Most African countries are not on track to meet many of the Millennium Development Goals (MDGs), with serious consequences for their poor. Can a concerted effort enable them to break free of poverty traps and propel their communities towards development and prosperity?

The Millennium Villages Project (MVP), brainchild of The Earth Institute headed by Jeffrey Sachs, is an ambitious attempt to test this proposition. The project (Box 1) supports an integrated package of tried and tested interventions to lift inhabitants above the poverty threshold. It aims to demonstrate that meeting the MDGs is possible, across a range of disadvantaged rural communities, at a cost of $120 per capita per year for five years – within present aid commitments and well within the timeline set for the MDGs.

The MVP experiment is important as it concentrates resources at the community level, prioritising these investments, at least initially, over complementary ones in rural–urban linkages (such as infrastructure and market access) and institutional reforms.

Although it is early days, it is not too soon to ask if the MVP approach is sustainable and scalable. In 2008, the Overseas Development Institute (ODI) undertook a formative review of the initiative in Ethiopia, Ghana, Malawi and Uganda. Agriculture and health were selected as representative of the productive and social sectors. The research framework took the evaluation criteria established by the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC) as a point of departure. It reasoned that ownership, alignment and vertical and horizontal linkages lead to sustainability and scaling-up, as long as a series of conditions are met. Qualitative insights gathered from fieldwork were complemented by reviews of secondary material.

**Box 1: The Millennium Villages Project at a glance**

**Philosophy**
The Millennium Villages Project (MVP) is a demonstration project designed by The Earth Institute, headed by Jeffrey Sachs, at Columbia University to achieve quick wins by implementing interventions recommended by the UN Millennium Project. It aims to maximise synergies through a multi-layered, inter-sectoral and integrated approach and to provide universal access to project services.

**Profile**
- Launched on 1 June 2006, initially as a five-year project, with a second phase now planned for 2011-2015;
- Covers approx. 500,000 rural people in 80 villages across 14 sites in 10 African countries – each site representing a different agro-ecological zone;
- Each country programme includes a ‘cluster’ of communities of up to 11 villages, with a population of about 5,000 in each.

**Financing and resource allocation**

**Financing sources**
The $120 per capita per year is raised as follows:
- $60 donor financed (currently channelled through Millennium Promise);
- $30 from local and national governments;
- $20 from partner organisations;
- $10 from villagers.

**Budget allocation (suggested)**
- 30% in health;
- 20% in infrastructure;
- 20% in education;
- 15% in agriculture and nutrition;
- 15% in water, sanitation and environment.

Source: Sanchez et al., 2007.
The review finds that, in a short period, the MVP has recorded some remarkable achievements. Beneficiaries value the range of improvements in the health and agricultural domains. As highlighted in Box 2, these include yield increases in the order of 85-350% and reductions in malaria incidence of over 50%. Sector-specific outcomes, beneficial in their own right, are also generating expected synergies. Agricultural surpluses, for example, are channelled into school meals programmes, helping to increase enrolment, while improvements in health status are reportedly increasing labour productivity. But what are the prospects for sustaining the achievements within the Millennium Villages (MVs) and scaling them up more widely?

### Sustaining the Millennium Villages

Stakeholders identify some interventions as sustainable, including pot drip irrigation, planting patterns, community health action planning and antenatal outreach services. These are all low cost and do not require extra efforts by government extension agents. Whether these make the greatest contribution to the achievement of the MDGs remains to be seen. Yet, not all interventions are quite so low cost or are capable of being implemented with current public staffing. The financial resources available to the MVP are considerably higher than those in typical districts, which enables the project to subsidise inputs or employ highly qualified sector coordinators and experts. 

Concerns raised by stakeholders on opportunity costs, such as time spent participating in committee meetings, require attention. Some villagers complain that control over project inputs, such as grain banks or vehicles, has perpetuated or exacerbated social divisions and disharmony. Efforts to ensure that village institutions are representative, transparent and capable of equitably resolving conflicts and guarding against the elite diverting resources and capturing investments – both inevitable by-products of external investment – should be redoubled.

In aggregate terms, investments in the MVs are assumed to be sustainable if: (i) donors are willing to underwrite $60 per capita once MVP/Millennium Promise withdraws its funding; (ii) host governments are willing and able to support the project villages with more funds, and more and better qualified staff than found in other villages; and (iii) the MVP is able to raise an additional $10-20 per capita per year to pay for management beyond 2011. These are not minor investments. In addition, some important considerations emerge if the lessons from the MVP are to be sustainable.

#### Commit to the long-term

Long-term institutional change should not be a pretext to delay much-needed targeted investments in rural communities, but global evidence suggests that sustained economic transformation depends on institutional and social change over the medium to long term. Without such changes, there are grounds for concern about the sustainability of MVP interventions.

#### Integrate

Integration of MVP management – including planning, budgeting, executing, monitoring and evaluating – into government systems is a key ingredient of sustainability. Ensuring that achievements are lasting requires recognition that inter-sectoral collaboration and coordination are not simply technical challenges but also political ones, requiring strong interest from district leadership.

#### Adapt

Flexibility in budget allocation between sectors to accommodate site-specific needs should continue as a guiding principle for the second phase. The MVP should explore minimum conditions for sustaining ‘adapted MVs’. This might involve adaptation of interventions or service delivery approaches, subsidy levels, and minimising indirect costs to beneficiaries, among others. The balance between investments in villages and those made at district or higher levels needs adjustment, although it will be important not to retreat from promises made to communities. Investments in infrastructure and institutional development and participation in relevant policy dialogues seem to be spread too thinly, and threaten to leave present village-level investments vulnerable once the MVP pulls out.

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**Box 2: Key MVP sector-specific achievements**

<table>
<thead>
<tr>
<th>Services</th>
<th>Ethiopia</th>
<th>Ghana</th>
<th>Malawi</th>
<th>Uganda</th>
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<tbody>
<tr>
<td><strong>Agriculture</strong></td>
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<td>Production increases from pre-MVP levels</td>
<td>Cereal crops by 122% (0.9 t/ha to 2.0 t/ha).</td>
<td>Maize by 85% (2.2 t/ha to 4.11 t/ha).</td>
<td>Maize by 356% (0.8 t/ha to 3.6 t/ha).</td>
<td>Maize by 108% (1.9 t/ha to 3.9 t/ha).</td>
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<tr>
<td><strong>Health</strong></td>
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<td>Distribution of long-lasting insecticide-treated bed-nets cover 100% of MV sites.</td>
<td>N/A</td>
<td>N/A</td>
<td>79% reduction in malaria since inception.</td>
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<td><strong>Maternal, infant and child health</strong></td>
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<td>Proportion of deliveries attended by professionals from 35% to 51% between 2006 and 2007. 89% of under-5 children are fully immunised.</td>
<td>Between 2006 and 2007, number of women giving birth in health facilities increased by 146%; number of additional women seeking antenatal care increased by 129%.</td>
<td>45 community health workers provide child health services and antenatal care.</td>
<td>Proportion of deliveries attended by professionals increased by 72%. 80% of pregnant mothers access antenatal care.</td>
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<td><strong>Health services</strong></td>
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<td>De-worming campaign reached 46,435 residents. Utilisation of Koraro health care facilities increased by 528%.</td>
<td>Number of residents using modern family planning techniques increased by 670% (from 296 to 2,178) between 2007 and 2008.</td>
<td>Since introduction of HIV and TB screening, more than 550 patients started AIDS treatment.</td>
<td>Utilisation rates of cluster health care facilities increased by 230% between 2006 and 2008.</td>
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</tr>
</tbody>
</table>

Engage national governments. Governments should be encouraged to allocate resources to: (i) additional government personnel; and (ii) vertical linkages (e.g. roads, markets, electricity) to complement MVP village-level investments. In sustaining this policy experiment, they should not compromise equity principles, which call for the fair distribution of expenditure across the country.

Scaling up MVP-type rural interventions

Scaling up depends on ensuring the sustainability of interventions, as discussed above. It also requires growth that enables the state to finance public investments and services that can be enjoyed by all its citizens, increased and better aid and the ability of governments to absorb it. Other prerequisites include a supportive national policy framework and the gathering of lessons learned from pilot villages. In addition, scaling up requires a focus on factors external to target villages, as discussed below. International evidence on successful efforts to take the MVP model to scale is patchy, but the following steps seem critical:

Build on the MVP model. The move from sustaining interventions to scaling them up should be undertaken in a sequenced manner. Interventions that need little adaptation to local conditions, with few or minor reforms to institutions, should be scaled up first. Most prominent are those that have been replicated without additional funding or that are low cost (identified above). A second set of interventions involves the provision of competitive salaries for frontline government staff, to motivate them to relocate to remote and difficult environments. It may take time to convince and enable governments to support such reforms and deal with the ensuing political opposition.

Outward-oriented learning and policy engagement. An ‘enhanced MVP’ should be concerned with managing the political consequences of financing and rolling out interventions that affect different stakeholders, both positively and negatively. A clearer understanding of who is likely to oppose scaling up on the basis of underlying interests (e.g. associations of professionals posted to rural areas) would enable the MVP and its development partners to craft political strategies to deal with possible opposition, as well as to encourage support (e.g. in relation to raising public sector salaries).

Scaling up requires national champions who believe in the project’s philosophy and the need for institutional and structural reforms and who can lobby for funds to pro-poor sectors and rural areas. Public affairs and ongoing dialogue and engagement with policy-makers at various levels should not wait until the full results of the proof of concept experiment – the first phase of the project – are available.

Greater joint learning and integration into regional- and national-level processes will be required. This entails more interaction with additional state and non-state partners, both domestic and international, such as agricultural input dealers, national agricultural research organisations and medical associations, as well as relevant ministries.

Move beyond the model. Scaling up demands action beyond the present focus on village interventions to a number of complementary investments:

1. Production, training and deployment of frontline staff at the intensity and skill level the project demonstrates;
2. Infrastructure and institutions linking rural and urban areas (e.g. roads, communication and information, power generation and distribution, banking and insurance systems, training and research facilities, etc.); and
3. Ongoing support for institutional reforms related to: (a) progress in effective participatory, equitable and decentralised planning, implementation and monitoring of multi-sector public programmes at district and village levels; (b) business environment improvement; (c) development and strengthening of commodity, financial and labour markets; and (d) longer-term challenges, such as clarification of property rights or addressing inequality and adverse gender relations.

The MVP architects acknowledge that village-level investments are just one piece of the larger development puzzle and support auxiliary efforts and champion other development partners to invest more heavily in these areas. These activities are already at the heart of many national development plans. Governments, donors and civil society are working on these, but require additional external support.

When governments want to emulate the MVP by making increased investments in basic development interventions at village level, donors should support them. It would be useful to develop an analytical plan setting out both direct investments at village level and the above-mentioned complementary investments and institutional reforms. This would help identify the obstacles, resources and policy reforms needed in the context of MDG roadmaps.

Integrated multi-sectoral development, taken to scale, requires good coordination at district level. This will inevitably necessitate the use of government systems that, even in the relatively well-governed countries selected by the MVP, call for considerable capacity-building, institutional reforms and ongoing policy dialogue. Project deliverables are important, but so too are the processes through which those deliverables are generated. These include planning and budgeting, financial management and monitoring and evaluation. Capacity in these areas is often thin at district level, and expertise difficult to retain. This is something that donors need to address.

An important additional role for the MVP is its continued engagement in national and global policy
dialogues, to share the experience of the MVP as well as advocate the merits, not only of MVP-type investments but of the complementary investments as well.

Conclusions

The MVP has demonstrated the impact of greater investments in evidence-based, low-cost interventions at village level to make progress on the MDGs. Efforts need to be made to sustain these pilots and to adapt them to different national contexts.

The MVP points to, but cannot address within its funding envelope, the many complementary upstream investments and institutional reforms required to sustain and scale up village-level interventions. In those sites where governments have expressed their intention to introduce or scale up cost-effective rural interventions, development partners should provide additional finance – through whichever funding modality is most appropriate, given the prevailing aid architecture. Such efforts should be located within national development strategies.

While the ODI research does not advocate more talk and less action, plans to scale up rural investments need to be developed, implemented and monitored on the basis of ongoing dialogue and analysis, involving a watchful civil society, in the wider political and institutional environment.

Much can be learned from piloting a more vertically integrated model, in keeping with the ambitions of the MVP planners, to support communities to achieve the MDGs.

Recommendations

For the MVP:
• Communicate more at national level, using national champions;
• Engage in national policy dialogue to adapt and embed evidence-based, low-cost rural interventions as a key part of national MDG strategies;
• Provide support to help governments and development partners plan for scaling up.

For governments:
• Learn from the MVP. Scale up the things that work – with a special focus on the vertical linkages and institutional reforms required to sustain rural investments;
• Request that development partners finance scaling up.

For donors:
• Support governments that have expressed interest in introducing or scaling up rural investments as championed by the MVP;
• In scaling up village-based interventions, emphasise the vertical linkages and institutional reforms required to support village-level investments;
• Support governments that want to join or emulate the MVP by providing financing and supporting rural investments that are embedded in national dialogues and linked to relevant pan-African initiatives;
• Live up to the overall aid commitments that recipient countries rely on to achieve the MDGs;
• Recognise that, while all innovations imply risks, the risks of not acting – in terms of the continuing costs of poverty to individuals and nations – are unacceptable in the 21st century.

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References and project information


