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Examining the Effectiveness of the Millennium Villages Project Through the Health and Education Sectors: A Case Study in Ruhiira, Uganda

Meixi Guo
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Examining the Effectiveness of the Millennium Villages Project Through the Health and Education Sectors: A Case Study in Ruhiira, Uganda

Meixi Guo
Vanderbilt University
Academic Director/Advisor: Charlotte Mafumbo
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List of Acronyms

**CEWs:** Community Education Workers

**CHWs:** Community Health Workers

**EI:** The Earth Institute at Columbia University

**MDGs:** Millennium Development Goals

**MP:** Millennium Promise

**MV:** Millennium Village

**MVP:** Millennium Villages Project

**PLE:** Primary Leaving Examinations

**SMP:** School Meals Program

**SFP:** School Feeding Program

**UN:** United Nations

**UNDP:** United Nations Development Programme

**UPE:** Universal Primary Education

**WASH:** Water, Sanitation and Hygiene
Map of the Research Area
Map of Millennium Villages in Africa
Abstract

This study is meant to present the information gathered by the researcher during a 6-week practicum with the Millennium Villages Project Ruhiira office. The objective of this study is to examine the effectiveness of this organization by looking at its Health and Education sectors. By studying the interactions between the two, the paper aims to analyze the pros and cons of their interventions. During the course of this study, the researcher also learns about the local people’s view on the Millennium Villages Project as well as the difficulties Millennium has encountered when implementing the project.

The researcher used multiple methods in the process of conducting this study. At the Millennium Villages Project office in Mbarara, the researcher used documentary review and analysis of reports to prepare for the study and learn about the background of the project. The researcher also interviewed staff members in the office to understand the different perspectives of different sectors. Then in the Ruhiira project area the researcher used semi-structured interviews and focus group discussion while visiting 4 primary schools to collect information from teachers, students and parents.

During the course of the study, the researcher learned about the 4 primary schools and the Millennium interventions in these schools as well as 17 others. The researcher has identified the collaborations between the Health and Education sectors in programs such as Water, Sanitation and Hygiene and Community Health Workers who visit the schools to do health-related works. The study also shows the areas where the two sectors could have worked more on. Through the interactions with the students, teachers and parents, the researcher also gained the villagers’ perspectives on the project, which the researcher compared with the views of the staff members, who encountered difficulties with polygamy and lack of knowledge in nutrition among local people.
1.0 Introduction

Uganda is a country with much room for development and there are many experts and policy makers who are trying develop Uganda. However, everyone seems to have a different view on what is the best approach. One of the biggest development projects ever implemented, the Millennium Villages Project (MVP), has chosen Ruhiira, Uganda as one of its sites and has been investing large amount of money and resources to pull it out of poverty and empower the villagers. There have been many studies done to understand how effective the MVP is to the local community and whether the model it uses can be implemented on other rural villages in the developing countries. But there have not been many researches on the particular village in Ruhiira, Uganda, which is the main focus of this paper. By examining the interaction of the Health and Education Sectors in Ruhiira, the researcher aims to understand how these two sectors collaborate with each other and what are some of the problems existing that two sectors are not covering. In the process of information gathering and analyzing, the researcher will also look into the effectiveness of the MVP in Ruhiira by collecting villagers’ opinions on the implementation of MVP as well as the views of the MVP staff, who have encountered multiple challenges in the villages due to culture and local traditions.

This paper is going to first introduce the background of MVP, including its cause, programming process and projected goal, and also review some literatures and studies that are related to the MVP in Ruhiira. Then the paper is going to justify the study and state the main objectives for the study. It is also going to list and analyze the research methods used in this study including ways of data collection and the pros and cons of these methods. After stating all of the above, the paper will present the findings of the study and discuss what these findings mean. Based on the results the paper is going to conclude the study and list the researcher’s recommendations for MVP in both Health and Education sectors as well as the overall effectiveness of MVP in Ruhiira.

2.0 Background

2.1 Millennium Villages Project

At the Millennium Summit of United Nations (UN) in 2000, the world leaders came together in the United Nations Headquarter and committed to help achieve the eight international development goals by 2015. The eight Millennium Development Goals (MDGs) are: to eradicate extreme poverty and hunger; to achieve universal primary education (UPE); to promote gender equality and empowering women; to reduce child mortality rates; to
improve maternal health; to combat HIV/AIDS, malaria, and other diseases; to ensure environmental sustainability; to develop a global partnership for development. In 2002, the then UN Secretary General Kofi Annan commissioned the Millennium Project to create a plan to reach these goals (UN, 2006). According to this project, “the road out of the poverty trap can be paved with the help of targeted public sector investments (Sanchez et al., 2007).

The Millennium Villages Project (MVP) was started by the Earth Institute (EI) at Columbia University, the United Nations Development Programme (UNDP), and Millennium Promise (MP) to end extreme poverty and hunger in rural Africa and meet the eight MDGs by 2015. Jeffery Sachs, Director of the Earth Institute in Columbia University, co-founder of Millennium Promise and Special Adviser to the United Nations Secretary-General Ban Ki-Moon, has founded the project in 2006 and believed that the project can make a change. The MVP was initially planned as a 5-year project but then a second phase has been added for 2011 to 2015. There are 12 original Millennium Villages (MVs) in 10 different countries in Sub-Saharan: Sauri and Dertu, Kenya; Koraro, Ethiopia; Mbola, Tanzania; Ruhiira, Uganda; Mayange, Rwanda; Mwandama, Malawi; Pampaida and Ikaram, Nigeria; Potou, Senegal; Tiby, Mali and Bonsaaso, Ghana. Each MV consists several villages and experts were sent to these MVs to implement community-led development strategies, which includes partnership with local governments. Based on the different challenges in the different sites, the MVP has adjusted their interventions in each particular MV.

2.2 MVP Office in Ruhiira, Uganda

The focus of this paper is the village cluster in Ruhiira, Uganda. The Ruhiira cluster includes 8 villages and has a population of about 50,000. It is situated in the Isingiro District of southwestern Uganda, 45km away from Mbarara, one of the major cities in Uganda. The region is mostly highland and has elevations ranging from 1350m to 1850m above the sea level. By the year 2007, about over 90% of the population was engaged in agriculture activities and about 40% lived in extreme poverty, 30 % were infected with malaria and 30% of the children were malnourished (Divon, 2009).

MVP Ruhiira is at its second phase of MVP and is moving towards achieving its targets in 2015. Some of the major problems include poor infrastructure, hygiene and sanitation, lack of knowledge in nutrition, food and water security, as well as high dropout rate and many major diseases such as malaria and tuberculosis.

The MVP Ruhiira team works in two offices, the head office in Mbarara and the field office in Ruhiira village. It is divided to five sectors: Education, Agriculture, Community
Development and Infrastructure, Health and Entrepreneurship. Each sector work on different aspects of the MVP but they also collaborate in many ways.

In the Ruhiira cluster, there are 21 primary schools where MVP interventions are applied in health, sanitation, infrastructure and education development. The Education sector has been implementing many projects including the School Feeding Program (SFP), Teacher trainings, building infrastructure and many more. Through interacting with administrations, students and parents from all 21 schools, the Education sector is working to reach the MDG 2, achieving universal primary education.

The Health sector is in charge of all the hospitals and health facilities in all 8 villages of the project area. The main focus of the Health sector was eliminating malaria and tuberculosis as well as other diseases. Recently, its major concern is the high prevalence of malnutrition, especially among younger children. Besides health-related problems, the Health sector also works on hygiene and sanitation, educating the villagers on water safety and improving the sanitation standards for all households.

2.3 Literature Review

There have been many critics towards the Millennium Villages Project on different levels. Most critics think that the MVP has spent “too much time, money and attention is focused on too few people.” (Hinchberger, 2011) Some questions the methods the MVP used to analyze its accomplishments, others don’t think the project will bring sustainable benefits to the villages. Besides these criticisms, there are also a group of scholars who recognized the progress that MVP has made and consider it “a global opportunity” (Malenga, 2012) for the world to analyze and learn from. Even though some might not completely agree with all the aspects of MVP, they consider it a great trigger for bigger global development movement and a promising ground to build something bigger on.

Edward Carr from University of South Carolina has commented that the MVP uses too many “pre-conceived definitions of problems and pre-packaged solutions.” (Carr, 2008) According to Carr, the MVP is actually not a bottom-up approach as it claims to be, but a top-down approach similar to many others that came before it. He also claims in his article that if the MVP is going to continue the way it is, it will make the same mistakes that other previous projects had and thus can’t achieve long-term success. But Carr thinks that the MVP should not be terminated or abandoned but modified by integrating with a critical grassroots approach. The critical grassroots approach means, instead of assume the rightness of the preset interventions, the villagers will identify and question their needs and problems on the
village level. By recognizing the obstacles and conditions of each distinct village itself, the village would be able to distribute the resources provided by the MVP better.

A research conducted by Shai Divon in Ruhiira, Uganda has examined the interventions of MVP and identified certain problems, in this case, Diarrheal, caused by the interplay of the many interventions. By collecting on site data and analysis, Divon has found that the interaction of the health, education and infrastructure sectors have produced externalities that increased the risk of Diarrheal in the village (Divon, 2009). This research is important in that it identified the possibility of externalities during the implementation of the MVP in Ruhiira and has pointed out the importance of finding these externalities in the early phase of the project. Based on Divon’s study, it is crucial to research more about what other externalities there could be in the Millennium Village in Ruhiira.

Based on the literatures above, the researcher has found it important to recognize individual differences between the various Millennium Villages and the possible externalities that could evolve from the implementation of the MVP interventions. Thus, while studying the model of development in a Millennium Village, it is crucial to recognize what influence the local culture has on the project and how the MVP has shifted the local traditions and customs.

3.0 Justification

Despite the critics the researcher have learned through examining literature, the researcher has found people in the Millennium Village in Ruhiira, Uganda benefited from the project during previous visits. Therefore, the research was meant to gain first-hand data by field visiting and study the MVP closely to understand its effectiveness. Due to the limited time period of research, the researcher has chosen the Health and Education sectors to focus the study on. Health and Education incorporates 5 of the 8 MDGs listed and are both heavily emphasized in the Ruhiira project. By looking at the interactions of the Health and Education sectors, the researcher can understand the collaborations and potential areas of improvement, thus making one’s own conclusion about how the MVP influence the local community.

From the organization’s perspective, the collaboration of different sectors can really benefit the effectiveness of the whole organization. An examination of this kind of collaboration, in this case between Health and Education, can not only help the organization to recognize its strength and weaknesses, but also encourage further improvements of organizational cooperation.

Because foreign aid and international interventions are crucial parts of development in developing countries, an examination of MVP’s efforts in developing Ruhiira can be very
helpful in setting examples for other villages in Uganda as well as identifying ways that international organizations can integrate better with the community. Ensuring that organizational effectiveness can help both the organization and the villages develop faster while saving time, money and resources. Starting from the Health and Education sectors, the research would be able to provide data and analysis for what happened when the traditional education and cultural practices encountered the new MVP strategies and interventions. The data collected and opinions gathered could serve as valuable resources for future organizations that also want to put efforts in developing rural areas in Uganda.

4.0 Objectives
1. To examine the effectiveness of the Millennium Villages Project by studying the health and education sectors.
2. To understand the interactions between the health and education sectors and their contribution to development in Ruhiira Millennium Village.
3. To analyze local people’s view on the Millennium Villages Project and its influence on the local culture, customs and traditions.
4. To learn about the cultural problems the staff has encountered during the implementation of the Millennium Villages Project and the solutions.

5.0 Methodology and Assessment
The purpose of this section is to give an account of the methods that the researcher used during the study as well as to evaluate the effectiveness of these methods. It also lists the limitations of the methods and this study in general to clarify the accuracy of the paper.

The researcher conducted this study during a 6-week practicum with the Millennium Villages Project Ruhiira office. During the course of the study, the researcher has used multiple methods to collect information in both the MVP office and the field. First the researcher conducted documentary review and analysis of reports and institutional documents in the MVP office. Then the researcher used semi-structured interviews to get insights from the MVP staff in both the Mbarara and the Ruhiira office. The researcher also used semi-structured interviews as well as participant observation to collect data in 4 different primary schools and also in a general village setting. Due to the number of voluntary participants and short period of time, the researcher mostly used focus groups when talking to students and teachers in the schools. The detailed descriptions and assessments of the methods are listed in the following.
5.1 Methodology

Documentary review allows a researcher to look at the background of a certain issue and examine the literature to see the researches that have been done on the topic. To prepare for the study, the researcher examined literatures that are related to the health and education issues in Ruhiira and the MVP as well as reports that evaluated the MVP’s progress in general. The researcher also used content analysis for reports from the MVP’s office in Mbarara to understand the background of the project and the general information in the health and education sectors. Therefore the researcher used the information from the past reports by MVP Ruhiira with the help of the Data Manager and also various documents provided by the Health and Education Sectors. The literatures used and the reports analyzed can be found in the Bibliography at the end of this paper.

To further understand the organization’s structure and functions, the researcher interviewed 13 staff members from both the MVP office in Mbarara and Ruhiira. The 13 participants are selected based on their positions and knowledge of the Health and Education interventions of MVP. The researcher used semi-structured interviews; the kind of interview with flexible and fluid structures, to obtain information needed and also explore areas that were out of the researcher’s knowledge. The pre-set questions of these interviews and the consent form are attached at the end of this paper. The participants were very cooperative and offered the researcher with a great amount of information about MVP and the Ruhiira cluster. By using narrative analysis of the information provided by these participants, the researcher listed the issues raised from these interview in the Findings and Discussion section of the paper.

Besides interviewing the MVP staff, the researcher also used semi-structured interviews when talking to two head teachers and one deputy head teacher from 4 primary schools while doing field research in the villages. When the researcher started studying in the Ruhiira cluster, the Education Coordinator of MVP Ruhiira helped the researcher to identify schools that are suitable for the research objectives and decided on 4 among the total 21 primary schools who receive MVP interventions. These participants offer different perspectives from the teachers, students and parents, they were interviewed separately and not in a focus group. Another teacher was interviewed separately because there was only one teacher available in that school at the time.

1 See Appendix I: List of Participants from MVP Office
2 See Appendix III and V
In participant observation, the observer joins a group and observes their activities while in non-participant observation, the observer simply observes the activities, but doesn’t take part in them (Abbott, 2009). To make sure that the data and information the researcher gathers are valid and not influenced by other factors, the researcher used non-participant observation when observing MVP staff at work and also the village students’ activities in schools, such as washing hands and eating lunch. The researcher also used participant observation in cases where the researcher was included in the activity, such as staff meeting, and couldn’t use non-participant observation.

Due to the limitation of in-depth interviews and time constraint, the researcher organized focus groups with students, teachers and parents to discuss certain issues and gain perspectives from many at one time. With the help of the head teachers as interpreters, the researcher was able to organize 9 focus groups with 47 participants in the 4 schools and ask the groups different sets of questions that were targeted towards students, teachers and parents\(^3\). In these 47 participants there are 21 teachers, 19 students and 8 parents.

5.2 Assessment of Methodology

Because most research papers or reports existing are focused on the MVP in general instead of specifically talking about the Ruhiira project, the researcher used a limited number of literatures to prepare for the study. All the literatures used are peer reviewed and the researcher made sure that readers of all articles were given the rights to use them in academic settings. Only one of the literatures used, the research paper on externalities caused by MVP’s different interventions in Ruhiira (Divon, 2009), was very relevant to the theme of this study. The documentary review was successful since it provided a general guideline for conducting research in Ruhiira as well as useful background information in regards to Ruhiira’ health and education conditions.

Upon analyzing reports from the MVP office in Ruhiira, the researcher encountered difficulties in accessing the data needed and ensuring the validity of information gathered. But the staff at MVP was very helpful in helping the researcher identifying the resources available and also answering questions that the researcher had. In general the secondary data collection process was very crucial in this study because it helped the researcher to identify the MVP’s dynamite and areas of interest where the researcher focused the paper on.

\(^3\) Appendix II: List of Participants from Ruhiira Village
The semi-structured interviews that the researcher conducted with the 13 staff consisted almost half of the research. These in-depth and flexible interviews let the researcher get clear answers on many pre-made questions and also brought out many issues and aspects of MVP that the researcher didn’t know before. They represented the MVP’s view on many issues relating to Health and Education in Ruhiira and thus provided a clear picture of the MVP interventions. Since all participants spoke perfect English, the interviews delivered very accurate information and the researcher was able to communicate with the interviewees fluently without misunderstandings.

Just like the interviews with the MVP staff, the other interviews the research conducted with head teachers and teachers in the 4 primary schools were also very efficient and clear. Because these head teachers were well educated and spoke English well, they were able to understand the researcher’s intentions and willingly provide information about their schools and their views on MVP. These interviews were important because a clear understanding of the background of the schools enabled the researcher to ask questions to teachers, student and parents with selective focuses, which saved more time and made the study more accurate.

The researcher was not very successful with the non-participant observation because even though the researcher didn’t participate in the participants’ activities, such as eating lunch at school, the participants were aware of the researcher’s presence and might have acted differently from their usual activities. Also the researcher was not able to stay with the participants, either the staff or the students for a very long period of time, which lowered the accuracy of the observations made. There is also the possibility that the observations made by the researcher, both participant and non-participant, were not accurate since the researcher didn’t look into the reasoning behind the participants’ activities.

As for the focus groups, there were many advantages and disadvantages. Since most students, parents, and even some teacher didn’t speak English well, it was difficult for the researcher to ask complicated questions or get very detailed answers from the participants. In some cases the head teachers will serve as an interpreter, which was helpful, but it could possible influence the answers by the other participants. In one case, where the teachers were present while the focus group of students were answering questions, the students were very timid and could barely answer any questions because their teachers are watching them. But the focus groups were also useful since there are many different views and opinions, which brought out different sides of the health situation in the schools and also various opinions on the MVP by villagers.
5.3 Limitations

One of the biggest limitations of this study is language barrier. Out of the total 64 participants, only 16 were fluent in English and were able to understand all the questions asked. Even though sometimes there was interpreter present, the questions and answers don’t usually get translated very well and influenced the validity of the information collected. In future studies the researcher should find a stable interpreter who understands the objectives of the study well and can convey information accurately.

Another limitation of the study is time constraint. The researcher could only conduct the study within a 6-week period, which limited many aspects of the research. The researcher was only able to visit 4 schools and was only able to talk to 8 parents. If provided with more time, the researcher would have been able to do surveys and more interviews with the students and the villagers to gain more information.

Since the participants of the research are mostly convenient samples, the validity of the study is not secured. Especially when the researcher was visiting the 4 primary schools. These schools are selected by the MVP Education Coordinator and are geographically close to the project office in Ruhiira, which indicates that the participants from these schools could be biased and don’t necessarily represent all teachers, students and parents from the Ruhiira cluster.

Because of the limitations mentioned above, the researcher was not able to test the validity of some information gathered, which threatens the validity of the whole study. Also since the research was mostly qualitative, many points made in the paper are based on opinions and views of different individuals, which also influence the scientific correctness of the paper. However, since the main objectives of this study is to learn and understand MVP Ruhiira, the methods used and information collected would be sufficient to serve that purpose.

5.4 Ethics

During the course of the study, the researcher followed the code of Research Ethics. The researcher asked for consent from the participants before conducting an interview or a focus group discussion and before using any personal information of the participants. The researcher respected the participants’ dignity and privacy and ensured the subject of discussion is ethical. The researcher informed those with whom they work about their goal of study and the possible positive and negative consequences of the study. The researcher used original writing and cited all works with permissions for citation. The researcher
recognized the names of the authors while referencing others’ works and ensured that all works cited were peer-reviewed.

6.0 Findings and Discussion

This part of the paper is going to present the findings of the researcher during the 6 weeks of study and also discuss the findings in relation to the effectiveness of MVP Ruhiira as well as to Uganda’s development in general. These findings, from both the MVP office and the villages in the Ruhiira cluster, are based on the objectives of examining the interactions between Health and Education sectors at MVP Ruhiira and the overall effectiveness of the project in regards to integrating with local community.

6.1 Schools in the Ruhiira Cluster

While researching in the Ruhiira cluster, the researcher visited 4 primary schools and conducted interviews with students, teachers and parents. These 4 schools are: Ngoma Primary School, Ryamiyonga Primary School, Omwichwamba Primary School and Ruhiira Primary School. Table 1.1 summarizes the basic information of these 4 schools.

<table>
<thead>
<tr>
<th>Schools/Stats</th>
<th>Ngoma</th>
<th>Ryamiyonga</th>
<th>Omwichwamba</th>
<th>Ruhiira</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Students</td>
<td>328</td>
<td>500</td>
<td>498</td>
<td>306</td>
</tr>
<tr>
<td>No. of Teachers</td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>No. of Cooks</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No. of Classrooms</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>School Garden</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SFP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hand-Washing</td>
<td>Yes</td>
<td>Yes</td>
<td>Sometimes</td>
<td>Yes</td>
</tr>
<tr>
<td>Water and Soap</td>
<td>Sufficient</td>
<td>Sometimes</td>
<td>No water during dry season, some students don't like washing hands</td>
<td>Students have personal hygiene problems</td>
</tr>
</tbody>
</table>

Source: Data collected by the researcher from 4 primary schools in Ruhiira cluster

All 4 schools have benefited from the MVP interventions since 2006 but they also still have many more problems waiting to be solved. Since the focus of this study is Health and Education sectors, the researcher focused on a few issues relating to their interactions while researching in the schools: school feeding, general health conditions, water safety, sanitation and hygiene.

Upon collecting information from the teachers, students and parents, the researcher has found that there are more student who are willing to go to school because the School Feeding
Program (SFP). The SFP is a MVP intervention that is targeted towards achieving both MDG 1: to eradicate extreme poverty and hunger and MDG 2: to achieve universal primary education (MVP Ruhiira, 2010). It is a collaboration of school, the MVP and the community. The intervention includes new energy saving stoves for each school, school gardens for growing vegetables, training for school cooks to cook the food correctly and a supply of maize and beans for lunch. Initially, MVP has provided all the maize and beans for the schools to make lunch for the students. As the MVP is working towards sustainable development, the parents are asked to provide part of the beans supply at the schools. As the project moves on, now the parents provide all beans used for the SFP. On top of that, the parents also provide firewood as well as salaries for the cooks (MVP Ruhiira, 2012).

There are also problems that came with the SFP, for instance the cooks. MVP trained all cooks in the 21 schools in the area on cooking with the new stoves. However, 3 out of the 4 schools the researcher visited has reported that their trained cooks left the school to find jobs with better pay. For the schools, they don’t have enough money to raise the salary for the cooks since the parents pay most of them. Therefore, the cooks now are not very well trained, which put the quality of the lunch at risk and also increase the chance of potential hygiene problems.

Based on the information collected, the most prevalent diseases in these 4 schools nowadays are flu, stomachache, diarrheal and dehydration. According to the teachers, most of these diseases are caused by bad personal hygiene and lack of water during dry season. Students either don’t like to wash their hands or have sanitation problems at home. The details of these problems will be discussed later in this paper.

6.2 Interactions between Health and Education Sectors

Through the interviews in the MVP office, the researcher has found many areas where the Education and Health sectors collaborate with each other and improve health and hygiene condition in the primary schools. However, there are also areas where more collaboration and interventions are needed, which the researchers found through focus groups discussions in the 4 primary schools.

6.2.1 Collaborations and Progress

The Health and Education sectors of MVP Ruhiira collaborate in many ways but some mostly through their interventions in the primary schools. To solve the problem of poor hygiene and sanitation, the two sectors are implementing the WASH (water, sanitation and
hygiene) program. Besides that, the Community Health Workers (CHWs) also go into the schools every month to de-worm the students, sensitize students and parents on disease prevention and nutrition.

6.2.1.1 Water, Sanitation and Hygiene

As mentioned before, many students in the primary schools have problems with personal hygiene, which are mostly the result of lack of care and knowledge at home and in schools. To combat this situation and help the villagers to improve hygiene standards, the Health and Education sectors started WASH. First established in November 2012, the WASH program aims to promote soap using for washing hands among the Ruhiira cluster. According to the WASH Facilitator, Mugarura Edward⁴, the focus of the program is behavior change, where by using multiple interventions such as demonstrations and campaigns, the villagers would be aware of the benefits of washing hands with soap and thus continue doing so if after the MVP ends. The program was officially implemented in January 2013 and meant to last till 2015, when the second phase of the MVP is over.

One of the main targets of the WASH program is primary school. To achieve behavior change in water, sanitation and hygiene the program has implemented the following interventions:

- Distributing buckets and soaps to all 21 primary schools that work with MVP for students and teachers.
- Sensitizing the students through teachers and Community Education Workers (CEWs) on how to wash hands with soap and its importance.
- Giving WASH diaries to students to record their hand-washing activities everyday.
- Distributing soaps to students to take home so they can deliver the message to their parents who then could wash their hands with soap and support their children.
- Conducting a 21-day campaign on hand washing with soap and promoted it on 5 occasions: before breakfast, before lunch, before dinner, before bathing and after going to the toilet.
- Encouraging the schools to hold drawing and poem competitions on hand washing with soap.
- Involving the schools in celebration for the Global Hand Washing Day.

⁴ See Appendix I: List of Participants from MVP Office
Besides these interventions in the schools, WASH also organized activities on the village level to help promoting soap using. WASH has created the “Hand-Washing Clan” where villagers can register to be part of WASH; it has gather community groups and trained them about how to wash hands with soap, the occasions where they should wash hands and knowledge about latrines including problems related to the misuse of latrines; to follow up on these trainings, WASH set up Open-Education Committees that are elected by the people; it also did glue-germ demonstrations with torch light which enable the villagers to see the germ on their hands before and after washing with soap.

By 2015, the villagers and students are expected to get the confidence and awareness that they need soap. Some other expected results include reduction on the high rates of diarrheal among children under age 5. From May 2013 to November 2013 the number of diarrheal due to hygiene has drop almost to 0 in the health centers for both children and adults. Also, since many people used to take water from the rivers and drink them, there are many cases of water-born diseases such as tuberculosis, eye infections and typhoid. WASH is encouraging villagers to drink treated or boiled water with containers in hope of eliminating these diseases by 2015. Another concern with sanitation is the latrine in the villages and WASH aims to increase the latrine coverage and hand washing facilities in households. As informed by a WASH team member, Arinaitwe Silver, the end goal of WASH is to get people used to washing their hands with soap, drinking safe water and eliminate water-related diseases. It was meant for education and integrating the habit into people’s life so it can provide sustainability in the future.

6.2.1.2 Community Health Workers in Schools

Another program that exemplifies the joint efforts of the Health and Education sectors is when Community Health Workers go visit the 21 primary schools. The CHWs normally go around the neighborhoods and make home visits at families who can’t get to the health facilities to make sure that every family is living up to standards. Their tasks include: short tests for families far from health facilities, immunizations, basic care and referring patients to the health centers. But they also go to the schools in some occasions. “The focus of these visits is nutrition”, the CHWs Manager Doreen Kamara informed the researcher during an interview.

5 See Appendix I: List of Participants from MVP Office
The CHWs try to go to every school at least 4 times every semester, mainly for giving materials and trainings on nutrition to students and teachers. Occasionally, based on the circumstances, the CHWs would also go to the schools to de-worm the students as well as sensitize the students on disease preventions. They are also the ones responsible for immunizations in these 21 schools. The CHWs don’t really go check on students’ health conditions in school very often, instead, they go around and visiting families in their designated area, where they can check on the school-age children.

Since nutrition is the biggest part of CHWs’ works in school, they give presentations and lessons to the students about nutrition and healthy-eating in hope that these students would convey the messages back to their parents at home. The CHWs also check the nutrition condition in each household when they go around and visit, which, along with sensitization on students, aims to improve the awareness of healthy-eating and the importance of nutrition and health.

During the focus group discussions in the 4 schools, all teachers and students reflected that CHWs do come to their schools very often and always brought them useful information. They said that besides all the functions above, the CHWs also help with counseling students and conduct HIV tests for students. Based on the descriptions by the teachers, the CHWs cared about the SFP and food security as well as sanitation. Sometimes, when the parents were present in the school, the CHWs would even sensitize the parents on nutrition and other health-related issues.

Even though the CHWs are doing the works stated above, there are still areas where they couldn’t cover in terms of health in schools. The CHWs Manager has expressed to the researcher that school nurses would be a sufficient complimentary role to the CHWs but most schools can’t afford to have one. Therefore, the best strategy is to train the teachers, which the paper will talk about more in Areas of Improvement.

6.2.2 Areas of Improvement

The collaborations between the two sectors have been successful in changing health conditions in schools and the village in general. However, when the researcher interviewed and discussed with many teachers, students and parents, they have all expressed concerns with some areas of these collaborations. It is obvious that the schools still have needs in many areas but these concerns are related to the interventions provided by the Health and Education sectors and can contribute to the sustainability of existing interventions.
6.2.2.1 First Aid and Knowledge in Health

When asked what would the school do if a student fell sick during school time, all teachers from the 4 schools said that a teacher would leave class to take the student to the closest health center. But there are many remaining problems with that approach. First, there are only limited numbers of teachers in each school so they are always in class. When one teacher has to leave, the class has to be cancelled and about 50 to 100 students would be left on their own and not studying while the teacher takes one student to the health center. Many teachers have reflected that this method was very inefficient and reduced the study time for the students. Besides that, the students always turn out to only have minor issues such as flu, dehydration or wounds which are less urgent comparing to others in the health centers and then both the student and the teacher have to wait for long time at the health center for the student to be treated. Further, in cases where the students are really ill, the teachers would need to either take the student home or call their parents, which adds on the time loss.

The reason for this problem is that teachers don’t have enough knowledge about medicines or first aid. When the CHWs came to give trainings, they focused on nutrition, which was important, but the teachers are thus left with no ability to deal with small health problems. Out of the 4 schools interviewed, only 2 had teachers saying they had little knowledge about first aid and the other two has absolutely none. Thus, when emergent cases appear, the teachers have no other option than taking them to the health centers. The teachers are not the only ones noticing this problem, the students also expressed that when their fellow students got cuts or wounds, they are normally left without treatment unless they were bleeding badly, in which case they were sent to health centers.

The CHWs Manager has also noticed this situation and suggested that the Health and Education sectors can collaborate more by giving teachers first aid training, informing the teachers about chronic sicknesses. Briefing the teachers about health knowledge can not only save time in many cases but also equip the teachers with more skills which can be very helpful to both the school and the community in long-term sustainable developments.

6.2.2.2 Water Safety

As mentioned above, flu, stomachache, diarrheal and dehydration are the 4 most prevalent diseases in the 4 schools. All of these diseases are connected to one factor: water. Based on the information provided by the students and teachers, dehydration is common since the students are always exposed to the sun during the day, which causes overheat. When it happens, the only measure students or teachers take is to drink lots of water, which
leads to the problem of drinking water. Since most schools don’t have the facilities, such as containers, or enough cooks to boil water for students all the time, many students drink tap water straight out of the tank. Even though MVP has given the schools chemicals to treat the water, many students refuse to drink the treated water because they dislike the taste. Thus, the most common thing to do is drinking unsafe water in school. As reported by the teachers, students had flu, diarrheal and stomachache all due to the quality of the water provided.

Even though WASH is a successful program in spreading the knowledge of sanitation, it still takes a long time for people, especially the students to realize the importance of drinking water safety. In many cases, students don’t drink boiled or treated water at school because they have got into the habit of drinking water from the rivers or tap when they were at home. This behavior can cause not only the diseases above but also potentially more severe consequences in the future.

The researcher has interviewed both the Education Coordinator and the Health Coordinator of MVP Ruhiira on this issue and has gotten different responses on the solutions. According to the Health Coordinator Dr. Emma⁶, treating water would be the most cost-effective option. Dr. Emma believes that by teaching the schools about how to treat the water correctly and in time for it to taste normal, the problem can be solved without too many investments. On the other hand, Mr. Lawrence Ssenkubuge⁷, the Education Coordinator, thinks that water-filtering kits would be a better solution than the chemicals. These kits can filter the unsafe water and make them drinkable without any side effects. The only problems with this method are money and electricity, which he believes can be solved in the future when electricity is installed in the schools. Although this method seems to cost more money and time, it could solve the problem in the long term.

6.3 MVP and Ruhiira’s Integration
Part of the objectives of this paper were to understand the villagers’ view on the MVP and how the project has affected their lives as well as what are some of the cultural problems that MVP has encountered in the process of implementing the project. This section will analyze the information gathered from the staff and the villagers.

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⁶ See Appendix I: List of Participants from MVP Office
⁷ See Appendix I: List of Participants from MVP Office
6.3.1 Villagers’ Views

From the information gathered, most villagers in the Ruhiira cluster think MVP has improved their lives by a lot. Most of them know the mission and importance of MVP and appreciate its efforts to develop the villages. They are satisfied with the work that MVP has done and use every meeting where they can make suggestions to advise MVP on new interventions. However, besides these people, there are two other kinds of villagers who hold different views.

Out of the 21 teachers who participated in the different focus group discussions, 17 of them said they were very satisfied with MVP and has nothing against it. The 4 others all suggested that they think the MVP need to do more work for the teachers. They expressed the desire to receive more trainings on professional development, needs for staff housing at the schools and general requests for MVP to contribute more to the schools. Likewise, all 8 parents interviewed expressed that they were happy about the MVP interventions but also said it would be better if MVP can provide them with more help in terms of money, infrastructure and technology.

This leads to the second kind of opinion towards MVP, the view that MVP needs to keep providing things for the villages. Many people in this category think that it is natural for MVP to build infrastructures, provide technologies and support and even just give money to the villagers. In their discussions, they talk about things that they still need, such as seeds, salary raise and money instead of ways where MVP can help to make the development in Ruhiira sustainable. Even though the numbers of these villagers are not large, it represents a kind of dependency on MVP, which affects sustainable development and especially would be harmful to their future motivations after the MVP is over.

The researcher didn’t talk to anyone with the third view for MVP but it came up during the focus group discussions. There is a group of people, mostly elders, in the Ruhiira cluster who dislike the changes that MVP has brought. They refuse to use the new water system which saves them hours of getting water from the valley; they don’t use the bed nets distributed to them to prevent malaria, claiming they are too hot at night; they don’t agree with the MVP interventions and think the villages didn’t benefit at all. According to many participants, this kind of opinion is slowly dying as the sensitization by MVP started working and more people started to see the advantages of MVP.
6.3.2 Staff’s Views

During the 4 weeks of working with MVP Ruhiira, the researcher has observed many aspects of the staff members’ daily life. One thing that the researcher has recognized is that most of the staff is from the area around Ruhiira, which enabled them to understand the history, culture and customs in the project area better. This is important since a big part of the MVP is integrating the community, which enables MVP to align their interventions with the local people’s interests. The Community Development and Infrastructure sector works with the local government to sensitize the villagers and convince them to accept MVP and its interventions.

Through interviewing with the Community Development Coordinator Hilda Tusingwire, the researcher was able to understand MVP’s strategy of engaging local community. The important first step was to be introduced to the community by authorities, such as the local government. Then the MVP needs to sit down with community members or representatives to vision the future of the villages and analyze its strength and weaknesses. The Community Development team encourages action plans from the community, which helps build new interventions. The plans are completely designed and implemented by the community members with MVP’s assistance. Every 6 months the Community Development sector would hold feedback meetings where the communities can reflect on their interventions and report their needs. In this process, sensitization and collaboration are the key links that helps MVP integrate in the community.

However, as Hilda has addressed, it is very common for the villagers to feel like they want to do things the old way for many cultural and geographical reasons. Some of the examples of these include religious beliefs, when many families don’t agree with family planning methods; people who prefer planting bananas to other more nutritious food; poor population that find it hard to adapt the healthy and new way of life brought by MVP. More problems like these would be discussed later.

In general, many staff members have expressed that there are some difficulties when it comes to certain cultural issues, but the Ruhiira cluster has been gaining great progress in achieving the MDGs and reaching the targets of MVP.

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8 See Appendix I: List of Participants from MVP Office
6.3.3 Progresses of MVP Ruhiira

Since the researcher focused on the Health and Education sectors, especially with health conditions in schools, the focus of this part would be mainly the progress that MVP has made in terms of achieving MDG 2: Achieve Universal Primary Education.

Because of the high prevalence of poverty in the area, most students don’t get to eat nutritious food at home all the time, therefore, when SFP provided lunch for students, it became a big incentive for students to come to school, which increases the enrollment rate. While talking to the researcher during the focus group discussions, all 19 student-participants expressed their preference to the food provided by SFP over food at home and they now like to go to school more because of the lunch. According to the 8 parent participants, the SFP is very convenient and has helped to keep students in school and lift the burden of cooking lunch off many parents’ shoulder. The teachers also said that SFP has been a great intervention in keeping students energized and willing to learn in school.

Based on the information gathered and reports from the MVP Ruhiira office, SFP has had many positive impacts on education in the villages (MVP Ruhiira, 2012):

- Increase enrollment rate in the 21 primary schools in the project area (See Table 6.2).
- Improved performance and willingness of students. When students used to not be able to eat lunch at school, they were tired all the time and couldn’t focus in class as much as they should.
- Improved attitudes of parents towards education. Because the SFP lifts the burden of cooking off many parents, they were relieved and also appreciative of the fact that their children can eat healthy food at school.
- Increased hours of effective work at school from 25 hours/week to over 40 hours/week. Since some students used to go back home at lunchtime, it sometimes took hours and highly influenced their studying hours and productivity.
- Better grades in the Uganda Primary Leaving Examinations (See Table 6.3)
- Influenced private schools that didn’t use MVP interventions. Many other private schools that were not supported by MVP have adopted the SFP and consider it a good strategy to improve education quality.
- Reduced dropout rates. According to the MVP Ruhiira MDG Indicators Report, the proportion of pupils starting grade 1 who reach last grade of primary education has increased from 53.6% in 2009 to 75.6% in 2011 (MVP Ruhiira, 2012).

Table 6.2 lists the number of students enrolled in the 21 primary schools in the Ruhiira project area from 2006 to 2012. It shows that since MVP has started implementing its
interventions in 2006, there has been an obvious trend of booming student enrollments in the project area. As the Education Facilitator Furaha Alphocinne\(^9\) has said during her interview, many families from outside the project area also send their children to these targeted schools because of the SFP, which also improved the education conditions in the areas around the Ruhiira cluster.

### Table 6.2 Primary Student Enrollments 2006-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3472</td>
<td>3558</td>
<td>7030</td>
</tr>
<tr>
<td>2007</td>
<td>4580</td>
<td>4621</td>
<td>9201</td>
</tr>
<tr>
<td>2008</td>
<td>5095</td>
<td>5230</td>
<td>10325</td>
</tr>
<tr>
<td>2009</td>
<td>4992</td>
<td>5382</td>
<td>10374</td>
</tr>
<tr>
<td>2010</td>
<td>4842</td>
<td>5238</td>
<td>10500</td>
</tr>
<tr>
<td>2011</td>
<td>5082</td>
<td>5468</td>
<td>10550</td>
</tr>
<tr>
<td>2012</td>
<td>5299</td>
<td>5657</td>
<td>10956</td>
</tr>
</tbody>
</table>

Source: MVP Ruhiira, 2012

Table 6.3 states the number of students who reached different grade levels in the Uganda Primary Leaving Examinations (PLE), with Grade 1 as the highest grade and Grade X the lowest. In the year 2005 there were only 3 students out of the 498 graduating primary school who reached Grade 1 among all the 21 primary schools in the Ruhiira cluster. By 2011, the number has increased to 52. Same with the other grade levels, the number of students who got Grade X dropped from 61 in 2005 to 19 in 2011. Even though the number of total students has been increasing, there is still a clear trend that more students are doing better in their PLE.

### Table 6.3 Performance of P7 students in the Uganda Primary Leaving Examinations

<table>
<thead>
<tr>
<th>Year</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade U</th>
<th>Grade X</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>03</td>
<td>154</td>
<td>147</td>
<td>59</td>
<td>58</td>
<td>61</td>
<td>498</td>
</tr>
<tr>
<td>2006</td>
<td>16</td>
<td>183</td>
<td>102</td>
<td>35</td>
<td>49</td>
<td>59</td>
<td>444</td>
</tr>
<tr>
<td>2007</td>
<td>34</td>
<td>291</td>
<td>135</td>
<td>41</td>
<td>35</td>
<td>30</td>
<td>592</td>
</tr>
<tr>
<td>2008</td>
<td>22</td>
<td>236</td>
<td>258</td>
<td>68</td>
<td>62</td>
<td>16</td>
<td>662</td>
</tr>
<tr>
<td>2009</td>
<td>22</td>
<td>270</td>
<td>197</td>
<td>88</td>
<td>85</td>
<td>15</td>
<td>677</td>
</tr>
<tr>
<td>2010</td>
<td>56</td>
<td>312</td>
<td>156</td>
<td>76</td>
<td>66</td>
<td>16</td>
<td>682</td>
</tr>
<tr>
<td>2011</td>
<td>52</td>
<td>306</td>
<td>145</td>
<td>70</td>
<td>94</td>
<td>19</td>
<td>686</td>
</tr>
</tbody>
</table>

Source: MVP Ruhiira, 2012

Besides these improvements in education that helps achieving MDG 2, MVP has also made a lot of progress in other areas such as disease prevention, eliminating malaria to less

\(^9\) See Appendix I: List of Participants from MVP Office
than 1%, increasing measles immunization rate, HIV testing, village access to improved sanitation and many more (Millennium Villages, 2010).

6.3.4 Problems Encountered by MVP

As mentioned above, many staff members from MVP have found difficulties in implementing the project because of the local culture, traditions and beliefs. After inquiring the teachers and parents from the 4 schools the researcher has visited, the research found that these problems are not just the MVP staff’s one-sided opinion, but real concerns of many other villagers too. Based on the interviews and focus group discussion, there are two major difficulties for the implementation of MVP, polygamy and lack of knowledge in nutrition.

6.3.4.1 Polygamy

When asked about the main reasons for student dropouts at each of the 4 primary schools, all the teachers and students agreed that lack of fees is the most common. In contrary to the researcher’s initial assumptions, the reason that these students couldn’t afford school fees is not that their families are extremely poor, but they mostly have other siblings and live with a single mother who couldn’t afford to send all the children to school. The deeper cause of this situation is a custom that has been prevalent in the villages all through history: polygamy.

From the information provided by the participants, there are two kinds of student whose family is polygamous. One kind, as mentioned above, has single mother and many siblings. The mother normally has to work hard all day to feed the children and usually don’t have the time to take care of their children or the money to send their children to schools. In another case, the father of the student would have multiple wives who also have many children of their own. Thus there wouldn’t be enough resources for every child in the big family to go to school.

Besides its influence on the children’s education, polygamy represents the unequal relationship between men and women in the villages. Most MVP staff said they have noticed that when men have many wives, they let the women do all the work and they would take all the money to spend and play. The villagers, both men and women, have been used to this practice throughout the history and it has influenced the effectiveness of MVP interventions. The Community Development team has been trying to change the situation by meeting with local leaders, both men and women, to discuss the issue and sensitize the local people, but here has only been small steps taken.
6.3.4.2 Lack of Knowledge in Nutrition

The other problem MVP has encountered during the implementation of the project is the lack of knowledge in nutrition among villagers. Malnutrition among children has become one of the biggest health problems in the Ruhiira cluster and it is mostly caused by the traditional way villagers treat nutrition and feeding.

According to the MVP Nutrition Specialist Barbra Adeke\textsuperscript{10}, the cause of malnutrition in the area is not poverty but other factors. First, the villagers, especially mothers, are used to prioritizing other things over feeding their children. Most mothers would choose to go work in the field or other means to make money instead of cooking food for their children because they believe those things are more important than meals. Even when these households all have abundant resources, the mothers either don’t think nutrition is important or don’t know what kind of food is nutritious. For example, to obtain nutrition, MVP introduced the mix of groundnuts and fish to the villagers, but many of them refuse to cook that way because they believe that combination can cause diarrheal or death.

One of the Global Health Fellow\textsuperscript{11} who was working on data collection in the Health sector informed the researcher that even though the Ruhiira area is sufficient in nutritious food growing, most of these food get shifted out and sold, leaving the filling but not nutritious food to the locals to eat.

Malnutrition among children can lead to bad consequences besides damaging the children’s body. They couldn’t move around and play like other children; they tend to have a hard time focusing in school and normally start school late which always end up with bad performances. In the end, most of these children would drop out of school either because of physical inconvenience and inability to integrate with other students.

MVP has put in many interventions to solve this problem. From the CHWs’ home visits to counseling with pregnant women at health center, MVP has tried to provide facilities and training for the local community. There have been food demonstrations where MVP would demonstrate to the locals about what kind of food is nutritious and how to cook them. Many mothers could pick up the methods and the nutrition knowledge but some still don’t know how to feed their children right.

\textsuperscript{10} See Appendix I: List of Participants from MVP Office
\textsuperscript{11} See Appendix I: List of Participants from MVP Office
7.0 Conclusion and Recommendations

1. Conclusion

Based on all the information above, the researcher has made some conclusions about the interactions between Health and Education sectors as well as the integration of MVP and the Ruhiira community.

From the interviews and focus group discussions the researcher had with both the staff of MVP and the villagers, the Health and Education sectors have implemented many effective interventions in collaboration with each other. The WASH program and the CHWs’ activities in the targeted primary schools have been recognized as helpful and progressive by both sides. Even though there are some areas where the two sectors have overlooked and considered them the responsibility of each other, both sectors are eager to collaborate more and fill in the gaps. Despite the few issues such as water safety and first-aid training in schools, the two sectors have achieved their goals in changing the way the villagers live their lives.

Upon gathering information from the villagers, the researcher has found a great majority of the teachers, students and parents who consider MVP as an efficient and meaningful project. There are many who have grown a dependency on the MVP and kept requesting more things from the MVP. But most of the villagers expressed their understanding that MVP is meant to help the villages develop instead of just providing them with whatever they need. The collaborations of the MVP and local government, along with the efforts of the Community Development team, have helped MVP to integrate with the locals and can thus be more efficient in implementing the project.

As for the staff at MVP, they have recognized the many challenges within the villages because of the way people are used to do things. However, it has been proved in the past that sensitization can help change people’s mind. The difficulties, such as polygamy, might take a long time to be solved but the MVP staff has already started to make their way through.

From this study, the researcher has realized how important MVP is in terms of setting an example for Uganda’s rural development. Even though it does make a lot of investments, as criticized by many people, it is very helpful in testing the most efficient ways of development. By trying different interventions within the project area, MVP Ruhiira has been able to locate the specific ways to deal with Ugandan development problems. By managing to improve the lives of people in this area, MVP Ruhiira provides a good model for many other parts of Uganda, especially these with similar geographical conditions.
To help with Ugandan development, interventions by international organizations such as MVP are very important. Without an understanding of the local history, background, customs and past development records, these international organizations couldn’t be successful. MVP, as a project run by Ugandans who understand the project area and make an effort to try out the different ways to develop it, serves as a reference for many other development organizations to learn from both its success and failures.

2. Recommendations

Due to the many limitations of this study presented in the Methodology section, the researcher doesn’t have sufficient evidence to make well-developed recommendations. However, based on some of the suggestions provided by the staff members and the villagers, the researcher can contribute in providing some references that can be used for MVP to adjust its strategies:

- Evaluate the collaborations of the Health and Education sectors and keep a record for future references. Since there are programs like WASH, which benefits the goals and objective of both sectors, the two should keep track of the important steps and process that enabled successful collaborations.
- Encourage other sectors to collaborate more. Just like Health and Education, there are many other ways that the five sectors can collaborate with each other, which can not only improve efficiency but also unite the staff in MVP to work towards the end goal of 2015.
- Set up prizes and penalties for the schools that are receiving MVP interventions. The MVP can send the CHWs or other facilitators to do monthly checks of the situation of water, hygiene, use of facilities in the schools and score them on sustainability. The schools that were the most careful with maintaining their facilities and implementing the interventions with minimum cost should be awarded and the ones that failed should be warned.
- Organize discussions across the 21 primary schools to provoke thinking and help these schools understand their position in the MVP intervention. Exchange of information and communication can help the schools to identify common needs and suggestions, which could be very helpful in improving the MVP interventions.
- Keep sensitizing the villagers about the disadvantages of polygamy. The MVP should collaborate with the local government to set role models for the villagers and give speeches and demonstrations on the benefits of a one-husband one-wife family.
• Keep contacting cultural leaders in the community and use them as liaisons to encourage the villagers to try new and healthy ways of leaving. Since authority can always convince people more than the outside interventions, the cultural leaders can lead the local people towards different ways of living a healthy life.
Bibliography


### Appendix I: List of Participants from MVP Office

<table>
<thead>
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<th>Methods</th>
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<tr>
<td>Lawrence Ssenkubuge</td>
<td>Education Coordinator</td>
<td>Nov. 14</td>
<td>Interview</td>
<td><a href="mailto:lawrence.ssenkubuge@millenniumpromise.org">lawrence.ssenkubuge@millenniumpromise.org</a></td>
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<td>Reste Namuhenge</td>
<td>Communication Specialist</td>
<td>Oct. 22</td>
<td>Interview</td>
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<tr>
<td>Hilda Tusingwire</td>
<td>Community Development Coordinator</td>
<td>Oct. 24</td>
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<td>Barbra Adeke</td>
<td>Nutrition Specialist</td>
<td>Oct. 24</td>
<td>Interview</td>
<td><a href="mailto:adekebarbra@yahoo.com">adekebarbra@yahoo.com</a></td>
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<tr>
<td>Kai Francis Cowger</td>
<td>Global Health Corp Fellow</td>
<td>Oct. 24</td>
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<tr>
<td>Edward Mugarura</td>
<td>WASH Facilitator</td>
<td>Oct. 25</td>
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<td>Education Facilitator</td>
<td>Oct. 28</td>
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<td>Nov. 13</td>
<td>Interview</td>
<td><a href="mailto:doreenrwamirama@gmail.com">doreenrwamirama@gmail.com</a></td>
</tr>
<tr>
<td>Dr. Emma</td>
<td>Health Coordinator</td>
<td>Nov. 14</td>
<td>Interview</td>
<td></td>
</tr>
<tr>
<td>Silver Arinaitwe</td>
<td>WASH Team Member</td>
<td>Nov. 15</td>
<td>Interview</td>
<td><a href="mailto:silverarina@hitme.com">silverarina@hitme.com</a></td>
</tr>
<tr>
<td>Julius Ssempiira</td>
<td>Data Manager</td>
<td>Nov. 15</td>
<td>Interview</td>
<td><a href="mailto:julius.ssempiira@millenniumpromise.org">julius.ssempiira@millenniumpromise.org</a></td>
</tr>
</tbody>
</table>
### Appendix II: List of Participants from Ruhiira Village

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ngoma Primary School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awereza Betty</td>
<td>Head Teacher</td>
<td>Oct. 29</td>
<td>Interview</td>
</tr>
<tr>
<td>Akankklatsa Amulet</td>
<td>Math &amp; English Teacher</td>
<td>Oct. 29</td>
<td>Interview</td>
</tr>
<tr>
<td>P7 students, 2 female, 3 male</td>
<td></td>
<td>Oct. 29</td>
<td>Focus Group</td>
</tr>
<tr>
<td>Parents, 4 male</td>
<td></td>
<td>Nov. 6</td>
<td>Interview</td>
</tr>
<tr>
<td><strong>Ryamiyonga Primary School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birumgi Prossy</td>
<td>Nursery Staff</td>
<td>Oct. 30</td>
<td>Focus Group</td>
</tr>
<tr>
<td>Kausiime Ruth</td>
<td>Nursery Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owomugisha Olivia</td>
<td>Math &amp; English Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musumi Justus</td>
<td>SST &amp; English Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutabazi Isaac</td>
<td>SST &amp; English Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walusimbi David</td>
<td>SST &amp; Math Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P7 boarding students, 4 female</td>
<td></td>
<td>Oct. 30</td>
<td>Focus Group</td>
</tr>
<tr>
<td><strong>Omwichwamba Primary School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibeijuka Karooro James, Head Teacher</td>
<td></td>
<td>Oct. 31</td>
<td>Interview</td>
</tr>
<tr>
<td>Teachers, 4 male 3 female</td>
<td></td>
<td>Oct. 31</td>
<td>Focus Group</td>
</tr>
<tr>
<td>P7 students, 3 male 3 female</td>
<td></td>
<td>Oct. 31</td>
<td>Focus Group</td>
</tr>
<tr>
<td>Parents, 4 male</td>
<td></td>
<td>Oct. 31</td>
<td>Focus Group</td>
</tr>
<tr>
<td><strong>Ruihiira Primary School</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwabaliiza Mugabe Robert, Deputy Head Teacher</td>
<td></td>
<td>Oct. 31</td>
<td>Interview</td>
</tr>
<tr>
<td>Teachers, 2 male 5 female</td>
<td></td>
<td>Oct. 31</td>
<td>Focus Group</td>
</tr>
<tr>
<td>P6 and P7 students, 2 male 2 female</td>
<td></td>
<td>Oct. 31</td>
<td>Focus Group</td>
</tr>
</tbody>
</table>
Appendix III: Questions for Participants from MVP Office

Target group: MVP staff

What exactly do you do for your job?

What programs have your sector run in terms of health and education?

What are some collaboration between the Health and Educations sectors?

What do you think about the collaboration?

What do you think the two sectors can do more to collaborate better?

What are some difficulties you have encountered in the villages when implementing MVP interventions?

How do you approach to solve these problems?

What do you think are the causes of these problems?

* More follow-up questions were posed in different interviews based on the answers.
Appendix IV: Questions for Participants from Ruhiira Village

Target group: students, teachers, and parents

How many students are enrolled in the school this year?

How many classrooms does the school have?

How many teachers does the school have?

How many cooks does the school have?

Is the school implementing the School Feeding Program?

What are some problems related to the SFP?

What are some health problems in the school?

What are the most common diseases among students?

What’s the dropout rate this year?

Why do students drop out?

What are your views on the Millennium Villages Project?

What are some positive and negative effects of the MVP on the village?

Is there difficulties adapting to the MVP interventions?

Have you noticed any problems during the implementation of MVP?

Do you have any suggestion for the MVP?

* More follow-up questions were posed in different interviews based on the answers.
Appendix V: Participant Consent Form Template

Dear participant,

Thank you for agreeing to participate in my study. I am an undergraduate student currently with the School for International Training’s Development Studies abroad program based in Kampala, Uganda. I am conducting a 6-week research project, which aims at understanding the Millennium Villages Project in Ruhiira, Uganda.

You should understand that your participation is completely voluntary. You are free to avoid any questions or discontinue the interview at any time. Also, important to note is that the outcome of this research will be an academic research report that could be accessed at the SIT office located on Plot 107, Buganda Road, Kampala.

Thank you again for your participation!

Consent:

Name of the Participant

Signature:

Date:

I give permission to use my name in the report (circle one) YES NO

Name of student:

Contact information: