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Case Title

Strengthening Municipal Governance to tackle the drivers of Child Malnutrition in Mombasa, Kenya.

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Published Articles

Pridmore, P., Carr-Hill, R., Amuyunzu-Nyamongo, M., Lang'o, D., McCowan, T., Charnes, G. (2015) Tackling the urban health divide through enabling intersectoral action on malnutrition in Chile and Kenya. *Journal of Urban Health*, Vol.92, No 2, pp313-321.

Abstract

This case explores a study which aimed to strengthen municipal governance to tackle the drivers of young child malnutrition. Urban governance is inherently political because it involves deciding how to allocate limited resources across the city. To achieve this aim, the researchers intervened using Participatory Action Research (PAR) with a multi-sectoral group of professionals from the health and health-related sectors in the city of Mombasa, Kenya. They used the PAR process to build capacity for multisectoral planning and action and to influence change in policy and practice in the city. The impact of this intervention on child nutritional status was measured using a controlled design. The research design, which was delivered in three phases, is considered together with some of the practical decisions that had to be made at each step of the research from proposal writing to completion. Some of the successes are reported and then the challenges faced are analysed with a discussion of how they were overcome. Finally, key practical lessons learned from the experience gained in the study are identified. It is hoped that these lessons may be of use to other researchers wishing to use these methods to influence policy and practice in other contexts.

Learning Outcomes

By the end of this case, students should be able to:

- Demonstrate an understanding of the nature of, and practices associated with, participatory action research that seeks to influence positive change in policy and practice.
 - Apply what they have learned to explore a problem or puzzle related to an issue that is relevant to their field of study in the context in which they are planning to work;
 - Demonstrate skill in writing a research proposal which takes account of the opportunities available as well as the challenges and how they may be overcome.
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Case Study

Project Overview and Context

The study ‘Nutritional Improvement for children in urban Chile and Kenya’ (NICK) aimed to strengthen municipal governance to tackle the drivers of young child malnutrition. By governance we mean ways in which individuals and private and public institutions plan and manage the common affairs of the city. This case focuses on the NICK research carried out in the city of Mombasa, Kenya, where high levels of child stunting (low height for age) was a serious public health problem. Stunting is generally accepted as the best indicator to use for child undernutrition in under 5 year olds because it jeopardizes children’s physical and

mental development (Black et al 2013). Most of these children live in the informal settlements which have grown up following rapid urbanization where failures of governance have caused social inequity. Families living in these areas lack access to safe water, health care, waste disposal, education and enough nutritious food. These social determinants are the drivers of child stunting. (For a full account of the NICK study see Pridmore et al, 2015)

The newly adopted Sustainable Development Goals (SDGs) (UN, 2106) and the New Urban Agenda (UN Habitat 111, 2016) recognise the urgent need to tackle these drivers but challenges arise for two reasons. Firstly, strengthening governance is inherently political because it involves deciding how to allocate limited resources across the city and ‘pro-poor’ decision-making often goes against the interests of the rich and powerful. Secondly, no sector on its own can change the social causes of malnutrition and co-ordinated, multisectoral planning and action is needed. Such multi-sectoral action has long proved to be notoriously difficult to achieve (Ruel, 2013). This is because it requires people to make a crucial mind-shift from understanding child malnutrition as an individual health problem towards understanding it as a complex social, political and environmental problem linked to failures of governance.

This case examines how the NICK study was able to overcome these challenges by establishing and supporting a multisectoral urban nutrition working group. The study can be categorized as ‘research for development in health’. To be effective this type of research needs to be used for decision-making that leads to positive change in policy and practice. The study was funded from 2010 to 2013 by a grant from the UK Department for international Development (DFID) and the Economic and Social Research council (ESRC) Joint Scheme for Poverty Alleviation. The potential to impact policy was a priority for the award of grants in this Scheme and at each stage in study design and delivery careful consideration was given to maximizing this potential.

Research Design

The study used participatory action research (PAR) to intervene at the municipal level to strengthen governance for improved child nutrition. PAR is a reflective and collaborative process of problem-solving in which multiple actors collectively define the problem and objectives, and work towards solutions. Iterative cycles of action and reflection make change processes more robust by ensuring that the learning and sharing that takes place is used to improve the next cycle of action, and that the actors themselves learn and adapt. (See Chevalier and Buckles 2013; McIntyre 2007). The NICK study evaluated the impact of the PAR intervention on child nutrition using a controlled design in which any change in nutritional status of children in the study intervention areas was compared to change in children in the control areas in which there was no intervention (See Gorard, 2013, Toshkov, 2016).

The study was conducted in three phases (i) situational analysis, selection of study sites, sampling and base-line data collection (ii) PAR intervention to strengthen municipal governance for improved child nutrition and (iii) follow-up data collection and analysis to evaluate impact of intervention on child nutritional status.

Phase 1: Situational analysis, selection of study sites, sampling and base-line data collection.

The research team carried out a range of literature reviews to identify social causes of child malnutrition, review the policy environment and identify any existing policies, initiatives and networks to address them. To ensure that all the relevant literature was found the review was structured in three steps:

1. A range of electronic data bases were searched for literature published after 1999 using the key words urban health divide, child malnutrition, social determinants, multisectoral planning, participation, informal settlements, Kenya, Chile. These data bases included MEDLINE and MEDLINE in Process, EMBASE, HMIC, NHS Economic Evaluation Database, Social Science Citation Index, WHOLIS; the British Library catalogue and the Library of Congress Catalogue and the website of the World Health Organization (WHO) on nutrition. No language or study design limits were applied but literature published before 2000 was excluded. Titles and abstracts were then checked and irrelevant documents removed. No language or study design limits were applied. Titles and abstracts were then checked for relevance.
2. The “grey literature” was searched using the electronic data bases of bilateral development agencies’ and Google Scholar.
3. E-mail requests for relevant reports were sent to experts from various international organizations and universities.
4. All reference lists obtained were scrutinized and any new materials were obtained.

The findings from the literature reviews were then supplemented with data from face-to-face semistructured interviews and focus group discussions with policy makers and practitioners in the cities of Nairobi and Mombasa in Kenya. We were then confident that our information on policy development and social causes of child malnutrition was complete and up to date.

In Mombasa, an informal settlement called Chaani was chosen as the intervention site for the study and matched for socio-economic status and young child nutritional status with a control site called Kongowea. The population of these two settlements was sampled by taking every *n*th household with a child between 24 to 49 months old depending on the number of households in the settlement. In each household in the sample a baseline child anthropometric survey was carried out to record each child’s height, weight and age. A linked household survey was also conducted to gather information such as household structure, occupation, income and child feeding patterns.

Phase 2: The Participatory Action Research (PAR) Intervention

Six months after the start of the study, the two Kenyan ‘in-country’ members of the NICK research team invited health and health related professionals working in Mombasa to a workshop to introduce them to the NICK study. They shared with them the data from the baseline child anthropometric survey which confirmed that there was a serious public-health problem of child stunting in Mombasa. These data were important because stunted children

do not always look thin and the problem can be missed. The researchers challenged the participants to examine why their current actions were failing to reduce child stunting and then shared the findings from the literature reviews which had identified multi-sectoral actions shown to be effective elsewhere. Finally, they invited participants to form a multisectoral urban nutrition working group to tackle the problem. (This group is hereafter referred to as the working group.)

Working group members came from nutrition-related government ministries (Public Health and Sanitation, Medical Services, Education, Water, Agriculture and Social Development, Women's affairs), the Mombasa Water and Sewerage Company, Mombasa-based NGOs, Mombasa Municipal Council nutrition officers and also the Chief of the intervention informal settlement. To locate ownership of the group with its members from the outset the group elected the District Nutrition Officer to convene their meetings.

The in-country researchers then facilitated the working group through three six-monthly cycles of PAR involving four steps: Study, Plan, Act, Evaluate). Each PAR cycle started with a workshop to review new findings and learning and to reflect on progress. At the first workshop the group carried out a detailed stakeholder analyses (see Shameer, 1999). They started by identifying the sectors that they would need to work with, including health, education, water and sanitation. Then they identified the key people, groups or institutions at the local, regional and national levels who would have an interest in or be affected by the study and who would need to be engaged to influence public policy on nutrition. Lastly, they listed the strategies they could use to engage these stakeholder and what challenges they could face. This analysis was revisited and updated in subsequent workshops.

Workshop participants then made a multisectoral action plan to co-ordinate their activities in the intervention settlement. The plan allocated specific tasks to each member. Members were responsible for writing their tasks into their office workplan so that they were incorporated into their workload and carried out using the few resources available to them. The researchers only paid for refreshments during the workshops and gave very small amounts of cash to act as 'seed corn' for some of the group's planned activities. Between PAR workshops group members kept in touch with each other and met monthly, receiving ongoing encouragement from the junior researcher to carry out their action plans and monitor progress. These monthly meetings were crucial for creating an environment of progress, accountability and collaboration.

To facilitate these workshops the researchers used discussion questions and participatory, educational activities. Their first challenge was shifting the 'silo' mentality whereby professionals view a problem from the narrow perspective of their own area of expertise and fail to understand the need to collaborate with colleagues from other sectors to tackle complex problems like child malnutrition. To assess any change in individual and group mind-set over time a 'Learning Histories' tool was used. This tool involved the junior 'in-country' researcher conducting unstructured interviews for individual group members to reflect (i) on any change in their own thinking or in that of their line managers (ii) on how well they were working together and (iii) on which of their actions were most effective in improving child nutrition. The researcher then shared the findings for discussion within the whole group.

As the PAR process progressed the group's action plans became more effective. For example, a breakthrough came in the second workshop when they decided to work in a different way by building the capacity of three self-help community to improve child nutrition. They achieved this by carrying out the normal activities they were trained and resourced to do, for example giving nutrition education and supporting urban 'balcony' farming, safe waste disposal and income generating activities. Crucially, they co-ordinated their activities and carried them out concurrently in the study intervention settlement. Group members also used their new learning and the study findings to develop advocacy for pro-poor planning. They used this advocacy to influence institutional change through discussions with their line-managers and at meetings with other local policy makers who were invited to their monthly group review meetings and to other events to share the study findings.

Phase 3: Impact Evaluation

In Mombasa, the impact of the intervention on child nutritional status was measured using a before-after, case-control study design with baseline data from the child anthropometric survey and linked household survey collected in July 2011 and the follow up survey data collected in June 2013. Stunting rates were calculated using software for the 2006 WHO standards. Various software packages including SPSS were used to carry out multivariate analyses to compare the change in severe and moderate child stunting in the intervention area against the change in the control area. Qualitative data were analysed using NVivo and the findings were triangulated and cross-checked to increase trustworthiness.

Research Practicalities

Writing the research proposal

As the principle investigator (PI) of this study I was responsible for drafting the proposal and overall management and delivery of the study. I chose the participatory action research (PAR) design to intervene to strengthen governance for improved child nutrition because it had been tried and tested on a WHO primary health care programme that I had worked on. I embedded this design within a controlled study so that any impact of the intervention on child nutritional status could be measured and intermediate factors could also be assessed. I chose Kenya as one of the two study countries because the governments had recognized that rapid urbanization had created a serious public health problem of child undernutrition and that existing policy and practice was not effective.

The potential to influence positive change in policy and practice is crucial for health development research to be effective. I therefore had to carefully consider who would need to be influenced and when; what relationships and networks would be needed; how the policy makers and practitioners could be engaged; and how to keep the study design flexible to respond to new learning and a fast changing political environment. I could then assess the wide range of skills needed to carry out this study. In addition to skill in data collection

(quantitative and qualitative, analysis and reporting) the research required skill in political understanding, interpersonal influence, apparent sincerity and credibility, partnership and networking, participation and teamwork, communication and presentation, local leadership and language and familiarity with the culture, multi-sectoral planning, monitoring and evaluation. No one researcher has all these skills! I therefore needed to establish a research team (or recruit research assistants). Three colleagues joined the team from my own institution in London, a statistician, an expert in South America and an administrator. Two researchers based in Kenya joined the team from Kenya, a senior and a junior researcher. Similarly two researchers based in Chile joined the team. The role of the senior researchers was to keep abreast of the rapidly changing national political and policy environments, to seek opportunities to influence policy and 'open doors' to support the junior researcher in the field. The role of the junior researcher was to provide ongoing support and encouragement for working group members and to reach out to local policy makers and practitioners. I included funding for a PhD scholarship into the research proposal so that in addition to working on the study the junior researchers could extend its scope and gain a higher qualification. (Details of the research team members are given in the acknowledgements at the end of this case.)

Getting ethical clearance for the study: Ethical considerations were included in the research proposal. Ethical clearance was also obtained in writing from my own institution's research committee, the research ethics committee in the Faculty of Medicine in our partner institution in Chile (The University of Valparaiso) and the Government of Kenya Ministry of Public Health and Sanitation. The ethics protocol developed and agreed by all members of the research team adhered to that of the [British Education Research Association](#) and the ESRC's Framework for Research Ethics and it was revisited regularly throughout the study. Issues of informed consent, confidentiality and the right to withdraw were addressed as a priority. Data were anonymized and kept secure by passwords. There was a need to be especially gender sensitive and to work through organizations that were already working in the study settlements and could continue to give support and follow up after the study was completed.

Getting the study started: Once the research team was established and funding obtained team members spent three months preparing a range of literature reviews to find out what was already known, nationally and internationally, about the causes of child malnutrition and what worked in terms of programme development and delivery. The team then met together in London for a workshop to revisit the study proposal, review the literature reviews and make a plan for the first phase of the study. During this meeting we identified experts who had experience in our field of study and could influence policy and practice. These experts were invited to form an advisory group to support and guide us in carrying out the study. The initial advisory group for Kenya included three members from development agencies (DFID, DANIDA and WHO), senior government health officials at central and regional level and an NGO in Kenya. (A similar group was formed in Chile). Membership of the advisory group changed as officials were transferred or retired and as new expertise and influence was needed. The research team met up each year throughout the study period to review and plan their work. Workshops for the whole research team subsequently took place in Chile and Kenya and were also used as an opportunity for the team to meet the urban nutrition working group members and together with them to hold a policy seminar to disseminate research findings. These seminar were an important means of keep all stakeholders interested in and

engaged with the research and making sure that the findings were made available when needed for policy development.

Method in Action

The research method in Kenya was delivered in line with the research proposal. Successful implementation and sustainability of the activities and impacts can be largely attributed to a number of opportunities that arose throughout the study and the ability of the team and working group members to overcome the challenges.

Opportunities

1. A tried and tested model of engagement using PAR with multi-sectoral working groups to facilitate planning and strengthen governance was available from WHO. The team adapted this model for use in the NICK study.
2. The Government of Kenya, had already recognized that child undernutrition was a serious public health problem in urban settlements which demanded greater collaboration between sectors.
3. Just after the start of the study, the Ministry of Health and Sanitation set up a multi-sectoral urban nutrition working group in Nairobi (which our senior researcher was invited to join) and called for other cities to set up similar groups. This call provided a mandate for the research team to establish the working group in Mombasa and to sustain the commitment of the group members and their line managers and other policy makers.
4. There was a long established tradition of participation in Kenya which encouraged the working group members to work together and helped them engage with and build the capacity of the community self-help groups to tackle the social causes of undernutrition.
5. The study design enabled the researchers to use the initial findings from phase 1 of the study (situational analyses and baseline data collection) to convince group members and their line managers that tackling child malnutrition should be a priority and that by working together to address the social causes they could really begin to make a difference.
6. The study design included ongoing opportunities for disseminating findings and using advocacy for policy development to support multisectoral planning. During the 18 month PAR phase policy makers and practitioners were regularly invited to working

group meetings to discuss the study and the leaders of the three community groups became members of the working group.

7. Study findings were widely disseminated throughout the study at local, national, regional and international levels by all team members. This was done, for example, through newsletters, the NICK website, workshop reports, policy seminars, briefing papers, conference and other presentations, and social media.

Challenges

1. *Access to informal settlements and slums:* Collecting good quality data in informal settlements governed by extreme poverty requires the researcher to be sensitive to local language and culture and to avoid wasting people's time. Strangers are not always welcomed and local permission must be sought. We overcame these difficulties partnering with an international NGO (The International Centre for Reproductive Health, ICRH) which was long established in Mombasa. The junior researcher was employed by ICRH and given leave to work on the NICK study. He was familiar with the culture and language of the settlements and had formed the local networks needed to work at both municipal and community levels. Members of the working group were also working in these communities and one of the group, the local chief of the intervention settlement, played a crucial role in engaging the self-help community groups whose capacity to tackle child stunting was strengthened.
2. *Engaging policy makers at national and local levels in a fast changing political environment:* Despite supportive rhetoric at national level for multi-sectoral planning to tackle child malnutrition, national and local budgetary constraints together with a persistent lack of political will at the local level continuously threatened the sustainability of the working group. To address this challenge new Kenyan members were recruited onto the advisory group to keep abreast of the fast changing environment and engage with newly emerging government structures.
3. *Explaining unexpected results:* Whilst the study was successful in terms of strengthening governance through building capacity at municipal level (and also through the activities of the working group at the community level), it failed to improve the nutritional status of children in the experimental compared to control settlements. The research team were then challenged to explain these unexpected findings. We checked to see if there were any significant changes in the intervention and control settlements between the baseline and follow up surveys. We were looking for changes in the social determinants of child nutrition that might have changed quickly in the intervention and not in the control settlement. Crucially, we looked for any differences between the intervention and control study areas in access to employment, family income, enough good food (food security), safe water and waste disposal, income and changes in in- and out- migration change. We also interviewed members of the working group and their self-help community groups and other key informants in the community. Further analyses of these data showed that after the baseline surveys had been completed a political dispute had led to an Export

Processing Zone being closed in the intervention settlement which had been providing vital employment to local families. This closure had greatly increased unemployment and thereby reduced family income and ability to buy food. The control area was not affected by this closure.

Sustainability and policy development

By building on the opportunities and overcoming the challenges the study was able to influence policy from an early stage and to sustain its impact beyond the life of the study. Study findings were used to help justify the need for the National Nutrition Action Plan (2012-2017). At the end of the study the NICK working group was formally handed over by its convener, the District Nutritionist, to the County Nutritionist representing the Ministry of Health in the newly formed County Government. Challenges then arose due to funding flows being disrupted in the general chaos of reorganization whilst the new county structure settled down. However, follow-on funding from the ESRC-DFID Impact and Engagement Fund enabled the members of the NICK working group to continue to meet and to work with the newly informed country level groups inspired by the research. The NICK working group members provided significant inputs to the developing of the Mombasa County Integrated Development Plan (2013-2017) and into the subsequent formation of the new county level nutrition working groups. In 2016 the Kenyan National Nutrition Information Working Group validated the NICK survey data and asked the Scaling-up Nutrition Coordinator to use the study findings to make urban multisectoral planning work. Furthermore, in 2016 it was confirmed that the activities of the urban nutrition working group will now be expanded to cover the whole of Mombasa County with support from the NGO, World Vision. At the community level, the three self-help groups that the NICK working group members supported during the study are still functioning and have spread their skills to other groups

Practical Lessons Learned

From the experiences gained in the NICK study a number of lessons can be learned about how to design, deliver and follow up research to increase the chances of being able to influence policy and sustain impacts.

1. To capture existing knowledge, literature reviews need to be approached in an orderly step-by step manner using carefully-selected key words which may be changed as the search progresses. This allows for both published and so-called 'grey' material to be found, experts approached and document reference lists scrutinized.
2. For studies that involve field work, enough time must be allowed to gain all the written ethical approvals needed before going into the study sites. Ethical approval is generally needed from the researcher's own institution as well as the relevant body in the country where the fieldwork is located. Recognised guidelines should be followed. It is worth noting that in contexts governed by poverty and inequity wasting 'poor' people's time can be considered to be an ethical issue.

3. Complex research designs such as the one described in this case need to be broken down into smaller steps or phases and cannot generally be carried out by a single researcher. Careful selection of co-researchers and/or research assistants is needed to ensure that all the knowledge, understanding and skills needed to carry out the study are available. To maximise the potential to influence policy, researchers need to understand the policy process and know when and how to deliver study findings. They also need strong networks and research credibility.
4. Quality impact evaluations are those which are technically rigorous, and carry clear policy messages based on a deep understanding of context and implementation. Collecting quantitative data, such as measurements of child height and weight, needs to be done very accurately and details of the procedure and equipment used reported to give credibility to the findings. In the NICK study great care was taken to calibrate the equipment before each use and to have the before and after measurements taken by the same, trained person. Similarly, trained personnel were used to conduct the household surveys and all semi-structured interviews were conducted by the junior researcher. Analysis of qualitative data needs to be done systematically and to follow recognised guidelines and to triangulate and cross-check findings in order to increase trustworthiness.
5. In studies that seek to improve child nutritional status it is important to evaluate change in this status. Given the complex social causation of child malnutrition it is also necessary to evaluate change in intermediate factors such as employment, food security, income and population change. When, as in the case of the NICK study, no improvement is found it is important that the researchers collect additional data to try to explain these findings. Lack of impact may be due to problems of design, for example not leaving enough time between the 'before' and 'after' measurements to allow for child stunting to be reduced. Lack of impact may also be due to changes in the social environment which is what happened in the NICK study. The lesson here is that researchers must report negative findings and collect additional data to try to explain them.
6. Although PAR, as a method, can be empowering and build capacity for working cross-sectorally it requires the researcher to understand the principles of participation and empowerment at quite a deep level to avoid it turning into a 'top-down' extractive experience. The NICK PAR was successful because the researchers had the understanding and skills needed and Kenya's long history of people's participation meant that there was a supportive policy environment for participation and both the working group and their self-help community groups were ready and able to participate. Nevertheless, the researchers needed to have very good facilitation skills to sensitively run the workshops. It was important that they could engender a sense of ownership of the PAR process by the group so that their actions were more likely to be sustained. Local language, understanding of local culture and politics and a sense of humour proved to be essential for successful facilitation in addition to having a tried, tested and adapted PAR model.

7. PAR is time-consuming and can make quite demands on the researcher's time. During the PAR phase it became evident that even a multi-sectoral group of professionals need a lot of technical support from the researchers to understand the complex causes of malnutrition, to change their 'silo mentality', to decide on a plan of action, to implement it and to reflect on their actions and to assess personal growth. The strength of the PAR process was that it allowed enough time for capacity to be built. With each turn of the cycle over the 18 month period group members could revisit their attitudes, learn which activities were working and which were not and then develop a more effective plan.
8. Experience also showed that to keep the working group together and active over time in the face of competing needs and priorities members must have a mandate for working multi-sectorally. This mandate enables them to get permission from their line managers to attend meetings and do their group activities. The group also needs to have some small funding for refreshments during meetings and to kick-start some of their small actions.
9. Research methods that seek to work with groups and communities need to manage expectations and to plan ahead to have an 'exit strategy'. The first step in this strategy was for ownership of the PAR process to be shifted away from the researchers and onto the group in the first PAR workshop when they elected their own convenor who was the District Nutritionist. The convenor then called them to all future meetings and made sure that individual roles and responsibilities were allocated to each member of the group to carry out their action plans. The final step in the strategy was for the convenor to formally hand over responsibility for sustaining the working group to the County Nutritionist representing the Ministry of Health in the newly formed County Government. The handing over was carried out at a final social event following the final policy seminar in Mombasa attended by a wide range of policy makers and practitioners including, the working group, community members and the whole research team.
10. Timing of the release of research outputs (reports, documents etc.) played a big part in the success of the study in helping to bring about change in policy and practice. To strengthen the engagement of policy makers it was important for the researchers to find out what evidence they needed for policy development and when they needed it and where possible to align research outputs and timing to meet their needs.

Conclusions

This case has shown how a research study, which aimed to strengthen municipal governance to tackle the drivers of young child malnutrition, was able to develop, implement and evaluate a participatory model of multi-sectoral planning to strengthen municipal governance. It has described how a study can be designed and delivered to try to maximise its potential to influence policy and practice. Of course, impact on policy and on practice can never be guaranteed especially in a country like Kenya which is experiencing rapid political change and occasional societal instability.

The importance of having a mandate from central government for tackling urban malnutrition through working multi-sectorally and of having a supportive local policy environment for participation cannot be over emphasised. This policy support together with widespread familiarity with participatory processes was crucial to sustaining membership of the working group. In such a complex environment it is very difficult to show improvement in child stunting intervening to change the social determinants and therefore essential to monitor changes along the way, for example changes in employment or food security. This study has also illustrated the importance of working with co-researchers or research assistants located in the implementing county to gain access to the field sites and to bridge gaps in language, cultural and political understanding.

It is to be hoped that the lessons learned from the experience gained in the NICK study may be of use to future researchers wishing to use these methods to influence policy and practice in other contexts.

Acknowledgements

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Exercises and Discussion Questions

1. Briefly in a sentence or two can you describe the main focus of this case and what key contribution it makes to knowledge, policy and practice?
2. How does this case pay attention to ethical issues including issues of gender and ethnicity?
3. What is the link between the methods used in this study and the desired aim to strengthen municipal governance to change the social determinants of child stunting?

4. What have you learnt from this case that could help you to design a small research study of your own? How will you disseminate your findings and where do you think you should start in terms of your research having an impact on policy and practice.
5. Work in a small group. Choose a country and a social problem that at least one of your group knows well. Draft an outline plan for a small PAR study. Include the following sections and report back to the whole group on flipchart paper.
 - (i) Problem statement. (Factors(s) that need to be changed and negotiations and resources needed).
 - (ii) Methods/techniques for gathering evidence (data) and for evaluating the desired change.
 - (iii) Organising and reporting the research. (Who will you work with? For how long? How will you validate your data, write up your findings and disseminate them?)
6. Work in a small group. Choose a complex social problem in a country that at least one of you knows well. Write a central research question to guide a small study to help tackle this problem. List the sectors that would need to work together to tackle this problem and the opportunities and challenges in getting professionals from these sectors to work collaboratively. Present your work to the whole group on flip chart paper and discuss how the challenges could be overcome.
7. Work in small groups to carry out a small PAR study.

First cycle of reflection and action: Choose a common problem that affects you as students (such as stress, bullying or work overload). Using flip chart paper and thick pens draw a 'mind map' to show the causes of the problem and the consequences. Discuss what actions you can take, individually and as a group to try to reduce the problem. Now make an action plan on flip chart paper. Start by listing the key actions to be taken then write down who is going to do each action, when they are going to be done and where. Agree a time and place to meet up again. Carry out your action plan.

Second cycle of reflection and action: The next time you meet, review what actions you have taken and discuss how effective they have been. Then make a new, improved action plan based on your experiences and new learning. Agree a time and place for your next meeting. Carry out your action plan.

Third cycle of reflection and action: The next time you meet as a group, review your actions and agree on the findings from your small study. Decide how you will share your findings with other students and staff members (for example by inviting them to a short seminar).

Further Readings

Apgar, J.M., et al. (2017) Identifying Opportunities to Improve Governance of Aquatic Agricultural Systems through Participatory Action Research. *Ecology and Society* 22.1.

Hickey, S. and Mohan, G. (2005) Relocating Participation within a Radical Politics of Development. *Development and Change* Vol. 35, no. 2, pp.237-262.
Available at: http://oro.open.ac.uk/4103/1/Hickey_and_Mohan_revised_70704.pdf

Pridmore P., Carr-Hill, R. (2010) Tackling the drivers of child undernutrition in developing countries: what works and how should interventions be designed? *Public Health Nutr.* 14(4): 688–93.

Rifkin, S. and Pridmore, P (2001) *Information, Participation and Empowerment*. London: MacMillan.

Tilley, H. et al (2017) 10 things to know about how to influence policy with research. London, Overseas Development Institute (ODI) Available at <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11205.pdf>

Web Resources

Papers from the NICK study are available here:

<http://www.researchcatalogue.esrc.ac.uk/grants/RES-167-25-0461/read/outputs>

References

Black, R.E., Victora, C.G., Walker, S.P., et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*. 2013; 382(9890): 427–51

Chevalier, J.M. and Buckles, D.J. (2013) *Participatory Action Research: Theory and Methods for Engaged Inquiry*. Oxford, Routledge.

Gorard, S. (2013) *Research Design: Creating Robust Approaches for the Social Sciences*. London: Sage.

Kjellstrom, T. and Mercado, S. Towards action on social determinants for health equity in urban settings. *Environ Urban*. 2008; 20(2): 551–74.

McIntyre, A. (2007) *Participatory action research (qualitative research methods)*. London: Sage.

Ruel, M.T., Alderman, H., Group TMACNS (2013) Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? Lancet. 2013; 382(9891): 536–81.

Shameer, K. (1999) Stakeholder Analysis Guidelines. Geneva: WHO Health Reform Tools Series. Available at <http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf>

Toshkov, D. (2016) Research Design in Political Science. London: MacMillan Education UK.

UN Habitat 111 (2016) Agreed Draft of the New Urban Agenda. New York, United Nations. Available on-line at <http://habitat3.org/wp-content/uploads/Draft-New-Urban-Agenda-18-July.pdf>

UN Sustainable Development Goals (2016) New York, United Nations. Available at <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>