



Good Participatory Practice Tools

Participatory Community Mapping

February 2014

Background

The Microbicides Development Programme (MDP) Phase III trial (MDP 301) of the candidate vaginal microbicide PRO2000^{1,2} used innovative participatory community engagement^{3,4,5,6} strategies to ensure that the study would be conducted in partnership with local communities.

All six MDP 301 trial sites had dedicated resources for community liaison, with site-level community liaison officers, annual workshops and in-country training for researchers and community representatives, and international scientific and technical oversight through a central MDP-based coordinating mechanism.

At the MDP 301 trial site in Mwanza, Tanzania, tools adapted from participatory learning and action techniques (PLA)—such as listing, scoring, ranking, community mapping, and circles diagrams—were used to foster effective and open dialogue, shared understanding, and a working partnership between researchers and communities. Examples of how these tools have been applied are presented in this tool kit and can readily be adapted to facilitate implementation of the GPP guidelines in a variety of settings.

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References and Further Reading

1. McCormack S, Ramjee G, Kamali A, Rees H, Crook AM, Gafos M, et al. PRO2000 vaginal gel for prevention of HIV-1 infection (Microbicides Development Programme 301): a phase 3, randomised, double-blind, parallel-group trial. *Lancet* 2010;376(9749):1329-37.
2. Nunn A, McCormack S, Crook AM, Pool R, Rutterford C, Hayes R. Microbicides Development Programme: design of a phase III trial to measure the efficacy of the vaginal microbicide PRO 2000/5 for HIV prevention. *Trials* 2009;10:99.
3. Shagi C, Vallely A, Kasindi S, Chiduo B, Desmond N, Soteli S, et al. A model for community representation and participation in HIV prevention trials among women who engage in transactional sex in Africa. *AIDS Care* 2008;20(9):1039-49.
4. Vallely A, Shagi C, Kasindi S, Desmond N, Lees S, Chiduo B, et al. The benefits of participatory methodologies to develop effective community dialogue in the context of a microbicide trial feasibility study in Mwanza, Tanzania. *BMC Public Health* 2007;7:133.
5. Vallely A, Lees S, Shagi C, Kasindi S, Soteli S, Kaviti N, et al. How informed is consent in vulnerable populations? Experience using a continuous consent process during the MDP301 vaginal microbicide trial in Mwanza, Tanzania. *BMC Med Ethics* 2010;11:10.
6. Vallely A, Shagi C, Lees S, Shapiro K, Masanja J, Nikolau L, et al. Microbicides Development Programme: Engaging the community in the standard of care debate in a vaginal microbicide trial in Mwanza, Tanzania. *BMC Med Ethics* 2009;10:17.



INTRODUCTION: PARTICIPATORY COMMUNITY MAPPING

This tool enables research staff and community members to identify geographical **locations of interest** and **define community composition, boundaries, and structure**.

The community mapping tool can be used to:

- » Identify where key populations live, work, and access services
- » Estimate the size of key populations in different areas
- » Identify locations where potential study participants could best be recruited and followed up with 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 community participation in the design of HIV prevention studies

This tool is designed to help research teams put several elements of GPP into practice, particularly from the following sections of the guidelines:

- » Formative research activities
- » Stakeholder advisory mechanisms and stakeholder engagement plan
- » Protocol development
- » Trial accrual, follow-up, & exit



PARTICIPATORY COMMUNITY MAPPING

MATERIALS REQUIRED

- Paper
- Pens
- Copies of approval letters (e.g., ethics committee approval; letters of support from local-level administration)

TIPS

Let the community lead: Ask community members, people from key populations, and other local stakeholders to show you buildings and sites of interest. Have them introduce you to community leaders and gatekeepers (e.g., bar owners, police officers, district officials) as the mapping proceeds.



1

Step 1

Have members of the research team and community volunteers divide into several mapping teams. Decide on a list of items to be mapped in each location and how to represent them (e.g., symbols to indicate health facilities, landmarks, waterways, roads, etc.).

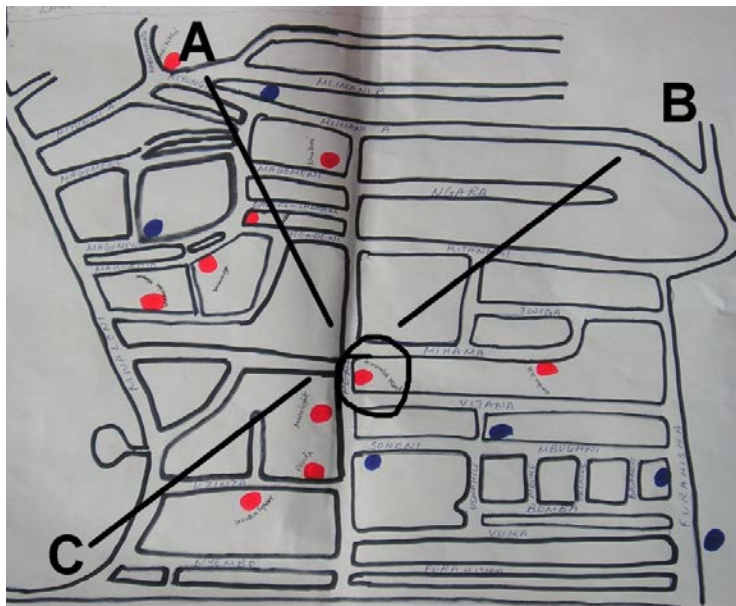
Depending on the nature of the proposed research, the mapping team may want to:

- » Record the names of key stakeholders and community “gatekeepers” (e.g., bar owners, brothel managers).
- » Estimate the number of people in key population groups (e.g., bar workers, brothel-based sex workers).

The team may also need to come up with criteria to distinguish between similar items (e.g., guesthouse vs. hotel) and methods for representing such anomalies as unofficial boundaries (e.g., “up to the riverbank only on the south side”).



VERIFICATION



2

Step 2

Once each team has a completed draft map, ask the team to conduct short “transect walks” to confirm the order and location of each marked point of interest and add new points, if necessary. (In the map shown at left, a transect walk would entail walking—or driving—as close as possible to the course of line A, B, or C.)

3

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 them on the ground. Any changes and suggestions can then be incorporated into the final map.



Example from the MDP 301 Trial – Mwanza, Tanzania

- » This map was one of 10 local-level maps developed in Mwanza, Tanzania, during preparations for the MDP 301 Phase III vaginal microbicide trial.
- » The trial recruited women working in guesthouses, bars, and other food and alcohol outlets. These facilities are represented with 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).
- » These geographical clusters had a significant influence on the subsequent design of the community liaison system in Mwanza, as well as on trial recruitment and retention strategies.

