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## Participatory Ethnographic Evaluation and Research (PEER)

**Options Consultancy Services Ltd. and the Centre for Development Studies (CDS), University of Wales Swansea have launched a Participatory Ethnographic Evaluation and Research (PEER) Unit.**

**PEER is an innovative, rapid approach to programme design, monitoring, evaluation, and research, and has been used in a range of sectoral and cultural contexts. PEER is more than a monitoring and research method – it is an approach to building dialogue for social change. PEER enables agencies and programmes to engage with communities, gives voice to poor and marginalised groups, and facilitates active participation in decision-making.**

### *The PEER approach*

PEER recognises that effective participation occurs when the voices and interests of the poor and marginalised are heard. PEER enables programmes to engage in active dialogue with communities to gain an in-depth understanding of needs, social behaviour and behaviour change.

The PEER approach is based upon training members of the target community to become core programme researchers, evaluators, and change agents. Consultants/academics based at CDS designed the PEER approach in response to the need for participatory evaluation and research methods, which give voice to poor and marginalised people and strengthen the capacity of civil society to participate in decision-making. PEER is based upon the anthropological method, and enables programmes to gain an in-depth understanding of the realities of the everyday lives of the poor and marginalised. Unlike the traditional anthropological approach, PEER can be carried out over a short timeframe.

### *Using PEER*

PEER has been used successfully in a range of programme and social contexts: to understand young people's sexual and reproductive health in Zambia; with sex workers and their clients in Cambodia and Myanmar; and to investigate key issues in pregnancy and childbirth in rural Nepal. The approach was initially designed in the context

of sexual and reproductive health. However, PEER can be used across a wide range of issues and sectors including HIV/AIDS, sustainable livelihoods, natural resources, education, and health. PEER can be used for social appraisal as part of the programme design process, and as a continuing monitoring tool to enable programmes to assess whether they are meeting the needs of target groups. It is rapid and efficient, and generates actionable programme management, monitoring or design information within two months after it has been initiated.

PEER has been used to gain an in-depth understanding of:

- How people in the target group make decisions related to specific issues (e.g. health seeking behaviour, livelihood strategies, household resources).
- Who exercises power and how power relations are experienced.
- How people talk about and experience key issues in their daily lives.
- How people identify their livelihood, health, social and emotional needs.
- Who are excluded from resources and services and how they are excluded.
- Whether programmes are meeting the needs of poor and vulnerable groups, and identifying barriers to access.
- Changes required in programme and service delivery approaches to better meet the needs of marginalised groups.



## Principles of the method

### Peer Evaluator Researchers (PERs)

- PERs are selected from members of the community which is the target group for the programme, and only need a very basic level of literacy.
- PERs are identified by the programme, in conjunction with the target group.

### Peer Evaluator/Researcher Training

- PERs receive an intensive participatory training (usually 3 days), specifically adapted to the needs of the group.
- A maximum of 20 PERs can be trained in any one group. All those trained together must be from the same target group.
- Conversational prompts to guide the interviews are developed by PERs during the participatory training.
- PERs field-test the interviews for 1-2 days and return for a one-day workshop to make revisions to the prompts before beginning the data collection.

### Data Collection Method

- Data collection is carried out over a short (usually 6-8 week) period.
- PERs carry out several conversational interviews with a small sample of people (3-6) they select from their social network. They only write down a few key words to remind themselves of the interview.
- Interviewees are asked to talk about "what other people like them" say or do. They are never asked to talk directly about themselves to maintain confidentiality.
- Supervisors interview PERs every week or two weeks on the interviews they have collected. They keep detailed notes of their interviews with the PERs.

### Data Analysis

- Following data collection, PERs are interviewed by an experienced social researcher who produces a detailed report.
- The interview notes collected by supervisors are used as secondary data.
- PERs also conduct their own data analysis process. They lead a workshop during which they identify key issues, lessons for the programme, and suggested changes to the tool for future monitoring.
- Following the workshop PERs present and discuss their findings with programme staff.

## The PEER Unit

In response to the wide interest in PEER, Options Consultancy Services Ltd and the Centre for Development Studies at the University of Wales Swansea have established a **PEER Unit** to provide high quality training and technical assistance in the use of the method.

The unit includes experienced social scientists and social analysts with international expertise across a range of sectors including: health, social development, HIV/AIDS, gender, natural resources and sustainable livelihoods.

### Services Provided

The PEER Unit can provide a range of training and technical assistance services to support organisations/agencies/governments in the use of PEER. These include:

- Introductory workshops for programme/agency/government staff on principles of the method and design of PEER
- Capacity building in training of peer evaluators/researchers
- Capacity building in development of data collection and supervision systems
- In-depth social analysis

Training provided by the unit is tailor-made to the needs of the specific agency or programme. Following technical assistance in one piece of PEER, programme staff will acquire the skills to conduct further PEER with no, or limited, assistance from the unit. CDS also runs occasional short intensive professional training courses on PEER (see the CDS website for details).

For further information on PEER and services provided by the PEER Unit please contact:

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Please also visit the Options website at  
[www.options.co.uk](http://www.options.co.uk) or the CDS website at  
[www.swansea.ac.uk/cds](http://www.swansea.ac.uk/cds)

## Case study 1: Using PEER to understand young people's sexual and reproductive health, in partnership with CARE Zambia

### How was PEER used?

PEER was first field-tested between October 1999 and January 2000 by youth educators involved in the CARE Zambia Partnership for Adolescent Sexual and Reproductive Health (PALS) project. The youth educators were given a three-day participatory training to become peer evaluator/researchers (PERs). Three of the PERs were still in school/college, two in part-time employment and three were unemployed. The PER training was conducted in conjunction with CARE programme staff, who then supervised the PERs over a three-month data collection period.

PERs came from three compounds in Lusaka. Each of the PERs interviewed between four and six young people in their social networks (who were not involved with the PALS project). A total of 30 young people were interviewed. Each PER held five conversational interviews with each of their interviewees over a three-month period, generating 150 in-depth interview narratives. The interview narratives provided rich data from which to build an understanding of young people's perceptions and experiences of sexual and reproductive health.

### Findings

Some key issues emerging from the interviews included:

- *Categorisation of social groups in the compounds*

Young people's categorisations were based on perceived social status and social behaviours, placed within a predominantly moral framework. The most common categories used to describe people in their compounds were: churchgoers, school-goers, businessmen, poor/unemployed, home-boys, drunkards, thieves, prostitutes and gangsters.

- *Local belief systems*

Interview narratives highlighted young people's perceptions of differences between their belief systems and those of their parents' and grandparents' generations. Belief systems have important implications for young people's health seeking behaviour.

- *Social identity and livelihoods*

Categories of social behaviour used to describe groups of people living in the compounds were also closely linked to young people's perceptions of poverty and livelihood strategies.

- *Health and health-seeking behaviour*

Poverty was described in many narratives as the major determinant of health. The narratives also revealed the very ambivalent nature of young people's health seeking behaviour, with apparent contradictions between discourses in interviews relating to health knowledge and belief systems, and those describing health seeking behaviour.

- *Sexual relationships and reproductive health*

While interviews showed that young people had a high level of knowledge and awareness about sexual health, sexuality presented itself in interviews as a major area of conflict in young people's lives. Sexuality and livelihood strategies were closely related in young people's construction and negotiation of sexual relationships, and the social contexts in which they engage in high-risk sexual activity.

- *Access to services*

Interviews indicated that young people considered clinical personnel to be more appropriate to meeting their needs than traditional healers. However, cost of services emerged as a major barrier to young people's access to health care.

### Results of the PEER process in Zambia

As a result of PEER, peer evaluator/researchers were able to identify groups who were not being reached by youth friendly services, in particular: young women engaged in commercial sex; out-of-school youth; men who spend time in bars; and bus-drivers and conductors. PERs also identified the need for youth educators to understand more about key issues raised by the research. These included: the nature of commercial sex activity in the compounds; unsafe abortion and treatment of complications of abortion; accessibility of condoms and condom usage; and access to drugs for STI treatment.

PERs also identified potential new programme approaches to reach more vulnerable and marginalised young people in the compounds. One such approach was the use of peer networks to reach young people in locations where high-risk behaviours take place, such as in bars, nightclubs and around mini-bus stops. As a result of PEER the peer evaluator/researchers developed their own proposals to continue the PALS project in their compounds.

## Case study 2: Using PEER with sex workers and their clients to inform programme design with Population Services International in Cambodia and Myanmar

### The Use of PEER

In Cambodia PEER has been used to gain an in-depth understanding of the sexual partners and clients of informal sex-workers. Ten beer promotion women and karaoke waitresses were trained as PERs. Students were identified by Population Services International (PSI) as a client group of informal sex-workers, of whom PSI required more understanding. Ten students were trained as a second group of PERs.

In Myanmar 15 sex-workers and 14 students (clients of sex-workers) were trained as PERs. Each group of PERs was given a three-day participatory training. During the training, both groups of PERs identified the main areas in which they would carry out in-depth interviews among their peers and developed the appropriate interview prompts. The training was carried out jointly with staff from the PSI Research and Behaviour Change Communication Departments. During data collection, staff from the Research Department supervised the PERs on a weekly basis. Each of the sex-workers carried out four conversational interviews with three to four peers each, producing 220 interview narratives. Students carried out three conversational interviews with four to five peers each, with a total of 120 interview narratives generated.

### Findings

PEER produced in-depth data on the following issues:

#### Sex-Workers

- *Social organisation of sex-work and informal sex-work*

In Myanmar the interviews revealed a highly diverse social-organisation of sex work, based upon a complex set of relationships with pimps, police and brokers. In Cambodia the research revealed detailed data on the nature of informal sex-work. The majority of waitresses and beer promotion women live in financially precarious and socially vulnerable situations, supplementing their income with regular and irregular clients who pay them for sex.

- *Power structures*

In Myanmar the data revealed that the relationship with the police is central to the social organisation of sex-work. Pimps are perceived by sex-workers as both exercising control over them as well as affording them a certain degree of protection from police harassment. Freelance sex-workers

exercise more independence, but are most vulnerable to police harassment.

- *Categorisation of client and non-client partners*

In Myanmar the data revealed different profiles of clients in clubs, brothels and streets, as well as different classifications of non-client partners. Sex-workers classified clients as 'clean' or 'unclean' based upon social status, wealth, physical appearance and behaviour towards the sex-worker. A clean (good) client is perceived as low-risk of HIV infection whereas an 'unclean' client is perceived as high-risk. In Cambodia the data revealed different classifications of client and non-client sexual partners. The research revealed detailed data on patterns of sexual behaviour with 'sweethearts' who are classified as non-client, love relationships.

- *Condom use*

The data in Myanmar and Cambodia produced detailed information on patterns of condom use with clients and non-clients, condom negotiation strategies used by sex-workers and informal sex-workers, and information on perceptions of cost and condom preferences.

- *Health and health-seeking behaviour*

Data were produced on classifications of health problems and health seeking behaviour. In Myanmar the predominant concern of sex-workers was a set of symptoms referred to as 'cancer of the uterus', similar to symptoms of STIs which were described in all the narratives. Treatment options were shown to begin with self-treatment, with clinical services being sought only once self-treatment has failed.

#### Students

- *Social networks and peer groups*

In Myanmar peer groups are central to the organisation of social life and decision-making among students, and narratives produced detailed information on formation of peer groups.

- *Risk behaviours and risk perception*

Interview narratives revealed detailed data on student's classifications of risk behaviours. In Myanmar alcohol and gambling are identified as the main risk behaviours in the student's narratives. None of the narratives identified having sex without a condom (except with a sex-worker) as a risk behaviour. In Myanmar narratives indicate that risk perception among students is closely linked to whether a partner is defined as being a sex-worker and perceived as being 'clean' or 'unclean'. In both Myanmar and

Cambodia, risk perception related to HIV is only expressed in terms of risk to the students themselves becoming infected.

- *Sexual behaviour and classifications of sexual partners*

In Myanmar data revealed detailed information on sexual networking and students' classifications of sexual partners as either girlfriends, casual partners or sex-workers. In Cambodia students who are sexually active also speak about having multiple partners. These include paid partners (largely brothel-based sex workers and karaoke women); *Srey Kalip* – a derogatory term meaning modern women; *Srey Sneih* – a term used to denote a sexual relationship involving some affection; *Songsar* (sweethearts) which are highly affectionate relationships. A key finding of the research in Cambodia was the practice of *Baowk* (gang rape), which appears to be widespread among the students, generally with sex workers or casual partners. "*Baowk*" usually involves verbal abuse, and sometimes also physical violence, to coerce the women into having sex with all the men. The research has generated ongoing debate in Cambodia about the issue of sexual violence.

- *Health and health seeking behaviour*

Data revealed detailed classifications of illnesses and patterns of health seeking behaviour. In Myanmar the most commonly feared illness was Hepatitis B, which was perceived to be more prevalent among students than HIV. STIs (known as broken) are considered shameful and a cause for great concern. Narratives revealed barriers to accessing services, and a major recommendation from students was for confidential clinical services for treatment of STIs to be made available to them.

## **Results of the PEER process in Cambodia and Myanmar**

PSI used PEER in Cambodia to design a social marketing campaign to address condom use with those partners classified as low-risk, in particular 'sweethearts'. PSI/Myanmar used PEER results to inform current programming initiatives. PEER has facilitated a process in which PSI staff have begun to build closer relations with sex-workers and actively engage them in design, implementation and monitoring of programmes.

Sex-workers were highly motivated throughout the entire process. The process revealed that non-literate PERs were able to conduct extremely probing interviews, and to recall interview narratives in detail during supervision sessions. PERs indicated that the most important aspect of conducting the research was that they developed a relationship of mutual trust and respect with PSI

staff, and that they were treated as equals throughout. During the final workshop in Myanmar sex-worker PERs identified the following key motivating factors in carrying out their work as peer researchers:

*"We feel happy because PSI genuinely want to know about our lives. As a result we are happy to talk openly. We don't have any expectations. For example, we don't think money is the main reason for doing this work. We emphasise that we want this research to be successful. The research staff had good intentions towards us and so we are willing to work hard"*.

*"We feel we can talk freely. We talked openly about how we felt when comparing different parts of our work. Doing this research we felt happy and free. We are glad we had a chance to talk about our peer's happiness and also their tribulations in the sex industry"*.

## **Case Study 3:**

### **Adapting PEER to understand key issues in pregnancy and childbirth in rural Nepal for the DFID funded Options' Nepal Safer Motherhood Programme**

#### **The context**

Key Informant Monitoring (KIM) is an adaptation of PEER, for use in the specific context of rural Nepal. KIM is being used by Options in the DFID funded Nepal Safer Motherhood Project (NSMP) as a monitoring tool, to gain an in-depth understanding of how women of childbearing age perceive wider changes in the social context in which pregnancy and childbirth are experienced. KIM is also being used to monitor progress towards creating an enabling environment, from the perspective of these women. Key issues being monitored through the use of KIM are:

- Barriers to emergency obstetric care 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).

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.

#### **How was PEER adapted?**

This context has significant implications for the way in which PEER 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.

- Constraints on women's social and geographical mobility in rural Nepal mean there are no clearly developed peer groups in the sense described in the Zambia and Cambodia cases. However, KIM has adhered to the principle of training women as Key Informants Researchers (KIRs) to interview other women of similar age and social class/caste/ethnicity as much as possible.
- 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 all PEER) is viewed as a valid and important source of data.
- KIM is built on partnerships with local NGOs and other community-based structures.

#### **Results of using KIM in Nepal**

KIM has been used to make a social appraisal of the current situation facing women of childbearing age, and to monitor changes in women's perceptions of access to and quality of services. Themes explored in the interview narratives include: 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; perceptions of specific changes in the availability, acceptability, affordability and effectiveness of care; and perceptions of relationships with husband, mother-in-law, and of wider social pressures and practices. One of the key aspects of KIM has been its importance as an advocacy and social change tool. Local NGOs have facilitated meetings between KIRs and Village Development Committees (VDCs) on findings and recommendations of the research. The dialogue generated through this process has facilitated changes being made to improve quality of service delivery.