGDs it was established that in as much as some CAG members from Blantyre were aware of JIR programme, all CAG members from Chikwawa had never heard of such a programme.

“I just read that but also the interaction with a journalist from The Nation. [...] she reports on science issues. It happened that one day we were on the same flight; I think she was going for further studies in London. So she was explaining to me how it works like and the like, so I think for the journalists they are benefitting.” (CAG Member, FGD 1, BT)

It was also established during the FGD that the cost of media products plays a major role when it comes to accessing information on health. Participants in Chikwawa observed that the cost of buying a newspaper or a television or even radio is way above the income of many rural Malawians and limits access to health research information:

“If we look at the cover price of a newspaper right now it is the same as the price of a basin full of maize. The price of batteries is the same as that of small fish [Bonya]. So these are difficult and expensive mediums [...] for us to get such information”(CAG Member, FGD 2, CK).

The findings of this evaluation have also revealed that community engagement is the best strategy for research dissemination. Community Advisory Group members expressed their satisfaction with this channel, village gatherings to be specific, as it is mandatory for community members to attend such gatherings. Members of the community are summoned to their chiefs' court where they are told health research issues taking place in their area.

"[...] the best way is to have village gatherings but to stress on the point raised by number 13 which talks about approaching people in their village groups would like to say it would be better since right now when people tune to the radio they just want to listen to soccer match updates [...] I would totally agree but the most effective method would be the use of village gatherings" (CAG Member, FGD2, CK)

During focus groups in Chikwawa, participants suggested issues of radio listening clubs. Some CAG members suggested that MLW should be buying radios sets specifically for listening to health research stories. They said with proper programme scheduling, a lot of people will be exposed to health research stories from the JIR programme.

"...there is need to have groups which will be listening to the radio so they follow health programmes" (CAG Member, FGD2, CK).

The CAG members, however, could not tell whether their exposure to health research information was due to the JIR programme since most of them were not aware of the existence of such a programme.

3.8 Reported Effects of JIR on policy makers' awareness of health research

Policy makers from the ministry of health mentioned that they get information on health research from journals, radio and directly from the organizations involved in that research activity such as MLW.

“You see the main source of information is the MLW itself. [...] Otherwise apart from that yes we could hear from sometimes radio.” (IDI, MoH Official 1)

They acknowledged that the media plays an important role in disseminating health research information:

“[...] they give you a different understanding of what is going on. They are like a third eye, you know. That’s how I look at the media.” (IDI, MoH Official 3)

Another ministry of health official admitted to have read an article on Pneumococcal vaccine through the media:

“I think there was something on the impact of vaccination something on Pneumococcal something [...] That was the main one but there have been a number of them.” (IDI, MoH Official 2)

However, all the policy makers said they are always privileged to learn about an upcoming research activity since they have the authority of signing off such activities. As such when the media take that up, the officials are already in the know and that takes away the desire to read more about health research projects in the media.

“Any research that happens.... has to pass through my desk. I’ve got to provide the support letter and so forth. So that is part of the mandatory process, I get to know the kind of research that that is actually going on in the district.” (IDI, MoH Official 3)

It was also found out that all Ministry of Health officials were not aware of the JIR programme and its work.

On translation of research findings to policy, a ministry of health official said some research findings can be transformed into policy. But others said it was impossible to relate policy change

to media initiatives through the JIR programme because there is no tool that links such initiatives to the policy making decisions that are to do with health research.

On the other hand, it was learnt that researchers' work helps policy makers in making some decisions to do with policy with the help of the media. One researcher disclosed that the Ministry of Health and MLW are in constant contact when making or implementing some health policies.

“So in this programme what we have done is we do engage policy makers in what we think is really important research that will have impact on national policy. And that involves us talking to the policy makers but actually that is enhanced if you have the media backing you up as well. [...] And that just enhances the message that you are trying to put across to the. And when you do get the results if the national media puts out to the public and this is what is happening, the policy makers actually do take interest as well.” (IDI,R4).

3.9 Conclusion

The findings suggest that the number of health research stories being published in the media has increased since the establishment of the JIR programme. Quality of stories has also improved because journalists have been trained in understanding scientific language which was considered as a barrier in handling health research stories. Journalists and researchers are benefiting from the cordial relationship between the two parties which has created trust in each other. Furthermore, MLW as an organization and its work is being popularized through the programme. Members of the general public are being furnished with health research stories through different media channels thereby creating awareness of the different health research initiatives being carried out in their areas.

4.0 CHAPTER 4: DISCUSSION

This evaluation assessed the impact of media training and support through the JIR programme on health research reporting in Malawi. The evaluation examined contributions indicated within the JIR Theory of Change, including impacts on journalists, MLW researchers, awareness of health research and MLW among communities and policy makers.

4.1. Journalists' training and support

The evaluation established that the training and support journalists get from MLW helps in writing well-researched health research stories. Most researchers, reporters and editors agreed that coverage of health research stories has changed as most stories are covered in-depth with few factual errors. This is attributed to the JIR consultants as well as researchers who review the stories before they are published to ensure that media content on health is well understood by readers, listeners as well as viewers.

In developed countries such as Canada and Spain, educational programmes for journalists have proved to be beneficial as journalists' needs are uncovered and addressed. When such a thing happens, it enables journalists to competently report on issues such as health research [18]. Here in Malawi, the MLW also ensures that journalists under the JIR programme are given resources needed when covering health research stories. This motivates them to write more on health research in this country.

A study on the impact of mid-career training on journalistic work revealed that during media trainings there is always dialogue between researchers and journalists which helps in clearing misconceptions as well as misunderstandings thereby resolving public health issues [17]. This is

exactly what goes on at the JIR programme. Similarly, Saeed and Asghar found that motivation, just like training brings out the best in a person's performance [19].

Some have benefitted from the skills they got from JIR trainings by incorporating them into other news beats away from health. The journalists said they are now writing a lot on health research since they are more conversant with the terminology in the medical industry and easily simplify it for their audiences than in the past when such terminology made health research inaccessible. A conceptual study on training and development program and its benefits to employee and organization found out that well trained employees are not afraid of taking up any challenges presented to them in the course of their work as well as outside their work [20]. This is a true reflection on JIR fellows who are utilizing their skills to tackle other issues outside the JIR programme.

4.2. Relationship between Journalists and Researchers

The JIR programme has brought about good working relationship between researchers and journalists which was not there in the past. There are indications of an improved relationship between journalists and researchers. This is a marked improvement from the time when there was lack of trust. Then some researchers used to look at journalists as untrustworthy individuals who are good at twisting people's facts while journalists considered research scientists as aloof and inaccessible due to their busy schedules.

But after a number of meetings and interactions, this has changed and the two groups are working together. The increase in number of health research articles since the JIR programme inception is evidence of the good working relationship. When a journalist understands the scientific language, he or she can challenge claims made by researchers thereby coming up with

quality stories. The JIR programme has ensured that scientists understand how the mass media operates if they are to achieve media coverage. Scientists and journalists live in very different worlds with different rules for each profession hence the need for them to work together [21].

4.3. Quality and quantity of stories

This evaluation established that quality of stories has significantly improved as much as quantity.

According to the JIR's Theory of Change, quality is attributed to writing in-depth, accurate and easy to read stories without factual errors. Education and support from relevant stakeholders boost quality in journalism which leads to evidence-based and well-researched stories [15]. Therefore, it is right for media houses to invest in upgrading their workers for them to earn the trust and confidence of their audiences. Understanding the language of scientists is the key to reporting their work accurately [20]. The journalists themselves have also understood that one need not to be a scientist to report in the scientific world as the JIR programme has equipped them with the necessary skills to report in that area.

While some journalists were already acquainted with reporting about health but not necessarily stories grounded in health research, being in the JIR programme motivated them more in covering health research stories. The support JIR fellows get drives them to continue writing health research stories. According to the performance model of Blanchard, no matter how much a person is enabled with skill, knowledge and abilities he will not perform well until he is motivated. As such, motivation is as important as training and appropriate environment to achieve desired job performance [22].

4.4. Public Awareness of Health Research Stories

The evaluation engaged with Community Advisory Groups-CAG to assess how knowledgeable members of the public are on health research. Through Focus Group Discussions, it was revealed

that members from Blantyre were more aware of health research and MLW as an organization. This was unlike CAG members from Chikwawa who showed little awareness of research but knew more about MLW as an organization that is into cross-cutting clinical research in Malawi. What brought that distinction is that CAG members from Blantyre are urban based while those from Chikwawa are from rural areas and have little access to radios, television as well as newspapers in comparison with their city counterparts. This is consistent with a comparative study on knowledge about reproductive health among urban and rural women of Bangladesh which found out that urban women were more likely to have more knowledge about health issues including reproductive health compared to rural women [23].

So, during the discussions with CAG members from Chikwawa, the issue of establishing radio listening clubs came up and most members supported it as an effective way of receiving health research information. Currently, MLW depends on radio listening clubs that were established by the MBC which target other programming on the national broadcaster and not health research information. Radio has been described as a medium that provides an effective means of public engagement in resource-poor settings because it increases access to information particularly for men and hard to reach populations with low levels of literacy [24]. But a survey conducted by the Malawi Communications Regulatory Authority (MACRA) and the National Statistical Office (NSO) showed that less than half of the total population in Malawi (45%) have a radio while 11 percent have access to a television [25]. This then corroborates what the CAG members from Chikwawa brought up that modern media channels are still inaccessible to some populations of this country hence their emphasis on community engagement as a powerful channel of reaching all populations with health research information. The CAG members proposed that MLW

procures those radios for the clubs to utilize in listening to health research programming on various radio stations in the country.

4.5. Researchers' Access to media coverage

In-depth interviews with some researchers revealed that they have enjoyed considerable exposure in the media because of the JIR programme. They have seen their work often published in newspapers as well as aired on radio and television stations raising their career profiles in the long run. The researchers valued the relationship they have developed with journalists as they make themselves available when they are needed. They also noted that health research results are being disseminated in comprehensible and accessible language which is the objective of their work in ensuring that everyone understands what the researchers are communicating.

On the other hand, some researchers were not sure if some of their work exposure was due to the JIR programme. This brings out the issue of having a proper monitoring tool that can differentiate JIR health research stories from random stories. The Science Communication Department at MLW needs to set up such a tracking tool to ensure that they know the success of their programme.

4.6. Policy influence and informing future research plans

On JIR's informing future research plans and research findings influencing policy, some researchers and some journalists were of the opinion that the programme has that potential. They noted that some policy decisions the ministry of health does are in consultation with the MLW after reading the organization's work in the media. However, some expressed their doubt saying it is difficult to tell whether a policy has been formulated as a result of being exposed to the JIR programme. As alluded to earlier, proper monitoring will ensure that there is distinction between JIR programme work and other health research information.

5.0 CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This evaluation identified many contributions of the JIR, factors affecting its success and areas that could be strengthened. This section presents recommendations on strengthening the JIR programme.

From the results, the evaluation, has generated information on the impact of journalists' training and support on the development of health research reporting in Malawi. The results should help in the designing of future research initiatives, policy formulation and advocacy among other activities. Such initiatives should help public health interventions in the country. Some of the areas that the Science Communication Department at MLW should focus on is coming up with a robust monitoring system of flow of stories and how those stories could be attributed to some successes such as policy formulation. As it stands, it is difficult to attribute a policy formulation to the JIR programme.

There is also the need to monitor feedback from stories that get published. The Science Communication Department needs to take the lead by working hand in hand with media houses to track such feedback in order to learn the impact of the programme.

5.2 Recommendations

- 1) To begin with, the evaluation found that long-term relationships with regular communication between researchers and journalists are relevant for accuracy and that lack of meetings between researchers and journalists hinder production. Going forward, clear planning for frequent meetings would be essential in ensuring that there is consistent flow of stories in each quarter and not fluctuation as observed earlier on in the

chart. Such meetings provide updates which could help in generating more story ideas in that way boosting production as well as quality. Group meetings could be held quarterly while pair meetings could be held at flexible intervals. This will help in accounting for loss to follow ups and updates of how things are progressing in the programme. The Science Communication Department of MLW which is running the JIR programme should be tasked with this recommendation.

- 2) The process of recruitment of fellows into the programme needs to be reviewed. The evaluation found that JIR fellows are recruited by calling for applications as well as through nominations by media houses. This raises the chance of selecting those that have no passion for health research reporting, a development which affects production. Past published work from journalists on health research reporting should guide the selection process. Journalists that have the passion for reporting health research should be prioritized since they will be writing from a position of personal interest unlike someone while exploring other avenues. With growing uptake of information communication technologies, who joins the programme based on the nomination of a media house.
- 3) The evaluation noted that community engagement was regarded highly as the most reliable platform of disseminating health research information and that aspect should continue. As a matter of progress there is the need to take research findings to emerging digital platforms such as social media given the growing uptake of information communication technologies. A Facebook or Twitter account will bring in much awareness on research and MLW among communities where social media is gaining

traction. The Science Communication Department has to create those accounts. This will complement the traditional approaches of village meetings and radio messages.

- 4) Some participants in the evaluation argued that the programme is not visible enough to its end users. Most CAG members and all ministry of health officials expressed ignorance about the programme. Therefore the Science Communication Department needs to work together with various health research organisations as well as the ministry of health by establishing special teams tasked with handling health research material including media work to ensure visibility of the programme. Special programmes or documentaries on radio and television as well as features in the press on JIR could bring in the much needed visibility.
- 5) As the evaluation has found, most media house including the public broadcaster MBC do not have special desks for science communication. That absence negatively affects production because health research stories are not prioritized unlike other news beats such as politics and sports. Going forward, the MLW Science Communication department needs to take the lead in making contact with media managers and advocate for the prioritisation of news on health and medical research through the setting up of special desks on health reporting.
- 6) In the evaluation, some researchers were not sure if some of their work exposure was due to the JIR programme. This raises the need for a proper monitoring tool that can

differentiate JIR health research stories from ordinary health stories authored by non-JIR journalists. Evaluation meetings on a monthly basis should be conducted where researchers and JIR fellows will discuss stories that have been published during that period.

- 7) More journalists need to be trained from all over Malawi and not Blantyre-based journalists only. More resources need to be pumped into the programme to ensure journalists from the northern and central part of Malawi are involved.
- 8) Finally, the evaluation found that the JIR programme is helping in decisions concerning policy formulation though it is not easy to link such decisions as a result of being exposed to the programme. Therefore, all stories about a policy published by JIR fellows should be well documented so that there is distinction between JIR programme work and other health research information.

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APPENDIX 1: Participant Information Sheet



College of Medicine

Project Title

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Project of the Malawi Liverpool Wellcome-MLW Trust Clinical Research Programme

What is the evaluation about?

We invite you to participate in an evaluation project that is exploring the impact of media training and journalist support on the development of health research reporting in Malawi and the Journalist in residence Project of the Malawi Liverpool Wellcome-MLW Trust Clinical Research Programme is our case study. Our focus is to assess how the programme has benefitted journalists since its inception in 2012 and how the community at large view MLW as an organisation that is into research. On top of that the evaluation is being conducted to assess the impact the programme has on researchers. We will also focus on the JIR's theory of Change whose objectives include increasing story production, raising public awareness, and the stories produced are aimed at creating awareness among policy makers about research findings that have policy implications among. The evaluation will thus examine how the JIR programme has managed to fulfil those objectives. This evaluation emanates from the fact that a number of studies have shown success stories of such programmes in other countries which indicate that

media training and journalist support in health research reporting is a way to go in making people understand science reporting.

This evaluation is being conducted as part of Josephine Semu Phumisa's MPH research at College of Medicine.

Do I have to take part?

This information sheet has been prepared to help you make an informed decision on whether or not to participate in the study. Your participation is voluntary. You are free to join the interview or Focus Group Discussion. There will be no consequences if you decide not to participate. You may also opt to withdraw at any time if you feel so and there will be no consequences. If you do not wish to answer any particular question or if you wish to end the interview at any point, feel free to let us know and we shall respect your decision.

What will I be required to do?

You are being invited to participate in an interview in which I will ask you several questions on your knowledge in health research reporting and its benefits in your area. The interview will last between 45 and 60 minutes.

OR

You are invited to a focus group discussion in which you will join other community members/women in your catchment area. The focus group discussion will start with a brief overview of the evaluation process and then each participant will be allocated a code to use to identify themselves when they want to speak. There will be a tape recorder, which will record the voices. Recording is important for accuracy. There will be discussion guides that the facilitator will follow to moderate group discussion sessions. Each session is expected to last 45

to 60 minutes and then a summary of issues will be presented briefly to the group to conclude the discussion.

Will my participation be anonymous and confidential?

Only the researcher(s) and supervisor(s) will have access to the data which will be kept strictly confidential. In case of Focus Group Discussion (FGD), researchers cannot guarantee that other participants will maintain confidentiality of the discussion. However, your name and affiliation will not appear on the transcription of the focus group discussion. You may withdraw from the discussion at any time and are not obliged to respond to any particular question. You may choose to leave the room at any time during the focus group discussion without the need to give any reason for leaving.

Storage and destruction of data

The data we collect will be accessible by the researcher and supervisor involved in this evaluation only, unless explicit consent for wider access is given by means of the consent form. Your data will be stored for a period of at least 5 years before being destroyed. The dataset will be in password-protected databases and informed consent and filled interview questionnaires will be stored in lever arch files, i.e. (1) in an anonymised format on a computer system (2) in a locked storage cupboard.

What will happen to the results of the evaluation?

The results will be finalised by 2019 and written up as part of a MPH Dissertation and disseminated in publications.

Reward

There are no rewards for participating in this study.

Are there any potential risks to taking part?

There are no potential risks for taking part in this research.

Questions

You will have the opportunity to ask any questions in relation to this project before completing a Consent Form.

Consent and approval

This evaluation proposal has been scrutinised and been granted Ethical Approval by the University Ethics Committee.

What should I do if I have concerns about this evaluation?

A full outline of the procedures governed by the University Teaching and Research Ethical Committee is available at <http://www.medcol.mw/comrec/> for College of Medicine Research and Ethics Committee (COMREC) and also you can contact COMREC and researcher on the contact details below:

Contact Details

Researcher: Josephine Semu Phumisa
Contact Details : jphumisa@gmail.com +265 999551105
Supervisor: Dr Kate Gooding
Contact Details: Email: kgooding@yahoo.co.uk +447791081044

COMREC: COMREC Secretariat
Email: comrec@medcol.mw
Telephone: +265 (0) 1 871 911
(Please call during working hours from 7:30am - 4:30pm)

APPENDIX 2: Interview guides for Journalists

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Programme of the Malawi Liverpool Wellcome Trust Clinical Research Programme

1. Can you please tell me a bit about your career so far?
2. How did you come to get involved in this programme?
3. Had you ever written stories about health research before you became involved with MLW? Please, tell me more about why/why not?
4. What do you think about the current programme approach?
5. Are there any aspects you think are particularly useful?
6. Are there any aspects of the programme you think are less useful or where you've had problems?
7. What if anything has changed for you through this JIR programme?
8. How do you feel about writing more health research stories? Has the programme had any effect on your views?
9. Does anything discourage you from writing about health research
10. Do you experience any challenges in producing stories about health research?
11. Have you received any feedback on any of the stories you have written about health research? Please tell me more about who this was and what kind of feedback?
12. Has the programme had any effect on you career wise?
13. Do you have any thoughts on the impact of these stories (will probe for impact on policy and public health awareness)
14. Has the programme affected your other work outside JIR?

15. Has being in the JIR created any challenges for you?

16. Do you have any suggestions that can improve the programme?

Appendix 3: Interview guide for Editors and JIR Consultants

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Programme of the Malawi Liverpool Wellcome Trust Clinical Research Programme

1. Could you please tell me what you know about the JIR programme?
2. What do you think about the current programme approach?
3. Are there any aspects you think are particularly useful?
4. Are there any aspects of the programmes you think are less useful or where you see problems?
5. Have you seen any changes with your journalists through the programme? What kind of changes and why?
6. Have you seen any change in the number of health research stories after journalists are exposed to the programmes?
7. What are your thoughts on the quality of health research stories? Has there been any change in quality through the project? Do you see any areas where quality needs improving?
8. Do you see barriers for journalists in writing about health research? Is the programme able to overcome these barriers? What are the remaining challenges?
9. Do you ever receive feedback from readers/listeners from stories published through this media house? Have you had any feedback on the health from your readers or listeners? Elaborate more on the nature of feedback.
10. Has the JIR created any challenges for you as an editor, or for your staff?
11. What should be done to improve the programme if it has any flaws?

Appendix 4: Interview guide for MLW Researchers

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Programme of the Malawi Liverpool Wellcome Trust Clinical Research Programme

1. Could you please tell me what you know about the JIR programme?
2. What do you think about the current programme approach?
3. Are there any aspects you think are particularly useful?
4. Are there any aspects of the programme you think are less useful or where you see problems?
5. What do you see as the impacts of the JIR programme, if any?
6. Have you seen any change in the number of stories published about health research with this project?
7. What do you think about the quality of stories that have been published? Any feedback on articles about your work? What kind of feedback?
8. Have you seen any impact of the media work on policy makers? Any examples of this? Do you think the JIR programme has any effect on the image of MLW as an organization?
9. Do you see any effect of the JIR on researchers or their work? Have there been any impacts on you as a researcher, or on your research?
10. Do you see any challenges or flaws about the programme that need improvement?
11. But don't you think allocating the journalists according to their interests will make other areas of research suffer in reporting the work?
12. Anything you want to add?

Appendix 5: Interview guide for Ministry of Health Officials

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Programme of the Malawi Liverpool Wellcome Trust Clinical Research Programme

1. Please tell me about how you learn about new health research going on in this area/in Malawi? What are the main sources of information?
2. Do the media play any role in informing policy makers? What do you think about the media as a source of information? Are the stories of good quality as well as accurate?
3. Have you seen any articles on health research? Can you remember any of these articles/
4. Do you remember anything about the quality of these articles/
5. Do you remember reading any articles about work by MLW?
6. Do you think these articles have any impacts on policy makers in Malawi? Can you explain why/why not?
7. If yes, are there any specific examples where media articles have influenced policy or thinking among policy makers?

Thank you

Appendix 6: Interview guide for Community Advisory Group Members

Impact of media training and journalist support on the development of health research reporting in Malawi: An evaluation of the Journalist in Residence Programme of the Malawi Liverpool Wellcome Trust Clinical Research Programme

1. Where do you hear about health research going on in Malawi? What are the most common channels of information about health research in your village? Which channels do you think are the most useful?
2. Does anyone find out about health research through the media? Why/Why not?
3. Have you seen any recent articles on health research? What do you remember about these?
4. What do you think about the idea of sharing information on health research through the media? Do you see any benefits for your communities? Are there any challenges?
5. Have you heard of MLW's Journalist in Residence programme? What do you know about this programme? Have you seen any effects of this project in your communities?

Thank you

MAFUNSO KWA ANTHU AKUMUDZI

1. Kodi nkhani za kafukufuku wa zaumoyo wochitika mdziko la Malawi mumadzimvera kuti? Nanga ndi njira ziti zomwe mauthenga okhuza kafukufuku wa zaumoyo amagwiritsa ntchito mmudzi mwanu kuti mudziwe za kafukufukuyo? Njira yodalilika pa zonsezi ndi iti?
2. Kodi mumamva za kafukufuku wa zaumoyo kudzera kunyumba zofalitsira nkhani? Perekani chifukwa pa yankho lanu.
3. Kodi munawerengapo munyuzi kapena kumvera pawayilesi za kafukufuku wina ali yense wazaumoyo posachedwapa? Mukukumbukira zotani za kafukufuku ameneyo?
4. Maganizo anu ndi otani pankhani yogawana mauthenga a kafukufuku wazaumoyo kudzera mnyumba zofalitsira mauthenga zosiyanasiyana? Mumapindula bwanji ndi ndi ntchitozi? Poali zobetchera zina zili zonse zomwe mumakumana nazo pofuna kutsatira bwino za kafukufuku wazaumoyo?
5. Kodi pulogalamu yosula atolankhani kuti adzilemba nkhani zakafukufuku wazaumoyo mwaukadaulo yomwe anakhazikitsa ndi a MLW mukuyidziwa kapena munayimvapo? Nanga zotsatira za pulogamu imeneyi mukudziwona mmudzi mwanu?

Zikomo kwambiri

APPENDIX 7: College of Medicine Research Ethics Committee Approval



COLLEGE OF MEDICINE

Principal
M. H. C. Mipando MSc PhD

Our Ref:

Your Ref: P.09/18/2477

09-Oct-18

College of Medicine
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Josephine Semu Phumisa
College of Medicine
MPH
P/Bag 360
Chichiri
Blantyre 3

Dear Josephine Semu Phumisa

RE: P.09/18/2477 - Impact of Media training and journalist support on the development of health research reporting in Malawi: An evaluation of Journalist in residence programme of the Malawi Liverpool WelcomTrust Clinical Research Programme

I write to inform you that COMREC exempted the above submission from review as it is not human subject research. It is an evaluation of an educational programme.

If there are any issues raised and you are responding to them, you need to do/note the following:

1. Respond question by question on the cover letter i.e start with the query raised by COMREC then your response.
2. On the cover letter refer to the pages where you have made the changes and highlight in the protocol / show in tracked changes
3. Please cite COMREC number on the cover letter and put version number and date on the revised proposal
4. Submit 4 hardcopies
5. Submit an e-mail softcopy to comrec@medcol.mw using a fresh email with the following subject: **comrecsubmissions@** followed by the PI surname plus comrec number (if available) plus the title of your study and version number. Please submit all relevant documents in one email e.g. if you realize that some documents have been missed, please resend the whole package including the additional items.
6. Please note that currently parts of the review process are based on email documents only. The expedited review process is expected to take 14 days from the day of an email response/complete submission. Please

note that if you later use a “Reply....” button on your previous email response/submission, your previous email submission moves to the current date creating a new COMREC “feedback by” date from the day of your latest email communication. In addition, your previous submission email may now have become more difficult to locate resulting in delays in processing your submission.

7. **Regarding delayed expedited review responses from COMREC, the COMREC guidelines state: “The review period shall not exceed 14 days from day of re-submission. In the event that this deadline cannot be met, the secretariat shall communicate the decision to the applicant by the fastest possible means and follow up with a written communication”. In addition, in case of delays in obtaining feedback beyond the stipulated 14 days, investigators may inquire via email to comrecchair@medcol.mw.**

Yours Sincerely,



Dr. YB. Mlombe

COMREC CHAIRPERSON

