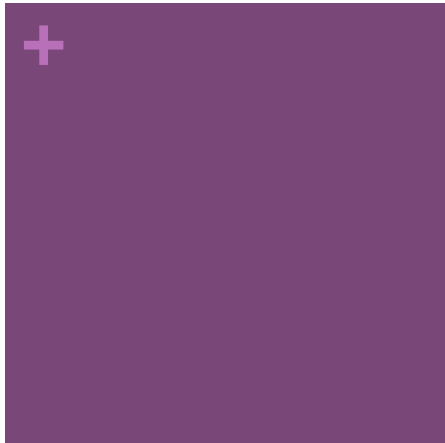**EMORY** | ROLLINS SCHOOL OF PUBLIC HEALTH | **Interfaith Health Program**
Hubert Department of Global Health

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

C.B. Peter, St. Paul's University
Limuru, Kenya

John Blevins, Emory University
Atlanta, GA USA

+ ## Objectives:

Background and Context

Parallel Approach to Mapping

Findings

Lessons Being Learned

Limits and Critical Questions

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Partnership for an HIV Free Generation

Funded by PEPFAR

Partnership between USG/ GoK and corporate partners
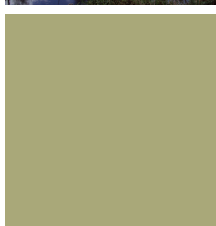

Background and Context:

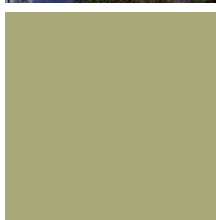Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Partnership for an HIV Free Generation

Intended to address social drivers of HIV risk

G-Jue Hali Yako – Know your health and HIV status, and that of your partner

G-Fahamishe – Increase knowledge/ awareness of HIV and other life skills

G-Inue – Increase economic empowerment

Background and Context:

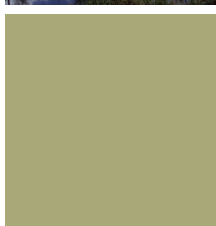Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Partnership for an HIV Free Generation

Intended to address social drivers of HIV risk

G-Kinge – Avoid risky behavior

G-Family - Increase engagement among parents, stakeholders, and community members
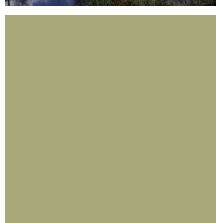
G-Amini – Believe in yourself

Background and Context:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Partnership for an HIV Free Generation

Emory (IHP) and St. Paul's received funding for a parallel mapping project in Mukuru.

Emory: IHP, RPHC, ARHAP

St. Paul's: MA in Community Pastoral Care and HIV&AIDS; Masters in Development Studies
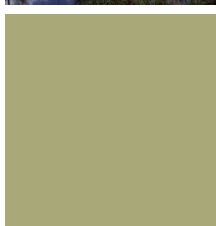
Background and Context:

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Mukuru Settlement

Estimated population: 200,000-600,000

Characteristics of informal settlements

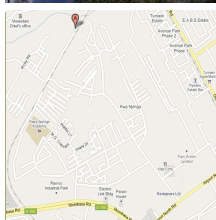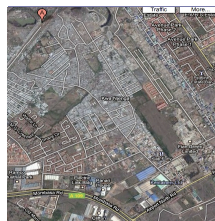Little knowledge of organizations working in the community

Background and Context:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Parallel Mapping

Community Health Assets Mapping
- Participatory Rural Appraisal (Chambers)
- ARHAP/PIRHANA (de Gruchy)

GIS Mapping

Background and Context:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Parallel Mapping

Shared participation, not outside experts.

Shared analysis and interpretation of the data generated.

The data is owned by and returns to the community.

Background and Context:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Community Health Assets Mapping: 2 days of workshops

Community History

Community Assets
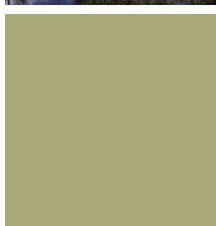▪ Why are they valued as an asset?
▪ What assets are exemplary?

Approach:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Community Health Assets
Mapping: 2 days of workshops

What factors contribute to
health in the community?
What factors contribute to
illness?

How do the assets contribute
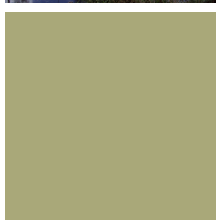to health and mitigate against
illness?

Approach:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Community Health Assets
Mapping: 2 days of workshops

What are the community's
priorities?

How do those priorities align
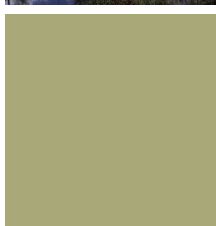with the priorities of *HFG*?

Approach:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Community Health Assets Mapping: GIS Mapping

Geospatial location of each assets and exemplar mapped with waypoint data.

Scope of services, contribution to *G-PANGE* goals, number of people served, contact information.
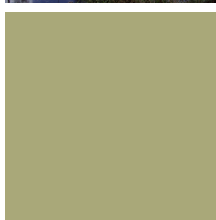
Approach:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Census of organizations in Mukuru prior to the mapping: 54

Community health assets identified in 3 of 17 villages by parallel mapping: 272

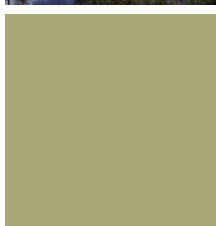Assets are long-lasting: 94.5% are still in existence after 2 years.

Findings

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Many assets do not have capacity to operate in a physical structure.

Religious organizations provide a significant portion of organizational capacity
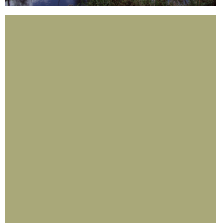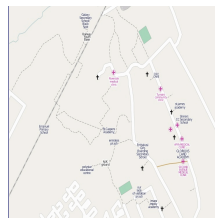
Findings

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Importance of mapping not only waypoint data but also paths/roads in the settlements.

Maps of these paths do not exist and are key for outside organizations to build partnerships.

Lessons Being Learned:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Community maps are not fixed.

Communities are in flux.

Institutions change.

Norms, values, priorities change.

Lessons Being Learned:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Geospatial maps are also not fixed.

Boundaries between communities are fluid and shift.
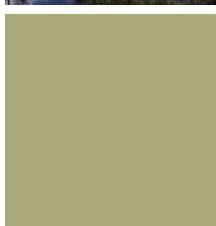
Place names change.

Lessons Being Learned:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

Importance of combining the geospatial and community wisdom:
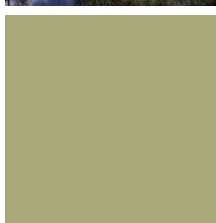
Example of a CDC clinic in Mukuru.

Lessons Being Learned:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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Mapping is a helpful, powerful tool that can be part of effective structural HIV prevention initiatives.

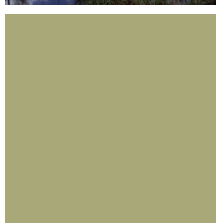These kinds of initiatives are a key priority for new prevention efforts.

Lessons Being Learned:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

What happens when there is a lack of alignment between community priorities and priorities of the funder (in this case, PEPFAR)?

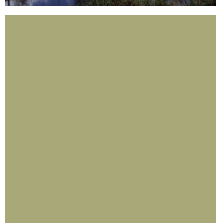Identifying common ground

Clear communication

Limits, Critical Questions:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

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How do we deal with the phenomenon of the community telling us what (they think) we want to hear?

The effect of time

Local community team and workshop facilitators.
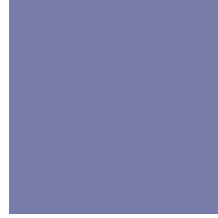
Limits, Critical Questions:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention

What are the unintended consequences of making the invisible visible?

Marshall's example of Aceh

Biehl's example of Caasah in Salvador, Brazil

This question, impossible to completely account for, is haunting.

Limits, Critical Questions:

Making the Invisible Visible: Community Health Assets Mapping and Community Level HIV Prevention