

The Millennium Villages Project: What was the impact on health?

This Briefing Paper is the fifth in a series to communicate key points from the independent impact evaluation of the Millennium Villages Project (MVP). 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 achieve against the health MDGs?

The evaluation explored how interventions in the health sector led to changes in child mortality, nutrition, and incidence and prevention of diseases, as well as changes in service provision and knowledge of health and hygiene practices. The MVP was primarily evaluated against the MDGs as this was the original aim of the project, and for which the activities were designed.

Key evaluation findings against the health-related MDGs

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 being treated with antimalarial drugs. The project did not have an impact on the general incidence of malaria, or HIV knowledge.

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.

How did the MVP invest in health?

The MVP invested in health in four main areas, and activities in each may have contributed to multiple health results.

Facilities: The project constructed and refurbished Community-Based Health Planning and Services (CHPS) compounds, including medical laboratories, incinerators and staff quarters, equipped maternity units, provided drug storage, and installed an e-health system (CommCare) to track patient health and identify mothers and children at risk of HIV transmission. It also provided ambulances and motorised tricycles to transport goods.

Service providers: The project subsidised and topped up salaries for community health workers (CHWs, previously known as community health volunteers), who before MVP interventions did not receive a stipend, as well as community health nurses (CHNs). It also trained midwives, CHNs and other staff, undertook

home visits and tests, and employed skilled birth attendants.

Recipients: The project supported outreach visits, including identifying and supporting vulnerable individuals, as well as funding for the National Health Insurance Scheme (NHIS) membership during the first year. It also distributed contraceptives, bed nets, vitamin A tablets, deworming tablets, basic medication, antimalarial medicines, immunisations, paracetamol and food supplements, and raised awareness around contraception and the NHIS.

Maternal health care: The project supported antenatal and postnatal care, outreach and education sessions, such as breastfeeding and nutrition, and awareness of skilled birth attendants.

Key messages drawn from the CEA

The main impact of the MVP was on child nutrition, including improved diets and reduced prevalence of stunting. Mothers are increasing the protein content of their children's diets and children are eating more meals overall. This is also due to the increased availability of beans in the household (see Briefing Paper No. 7).

- ▶ The MVP had an attributable impact on reducing severe malaria, and on increased vaccination for tuberculosis, diphtheria, pertussis, tetanus and measles (children under 5 years).
- ▶ There was no discernible impact on common symptoms of diseases such as fever, cough and diarrhoea.
- ▶ There was no discernible impact on child mortality, as it is decreasing at similar rates in both the project and comparison areas.
- ▶ The MVP resulted in improvements to health facilities, with increased numbers of people visiting and an increase in reported home visits by CHWs. The quality of the health care and the nature of visits are, however, not fully understood. Some concerns emerged that the CHW visits were driven primarily by project requirements to distribute items and meet output targets.
- ▶ The potential benefits brought about by the MVP might not be sustainable at the same level in the long term, due to the government's inability to finance CHWs and the higher running costs for improved facilities.



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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