Healthy Urbanisation: Tackling child malnutrition through intervening to change the social determinants of health in informal settlements and slums - Conditional cash transfer - Family (living in same household)

Programme: Healthy Urbanisation: Tackling child malnutrition through intervening to change the social determinants of health in informal settlements and slums

Programme Data

Programme Description
The purpose of this project is to find out whether malnutrition in young children living in informal settlements and slums can be reduced through small-scale interventions operating to change the social determinants of health (SDH) through broadening participation. The SDH are a broad range of social and environmental factors operating at multiple levels of social organizations that can lead to inequities in the level and distribution of health and nutrition in a population.

This research will address the international poverty agenda through making a contribution to the first six of the eight Millennium Development Goals (MDG) for which adequate nutrition is a crucial input. It responds to the challenge posed by the recent revitalisation of the Primary Health Care approach and the report of the WHO Commission on the SDH, which call for studies to clarify the complexity and dynamics of the social processes involved in health development and their contribution to health equity and better health and nutrition. Studies in rural areas of sub-Saharan Africa have shown that interventions to broaden participation and stakeholder participation can change the social determinants and lead to reduced child malnutrition but there is a gap in the evidence base for urban slum areas. This gap needs to be addressed because rapid rates of change and growth in many cities in developing countries have led to ineffective responses to the impacts of urbanization on child nutrition and to concern over high levels of child malnutrition. This research will therefore be conducted in the city of Mombasa in Kenya where child undernutrition in the slum areas is a serious public health problem. It will also be conducted in the major city of Valparaiso in Chile which is of comparative interest because there are spiralling rates of child obesity in slum areas.

The study will use a cross-disciplinary approach drawing on the fields of health, food and nutrition, education, social development and governance to help 'join up' research, policy development and implementation across disciplinary boundaries.

Program type
Multi-national

Cost
£499,946

References
- http://www.esrc.ac.uk/my-esrc/grants/RES-***********/read
- http://www.ioe.ac.uk/Study_Departments/HSS_NICK__Series_2_Nyamongo.pdf

Implementing organisations
- Government
  - Health
- UN agencies
  - World Food Programme (WFP)
**Research / Academia**

- **Details:**
  - more
  - Institute of Education, University of London

**Funding sources**

- Bilateral and donor agencies and lenders
  - Department of International Development (DFID)
- Research / Academia

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### Action data

<table>
<thead>
<tr>
<th>Start date</th>
<th>January 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>End date</td>
<td>January 2013</td>
</tr>
<tr>
<td>Country(ies):</td>
<td>Chile, Kenya</td>
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<tr>
<td>Status:</td>
<td>On-going</td>
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<tr>
<td>Area:</td>
<td>Urban</td>
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<tr>
<td>Place:</td>
<td>Selected urban poor areas of Nairobi, Mombasa and Kisumu</td>
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<tr>
<td>Topic:</td>
<td>Conditional cash transfer</td>
</tr>
<tr>
<td>Target group:</td>
<td>Family (living in same household)</td>
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<tr>
<td>Delivery:</td>
<td>Community-based</td>
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<tr>
<td>Implementation details:</td>
<td>The study will be implemented in 3 phases.</td>
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</table>

1. Synthesising existing knowledge on the social determinants of child malnutrition in the two study sites, on the effectiveness of any structures (policies, initiatives and networks) that are already in place in influencing these determinants in these sites and on any constraints on the effectiveness of these structures in these sites. The base-line anthropometric data to determine child nutritional status will be collected and analysed. A multi-disciplinary, participatory, action research (PAR) group will be established in each study site with membership from local government, the commercial private sector, civil society and the community. The project advisory group will be established.

2. PAR through empowering the two groups with the knowledge, skills and attitudes needed to design and implement the small-scale interventions to reduce child malnutrition through operating to change the SDH. Each group will be facilitated through 3 six-month cycles of planning, action, reflection and re-planning by the in-country members of the core research team with support from the London-based researchers. The process will follow a systematic, participatory educational process adapted to the urban context. At the end of this period the follow-up anthropometric data will be collected and analysed. Qualitative data to illuminate and inform the process will be collected and analysed throughout the PAR. The interventions will be evaluated quantitatively using an experimental design.

3. Final writing-up. Findings and lessons learned will be disseminated throughout the study period and beyond to inform ongoing debates, influence agenda setting and policy development and encourage in-country scaling up of the approach used and uptake in other countries in Africa, South America and Asia.

**Target population size:** Poor households living in slums of Nairobi, Mombasa and Kisumu

**Coverage level (%):** Poor households living in slums of Nairobi

**Outcome indicator(s):** The impact of these actions will be assessed quantitatively through collection of weight-for-height, weight-for-age and height-for-age data collected in baseline and follow-up surveys and any change in nutritional status will be measured using a controlled experimental design. Qualitative data will also be collected to illuminate the process (actions, pathways and mechanisms - including those in existing structures) through which any change in nutritional status has been achieved.

**Baseline:** Weight-for-height, weight-for-age and height-for-age data collected in baseline surveys will be measured

**Post-intervention:** Weight-for-height, weight-for-age and height-for-age data collected at follow-up surveys and any change in nutritional status will be measured using a controlled experimental design.

**Outcome reported by social determinants:** Vulnerable groups

**Other lessons learnt:** Evidence is beginning to emerge of over-nutrition in slum areas. This is mainly due to the fact that not all slum residents are poor, uneducated and migrants from rural communities, even though they live in the same environments. Differences in income, migration status, education and ethnic background...
influence diet with those more able economically providing high sugar, high fat and high salt foods to their children.

**Typical problems**

**Solutions**

The cash transfer for poor households was put at Kshs 1,500 per month (within the urban food poverty line estimated at Kshs 1,490). Although it was considered an important learning process, government funding has not come through. The WFP and Oxfam/World are currently implementing the programme in limited informal settlements of Nairobi.

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**Links to policies in GINA**

- National Plan of Action for Nutrition
- National Food and Nutrition Security Policy

**eLENA Link**

Conditional cash transfer programmes and nutritional status