

Participatory community mapping

A Step-by-Step Guide

Introduction

- This tool can be used to:
 - identify where key populations live, work and access services
 - estimate numbers of key populations in different areas
 - identify locations where potential study participants could best be recruited and followed-up in a future study
 - identify suitable sites for particular research activities e.g. clinical and qualitative research
 - identify and engage with key local stakeholders
 - facilitate the active participation of communities in the design of HIV prevention studies
- This tool is relevant to the translation of several key elements of GPP into practice, particularly the following sections:
 - formative research (3.1)
 - stakeholder advisory mechanisms and engagement (3.2, 3.3)
 - protocol development (3.8)
 - study accrual and follow-up (3.14)

Participatory community mapping

- **Step 1:** Discuss and agree with the mapping team (comprising researchers and community volunteers) a list of key items to be mapped in each location, and how these will be recorded (e.g. use of symbols to indicate location of health facilities, landmarks in relation to waterways, roads etc)
- ✓ Depending on the proposed research, the mapping team may need to:
 - record the names of key stakeholders and community 'gatekeepers' (e.g. names of bar owners or brothel managers)
 - estimate the number of people in key population groups (e.g. bar workers, brother-based sex workers)
- ✓ The team may also need to use agreed criteria for the classification of items (e.g. guesthouse vs. hotel) and boundaries to be mapped (e.g. 'up to the riverbank only on the south side')



What you will need

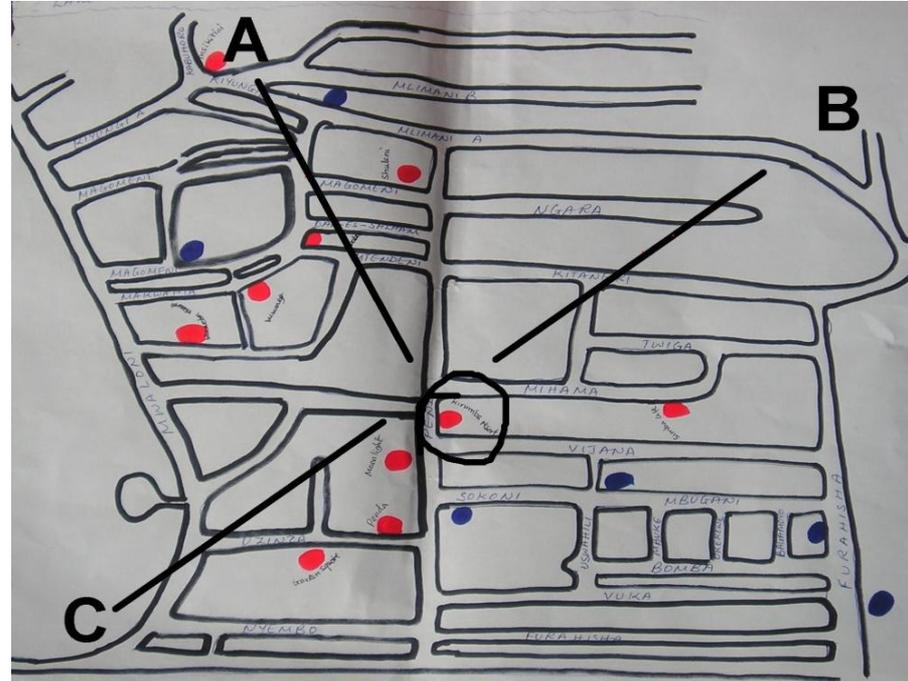
- ✓ Paper and pens
- ✓ Copies of necessary approval letters (e.g. ethics committee approval; letters of support from local-level administration)

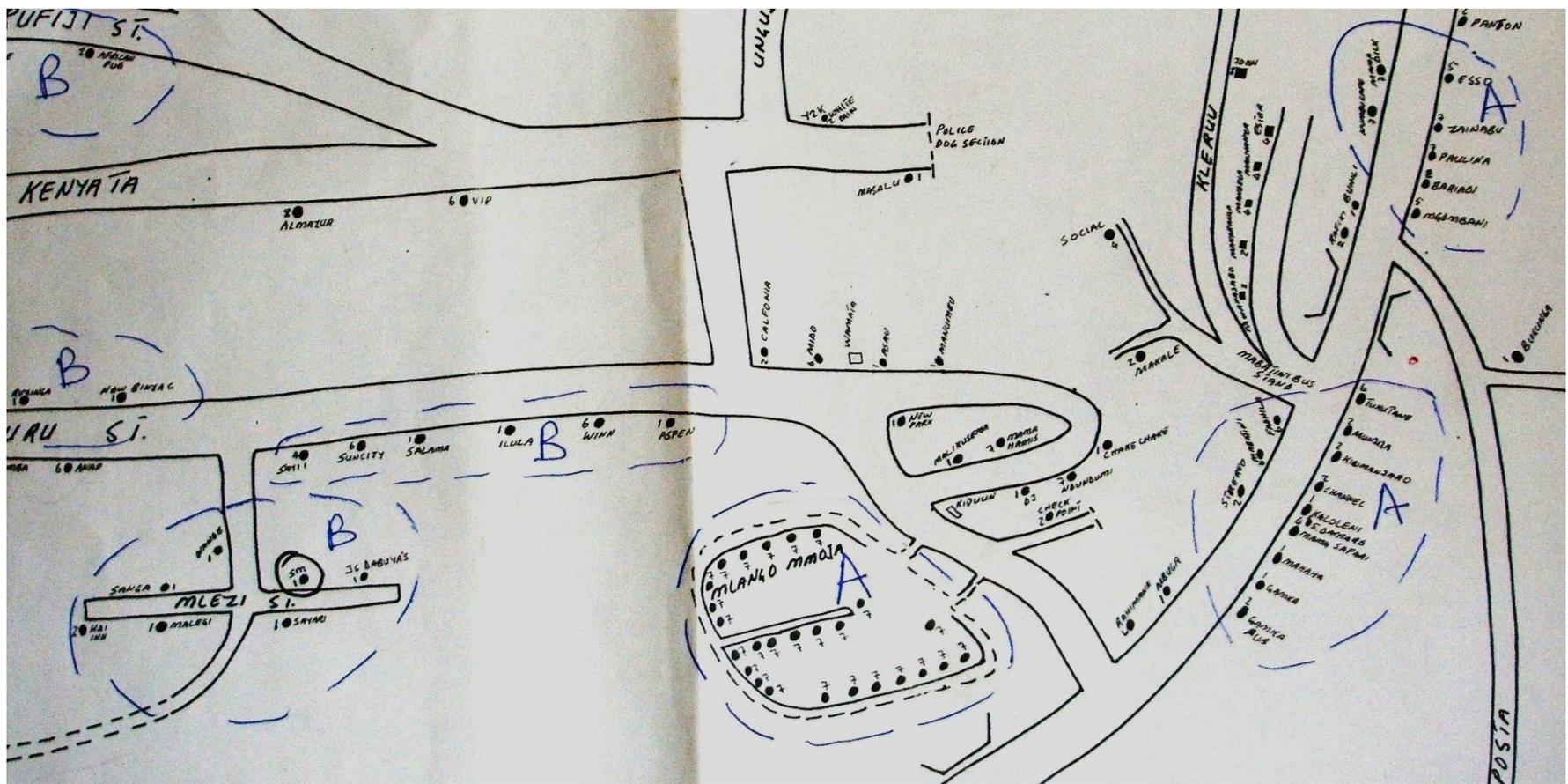
Top Tips

- **Let the community lead:** hand over the paper and pens; ask community members, people from key populations and other local stakeholders to show you buildings and sites of interest, and to introduce you to community leaders and gatekeepers (e.g. bar owners, police officers, district officials) as mapping proceeds

Verification

- **Step 2:** Once a draft map has been completed, ask the team to conduct short *Transect Walks* e.g. by walking or driving as close as possible to the course of line A, B or C in the figure. As the transect walk proceeds, the order and location of each marked point of interest on the map can be checked and if necessary, new points added.
- **Step 3:** Ask each mapping team to test another team's map. They can do this by selecting several locations at random on the map and then attempting to locate these on the ground. Any changes and suggestions are then be added to the final map.





Example from MDP301 Trial, Tanzania

- This map was one of 10 local-level maps developed in Mwanza, Tanzania during preparations for the MDP301 phase III vaginal microbicide trial.
- The trial recruited women working in bars, guesthouses and other food and alcohol outlets. These 'facilities' are identified as numbered circles on the map.
- During the mapping process, community stakeholders highlighted the natural clustering of certain types of facilities, designated as 'A' and 'B' on the map (A: mamalishe/kilabu (traditional food outlets, bars); B: modern bars, hotels, guesthouses and restaurants).
- The subsequent design of the community liaison system in Mwanza, and trial recruitment and retention strategies, were influenced significantly by these geographical clusters.