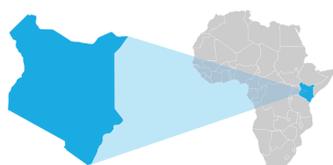




SLUMS OF NAIROBI WHAT SOCIO-ANTHROPOLOGY SAYS ABOUT UNDERNUTRITION?

LEARNING EVENT REPORT
Nairobi, Kenya, 27-28th February 2017



EDITORIAL

Kenya : a contextualized approach is key to fight undernutrition in slums

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As in many global cities, Nairobi slum dwellers suffer from basic deprivations which drastically affect living conditions and hamper economic and social empowerment.

Aside from social vulnerability, their living environment complicates access to basic needs and services and makes them proportionally much more expensive compared to upper classes, who benefit from formal urbanization plans and infrastructures.

In fact, slum dwellers can be considered as victims of a “double penalty of sorts” — their relative invisibility in the urban political landscape only further compounds their status as “second-class citizens.”

This situation has a severely negative impact on nutrition status; indeed,

the prevalence of undernutrition is particularly high in slums where stunting among children under three years can reach 60 %¹, almost twice the national average.

In an effort to elucidate the complex reality slum dwellers face, and its link with undernutrition, Concern Worldwide, with the support of the Link NCA Technical Unit from Action Against Hunger, implemented a large Link NCA participatory research investigation in Mukuru and Viwandani, two slums of Nairobi.

The purpose of this report is to share the lessons we learnt in the field and give voice to a panel of experts and to share successful initiatives presented during the Nairobi Learning Event we organized last February.

This event has been organised by :



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¹ Linda Beyer, Valerie Wambani, Koki Kyalo (2013). *Time to think urban...Kenya*. Field Exchange 46 : Special focus on urban food security & nutrition, September 2013. p49. www.enonline.net/fex/46/urbankenya



UNDERSTAND AND DEFINE THE NOTION OF SLUM, A FIRST STEP TOWARDS CHANGE

1/8 people in the world
1/4 world urban dwellers
1/3 urban dwellers in developing countries

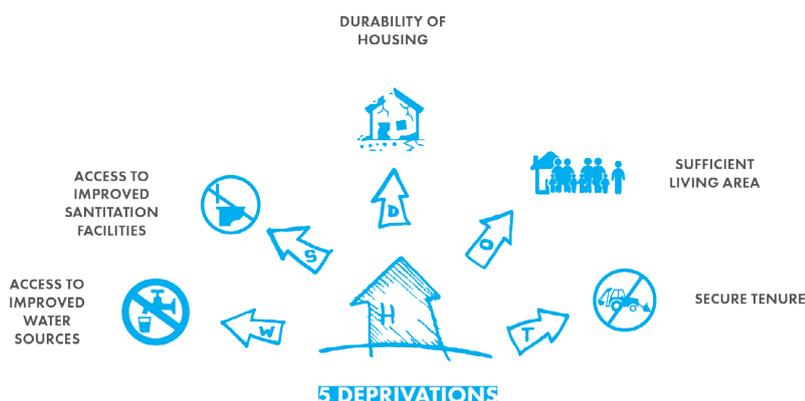
**LIVE IN
SLUMS**



Claudio Torres
Participatory Slum Upgrading Unit
UN Habitat



Although a huge part of the world's population lives in slums, this type of settlements have only been recently considered and defined in international agreements. Before 2002, only the term «adequate housing» could give an entry point to set up international agreements regarding slum dwellers living conditions. The definition of “slum household” means a household suffering at least from of the so-called “household privations”.



Contrary to the Millennium Development Goals, the Sustainable Development Goals agreed on targets and indicators counted at the national level to measure the achievement of basic human rights to adequate housing. The New Urban Agenda agreed in 2016 will guide the efforts around urbanization and improvement of slums for the next 20 years.

- 1948**
Universal Declaration of Human Rights
The right of housing is included in article 25
- 1966**
International Covenant on Economic, Social and Cultural Rights
Adequate housing is more than 4 walls and a roof and includes 7 important principles
- 2000**
Millennium Development Goals (MDGs)
Goal 7, urban development including slums but without definition and targets
- 2002**
UN Habitat's slum household definition
- 2012**
Sustainable Development Goals (SDGs)
Goal 11, making cities and human settlements inclusive, safe, resilient and sustainable
- 2016**
New Urban Agenda
Objectives for the next 20 years around urbanization including slums per country



PRELIMINARY FINDINGS

THE LINK NCA IN MUKURU AND VIWANDANI

8% of women only do exclusive breastfeeding

26% of the children were reported to have been ill two weeks prior to survey

14% eat less or equal to 3 food groups



Mercy Wahome
Link NCA research analyst
Medical Sociologist



Outcomes of this research show how slum dwellers struggle to make a living, often have little choice, and margin to improve their feeding and health practices. In fact, living in slums often means supporting unaffordable basic services, even for poor quality. There are of course many repercussions on children’s health and nutrition status, including very low rates of exclusive breastfeeding, limited access to diversified diets, and precarious care arrangements.

In Mukuru and Viwandani, the greater part of the adult population was born in other parts of the country and **migrated from rural areas for economic reasons**. Most people only moved after the age of 18.

The inhabitant’s main financial sources of income are **casual informal labor** in the nearby industries and **small-scale businesses**. 72 % of the population did not have the chance to benefit from a secondary education level, hindering their access to higher wage employment and limiting coping strategies.

In slums, **every basic service is chargeable** starting from water up to getting to the toilets. To access water, some dwellers develop informal connections to public or private pipes running along the roadside, but often localized closed to open drainages and sewage. **Drinking water**, (which doesn’t mean here “drinkable” but “consumed”) can therefore be highly contaminated leading to the dramatic impacts on health that we know, in particular for infants and children.



Sanitation facilities are also drastically lacking due to habitat configuration. In fact, house-renting level (indeed habitations are rented to dwellers by speculators and not built erratically by dwellers themselves as many would think) are determined regarding their distance to the toilets. So once again, the poorest one is the most likely condemned to open defecation, considering on top that toilet access is not free. Families must save a daily budget for toilets and often prioritize adults' access, partially based on the belief that children feces are lower contaminating the environment.

Despite an easy access to a **diversified food market** with good stock, slums inhabitants are not always able to buy and cook proper meals. Low income, absence of storage and pests' presence are a barrier to a healthy and balanced diet. Meals must be eaten right after being cooked and it is not possible for most of dwellers to buy food every day. Food prepared in the slums streets are sometimes preferred, with uncertainty on quality and hygiene. In fact, concretely, households can spend up to 75% of their income on staple foods. Despite their knowledge of the importance of exclusive **breastfeeding for infants**, women are pushed to have recourse to other practices. Compared to rural areas it is more challenging, not to say forbidden, to bring their babies at work and as they

are economically dependent of their daily workload, most infants are therefore **mainly breastfed at night only** and less than 1 on 10 is exclusively breastfed. Besides, in day care centers, expressed milk is not allowed due to cultural believes, limited knowledge of staffs and absence of proper storage conditions.

As it is the case for the slums private clinics, **local kindergardens** are managed as small private companies. However, the quality of care is poor. Staff are lacking of knowledge and haven't built their capacities, and the conditions in which children are cared are very precarious (overcrowding, poor ventilation and sanitation). They nevertheless remain one of the **only option for working parents**, especially when single.

At household level, high uncertainty for monthly incomes and bad housing conditions (in particular overcrowding) creates an enabling environment for **domestic violence**. Indeed, violence was reported higher when salaries are supposed to be paid and that economic priorities have to be settled amongst couples.

Besides affecting parents and children well-being, these drastic economic constraints can also affect their nutritional status. Indeed, priorities have to be settled regarding household charges and nutrition security is not necessarily coming first.





METHODOLOGICAL FOCUS

WHAT CHALLENGES DID WE FACE ?

Mercy Wahome

Link NCA research analyst
Medical Sociologist



How did you do the survey sampling?

There is no easy solution to sample in the slums due to higher land homogeneity and population density. One can use either GoogleMaps blocks with specific names, or census or catchment areas. On our side, we chose to use google maps and a simple random sampling.

What surprised you regarding cultural aspects of this study?

In the rural areas of Kenya, villages or households are often divided between tribes. In slums, in particular in Nairobi, tribes are mixed both geographically and sometimes inside households. A couple may be composed of individuals from different tribes, adopting a mixture of cultural behaviors. It is therefore impossible to classify households according to their cultural affiliation. Slums create the emergence of a new “mix Kenyan tribe”.

What would be your advice to a socio-anthropologist working in the slums?

Observation is very handy. Any researcher should always keep wide eyes, sharp ears and pick anything new that appears. He/she must always keep a very inquisitive mind, being highly tolerant to ambiguity. However, be cautious: you must get confirmation for a special behavior to be sure it is a common practice and not extrapolate from an individual case.

Regarding Focus Group Discussions (FGD), what would be your advice?

In rural areas, a Link NCA researcher can implement up to 50 FGD. This is impossible in urban areas due to higher time constraints and pressure for retention of the participants. The interviews of children and adolescents in FGD resulted efficient. They can answer better by themselves on their feeding practices. We also did FDG with positive and negative deviants from the same community. It is a phenomena of interest and it gives qualitative explanations.

Which challenges did you met?

In the slums where the population struggles to make a living, most individuals have a busy time schedule. For security reasons, a researcher coming from outside is not allowed to stay late although it would have given us more qualitative understandings if we could have stayed at night. Besides, it can sometimes be complicated to deal with empathy for the research team in the slums. For example, family conflicts are common, creating suffering of children.



ETHICAL PRINCIPLES 'INVOLVE THE WHOLE RESEARCH TEAM ON ETHICAL ISSUES'



Dr. Lilian Otieno Omutoko

University of Nairobi
Kenyatta National Hospital/University of
Nairobi Ethics and Research Committee



Doing a research study in slums means working with vulnerable populations, therefore with **individuals who may not be in a position to make informed decisions**. Those vulnerabilities may be either intrinsic to the population (ethnicity, gender, income, educational attainment, health status, housing, legal status...) or related to the research project.

The project manager has to involve the whole research team on ethical issues: it must be applied at every tiny step of the process.

In order to follow ethical principles, the **community must be informed on risks and benefits** related to their participation to the study, using understandable vocabulary and adapted languages. Each individual should sign a consent form for his/her involvement.

It is a key issue to involve and create awareness among the community leaders. The committee advisory board of the study should include influential people from the community (policemen, teachers, representatives, extension officers...)

Timing and place of surveys should also be chosen with attention in order to prevent any additional burden to the interviewees nor to generate stigmas amongst their community.

TIPS AND TRICKS : HOW TO CREATE BENEFITS TO THE COMMUNITY?

- A fair and equitable treatment must be provided to communities during their participation to a study (snacks and beverages, accessible restrooms...) and their potential loss of earning has to be anticipated and compensated when relevant.
- An exit strategy can be prepared during the finalization of the study in order to ensure continuity through action carried out by the communities. In this sense it is possible for the research team to support the community to engage in improving its own situation.



GOOD PRACTICES

PARTICIPATORY MAPPING: A SOLUTION TO IMPROVE SLUM DWELLERS' LIVELIHOOD



Primož Kovacic
Executive Director
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Advice from a specialized GIS (Geographic Information System) social company implementing research for the UN in the slums of Nairobi, Spatial Collective

The project team select young individuals from the community and train them **to collect geocalized data using mobile devices**. With efficient GIS software and high number of local data collectors, very detailed maps are achieved in a couple of days.

Using inputs from strategic communication, outcomes of the study are put in maps designed as dynamic communication tools. Those **participatory maps** are used during meetings between the community and with official representatives to support prospective analysis, discussions, and consensus findings.

Participatory mapping enables **data creation for and from the community**. It helps to improve community self-confidence, showing their existence on maps. It is also relevant to collect real data and design adapted interventions, in a **bottom-up approach**.

According to the topic of the research, the company can look for field experts (security, land tenure, water and sanitation, etc...) and recruit them for the study to give their advice on data analysis.

Solution can be obvious and simple, the most important: it has to be found after an agreement or consensus from the community. Indeed, the **community's prioritization of interventions** can be far different from the development agencies.



Fire in Kibera.
Incidents appear to be less reported and recorded in slums, which hampers the establishment of an adapted response

© Spatial Collective



SUCCESSFUL PROJECT

URBAN FARMING : A SOLUTION TO COMPLEMENT FOOD INTAKE AND DIVERSITY

Musa Juma

Urban Farming Coordinator
Ruben Centre, Mukuru Kwa Ruben
www.rubencentre.org



The urban farming project, initiated by the french NGO Solidarités International, has been implemented in 4 major slums of Nairobi : Kibera, Mathare, Kiambiu and Mukuru. It shows that **food production is possible in the urban environment**, even in the narrow corridors of the slums.

Kale and Sukuma Wiki are cultivated in sacks filled with soil and watered regularly. Sacks can give high weekly yields that **feed a whole family with vegetables**. For most households, the benefits come mostly from savings, although some households decide to invest in extra sacks as an **income generating activity**, using this saved money for other essential needs (such as school fees, medical bills, etc.). Sack gardening has increased household food intake and **diet diversification**. It has been attractive to the extremely vulnerable and persons living with HIV/AIDS for its nutritive benefits.

Urban Agriculture holds great potential to enable slum dwellers access food from their own production thus **providing resilience to food market increases**.

There are also latent benefits: it has come as a positive way of occupying unemployed youth. It also has been an opportunity for strengthening the community social fabric. Indeed, farmers come together to protect open public lands for gardening. It creates a **positive environmental impact** with the conversion of dumping sites into group sack garden sites.

In Ruben Project Centre, localised in Mukuru, some experimentations on urban farming and integrated systems are implemented with Jomo Kenyatta University.

Capillary wick irrigation and vertical vegetable growing are tested to increase yields on small urban plots. On an area

closed to 50m², a large variety of vegetables and fruits are grown, plus poultry, rabbits, different types of fishes. The nutrients and water are recycled from a type of production to another. The objective is to create the maximum yields using minimum uses of resources.

