Participatory Approaches to Assess Living Conditions, access to health care services and Governance in Nepal's Informal Settlements

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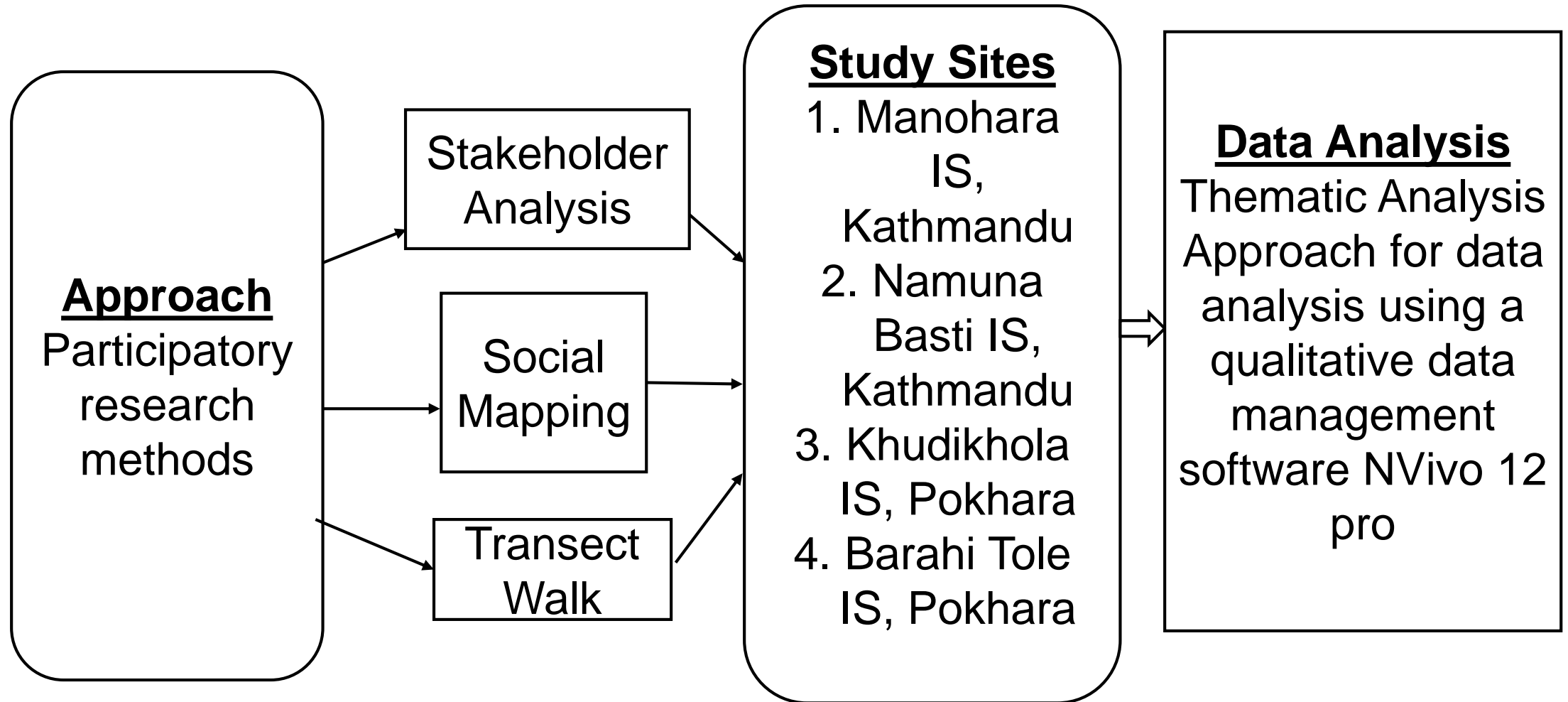[2] PHASE Nepal

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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 Living Conditions, Access To Health Care Services And Governance In Nepal's Informal Settlements Participatory Research Methods Using Participatory Methods

Methodology

Approach
Participatory research methods

Stakeholder Analysis

Social Mapping

Transect Walk

Study Sites
1. Manohara IS, Kathmandu
2. Namuna Basti IS, Kathmandu
3. Khudikhola IS, Pokhara
4. Barahi Tole IS, Pokhara

Data Analysis
Thematic Analysis Approach for data analysis using a qualitative data management software NVivo 12 pro

Results

1. Living Conditions
2. Access to Health Services
3. Governance and Accountability

Living Conditions

Inadequate and Unsafe Housing

- **Temporary Housing &** Makehshift Shelter

- **Disaster Prone** Vulnerable to floods, fires, and extreme weather, Earthquake

- **Overcrowding** **F**amilies sharing single-room spaces.

Lack of Basic Services

- **Water Supply** erratic/ often contaminated

- **Jar Water** or rely on unsafe sources

- **Sanitation-** Poorly maintained or absent

- **Makeshift** toilets/open defecation
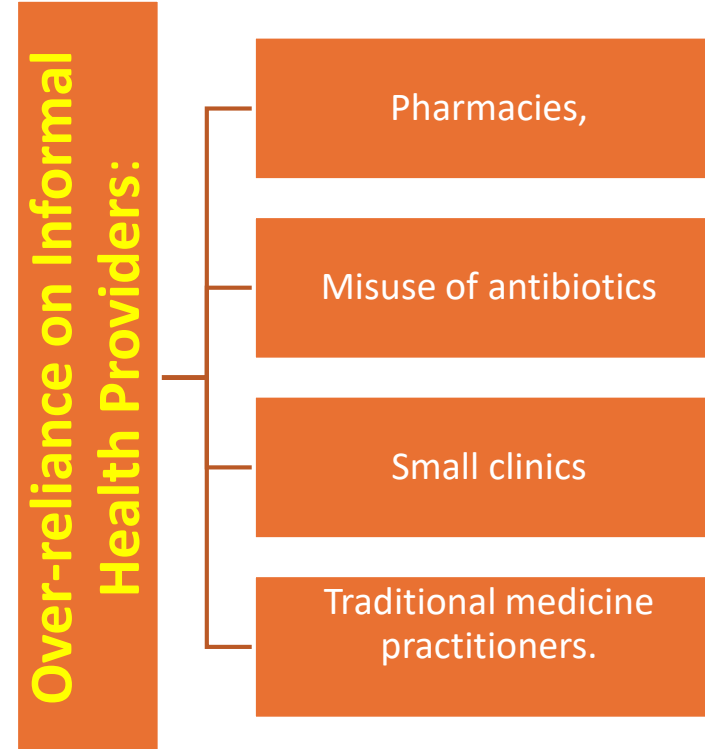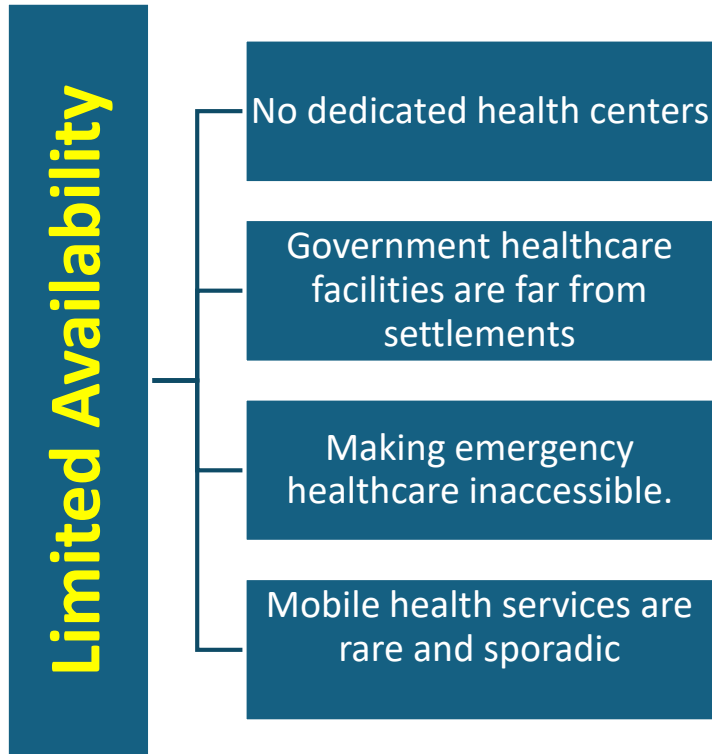
Environmental Risks

- **Frequent Monsoon Flooding**
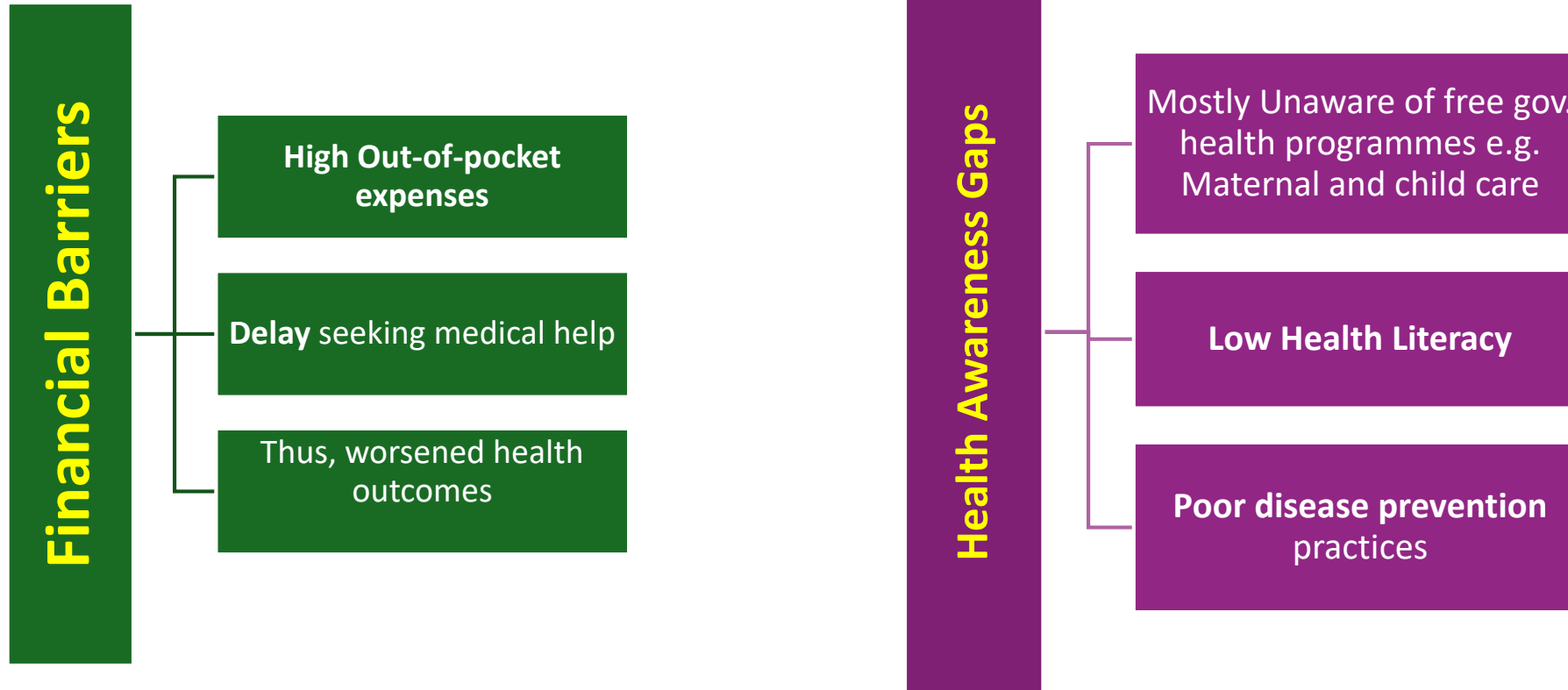
- **Property Damage/ Displacement**

- **Increase Disease Risk - Stagnant Water-** Dengue, Malaria outbreak risk

- Some areas – **Industrial zones-** air and water pollution

Access to Health Services-1

Limited Availability

- No dedicated health centers
- Government healthcare facilities are far from settlements
- Making emergency healthcare inaccessible.
- Mobile health services are rare and sporadic

Over-reliance on Informal Health Providers:

- Pharmacies,
- Misuse of antibiotics
- Small clinics
- Traditional medicine practitioners.

Access to Health Services-2

Financial Barriers

- **High Out-of-pocket expenses**
- **Delay** seeking medical help
- Thus, worsened health outcomes

Health Awareness Gaps

- Mostly Unaware of free gov. health programmes e.g. Maternal and child care
- **Low Health Literacy**
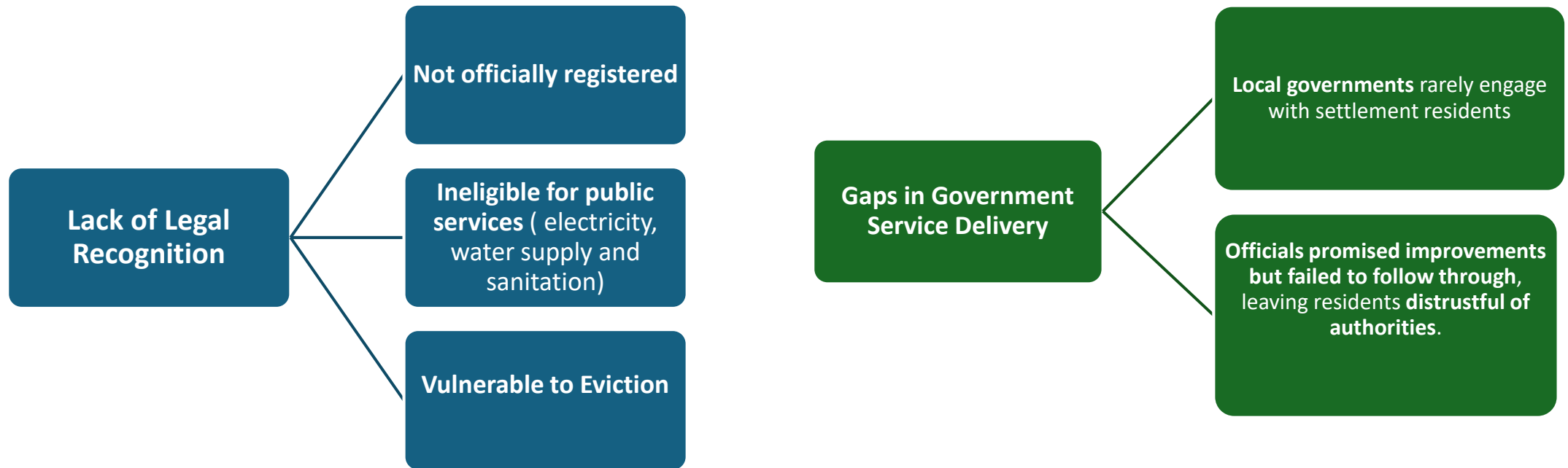- **Poor disease prevention** practices

Access to Health Services

"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 (KTM)

Governance and Accountability

Lack of Legal Recognition

- **Not officially registered**
- **Ineligible for public services** (electricity, water supply and sanitation)
- **Vulnerable to Eviction**

Gaps in Government Service Delivery

- **Local governments** rarely engage with settlement residents
- **Officials promised improvements but failed to follow through**, leaving residents **distrustful of authorities**.

Governance and Accountability-2

Unequal NGO Support

Some have strong **NGO** assistance, while others are left behind due to lack of visibility and advocacy.

Many projects are **short-term and unsustainable**, with **no long-term investment from government or donors**.

Low Community Participation in Decision-Making

Residents rarely **have a voice** in urban planning or policy discussions, leading to exclusion from development programs.

Community leaders attempt to advocate for change,

But

Lack the resources and political connections to influence policies.

Quotes- Accountability

"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 (Kathmandu)**

"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 continious effort of CDC members. They made an effort and advocated for the availability of basic services at the local level. We, the community, worked together to contruct the water supply system for our settlement from the natural water reservoir." **SM_KD_3_P4 (Pokhara)**

Conclusion

• **Participatory approaches** such as Transect Walks and Social Mapping provided a **detailed understanding of informal settlements** and **highlighted gaps in service delivery and governance**.

• Despite common challenges, 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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Researcher Bio

Bikash is a PhD fellow in Public Health at the University of Huddersfield. With over 12 years of experience in health and related work, he has led both implementation and research projects in areas such as maternal and child health, nutrition, disaster risk reduction, and health system strengthening. His work focuses on understanding the challenges faced by hard-to-reach communities in Nepal, and he has extensive experience using participatory methods in research. Bikash holds an Mphil with a specialization in advanced quantitative methods and has collaborated with over 20 international partners. His research interests include health, food security, and community development, with a keen interest in the role of technology in academic and development sectors.

Thank You