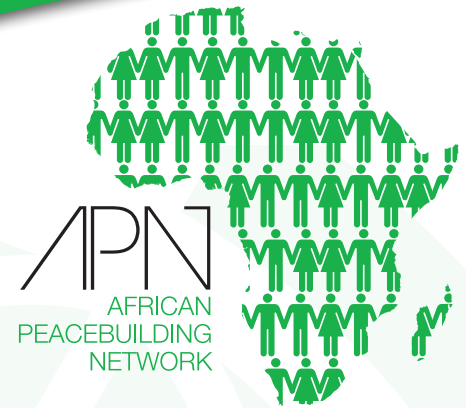




# SSRC



**APN Briefing Note  
Number 21  
December 2018**

## Peacebuilding through Health in Kenya's Urban Informal Settlements: Insights for Policy

By Roseanne Njiru

### RECOMMENDATIONS

- **The Kenyan government should recognize** the health-peace nexus by adopting and domesticating the World Health Organization's "Health as a Bridge for Peace" framework as part of its national peace policy and practices.
- **The National Cohesion and Integration Commission should work** collaboratively with both public and private health care systems in informal settlements to tap into their knowledge of factors that contribute to negative ethnic relations and other forms of violence.
- **The Nairobi Country government should train** community health workers to address ethnic discrimination. It should also facilitate partnerships between public and private health care systems in informal settlements.
- **The existing local community peacebuilding committees led by chiefs should incorporate** health workers into their peace committees and peace agendas in the informal settlements.
- **Further research on the health-peace nexus is needed** to generate grounded evidence-based knowledge on the contributions of health care systems to peace in urban informal settlements in other parts of Kenya and Africa.

This briefing note is based on exploratory research in two informal settlements in Nairobi: Mathare and Kibera. It makes recommendations for engaging health workers in peacebuilding processes in urban informal settlements in Kenya. The recommendations are based on study conclusions showing that health care systems, especially community-centered primary health care services and workers, have great potential to promote peace and security in Kenya. Violent conflicts constitute a public health challenge because of their adverse effects on health, social, and economic systems, which lead to declines in population well-being. Thus, peace and health are mutually reinforcing, and development cannot take place without good health. Despite this health-peace nexus, Kenya's National Policy for Peacebuilding and Conflict Management (2015) and National Cohesion and Integration Commission (NCIC, 2008)<sup>1</sup>, both formulated in a volatile political climate, have not recognized the contribution of the health system to peacebuilding. In 1998, the World Health Organization (WHO) adopted "Health as a Bridge for Peace (HBP)" as a policy framework on the premise that the role of health care providers in promoting peace is significant for the attainment of "Health for All."<sup>2</sup> This study suggests that health care systems in Kenya can be part of the multifaceted peacebuilding effort in urban informal settlements that experience a range of violence—political, ethnic, extremist, resource-related, gender-based—and vicious cycles of retaliatory attacks.

### HEALTH CARE SYSTEMS AS INFRASTRUCTURES FOR PEACE

This study finds that quality and accessible community-centered health facilities and services may promote feelings of security and belonging to a common citizenship. This is because quality health provision meets individuals'

<sup>1</sup> National Cohesion and Integration Commission, "Policies and Regulations," <https://www.cohesion.or.ke/index.php/resources/policies-and-regulations>.

<sup>2</sup> World Health Organization, "Health as a Bridge for Peace.," <http://www.who.int/hac/techguidance/hbp/en/>.

**Roseanne Njiru** is a Lecturer in the Department of Social Sciences and Development Studies at the Catholic university of Eastern Africa, Kenya. She is a 2018 APN Individual Research Grant recipient.

common needs and facilitates interactions that strengthen the social fabric. Community residents interviewed gave accounts of poorly serviced public health clinics and lethargic staff—compared with private health clinics—which caused negative attitudes toward health provision, thereby making services inaccessible to many community members. Some study participants felt that some health workers and facilities favored members of specific ethnic groups. Such perceptions of ethnic bias in access to health care services are a lost opportunity to create a sense of cohesion, belonging, and inclusion among community members.

Findings also suggest that the unique features of health care, such as altruism, neutrality, accessibility, permanence, and legitimacy can be leveraged for peacebuilding purposes.<sup>3</sup> For instance, some health workers interviewed suggested that the altruistic nature of health care allows them to interact with people of all social categories, including ethnic backgrounds. Legitimacy implies that health workers are often accorded high levels of acceptance and access within a community. This characteristic of health work, coupled with the longevity of health clinics in informal settlements, places health workers in a good position to observe and understand factors and structures that breed violent conflicts. This understanding may be tapped into to help repair broken social relations and transform conflict into peace. It may also be useful for building cohesion and solidarity in the communities, thereby preventing violence and promoting long-term peacebuilding. The study established that some community health workers and volunteers, whose programs are entrenched in these communities, performed a lot of “invisible” peace work. In addition to visiting sick patients in their homes and conducting public health education, they reconciled families, reported on violence, and worked in other multiple roles in education and development. They did this despite the fact that community health volunteers (CHVs), unlike community health workers (CHWs), are at the periphery of formal health systems, which makes their position fragile and unsustainable.

The study shows that for primary health clinics (typically private clinics) that have other integrated programs, such as economic empowerment, education, advocacy, water provision, sanitation, and hygiene, the peace dividend may be amplified due to the improved community interaction. Study participants, especially those who benefited from these initiatives, noted that such programs provided platforms for building positive social relationships and created solidarity against the social exclusion and marginalization that intensifies ethnic, gender, class, political, and religious divides.

---

<sup>3</sup> Barbara Santa and Graeme MacQueen, “Peace through Health: Key Concepts.” *The Lancet* 364, no. 9431 (July 2004): 384–386.

## POLICY RECOMMENDATIONS

- The Kenyan government should recognize the health-peace nexus by adopting and domesticating the World Health Organization’s “Health as a Bridge for Peace” framework as part of its national peace policy and practices. This framework should link violent conflicts emanating from ethnic, gender, political, economic, and other forms of marginalization to public health, and design policies that invest in citizens’ social welfare to prevent violence and promote well-being.
- The National Cohesion and Integration Commission should work collaboratively with both public and private health care systems in informal settlements to tap into their knowledge of factors that contribute to negative ethnic relations and other forms of violence. This would further inform NCIC’s mandate to lobby and advocate for policy reforms on issues of ethnicity-related violence and marginalization in informal settlements.
- The Nairobi County Government should improve the quality of public health services in informal settlements and facilitate the training of community health workers to understand their role in reducing feelings of ethnic discrimination. It should also facilitate and fund partnerships between public and private health care systems in informal settlements to incorporate non-health programs within the health provision model.
- The existing local community peacebuilding committees led by chiefs should incorporate health workers into their peace committees and peace agendas in the informal settlements.
- Further research on the health-peace nexus is needed to generate grounded evidence-based knowledge on the contributions of health care systems to peace in urban informal settlements in other parts of Kenya and Africa. These studies should focus more on the constraints and limits of engaging health workers in peacebuilding, in order to inform policy and practices that advance social cohesion and peace.