



Participatory Community Mapping: A Tool To Enhance Psychosocial Wellbeing

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Abstract

This article proposes that community participatory mapping is a valuable tool in developing psychosocial support activities after a disaster or emergency. Throughout the text examples from the field are provided to support the suggestions given.

Introduction

The 2004 tsunami placed psychosocial experts in South Asia were placed in the position of defining immediate response to the psychosocial needs of disaster affected people. The two interventions used by personnel in the field were psychological first aid and participatory community mapping. Psychological first aid (1,2) as a first order intervention that alleviates suffering and enhance resilience by the recognizing and enhancing protective factors, and coping skills. Participatory community mapping (3) focuses on using the affected individual's experience of participation, and how those individuals move through different types of individual and communal interactions, and places throughout their lifetime.

This paper focuses on the second intervention, community participatory mapping as a tool to empower communities as part of the recovery and reconstruction process after a disaster. Preparation of maps has been around for centuries. In the field of psychosocial support using maps as a tool for disaster affected people in developing a sense of place and identity and to enhance cultural knowledge is a relative new strategy that dates back to the 2004 South East Asia tsunami. This process focuses primarily on the individual experience of participation with a group in delineating a two-dimensional map of their place, and how they come together in identifying the protective factors and vulnerabilities in their place. After a discussion with all stakeholders, the affected people generate a tri-dimensional map of their place where they are able to outline structures and identify, what is missing for them to return to normalcy, and what needs to be done to reconstruct the place.

Psychosocial Support

Psychosocial support shifts the emphasis on disaster-affected people as victims and shift the

paradigm into being victorious, the actors in their recovery and reconstruction (4). This approach builds on the natural capacities of human beings desire to bounce back from adverse events: to be resilient. Psychosocial support relies on the traditional community networks, the family and other traditional support mechanism. This approach engages the disaster affected people in identifying and examining the risks and fosters culturally appropriate activities that enhance protective factors and foster growth and well-being irrespective of the damages experienced by the disaster.

Participatory community mapping

Participatory community mapping has three basic components basic components: method for data collection, visual representation of the findings, and behaviors and attitudes toward the process. The methods for data collection are visual and tangible. Participatory community mapping is developed as a consensus of what the group has observed. The tri-dimensional maps include houses, and other building in the community, roads or paths, water taps, and electric poles, fields, school, churches and the location where different groups live in the community. The behaviors and attitudes include training the community members and observe the process of data gathering and analysis in the disaster affected people. The power of community mapping in strengthening and enhancing resilience is a versatile and powerful activity that is easy to teach, and once underway it is fun to do, and after completed it instills a sense of fulfillment and pride on the participants. Disaster affected people become master's of their process and have a tool to influence the future and thus achieving psychosocial well-being.

Participatory mapping is an interactive approach that draws on disaster affected people's knowledge, enabling them to create visual and non-visual data to explore social problems, opportunities and questions resulting from the effects of a disaster or emergency. They work together to create a tri-dimensional visual representation of a place using the tools and materials at their disposal, such as chalk or markers, construction paper, plastic cement, scissors, and tape. After the map is developed on a table top, representatives from community groups prioritize the suggestions that have been offered by all stakeholders and develop an action plan that serve as the basis for

community action and may be used to request funds from external stakeholders, and humanitarian agencies.

While creating the community map, the disaster affected people share their views over how to best represent the place in question, share their observations as they go along, and tell personal stories and anecdotes. This is a valuable psychosocial support tool to identify the community's risks, needs, resources and protective factors. By the time the exercise is completed the disaster affected people have a good idea of what psychosocial activities will help them to reconstruct their community, and plans, and implementation strategies, timelines and monitoring devices and external resources are needed to reconstruct the community, improve their resource and well being and move forward.

Community participatory mapping becomes a monitoring tool (5). This process allows the outsider to observe the different psychosocial features of a particular place and the interaction between and within them. For example a participatory mapping exercise twice a year over the duration of a project reveals the physical changes that have occurred over time, residents' personal and collective experiences, and their attitudes and perspectives on their "place". These bi-annual maps reflect the knowledge of the community; omissions and variations from one map to the next are indicative of the progress made during a project cycle, where participation happens, who participates, how the participants are involved in their communities and beyond, and their reflections on the opportunities and barriers to participation in their areas. Value of mapping for Public Health in emergencies

Where several community groups (women, youth, and the elderly) are engaged the maps are quite different in appearance, although those depicting the same places included a number of the same landmarks, activities and sites. Some groups chose to create quite physical maps which marked sites geographically, while others created more conceptual maps that grouped sites thematically, such as by type of activity, type of organization, or group (Buddhist, Christian or Muslim) (6,7). The maps included a number of details of where types of participation took place (such as informal community centers and "gossip networks") and who provides or coordinates these opportunities, providing a snapshot of some of the components of community life.

The conversations during the development of the maps and accompanying discussions revealed that disaster affected community members have a strong sense of their collective identity as residents of that place, and a common idea of where its boundaries

begin and end. One important finding of the activity in Sri Lanka was that this sense of identity with a place affects community members' participation either within or beyond their immediate environment (8). The psychosocial support team was able to identify from the participants their mental maps and sense of boundaries of particular communities.

Summary

The psychosocial support intervention discussed herein is a community-generated process of knowledge creation; it invites dialogue and enables the reflection of individual and shared experiences. Participants' comments and conversations were important because they invited exploration of people's perceptions and experiences of participation in those areas. These conversations provided insights related to the context and quality of participation in the local areas, and highlighted protective factors that enhance resilience as the reconstruction process took place.

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