|  |
| --- |
| Purpose:   * Capture details on time spent to participate in different market-based promotion activities * Capture details on expenditures related to the participation in different market-based promotion activities |

This can be used as a GENERIC key informant interview guide for firms that participate in market-based promotion activities.

Directions are noted in the guide and should not be read out loud to the respondents. Please do your best to probe for detailed answers and accurate estimates, particularly time spent in market-based activities.

|  |  |
| --- | --- |
| **Date of KII** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | **KII Location:** |
| **Location of firm:** | |
| **Firm’s Name:** | |
| **Respondent’s Name:** | |
| **Sex:** | **Position of respondent in the firm:** |
| **Date of joining the firm:** | **Date of beginning current position:** |
| **Moderator:** | **Note-taker:** |
| **Start time:** | **Stop time:** |
| **Duration (in mins):** | |

INTRODUCTION

**Direction:** Introduce the note taker who will be listening in on the interview (if applicable).

Today we will be asking about the experience of you and your firm participating in the market-based promotion activities. We would like to know how much time and resources you and your firm spent to participate in the market-based promotion activities. Try to recall accurately the amount of time and resources you or others from your firm spent participating in these activities. There is no right answer to these questions, but it is important to us that you do not over or underestimate those amounts.

**Please describe your firm’s enterprise.**

1. Did you or other employees from your firm participate in the market-based promotion activities supported by IMPLEMENTER in COUNTRY SETTING?
   1. If yes, how many other individuals participated?
2. Did you or someone from your firm participate in the following activities? (Read activities in below table). If yes, describe the activities or events you and others from your firm participated in.

***(MAKE SURE TO CAPTURE TIME FOR ALL ENTERPRISE PERSONNEL THAT PARTICIPATED IN DIFFERENT ACTIVITIES)***

**Direction:** break down the market-based promotion activities into individual components

|  |  |  |
| --- | --- | --- |
| **Activity** | **Yes or no** | **Describe the activity** |
| INSERT COMPONENTS OF MARKET-BASED PROMOTION ACTIVITIES HERE. ***EXAMPLES FOLLOW.*** |  |  |
| Community of practice meetings |  |  |
| Group trainings |  |  |
| Financial support/grant |  |  |
| Technical support |  |  |

1. Did you have to apply to participate in any of the above activities? Yes or No
   1. If yes, which activities (fill in table below)?
      1. How much time did you spend applying to participate? (provide response in number of hours)
   2. Did you have any out of pocket expenses related to your application?
      1. If yes, approximately how much did you have to spend to apply to participate?

|  |  |  |
| --- | --- | --- |
| **Activity** | **Time spent (hours)** | **Out of pocket expenditure (local currency)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

EXAMPLE ACTIVITY: COMMUNITY OF PRACTICE MEETINGS

**Replace the focus of these example sections with the specific activities outlined in the activity breakdown table above.**

**Direction:** complete section if the firm participated at a least to one community of practice meeting

1. In the past year (month, quarter, or once off), did you or someone from your firm participate in one or more community of practice meeting? Yes/no
2. If yes, how many CoP meetings did you or someone from your firm participate in from [PERIOD OF PROJECT]?

|  |  |
| --- | --- |
|  | Number of meetings |
| **CoP meetings in 2018** |  |
| **CoP meetings in 2019** |  |
| **CoP meetings in 2020** |  |

1. On average, in the past (month/quarter/year) how much time did you or someone from your firm spend at each of these CoP meetings on the day of meeting? If it varies over time, include a range. (e.g., 0, 2h-4h, et.) If the time varies for each meeting, please provide a range. **Fill in table below**.
   1. On average how much travel time does it take you (or someone from your firm) to get to the meeting site? If it varies over time, include a range.
   2. Did you have any out of pocket expenses for transportation? Please provide the average round trip cost.
   3. Do you receive a per diem for participating in the CoP meeting? If so, how much did you receive per meeting?

Provide an estimate of your time and provide average estimate of time in hours for one meeting and round trip travel time and costs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Meeting only | | Travel (round trip) | | |
|  | Average time per meeting (hours) | Range (hours) | Average time traveling per meeting (hours) | Cost (local currency) | Per diem (local currency) |
| Community of practice meeting |  |  |  |  |  |

EXAMPLE ACTIVITY: GROUP TRAININGS

1. Did you or someone from your firm participate in the group training?
2. If yes, how many group trainings did you or someone from your firm participate in from [PERIOD OF PROJECT]?

|  |  |
| --- | --- |
|  | Number of group trainings |
| **Group trainings in 2018** |  |
| **Group trainings in 2019** |  |
| **Group trainings in 2020** |  |

1. On average, how much time do you spend participating in a group training? If it varies over time, include a range. (e.g., 0, 2h-4h, et.) If the time varies for different group training meetings, please provide a range. **Fill in table below**.
   1. On average how much travel time does it take you (or someone from your firm) to get to the group training venue? If it varies over time, include a range.
   2. Do you receive a per diem (Safari allowance/reimbursement) for participating in the COP meeting? If so, how much did you receive per meeting?
   3. Did you have any out of pocket expenses for transportation? Please provide the average round trip cost.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Group training | | Travel (round trip) | | |
|  | Average time per meeting (hours) | Range (hours) | Average time traveling per meeting (hours) | Cost (local currency) | Per diem (local currency) |
| Group training |  |  |  |  |  |

EXAMPLE: ACTIVITIES RESULTING FROM ABOVE

1. What other activities did you participate in as a result from your participation in ACTIVITIES DELINEATED ABOVE? For example, did you meet with peers (networking), or invest in new personnel/materials? **Fill in table below.**
2. If yes, what are these activities? For each activity:
   * 1. How often do you or someone from your firm participate in these other activities?
     2. How many of these other activities are per month, quarter or year, or one time only?
3. What additional expenditures did you or others in your firm spend in these other activities because of the ACTIVITIES DELINEATED ABOVE? If it varies over time, include a range.
4. Did you or someone from your firm have any out of pocket expenses for any of these activities?
   * 1. If yes, how much for these other activities?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities | Frequency: monthly; quarterly; yearly; once-off | Total times | Typical Amount of Time spent on Activity (Hours) | Typical amount of money spent  (Local Currency) |
| Meetings with peers/networking |  |  |  |  |
| Participated in external training |  |  |  |  |
| Investments in new materials |  |  |  |  |
| Investments in new capital |  |  |  |  |
| investments in new firm personnel |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |

EXAMPLE: TECHNICAL ASSISTANCE AND/OR FINANCIAL GRANT

**Direction:** complete section if the firm received technical assistance and/or financial grant

**A. Technical assistance**

1. Did you or your firm receive technical assistance from PROJECT?

**Complete tables below as participant answers each question related to technical assistance.**

1. How much time did your firm spend preparing your application for technical assistance? If it varies over time, include a range.
2. Did you incur any expenses related to the preparation of your application? If yes, how much did it cost you? (local currency)
3. Did you incur any communication or transport costs related to the preparation of your application?
4. Once selected to receive the technical assistance, how much time (or what percentage of your time) was spent with the PROJECT staff and/or potential consultants to determine the appropriate technical assistance for your firm? This includes time spent for the field visits, after field visits, etc.
5. Did you incur any expenses related to the activities to determine the appropriate technical assistance for your firm? if yes, how much did it cost you? (local currency)
6. Once the nature of the technical assistance is/was determined, and you started to receive your technical assistance, how much time (or what percentage of your time) was spent with or without the PROJECT consultants to implement the technical assistance for your firm?

|  |  |  |
| --- | --- | --- |
| % of your time | Average percentage of working time | Range |
| Application |  |  |
| Plan for technical assistance |  |  |
| Receive technical assistance |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity | Firm personnel time | | Travel (round trip) | | Transport, communication or other expenses | |
| Average time (hours) | Range (hours) | Average time per (hours) | Cost (local currency) | | Cost (local currency) |
| Application |  |  |  |  | |  |
| Planning for technical assistance |  |  |  |  | |  |
| Receiving technical support |  |  |  |  | |  |

1. How long did you receive the technical support or are you expecting to receive the technical support? What was/is the start date and the end date?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Duration of the technical support | Start date | End date |
| Months |  |  |  |

1. Did you incur any additional capital, labor or material supply expenses from your firm’s revenues as a result of the technical assistance support to your firm? if yes, what kinds of investments did you make and how much did they cost (local currency)?

|  |  |  |
| --- | --- | --- |
|  | Frequency | Average cost (local currency) |
| Capital |  |  |
| Investment in a new equipment not supported by PROJECT |  |  |
| Labor |  |  |
| Recruitment of a staff not supported by PROJECT |  |  |
| Investments in new procedures in the firm |  |  |
| Investments in new firm personnel |  |  |
| Investment in material supplies |  |  |
| Other: |  |  |

**B. Financial Grant Assistance**

**Direction**: complete this section if the firm has received a grant from GAIN

1. Did you apply and receive a financial grant from GAIN?

**Complete tables below as participant answers each question related to technical assistance.**

1. If yes, how much did you receive or are you going to receive as the total grant support from PROJECT? (local currency)

|  |  |  |
| --- | --- | --- |
|  | Date | Amount received or total amount to receive |
| Amount (local currency) |  |  |

1. What is the length of your financial support? When is the start date? When is the end date?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Duration of the financial support | Date of Start | Date of end |
| Months |  |  |  |

1. How much time did your firm spend preparing your application for funding? If it varies over time, include a range.
2. Did you incur any expenses related to the preparation of your application? If yes, how much did it cost you? (local currency)
3. Did you incur any communication or transport costs related to the preparation of your application?
4. Once grant and proposed activities were approved, and you received the financial support, how much time (or what percentage of your time) was spent with or without the consultants to implement activities supported by the grant (procurement of a new materials, installation, etc)?

Time period (choose one): monthly; quarterly; yearly; or once-off. Provide percentage of your time, or and provide average estimate of time in minutes or hours. If it varies over time, include a range.

* 1. Did you incur any travel, transport, communication or other expenses related to the implementing your proposal? If yes, how much did you spend? (local currency)

|  |  |  |
| --- | --- | --- |
|  | Average % of working time | Range |
| % of your time |  |  |
| Application for financial support |  |  |
| Time spent implementing new activities supported by PROJECT financial support |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity | Firm personnel time | | Travel (round trip) | | Transport, communication or other expenses | |
| Average time (hours) | Range (hours) | Average time per (hours) | Cost (local currency) | | Cost (local currency) |
| Application for financial support |  |  |  |  | |  |
| Time spent implementing new activities supported by PROJECT financial support |  |  |  |  | |  |

1. Did you incur any additional expenses related to the implementation of the financial assistance (investment in capital, labor or supplies to support the financial support from PROJECT, training of new staff to run the new investment, etc)? if yes, how much did it cost you? (local currency)

Time period (choose one): monthly; quarterly; yearly; or once off.

|  |  |  |
| --- | --- | --- |
|  | Frequency | Average cost (local currency) |
| Capital |  |  |
| Investment in a new equipment not supported by PROJECT |  |  |
| Labor |  |  |
| Recruitment of a staff not supported  by PROJECT |  |  |
| Material supplies not supported by PROJECT |  |  |
| Training of new staff to operate new machines not supported by PROJECT |  |  |
| Conduct market analysis to expect in the new markets |  |  |
| Other : |  |  |

OTHER OUT OF POCKET EXPENSES AND COSTS

**Direction:** this can be an open-ended discussion to solicit expenses not identified previously.

1. What other out of pocket expenses/resources do you have in order to participate MNF related activities? What other resources do you use?
2. Do you miss out on other activities to any other PROJECT activities?
   1. Probe for employment
   2. Probe for school

WRAP-UP

1. What else you would like to share with us?

**THANK YOU FOR TAKING TIME TO ANSWER THESE QUESTIONS!**