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Social mapping in Malawi: involving humanitarian aid beneficiaries in decision-making during the response to an emergency

***Labana Steven,** Ronan Guede, Quentin Pullinckx, Blessings Chiepa
Médecins Sans Frontières (MSF), Blantyre, Malawi

*msfocb-blantyre-logprojectdev@brussels.msf.org

Introduction

Lack of systematic collaboration between MSF and beneficiary communities has been identified as an issue in MSF's emergency response. The use of social mapping methods, which, in HIV programmes, have been shown to increase involvement of beneficiaries and improve the collection of data on risk behaviours and needs, have been adapted and trialled in eight emergency response scenarios by MSF. The first of these scenarios was in response to flooding in the Nsanje district, Malawi in 2014. Most recently, geographic information systems (GIS) techniques have been integrated to improve communication of data gathered through social mapping.

Methods

The social mapping method in Nsanje included electing representatives from affected communities; preparation of open-ended questions relating to risks facing the community, their role in the emergency, and specific deliverables; facilitated discussion, leveraging local knowledge and experience through maps drawn by representatives, visualising affected and risk-prone areas, access networks, locations of rivers, infrastructure, and other landmarks. Objectives were evaluated post-emergency through consultation with field teams and local community representatives, alongside a review of project indicators (gathered for an internal floods project report).

Ethics

This description and evaluation of an innovation project did not involve human participants or their data; the MSF Ethics Framework for Innovation was applied to help identify and mitigate against potential harms.

Results

In the Nsanje floods example, field teams observed that social mapping increased community ownership and participation in the floods response. Specific objectives, such as the location of isolated or affected communities, prioritisation of needs, mobilisation of community support, and identification of strategic positions for mobile clinics and non-food item storage were achieved based on information exchanged through social mapping. During the response, MSF was able to reach 70000 individuals with non-food items, mobile clinic sessions and health promotion in hard to reach areas, including 20000 in extremely hard to reach areas. Community representatives consulted post-response identified social mapping as a contributor to their understanding of roles and responsibilities, successful identification of high-risk communities and transparency between communities and MSF.

Conclusion

Social mapping is a simple, low cost approach that potentially can enable better response to emergencies, through shared understanding of local context and needs, leading to better collaboration and increased participation from beneficiary communities. Social mapping can also be effectively combined with new technologies such as GIS. A key limitation to social mapping was found to be fluency in local languages by facilitators.

Conflicts of interest

None declared.

Labana Steven

Labana was born in 1969, and grew up in the Mulanje district, Malawi. He studied social and community development at Magomero Training College, and Health Surveillance in Thyolo. Before joining MSF, Labana worked as a community development assistant with UNHCR and also as a Health Surveillance Assistant with Zoa Refugee Care. Following this, Labana joined MSF in 1998, serving as an HIV/AIDS counsellor, community mobilizer, health promoter, pharmacy assistant, logistics project developer and knowledge manager. He has facilitated initiation of community support for HIV/AIDS programs, contributing to better antiretroviral treatment outcomes in a resource-limited rural district in Malawi.

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