Options

Triangulating MDRs in conflict-affected settings: the value of Participatory Ethnographic Evaluation Research (PEER)

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Triangulating MDRs in conflict-affected settings

- Very high maternal and child mortality rates
- Poor access to services
- Low levels of institutional delivery rates
- Low levels of trust between the ‘community’ and government provided services

Addressing the causes of maternal mortality

- MDRs generate insights on causes of facility-based maternal deaths
- Socio-economic status is a determinant of facility-based delivery
- Need for evidence on causes of maternal mortality in under-served populations *with a view to* improving service uptake and use

Gathering Evidence

- Most available methods (e.g. surveys, improved surveillance (verbal autopsies)) labour intensive
- May not be practical in conflict affected settings
- Urgency to find user-led solutions and design

Additional limitations

- Lack of trust between ‘researchers’ and ‘researched’
- Chaotic environments
- Competition with other agencies
- Power differences

The setting – South Sudan

- Study conducted jointly by Options and Dr Khalifa Musharraf (University of Limerick)
- 50 years of war, instability and conflict
- MMR – 2,037 per 100,000 live births
- IMR – 102 per 100,000 live births
- ANC – 23% of women
- Skilled birth attendance – 10%

PEER method

- Uses ethnographic principles to understand lived experiences, decision-making and power dynamics within households
- Designed to be rapid and generate insights for social change programmes (policy, advocacy and communications)

PEER process

PEER recruitment
- Between 14-16 PEER researchers recruited
- Purposive sampling

PEER training
- Basic interviewing skills, ethics and ensuring safety
- Development of research questions (3 themes)

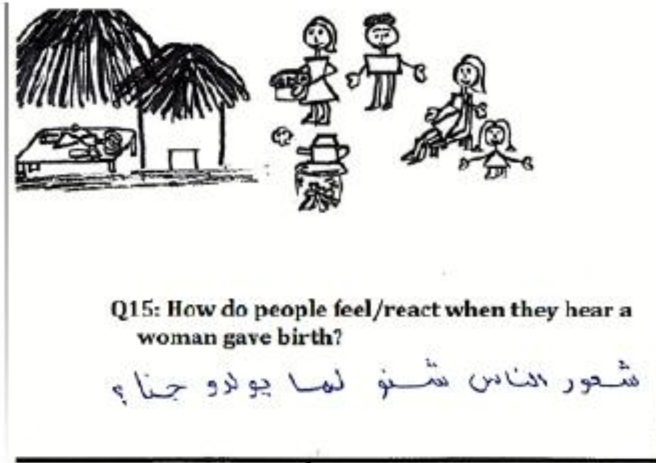
Data collection
- Each PR interviews 2-3 friends
- 3 interviews
- De-briefs after each interview

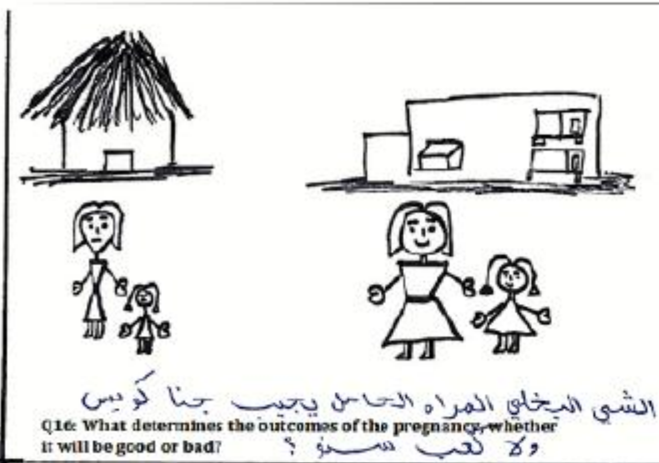
Data analysis
- Final workshop: data validation, participatory co-design, further areas of work

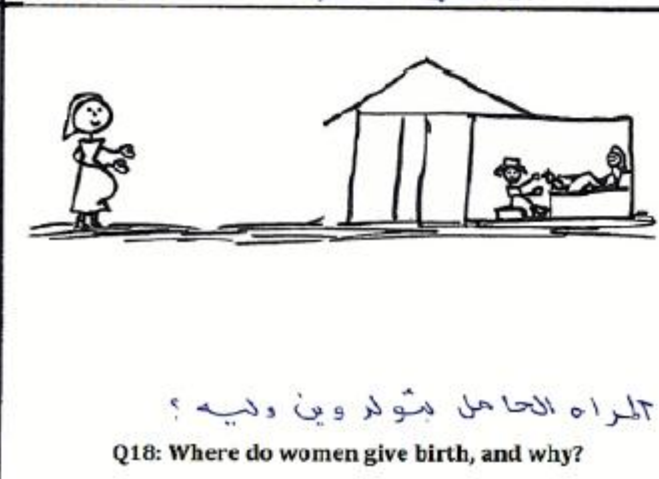
Advantages of PEER in conflict affected settings

- PEER uses pre-existing networks of trust between friends
- 3rd person interview techniques (asking "what do other people say/do about something"?)
- Confidentiality
- Discussing sensitive topics

Advantages of PEER







Research Results

- In times of conflict, there are strong pressures to maintain high fertility

> *In the war, lots of men died. Some families have completely disappeared because of the war in the south. That is why men now marry four wives who could all get pregnant in the same year and he can have four new babies in 1 year. (R7)*

- Clan lineage, replace losses due to war, secure livelihoods

Barriers to maternal health care

Pictogram to accompany message 'We should reduce heavy work for pregnant women'

Story generated by IPHE participants to be used in health promotion

Once upon a time, there was a 20 year old pregnant lady called Khamysa. She lived with her husband and did not have anyone to assist her with her daily chores. The married couple had daily quarrels, which often resulted in him beating her. Her husband refused to give Khamysa money to go to the antenatal clinic for follow-up care or to eat well. Eventually she had an obstructed labour and passed away from complications. Her baby was not healthy.

- Apathy towards high maternal mortality rates
- High rates of domestic violence
- Use of traditional resources (e.g. TBAs)

Conclusions

- Community-led health education campaigns addressing the causes of maternal mortality
- Work with policy-makers to translate research findings into recommendations and further action

Conclusions – PEER

- Rapid insights generated at low cost (2-3 weeks)
- ‘Empowered women’ involved in discussions of culturally-appropriate solutions
- Addressing gaps in care and ‘sensitive’ issues
- Policy recommendations for delivery of care

Further information

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