

The Millennium Villages Project and the MDGs: what did it achieve?

This Briefing Paper is the first in a series to communicate key points from the independent impact evaluation of the Millennium Villages Project (MVP) in Northern Ghana. The MVP aimed to demonstrate that rural Africa could address poverty and achieve the Millennium Development Goals (MDGs) through low-cost, science-based interventions at the village level.

This mixed method impact evaluation of one MVP site in Northern Ghana took place over more than five years. The evaluation consisted of a statistically representative survey of over 2,000 households within 35 villages in the project site and 68 comparison villages. It also included three longitudinal qualitative studies that collected evidence on institutional change, a range of welfare measures and local perspectives (see MVP Briefing Paper 8). Undertaken by Itad, the Institute of Development Studies (IDS) and Participatory Development Associates Ltd (PDA Ghana) and commissioned by DFID, it is anticipated that the findings will be of interest to a wide range of people in the development sector.

Millennium Villages Project

Beginning in 2005, the MVP aimed to overcome the 'poverty trap' facing some countries by applying an integrated strategy for health care, nutrition, education, water supply and sanitation, infrastructure, agriculture and small business in clusters of villages. The idea was to achieve the MDGs by undertaking simultaneous investments, rather than the usual sectoral or step-by-step efforts. The synergies from these multiple interventions were intended to have a greater impact than that of separate interventions.

By 2016, the project had been implemented in 14 different sites in 10 African countries, reaching approximately half a million people in 79 villages. The MVP sites cover different agro-ecological zones and together represent farming systems used by 90% of the agricultural population of sub-Saharan Africa.

What did the MVP project achieve against the MDGs?

It is worth noting that this brief considers a specific way of assessing the impact of the MVP. MDG indicators are just one way of evaluating the success of the project, and the indicators as a whole are not definitive, nor do they necessarily reflect the lived realities of people in MVP areas.

Key evaluation findings

- ▶ Overall, the project did not meet its stated goals of achieving the MDGs by 2016. However, it did have a statistically significant impact on 7 out of the 28 MDG outcome indicators.
- ▶ There was no observed impact of the project on the official MDG poverty or hunger indicators and it does not appear to have reduced poverty or hunger at all.
- ▶ The project did not improve some of the outcomes it explicitly targeted such as child mortality, measles immunisation rates, antenatal care, access to drinking water and usage of mobile phones.
- ▶ There are, however, some encouraging impacts of the intervention in education and health.
 - Primary school attendance increased by 7.7%
 - Some intermediate health indicators improved such as births attended by skilled professionals, contraception rates and children sleeping under mosquito bed nets.
 - There was a large impact on access to improv toilet facilities.

The MVP in Northern Ghana

From 2012–16, the £11 million MVP in Northern Ghana targeted a cluster of 35 villages of up to 30,000 people in the West Mamprusi, Mamprugu Moagduri and Builsa South districts. This is an area of extreme poverty, with 80–90% of the population living below the national poverty line. The project was spearheaded by the Earth Institute (Columbia University), with operations overseen by the Millennium Promise and the Savannah Accelerated Development Authority (SADA), a semi-autonomous Government of Ghana agency.

What was the impact of the MVP on each MDG?

The MVP was evaluated against the MDGs as this was the original aim of the project, and for which the activities were designed. This set of findings is a statistically valid measure of impact that is directly attributable to the project.

Goal 1

To eradicate extreme poverty and hunger

The MVP did not have an impact on the indicators of eradicating extreme poverty and hunger, with the exception of reducing poverty measured using household income data and adjusted by purchasing power parity. The project did not reduce poverty whether measured by the national poverty line or the national food poverty line. There is no impact on the percentage of undernourished children.

Goal 2

To achieve universal primary education

The MVP increased primary school attendance by 7.7%, however completion rates did not improve.

Goal 3

To promote gender equality and empower women

This goal is assessed through gender parity in primary schools, and the share of women in wage employment. In the area previously, more girls attended school than boys; it appears the project increased boys' attendance. There was no impact on the percentage of women engaged in wage employment in the non-agricultural sector.

Goal 4

To reduce child mortality

The MVP did not have a positive impact on any of the indicators for this goal, which are child and infant mortality rates and the rate of measles immunization.

Goal 5

To improve maternal health

The MVP had an impact on some intermediate indicators of maternal health. The proportion of births attended by professionals and the proportion of women using contraceptive methods both increased. The project did not have an impact on antenatal visits.

Goal 6

To combat HIV/AIDS, malaria and other diseases

The MVP had an effect on the proportion of children sleeping under mosquito bed nets, and some effect on children under five treated with antimalarial drugs. The project did not have an impact on HIV knowledge, or the general incidence of malaria.

Goal 7

To ensure environmental sustainability

The MVP did not have an impact on sources of drinking water, but there was a large impact on access to improved toilets.

Goal 8

To develop a global partnership for development

This goal is assessed at the household level by access to telephone technology. The MVP did not have an impact on the use of landlines, which remained non-existent in the study areas. There was not any impact on the use of mobile phones.



The MVP Endline Summary Report and MVP briefings can be accessed from www.itad.com/knowledge-and-resources/MVEval

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Credits

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