



**A STRATEGIC RESEARCH AGENDA
ON
POPULATION AND SUSTAINABLE
DEVELOPMENT
IN KENYA
(2019-2030)**

PREAMBLE

This fourth Research Agenda derives from the conclusions and recommendation of the third Research Agenda of 2015. It has been anchored on emerging issues and challenges nationally and inspired by global development framework. Globally, there has been a paradigm shift on the conceptualization of development as exemplified in the sustainable development goals (SDG Agenda 2030) framework. In line with Kenya Vision 2030 and Agenda 2063, all member states in Africa set an explicit goal that sustainable development requires building peaceful, just and inclusive societies (see Box 1). Promoting human wellbeing and raising living standards are not only ends of development, but are also important means to address population dynamics and promote more sustainable development pathways¹.

The changing demographic scenario in Kenya, such as age structural transition and rapidly increased urbanization has, on the one hand, created a window of opportunity, while on the other hand, come with new challenges to achieving development visions that need to be addressed. Policy options and interventions to harness the opportunities that arise from demographic change now and beyond while simultaneously mitigating the challenges remain elusive due

to lack of complete evidence in a number of areas. This is the focus of this fourth Research Agenda. The purpose is to present a national Research Agenda that gives a common direction of concerns where information is needed to drive effort to achieve the desired well-being for all the people in Kenya now and beyond.

Box 1: Key Goals for Aspirations 1 and 6 of the Agenda 2063

Aspiration 1 envisages a prosperous Africa based on inclusive growth and sustainable development through the achievement of:

- a) A high standard, quality of life and wellbeing for all citizens;
- b) Well educated citizens and skills revolution underpinned by science, technology and innovation;
- c) Healthy and well-nourished citizens;
- d) Transformed economies: Sustainable and inclusive economic growth;
- e) Modern agriculture for increased productivity and production;
- f) Blue/ocean economy for accelerated economic growth: Marine resources and energy; and Port operations and marine transport; and
- g) Environmentally sustainable and climate resilient economies and communities

Aspiration 6 foresees an Africa whose development is people driven, relying on the potential of African people, especially its women and youth, and caring for children. This aspiration focuses on two overarching goals: full gender equality in all spheres of life and having engaged and empowered youth and children.

Source: African Union Commission (2015)

¹ UNFPA 2012. Impacts of Population Dynamics, Reproductive Health and Gender on Poverty. <https://www.unfpa.org/publications/impacts-population-dynamics-reproductive-health-and-gender-poverty>

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FOREWORD

The Strategic Research Agenda on Population and Sustainable Development in Kenya is the fourth series of such Agenda on Population and Development which succeeds the third one that was developed in 2015. This document is expected to guide implementation of research activities on Population and Development in Kenya for the next decade in line with the *Sessional Paper No. 3 of 2012 on Population Policy for National Development* and other population related policies.

The need to review the previous Research Agenda was driven by the significant changes in the international and national development landscape since 2014. At international level, the Millennium Development Goals (MDGs) have been replaced by Sustainable Development Goals (SDGs) that came into place in 2015 and will shape policy through 2030. Other relevant international development frameworks such as the African Union Agenda 2063, also guided the development of this document. At the national level, the Government of Kenya, in 2017, initiated the Big 4 Agenda that focuses on manufacturing, construction of affordable housing, food and nutrition security and ensuring universal health coverage for all citizens. In addition, review of the 3rd Research Agenda was necessitated by the need to align it to the third MTP of Vision 2030, which was developed and launched in 2018. Moreover, there was need to identify data and information gaps with regard to the changes in population dynamics, structure and distribution. A participatory process was used to obtain all the pertinent data and information that were required for the development of this Research Agenda in addition to intensive literature review.

This Research Agenda is organized along three major domains of population and development framework namely; dignity and equity, population health, and place and mobility. These broad domains are based on the conceptual framework for population and development beyond 2014, all of which are relevant to aspiration one (1) and six (6) of Agenda 2063.

It is envisioned that the implementation of this Research Agenda will contribute to the achievement of the targets and goal set out in *Sessional Paper No. 3 of 2012 on Population Policy for National Development*, thereby accelerating Kenya's socio-economic development and aspirations as envisaged in Kenya's development blueprint, Vision 2030.



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The Strategic Research Agenda on Population and Sustainable Development is a document that will guide identification and implementation of research activities in the population and development sector. Review of the Research Agenda is a continuous process that entails intensive literature review and extensive consultation with stakeholders by identifying data and information gaps in the area of population and development. This document is expected to serve as a resource for various stakeholders including policy makers, development partners, researchers and programme managers.

On behalf of the National Council for Population and Development (NCPD), I wish to acknowledge the entire faculty of the Population Studies and Research Institute (PSRI) - the consulting agency under the leadership of its Director, Dr. Anne Khasakhala, and particularly appreciate Professor Alfred Agwanda and Mr. Ben Jarabi who worked tirelessly by collecting information and compiling this document and also consulting closely with NCPD team to ensure the review process was a success. I wish also to thank the entire staff of NCPD under the leadership of Dr Josephine Kibaru-Mbae - Director General, Mrs. Margret Muthoni Mwangi - Director Corporate Services, and Ms Catherine Ndei - Deputy Director for Policy and Research. I wish also to recognize the facilitation role of Mr. Ken Lwaki (Assistant Director - Research), Ms. Lucy Kimondo (Assistant Director - Policy), Mr. Bernard Kiprotich (Population Programme Officer - Research), Mr. Daniel Fundi (Population Programme Officer - Research) and Mrs. Agatha Waithaka (Personal Assistant - Policy and Research) throughout the entire review period.

I am grateful to the immense contribution of the many partners who made special contribution to the review process by providing valuable information that culminated into the development of this Research Agenda. Much appreciation also goes to the many internal and external reviewers who made sure that the document met the required standards. I also sincerely appreciate the role played by all those who may not have been personally acknowledged in this report.



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EXECUTIVE SUMMARY

Introduction

Kenya, like any other developing country, is experiencing profound demographic changes amid technological and environmental change. Studies have shown that demographic change has the potential to improve or damage the quality of life of everyone; hence policymakers should seek to intervene to ensure that the outcomes are positive. However, there exist many challenges and opportunities without sufficient evidence for action. This forms the rationale for this Research Agenda whose aim is to provide evidence about what good quality of life means at every stage of the life-course, how it can be measured, and what policies might maximize it. This Agenda provides a broad road map to produce evidence that will assist in addressing the issues affecting the Kenyan population today and in future.

Guiding Principles

This Agenda envisages a multi-disciplinary ethically sound human rights approach to research in the process of knowledge generation and translation. It therefore, recognizes the development and implementation of a coordinated and integrated approach in designing and executing research programmes. To achieve desired research goals and objectives, it is expected that relevant institutions will promote the participation of civil society and the private sector in all aspects of the implementation of their programmes. This will also entail enhanced collaborations and linkages with international development agencies, particularly for sharing best practices and seeking technical and financial support. It further recognizes that some studies will require regional and bilateral cooperation for technical assistance; institutional infrastructural and human capacity building; sharing of best practices and mobilizing and pooling of resources.

Major research topics/themes

This report provides an overview of areas of research need and is organized along three major domains of population and development framework namely; dignity and equity, population health, and place and mobility. The final section of this Agenda provides a brief overview of the implementation plan. The key sub-themes are listed in the table below.

Major domain	Key research themes/topics
Dignity and inequity (poverty and inequality; gender equality and empowerment of women; adolescents and youth; population ageing; and persons with disability)	<ul style="list-style-type: none"> • Comprehensive study on relationships between poverty, inequality and demographic processes • Young people and work in a changing technological world • Gender issues in paid and unpaid work • Factors associated with persistent harmful practices in certain areas or groups - SGBV, child marriage and childbearing, FGM/C • Studies on climate change, human migration and health outcomes of men and women • The interactions between gender, aging, disability in rural and urban areas • Evaluation of social protection systems for older persons • National comprehensive survey on persons with disability (a follow-up to the first national survey of 2007)

<p>Population Health (universal health coverage, health system, epidemiological transition, sexual and reproductive health among young people, reproduction, family planning and abortion)</p>	<ul style="list-style-type: none"> • Studies on cause of death by age and sex at sub-national levels (burden of disease at sub national levels) • Prevalence/incidence of TB, HIV, STIs among young people and management practice challenges • External causes (e.g. accidents, homicides, partner violence, suicide, etc.) of morbidity and mortality among young people • Incidence of anemia among young females, especially those who are pregnant (should also include detailed studies on over-nutrition and under-nutrition) • Persistent high birth rates among adolescents including unmet need for contraception among young people and evaluation of new technologies in provision of adolescent health information (such as ‘mhealth’) • Understanding of barriers to use of contraception with special reference to counties in northern parts of Kenya, vulnerable (marginalized) populations • Comprehensive survey on abortion incidence including testing of different measurement approaches • Comprehensive evaluation of health system performances including development of low-cost and accurate methods to measure and track progress towards UHC • Comprehensive study of health insurance schemes and out-of-pocket health expenditure • Interaction of the elderly and the health care system
<p>Place and mobility (changing families and households, internal migration and urbanization, international migration, irregular migration, migration and health nexus)</p>	<ul style="list-style-type: none"> • Household structures and child development • Factors perpetuating inequalities in the realization of developmental potential of young children • Harmful social and cultural practices and beliefs influencing nurturing care and positive parenting² • Social support networks, and household structure with special reference to older persons • Intergeneration transfers at micro level (household level based studies) • Surveys on homeless populations with particular reference to urban areas • Survey on internal migration exploring linkages between migration, poverty and inequality • Urban livelihoods – social networks (sociality); urban spaces and living arrangements with particular focus on children and youth (conviviality in urban spaces); status and determinants of urban health • Cross border mobility and its implications • Understanding trans-nationalism aspects of international migration in Kenya (origin, transit and destination) • Levels of skills drain and skills gain (e.g. student migration, specialized worker migration) • Development and testing of methodologies for estimating “difficult to measure” international migrant groups • Factors associated with irregular migration in Kenya and their social and economic implications • Insecurity, terrorism and human trafficking patterns and trends in Kenya • Exploring health issues across various migrant typologies • Exploring interactions’ between migration and health

² World Health Organization United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Implementation Strategy

The realization of the goal and objectives this Research Agenda requires the need: to keep research needs high on the political agenda; for support from multi-stakeholder collaboration; and to advance data access and interoperability mechanisms and standards. The key implementation strategies include: capacity development and training; collaboration and mobilization of multi-stakeholder partnerships; and advocacy and dialogue.

Key activities for implementation

A detailed time-bound integrated action plan³ will be prepared to implement this Agenda with specific measurable indicators to monitor progress. The action plan will be based on well articulated theory of change accompanied with a comprehensive monitoring and evaluation plan. The key activities will include:

- Advocacy for implementation of the Research Agenda;
- Collaboration, Coordination and Multi-Sectoral Arrangements: This will entail coordination, sectoral collaboration at all levels of governance; holding of regular consultative meetings with stakeholders; and engaging private sector and civil society organizations;
- Mapping researches and research activities: This will entail commissioning or conducting systematic and scoping studies of past and ongoing researches;
- Supporting further analysis of existing data;
- Commissioning studies/comprehensive surveys where data do not exist or available data is too old;
- Conducting dialogues and conversations on ongoing, completed or new researches. Holding periodic seminars, workshops or conferences that target key thematic areas;
- Warehousing of data and research products and encouraging access by stakeholders; and
- Preparation of periodic action plans including monitoring and evaluation plan for the implementation of the Agenda activities.

³ Action plans will be developed for the entire period 2019-2027 and annually.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ASRH	Adolescent Sexual and Reproductive Health
CRD/S	Civil Registration Department / Services
CSO	Civil Society Organisation
DHIS	District Health Information System
EmNOC	Emergency Neonatal and Obstetric Care
EmOC	Emergency Obstetric Care
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
GBV	Gender based violence
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDSR	Integrated Disease Surveillance and Response
IMR	Infant mortality rate
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
MCH	Maternal and Child Health
MDSR	Maternal Deaths Surveillance and Response
MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NCDs	Non-Communicable Diseases
NCPD	National Council for Population and Development
NGO	Non-Government Organisation
PSRI	Population Studies and Research Institute
RH	Reproductive Health
SDGs	Sustainable Development Goals
SGBV	Sexual and gender based violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights

STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The development agenda at both national as well as at the global level is that all countries strive to ensure quality of life⁴, health and well-being⁵. Broadly taken, this development agenda is anchored on: “how to ensure the best possible quality of life for all people, throughout their lives, while recognizing the diversity of individual circumstances and aspirations, and the role of social relationships in fostering individual well-being”. The observed hypothesis, derived from studies and lessons drawn from different contexts, reveals that demographic change has the potential to improve or damage the quality of life of everyone; hence policymakers should seek to intervene to ensure that the outcomes are positive. This implies that research strategy should aim to provide evidence about what a good quality of life means at every stage of the life-course, how it can be measured, and what policies might maximize it.

Despite the acknowledgement of what quality of life ought to be, defining and measuring quality of life is controversial because it is a subjective outcome⁶. Definitions and perceptions vary between individuals and disciplines. Quality is also a relative concept, because perceptions of wellbeing are often more closely related to an individual’s relative position than to absolute resources or opportunities. Furthermore, one person’s well-being may impact on another’s⁷. In relation to demographic change, the interest is not only in how to measure the outcome, but also in understating how other factors impact on quality. Evidence from past studies suggests that understating the role of health, social interactions, work, welfare regimes and the physical environment is imperative.

BROAD RESEARCH DOMAINS

RATIONALE

From an individual perspective, quality of life can be seen as the overarching policy objective which all governments seek to achieve, and the ultimate purpose of all welfare regimes. Without an understanding of what constitutes a good quality of life for different people at different life stages, it is impossible to define, develop and evaluate appropriate welfare models.

⁴ *Quality of Life* is the extent to which persons enjoy a good life by achieving a balance in their relations with themselves and with others through creating and sustaining adequate conditions and own potentials over the life course (<https://www.ip-demographic.eu/about-us/strategic-research-agenda-sra/>). “Quality of life” as a comprehensive concept includes (*ibid*):

- objective indicators of welfare,
- levels of social development and human rights,
- subjective reports of wellbeing, and
- a range of other domain specific concepts and measurements such as health-related quality and work satisfaction among others.

⁵ <https://www.ip-demographic.eu/about-us/strategic-research-agenda-sra/> Strategic Research Agenda on Demographic Change. Joint Programming Initiative (JPI) “More Years, Better Lives – The Potential and Challenges of Demographic Change” 2014

⁶ *Ibid*

⁷ *Ibid*

Currently, every country in the world not only experiences profound demographic change (age structure, population distribution, births, deaths and migration flows), but also technological and environmental change. Population dynamics, which cover a range of issues such as fertility, mortality, population growth, migration and urbanization, is inseparably linked with a wide range of social and economic challenges⁸. Opportunities for social and economic transformation necessary for development are constrained by the pace of growth of the national population. The greatest challenges facing Kenya are: energy constraints, climate change, food insecurity, water scarcity, poverty, and equity. All these changes and challenges have implications on the quality of life of individuals and social quality of the society.

Notwithstanding the challenges, changes in the age structure of the population as a result of population dynamics (in particular, the youth bulge) may offer a window of opportunity for improved economic development. Changes in the spatial distribution of the population, as a result of rural-to-urban migration, have implications for the urban transition, as rapid urbanization presents both challenges and opportunities for economic transformation. But for economic transformation to take place and improve human well-being, the health needs of a population must be taken into account because health yields economic dividends. While it presents many opportunities, migration remains a considerable challenge at all levels. The paucity of migration data and information creates a challenge in determining the causes and consequences of migration.

The hypothesis is that under the right circumstances, changes in population dynamics, structure and spatial distribution also provide important opportunities for sustainable development⁹. The main aim of this Research Agenda is to rally all the stakeholders to carry out studies that: 1) can identify evidence on the right circumstances; and 2) provide update on current population dynamics and their implications for social policy over the horizon for socioeconomic transformation¹⁰. The broad domains are based on the conceptual framework for population and development beyond 2014, all of which are relevant to aspiration one (1) and six (6) of Agenda 2063 (Box 1). These broad areas are; dignity and equity, population health, and place and mobility.

DIGNITY AND EQUITY

The ICPD 1994 refocused development to mean the expansion of human opportunity and freedom; all of which are inextricably linked to dignity and human rights¹¹. In the Africa Agenda 2063, aspiration 1 and 6, as well as the Agenda 2030, dignity of the individual is fundamental for all nations and people and for all segments of society. Dignity and equality envisage that individuals be provided access to opportunities to build and renew their capabilities across the life course in order to participate fully in society and enjoy their well-being¹². All

⁸ World Bank 2016, Agwanda et al 2017 Population and Social Policy Tanzania Human Development, Report 2017. Economic and Social Research Foundation, Tanzania

⁹ World Bank, 2016 Global Monitoring Report 2015/2016: Development Goals in an Era of Demographic Change. Washington, DC: World Bank. Doi: 10.1596/978-1-4648-0669-8.

¹⁰ Agwanda et al 2017

¹¹ United Nations Economic and Social Council 2014. Commission on Population and Development Forty-seventh Session, 7-11 April 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014. Report of the Secretary-General

¹² Ibid

governments, including Kenya, have pledged that future actions on sustainable development should be based on the fulfillment of human rights, individual dignity, equality and non-discrimination. In line with the overarching principle of **'leaving no one behind'**, development interventions should endeavour to reach first those who are furthest behind. However, there are still challenges in the state of evidence in a number of key areas, specifically with regard to: poverty and inequality; gender equality and empowerment of women; adolescents and youth; population ageing; and persons with disability.

1) POVERTY AND INEQUALITY

Poverty is the deprivation of one's ability to live as a free and dignified human being with the full potential to achieve one's desired goals in life¹³. Poverty is both a cause and a consequence of multiple human rights deprivations for which, often, no one is held accountable. The ICPD Programme of Action of 1994 clearly emphasized that: *"The relationship of population to development is so intertwined with issues of poverty, patterns of production and consumption, and inequality, that none can be fruitfully addressed in isolation."* Persistent poverty and deprivation still remains a major development challenge. One of the consequences of poverty is continued high prevalence of hunger and under-nourishment. Studies are still needed to examine the question: "What effect will population growth have on the environment and on food security?" Answers to this question span multiple issues such as:

1. Population growth: urbanization; changing age structure; international migration;
2. Environment: water; energy; biodiversity; climate change; and
3. Food security: growing 'consumption', falling production; depletion of arable land; the need for agricultural innovation¹⁴.

Studies should not only focus on the incidence of poverty, but also deprivations in multiple non-income dimensions. There is evidence that poverty and growing inequalities disproportionately affect women, children, young people, elderly and marginalized populations. Therefore, there is critical need for review of methodologies that are used for measuring poverty and improvements on how to estimate present poverty data disaggregated by age, sex, geography, and other categories.

Box 2: Key topics for sub-studies on Poverty, Inequity and Demographic Processes

1. Comprehensive study on relationships between poverty, inequality and demographic processes, e.g. fertility and poverty, spatial inequities in fertility and poverty
2. Testing methodologies for measurement of poverty levels (estimating poverty by sex, age groups, etc.)
3. Small area estimation of demographic processes and poverty incidence
4. Spatial analysis of demographic processes
5. Factors associated with under-nutrition and over-nutrition (exploring the nutrition transition)
6. Food insecurity including methodological issues in the measurement of food insecurity

¹³ Ibid

¹⁴ Lucci Paula, Dina Mansour-Ille, Evan Easton-Calabria and Clare Cummings 2016 Sustainable cities: Internal migration, jobs and the 2030 Agenda for Sustainable Development. ODI Briefing, Report on Food and Agriculture, Organization of the United Nations (FAO) Migration, Agriculture and Rural Development: Addressing the root causes of migration and harnessing its potential for development

2) ADOLESCENTS AND YOUTH

The period of adolescence and youth marks the transition to adulthood which is an important stage in the life cycle of individuals. The critical transitions include change in physical, psychological, economic, and social aspects when young people begin to prepare to take on adult roles in terms of family formation, financial independence, and citizenship. The transition period is marked by five key dimensions, namely; learning, going to work, staying healthy, forming families, and exercising citizenship¹⁵. The demographic changes in the past decades have led to the largest generation of people age 10-24 years in Kenya today. The centrality of adolescents and youth to the development agenda now and in the coming decades is not because of their numbers, but rather conditions under which they are growing. Four interconnected contextual influences that heighten vulnerability of many young people in Kenya today include; poverty, inequality, social exclusion and hazardous environments¹⁶. Although young people are all in transition, their experiences are by no means the same and they make up a very heterogeneous group. The research on youth transition should seek innovative methods that can shed light in the sequences of the transitions, the dimensions of the transitions, as well as the influences of the contexts.

A critical concern for this segment of the population is their transition into employment. Transition into employment is anchored on; first, demographic developments and economic growth; second, the interplay between these dynamics and long-standing institutional patterns, in particular, the regulatory provisions influencing the supply of jobs as well as education and training policies; and third, labour market and social protection policies that help the poor gain access to better employment opportunities and ensure that the gains from the growth process are equitably distributed among the population¹⁷.

Taking into account gender equality, these priorities underscore the need to explore: the intersections between the right to productive employment and decent work; education and training; social integration and mobility¹⁸. Decent work involves opportunities for work that are productive and deliver a fair income¹⁹. It provides: security in the workplace and social protection for workers and their families; offers better prospects for personal development; and empowers people by giving them the freedom to express their concerns, to organize and to participate in decisions that affect their lives. Achieving decent work for young people²⁰ is crucial for the progression towards wealthier economies, fairer societies and stronger democracies²¹.

¹⁵ World Bank. 2006. *World Development Report 2007: Development and the Next Generation*. Washington, DC.

¹⁶ Hardgrove, Abby Kirrily Pells, Jo Boyden and Paul Dornan 2014. Youth Vulnerabilities in Life Course Transitions. 2014 UNDP Human Development Report Office Occasional Paper.

¹⁷ Agwanda et al 2017

¹⁸ <https://www.decentjobsforyouth.org/#strategy-and-themes>

¹⁹ Ibid

²⁰ for more details, see also <http://www.worldbank.org/en/publication/wdr2019>

²¹ Ibid

Box 3: Key topics for sub-studies on Adolescents and Youth

Young people and work in a changing technological world

1. Child labour – incidence and determinants
2. Labour force participation - access to employment, characteristics of young people not in employment, education or training (NEET), factors associated with NEET, unemployment and under-employment among young people
3. Methodological issues in studies on youth transition to adulthood (sequence of event markers such as first birth, first marriage, first employment - financial independence, housing independence)
4. Impact of affirmative action funds on youth development

3) GENDER EQUALITY

Historically, cultural and institutional structures have created gender relationships that have led to the subordination of women in various social spheres leading to gender inequalities. Some of the mechanisms that tend to perpetuate poverty are connected with gender inequalities. Discrimination against women is universal and sometimes reinforced by public policies that lack a gender focus. Studies should examine the extent of gender equality and empowerment of women focusing on persistence of gender inequality and gender gaps and harmful practices such as gender based violence. There are differences in the way gender disparities manifest themselves and how they have evolved over time. Sub-studies in this sub-theme should examine the magnitude of these disparities so that they can be captured in order to design effective measures for reducing them.

Box 4: Key topics for sub-studies on Gender equity and Women Empowerment

1. Gender issues in paid and unpaid work (studies based on time use surveys)
2. Factors associated with persistent harmful practices in certain areas or groups - GBV, child marriage and childbearing, FGM/C
3. Gender and the environment nexus – e.g. studies on climate change, human migration and health outcomes of men and women
4. The interactions between gender, aging, disability in rural and urban areas

4) THE ELDERLY AND POPULATION AGING

The elderly need special attention, not only because of their size but also risk to many forms of vulnerabilities. The size of the older population has been increasing tremendously in absolute size in the past decade. Despite this increase, the proportion receiving any kind of pension is still low. With the waning of family support and the prevailing economic systems, older people lack alternative sources of income and, therefore, face hardships in a number of areas of basic needs. Although health needs increase in old age, the vast majority of older adults have inadequate healthcare coverage. Information concerning the living conditions of older people is lacking which, therefore, undermines any initiatives to develop interventions to improve their welfare.

There is need for studies that explore the extent of living arrangements, poverty status, and health of the elderly population. Poverty and poor health among the elderly undermine their dignity and is a violation of their rights. For large segments of the population, old age is associated with increasing dependency and vulnerability associated with declining income or health and a growing need for care and support. In particular studies are needed to:

- a) examine the current pension systems and its implications on well-being including gender differences; and
- b) examine how older persons interact with the health care system – both formal and informal.

All older persons face declining health and functioning, however, specific health trajectories may vary widely. The substantial heterogeneity in the health status of older persons underscores the need for health systems that are responsive to the diversity of their experience. Hence the need to evaluate the impact of current policies and programmes such as cash transfers on the livelihood of older persons in order to review the coverage and adequacy of social protection systems²².

Box 5: Key topics for sub-studies on elderly population livelihoods

1. Evaluation of social protection systems for older persons – e.g. cash transfer programmes
2. Work and retirement patterns of older population - Comprehensive study of old age pension systems with particular reference to gender issues in society including its linkages with demographic events
3. Exploration of elderly abuse and neglect
4. Living arrangements of older persons

5) PERSONS WITH DISABILITY

Disability is part of human condition but its definition is complex and in any society almost everyone will be temporarily or permanently impaired at some point in life and those who survive to old age will experience increasing difficulties in functioning. Persons with disabilities are diverse and heterogeneous. It is estimated that about 15 percent of the world's population lives with some form of disability, of whom 2-4 percent experience significant difficulties in functioning²³. “Disability disproportionately affects certain sub-groups of society such as older people, and poor people. Children from poorer households are also at significantly higher risk of experiencing disability. Women and girls with disability are likely to experience “double discrimination”, which includes gender-based violence, abuse and marginalization. As a result, women with disability often face additional disadvantages when compared with men with disability and women without disability” (WHO, 2015, 2)²⁴. A notable feature is that data on disability suffer from significant validity and comparability problems, leading to highly variable estimates, as well as frequent undercounting, owing in part to stigma associated with disability. There is critical need for a second comprehensive survey on persons with disability after the first one conducted in 2007.

Box 6: Key topic for sub-studies on Persons with Disability

National comprehensive survey on persons with disability (a follow-up to the first national survey of 2007)

²² The right to income security in old age is grounded in the Universal Declaration of Human Rights (1948) and in the International Covenant on Economic, Social and Cultural Rights (1966). More recently, social protection, including the need to ensure social protection floors that establish a minimum standard of living, was reflected in the 2030 Agenda for Sustainable Development. In recent decades, many low-income and middle-income countries have expanded the coverage of contributory pension schemes and established noncontributory social pensions. Many high-income countries have undertaken fiscal consolidation, reforming their pension systems by raising the statutory pensionable age, reducing benefits or increasing contribution rates to ensure the system's long-term sustainability.

²³ World Health Organization 2015. WHO global disability action plan 2014-2021. Better health for all people with disability.

²⁴ WHO 2015

POPULATION HEALTH

The ICPD 2014 and beyond recognized that any development agenda that aims at individual and collective well-being and sustainability has to guarantee dignity and human rights to all persons, including the right to the highest attainable standard of health. The health goal in the SDG framework is closely linked to many of the other social, economic and environmental goals. The intersectoral action emphasizes the promotion and prevention of ill health, the need to end poverty and inclusive economic growth – which are all anchored on investments in health, education, and social protection for all citizens. In this regard, several indicators used to assess human development relate to mortality, and indicators of mortality often act as inverse measurements for the health of populations. The untimely and unnecessary death, particularly during adulthood, results in a loss of any social and economic investment made in the deceased and, therefore, causes an economic loss.

Despite improvements, Kenya faces a large burden of communicable diseases, while trends point towards future increases in NCD burden. Focusing on important risk factors associated with health loss - including water, sanitation and hygiene, unsafe sex, and malnutrition - can enable policy makers to intervene effectively and realize better returns on investment. By pointing to unique opportunities to improve health outcomes at the county level, studies are necessary to help stakeholders develop effective advocacy tools for further investment in population health.

In Kenya, the health burden is rapidly shifting towards non-communicable diseases and injuries, at the same time communicable, maternal, nutritional and neonatal disorders have persisted - many of which are preventable²⁵. These factors result from the ongoing demographic change accompanied by the epidemiological transition. Although recent researches report improvements in health indicators, marked disparities still persist. Health interventions alone do not dictate health outcomes: diverse geography, socioeconomic status, and other social determinants of health all contribute to the heterogeneity in outcomes at all levels. Infrastructure investments to improve water quality and sanitation and regulations to improve air pollution and workplace safety can have direct effects on the health of citizens without being strict health interventions. In addition, special attention needs to be paid to meeting health needs in both urban and rural communities.

The Government of Kenya is now committed to the realization of the goal of universal health coverage (UHC) which is a critical component of Sustainable Development Goals (SDGs), specifically the need to: “Ensure healthy lives and promote well-being for all at all ages²⁶”. The achievement of universal access to health will depend on health systems. Elements needed for a functioning health system include; leadership and governance, human resources, health financing, information and research, access to medicine and health technologies, and service delivery²⁷. There are four main areas that require urgent research.

²⁵Achoki, et al 2018 Health disparities across the counties of Kenya and implications for policy makers, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. www.thelancet.com/lancetgh

²⁶ SDG goal 3

²⁷ WHO 2010: Key components of functioning health system https://www.who.int/healthsystems/publications/hss_key/en/

1) MORBIDITY, MORTALITY AND THE EPIDEMIOLOGICAL TRANSITION

Research is still needed to examine the trajectory of cause specific death rates and morbidity (Burden of Disease) at sub-national level. In Kenya, changing lifestyles have changed disease burden. Basic studies on descriptive epidemiology is needed in order to understand the current and future epidemiological situation, with particular reference to the evolution of infectious-contagious versus degenerative diseases. The current challenges include unavailability of datasets with time series at sub-national levels. Attempts to study trends in morbidity, mortality and the epidemiological transition, especially at sub-national level faces sparse data problem, often requiring modeling to fill data gaps. A major research gap requires focus on the sub-national burden of disease in order to understand the incidence of morbidity and mortality due to different causes in each sex and age group.

Box 7: Key topics for sub-studies on Epidemiological Transition

1. Studies on cause of death by age and sex at sub-national level
2. Demography of mental illness
3. Methodological issues in the collection and analysis of mortality data (especially early childhood and adulthood)
4. Analysis and synthesis of mortality data from administrative sources - vital registration system, health information system, perinatal and maternal surveillance and reporting system

ADOLESCENTS AND YOUTH MORBIDITY AND MORTALITY

Adolescents (age 10–19 years) are unique. It is a period of life when people are particularly vulnerable to certain health risks. It is also a time when critical behaviours are shaped that will affect health in the future. Adolescents and youth need quality health services that recognize these. Worldwide, adolescents account for 6 percent of the world’s global burden of disease and injury²⁸. The recent very rapid declines in mortality among infants and young children have not been mirrored among adolescents. Adolescence is the period when much risky behaviours start having a major impact on their health as adults. Adolescent health needs particular attention in humanitarian and fragile settings. Key areas of research should include but not limited to the following:

- a) Adolescence has been identified as a critical time in HIV and TB treatment and care, with recent studies demonstrating that HIV has risen to become the second-highest cause of adolescent mortality globally²⁹. What are the key barriers faced by adolescents to access TB and TB/HIV diagnostic and treatment services in Kenya and how can they be overcome?
- b) Injuries and violence: among the critical issues during the period of adolescence are causes of deaths due to external factors. Road accidents are one of the major killers of young people in the age group 10-19 but there are also concerns with regard to violence (including sexual violence), injuries and self-harm among others.
- c) There are calls for intervention on mental health among young people. A key question is: “What would be the most cost-effective, affordable and feasible package of interventions for promotion of mental health and prevention of mental health disorders among adolescents? It has been noted that suicide surpassed maternal mortality as the leading cause of death among older adolescent (15-19 years) females globally.

²⁸ World Health Organization 2017. Research for an AIDS Free Generation: A Global Research Agenda for Adolescents Living with HIV

²⁹ Ibid

d) Issues have been raised on the causes of adolescent anemia and how the causes vary by geographical region. Critical concerns include over-nutrition and under-nutrition; differences in nutritional risk factors or problems by geography or socio-economic status; and nutritional status or support for pregnant adolescent girls.

Box 8: Key topics for sub-studies on Young people’s morbidity and mortality

1. Prevalence/incidence of TB, HIV, STIs among young people and management practice challenges
2. External causes (e.g. accidents, homicides, partner violence, suicide, etc.) of morbidity and mortality among young people
3. Incidence of anemia among young females, especially those who are pregnant (should also include detailed studies on over-nutrition and under-nutrition)

2) SEXUAL AND REPRODUCTIVE HEALTH

Sexual and reproductive health and rights spans the lives of both women and men by offering individuals and couples the right to have control over and decide freely and responsibly on matters related to their sexual and reproductive health, and to do so free from violence and coercion. Universal access to reproductive health is a critical component of UHC.

A) ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH

The United Nations’ Global Strategy for Women’s, Children’s, and Adolescents’ Health, 2016-2030, features adolescents for the first time³⁰. This strategy emphasizes that interventions go beyond; “to survive”, “thrive” and “transform” so as to increase the focus on adolescent health and development³¹. Although only one of the 17 Sustainable Development Goals is specific to health, all 17 can directly or indirectly affect adolescent health³². The increasing attention towards adolescent health not only demands further research but also innovative ways of evaluating the current interventions.

Box 9: Key topics for sub-studies on adolescent and youth SRHR

1. Persistent high birth rates among adolescents
2. Unmet need for contraception among young people
3. Evaluation of new technologies in provision of adolescent health information (such as ‘mhealth’)
4. Effectiveness of the youth friendly/competent service
5. Evaluation of sexuality education for young people
6. Evaluation of adolescent reproductive health policy

B) FAMILY PLANNING

Kenya is one of the pioneer countries in Africa to initiate a family planning programme and its success and challenges have been extensively acknowledged. In the past one and half decades, the uptake of modern contraception has undergone rapid changes. Despite these remarkable performances over a 10-year period, a number of women are still not able to use appropriate contraceptive methods to meet their fertility desires.

³⁰ WHO 2017 Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation

³¹ Ibid

³² Ibid

Modern contraceptive use has become more established behaviour in Kenya and, therefore, programmes should shift priorities to focus not only to meeting the demand for services but also on the quality of the services. Quality of care contributes to both contraceptive adoption and continued use. One of the major concerns of family planning programmes is the rate at which users discontinue using their methods. Secondly, the most recent national surveys have shown that there still exist wide differentials by geography and social class. Therefore, the second concern is the need to identify the main barriers to uptake and use of modern contraceptives in settings with very low prevalence of contraceptive use.

Box 10a: Key topics for sub-studies on Family Planning (FP)

1. Understanding of barriers to use of contraception with special reference to counties in northern parts of Kenya, vulnerable (marginalized) populations
2. Investigating the determinants of acceptability and continuation of use of FP methods in marginalized populations
3. Reasons why contraceptive use may be unchanging in some counties
4. Persistence of myths and misconceptions about contraceptives
5. Evaluation of quality of care of FP services in integration of FP with other RH services - focus on the determinants of the discontinuation and switching of contraceptive methods
6. Evaluation of the integration of postpartum FP services with other interventions – such as child vaccination and control of HIV infection – to improve health care and uptake of FP services
7. Exploring male involvement in FP
8. Exploring acceptability of male contraceptives methods

C) REPRODUCTION

Understanding population change is one of the key goals of demographic research because population change has implications on the development process, and development can, in turn, influence population change. Fertility outcomes are the cornerstones to understanding the current and future trajectory of population change in the country at all levels. The changing demand for children is central in explaining the trajectory of fertility change. The focus of this sub-theme is to expand research to enable further understanding of the demand for children in different contexts. This entails undertaking county (sub-national) specific factors associated with demand for children in light of the changing theoretical explanations of value of children amid persistent poverty, incidence of HIV, family planning programmes, infertility and assisted reproductive technologies.

Box 10c: Key topics for sub-studies on fertility trends and determinants

1. Fertility and poverty inter-linkages - (including the changing demand for children)
2. Explaining the unchanging fertility trends in select sub-regions and persistent fertility inequalities
3. Association between migration and fertility
4. Implication of fertility decline to changing living arrangements
5. Investigating the interrelationship between labour force participation and fertility
6. Biomedical and social aspects of infertility in Kenya
7. Investigation of social aspects of assisted reproductive technologies

3) Health Systems

Many studies on Kenya have called for further research in benchmarking health system performance assessment. For example, maternal mortality - a priority area for the health system - has registered impressive gains over time since 2006. The gains at the sub-national level are though heterogeneous (not uniform), which reveals relevant performance gaps that need to be addressed. This also applies to under-5 mortality, with some counties showing declines greater than 5 percent every year, whereas in other counties the under-5 mortality rate has largely been stable over time. Further, there is need to go beyond the health sector and address the root causes and determinants of health inequity. These results call for further research into the effect of: the growing economy and increased investment in health; devolution on health-care provision; and related outcomes which could help to identify gaps and improve future services at the county level³³. In addition, the effect of disasters related to climate change is also necessary to identify if and how these factors have contributed to changing health patterns.

Box 11: Key topic for sub-studies on Health Systems

1. Comprehensive evaluation of health system performances
2. Evaluate the impact of devolving the health function to the county level
3. Assessment of health, equity, and health systems-and related implications of other policies (Health in all policies)

4) UNIVERSAL HEALTH COVERAGE (UHC)

The aim of UHC is to provide health care and financial protection to all people with three related objectives: equity in access (everyone who needs health services should get them, and not simply those who can pay for them); quality of health services (good enough to improve the health of those receiving the services); and financial-risk protection (ensuring that the cost of health care does not put people at risk of financial hardship)³⁴. Studies on UHC are still very scanty. Three main challenges in tracking UHC exist: first, sourcing reliable data on a broad set of health service coverage and financial protection indicators; second, disaggregating data to expose coverage inequities; and third, measuring effective coverage, which not only includes whether people receive the services they need, but also takes into account the quality of services provided³⁵. In addition, there will be need to develop reasonably low-cost and accurate methods to measure and track country progress towards UHC³⁶.

Box 12: Key topics for sub-studies Universal Health Coverage

1. Development of low-cost and accurate methods to measure and track progress towards UHC
2. Comprehensive study of health insurance schemes and out-of-pocket health expenditure
3. Interaction of the elderly and the health care system

³³ Achoki, et al 2018 Health disparities across the counties of Kenya and implications for policy makers, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. www.thelancet.com/lancetgh

³⁴ Wagstaff et al. 2016. Measuring progress towards universal health coverage: with an application to 24 developing countries. *Oxford Review of Economic Policy*, Volume 32, Number 1, 2016, pp. 147–189.

Wagstaff et al 2016 report that UHC is defined along two dimensions: service coverage (everyone, irrespective of ability-to-pay, getting the services they need); and financial protection (nobody suffering financial hardship as a result of receiving needed care).

³⁵ WHO 2015

³⁶ Haas, Sherri, Laurel Hatt, Anthony Leegwater, Marianne El-Khoury, and Wendy Wong. September 2012. Indicators for Measuring Universal Health Coverage: A Five-Country Analysis (DRAFT). Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

PLACE AND MOBILITY

Place and mobility enhance spatial interaction and flows of people, goods and services in space and time. People live in places, move within and between places, and depend on goods and services to and from places³⁷. Places are points or areas of spatial concentration of population, production and consumption. Places not only have a location, territorial domain, and natural environment, but also are social constructs, shaped by human behaviour and interactions³⁸. Therefore, the physical, social, political, institutional, economic and environmental characteristics of a place determine not only spatial interaction but may also explain population mobility and change over time, regional disparities and inequalities, livability and quality of life, and economic growth and development. A secure place is essential for human development, just as human security – freedom from hunger, fear, violence and discrimination – is a precondition for the development and well-being of all persons³⁹.

1) CHANGING STRUCTURE OF HOUSEHOLDS AND FAMILIES

Developments and interplay of social, economic and environmental factors have resulted into new forms of family and household formation, composition and structure. Households are becoming less extended and nuclear, and also smaller. There is an increase in the number of single-person households, one-parent families, “fragile families” (skip generation households and child-headed households⁴⁰), separations and divorce. The changing nature of the structure of households reflects on a number of issues that have far-reaching implications for patterns of consumption, housing, long-term care of the elderly and intergenerational support. An overarching research theme from this domain concerns the understanding of the interrelationships between marriage, poverty, cohabitation, child and elderly care.

A) FAMILY CHANGE AND CHILD WELL-BEING

In the absence of comprehensive social protection and social security systems, the family continues to be the main source of aid and solace in times of need, such as during illness, unemployment, bereavement, and in old age⁴¹. Another critical function of the family is that of childcare⁴². However, the Kenyan society continues to undergo significant socio-economic changes, some of which have led to increasing union instability and economic fragility. It has also been reported that continued debilitating poverty has made families face circumstances that make it difficult for parents to provide the attention and affection that their children require to develop and thrive⁴³.

³⁷ United Nations Economic and Social Council 2014. Commission on Population and Development Forty-seventh Session, 7-11 April 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014. Report of the Secretary-General

³⁸ Ibid

³⁹ United Nations Economic and Social Council 2014. Commission on Population and Development Forty-seventh Session, 7-11 April 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014. Report of the Secretary-General

⁴⁰ Child-headed households are one of the most widely discussed social consequences of the HIV epidemic in Africa where the prevalence has been high, though evidence for the extent of this phenomenon is controversial. Skip generation households are typically described as households of a grandparent (typically a grandmother) living with her grandchildren whose parents have died. Children living with grandparents are vulnerable since the grandparents themselves have lost one of their key support mechanisms (working sons and daughters).

⁴¹ Mokomane Zitha 2014 Family Change and Child Well-Being in Africa. <https://ifstudies.org/blog/family-change-child-well-being-africa>

⁴² Ibid

⁴³ World Health Organization, United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Among the critical factors in social transformation is the increase in rural-to-urban migration⁴⁴. There is also research evidence showing that the overcrowded, stressful living conditions result in children witnessing or hearing sexual activities between their caregivers and other adults⁴⁵. This not only has the potential to create a more sexualized childhood and early sexual debut, but has also been found to be one of the key factors in the psychosocial histories of young perpetrators of child rape.

Migration typically leads to reduced household sizes and the physical separation of family members. This has weakened traditional support for childcare roles and increased the work-family conflict of parents in urban areas⁴⁶. Since the majority of childcare facilities are privately run and unaffordable for most, poor families often cope with less than ideal “solutions,” such as leaving children home alone, removing an older sibling - often a girl - from school to take care of younger siblings, or taking children to work with them⁴⁷. All these have obvious detrimental effects on the health, education, and overall development of children but there are inadequate studies in Kenya on the same⁴⁸.

The change in marriage patterns has led to among other things; rise in female-headed households, and many women are now the sole economic providers and caregivers for their children⁴⁹. Cohabitation is increasingly common household type but remains unrecognized by many cultural and legal systems in the country. Cohabiting women do not have such legal protection, especially in terms of property, inheritance and maintenance rights and, consequently, children born within these unions are often left vulnerable with little or no claim from their fathers or their fathers’ estates if their parents’ relationship ends⁵⁰. Anecdotal studies by child welfare practitioners also suggest that there are high levels of child abuse - economic, psychological, and sexual - by stepfathers in cohabiting unions⁵¹. Much of this abuse apparently goes unreported, as the poor economic status of women leaves the mothers largely dependent on their male partners.

B) EARLY CHILDHOOD DEVELOPMENT (ECD)

Early childhood development (ECD) emphasizes the holistic development of children because many adult diseases have their origins in adverse events early in a child’s life⁵². Studies have also shown that living in a chaotic home can lead to adverse well being outcomes leading to shorter average lifespans⁵³. Adverse childhood experiences can exacerbate obesity, illicit drug use, mental health problems, sexual and reproductive health issues, and general health and social problems⁵⁴. Maltreatment of children has a cascade of consequences that influence cognitive and intellectual ability, social and behavioral skills, psychological and emotional processes, and physical

⁴⁴ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations.

⁴⁵ Mokomane Zitha 2014

⁴⁶ Ibid

⁴⁷ World Health Organization et al 2018. Mokomane Zitha 2014

⁴⁸ Ibid

⁴⁹ World Health Organization et al 2018. Mokomane Zitha 2014

⁵⁰ Mokomane Zitha 2014

⁵¹ Ibid

⁵² Shonkoff, J. P., W. T. Boyce, and B. S. McEwen. 2009. Neuroscience, molecular biology, and the childhood roots of health disparities. *Journal of the American Medical Association* 301(21):2252-2259.

⁵³ Brown, D. W., R. F. Anda, H. Tiemeier, V. J. Felitti, V. J. Edwards, J. B. Croft, and W. H. Giles. 2009. Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine* 37(5):389-396.

⁵⁴ World Health Organization et al 2018.

and neurological functions⁵⁵. However much remains to be done to close the gap between understanding and action despite recent global emphasis on early childhood development. The science of early childhood development still needs to be translated into large-scale programs for young children in order to develop and scale up interventions to promote comprehensive agenda for early childhood development⁵⁶. The complexity of early childhood development demands an integrated approach that encompasses all levels and sectors of society but today the health, education, and social protection sectors tend to work in silos⁵⁷. Moreover, society is changing yet the needs of young children are not being addressed⁵⁸.

There are still gaps in the generation and usage of data and evidence on ECD with respect to the measurement of child development outcomes to inform programme, policy and innovation⁵⁹. There is still need to determine:

- 1) The extent to which outcomes and trends differ across sub-groups of young children and caregivers (e.g. pregnant adolescent mothers, children in institutional care, young children living in mono-parental families), by income quintile, geographical areas, during humanitarian action and in development contexts⁶⁰;
- 2) The major bottlenecks and barriers perpetuating inequalities in the realization of developmental potential of young children⁶¹; and
- 3) The extent to which caregivers of young children are unable to practice nurturing care⁶² and positive parenting for ECD because of existing harmful social and cultural practices, and beliefs⁶³.

C) INTERGENERATIONAL TRANSFER PATTERNS IN CHANGING DEMOGRAPHIC CONTEXTS

Extensive research from high-income contexts has shown that private transfers typically flow from members of the older generations to their children and grandchildren, while public transfers tend to flow in the opposite direction⁶⁴. Kenya, like many other sub-Saharan countries, is undergoing rapid economic and demographic changes, making it a particularly policy-relevant area to investigate intergenerational transfers. Rapid population growth continues to be a major social and policy issue⁶⁵, demographic and epidemiological trends of falling fertility

⁵⁵ IOM (Institute of Medicine) and NRC (National Research Council). 2012. *From Neurons to Neighbourhoods: An Update: Workshop Summary*. Washington, DC: The National Academies Press

⁵⁶ Interventions to protect and support early child development start before conception and continue through pregnancy and childbirth into early childhood - first stage (from pregnancy to 4 years), second stage (4-6 years), third stage (6-8 years).

⁵⁷ World Health Organization et al 2018.

⁵⁸ IOM (Institute of Medicine) and NRC (National Research Council). 2012

⁵⁹ UNICEF 2017. Early Childhood Development Section, 'UNICEF's Programme Guidance for Early Childhood Development'

⁶⁰ Ibid

⁶¹ National Council for Population and Development 2016

⁶² Nurturing care refers to the conditions created by public policies, services and programmes to enable communities and caregivers to ensure children's good health and nutrition, protect them from threats, and give young children opportunities for early learning, through interactions that are emotionally supportive and responsive (WHO et al; 2018). Nurturing care also requires engagement across a range of sectors – including health, nutrition, education, child protection, social protection, labour and finance. It calls for concerted effort by many stakeholders –including governments, civil society, academic institutions, the private sector, families and others providing care for young children – at the local, national, regional and global levels (WHO et al 2018).

⁶³ National Council for Population and Development 2016. Secondary Data Analysis and Literature Review of Knowledge, Attitude, Beliefs and Practices (KABP) Study of The 10 Key Child Survival Development and Protective Behaviours

⁶⁴ Kluge, Fanny Annemarie and Tobias Vogt. 2015. "Income Sources and Intergenerational Transfers in Different Regimes: The Case of East Germany's Transformation," *Demographic Research* 33(November): 1153–1164.

⁶⁵ Kohler, Hans-Peter. 2013. "Copenhagen Consensus 2012: Challenge Paper on 'Population Growth,'" In, *Global Problems, Smart Solutions: Costs and Benefits*. Cambridge: Cambridge University Press.

and increasing life expectancy are generating the challenge of a growing elderly population⁶⁶. A prominent framework to analyze intergenerational transfer patterns in changing demographic contexts is the National Transfer Accounts (NTA) project, in which Kenya is among the 60 countries currently covered across the world⁶⁷. However, the NTA model has limited applicability to understanding the complex determinants of household economics and intergenerational transfers at the micro level⁶⁸. This is due to the fact that the NTA model does not capture the potential significant variation in transfer patterns within populations and/or in response to shocks⁶⁹. Key areas that may require closer examination include, but not limited to household structure and transfers, social protection programmes and transfers⁷⁰. For example; a) “how do family members adapt to the changing fortunes and needs of its members by moving resources up and down the generational ladder?”, b) “What are the effects of public policies on intergenerational wealth transfers and the effects on demographic processes such as fertility and fertility intentions?”

D) HOMELESSNESS

Large numbers of people in Kenya are homeless. Such people may be sleeping on the streets, in abandoned buildings, in makeshift structures but the exact number is unknown⁷¹. The last global survey attempted by the United Nations in 2005 estimated that 100 million people were homeless worldwide⁷². It is now estimated that about 1.6 billion people in the world lack adequate housing⁷³. The first issue arises from the fact that definitions of homelessness vary from country to country.

Census data are typically collected based on households and, while most census data takes into account those living in shelters and receiving government aid, census takers struggle to count these “hidden homeless”⁷⁴. Although homelessness has been considered an urban issue, it also impacts people in rural areas. Natural disasters and internal displacement continue to cause rural homelessness. A wide range of factors combine to create homelessness in societies, and these include; lack of social protection systems, limited public housing, income screening and vulnerable unemployment⁷⁵. The size of the homeless population is extremely difficult to determine because of lack of any system for counting them and defining homelessness is complex.

⁶⁶ Aboderin, Isabella A. G. and John R. Beard. 2015. “Older People’s Health in Sub-Saharan Africa,” *The Lancet* 385(9968): e9–e11. [https://doi.org/10.1016/S0140-6736\(14\)61602-0](https://doi.org/10.1016/S0140-6736(14)61602-0).

⁶⁷ Payne Collin F., Luca Maria Pesando and Hans-Peter Kohler 2019. Private Intergenerational Transfers, Family Structure, and Health in a sub-Saharan African Context. *PDR* 45(1): 41–80

⁶⁸ Ibid

⁶⁹ Ibid

⁷⁰ Ibid

⁷¹ Haber M. G. and P. A. Toro 2004, “Homelessness among families, children and adolescents: an ecological-development perspective”, *Clinical Child and Family Psychology Review*, vol. 7, No. 3. P. A. Toro, “Towards an international understanding of homelessness”, *Journal of Social Issues*, vol. 63, No. 3 (2007), pp.461-481.

⁷² <https://www.homelessworldcup.org/homelessness-statistics/>

⁷³

Ibid

⁷⁴ Ibid

⁷⁵ European Federation of National Organisations Working with the Homeless, European Report: The Role of Housing in Pathways Into and Out of Homelessness — Annual Theme 2008: Housing and Homelessness; available from www.feantsa.org/spip.

There is limited research, despite growing recognition of the reality of highly vulnerable homeless populations, including street children. When defining homelessness, it is important to distinguish between homeless single adults, homeless families and homeless youth, as these subgroups are often distinct in many dimensions.

Homeless families include intact (and even extended) families displaced by conflict or environmental crisis; when homelessness is due to extreme poverty or eviction, such families are more likely to include a single young mother with young children, who may also be escaping domestic violence.

Homeless youth differ from homeless adults because of their age (typically under 21), and from homeless children (in families) because they are homeless on their own. A variety of terms have been used to describe homeless youth, including runaways, throwaways and street youth, who may have raised themselves on the streets. These are not mutually exclusive groups. Most research has found roughly equal numbers of girls and boys among homeless adolescents, while boys are more common among older street youth.

There is need to conduct studies on all the different groups of the homeless. The research should also consider policies and programmes targeting these segments of the population, especially in relation to the SDG principle of leaving no one behind.

Box 13: Key topics on changing families and households

1. Household structures and child development
2. Trends and differentials in Early Child Development outcomes
3. Bottlenecks and barriers perpetuating inequalities in the realization of developmental potential of young children
4. Harmful social and cultural practices, and beliefs influencing nurturing care and positive parenting
5. Social support networks, and household structure with special reference to older persons
6. Intergeneration transfers at micro level (household level based studies)
7. Surveys on homeless populations with particular reference to urban areas

2) INTERNATIONAL MIGRATION, INTERNAL MIGRATION, URBANIZATION AND DEVELOPMENT

Migration is an expression of the human aspiration for dignity, safety and a better future because people migrate to overcome poverty, escape conflict, or cope with economic and environmental shocks. Migration influences population distribution, structure, composition and size of a country. A systematic understanding of migration is critical in any development process and formulation of appropriate policies.

A) INTERNAL MIGRATION

Internal migration influences: labour-force and human-capital flows; rural-urban linkages, flows and interactions; and information flows and innovations. Furthermore, the dynamics of internal migration are indirectly related to various aspects of regional inequalities that must be addressed. SDG 8 seeks to promote decent work and protect labour rights for all workers, including migrants. Target 8.8 states, 'Protect labour rights and promote safe and secure working environments for all workers, including migrant workers'⁷⁶. Poor, internal migrants tend to work in

⁷⁶ <https://www.un.org/sustainabledevelopment/>

United Nations 2018. The Sustainable Development Goals Report 2018

the informal economy, often in risky environments and with no access to social protection⁷⁷. Policies that support decent job creation and entrepreneurship in such settings are critical to strengthening the opportunities available to new arrivals, as are those interventions seeking to improve work standards and provide protection and assistance in cases of abuse⁷⁸.

Very limited data exist with respect to the directional flow aspects of internal migration due to the difficulty to conceptualize and measure. National data-based studies on internal migration have been scarce and often limited to analyzing in-migration and out-migration between regional administrative boundaries – as much as census data can capture. Furthermore, migration studies of the 1970s and 1980s largely focused on rural-to-urban migration based on sample surveys of migrants and on rural-urban bias and economic theories of push and pull factors.

A critical theme in migration and development in literature is whether people migrate from poverty or into poverty. There is need for studies that focus on how rural-urban migration affects poverty in urban areas, in rural areas, and at the national and sub-national levels. This should include the nature, character, magnitude, causes and determinants of internal migration, as well as national policies and programmes that have shaped the process. Two important emerging features: circular migration between cities and small-holder farming areas and the increasing participation of women in migration streams previously dominated by men.

There is need for studies that highlight the consequences of internal migration for rural, urban, social and economic development – in the context of directional flows and urban-rural linkages and flows. There is a renewed policy focus on agriculture in Kenya which forms the basis of many households' livelihoods. However, there are few studies in the country that have critically examined the impact of internal migration on the agricultural sector. There is need to specifically investigate how migration affects household labour, due to the departure of a working member, whether capital from remittances and return migration are being channeled in or out, and in what ways immigrant (migrant) households contribute to the sector. To this extent, there is need for better understanding of how to leverage migration for development in the agricultural sector. It is, therefore, important to design research that explores the question: “to what extent do agricultural policies influence migration outcomes, the decision to remit and return and the integration prospects of immigrants (migrants)⁷⁹? What are the gender specific impacts of migration on agriculture/rural development (often associated with the increased feminization of agriculture)?

B) URBANIZATION

Urbanization is a strong transformative force which is reshaping society today. Granted that urbanization is inevitable, the main challenge is not to slow it down, but to learn how to deal with the rapid growth. SDG 11 aims

⁷⁷ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations.

⁷⁸ Ibid

⁷⁹ see ILO (2016). World Employment and Social Outlook 2016 – Transforming jobs to end poverty; FAO. *Women and decent work*, <http://www.fao.org/rural-employment/work-areas/women-and-decent-work/en/>. FAO, IFAD and ILO (2010). Gender dimensions of agricultural and rural employment: Differentiated pathways out of poverty.

to make cities inclusive, safe, resilient and sustainable for migrants and others⁸⁰. In particular, target 11.3 seeks to promote inclusive city planning and management, while target 11.a sets out ways of implementing this goal by supporting positive economic and social links between rural and urban areas through regional and national planning⁸¹. The aim is for city and national policy-makers to include new arrivals in economic and spatial planning, and in the delivery of services. Goals 8 and 11 are inherently interrelated.

Policy makers and planners need to plan ahead for it. As such, any urban development policies should aim at guiding the urbanization process by reducing the challenges and maximizing opportunities offered by the urbanization process. Furthermore, taking a proactive view towards inevitable and massive urban growth is crucial as cities emerge as important actors for sustainable development. Sustainable Development Goal 11 Target 11.3 calls for enhancing inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries by 2030⁸². It is important to note that urbanization is not simply about numbers or quantitative change, for it reflects a much deeper social transformation⁸³: restructuring economies and different livelihoods, changing lifestyles and demand for services, changing class systems, refashioned urban fabric, and new politics⁸⁴.

The New Urban Agenda rests on five principles that reflect five broad shifts in strategic and policy thinking⁸⁵:

- ensuring that the new urbanization model includes mechanisms and procedures that protect and promote human rights and the rule of law;
- ensuring equitable urban development and inclusive growth;
- empowering civil society, expanding democratic participation and reinforcing collaboration;
- promoting environmental sustainability; and
- promoting innovations that facilitate learning and the sharing of knowledge.

The vision of the New Urban Agenda can be broadened and deepened to induce transformative change by considering these other elements⁸⁶:

- Promote a new urbanization model that is universal and adaptable to diverse national circumstances and that is based on the key urbanization challenges and opportunities shared by all countries.
- Promote integrated implementation of a new urbanization model in order to address the environmental, social, and economic objectives of sustainability, which have many inter-linkages, as well as the concerns of various tiers of government.
- Promote smart, greener cities, with adequate use of technology, which involves establishing critical connections between science, the environment, economic growth, urban planning, and governance.
- Promote a principle of subsidiarity that entails a process of re-arrangement of state institutions, involving transfers of responsibilities and resources to the lowest reasonable level.

⁸⁰ <https://www.un.org/sustainabledevelopment/>. Sees also United Nations 2018. The Sustainable Development Goals Report 2018

⁸¹ Ibid

⁸² Ibid

⁸³ Lall, Somik Vinay, J. Vernon Henderson, and Anthony J. Venables. 2017. "Africa's Cities: Opening Doors to the World." World Bank, Washington, DC License: Creative Commons Attribution CC BY 3.0

⁸⁴ UN HABITAT 2016 World Cities Report. United Nations Human Settlements Programme. http://wcr.unhabitat.org/wcr_downloads/world-cities-report-2016/

⁸⁵ United Nations 2017. The new Urban Agenda. United Nations Conference on Housing and Sustainable Urban Development (Habitat III)

⁸⁶ Ibid

- Promote a global data revolution for effective results based implementation and monitoring of the New Urban Agenda at the local, national, and global levels.

There is need to understand and account for the trends and patterns of the urbanization process in space and time including national policies and programmes that shape the process. Secondly, there is need to understand the relationship between urbanization and economic growth and development⁸⁷. Thirdly, there is need to understand the relationship between urbanization and: increased levels of urban poverty, (youth) unemployment, inequality, exclusion and social differentiation; inadequate and poor provision of services such as water, sanitation, housing, security, transport); vulnerability of the urban population to disasters, including the potential impacts of climate change. Finally, there are limited studies that explore the changing urbanism including the sociality⁸⁸ and conviviality⁸⁹ in urban spaces.

Critical research questions should include but not limited to: How does internal migration, resulting into rapid urbanization, impact migrants' livelihoods? What is the impact of internal migration on the host city? How does internal migration affect poverty reduction?

Box 14: Key topics on internal migration and urbanization

1. Survey on internal migration exploring linkages between migration, poverty and inequality - what are the major drivers of contemporary internal migration flows within Kenya? What are the implications of these migration flows?(Examples include: changing gender norms and rural transformation such as the feminization of agriculture; critical examination of the linkages between agriculture, rural development and migration; migration and employment linkages)
2. Exploration of the use of administrative data to support research on internal migration
3. Urban livelihoods – social networks (sociality); urban spaces and living arrangements with particular focus on children and youth (conviviality in urban spaces); status and determinants of urban health
4. Review of policies on urbanization, their implementation and impact – e.g. role of urbanization on food security

C) INTERNATIONAL MIGRATION

The increasing interconnectedness in the world indicates that international migration is a reality that touches nearly all corners of the globe, often making distinctions between countries of origin, transit and destination obsolete. Modern transportation has made it easier, cheaper and faster for people to move. International migration raises many political issues, and attention now turns to implementation of the globally agreed goals on international migration. To address conceptual, technical and policy issues concerning international migration, the general goal is to inform policy and programmatic responses to migration and migrants by bringing scientific theory and evidence to the analysis of current and future trends and patterns of international migration, the causes and consequences of population movements, and policy response⁹⁰. However, data on international migration in

⁸⁷ Lall, Somik Vinay, J. Vernon Henderson, and Anthony J. Venables. 2017. "Africa's Cities: Opening Doors to the World." World Bank, Washington, DC. License: Creative Commons Attribution CC BY 3.0

⁸⁸ Sociality refers to the action on the part of individuals of associating together in communities; the state or quality of being social.

⁸⁹ Conviviality simply refers to the quality of being friendly and making people feel happy and welcome.

⁹⁰ International Organization for Migration 2019 Global Compact for Safe, Orderly and Regular Migration |

Kenya is relatively scarce. International migration (i.e. regular migrants, refugees, trafficked and/or smuggled persons) flow data can be generated by administrative sources (the number of visa issued, population registers, etc.), while the population census is the most common data source for the migrant stock. For Kenya, the population census is the only suitable data source that can yield information on the volume and characteristics of international migrants. Although information on the number of immigrants and emigrants can be sourced from the 2009 and the planned 2019 censuses, data on emigrants may be fraught with uncertainty due to the inherent difficulties in enumerating absent people (stock) and deregistering people who leave (outflows).

The incorporation of gender perspectives in understanding of international migration also demands consideration of four crucial questions⁹¹. First, how do the expectations, relationships and hierarchies associated with being female or male affect the potential for international migration and process of migration itself? Second, how do gender inequalities in the societies of destination affect the experiences of migrant women and migrant men? Third, to what extent, and in what ways, does migration benefit or disadvantage women and men? Fourth, what steps should be taken to ensure equal opportunities and outcomes for migrant women and migrant men⁹²?

International migrants can contribute to the economic development through their competencies and skills, remittances and their increased experience when they return to their countries⁹³. Often, migrants help family members to migrate by paying for the costs of the move. Remittances are used to improve the well-being of other family members and foster economic growth⁹⁴.

Conventions, laws and practices governing the rights of migrants in receiving countries affect migrants. Migrant labourers who get recruited as domestic workers or those who are unauthorized workers in the country of destination are often vulnerable. Depending on the receiving country, they may have no protection or recourse in case of abuse. For instance, labour market segmentation based on sex and the segregation of women in traditionally female occupations (nursing, secretarial work, garment industry work, etc.) mean that migrant women are often paid less than migrant men who are concentrated in higher-paying occupations.

A number of international instruments outline the human rights of migrants, yet many national laws regulating the admission and stay of international migrants include provisions that negatively impact the human rights of migrants⁹⁵. For instance, laws may include provisions that prevent migrants from being accompanied by their spouses and children or that make it difficult for them to achieve family reunification. In addition, the types of

⁹¹ <https://www.iom.int/gender-and-migration>

⁹² This is anchored on the fact that governments should promote and effectively protect human rights and fundamental freedoms of all migrants, regardless of their migration status by: providing social protection to all migrants; combating discrimination, hatred and other crimes perpetrated against migrants; safeguarding their physical integrity and dignity; and enhancing their environment to exercise their beliefs and cultural values in conformity with human rights principles.

⁹³ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations. United Nations Conference on Trade and Development (UNCTAD) 2018. Economic Development in Africa Report 2018: Migration for Structural Transformation

⁹⁴ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations.

⁹⁵ See [_International_Convention_on_the_Protection_of_the_Rights_of_Migrant_Workers_and_Members_of_their_Families_International_Covenant_on_Civil_and_Political_Rights_\(arts._2\(1\),_13\)_CoreInstruments.aspx](#), International Organization for Migration 2019 Global Compact for Safe, Orderly and Regular Migration

occupations that a majority of migrant women are concentrated in, such as domestic employment, may not facilitate them to receive adequate legal protection under labour laws. There is need for analysis of laws and regulatory mechanisms with regard to status of migrants. There is need for research that focuses on the coherence between development and migration policies of governments in countries of destination and origin.

A critical examination of how migration's varied development impacts and role as agents of innovation is now necessary⁹⁶. Beyond the remittances they generate, diaspora members fulfill a key development role in their countries of origin: as major direct investors in critical and emerging industries, generous philanthropists and in the growth of important sectors such as tourism, and in the development of human capital⁹⁷. The movement of skilled workers internationally represents skill gain for the countries that reap their skills and experience, and skill drain for their countries of origin⁹⁸. On the skill gain side of the divide, countries increasingly are looking to position their immigration policies to attract the types of international workers and students whose skills they desire⁹⁹. On the skill drain side, the development impacts of losing educated workers are being assessed in immigrant-sending and receiving countries¹⁰⁰.

Literature shows that migration and remittances can affect a number of sectors such as health and education through several different channels. The main channels leading to both structural effects at national level and effects at individual/household level are: emigration and immigration can modify the stock and composition of human capital available in both countries of origin and destination¹⁰¹; return migration can bring back new knowledge and skills to the country of origin; migration can lead to education incentive effects if returns to education are higher/lower abroad; remittances can loosen credit constraints and stimulate investments such as those in education¹⁰²; and migration can affect household compositions and children's well-being¹⁰³. There is need for innovative research on these core issues, for example;

- How does migration affect education? How do education policies affect migration?
- How does migration affect investments? How do investment and financial service policies affect migration?
- How is the concept of the family changing in light of trans-nationalism?

⁹⁶ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations.

⁹⁷ Clemens, M. (2017). Migration is a Form of Development: The Need for Innovation to Regulate Migration for Mutual Benefit, UN Population Division, Technical Paper No. 2017/8. New York: United Nations.

⁹⁸ de Haas Hein 2011 The determinants of international migration: Conceptualising policy, origin and destination effects Working Papers Paper 32, International Migration Institute, University of Oxford

⁹⁹ United Nations Department of Economic and Social Affairs (2017). International migrant stock: The 2017 revision. Available at <http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates17.shtml> (2018).

¹⁰⁰ Ibid

¹⁰¹ United Nations Department of Economic and Social Affairs (2017). International migrant stock: The 2017 revision. Available at <http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates17.shtml> (2018).

¹⁰² International Organization for Migration 2019

¹⁰³ Clemens, M. (2017).

Box 15: Key topics on international migration

1. Cross border mobility and its implications
2. Understanding trans-nationalism aspects of international migration in Kenya (origin, transit and destination)
3. Levels of skills drain and skills gain (e.g. student migration, specialized worker migration)
4. Policy issues on international migration (e.g. remittances, diaspora engagement, trans-nationalism) and implications for on poverty reduction

D) IRREGULAR MIGRATION, TRAFFICKING AND SMUGGLING OF HUMAN BEINGS

Forced migration results mainly from coercion, violence, compelling political or environmental reasons, and/or other forms of duress. Forced migration is made up of some of the most vulnerable and marginalized groups. Trafficking in human beings is the third most lucrative illicit business in the world, after arms and drug trafficking. While there is often overlap between human trafficking and smuggling, the key difference is the element of exploitation with respect to trafficking. The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children defines human trafficking under Article 3 (a) as follows: “Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation¹⁰⁴.

There is need for review of studies, rapid needs assessment and/or enumeration and profiling to determine the scale of irregular migration¹⁰⁵ to provide; estimates of displaced persons and refugees, and determine their socio-demographic profiles and situation with regard to matters of SRH, their location, housing and living conditions.

Due to its underground nature, trafficking data is rough and hard to gauge and internationally standardized data are still not available. These limitations hamper the sharing of information between and among states. Aggregated statistics cannot be put together, neither at geographic nor thematic levels.

Indicators that a person may have been trafficked are general in nature and may not all apply in every case of trafficking. Therefore, innovative ways are needed to understand further human trafficking and smuggling.

There is need for the development and testing of methodologies for estimating difficult to measure international migrant groups. This will require exploration of the relevance of “*difficult to measure*” international migrant

Box 16: Key groups

- Short-term migrants
- Irregular/undocumented migrants
- Refugees/forced migrants
- Asylum seekers
- Transit migrants
- Circular migrants
- Trafficked migrants
- Minors

¹⁰⁴ see <https://treaties.un.org/>

¹⁰⁵ Irregular migration includes movement that takes place outside the regulatory norms of the sending, transit and receiving countries. It includes a variety of movements and statuses that conflict with migration laws in both migrant-transit and migrant-receiving countries and, taken in its broadest definition, encompasses illegal entry, overstaying visas, remaining as a rejected asylum-seeker and engaging in prohibited work (IOM, 2019).

groups; identification of the group(s) for which the provision of a statistical count/estimate represents an issue; and collection of information on the methodology utilized for the estimation.

Box 17: Key topics on irregular migration

1. Development and testing of methodologies for estimating “difficult to measure” international migrant groups
2. Factors associated with irregular migration in Kenya and their social and economic implications
3. Insecurity, terrorism and human trafficking patterns and trends in Kenya

E) MIGRATION AND HEALTH

Migration and health are increasingly recognized as a global public health priority¹⁰⁶. The relationship between migration and health is complex, with impact varying considerably across migrant groups, and from person to person within such groups¹⁰⁷. The relationship between migration and health is bi-directional and studies need to explore how different forms of migration influence health – at both individual and population. For example, conditions surrounding the migration process may exacerbate health vulnerabilities and risk behaviours such as the case of a victim of sex trafficking through transnational networks. Conversely, it can be an enabler for achieving better health trajectories, such as the case of a newly arrived refugee as part of a humanitarian settlement programme accessing treatment for a chronic disease. Globally, two areas of focus to advance the migration and health research agenda have been identified: (1) exploring health issues across various migrant typologies, and (2) improving our understanding of the interactions between migration and health¹⁰⁸. Advancing research in both areas is essential if the understanding of how to respond to the complex linkages between both international and internal migration and health is to be improved.

Box 18: Key topics on migration and health

1. Characterizing the health and the associated social determinants of migrant populations, and around population mobility and health- for example epidemiological profiles on health status and disease burden; mapping health service access by migrants.
2. Exploring health issues across various migrant typologies
3. Exploring interactions between migration and health

¹⁰⁶ IOM. Health of migrants: resetting the agenda. Report of the 2nd global consultation. Colombo, Sri Lanka, 21-23 February 2017. Geneva: IOM; 2017. https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/GC2_SriLanka_Report_2017_FINAL_22.09.2017_Internet.pdf

¹⁰⁷ Wickramage, Kolitha, J Vearey, A B. Zwi, C Robinson and M Knipper 2018 Migration and health: a global public health research priority *BMC Public Health* volume 18, Article number: 987

¹⁰⁸ Ibid

IMPLEMENTATION STRATEGIES

The realization of the goal and objectives this Research Agenda requires the need: to keep research needs high on the political agenda; for support from multi-stakeholder collaboration; and to advance data access and interoperability mechanisms and standards. There are a variety of opportunities and also challenges towards the realization of the aim of this document.

OPPORTUNITIES AND CHALLENGES

Opportunities

a) National Policy Process

There are a number of opportunities that can be utilized in order to advance the objectives of the current Research Agenda. First, the policy making process is currently focused on using evidence to suggest optimal actions to be under taken based on evidence as suggested in the SDG Agenda¹⁰⁹.

b) National Data Ecosystem

National data ecosystems in Kenya have undergone significant transformations over the last decade. These changes include conceptualization, legislative and policy environment, technological, infrastructural and governance. The focus of data ecosystems at present is anchored on two strategic axes: first, building an enabling environment for the functioning of the statistical system; and second, production of statistics to meet user needs. These strategic axes are firmly reflected in the consensus on core principles for nurturing the data revolution in Africa (see Box 18) which Kenya's national statistical system subscribes to.

Kenya has a rich source of data from periodic surveys and regular census taking. The forthcoming 2019 Kenya population and housing census will form a critical benchmark for further studies on some of the critical areas for potential research. The regular longitudinal surveys to be under taken by KNBS will also provide critical data for labour force participation, generation of time use data at household level, etc.

c) Research Institutions

The country hosts a number of local and international institutions that are currently undertaking various relevant researches from which the government can tap into to generate the requisite research products. As well, the government can leverage on the existing research expertise in a number of universities in the country.

Challenges

Despite these opportunities, there are a number of challenges that exist. First, most studies are based on survey data often funded by external partners and collaborators. In addition, there lacks a coordinated approach - most institutions that carry out population and development researches often work in silos, sometimes leading to duplications. Secondly, the administrative data systems need to be strengthened coupled with greater integration and data sharing in a central repository (such as the planned Kenya health data observatory). The need for

¹⁰⁹ The Third Medium Term Plan seeks to implement policies, programmes and projects that will facilitate the attainment of the 17 SDGs.

integrated data is a requisite to enhanced data access thereby reducing fragmentation and duplication. The issues cited for urgent studies require a multi-disciplinary approach which is still weak within the country.

Box 18: Principles of the Africa data revolution

- Data must be disaggregated to the lowest levels of administration by sex, age, income, disability and other categories.
- People must be counted to make them count. Civil registration should be accessible and provided at no cost.
- Official data belong to the people and should be open to all.
- There is a need for governance and coordination of the data ecosystem.
- African governments should acknowledge open data provided by credentialled data communities as acceptable sources of country statistical information.
- Technology, new forms of data and other innovations should be actively embraced.
- Data communities should promote a demand-driven data user culture spanning the entire ecosystem.
- Privacy and intellectual property rights should be respected.
- Data should be translated into information that is simple, understandable and relevant.
- Information must be timely, accurate, relevant and accessible.
- Data must be driven by needs rather than for their own sake.
- The data revolution in all its facets should be gender-sensitive.

Source: United Nations, Economic Commission for Africa, 2015

STRATEGIES

1) Capacity Development and Training

The objective is to support activities that strengthen systems and institutions which generate data and/or carry out research (vital registration, community-based disease surveillance systems, Kenya National Bureau of Statistics, research institutions and universities). It will also entail support to strengthen the capacities of MDAs to collect quality administrative data. This may entail:

- c) Enhancing the technical capacity of staff through on job trainings, technical collaborations, sharing lessons and best practices;
- d) Developing appropriate infrastructure for data generation, analysis, dissemination and use;
- e) Developing and regularly updating online open access databases, including on integrated data systems, including civil registration, surveys and censuses, data from registers; and
- f) Expanding the opportunities for training in demography and population–development related studies.

2) Collaboration and Mobilization of Multi-stakeholder Partnerships

Support efforts to foster greater, more innovative and efficient production and use of both official and non-official data through innovative institutional arrangements and partnerships, and new technologies and processes.

In particular;

- i. Forster private sector engagement to support research on population and development.

- ii. Foster mechanisms to improve access and interoperability that enables widespread usage of data and to ensure access to data in public domains (including open data).

3) Advocacy and Dialogue

The main objective here is to rally stakeholders to support efforts to enable the policy and financial environment to enhance research activities and utilization of research findings.

- a. Support agenda-setting advocacy to drive awareness, interest and political buy-in.
- b. Support measures to ensure enabling legal frameworks, institutional arrangements, adequate resources and monitoring mechanisms for conducting research, dissemination of research products and ensuring knowledge translation.
- c. Strengthen coordination mechanisms between producers and users of research products at all levels.
- d. Institutionalize user-producer dialogues to increase accessibility, quality and demand for information and evidence.
- e. Identify and disseminate best practices.

KEY ACTIVITIES

A detailed time-bound integrated action plan¹¹⁰ will be prepared to implement this agenda with specific measurable indicators to monitor progress. The action plan will be based on well articulated theory of change accompanied with a comprehensive monitoring and evaluation plan.

1. Advocacy for implementation of the Research Agenda :
 - a. lobbying the political and policy makers, the private sector and philanthropic organizations and societies resource mobilization and political good will.
2. Collaboration, Coordination and Multi-Sectoral Arrangements: This will entail coordination, sectoral collaboration at all levels of governance; holding of regular consultative meetings with stakeholders; and engaging private sector and civil society organizations. This will entail developing strategies to:
 - a. Support the development and implementation of a coordinated, multi-sectoral interdisciplinary approach in designing and executing of research programmes;
 - b. promote the participation of civil society and the private sector in the implementation of research
 - c. support collaborations and linkages with international development agencies as well as philanthropic organizations, particularly for sharing best practices, seeking technical and financial support;
 - d. enhance regional, sub-regional and bilateral cooperation to strengthen partnerships in: provision of technical assistance, institutional infrastructural and human capacity building, sharing of best practices, and mobilizing and pooling of resources.
3. Mapping researches and research activities: This will entail commissioning or conducting systematic and scoping studies of past and ongoing researches.
4. Supporting further analysis of existing data
5. Commissioning studies/comprehensive surveys where data do not exist or available data is too old

¹¹⁰ Action plans will be developed for the entire period 2019-2027 and annually.

6. Conducting dialogues and conversations on ongoing, completed or new researches Such as holding periodic seminars, workshops or conferences that target key thematic areas.
7. Warehousing of data and research products and encouraging access by stakeholders.
8. Preparation of periodic action plans including monitoring and evaluation plan for the implementation of the Agenda activities

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