

TALKING AND LISTENING PROGRAM

SOCIAL MAPPING IMPLEMENTATION TOOLKIT

1.INTRODUCTION

Tingim Laip is Papua New Guinea's largest community-based HIV prevention strategy operating in 75 sites and subsites across 12 provinces. It was designed to respond to the urgent need for a targeted behaviour change intervention focusing on the populations most at-risk of and affected by HIV in settings throughout the country where HIV transmission was known or likely to be high. Tingim Laip first started as a result of the 2005 social mapping of 19 Provinces in Papua New Guinea under NHASP. A second social mapping exercise was undertaken in 2007, focussing on individual behaviour and knowledge in high risk settings.

Tingim Laip is now planning to a listening and talking exercise with local people to guide its work for the next 5 years. This will direct Tingim Laip in the strategic expansion that is called for in the AusAID/NACS Project Design Document. A common factor of Tingim Laip communities is that they are largely transient in nature and subject to change across all dimensions: social, cultural, economic and political. There have been significant changes in the patterns of enterprise development, mobility for work and HIV risk since 2007, so it is timely to update the Social Mapping. Further, the Independent Evaluation of Tingim Laip conducted in late 2007 proposed that the Social Mapping exercise was included in Tingim Laip's second phase.

The primary purpose of this exercise is to ensure the Project maximises its effectiveness by selecting environments of particular HIV risk and impact and that the project develops interventions that are tailored closely to a clear understanding of what puts people in these environments at particular risk and impact. The proposed listening and talking exercise is to identify drivers of HIV acquisition and transmission in PNG, key barriers to knowledge of HIV status and access to HIV treatment, care and support. This will help Tingim Laip guide the development of its community-based interventions over the next 5 years. It will also assist Tingim Laip in its strategic scale up of activities at sites and geographical spread of sites and partners. Four action steps have been identified:

- 1. Preparation, recruitment, method development and training of field workers.
- 2. Implementation of Phase One in the Highlands and along the LNG pipeline.
- 3. Implementation of Phase Two in military, palm oil and logging sites.
- 4. A national meeting to synthesize results and inform guidance and planning.

Step One	Step Three	Step Four	Step Five
Method development and training of field workers	Phase One field visits to the Highland and LNG Pipeline	Phase Two field visits to military, palm oil sites	National Meeting to synthesize results

AIMS, OBJECTIVES AND EXPECTED RESULTS

The question that this listening and talking exercise is attempting to answer is "What changes have occurred in the nature and distribution of people in settings of particular HIV risk and impact across PNG and in the key drivers of HIV acquisition and transmission in these settings?"

[Yes, you are right – in a sense we have selected the corridors already, so we are saying – here are some places where we think risk and impact are high and we want o get detailed information about the exact nature of risk and impact for the people in that place – which populations are most at risk or affected? How? What would reduce their risk and impact? So the main question we are attempting to answer....maybe "Where are the settings of heightened HIV risk and impact in PNG in 2011 and what is it that puts key populations within these settings at particular risk and impact?"

Aim

To ground the next phase of Tingim Laip's HIV prevention and care work in a clear and detailed understanding of the context of HIV risk and impact in key selected environments.

Objectives

- To learn about issues across geographic areas related to particular industries and activities (for example, pipelines, Highlands highway corridor, seasonal movements of people etc).
- 2. To learn more about what gender issues are affecting HIV acquisition and transmission in key higher risk settings.
- 3. To learn about key issues related to domestic violence related to HIV acquisition and transmission in key higher risk settings.
- 4. To learn how alcohol and gambling can increase the chances of HIV acquisition and transmission in key higher risk settings.
- 5. To learn how mobility affects HIV acquisition and transmission in these settings.
- 6. To learn more about the affects of poverty on HIV acquisition and transmission in these settings.
- 7. To learn about other unknown factors contributing to HIV acquisition and transmission in these settings.

Corridors and sites of increased HIV risk and impact for Tingim Laip social mapping

Tingim Laip is interested in patterns of increased HIV risk and impact that exist along particular corridors and in particular sites in Papua New Guinea.

Corridors of increased HIV risk and impact – a definition

A *corridor* of increased HIV risk and impact is an area in which people move 'in' and 'out', 'up' and 'down' in a way that defines the region as a passageway of human mobility. In most cases, such corridors are established because of the work opportunities they provide to the

populations attracted to them. The **Highlands Highway** and the **LNG Pipeline route** represent two corridors of risk and impact that are a priority for investigation because of the large numbers of people moving along them and because of the high levels of sex, alcohol and possible drug use believed to be occurring along them.

Settings, sites – we have to arrive at some consistent language – we have site committees, but I think they work in 'settings' – hard to decide – are settings different to corridors? I think corridors are a string of connected settings... Sites of increased HIV risk and impact – a definition

A *site* of increased HIV risk and impact is a place that attracts large numbers of people who move 'in' and 'out' of the site. Like corridors, these sites are usually established because of the work opportunities they provide to these populations. **Palm oil plantations, other seasonal work sites** and **military centres** represent other sites of HIV risk and impact that are a priority for further investigation because of the large numbers of people attracted to them and the high levels of sex, alcohol and possible drug use believed to be occurring around them.

Expected Results

- 1. Guidance for Tingim Laip's decisions about where and how to work.
- 2. Improve current Tingim Laip management and team members' knowledge and understanding of the particular context and driving forces of HIV risk and impact (individual, community, social, cultural, economic and political) in TL communities.
- 3. Contribute to a qualitative baseline for Tingim Laip M&E systems.
- 4. Inform the review of Tingim Laip prevention and gender strategies.
- 5. Inform development of Tingim Laip site-specific long term prevention strategies.
- 6. Inform development of Tingim Laip expansion strategy, including criteria for identification of Tingim Laip sites.

A Practical Explanation and Example

The HIV epidemic has not followed the same pattern in all four regions of Papua New Guinea. Each of the targeted intervention sites for Tingim Laip varies considerably and catalysts that drive social change, HIV risk and impact are different site-by-site. A goal for Tingim Laip is to better understand these variations in order to plan for and anticipate fluctuations site-by-site and deploy our human resources to meet the challenges and divergent needs at each site. The example below is a simple description of the sorts of things we might find and how that information can be used in Tingim Laip planning.

EXAMPLE: Site X

A mapping exercise at Site X reveals that a large number of men attend one particular area or town for three month of the year for work, around 5,000 men converge on the town and the majority of them come from 4 towns within a 100 kilometre radius. They reside in the town for the entire three months and then return home at the end of the season. The men

are paid in the fourth week of each month and many of them spend their wages within a few days at gambling houses, with sex workers and on alcohol. A bus stop outside the town is active at night as a place that men meet each other for sex and some male sex workers are reported operating from this place but it was not clear from the scan whether the male sex workers migrate to the town or live there permanently. The scan also reveals that large numbers of women migrate to this site in the fourth week of each month, to coincide with pay week – around 600 women is the estimated number. They tend to travel from their homes farther afield – but the places they come from are unknown and described as very diverse. The women engage in entertainment work that can include sex work and then return to their homes with the money they make. Unlike the men, the women don't live in the town for the entire three months but return home every two weeks so move between home and the town in a cycle that follows the pay cycle of the men. When in town, the women tend to live together in small guest houses with several to a room. Reports of violence and sexual violence increase during the same period each month.

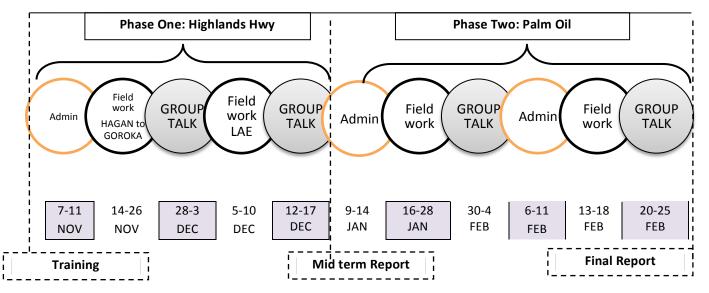
With this information, our Tingim Laip teams can now anticipate and prepare for the intensity of activity that occurs in the fourth week of each month during that three month period each year. Activities might include providing condoms and information about sexual health at the places that men gather or meet women and/or other men for sex. The teams can work in the subsequent three weeks of the month to build community awareness and education activities aimed to prevent violence, reduce drug and alcohol abuse, prevent and provide care for victims of sexual violence. They can work with women at the site to increase their knowledge and skills to maintain sexual health and with men about peer-driven behaviours such as groups of men drinking and then purchasing sex. They can also work with the company to look at issues of family accommodation on site, changes in pay arrangements and patterns, employee health services and so on. The team can determine where the men and women are coming from and work with providers and leaders in those towns to strengthen health and support services.

2. THE WORK PLAN FOR SOCIAL MAPPING

The listening and talking exercise will commence in November 2011 and conclude in March 2012. The field work will involve two teams undertaking field work at targeted sites across Papua New Guinea and meeting together to talk through their findings in a continuous process of information collection in the field and shared discussion and analysis. Team One will be made up of a coordinator and three field workers who will undertake field work along the Highlands Highway (pilot phase), and in targeted palm oil sites (phase two). Team Two will also be made up of a coordinator and three field workers who will undertake field work at sites along the LNG pipeline (phase one), and in military sites (phase two). Training of field workers will occur from 1-6 November 2011.

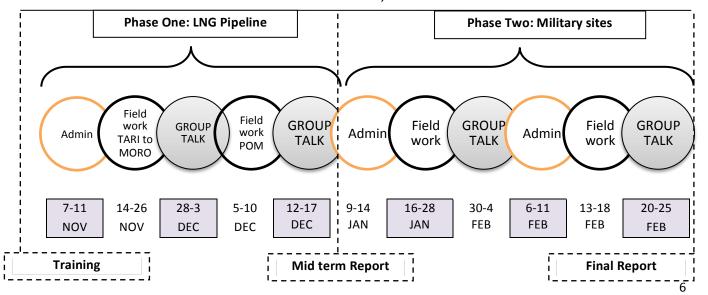
TEAM ONE

Team: Coordinator, three field workers



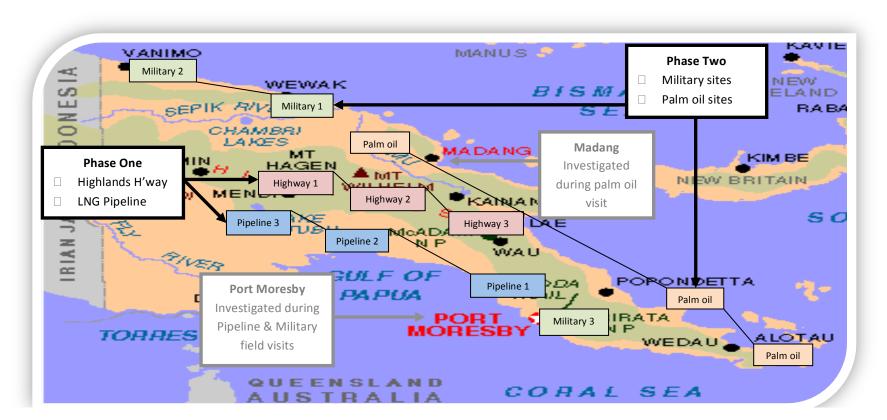
TEAM TWO

Team: Coordinator, three field workers



PHASES OF FIELD WORK FOR SOCIAL MAPPING

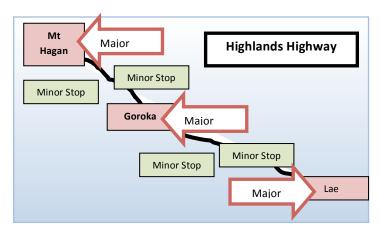
The map below describes the field work process for phases one and two of the social mapping exercise. Phase One will involve Team One engaging in field work along the Highlands Highway while Team Two engages in field work along the LNG Pipeline. Phase Two will involve Team One engaging in field work along palm oil sites while Team Two engages in field work at military sites.



ROUTES OF INVESTIGATION IN TINGIM LAIP'S SOCIAL MAPPING EXERCISE

A route of investigation involves field teams attend three towns, cities, enclaves, plantations or military sites. These towns or cities are called 'major stops' for the purposes of this social mapping exercise and they require a high level of investigation using the processes described and tools provided in this manual. A route of investigation also involves attending at least one village, settlement or other place, such as a marketplace. These smaller sites are called 'minor stops' for the purposes of this social mapping exercise and require less intense investigative techniques. Field teams observe and document what they see at these stops and they engage in informal conversations and document these conversations afterward. Ultimately, a 'picture' of the movement of people within and along these corridors and sites emerges from the social mapping exercise.

Each of the corridors of increased risk and sites of increased risk being investigated are described below.

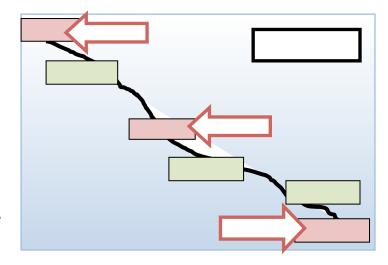


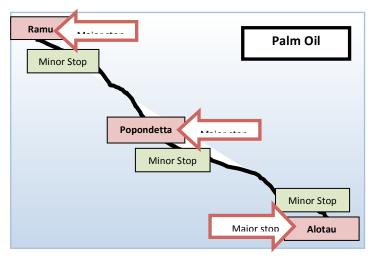
HIGHLANDS HIGHWAY

For the Highlands Highway, major stops include Mt Hagan, Goroka and Lae. The team will drive along the highway between major stops. and will explore minor stops along the way, describing them in writing as they travel. This will allow for exploring more minor stops than in other areas being explored.

LNG PIPELINE

For the LNG Pipeline, major stops include Tari, Moro and Porebada. Due to safety concerns, minor stops will only be explored immediately outside these areas and minor stops will include villages and settlements close by that are providing services to the major site. The team will not drive between major sites.



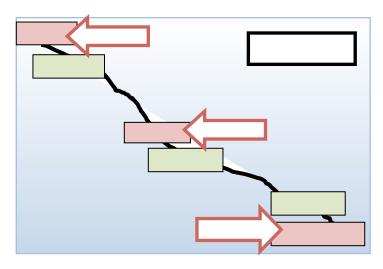


PALM OIL

For Palm Oil, major stops include Ramu, Popondetta and Alotau. Like the PNG Pipeline, minor stops will only be investigated directly outside these major stops and minor stops will include villages, markets and settlements providing services to the major stops. Field teams will not drive between major stops.

MILITARY

For military sites, major stops include Port Moresby, Wewak and Vanimo. Like Palm Oil, minor stops will only be investigated directly outside these major stops and minor stops will include villages, markets and settlements providing services to the major stops. Field teams will <u>not</u> drive between major stops.



3.METHODOLOGY FOR SOCIAL MAPPING

The process of 'field work' and 'group talk' occurs in cycles throughout social mapping implementation (as in the diagram above). Field workers go to sites, collect data and record what they find in diaries and through diagrams. When they return to head office both Teams One and Two meet separately and together to present their site-by-site findings. They talk together, compare and contrast their findings, identify gaps in the data and information they have collected and agree upon common themes across all the sites.

FIELD WORK

Field workers will use a combination of observation, key informant interviewing and focus group interviewing in the field to produce diagrams and diary notes of their findings from each site. These approaches represent the central strategies for data collection and recording by field workers.

Observation

Observing and diagramming at each site will be a core activity for field workers. At the end of each day, field work teams will meet together and complete large 'maps' across key Domains of Interest. Once they complete their work at each site, field teams will meet together with coordinators to describe what they observed by presenting these diagrams. The rationale for this approach is that we are attempting to document movements of small and large groups of people in and out of, within and around the sites. As well, we aim to document social influences on the actions taken by people at the sites. What field staff 'see' and 'hear' is crucial to accurately recording these trends and issues.



Example: Site X

The social mapping team at Site X began by working with Tingim Laip Project Officers in the local area to better understand the situation at the site. The PO took them to local industrial plants in the area, health care services, the places that men gather and the places that women gather. The team prepared a sheet of butcher's paper for each Domain of Interest and at the end of each day, they sat together and, using flipchart paper, drew a diagram of what they had learned. At the end of each day, as they met more people and visited new locations, they added to the butcher's paper what they had learned on that day.

Interviewing

Field workers will be asked to interview key informants they meet and record what they hear in a personal project diary. This will include both individual and focus group interviews. Workers will take these notes as they meet with and question key respondents. The diaries will assist field workers to remember conversations and/or what they observe. When they complete their work at each site, field teams will meet together with coordinators and use their diary notes to produce narratives of the themes they heard at each site. The rationale for this approach is that the social mapping exercise is not attempting to tell the detailed personal stories, histories, knowledge and experiences of individual respondents. Rather the exercise aims to document key themes and issues that emerge from respondents in the field as they relate to the Domains of Interest described below.



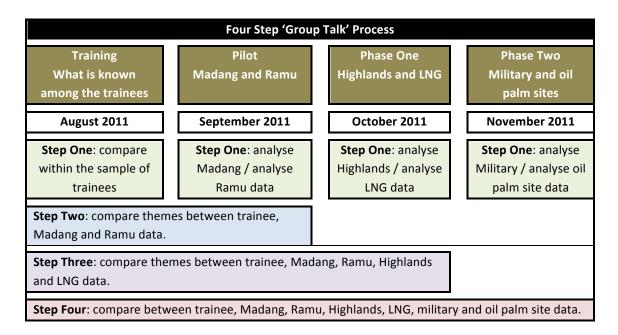
Example: Site X

The social mapping team at Site X, worked with Tingim Laip Project Officers to arrange focus groups and individual interviews with contacts in the first week of field work at that site. The team used personal diaries to keep notes about these interviews and they asked each contact who else they should be talking to. They then telephoned these people and arranged to meet them in the second week of field work. At the end of each day, they sat together and, as well as drawing diagrams, also shared what they had learned in their interviews, taking particular notice of what was similar and what was very different and making sure to keep these similarities and differences documented clearly somewhere for later use. At the end of each day, as they met more people and visited new locations, they either confirmed themes common across the site or confirmed differences they heard and observed in the setting.

GROUP TALK

When teams return to head office a series of meetings that we are calling 'Group Talk' occur to analyse results. In Step one teams one and two first meet separately to analyse the information they collected from their particular site and develop themes. In steps two, three and four, after each team has met separately, both teams meet together to compare their site findings. They compare and contrast their findings and agree upon preliminary themes both for single sites and findings across all sites. In Steps two and three teams may modify some aspects of their field work based on what they learn. For example, they might have collected a lot of information from police and health care workers in Step One but have had

less contact with local industry workers or women in sex work. So they may decide to prioritise talking to these workers in Step Two and/or Three. In step four the teams compare across all the sites, confirm the priorities for each site and findings across all sites. The diagram below provides a visual representation of the group talk process.



CHOOSING PEOPLE TO INTERVIEW AT EACH SITE

We focus our choices about people to interview on those who have the experience or information needed to understand the local context and how HIV risk and impact operates in the local setting. We are looking for people who:

- ✓ Know the setting well;
- ✓ Have experience with, knowledge of, or are part of the communities that Tingim Laip serves or should be serving;
- ✓ Knows who, how, when and why people move in and out of the setting;
- ✓ Knows who, how, when and why people move within the setting;
- ✓ Know how sex, sex work, alcohol use, youth unemployment, violence, gambling and other dynamics operate within the setting.

In terms of choosing people to interview, field teams follow three steps that are repeated at each site. Step One occurs on arrival at the site and probably lasts between two and three days. Field workers focus upon interviewing those people who are most convenient (easiest) to interview and who have the time to participate including Tingim Laip staff teams and/or Site Committees, HIV public health officials, health teams in companies and enclaves, doctors and nurses at clinics providing HIV services, NGO leaders, local headmen and local politicians. An important question during Step One interviews is "Who else do you think we should talk to you about these issues?" Get their names and contact details **before** you leave each interview.

Step Two occurs anywhere between days 3-5 and is more challenging because field workers are attempting to reach harder-to-reach contacts at the site. Field workers follow up with contacts provided by those in the first step of field interviewing and also find and interview PLHIV, women in sex work and their clients, men who have sex with men and others who are members of the communities that Tingim Laip serves at the local level.

Participants	Modality	Outcome
	Convenience	
Tingim Laip team	1 Focus Group	Individual Interviews: up to 8
		Focus Groups: up to 3
	1 Individual Interview	
PAC	1 Individual Interview	A short written description of the
Company health team	1 Focus Group	context of the setting and HIV risk
NGO leadership	2 Individual Interviews	and impact in the setting (2 pages).
Headmen/politicians	2 individual interviews	A series of maps across Domains of
Doctor in HIV service	1 Individual Interview	Interest (see below).
Nurse in HIV service	1 Individual Interview	A series of interview notes from the
		diary provided.
Participants	Modality	Outcome
	Purposeful Sampling	
PLHIV	1 Focus Group	Individual Interviews: up to 12
Women in sex work	Up to 3 Field interviews	Focus Groups: 1 or more
Male clients of SW	Up to 3 Field interviews	
MSM	Up to 3 Field interviews	
Other identified target	Up to 3 Field interviews	
-		
•		
workers.		
	Tingim Laip team Site Committees TL regional coach PAC Company health team NGO leadership Headmen/politicians Doctor in HIV service Nurse in HIV service Participants PLHIV Women in sex work Male clients of SW MSM Other identified target pops in the local setting including truck drivers, street stall sellers, market-based sellers, land owners and	Tingim Laip team Site Committees 1 Focus Group TL regional coach PAC 1 Individual Interview Company health team NGO leadership Headmen/politicians Doctor in HIV service Nurse in HIV service 1 Individual Interview Participants Modality Purposeful Sampling PLHIV 1 Focus Group Women in sex work Up to 3 Field interviews MSM Up to 3 Field interviews Alle clients of SW Up to 3 Field interviews Alle clients darget pops in the local setting including truck drivers, street stall sellers, market-based sellers, land owners and

DOMAINS OF INTEREST

A Domain of Interest refers to a particular subject area or theme that Tingim Laip is interested in learning more about. The Tingim Laip Annual Plan 2011 highlights that the project is particularly interested in the following and their impacts upon HIV risk and impact:

- 1 Mobility
- 2 Gender
- 3 Power
- 4 Risk settings and risk factors
- **5** Populations most-at-risk
- **6** Poverty
- **7** Employment
- 8 Violence including sexual violence
- Alcohol and Drugs
- Gambling
- 1 Local Culture and religion

We used the Tingim Laip Annual Plan 2011 to develop the Instrument for use in the field by field workers. Under each question is the Domain of Interest it is referring to along with advice on what Tingim Laip is particularly interested in.



BEFORE YOU GO

	TEAM TASK CHECKLIST - BEFORE YOU GO
1.	Appoint someone in the team to liaise with the local Tingim Laip offices where they exist or with other local leaders in HIV.
	Have you done this? ☐ Yes ☐ No Date://
2.	Telephone the local Tingim Laip offices or other local leadership in HIV to introduce yourself, describe what you are doing in the social mapping exercise and request their assistance.
	Have you done this? ☐ Yes ☐ No Date://
3.	Send an appointment schedule of the field visit to the Tingim Laip office team(s) or other local leadership.
	Have you done this? ☐ Yes ☐ No Date://
4.	Ask the Tingim Laip team to arrange appointments with the Step One contacts and forward a completed schedule to them.
	Have you done this? ☐ Yes ☐ No Date://
5.	Complete the Information Leaflet and forward it to the Tingim Laip team and ensure that the team provide this leaflet to the contacts to be interviewed OR forward the Information Leaflet to local leadership.
	Have you done this? ☐ Yes ☐ No Date://
6.	Ensure return of the completed appointment schedule from the Tingim Laip offices.
	Have you done this? ☐ Yes ☐ No Date://
7.	Reserve the Tingim Laip staff team on Day One of your field visit for a focus group to describe the site in detail and to drive you around the site(s) OR reserve local HIV leaders and practitioners for a focus group on Day One.
	Have you done this? ☐ Yes ☐ No Date://
8	. Prepare all relevant tools from this Implementation Guide to take with you. Including: (a) interview templates (b) observation templates (c) map of the major stops you'll visit (d) schedules of daily activity.
	Have you done this? ☐ Yes ☐ No Date: / /



INFORMATION LEAFLET

TINGIM LAIP's 'LISTENING AND TALKING' TEAM ARE COMING TO YOUR PLACE SOON!

Tingim Laip is Papua New Guinea's largest community-based HIV prevention and care project. Tingim Laip is doing a listening and talking exercise in places of increased risk and impact for HIV across the country. The goal of the exercise is to ground the next phase of Tingim Laip's HIV prevention and care work in a clear and detailed understanding of the local contexts of HIV risk and impact in key places. We aim to learn about issues that affect local settings and that relate to particular industries and activities and in which poverty, gender, social mobility, money and power are important.

Our team will be working in your area from **DATE** to **DATE** and will be engaging in a series of site visits, focus groups and individual interviews. The listening and talking exercise will publish a report that includes analysis of the issues that impact upon HIV transmission and vulnerability in your area.

You have been sent this information because we are interested in interviewing you. A person from Tingim Laip will be in contact soon to talk further.

The team member in Madang responsible to liaise with you and people in your area is **NAME**. That person is contactable on the mobile phone number **MOBILE NUMBER** or you can email **EMAIL ADDRESS** if you wish.

We look forward to seeing you!

ABOUT TINGIM LAIP

Tingim Laip is Papua New Guinea's largest community-based HIV prevention and care initiative. It is a community-centred project that operates in settings where the risk of HIV transmission and the impact of HIV are higher. Tingim Laip works in partnership with local communities, in settings of increased risk and impact, to empower and support community leadership of comprehensive HIV prevention and care services.

	IN'	TERVIEW SCHEDULE				OBSERVATION SCHEDULE	
TIME	DAY/TIME	PARTICIPANT	TEAM MEMBER	TIME	DAY/TIME	PLACE	TEAM MEMBER
Morning					Morning		
Afternoon					Afternoon		
Evening					Evening		

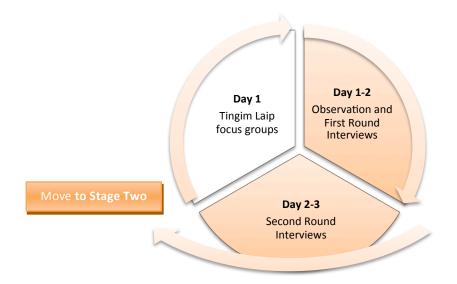


THE FIELD WO

The field work process for each field visit involves two stages. **Stage One** is compthe team initially arrives at each major site and **Stage Two** is completed in the dafter the initial arrival period. Each of the stages for field work at major stops is a detail below and followed by guidance and the tools needed to complete each stages for field work at major stops is a detail below and followed by guidance and the tools needed to complete each stages.

STAGE ONE: INITIAL ARRIVAL AT EACH MAJOR STOP (DAYS

This stage takes two-to-three days at each major stop. On arrival at each major s teams follow the following steps: first, undertake a mapping exercise and focus & the TL team and site committees around the major stop and then undertake a fc with them (day one). Second, complete observation and first round interviews at stop (day two) and begin evening observations. Third, call new contacts given to interviewees in round one and interview them (day three) and continue evening observations. Finally, move to stage two.



1. DAY 1: Mapping and focus group with TL team and site committee

At the end of Day One you should have:

- (a) A map of the major stop.
- (b) A narrative description of the large-group discussion during mapping exercise
- (c) A completed template of the focus group with the TL team and site committe
- (d) New interviews arranged with some key informants from the focus group.

LIS	T OF THINGS TO COVER ON DAY ONE
	When you first arrive meet with the Tingim Laip staff team to confirm schedule.
	Undertake mapping activity with the TL staff and site committees.
	Complete a focus group with TL staff and site committees.
	Identify people in the focus group who you can interview in second round interviews
	(e.g. people with information about PLHIV, MSM, drug/alcohol use or other issues).
TEI	MPLATES FOR STAGE ONE INTERVIEWS
	TEMPLATE 1: SMALL GROUP QUESTIONS FOR MAPPING EXERCISE (go to page ?)
	TEMPLATE 2: INTERVIEWER'S SCRIPT (for interviews and focus groups) go to page 11
	TEMPLATE 3: NOTETAKER'S INTERVIEW PAD (for interviews and focus groups) go to
	page 14.
	TEMPLATE 4: OBSERVATION (go to page 26).

DAY ONE: MAPPING ACTIVITY AT MAJOR STOPS

OVERVIEW

The first step in the field visit at a major stop involves meeting with Tingim Laip staff in each major stop and with site committees (where they exist) (day one). First, the field team leads a mapping exercise of the major stop with the staff and site committees and then the team completes a focus group with them using Templates 1 and 2 (Stage One) below. Many of the stops (won't have site committees and this will require preparatory work to ensure that the right people are involved in this day one process.

PROCESS TO FOLLOW DURING THE MAPPING ACTIVITY

IN	FRODUCTION
	Usually these groups will be between 10 and 12 people.
	Field Coordinators lead the mapping exercise.
	Field Coordinators put a pre-prepared map of the major stop up on the wall.
	Field Coordinators explain the process to be followed during the mapping exercise.
	Break the group up in to three small groups with one of the field workers facilitating
	each small group. Ask each group to answer the following questions:
QL	JESTIONS FOR SMALL GROUPS
1.	Where are people transiting here? (Where they arrive and depart from?)
2.	Where are the 3 big places for meeting people here? What can you tell me about sex,
	alcohol and violence in these places and about HIV risk?
3.	Where are the 3 big places for sex work, for MSM activity, for drug use and drug selling?
4.	Where are the 3 big places for nightspots?
5.	Where are the 3 most important places to meet or access PLHIV?
	Where are the 3 big places for work/employment?
7.	Are there places here that are more dangerous than others? Is the time of day / week / month/ year important in your answer?
8.	Are there places that women and men gather separately? List the top 3.
9.	Is there anything else about this place that we need to know?
DO	DCUMENTING RESPONSES
	Field Coordinators bring the small groups back to a large group formation.
	One of the field workers takes responsibility for documenting the discussion from here.
	The Field Coordinator asks each group in turn to answer each of the questions. First, get
	all of the responses to each question up on the map. Then, ask the groups to explain
	what happens at these places.
	At the end of this process, the field team should have a completed map along with a
	transcript of the discussion of the group.
	PROMPT for any support documents that back up the stories being told here – might
	include press clippings, reports or local research.

TEMPLATE 1: SMALL GROUP QUESTIONS FOR MAPPING OF MAJOR SITES

Please complete this template in your small group during the mapping activity.

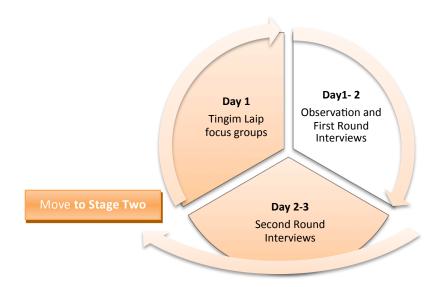
1.	How do people get here and where do they arrive and depart from?
2.	Where are the 3 big places for meeting people here? What can you tell me about sex, alcohol and violence related to those places and HIV risk?
3.	Where are the 3 big places for sex work, for MSM activity, for drug use and drug selling?
4.	Where are the 3 big places for nightspots?

5.	Where are the 3 most important places for PLHIV?
6.	Where are the 3 big places for work/employment?
7.	Are there places here that are more dangerous than others? Is the time of day / week /
	month/ year important in your answer?
	month/ year important in your answer?
	month/ year important in your answer?
	month/ year important in your answer?
	month/ year important in your answer?
8.	month/ year important in your answer? Are there places that women and men gather separately? List the top 3.
8.	
8.	
8.	

9.	Is there anything else about this place that we need to know? For example, are there other populations at high risk and impact of HIV here? Who are they? Where do they meet and what are their stories and issues?

2. DAYS 1-2: Observation and Interviewing

On Day Two in each major stop the field team will engage in observations and first round interviews. A team of two field staff will undertake observations based upon what was learned during the mapping exercise. This team may also undertake some round two interviews during this time if they have time available. A team of two field staff will undertake interviews with scheduled interviewees.



At the end of Day Two you should have:

- (a) Completed Observation Forms for places visited at the major stop.
- (b) Competed interview templates.
- (c) New interviews organised with some key informants.

LIST OF THINGS TO COVER

- ☐ Two of the field team undertake interviews with key informants.
- ☐ Two of the field team travel around the major stop observing and documenting.
- ☐ All of the field team travel to nightspots to observe and document.

TEMPLATES FOR USE ON DAY ONE

- ☐ TEMPLATE 2: INTERVIEWER'S SCRIPT (go to page 11).
- ☐ TEMPLATE 3: NOTETAKER'S INTERVIEW PAD (go to page 14).
- ☐ TEMPLATE 4: OBSERVATION (go to page 26).

TEMPLATE 2: INTERVIEWER'S SCRIPT

Introduce yourselves ~ Use the Information Sheet to introduce the social mapping exercise ~ Describe what you are doing at the site.

"Before we start, I need to ask for your agreement to interview you and document what you say. Tingim Laip will use your interview responses along with other people we interview in published reports about this social mapping exercise. Do you agree?"

1. THE INTERVIEWEE

Ask questions about: place of origin, marriage status, children, age, position in this organisation.

2. LOCAL STORIES ABOUT POWER AND HIV

□ What stories can you tell us about sex, power and HIV here? (What immediately comes to mind when I ask this question?). Who is getting infected and why? Who know their HIV status and why? Who doesn't know their HIV status and why not? Who gets care and support and why do they get it? Who has **power** to influence and control people about HIV here and why? Who **doesn't' have power** to influence and control and why not? (What stories can you tell us about power and HIV here?) Who is at risk here and why?

3. MOBILITY

"Who is moving in and out of this place? Where are they coming from? Where are they going to? When do people move in and out of this place? (Are there times when a lot of people are here and other times not? i.e. weekly, monthly, yearly) Why are they moving?"

4. SEX

"Can you tell me how sex is happening here? Who is having sex with who? Where are they having sex? When? Who has **power** over sex and why? Who **doesn't have power** and why? (What stories can you tell us about power and sex here?). Are there multiple concurrent sexual partnerships here? Can you tell me what you know about that?

5. MONEY AND POVERTY

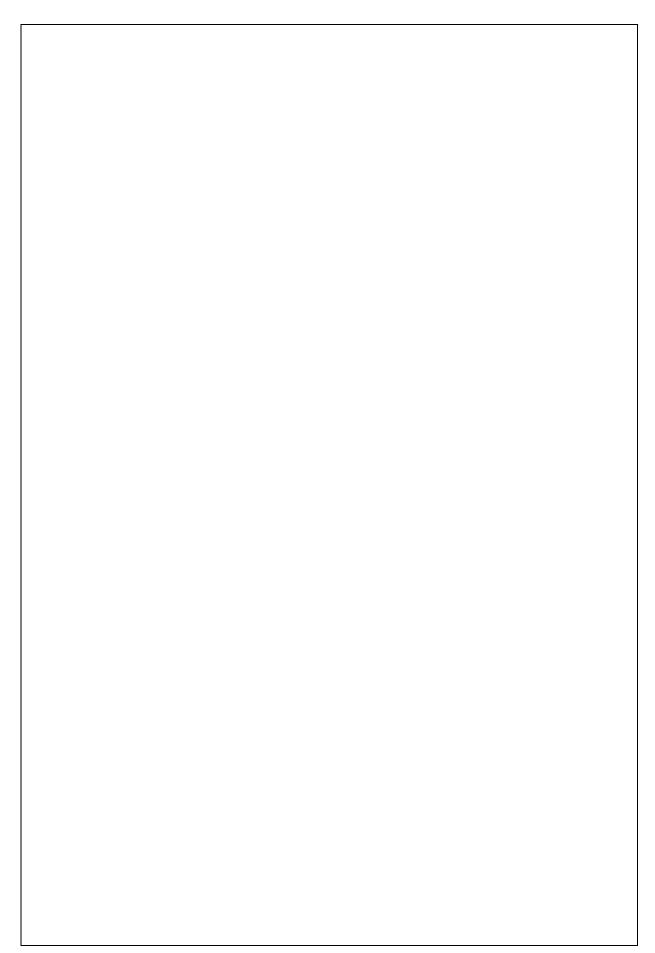
☐ "How do people here make money ?" Ask about:
$\hfill\Box$ applying for jobs who, how, when,
\square industries and work opportunities that are available
\square unemployment and how this affects people,
\square Poverty and how this affected people,
□ how money affects HIV risk and vulnerability.

□ women and money, women and work.	
6. WOMEN AND GIRLS □ "Are women and girls moving within/in and out of this place? Can you describe how	
that happens?" If the interviewee doesn't provide enough information, prompt for:	
☐ How, why and when women and girls are moving, who they are, where they are from,	
☐ Risks for women moving within and in and out of this place,	
☐ Restrictions on women's movement within/in and out of this place (e.g. husband's control, traditional restrictions on women's independence),	
\square Impacts on the health of women and girls, e.g. HIV and access to health services	
"Do you have information about particular groups at risk of HIV here? For example, women doing sex work, men who have sex with men, people living with HIV, mobile populations and others?" [NOTE: If yes, ask questions 5 and 6. If no, move to question 7].	
7. WOMEN IN SEX WORK	
☐ "How do women do sex work here?" [Local terms: Problem mothers, widows, others?] If the interviewee doesn't provide enough information, prompt for:	
☐ Where women in sex work gather and work, how they meet men for sex (e.g. mobile phones, markets, other places), where they have sex with their clients,	
☐ How transactional sex happens (i.e. sex for food, goods or money),	
☐ Risks, violence, sexual violence in sex work or transactional,	
☐ Women with HIV in sex work,	
☐ Single and married women in sex work,	
☐ Other women engage in having sex for food, goods or money here.	
8. MEN WHO HAVE SEX WITH MEN	
□ "Do you know something about men who have sex with men here? Are men who have sex with men moving in and out of this place?" If the interviewee doesn't provide enough information, prompt for:	
☐ Attitudes to MSM here, impacts on their openness and access to health services,	
☐ How MSM meet each other,	
☐ Where men gather and the places they meet each other and have sex,	
☐ MSM and sex work or transactional sex,	
□ Violence and MSM,	
☐ 'Straight' men and their sex with other men,	
☐ Do you know of men who live and dress as women here? If yes, can you tell me more?	

	Are there prisons here? Do you have any contact with the prison system? What do you		
kno	know about men having sex with men in prisons here?		
9.	OTHER POPULATIONS You/others have identified groups including and as groups at increased risk and impact of HIV here. What can you tell me about these groups?		
10.	VIOLENCE, ALCOHOL, SEX AND DRUGS		
	"What can you tell me about violence here? Can you describe the violence that occurs here? Where, why, how it occurs? Who is involved?"		
	"Is there something important we should know about how violence affects women and girls here? Is domestic violence something you are aware of? What can you tell me about that? (e.g. is prompted by sexual jealousy, refusal of sex, money issues, drunk and stoned people)? Is there something to say about how violence impacts upon HIV risk and vulnerability?		
	"Is there something important we should know about how violence affects MSM/young people/sex workers/PLHIV ? Do you think there is something important we should know about drugs and alcohol and sex and violence here?.		
11.	POWER AND INFLUENCE		
	"Who is most respected and influential in this place? [Ask about: influence of these leaders on risk of HIV here? Their impact on attitudes toward PLHIV, sex workers, MSM and accessibility of HIV services. Leadership within KAP.]. Local places - who is making decisions that affect how people in those sites are behaving? Police influence?"		
12.	LOCAL CULTURE AND RELIGION "What can you tell me about the local culture? How does religion influence how people think and behave in relation to sex, drugs and HIV?"		

TEMPLATE 3: NOTE TAKER'S INTERVIEW PAD

Note taker:			Date:				
Interviewee:		(Initials only)	Organisation:				
Introduce yourselves ~ Use the Information Sheet to introduce the social mapping exercise ~ Describe what you are doing at the site.							
1. THE INTERVIEWEE							
"Before we start, I need to ask for your agreement to interview you and document what you say. Tingim Laip will keep your identify confidential but will use your interview responses along with other people we interview in published reports about this social mapping exercise."							
"Do you agree?" \square Yes (continue) \square No (you must <u>not</u> continue with the interview)							
Demographic	Inform	nation about the Interviev	wee				
Age of Intervie	wee	_	Sex		□ Male	☐ Female	
Position			Marital status				
No. of children)		Province of orig	gin			
2. LOCAL STORIES ABOUT POWER AND HIV What stories can you tell us about sex, power and HIV here? (What immediately comes to mind when I ask this question?). Who is getting infected and why? Who know their HIV status and why? Who doesn't know their HIV status and why not? Who gets care and support and why do they get it? Who has power to influence and control people about HIV here and why? Who doesn't' have power to influence and control and why not? (What stories can you tell us about power and HIV here?) Who is at risk here and why?							



3. MOBILITY

Who is moving in and out of this place? Where are they coming from ? Where are they going to? When do people move in and out of this place? (Are there times when a lot of people are here and other times not? i.e. weekly, monthly, yearly) Why are they moving?				

4. SEX

"Can you tell me how sex is happening here? Who is having sex with who? Where are they having sex? When? Who has power over sex and why? Who doesn't have power and why? (What stories can you tell us about power and sex here?). Are there multiple concurrent sexual partnerships here? Can you tell me what you know about that?				

5. MONEY AND POVERTY

"How do people here make money ?" Ask about:					
□ applying for jobs who, how, when,					
$\hfill\Box$ industries and work opportunities that are available,					
☐ unemployment and how this affects people,					
□Poverty and how this affected people,					
☐ how money affects HIV risk and vulnerability,					
□ women and money, women and work.					

6. WOMEN AND GIRLS

"Are women and girls moving within/in and out of this place? Can you describe how that						
happens?" If the interviewee doesn't provide enough information, prompt for:						
☐ How, why and when women and girls are moving, who they are, where they are from,						
☐ Risks for women moving within and in and out of this place,						
\square Restrictions on women's movement within/in and out of this place (e.g. husband's control, traditional restrictions on women's independence),						
$\hfill\square$ Impacts on the health of women and girls, e.g. HIV and access to health services						
Do you have information about particular groups at risk of HIV here? For example, women						
doing sex work, men who have sex with men, people living with HIV, mobile populations						
and others? [NOTE: If yes, ask questions 5 and 6. If no, move to question 7].						
(How is the interviewee responding to the question?) Note it here.						

7. WOMEN IN SEX WORK

"How do women do sex work here?" [Local terms: Problem mothers, widows, others?] If				
the interviewee doesn't provide enough information, prompt for:				
☐ Where women in sex work gather and work, how they meet men for sex (e.g. mobile phones, markets, other places), where they have sex with their clients,				
☐ How transactional sex happens (i.e. sex for food, goods or money),				
☐ Risks, violence, sexual violence in sex work or transactional,				
☐ Women with HIV in sex work,				
☐ Single and married women in sex work,				
☐ Other women engage in having sex for food, goods or money here.				

8. MEN WHO HAVE SEX WITH MEN

Do you know something about men who have sex with men here? Are men who have sex with men moving in and out of this place? If the interviewee doesn't provide enough information, prompt for: Attitudes to MSM here, impacts on their openness and access to health services, How MSM meet each other, Where men gather and the places they meet each other and have sex, MSM and sex work or transactional sex,
□ Violence and MSM,
☐ 'Straight' men and their sex with other men,
☐ Do you know of men who live and dress as women here? If yes, can you tell me more?
☐ Are there prisons here? Do you have any contact with the prison system? Do you know something about men having sex with men in prisons here?

9. OTHER POPULATIONS

You/others have identified groups including	and	as
groups at increased risk and impact of HIV here	. What can you tell me about thes	e groups?
Γ		

10. VIOLENCE, ALCOHOL, SEX AND DRUGS

"What can you tell me about violence here? Can you describe the violence that occurs here? Where, why, how it occurs? Who is involved?"

"Do you feel there is something important we should know about how violence affects women and girls here? Is domestic violence something you are aware of? What can you tell me about that? (e.g. is prompted by sexual jealousy, refusal of sex, money issues, drunk and stoned people)? Is there something to say about how violence impacts upon HIV risk and vulnerability?"
"Do you think there is something important we should know about how violence affects MSM/young people/sex workers/PLHIV? Do you think there is something important we should know about drugs and alcohol and sex and violence here?. CHILD ABUSE AND HIV RISK. INJECTING DRUG USE."
MSM/young people/sex workers/PLHIV? Do you think there is something important we should know about drugs and alcohol and sex and violence here?. CHILD ABUSE AND HIV
MSM/young people/sex workers/PLHIV? Do you think there is something important we should know about drugs and alcohol and sex and violence here?. CHILD ABUSE AND HIV
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MSM/young people/sex workers/PLHIV? Do you think there is something important we should know about drugs and alcohol and sex and violence here?. CHILD ABUSE AND HIV

11. POWER AND INFLUENCE

Who is most respected and influential in this place? [Ask about: influence of these
leaders on risk of HIV here? Their impact on attitudes toward PLHIV, sex workers, MSM
and accessibility of HIV services. Is there leadership within key affected populations?].
You identified other groups that moving in and out of this place regularly (in Q3
MOBILITY). Do you know anything about how HIV affects them?

12. LOCAL CULTURE AND RELIGION

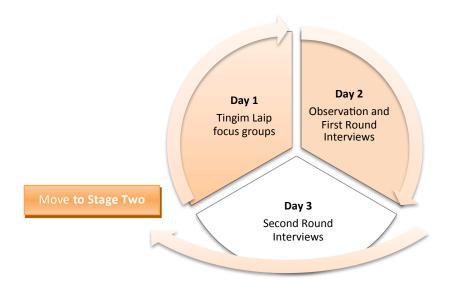
	"What can you tell me about the local culture? How does religion influence how people think and behave in relation to sex, drugs and HIV? For example, is there local church leadership on HIV and what are the key messages of the church on HIV?"
	AFTER THE INTERVIEW
W	hat was a memorable quote from this interview? (Create a quote in "quotation marks").

TEMPLATE 4: OBSERVATION

Observer's Name:	Date + Time of Day	
Major/Minor site name:	Place being observed:	
Prompts: Where are you? What do you many people at each place? What are a do you notice?		
	Draw a map of the	e place you're observing here

3. DAY THREE: Second Round Interviews

Immediately after interviews and focus groups in Stage One you should make contact with anyone identified as useful to talk to. Make appointments with them and then during second round interviews meet with and interview these people. At this point, you will usually also start to engage in some Stage Two activities such as night spot observation in the evenings.



At the end of Day Three you should have:

- (a) Completed Observation Forms for places visited at the major stop.
- (b) Competed interview templates from those interviewed in the second round.
- (c) A plan of action for Stage Two observation and informal discussions with locals.

LIST OF THINGS TO COVER

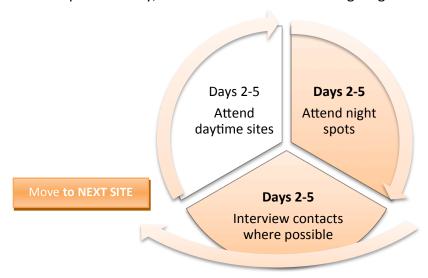
- ☐ Two of the field team undertake interviews with key informants.
- ☐ Two of the field team travel around the major stop observing and documenting.
- ☐ All of the field team travel to nightspots to observe and document.

TEMPLATES to use on Day Three:

- ☐ TEMPLATE 2: Interview's Script (go to page 11)
- ☐ TEMPLATE 3: Note taker's Interview Form (go to page 14).
- ☐ TEMPLATE 4: Observation (go to page 26)

STAGE TWO: OBSERVATION AND INFORMAL INTERVIEWS AT MAJOR STOPS

This stage usually takes two days and nights. Field teams should have identified places that people have sex and/or sex work including night spots, markets, parks, short term hotels and brothels, truck stops, etc. Field teams go to these places when they are most active and observe what is happening in the site. Wherever possible field staff should work with site committee representatives both for safety and to ensure you get the views of someone who knows the place. Finally, move to the next site and begin again with stage one.



1. Attend daytime sites

Field workers undertake observation at daytime sites, they record what they see and, if possible, engage people informally at these sites. If at all possible, do this with a member of a Tingim Laip site committee who knows and works the site.

2. Attend nightspots

Field workers undertake observation at night spots, they record what they see and, if possible, engage with people at these sites and interview them informally. Again use a member of the Tingim Laip site committee who knows and works the site if possible.

3. Interviewing contacts

These are mainly informal interviews but field workers may also get the chance to do longer interviews with PLHIV, sex workers, MSM or others who wish to tell their stories.

4. Final focus group

During your field work the team should have identified people who are particularly knowledgeable about the setting you're in. Ask these people to attend a focus group on the final day you're in each major stop and use the template for interviews/focus groups on page 14 to question these people about local issues.

TEMPLATES TO USE IN STAGE TWO:

TEMPLATE 4: OBSERVATION (go to p 26).
TEMPLATE 5: INFORMAL CONTACTS/INTERVIEWS (go to page 29).
TEMPLATE 6: PERSONAL STORY (go to page 31).

TEMPLATE 5: INFORMAL CONTACTS/INTERVIEWS IN THE FIELD

Where were you?					
What time of the day	y or night?				
What did you observ	e at this pla	ace?			
Who did you intervie	św.				
Age of Interviewee			Sex	□ Male	□ Female
Age of Interviewee Education level			Sex Marital status	□ Male	□ Female
				□ Male	□ Female
Education level	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female
Education level No. of children	d what did t	they say?	Marital status	□ Male	□ Female

TEMPLATE 6: PERSONAL STORY

PERSONAL STORY: Can you tell me your story?

[Starter and prompt questions: Where are you from? Family? Tell me the story of your first coming to this place/starting engaging in sex work/knowing you were HIV positive/knowing you liked other men? What was happening for you then? What happened to you after that? And after that? What about sex and love in your life? What about HIV and your life? What about money – how do you get money – do you borrow money – do you lend money? Can you tell me more about that? What about violence? Have you been affected by violence here? Can you tell me more?]

"Before we start, I need to ask for your agreement to interview you and document what you				
say. Tingim Laip will keep your identify confidential but will use your interview responses				
along with other people we interview in published reports about this exercise."				
"Do you agree?" ☐ Yes	(continue) 🗆 No (y	ou must <u>not</u> continue	e with the i	nterview)
Ago of Intorviouso		Sov	I	
Age of Interviewee Sex				
Education level		Marital status		
No. of children		Province of origin		

COMPLETE AFTER THE INTERVIEW
☐ PLHIV ☐ Sex worker ☐ MSM ☐ TG ☐ Military personnel ☐ Truck driver
☐ Market stall holder ☐ Oil worker ☐ Palm oil worker ☐ Other, specify: