Research focuses on asset mapping outcomes from 4 locations namely: Mukuru, Dandora, Kawangware and Kariobangi. Data was worked into an Asset Based Model formulated and developed by staff members of the Mukuru in the Move Team using best practices and exemplar organization information (whether they are religious-based or not) as was retrieved from Community Action Plans as computed from tabulation of workshop asset mapping data.

**Project Timeframe:**

**Week 1** - Determining what a successful Community Health Strategy would look like. Are there any people doing it (Exemplar Organizations)? How does lasting impact in the community look like then (Possibility Outcomes)?

**Week 2 & 3** - Using mapped assets to determine which will be most useful to the community in terms of growth, strategy implementation and monitoring and evaluation [Asset Based Community Development]. Identification of community assets can highlight future networking opportunities. [Community Networking Matrix]

**Week 4 & 5** - Creating framework for possible implementation strategies by consolidating findings from previous Phase.

**Week 6** - Develop report representing all community action plans as communicated by Community leaders and matched with Adolescent workshop statements of need.

The Blount Center and IHP played a key role in developing a religious and community health assets mapping approach in collaboration with colleagues from the African Religious Health Assets Programme (ARHAP). 2 years ago they partnered with Mukuru on the Move to employ a community mapping and mobilization in a project (CHAMP) sponsored by the President’s Emergency Plan for AIDS Relief (PEPFAR) in a group of informal settlements in Nairobi, Kenya.

This innovative parallel mapping approach that combines a religious and community health asset mapping with GIS mapping of organizations in order to create interactive, internet-based maps of community health assets in the informal settlements of Nairobi has since expanded to include other areas outside of Mukuru’s (Kwa Njenga, Reuben & Lunga Lunga) pilot area to begin working in 3 new areas namely Kawangware, Dandora and Kariobangi.

The work involved running community workshops for both Youth & Community Leaders in conjunction with Nyumbani’s Lea Toto program (which works with families affected/infected by HIV), to identify available community health assets. With this work coming to a close, there was a need to compile all information that was collected and conglomerate it into a workable strategy for future workshops and initiatives of this kind as well as suggest a way forwards with Lea Toto by developing an asset based community development model for their consideration and possible implementation.