ABSTRACT DISCOURSES OF "CHARADES" AMID CONCEPTIONS OF AUTHENTIC PARTNERSHIP: A COMBINED CRITICAL AND CULTURAL DISCOURSE ANALYSIS OF HEALTH NGO NAVIGATION IN MATHARE, KENYA

Nathaniel O. Lubanga, B.A., S.T.B., M.A.

Marquette University, 2026

Health NGOs provide most healthcare in informal settlements. That is the reality on the ground. However, here is a puzzle: many of these organizations possess solid technical skills, yet they struggle to establish partnerships that endure. Why? Understanding how communities view these relationships might tell us something important about what makes partnerships successful or fall apart. The problem is that most research treats residents as passive recipients rather than active participants who shape these relationships through their everyday conversations. Moreover, studies tend to treat power, culture, and participation as separate issues when, in practice, they are intertwined.

This qualitative study set out to explore how residents in Mathare use language to assess health NGO partnerships. The premise was straightforward: what people say about these relationships, refined over years of experience, should be treated as genuine expertise. The researcher conducted in-depth, semistructured interviews and analyzed them using a combination of Critical Discourse Analysis and Cultural Discourse Analysis. Three patterns emerged. First, long-term residents deploy phrases that do double duty; they critique power imbalances while simultaneously asserting cultural values. It is not one or the other; it is both at once. Second, people with extensive NGO experience do not compartmentalize their evaluations. They assess organizations holistically, weaving together concerns about power-sharing, cultural respect, and genuine participation into a single judgment. Third, community members appear to predict partnership outcomes through subtle cues that formal evaluations typically overlook.

The findings suggest we may be getting things backward. Approaches that prioritize technical competence over relationship-building probably miss what matters most. Real, sustained health improvements seem to depend on organizations sharing power and respecting local culture, not just talking about it. NGOs might want to rethink their hiring practices, placing more weight on relational skills. Community feedback should not be an afterthought used to justify decisions already made elsewhere. It should shape program design from the outset. One more thing: donors need to fund the work of building partnerships, not just the delivery of services. That shift in focus could change everything.