

MILLENNIUM VILLAGES PROJECT

OSI/ODI REVIEW OF POLITICAL SUSTAINABILITY

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INCEPTION REPORT

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Acronyms

CHW	Community Health Worker
DAC	Development Assistance Committee
EI	Earth Institute
ICT	Information Communication Technology
FGD	Focus Group Discussion
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MCI	Millennium Cities Initiative
MDG	Millennium Development Goals
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoF	Ministry of Finance
MP	Millennium Promise
MTEF	Medium Term Expenditure Framework
MV	Millennium Villages
MVP	Millennium Villages Project
NGO	Non-governmental Organization
ODA	Official Development Assistance
ODI	Overseas Development Institute
OSI	Open Society Institute
UN	United Nations
UNDP	United Nations Development Program
VHW	Village Health Worker

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1 Introduction and Overview

As the Millennium Village Project (MVP) will soon enter its third year of operations, the Overseas Development Institute (ODI) has been commissioned by the Open Society Institute (OSI) to conduct a formative review of the initiative. This document sets out the nature, objectives, and methods of the proposed review which will focus on the scalability and sustainability of the MVP endeavours for the duration of and beyond its five year initial period (2006 – 2011; Clusters in the ten MVP countries were launched between March and September 2006).

The report has been developed through a collaborative process involving researchers from ODI, staff from the OSI and MVP, as well researchers from the four countries. A broad approach to the review was developed by ODI and discussed with OSI and MVP. A refined approach was presented, discussed and modified at an inception meeting of researchers. This document is the product of those and subsequent discussions.

The report is structured as follows. It begins by setting out the aims and objectives of the review which is followed by background information on the MVP. The next section presents the conceptual framework of the review which includes a discussion of each of the core review areas (ownership, alignment, linkages, scaling-up, and sustainability) and introduces the types of research questions posed. The design of the review is then presented and the rationale for country and sector selection is set out and the research team is introduced. A lengthy section on methods follows which includes short sub-sections on the range of data collection approaches, ethical considerations, quality assurance and the plan of activities. Question guides for the health and agricultural sectors, or cross-cutting issues related to institutions, processes and community development, and for MVP Coordinators are found in the Annexes along with a list of stakeholders identified as possible informants.

2 Aims and Objectives of the Review

The Open Society Institute seeks to ensure the success of the Millennium Villages Project. The OSI hopes that this review will provide a narrative of what a scaled-up and sustainable MVP would look like. Consequently, the broad objectives of this review are: (i) to identify and assess the challenges and strengths of the MVP integrated package of interventions to achieve political, organisational and financial sustainability beyond the life of external project support; and (ii) acquire a clear understanding of those factors that would enhance the prospects of sustainability and scalability.

We envisage this review to be strategic for OSI at the mid-term point of its engagement with the MVP, constructive for the MVP as it reflects on successes achieved and challenges ahead, and informative for the wider development community engaged in understanding, promoting or financing similar development initiatives.

This review is expected to inform and generate lessons for the further elaboration of the MVP approach to sustainability and its potential for being scaled-up. It proposes to do so by identifying, where appropriate, recommendations to reinforce the likelihood of the sustainability, replicability and scaling-up of the proposed package of interventions.

The review's focus on aspects of political, organisational and financial sustainability also aims to assess whether and how the MVP interventions (both those implemented and those planned) can be sustained and scaled-up by African governments, donor partners (in the public, private, and NGO sectors) and local communities. In so doing, it will attempt to identify the challenges and opportunities that stakeholders will face to sustain, replicate and scale-up the interventions locally and regionally with the available budgets (and those expected if aid to Africa increases as promised by leaders at the G8 meeting in Gleneagles in 2006), technical expertise, capacity, and political environments.

The review also aims at assessing how institutions and organisational arrangements at village / community level and those governing relations between villages / communities and higher administrative levels, could be strengthened in order to allow sustainable absorption of increased resource flows towards achieving the MDGs.

The review assesses the initiative along three dimensions:

1. What the MVP planned to do and how it planned to do so¹, *specifically in two tracer sectors (Agriculture and Health), but also in relation to organisational and institutional development;*
2. What the MVP does in practice;
3. What the MVP could do differently to improve prospects of sustainability and scaling-up.

The review team is aware of the fact that major project implementation activities commenced around July 2006 (but at different times in different countries) and that activities will further evolve and be adjusted to national and international policy developments.

The review of the MVP is a challenging undertaking given the very nature of the MVP, which is defined by its designers to be more of a *network initiative* rather than a *project with clearly defined boundaries per se*, characterised by a constant evolution of its processes in the context of dynamic national and international (development) policy environments, and co-learning among its stakeholders. The review team will as much as possible consider this when interpreting findings.

3 Background on the Millennium Villages Project

The nature of the Millennium Villages Project (MVP) is that of an integrated package of practical interventions carried out at the village level and across different sectors of the economy. The motivating objective of the project is – to know “what success looks like” in a constructive attempt to break the global policy inertia.²

The MVP is an initiative developed by a team of scientists led by Jeffrey Sachs at the Earth Institute at Columbia University as a follow-up to the UN Millennium Project³ of 2002 – 2006, a project commissioned by Kofi Annan. The MVP aims to assist rural

¹ As set out in design documents, reports, and so-called 'pathways' documents for different sectors, among others, 5 year targets, outcomes and outputs and related indicators and activities

² Earth Institute's Millennium Development Goals Team (2007) "*Millennium Villages: Concepts, Sustainability, and Scalability*"

³ See <http://www.unmillenniumproject.org/>

African communities lift themselves out of extreme poverty and achieve the MDGs. The model supports an integrated package of interventions at the village level. The package comprises interventions previously demonstrated to be cost-effective in the agriculture and environment, health and nutrition, infrastructure, energy, communications, and education and training sectors. These interventions are being piloted in villages, or conglomerates of villages in 10 countries – Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, Rwanda, Senegal, Tanzania and Uganda – covering the principal agro-ecological zones and farming systems of Africa and presently reaching a population of approximately 400,000 persons.⁴ The cost of the package is estimated at US\$ 110 per person per year, for at least a five year period.

In March 2004, the MVP was conceived as a “proof of concept” for broad based, community-led development strategies aimed at overcoming the poverty trap in rural Africa. It intends to demonstrate that the MDGs can be achieved by 2015 at the village-level in rural Africa by applying the United Nations Millennium Project’s recommended interventions, through the provision of commodities and services (although not cash). The founding principles⁵ of the MVP interventions are:

- Science- and evidence-based, implementing technologies and practices that have already been proven;
- Community-based, with a participatory approach to planning, implementation, and monitoring that contextualises the specific set of interventions for each village;
- Enhanced by local capacity development in technical, managerial, and participatory skills;
- Based on multi-sectoral and integrated interventions;
- Geared toward gender equality and environmental sustainability;
- Linked to district, national, and global strategies;
- Supported by partnerships with other development groups;
- Cost-shared by the community, government, and donors; and
- Supported by increased national-scale financing of public goods in line with increases in official development assistance (ODA) made available to African governments.

Overall, the MVP applies a multi-layered, multi-sectoral and integrated approach, which it is attempting to link to district, national and global strategies. It is to be viewed more as a network initiative than a circumscribed project. Formally, the MVP includes three core partners: the Earth Institute (EI), Millennium Promise (MP), and UNDP. In practice the initiative interfaces with the policy and programme activities of a variety of government ministries at different levels, UN Country Teams, UNDP Country Offices, UN Headquarters, scientific communities, and a growing number of non-governmental organizations (NGOs). It also interfaces directly with high-level global policy discussions in which many MVP network members are involved and seeks to explore connections between sectors, countries, and administrative levels. The MVP designers see this as a co-learning experiment and will adjust the initiative’s strategies and activities to changing policy circumstances and opportunities (e.g., the potential launch of a new international financing mechanism for agriculture).

Despite the development of a set of generic intervention to be localised for each geographic site which are normally implemented in the first phase (within 12 – 18 months after project start), the project is not described by its designers as a blueprint.

⁴ Pilots are also underway in other countries, for example, in Cambodia and Mozambique.

⁵ Further elaboration is provided in Sanchez et al. (2007) *The African Millennium Villages*. PNAS Vol. 104, No. 43, pp 16775–16780. The National Academy of Sciences of the USA.

They rather consider it as a demonstration to generate the evidence that the integrated nature of the interventions can help villages and communities to transcend the poverty trap and achieve the MDGs. Development obstacles addressed include

1. Increased food production (by providing subsidised improved seeds of high-yielding crop varieties or hybrids, the necessary amount of mineral and organic fertilisers, training on best agronomic practices to eliminate hunger months and generate crop surpluses, etc.);
2. Malaria control (by distributing long-lasting insecticide-impregnated bed-nets for all sleeping sites, preceded by training and followed by monitoring of use, combined with access to anti-malaria medicines, professional CHW who can diagnose and treat malaria, etc.);
3. Functional clinic at village level (staffed by medical or clinical officers, nurses and nurse midwives, linked with outreach community health workers – all under the umbrella of the Ministry of Health, provide basic services for infectious diseases, nutritional deficiencies, antenatal care, and child births attended by skilled attendants, etc.);
4. Safe drinking water (water points constructed with the eventual aim of granting access within a 1km radius to each household);
5. Capacity development at community level (to empower villagers to manage their own development more effectively and to enhance sustainability of interventions, etc.).

Additional objectives (and related interventions) include:

- More robust and diversified agriculture (nitrogen-fixing trees, organic manure, crop rotation, soil conservation, livestock, aquaculture, small-scale water management, improved crop storage, crop insurance, etc.);
- Expanded health system (indoor residual spraying, family planning, micronutrient supplements for vulnerable groups, decentralised treatment and prevention of HIV/AIDS and tuberculosis, close to client care services via outreach services, improvements of the nearby referral hospital, etc.);
- Functioning primary school (universal enrolment, adequate buildings, teachers, materials, separate latrines for girls and boys, drinking water, nutritious midday meal from locally produced food, etc.);
- Improved clean water, sanitation and personal hygiene (sufficient water for domestic use, pit latrines at home, sanitary napkins for adolescent girls, etc.);
- Infrastructure (upgrading local roads and improving access roads, connecting to the electrical grid, internet access, transportation to market, etc.);
- Expanded link with government and other development partners (steering groups to coordinate local and district-level activities, planning and cost-sharing, etc.);
- Commercial farming and business development (diversifying farm enterprises towards high-value products, linking producer groups to markets, enterprise development, micro-finance, micro-enterprise institutions, etc.); and
- Environmental rehabilitation (increasing tree coverage, soil conservation, agro-biodiversity, carbon sequestration, etc.).

The MV project started in 2004 in Sauri, Kenya, and continued in 2005 with the establishment of a second MV in Koraro, Ethiopia. The full-scale effort got off the ground in mid-2006. The activities outlined above have been rolling out over time, with certain activities in the agricultural (e.g. fertiliser distribution) and health sectors (e.g. bed-net distribution) initiated at the outset, while others (such as the consolidation of access to basic health services) following at mid-course. A third set of activities is still to be launched (e.g. irrigation, crop diversification, etc.).

In each country, the MVP is headed by a Team Leader, either the Cluster Manager or the Scientific Coordinator. Ideally⁶, the following coordinators are engaged in each cluster responsible for:

- Community development
- Agriculture/Environment
- Health
- Infrastructure: water, energy, transport, ICT
- Education
- Rural Enterprise
- Gender

The MV teams are usually based in the nearest town to the MV (e.g. at the division or sub-division level in Kenya, at the Wereda level in Ethiopia, at the parish level in Uganda) and where possible within 1 hour travelling time from the MV.

The coordinators are supported by field facilitators based in the villages who are the counterparts to the coordinators. In the health sector, for example, there are Community Health Workers (CHW) and Village Health Workers (VHW) currently undergoing training.⁷ CHW and VHW visit households in the villages and are trained, supported and monitored by the Health Coordinator as well as other members of the MVP team. In the agricultural sector the counterparts are the agricultural extension agents. In some sites, when there are not sufficient field facilitators in place (i.e., one per village or about 5,000 inhabitants), the MVP funds additional staff.

The MV team is usually represented on “district” development committee meetings, and sectoral leaders (coordinators) plan their activities as far as possible with local level officials. Stakeholder roundtables are organised where NGOs, intergovernmental organizations, UN agencies and others are present.

The set of MV investments is estimated to cost US\$110 per person per year, for a five year period. Of this, US\$ 50 is donor money channelled through the Millennium Promise (or the UNDP), whereas local and national governments contribute US\$30, partner organisations (e.g. NGOs, private corporations, etc.) contribute US \$20, and villagers US\$ 10.

The UN Millennium Project recommended the following distribution of investments for rural African Villages which also guide resource allocation in the MV: 30% health, 20% infrastructure (energy, transport, communications), 20% education, 15% agriculture and nutrition, and 15% water, sanitation and environment.⁸

⁶ In some of the clusters, not all coordinators are in place, partly as a function of the practical reality of launching a major effort across ten countries. Due to budgetary constraints, for example, only 6 sites have a gender coordinator. In some sites, community coordinators have started work later than other coordinators, which has implications for the amount of work completed in this field. Due to budgetary constraints; gender coordinators/facilitators are only in 6 sites thus far. It is also important to note that the community coordinators were typically in place for less time than other coordinators: in Malawi Aug 07; Ethiopia about 16 months; Ghana about 18 months; Uganda almost from the beginning – this has affected the ability of the teams to work on the community empowerment, ownership and institutional issues.

⁷ In some sites the distinction between CHW and VHW is not made in practice.

⁸ Sanchez et al. (2007) The African Millennium Villages. PNAS Vol. 104, No. 43, pp 16775–16780. The National Academy of Sciences of the USA

The project has devoted considerable attention and energy to the challenges of scaling-up and ensuring sustainability. Some of the thinking is to be found in a concept note on the topic⁹ which is to be updated in Spring of 2008 as well as in the various hand books developed for the implementation of the project.

According to the project's designers, "sustainability within the Millennium Village Project has one precise meaning: When the five-year MV funding stops as of 2012, the MVs should be able to continue their economic progress without a loss of momentum, a drop in living standards, or a decline in social services."¹⁰ It is further stated that "the organisational side of this definition implies that that community and local governance and service delivery mechanisms are functioning smoothly and reliably as of 2012, coordinated as appropriate with national policy and administrative processes. On the financial side, this definition of sustainability does not mean that the villages will be self sufficient economically, nor (still less) that social services within the MVs such as health and education should be self financing. The MVs and the social sectors certainly will not be self sufficient in this sense for the foreseeable future."

Of central importance for these statements to hold are the underlying assumptions made by the MVP: (a) aid to Africa will double (from US\$ 25 billion in 2004 to US\$ 50 billion in 2010); (b) a considerable proportion of the additional aid provided would flow to similar activities as proposed by the MVP; (c) governments are willing and able to (re)allocate funding in a manner which corresponds to the allocation foreseen in the MVP approach; and (d) the wide range of stakeholders who will be affected by the initiative or its scaling-up (or have some role in so doing) will be neutral or supportive in their positions towards it.

4 Review Conceptual Framework

The Organization for Economic Cooperation and Development, Development Assistance Committee (OECD DAC) Evaluation Quality Standards (2006)¹¹ proposes the application of five criteria to the evaluation of development assistance: relevance; effectiveness; efficiency; impact (intended and unintended); and sustainability. The review will draw on these criteria, placing particular emphasis on the interests of the review sponsors while also giving consideration to those of the designers¹² of the MVP project, not least of which is the challenge of accurately capturing this complex set of integrated policy interventions.

⁹ Earth Institute's Millennium Development Goals Team (2007) "*Millennium Villages: Concepts, Sustainability, and Scalability*".

¹⁰ Earth Institute's Millennium Development Goals Team (2007) "*Millennium Villages: Concepts, Sustainability, and Scalability*".

¹¹

siteresources.worldbank.org/EXTGLOREGPARPRO/Resources/DACEvaluationQualityStandards.pdf

¹² Earth Institute staff suggested, in a note of a meeting held between OSI, MP, EI and ODI, five overarching questions to guide this review in supporting the MVP, namely: How do the MVP's early lessons (1) inform efforts to make aid finance more effective; (2) inform the structure and operational approach of international aid agencies; (3) help to make decentralisation and localisation agenda more effective and sustainable in African countries; (4) inform the organisation of community-based development structures; and (5) what kinds of institutions are best for linking rural communities to broader markets.

For the purpose of this review, some of the criteria of the DAC standards – particularly effectiveness and efficiency – are less relevant than others. There is little doubt that, under a range of conditions, the MVP interventions will be both effective and efficient, and will contribute to reach the MDG's in the selected villages. For example, the application of fertiliser will increase agricultural yields, the provision of school meals will improve school attendance and child nutritional outcomes, and the provision of long-lasting insecticide treated bed-nets to families will reduce the incidence of malaria – and do so on in a manner which is cost-effective. The MVP has developed an elaborate monitoring and evaluation (M&E) framework¹³ with a series of sector-specific casual pathways and has collected base-line data upon which to subsequently undertake rigorous analysis of the effectiveness, efficiency, and impact of the set of MVP interventions. An evaluation along those lines is beyond the scope and outside the terms of reference of this review.

Three of the DAC criteria are directly relevant to the review: impact; relevance; and sustainability. The manner in which the review team employs these and other concepts is elaborated below. In particular, the review is interested in exploring the impact of the MVP, currently and once taken to scale, on domestic institutions, from the village to national government level (including on local ownership of development planning, the inclusion of the poor in development efforts, the allocation of domestic and external resources, etc.). In part, this impact is likely to be reflected in how the MVP engages or aims to engage with relevant institutions.

The review is also interested in ascertaining the extent to which the interventions prioritised by the MVP (and the corresponding budgetary allocations) are considered relevant to the receiving communities, district and national planners and policy makers, the private sector, and international donors – as evidenced by their willingness to assume ownership of the initiative, sustain the interventions, and to take them to scale, once the financing for the first phase of MVP comes to an end.

In an effort to further operationalise and apply the relevant DAC evaluation criteria to the specific purposes of the present MVP review, we propose to focus on the following core concepts: (1) ownership; (2) alignment; (3) linkages; and for each of the foregoing consider the implications for (4) sustainability and (5) scaling-up. Each of these factors relates to the political sustainability of the MVP as conceptualised as who stands to gain and how stands to lose from the widespread scaling-up of MVP type of interventions.

These core concepts, like most social science constructs, are not to be taken as wholly independent or mutually exclusive. It is likely that greater alignment will engender greater ownership – for if the programmed activities are relevant to the priority of national stakeholders it is more likely that they will own them as well. Moreover, as illustrated in the discussion below, there are several areas where issues of local ownership overlap with objectives and challenges for scaling-up this development model. Similarly, extending and scaling-up the range of interventions initiated by the MVP interconnects with the determinants of the financial and political sustainability beyond 2011, when phase one of external support for activities is due to cease. A central challenge of the review' methodology will be to consider the interactions among these five core concepts.

¹³ The MVP M&E framework will also be a subject of this review – particularly as it relates to the five core review criteria.

A further challenge is to apply the concepts in such a manner so as to collect data which not only assesses the MVP as it is currently implemented, but also enables the review team to identify and comment on possible approaches to improve the prospects for sustainability and scaling-up.

In what follows we present a brief discussion of the five concepts. This is further developed by a set of guiding questions which will inform the review. Both the concepts and the research questions were discussed during the inception workshop (which took place on 3-5 March 2008) and have been subsequently reformulated and refined through discussions among the researchers. The Question Guides, one for institutions, processes and community development, and one each for the agriculture and health sectors, can be found in Annexes 4.1 to 4.3. The questions are grouped around the five concepts and they attempt to cover the issues from three angles:

1. What the MVP planned to do (as set out in design documents, reports, and pathways detailing for different sectors, among others, 5 year targets, outcomes and outputs and related indicators and activities)
2. What the MVP does in practice;
3. What the MVP could do differently to ensure sustainability and scaling-up.

4.1 Ownership

The Paris Declaration on Aid Effectiveness defines ownership as: ‘partner countries exercise effective leadership over their development policies and strategies and co-ordinate development actions’. Too much emphasis has been probably placed on government (and central government) leadership within the Paris Principle discourse; but the principles draw attention to the importance of national (broadly and inclusively defined) leadership in developing and implementing national development strategies, medium-term expenditure frameworks and budgets (and at sector levels). Intrinsic to ownership is meaningful participation in development planning. Meaningful participation leads to ownership of development activities and enhances the legitimacy of those leading the processes of decision-making and accountability mechanisms to domestic governance institutions (from the national to the local community levels).

The MVP interventions have been designed to be initially provided and supported through the project, but with a clear plan to promote the gradual transition of their financial, administrative, and operational ownership to different stakeholders engaged in the recipient countries.

To ensure that the transition of ownership is underway it is necessary to look at the steps taken so far by the MVP team to facilitate this transition and the initial responses to them. The concept of ownership spans at least three different levels of engagement and analysis (beneficiary; village institutions; and national).

First, at the village level the review will assess the extent to which community beneficiaries and stakeholders have endorsed the prescriptions and requirements of the MVP activities. In terms of the local reach of the project, ownership is also about inclusion and participation of all social strata in the village population. Considerations of local ownership need to assess whether MVP interventions have reached the most disadvantaged social groups (the youth, women, landless households, the old, the disabled and the chronically ill). Although most MVP activities aim to emphasise universal access, it is crucial to ensure that the most vulnerable groups can benefit in

the long-term from the MVP interventions and be supported, if necessary, by social protection / safety net /risk insurance schemes.

Second, the MVP works – as far as possible – through existing community governance structures, with increasing emphasis over time on strengthening and broadening representation by typically underrepresented groups, including women and youths. Where specific community institutions are not present, the MVP has initiated the formation of these. The review will assess how far existing and newly established community governance structures, responsible for the implementation of MVP activities and the processes through which their members have been selected, are perceived by communities as legitimate – particularly in communities with ethnic divisions. As the life of the project evolves towards its mid-point, it is important to monitor the extent to which MVP cluster managers are coordinating their action plans with the local government administration. The degree of collaboration between the local administration and MVP cluster managers and coordinators – and where existing, MVP committees set up under the project - is critical to ensure the accountability of the former once outside support for the MVP may be reduced at the end of Phase One of the project.

At a third level, national and district level tiers of government, and the respective line ministries and programmes, need to endorse the ownership of the relevant bundle of interventions and related resource allocations in order to take over from the MVP in the provision of specific public services. This would ensure compliance with the intended objective of the MVP to facilitate the process by which these policy interventions become self-sustaining or self-governing. Progress in this area can be measured through a number of indicators related to: (1) the leadership and political support that central and district governments have demonstrated with respect to the project to date; (2) the extent to which government officials at all levels have been actively engaged in developing relevant MVP plans; (3) government's willingness to allocate domestic resources to MVP type activities; and (4) the government's concern that donors and philanthropists support for MVP type activities are reflected in the domestic budget and integrated with public sector fiscal planning processes.

Based on the information gathered by the review team on the three layers of ownership described above, we envisage identifying opportunities and options on *how some project processes currently underway can enhance* the ownership and inclusion impact of the initiative as a whole.

⇒ Please refer to Annex 4.1 – 4.6 for the full set of questions.

4.2 Alignment

The alignment of development cooperation is typically thought to consist of two components: (1) basing external support on country priorities, strategies and plans (and reflecting such support in the budget); and (2) relying on national systems for the management and reporting of external support (e.g., for procurement, budget execution, financial reporting and auditing). In cases where plans are not robust, prioritised or adequately costed in credible budgets, or public financial management constitutes an unacceptable fiduciary risk, the principles of the Paris Declaration on Aid Effectiveness assert that external support will be used to strengthen these through technical support and capacity building so that improved alignment can take place.

The MVP strives to align its activities with the goal of supporting communities to achieve the MDGs. At the community level, this entails focusing project activities on community-specific needs. The designers of the MVP consider some of the national policies – often influenced by shortfalls in international finance and even policy dogma – as not suitable for achieving the MDGs (for example the insufficient support for agricultural inputs, the imposition of user fees for health services, etc.). The designers, consequently, consider non-alignment of some of the MVP activities to existing (national) policies as desirable and necessary in areas where overarching financing constraints and international policy ideology have inhibited countries from implementing more ambitious programs and policies¹⁴. The MVP indicates that issues surrounding alignment should be judged on what national and sub-national programmes *could* involve if countries were to receive the international support needed to implement full-scale practical programmes for achieving the MDGs.

Despite these caveats, the review will focus on issues such as the extent to which MVP activities correspond to national plans and sector strategies and priorities – and importantly – why differences exist and with what implications; the extent to which the MVP concept enhances national development plans and sector strategies – for example, in the prioritisation of cost-effective interventions and programmes; the extent to which financing for MVP activities is on budget and relies on domestic public financial management systems; the extent to which the MVP uses government staff for the implementation of the project; or how lessons learned from MVP activities are brought to the attention of policy-makers and what is done to assure that best practices find their way in to national or sector plans.

⇒ ***Please refer to Annex 4.1 – 4.6 for the full set of questions.***

¹⁴ This has all the obvious implications for national ownership and sustainability, unless national stakeholders endorse and support the idea of using the MVP to pilot different approaches

4.3 Linkages

The diverse set of interventions that are being carried out under the MVP are bound to have intended and unintended cross-over effects at two different levels:

1. Across different sectors within the targeted communities;
2. Across different geographical layers of the intervention areas (for example effects from the initial cluster of villages to peri-urban and urban areas in their immediate geographical vicinity, migration and flows of remittances, etc.).

It is important to identify such linkages and to understand the opportunities as well as the potential challenges they have created.

Some of the intended cross-sectoral linkages which the MVP team has identified include:

- *School meals programs* have been developed in view of facilitating consumption of locally produced goods and to improve student enrolment and retention (linking agriculture & education);
- *The participation of women in managing the higher agricultural income* is intended to contribute to increase women's share of and control over disposable income and to ensure that (at least part) of the increased income is invested back into the household (linking gender & agriculture);
- *The provision of electricity, improved roads, mobile phones, and internet connectivity* aims to contribute to the agricultural sector transformation from sub-subsistence farming to small-scale entrepreneurs (through energy supply for machinery and better access to market information – as well as deliver benefits in terms of electronic medical records, etc) (linking infrastructure, communication & agriculture);
- *The creation of cereal banks, input stores, and financial services* is supposed to help the development of markets and the transition from sub-subsistence to small-scale entrepreneurship (linking agriculture & market development).

These linkages are expected to improve the efficiency and effectiveness of individual investments.

A second set of linkages occurs between different spatial units (horizontal linkages) and between different administrative units (vertical linkages). Important horizontal linkages this review should consider are:

- Assuming that production increases can be maintained at current levels, will farmers find markets to sell their produce?
- If technologies to increase agricultural production spread to wider areas than the Millennium Villages, what might anticipated impacts on agricultural input and output prices be? Has the MVP taken any provisions for the case where increases in supply lead to declining prices?
- What kind of support is provided to strengthening the rural non-farm economy, which has an increasingly important role to play as a source of employment, sourcing agricultural produce and adding value through primary processing, etc?

Vertical linkages concern the following aspects:

- In the sectors considered, although no formal support to capacity development of district line ministries is provided by the MVP, how are links between villages and higher administrative levels strengthened? How are line ministries at

district level supported in view of providing adequate technical backstopping once the MVP support ceases?

- What activities are already undertaken or planned in view of strengthening capacities at district and higher levels to manage larger flows of capital once the project is scaled-up to more than the current villages and clusters without leading to corruption and leakages and wastage?

⇒ **Please refer to Annex 4.1 –4.6 for the full set of questions.**

4.4 Sustainability

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after the first phase of project funding is complete. Conceptually, analysts have distinguished between financial, organisational, technical, environmental, social and political sustainability. According to the designers of the MVP¹⁵, sustainability will be achieved through several means including: (1) boost in agricultural productivity; (2) adoption of commercial agriculture; (3) national and local governments will by 2011 upgrade their own community-level service provision (including an increase of approximately \$15 per capita on health expenditure in the budget¹⁶); (4) official donors will make up part or all of the financing gap (this amounts to \$50/capita which is presently provided by the MVP); (5) MVP will work with local and international NGOs to encourage the continuation of the NGOs' \$20 per capita per year contributions to the MVs; and (6) MVP will aim to continue its own presence as advisors after 2011, though at a much lower or even zero-scale of financial resource flows.

Each of the foregoing assumptions (with the exception of number six) will be reviewed. In particular, the review will look at issues such as:

- price impacts of boosted agricultural food crop production in the MV beyond;
- ability – and willingness - of governments to maintain fertiliser subsidies and provide improved high-yielding seeds;
- ability of Ministries of Finance to increase the health budget by \$15/capita over the period;
- whether or not ministries of health and agriculture will: (1) reallocate resources in conformity with MVP activities (which, for example, might imply significant shifts in the case of health from tertiary to primary care); (2) upgrade community level service infrastructure and personnel to the levels envisioned under the MVP; (3) incentivise their staff to serve in rural areas and undertake the various tasks as outlined in the MVP manuals (e.g., VHW supervision of CHW, etc); and what the major constraints (e.g., lack of trained personnel) are if they do not plan to do so;
- whether or not the MVP seeks to understand the stakeholder politics of who stands to win and lose from sustaining the activities of the MVP;
- whether or not the international community (as perceived by it's country-based representatives) intends to maintain its current level of support to the initiative and increase aid to Africa over the course of five years to 2011 (i.e., to \$75-100/capita and year) and if so, if \$50/capita and year be allocated to MVP-like activities.

¹⁵ Earth Institute's Millennium Development Goals Team (2007) "*Millennium Villages: Concepts, Sustainability, and Scalability*" – page 13-14.

¹⁶ Earth Institute's Millennium Development Goals Team (2007) "*Millennium Villages: Concepts, Sustainability, and Scalability*" – page 13.

- how the MVP supports capacity development at district and higher level to enable backstopping and technical support of community committees and community-level technical government staff (e.g. providing technical backstopping for maintaining water points, supporting agricultural extension agents, training and backstopping for health personnel, continuing education for teachers, etc.); or
- what the views of pre-existing committees at community and district levels are to taking on the tasks of the MVP committees at the end of the project.

⇒ **Please refer to Annex 4.1 – 4.6 for the full set of questions.**

4.5 Scaling-up

Scaling-up the MVP implies understanding how the initial set of interventions can be extended in their geographical and population reach, and what financial commitments will be required by national governments and by the donor community to ensure that at a more aggregate level such interventions will effectively reach the population of a whole country.

The MVP has identified five different scaling-up opportunities/avenues: (1) expansion of Millennium Villages to new countries; (2) expansion of specific village-level interventions to country-wide programmes; (3) launch of new Millennium Village ‘clusters’ in new regions of the countries where the MVPs are already underway; (4) expansion of coverage of existing activities from clusters up to the district level; and (5) expansion of strategic partnerships across existing programmes, integrating MDG complementary activities into initiatives already underway.¹⁷

As part of its scaling-up plans, the MVP has already programmed a set of interventions aiming to increase the reach of activities at the district, regional and national level. Three *types of villages* have been defined accordingly:¹⁸

- MV-1s are villages that include an additional research component to their activities, above and beyond the standard \$1.5 million MV budget over five years. These are mostly financed through the UN Human Security Trust Fund/Government of Japan and through private philanthropists supporting the Earth Institute (examples are Koraro, Ethiopia and Sauri, Kenya).
- MV-2s are the villages in the initiative that are financed through Millennium Promise, and do not include a research component. In most cases the MV-2s are located in “clusters” of between 4 and 10 villages around the MV-1s. Together there are now a total of 80 MV-1s and MV-2s.
- MV-3s are Millennium Villages implemented by third parties. For example, UNDP and the Government of Mozambique have launched a Millennium Village effort. Similarly the Government of Norway has recently announced its support for a Millennium Village effort in Liberia, which will be implemented by UNDP.

A “village” generally refers to a social and budgeting unit of 5,000 people. A “cluster” refers to a group of adjacent villages. A “site” is a general reference to the location of a cluster, and applies equally to a place with one or multiple villages.

¹⁷ www.millenniumvillages.org

¹⁸ Information provided by John McArthur.

The MVP together with the Columbia Program on International Investment and the MDG Support Team in the poverty group of UNDP launched the “African Millennium Cities Initiative” (MCI). The initiative intends to assist, through research and policy analysis, seven mid-sized cities across sub-Saharan Africa, located near Millennium Villages, achieve the MDGs. The project will initially focus on policy analysis impacting foreign direct investment, with a view to creating employment, stimulating domestic enterprise development and fostering economic growth. In addition to foreign investment, the MCI will promote an integrated City Development Strategy. The MCI will draw upon, and strengthen, the MDGs work already underway by adding a focused urban-based component.¹⁹

Depending on the nature of the activity, different pathways to scaling-up can be envisaged. Some of the interventions as piloted by the MVP such as abolition of user fees for health services, mass distribution of bednets, or national support for agricultural inputs can be launched at national level, while others will require a more gradual process.

Box One: Scaling-up challenges

Scaling-up level	Challenges
New countries	Overall funding availability
From village to country-wide programme	Absorptive capacity from macroeconomic point of view Distortions in budgetary allocations to MVP areas of focus (as with MDGs)
MVP in new country regions	Distortion in regional distribution of resources – political sustainability
Coverage of activities to district level	Absorptive capacity at district level: pressure on district management systems (often very weak), staffing requirements and implications on operational costs – managerial and financial sustainability
Partnerships across programmes – MDG complementary activities	Coordination between vertical (sectoral) and horizontal (local level) interventions

A number of factors need to be considered to ensure that the process of scaling-up is carried out successfully. The review will be seeking evidence concerning:

- The political commitment of national and sub-national Governments;
- Concrete objectives and plans of work, with specific targets and timetables;
- Delivery systems that are locally appropriate, but also generalisable for scaling-up (for example, standardised guidelines for Malaria treatment);
- Upgrade of infrastructure (the road, electricity and information technology network), focusing both on quantity and quality, and increased qualified and professional staffing;
- What forms the co-ordination among government, NGOs and community organisations, donors, and the private sector takes;
- Long-term, stable, and predictable commitments of donor finance.

⇒ **Please refer to Annex 4.1 – 4.6 for the full set of questions.**

¹⁹ Earth Institute, Columbia University, under the leadership of Jeffrey D. Sachs, Director, Earth Institute, in cooperation with the Columbia Program on International Investment and the MDG Support Team in the Poverty Group (UNDP) (2007): African Millennium Cities Initiative (MCI).

5 Review Design

In broad terms, the aim of this formative review is to assess whether and how the MVP interventions, both those implemented and those planned, can be sustained and scaled-up by African governments, donor partners (in the public, private, and NGO sectors) and local communities. In so doing, it will attempt to identify the challenges and opportunities that stakeholders will face to sustain, replicate and scale-up the interventions locally and regionally with the available budgets, technical expertise, capacity, and political environments²⁰.

5.1 Countries

The review will be carried out in four countries: Ethiopia; Ghana; Malawi; and Uganda. The choice of countries was made on a number of grounds. First, they cover different regions of the continent as well as four different agro-ecological zones: tree crops (Ghana), highland perennial (Uganda), highland mixed (Ethiopia), and maize mixed (Malawi) presenting a range of contextual variation. Second, they show mixed results in relation to MVP progress hinting at different challenges and opportunities ahead. The limited number and the distinct and heterogeneous sample of countries suggests a certain degree of caution in learning lessons from one country and transferring them to another and in distilling those lessons that have the potential to be valid at a more general level compared to those messages that are very location-specific.

5.2 Sectors

The project will pay special attention to the agricultural and health sectors without losing sight of the multi-sectoral design of the initiative. Agriculture and health were selected as representing productive and social sectors respectively and it was assumed that opportunities in relation to scaling-up and sustainability are markedly different in these different spheres.

As the MVP invests considerable energy in supporting community participation and in supporting and strengthening community leaders and organisations in view of management, governance and leadership capacities, an additional focus will be placed on these activities and processes at the village level.²¹ Whenever possible, current and planned activities focused on capacity development, institutional development and the processes of participatory development planning and implementation from the village to the national level will also be considered.

²⁰ The researchers initially considered including Kenya in the analysis, but given the prevailing context, thought that it may not be fruitful – but the case does throw up the question of sustainability of MVP in such contexts.

²¹ Institutional strengthening is slated for year three and beyond in the project once appropriate institutions are identified. Nonetheless, we will look at those institutions with which the MVP has chosen to work and those which might be considered essential to sustained development (e.g., District councils, Village Committees, etc).

5.3 Team

A research team has been assembled with a range of backgrounds, skills, and expertise – covering development in general and the two tracer sectors more specifically, the various country contexts as well as a mix of disciplines and methodological approaches. The core team comprises two senior national researchers for each country, and three ODI researchers (see below for team composition). Ongoing interaction with those responsible for the design and implementation of the MVP is planned so as to ensure the review is both credible and forward-looking. Howard White, director of the newly founded International Initiative for Impact Evaluation or 3IE ("Triple I E") will be appointed to review the methods, results and interpretation arising from the review.

Amdissa Teshome (MSc, PhD Agriculture Economics). A-Z Consult. Amdissa Teshome began his career with the Ministry of Agriculture as Project Planning Officer. He currently runs a consultancy firm in Addis Ababa and works in rural development, food security, and disaster management. He has hands on experience in facilitating policy dialogue at various levels of government.

Blessings Chinsinga (PhD Development Studies). University of Malawi. Blessings Chinsinga is a specialist in Development Studies based at the Department of Political and Administrative Studies, Chancellor College, University of Malawi with interests in Public Policy Analysis, Institutions and Development, Local Governance and Rural Livelihoods. He has experience with the evaluation of the input subsidy programmes and is a member of the Future Agriculture Consortium and of the Institutions for Pro-Poor Growth (IPPG) research network.

Dick Sserunkuuma (MSc, PhD Agriculture Economics). Dick Sserunkuuma currently holds a position as a Senior Lecturer, Department of Agricultural Economics, Makerere University, Uganda. Research interests include agricultural technologies, agricultural and environmental policy, poverty and food security.

Eva Ludi (MSc, PhD Geo). ODI. Eva Ludi is a geographer with expertise in natural resource management, rural development, environmental conflicts and agro-commodities. She has long-term expertise in research collaboration on these topics especially in Ethiopia, but also in Eritrea, Tanzania, Kenya, Tajikistan, and Kyrgyzstan.

Hailom Banteyerga (PhD, Prof). Miz-Hasab Research Centre. Hailom Banteyerga is the principal investigator for the System Wide Effect of the Global Fund for HIV/AIDS, TB and Malaria and other donor funds in Ethiopia and is a member of the Global HIV/AIDS Initiative Network. He also holds the rank of Associate Professor of Education at Addis Ababa University.

Kent Buse MSc (Econ), PhD (Policy analysis). ODI. Kent Buse is a political-economist with expertise in the health sector. He has researched and advised on policy analysis, aid management, public-private partnerships, politics of health sector reform (in Bangladesh, Tanzania and Uganda), and global health governance.

Marcella Vigneri MSc, DPhil (Econ). ODI. Marcella Vigneri is a development economist with expertise in rural surveys to analyse production and productivity issues, food security and malnutrition determinants. Her country experience is in Sub-Saharan Africa (Ghana, Tanzania, and Malawi). Marcella is currently developing a program of research on the operation of markets in rural development.

Martha Kwataine (BSc Agric, MA Econ). Malawi Health Equity Network. Martha Kwataine is an economist with a specialisation in policy analysis. She has expertise in economic governance. Her research has focused on the health sector, on training, and in carrying out needs assessment surveys, research on health issues such as access to ART, and service delivery satisfaction surveys.

Sam Adjei (MSc Epidemiology and Disease Control). Ghana Health Service. Sam Adjei is currently the Chief Consultant of the Ghana Health Service. He is a public health physician with considerable experience in health reforms, policy development and research. He has worked at the district, regional and national level as well as the international level. He is widely published.

Samuel Asuming-Brempong (MSc, PhD Agriculture Economics). University of Ghana, Legon. Samuel Asuming-Brempong holds a Senior Lecturer position at the Department of Agricultural Economics and Agribusiness, University of Ghana.

Suzie Nansozi (PhD Political Science). Makerere University. Suzie Nansozi holds a Senior Lecturer position in the Department of Political Science and Public Administration, Makerere University, Uganda. Her research interest and consultancy experience are focused on local governance and social sector reforms.

5.4 Review Methods for data collection, analysis and sharing

The review will focus on two main methods for data collection in the countries considered:

Document analysis

A number of national level policy documents will be considered for this review to provide information on the development pathway of the countries and sectors considered. These national-level policy documents also describe how the countries involved propose to achieve the Millennium Development Goals. A comparison of national priorities and plans with the MVP activities and processes will enable the assessment of alignment.

National level policy documents to review include:

- Poverty Reduction Strategies (PRS),
- National Strategies for Sustainable Development (NSSD),
- Sector strategies, reviews, and budgets.

The review teams will also consider how the national press covers the Millennium Villages Project.

A third source of documentation will be the various plans, documents and reports on the Millennium Villages as prepared by the Millennium Villages Project network. These include baseline study reports, annual reports covering all activities, but also sector-specific reports and plans to be collected from Earth Institute, Millennium Promise, and Cluster Managers within the countries.

In addition, the review will cover the literature on area-based development programmes and some of the relevant literature on vertical vs horizontal programmes.

As noted above, the review will also assess the M&E Framework in relation to the core concepts of the review.

Interviews

A number of interviews – Key Informant Interviews (KII), In-depth qualitative interviews and Focus Group Discussions (FGD) will be conducted at various administrative levels with beneficiaries and representatives from government and civil society related to the sectors considered. The review will also involve discussions with those ministries responsible for budgeting and planning.

A brief overview of two methods proposed for identifying and interviewing partners is presented. To identify informants, researchers will undertake Stakeholder Analysis and Wealth Ranking. Three interview techniques will be employed: Focus Group Discussions (FGD), Key Informant Interviews, and in-depth qualitative (individual) interviews.

Annex 5 presents an overview of potential key informants to be interviewed in the four countries and two sectors under consideration. Annexes 4.1 to 4.5 present the question guides to be used, one each for community development, institutions and processes, the health sector, the agricultural sector and one .

1. Stakeholder Analysis²²

Stakeholders are people or organisations who either: (a) stand to be affected by a project, programme or policy; or (b) could ‘make or break’ the project’s, programme’s or policy’s success. They may constitute winners or losers from the policy, include those who have a role in decision-making or are excluded from decision-making but affected by it, or participants in the process.

Stakeholder analysis involves the identification of a project’s, programme’s or policy’s key actors, an assessment of their interests, and the ways in which these interests may affect a project, programme or policy, their subsequent position toward the policy, and the level of commitment they have in the policy (i.e., the extent to which their interests may be at stake and the priority they place on the issue relative to other interests they hold).

Stakeholders can be grouped according to whether they are to gain or to lose from an intervention and whether they have the power or influence to potentially affect the project.

- Who stands to lose or gain significantly from the project, programme or policy and what degree of interest and concern do they have in or about it? (*Interest and commitment*)
- Whose actions could potentially affect the project’s, programme’s or policy’s success and to what degree they can help achieve, or block, the desired change? (*Power and influence*)

Trying to group the key stakeholders interviewed along the above lines will help in interpreting their answers and their assessment of the success of the MVP.

²² Guidance Note on how to do Stakeholder Analysis: <http://www.euforic.org/gb/stake1.htm>
Stakeholder Analysis:
www.odi.org.uk/Rapid/Tools/Toolkits/Communication/Stakeholder_analysis.html

2. Wealth Ranking²³

Wealth ranking is a method to understand relative wealth within a specific area. It helps to understand how richer and poorer households (or individuals) in an area differ from each other and about local criteria of well-being. Wealth rankings are often used to identify the poorer and more vulnerable people within a community and to better understand their specific situation and concerns. Inequalities in wealth affect access to many aspects of people's lives such as services, education and health and the ability to respond to changes. Households of differing wealth will have different problems and needs as well as varying ability to adopt or adapt proposed technologies. Wealth ranking is particularly useful to identify informants from different socio-economic groups and to investigate the impact of an intervention on these different groups.

In a wealth ranking exercise, key informants from the local communities rank their fellow villagers into wealth categories. The informants decide on their own definitions of wealth, well-being, and wealth categories. The wealth ranking exercise helps to bring out the complexities and realities of wealth and poverty, rather than using definitions predetermined by the researchers.

Wealth ranking is best done with up to 100 households (or other unit) who know each other well. Three informants should carry out the exercise for the same community to reduce bias. The first step is to obtain through discussion with community members some of the key local criteria or characteristics of poverty and wealth, and then, by applying these characteristics in abstract, to determine a set of useful categories that make sense in local discourse.

The objectives of a wealth ranking are usually:

- To find out what characteristics the local communities use in judging *relative* wealth of individuals;
- To identify the poorest and most vulnerable in the communities; and
- To provide a basis for selection of households and individuals for case studies / interviews across the whole range of the socio-economic spectrum.

Other ways of grouping are proposed for this review:

	Health Sector	Agricultural Sector
Group 1 - Beneficiaries	Pregnant women	Landless
	Children	Women-headed households
	Sub-groups of community with serious conditions (e.g. tuberculosis, buruli ulcer, etc.)	Producers of high-value market products
Group 2 - Implementers/facilitators	MVP Cluster manager	MVP Cluster manager
	Health co-ordinator	Agricultural co-ordinator
	Database manager	
	Finance and administration manager	
	Village Health Workers	Agricultural service officer
	Community health extension workers	Agricultural extension agents
	Chairperson of village health committee and village health facility committee	Chairperson of village agricultural committee
Committee members who represent significant groups (e.g. religious, political, gender, etc.)		
Group 3 - Non-beneficiaries	Inhabitants of neighbouring villages Non-beneficiaries in MVP villages	

²³

A user's note: Wealth Ranking by Card:

www.iied.org/NR/agbioliv/pla_notes/documents/plan_01513.pdf

Given the time constraints governing this review, the first set of interviews will be with Group 2 members. This will help refine the selection process in terms of which village to focus on, which villagers to select for interviewing and the total number of respondents to from Group 1 and 3 to interview. A creative way around reaching all villages may be to schedule group discussions with representatives of all Village Health / Agriculture Committees. Specific decisions are only possible once first visits to the village are made and detailed discussions with Group 2 are held.

3. Focus Group Discussion (FGD)²⁴

The objective of FGD is to obtain as much useful information as possible in a relative short period of time. Group interaction can bring out additional information. The moderator stimulates the group discussion and keeps it on course, as necessary – using a question guide. S/he should not take a position on anything, but should listen. There is no attempt to support or criticise any response, resolve any issue, address any individual problem or concern or reach any conclusion. Both concrete information and opinions are relevant. In addition, the discussion highlights people's reasoning and thoughts underlying their expressed opinions.

Sampling Frame

The sampling frame is developed by identifying key population groups whose opinions are of interest. This may follow a stakeholder analysis exercise (see above), a participatory wealth ranking exercise (see above) or some other method of identifying differentiated groups. The outcome can be to disaggregate the 'population' by characteristics such as age, wealth, gender, ethnicity, health status, etc. Particular attention must be taken when selecting participants in order to avoid systematic bias and friendship groups.

Question Guide

- provides an overall direction for the discussion;
- is not equivalent to a survey instrument and is not to be followed in detail or even necessarily in order;
- provides the moderator with topics and issues that are, to the extent possible, to be covered at some point during the group discussion;
- should proceed logically from one topic to another, and from the general to the specific;
- questions that are more important to the research agenda should be presented early in the session;
- questions should be unstructured, unbiased, non-threatening, and very simple.

Conducting FGD

Each focus group should have a moderator and a recorder or note taker.

1. Generate interview guide
2. Develop the sampling frame
3. Decide what incentives to use to encourage people to attend.
4. Recruit participants - use local contacts to identify people
5. Make necessary arrangements (setting, equipment, food and drinks, etc.)
6. Schedule the groups – check that they are at an appropriate time for participants.
7. Introduce everyone

²⁴ Chronic Poverty Research Centre:
www.chronicpoverty.org/CPToolbox/FGD_Interview_Methods.htm

8. Explain the purpose of the focus group, how long it will take, and what feedback they will get. Explain that what participants say will be confidential
9. Give the participants time alone together to talk, if you think that would be appropriate
10. Sit everyone down so that everyone can see everyone else.
11. Start the discussion, starting with easy topics first, but make sure that the topics that you most want to cover are towards the beginning of the session
12. Keep a record - tape recorder (audio tape with multi-directional microphone) and/ or a systematic recording form
13. Prepare data and analyse
14. Report

Box Two: Recommendations for conducting FGDs

A number of FGD should be held at village level and possibly at district level. We foresee FGDs to be held separately on health and agriculture issues with at least each of the following groups: (a) women, (b) men, (c) youth, (d) pregnant women (health only), (e) special commodity producers (agriculture only), (f) landless households (agriculture only) and (g) community leaders, sector specialists from government and MVP staff, etc. We also propose to hold one FGD on issues related to community development and processes of interaction between the MVP team and local governance. As time permits and special needs arise, more FGD could be arranged accordingly.

4. Key Informant Interviews (KII) ²⁵

KII are qualitative, in-depth interviews of people selected for their first-hand knowledge about a topic of interest. KI interviews are loosely structured, relying on a list of issues to be discussed. KII resemble a conversation among acquaintances, allowing a free flow of ideas and information. Interviewers frame questions spontaneously, probe for information and take notes, which are elaborated later.

KII are especially useful when

- qualitative, descriptive information is sufficient for decision-making
- there is a need to understand motivation, behaviour, and perspectives of partners or beneficiaries
- a main purpose is to generate recommendations (e.g. Key informants can help formulate recommendations)
- quantitative data collected through other methods need to be interpreted.

Sampling Frame

Key informants should be selected for their specialised knowledge and unique perspectives on a topic. First, the groups and organizations from which key informants should be drawn should be selected. Second, a few people from each category are selected after consulting with people familiar with the groups under consideration.

²⁵ USAID – Performance Monitoring and Evaluation Tips, www.usaid.gov/pubs/usaid_eval/pdf_docs/pnabs541.pdf

UCLA, Centre for Health Policy Research, www.healthpolicy.ucla.edu/HealthData/ttt_prog24.pdf

Interview Guide

Key informant interviews do not use rigid questionnaires, which inhibit free discussion. Because the purpose is to explore a few issues in depth, guides are usually limited to about 12 items. Different guides may be necessary for interviewing different groups of informants.

Conducting interviews

- *Establish rapport.* Explanation of the purpose of the interview, the intended uses of the information and assurances of confidentiality.
- *Sequence questions.* Start with factual questions. Questions requiring opinions and judgments should follow. The present first, then questions about the past or future.
- *Phrase questions carefully* to elicit detailed information. Avoid questions that can be answered by a simple yes or no.
- *Use probing techniques.* Encourage informants to detail the basis for their conclusions and recommendations.
- *Maintain a neutral attitude.* Interviewers should be listeners and avoid giving the impression of having strong views on the subject under discussion. Neutrality is essential.
- *Minimise translation difficulties*

The interviewer is the instrument in this type of research. The "instrument" can be affected by factors like fatigue, personality, and knowledge, as well as levels of skill, training, and experience. Any face-to-face interview is also an observation. The skilled interviewer is sensitive to nonverbal messages, effects of the setting on the interview, and nuances of the relationship.

Note taking

Notes should be taken during interview and developed in detail after each interview. Set of common subheadings for interview texts, selected with an eye to the major issues being explored. Common subheadings ease data analysis.

Analysing

Interview summary sheets: 1-2 page interview summary sheet reducing information into manageable themes, issues, and recommendations after each interview. Summary should provide information about the key informant's position, reason for inclusion in the list of informants, main points made, implications of these observations, and any insights or ideas during the interview.

Descriptive codes: Coding involves a systematic recording of data. While numeric codes are not appropriate, descriptive codes can help organise responses. These codes may cover key themes, concepts, questions, or ideas, such as alignment, ownership, linkages, sustainability, scalability, impact on income, and participation of women or vulnerable groups.

Verifying – checking for reliability, validity and generalisation

Key informant interviews are susceptible to error, bias, and misinterpretation, which can lead to flawed findings and recommendations.

- Check representativeness of key informants. Any significant groups overlooked?
- Assess reliability of key informants. Assess informants' knowledge, credibility, impartiality, willingness to respond, and presence of outsiders who may have inhibited their responses.

- Check interviewer or investigator bias. One's own biases as an investigator should be examined, including tendencies to concentrate on information that confirms preconceived notions and hypotheses.
- Check for negative evidence. Make a conscious effort to look for evidence that questions preliminary findings.
- Get feedback from informants. Ask the key informants for feedback on major findings. A summary report of the findings might be shared with them.

Box Three: Recommendations for conducting KII

KII are to be held with key informants at national, district, and village levels. Potential key informants in the four countries and the two sectors are listed in Annex 5 and in Annex 4.1 in relation to institutions processes and community development. At this moment it is difficult to foresee how many KII should be arranged and this will likely be a function of time and access.

5. In-depth qualitative (individual) interviews²⁶

In-depth qualitative (individual) interviews differ from KII insofar as the interview guide is a bit more structured so as to obtain results which are more comparative across informants. In-depth interviews are conducted with a limited number of representatives from the same stakeholder group.

Advantages

- allows participant to describe what is meaningful or important in own words
- provides high credibility and face validity
- allows evaluator to probe for more details and ensure that participants are interpreting questions the way they were intended
- interviewers can use their knowledge, expertise, and interpersonal skills to explore interesting or unexpected ideas or themes raised by participants

Disadvantages

- may be experienced as more intrusive than quantitative approaches
- may be more reactive to personalities, moods, and interpersonal dynamics between the interviewer and the interviewee
- requires considerable skill and experience
- analysing and interpreting qualitative interviews is time-consuming
- More subjective than quantitative interviews

Three basic types of qualitative interviewing are usually distinguished:

1) Informal Conversational Interview:

- may occur spontaneously in the course of field work;
- questions emerge from the immediate context;
- interview is highly individualised;
- different information is collected from different people, thus interview is not systematic or comprehensive, and it can be very difficult and time-consuming to analyse the data.

²⁶ The Problem-Centred Interview: www.qualitative-research.net/fqs-texte/1-00/1-00witzel-e.htm

The use of qualitative interviews in evaluation:
ag.arizona.edu/fcs/cyfernet/cyfar/Intervu5.htm

2) Interview Guide Approach:

- interviewer has an outline of topics or issues to be covered, but is free to vary the wording and order of the questions to some extent;
- data are somewhat more systematic and comprehensive than in the informal conversational interview;
- requires an interviewer who is relatively skilled and experienced, especially when probing for more in-depth responses;
- more systematic than the conversational interview, but still difficult to compare or analyse data because different respondents are responding to somewhat different questions.

3) Standardised Open-Ended Interview:

- no flexibility in the wording or order of questions;
- responses are open-ended;
- most structured and efficient of the qualitative interviewing techniques;
- useful for reducing bias when several interviewers are involved or when it is important to be able to compare the responses of different respondents;
- interviewer has little flexibility to respond to the particular concerns of the individual;
- no guarantee that the questions asked tap into the issues that are most relevant to this particular respondent;

For conducting interviews, note taking, analysing and verifying see above under KII.

Box Four Recommendations for conducting in-depth qualitative interviews

A number of in-depth qualitative interviews should be conducted with village inhabitants – both in a Millennium Village and in a village not served by MVP activities. If time permits, 10 in-depth qualitative interviews in each village should be envisaged. Interviewees will be purposively selected from different wealth / wellbeing groups, different occupational / livelihood strategies, and other significant dimensions of difference – gender, age, ethno-linguistic or religious differences, education, disability, HIV/AIDS status, etc. It is not a goal of these in-depth interviews to provide (statistically) representative data but to give an overview of variance within a community.

5.5 Ethical Considerations

The review process will demonstrate sensitivity to the needs of all stakeholders and will be undertaken with integrity. Anonymity and confidentiality of individual informants will be protected. Following discussions held with the national researchers during the Inception Workshop, we do not believe that this type of review will require institutional review board clearance in any of the countries. ODI has prepared a letter of introduction for each of the researchers which will be presented to relevant authorities at the outset of the exercise.

The findings from country and sector reviews shall not be published before the synthesis report has been formally accepted by OSI.

5.6 Guiding Principles and Standards

This review will attempt to adhere to OECD-DAC principles for evaluation of development assistance. The principles, which include impartiality and independence²⁷, credibility and usefulness, will be pursued through the methods proposed in this inception document.

5.7 Quality Assurance

Incorporation of Stakeholder Comments

The review will incorporate significant material from the variety of the MVP stakeholders – from village to national level and as well donors (not only those to the MVP), programme designers, staff, and implementers. To the extent possible, many of these stakeholder groups will be given the opportunity to comment on findings, conclusions, recommendations and lessons learned. The review report will reflect these comments and acknowledge any substantive disagreements. In disputes about facts that can be verified, the researchers/authors will investigate and change the draft where necessary. In the case of opinion or interpretation, stakeholders' comments/objections will be reflected in the final report.

Quality Control

Quality control will be exercised throughout the review process – both internally and externally – adhering to the principle of independence of the researchers. In particular:

- A small panel of ODI experts will be consulted on issues as they arise and will comment on the draft inception and synthesis reports;
- An external expert peer reviewer, Howard White, Director of the International Initiative for Impact Evaluation has been contracted directly by the review sponsor to comment on the inception and synthesis reports;

²⁷ It is assumed that the review team will be able to work freely and without interference from the management of the MVP. The team has been assured of cooperation and access to all relevant information – particularly as explicitly outlined in the agreement between the review sponsor and the grantee implementing the MVP. The need for independence will be balanced against the desirability of ensuring that the results are of relevance and utility to the MVP – something that will be facilitated by open communication and constructive engagement.

- An anonymous expert peer reviewer will do likewise;
- Staff from the Earth Institute and the Millennium Promise were invited to discuss the conceptual framework and will be invited to one day of the synthesis workshop and have an opportunity to provide comments on the draft final report;
- All national researchers will have an opportunity to comment on the final synthesis report;
- Comments from the reviewers and others will be reflected in the final synthesis report – including any discrepancies in interpretation.

5.8 Activity (work) Plan and Sequencing

	Responsi- bility	March 08	April 08	May 08	June 08	July 08
Inception Phase						
Understanding MVP approach	ODI	x				
Discussion of review framework and design – bilaterally and through inception workshop	ODI, national researchers, EI, MP, OSI, OSI-MVP advisory board members	x x x x				
Peer review of inception report by external advisor	External peer reviewers		x			
Agreement on review design articulated in Inception Report	ODI, national researchers		x			
Field Work Phase						
Document review	National researchers		x x x x	x x x x		
Key Informant interviews at all levels	National researchers		x x x x	x x x x		
Field visits	ODI		x x	x x		
Drafting sector specific reports	National researchers			x	x	
Drafting cross cutting country reports	National researchers				x x	
Assessment of M&E framework	ODI			x	x x x x	
Synthesis & Analysis Phase						
Country reports presented and critiqued internally at synthesis workshop	National researchers, ODI				x	
Synthesis storyline developed and presented to wider stakeholders (including EI and MP) at synthesis workshop	ODI, national researchers, EI, MP, OSI, OSI-MVP advisory board members				x	x
Final synthesis report elaborated	ODI					x x x

Key dates:

01 June 08:	Delivery of draft sector reports to ODI team
10 June 08:	Delivery of draft country reports to ODI team
17 June 08:	Delivery of draft synthesis report to peer reviewer
17 June 08:	Delivery of draft revised synthesis report to other stakeholders
24 – 26 June 08:	Synthesis workshop
17 July 08	Review team meets with MVP to discuss review findings
14 Aug 08:	Delivery of final report to OSI

5.9 Deliverables

In addition to this Inception Report, the following deliverables are envisioned

- Four country level reports
- Synthesis report
- ODI Working Paper
- ODI Briefing paper(s)

5.10 Dissemination of Results

The team envisions disseminating the results in the following, and possibly additional, ways:

- ODI will develop and share with relevant stakeholders a draft final synthesis report for comment by mid July. It will consist of the following: an executive summary; a profile of the MVP; a description of the review methods used; the main findings; lessons learned; conclusions and recommendations – with country reports annexed;
- ODI will submit a final report to the OSI on 25 July 2008;
- ODI Working Paper for the public domain;
- ODI Briefing Paper for the public domain;
- Sector specific papers for consideration by peer reviewed journals (may be written depending on the nature of the findings);
- A panel-type public event at ODI to which MVP will be invited to respond.

Annexes

Annex 1: Inception Workshop Programme and Workshop Participants

Annex 2: National researcher TOR

Annex 3 Summary of Country Presentations

Annex 4: Question Guides

Annex 4.1: Institutions, Process and Community Development

Annex 4.2: Agricultural Sector

Annex 4.3: Health Sector

Annex 4.4: Agricultural Coordinator (MVP staff)

Annex 4.5: Health Coordinator (MVP staff)

Annex 4.6: Other Stakeholders

Annex 5: Preliminary List of Key Informants

Annex 1: Inception Workshop Agenda

Millennium Villages Project ODI/OSI formative review of scaling-up & political sustainability

Inception Workshop, March 3rd to 5th, 2008, London

Draft Programme

Venue: Inter-Health meeting Rooms, Ground Floor, Costain House, 111 Westminster Bridge Road, London, SE1 7JD.

Emergency Phone Number: +44 24 77 980 192

Time	What	Who	Chair
Sunday, 2nd March			
	Arrival of participants in London		
Monday, 3rd March			
9.30 – 10.00	Registration	All	
10.00 – 10.30	Opening	Simon Maxwell (ODI) Aryeh Neier (OSI)	Kent Buse (ODI)
10.30 – 11.00	Introduction of participants and overview of the workshop agenda	All – self introduction	Kent Buse (ODI)
11.00 – 11.15	Presentation of MVP	Eva Ludi	Kent Buse (ODI)
<i>Coffee / Tea</i>			
11.30 – 12.15	Critique by directors and discussion	Critique/concerns by the OSI African Directors - Binaifer Nowrojee, Nana Tanko, Sisonke Msimang	Marcella Vigneri (ODI)
12.15 – 13.00	Presentation of Review - Focus, objectives, broad design, time line etc. and discussion	ODI team	Marcella (ODI)
<i>Lunch - InterHealth</i>			
14.30 – 16.00	Country Context: Overall development strategy (PRSP's etc.), health/agric sector strategies and linkages to MVP interventions	Ghana Team Malawi Team	Nana Tanko (OSI West Africa)
<i>Coffee / Tea</i>			
16.15 – 17.45	Country Context: Overall development strategy (PRSP's etc.), health/agric sector strategies and linkages to MVP interventions	Ethiopia Team Uganda Team	Sisonke Msimang (OSI Southern Africa)
19:00	<i>Dinner at Thai Pavillion, 78 Kennington Road, London SE11 6NL</i>		

Tuesday, 4th March			
9.00 – 9.30	Plenary: Discussion of review approach, general impression of framework, etc.	All participants	Eva Ludi (ODI)
9.30 – 11.15	Break away groups by sector: Discussion and revision of review framework, including specification of concrete questions to ask, material / data to collect, etc	Health Group: 4 health researchers; 2 OSI directors; KB Agric Group: 4 agric researchers; Aryeh Neier; 1 OSI director; MV; EL	
<i>Coffee / Tea</i>			
11.30 – 12.15	MVP Presentation	John McArthur, Steve Wisman, Cheryl Palm	Binaifer Nowrojee (OSI, East Africa)
12.15 – 13.00	Q&A and discussion on MVP	John McArthur, Steve Wisman, Cheryl Palm	Binaifer Nowrojee (OSI, East Africa)
<i>Lunch – ODI single end reception room</i>			
14.15 – 15.00	MVP critique and suggestions on review framework	John McArthur, Steve Wisman, Cheryl Palm	Aryeh Neier (OSI)
15.00 – 15.30	Discussion		Aryeh Neier (OSI)
<i>Coffee / Tea</i>			
15.45 – 17.00	Break away groups by country: Discussion and revision of review framework, including specification of concrete questions to ask, material / data to collect, etc	Ghana Ethiopia Malawi Uganda	
19.30 –	<i>Dinner at Baltic 74 Blackfriars Road, London SE1 8HA</i>		
Wednesday, 5th March			
9.00 – 9.30	Plenary: report back by sectors	Two rapporteurs and group	Tbd
9.30 – 10.00	Plenary: report back by counties	Four rapporteurs and group	Tbd
10.00 – 10.45	Plenary: Discussion of revised review framework	All participants – led by Eva Ludi	Tbd
10.45 – 11.15	Identification of stakeholders to interview - Break away groups by sectors (with coffee)	All participants	Tbd
11.15 – 11.30	Plenary: Presentation of identification of stakeholders to interview	Two rapporteurs and group	Tbd
11.30 – 12.00	Methods of review (interviews, data collection, data analysis) and logistics	All participants	Tbd
<i>Lunch - InterHealth</i>			
13.00 –	Plenary: Outline of Country Report and Synthesis report, expected	All participants led by Marcella Vigneri	Tbd

14.00	contributions		
14.00 – 15.00	Managing the review process (clarifying roles and responsibilities, collaboration & exchange, technical and administrative reporting)	All participants led by Kent Buse	Tbd
15.00	Closing		
15.15 -	Possibility for individual meetings (country teams and ODI researchers)		

Participant List

Amdissa Teshome, Ethiopia Agriculture Researcher, A-Z Consult, azconsult@ethionet.et

Andrew Shepherd, Research Fellow, Overseas Development Institute, a.shepherd@odi.org.uk

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Annex 2: National Researcher Terms of Reference

MILLENNIUM VILLAGES PROJECT

OSI/ODI REVIEW OF POLITICAL SUSTAINABILITY

TERMS OF REFERENCE FOR NATIONAL RESEARCHER

Background

The Open Society Institute (OSI) has commissioned the Overseas Development Institute (ODI) to undertake a formative review of scaling and political sustainability of the Millennium Villages Project (MVP). Of specific interest are:

1. Scaling up: can the MVP interventions be scaled-up beyond the current Millennium Villages and clusters?
2. Sustainability: can (financial) sustainability be assured once donor interventions cease?
3. Ownership: does the MVP initiative contribute to foster and empower institutions of democratic governance at the community level?

The precise focus and scope of the review will be finalised following an inception workshop attended by African researchers and policy-makers. In broad terms, the aim of the research is to assess whether the MVP interventions, both those implemented and planned can be maintained – and eventually scaled-up – by African governments and communities. In so doing, it will attempt to identify the challenges governments may face to maintain, replicate and scale-up the interventions locally and regionally with the available budget, technical expertise and staff beyond the achievements of the project. Consequently, the research will likely encompass a focus on:

- **Alignment** - how far do MVP interventions and processes relate to national development priorities and sector plans, how are lessons learned from MVP activities brought to the attention of policy makers and what is done to assure that best practices find their way in to national or sectoral plans?
- **Ownership** - what is the extent of domestic ownership of the MVP and what could be done to improve national ownership and participation of local stakeholders in planning, designing, implementing and evaluating MVP interventions?
- **Linkages and integration with existing governance systems / service delivery systems** - how does the planning, budgeting and decision-making process for MVP interventions relate to government (or other formal and informal) procedures at different levels. If MVP interventions are to be replicated in other areas of the country, at higher administrative levels such as the 'millennium districts', what support is needed to strengthen government staff capacity and procedures?
- **Focus on the poorest** - are MVP interventions reaching the poorest and most vulnerable strata in the community or captured by the elite?
- **Economic linkages (urban-rural, to markets, etc)** - how are linkages to markets, urban areas, etc. conceptualised and built into the MVP and what would be needed to strengthen such linkages?
- **Scaling up / Resource (re) allocation** – will the additional aid provided to Africa flow to activities as proposed by the MVP, are governments willing and able to (re)allocate funding in a manner which corresponds to the allocation

foreseen in the MVP approach; and are stakeholders who will be affected by scaling up, or have some role in so doing, be supportive in their position? This is a concern that has explicitly been expressed by government leaders.

The review will be carried out in Ethiopia, Ghana, Malawi and Uganda with a focus on the agriculture and health sectors. The core team involved in the review will comprise two senior national researchers for each country, and three ODI researchers.

Tasks of the national research consultant

- Make a presentation and participate fully and for the duration of the Inception Workshop in London
- Comment on draft Inception Report
- Background research: collect and collate relevant documentation as identified during the Inception Workshop
- Arrange, undertake and minute meetings with informants as identified in the Inception Workshop and Report
- Host a 3-4 day ODI researcher visit to the country – perhaps involving a visit to a MV – including arranging logistics and meetings
- Liaise with and report as mutually agreed or as required, on progress or problems, to the principal named below
- Write a sector specific report as described in the Inception Report and collaborate with country research counterpart (i.e. researcher investigating the other sector in the country) to plan, draft and revise a country report
- Develop a country presentation in collaboration with country research counterpart and participate fully and for the duration in the Synthesis Workshop
- Prepare and submit written comments on synthesis report

Sub-contracting

The substantive work of the contract shall be undertaken by the contractee, however, it is permissible with prior written approval from ODI to hire support staff e.g. a translator or contract a small proportion of the interviews and transcribing to another researcher where required. Please note that no additional funding shall be available to the contractee for such support staff and the funds shall be transferred from the contractee's fee days.

Consultant Outputs

- Inception workshop presentation
- Meeting notes
- Synthesis meeting presentation
- Sector report
- Co-authored country report
- Comment on Synthesis Report

Time Frame

A total of **43** days is required between February 18th 2008 and July 15th 2008. This is to be allocated roughly as follows:

Activity	Number of Days	When
Inception preparation	2	
Inception meeting	4	March 3-5
Field work preparation	2	March – end of May
Field work and analysis	25	
Prepare sector report	3	Submit 1 st of June

Prepare joint country report	2.5	Submit 10 th of June
Synthesis meeting	4	24-26 June
Comments on synthesis report	0.5	

It is anticipated that the ODI researchers will make a 3-4 days field visit at the end of March or early April at a mutually convenient time.

Reporting

The national consultants are expected to liaise with Kent Buse (for health) and Marcella Vigneri (for agriculture) as required and to report on plans and progress of activities as and when necessary. The draft country report will be submitted at least two weeks ahead of the synthesis workshop.

Annex 3: Summary of Country Presentations²⁸

Ethiopia

Agriculture Sector

Agriculture is the backbone of the Ethiopian economy, supporting 85% of the population, contributing to 40-50% of GDP, and up to 80% of export earnings.

The key development goals under the first PRSP (2002-2005) were the following:

- Agricultural Development Led Industrialisation (ADLI) (combine land + labour and create capital);
- Justice system and civil service reform;
- District level decentralisation and empowerment;
- Capacity building in the public and private sectors; and
- Food security.

Under the second PRSP (2006-10), the key development goals are:

- Adopt geographically differentiated strategies;
- Women empowerment;
- Infrastructure development;
- Risk reduction/management;
- Accelerate efforts to meet the MDGs; and
- Employment creation.

Other key features of Ethiopia's agricultural policy include:

- The Government's intention for all NGOs and donors to rally behind its policies;
- The creation of an extension service which is entirely in the hands of the Government (with the exception of vet services);
- A network of Development Agents who, in the rural areas, represent the interface between farmers and the extension system.
- The inexistence of agricultural input subsidies;

Health Sector

Overall Priorities:

- Implementation of the Health Extension Service Package;
- Maternal and Child Health Service;
- HIV/AIDS, malaria and tuberculosis;
- Personal and environmental hygiene;
- Increase access to health services by expansion of health facilities/renovation of existing ones;
- Human Resource Development in health.

Priorities on information, education and communication:

- Improve the knowledge, attitude and practice on personal hygiene, common illnesses and their causes;
- Promote the political and community support for health services through educating and influencing planners, policy makers, managers, women groups and potential end users.

Priorities on Health Management Information System and Monitoring and Evaluation:

- Mobilise increased resource to the health sector;

²⁸ The following section summarises presentations made by country researchers at the Inception Workshop, 3-5 March 2008.

- Ensure efficient allocation and utilisation of resources;
- Develop a sustainable health care financing system.

Priorities on the effect of the increase of donor funds on balances in public expenditure:

- The funds on budget have been used as a gap filling for the implementation of the health sector development plan.
- The donor funds that are off budget have been criticised for lack of harmony and coordination with national strategic plans and in essence have been contributing to the imbalance in health expenditure.

The health service delivery service is structured along a four-tier system:

1. Primary health care units which comprise the health centre and five satellite health posts;
2. District hospital;
3. Zonal hospital;
4. Specialised referral hospitals.

User fees in public facilities is minimal or free.

Staffing

There is a critical shortage of medical doctors, both at GP and specialists level. Attempts are being made to increase the enrolment of students in medical training leading to an MD degree.

Regions are encouraged to introduce incentive mechanisms to attract health professionals to work in their areas: professionals going to remote areas can negotiate for better salary and can earn three times more than they would do at the centre in terms of salary.

Each Kebele (Community) has a focal person for health and a team for household health care. Health centres also work closely with the local governance at the level of Wereda (District). The policy of decentralisation has given Weredas and Kebeles a lot of power to monitor and jointly plan their development activities, out of which health is a major activity, taking HIV/AIDS, Malaria, and TB in focus.

Ghana

Agriculture Sector

Ghana is making good progress towards achieving the MDGs by 2015. According to the Ghana Living Standards Survey V (the GLSS) published in 2007, the country is well on track to achieve the MDG I (Cutting hunger and poverty by half by 2015). Overall, poverty has decreased from more than 50 percent in the mid-1990s to a little over 28 percent in 2006.

Since 2001 economic development in Ghana has been guided by the development of Poverty Reduction Strategy Programs (PRSPs). The Ghana Poverty Reduction Strategy I (GPRS: 2003-2006) was launched in 2003. The GPRS II (2006-2006) is now being implemented and its central goal is to accelerate the growth of the economy so that Ghana can achieve a middle income status within a measurable planning period.

Agriculture under GPRS II features as the basis for economic growth and structural transformation, with a growth rate to average 6 percent per annum, accounting for about 35 percent of the country's annual foreign exchange earnings, and providing income for about 60 percent of the population as a whole.

The Agricultural Sector under the GPRS II focuses on the following:

- Reform land acquisition and property rights;
- Accelerate irrigation infrastructure;
- Enhance access to credit and inputs for agriculture;
- Promote selective crop development;
- Modernise livestock development;
- Improve access to mechanised agriculture;
- Increase access to extension services;
- Provide infrastructure for agriculture; and
- Restore degraded environments.

The agricultural sector strategy is to adopt a *Value Chain Approach* to agricultural modernisation. This implies:

- Looking at selected commodities across the entire chain, from input delivery through production, processing, marketing/distribution, to the consumer.
- Facilitating collateral activities to promote agriculture (including roads, market infrastructure, energy, research, information technology, etc.)

The agricultural sector consists of five sub-sectors:

- cocoa (13%) - including coffee and sheanuts;
- other crops (64%) - including cereals, roots and tubers, industrial crops, horticultural crops;
- livestock (7%);
- fisheries (5%);
- forestry and logging (11%).

Irrigation agriculture is at best rudimentary in Ghana. *Fertiliser usage* averaged about 34,000 mt per annum for the last ten or so years, and this is one of the lowest in Africa.

Health Sector

Challenges of health system in Ghana include:

- Declining but high mortality level;
- 70 -80 percent of diseases are preventable;
- Persistence of epidemics such as cholera and yellow fever;
- Emerging diseases like HIV/AIDS;
- Silent epidemics - hypertension, strokes;
- Nutritional problems.

Low use of health services is another priority area of intervention:

- EPI coverage (75%)
- Supervised Delivery (40%)
- ORT use (21%)
- Malaria Management (25%)
- Bednet use (30%)
- Exclusive Breastfeeding (19%)
- OPD attendance/p.c. (0.3-0.6%)

Program Design Challenges include:

- Provision of cost effective package of interventions;
- Emphasis on a health system development agenda;
- Decentralisation of resources to district;
- Provision of central and regional support;
- Account of equity gaps;
- Urban rural, gender, regional variations; and
- Design performance review system.

Strategic Objectives for 2007-2011:

- Healthy lifestyles and environment;
- Coverage of high quality health, reproduction and nutrition services;
- Strengthened health systems capacity;
- Good governance and sustainable financing;
- Package of interventions.

Resource requirement:

Expenditure estimated at \$900 million over five years

- GOG budgetary contribution - 40%
- IGF - 30%
- Donor contribution - 30%

Total expenditure per head:

- increased from \$6.93 (1997) to \$28 (2007)
- estimated need \$40-45.

Uganda

Core issues as outlined in the PRSP

- Lack of regional equity in growth/increase in poverty;
- Growth associated with environmental degradation;
- Limited improvement in human development indicators.

Key PRSP priorities

The PRSP covers 3 main aspects of poverty: low incomes, limited human development and limited empowerment. However, emphasis is placed on income poverty.

Poverty in Uganda is predominantly a rural phenomenon. The largest group of poor households depends on agriculture. The poorest occupational group consists of households specialising mainly or solely in crop production.

Agriculture Sector

87 percent of the population lives in the rural areas, 77 percent of the active labour force in the rural areas is employed in agriculture, 96 percent of the rural poor depend on agriculture.

Primary goals and objectives in the agricultural sector

- Increase incomes of farming households;
- Ensure household food and nutrition security;

- Create employment opportunities on-farm and off-farm;
- Promote value addition to agricultural products; and
- Promote domestic and external trade in agricultural products

Government Approach to Agricultural Development

Since the early 1990s, the Government of Uganda (GoU) withdrew from direct involvement in production, processing or marketing of agricultural products; as well as in the procurement and distribution of agricultural inputs and subsidies provisions. The GoU and development partners have supported private sector growth and involvement in agricultural input and output markets (e.g., through risk-sharing guarantee schemes such as ATAIN for inputs and UGTL for maize).

Under the recently introduced Prosperity for All Programme (PfA), an initiative of the president to consolidate and accelerate poverty reduction interventions within the PEAP, targeted subsidies on inputs and credit will be provided.

Some of the current Ministry of Agriculture priorities set out in the sector strategy include:

- Raising factor productivity (land, labour, capital) by promoting the adoption of appropriate technologies and reducing losses through control of pests and diseases;
- Promoting production and storage of staple foods at household level to ensure food security in the short-run;
- Promoting agro-processing industries to add value and create jobs through public-private partnerships;
- Promoting the development of commodity value chains for strategic agricultural commodities;
- Exploring and developing market opportunities for agricultural products locally and internationally;
- Strengthening the implementation of regulations for different commodity chains.

Importance of private sector in agriculture

The private sector (including the many small-scale farming households), is responsible for the majority of productive investment, including agriculture (80-90% of agricultural production is by smallholders).

Agriculture Input Subsidies

There have been no “direct/official” Government subsidies on inputs since the GoU adopted its liberalisation policy. However, indirect subsidies have occurred (IFDC, 2005). There has also been free input distribution through NGOs (IFDC, SG2000 & IDEA, 2003).

Health Sector

Goals and objectives

- Rise in per capita level and age specific outpatient department utilisation;
- Decline in the share of children under one year with diphtheria poliomyelitis tetanus³;
- Timely immunisation;
- Rise in the proportion of health centres by level with minimum staffing norms.

Priorities include reduction of:

- maternal and child mortality from 505 to 354 per 100, 000 live births;
- fertility rate from 6.9 to 5.4;

- malnutrition;
- HIV/AIDS, tuberculosis and malaria;
- disparities in health outcomes among the lowest and highest income quintiles by the end of the HSSP2 period.

Expenditure on health remains far below requirements

Increasingly, more funding is being allocated at the district level where the majority of the poor live, in line with the poverty reduction eradication action plan objectives. Expenditure at the central level has been reduced significantly between 2003/2004 and 2004/2005 and has remained constant for the last three fiscal years. Inadequate human resource is a constraint to health service delivery: many districts still face challenges in attracting and retaining trained health workers.

Donor funding represents substantial contribution to the health sector and it is important that it is prioritised. A significant proportion of donor project funding remains off budget.

Service delivery at the district & village levels

- The HSSP2 gives high priority to a decentralised management of health and gender sensitive community participation and empowerment as a means to enhance health care delivery.
- Village health committees act as delivery structures to reduce the current gap in health service provision between the households and the providers.
- Health committees commonly operate at village level while development committees operate at parish levels.
- The village is deemed a suitable unit given the programme and the population type.

User fees for services

- The GoU has provided funds which would cover most expenses needed for medical services but in many cases the funds are not enough;
- Most health facilities charge the patient fees for services such as medicine, condoms, contraceptives, detergents and syringes.
- Despite the abolishment of user fees previously charged to cater for staff fees and supplies, members of communities agree with the local health centres to pay for such services so as to contribute to service delivery.

Staffing

The staffing situation varies between regions, districts and urban or rural settings. While more than 80 percent of the population is found in rural areas, the distribution of trained health workers favours the urban areas. A large percentage of established posts remain unfilled. There is an overall shortage especially among the nursing and pharmacy staff. Overall, only 61 percent of the recommended positions for doctors, nurses, and pharmacists are filled. The staffing situation in regional referral hospitals is better than that in general hospitals. Despite considerable progress over the past ten years, poor salaries and lack of motivation incentives in the work place have resulted in staff abandoning their posts.

Malawi

Malawi is implementing a second PRSP, the Malawi Growth and Development Strategy (MGDS) (2006-2011). The MGDS has five thematic areas:

1. sustainable economic growth;
2. social protection;
3. social development;
4. infrastructure development; and
5. improving governance.

MGDS prioritises six areas drawn from the themes above:

1. agriculture and food security;
2. irrigation and water development;
3. transport infrastructure development;
4. energy generation and supply;
5. integrated rural development; and
6. prevention and management of nutrition disorders and HIV/AIDS.

Malawi is a heavily donor dependent nation: for the last four years donors have contributed at least 40 percent of resources to the national budget.

Agriculture Sector

- Malawi is predominantly an agrarian country;
- Up to 82 percent of Malawians are dependent on agriculture for their livelihoods;
- Agriculture accounts for about 39 percent of GDP, 85 percent of the labour force and 83 percent of export earnings;
- The role of agriculture in rural poverty reduction is viewed mainly through the lenses of food security.

Priorities in the Agriculture Development Policy (ADP)

- Improve food security at household and national levels through the promotion of input subsidy programme;
- Promote commercial agriculture, agro-processing and market development;
- Ensure sustainable land and water management;
- Push climate changes on government agenda;
- Promote agricultural research and extension services and institutional and capacity development;
- Address HIV/AIDS, gender equality and empowerment as crosscutting issues

In 2006/2007 and 2007/2008 fiscal years, expenditure on agriculture has taken up between 6 and 9 percent of the total budget, respectively. Expenditure has been increasing because of the Government's decision to implement an input subsidy programme and framing the budget according to priorities identified in the MDGs. The involvement of the private sector and of NGOs in the agricultural sector is not coordinated at all but the new extension system proposes the establishment of Stakeholder Panels at district, area and village levels.

Agricultural inputs are subsidised; in particular fertiliser and maize seeds have been subsidised since the 2005/2006 growing season. Farmers are paying about 25 percent of the market price of fertiliser and the subsidy for maize seed was 100% in the 2007/2008 growing season.

Staffing

MoAFS has 13,408 established posts but as of the third quarter of 2007, 40 percent of these were vacant. Staffing shortage is pronounced at the lower levels where services to the farmers are delivered: extension worker-farmer ratio ranges between 1:1,000 and 1:3,000. Shortage of extension workers is being taken care of by the introduction of Village Extension Multipliers.

Health Sector

Taking 1999 as a base year for monitoring progress, the sectors' key indicators are as follows:

- Per capita public health expenditure;
- Infant mortality rate per 1,000 live births;
- Under five mortality rate per 1,000 live births;
- Maternal mortality rate per 100,000 live births; and
- Life expectancy at birth.

The delivery of health services is guided by the Essential Health Package (EHP); and by the framework for the Health Sector SWAp. EHP entails a minimum package of services to be provided free of charge at point of delivery to Malawians.

SWAp in the health sector

SWAp identifies four pillars, each with its own indicators of monitoring progress:

1. human resources;
2. pharmaceuticals;
3. health infrastructure and equipment; and
4. delivery of the EHP.

SWAp was developed to accelerate development in the health sector but progress remains limited especially in the areas of human resource retention, drugs and pharmaceuticals, and poor maternal health services.

Under SWAp the Ministry of Health implemented the Emergency Human Resource Plan (EHRP) which involved a 52 percent salary top up for doctors and nurses. Local communities are involved in the monitoring of health facilities but they often concentrate on the dispensation of drugs.

Health sector financing

The major health service providers are: the Government (60 percent); the Christian Health Association (CHAM, 37 percent); and Private for Profit providers (3 percent). Public medical services are essentially free; CHAM charges user fees but at a subsidised rate; while private providers charge market rates.

The health system in Malawi is run at three levels: (1) primary (clinics); (2) secondary (district hospitals); and (3) tertiary (referral hospitals). The health sector is not fully decentralised yet except for its operational costs.

Health Care Service Delivery

Interventions at the community level are provided by Health Surveillance Assistants in conjunction with the Village Health Committees. Preventive and curative health interventions take place at the four levels of the community, the health centres, the district hospitals and finally the central hospitals.

Annex 4: Overview of Question Guides

The question guides for this review were developed through a collaborative and iterative process. Given the range of stakeholders and issues covered in the review, it was felt that a number of separate question guides would be useful to organise the specific questions. Consequently, this Annex contains six separate but related guides as follows:

- Annex 4.1: Institutions, Process and Community Development
- Annex 4.2: Agricultural Sector
- Annex 4.3: Health Sector
- Annex 4.4: Agricultural Coordinator (MVP staff)
- Annex 4.5: Health Coordinator (MVP staff)
- Annex 4.6: Other Stakeholders

The question guides are intended to guide the national researchers to collect information to answer the following overarching questions:

1. What the MVP planned to do and how it planned to do so
2. What the MVP does in practice;
3. What the MVP could do differently to improve prospects of sustainability and scaling-up.

The guides for the agricultural and the health sectors are organised around the five core review concepts and they are set out in tabular form to specify which questions to pose to each stakeholder group. The questions in these guides are divided into core and optional. We ask the national researchers to cover all the core questions so that results can be compared across countries as far as possible. It is assumed that the national researchers will use the questions as a starting point to probe for improved understanding of the issues and may well pose additional questions within the interview settings.

Stakeholder specific guides were also developed for the Agricultural and Health Coordinators of the MVP. These Coordinators are strategic stakeholders given their interface role between village inhabitants and the managers and designers of the programme at various levels. The national researchers are asked to treat all questions proposed for the MVP staff as compulsory. It is assumed that the national researchers will address the questions in the 'Institutions, Processes and Community Development' guide to the MVP Cluster Coordinator (as indicated in the Table).

The final question guide entitled 'Other Stakeholders' provides an overview of issues which should be addressed. As these 'other stakeholders' vary across countries and sectors, the national researchers will likely need to develop fairly specific questions for specific constituencies (e.g., national association of mid-wives, etc.).

4.1. Key Questions on Institutions, processes & community development

Questions in bold are considered essential²⁹

The following table provides a menu of questions that span across the sectors and identify potential stakeholders to whom the questions can be posed. The national researchers will need to devise a suitable division of labour to ensure that these questions are covered.

National Level

	Possible stakeholder to ask
Introduction of the MVP to the countries: <ul style="list-style-type: none"> • When • How • By whom • To whom 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Prime Minister's Office (?) • Representatives of the respective Ministry • MVP Staff • UNDP MVP Focal Person
Prioritization and alignment: How was the MVP introduced in the country – as a pre-defined package of interventions based on MDGs or could those MDG-related activities which were considered most important be prioritised for implementation?	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Prime Minister's Office (?) • Representatives of the respective Ministry • MVP Staff • UNDP MVP Focal Person
Engagement of the MVP with government: <ul style="list-style-type: none"> • Which ministry / government agency has been involved in the project design and implementation phases of the MVP? • Has there been a clearly defined set of responsibilities in the relevant Ministries to engage and actively collaborate with the MVP in introducing the sector interventions? • What is the rationale for the choice? 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Prime Minister's Office (?) • Representatives of the respective Ministry • UNDP MVP Focal Person • MVP Cluster Manager
Selection of implementation arrangements for the MVP in the country (e.g. village selection, selection of hosting agency, selection of execution agency, etc.): <ul style="list-style-type: none"> • By whom? 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Prime Minister's Office • Representatives of the respective Ministry • UNDP MVP Focal Person

²⁹ The inclusive process of question guide development invariably resulted in a large number of questions. All of them are relevant, but it is likely that it will be difficult for any of the researchers to cover all of them. Hence, we have underlined and highlighted (in bold font) those questions which we would like each of the researchers to pose to the relevant stakeholders – the so-called essential questions. The remainder of the questions are not essential but it would be most desirable if the researchers could attempt to cover them as well.

	<ul style="list-style-type: none"> • MVP Staff
<p>Interface between host government agency / ministry and MVP executing agency at national level (e.g. UNDP):</p> <ul style="list-style-type: none"> • Who is involved? • What are their respective roles? • Who chairs • When/how often do they meet? 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Representatives of the respective Ministry • UNDP MVP Focal Person
<p>Lesson learning and adoption: What indications are there for successful processes or mechanisms of MVP operations to be integrated into country's development plans and strategies?</p>	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Representatives of the respective Ministry • UNDP MVP Focal Person • MVP Cluster Manager
<p>How do MVP interventions and processes reflect the country's development plans?</p> <ul style="list-style-type: none"> • Probe for rationale and implications 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Representatives of the respective Ministry • UNDP MVP Focal Person
<p>How are planning processes between government and MVP coordinated?</p> <ul style="list-style-type: none"> • Who is involved? 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Respective line ministries • Cluster Manager
<p>How are planning processes between MVP and NGOs, International organisations, important private sector actors coordinated?</p> <ul style="list-style-type: none"> • Is the MVP involved in joint sector reviews? 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • Respective line ministries • MVP Cluster Manager
<p>Is the MVP perceived as one of the central players in achieving the MDGs?</p> <ul style="list-style-type: none"> • How is the MVP interacting with other bilateral donors / UN agencies / (international) NGOs with an explicit focus on MDGs 	<ul style="list-style-type: none"> • Min of Planning / Economic Development • UNDP MVP Focal Person • Other UN agencies • Bilateral donors • International NGOs • National professional bodies • Private sector representatives
<p>If the MVP were to be scaled-up nationally, what would be required in terms of staff (in terms of numbers and qualifications), and how will this be financed under the national budget? Do you consider this feasible?</p>	<ul style="list-style-type: none"> • Representatives of the respective Ministry • Min of Planning / Economic Development • National professional bodies
<p>Political support for MVP Which particular national stakeholders and particularly supportive of the MVP and which are potentially or actually opposed to the MVP (and why)</p>	<ul style="list-style-type: none"> • Elected officials • Bureaucrats • Donors

(Sub) District Level (the level where the MVP Cluster Team interacts)

<p>Introduction of MVP to district level:</p> <ul style="list-style-type: none"> • When 	<ul style="list-style-type: none"> • District Councillor / Head / President
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<ul style="list-style-type: none"> • How • By whom • To which district level institutions • Why to these and not others? 	<ul style="list-style-type: none"> • MVP Cluster Manager • Executive heads of respective ministries
<p>Key external actors (international NGOs, bilateral donors, UN agencies, etc.) besides the MVP core team at the district level aiming at achieving the MDGs</p> <ul style="list-style-type: none"> • Who are they • What are their roles • What are the mechanisms of operation and interaction with MVP 	<ul style="list-style-type: none"> • MVP Cluster Manager • Representatives of UN agencies / bilateral donors / NGOs present in District • Heads of respective Ministries
<p>What are the links between MVP and district level plans and activities:</p> <ul style="list-style-type: none"> • How were links made and by whom • Was there any coordination with other stakeholders • Did the MVP fit into existing operational modes (norms and standards – and timing) or did it lead to the revision of norms and standards? How and what have been the consequences so far? 	<ul style="list-style-type: none"> • MVP Cluster Manager • Heads of respective Ministries
<p>Has the introduction of MVP led, at the (sub) district level, to the creation of new structures or revitalization of seemingly inactive/dormant district level structures?</p> <ul style="list-style-type: none"> • Probe for rationale 	<ul style="list-style-type: none"> • MVP Cluster Manager • Heads or respective Ministries
<p>Political support for MVP Which particular national stakeholders and particularly supportive of the MVP and which are potentially or actually opposed to the MVP (and why)</p>	<ul style="list-style-type: none"> • Elected officials • Bureaucrats • Donors

Local Level

<p>Introduction of MVP to local levels</p> <ul style="list-style-type: none"> • How • By whom • To whom • When 	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager • Focus Group Discussion with community residents
<p>New structures (e.g. committees, institutions, procedures, etc.) emerging as a result of MVP activities – or significantly revised existing ones?</p> <ul style="list-style-type: none"> • Which ones • Why have they emerged • What roles are they playing • Need for new institutions to make MVP sustainable? If yes, why? What kind of institutions? 	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager
<p>Interface between new and old structures (e.g. committees, institutions, procedures, etc.) at local level</p> <ul style="list-style-type: none"> • Co-existence 	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager

<ul style="list-style-type: none"> • Weakening or substituting the existing ones • How and why • What are the effects 	
<p>Do local village governments have the impression that they have to adapt their procedures to MVP procedures or do they feel the MVP fits into local government procedures?</p>	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • Focus Group Discussion with community residents
<p>What does the MVP do to strengthen capacities of elected government bodies?</p>	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager • Representatives of elected government bodies (e.g. community council)
<p>What does the MVP do to strengthen capacities of government staff (e.g. agricultural extension agents, community health workers, nurses, doctors, etc.)?</p>	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager • Key Informant interviews with government staff at village level
<p>“Change agents” (e.g. Community health workers, extension agents, community leaders, etc.):</p> <ul style="list-style-type: none"> • Who are they? • How are they selected? • Who selects them? • How are they supported by the MVP? • Will they remain in the villages once MVP support stops? 	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager • Change agents?
<p>How do village inhabitants feel about newly established (or MVP strengthened) – if any - MVP committees?</p> <ul style="list-style-type: none"> • Do they see any benefit in participating in these committees? • Who participates? Can everybody participate or are there – hidden or open – entry barriers (e.g. gender, wealth, profession, etc.)? • Do inhabitants feel that their interests are represented? • Do inhabitants feel that their voices are heard? • How do these committees report back to the community? 	<ul style="list-style-type: none"> • Community president / Councillor / Head / Chief • MVP Cluster Manager • Focus Group Discussion with community residents
<p>What is the role of community members in project management?</p>	<ul style="list-style-type: none"> • Focus Group Discussion with community residents • Community president / Councillor / Head / Chief • MVP Cluster Manager
<p>If village inhabitants wanted to change certain MVP interventions / ways interventions were carried out / cost sharing arrangements / etc. – how could they do so?</p>	<ul style="list-style-type: none"> • Focus Group Discussion with community residents • Community president / Councillor / Head / Chief

	<ul style="list-style-type: none"> • MVP Cluster Manager
If village inhabitants identify activities that are not part of the core MVP activities, but that they think are essential, how can they communicate this to MVP coordinators / MVP Cluster Manager to get these funded?	<ul style="list-style-type: none"> • Focus Group Discussion with community residents • Community president / Councillor / Head / Chief • MVP Cluster Manager
If village inhabitants had own ideas what to do / how to do things / when to do things, how and to whom can they communicate this?	<ul style="list-style-type: none"> • Focus Group Discussion with community residents • Community president / Councillor / Head / Chief • MVP Cluster Manager

Annex 4.2 Key Questions – Agriculture Sector

Questions in bold are considered essential³⁰

It was agreed that for most of the questions, three dimensions are likely required:

1. What the MVP planned to do?
2. What the MVP actually does in practice?
3. What the MVP could do differently do ensure sustainability and scaling-up

INFORMANTS	1. OWNERSHIP	2. ALIGNMENT	3. LINKAGES	4. SUSTAINABILITY	5. SCALING UP
<i>VILLAGE / LOCAL</i>					
<i>Farming Households</i>	<p>Have you managed to adopt the agricultural production technology introduced in this village by the MVP team? Can you discuss with us the key gains and benefits, as well as the challenges you faced in the adoption phase?</p> <p>Do you consider the agricultural activities of the MVP relevant/responsive to the needs of your family?</p> <p>Is there a difference between production outcomes now, and production outcomes before the MVP interventions?</p> <p>If your income reaches a surplus status on a sustained</p>	<p>What is the relation between the production of crops promoted under the MVP and the crops that you used to cultivate previously?</p> <p>Has the project addressed ways for you to improve the level of production and productivity for the crops that are important to your livelihood?</p> <p>Are you able to provide feedback on your agricultural production needs to the MVP facilitators for them to take into account on how they can target better your production needs?</p>	<p>If you had a surplus in crop production over the last year, were you able to sell this on the market?</p> <p>Have you been able to access any micro credit scheme to facilitate the purchase of inputs?</p> <p>Have you been able to feed yourself and your family better as a result of the greater variety of crops which you are producing thanks to the MVP interventions?</p>	<p>How do you spend the additional income that you are gaining from higher production levels and yields?</p> <p>What investments might you be considering if you continue to earn a surplus?</p> <p>Have you learned how to increase crop production as a result of the MVP, and do you feel you will be able to sustain the higher level of production and yields without the supervision of the extension staff?</p> <p>What factors will facilitate your ability to continue crop production at current levels – for the crops on which MVP has provided technical</p>	<p>Will you be able to apply the new technology learned through the MVP to other crops? If so, which crops would these be?</p> <p>What are the key changes that will need to take place for farmers in other villages to fully adopt the new production techniques?</p>

³⁰ The inclusive process of question guide development invariably resulted in a large number of questions. All of them are relevant, but it is likely that it will be difficult for any of the researchers to cover all of them. Hence, we have underlined and highlighted (in bold font) those questions which we would like each of the researchers to pose to the relevant stakeholders – the so-called essential questions. The remainder of the questions are not essential but it would be most desirable if the researchers could attempt to cover them as well.

	<p>basis, will you feel confident to experiment the newly acquired production technique with other crops?</p>	<p>Is the quality and content of farming training programmes promoted through the MVP useful?</p>		<p>support – once input subsidies end? Similarly, what factors will prevent you from sustaining current production levels?</p> <p>Would you pay for input subsidies if you had to pay current market price?</p>	
<p><i>Producer's groups (Focus group discussion with farmers)</i></p>	<p>To what extent do you (or the community) contribute in deciding the level and nature of your contribution to MVP agricultural sector activities?</p> <p>Have you been involved in planning MVP activities in the NR and agricultural field?</p> <p>Since the MVP is operational in this village, has the focus which agriculture / natural resource conservation needs are being addressed in the community changed?</p> <p>Does the MVP team engage effectively with producers' groups in this village in deciding areas that need priority interventions? Have they involved you in the implementation phase of these interventions? If so, can you discuss with us how?</p> <p>Are some farmers beginning to purchase their own improved seeds and fertiliser? If yes, from whom? And at what prices?</p> <p>Is there a difference among farmers who are beginning to learn from or take up MVP-led interventions? And if so, what is this difference (e.g. small versus large farmers,</p>	<p>How does the MVP credit and financing scheme relate to other similar schemes which were already in place?</p> <p>Are these credit schemes progressively getting integrated / absorbed into any locally existing micro credit institutions?</p> <p>What does the MVP do to motivate farmers to shift the composition of their crop portfolio to high-value crops?</p> <p>Are farmers' changing the production technology used to cultivate food crops and cash crops?</p>		<p>Has there been a discussion with the MVP staff over the interventions that will be required to sustain agricultural production in years of bad harvest (safety nets programmes)?</p>	<p>If the MVP spread to wider areas than today, what do you think the likely impacts might be on:</p> <ul style="list-style-type: none"> ▪ The quality of extension services? ▪ Market prices? ▪ Input delivery? <p>How long do you think it will take for all farmers in this and neighbouring villages to adopt the new production techniques recommended under the MVP?</p> <p>Have crop insurance schemes being designed to facilitate farmers' coping strategies in years of drought and/or crop failure?</p> <p>Are farmers gradually changing their cropping pattern and moving to higher-value crops?</p>

	<p>cash crops versus food crops, etc.)?</p> <p>Do you think you are listened to by the agricultural extension agent / agricultural committee, MVP agricultural coordinator and that your needs are being addressed?</p> <p>Are discussions held with the MVP team to understand how to include the weakest/most vulnerable groups of farmers and help them to participate in improved farming techniques?</p>				
Community leaders	<p>What is your level of engagement in the process of identifying and carrying out the objectives of the MVP?</p> <p>Where you actively involved in planning, formulating and designing the package of interventions?</p> <p>What do you know about the MVP agricultural activities and plans?</p> <p>Do credit/financing schemes established by MVP team reach and are being used actively by all smallholders (regardless of their assets)? How about women?</p> <p>Did village-level committees for agriculture / natural resource conservation exist before the MVP? If so, how have the existing committees changed or how do they differ now (do they still exist)?</p>	<p>Do MVP community leaders know what district agricultural plans are?</p> <p>To what extent has the MVP intervention package accounted for (and addressed) the community priorities?</p> <p>Are young members of the community being drawn into participating into the benefits of greater agricultural production through vocational training course?</p> <p>Does the MVP provide support to strengthen the staff capacity at community level based on the needs discussed with community leaders?</p>		<p>What do you think about the payback scheme proposed by the MVP to recoup input subsidies? Is this feasible? Is this sustainable? Can you discuss what challenges it might face if it were scaled up geographically?</p>	

<p><i>Extension officers</i></p>	<p>Were there any extension agents stationed in this village prior to the MVP?</p> <p>To what extent has the Agricultural Facilitator/Coordinator appointed by the MVP team addressed the productivity constraints identified by extension agents operating pre-MVP?</p> <p>Are you listened to by the MVP team / agricultural facilitator?</p> <p>How do you follow up on MVP activities? Is there a monitoring of MVP activities?</p> <p>How are you rewarded for your services? Do you get any additional incentives?</p>	<p>Are farmer field training sessions set by the MVP being organised around existing priority areas, or is the focus set by the MVP team trying to change this?</p>	<p>Is there any supervision and technical backstopping from the district level provided? If so, is the support sufficient and adequate to your needs?</p>	<p>What are the community expectations about how the MVP 'experiment' will be sustained beyond 2011?</p>	<p>What things can stop the MVP package being successful in other villages? What else would we need to do to spread success to other villages?</p>
<p><i>Traders</i></p>				<p>Has the number of buyers and sellers for crops increased since the MVP started?</p> <p>What interventions do you think will enable the independent development of input and output markets after the MVP?</p> <p>What kind of support would you need to be able to operate successfully as an independent trader and serve rural communities?</p>	<p>What changes have you seen locally since MVP came to this area? Are farmers offering more crops for sale? Do you get more business?</p>
<p><i>Women's group</i></p>	<p>Has there been any discussion on how to improve the production of crops (food/other) and livestock which are typically considered women's crops?</p>				

	<p>Have you been asked your opinion? Are there crops and livestock you have that are not attended by MVP?</p> <p>Are women in this community getting access to inputs, and are these being used regularly?</p> <p>Do you get the same advice and packages that the men get?</p>				
DISTRICT LEVEL					
<p><i>District officers / representatives from agricultural line ministry</i></p>	<p>What do you know about the MVP agricultural activities and plans?</p> <p>To what extent has your office been involved in developing MVP agricultural investment plans (and related budgetary implications)?</p> <p>Is there a voucher system in place to access inputs? Is this regularly used by villagers?</p> <p>How does your office follow up on MVP activities? Is there government monitoring of MVP activities? If so, how is it done and by whom?</p> <p>What role has your office demonstrated to date with taking over from the MVP agricultural activities?</p>	<p>To what extent do the agricultural activities of the village action plan relate to the district plan and priorities?</p> <p>How does the MVP collaborate with the local government officials of this district? Are you satisfied by the nature of this collaboration in terms of seeing your governance objectives reflected in the MVP priorities?</p> <p>Has the MVP agricultural monitoring framework selected indicators that the MoA already collects as part of the national M&E framework?</p> <p>Is government staff seconded to the MVP for agricultural activities?</p>	<p>What kind of support is provided to strengthen the rural non-farm economy, especially in relation to agricultural processing and marketing?</p> <p>What significant changes have there been at the district level in terms of availability and functioning of cereal banks, input stores, and financial services as a result of MVP-lead agricultural production/productivity increases?</p> <p>What do you think about the possible links promoted under the MVP between agricultural activities and education (eg school meals supply) and health programs (improved food security and dietary composition)? Are these realistically sustainable in the long run?</p> <p>What efforts are undertaken by either the MVP or government agencies to support the emergence of</p>	<p>What are the staffing levels in the MVP villages? Can these be maintained post-MVP? Is this in line to government policies on staffing?</p> <p>Which local authority will ensure that the voucher system initiated by the MVP team will continue to be supported beyond 2012?</p> <p>Who will provide training to public extension agents that will deliver MVP-type service in the future?</p> <p>To what extent is the MVP providing support to strengthen government staff capacity and procedures for agricultural planning and budgeting at community level?</p> <p>Will it be possible in future to maintain the incentive structures (e.g. subsidised inputs, additional extension staff, etc.) provided by the MVP?</p> <p>What natural resource</p>	<p>Are you satisfied with the design and implementation of the MVP in this district? Is the agricultural package working?</p> <p>Would you like to see this scaled up across the whole district?</p> <p>Are agro-input dealers learning from the MVP on how to scale up their interventions in proportion to the actual needs in the district?</p> <p>Have you learned anything from MVP? Are you planning to extend some MVP ideas to other parts of District?</p>

			<p>private sector agricultural input dealers and public sector extension agents which will eventually be in a position to take over service provision and delivery from the MVP?</p> <p>Have private sector agro-dealers being identified to develop a 'takeover strategy' for the provision of inputs in the MVP cluster sites?</p> <p>What infrastructure is required for inputs to be stored securely and effectively prior to their disbursement? Who is in charge of this?</p>	<p>conservation strategies will be needed to sustain (and scale) the results started under the MVP?</p>	
NGO				<p>Have you been able to successfully engage with the MVP team to identify areas of future interventions to sustain food security and agricultural surplus achievements?</p> <p>What has your NGO valued most about lessons learnt from MVP so far that can help local communities sustain results achieved in agricultural production beyond MVP?</p>	
REGIONAL/NATIONAL LEVEL					
<p><i>Representatives from Ministry of Agriculture and others</i></p>	<p>What do you know about the MVP agricultural activities and plans?</p> <p>To what extent has the MVP targeted the agricultural priorities set in the national poverty reduction strategies, and in the agriculture sector</p>	<p>How does the MVP relate to national policies aimed at supporting agricultural production?</p> <p>Does the MVP follow national protocols and norms or are project-specific protocols employed (e.g., in relation to</p>	<p>Has any discussion being initiated on how to improve infrastructure (roads and IT network) so as to facilitate the links between greater agricultural production and the rest of the economy?</p> <p>Is the MVP promoting</p>	<p>If the Ministry had much more resources, so money was not the problem, would you want to expand the MVP model across the country? If not, why not? Would there be any changes you would want to make?</p>	<p>Has the MVP s been noticed by national leaders? If yes, has this led to comment or debate on how to inform national poverty reduction strategies, and sector strategy from lessons learned?</p>

	<p>strategy? Were you consulted in the decision to implement the MVP? Which office / desk in your Ministry liaise with the MVP? How does your office follow up on MVP activities? Is there a monitoring of MVP activities? If so, how is it done and by whom? Is the MVP package working? Would you like to see this effort scaled up across the country?</p>	<p>subsidies on agricultural inputs, staff composition in villages, collection of statistics, etc.)? If there are discrepancies, why have they emerged and will it be possible and desirable to address them according to what the MVP suggests? Is government staff seconded to the MVP for agricultural activities? If so, what for? and how many? Does the MVP provide support to strengthen government staff capacity and procedures for agricultural planning and budgeting at community level? Is the financing for MVP activities 'on budget' (e.g. reflected in government budgets) and are domestic public financial management systems used to manage the MVP support? Are there any lessons so far from MVP experience that have informed national policy and programmes?</p>	<p>discussion among different national ministries on how to take forward the issue of cross-sector interventions? If so, with whom have these planning discussions taken place? How will production growth be channelled in the future to promote school meal programmes? Who will be the facilitating institution to link agricultural sector to educational needs?</p>	<p>Do you think that it will be possible to connect the MVP to the development projects designed for the surrounding areas to make it sustainable? Will there be a share of the budget for investment in human resources to scale and sustain service delivery in rural areas? Are markets at district and national level sufficiently developed to absorb high-value products?</p>	<p>Has there been any discussion, and if so at what level, as to how the achievements in the MV can be replicated in other regions within the country? What are the levels of human resources for agriculture that would be required to scale up the MVP nationally? In your opinion, which are the main constraints that could hinder the MVP from being replicated successfully in other areas? Could the subsidised input supply programme be scaled up nationally? If not, what are the reasons? What is the amount of funds needed for a voucher-system to be set up beyond the MVP? What is the chance that the number of agro-dealers selling improved seeds and fertiliser to the farmers will be scaled up to the regional/national level?</p>
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Annex 4.3 Key Questions – Health Sector

Questions in bold are considered essential³¹

It was agreed that for most of the questions, three dimensions are likely required:

1. What the MVP planned to do?
2. What the MVP actually does in practice?
3. What the MVP could do differently do ensure sustainability and scaling-up

Village / local level	OWNERSHIP ³²	ALIGNMENT	LINKAGES	SUSTAINABILITY	SCALING-UP
Households	<p>Seek understanding of ownership and assess levels of ownership on the basis of the following questions:</p> <p>To what extent do you (or the community) contribute in deciding the level and nature of your contribution to MVP health sector activities? Do you have to pay fees? If so, for what?</p> <p>Do you, as a beneficiary or</p>		<p>Do you face barriers in taking advantage of referrals and how does MVP help you to address these?</p>	<p>Are households willing to pay user fees to sustain health services at clinic?</p>	

³¹ The inclusive process of question guide development invariably resulted in a large number of questions. All of them are relevant, but it is likely that it will be difficult for any of the researchers to cover all of them. Hence, we have underlined and highlighted (in bold font) those questions which we would like each of the researchers to pose to the relevant stakeholders – the so-called essential questions. The remainder of the questions are not essential but it would be most desirable if the researchers could attempt to cover them as well.

³² Suzie suggested keeping following in mind: A strong sense of ownership of the process and content of the project is a key success factor. It is more than just the enlisting of government support for the MVP or integrating the MVP into existing PRS frameworks. In asking **how strong is ownership at different levels** allows for a more in-depth analysis and disaggregation of **stakeholder perceptions about project relevance and value added**. Furthermore, it **encourages buy-in, consensus building** and the establishment of community control structures. The last point is key to promoting beneficiary confidence in the equity of access and use of the services provided as well as to avoid dichotomizing the project between winners and losers.

	<p>community member, feel that you have been listened to by the village health committees and do they represent your views?</p> <p>Do you consider the health activities of the MVP relevant/responsive to the health needs of your family?</p> <p>Do you consider that the health activities of the MVP contribute to meeting the priority need(s) of the community?</p> <p>How has the MVP changed which health needs are being addressed in the community?</p> <p>Has the MVP enabled you to access health services outside of the village when required?</p> <p>What are the major costs of accessing health care? Does the MVP meet these?</p>				
<p><i>Members of facility and health committees</i></p>	<p>Did the MVP set up new committees for health generally and for oversight of the health clinic in particular?</p> <p>Did village-level committees for health and for the health clinic exist before the MVP? If so, how have the existing committees changed (do they still exist)?</p> <p>Are the MVP health committees active?</p> <p>To whom do the committees</p>	<p>To what extent do the health activities of the village action plan coincide with to the district health plan and priorities?</p>	<p>Are the CHW/VHW adequately supervised?</p> <p>If the MVP clinic is attracting in-migration of patients, does this lead to conflicts and who/how are decisions made on who gets prioritised?</p> <p>To what extent are the MVP health activities synchronised with the other sector activities, say in education and agriculture? Probe if there are health activities in the educational programs; if health has improved due to MVP and hence</p>	<p>What sorts of incentives are provided for by MVP? How do they compare with the present MoH incentive structure?</p> <p>What managerial is required to implement the MVP health activities?</p> <p>What management training is the MVP providing and is it sufficient?</p>	

	<p>report and how?</p> <p>What is the composition of the committees; and are youth, women, and other vulnerable groups represented? And has this composition changed over time?</p> <p>What are the roles of different members of the committees in decision-making?</p> <p>How are decisions reached in the committees? Does this differ from how decisions are made in other institutions in the village? If so, how, and what are the implications?</p> <p>How do the village health committees consult with community members?</p> <p>How do the Community and Village Health Workers report back to you and the community on the services provided?</p>		<p>more work and more wealth; how health education is given to the community and how it is related to the livelihood of the beneficiaries.</p> <p>How is the MVP health delivery service integrated with the National Health Service delivery?</p>		
<p><i>Community Health Worker</i></p>	<p>Why did you become a Community Health Worker?</p> <p>Did you play a similar role in the village prior to the MVP?</p> <p>Are the responsibilities required of you appropriate in your view? Can you perform them all?</p> <p>Do you feel that you are listened to by the MVP team (specifically the VHW, Health Coordinator, and Health Field Facilitator?)</p> <p>How are you rewarded for your service?</p>	<p>To what extent do the health activities of the village action plan coincide with to the district health plan and priorities?</p>	<p>Are you adequately supported by the MVP team?</p> <p>If the MVP clinic is attracting in-migration of patients, does this lead to conflicts and who/how are decisions made on who gets prioritised?</p>	<p>What sorts of incentives are provided for by MVP?</p> <p>If financial support for your remuneration were to be reduced or withdrawn, would you be able/willing to continue this work?</p>	

<p><i>Village Health Worker</i></p>	<p>What motivated you to come and work in this village (facility)?</p> <p>What work did you do before you worked for the MVP?</p> <p>Do you feel that you are listened to by the MVP team (specifically the Health Coordinator, Health Field Facilitator and VHW)?</p>	<p>To what extent do the health activities of the village action plan coincide with to the district health plan and priorities?</p>	<p>Are you adequately supported by the CHW and MVP team?</p>	<p>What sorts of incentives are provided for by MVP?</p> <p>If financial support and incentives were to be reduced, how will you continue this work?</p> <p>What kind of incentives does the government provide to village health workers and how does that compare to MVP incentives?</p>	
<p>(sub) District Level</p>					
<p><i>District officers / representatives from health line ministry</i></p>	<p>What do you know about the MVP health activities and plans?</p> <p>To what extent has your office been meaningfully engaged in developing MVP health plans?</p> <p>What leadership has your office demonstrated to date with respect to the MVP health activities?</p> <p>How does your office follow up on the MVP activities? Is there a (monthly) monitoring of the MVP activities? If so, how is this done?</p>	<p>To what extent do the health activities of the village action plan coincide with the district health plan and priorities? If differences, why and with what implication?</p> <p>To what extent does the MVP provide support to strengthen government staff capacity and procedures for health planning and budgeting at the district and community levels – as opposed to strengthening such capacity for MVP purposes only?</p> <p>How does the planning, budgeting, prioritisation, and decision-making process for MVP health interventions (e.g., Plans of Action) relate to those of government at the district level?</p> <p>Is government staff seconded to the MVP for health activities? If so, what and how</p>	<p>Are the CHW/VHW adequately supervised?</p> <p>Is there adequate support from MoH for technical backstopping on the MVP?</p> <p>Do CHWs/VHWs provide adequate follow-on care (e.g., ARV adherence)?</p> <p>Do CHW/VHW correctly identify at risk pregnancies and refer them to the (sub)district level?</p> <p>Are there incentives for referrals? If so, at what rate?</p> <p>How is the MVP health delivery service integrated with the National Health Service delivery? E.g. role of the district health centre or hospital in strengthening the services at the MVP clinic in terms of training, supervision and quality assurance and during utilization and management and other related health services;</p>	<p>What sorts of incentives are provided for by MVP? How do they compare with the present MoH incentive structure? Will the MoH provide incentives at the same level of staff to serve in rural areas?</p> <p>What managerial is required for the MVP health activities?</p> <p>Will the Ministry of Health be able to recruit, assign and pay staff to undertake such functions?</p> <p>What management training is the MVP providing and is it sufficient?</p> <p>What are the staffing levels in the MVP villages and sub-district?</p> <p>How does that compare with the MoH policies on staffing?</p> <p>Would the MoH be willing and able to maintain such staffing levels?</p>	

		<p>many? What are the incentives and are they in line with prevailing incentives?</p> <p>Has the MVP health monitoring framework selected indicators that the MoH already collect as part of the national M&E framework – if differences, why? Does MVP monitoring rely on government or project-specific dedicated systems to collect such information?</p>	<p>Is there any integration of the MVP health services with the private sector, say on the purchase of drugs from rural drug vendors and pharmacies, access to treatment services in private clinics for those not available in the village clinic, etc.</p> <p>If the MVP clinic is attracting in-migration of patients, does this lead to conflicts and who/how are decisions made on who gets prioritised?</p>	<p>What will be required for staff to be re-deployed to the rural areas (service providers)?</p>	
NGO				<p>What has your NGO valued most about lessons learnt from MVP so far that can help local communities sustain health results achieved beyond MVP?</p> <p>Have you been able to successfully engage with the MVP team to identify areas of future interventions to sustain health achievements?</p>	
Regional/National level					
<p><i>Representatives from Ministry of Health and others (e.g., MoF on sustainability issues)</i></p>	<p>What do you know about the MVP health activities and plans?</p> <p>Were you consulted in the decision to implement the MVP?</p> <p>To what extent has the MoH</p>	<p>To what extent do MVP activities correlate with the national health sector strategy and priorities, delivery structures – what is the rationale for the differences</p>	<p>How is the MVP health delivery service integrated with the National Health Service delivery?</p>	<p>Is an increase of \$15/capita for public expenditure on health feasible (under the current resource regime and your assessment of future donor engagement)?</p>	<p>If the MVP spread to wider areas than the MVPs, what might be the likely impacts on user fees and quality health care?</p> <p>Does MVP define new standards and norms that can</p>

	<p>been meaningfully engaged in developing MVP health plans?</p> <p>Was the MoH also engaged in discussions on budgets?</p> <p>Which office liaises with the MVP?</p> <p>How does the liaison office follow up on the MVP activities? Is there a (monthly) monitoring of the MVP activities? If so, how is this done?</p> <p>What leadership has the MoH demonstrated to date with respect to the MVP health activities?</p>	<p>and what are the implications? <u>33</u></p> <p>To what extent does the MVP concept (and the interventions it prioritises) enhance national health plans and sector strategies – for example, in the prioritisation of cost-effective interventions and programmes?</p> <p>To what extent does the MVP provide support to strengthen government staff capacity and procedures for health planning and budgeting at the national, district and community levels?</p> <p>How does the planning, budgeting, prioritisation, and decision-making process for MVP interventions (e.g., Plans of Action) relate to (build from and strengthen) those of government? Consider this question at different levels (including, for example, MVP staff participation in health SWAp joint annual reviews, etc.)?</p> <p>Is the financing for MVP activities 'on budget' (e.g. reflected in government budgets) and are domestic public financial management</p>		<p>What are the underlying spending trends?</p> <p>Is the proposed increase within the parameters of the MTEF?</p> <p>What would be required to make this allocation happen?</p> <p>The MVP envisions shifting resources to primary level facilities and staff;</p> <p>How realistic is a significant shift of resources from secondary and tertiary to primary care?</p> <p>If significant shifts are not possible, will increasing user fees to make up the difference be possible?</p> <p>If significant shifts are not possible from domestic resources, ask donors if they foresee earmarking funds for MVP type interventions at village level</p> <p>What sorts of incentives are provided for by MVP? How do they compare with the present MoH incentive structure? Will the MoH provide incentives at the same level of staff to serve</p>	<p>be replicated?</p> <p>If yes, what are these? Is adoption of these standards is feasible.</p> <p>What level of human resources for health would be required to scale up the MVP nationally? Could these numbers be trained, recruited, supervised and so on.</p> <p>What strategies and practices has the MVP created that influence governments to incorporate MVP health interventions in their national poverty reduction strategies, sector strategy and annual health operational plans?</p>
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³³ Hailom suggested: Probe for priorities in primary health prevention, care and treatment services, focal diseases, family health services (mother and child care, refer national health development program and MVP documents), service delivery ways and approaches, use of the tier system as in the case of Ethiopia—i.e. . relation of the village clinic, to the district health center and hospital and the referral hospital at zone or region; health management and financing systems and accountability (procurement, budget execution, financial reporting and auditing, capacity building through training and use of MVP staff), M&E, supervision practices and quality assurance.

		<p>systems used to manage the MVP support?</p> <p>Is government staff seconded to the MVP for health activities? If so, which cadres of staff and how many? What are the incentives and are they in line with prevailing incentives?</p> <p>Does the MVP follow national/international protocols and norms or are project-specific protocols employed (e.g., in relation to medicines formularies, user fees, staff composition at health centres, construction standards, collection of vital statistics, etc.)? If there are discrepancies, what accounts for them and do you consider them reasonable?</p> <p>Has the MVP health monitoring framework selected indicators that the MoH already collect as part of the national M&E framework – if differences, why? Does MVP monitoring rely on government or project-specific dedicated systems to collect such information?</p>		<p>in rural areas?</p> <p>What managerial inputs are required for the MVP health activities?</p> <p>Will the Ministry of Health be able to recruit, assign and pay staff to undertake such functions?</p> <p>What management training is the MVP providing and is it sufficient?</p> <p>What are the staffing levels in the MVP villages and sub-district?</p> <p>How does that compare with the MoH policies on staffing?</p> <p>Would the MoH be willing and able to maintain such staffing levels?</p> <p>What will be required for staff to be re-deployed to the rural areas (service providers)?</p>	
					<p>Does MVP help to establish new standards and norms that can be replicated? If yes, what are these? Is adoption of these standards is feasible.</p> <p>What level of human resources for health would be required to scale up the MVP</p>

					nationally? Could these numbers be trained, recruited, supervised and so on.
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Annex 4.4: Agricultural Coordinator (MVP staff)

Can you briefly explain the following:

- (1) How long have you been in this job?
- (2) What were you doing before this job?
- (3) What is your experience for this job?
- (4) What is your educational qualification for this job? Can you please let me know what your highest level of education is (i) high school; (ii) college; (iii) university undergraduate; (iv) post grad certificate or masters
- (5) What is your salary (National Researcher: *if this is not culturally acceptable, please do not ask*).

Can you briefly describe your main tasks and activities in this village?

Do you have any information why these activities in the field of agriculture and natural resource conservation have been chosen and not others?

Were you involved in the planning of these activities?

Who else was involved in planning agricultural and natural resource related MVP interventions?

When you are planning and implementing activities, how do you engage and collaborate with

- village inhabitants,
- local (agricultural) committees,
- elected village government members,
- government extension agents,
- agricultural / natural resource experts from district and/or national level,
- other MVP staff?

Are national (or international) research organisations involved in the village / cluster (e.g., in monitoring crop performance? experimentation? etc.)?

Were specific agricultural / natural resource conservation committees set up at the village level? If so, how do they function? How do you work with them? What is their role? How is their role defined vis-a-vis existing government organisations?

What do you know about government agricultural plans and strategies?

How do MVP activities in the village relate to these plans and to what the government is doing in the village?

What kind of support do you provide to government staff (e.g. extension agents)?

What technical and managerial support do you receive from MVP staff, e.g., from the Cluster Manager? What technical and managerial support do you get from the Earth Institute?

Since the beginning of the activities in this village / cluster, have you revised the design of activities? Have additional activities been added and others dropped?

To whom do you report about progress of implementation but also problems faced? Who responds?

You have been here now for almost 2 years, what change - in general but specifically in the field of agriculture and natural resource management - have you seen? – at the level of:

- individual village inhabitants,
- households,
- disadvantaged groups (e.g. women, female-headed households, the ultra-poor, disabled people, etc.),
- in the way the community works together to implement activities (e.g., resource conservation, management of common pool resources, marketing, etc.);

Do you think you are able to achieve the 5-year targets that were set? How far are you? What do you consider as the main challenges in achieving the MVP targets over the five year life of the MVP?

What, do you think, is necessary for successful activities to continue once outside financial and personnel support from the MVP stops? Or in other words, if you were the boss, what would you do – similar or different – if you were asked to develop a plan to implement agricultural and natural resource management activities in an entire district? What do you think needs to be changed so that the activities are sustainable?

What, do you think, will happen at the end of the MVP's first five years? Will activities continue to be carried out? By whom?

Annex 4.5: Health Coordinator (MVP Staff)

Can you briefly explain the following:

- (1) How long have you been in this job?
- (2) What were you doing before this job?
- (3) What is your experience for this job?
- (4) What is your educational qualification for this job? Can you please let me know what your highest level of education is (i) high school; (ii) college; (iii) university undergraduate; (iv) post grad certificate or masters
- (5) What is your salary (National Researchers: *if this is not culturally acceptable, please do not ask*).

Can you briefly describe your main tasks and activities in this village?

Do you have any information why these health activities have been chosen and not others?

Were you involved in the planning of these activities?

Who else was involved in planning health-related MVP interventions?

When planning and implementing activities, how do you engage and collaborate with

- village inhabitants,
- the facility and health committees,
- elected village government members,
- government health staff,
- health experts from district and/or national level,
- other MVP staff?

Are national (or international) research organisations involved in the village / cluster (e.g., in monitoring health indicators, providing technical support? etc.)? If so, what are these?

Were specific health and/or facility committees set up at the village level? If so, how do they function? How do you work with them? What is their role? How is their role defined vis-a-vis existing government committees?

What do you know about government health plans and strategies?

How do MVP health activities in the village relate to these plans and to what the government is doing in the village?

How is the MVP health delivery service integrated with the National Health Service delivery?

Is there adequate support from line ministries at district / national level to provide technical support & backstopping for you and the staff you support? What is the form and substance of capacity building for future technical support?

What kind of support do you provide to government staff (e.g. to non-MVP community health workers)?

What technical and managerial support do you receive from MVP staff, e.g. from the Cluster Manager? What technical and managerial support do you get from the Earth Institute?

Since the beginning of the activities in this village / cluster, have you revised the design of activities? Are additional activities added and others dropped?

To whom do you report about progress of implementation but also problems faced? Who responds?

Does MVP define new standards and norms that can be replicated? If yes, what are these? Is adoption of these standards by the MoH feasible?

What opportunities does the MVP offer to bring development players into constructive engagement in making health services available to the poor?

Did the MVP undertake community, district or national health sector specific stakeholder analysis? Which stakeholders did the MVP identify to win and/or lose from sustaining the MVP activities? Did the MVP put strategies in place to deal with groups that may lose?

You have been here now for almost 2 years, what change - in general but specifically in the field of health - have you seen? – at the level of:

- individual village inhabitants,
- households,
- special groups (e.g. women, female-headed households, the ultra-poor, disabled people, etc.),
- in the way the community works together to implement activities (e.g., building a clinic, transporting the ill to district hospital, etc?)

Do you think you are able to achieve the 5-year targets that were set? How far are you? What do you consider as the main challenges in achieving the MVP targets over the five year life of the MVP?

What steps have been taken and lessons learned with respect to resource re-allocation in the health sector to MVP-type of activities?

What, do you think, is necessary for successful activities to continue once outside financial and personnel support from the MVP stops? Or in other words, if you were the boss, what would you do – similar or different – if you were asked to develop a plan to implement health activities in an entire district? What do you think needs to be changed so that the activities are sustainable?

What, do you think, will happen at the end of the MVP's first five years? Will activities continue to be carried out? By whom?

Annex 4.6: Question guide for other key stakeholders (see also Annex 5)

What do you know about the MVP? (e.g. its goals, its activities, its success, etc.)

Were you consulted and/or involved in planning MVP activities?

What is your current level of engagement with the MVP?

How do you see the MVP activities in relation to what you / your organisation are doing? Are MVP activities welcome complementary investments or do they rather duplicating already ongoing activities?

Do you engage with MVP staff? If yes, on what?

- Do you exchange lessons learned?
- Are you actively engaged in implementation in MVP villages?
- Are you supported by the MVP to improve your capacities?
- Are you supported to improve the manner in which you delivering services?

In your view, who will be responsible for continuing with MVP (like) activities once MVP support stops?

Annex 5: Preliminary List of Key Informants

This list of stakeholders to be interviewed for the MVP Review has been compiled by the country research team during the Inception Workshop. As the list is very extensive and ambitious, the most relevant stakeholders for the different categories and administrative levels need to be selected from among those listed below.

Ethiopia Team

Key informants	Administrative Level				Research tools
	Village	Wereda/district	Region	Federal	Methods
Villagers	Beneficiaries: <ul style="list-style-type: none"> • Men • Women • Youth • Children • Community leaders • Elders/religious leaders 				FGD, key informant interview; random visit to HH; observation
Development committees	<ul style="list-style-type: none"> • Kebele development committee, if any • Kebele food security taskforce • MVP Committee (if separately available) • Service committees (e.g. health) 	<ul style="list-style-type: none"> • Wereda Development Committee • Wereda Food Security Taskforce 	Regional Food Security Steering Committee	National Food Security Steering Committee Donor Assistance Group	Key informant interview; Group interview
Public servants/ governance bodies	Kebele Chairperson Kebele Cabinet Kebele Council	<ul style="list-style-type: none"> • Wereda Admin • Wereda Council • Wereda Cabinet • Sector Offices (Health, Agriculture) 	Office of the Regional President (at least Economic or Agriculture Advisor) Regional Sector Bureaus (e.g. health, agriculture)	Economic Advisor to the PM Parliamentary Committee on Agriculture and Rural Dev't Federal Line Ministries (e.g. Health, agriculture,	Key informant interview

Key informants	Administrative Level				Research tools
	Village	Wereda/district	Region	Federal	Methods
				finance, planning)	
NGOs/ SCO/ donors	Operating in MVP village (e.g. REST)	Operating in the nearby district (e.g. REST, TDA)	Operating at regional level (e.g. REST, WFP, TDA)	Development/ relief agencies with interest in the MVP village/ region Professional associations	Key informant interview
Private sector	Human and animal health service providers (if any) Village traders/retailers supplying basic commodities	Human and animal health service providers (if any); district level traders/retailers supplying basic commodities	Input importers/supplier; wholesale traders Grain buyers and sellers		Key informant interview
MVP Staff	Team leader Facilitators	MVP Cluster Manager Sector coordinators		MVP Advisor	Key informant Group interview

Key: REST = Relief Society of Tigray (local NGO), TDA = Tigray Development Association (local NGO)

GHANA Team

	Village	District	Regional	National	Tools to be Developed
Villagers	<ul style="list-style-type: none"> - Chief - Unit Committee - Assemblyman - Community Based Organizations (CBOs) - Commodity Groups - Market women - Pregnant women 				<ol style="list-style-type: none"> 1. Key Informant (KI) Interview Guide 2. Focus Group Discussion (FGD) Guide 3. Individual In-depth Interview (IID) Guide 4. Wealth ranking

	<ul style="list-style-type: none"> (CWC) - Community Health Committees (CHC) - Village Health Volunteers - Traditional Health Providers - Households 				/ stakeholder analysis
MVP Committees	Identify and interview any MVP related committees				<ol style="list-style-type: none"> 1. Key informant Interviews (KI) Guide 2. Observation checklists
Public Servants	<ol style="list-style-type: none"> 1. Agricultural Extension Officers 2. Community Health Officers 	<ol style="list-style-type: none"> 1. District Chief Executive (DCE) 2. Planning Officer 3. District Coordinator 4. District Health Management Team (DHMT) 5. District Director of Agric (DDA) 6. District Specialist 7. Community Development Officer 8. Members of Parliament (MPs) 		<ol style="list-style-type: none"> 1. Ministers of Health, Agriculture, Finance, Education 2. Chief Directors of Ministries of Health, Agriculture, Finance, Education 3. National Development Planning Committee (NDPC) 	<ol style="list-style-type: none"> 1. Key Informant (KI) Interview Guide 2. Individual In-depth Interview (IID) Guide

NGOs / Associations	Action Aid, World Vision, ADRA, Oxfam, Also Identify and interview other <ul style="list-style-type: none"> - Local - National - International NGOs 		Professional Associations for Health and Agriculture	Professional Associations for Health and Agriculture	<ol style="list-style-type: none"> 1. Key informant Interviews (KI) Guide 2. Focus Group Discussion (FGD) Guide (?)
Private Service Providers	<ol style="list-style-type: none"> 1. Chemical Sellers 2. Private Individuals (e.g. local midwives) 3. Private clinic operators 4. Input Sellers; 5. Traders 	<ol style="list-style-type: none"> 1. Pharmacy Shops 2. Private Clinics 3. Trader Associations 4. Input suppliers 		<ol style="list-style-type: none"> 1. Private Health Associations 2. Commodity Based Associations 	<ol style="list-style-type: none"> 1. Key informant Interviews (KI) Guide
MVP Staff	<ol style="list-style-type: none"> 1. Extension Officers 2. Field Facilitators 	<ol style="list-style-type: none"> 1. MVP Team Leader 3. Agricultural Coordinator 2. Health Coordinator 	<ol style="list-style-type: none"> 1. Regional Director of Health Services 2. Regional Director of Agriculture 3. Regional Director of Ghana Education Service 	UNDP Focal Person for MVP	<ol style="list-style-type: none"> 1. Key informant Interviews (KI) Guide 2. Focus Group Discussion (FGD) Guide 3. Individual In-depth Interview (IID) Guide

Note:

1. Our ENTRY POINT shall be the MVP Staff
2. We shall review available documents, including baseline studies, implementation plans, monitoring reports, minutes of meetings, etc.

Malawi Team

	Village	District	National	Tools to be developed
Villagers	<ul style="list-style-type: none"> Beneficiaries 			<ul style="list-style-type: none"> Well being analysis/wealth ranking Identification of participants for FGDs and in-depth interviews Focus Group Discussions Individual Interviews Key Informant interviews(e.g. village heads, chiefs, relevant opinion leaders) Selection of village heads from the village clusters Profile of life history of some of the beneficiaries
MVP Committees		District MVP team Cluster manager Health and Agriculture Coordinators	UNDP	<ul style="list-style-type: none"> Identification of existing village structures/committees- Area and Village and Village Development Committee, producer associations, etc Selection of general village MVP committees Selection of agriculture

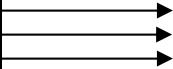
				<p>and health committees</p> <ul style="list-style-type: none"> • Individual interviews with some committee members from the general MVP committee • Interviews with individuals from the sectoral village • Focus Group Discussions with the general VHC • FGDs with health and agriculture VHC
Multilateral and bilateral donor agencies			Selection of other donors like DFID, FAO, USAID, World Bank, WHO, UNFPA, WFP UNICEF	<ul style="list-style-type: none"> •
Public Servants	<ul style="list-style-type: none"> • Health Surveillance Assistants Agricultural Extension workers • Community Development Assistants • Member of Parliament • Ex-Councillors 	<ul style="list-style-type: none"> • District Health Officer (DHO) • Director of Planning and Development • District Commissioner • District Agricultural Development Officer • District Community Development Officer-KIs • District Executive – DEC- FGD-method • DEC sub committees of health and 	<ul style="list-style-type: none"> • Program Manager- ADD • Principal Secretaries- Health, Agriculture, MEPD, Finance, Local Government, Women • Directors of Planning • Ministry of Finance • Ministry of Economic Planning and Development • Ministry of Local Government and Rural Development • MASIP staff 	Key Informant Interviews

		<p>agriculture</p> <ul style="list-style-type: none"> • Special Project Officers for health and agriculture 	<ul style="list-style-type: none"> • Ministry of Women and Child Development (Community development department) • Chairpersons of Parliamentary Committees(health and Agriculture) • District Hospital Nurses and Medical Assistants 	
NGOs and Associations	Existing NGOs extension workers	Existing NGOs staff- World Vision, Hunger project, Red Cross,	<p>CISANET,</p> <ul style="list-style-type: none"> • Nurses and Midwives Council of Malawi • National Association of Nurses and Midwives in Malawi • Medical Council of Malawi • Churches Health Association of Malawi • Farmers Union • NASFAM • Agriculture Input Suppliers Association(AISAM) • Economics Association of Malawi • Action Aid International • Plan Malawi • IPRSE 	Key Informant Interviews

			<ul style="list-style-type: none"> • Care Malawi 	
Private /Parastatal Service Providers		<ul style="list-style-type: none"> • Proprietors of private clinics • Private Veterinary Clinics • Microfinance Institutions • Agro dealers 	<ul style="list-style-type: none"> • ADMARC • SFFRFM • Agro-dealers e.g. Agora, Farmers World, 	Key Informant Interviews
MVP Staff	MVP Facilitators	MVP team	UNDP MVP Coordinator- Collen Zamba	Key Informant Interviews
Sampling concerns				
<p>Consider that the research is mainly qualitative and that there is also a lot of information to be collected from the MVP team. Given the time we have available, we cannot do a serious and robust quantitative research. Compare the reports done by the MVP with the information that will be collected in the research.</p> <p>As much as possible, get a feel of the information that the MVP have before we go out into the field. Researchers not to base their analysis purely on MVP reports- need to validate with interviews in the field.</p> <p>There is need for independence from the researchers hence need for not relying only on information collected by the MVP.</p> <p>Try to triangulate different ways of sourcing information to reduce bias</p> <p>A sort of analysis needed on who are the stakeholders who are aware about the MVP – who may have a contribution in ensuring the sustainability and scalability of the project</p> <p>In methodology, ensure the confidentiality of people in the interviews so that people speak freely</p>				
Data collection between April and May-. ODI to provide names of UNDP MVP contact persons				
MVP in New York to write country UNDP offices authorizing them to allow researchers to carry out in the countries				

Uganda Team

	Village	District	National	Tools to be Developed
Villagers Well being analysis Life histories Perceptions vs reality				Key Informant Interviews, Approx. 30 households (participants / non-participants), relevant village opinion leaders (clergy, imams, village leaders (clusters), Head teachers.
MVP Committees To understand interface need to identify other committees	1. Chair of the committee 2. Social sector office 3. Members: Youth, Education, Women, PWD			3. Key informant Interviews (KI) 4. Focus group Discussions (FGDs) 5. Observation checklists
Public Servants Doctors / Nurses/ Agric graduates / extension officers	3. Agricultural Extension Officers 4. Health Extension Officers 5. Community Development Assistant 6. Local Council I 7. Secretaries for: Education, Youth, Women, PWD.	Chief Administrative Officer (CAO) Secretary for Production District Health Officer Secretary Local Council 5 (LC5) Chair	1. Department of Planning - Ministry of Health, Ministry of Finance and Economic Development, and Ministry of Agriculture 2. Ministry of Gender, Labour and Social development 3. Commissioner Planning – MoH and MoA 4. Permanent Secretaries Area MP PMA / PFA / NAAD /Aids Commission 5. Chair of Parliamentary Group	3. K.I 4. FGD (District level) 5. Document Review 6. Review of minutes of meetings

NGOs / CBOs Directors and Field Staff Farmers federation National Association of Health Workers and Practitioners	Care; UNDP; World Vision; Oxfam; UPHOLD; Ireland Aid; Plan International; Goal.			K.I.I.
Private Service Providers	Input Stockists; Micro finance providers; private clinic operators; pharmacies	Input Stockists, Micro finance; health clinics; Doctors and Nurses	<i>Micro finance; health clinics; doctors and Nurses</i>	K.I.I.
MVP Staff	Field Staff		UNDP Advisor (MDGs)	K.I.I. Document review (base line, implementation plans, monitoring reports minutes of meetings at national / district and village level.