

Assets and Partnerships in Mukuru

A Report on Mukuru on the Move's Work 2008-2012



EMORY

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Interfaith Health Program
Hubert Department of Global Health

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Mukuru on the Move

Assets and Partnerships in Mukuru A Report on Mukuru on the Move's Work (2008-2012) January, 2015

Rachel Berkowitz, MPH

April Young, PhD, MPH

The Mukuru on the Move Team

Lucia Kanyiva Manthi

Peninnah Munyiva Musyoka

Vincent Mutuku Mutiso

Michael Simiyu Mwanga

Duncan Muthuma Nguru

Anthony Mutuku Nthenge

Moses Wahor Okoth

Michael Kinyanjui Ragae

St. Paul's University in Limuru, Kenya

Anthony Mkutu

The Interfaith Health Program at Emory University

Mimi Kiser, RN, MPH, DMin

John Blevins, ThD

Sandra Thurman, MA

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Executive Summary

The purpose of this report is to document and discuss the asset-based work of Mukuru on the Move (MOTM), a program developed in collaboration between the Interfaith Health Program (IHP) at Emory University, Atlanta, Georgia, USA and St. Paul's University, Limuru, Kenya. This report analyzes work carried out by MOTM from 2008-2012, synthesizes and summarizes earlier reports, and describes findings from research carried out in Mukuru in 2012. The narrative that follows shows the evolution of the project and the diverse work of the MOTM team.

The primary findings featured in this report present a picture of the capacity of the Mukuru community in terms of organizational partnerships while identifying areas for future strengthening. Key findings from this report include:

- The economic, political, and policy factors that influenced the development of informal settlements such as Mukuru, especially since the late 1980s, have had substantial health consequences on the residents of informal settlements.
- HIV is a significant health concern for the residents of Mukuru, with psychosocial and structural factors such as poverty, poor infrastructure, drug use, land use policies, and urban migration affecting HIV prevention, treatment, and support services.
- Faith-based organizations (FBOs) offer distinctive resources to the residents of Mukuru. FBOs provide organizational capacity, infrastructure, sustainable programs, and linkages to outside partners; in less tangible ways, FBOs draw on and help sustain trust and a framework of shared values.
- FBOs, non-governmental organizations (NGOs), and community-based organizations (CBOs) fulfill essential and complementary roles in service provision and allocating much-needed resources to the residents of Mukuru.
- A substantial number of partnerships between internal and external organizations and donors help leverage resources for the residents of Mukuru; however, a number of CBOs and FBOs have few external partnerships, focusing on partnerships with other organizations within Mukuru itself.

Effective and sustainable community health promotion and development requires engaging communities as agents of change.^{1,2} One useful approach to that engagement is understanding the existing assets within a community. Partnerships between organizations in a community are a key dimension of community capacity.^{1,3,4,5,6,7} For decades, governments and funders have sought to promote and support interorganizational relationships, networks, and coalitions to promote community health.^{8,9} MOTM has always sought to identify, align, and mobilize the assets and community capacity within Mukuru. In 2012, a new partnership was formed with Lea Toto Community Outreach (Lea Toto), a program within the faith-based organization

Children of God Relief Institute, which aligned its work on addressing the issues of HIV-positive adolescents with that of MOTM.

The MOTM projects have made Mukuru's community assets and resources visible while emphasizing collaboration with other communities to better understand the difficulties of fully utilizing available resources. While Mukuru's strengths are invaluable, the challenges and gaps illuminated by the Partnership Project provide guidance for future efforts that seek to build on the existing community capacity within the settlement.

Ethical considerations and limitations also point toward the need for additional community-based participatory research and project development to ensure an accurate, holistic, and inclusive understanding of key next steps. MOTM has laid the foundation for such efforts and stands as a testament to the strength and potential of community-academic collaboration, asset-based work, and partnership.

Introduction

Key Points

- This report presents the work of Mukuru on the Move (MOTM) in the informal settlement of Mukuru, Nairobi, Kenya from 2008

2005 marked the peak of the HIV/AIDS epidemic, with 2.2 million global AIDS-related deaths; nowhere were the horrific effects more evident than on the African continent.^{10,11} Of those 2.2 million deaths, approximately 82% were located in Sub-Saharan Africa. The global health and development community acknowledged the need to mobilize all available assets in the fight against HIV/AIDS. One group of assets that has contributed to the health and well-being of the African continent for centuries had been largely under-explored by researchers: faith-based organizations and religious health assets. In 2005, building on efforts since the early 1990s to engage with the global faith-based community, the World Health Organization (WHO) worked with IHP at Emory University and the African Religious Health Assets Program (ARHAP) at the University of Cape Town to support a mixed-method participatory religious asset mapping project in Lesotho and Zambia. The purpose of this project was to make visible the strength and characteristics of religious health assets.¹² The work of the MOTM project from 2008 to the present is rooted in the methodology of the WHO project (see Project History and Activities).

The purpose of this report is to document and discuss the asset-based work of MOTM, a program developed in collaboration between the Interfaith Health Program and St. Paul's University in Limuru, Kenya. MOTM has been supported by the Partnership for an HIV-Free Generation and the Division of Global HIV/AIDS at the U.S. Centers for Disease Control and Prevention (CDC) through funding from the President's Emergency Plan for AIDS Relief (PEPFAR). The goal of MOTM has been to build on the existing assets in the informal settlement of Mukuru (located approximately eight km southeast of the city center of Nairobi) in order to strengthen the infrastructure of the settlement, by prioritizing community engagement in assessing issues and understanding assets. This report will

- Summarize the findings of the MOTM work between 2008 and 2012, focusing on the identification and understanding of partnerships among assets identified during the 2012 Partnership Project in Mukuru
- Highlight MOTM's work in 2013 focusing on HIV-positive adolescents in partnership with Lea Toto in Mukuru and other informal settlements in Nairobi.
- Synthesize and summarize earlier reports on the efforts of the MOTM project from 2008-2012 to create an overarching narrative that shows the evolution of the project and the diverse work of the Mukuru on the Move Team.

- Present a picture of the capacity of the Mukuru community to create organizational partnerships while identifying areas for future strengthening.
- Reflect on the implications of MOTM's 2008-2013 projects for the community and the field of development.

It is our hope that the methods and findings and impact of MOTM will serve as a foundation for future work in Mukuru and beyond.

Background: Mukuru, Nairobi, Kenya

Key Points

- Mukuru is an informal settlement; one of many within Sub-Saharan Africa and globally
- Faith-Based Organizations (FBOs) are key assets in addressing the HIV/AIDS epidemic
- Assets and organizational partnerships are significant aspects of a community's capacity to address its own challenges

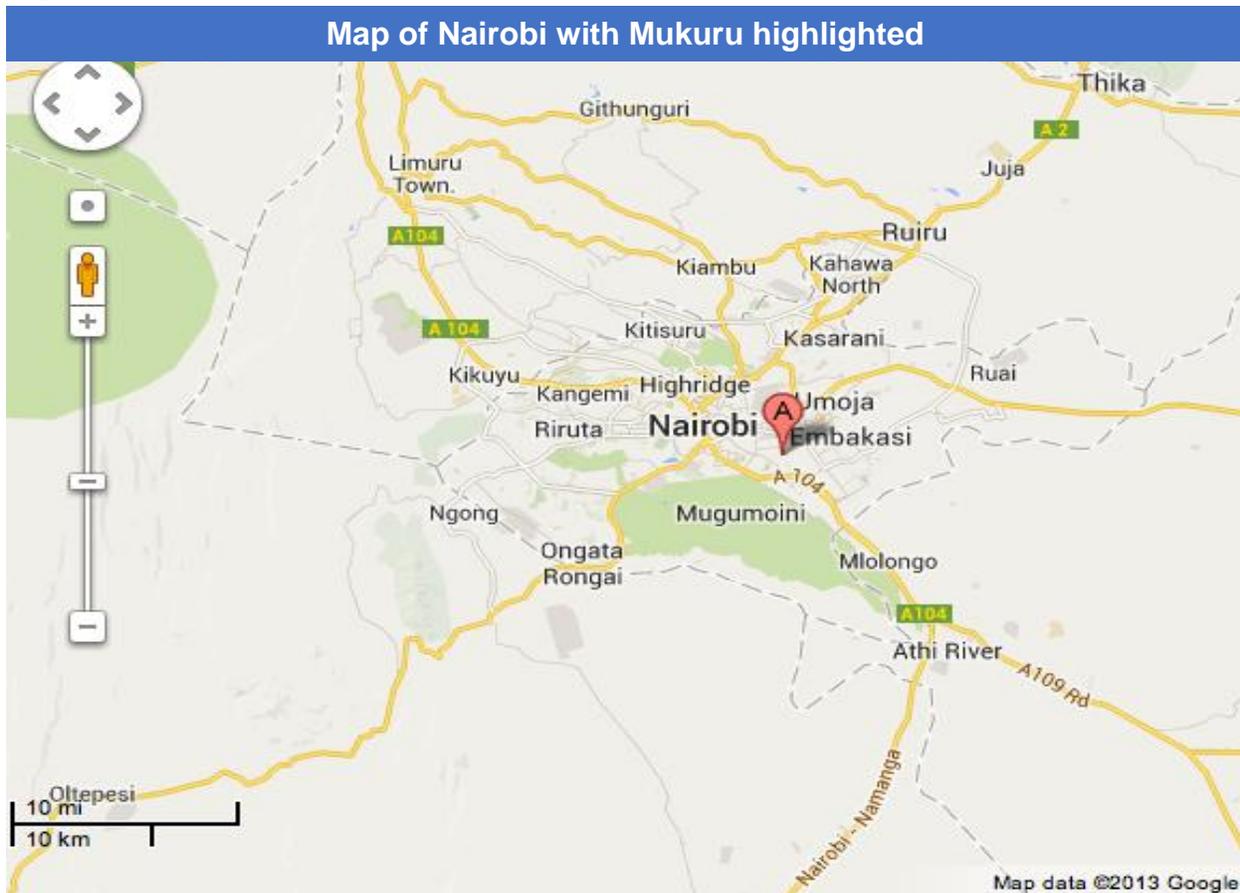
Informal settlements in Kenya

Since 2009, and for the first time in recorded history, over half of the world's population lives in urban settings, and development practitioners estimate that 60 million individuals join the ranks of urban residents globally each year.¹³ Development practitioners estimate that the residents of informal settlements within urban environments numbered approximately 863 million globally in 2012.¹⁴ In sub-Saharan Africa, 61.7% of urban populations lived in informal settlement conditions in 2012.¹⁵ Practitioners define informal settlements (sometimes called slums) as urban areas of high population density, and typically identify a lack of permanent or "high-quality" housing, poor infrastructure, and challenging health conditions as key elements of informal settlements.

The East African country of Kenya exemplifies the realities of urbanization and informal settlement environments on the African continent. According to the World Bank, the percentage of the Kenyan population living in urban settings increased by four percent between 2000 and 2011 (20% to 24%).¹⁶ Development practitioners identified over 100 informal settlements within the capital city of Nairobi in 1995—numbers that practitioners believe have only grown since then. Nairobi's population reached 3.375 million in 2009 and represented approximately 39% of the country's urban population in 2010.^{15,17,18,19,20,21} Nairobi's slums developed through colonial segregated land distribution, post-colonial rural-to-urban migration, and the extension of city borders.¹⁹

Mukuru is an informal settlement in Embakasi South Constituency, Nairobi County, in Kenya, located between Mombasa Road and Outer Ring Road (Figure 1). Mukuru is approximately 35-years old, and practitioners estimated that Mukuru was home to 600,000 individuals in 2008.^{22,23} The settlement dates back to the colonial era and was established by rural-urban migrants from many parts of Kenya who came to Nairobi in search of employment. Mukuru is surrounded by several residential Estates: Imara Daima, Pipeline Estate, and Kwale, and encompasses 20 villages. Many of Mukuru's residents work as casual laborers in nearby industries, while others operate small businesses such as selling vegetables and fruits or hawking various items.

Figure 1



Informal settlements such as Mukuru grew rapidly in the 1980s and 1990s due to a number of social, political, and economic forces. Both those historical forces as well as other contemporary forces continue to profoundly affect the social development and health indicators in communities such as Mukuru.

Political, Social and Economic Forces on Informal Settlements

Kenya, like many other countries in sub-Saharan Africa, faced growing debt burdens in the 1970s as the country struggled to finance social, educational, health, and economic development programs as a newly-independent nation. Global economic recessions in the 1970s exacerbated these challenges and led international monetary policy organizations such as the International Monetary Fund and the World Bank to demand more stringent fiscal limits on the Kenyan government in exchange for favorable loan and loan repayment terms.^{24,25} These preconditions had a number of inter-related effects as governmental social and economic development, agricultural, medical, and educational initiatives were scaled back in an effort to balance the national budget.²⁶ Across the country, residents of Kenya bore the brunt of these effects as local, governmental programs were scaled back or closed; at the same time, foreign investments increased because of more favorable credit terms. Such investment was largely concentrated in urban centers such as Nairobi, which experienced rapid economic growth (largely concentrated among Kenya's emerging professional class), taxing the urban infrastructure.²⁵

Faced with fewer opportunities in small towns and rural villages, many Kenyans migrated to cities in hopes of finding a better life for themselves and their families. Most found such opportunities elusive, and struggled to find regular employment as prices rose. These circumstances led to the formation of informal settlements such as Mukuru in cities across Kenya.

In 2002, Mwai Kibaki was elected president of Kenya, coming on the heels of the 24-year administration of Daniel Arap Moi. Optimism began to grow in the country; Kenya's economy began to show signs of sustained strength, with annual economic growth ranging from 5.1% to 7.1% from 2004 to 2007²⁷ and the Kibaki administration initially enjoyed strong national and international support by pledging to rein in corruption and strengthen government services.²⁸ Such optimism, however, was short-lived. The country's economic reliance on rain-fed agriculture and tourism made Kenya vulnerable to the vagaries of weather and global economic cycles.²⁹ For instance, the global recession of 2008 impacted Kenya's tourism terribly; in the same year, the country suffered its worst drought in 60 years. These challenges, however, paled in comparison to the violence that broke out following the national elections in December 2007 in which Kibaki was narrowly declared the victor over the challenger, Raila Odinga. The results of the election, which was marked by widespread allegations of fraud and vote rigging, resulted in violence that played out along tribal lines and was most extreme in the informal settlements such as Mukuru.³⁰

By March 2008, the violence had waned but the effects of the unrest persisted, especially for the residents of the informal settlements. Commodity prices were exceedingly volatile. Between 2007 and 2009 the price of corn tripled and paraffin and rent costs more than doubled. The residents of Mukuru, the poorest ward in the poorest constituency in all of Nairobi's census tracts, were particularly affected negatively: income from casual labor—the main source of livelihood in Mukuru—fell by 28% from 2008 to 2009.³¹

By 2010, economic growth had returned to an annual rate approaching 5%³² and the citizens of Kenya had ratified a new constitution. The Constitution provided a clearer framework for land ownership and created an entirely new political structure designed to place governmental programs and services in all 47 of Kenya's newly-formed counties rather than concentrating the government in Nairobi alone.³³ Kenya carried out its first national elections under the new Constitution in 2013 without the violence that had so marred the 2007 elections. The effects of these political and economic changes on the residents of Mukuru are still unknown.

Relating to Mukuru on the Move: Prior to MOTM's work, the informal settlement of Mukuru in Nairobi, Kenya was not "on the map," and its community assets had not been formally identified in Kenya. MOTM sought to identify and highlight Mukuru's community assets to facilitate further development work within the informal settlement, focusing on the villages of Mukuru kwa Reuben, Mukuru kwa Njenga, and Mukuru Lunga Lunga. With its 2013 partnership with Lea Toto, a large pediatric HIV primary care program working in multiple informal settlements, MOTM expanded its work to informal settlements beyond Mukuru.

HIV/AIDS and Faith-Based Organizations

The HIV/AIDS epidemic has ravaged the world and sub-Saharan Africa in particular, over the past three decades. UNAIDS reported that 23.5 million [22.1-24.8 million] people living with HIV in 2011 resided in sub-Saharan Africa – approximately 69% of those living with HIV globally.¹⁰ AIDS-related illnesses killed an estimated 1.2 million people in sub-Saharan Africa in 2011, making up an estimated 71% of the total number of AIDS-related deaths globally.³⁴ Nearly 36 million individuals are estimated to have died of AIDS-related causes since the beginning of the epidemic.³⁵ As a result of the global peak of 2.2 million [2.1-2.5 million] global AIDS-related deaths in 2005,²⁴ the development community worked to identify all available assets in the fight against HIV/AIDS, including faith-based organizations and religious health assets.

Places of worship and faith-based organizations influence the health and well-being in communities all over the world.³⁶ Religious organizations and FBOs have contributed to the construction and management of healthcare facilities, dictated health behaviors (i.e., dietary considerations, sexual behavior), and provided spiritual guidance in support of a holistic perspective on health. The HIV/AIDS epidemic challenged international health and development agencies in the early 2000s to engage more directly with religious entities whose work and commitment at local, national, and international levels had the potential to strengthen the world's ability to reach and support those affected by HIV/AIDS. Throughout the HIV/AIDS epidemic, religious entities have played a key role, particularly through the provision of HIV-related services in communities, such as caring for orphans and vulnerable children and administering a wide variety of services to care for the physical, mental, socio-economic, and spiritual needs of individuals.

Relating to Mukuru on the Move: Since its beginning, MOTM has valued the contribution of FBOs to the health and well-being of the Mukuru community, both in relation to HIV/AIDS and in general. In an effort to more fully understand the impact of FBOs and other organizations, MOTM focused on identifying existing community assets in Mukuru.

Assets, Community Capacity, and Partnerships

Effective and sustainable community health promotion and development requires engaging communities as agents of change.^{1,2} One useful approach to that engagement is understanding the existing assets within a community. A community “asset” can be defined as “anything that can be used to improve the quality of community life,” including individuals, physical spaces and structures, community services or service organizations, and businesses.³⁷ By understanding a community's assets, one can understand a community's strength, and in that way begin to understand that community's capacity to affect change.

Community capacity—defined as the strengths of individuals, organizations, leadership structures, and environment within a place that can be applied to community problem solving—is an important construct that emphasizes community assets and community participation.^{28,7,3} Community capacity includes multiple aspects of a community, from physical resources to the ways in which community members interact with each other and with systems of power.³² A community that builds on and strengthens its community capacity may see increased empowerment to enact change, sustainability of programs,

efficiency of service delivery, and skills in the community.^{32,38,39,40} Assessing community capacity is therefore key to understand existing strengths and areas where additional strengthening would be valuable.

Partnerships between organizations in a community are a key dimension of community capacity.^{28,32,4,5,6,7} For decades, governments and funders have sought to promote and support interorganizational relationships, networks, and coalitions to promote community health.^{8,9} Interorganizational relationships are defined as collaborative relationships between at least two organizations, typically involving the sharing of resources (whether financial, tangible, human, or informational) and developing in response to the perceived potential for a specific benefit or a targeted outcome to be derived from the partnership.^{2,37}

A health-related organizational partnership can be seen as successful based on stakeholder satisfaction; partnership plans and sustainability; community-level changes in programs, policies, or practices; strengthened and increased financial resources in the community; or improvement in specific health outcomes.^{36,2,37,7,41} Effective partnerships may display the characteristics of “partnership synergy,” in which the combination of skills, perspectives, and resources between partners create an entity that is stronger and more successful than the individual organizations would be on their own.⁷

Challenges to creating and maintaining partnerships relate to a loss of resources, the difficulties in compromising to support the partnership, the extra time needed to develop the relationship, and negotiating historical power dynamics and the reputation of the partnership in the community.^{36,2}

Relating to Mukuru on the Move: MOTM has always sought to identify, align, and mobilize the assets and community capacity within Mukuru. In 2012, a new partnership was formed with Lea Toto Community Outreach (Lea Toto), a program within the faith-based organization Children of God Relief Institute, which aligned its work on addressing the issues of HIV-positive adolescents with that of MOTM.

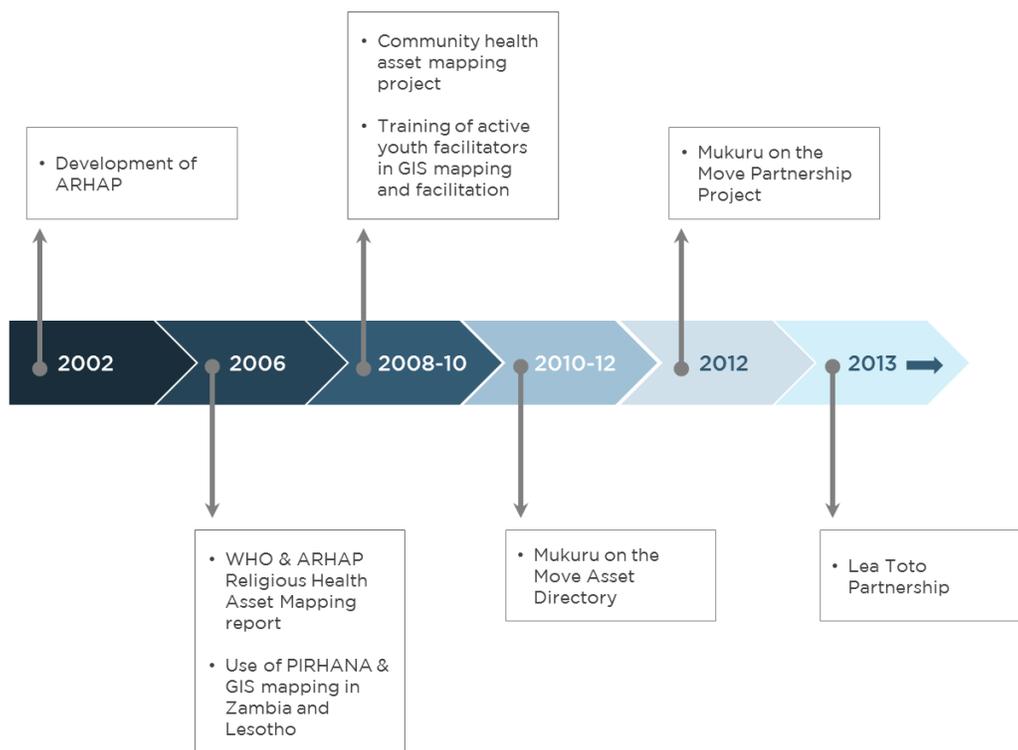
Project History and Activities

Key Points

- The MOTM project has its origins in the mapping methodology developed by the African Religious Health Asset Project (ARHAP) and the Interfaith Health Program
- The WHO's Religious Health Asset Mapping project in Lesotho and Zambia served as the foundation Mukuru on the Move's Asset Mapping project
- The MOTM Partnership Project, built on the Asset Mapping Project and the current Lea Toto partnership, follows the lessons learned from the Partnership Project as well as an adaptation of the mapping methodology designed to explore religion and adolescent sexual health

Though the Mukuru on the Move project formally began in 2008, the background for the project has its roots in 2002. Figure 2 below outlines key moments in the development of Mukuru on the Move.

Figure 2



2002: African Religious Health Assets Project (ARHAP)

The Interfaith Health Program, an initiative launched in 1992 by the Carter Center and housed at Emory University since 1999,⁴² and faculty from the Universities of Cape Town, Witwatersrand, and KwaZulu-Natal launched the African Religious Health Assets

Programme (ARHAP) in 2002.⁴³ ARHAP's purpose was to bring together diverse scholars, stakeholders, and organizations to promote frameworks, tools, research, and collaboration in order to understand the unique contribution of religious health assets to health throughout Africa. ARHAP prioritized identifying and understanding these assets, which were largely invisible to the local public health sector but which contributed greatly to the strength of a community.⁴⁴

2006: WHO and ARHAP Religious Health Asset Mapping Project

Purpose: In response to the need for further research on identifying, mapping, and understanding religious health assets in sub-Saharan Africa, the World Health Organization (WHO) funded IHP and ARHAP to conduct a study between November 2005 and July 2006 “to assess and map both the tangible and intangible assets of religious entities through a blending of Participatory Engagement Workshops and GIS Mapping” in Zambia and Lesotho, two high-priority countries whose HIV/AIDS prevalence rates were 17.0% and 23.2%, respectively, in 2005.¹²

Process: The study utilized a participatory inquiry toolset developed by IHP and ARHAP for this initiative called *Participatory Inquiry into Religious Health Assets, Networks, and Agency* (PIRHANA), in order to identify religious health assets in targeted communities.

Outcomes: PIRHANA workshops, with 350 citizens total participating, identified and characterized religious health assets within the targeted communities; those assets were then mapped using Geographic Information Systems (GIS) mapping software. These RHAs signified the contribution provided by religious entities in combating HIV/AIDS.

2008-2010: Mukuru Community Health Asset Mapping Project

Purpose: In 2008, the Partnership for an HIV-Free Generation undertook a community health asset-mapping project in Mukuru.²² The initiative, summarized in the report entitled “*Mukuru on the Move: Mapping and Mobilizing Community Health Assets for an HIV-Free Generation*,” sought to make the resources and assets present in Mukuru visible to the residents of Mukuru, the rest of Kenya, and the world. In doing so, this work emphasized the underestimated strengths and possibilities of health assets located in informal settlements, particularly in relation to HIV and youth.

Process: Between October 2008 and February 2009, the Interfaith Health Program, St. Paul's University in Limuru, Kenya, PEPFAR-Kenya, and the international organizations Hope Worldwide, Micato Safaris/AmericaShare, and Oakar Services Ltd., worked with youth facilitators from Mukuru to identify, map, and understand community health assets in the villages of Mukuru kwa Reuben, Mukuru kwa Njenga, and Lunga Lunga. The practitioners used for another participatory inquiry toolset, PICHANA (Participatory Inquiry into Community Health Assets, Networks, and Agency), a derivative of PIRHANA that combined participatory engagement workshops and GIS mapping. Approximately 150 participants attended one of five PICHANA workshops (two for Community Leaders and three for Community Members). The Community Leaders workshops also explored the relationships among assets through a spider web activity.

These participants identified 194 distinct community health assets in Mukuru; only 54 assets had been identified by the Government of Kenya and PEPFAR-Kenya prior to the mapping. In 2009, Oakar Ltd. worked with another group of youth facilitators who had provided leadership and support in the workshops to visit the 194 organizations and gather Global Positioning System (GPS) data on their geospatial location to map assets in Mukuru.

Outcomes: Based on the data from the workshops, Oakar Ltd produced a large (36" x 48") map of the Mukuru settlement that showed the 194 HIV/AIDS-related organizations and programs. Copies of the map, a video⁴⁵ of the workshop, and the report document were shared with workshop participants and the organizations named as community health assets. PICHANA opened up the methodology to exploring community health assets more broadly, including, but not exclusively focusing on, religious entities. The assets of Mukuru were made visible to the world. Additional findings are discussed in the next section.

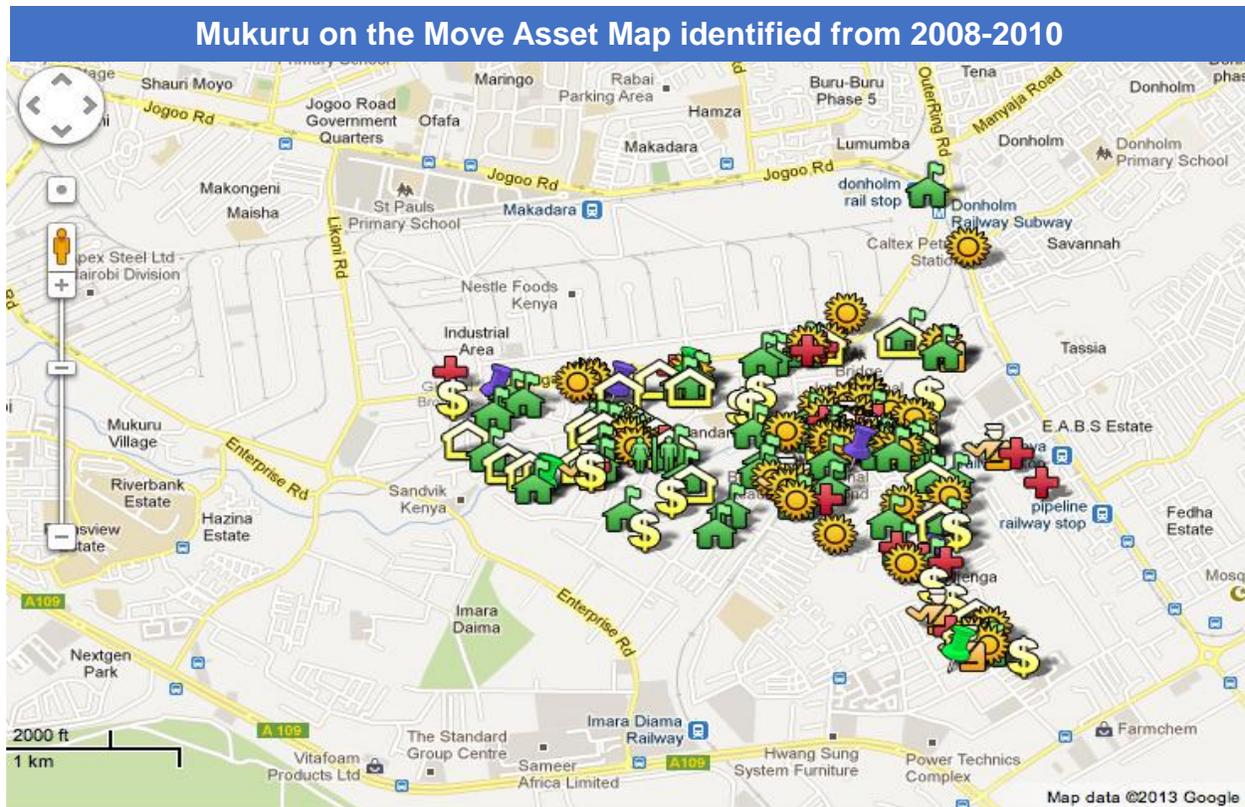
2010-2012: Mukuru on the Move Asset Directory

Purpose: Building on the work of the Mukuru Community Health Asset Mapping project and its outcomes, a team of youth facilitators, now known as the Mukuru on the Move Team ("the Team"), conducted a series of detailed surveys in 2010 to record in greater detail the services offered by assets to the community.

Process: Surveys were conducted by the Team with already-identified assets as well newly identified assets. Data from those surveys were used to create a directory of organizations in Mukuru that listed the kinds of services each organization offered, the number of people it served, and its contact information. Team members also gathered GPS coordinate data for the newly-identified assets. Collaborators included IHP, St. Paul's University, Micato Safaris/America Shares, the CDC, Map Kibera, and Hope Worldwide Kenya.

Outcomes: The Team used the information gathered from the surveys, including location, contact information, and organizational description, to create a directory of approximately 260 distinct assets categorized by location and type. 2,500 copies of the directory were distributed to assets throughout Mukuru in the June-July 2012. In addition, the map printed by Oakar with the geospatial location of each asset was re-created on two web-based platforms: Google Maps and Open Streetmap. The Mukuru on the Move Asset Map included 194 HIV/AIDS-related organizations and programs and is visible and searchable on Google Maps (Figure 2). Additionally, results from the surveys detailed the diversity of services provided; the types of organizations present in each village; particular challenges relating to resource gaps, lack of infrastructure, lack of space, and lack of collaboration; and the identification of interorganizational partnerships, primarily with organizations in Mukuru.⁴⁶ Additional findings are discussed in the next section.

Figure 3



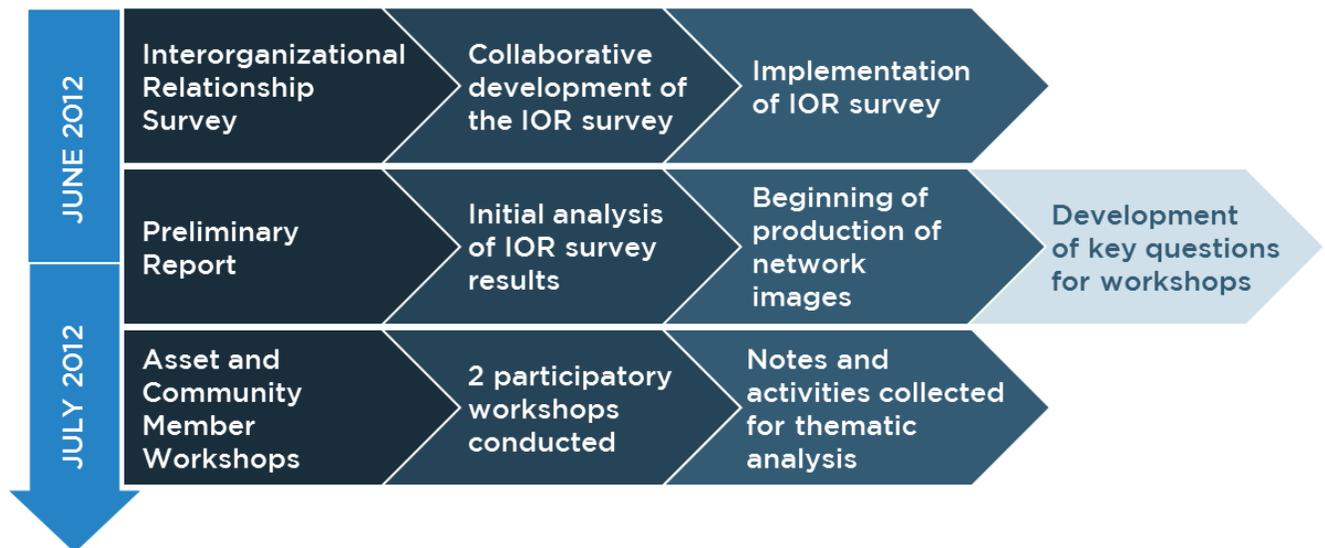
2012: Mukuru on the Move Partnership Project

Purpose: IHP, St. Paul’s University in Limuru, Kenya, and the MOTM Team, developed the Partnership Project to add to the knowledge of assets in Mukuru, illuminate more deeply the capacity already present in Mukuru, and provide a context for exploring ways in which that capacity could continue to be strengthened within the community.

Process: The Partnership Project was comprised of two activities: (1) an interorganizational relationship survey to generate networks of partnerships within Mukuru and (2) community and asset workshops designed to understand local perspectives of the meaning, benefits, and challenges of partnership. The project was developed and implemented by student researchers, collaborators, and the Team in June and July of 2012 (Figure 4). The Partnership Project focused on ensuring the full participation, collaboration, and co-learning among the student co-coordinators and the Team by following the principles of Community-Based Participatory Research (CBPR).⁴⁷ The survey began with nine “seed” assets and used a modified respondent-driven sampling method to survey 56 organizations in Mukuru kwa Reuben, Mukuru kwa Njenga, and Lunga Lunga. Network analysis software (NodeXL⁴⁸) was used by the students and the Team to create visual images of the partnership network identified. Two participatory workshops (one for asset leaders and one for community members) with 60 total participants were conducted by the students and the Team. These workshops provided a chance for Mukuru residents to offer their perspectives on the significance and challenges of organizational partnerships. Thematic analysis software

(MAXQDA⁴⁹) was used to analyze the notes and activities from the workshops by one of the students; themes were discussed and validated by the Team.

Figure 4



Outcomes: The survey of 56 assets revealed 92 internal assets and 286 internal partnerships within Mukuru, along with 77 external organizations and 91 external partnerships between organizations within and outside of Mukuru. In addition, the survey revealed 55 assets in Mukuru that had not been identified in the previous asset mapping and directory projects. Themes identified from the workshops included lessons in characteristics of partnerships, strengths and challenges of partnerships, and barriers to developing and maintaining partnerships. Additional findings are discussed in the Mukuru Assets and Partnerships section.

2013-2014: Lea Toto Partnership: Adolescent HIV Prevention

Purpose: The partnership between Lea Toto and MOTM seeks to identify opportunities for service referral and partnership to support HIV-positive adolescents in getting the care they need.

Increased availability of antiretroviral treatment has made it possible for children born with HIV to reach adolescence. Adolescence is a period of challenges, and having HIV creates an even further complication. There are few studies that outline the needs of adolescents living with HIV or the existence of services that address their needs. This lack of knowledge presents a challenge to the community, care givers, and policymakers. The Lea Toto Partnership is working to address these challenges through 1) understanding the sexual and reproductive needs of adolescents living with HIV and 2) engaging various stakeholders to address the needs of HIV-positive adolescents. This work seeks to inform service delivery and identify gaps in existing services.

The adolescents involved in the project have been under the care of Lea Toto since they were infants. Lea Toto is designed and equipped to deal with pediatric care; exploring the service and resource gaps and recognizing the needs of these children as they grow into young adults is crucial.

Process: The MOTM Team conducted workshops for HIV-positive adolescents within the Lea Toto program and who are aware of their HIV status to understand (1) their needs, (2) the gaps in the services provided to them, and (3) what needs to be improved to ensure their needs are met. The Team also conducted workshops with community leaders to get an even deeper understanding of the adolescent's needs. The workshops were conducted in the informal settlements of Mukuru, Dandora, Kariobangi, Kawangware, Kangemi, and Kibera. The team used a participatory inquiry toolset called PICHAFAs (Participatory Inquiry into Community Health Assets for the Adolescents). PICHAFAs was an adaptation of the Participant Inquiry into Community Health Assets (PICHAs) toolset employed in 2008 mapping in Mukuru and the Participant Inquiry into Adolescent Sexual Health (PIRASH) toolset developed by ARHAP and IHP researchers in 2008.

Outcomes: As of the time of this report, Mukuru on the Move has ended its workshop engagement with LeaToto. Analysis of these workshops is forthcoming.

Mukuru Assets and Partnerships

The primary purpose of this section is to discuss the results of the Partnership Project, namely the interorganizational partnerships identified among assets within Mukuru (internal partnerships) and outside of Mukuru (external partnerships). In order to fully understand these findings, however, it is important to reflect on the findings and lessons that resulted from the Mukuru Asset Mapping Project in 2008-2010 and the Mukuru Asset Survey and Directory in 2010-2012. These two projects fed in to the Partnership Project, providing context for understanding the Partnership Project results.

As discussed in the report entitled “*Mukuru on the Move: Mapping and Mobilizing Community Health Assets for an HIV-Free Generation*,”²² 194 HIV-related assets in Mukuru were identified and mapped during the 2008-2010 Asset Mapping project. Additional assets were identified during the 2010-2012 Asset Survey and Directory project, bringing the total identified assets to approximately 260.⁴⁶ Some of the lessons learned from these two projects are described below.

Lessons Learned from Past MOTM Projects

- Assets are continually evolving and new organizations are continually developed.
- Many residents were unaware of the services the community assets were providing. However, the mapping and directory projects made these assets and their services visible to residents and outside partners.
- The process of asset mapping contributes to partnership by improving assets’ awareness and understanding of each other, and therefore creating opportunities for networking and collaboration.
- The Directory has made it much easier for organizations and residents to contact key people and to know the location of other organizations.
- Asset mapping and the development of the directory helped organizations identify gaps in service availability and consider ways in which those gaps may be addressed.
- Organizations are not always aware of the partnerships that are forming or continuing and the resources being provided. The asset mapping and directory projects highlighted the potential and strength in the community, as assets were providing essential services and working to improve the health and wellbeing of the community.

The Partnership Project

Over the course of two weeks, the Team interviewed the leaders of 56 assets. On average, the leaders had been working with their assets for over five years. The data from the 56 participating assets revealed 92 internal organizations with 286 internal partnerships, as well as 77 external organizations with 91 external partnerships. Following the survey, the Team developed two workshops—a workshop for Asset Leaders and a workshop for Community Members—to understand the benefits and

challenges of such partnerships among organizations within Mukuru (internal partnerships) and outside of Mukuru (external partnerships).

What is partnership?

Within the 286 internal partnerships named, the relationships were very strong, rating an average of 4.1 in strength on a 5-point scale. These partnerships had been in place for an average of 4.4 years. The longest reported partnership had existed for 20 years.

There were a variety of services exchanged in these internal partnerships (Figure 5). The most common service/good exchanged was training/expertise, followed by space, advice, and HIV-related services. Most of the partnerships in which the participant reported on the stage of partnership (n=226) were in either the “implementation” (51%) or “planning and implementation” phases (33%). Fewer (10%) involved collaborative seeking of funding, either alone or in combination with planning and implementation

Figure 5

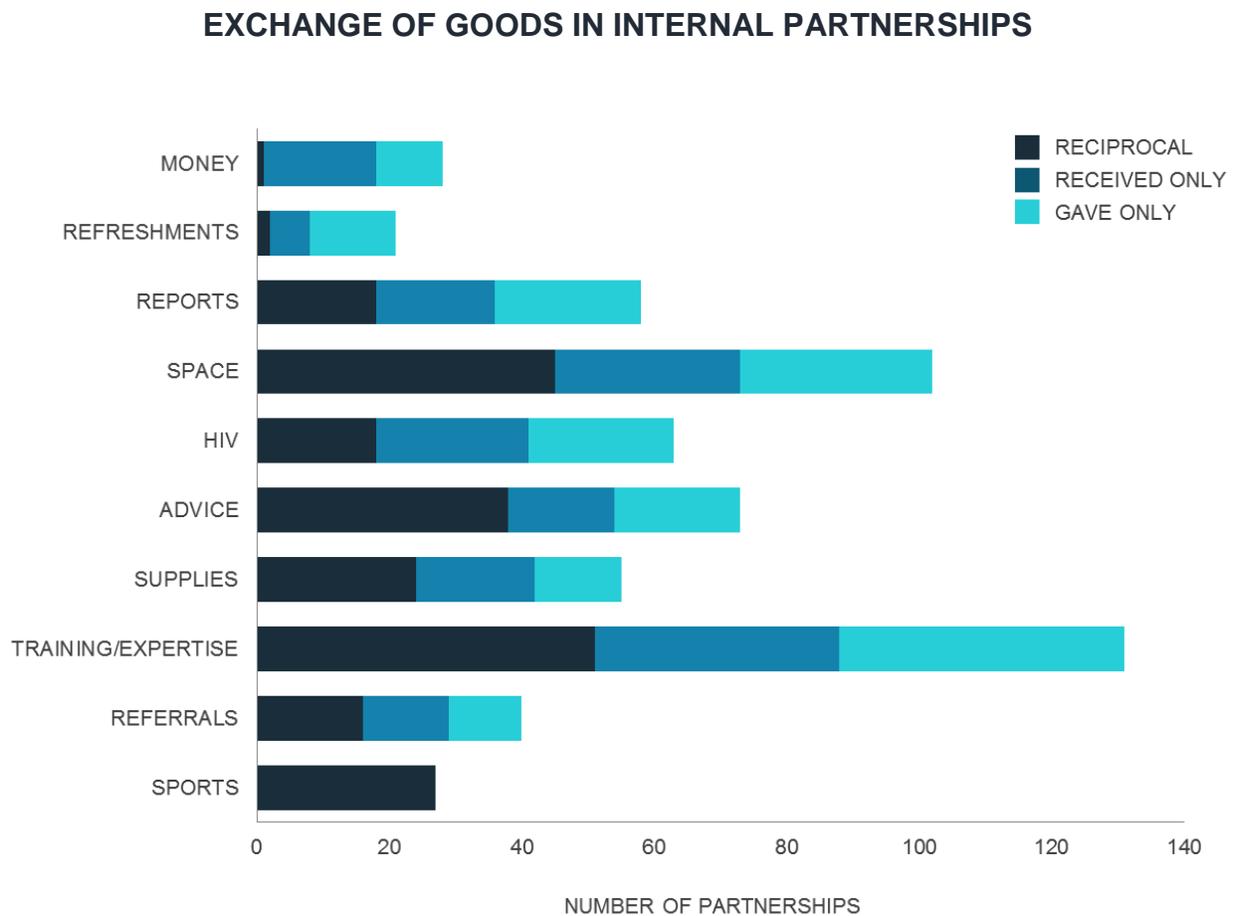
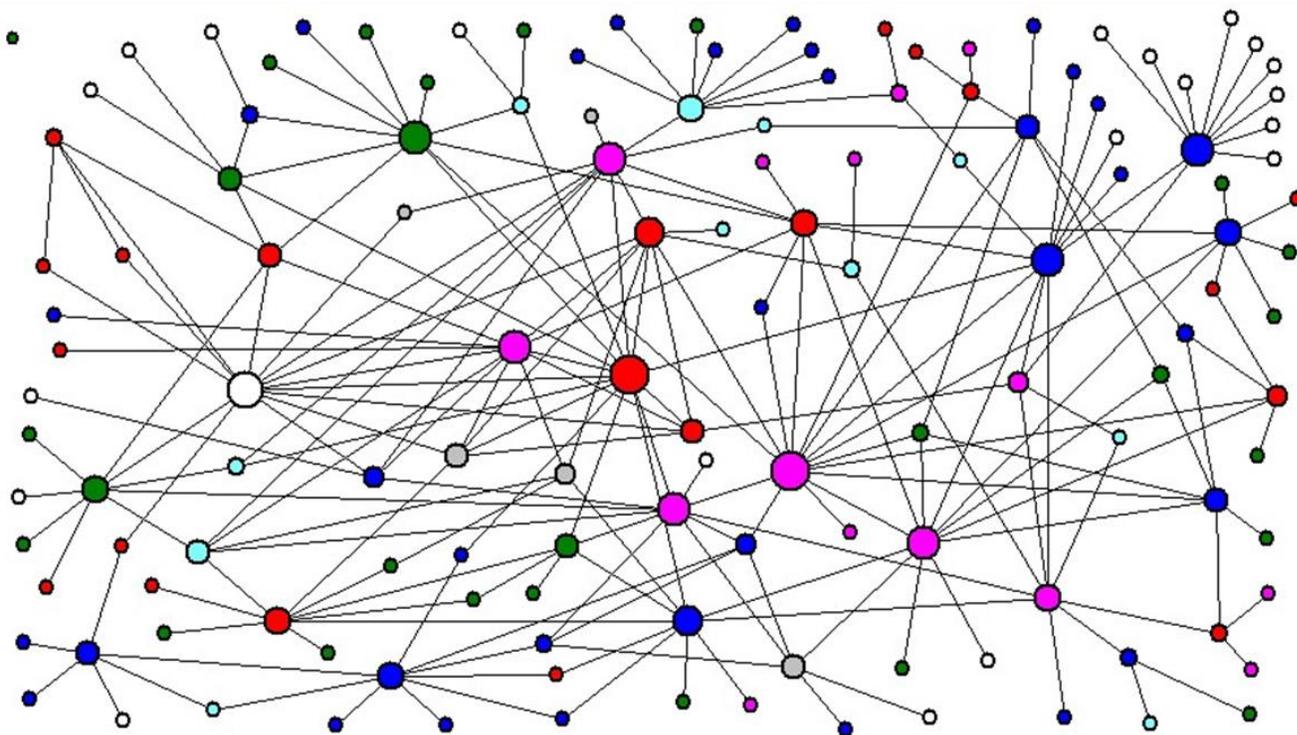


Figure 6 displays the internal partnerships among all of the surveyed assets.

Figure 6

PARTNERSHIP NETWORK OF MUKURU ASSETS

● FBO ● CBO ● NGO ● PRIVATE ● PUBLIC ● OTHER ○ MISSING



Networks: Notes about Figure 6

Each dot (or 'node') represents one asset; the colors represent different types of assets; size of a node represents number of connections (larger size more connections);

Note: 56 of the assets in the image were interviewed and 92 were not. The smallest nodes (often shown along the edge of the image) were not interviewed; therefore, their "type" (i.e., whether they were a FBO, NGO, CBO, etc.) is based on that reported by their surveyed partner.

What Figure 6 Shows Us

- There were different types of assets in Mukuru. The assets are well-connected through partnership. FBOs and NGOs held central positions in the partnership network, while CBOs tended to occupy bridging positions and be well-connected to other CBOs. Private assets also occupied important positions, often partnering with FBOs and serving to link NGOs with CBOs. There were few public organizations (10% of all assets surveyed and named), and in general, the public organizations reported fewer partnerships than other types of assets.
- There are many possible factors that could be contributing to the patterns observed in the partnership network. For example, the centrality of NGOs relative

to CBOs may be related to NGOs' more formal management structure, increased access to financial and human resources, and recognition afforded by official registration with the Kenyan National NGO Council. CBOs, on the other hand, may serve as bridges between larger organizations and smaller community structures given their grass-roots orientation and narrower geographic scope of service provision. The centrality of some FBOs may be influenced by their increased access to resources via funding from mother churches. The centrality of FBOs was also enhanced through partnership with CBOs. CBOs often facilitate FBO outreach by creating community awareness of FBO services and mobilizing the community to access service provided by FBOs.

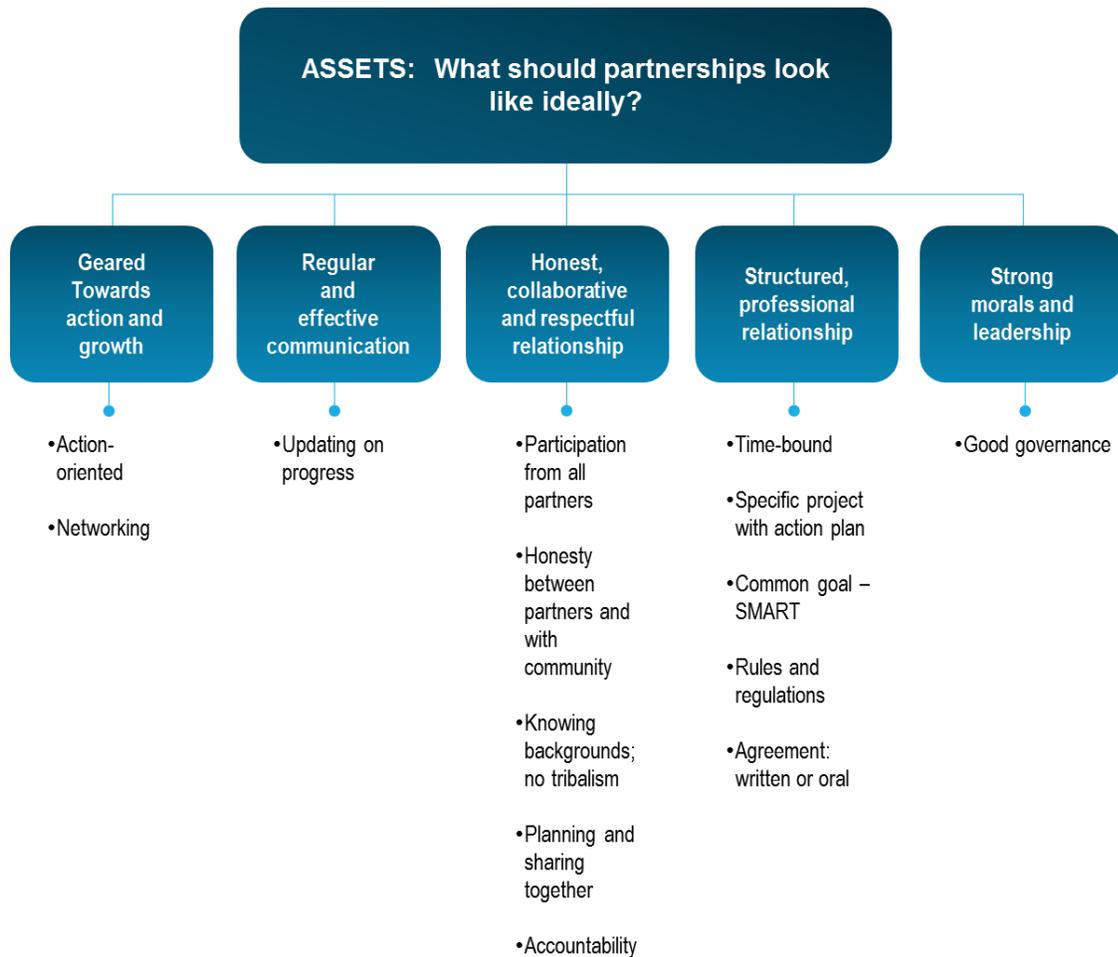
Workshop Findings: What does partnership mean?

Participants in the Asset Workshop and the Community Member Workshop were asked to reflect on the definitions of partnership and what makes an ideal partner. Figure 7.0 below and 7.1 on the following page show the themes identified from the workshop activities.

Figure 7.0



Figure 7.1



What Figures 7.0 and 7.1 Show Us

- Assets emphasize that partnerships are defined as multiple entities coming together for a common purpose: to work together to impact community; relationship with professional expectations, bound by agreement (formal or informal); relationship with professional expectations, faithfulness, and cooperation. Assets and Community Members emphasize that partnership should ideally include:
 - **Action**, both for the organization and the community,
 - **Good structures** to guide the relationship both among organization and the community,
 - **Fruitful activities** that aim to achieve their intended goals,
 - **Commitment** to the partnership, with a deeper among all partners of achieving a common social good.
 - **Mechanisms** to carry out the work the parties are engaged in, and
 - **Values** to guide the working relationship.

Benefits of Internal Partnerships

Asset leaders and community members were asked to reflect on the motivations for and benefits of partnerships. Figures 8.0, 8.1, and 8.2 present the themes from the two workshops.

Figure 8.0



Figure 8.1

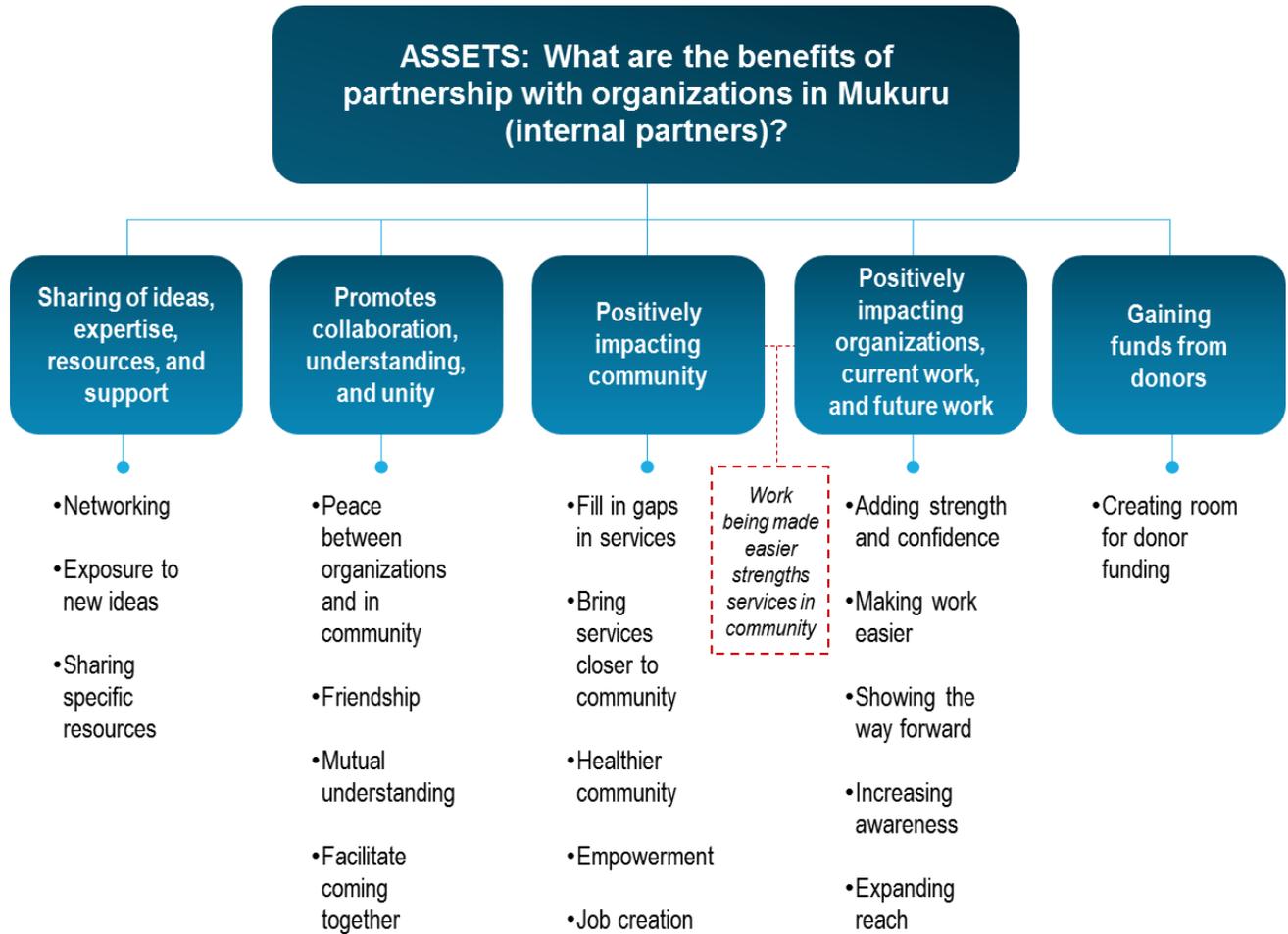
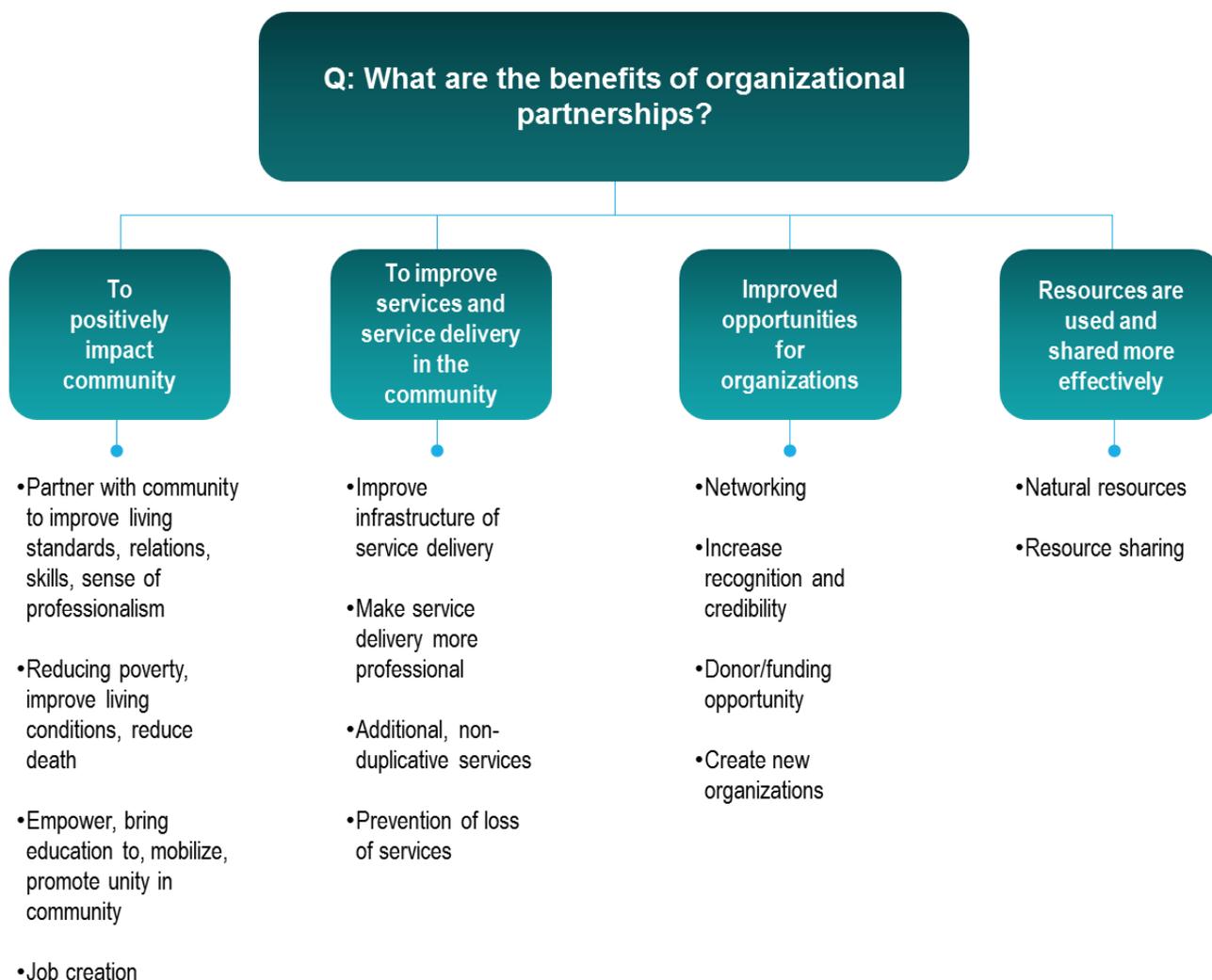


Figure 8.2



What Figures 8.0, 8.1, and 8.2 Show Us

- Assets emphasize the motivation for partnership as:
 - **Resources:** An organization may want to share whatever resources they have. This includes sharing best practices that can strengthen individual organizations and also strengthen the network system and structure itself.
 - **Networking:** Organizations may want to partner to tap into the benefits that come with networking (e.g., gaining expertise, opportunities for new programmatic partners, association with other organizations in the network contributes to mutual support and security, etc.), and
 - **External factors:** Organizations may want to partner to facilitate achievement of or be in a position to qualify for legal requirements, get opportunities for seeking funds and to obtain certain benefits.

- Assets emphasize the following benefits of partnership:
 - **Improved service delivery** to the community through combined efforts and improved infrastructure necessary for service delivery,
 - **Optimal use of available resources**, partners may also provide moral, financial, and other forms of support to each other, and
 - **Expansion of services**
- Community Members emphasize the benefits of fulfilling the needs of community members.

Challenges of Internal Partnerships

Asset leaders and community members were asked to reflect on the challenges of and barriers to partnerships. Figures 9.0 and 9.1 present the themes from the two workshops.

Figure 9.0

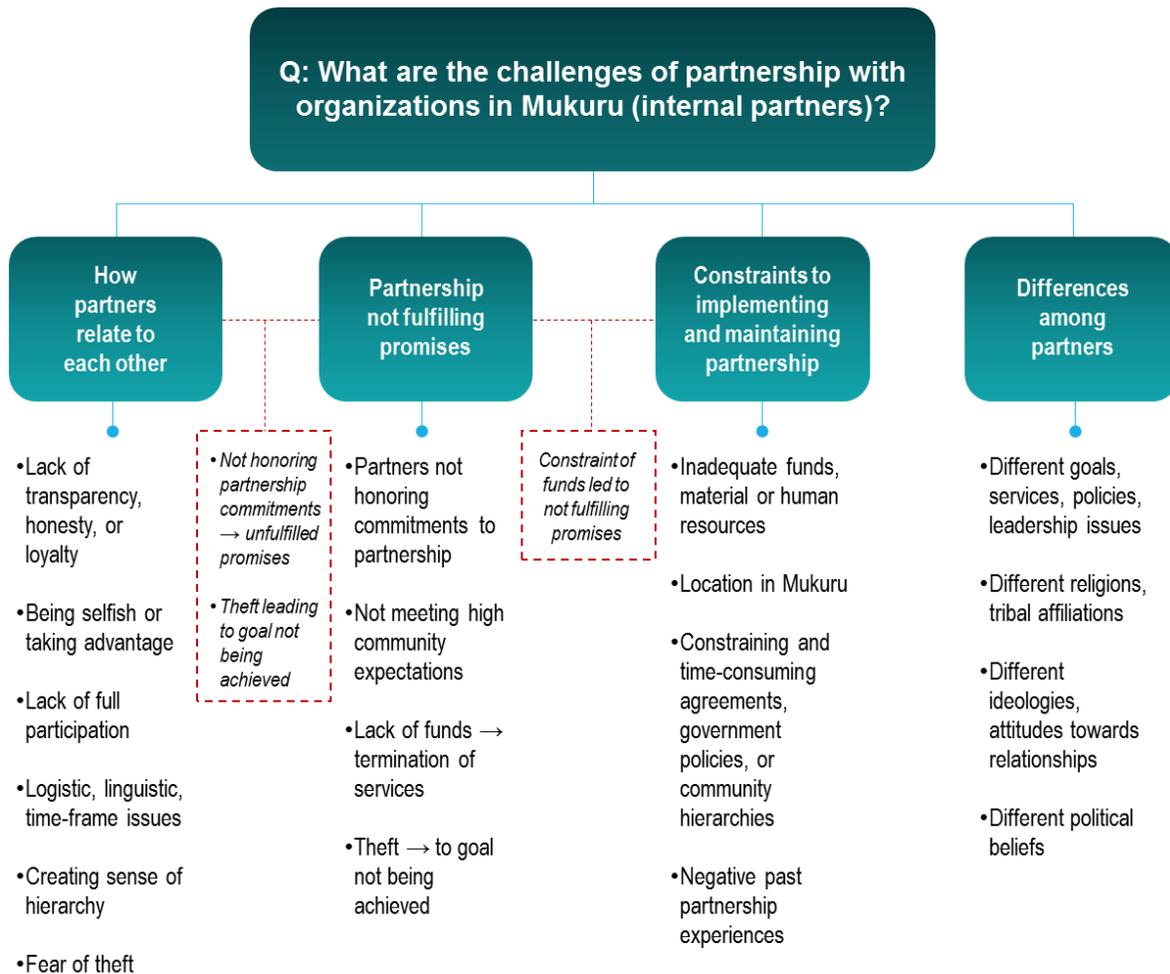
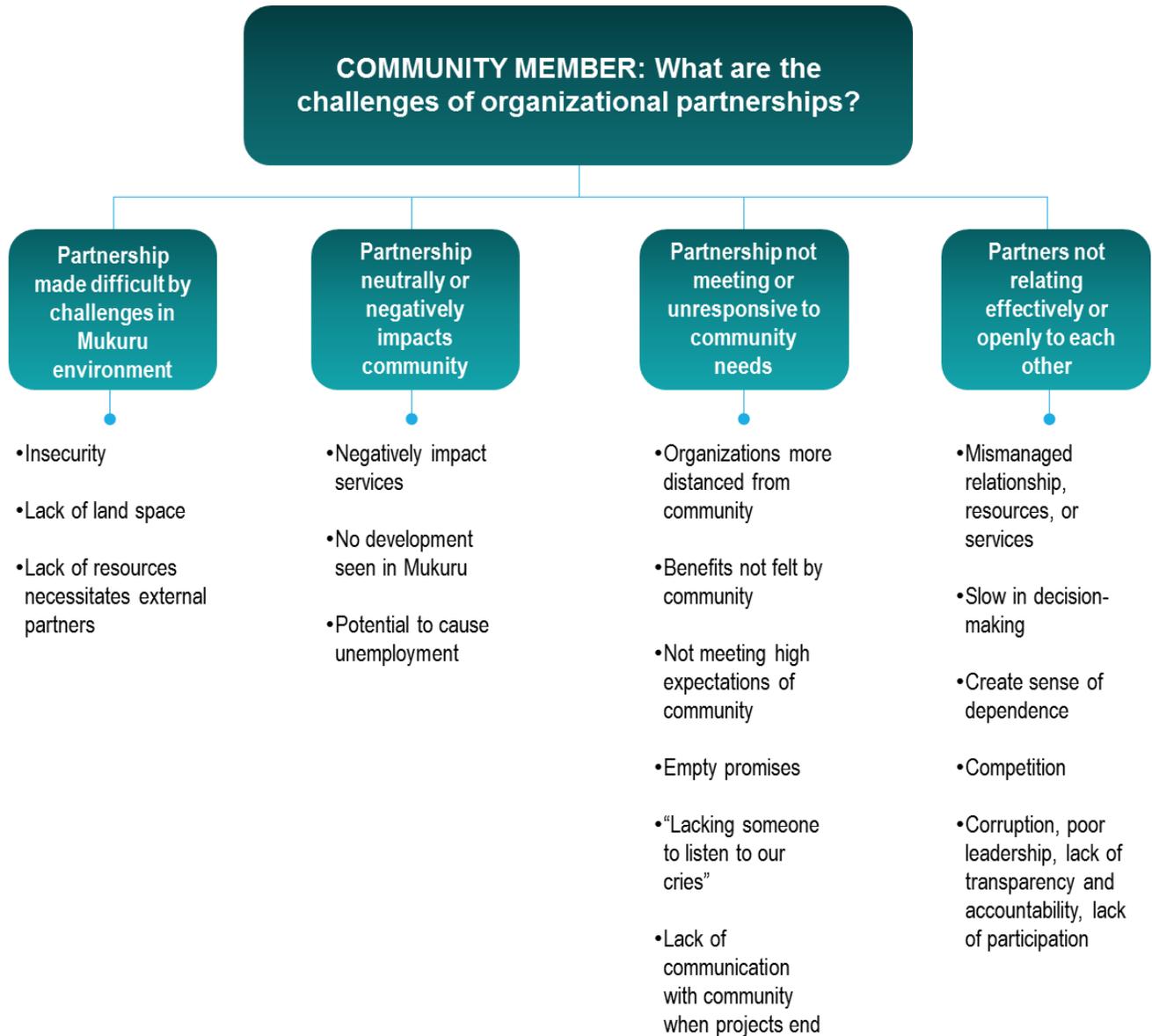


Figure 9.1



What Figures 9.0 and 9.1 Show Us

- Assets identify the following key challenges of internal partnerships:
 - **How partners relate to each other:** Partnering organizations may have different goals and objectives, but there may be vested interest with one partner or an individual within the organization. This may contribute to in-practice directionality in the exchange of services that is misaligned with that agreed upon in the initial partnership agreement.
 - **Management styles:** Organizations may have different management styles, thus hindering or causing delays in the collaborative work.
 - **Partnership is not fulfilling promises:** Partners are not able to meet the expectations of the community - this could be due to funding limitations or donor restrictions.
 - **Superiority/inferiority:** One partner may feel superior or inferior to another organization, and this may affect the relationship that exists between the organizations.
 - **Operation and management:** Proper management systems may exist; however the people charged with implementing those systems may not be willing or interested in implementing what was agreed upon in the partnership and this could slow down progress.
- Community Members identify the following key challenges of internal partnerships:
 - **Social-Structural challenge:** Insecurity
 - **Infrastructural challenge:** Lack of facility space.
 - **Relational challenge:** Organizations may not relate openly and corruption may be present. There may be conflict among organizations when there is no common goal, vision, or shared programmatic approach. For example, one organization in a network may focus on health issues and another may focus on economic empowerment; these differences may create relational challenges despite a common commitment to improving the community.
 - **Impact challenge:** The impact of the partnership may be limited or unnoticeable to the community. This may be due to failure to identify the community needs properly.
- While Assets perceive everything from an organizational point of view, Community Members perceive everything from a community perspective. **Assets** emphasize a professional point of view (e.g., what they want to give to and implement in the community, what goal(s) they want to achieve), while **Community Members** emphasize what they receive from the organizations and how they benefit in terms of service delivery.

External Partnerships

A total of 91 external partnerships were identified. These relationships were very strong, rated an average of 4.3 on a 5-point scale. Generally, external partnerships had been in place for slightly less time than had internal partnerships. The average duration of

external partnerships was three years, though the maximum duration reported was 14 years.

Similar to internal partnerships, the most commonly exchanged service/good was training/expertise (Figure 10); however, the exchange was typically unidirectional (i.e., the external partner provided the Mukuru asset with training/expertise). This is an area for further consideration in exploring how external partners perceive partnerships with internal organizations and value community expertise. External partners also often provided money and supplies and Mukuru assets most often provided reports to their external partners. Most of the partnerships in which the participant provided information on stage of partnership (n=65) were either in the implementation phase (51%) or planning and implementation phases (29%). An additional 9% reported being in ‘every phase’ (i.e., planning, implementation, and seeking funding).

Figure 10

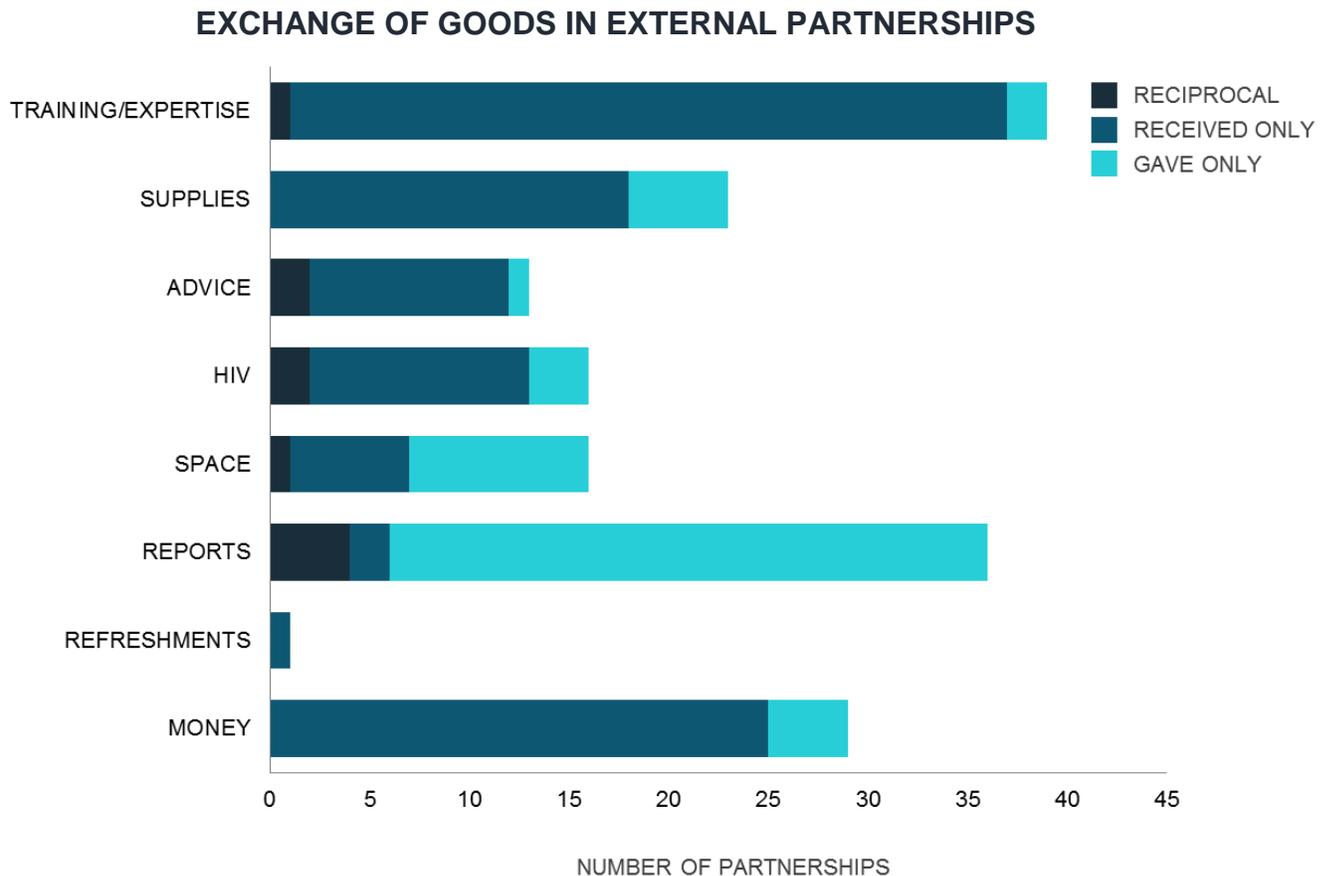


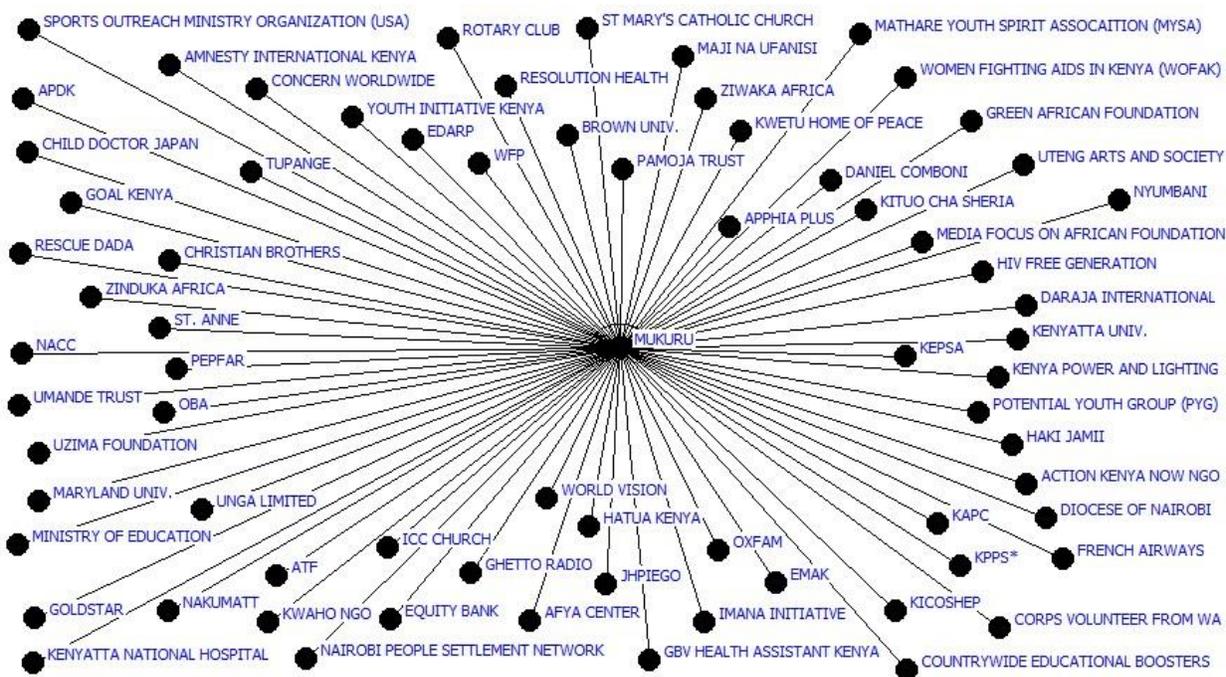
Figure 11 on the following page shows the names of all of the external partners named by the participants in the IOR survey. Most external partners were based in Kenya, and several of these that were based in Kenya were connected to more than one Mukuru asset. For example, Oxfam Great Britain is connected to multiple assets in Mukuru.

Eight external partners were based in the US, including Sports Outreach Ministry, PEPFAR, Africa Teacher Foundation, Maryland University, Brown University, Peace Corps, and JHPIEGO.

While Figures 11 and 12 illustrate the external and internal partnerships separately, it is helpful to visualize *which* internal assets have external partnerships. Figure 11 displays the network of *internal* partnerships among assets in Mukuru, sized by the number of *external partners* they have.

Figure 11

EXTERNAL PARTNERS TO ASSETS WITHIN MUKURU



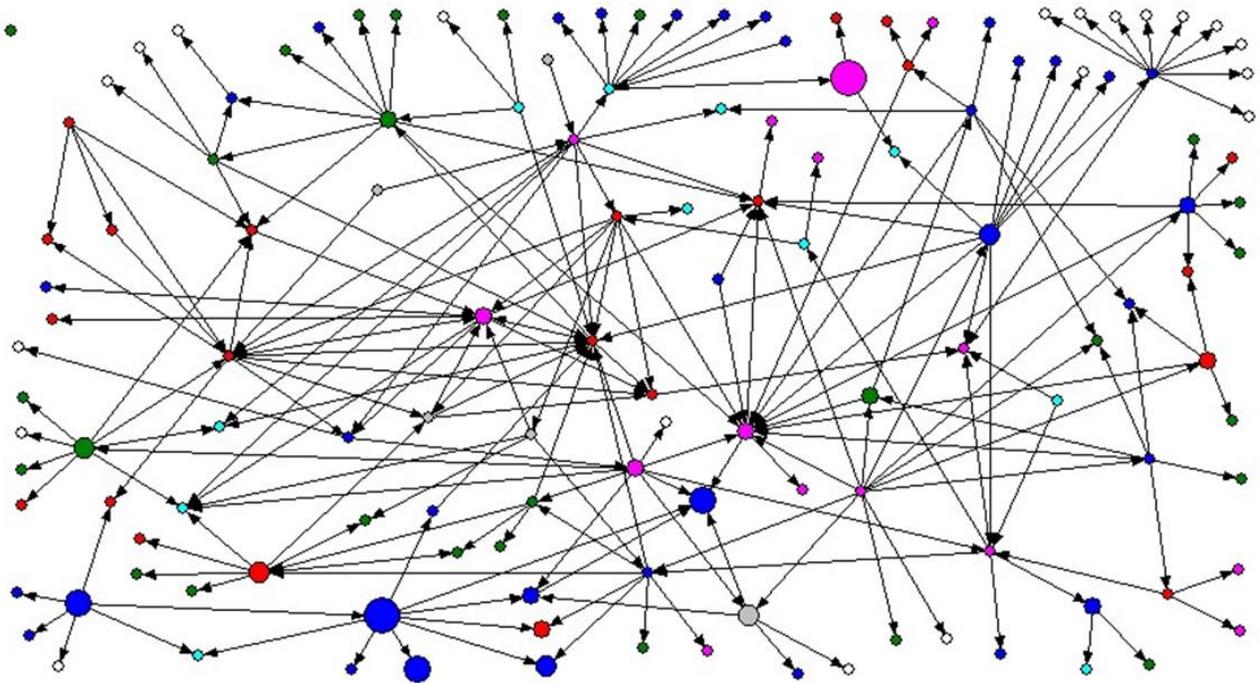
What Figure 11 Shows Us

- There are numerous external assets currently partnering with assets located in Mukuru. The majority (74%) of external partners were based in Kenya, followed by 9% based in the US and 7% in European countries. An additional 7% of external partners were internationally-based.

Figure 12

NETWORK OF SURVEYED AND NON-SURVEYED ASSETS SIZED BY NUMBER OF EXTERNAL PARTNERS

● FBO ● CBO ● NGO ● PRIVATE ● PUBLIC ● OTHER ○ MISSING



Networks: Notes about Figure 12

Size of a node represents number of connections (larger size more connections); the colors represent different types of assets

Note: External partners did not have the chance to confirm their partnership, and internal organizations were limited to naming five external partners (thus, not all external partners of a given organizations may be represented)

What Figure 12 Shows Us

- Many of the internal assets who are well connected within Mukuru do not report having many external partners. This may simply be due to the number of local, grass-roots initiatives relative to the number of available external partners, or it may be due to organizational preferences and limitations, and/or broader sociopolitical structures. For example, possible barriers to the formation of external partnerships among well-connected assets within Mukuru may include barriers to communication, absence of or discrepancies in formal management structure, and/or difficulty preparing formal memoranda of understanding.
- Many FBOs (red) that are well-connected in the community have few external partnerships. This may be due to the tendency of FBOs to rely on a mother church for financial support rather than attaining funding and services from

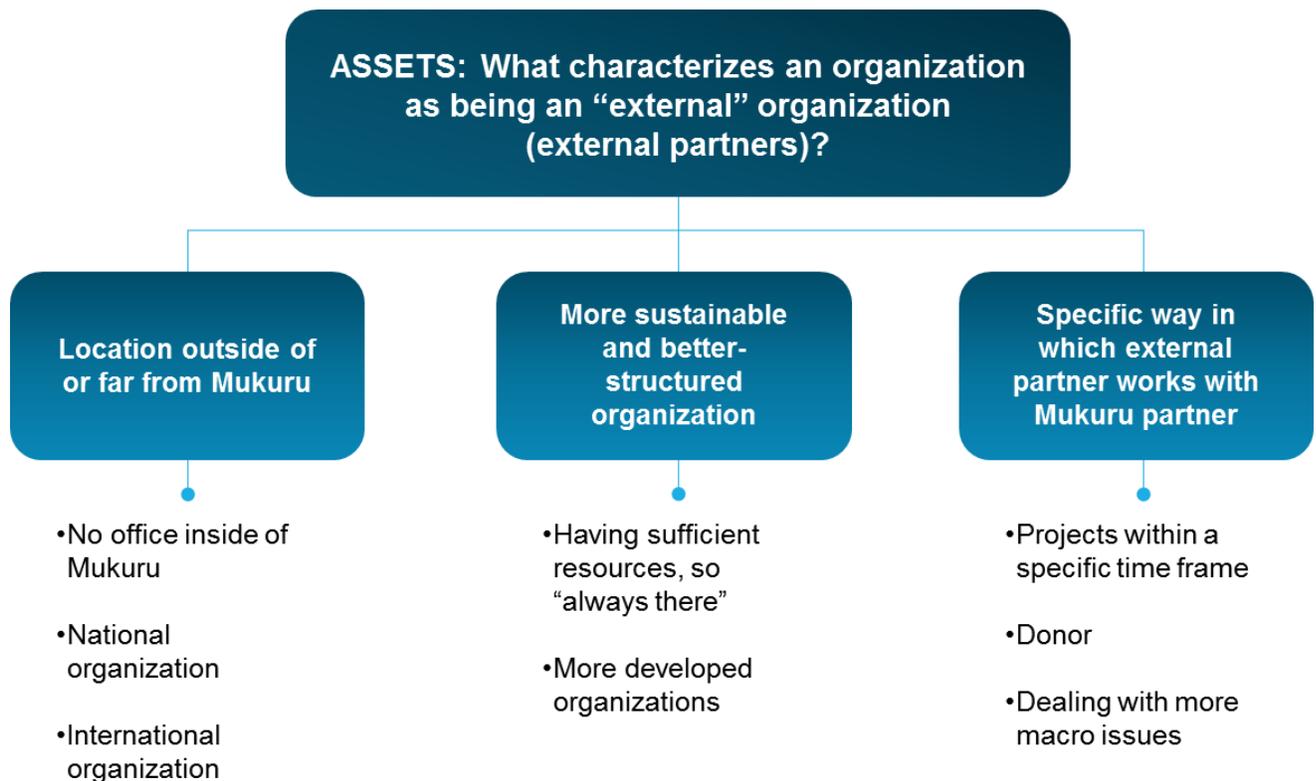
various external assets. The number of internal partnerships relative to external partnerships among FBOs may also be affected by FBOs’ tendency to partner with multiple CBOs for service delivery and community mobilization.

- Some NGOs (pink) that are connected to few other assets in Mukuru report many external partners. Of note, 86% of NGOs reported that their headquarters were outside of Mukuru compared to only 16% among other asset types. Location of headquarters outside of Mukuru may facilitate more partnership opportunities with external assets. NGOs may also be more visible assets with which external organizations can partner due to NGOs’ formal recognition by the Kenyan Government. The formal recognition and structure of NGOs may also afford them greater access to opportunities to apply for funding and services and seek technical support from external partners.

Workshop Findings: External Partnerships

Discussion of external partnerships was confined to the Asset Workshop. Definitions and motivations for partnering with external partners as described by Asset Leaders are described in Figure 13.

Figure 13

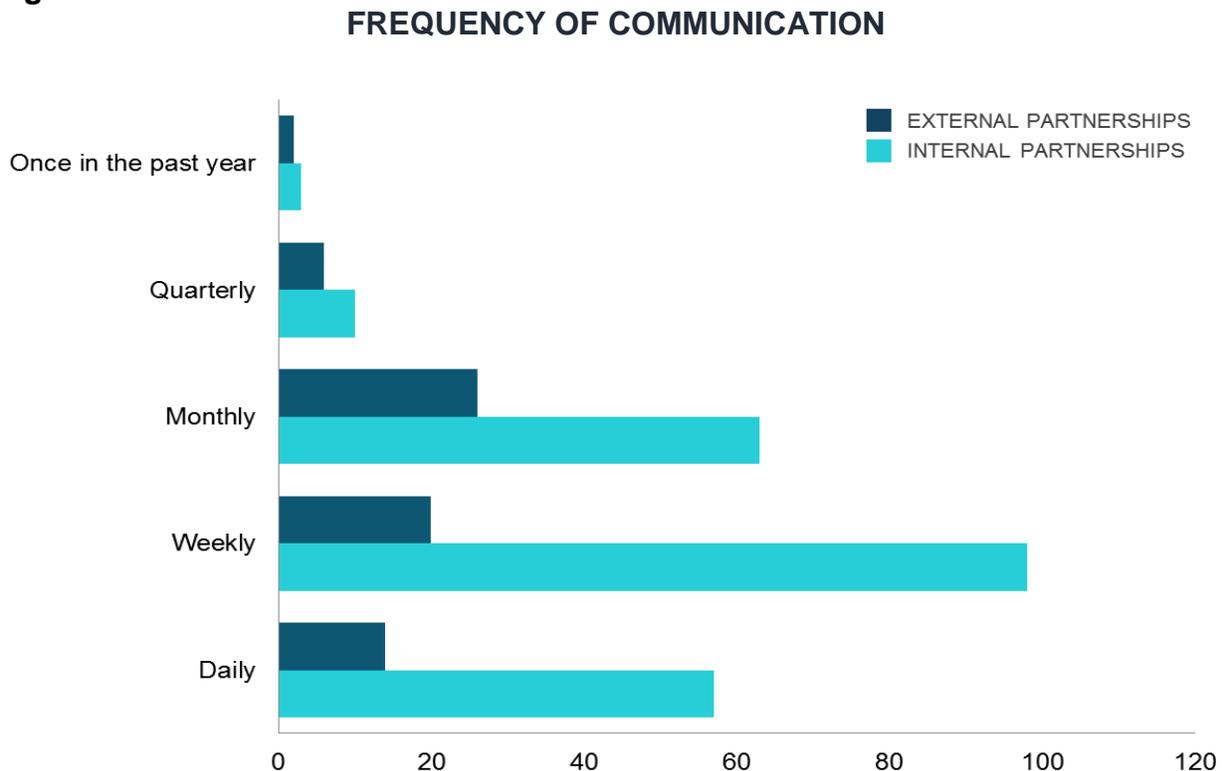


What Figure 13 Shows Us

- External partners are those located outside of Mukuru, and could be a nationally-based organization headquartered in Nairobi or an international organization.
- Because external organizations have sufficient resources, they are seen as “always there” and more developed and stable than internal organizations. Less stable CBOs are seen as a source of connection for larger NGOs.
- External partners typically work on specific projects with timeframes, act as donors, and deal with broader, more systemic issues than local organizations.
- Internal organizations see external organizations as providing additional strength, expertise, funds, and knowledge. A partnership can potentially increase the sustainability and growth of an internal organization.
 - Partnerships with external organizations must be based on common ideologies or goals with the intention of positively impacting service delivery and the community more broadly.

Comparison of Internal and External Partnerships

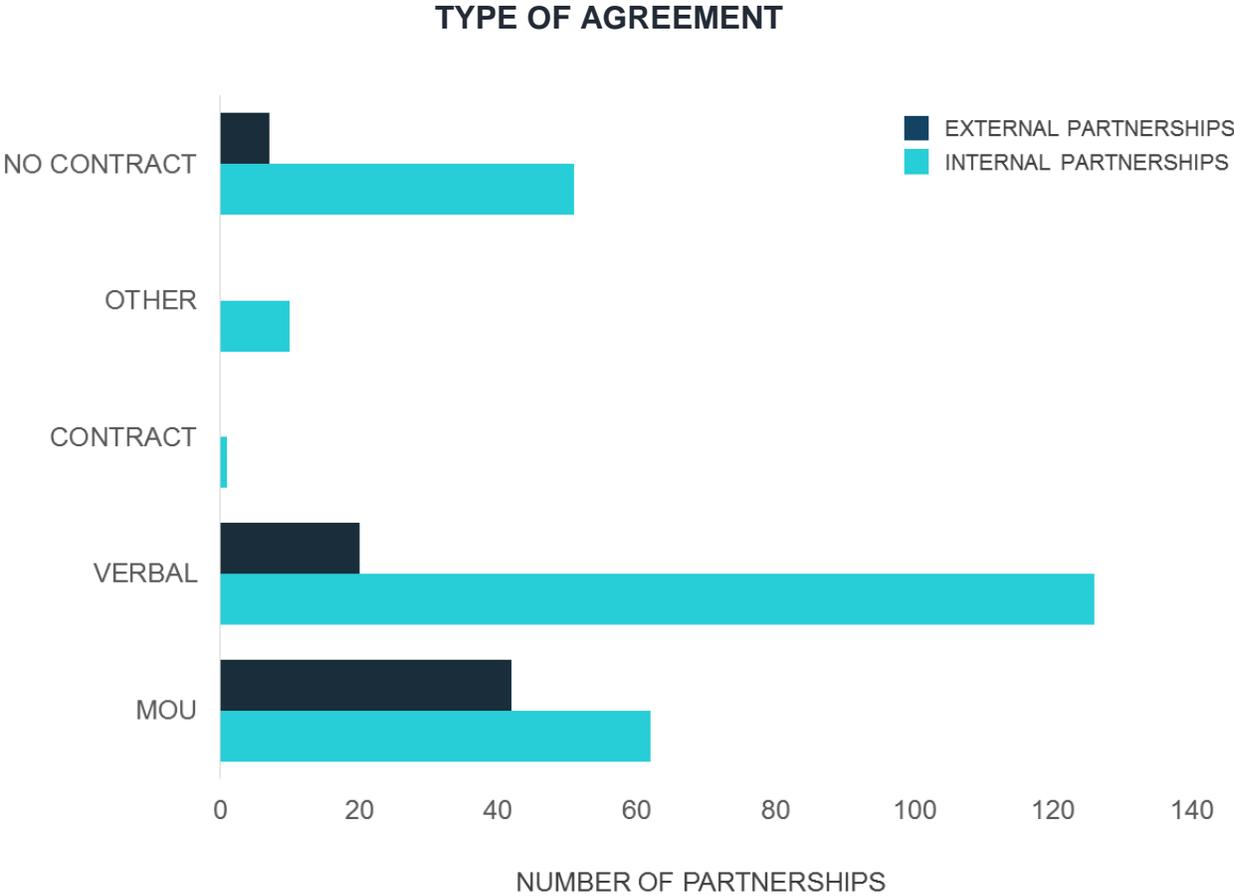
Figure 14



What Figure 14 Shows Us:

- Assets tended to communicate much more frequently with their internal partners than their external partners.
- Weekly communication was most common in internal partnerships while monthly communication was more common in external partnerships.

Figure 15



What Figure 15 Shows Us:

- The overwhelming majority of internal partnerships were based on a verbal agreement, while MOUs were most common in external partnerships.

Limitations from Partnership Project

The data from the Partnership Project had several key limitations:

1. Only 56 assets out of the over 200 organizations in Mukuru participated in the survey, and not all assets they identified were surveyed (only half of the up-to-12 assets named were randomly selected to be surveyed). Though the images provide a snapshot of the interorganizational network in Mukuru, it is not a full picture.
2. No external assets were surveyed to confirm or negate the partnerships identified by the 56 surveyed assets due to time constraints and the recognition that additional bureaucracy might hinder gathering external partners' perspectives. The external partnerships shown are therefore one-sided, representing only identified partnership by internal Mukuru organizations.
3. In the Asset Workshop, there was not an opportunity to discuss the challenges of external partnerships specifically; however, it can be assumed that some of the challenges for internal partnerships can be assumed for external partnerships.
4. Assets were limited to naming five external partners, and so it is likely that there are other external partners that may be partnered with Mukuru.
5. Only written notes from workshops were captured for analysis, suggesting that some of the context and depth of conversations could not be incorporated into workshop findings.

Reflection and Impact

Challenges and Ethical Issues of Community-Based Asset Mapping

There are dangers in making the invisible visible:

Asset mapping identifies organizations as assets in local communities; these assets were unknown to outsiders prior to mapping. Our work in Mukuru resulted in a >500% increase in known assets. Many of these assets had been carrying out activities within their local communities without outside interference such as mapping. . But while outside interference may be welcomed and considered beneficial, certain assets may be inadvertently harmed because of that interference. For example, smaller grassroots programs play vital roles in service delivery, and they are nimble and highly responsive to local community needs. If these organizations are brought into the networks of larger governmental and nongovernmental programs, they may be ill-equipped to handle programmatic, administrative, monitoring and evaluation, and budgetary requirements. Not only will the culture of the organization change, but the relationship between the organization and the local community will change. The impact of these kinds of changes must be assessed prior to the onset of asset mapping.

Community assets are rarely assets for everyone in a local community:

Community norms determine who within a local community is mainstreamed and who is marginal. If asset mapping only seeks input from those in the mainstream, the assets identified will not necessarily be assets accessible to those on the margins. For HIV programs, this is particularly important for HIV programs, particularly with regard to key populations who may actually face high barriers to accessing services in mainstream organizations that are often named as assets. Conversely, members of key populations may create their own highly localized organizations and see them as integral assets; however, these assets may not be known by those in the mainstream or they may be suspect. The complex nature of social networks requires that mapping efforts be thoughtful in gathering input from a broad cross-section of the community and that follow-up activities assess the ways in which the various named assets relate to one another.

Important to identify the relationship function of the assets:

This ethical issue follows directly from the last one. When engaging in mapping, it is important to understand the ways assets relate to one another. Which assets are gatekeepers, providing a single point of entry into a number of services? Which assets are loners, offering more specialized services to a particular subset of the community? Is there competition or a history of mistrust among assets? How do assets relate to one another inside the community and how do they relate to organizations and structures (local, regional, national, and international) outside the community? Do those outside relationships serve as a channel for bringing resources into the community-at-large or are such resources carefully guarded by the local organization? Which assets have organizational or infrastructure capacity to support broad-based programs? While the Partnership Project allowed for some exploration of these relationships, the limitations of scope and depth suggest more understanding is necessary.

Asset mapping is not inherently tied to concrete programmatic activities:

Asset mapping is not a service delivery. Therefore, it should *never* be an end unto itself. Rather, it is a methodology to guide improved service delivery and capacity building. Mapping is not a useful programmatic objective if it is not used to inform concrete, specific services that are valued by the local community.

Key for external partners to listen to the priorities of local communities:

Mapping must be community-focused. It is imperative for mapping initiatives to inform participants *from the outset* of the purpose of the mapping and programmatic activities it will be used to support. Mapping initiatives should determine as much as possible how such activities align with community priorities. Mapping programs must have a concrete communication strategy and assessment plan. In addition, they should identify a process for responding to and trying to resolve differences in priorities should they arise.

Technologies employed must be appropriate to the context for communicating the assets:

Recently, health asset mapping methodologies have become quite enamored with GIS technologies which allow assets to be placed on geo-spatial maps. A number of web-based platforms, both proprietary (e.g., Google Maps) and non-proprietary (e.g., Open Street Map), are in place to facilitate use of GIS mapping as an added dimension of asset mapping. This technology is a resource but it is not a substitute for the overall vision of asset mapping. In fact, asset mapping has always been committed to identifying both tangible and intangible assets in a local community. Tangible assets include organizations or building or well-established programs. These can be plotted with GIS coordinates. Intangible assets include the motivations of key leaders, the level of trust in an organization, and the historical ties (how long has an organization been around and how did they respond to key events in the community). These cannot be plotted. While Network Mapping provides some opportunity to explore some of these less tangible ties as reported by organizations, the limitations of the reach of the Partnership Project suggest further need to expand on the initial network analysis.

GIS tools can certainly be used to complement asset mapping initiatives but the goal should not be trying to place the most items on a map. Related to this question of technology is the question of communication. How will mapping initiatives communicate the information gathered back to local communities? Doing so has always been a core ethical commitment of asset mapping. But how do residents in a resource-poor setting without broad access to the internet or even a reliable source of power access Google maps? Organizations that undertake mapping should proactively develop a plan for disseminating findings. This may be through paper-based platforms (reports, directories of assets, etc.), handbills, improved signage, and telephone-based technologies (these need not be limited to smartphones. USHAHIDI, for example, has been very effective in employing phone technologies to communicate information related to health, development, and civil society engagement throughout Kenya).

Mukuru Assets

Strengths: Mukuru holds many assets and resources within its borders, representing a diversity of sizes and focal areas.

Challenges: Sustainability of organizations and competition between organizations working in similar ways are two key challenges.

Mukuru Organizational Partnerships

Strengths: Partnerships with internal and external organizations are centered around common goals and values with a focus on diversifying services available to the community, bringing more resources into the community, and ultimately positively impacting the community. Partnerships are also seen as useful for attracting donors.

Challenges: Challenges of partnership include limitations or termination of financial resources, organizations not following through on their commitments to partners or the community, competition and tensions between partners, and partnerships not being responsive to the needs of the community.

Opportunities Moving Forward

Sustainability/Success of the Partnership

- Partners should remain faithful and committed to the MOU that was signed at the start of the partnership.
- As organizations develop partnerships they need to clearly identify community needs they want to address. This should be informed by the community itself through a participatory process and measuring their capacity to deliver on the same.
- Organizations should set out clear goals to be achieved in the partnership at the start of the partnership and measure available resources vs. what is to be implemented to avoid projects stalling before completion.
- The willingness of the community to support the implementation of projects is essential. Such commitment encourages contributions to information and/or resources that can assist the success of the project (i.e., ideas, space, security).

High Community Expectations

- Organizations should continuously make sure the community understands what their scope of services and limitations therein.

Different Management Styles

- Partners should agree on a common management style for their collaborative projects/programs from the outset of their partnership.

Conclusion

The undervaluing of assets such as faith-based organizations and religious groups is a grievous error for global health practitioners to make in mobilizing community resources to address key public health concerns. The Mukuru on the Move projects have made visible such resources, while emphasizing collaboration with communities to better understand the difficulties faced in fully utilizing available resources. Mukuru on the Move's work to identify and explore the strengths and assets within informal settlements has produced resources, methodologies, and information which can be used for asset-based community development in slum communities around the world.

While the strengths of Mukuru are invaluable to understand, the challenges and gaps illuminated by the Partnership Project provide guidance for future efforts that seek to build on the existing community capacity within the settlement. Ethical considerations and limitations also point towards the need for additional community-based participatory research and project development to ensure an accurate, holistic, and inclusive understanding of key next steps.

Mukuru on the Move has laid the foundation for such efforts and stands as a testament to the strength and potential of community-academic collaboration, asset-based work, and partnership.

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