

**BRIEFING PAPER 5**

NICK

(Nutritional Improvement for children  
in urban Chile and Kenya)**The health of women and children:  
An exploration of the policy  
environment post-2010**Dr. Mary Amuyunzu-Nyamongo<sup>1</sup>**1. Background**

Influencing determinants of health and nutritional status of necessity requires favourable local, national, regional and global policy and implementation environments. This paper explores the policy context and implementation environments in Kenya since December 2010. The paper highlights the specific policies, strategies and action plans that have entered the public domain either as drafts, final versions or in various stages of execution. It then positions these policies within the global health/nutrition, equity and urbanisation contexts. The paper concludes that favourable policy environments increase the potential of successfully tackling the determinants of child health and nutrition.

This paper is organised into five further sections. Section two briefly contextualizes the status of the health of children and their caregivers in Kenya while section three explores transformation in the policy environments with specific reference to multi-sectoral action. The fourth section places these policy changes within the wider global context. Conclusions are drawn in the fifth and final section.

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**2. Status of children and their care-givers in Kenya**

The enormous size of urban populations and more significantly, the rapidity with which urban areas have been and are growing in many developing countries has severe social, economic and physical consequences. What is notable is the fact that the provision of basic and essential services has not kept pace with increasing demand (Hove, Ngwerume, & Muchemwa, 2013). Until recently, Kenya like many developing nations, did not officially recognise the existence of informal settlements, thus these settlements were not included in urban planning and development blue prints. Communities that live in informal settlements face a number of challenges including precarious or non-existent land tenure, lack of urban resource infrastructure and tenuous relationship with governments and law enforcement (Ompad, Galea, Caiaffa, & Vlahov, 2007). There is indeed a strong and well-established link between social and economic disadvantage and poor health outcomes. The baseline anthropometric survey carried out by the NICK project researchers established that children up to five years in two of the informal settlements of Mombasa, Kenya had higher stunting rates than the regional and national averages (The NICK Project, 2011). This scenario was similar in a study conducted in an informal settlement in Nairobi (Olack B et al., 2011).

Women are children's primary caregivers and their wellbeing is closely linked to that of their children. Therefore, we would expect that the deprivation experienced by women in informal settlements would also affect their children's health and nutrition. The Kenya Demographic and Health Survey (KDHS) 2008/9 (KNBS and Macro 2010) collected data on the characteristics specific to women's empowerment status, participation in decision-making and violence. In Kenya, only two out of every three currently married women are employed compared to 99% of married men. Even among women, younger women up to 24 years old were less likely to be employed compared to those above that age. The KDHS also indicates that three quarters (61%) of the women in some form of employment are paid only in cash for their work (p.229), implying that access to credit facilities and job security

may be key challenges. It also indicates that 26% of women are unpaid for their work compared to 14% of men. In general, women are more likely to be the main decision-makers for purchase of daily household needs and what to cook each day, while decisions about their healthcare, major household purchases and visits to their natal families are decided jointly (p.233) or by the men (it should be noted that the KDHS does not mention decision-making at levels outside the household).

Arguments for expanded women's roles in everyday human interactions and development have been put forth because of the effects of inclusion/exclusion on health (Amuyunzu-Nyamongo et al., 2007; APHRC, 2002; Barker, Ricardo, Nascimento, Olukoya, & Santos, 2010; Dunkle et al., 2004; Jewkes, Levin, & Penn-Kekana, 2003; Taffa & Chepngeno, 2005) and social conditions (de Snyder et al., 2011), autonomy, well being and poverty (Brunson, Shell-Duncan, & Steele, 2009; Chowa, Ansong, & Masa, 2010; Okin, 2003). The status of women in society and in informal settlements in particular, and the poor opportunities for effective inclusion in meaningful development and decision-making are perhaps some of the reasons why the maternal and child health and nutritional outcomes have deteriorated or remained unchanged in Kenya and in Africa in general since 2000 and progress towards MDGs 4 and 5 has been slow (GOK, 2012a; Kenya, 2010; Wangalwa et al., 2012). Indicators for infant, under-five and maternal mortality have been unacceptably high or have risen (GOK, 2012b), and as many as one in three children under the age of five years is stunted (KNBS & Macro, 2010).

### **3: Transformation in the policy environment post 2010<sup>2</sup>**

There has been rapid development of strategies, policies and action plans in Kenya in the last 3 years as they relate to

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<sup>2</sup>Kenya adopted a new constitution in August 2010, which articulates a bill of rights with specific social, economic and cultural rights for children, women, older people, minorities and marginalized communities. This is why post 2010 has been identified as the turning point in this policy review paper.

child health and nutrition. These include the National food and Nutrition security Policy (2011), the Kenya Health Policy 2012-2030, the National Nutrition Action Plan 2012-2017, draft Urban and Peri-urban Policy (2010) and Urban Nutrition Strategy (2012-2017). Key highlights of each of these documents are presented below with a view to examining their relationship to child health in the country and within the global context.

#### **(i) National food and Nutrition security Policy (2011)**

This policy (GOK, 2011) is not only geared towards attaining food self sufficiency, but it also aims at achieving good nutrition for optimum health of all Kenyans, increasing the quantity and quality of food available, accessible and affordable to Kenyans at all times and also protecting vulnerable populations using innovative and cost effective safety nets linked to long term development. The policy deals with issues related to food availability and access (domestic production, strategic food reserves, trade,) improving food accessibility to the urban and peri-urban poor, food safety, standards and quality control, nutritional improvement, school nutrition and nutrition awareness, food security and nutrition information/early warning and institutional and legal framework and financing. It also highlights some strategic approaches for policy implementation, monitoring and evaluation. The policy is one of the most comprehensive to have been done in Kenya in relation to food security. However, the challenge remains in translating this policy into tangible actions especially in relation to the urban poor, who tend not to be considered in development initiatives.

#### **(ii) The Kenya Health Policy 2012-2030**

The policy (GOK, 2012a) aims to ensure significant improvement in overall health status in Kenya in line with the Constitution of Kenya 2010, Vision 2030 and global commitments as well as the realization of fundamental human rights. It focuses on ensuring equity, people centeredness and participatory approach, efficiency, multi-sectoral approach and social accountability in delivery of healthcare services. It takes cognisance of global trends, initiatives and efforts including social determinants of health. Of

immediate interest for this paper is the sixth policy objective that aims to *strengthen collaboration with other sectors that have impact on health*; and which will be achieved by adopting a *“health in all policies”* approach, which ensures the health sector interacts with and influences design, implementation and monitoring of interventions in all sectors that have an impact on health (p. 17). The policy gives fairly clear guidelines on translating the stated goals and directions into action.

### **(iii) National Nutrition Action Plan 2012-2017**

This plan (GOK, 2012b) was developed to operationalize the food and nutrition policy 2012-2030, and has eleven key objectives including improving nutritional status of women of reproductive age and children below 5 years, enhance evidence-based decision-making through research and strengthening coordination and partnerships among key nutrition actors, and mobilize essential resources. The strategy adopted to improve the nutritional status of children under five years of age focuses on *“activities that will contribute to the exploitation of the ‘critical window of opportunity’ from pregnancy until two years of age as endorsed in the 2010 UN summit resolution on nutrition”* (p.11). The plan projects that if implemented on a wider scale and focused on the ‘window of opportunity’ it will result in a 25% reduction in infant mortality, a 20% reduction in maternal mortality and a 30% reduction in chronic malnutrition/stunting. In order to enhance evidence-based decision-making through research, the plan proposes to strengthen/establish research co-ordination mechanisms at national and county levels, mobilise resources to address critical gaps in nutrition research, conduct needs based research to inform policy, programme design and implementation and strengthen the capacity of relevant institutions to conduct nutrition research. Taken together with other objectives in this plan, and if implemented as envisioned, there is a high likelihood of improving child health and nutrition in the short and longer-term.

### **(iv) Draft Urban and Peri-Urban Policy (2010)**

This policy (GOK, 2010b) aims to contribute towards reduction of urban

poverty and hunger through urban agriculture. It focuses on the *‘urban poor, the urban unemployed and those unable to engage in other useful income generation activities’*. The policy argues that urban and peri-urban agriculture and livestock farming has a great potential in contributing to the economic development of Kenya, and therefore attempts to place such activities in the national development agenda (p.ii). This policy supports and promotes urban agriculture within the context that it will not degrade the quality of life of the citizens by impacting negatively on health (p.1) Some of the proposed strategies for intervention to improve and streamline urban agriculture include setting aside land for municipal waste management while building the capacity of farmers on refuse utilization; integration of urban agriculture as a component of urban planning; developing a framework for improving access and use by farmers to idle and unutilized land and intensify land use production per capita. The NICK project has already begun to showcase the possibilities of urban agriculture through refuse utilisation, and intensifying production per unit area (through use of balcony farming and cultivation of idle land by community groups). One of the strong points in the proposed draft urban agriculture is the recognition of women’s vulnerability to deprivation and their critical role in urban agriculture (70% of agricultural related activities are carried out by women). Consequently, there is a proposal to *‘develop and implement innovative programmes that enhance equity between men and women in urban agricultural production and marketing’* (p.20).

### **(v) Urban Nutrition Strategy (2012-2017)**

This strategy (GOK, 2012c) aims to unveil the hidden epidemic of urban hunger and guide response to the increasing food and nutrition insecurity found within urban localities (p.3)., and is intended to guide strategic interventions within the urban context, while recognizing that poor nutrition has wide ranging determinants. It aims to, among other objectives, improve community engagement and resilience to prevent and address the underlying causes of malnutrition and promote market-based solutions and their pro-poor positioning to secure good nutrition and healthy environments in urban populations

as well as recognise and safeguard rights of the urban poor through enhanced accountability and voice. The strategy clearly states that it provides a mechanism through which the government will facilitate in a coordinated manner, *and lead the implementation of strategic actions to improve and ensure the nutrition of urban populations*. Nine targets and actions of the strategy are outlined and include strengthening urban policy, meeting 50% of urban nutrition research needs through urban nutrition working groups and operationalising national, county and district structures to facilitate planning, coordination, advocacy and district structures.

#### **4. Policy changes within the wider global context**

The policies highlighted above clearly indicate that the country is moving in line with global health initiatives. A good example is the National Health Policy (2012-2030) that explicitly states that its formulation was informed by among other factors global health priorities, the social determinants approach and that it proposes to spearhead implementation of the *health in all policies approach* in the formulation of policies that have the potential of impacting upon community health. Other policies, strategies and approaches since 2010, have implied or explicitly stated the need for involving as many sectors as possible in implementation, thereby creating synergies. The WHO CSDH and its call have been highlighted in earlier papers in these series and therefore attention will be given to the WHO Regional Office for Africa (WHO-AFRO) as its focus relates to Kenyan policies. The recently concluded Global Health Promotion Conference in Finland (June 2013), presented an opportunity for the WHO-AFRO to present its position statement (2013), which focussed on protecting the health of the individuals and communities through ensuring health in all policies. The WHO-AFRO hopes to work towards the realization of health in all policies through:

- Strong stewardship and leadership roles of the ministries of health;
- Effective governance for health at all levels;
- Support mechanisms for social dialogue and community;

- Strong technical capacity for health in all policies; and
- Meaningful engagement by civil society, research and academic institutions and other partners in health.

The position of the WHO-AFRO together with the policies already in place in Kenya, and the recognition that there is a burgeoning population of the poor concentrated in urban settings provides an opportunity for effective interventions involving all sectors to improve child health and nutrition. An added impetus is the fact that interventions in urban populations are logistically easier to implement given the geographical concentration of the target population.

#### **5. Conclusions**

This paper has explored current health and nutrition related policies and implementation environments in Kenya post-2010. It has also contextualized the health and nutritional challenges faced by children and their caregivers and argued that the health of these populations is intimately linked, such that interventions that target both would potentially produce better returns on investment. It is clear that there are good policies, strategies and action plans in place in Kenya that would result in improved health outcomes for children and their caregivers, if they were implemented as envisaged.

The challenge therefore is in translating these policies and strategies into action through changing the mental map to begin thinking multi-sectorally, and implementing interventions in a manner that would lead to improved health and nutrition for all. The key question this paper raises is: *how can policies, strategies, and other planning instruments be translated into actions that can benefit the most vulnerable including children in urban poor environments?*

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