



Capacity Building of Journalists for Urban Health Reporting in Nepal: An Implementation Research Experience

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Abstract: Media plays a vital role in raising public awareness on health issues. Reporting on health is often limited, overlooked or reported inaccurately. This paper documents experience of an implementation research conducted to raise profile of health issues pertinent to urbanisation, increase interest and capacity of journalists to understand and report health issues as well as improve media coverage on urban health. We ran capacity building workshops covering seven major urban locations of Nepal to 115 journalists. These journalists were then mentored to develop investigative articles. Systematic media monitoring of national dailies and weeklies was also done to understand the reporting practice. Some journalists have received national and regional awards courtesy their investigative stories. This collaboration between health and media sector shows promise with the gap between policy makers and media reduced through better understanding of each other and a joint effort to communicate effectively on urban health issues.

Key Words: Media, Urban Health, Capacity Building, Health Reporting, Policy Development

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1. Introduction

The media play a vital role in raising public awareness of health issues and holding health services, governments and donors accountable for protecting, promoting and providing health care services.

Reporting on health issues is often limited, with important issues such as impact of wider social determinants to health outcomes being overlooked, or reported inaccurately (Tuladhar et al, nd). This is a reflection of the challenges faced by journalists in understanding technical research and health language. In addition, health experts and researchers often find it challenging to communicate health issues and research findings in a way that can be easily understood by journalists and a wider audience.

Building relationships between media and health sector can help increase accurate coverage of health topics in the media. It can also help health experts and researchers communicate their research findings and health information in a way that the media can understand and use, by making health topics more accessible to the wider public and to decision makers (Westwood and Westwood, 1999).

1.1 Increasing Trend of Urbanisation in South Asia

South Asia's urban population is poised to grow by almost 250 million people by 2030 (Baral et al 2016). Estimates suggest that at least 130 million of South Asia's urban residents live in slums and are disproportionately deprived of basic infrastructure and access to basic services. In Afghanistan, Bangladesh, Nepal, and Pakistan, the most recently available estimates show that between 7 percent and 30 percent of urban residents live below the official national poverty line. Between 2000 and 2012, average real gross domestic product (GDP) per capita increased by almost 56 percent, from 2,556 US dollars to 3,999 US dollars with annual GDP per capita growth rates of more than 4.5 percent a year in all countries except Nepal and Pakistan. At least 26 percent of South Asia's urban population, an estimated 30 million households, lives in informal settlements or slums. Between 2010 and 2050, the region will require an additional 203 million housing units, mostly targeted to low- and middle-income households, to accommodate projected urban population growth without further expanding the slum population (Baral et al 2016).

1.1 Urban Health in Nepal – A Neglected Sector

Urban health is a neglected issue in Nepal with hardly any attention given towards the sector from both policy and programme perspective. Urban Health Policy 2015 has been recently endorsed by the government but effective implementation of the policy remains a serious challenge.

Though, urban health clinics exist in some municipalities, they have not been able to run effectively with lack of human resources, drugs and supplies. Similarly, lack of coordination between various government bodies has made the integration of urban health programmes into the local urban development programmes difficult (Swasthyakhabar, 2015). In addition, the tendency of viewing health related matters as separate entities has resulted in ineffective implementation of delivery of basic health services in urban areas. Apart from government health structures, municipalities, private and nongovernmental institutions have been extending their support to provide health services at various levels. However, due to lack of coordination, quality control standards, inadequate supervision and monitoring and evaluation mechanisms have made these urban health programmes less effective.

1.2 Policy Provisions on Urban Health in Nepal

The road to urban health development in Nepal began with the devolution of authorities to health services by strengthening the role of local bodies in order to increase the accessibility of basic health services to the people through the Local Self Governance Act 1999 and Local Self Governance Regulations 2000. Municipalities thus were supported by Primary Health Care Revitalisation Division (PHCRD) in the delivery of basic health services to the urban population, establishing urban health centres and community health units (Baral et al 2015). The ground work of Urban Health policy development exercise in Nepal began from 2010 and was finally endorsed in 2015 with development in key stages for sensitising the need for a separate policy on urban health, getting key government

stakeholders, inter-ministries and across various departments within Ministry of Health on board through common ownership and understanding.

Some of the provisions made in the Urban Health Policy 2015 are related to: increasing access to quality basic health services particularly for poor, marginalised, elderly and disadvantaged groups; development and scaling up of integrated urban health programmes; defining specific roles and responsibilities of the organisations involved in urban health programmes; promoting capacity building, community participation and human resource development of the related institutions in urban areas; establishment of mechanisms for monitoring and evaluation of services in urban health programmes and promoting studies and research related to urban health; and management and mobilisation of the resources required for policy implementation.

1.3 Examples of successful media engagement of sensitising health issues

Using media to sensitise health issues has been a successful approach by government, development organizations and alliances. Rockefeller Foundation used media engagement strategy to tackle reproductive health issues in Indonesia, Bangladesh and Philippines which resulted in increase in use of contraceptive devices (Rockefeller Foundation, 2006).

Likewise, The Information and Communication Network on Water, Sanitation and Hygiene (RICHE), in Burkina Faso organised training for journalists and communicators on media advocacy and writing WASH related articles. RICHE claims to have raised the profile of WASH issues with both citizens and policymakers through its special newspaper, H2O info, the production of radio programmes on local and national stations, and publishing numerous articles on the sector's problems in the press (Coulby, nd).

In Vietnam, a public engagement project carried out by Center for Promotion of Advancement of Society (CPAS) was organised to engage the community in the development of health initiatives to improve access to health and social services for children with congenital anomalies or disabilities and their families in Vietnam's Aluoi district - an area heavily affected by the use of Agent Orange during the Vietnam-American War. Following discussion and consultation with disabled children and their families, the media team and CPAS researchers developed video clips to document real-life stories reported by disabled children or their family from each selected commune (Phan, 2012).

Examples of similar initiatives in other countries include: development of media guide on reporting tuberculosis (TB) research in Uganda providing key information about TB and the role the media can play in sharing and engaging voices of the public (Peter and Ejokuo, 2013); workshop with about 25 scientists, media personnel and public health workers to share experiences and aspirations in the techniques of disseminating health research findings in Zambia (Kiefer, 2012); workshops with Kenyan journalists with sessions highlighting health related topics in the news (Jones, 2012); and capacity building programme organised by SciDev.net for African Press Officers working in health and science (Flint and Chater, 2012).

1.4 Rationale for Media Intervention on Urban Health in Nepal

Urban health average masks wide socioeconomic differentials, when these are disaggregated, it is clear that the urban poor often face health risks that are nearly as severe as those of rural villagers and are

sometimes even worse (Baral et al, 2016). In some studies of slum neighborhoods, the health risk confronting the poor has been found to exceed rural risks, despite the proximity of modern health services (Montgomery, 2009). Although less is known on a systematic basis about health differences across cities, disaggregation is important in this dimension as well to have a better understanding regarding the level of health inequities among the urban population. Cities can differ significantly in health institutions and personnel, and in the strength of oversight and management exercised by local governments. Unlike the wealthier residents of cities and towns, the urban poor live in health environments that are often little better than environments of rural villages.

Rapid urbanisation in Nepal has resulted in considerable growth of urban population and unplanned settlements leading to health vulnerabilities and inequitable access to health care in Kathmandu and other major cities. The Ministry of Health, primarily PHCRD, is addressing these issues, under the aegis of urban health programmes. However, challenges remain in terms of identifying the most pertinent problems and addressing those problems through interventions that offer long term and sustainable solutions. This calls for local policies and interventions to address such emerging problems; strategic media engagement is one such intervention.

Realising this need, HERD collaborated with COMDIS-HSD, a DFID funded Research Programme Consortium based at the University of Leeds and designed a two-year capacity building project on media and urban health. The main objectives of the project were to: raise the issues pertinent to urbanisation and health; explore the experiences and challenges the journalists face while reporting on health issues; and increase the capacity of journalists to understand and report health issues.

2. Methodology

This project was carried out in three phases: daily media monitoring of mainstream national dailies and weeklies to have a baseline evidence of the situation of health reporting in Nepal; media workshops with the journalists to sensitise them about the importance of covering urban health matters; and mentoring the journalists for comprehensive coverage on urban health matters.

Media workshop series was organised with participation by 115 journalists in two phases in seven urban locations of Nepal that covered journalists representing from Far-East to Far-West regions. Phase I of the workshops were conducted during December, 2013 and January, 2014 in 3 urban locations: Kathmandu, Pokhara and Biratnagar. Phase II was organised from March 8 to March 22, 2015 in 4 different urban locations: Nepalgunj, Dhangadhi, Hetauda and Dharan.

The workshops were modelled on 3-day schedules with the theoretical and practical sessions on urban health policy provisions, health journalism ethics and practices, field visits, group exercise, as well as discussions regarding making stories comprehensive by linking them with social determinants of health. Policy makers responsible for devising urban health strategies and implementing them were extensively involved in the workshops with representation from high-level officials such as the Chief of Policy Planning and Inter-national Cooperation Division (PPICD) and also Spokesperson for Ministry of Health; the Under-Secretary at MoH; the Director of PHCRD; and the Regional Health Directors who presented their views about the government's vision of improving relations between media and health sector.

To gather baseline evidence about the nature and trend of health reporting in Nepal, we conducted daily media monitoring of 12 mainstream national dailies and weeklies (Himal Khabarpatrika, Nepal Saptahik, Gorkhapatra, Kantipur, Nagarik, Rajdhani, Nayapatrika, Annapurna Post, The Rising Nepal, The Kathmandu Post, Republica and The Himalayan Times) were selected on the ground of most widely circulated and popular print media publications in Nepal for two months (September and October, 2013). For a more focused analysis, we conducted a year-long media monitoring of The Kathmandu Post from September 2013 to August 2014. The newspaper was chosen as it is a reputable broadsheet daily publication and has been in circulation since 1993. It claims to have daily circulation of 82,000.

As a workshop manual and resource guide for the journalists, a Media Guide was developed for the journalists as reference guide during their fieldwork and write-up. Post the workshops, we mentored journalists providing them various evidences and reviewing their write up and suggesting any changes if required.

3. Findings

Several key issues covering health were covered during the media workshops such as: Non Communicable Diseases (NCDs) and risk factors; essential healthcare service issues (particularly the lack of primary care and MDR TB patient issues); general terminologies on urban health; urban health in Nepal: context, challenges and critical pathways; urban health scenario and population statistics; media coverage regarding urban health issues; Nepali journalism practice and ethical issues about covering stories on urban health.

3.1 Workshop presentation and discussion

Various presentations were made by the HERD team as well as invited policy makers from Ministry of Health on urban health matters.

3.1.1 Interaction sessions

HERD team discussed with the journalists about ways of ensuring better access to information and possible collaboration with various government agencies and organizations involved in research and development to support the journalists with better and easy access to information – supporting in coverage of health issues. They were oriented about how better packaging of stories could have a greater impact. A session on correct use of data and information was also held to ensure that the information is not interpreted in a wrong fashion. Interaction sessions were conducted to reflect on major health problems faced by the urban population and on ways of addressing those issues with the support of media.

During the workshops, interaction sessions with patients and journalists was also held where the patients expressed their difficulties of suffering from various diseases and particularly problems they faced due to poor economic condition, not being able to afford to go for treatment early on and then diagnosis being very late when their conditions were already worse. The journalists covered their stories immediately post the workshops in their media outlets.

3.1.2 Making stories better

Workshop facilitators encouraged the journalists to make reporting comprehensive by broadening the analysis taking into account various social determinants that affect health behaviour. The orientation on social determinants was particularly important in the case of urban settlements where there are many factors affecting health such as unhealthy and tiring lifestyle degrading health conditions. A session was also held on practical tips of making the stories more reader friendly.

Some of the health reporting tips provided during the workshops were related to: correct use of facts and figures; using powerful expressions to gather attention such as the phrase 'It's a beautiful world and I cannot see it' sounding more catchy than the phrase, 'I am Blind'. Likewise, journalists were oriented about using KISS (Keep It Short and Simple) rule while writing. Thinking about what's new in the story (a newer angle, perspective or newness in writing) was also discussed during the workshops. Practical instances of bringing the human angle in stories was also shared by developing stories that concern people's daily lives to generate more interest about urban health issues to the general readers. Likewise, context of the content was also discussed so as to make the journalists realise various layers that can be analysed from a single incident. Moreover, the crux of the session on making better stories was to better packaging of the stories for greater impact.

"We have attended a lot of workshops and most of them were similar. I quite liked the idea of this workshop where the facilitators closely engage with the journalists and orient them about various issues related to urban health and journalism good practices." Participant, Biratnagar Workshop

3.1.3 Reliving last 5 years

An interesting session was conducted where the journalists were asked to mention any significant health related incident that occurred in their lives (could be of their family members as well) in the last 5 years which had a significant impact on them. Journalists during the workshop also shared some of the positive impact of their stories. A journalist shared how his story about high prevalence of sickle cell anemia in the Tharu community came to the attention of the government and therefore now it is one of the diseases that government has kept under high priority. Another journalist shared an interesting incident of a zonal hospital charging fees for a vaccine that were available free of cost. After that story got published, the hospital had started the vaccination free of cost to the service seekers.

This exercise was really helpful for our team of facilitators to analyse the perception of the health issues considered 'important' by the journalists and the actual health problems faced by the general people as perceived by public health professionals.

3.1.4 Use of Media Guide

A Media Guide on Urban Health was used during the workshops as a workshop manual and also a reference guide for journalists for future reference. The guide facilitated the media professionals for adequate understanding of the urban health sector in Nepal. This guide was considered helpful by the journalists in finding facts and figures, definitions about terminologies and to cover stories on various health issues. Furthermore, it provided some useful tips on overall writing reporting of health issues, building case studies and field based reporting tips. The glossary of basic health terms included in the

guide has been really appreciated by the journalists as well as the government officials as it works as a quick reference to the journalists.

“The media guide has been helpful in covering urban various health issues. HERD team has been providing technical support by sharing relevant facts and figures which has helped in making the article more strong.” – Participant, Kathmandu Workshop

The guide also includes tips for the journalists about the do's and don'ts while covering various urban health issues. It talks about structuring the article, writing tips, appropriate questions to ask, how to prepare for field visit, what should and should not be done and tips for taking pictures.

3.1.5 Field Visits

In all the workshops, field visits were arranged for the journalists in order to provide practical orientation to observe any health situation, particularly those of unreached population from a public health perspective. Journalists were particularly encouraged to observe the health conditions from linking with social determinants for comprehensive reporting as recommended during the theoretical sessions.

The fieldwork involved visiting key personnel in District Health Offices, Municipal Cooperation Office, meeting people in slum, factories and other urban poor settings to document their stories. Based on field visits, the journalists developed field observation narratives (which they later developed into comprehensive stories) on themes such as: waste management, sewage management; access to health services by urban poor; weak health service; occupational hazards of labourers; use of antibiotic in meat posing risk to human health; illegal drug stores; domestic alcohol and unmanaged public toilets. A field observation narrative of a journalist after his field visit during the workshop in Dharan:

“In Bhedetar Bazaar, numerous restaurants are being operated. The food left open is contaminated due to the smoke emitted from the vehicles and creating pollution. Food left uncovered could have a severe effect on the health of individuals. Tourists visiting this tourist area at the Eastern Hilly region are found having health problems due to the consumption of polluted food. Every day more than a hundred vehicles pass through the area which has increased the pollution level which has not only affected tourists but local residents as well. According to the residents they have been having various health issues like diarrhea, cholera among others due to pollution. They further raised concern over the increasing pollution as it might decrease the number of tourists visiting Bhedetar.”

3.1.6 Comprehensive stories published after the workshop

Post the media workshops, the journalists continually engaged with HERD team for technical support to develop comprehensive stories on urban health. In an article published in Himal Khabarpatrika, journalist Dipak Gyawali wrote about ineffectiveness of the Community Urban Health Centers (CUHC) due to ignorance of the concerned bodies. The story reflected about how the urban poor have been forced to spend large amount of money at private clinics for the services available free of cost at CUHC. Likewise, in another article published in Kantipur Daily; Journalist Amrita Anmol wrote an article about the plight of working mothers and the difficulties they face in rearing the newborns and breastfeed them. Similarly, in an article published in Rastriya Sandarva; Khema Basnet wrote about the open defecation

prevalent in Pashupati tole of Dhangadi. The article pointed how the lack of government's attention and poverty has made the people living in that area prone to numerous diseases.

3.1.7 Journalists felicitated with Awards

Some of the participants of the Media Workshop were facilitated for their contribution in highlighting various health issues. Benup Raj Bhattarai of Republica was awarded with Mental Journalism Award 2014 courtesy his comprehensive reporting of rising number of suicide cases in Ilam, Eastern Nepal¹ and a couple of follow up stories. Next year, Manish Gautam of The Kathmandu Post was also felicitated with the Mental Health Journalism Award 2015 as a result of his various stories highlighting mental health issues such as postpartum depression,² trauma after the 2011 earthquake of 6.8 magnitude³, significant rise in suicides after the 2015 earthquake⁴, difficult situations for survival for patients of dementia⁵ and report of WHO figures showing 15 suicides happening in Nepal every day⁶. Apart from them, about 10 other trained journalists have received various other awards and recognition at the national and local level.

¹ Bhattarai, B. R. (2015). 'Ilam has the highest suicide rate, 56 in 8 months'. In Republica. Retrieved on July 22, 2016 from <http://admin.myrepublica.com/society/story/16941/ilam-has-highest-suicide-rate-56-in-8-months.html>

² Gautam, M. (2012). 'Hit by the Blues'. In The Kathmandu Post. Retrieved on July 22, 2016 from <http://kathmandupost.ekantipur.com/news/2012-02-03/hit-by-the-blues.html>

³ Gautam, M. (2011). 'After the earthquake, trauma haunts people'. In The Kathmandu Post. Retrieved on July 22, 2016 from <http://kathmandupost.ekantipur.com/news/2011-09-29/after-the-earthquake-trauma-haunts-people.html>

⁴ Gautam, M. (2015). 'Significant rise in suicide after the earthquake', In The Kathmandu Post. Retrieved on July 22, 2016 from <http://kathmandupost.ekantipur.com/news/2015-09-12/significant-rise-in-suicide-after-earthquake.html>

⁵ Gautam, M. (2014). 'Keeping a vigil over the darkening', In The Kathmandu Post. Retrieved on July 22, 2016 from <http://kathmandupost.ekantipur.com/printedition/news/2014-11-21/keeping-a-vigil-over-the-darkening.html>

⁶ Gautam, M. (2014). '15 Nepalis take own life every day', In The Kathmandu Post. Retrieved on July 22, 2016 from <http://kathmandupost.ekantipur.com/news/2014-09-07/15-nepalis-take-own-life-every-day.html>

3.1.8 Perceptions of the Journalists and Policy Makers about the Media Intervention Model

Both journalists and policy makers appreciated the intervention design of this project to bridge the existing gap between policy makers and journalists in order to sensitise urban health agenda. Some of the perceptions by the journalists about media intervention model applied in this project from are presented in the quotes below:

“The workshop has been very fruitful as workshops on urban health issues are rarely organised. This gave us the platform to learn about the issues which weren't prioritised earlier. The workshop has also provided us various story ideas on urban health issues.” – Participant, Nepalgunj Workshop

“Generally, what we have seen with development organisations is that once an event such as a workshop is conducted or the intended objective of conducting such event is fulfilled, rarely further engagements take place with the participants. We have been benefitted quite a lot through HERD as their team members constantly provide us mentorship support in developing stories on urban health.” – Participant, Pokhara Workshop

Likewise, the policy makers also appreciated the effort of HERD in catalysing the need to sensitise the urban health agenda:

“Improving the quality of health services throughout the country is a must and it is not possible with the effort from government bodies. Public-private partnership is needed in handling the urban health issues through collaborative framework.” - Chief, PPICD, Ministry of Health

“Urban health particularly the health of urban poor in Nepal is a neglected issue. Most of the health indicators of urban poor are weaker compared to rural counterparts. A policy priority is a must to improve the situation. In this context, the issue needs to be discussed widely at national level. To orient the media personnel in this regard is a timely and appropriate step. It helps to make the issue of urban health as national agenda. I appreciate the contribution of HERD in this regard.” - Under Secretary, PPICD, Ministry of Health

“PHCRD strongly believes that with the increasing trend of urban population in Nepal, national policies and programmes need to cater the health needs of this specific group. Along with coordination within government bodies, a collaborative model engaging private sector, non-government organisations and media is the need of the hour. I am extremely delighted personally and on behalf of PHCRD that HERD is taking this initiative to support PHCRD in sensitising urban health issues through better media engagement.” – Director, PHCRD

4. Discussion

This kind of media intervention project on urban health was the first of its kind in Nepal and therefore, we did not have any reference points within Nepal engaging media professionals. We faced several challenges in implementing the project.

Our first major challenge was the difficulty in identifying journalists reporting on urbanisation/urban health matters. Only capital based media houses had journalists reporting specifically on health issues. For workshops in other locations, we just had to pick up journalists who were the best ones in the region as there weren't journalists outside the capital who would just report on urban health matters.

Once the journalists were identified, we coordinated with the MoH officials sensitising them about the need for such intervention. Initially, there was great reluctance from the Ministry of Health officials given that image that media agencies carried. The negative stereotype of the journalists that they 'blow stories out of proportion' and 'create a mountain out of a molehill' was not supportive for the policy makers to think that such an intervention would be fruitful. On the other hand, while we discussed initially with the owners of the media agencies, the media houses were also skeptical collaborating with the policy makers as they considered the government officials as 'lobbyists of their personal agenda' rather than matters of public importance.

Through series of meetings – separately and joint with the media agencies and policy makers, we were able to bring them together through our workshop series. During the workshops, a major issue that came up was the journalists struggling to develop research-based and investigative stories due to time, accessibility and capacity constraints. They were given very limited time to prepare stories and with lack of resources – availability of information and limited budget to go in depth of the issues. Henceforth, the stories lacked the quality – thus limiting reach and readership. Furthermore, the journalists also admitted of their 'capacity crunch' due to their limited knowledge and understanding and lack of exposure to standard media and journalism practices affecting the standard of the stories being published.

Another major concern raised during the workshops was the political-economy context in which the stories were written. Both the journalists and the policy makers admitted that there was more media prioritisation on 'hard areas' such as military and politics rather than 'soft areas' such as urbanisation and health. This contextual situation has led to reluctance of both the journalists and policy makers to regard urban health as an important agenda that requires immediate attention.

Mentorship programme for the journalists was also a fruitful exercise with practical engagement with them in terms of developing investigative stories. The journalists selected a topic relevant to their setting and then we supported them in providing evidence associated with the topic to make their arguments more comprehensive and evidence-based. The journalists developed a first draft and we suggested ways of improving the stories. A story was even drafted seven times before it was finally published. As a matter of fact, not all of the stories were equally welcomed by the publication houses. One of the editors published the whole story and highlighted it as a cover story for the fortnightly while in one case, an editor of an English daily reduced a really well covered and comprehensive story on malnutrition by seventy five percent, to great dismay for the journalist after all the hard work.

5. Conclusion

The Media Workshop Series on Urban Health provided a good opportunity to understand the realities of both the media and the health sectors. It has initiated a working relationship between the media and health sector to sensitise more debates and discussions by informing the public citizenry on urban health matters.

Engaging media professionals in this project was done with the vision to sensitise urban health agenda through better understanding and use of evidence. We have been successful to some extent as reflected through investigative reports produced by the mentored journalists who have won national awards for their good stories. Another instance is our research uptake outputs also being used to inform Nepal Health Sector Strategy 2015-2020 and Urban Health Policy 2015. Moreover, our close association with Ministry of Health, specifically PHCRD has helped the ministry to realise the importance of engaging media to sensitise other important health issues as well.

Baral et al (2015) recommend three key policy perspectives in order to ensure that all these policy development efforts are channelised in the right direction:

- 1) **Actors:** There is a need to shift gears from urban health agenda being personally-driven (encouraged only by section of individuals with keen interest in the issue) instead of being institutionally-driven. This allows efforts to be more sustainable with the government institution taking ownership of the urban health policies and programmes.
- 2) **Context:** It is equally important to localise the global concepts of urban health into national context to make it contextually appropriate in order to address the key issues/problems faced by the urban population, prioritising the urban poor and unreached groups, promoting the concepts of health equity and accessibility.
- 3) **Institutionalized Evidence Generation:** There needs to be clear evidence of health service delivery through institutionalised information collection, recording and reporting mechanisms that would promote evidence-informed decision making in order to design contextually appropriate policies, plans and programmes.

As a way forward, PHCRD can take initiative in terms of integrating this workshop and mentorship model into the regular annual work plan and budget so that new batch of journalists get oriented with issues on urban health so that this unique approach continues its momentum and gets integrated into regular activity of PHCRD and Ministry of Health. There is a need to break away from current practices of using workshops as a lynching pad for journalists where their technical capacities are enhanced but doesn't get translated into the organisation as there is no practice of 'knowledge institutionalisation'. Regularising the workshops will allow the urban health and other pertinent health issues to be regularly covered through media ensuring wider accessibility, understanding, consciousness, debates and discussions at the public level on one hand while promoting evidence informed decision making on the other hand.

6. Limitations

This project included only 115 journalists in a nation comprising of more than 10,000 registered journalists under the Federation of Nepali Journalists (FNJ). The workshops also covered only 7 urban locations. Therefore, this study cannot be considered to be nationally representative in terms of the number of journalists trained and the regions they belong to. However, it does provide a glimpse of the situation of media reporting on urban health in Nepal. Likewise, though we provided mentorship support to trained journalists to develop investigative stories on urban health, we did not have control over the publication of those stories, as that decision depended solely upon the editorial team of media

houses. Time availability factor for the journalist to engage throughout the day for the workshops and their technical capacity to grab the concepts and implement them in day to day reporting practice was also considered while designing the workshop content and schedule.

References

Baral, S., Uprety, S. and Lamichhane, B. (2016). The Urban Underbelly. HERD. Retrieved on July 22, 2016 from <http://www.herd.org.np/sites/default/files/resources/The%20Urban%20Underbelly.pdf>

Baral, S. and Uprety, S. (2015). From Agenda to Action: Urban Health Policy Development in Nepal. HERD. Retrieved on July 22, 2016 from <http://www.herd.org.np/content/agenda-action-urban-health-policy-development-nepal>

Coulby, H. (nd). Engagement and Advocacy for Better WASH Governance. WaterAid and Freshwater Action Network. Retrieved on July 22, 2016 from <http://www.wateraid.org/~media/Publications/Engagement-and-advocacy-for-better-WASH-governance.pdf>

Flint, C. and Chater, S. (2012). 'Capacity Building Programme for African Press Officers Working in Health and Science'. In Public Engagement with Science. Retrieved on July 22, 2016 from <http://www.comminit.com/public-engagement-science/content/capacity-building-programme-african-press-officers-working-health-and-science>

Jones, R. (2012). 'Kenyan Alliance of Health and Science Journalists'. In Public Engagement with Science. Retrieved on July 22, 2016 from <http://www.comminit.com/public-engagement-science/content/kenyan-alliance-health-and-science-journalists-kahsr>

Kiefer, L. (2012). 'Workshop on Maximising Health Research Communication in Zambia'. In Public Engagement with Science. Retrieved on July 22, 2016 from <http://www.comminit.com/public-engagement-science/content/workshop-maximising-health-research-communication-zambia>

Montgomery, M. R. (2009). Urban Poverty and Health in Developing Countries. Population Reference Bureau. Retrieved on July 22, 2016 from <http://www.igwg.org/pdf09/64.2urbanization.pdf>

Peter, O. and Ejojuo, J. (2013). 'A Media Guide on Reporting Tuberculosis Research and Related Issues in Uganda'. In Public Engagement with Science. Retrieved on July 22, 2016 from <http://www.comminit.com/public-engagement-science/content/media-guide-reporting-tuberculosis-research-and-related-issues-uganda>

Phan, H. (2012). 'Using Participatory Action Research to Engage Children with Disabilities and their Families in Developing Health Initiatives to Improve their Access to Health and Social Services' In Public Engagement with Science. Retrieved on July 22, 2016 from <http://www.comminit.com/public-engagement-science/content/using-participatory-action-research-engage-children-disabilities-and-their-families-deve>

Rockefeller Foundation (2006). 'Urban Health: Learning from the Systems that Work'. In Century of the City. Retrieved on July 22, 2016 from <https://www.rockefellerfoundation.org/app/uploads/Century-of-the-City-Chapter-4.pdf>

Neupane, A. (2015). 'Samudayik Sahari Swasthya Clinic: Cha Na Ta Cha Tara Kaha Cha?'. In Swasthya Khabar Patrika. Retrieved on July 22, 2016 from <http://swasthyakhabar.com/2015/07/31431.html>

Tuladhar, S., Shrestha, K. R., Regmi, N., Shrestha, A. and Ban, B. (nd). 'Current Status of Health Reporting in Nepali Press'. In Bodhi: An Interdisciplinary Journal. Retrieved on July 22, 2016 from [http://www.ku.edu.np/bodhi/vol6_no1/03.KhemRaj_et_al_%20TheCurrentStatusofHealthReporting\(2\).pdf](http://www.ku.edu.np/bodhi/vol6_no1/03.KhemRaj_et_al_%20TheCurrentStatusofHealthReporting(2).pdf)

Westwood, B. and Westwood, G. (1999). 'Assessment of newspaper reporting of public health and the medical model: A Methodological Case Study'. In Health Promotion International. Retrieved on July 22, 2016 from <http://heapro.oxfordjournals.org/content/14/1/53.full.pdf+html>

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Sudeep Uprety is development communications professional with experience of 6 years in the field of research uptake, knowledge management, communications, social media, networking and fundraising. He specialises in media research – with previous experience of presenting media research projects in conferences in Kenya, Bangladesh and Nepal. He has authored over 100 research uptake outputs which includes case studies, special reports, backgrounders, how-to guides and blogs. Sudeep has been leading Research Uptake and Communications unit at HERD for last 3 years and is a core team member of COMDIS-HSD, a DFID funded RPC based at University of Leeds, UK.