

Exploring the health, resilience, and community initiatives of informal settlers in Nepal using participatory methods



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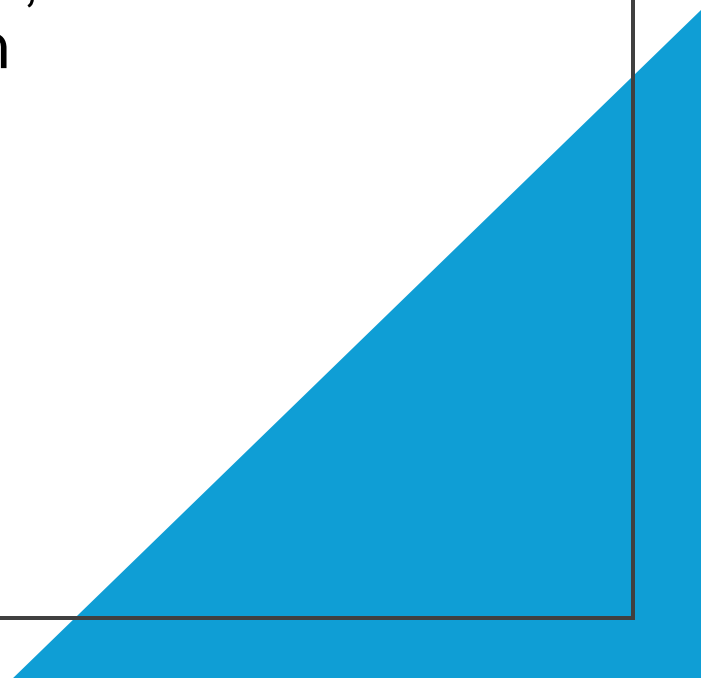
Background



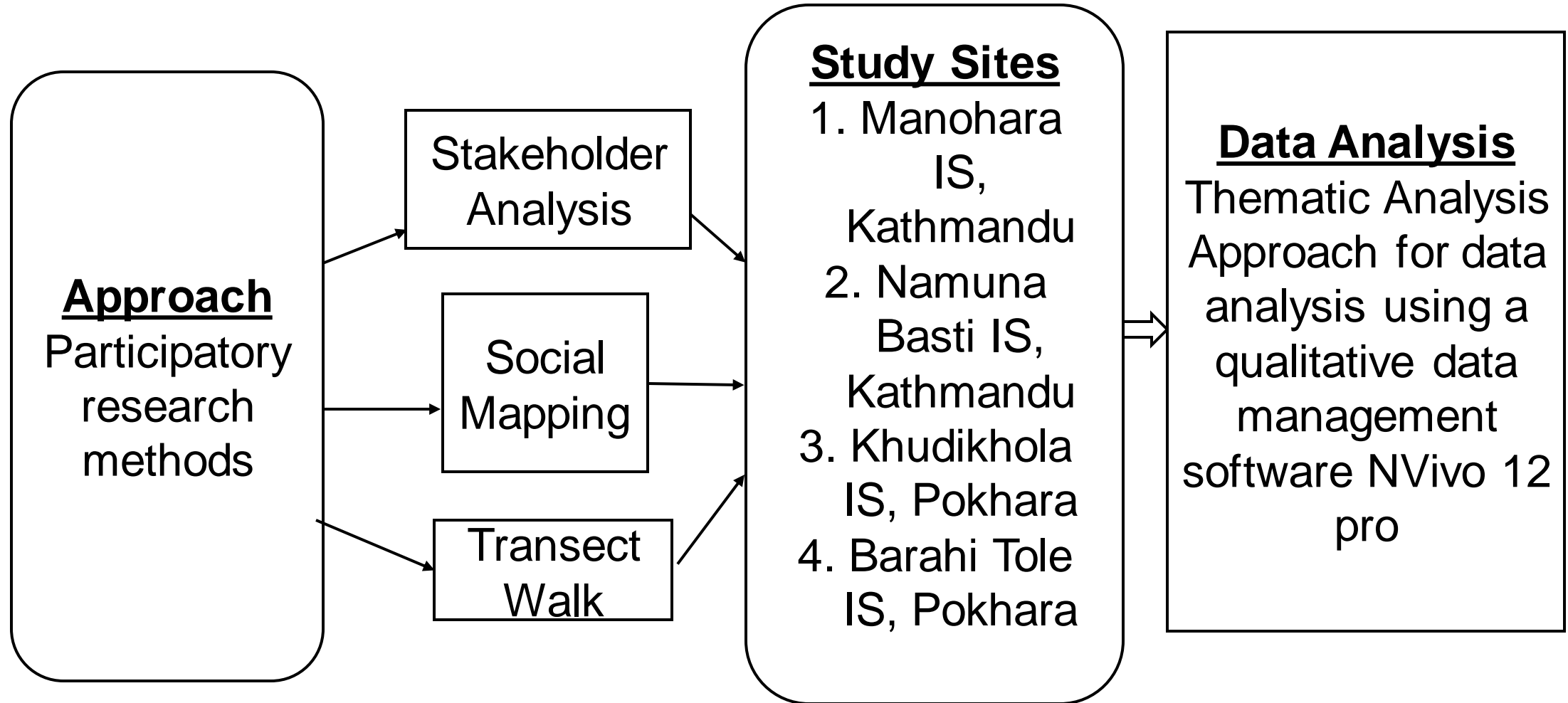
- South Asia has the highest rates of urban poverty in Asia and the Pacific, with informal settlement populations reported in high numbers in Bangladesh (71%), Nepal (59%), and India (32%) [1].
- Existing studies have revealed that significant proportions of people living in informal settlements in low and middle-income countries are more likely to experience poverty, health risks and social challenges with lack of services [2, 3, 4].
- We aim to understand how these people access services, their resilience towards the adversities and understanding about accountability.

Objective of the study

- To investigate the health status, resilience strategies, and community initiatives among informal settlers in Kathmandu and Pokhara Valley of Nepal utilizing participatory research methods.



Methodology



Some Photos



Results

- We found that there were difficulties to access health, education, and other essential services across all settlements. Primary health services and community health workers were absent in informal settlements increasing reliance on private medical facilities.

One of the participants mentioned:

“Yes, there is a health post in the ward office, but it is merely a health post, just for namesake. They do not provide adequate services, and if you visit there, you will understand what we are saying. Moreover, if they know that we are from this settlement, they act differently and do not respond properly. The private clinic, although we must pay for the service, is far better than that health post. They treat us properly and try to solve our problems.” **SA_NB_2_P4**

Results

- Disaster risk was perceived as common and expressed fears of eviction due to land conflicts and harsh governmental rules. However, community led initiatives were taken to find solutions for the issues.

Few participants mentioned:

“Consequently, we face flooding issues every year. Fortunately, there have been no casualties, but the damage to our properties is immeasurable. During heavy and continuous rainfall, none of us can sleep at night, living in constant fear of the rising water levels.” SA_NB_2_P1

“As the settlement is bigger, we need more budget for it, so we have been collectively visiting and advocating at the ward office to request for the budget so that we could do the river embankment. We are hopeful that a budget will be provided to us. ” SA_KD_3_P1

Results

- While some settlements noted improvements in government accountability and support, others faced bureaucratic hurdles and a lack of recognition of their rights and needs. However, amidst these challenges, communities showed resilience by addressing their own needs and maintaining intricate social networks and support systems.

Few of the participants mentioned:

“After the recent election of local level, the way local representatives view us and treat us has been changed. They used to involve us in political rallies and programs but never allocated any responsibilities but now we are receiving that platform. During the past, even the way the other communities would look, speak to us was very negative. But things have changed. Nowadays they refer this settlement as ‘new settlement’ rather than ‘informal settlement’.” SA_MN_1_P8

Results

“I believe the government lacks a sense of obligation towards us. If they genuinely prioritize our well-being, we wouldn't have to struggle to secure fundamental services like electricity for our settlement. Engaging with any government-related task feels like a battle.” **SA_BT_4_P1**

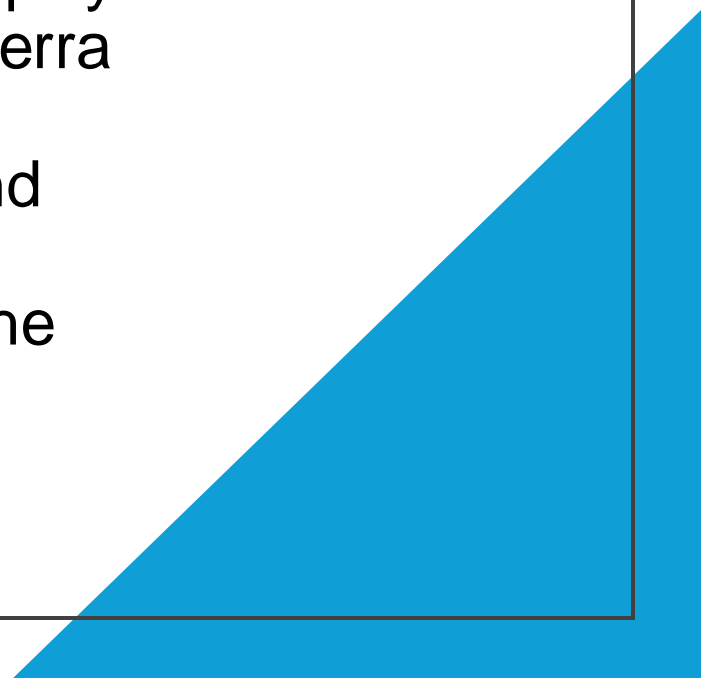
“The community development committee’s (CDCs) works for social and infrastructure development of our settlement. Availability of drinking water, public taps, electricity was possible with the continuous effort of CDC members. We, the community, worked together to construct the water supply system for our settlement from the natural water reservoir.” **SM_KD_3_P4**

Conclusion

- Despite common challenges such as limited access to health care, education, fear of disasters and concerns about eviction, informal settlers' resilience towards the adversities and their intricate social networks and support systems is invaluable for people living in these settlements, which needs to be strengthened.
- There is the need for collaborative efforts, improved governance, and meaningful engagement to address the multifaceted challenges faced by these vulnerable communities.

Acknowledgements

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References

- [1] Bank, A.D., Gender and Urban Poverty in South Asia: Proceedings Report of the 2012 Subregional Workshop. 2013: Asian Development Bank
- [2] Chauhan, S.K. and M. Dhar, Prevalence and Predictors of Mental Health Disorder Among the Adolescent Living in the Slums of Lucknow, India: A Cross-Sectional Study. Community Ment Health J, 2020. 56(3): p. 383-392
- [3] Khan, M.A.U., et al., Displacement and deplorable living conditions of slum dwellers: with special reference to Sylhet city. International Letters of Social and Humanistic Sciences, 2015. 46: p. 51-64
- [4] Coletto, D. and L. Bisschop, Waste pickers in the informal economy of the Global South: included or excluded? International Journal of Sociology and Social Policy, 2017.

Researcher Bio

Dr. Jiban Karki is a global health researcher with PhD in Public Health and degrees in Civil Engineering, Management and Development Studies. Currently he is working as a PDRA at the Liverpool School of Tropical Medicine, UK and as an Executive Director of PHASE Nepal. His area of interest are implementation research around Disability, Urban Health, Health and wellbeing at community level, Disaster Resilience and mental health. He wants to continue to work and improve his research skills in participatory implementation research, focusing on improving the delivery of community-based primary health care and other essential services in hard-to reach areas of the Global South, primarily to the vulnerable segments of the population.



Thank You