World Health Organization
REGIONAL OFFICE FOR Africa

INTERSECTORAL CASE STUDY

INTERSECTORAL COLLABORATION ON CHILD NUTRITION IN INFORMAL SETTLEMENTS IN MOMBASA: A KENYAN CASE STUDY

WHO/AFRO Library Cataloguing – in – Publication

Intersectoral collaboration on child nutrition in informal settlements in Mombasa: a Kenyan case study

1. Child nutrition sciences – organization and administration
2. Malnutrition – prevention and control
3. Socioeconomic factors
4. Social determinants of health
5. Public-private sector partnerships

I. World Health Organization. Regional Office for Africa

ISBN: 978-929023269-8
(NLM Classification: WS 130)

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SUMMARY

Disparities in opportunities between rural and urban areas, as well as other historical factors, have led to the rapid growth of informal settlements and slum communities in urban areas in which residents experience social and economic disadvantages. There is a strong and well-established link between social and economic disadvantage and child malnutrition, the consequences of which can be long-term and irreversible, reducing educational achievement and negatively impacting human capital development. Children from resource poor settings are especially at risk of malnutrition and other forms of deprivation, and interventions that tackle single determinants of poor child health have little chance of long-term impact. In view of the foregoing, the Nutritional Improvement for Children in Urban Chile and Kenya (NICK) is being implemented in one of Mombasa's informal settlements through supporting intersectoral action research to tackle the social determinants of child malnutrition. Mombasa was chosen as it had been relatively unresearched and little was known about the dynamics of child undernutrition. The NICK project was informed by findings of the World Health Organization (WHO) commission on social determinants, as well as other considerations that included policy, supportive environments, local capacity and the need to review how different stakeholders view health conditions.

NICK supported the formation of a municipal level intersectoral Urban Nutrition Working Group (UNWG) to implement action plans developed on the basis of evidence and existing theories. Three community-based groups were supported to implement activities aimed at tackling the determinants of child undernutrition. Quantitative pre-and-post intervention results will be ready by end of 2013. However, qualitative results indicate that it is possible to bring together members from different professions, ministries and community groups to work together to not only think about the causes behind the causes of health and disease, but to design, implement and monitor seemingly unrelated interventions aimed at tackling a specific concern. The success of working groups is however dependent upon the availability of conducive policy and supportive environments, space for individual and group growth and achievements and community ownership - all situated at the appropriate level in national and local governance systems such as counties and municipalities.

1. Background and rationale

There has been a rapid increase in urban population in developing countries as a result of many factors including overall population pressure, but mainly due to centralized development priorities that have, that have made cities the centres of politico-socio-economic activity. The resultant disparities in opportunities between rural and urban areas, as well as other historical factors have led to the rapid growth of informal settlements and slum communities in which residents experience social and economic disadvantages. Until recently, Kenya did not officially recognize the existence of informal settlements, thus these settlements were not included in urban planning and development.

There is a strong and well-established link between social and economic disadvantage and high rates of child undernutrition. Child undernutrition is recognized as a serious public health problem in many developing countries and a major cause of child morbidity and mortality. Recent findings by Save the Children (2012) indicate that as many as one in four children worldwide are stunted (too short for their age). The problem is especially serious in Kenya where the 2008/9 Kenya Demographic and Health Survey (KDHS) data show that more than one in three (35 percent) of children under five years were stunted (low height for age) with 14 percent being severely stunted, while seven percent were wasted (low weight for height) with two percent being severely wasted (KNBS and Macro 2010). These figures raise a serious concern because the consequences of child malnutrition, especially during the first two years of life, are both long-term and irreversible, reducing educational achievement and negatively impacting human capital development (Grantham-McGregor, Cheung et al. 2007; Victora, Adair et al. 2008; Fernando C. Barros, Cesar G. Victora et al. 2010).

There are many social determinants of poor child health and malnutrition (Grantham-McGregor, Cheung et al. 2007). These include a broad range of social, economic and environmental factors operating at multiple levels of social organizations. They include education, income, working conditions, housing, neighbourhood and community conditions, and social inclusion (WHO 2008). Interventions to tackle these determinants must of necessity involve multiple sectors, including but not limited to health, gender, water, food security and education at local levels. In 2011 the WHO member states signed the Rio Declaration, which endorsed the social determinants approach to health and health equity (WHO

2011). The Nutritional Improvement for Children in urban Chile and Kenya (NICK) Project has adopted this approach, and elements from the Knowledge Network on Urban Settings of the WHO Commission on Social Determinants of Health - KNUS (WHO 2008), in seeking to help the city of Mombasa in Kenya to change the social determinants of health, by supporting action research to broaden participation and strengthening accountability for child nutrition.

The NICK Project, funded by a grant from the Economic and Social Research Council (ESRC) and the British Government Department for International Development (DfID), aims to improve child malnutrition in Mombasa's informal settlements through changing the social determinants by establishing intersectoral action research groups[1] at municipal level, facilitating three cycles of action and reflection, and evaluating the impact on child malnutrition using an experimental design. The project is guided by the question: *Can child malnutrition amongst families living in poverty in informal settlements and slum communities in Mombasa be reduced through broadening community and stakeholder participation to change the social determinants of nutritional status?*

1.1 Why Mombasa?

Poor urban children are especially at risk of undernutrition (Sverdlik 2011), and there have been relatively fewer studies conducted in and about the slum communities of Mombasa compared to Nairobi - Kenya's capital city. Consequently, little is known about the dynamics related to inequalities, poverty and various forms of violence within and between the slum communities in Mombasa. The need for situating the project in Mombasa was further confirmed by recent baseline anthropometric data from the NICK Project (2011), which indicated that levels of severe stunting among children 24-59 months in the two informal settlements were higher than the national average (22.4% for boys; 13% for girls compared to the national average of 16% for boys and 12.3% for girls).

Within Mombasa, the work is being implemented in the Chaani location, which covers an area of only 4.22km^2 with a population density of 13,793.28 and a total population of 58,238 living within 19,492 households (GOK 2013).

2. The approach

In 2010 the Division of Nutrition in the Kenyan Ministry of Public Health and Sanitation (MOPHS) and the development partners formed a National Nutrition Technical Forum (NNTF) to coordinate all nutrition activities in Kenya. One of its activities has been to promote the establishment of urban nutrition working groups in major cities and the first of these groups was formed in Nairobi in 2010. The groups typically deal with nutrition and food security issues at provincial level. In April 2011, two groups were formed in the Coastal region of Kenya - Provincial and Municipal level groups - with support from the NICK project, through working with a wide range of stakeholders from the national to municipal level. The Municipal level group (formally referred to as the Urban Nutrition Working Group - UNWG) is also the NICK action research group, and has membership drawn from the Ministries of Health (4); Municipality of Mombasa (3); Gender, Children and Social Development (1); Education (1); Office of the President (1); Agriculture (1); Water (2); and Local Development (1). It also has membership of civil society (2) and semi-autonomous government agencies (SAGAs (1).

The NICK researchers have facilitated this UNWG through three six-monthly cycles of reflection, planning and action to stimulate new ways of thinking about child malnutrition and develop action plans for collaborative working. The group has used the data generated by the NICK researchers through the literature reviews on the social determinants of poor child health and nutrition, situational analyses and

[1] In Kenya, the establishment of this action research group coincided with a directive by the Government of Kenya for such groups to be formed in all major cities and be referred to as Urban Nutrition Working Groups.

baseline survey to inform its intersectoral action planning. Resulting from the above, three community based groups (one of which comprises of young and mostly single mothers) have been identified and empowered in order to contribute towards reduced inequalities and vulnerabilities through *building communities financial capacity to improve status of child nutrition, strengthening food availability at the household level, and improving living conditions and child nutritional status*. In addition, the UNWG is supporting the three groups in using existing mechanisms to address individual, household and group dynamics that negatively impact on child nutrition.

3. Key actions

3.1 Building the capacities of the three community groups

The three groups identified have been taken through a series of orientations and training aimed at tackling the determinants of poor child health and nutrition. It was essential to get community buy-in and therefore a series of public meetings were held, where the project objectives were outlined and explained. During these consultations, 17 groups were identified for support, however, due to resource limitations only three groups could be supported through NICK. Reasons for working with only three groups were explained to the communities on account of limited budget, the need for evidence that tackling determinants of poor health in slum communities had any potential, and that these three groups were selected on the basis of regular group meetings, record keeping, focus and a direct link of their activities to child health. Two of the three groups comprised community health workers that were already engaged in community activities, while the third was composed of young - and mostly single mothers. These community groups were then trained in activities aimed at reducing vulnerabilities and inequalities, some of which had a direct link with poor child health and nutrition outcomes.

3.2 Training in and implementation of balcony farming:

Poverty, being one of the key drivers of poor health, is common in slum communities therefore accessing food itself, let alone fresh food, is a challenge for most of the residents. Lack of proper and adequate nutrition is one of the determinants of poor child health. Slum communities are typically densely populated hence they have no space for conventional agriculture. In order to ensure that some type of fresh food is available at least to members of the community, a decision was reached to build the capacity of these groups and by extension the community, in producing vegetables safely using the available spaces. The selected groups were trained in all aspects of balcony farming, and provided with seeds as a start-up to improving food security. These groups were then asked to encourage the community to develop their own balcony farms. Additionally, a demonstration plot was developed at a local health facility, where other community members would then be able to see the balcony farms. The young mothers group managed this demonstration plot with support from an agricultural officer, who is a member of UNWG. Proceeds from selling surplus vegetables have been saved into the young mothers' group bank account.

Plates I & II: Vegetables in various stages of growth at the demonstration plot - Chaani Health Centre, Mombasa.

3.3 Training in the production and use of energy saving devices

One contributor to poor child and family health is in use of smoky cooking devices, in poorly ventilated and closed spaces. Smoky cooking devices are typically more expensive to maintain compared to the energy-saving devices. In a bid to ensure that children live in a cleaner environment, while at the same time giving the community groups an opportunity for income generation, training was conducted in the production and use of energy saving cooking devices. Each of these groups was then provided with 15 pieces of cooking devices, that they would sell, generate income and use the investment and profit to continue selling affordable cooking devices to the community, while at the same time advising on their usage. The groups as well as individuals have taken this up and the use of these devices is increasing in the study population.

Plates III & IV - Examples of energy-saving devices

3.4 Other training on income generation

The UNWG organized trainings for the three community group members August, 2012 where the groups were trained in separation of plastic waste for sale and separation of waste at source, to ensure that different types of waste could be further processed soon after leaving the household. They were also trained on the preparation of the waste into manure for use in their farms and for sale. This training is among the most well received so far, perhaps because its benefits are immediate. The three groups were also trained in bead making, using locally available recyclable materials (such as magazines) as an additional strategy for waste management and income generation.

3.5 Psychosocial support training

A three-day training was organized where the young mothers were provided with psychosocial support training. The UNWG realized that the young mothers had serious personal and group issues that required intervention for them to be able to effectively interact with one another within the group, as well as develop their skills in self and group management. They were linked to health facilities that could provide more specialized support depending on need. The young mothers now aggressively seek support from UNWG members whenever they feel there are issues that require immediate external intervention. In informal discussions with the group members, the research team has learnt that the young mothers feel that this intervention has made them better people.

3.6 Training on domestic violence prevention and mitigation

Domestic violence against women is highly prevalent in Kenya. The national Demographic and Health Survey (DHS) data of 2008/9 indicates that one third (31.8%) of women aged between 15-49 years in Coast Province had experienced violence in the 12 months preceding the survey (KNBS & Macro, 2010). Women living in poor households, especially those living in slum communities are more likely to have experienced violence at the hands of spouses or partners (Montgomery, 2009; Oxfam GB, 2009) Studies carried out by non-governmental organizations (NGOs) in Kenya indicate that over half of all reported cases of intimate partner violence occurs in urban informal settlements, which are

characterized by high levels of unemployment, poverty and physical insecurity (Crichton, Musembi, & Ngugi, 2008). Studies have shown a direct link between violence and the mothers' emotional, psychological and social well-being and that these lead to poor child health and nutritional outcomes (Jejeebhoy 1998; Ammaniti, Ambruzzi et al. 2004; Koenig, Stephenson et al. 2006; Montgomery 2009; Agarwal, Srivastava et al. 2010; Abramsky, Watts et al. 2011).

Interventions aimed at reducing urban violence have often focused on policies, retributive justice, and force – yet "urban communities themselves are an integral part of understanding the causes and impacts of urban violence and for generating sustainable violence prevention initiatives" (World Bank 2010). It is for the above reasons that the three community groups were oriented on domestic violence, its impact on child health and nutrition, as well as the possible strategies for prevention and mitigation. It was also felt that this training would be particularly useful for the groups since a large proportion of their members are community health workers and are in the best position to tackle domestic violence - one of the social determinants of poor child health and nutrition.

4. Documenting change through monitoring activities

Monitoring of the project activities is done at two levels: the community and the UNWG. At the community level monitoring is done by the membership of the UNWG, who have each been tasked with the responsibility for a specific action point in the developed action plans. For example, food security is the responsibility of the agricultural officer; domestic violence is monitored by the member from the ministry of Gender, Children and Social Development; nutrition by nutrition officers of the MOPHS; the community overall security by the area chief; water and sanitation by the water representative; and so forth. At the UNWG level, monitoring is the responsibility of the group as well as the NICK researchers. The UNWG has been holding monthly progress meetings to review the implementation process, as well as plan for any remedial intervention between the six monthly cycles of review, reflection and action.

As earlier stated, the UNWG holds formal six monthly cycles of meetings to: (i) review progress and critically reflect on challenges it encounters; (ii) agree on new ways of working together and identify new opportunities for improving the subsequent cycle of action and reflection; and (iii) re-plan and refine the action plan for the next six months (March – September 2012). It is during these cycles of meetings that the UNWG reflects on individual and group growth, on changes in mindset amongst the membership and their line managers about determinants of the conditions they regularly encounter, and on the benefits/otherwise of intersectoral collaboration to tackle these determinants. Workshop reports are then generated and shared among the participating organizations.

5. Key achievements

The NICK project closes in September 2013, after which the UNWG and research team will conduct an evaluation to determine whether there have been any changes in child nutritional outcomes in the intervention area. In the interim period however, the following changes have been observed.

5.1 Contribution to informing policy

Two UNWG group members participated in the formulation and completion of the draft National Nutrition Action Plan/Policy in September 2012. In the drafting of the policy, evidence from the NICK was included in the justification for the need for: such a policy; and formation of county level working groups. Additionally, the UNWG will be transformed into a Mombasa Urban Nutrition Group, since its activities will formally be handed over to the government/ministry of health in September 2013, thus increasing the potential for sustainability and making Mombasa the first County to have a formal government-linked nutrition working group.

5.2 Formation of a functioning working group

The UNWG has been in existence since April 2011 and it is still functional (sometimes intersectoral working groups do not survive for long after formation). Its achievements were presented as an example of intersectoral collaboration in Coast Province Kenya during the launch of the National Scaling up Nutrition Conference in Kenya in November 2012 in Nairobi.[2] There has also been an evident change in the mindset of the UNWG members about the determinants of poor child health and the strategies to tackle the same. The initial action plans were based on tried and tested business as usual model, but subsequent ones have had more substance, reflection and thought put into them. The group is currently considering sustainability measures to ensure that the members stay connected.

5.3 Capacities of communities to tackle determinants of child health

The community, through the three groups has made improvements. It now has fresh vegetables available to it and them, and generates income from the production and sale of items it produces. These items were showcased during the Mombasa Agricultural trade fair in August 2012.

5.4 An improved environment

In comparison to other areas of the informal settlements where the UNWG is active, there has been an improved level of sanitation and waste disposal. The community groups and leaders, and the UNWG members, who cover the settlement in their regular discharge of duties, have made this observation to the research team during the review meetings

6. Key lessons learnt about intersectoral action: what works? What does not work?

6.1 National and local level policies

Intersectoral collaboration, as envisaged during inception of the project, anticipated that the policy environment would be favorable or at least amenable to change. In the case of Kenya, the government had already recognized the importance of intersectoral actions in improving citizens' well-being, as evidenced by health policies, nutritional policies, food security policies and the national nutrition action plans. At the national level, the Ministries of Health have formed intersectoral coordination committees to guide actions in specific divisions, including health promotion and non-communicable diseases (NCDs). Health promotion action is therefore likely to succeed in an environment that already has supportive policies or which is amenable to evidence-based change.

6.2 Situating the working group at municipal level

The decision by the NICK project to support a working group at municipal level was informed by the conviction that the group membership at this level would comprise those who would be best positioned to understand, develop and implement locally appropriate action plans, produce an evidence base to influence policy upstream and downstream, and at the same time not be hindered by excess bureaucratic decision-making procedures involved when actions have to be sanctioned at regional or national levels. The working group has therefore been able to reflect on and implement plans aimed at tackling the determinants of poor child health based on local conditions and to provide feedback to line managers on progress.

[2] Scaling Up Nutrition, or SUN, is a unique Movement founded on the principle that all people have a right to food and good nutrition. It unites people—from governments, civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve nutrition. SUN enables countries to take a collaborative approach – bringing together the people and resources needed to rapidly scale up nutrition-specific interventions, as well as implement cross-sector strategies that are nutrition-sensitive. Nations, organizations and individuals working to scale up nutrition recognize that malnutrition has multiple causes. That is why it requires people to work together across issues and sectors to put nutrition into all development efforts. Kenya formally launched the SUN initiative in November 2012, at the Safari Park Hotel (Source: http://scalingupnutrition.org/about#countries_reveal).

6.3 Creating supportive environments.

The NICK project has been supportive of the UNWG even as it now prepares to transform and transition into a county level working group. Given that implementing interventions through collaboration is relatively new to Kenya, it was important to ensure that the group receives the necessary technical support to begin to think differently about the determinants of child health, how to tackle determinants of health, decide and implement mutually-agreed action plans, negotiate with line managers on the need for ensuring that group membership remains relatively stable, reflect on their individual and collective actions and personal growth, manage competing demands and expectations, as well as ensure that an evidence base is always used to support decisions. It is therefore important to provide the support needed for such groups without imposition.

6.4 Strengthening community action

Three community groups were identified, trained and supported to implement the action plans envisaged by the working group. The leadership of these three groups has been participating in the circles of review, reflection and action planning and therefore has been informed of the thinking behind the decisions made at the working group level. The community members, through the three groups, have begun to see the benefits of the interventions in their lives, and some have even taken the initiative to take further action to improve their material and health status. Some of the actions proposed and being implemented to tackle domestic violence have emerged from the community itself. When working with target populations on social determinants interventions, implementers should always ensure that the community is not only involved, but to the extent possible, in charge of the planned actions.

6.5 Developing personal skills and growth

The NICK project has witnessed the development of personal skills and growth in both the working group and from the community groups. There has been a transition from convincing the working group and the three community groups on the link between seemingly unrelated determinants of poor health to actively seeking new ways of furthering this process. The trainings provided to the groups, for example, in energy saving, waste management and psychosocial support, have also benefited working group members, as evidenced by their reported personal growth. Linkages unrelated to tackling poor child health have been created, relationships at household level have been impacted and new possibilities have opened. Some of the personal growth witnessed was welcomed but unexpected. It is therefore important that issues related to skill development and personal growth be factored in when planning on supporting long-term intersectoral actions

Acknowledgments

This document was prepared with the support of the Rockefeller Foundation (grant no. 2012 THS 317) as part of the Rockefeller Transforming Health Systems Initiative, *Supporting the Development of Regional Positions on Health in All Policies and Identifying Lessons and Opportunities for Implementation (for the sake of brevity: Supporting Regional Positions on Health in All Policies)*. The grant, received by the Department of Ethics and Social Determinants of Health of the World Health Organization (WHO), aimed to support evidence-informed decisions on how governments can enhance intersectoral approaches to improve health and health equity through implementing a Health in All Policies approach in three WHO regions: Africa (AFR), South-East Asia (SEAR) and the Western Pacific (WPR), with a particular emphasis on contributing to evidence and dialogue in relation to the WHO 8th Global Conference on Health Promotion in 2013. The project team, coordinated by Ms Nicole Valentine (principal investigator) of the Department of Ethics and Social Determinants of Health, included, for WHO headquarters, Mr Tomas Allen (librarian), Xenia de Graaf (intern) and Dr Orielle Solar; for the regions: Dr Tigest Ketsela (WHO Africa), Dr Davison Munodawafa (WHO Africa), and Mr Peter Phori (WHO Africa), Dr Suvajee Good (WHO SEAR), Dr Shilpa Modi Pandav, Professor KR Nayar, Ms Anjana Bhushan (WHO WPR), and Ms Britta Baer (WHO WPR), Professor Sharon Friel, Mr Patrick Harris and Ms Sarah Simpson. The case study was developed and written by Ms Mary Amuyunzu-Nyamongo, Executive Director of the African Institute for Health and Development (AIHD), and Mr Daniel Lang'o, Project Officer with the International Centre for Reproductive Health. Mary serves as the Senior Researcher on the NICK Project. Daniel is a PhD candidate at the Institute of Education, University of London. He is formally known as the Junior Researcher on the NICK project. The NICK project Director and Principal Investigator is Prof. Pat Pridmore supported Prof. Roy Carr-Hill and Dr. Tristan McCowan, all of the Institute of Education, University of London (http://nick.ioe.ac.uk).

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ISBN 978-929023269-8