Activity: Social Mapping:

Time: 1.30 Minutes

Material: Flip charts, Markers, Posters.

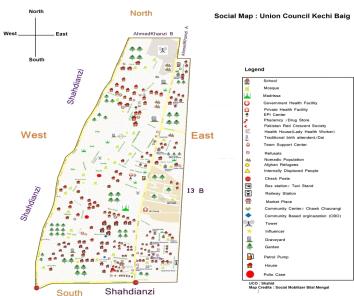
Introduction

Social mapping is visual representation of a specific area (village, section, Subdistrict, district, region) which contains all community and geographical information.

Social mapping involves getting key participant groups to map out the following: Social groups, neighbourhoods, areas Community assets, institutions Networks, influencers, actors etc. access, acceptance, resistance and problems

It is useful to identify households with eligible children and important locations such as:

- Human settlements (houses)
- IDP camps
- Mosques
- Market
- Schools
- Bus stations
- Health facilities
- Traditional courts
- Main roads
- Water points
- Check points



Key strategies

- Mapping cross border areas
- Mapping hard to reach populations
- Map mobile and migrant populations

Use

- It helps to identify social groups and individuals who can be contacted for supporting immunization, including during campaigns. These social groups/individuals can help provide valuable information to the health team, including
- Information about new-borns, or eligible children
- Information on the best way to ensure community participation and to get information out
- Information about the timing/location of immunization sessions
- Information on possible security/access issues and possibly supports access negotiations
- Informal caretakers, community leaders, elected representatives, clan elders and other key stakeholders identified.
- How to ensure coverage of missed children

Social mapping can be used to:

- Present information on local layout, infrastructure, demography, ethno-linguistic groups, health pattern, wealth and other
- To map out social networks and to understand the local context
- Participatory approach to planning Process to collectively identify local issues and local resources to develop local level plans

Guidelines for community/social mapping

- Develop a checklist regarding type of information required. It is particularly important to think about the issues that the immunization programme is facing (i.e. refusals in a particular population group, access/security problems, nomadic populations, etc.)
- Find people who know the area well and the topic of the mapping and who are willing to share their knowledge
- Chose a suitable place and medium (chalk, sticks, seeds, pens, pencils, etc.)
- Help the people get started, however let them draw the map themselves it's their map!
- Probe based on the checklist

The checklist items needed to develop a social map can include:

1) Location

- Topography such as mountainous areas, riverine areas, desert areas which make provision of immunization and communication difficult
- Geographical divides, roads, other seasonal factors (ie flood channels)
- Environmental such as slums, middle income, high income groups

2) Social set up

- Identify the most influential, knowledgeable, and educated community leaders
- Identify any other communal existing groups CBOs, NGOs, credit groups, sports persons, informal caretakers, elected representatives, clan elders, religious leaders
- Demographics such as population characteristics nomadic movements patterns, IDPs, refugees, minority groups, Any community activists or volunteers

3) Local resource

- Identification of communal/gathering places
- Market areas
- Mosques
- Schools including community-based Koranic ones
- Health facilities
- Water tanks/pumps
- Railway tracks
- Areas where there are problems with immunization coverage, where there have been polio/measles cases outbreaks
- Identify areas where there have been a high number of missed children (i.e. during SIAs)
- Identify where there have been areas of refusals (i.e. for polio/measles/other)
- Catchment area of a community health/other extension worker

These are key places where you can reach parents or those who have an influence on them who can help us achieve our objective in the community, find out the most influential and people with authority in your district? These can be faith leaders, clan leaders or local authorities

District/ community level

- Identify partners (e.g. NGOs)
- Start with the highest authority in your District
- Who has the most influence and power in the district?
- Start from district administrator/commissioner
- Contact him/her
- Prepared and brief them on your plans
- Identify and list local influencers in their areas.
- The list should carry the name, designation and the target population they can influence
- Collect this list from each team and it should be incorporated into the micro plan and campaign report.

- Contact these influencers to seek their support and cooperation in the areas listed below
- Ask them to call and participate in community meetings

Regional/district level	Community level
All districts highlighted or visualized	All areas shown
High risk districts marked	High risk areas marked
Service land marks identified	Community Institutions (Schools, Mosques, etc., Key locations, networks, actors identified) mapped out
Performance indicators mapped:	Performance indicators mapped: Coverage
Coverage patterns identified, problem	patterns, problem areas recognized
areas recognized	
Hard to reach areas/corridors marked	Resistant groups mapped with reason
Madia and talkadad	Service land marks such as Health centres
Media reach indicated	Vaccinators collection point, Supervision
	Community leaders, Traditional Rulers,
	Religious leaders, Teachers, Opinion leaders,
Hard to convince groups mapped with	Village head, Ward head listed and then
reason	mapped,
Nomadic groups, migrant routes, cross	migrant routes, cross border corridors
border corridors labelled	labelled
	Catchment areas etc., marked and gathering
Key partners identified	spots identified

Checklist

- Find people/partners who know the area and the topic of the mapping exercise and who are willing to share their knowledge.
- Chose a suitable place (ground, floor etc.) and medium,
- (chalk, sticks, seeds, leaves, pens, pencils, chart paper etc.)
- Help the people get started however let them draw the map themselves. It's their MAP.
- Sit back, watch and probe based on the checklist
- Keep a permanent record of map on paper including person involved in sketching the maps to give them the credit.
- Maps inform the local level plan

Reporting format

 Name of the community, visual (JPg readable, identifiable) map, list and contact of all partners, brief description and key highlights (insecurity, refusal, hard to reach, mobility etc...)