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MDG Acceleration Efforts and Emerging Priorities for a Post-2015 Agenda: Evidence from MAF Roll-Outs in Western and Central Africa

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Abstract

With 2015 fast approaching, the direction and nature of ongoing efforts to speed up progress on the MDGs are particularly significant for the articulation of post-2015 development priorities. In this context, it is worth assessing the extent to which the roll-out of the MDG Acceleration Framework[1] helps managing and balancing the need to rapidly 'complete the unfinished business' of the MDGs with the need to inform and vigorously respond to emerging challenges and priorities.

Drawing upon selected evidences from the roll out of the MAF in West and Central Africa (WCA), including lessons learned from the consultation processes that underpinned the elaboration of MAF action plans, this paper sheds light on the extent to which inequality, governance, and resilience-building and sustainability concerns, as key emerging issues for the post 2015 agenda, were captured in MAF processes in the region. It shows that at the operational level, the MAF process has been quite effective in triggering discussions and directing or redirecting analysis and action around those issues. However, there are considerable variations in the extent to which MAF gap analysis and actions capture inequalities and needs of the most vulnerable, which points out to the need for improving the availability and use of data disaggregated by gender, and at subnational levels. Likewise, the MAF rollout experience in WCA underscores the importance of tackling the systemic governance bottlenecks that hamper effective and inclusive service delivery.

Keywords:

MDG Acceleration Framework, Post 2015, inequality, governance, resilience.

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1 The MDG Acceleration Framework (MAF) provides a flexible, systematic process for countries to identify and analyse bottlenecks in MDG progress and develop action plans to target MDG priorities. The MAF consists of four steps: identifying interventions to achieve MDG targets; identifying bottlenecks that hinder interventions; identifying high-impact, transformational solutions; and formulating action plans involving all development partners and stakeholders.

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1. Introduction

With 2015 fast approaching, the direction and nature of ongoing efforts to speed up progress on the MDGs are particularly significant for the articulation of post-2015 development priorities. In this context, it is worth assessing the extent to which the roll-out of the MDG Acceleration Framework[2] helps managing and balancing the need to rapidly 'complete the unfinished business' of the MDGs with the need to inform and vigorously respond to emerging challenges and priorities. With 10 countries engaged in the roll-out of the MAF and given the 'extent of the unfinished business' in most countries, the experience of the West and Central Africa (WCA) region is particular interesting and significant for reflecting on the MDG Acceleration/post-2015 nexus.

Acceleration efforts and emerging issues for the post-2015 Agenda

A number of issues are currently emerging as key priorities for shaping the post-2015 agenda in Africa and elsewhere,[3] in particular:

Overview of MAF Roll-Out in WCA

Countries	MAF–MDG Targets	MAF Status
Pilot countries		
Togo	MDG 1 (MDG 1 PR & Food Security)	Validated[a] and endorsed (2010)[b] – Implementation underway
Ghana	MDG 5 (Maternal Health)	Validated and endorsed (2010) – Implementation underway[c]
"Initiative Sahel"		
Niger	MDG 1 (PR/Food Security)	Validated and endorsed (2011) – Implementation underway[d]
Chad	MDG 1 (Poverty/Food Security)	Validated 2011 – Under final editing
Mali	MDG 1 (Food Security)	Validated (December 2011)
Burkina Faso	MDG 1 (Food Security)	Validated and endorsed (2011)[e]
Other countries		
Ghana	MDG 7c (Sanitation)	Validated (2011)[f]
Benin	MDG 7c (Water& Sanitation)	Validated (under final editing)
Central African Republic	MDG 1c (Food Security/Nutrition)	Validated and endorsed (July 2012)[g]
Mauritania	MDG 5 (Maternal Health)	Validated (October 2012) – under final review/editing
Côte d'Ivoire	MDG 5 (Maternal Health)	Validated (2012)[h]
Senegal	MDG 1c (Food Security)	Process initiated

Notes: (a) National validation workshops were held; (b) Following the pilot on MDG 1, MAF Action Plans were also prepared for MDG 4 & 5 (maternal/child health) and MDG 7C (sanitation); (c) www.tinyurl.com/gh-maf-mdg5; (d) www.pnud.ne/MAF_NIGER_FINAL.pdf; (e) www.tinyurl.com/bf-maf-mdg1; (f) www.tinyurl.com/gh-maf-mdg7c; (g) www.tinyurl.com/car-maf-mdg1c; (h) www.tinyurl.com/ci-maf-mdg5

2 The MDG Acceleration Framework (MAF) provides a flexible, systematic process for countries to identify and analyse bottlenecks in MDG progress and develop action plans to target MDG priorities. The MAF consists of four steps: identifying interventions to achieve MDG targets; identifying bottlenecks that hinder interventions; identifying high-impact, transformational solutions; and formulating action plans involving all development partners and stakeholders.

3 See: *MDG Report 2012—Assessing Progress in Africa toward the Millennium Development Goals, 2012—Emerging perspectives from Africa on the post-2015 development agenda*, www.tinyurl.com/mdg2012africa. Echoing the conclusions of the MDG 2012 Report, the draft of the Outcome Document of the Regional Consultations on the Post-2015 Development Agenda in Africa Dakar (draft, 22 December 2012) also suggests an overall consensus on the need to (i) prioritise equity and social inclusion and measure progress in terms of the availability and quality of service delivery and (ii) focus on development enablers (enhanced peace and security, good governance, human rights, accountability etc. These issues also feature prominently in the interim outcomes of the ongoing country, regional and global consultations on the post-2015 agenda.

Introduction

- Income, spatial and gender inequalities in progress towards MDGs within countries

- Governance deficits that impede effective and inclusive and quality service delivery and access

- Sustainability of MDG achievements against the spectrum of increased market and climate vulnerabilities, through inclusive social protection and other resilience-building interventions

As argued in most contributions and consultations surrounding the post-2015 debate, the above issues and dimensions of MDG progress and sustenance were rather muted under the 'standard' MDG framework and related action plans at the country level.

This paper sheds light on the extent to which inequality, governance, and resilience-building and sustainability issues were captured at various stages of the MAF roll-out chain (diagnosis, intervention prioritisation and bottlenecks, as well as acceleration solutions), based on selected evidence from MAF roll-outs in WCA. The analysis draws upon selected available evidence from MAF Action Plans documents (including final/post validation drafts) as well as lessons learned from the consultation processes that underpinned the elaboration of MAF action plans.

The review of ongoing MDG acceleration efforts in WCA shows that, at the operational level, the MAF process has been quite effective in triggering discussions and directing or redirecting analysis and action around those issues. Generally, the MAF roll-out experience in the sub-region points to the extreme flexibility and adaptability with which the tool has been applied and contextualised at the country level.

2. Accelerating Progress with Equity

Recent MDG reports show that Africa's aggregate performance on the MDGs hides wide income, gender and spatial inequalities in accessing basic social services. The 2012 MDG report for Africa[4] singles out inequality in the distribution of assets, such as land, as well as in the use of public services, such as education and health care, as a major impediment to poverty reduction performance in most African countries.

It is now increasingly recognized that, if left unchecked, these trends are most likely to result in social tensions and reversals of any progress made on the MDGs. The need to address inequality in planning and action for achieving any specific MDG goal therefore emerges as a critical concern in the debate on post-2015.[5] This requires looking at equality of opportunities — with a particular focus on the poor and other disadvantaged groups or regions — as well as structural sources of inequalities, including discrimination, lack of access to resources and assets, and lack of representation.[6]

Whilst assessing the value-addition of the MAF experience from this viewpoint, it is worth recalling that the MAF (tool) document fully acknowledges the **potential trade-offs between acceleration and equity goals**: "Countries may face a perceived trade-off between 'equity' and 'acceleration' in the short run. The historical evidence shows that inequities often arise when countries begin to make progress toward MDGs and that addressing these becomes an important part of continuing progress. The MAF allows

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4 Op. cit.

5 As captured in one of the key messages of the recent global consultation on inequalities: "Inequalities are not just problems for the people whose lives are most directly affected — those most disadvantaged and excluded. They have deep consequences for everyone in society. Inequalities harm us all. Among these consequences are: reductions in the pace and sustainability of economic growth; diminishment of the productive potential of all who are harmed and excluded, and the loss of this potential to society; the worsening of existing fragilities and vulnerabilities, including to conflict and disasters; and the weakening of social cohesion and of security for all." p. 7. See "Global Thematic Consultation on the Post-2015 Development Agenda — Addressing inequalities, Synthesis Report of Global Public Consultation", co-led by UNICEF and UN Women with support from the Government of Denmark and the Government of Ghana, February 2013 — *www.worldwewant2015.org/file/299198/download/324584A*

6 The UN Development Strategy beyond 2015, Policy Note, UN, Committee for Development Policy, June 2012. *www.un.org/en/development/desa/policy/cdp/cdp_publications/2012cdppolicynote.pdf*

for taking this into account and encourages the use of disaggregated data and differentiated approaches to facilitate this."[7] In this regard, the document also underscores the special relevance of the tool in countries that perform well on average, but retain pockets of poverty and inequality in MDG service delivery and access.

In most WCA countries, and especially in LDCs, one would expect acceleration efforts to concentrate on aggregate performance, rather than on inequalities. Country evidence, however, shows that, at the operational level, **the MAF process provided a significant impetus[8] to scrutinize inequalities, particularly spatial/subnational and gender inequalities and their drivers**.

In this regard, the process has overall been informed by what can be viewed as the 'essence of a human-rights-based approach''', namely, the identification of and outreach to the most vulnerable groups and regions and those farthest away from reaching the MDG targets.

Acknowledging and documenting inequalities

In WCA, aggregate shortfalls on outcomes such as food insecurity and malnutrition, stunting, use of maternal health care services and access to safe drinking water and basic sanitation are featured and compounded by striking and multifaceted in-country inequalities. These inequalities are driven by a complex set of intertwined factors (including poverty, low education levels, regional disparities, weak governance, conflicts, etc.) that clearly require multisectoral responses.
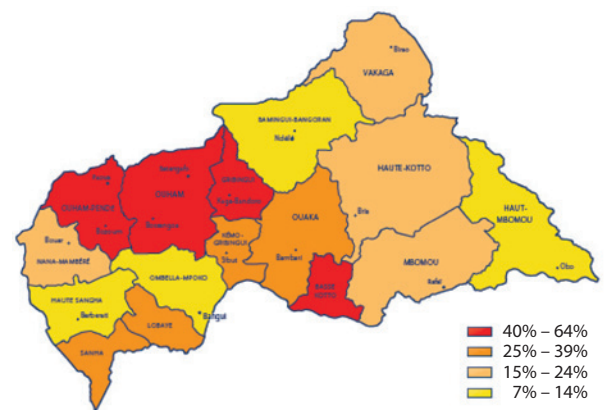
Although the availability and use of reliable disaggregated data, especially at subnational levels, remains a challenge in many countries, efforts to make the most of available information have been notable in the context of MAF roll-out.

In the Central African Republic, for instance, the elaboration of the MAF drew heavily upon the findings of the WFP/UNDP/FAO Comprehensive Food Security and Vulnerability Analysis (CFSVA, 2009), which provides a detailed mapping of food insecurity across regions and various socioeconomic groups.

The MDG gap analysis led to acknowledgement of the critical situation of populations living in post-conflict areas (Ouham Pendé, Nana Gribizi, Ouham) where conflict and civil insecurity-induced disruptions in food production and marketing systems have left 40 percent to 60 percent of households in a situation of food insecurity. The diagnosis also drew the attention of stakeholders to the nutritional vulnerabilities of children living in mining cities (Carnot, Nola and Berberati), where 16 percent of children below five years old suffer from acute malnutrition.

Figure 1: Prevalence of Food Insecurity Among Households (%), Central African Republic, 2009

40% – 64%
25% – 39%
15% – 24%
7% – 14%

Source: CFSA,2009

In Ghana, the pilot MAF for maternal health provides evidence of salient disparities in maternal mortality rates across regions and districts (from 59.7 per 100,000 in the Upper West, Brong Ahafo and Ashanti regions to 195.2 per 100,000 in the Central and Upper East regions)[9] and further documents inequalities in the per capita distribution of health facilities and health personnel across the country.

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7   *MDG Acceleration Framework*, November 2011 — Potential challenges to completing bottleneck analysis, p. 94:
    www.undp.org/content/dam/undp/library/Poverty%20Reduction/MDG%20Strategies/MAF%20Report%20Dec%202011.pdf

8   Note that the 2009 of the MDG Country Report Guidelines also underscored the importance of disaggregating by gender, rural/urban location and subnational levels.

9   Ghana health sector review, 2010 (2008 health survey).

While pointing out the significant progress in the percentage of births assisted by skilled health personal at the national level (from 17.1 percent in 1996 and 67.2 percent in 2011), the Mauritania MAF also draws attention to persisting high rural-urban disparities, with the percentage reaching 90.9 percent in urban areas against 50.5 percent in rural areas in 2011.

The gap analysis further probes into inequalities in access to skilled delivery, showing that only 21 percent of women in the poorest quintile benefit from the presence of a skilled attendant at delivery against 90 percent in the richest quintile (MICS 2007). Remarkably, it also goes down to the lower administrative levels, [10] showing that skilled delivery rates remain below 20 percent in the poorest Moughataas (Moungel, M'Bout, Barkéol) against over 90 percent in the richest ones.

Notwithstanding the nationwide need for acceleration efforts — only 12.4 percent of the population had access to improved sanitation in 2008, against a target of 52 percent by 2015 — the Ghana MAF for sanitation also contrasted changes in improved sanitation access at the subnational level and, in urban and rural areas. The analysis worrisomely shows that the

Table 1: Percent of Skilled Deliveries, Mauritania, 2007

Moughataa	% of HHs in extreme poverty	% of skilled deliveries
Mounguel	71.2	15.3
Moudjéria	65.3	34.4
M'Bagne	61.0	46.2
Barkéol	60.4	18.4
M'Bout	59.9	13.9
National	25.9	60.2
Tevragh Zeina	0.7	99.2
Nouadhibou	3.8	96.6
Zouerate	6.2	91.5

Source: *MAF – Post-validation Draft, 2012/ROMD 2010*

Figure 2: From Level to Change Analysis at the Subnational Level: The case of the Ghana MAF for sanitation
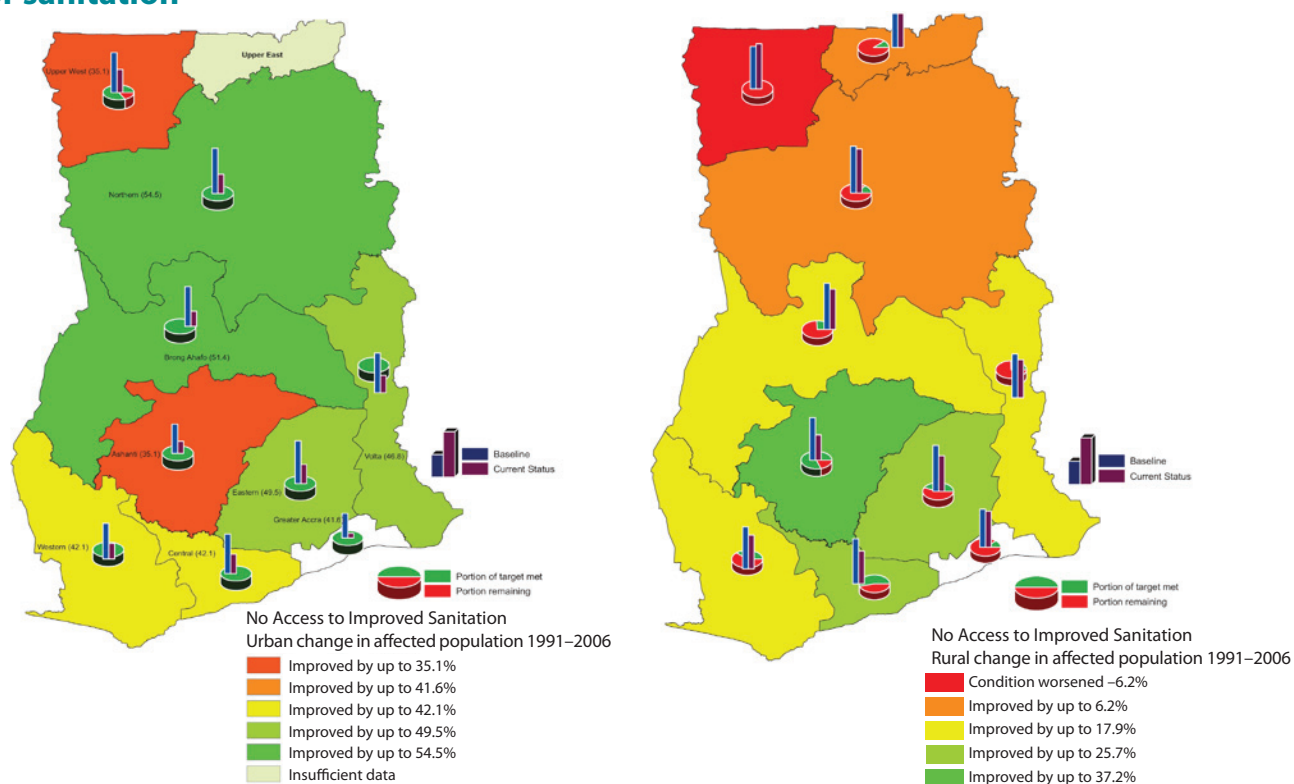
Source: (draft) MAF document/GDHS 2008. See also:
ghanawaterforum.files.wordpress.com/2011/09/maf-ghana-country-action-plan-on-sanitation1.pdf

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10 Administrative structure in Mauritania comprises 13 Wilaya, 53 Moughataâ and 216 municipalities, including 168 rural municipalities.

proportion of urban population without access to improved sanitation in the Northern region decreased by 50 percent between 1991 and 2006, while the proportion of rural population without access in the Northern, Upper West, and Upper East regions increased by about 6 percent.

From evidence to action: to what extent have MAF Action Plans been prioritised towards disadvantaged people and areas?

Whilst the recognition and diagnosis of income, spatial and gender inequalities is an important step forward in the design of acceleration efforts from a sustainability viewpoint, the issue arises as to whether and to what extent the need to address inequalities has been translated into action.

In this regard, it should be recalled that, given the extent and pervasiveness of socioeconomic needs in most countries of the sub-region, prioritisation efforts (including through targeting of particular groups or areas) generally remain a challenge in national and sector strategic planning processes. For instance, new generation poverty reduction strategies (PRS/PRSPs) increasingly rely on detailed poverty/MDG profiles that include evidence and analysis of gender imbalances as well as disparities across regions and specific groups of the population. Whilst the need to address inequalities generally features quite prominently in the rhetoric of PRSs, it nevertheless tends to evaporate when it comes to elaboration of priority action/investment plans, budgeting, monitoring & evaluation frameworks.

In many roll-out countries, the prioritisation of MAF interventions within broader national and sector strategic frameworks ('prioritising within priorities') also proved to be sensitive, given the extent of countrywide needs. Likewise, the case for targeting MAF actions towards geographical areas or groups was not always deemed 'that strong' at the very onset of the exercise. That is where the value-added of the inclusive consultative processes for the elaboration should also be acknowledged. In the Central African Republic, for instance, a broad set of interventions aimed at boosting agricultural performance (at large) was initially contemplated for addressing food security challenges, whilst nutritional challenges facing the most vulnerable were given limited consideration. The extensive consultation process[11] that underpinned the elaboration of the MAF proved instrumental in raising awareness about the need to refocus MAF interventions in food agriculture promotion and non-timber forest products and, critically, to strategically address malnutrition among children, pregnant women, breastfeeding mothers and displaced populations, especially in post-conflict and mining areas. Thus, the MAF action plan explicitly focuses on the country's eight most food insecure areas, including the three 'post-conflict' prefectures. In Côte d'Ivoire, the consultation process also contributed to a revisitation of the initial broader set of priority interventions[12] in a way to make them more sensitive to the pressing needs of some regions. Thus, the MAF explicitly prioritizes improvements in maternal health and neonatal services in the regions of Tonkpi, Cavally-Guémon, Kabadougou-Bafing-Folon, and du Gboklé-Nawa-San Pédro, where the post-electoral crisis of November 2010/April 2011 led to a massive destruction or degradation of health infrastructure and equipment;[13] the development of integrated prenatal consultation and PMTCT/CT (prevention of mother-to-child transmission services) is also foreseen to concentrate on the most remote areas. The (draft) MAF action plan in Mauritania also foresees the expansion of emergency obstetric and neonatal care (EmONC) in underserved areas (Hodh Chergui, le Hodh Gharbi, le Brakna, and le Gorgol et l'Adrar). In Benin, the (draft) action plan for the water sector also explicitly target areas with limited access (Zou 57.0 percent, Atlantique 58.8 percent, Donga 60.2 percent), with a special focus on reducing intra-communal disparities and outreach to difficult hydro-geological zones. It also provides for introducing flexible financial arrangements to improve access to water of vulnerable communities in urban and peri-urban areas.

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11 Consultations (October 2011 and February 2012) brought together a broad range of participants from the Ministry of Planning & Economy, the Ministry of Agriculture and Rural Development and other key ministries (finance, health, environment, trade and industry), representatives of academia, farmers and women's association representatives, and other civil society organizations, and of the UNCT (FAO, UNDP, WFP, UNICEF, UNFPA).

12 From eight to three key areas: family planning, access to emergency obstetric and neonatal care services, coverage/access to antenatal and post-partum services.

13 In the regions of Tonkpi and of Cavally Guémon, 52 percent of health centres and 62 percent of hospitals are not functional (Rapport OMS 2011). The ratio of birth attendants to the number of women of reproductive age in targeted areas stand at 1/7241 in the region of Denguélé-Bafing, 1/9367 in Tonkpi and 1/5629 in Gbèkè et Hambol against 1/3071 at the national level.

In other countries, such as Burkina Faso (pilot MAF in the Sahel), the action plan is explicitly targeted at the most food-insecure areas and groups (women in particular). In Mali, the MAF has been conceived as an instrument to support the implementation of a nationwide government-led programme that aims to accelerate progress towards the MDGs in the 166 municipalities of Mali that are estimated to be the most vulnerable to food insecurity (the Mali "166 communes initiative").

One will also note that priority interventions and bottleneck solutions in pilot MAFs (Togo, MDG1; Ghana MDG5) did not involve 'spatial targeting', although the exercises led to a prioritisation of actions towards the poor and disadvantaged or vulnerable groups (i.e., marginal farmers, especially women in the case of Togo). Generally, efforts to address inequalities, notably spatial inequalities beyond the diagnosis stage, have become 'more systematic' and explicit in the second wave (2011/2012) of MAF roll-out exercises.

Addressing gender inequalities and empowering women

There is a growing consensus that gender equality, alongside women's empowerment,[14] must be comprehensively reflected in the post-2015 agenda. The need to check widespread and deeply entrenched gender inequalities is of particular significance in the context of West and Central Africa, where the Gender Inequality Index (GII) exceeds 0.7 in 13 countries out of 14 for which data are available (the GII reaches 0.8 in The Democratic Republic of the Congo, the Niger, and Mali).

Figure 3: Human Development and Gender Equality in WCA

■ HDI 2010   ■ Inequality Adjusted HDI 2010   ■ Gender Inequality Index 2010
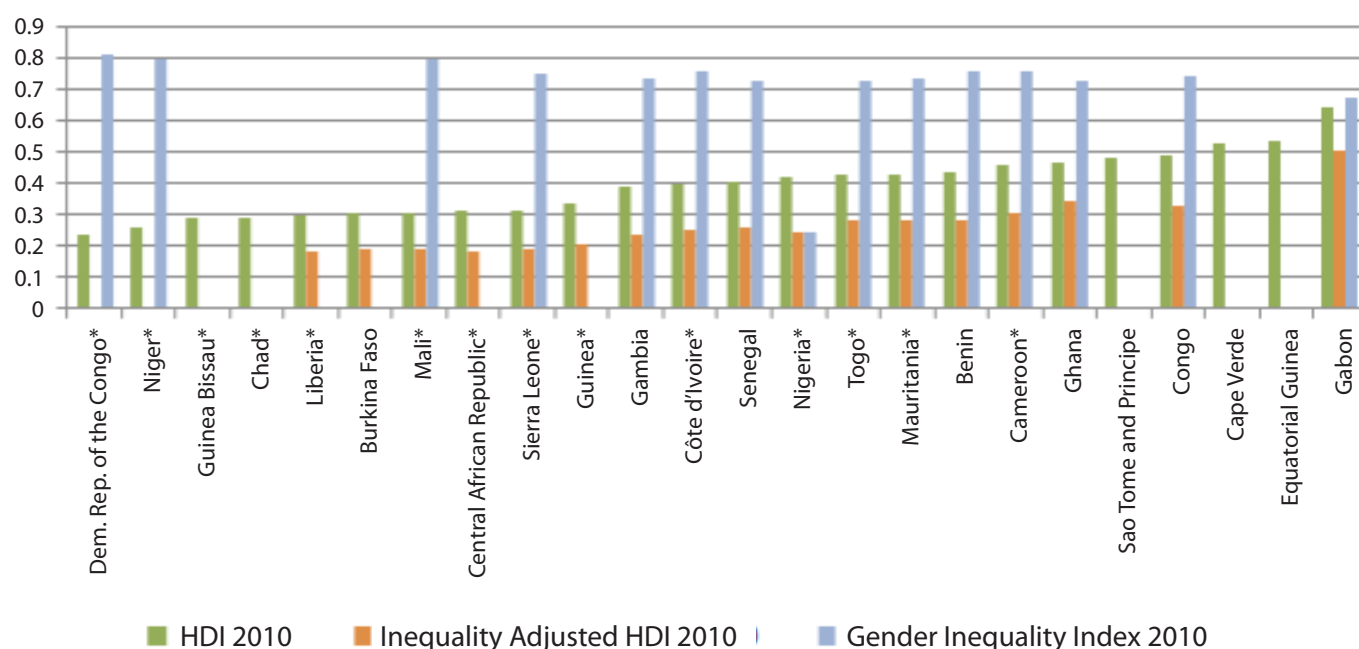
*Source: GHDR 2010; * fragile/post-conflict countries.*

In breaking through the bottlenecks that impede meaningful progress towards food security targets and identifying high-impact interventions, **'food security' MAFs in WCA contributed, among other things, to a reiteration of the importance of fostering gender equality concerns in hunger and rural poverty reduction strategies whilst linking these to wider efforts to empower rural women**.

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14 See, for instance, *Achieving Gender Equality and Women's Empowerment in the Women's Empowerment in the Women's Empowerment in the Post-2015 Framework*, The Gender and Development Network, January 2013.

Thus, food security MAF action plans typically prioritise productivity improvements in food agriculture with a special emphasis on securing and enhancing access by small producers—especially women—to core agricultural productive assets and inputs (e.g., land, fertilizers, improved seeds) and extension services, as well as strengthening producer organizations. The pilot MAF in Togo provides for formalizing rural leasehold contracts for securing land for women (and young people). The MAF Burkina Faso, which is intrinsically 'engendered',[15] underscores securing an equitable access of male and female smallholders to agricultural inputs as well as to the benefits of soil fertility and small irrigation development initiatives. Consistent with gender-responsive institutional development principles, the MAF Togo also involves enhancing women's representation among extension officers to ensure greater responsiveness of extension services to their specific needs while the Burkina Faso MAF recommends increased and gender-balanced staffing of core ministries in charge of rural development. Both MAFs also give priority to strengthening family (short-cycle) livestock activities, also typically cared for by women. Whilst providing for a similar set of acceleration solutions (there are also plans to reach out to vulnerable groups engaged in fishing and forestry), the Niger MAF further stresses strengthening productive safety nets (e.g., cash/food for work) and the promotion of viable income-generating activities (IGAs), with a particular focus on women-headed households.

Remarkably, the Implementation & Monitoring Plan of the Central African Republic MAF contains specific performance indicators for women for more than 50 percent of proposed acceleration solutions/activities. For instance, women/women's groups are foreseen to account for 50 percent or more of the beneficiaries of MAF priority measures for improving access of small producers to agricultural inputs, processing technologies and finance.

As evidenced below, the attention paid to the role of men in securing gender equality outcomes in the area of maternal and reproductive health (Ghana, Mauritania, Côte d'Ivoire) are also noteworthy.

Table 2: Women and the Central African Republic MAF Action Plan Implementation and Monitoring Framework

Priority Intervention 1: Intensification of subsistence farming, non-timber forest products as food, hunting products and small-scale livestock products, mainly in areas with high food insecurity (Ouham-Pendé, Nana-Gribizi, Basse-kotto, Ouham, Ouaka, Kémo, Lobaye and Sangha-Mbaeré)
Setting up of multifunctional platforms to promote local processing of products in areas with high level of food insecurity
50 platforms set up by 2015 of which at least 70% run by women
Reinforcing the technical and financial capacities of community veterinary services
100 agents supported including at least 40 women
Training and equipping actors in the Non-Timber Forest Product Sector
Priority Intervention 2: Reinforcement of access to food, nutritional interventions and a safety net for vulnerable groups
At least 10 vegetable gardens and school fields per target area, of which 50% are run by girls
Priority area of Intervention 3 (cross-cutting: Repairing and building roads to open up production zones and deprived areas)
Promoting the "crops for work" programme for work on rural roads in area of insecurity
Programme operational in target area with 50% female participation.

Source: *MAF – Post-validation Draft, 2012/ROMD 2010*

3.   Breaking Through Governance Bottlenecks

Governance emphasizes the empowerment of people and communities to participate in decision-making and to hold governing bodies accountable, and more broadly, the means (institutions, processes and systems) by which development goals are translated into tangible and secured results. Governance is increasingly recognized as an important 'missing link' between MDG efforts and

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15   As captured in its title "Ensure food security of poor small producers (both men and women) and fight against malnutrition".

Breaking Through Governance Bottlenecks

MDG achievements. As stressed in 'Beyond the Midpoint' (p. 48),[16] "Even when countries mount targeted efforts to achieve the MDGs, inept or unresponsible institutions can nullify the impact. When governments are corrupt or unaccountable, when the poor cannot get equitable treatment […] and are unable to access public services from an unresponsive bureaucracy or because services are diverted to local elites, accelerated progress towards MDG achievements will be unlikely."

Not surprisingly, governance (viewed as a core MDG enabler) currently stands high among many priorities currently identified for the post-2015 agenda.[17]

Efforts to get deeper into inequality, especially gender inequalities and inclusiveness challenges in the context of WCA MAF roll-outs, and to prioritise action accordingly can already be viewed as an important step towards capturing 'good' governance with human rights principles in MDG acceleration efforts. The involvement (although variable across countries) of local stakeholders, civil society organizations and other grass-root stakeholders in MAF-related consultation and validation exercises[18] has also been instrumental in this process.

The MAF approach invites stakeholders to break through a broad range of governance bottlenecks[19] affecting service delivery and use. On the supply side, specific 'governance bottlenecks' may refer to gaps in human resource management and development, inequalities in resource allocations, the lack of decentralized capacity, technical and organisational quality, weaknesses in procurement systems, sector management and institutions, and weaknesses in leadership, coordination, and monitoring and evaluation systems. On the 'service-use side', these may link to important issues such as the empowerment of users to use services (when available), information, education and advocacy gaps, physical and financial accessibility to services, as well as gender and cultural barriers.[20]

However, one may argue that there are inherent limitations in the way the MAF approach can ultimately deal with governance dimensions of MDG acceleration efforts. One such limitation consists in the fact that governance bottlenecks tend to be more 'systemic', which makes it difficult to address them through short-term solutions as favoured by the MAF approach. The MAF Operational Note (op. cit.) subsequently states that, "Although the MAF may also reveal systemic obstacles to achieving MDG targets, this step may want to emphasize direct causal constraints that can be solved in the near term, while balancing the needs of speed of impact, sustainability and the improvement of enabling conditions" (p. 13).[21] Also in principle, the level of governance constraints attached to the implementation of a possible acceleration solution is considered to be a criterion that can discriminate against the selection of the solution for the MAF.

On this point, **one of the lessons learned from the MAF roll-out experience in WCA is that, notwithstanding the existence or absence of short-term solutions, acceleration can hardly materialize without addressing the multifaceted governance bottlenecks ('enablers') that impede the effective delivery (with respect to quantity and quality) of essential goods and services**.

Among governance bottlenecks, 'capacity conundrums' on the supply side (lack of institutional, human, financial, management capacities, etc.) feature prominently in most MAF action plans. However, as more specifically evidenced below, **the MAF process also spurred a greater focus on service use alongside a more nuanced and comprehensive understanding of the multilevel governance layers for MDG acceleration, including the role of communities and local governments in shaping outcomes**,

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16 www.undp.org/content/dam/undp/library/MDG/english/undp-beyond-the-midpoint-achieving-the-mdgs-2009.pdf

17 See, for instance: www.un.org/millenniumgoals/pdf/Think%20Pieces/7_governance.pdf

18 The MAF Operational Note, *Implementing the MDG Acceleration Framework at the Country Level: Operational Note for UN Country Teams*, October 2011 explicitly recommends involving civil society in the MAF process through reputed civil society organizations, especially those representing the most disadvantaged groups.

19 Although the constraints identified are not conceptually categorized as 'governance bottlenecks'.

20 See *MAF Toolkit*, December 2011, Annex 2 (MAF Bottleneck Analysis Delivery and Sector Governance).

21 The *MAF Toolkit* (December 2011) points out three possible outcomes: (1) MAF users choose a different set of interventions with greater potential for the application of near-term solutions; (2) users agree that the country's situation makes the MAF unsuitable and address the systemic issues first; or (3) the countries apply the MAF and deploy cross-cutting resources and solutions to resolve the identified bottlenecks.

especially in the reproductive and maternal health, water and sanitation sectors. Issues related to gender and cultural differences in health needs and services also received special consideration, as illustrated below.

Empowering local governments for inclusive service delivery

Developing subnational capacities is key to ensuring that local people participate in and benefit from accessing increased basic services as a result of well-governed local institutions.[22] However, most local governments in WCA have weak human capacities, institutions and systems (including partnership models) to undertake and manage inclusive service delivery. This is particularly evident in services that most directly contribute to the achievement of the MDGs, such as housing, water, education and health services.

In addressing the implementation challenges to improving access to drinkable water in rural, peri-urban and urban areas and to promoting of hygiene and sanitation, the Benin MAF fully takes into account the new and challenging context of decentralization.[23] **A major thrust of the MAF is to secure the full recognition of local governments' responsibilities within the policy framework for hygiene and sanitation.** In Mali, the MAF acknowledges the increasing and pivotal role played by civil society and local governments in the management of food security, especially the management and prevention of food crises. The implementation of the MAF is actually foreseen to fall under the prime responsibility of beneficiary communes.

Fostering participation of communities and social mobilization

Community participation can contribute to more appropriate and cost-effective interventions, whilst community organizations can also deliver goods and services more effectively than national or local governments. **The role of communities in acceleration efforts has *de facto* been widely recognized in MAF processes, especially in the health and sanitation sectors.**

Thus, the reliance of community-based approaches stands high in the pilot Ghana MAF, which provides for rolling out the Community Health Planning and Service (CHPS)[24] and strengthening referral and community support systems to address obstetric emergencies as key acceleration solutions. **The Mauritania MAF and the Côte d'Ivoire MAF single out the limited involvement of communities as a major bottleneck to effective and sustainable delivery on maternal and (especially) reproductive health outcomes.** The Mauritania MAF explicitly draws attention to the need to shift away from the prevailing centralized, technocratic 'medical vision of health', which hampers community participation and responses. The document also mentions a number of local governance deficits, including the weak functioning of local management committees along with the low representation of marginal and vulnerable groups in these committees.

In both countries, MAF action plans subsequently advocate for the development of community-based health strategies and efforts to harness the socio-organizational and communication potential of populations and communities as the main trigger towards an effective use of maternal health services, including delivery assistance and family planning. **Solutions strongly emphasize the strengthening of capacities of 'community agents and structures' (e.g., *relais communautaires*), and community-led communication tools and processes.**

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22 UNDP, 2004, *Decentralized Governance for Development: A Combined Practice Note on Decentralization, Local Governance and Urban/Rural Development.*

23 As for decentralization reforms in the subregion, fiscal decentralization in Benin is lagging behind the transfer of responsibilities. Budgets available to municipalities are low and barely cover recurrent operation costs. Available resources for investments in local infrastructure of public services are extremely limited in most municipalities.

24 The CHPS was initiated in Ghana in 2000 to bridge the equity gap in health services by partnering health provider and community efforts to bring health services closer to the doorstep of households.

Breaking Through Governance Bottlenecks

One of the three priority interventions considered for the Ghana MAF on sanitation[25] involves scaling up the Community-Led Total Sanitation (CLTS) approach. The approach has been identified by the national technical working group on sanitation as the one that has demonstrated the highest potential to propel Ghana back on track to reach its MDG target on sanitation. At the heart of the approach is the recognition that merely providing toilets will neither necessarily guarantee their use nor necessarily lead to improved sanitation and hygiene. By raising awareness, the CLTS triggers the community's desire for change and encourages innovation, mutual support and appropriate local solutions, also resulting in greater ownership and sustainability. The MAF notably identifies the inadequate involvement of children in CLTS as a key bottleneck to scaling up and calls for integrating CLTS in curriculum at schools and adapting CLTS facilitation skills to children.

The same rationale (social marketing) underpins the Benin MAF, which foresees the countrywide scaling up of the community-based Hygiene and Sanitation Promotion (HSP) approach that has been piloted in five departments, resulting in a 20 percent increase in the proportion of people with access to non-subsidized improved sanitation within four years.

Also noteworthy is the focus placed by maternal health MAFs on the greater involvement of men as key agents of behavioural change in reproductive and maternal health alongside greater gender equality. In those sectors, the MAF process acknowledged that gender equality and sexual/reproductive health could not be achieved without the engagement of men (as community, political and religious leaders or husbands), who often control access to reproductive health information and services, financing, transportation and other resources and who usually decide on the use of contraceptives.

Thus, the Ghana MAF for health identifies low male involvement, including inadequate male service points, as a key bottleneck to the expansion of family planning services. It subsequently calls for intensifying public education and behavioural change communication (BCC) efforts for integrated maternal and child health services through measures targeting males. In Mauritania, the MAF action plan also foresees a stronger involvement of religious leaders to educate their constituencies about key messages (e.g., the dissemination of a *Fatwa* on family planning by the *Oulémas*). Likewise, in Côte d'Ivoire, the MAF also calls for a greater involvement of community leaders and religious people in informational and sensitisation activities related to the use of maternal health and family planning services in rural and peri-urban areas, notably through the roll-out of initiatives with proven impact such as 'schools for husbands'.

A number of governance issues, some of them being taken up at the priority intervention level, are cutting across MAFs/sectors in the subregion. These notably relate to weaknesses of monitoring and evaluation systems and the lack of political leadership and coordination.

Strengthening monitoring and evaluation of MDG interventions

The monitoring and evaluation of service delivery programs at the national and local levels can help identify implementation bottlenecks and improve the design and effectiveness of service delivery mechanisms. It is also a key pathway to promoting accountability and responsive institutions.

In the sub-region, the lack of monitoring and evaluation information and data has been often identified as a major cross-cutting bottleneck to implementation progress of interventions prioritised in the MAFs. **It is also worth noting that the shortage of information also acted as an 'endogenous constraint' on the MAF roll-out, which requires carefully documenting the impacts and effectiveness of selected interventions, bottlenecks, and solutions.**

Thus, among the three priority cross-cutting bottlenecks, the Togo MAF pilot report lists the inadequate availability (lack) of statistical information relating to various interventions (coverage, targets). Likewise, the Ghana pilot MAF for maternal health identifies data generation and management as a major cross-cutting challenge to progress in monitoring in the country. The Implementation and Monitoring Plan Section of the MAF starts with an emphasis on the "weak monitoring system, particularly in assessing the

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25 The MDG Acceleration Framework (MAF) for Sanitation outlines three priority interventions to accelerate progress, namely, the scaling up of community-led total sanitation, the provision of micro-finance for household latrine construction, and the establishment of decentralized treatment systems that incorporate the generation and use of biogas.

effectiveness of services in terms of their coverage or outcomes at all levels" (p. 72). The MAF subsequently advocates for the more effective use of monitoring tools such as the Systematic Coverage Evaluation tool and the National Development Planning Commission monitoring framework, with special reference to EmONC, as a means to ensure that "service providers and health managers to stay on track and remain accountable". In Benin, the need to strengthen monitoring and evaluation systems for the water and sanitation sectors has been singled out as a priority intervention to boost progress towards access to safe drinking water in rural areas.[26]

Promoting political leadership and coordination

The pilot Ghana MAF action plan[27] advocated for an Office of the First Lady/Gentleman to champion maternal health and identify and appoint maternal health and newborn champions, including traditional leaders (chiefs, queen mothers).[28] The lack of leadership and coordination has been identified as a major bottleneck to improving access to safe drinking water in Benin and as a major cause of high inequalities in the spatial distribution of sector financial resources across the country. The lack of clarity regarding government responsibilities at the central and local levels following internal reforms within the Ministry of Health and in the decentralization area also features as a key bottleneck to the scaling up of H&S activities.[29]

Other significant sector-specific governance issues/bottlenecks found their way into MAF processes, including the need to address **the insecurity of vulnerable producers over property and use rights of land and natural resources**, notably in Togo and the Central African Republic. The Ghana MAF (MDG5) also emphasizes **enforcement of professional performance disciplines**. In some countries, like Mauritania, the analysis also explicitly touched upon **corruption and resource diversion issues**.[30]

4.   Mainstreaming Resilience-Building

The MDG 2010 reporting cycle and the MAF process invited national and international stakeholders to pay particular attention to vulnerabilities arising from the global food financial and economic crisis and climate change challenges and their impact on achieving MDGs and opportunities. However, the importance of resilience-building, including through social protection, to secure equitable and sustainable MDG progress has only recently been recognized in full. The Rio+20 outcome document notably stressed the need to encourage national and local initiatives aimed at providing a social protection floor for all citizens. Reflections around the post-2015 agenda further underscore social protection as an important instrument for the sustainability of most MDGs by ensuring universal access to key essential services in quality basic and maternal health care, education, and nutrition.

Systemic shocks typically result in adverse coping strategies (loss of assets or diminished investments in children health and education), with long-lasting harm to poor and vulnerable households' income-earning capacities and child welfare. Increased vulnerability to shocks can therefore lock poor households into low-asset, low-human-capital situations or so-called 'poverty traps'.

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26 Whilst monitoring systems are in place at the national and regional levels, the scope of data collected by the departments is currently limited mostly to technical and financial data that are incomplete or erroneous. Systematic monitoring of interventions and results at the local level in the different contexts in Benin and from the local level upwards does not take place. The same applies to information on hygiene and sanitation interventions and on quality of drinking water at source.

27 See also presentation on MAF Operational Plan Presentation of MAF Operational Plan, *www.moh-ghana.org/UserFiles/MAFOPPLANSUMMIT.ppsx*

28 The First Lady of Ghana has been made current Champion/Ambassador for Maternal Health (source MAF implementation report, draft 2011).

29 The ongoing reform within the Ministry of Health led to the abolishment of departmental Hygiene and Sanitation Services (which were key to the implementation of hygiene and sanitation promotion activities at the local level), towards the creation of a Department of Health Services, with a risk of a diluted focus and reduced resource-earmarking for basic hygiene and sanitation. Likewise, the national strategy for basic hygiene and sanitation does not yet acknowledge the role of municipalities and requires revision.

30 The (draft) MAF report notably criticizes the prevalence of *clientèlisme* and subjectivity in high-level decision-making processes that results in the diversion of important public financial and human resources towards private interests and privileged groups (MAF Post Validation workshop draft, October 2012).

Mainstreaming Resilience-Building

Looking to the near term or beyond, this means that, to the extent possible, MDG acceleration efforts should seek to deal with the spectrum of increased climate, market and other uncertainties and the risks of reversal associated with these.

Whilst gauging the extent to which MAF roll-out processes in WCA are embedding resilience-building principles, including elements of social protection, it should be recalled that (i) resilience, including resilience to climate change, is a rather new concept for stakeholders and (ii) formal social protection in West and Central Africa[31] excludes the vast majority of people in the informal sector and the poorest and most vulnerable whilst existing social safety nets are featured by limited funding and scale.

In the context of MAF-based acceleration efforts, resilience-building action (although documents do not explicitly refer the concept of resilience) can be traced most strikingly in the context of acceleration efforts towards rural poverty reduction, food and nutritional security. In the Niger, the MAF is explicitly recognized as an integral part of resilience-building efforts in relation to the operationalisation of country's so-called '3N Strategy' (*Les Nigériens Nourissent les Nigériens*). At the regional level, the importance of the MAFs, as reference frameworks for long-term resilience-building, has been acknowledged in various documents and other fora.[32]

'Food Security' MAF processes in the Sahel (the Niger, Burkina Faso, Mali, Chad) pioneer a 'comprehensive approach' to building resilience to protracted economic and climate-shock-induced food and nutritional crises, acknowledging the need to adopt solutions that bridge the immediate and longer-term needs of countries and communities. Thus, **Sahel MAF action plans typically entail a multitrack, integrated approach to food security involving a mix of short-term and medium-term priority solutions** tailored to national contexts for improving productivity and incomes of small agricultural producers and livestock breeders by (i) enhancing access to inputs (seeds, fertilizers), (ii) improving farming techniques, (iii) reinforcing small-scale irrigation and reserves, **(iv) diversifying and securing incomes/access to food for most vulnerable households (notably through the extension of safety nets), (v) strengthening mechanisms for crisis prevention (early warning systems, safety stock)**, and (vi) fighting against malnutrition.

Efforts to link rural poverty/hunger reduction and environmental sustainability are also noteworthy. Thus, the Burkina Faso MAF provides for the restoration of the productive potential of land for the benefit of small farmers (men and women) in areas vulnerable to food insecurity, including food-for-work schemes for soil rehabilitation. The Mali MAF provides for training small producers in soil fertility rehabilitation techniques. The Niger MAF provides for the dissemination and use of crop diversification and climate change adaptation technologies (short-cycle varieties, drought-tolerant varieties) as well as for improved and sustainable management and protection of livestock against the effects of climate change (including the adaptation of stocking strategies and the development of local resistant livestock species).

Outside Sahel, the Central African Republic MAF also places special emphasis on addressing food insecurity and vulnerabilities in post-conflict areas, notably through the prioritisation of safety-net-type measures such as food for seed protection, school-feeding programmes, and food for training. The MAF action plan provides for early recovery programmes coupled to food-for-work programmes for infrastructure rehabilitation in conflict-affected areas, alongside efforts to build up efficient monitoring and early warning systems.

Generally, social protection and resilience-building concerns received less attention in MAF roll-outs in other targeted MDG sectors (maternal health, water and sanitation).

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31 *www.unicef.org/wcaro/wcaro_UNICEF_ODI_1_Strengthening_Social_Protection.pdf*

32 *OCHA Sahel Strategy Document 2012* (*ochaonline.un.org/Sourcesdefinancement/Documentstrategique2012/tabid/7735/language/fr-FR/Default.aspx*); see also: Opening remarks for Mr. Kassym-Jomart Tokayev United Nations Under-Secretary-General Director-General of the United Nations Office at Geneva – African Group Initiative – "Urgent Appeal for the Sahel" (*www.tinyurl.com/opr2czc*)

5. Conclusion

Overall, the MAF roll-out experience in WCA shows that acceleration efforts to complete the 'unfinished MDG business' are not and cannot be 'business as usual'. The need for reducing inequalities, for reaching out to the neediest groups or areas, for improving national and local governance systems and enhancing participation at all levels, and for mainstreaming resilience-building to sustain progress, features quite prominently in ongoing MAF-driven acceleration efforts, with the process acting as a 'natural bridge' between the MDG and the 'MDG-plus'/post-2015 development planning eras.

Still, the extent to which MAF gap analysis and action plans capture inequalities (especially gender inequality) and the needs of the poorest and most vulnerable varies from country to country. This means that 'accelerating will not go with equity', unless substantial efforts are made to improve the availability and use of data disaggregated by gender and rural/urban location critically at subnational levels. This also underscores the importance of the genuine participation of local stakeholders and the most disadvantaged groups in the formulation, implementation and, not least, monitoring of MDG acceleration plans and the importance of the UN system in this process.

The MAF experience in WCA also suggests that the final push for the MDGs cannot go without scrutinizing and tackling — be it within or outside the MAF framework — the systemic governance bottlenecks that hamper effective and inclusive service delivery and access. Among other things, the case for strengthening accountability mechanisms through sound monitoring and evaluation systems emerges as a key entry point for action across the board.

Finally, whilst the experience of 'food security' MAFs in the sub-region provides tangible evidence of efforts to connect acceleration with resilience-building, more needs to be done in this area in other MDG sectors.

References

References

African Union Commission, United Nations Economic Commission for Africa, African Development Bank & United Nations Development Programme (2012). *MDG Report 2012—Assessing Progress in Africa toward the Millennium Development Goals, 2012—Emerging perspectives from Africa on the post-2015 development agenda* (*www.tinyurl.com/mdg-report-2012-africa*)

The Gender and Development Network (2013). "Achieving Gender Equality and Women's Empowerment in the Women's Empowerment in the Women's Empowerment in the Post-2015 Framework", January.

OCHA, *2012 Strategy Document, Version 2: Response plan addressing the food and nutrition crisis in the Sahel* (*www.reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3569.pdf*)

ODI and UNICEF (2009). *Strengthening social protection for children—West and Central Africa*, February. (*www.unicef.org/wcaro/wcaro_UNICEF_ODI_1_Strengthening_Social_Protection.pdf*)

UN System Task Team on the Post 2015 UN Development Agenda — UNDESA, UNDP, UNESCO (2012). "Governance and Development", Thematic Think Piece, May (*www.un.org/millenniumgoals/pdf/Think%20Pieces/7_governance.pdf*)

UNDP (2004) "Decentralized Governance for Development: A Combined Practice Note on Decentralization, Local Governance and Urban/Rural Development"

UNDP (2010) *Beyond the Midpoint: Achieving the Millennium Development Goals*, January. (*www.undp.org/content/dam/undp/library/MDG/english/undp-beyond-the-midpoint-achieving-the-mdgs-2009.pdf*)

UNDP (2011a) "Implementing the MDG Acceleration Framework at the Country Level: Operational Note for UN Country Team", October.

UNDP (2011b), *MAF Toolkit*, December.

UNICEF/UNWOMEN (2013) "Global Thematic Consultation on the Post-2015 Development Agenda — Addressing inequalities, Synthesis Report of Global Public Consultation", co-led by UNICEF and UN Women with support from the Government of Denmark and the Government of Ghana, February 2013 (*www.worldwewant2015.org/file/299198/download/324584A*)

United Nations (2011) *MDG Acceleration Framework*, November (*www.undp.org/content/dam/undp/library/Poverty%20Reduction/MDG%20Strategies/MAF%20Report%20Dec%202011.pdf*)

United Nations, Committee for Development Policy (2012) "The UN Development Strategy beyond 2015, Policy Note" United Nations (*www.un.org/en/development/desa/policy/cdp/cdp_publications/2012cdppolicynote.pdf*)

Water Aid (2008) "Tackling the silent killer: The case for sanitation" (*www.wateraidamerica.org/includes/documents/cm_docs/2008/t/tacking_the_silent_killer_the_case_for_sanitation_1.pdf*)