

COVID-19: JOURNALISTS' COMPANION

A simple safety and professional guide for
journalists reporting the **COVID-19** pandemic



BOOKLET FOR JOURNALISTS IN SOMALIA



EU-IOM
Joint Initiative for
Migrant Protection
and Reintegration

NATIONAL UNION OF SOMALI JOURNALISTS (NUSOJ)
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**A booklet done in collaboration with the EU-IOM Joint
Initiative for Migrant Protection and Reintegration**



EU-IOM

Joint Initiative for
Migrant Protection
and Reintegration



Project funded by the European Union
Project implemented by IOM

PREFACE

Somali journalists are no strangers to adversity. For the past three decades, we have been operating in one of the most dangerous environments globally, for journalists.

But while in reporting terrorism, extremism and religious bigotry, we faced a physical enemy on whom so many survival resources exist; in COVID-19 we face a new enemy who only manifests when its often too late for the victim.

Reporting on any emergency creates two immediate challenges for the journalist. First, we have to stay alive. Secondly, we have to be professional in the way we go about our work.

Both challenges exist as we try to report on and keep the public aware about the dangers and developments in the fight against COVID-19. In a resource constrained environment, journalists are largely on their own.

This COVID-19 booklet is designed to be a tool of quick reference to help journalists stay on the professional course while staying safe as they go about their assignments in reporting COVID-19.

It is organized into three simple sections. Section one covers what we need to report professionally on the pandemic. Section two covers safety tips while section three tackles the delicate subject of reporting migrants and returnees as well as Sexual and Gender based violence (SGBV) in the context of COVID-19.

We hope that you will find the guide useful and we look forward to your feedback to help us make the guide better.

Allow me also on behalf of the National Union of Somali Journalists (NUSOJ), and the entire journalism fraternity in Somalia, to extend our most heartfelt appreciation to the International Organization for Migration (IOM) in Somalia for supporting this activity through an EU-funded programme and our partners among which the International Federation of Journalists (IFJ) and Reporters Without Border (RSF) who have made it possible for us to produce this work.

Omar Faruk Osman
SECRETARY GENERAL

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INTRODUCTION

The COVID-19 pandemic is currently the most pressing global health challenge. At a professional and personal level, it also places the journalist in a unique position. As a conveyor of information, the journalist is the bridge between the public and the professional community of scientists and health workers.

Yet in the course of searching for information, the journalist also becomes a frontline worker who is directly exposed to the risks posed by COVID-19. During the course of reporting stories, journalists encounter many people from vulnerable communities. Unless they observe standard operating procedures to protect themselves and those around them, journalists can unknowingly spread COVID-19 and put the lives of others in danger. For this reason, it will be helpful if the journalists know their own COVID-19 status before going out to report and/or be alert in early identification of COVID-19 symptoms. In the absence of such knowledge, it is important to take adequate precautions to avoid contracting or spreading the disease by observing all safety measures and standard operating procedures recommended by the authorities.

In the age of social media and citizen journalism, the public is exposed to a lot of misleading and unverified claims that may be passed as truth by their authors. What distinguished the professional journalist from such sources is that he/she can be relied on to debunk any myths and unmask the real facts by delivering accurate, reliable and timely information about the pandemic. The scientific community would also expect journalists to deliver life-saving information about the pandemic in a language that is easy for audiences to understand without any distortion of the facts. The general public may also expect from journalists to deliver in-depth reporting and fact-checking data to expose hidden and uncomfortable truths as well as making sure authorities are held accountable.

REPORTING COVID-19

Journalism First

Whatever story one is chasing, there is no substitute for good journalism at its most basic level. Journalism has always been guided by the principles of accuracy, fairness, independence and balance. Large scale outbreaks of any disease trigger panic and anxiety. The anxious public is looking for direction amidst a flood of information that may not always be accurate.

As challenging as it might be, COVID-19 is an opportunity for professional journalists to prove themselves as the source of reliable information, which can help people make informed life-saving decisions.

To meet this end, journalists must abide by the basic principles of accuracy, fairness, independence, and balance.

Balance is important because after some time, audiences can get tired of a story. While we report the tragic aspects of COVID-19, it will help if we also try to find inspiring stories of how some people are successfully coping with the difficult times.

It is important to avoid stories that cause more anxiety without adding any value to the recipient.

Accurate reporting on COVID-19, requires that the journalist first understands the basic facts about the disease and disabuses him/herself of any notions about the disease, such as popular but unverified myths. Journalists must also find a balance between their watchdog role and conveying information that helps stop spreading the disease.

Before reporting, first verify and crosscheck with official and/or credible sources the accuracy of any information that comes into your possession about the pandemic.

*During an epidemic you will not always be able to go to hospitals, but you can contact medical staff and hospitals workers in other ways such as hotlines for example **#449** or **#499**.*

The International Federation of Journalists and Thompson Foundation offer the following tips to ensure factual reporting:

- Not copy anything on social media without verifying it first
- Contact science experts or authorities in your country to verify information
- Consult websites of reputable organisations
- During an epidemic you will not always be able to go to hospitals, but you can contact medical staff and hospitals workers in other ways such as hotlines for example #449 or #499.
- Have good reasons for persuading officials to give you information.
- Report what medical professionals are telling you as well as the authorities.
- If your information is not accurate you will lose the trust of your audience.
- Reporting on health involves covering issues relating to human relationships and fundamental beliefs. It is therefore a very sensitive topic. Often there is a lot of misinformation, which comes from rumours or superstitions, which are then passed on as facts. In some cases, there will be deliberate attempts to mislead.
- Avoid reporting rumours because they only add to the confusion and spread fear. Rumours should only be reported in the context of surrounding facts which prove that they are false or true. Common rumours to watch out for, include the number of people falling sick and those that are dying from the disease. That information should only be reported from official sources. Where you suspect authorities of concealing information, work with reliable sources such as medical workers on the ground.
- Avoid sensationalism and always consult data from the Ministry of Health or the World Health Organization for context and balance. Stories should frequently include information about how to avoid contracting the virus.
- If you cannot establish if a rumour is true or false, it is more professional not to report the story until you have all the facts.
- Respect the privacy of patients and their families. Do not publish photos of patients or suspected patients without informed consent and avoid putting any information in your story that put them in danger. A patient's identity can only be revealed in situations where he has voluntarily exposed his/her status and if their story helps to add to the public's knowledge of how to avoid contracting the disease. Even here, it is important to double-check to make sure that the patient fully understands the risks involved in exposing their identity.

UNDERSTANDING COVID-19

Journalists can only effectively report about COVID-19 if they have a clear understanding of the disease themselves. This is important for both themselves and the community for which they report. At a personal level understanding the disease can help the journalist detect symptoms early in case exposed to COVID-19.

From a reporting perspective, they are able to educate the community about symptoms to look out for and ways of spreading the virus. The World Health Organisation (WHO) has offered the following description of COVID-19: COVID-19 is an infectious disease caused by a newly discovered Coronavirus. WHO guidance on how to avoid COVID-19 can be found here:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Symptoms



It is important to remember that COVID-19 is a new disease about which everybody including experts, is learning new things every day. The symptoms of the disease can also vary from one person to another and the method of transmission between people is not fully understood at this point in time. It is important to consult medical professionals the moment you experience breathing difficulties. According to current information from the World Health Organisation, most people infected with COVID-19 will experience mild to moderate respiratory illness and will recover without requiring special treatment. Some people will experience severe breathing problems that will require them to check into a health facility.

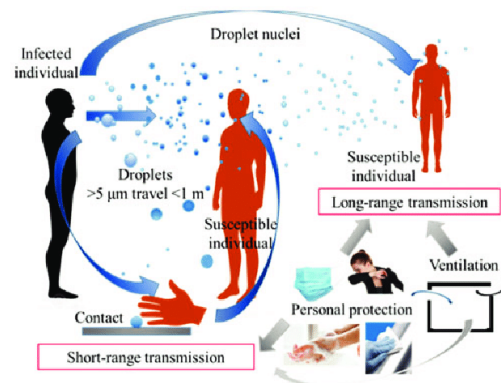
Vulnerability



Older people and those with underlying health problems like heart disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness.

Transmission

It is now generally agreed that the COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. So, it is important that you practice preventive



measures such as wearing a mask, avoiding unnecessary physical contact with other people and frequent washing of hands. In case you feel the urge to cough, do so into a flexed elbow.

Rollout of vaccines has started in some countries after the approval for emergency use in the United States and the United Kingdom, of two vaccines. COVID-19 vaccines developed in China and Russia have also gone into experimental use in a number of countries. Due to huge demand and limited production capacity, however, it will be sometime before countries in Eastern Africa, including Somalia, access these vaccines. Some 192 countries around the world have signed up to the COVAX initiative championed by the Global Alliance for Vaccines, GAVI, to ensure that even low-income countries get access to available vaccines. There is no firm timeline for when these vaccines will get to Africa.

Bottom-Up reporting



Much as the public has an interest in what is happening globally, regionally or even nationally, communities will want to learn more about the status of the pandemic in their immediate neighbourhood and surrounding areas. To the extent possible, journalists should strive to provide local communities with accurate information about the status of the pandemic in their area, surrounding villages and the measures that can help them avoid the disease and spreading it to keep themselves and their communities safe. It will also be valuable for audiences if journalists routinely provide emergency contacts for COVID-19 intervention info at the end of their reports.

When communicating preventive measures such as social distancing, instead of technical terms such as feet or metres, use terms which ordinary people can relate to such as the number of paces or arms lengths between any two people.

Sourcing

It is important to always remember that a story is only as good or reliable as its sources. It will help good reporting for the journalist to cultivate local sources of information about the pandemic and also keep handy a list of international sources of information.



Seek out health experts to help you make sense of statistics and what they mean about the trend of the disease in language that is easy for the average person to understand.

The International Federation of Journalists (IFJ) recommends the following approach to expert sourcing. It also offers some resources for expert information:

- Consult the World Health Organisation (WHO)
- Get advice from experts in infectious diseases and medical experts
- Talk to public health service experts in your country

Finding reliable sources

There are a number of online resources for accurate COVID-19 information but they may not be comprehensive, hence the need for wide cross-referencing and research. For instance, the World Health Organizations runs a COVID-19 Dashboard that is up to date to the previous 24-hour period. However, it only has information from those countries that have a reporting mechanism on the pandemic.

In the absence of such resources, journalists need to seek access to information from national authorities. It is advisable to look at such numbers carefully and to use them to compile your own trends table so that it will be easy for you to spot any contradictions and seek clarification.

You should also not be shy to get information from international media houses that might have better resources to compile information about the pandemic.

ONLINE RESOURCES

- Well-known and credible international organizations websites such as the World Health Organization (WHO)

<https://www.who.int>

https://covid19.who.int/?gclid=Cj0KCQiA5vb-BRCRARIsAJBKc6JEMlaPmsw2ugqbzrT8ldAEfUrb8O-Sr_TYWRSWZHxAm9nNJ7IL9RsaAr_eEALw_wcB

- The Centre for Disease Control (CDC):

<https://www.cdc.gov/>

- Reliable non-governmental organisations who operate in your country. For example: Medecin Sans Frontieres (MSF) <https://www.msf.org>
- Renowned international academic institutions like Johns Hopkins University <https://www.jhu.edu/>

Risk Communication and Community Engagement (RCCE) Resource Centre OCHA and the Ministry of Health of Somalia: <https://covid19som-ochasom.hub.arcgis.com/pages/rcce>

Well-respected mainstream media – like the BBC, Deutsche Welle and Radio France Internationale, which produce news in a number of languages. Other international media such as Al Jazeera, Reuters, AFP, Guardian, New York Times and The Times of London are a source of reliable well researched information about COVID-19

Cases Map updated hourly

<https://experience.arcgis.com/>

[experience/685d0ace521648f8a5beeeee1b9125cd](https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd)

UN multimedia newsroom (free but need to register)

<https://www.unognewsroom.org/story/en/225/unog-bi-weekly-press-briefing-24-march-2020/0>

Global Investigative Journalists Network (multi-language tips and advice guide)

<https://helpdesk.gijn.org/support/solutions/articles/14000110817-COVID-19-resources>

Debunking Myths

Every community or society will have its own unfounded ideas about various aspects of any disease. These popular beliefs are generally called myths.

Myths can be dangerous because they mislead people into doing the wrong things and sometimes even rejecting professional help and advice. So, debunking them is part of the journalists' responsibility.

A starting point is to identify the myths circulating in your community about COVID-19 and discussing them against mainstream knowledge and practices.

Journalists should also be careful about how they report about myths so that they are not reinforced. When reporting about a myth, the factual information that proves it wrong must follow immediately.

The IFJ recommends that journalists consult the websites of well-known scientific bodies, universities, research institutes or mainstream media.

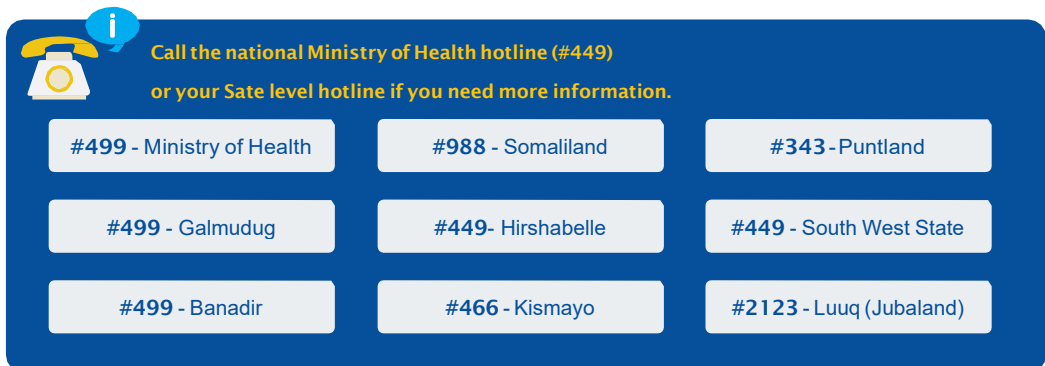
WHO website that has a section on misinformation and myths. The relevant link of WHO regarding myths can be found online here:

Mythbusters: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

Or here:

Vaccines and immunization: *Myths and misconceptions:* <https://www.who.int/news-room/q-a-detail/vaccines-and-immunization-myths-and-misconceptions>

Below are some emergency toll free contacts in case you should personally need help:



Call the national Ministry of Health hotline (#449)
or your State level hotline if you need more information.

#499 - Ministry of Health	#988 - Somaliland	#343 - Puntland
#499 - Galmudug	#449- Hirshabelle	#449 - South West State
#499 - Banadir	#466 - Kismayo	#2123 - Luuq (Jubaland)

Watchdog role

The public and sometimes even the authorities, rely on media to report on lapses and shortcomings in the management of the pandemic and provision of care.

Journalists need to monitor what is happening to patients under care in quarantine facilities, the conditions in which they are held and the quality of care. They must also report on the capacity available to manage the number of cases in terms of bed capacity, high dependency units, ventilators and the management of resources allocated to containing the pandemic.

Stigma

Stigma is a big problem in many societies, Somalia inclusive. In its simplest form, Stigma means putting a negative label on a person or group of persons based on their way of life, social or health status.

Stigmatisation is fuelled by ignorance or lack of awareness about an issue or other people. This leads people to make assumptions about others by simply looking at aspects of their life that make them different from other members of society.

Social stigma and discrimination can complicate the fight against COVID-19 and other diseases by forcing victims to hide their status and hence creating pockets from which the pandemic can spring again.

Journalists can help fight COVID-19 stigmatisation first of all, by providing keeping an open and objective mind about the disease. They can then share the facts about the disease, how it is spread and places where they can get medical assistance with their audiences. This must be done in a language that the community understands and as much as possible, journalists should try to generate debate and offer factual information that debunks the popular myths about COVID-19.

SAFETY

It is an established principle of journalism that no story is worth your life. Journalists can only be available to report on the pandemic if they stay alive by avoiding it through abiding by standard operating procedures established by authorities and avoiding any risky activity.

Avoid COVID-19 by:

- Wearing a mask or face covering: Wearing a mask halves the distance at which you can safely talk to another person not wearing one. If both you and the other person are wearing a mask, the risk is reduced even further.
- Observing physical distancing (maintain a distance of 2 metres between people). This distance can be estimated as two arms lengths
- Washing your hands and using an approved sanitizer before and after interviews or contact with the public
- Stay away from anybody displaying symptoms such as coughing, running noses or sneezing
- Cover your nose and mouth with disposable paper when coughing or sneezing and dispose of in a safe place
- Avoid congested public transport
- Disinfect your equipment be they recorders or microphones
- In a hospital environment, wear recommended personal protective equipment
- Unless absolutely necessary such as in broadcast journalism, find alternative ways of getting information.
- Communicate virtually; Call sources, use email and social media applications such as WhatsApp, Skype, etc instead of physical meetings.
- If you can work from home, make arrangements with your supervisors so that you don't have to come to the office unless it is absolutely necessary



- Minimize your attendance of press conferences and other public events
- Where it serves the purpose, instead use press releases, phone interviews or get answers to questions emailed to you
- Make sure your employer has put in place arrangements to support you in case you fall sick within the course of your duties
- Suspend travel to high-risk areas and if you do, make sure you have adequate supplies of sanitizer, soap, water and processed foods
- Always have list of useful contacts you can rely on at your destination in case of emergencies
- IN CASE you feel unwell or experience COVID-19 symptoms, it is important that you immediately take measures to prevent you from becoming a source of infection to other people around you.
- Seek medical attention immediately and try to get a COVID-19 test.
- In case it is not possible to get professional help, immediately isolate yourself (self-quarantine for 14 days and/or arrangement of covid-test + do's and don'ts during self-quarantine + contact details of relevant actors to report to



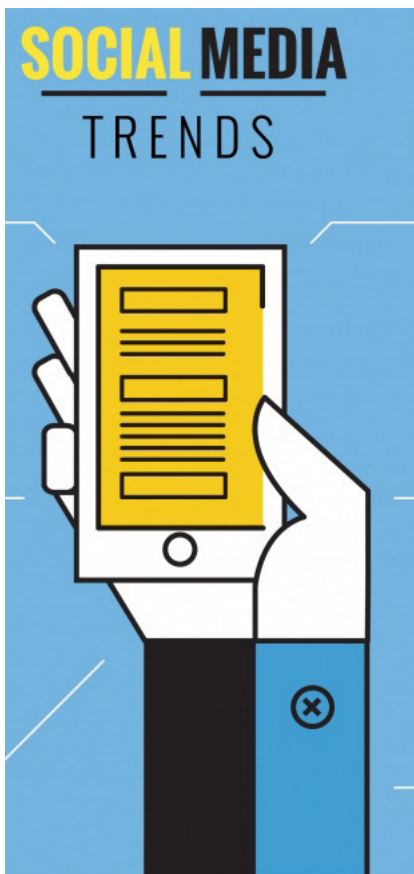
Media houses can also take specific measures to ensure their employee's safety:

- Make sure your staff has appropriate, up-to-date information on how to protect themselves from infection.
- Regularly remind your staff of the need to disinfect equipment before they go out reporting and when they return, and make sure they have the material needed for this purpose (antibacterial wipes or gel).
- Make sure that every member of your staff has a list of emergency contacts. This list may include the general emergency number, their primary healthcare doctor's number and the numbers of the health authorities.



- Stay in constant touch with your reporting teams, agree on times when you communicate to check that everything is OK, and make sure to be always reachable in case there are problems.
- Discuss the emotional risks associated with covering this crisis with your staff. Their concerns and the stress they may be suffering should be taken seriously.
- Rotate your personnel between duties with a high stress load and duties that are less stressful.

Online



Using online resources has its advantages and risks. Some emails and attachments or links you click may contain malicious code which can damage your devices. For your online safety, avoid opening links from sites you are not familiar with.

You need to also watch out for deep fakes. Social media is awash with false, malicious and misleading information. In the example below, the correct headline of a daily newspaper reporting three deaths during riots in Kampala, was manipulated to make it look like 203 people had died.

A good way to check for fakes, is to feed the allegation or claim into a search engine. If there are no cross-references on it from multiple credible sources, then it is most likely a fake.

Ask yourself about the source of any information you come across online and try to find the original source. Crosscheck it with a reputable government, academic or medical organisation and known science experts.

COVERING GENDER, MIGRANTS AND RETURNEES

Instability, epidemics and conflict affect women in a special way and often expose new vulnerabilities for this group. It is therefore important that we break down our reporting and focus on how the COVID-19 pandemic is affecting the different sections of society. As we do this:

- We must avoid stereotyping and stigmatizing women.
- How safe are women from sexual and gender-based violence in the context of COVID-19?
- Examine how assigned gender roles have decrease well-being of women during the pandemic.
- For instance, how are women coping with the increased burden of looking after children and raising families amidst school closures and loss of income by husbands?
- How safe are women migrant labourers amidst travel restrictions and lockdowns?

Xenophobia, COVID-19, Migrants and Returnees

The IFJ Code of Conduct emphasizes that: “Journalists shall ensure that the dissemination of information or opinion does not contribute to hatred or prejudice.”

Yet the media is not immune to manipulation and must constantly be on the lookout for instances of Xenophobia and hate speech which seek to exploit media platforms.

In a paper on how to counter stigma and discrimination against migrants during COVID-19 the International Organization for Migration (IOM), observes that while the pandemic has elicited “widespread expressions of mutual solidarity and support from States, civil society and individuals that transcended socioeconomic status and backgrounds,” it has also created generalized fears and worries that have fed off an existing culture of distrust and discrimination against migrants.

IOM further observes that what often begin as personal disagreements over the observance of physical distancing rules can quickly turn into racial slander or outright violence against migrants or persons of perceived foreign nationality or origin.

Such incidents of stigmatization and discrimination often happen against the backdrop of broader systemic inequalities that have serious impacts on public health, as well as in other domains, including education, employment, social services and access to justice. The pandemic has brought to the surface these

pre-existing inequalities, which put migrants at greater risk of xenophobia and hate crimes, further impacting their mental and physical wellbeing and excluding them from accessing services that are otherwise available to the general population.

What to watch out for

IOM gives the following examples of racist and xenophobic attacks towards migrants that journalists need to be on the lookout for.

- Adopting alternative names for the COVID-19 coronavirus: instead of using the internationally recognized name of the virus, officials have adopted names with geographic references, typically referring to its emergence in China. Yet, as stressed by WHO already in 2015, names of diseases really do matter, as they can stigmatize certain communities and provoke a backlash.
- Sensationalized media reports blaming particular communities for the origin and spread of COVID-19.
- Refusal to sit next to passengers of a certain or perceived ethnic origin on public transports metros and buses.
- Verbal attacks and insults in the streets and in social media.
- Violent physical attacks, assaults, throwing stones at people, including towards returning migrants.
- Signs forbidding people of a certain origin from entering restaurants and shops.
- Refusal to rent apartments to persons of a certain or perceived national origin.
- Discriminatory evictions.
- Bullying at work and in schools against migrants.
- Termination of employment on the basis of perceived national origin.
- Closing of businesses according to national origin – or permitting shops and businesses to open according to the nationality of its owners.
- Discriminatory mobility restrictions particularly in relation to migrants, including refugees and internally displaced persons or against certain minority groups.
- Excessive use of force by law enforcement authorities against migrants to enforce curfews, lockdowns and other measures against COVID-19.
- Verbal, political attacks against free movement regimes, such as within the EU.
- Suspending access to education and health care for persons with a certain or perceived national origin.
- Mandatory COVID 19 testing before returning to work applied only to migrants.

With social conflict, economic opportunity and climate change displacing people, migration is a reality of the modern world. Somalia's main migration issues fall under the following categories:

- **Forced migration:** due to conflicts and natural disasters resulting in Internally Displaced Persons (IDPs) and refugee outflows.
 - **Irregular migration:** due to poverty and limited livelihood options often resulting in human trafficking and smuggling.
 - **Mixed migration:** the use of one migration route by several different groups of migrants, including asylum seekers, economic migrants, victims of trafficking and smuggling.
 - **Traditional and cross-border migration:** linked to nomadic cross-border movement and primarily a survival strategy for pastoralists seeking pasture and cross-border trade in the region.
 - **Labour migration:** the movement of persons from their home country to another for the purpose of employment.
-
- In many communities and countries, COVID-19 was first presented as a foreign disease or a threat coming from outside. This can increase the fear of foreigners or new arrivals.
 - This also creates a danger that people who are forced to enter new countries or communities for any reason such as forced migration or repatriation might be viewed as a possible source of COVID-19.
 - Ethnic and religious minorities are also possible targets of stigma and journalists need to be particularly careful when reporting on them and COVID-19.
 - It is important for journalists not to use language that exposes these groups to stigma by:
 - Avoiding language that connects the disease to race, culture or occupation
 - Avoid attaching geographic origins or ethnicities to the virus or the disease. This isn't a Chinese virus, or an Asian virus. To avoid feeding stigmatizing narratives, please use the official name of the disease (COVID-19) or "new coronavirus disease".
 - Think twice before rushing to call sick people "cases": Sick people are above all people who happen to have been infected with a disease. Let's not dehumanize them by referring to them as "cases" unnecessarily often.

- Explain that COVID-19 can affect anyone despite race, culture or occupation
- Explain that with community transmission now in progress, foreigners or outsiders are not the only source of COVID-19.
- Focusing on the origin of COVID-19 can also create complacency among communities that feel unconnected to the outside world, hence increasing the danger of them catching the disease from local sources.

It is important that journalists avoid any language that can reawaken old prejudices. Hate speech must be avoided unless it is in the context of challenging it.

IOM recommends that journalists, look out for and report on instances of hate crime, violation of migrant rights by state officials, communities and even within the media itself.

Media must not shy away from the responsibility to report on instances where public officials are involved in excessive use of force due to racial motives and follow up the stories to their logical conclusion.

Media also need to ensure that they understand rules on social media content and moderation, are clear about which content is prohibited and strike a fair balance between the public interest in curbing hate speeches against migrants and the right to freedom of expression.

Journalists must also ensure that any communication to the public about the disease and its spread is based on facts and scientific data. More information can be got in the links and contacts below:

iomsomaliapsu@iom.int

<https://stophatespeech.ch/>

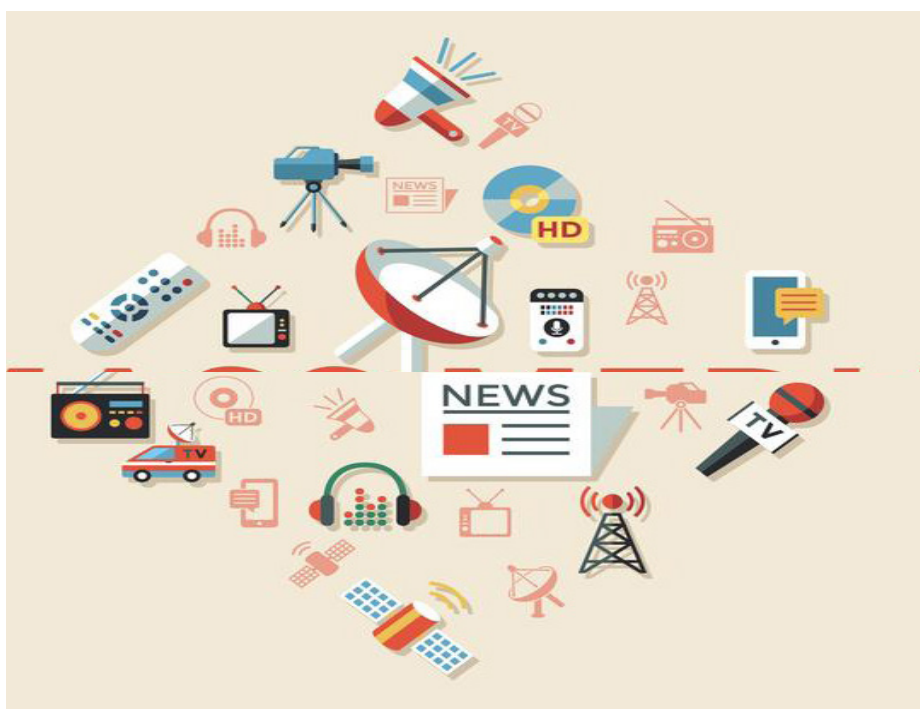
PURPOSE DRIVEN JOURNALISM

In conclusion, it is important to remember that journalism or the stories we seek to publish or broadcast must aim to achieve a positive social outcome. Events should only act as pegs on which we base to develop stories that ask the deeper questions about events. And we don't need to be adversarial as we go about this.

We are all conscious of the many gaps in our health systems and how they impact the ability of governments or charity organisations to effectively respond to the needs of communities.

Giving a voice to the vulnerable, marginalized groups or frontline workers, can have a lot of positive impact. In engaging authorities on issues around COVID-19, we need to examine how the response is working, the constraints holding it back and the main actors' views of how these can be resolved.

The basic questions to ask ourselves as we set about reporting COVID-19 should be: How best do I bring out the issues at play? How can my story help create understanding of these issues to bring positive change?



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