



Nepal Safer Motherhood Project a part of HMGN Safe Motherhood Programme

The Key Informant Tool

For Monitoring Improvements in Social Access to Midwifery and
Obstetric Services

Nepal Safer Motherhood Project
Phase 2

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1. INTRODUCTION

1.1 Background and Context

The Nepal Safer Motherhood Project (NSMP) supports the National Safe Motherhood Programme (SMP) of His Majesty's Government of Nepal (HMG/N) by contributing to improved maternal health in selected districts and policy and programme development at national level. The project has three components: support to *policy and programme development*, *service provision*, to improve the quality of midwifery and obstetric care; and *increasing access*, which seeks to improve the social context for and access to midwifery and obstetric services. The project commenced in 1997 with an inception phase. From early in 1998 until the end of 2000 (phase one of the project), the project concentrated on service provision and increasing access in three districts. In January 2001 NSMP entered its second phase, which includes a greater emphasis on the first component, and scaling-up the second and third components into a further six districts.

The purpose of the NSMP is to bring about a sustained increase in utilisation of quality midwifery and essential obstetric care services. Utilisation of these services is currently extremely low. In working to bring about this change the project recognises the importance of social context as well as access constraints in deterring service use. This concern is articulated in output 3 of the Phase II NSMP LogFrame as *improvements in the social context for and access to midwifery and obstetric services within NSMP-supported districts*. Three key indicators have been established for measuring progress against output 3:

- Increases in community knowledge of the risks of pregnancy and the potential benefits of allopathic/biomedical health service (measured using NSMP's District Monitoring System, through periodic small-scale surveys and group discussions with a range of social groups).
- Numbers of local emergency transport schemes and emergency funding schemes established, with rapid access for the poor in the event of an emergency (measured using routine data from NSMP's District Monitoring System)
- Women *perceive* reduced barriers to and quality of midwifery and obstetric care services, and improved social mobility (for example through perceived improvements in communication with mother-in-law and husband, to reflect improved ability to make decisions regarding health-seeking behaviour). This indicator is monitored using the *Key Informant Monitoring Tool* (KIM) described herein.

Using KIM, in combination with the routine data collection and periodic reviews by partner agencies (Village Development Committee/VDCs and local NGOs), NSMP aims to gain an understanding of the social context within which maternal health, pregnancy and childbirth are experienced, and specifically to monitor output 3.

1.2 Overview of the Paper

This paper is intended to serve a number of purposes:

- To describe the origins of the KIM approach
- To outline the KIM method as used by NSMP
- To reflect on the utility of KIM as a monitoring tool for NSMP, on the basis of emerging data and by reflecting on its application elsewhere

Consequently the paper is organised into four main sections. Following section 1 is a discussion of the methodological origins of KIM – the peer ethnographic tool. Section 2 also includes a description of experience to date of using the peer tool, with case study material from Zambia and Cambodia. Section 3 sets out the ways in which – and reasons why - the KIM was modified and adapted from the peer tool, and outlines its current use in selected VDCs in NSMP districts. Section 3 concludes with an initial cursory analysis of the data emerging from the first round

of data collection using KIM. The paper concludes in Section 4 with some reflections on lessons learned to date from the peer ethnographic tool and most recently from KIM.

2. THE PEER ETHNOGRAPHIC TOOL

2.1 The Methodological Origins of NSMP's Key Informant Tool

The Key Informant Monitoring Tool (KIM) is an adapted version of the *Peer Ethnographic Tool*¹. This section outlines the methodological and theoretical background to and origins of the peer ethnographic tool, and concludes with case study material on the use of the peer tool in Zambia and Cambodia.

2.1.1 Aim of the Peer Ethnographic Tool

The generic peer ethnographic tool was designed to enable agencies and programmes to gain an in-depth understanding of how people perceive and experience their social worlds, specifically in relation to maternal, sexual and reproductive health, through documenting their conversational interactions with peers around key issues. The tool can be used to undertake social research, social appraisal and/or to monitor whether programmes are meeting the needs of users and potential users for accessible, acceptable and quality services, products and information. The term peer as used in the tool refers to people who are members of the same social networks, and includes friends, work-mates, school-mates, age-mates, and members of a neighbourhood group.

2.1.2 How does peer ethnography differ from other methods?

The peer tool was designed to be less costly and quicker to use, throughout the programme cycle, than sample surveys and large-scale participatory exercises, and is aimed at generating types of data that are not easily produced by these and other methods that dominate health research and monitoring, notably:

Surveys. Questionnaire-based population surveys are useful for producing quantitative data, but limited in the extent to which they can provide an in-depth understanding of the complexities of social relationships and how these relationships affect behaviour. An assumption often made by surveys is that what people say to an interviewer about a particular issue is the same as what they would say to others (notably to their peers), and that what people say is an accurate reflection of what they do.

Focus Groups. Focus group discussions (FGDs) are useful for gaining client and user perspectives on norms of behaviour and dominant values. However they have been found to be less useful for gaining insights into how behaviour deviates from stated norms. Focus group discussions often lead to the presentation of a consensus view, and participants are often reluctant to discuss experiences that deviate from the dominant view expressed by the group.

Participatory Learning for Action (PLA) and *Participatory Rural Appraisal (PRA)* have been developed out of a concern for listening to and documenting the views of different groups in the community, and have proven to be particularly useful for developing community consensus in planning for action. However, PLA and PRA often require extensive input into the community in order to build up initial relationships of trust, and may be expensive methods to use for ongoing monitoring, often producing large quantities of qualitative data for analysis.

2.1.3 Principles of the Peer Ethnographic method

The method is based on the anthropological approach to studying social life, in which a relationship of trust is built between the community and the researcher. One of the limitations of the anthropological method – ethnography – is

¹ See Hawkins, K and N Price (2000) *Peer Ethnographic Tool for Social Appraisal and Monitoring of Sexual and Reproductive Health Programmes*. Centre for Development Studies Swansea; and Price, N and K Hawkins (forthcoming 2002) Researching sexual and reproductive behaviour: the peer ethnographic approach. *Social Science & Medicine*.

that it is often carried out by an 'outside' researcher and therefore requires a long timeframe for a relationship of trust to build up between the researcher and the community.

Peer researchers: The peer ethnographic approach is based upon training members of a particular social group or social network to become *peer researchers* (PERs). The most important issue in selecting PERs is that they are members of the programme's target community. PERs will already have an established relationship with members of their peer network and the people they select to interview from within that network. The interviewing does not therefore require the same extensive time-frame of conventional anthropological approaches. PERs can be drawn from many different groups in the community depending upon the needs of the programme.

The sample: The method is based on the principle that in-depth interviewing of a small number of people over a period of time will produce more valid information on social behaviour, than interviewing a large sample of people once only. PERs thus carry out several in-depth interviews with a small sample of respondents whom the PERs select from within their own network

The interview: The interviews do not collect individual accounts of personal experience. They are conducted in the third person (ie interviewees are not asked to talk about themselves). Experience has shown that respondents are often reluctant (because of confidentiality fears) to talk about themselves in relation to sensitive issues. All interviews in the peer ethnographic method use question prompts related to "other people like you". Respondents are not asked to name individuals or to give information that could identify individuals (such as where they live or work). In talking about "other people like you", interviewees will often talk about their own experiences, without acknowledging that they are talking about themselves.

Training of PERs and adaptation of the tool to local context: The PERs receive a short (usually around seven-ten days in total) participatory training which is specifically adapted to the needs of the group, and to the specific social context in which the PERs live and work. Conversational prompts, which guide the interviews, are developed by the PERs during the training. Following an initial three day workshop-based training, the PERs field-test the tool (selecting one interview each to test) over a four-five day period, returning for a further one-two day workshop to make any necessary revisions to the tool and to further practise the interviews.

Data recording and supervision: Data collection in the peer ethnographic method is carried out over a relatively short period (between one and three months), during which time the PERs interview a small number of respondents (usually between three and six). Each PER is given a set of data collection sheets, which contain the prompts for each interview. As these sheets are developed by the PERs during the training, the final sheets and number of interviews vary from programme to programme and from peer group to peer group. During (or on completion of) each interview the PERs record key words and phrases of the narrative, to remind them of the conversation. During the data collection phase the PERs receive regular supervision and debriefing (weekly or fortnightly depending upon the needs of the PERs). The supervisor interviews the PERs about the interviews that they have conducted in the previous week or two. The supervisors' field notes become a secondary source of data collection, in conjunction with the PERs' field notes

Data analysis: The data recording process is not intended to produce vast quantities of conversational narrative or qualitative data, but to produce data that can be processed into a readily usable format by the programme. In the use of the peer ethnographic tool to date, data analysis has tended to be done in three stages:

- The first involves the supervisors' interviewing (debriefing) the PERs during routine weekly or fortnightly meetings (discussed above).

- The second stage is an *in-depth social or ethnographic analysis of the PERs' interview data*. At the end of the data collection period, PERs are interviewed individually by a social analyst² in order to synthesise the key issues emerging from the conversational interviews. The PERs' narratives then serve as primary (ethnographic) social data, with the PERs serving as the social analyst's key informants. In-depth interviewing of the KIRs (as key informants) is complemented with participant observation – the PERs providing the social analyst with access to their respondents in the “community setting”. In some uses of the peer tool, all PERs are interviewed (eg in the Zambia case study in section 2.2 below). Other programmes have interviewed only a sample of the PERs (eg in the Cambodia case study in section 2.2 below). The decision on whether to interview all or a sample of PERs is shaped largely by the amount and depth of social research data that the programme wants to collect and analyse, the size and diversity of the target population, and the resources available. The data collection sheets are used as the basis for the social analyst's discussion with the PERs (with the sheets kept by the PERs as a diary of their observations and conversations). The social analyst explores in-depth these observations and conversations with each PER individually (this can take up to half a day with each PER).
- Stage three is a *PER data analysis workshop*. After the social analysis, the PERs conduct their own data analysis process. This takes the form of a workshop in which PERs work as a group to identify key issues emerging from the interviews, lessons learned for the programme, and any changes to the tool necessary for further research and/or monitoring. The PER data analysis workshop is facilitated by the social researcher who has carried out the in-depth analysis of PERs' interviews, and is attended by programme staff and other key stakeholders and partners.

2.2 Some Applications and Lessons

2.2.1 Zambia: an adolescent sexual and reproductive health project

After the peer ethnographic tool was developed by Neil Price and Kirstan Hawkins in 1999, it was field-tested in collaboration with CARE International in Zambia through their Partnership for Adolescent Sexual and Reproductive Health (PALS) project in Lusaka. PALS was established to improve the sexual and reproductive health of young people, with three key components: youth-friendly counselling corners in government clinics; trained youth educators to lead discussions with young people in the community and provide counselling in the youth-friendly corners; and community agents to promote and sell contraceptives to young people.

The peer ethnographic method was field-tested over four months, between October 1999 and January 2000. The data collection was undertaken by eight of the PALS youth educators who were trained as peer researchers (PERs). Four were female and four male, and they were a mix of students, part-time waged workers, and unemployed. They represented a number of Zambian ethnic groups, and were drawn from a range of social backgrounds. Each peer researcher interviewed between four and six young people, with a total of 30 young people interviewed. The PALS youth educators underwent the initial training as peer researchers in early October 1999. CARE programme staff supervised the peer researchers over a subsequent three-month data-collection period. Following the three months of data collection, a data review and analysis process was facilitated over a three-week period.

The data collection was carried out in three compounds in Lusaka, each served by a government clinic with a youth-friendly corner. Although the compounds were geographically close to each other, they varied significantly by wealth and infrastructure, with one being relatively affluent. The other two had much higher levels of unemployment and poverty, with mainly one-room houses constructed from mud bricks with corrugated iron or cardboard roofs, in contrast to the largely brick-built two/three room houses of the more affluent compound. All three compounds were ethnically mixed.

² This person may be a member of staff of the project or programme, or may be contracted to undertake the analysis

The data produced by the peer tool, allowed the PERs and CARE to identify a number of key lessons for the PALS project, for example:

- Groups were identified who were not being reached by youth-friendly services, notably:
 - young women engaged in commercial sex
 - out-of-school youth
 - specific categories of young men (such as those who spend time in bars, mini-bus drivers and conductors).
- The youth educators who served as PERs identified a need to understand more about key issues, including
 - the nature of commercial sex activity in the compounds
 - the extent and practice of unsafe abortion and treatment of complications of abortion
 - access to condoms, and to drugs for STD treatment.
- Potential new programme approaches to reach more vulnerable and marginalised groups were identified, including:
 - utilising peer networks to reach vulnerable young people at places where high risk sexual activity takes place (bars, night-clubs and around mini-bus stops)
 - community based distribution of free condoms among peer networks
 - use of community based approaches (such as drama) to reach out-of-school youth with information
 - increased advocacy on behalf of young people (eg on access to drugs for STD treatment).

The key issues and lessons learned during the data analysis phase of the peer ethnographic appraisal were then used to develop *indicators* for monitoring the impact and effectiveness of the PALS project. These included:

- increased access by commercial sex workers to condoms and to S&RH services
- increase in young people's ability to negotiate condom use (and associated increased condom use)
- decrease in experiences of coerced or violent sex
- decrease in experiences of unplanned and unwanted pregnancies
- decrease in unsafe abortions and new-born baby abandonment
- increase in young women's awareness of and access to treatment for abortion complications
- decrease in high risk sexual activity among vulnerable groups
- increased access of client group to effective STD treatment

Reflections on the PALS pilot:

- The interview narratives provided rich data from which to build up an understanding of young people's perceptions and experiences of sexual and reproductive health.
- The data generated from 30 peer interviews were able to confirm many of the findings of a PLA carried out with 10,000 young people as part of the PALS design, and also provided insights and information which had been missed by the PLA.
- Although the tool was not able to produce quantitative data, it provided CARE with a more accurate understanding of behaviour than questionnaire-based surveys could have.
- The method is able to produce a sufficient and manageable quantity of data for purposes of programme monitoring, which was easily processed by PERs.
- The field-testing indicated that, following training, the PERs required a minimal level of support to be able to carry out the interviews.
- The use of the tool (especially the interviews) raised youth educators' interest in finding out more about sexual and reproductive health issues.
- The method can be used as a programme development tool to identify new peer networks and/or social groups with which the programme can work, as well as potential strategies for reaching different vulnerable groups.

A year after the field-testing and evaluation of the tool, CARE was forced to scale-down the PALS project as external funding was withdrawn. The PALS peer educators, in response, formed a Youth Advisory Board (YAB), independent of CARE. Subsequent correspondence from one of the trained PERs, and a founder member of YAB, states: "The peer [youth] educators and youth clients felt activities should not come to an end.... YAB is going to fund-raise, do administrative duties such as management of finance, and monitor and evaluate activities... The peer tool is very important to YAB. We are using it to assess quality of information given out by the peer [youth] educators, to assess demand for the services offered by the educators, and to find out more about the accessibility of services... Programmes like ours need such information, and YAB will use the peer tool as an on-going activity."

2.2.2 Cambodia: a sex worker behaviour change communications project

The peer tool is currently³ being used by a social marketing NGO, Population Services International in Cambodia (PSI/C), to support the development of a behaviour change communication (BCC) strategy. The tool has been designed to serve two main purposes for PSI/C in developing this BCC strategy:

Data collection

Social research is being undertaken, using the peer tool, to understand better the nature and dynamics of sexual behaviour among specific social groups in Cambodia. The main areas identified in which PSI/C requires data for the development of a BCC strategy are:

- the social context of sexuality (including data on factors that lead different groups of men to engage in commercial sex)
- the meanings attached to, and the nature and dynamics of, different types of sexual relationships by different social groups, and how they impact on condom use.

The tool is being used to enable the PSI/C project to gain an in-depth understanding of how the specific target groups for the PSI/C BCC strategy understand and talk about their sexual relationships and the social contexts in which decisions are made to use (or not to use) condoms within different types of relationships.

Establishment of local networks in support of BCC.

PSI/C has successfully supported and promoted behaviour change among brothel-based sex workers and their clients since the early 1990s. However, PSI/C now recognises that addressing more challenging groups like 'indirect sex workers', 'sweethearts', and others requires a more strategic BCC approach. The peer tool is being used to assist PSI/C to build relationships with existing and potential target groups in order to develop locally-specific and community-based BCC interventions. Through talking to their peers about the issues identified in the interviews, the PERs are acting as catalysts for dialogue and for stimulating community-based behaviour change strategies within their social networks. This catalytic role is enhanced because some of the PERs are part of – and/or receive social support from – community-based organisations and other NGOs. The peer method is thus being used a programming tool to assist PSI/C to:

- design community based behaviour change strategies for specific target groups

³ PSI/C started using the peer tool in February/March 2002. At the time of writing, the initial phase of data collection is continuing, with data analysis awaited.

- facilitate networking with other community-based organisations already engaged in local-level behaviour change strategies
- monitor and evaluate BCC activities and materials from the perspective of the target group
- adapt video and radio scripts and materials to the BCC approach, and make more effective use of existing advertising, marketing and communications agencies in the development of materials aimed at specific groups and peer networks.

In the process of identifying and selecting PERs, PSI/C built collaborative relationships with local and international NGOs who have existing linkages with target groups. Involving NGO partners in the recruitment and supervision of PERs was necessary and important for sustaining the motivation of PERs during the data collection process and for ensuring that PERs have adequate social support on a day to day basis. By building institutional relationships with NGOs and community-based organisations that have existing linkages with the target group, PSI/C has been able to sustain the motivation and interest generated by the PERs among their peer networks, for developing community based BCC strategies.

PERs were selected from two target groups that PSI/C identified as central to their BCC strategy:

- *Waitresses and beer promoters.* This group was identified by PSI/C as a highly vulnerable group (of 'indirect sex workers'), as a result of their involvement in transactional sex, whilst not identifying themselves as 'sex workers'. Consequently they have not benefited from Cambodia's 100% condom use programmes which have been established in many brothels. Waitresses were recruited for training as PERs with the assistance of the Urban Sector Group (USG), a local NGO who has an existing community based health programme working with this target group. A USG staff member also attended the PER training, and USG are playing a key role in providing day to day support to the PERs, as well as assisting PSI/C in developing an appropriate BCC strategy among the target group. In addition, beer promotion girls were recruited (who were not linked to an established NGO programme). PSI/C staff are supervising and supporting these PERs throughout the data collection process.
- *Male university students,* identified by PSI/C as potential clients of indirect sex workers (as well as direct sex workers). Although local institutional support was not necessary to maintain the motivation of these PERs throughout the data collection process, PSI/C's own staff worked closely with and supervised these PERs to provide support and to further engage them in the development of an appropriate BCC strategy.

During their training as PERs, both groups identified the main areas in which they would carry out in-depth interviews among their peers. The waitresses/beer promotion girls identified work, sexual relationships, and HIV/STDs/condom use as the three themes. The students identified two main areas: relationships, and HIV/STDs and condom use. The conversational prompts were developed by the PERs through group discussion during the training. The prompts developed by each group of PERs therefore differed, according to what the group considered were the most important issues and the most appropriate ways of asking their peers.

The PERs received regular supervision by PSI/C research staff throughout the data collection period. The waitresses/beer promotion girls needed weekly supervisory support, in order to maintain their motivation, ensure that they were not encountering any problems with the research, and to reinforce their understanding of the main principles of the method (in particular that the interviews are conducted in the third person). The students required less intensive supervision: once every two weeks was sufficient. As well as providing support to the PERs the supervisor played an important role in data collection. During each supervision session the supervisor 'debriefed' each of the PERs on the interviews they have carried out with their peers over the course of the previous week or two. The supervisors kept their own set of field notes of the PER's interviews over the data collection period, providing an overview of all the interviews conducted. During this data collection it was important for the supervisors to probe key issues with the PERs. Through their contact with the PERs over the data collection period the supervisors were able to develop an in-depth understanding of the social context in which the PERs were conducting their interviews. During the training it became apparent that the gender of the supervisor/s would be an important factor in building

trust with the PERs and therefore a female supervisor was chosen for the waitresses/beer promotion girls, and a male for the students. The supervisors needed additional support and supervision from a social researcher familiar with the type of data being collected. This was also an important part of PSI/C's building of research and monitoring capacity. Half a day a week of a social researcher's time was sufficient to provide support to the field supervisors. It is envisaged that the social researcher providing supervisory support will also be involved in the final social analysis of the data, as she/he will have developed a familiarity with the data being collected.

3. NSMP's KEY INFORMANT MONITORING TOOL

3.1 Adaptation of the Peer Ethnographic Tool

3.1.1 The NSMP context

In line with the generic peer tool from which it is adapted, KIM takes as its starting point that the wider social (including religious, cultural, economic and political) environment is important in shaping maternal health outcomes and maternal health seeking behaviour. From the perspective of NSMP's output 3, KIM is being used to gain an in-depth understanding of how women of child-bearing age perceive wider changes in the social context in which pregnancy and childbirth are experienced, and to monitor progress towards creating an enabling environment, from the perspective of these women.

The generic peer ethnographic tool described and illustrated in sections 2 above, was designed for use in a variety of health programmes and interventions. This is the first time it has been used in the context of a safe motherhood intervention. Some of the key principles of the generic peer tool which made it attractive for use in NSMP, included:

- The tool recognises divisions within society and associated differences in perceptions of acceptable and appropriate behaviours.
- Data collectors/interviewers are drawn from the same social group as their interviewees/respondents on the assumption that respondents are more comfortable - and hence more open - when talking to people with whom they have a relationship of trust and relative equality.
- The tool's emphasis on respondents not talking about themselves but about people who are like them, increases the likelihood of respondents reporting honestly, allows sensitive topics to be discussed without risk of causing embarrassment, and ensures that ethical dimensions of research and data collection are not transgressed.
- The tool facilitates dialogue and communication between a programme and the communities with which it is working. The conversational interviews serve as a basis for this process of dialogue and communication.

Communities in rural Nepal are highly stratified by ethnicity/caste, gender, kinship and age, which together militate against public social interaction. Younger people, particularly women, have little decision-making power and their behaviour in relation to pregnancy and childbirth is influenced strongly by men and senior kinsfolk. Hierarchical power relationships further discourage open communication between generations and between the sexes. Such a social structure makes it necessary to recognise and give emphasis to social divisions (notably those based on gender, age, and ethnicity/caste) when exploring community perceptions.

This context has significant implications for the way in which the peer tool had to be adapted for use in rural Nepal:

- Although KIM focuses exclusively upon the perceptions of change among women of childbearing age, it nevertheless seeks to find ways of ensuring representation of significant social categories within this group - notably around age and ethnicity/caste. Where researchers could not be found to represent all these categories, staff of local NGOs - who have established relationships of trust with members of such social categories - were trained and deployed as data collectors (see below).
- Constraints on women's social and geographical mobility in rural Nepal mean there are no clearly developed peer groups in the sense described above in the Zambia and Cambodia cases. However, KIM has adhered to the principle of training women as KIRs to interview other women of similar age and social class/caste/ethnicity as much as possible (as above)

- Concepts of anonymity (which form the basis of the peer ethnographic conversational interview techniques (such as “tell me about others like you”) and of peer group membership have less meaning in settings like rural Nepal, where social and geographical mobility among women are limited, and communities are so small. To address these constraints, KIM avoids any reference to the concept of peer in its conversational interviews: the prompts encouraged respondents to talk about “people they know” and “events they have heard about or know of”. Such prompts clearly encourage responses based upon gossip. However, gossip in KIM (as in the peer tool) is viewed as a valid and important source of data (see Section 4).
- Like the Cambodia adaptation of the peer tool, KIM is built on partnerships with local NGOs and other community-based structures (see below).

One final key difference between KIM and the peer tool relates to the data analysis process (which is described for KIM in detail in section 3.2.3 below). As noted in 2.1.3 above, an integral part of the data analysis process in the generic peer ethnographic tool is social (ethnographic) analysis, in which the PERs are interviewed by an experienced social analyst/researcher at the end of the data collection period. In this sense, the PERs become the key informants to this social researcher, and the conversational narratives that they have collected provide the data for an in-depth social analysis. In NSMP’s KIM this social analysis phase of data analysis has been subsumed within phases 1 and 2 of the KIM data analysis (the KIR debriefing and the VDC workshops, see 3.2.3)

3.1.2 The KIM team

The division of labour for activities using the KIM tool was refined following a pilot in three VDCs in the district of Baglung. The pilot was set up primarily to assess the validity and appropriateness of different data collection configurations (see Flowchart in annex). The pilot (or field trial) experimented with three models:

- In one VDC, the data collectors (Key Informant Researchers or KIRs) were drawn from a range of social categories in the community.
- In the second VDC, NSMP Facilitators and local NGO staff served as the data collectors.
- In the third VDC, KIRs interviewed people from their own social category, while Facilitators/NGOs interviewed members of social groups not represented by the KIRs (notably older women and the lower castes/poorest members of the community).

Following the pilot, it was decided to adopt the third model, albeit in a further field trial, in which an NGO (HICODEF) - in conjunction with NSMP’s SDOs and Local Facilitators - identified the KIRs but also deployed their own staff to undertake some of the interviews. The division of responsibilities for data collection and analysis in this second field trial (which ultimately became the model now being used in all the districts) was thus:

- The NSMP Social Development Officer (SDO) for the specific NSMP district had overall responsibility for supervision of, and managing the logistics of, the data collection and analysis (including training the data collectors: the KIRs)
- Local NGO partner field staff (in collaboration with NSMP Local Facilitators) directly supervised data collection by the KIRs (some of whom were the NGO’s own field staff) at field level and were responsible for periodic debriefing (data recording) sessions with them, and for social analysis at the end of data collection period and for facilitating the KIR data analysis workshop.
- The Key Informants Researchers (KIRs) collected data at community level (numbers of KIRs required for each VDC varied according to level of social stratification, diversity of social categories, and population size of VDC).

3.2 The Key Informant Monitoring Tool: The NSMP Approach

This section describes how the KIM tool has been used in the first round of data collection in selected VDCs in five NSMP districts, a process that started in January/February 2002 with the identification of KIRs. This first round is intended to collect data to inform project design in these districts and to establish a baseline against which to monitor change (see 3.4 below).

3.2.1 The Key Informant researchers

VDC officials and local NGO staff identified the KIRs, with the help of NSMP field staff (SDOs and Local Facilitators).

Six KIRs were selected for each of two VDCs in each of the five districts. A total of 60 KIRs were thus recruited and trained. KIRs were recruited using the following selection attributes:

- a basic level of literacy (for recording brief written information)
- an outgoing personality (necessary for undertaking conversational interviews)
- sufficient “free” time to be trained and for data collection and analysis
- representatives of each ethnic/caste group and age groups (as far as possible)

The first three of these attributes are considered essential for the tool to work. In relation to the fourth attribute, where it proved impossible to find KIRs that were representative of, or able to access, a particular social group, then local NGO field staff acted as KIRs.

Once the KIRs were identified and recruited, Key Informant Researcher Training Workshops began in February 2002 (see annex) in the five NSMP districts: Nawalparasi, Rupandehi, Kailali, Parbat and Baglung⁴. Data collection took place over a period of approximately five weeks in each district, culminating in data analysis and dissemination workshops for VDCs and other key stakeholders.

3.2.2 The data collection method

Interviewees

KIRs selected a minimum of two women of childbearing age (whom they knew and with whom they mixed socially) with whom they carried out a series of three conversational interviews (with each respondent), to assess respectively, women's *perceptions* of:

- barriers to EOC services,
- quality of midwifery and obstetric care
- social mobility (eg through perceived improvements in communication with mother-in-law and husband, to reflect improved ability to make decisions regarding health-seeking behaviour).

The table below sets out the main focus of the three interviews in terms of the information they seek to elicit and the themes of the conversational interviews

Interview	Information required to monitor change	Themes around which to ask the questions
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⁴ Six districts were originally proposed, but Surkhet was dropped because of security problems

<p>1. <i>Reduced Barriers to EOC</i></p>	<ul style="list-style-type: none"> Do women recognise the risks of pregnancy and the benefits of allopathic services? What economic and transport barriers do women perceive as restricting their access to these services? 	<ul style="list-style-type: none"> Perceived roles of different care providers (traditional and allopathic) Perceived risks of pregnancy How women who need to get to hospital access finance and transport (incl broader constraints to accessing these resources)
<p>2. <i>Improved Quality of Care</i></p>	<ul style="list-style-type: none"> Is care perceived to be available, acceptable, affordable, and effective? 	<ul style="list-style-type: none"> Perceptions of the availability, acceptability, affordability and effectiveness of care
<p>3. <i>Improvements in Social Status and Mobility</i></p>	<ul style="list-style-type: none"> Can women express their needs, influence decision-makers, and make decisions? 	<ul style="list-style-type: none"> Perceptions of relationships with husband and mother-in-law Perceptions of wider social constraints/ practices

Data Collection

- The initial round of interviews was carried out over approximately five weeks, the purpose of which was to collect appraisal data that will serve as a crude “baseline” against which to monitor project impact. KIRs received regular support from and debriefing by Local Facilitators and NGO staff during this period.
- Most KIRs interviewed two respondents during the five weeks, with three interviews carried out with each respondent.
- Conversational prompts (topics) guided each interview, and assisted KIRs to start conversations and to follow-up on issues (during training, KIRs practised using these prompts, and revised them to make them appropriate to local context/language).
- The prompts (expressed in the “third person”) provided issues to probe in the conversational interviews (they were not a script).
- Where & when interviews took place was important. As far as possible interviews were conducted in private, and at times when the respondent was not distracted by work or other activities.

Data Recording

- Data collection sheets were provided for each of the interviews (with prompts on the top of each sheet).
- KIRs did not record a detailed script of the conversation – only key words, phrases or events that are given most importance by the interviewee.
- The KIRs confirmed with respondents that the key phrases and events recorded were accurate, relevant and important.

3.2.3 Data analysis

The KIM tool - like the peer tool - is not designed to produce vast quantities of qualitative research data. It has been designed to produce information that can be processed into a usable format by NSMP. Data analysis is undertaken through a review process, which requires local NSMP staff and NGO field worker to regularly interview each of the KIRs about the interviews they have carried out.

The tool recognises that there are limitations to the amount of qualitative data that KIRs are able to record. The notes recorded on the data recording sheets serve only as a guide to the key issues that have emerged during the interviews.

The KIM approach aims to develop an understanding, *over time*, of how women of childbearing age in NSMP supported districts experience and perceive changes which are likely to affect their access to midwifery and obstetric services (relations with mother-in-law and husbands, quality of care, and transport and funding). The method is therefore not intended for use for one-off data collection, but as a continual process of dialogue and reflection carried

out over time. One question that has been raised is whether the KIRs accurately report what is said to them, ie whether they tell the “truth” about their conversations. It is important to remember that the tool is not interested in collecting “facts” about individual people. What is important is that the method produces an understanding of the different ways in which people talk about and describe the social world they experience around them (see section 4 below).

Data analysis and review in the first round of KIM was conducted in two stages:

Stage One: The original plan that each KIR would be individually interviewed weekly by an NSMP female Local Facilitator in the VDC where the research was conducted had to be abandoned because of security issues. Instead, all six KIRs from each VDC attended the District HQ every 10 days or so for debriefing. These debriefings took place three times in the course of data collection. The NSMP Local Facilitator⁵ led the debriefing sessions, while an NGO representative took notes (which were later in the debriefing session synthesised for discussion). The Facilitator asked each KIR in turn to report on the information they had collected to date. After the NGO representative had synthesised the key issues emerging from the conversational interviews as reported and discussed by the KIRs, s/he fed back the synthesis to the group of KIRs. The discussion focused on ratifying the synthesis and discussing significant similarities and differences in the KIRs’ data. Many of the debriefing workshops, which were originally scheduled to last one day, were extended to two days, to allow synthesis, feedback and in-depth discussions of the key issues that the interviews were generating. In total each KIR carried out three interviews with each of two/three respondents, thus producing around 15 data collection sheets for synthesis. In addition to forming the basis for discussion with Facilitators and in debriefings, the data collection sheets were kept by the KIRs as a record or diary of their observations and conversations.

Stage Two: The VDC Data Review and Dissemination Workshop. At the time of writing this report, these workshops are scheduled to take place shortly. They will be led by the local NGO, and will follow a similar pattern to those led by the Local Facilitators during data review and synthesis. They will be held at the District HQ, and are designed to:

- identify key issues emerging from the interviews
- identify lessons learned for NSMP and wider Nepali safe motherhood programming
- review and modify the tool for ongoing monitoring by NSMP and VDCs/districts.

In addition to the KIRs, Facilitators and the NGO (who facilitated the workshop), a number of other representatives will attend the VDC workshops:

- NSMP IA team members
- NSMP SDO
- NSMP Facilitator
- VDC staff and officials
- Other key partners (at district and NGO level)

3.3 Initial Data Emerging from NSMP’S Use of the KIM Tool

At the time of writing this paper, data from the KIM use in NSMP districts were beginning to emerge (in English). This short section highlights from a very cursory analysis of some of these data, the utility of the data produced.

The three interviews – on barriers to use of EOC services, quality of midwifery and obstetric care, and women’s social status/mobility – all generated important data, which are likely to have been difficult to generate through more conventional methods, such as population (questionnaire-based) surveys and FGDs, notably:

⁵ The facilitators were involved in the original KIR training, and hence are both familiar with the tool and are known to the women KIRs.

- data on intra-community and intra-household power and gender relations and structures and their effect on decision-making and health-seeking behaviour for pregnant women
- findings on indigenous beliefs
- insights into differences in perceptions by ethnicity/caste/class.

The following highlights some of the key findings from analysis of KIR interview data in one VDC, by way of illustrating the points above:

Interview 1: Obstetric danger signs and role of allopathic services

Despite widespread recognition by women of potentially life-threatening obstetric problems (long labour, bleeding before and after delivery, infection and retained placenta), many women are unable to act on these danger signs, because of gender and power relationships (particularly those related to key family members such as husbands and mother-in-law). Women described a number of practices that they see as potentially increasing these risks, including:

- husbands insistence on having sex during labour and shortly after birth
- insistence by husbands that women should continue with domestic and agricultural labour shortly before and after delivery
- beliefs about not touching a postpartum woman (particularly among Brahmins)
- husbands' fears of being ridiculed if they offer support/help to wives before and after delivery
- beliefs about diet, which mean pregnant and postpartum women receive less nutritious food (particularly in Brahmin communities)
- men's and older women's beliefs that high parity is not a risk factor
- beliefs by older members of the community that the onset of bleeding during pregnancy, delivery or in the postpartum period is not indicative of a health problem.

Traditional healers are often the preferred source of treatment and the first provider to be consulted (the interview data on traditional healers overlapped with information collected during interview 2 on quality of care, and are thus synthesised below)

Women referred to a number of financial and economic constraints to using EOC services:

- the poorest rarely go to hospital, due to perceptions they will need to pay for drugs and food
- in Brahmin communities, although women retain *pewa* (jewellery, cattle, money) for emergencies, they are unable to use for their own health because its use is controlled by the husband
- poor women do not keep *pewa*. In case of emergencies they are forced to take loans (which they often find difficult, see below under social status)

Interview 2: Quality of care

Traditional healers are often the preferred source of treatment and the first provider to be consulted because:

- the cause of obstetric problems is often thought to be spiritual
- they have flexible fees (with payment in kind possible)
- they treat women well
- they are close to hand
- they make home visits
- they are not expensive
- the sub-health post lacks personnel, drugs and equipment, and do not provide privacy
- the MCHW does not do home visits (women who live nearer the sub-health post, however, use the MCHW and appreciate her services)
- private medical shops and health posts are considered expensive, and do not allow credit (always insisting on cash payment).

The quality of care in the hospital is appreciated, notably the separate maternity unit, the experienced nurses and doctors, availability of equipment and blood transfusion services, female service providers. However, concerns were expressed about preferential treatment (for people that the health worker knows), insistence on charging for drugs and food, and rudeness of orderly and support staff.

Interview 3: Women's social status and mobility

- Despite the existence of emergency loan funds, husbands have power and control over whether and for what women can access funds. Poor women face the double constraint of being denied access by fund committees (especially by male members)
- Although women are represented on local community committees and structures, their voices are not heard – “men do not like women criticising what they do”.
- Women are “not involved in decision-making, but they are used to provide labour to build roads and buildings, cleaning, painting”.
- Widows who engage in commercial activity (such as making *dokos* for sale) are viewed negatively, especially by other women of the community.
- Men who appear to listen to the views of their wives are subject to ridicule in the community.
- Women are often blamed for physical abuse at the hands of their husbands (for “failing to live harmoniously with him”). Most women therefore do not speak publicly about domestic violence.
- Most women feel uncomfortable sharing their health problems with their mother-in-law or husband, and prefer instead to discuss with friends/neighbours in the hope that the friend will convey the health problem to the mother-in-law, who in turn would discuss with the husband.
- In nuclear families, there is more and better communication between husbands and wives (in contrast with joint and extended households).

The VDC dissemination workshop

The following illustrate – from the data collected in the VDC above – the key points to be discussed and actions to be recommended at the forthcoming VDC workshop:

- Although younger women are aware of danger signs, they are unable to act on them because of the persistence of beliefs by other family members that such signs are not dangerous. Widespread beliefs in spiritual causes of obstetric difficulties, and perceived poor quality of care in health posts - leads to preference to use local traditional healers.
Proposed action: Conduct wider awareness raising (especially for men and older women), using group discussions. Consider deployment of male change agents. Conduct training programmes for traditional healers, to encourage and facilitate referral to hospitals for obstetric complications.
- Communities that are geographically distant from the sub-health post do not know of the enhanced role and skills of the MCHW.
Proposed action: MCHW, NGO field workers, VDC members need to raise awareness of the important role being played by MCHW.
- Poor people in particular have difficulty accessing loans through the community funds.
Proposed action: Consider more flexible payments into and accessibility of the emergency fund
- Perceived poor quality of care by some hospital staff.
Proposed action: Safe Motherhood Working Group and hospital management need to meet to discuss ways of improving quality

3.4 Next Step: From Appraisal to Monitoring

The use of the KIM tool described above has been largely to make a social appraisal of the current situation facing women of childbearing age. Once these data have been fully synthesised, analysed and disseminated, they will form what can be loosely termed a "baseline" against which NSMP can monitor changes. Monitoring with the KIM tool will be carried out twice during the remainder of phase II of NSMP, at nine-monthly intervals. The conversational prompts for this monitoring will be modified from those used during the initial round of data collection, to focus on perceived changes. A short refresher training course, including conversational prompt development/modification, will be undertaken with the KIRs before monitoring starts

4. CONCLUSIONS AND REFLECTIONS

- 4.1 The peer ethnographic method was designed to address some of the limitations of other applied monitoring and research methods. This was a major factor behind NSMP's decision to use an adapted version of the tool for monitoring social access issues.
- 4.2 One of the most important outcomes of using the peer tool in Zambia and in Cambodia has been the ensuing dialogue that the tool generated, between the peer researchers, the programme field staff, and the community. Use of KIM in Nepal has also facilitated participatory dialogue between NSMP (and its key partners) and the target group (women of childbearing age) in the community. The potential of KIM (and its predecessor, the peer tool), as a dynamic and flexible approach which can be continually adapted and re-designed as part of the monitoring and research process, has become evident as the method is used more extensively. Indeed, in all cases to date of the tool's use, the final version of the interview prompts has turned out to be quite different to those initially designed. In this sense ownership and control over the method and the tool by local communities and agencies increases significantly in the course of it being used in the field. In NSMP, a further illustration of local ownership of both the KIM tool and the KIM data can be found in the feedback received by NSMP from local NGOs. Meetings between NSMP's field and HQ staff with these local NGOs during, and at the end of, the first round of data collection, have revealed an enthusiastic embracing of the tool by the NGOs, an intention by the NGOs to use the tool in their (non-NSMP supported) projects, and plans to use the data collected to date in discussions with VDC officials and other partners at community level.
- 4.3 One of the key lessons learned from the adaptation of the peer tool for use in rural Nepal relates to the nature of community and peer networks in such settings. The generic peer tool seems to be easier to use in urban and peri-urban settings (see the Zambia and Cambodia case studies above). In such settings, peer networks are extensive and the population of communities large and diverse enough to generate a sense of anonymity and hence allow the use of "third person" interviewing. In rural settings, where geographical communities are small in population size, and where power structures and social hierarchies limit the movement of some social groups (notably rural women in the case of Nepal), then the peer tool needs to be significantly adapted. The KIM experience to date in Nepal has, however, confirmed that with careful adaptation and sensitive piloting, the fundamental principles and methodology of the peer tool can be applied effectively.
- 4.4 A key strength of the peer ethnographic/KIM method lies in its appreciation of and sensitivity to language and interpretation. Nuance is of the essence in understanding and collecting local narratives. It is therefore of particular importance that interviews are conducted in local languages, particularly as the peer tool and KIM are being used to monitor and research intimate issues such as gender-related power imbalance, sexuality, health/illness, and reproduction. The peer ethnographic/KIM method facilitates the conducting of interviews using local colloquialisms and nuances. A limitation of the method is that the data collectors must be sufficiently literate to be able to record the conversational interview data. This requirement may, therefore, preclude the most marginalised groups from becoming data collectors (in KIM this has been addressed by using NGO field staff to interview the most socially marginal women). While the peer/KIM approach has potential to be used as a purely 'oral' method with non-literate groups, such an application of the method remains to be developed and field-tested.
- 4.5 The KIM approach – like the generic peer ethnographic tool - is vulnerable to the criticism that the sample of respondents may be biased and unrepresentative. However, the peer ethnographic and KIM methods recognise the importance of ensuring a locally representative sample, while also recognising that it is extremely difficult to use random sampling techniques to find representative informants. Local experience is needed to know what representativeness means. Peer/key informant researchers – by virtue of their

membership and understanding of the communities in which the research is undertaken - are strategically placed and able to locate a point of entry into the local social and cultural system.

- 4.6 A more substantial potential criticism surrounds the validation of the data: are the PERs/KIRs and their interviewees telling the 'truth'? The key strength of the peer ethnographic/KIM method lies in its very lack of claims to the collection and presentation of 'objective' data. The main focus of the method is on analysing perceptions and discourses, rather than on gathering 'social facts'. A further aim is to look at different ways in which the same issue is talked about by different social categories within the target population (in KIM this is women of childbearing age, differentiated by age and by caste/ethnicity). One of the key social dynamics that the method draws upon is that of gossip. The contradiction between consensus statements made by groups (and typified in focus group research) and what individuals gossip about, provides important insights into social context. Gossip provides invaluable insight into relationships of power and vested interests that operate under the surface. Instead of discarding gossip as invalid because it derives from biased accounts, the peer ethnographic/KIM method embraces and analyses gossip as an essential component of ethnographic data. Thus in using the peer ethnographic/KIM approach, the aim is not to collect or seek out social 'truths', as dominant monitoring and research methods may understand them, but to detail a rich and dynamic social commentary, in which social and reproductive behaviour is given meaning.

Annex 1: Key Informant Tool - Development Process Flowchart



