

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI

COLLEGE OF ART AND SOCIAL SCIENCE

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF GEOGRAPHY AND RURAL DEVELOPMENT,

MILLENNIUM VILLAGE PROJECT AND POVERTY REDUCTION:

**A CASE STUDY OF BONSAASO CLUSTER IN THE AMANSIE WEST
DISTRICT**



OBED AMANKWAH MINKAH

A THESIS SUBMITTED TO THE DEPARTMENT OF GEOGRAPHY AND RURAL
DEVELOPMENT IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
AWARD OF MASTER OF PHILOSOPHY DEGREE IN GEOGRAPHY AND RURAL
DEVELOPMENT

NOVEMBER, 2013

DECLARATION

I hereby declare that this thesis, to the best of my knowledge, is the result of my own research, except for references which have been fully acknowledged. It has never been presented anywhere either in part or full for the award of any degree.

Obed Amankwah Minkah

(PG3528309)

Signature

Date

(Student)

CERTIFIED BY:

Mr. Kwadwo Afriyie

(Supervisor)

Signature

Date

Ms. Lawrence Pokuah-Nimo

(Supervisor)

Signature

Date

Alexander Segbefia (Phd)

(Head of Department)

Signature

Date

DEDICATION

This work is dedicated to my beloved wife and son: Hathy Amankwah Minkah and
Derwin Amankwah Minkah

KNUST



ACKNOWLEDGEMENT

I would like to say thank you to Almighty God for his guidance at this stage of my life. I dearly thank my supervisors Ms. Lawrence Pokuah-Nimo and Mr. Kwadwo Afriyie at the Department of Geography and Rural Development for their guidance during the course of my thesis. I would like to thank my beloved parents Mr. and Mrs. Amankwah Minkah and my siblings; Nana Kusi, Nana Afia and Jay for their support through infancy to this stage in my life, may the good Lord richly bless you. Last but not least I would like to thank my course mate Janet Afua Abrafi Adomako for her time and support during the course of my thesis and my best friends Paul Yeboah Asuamah and Richard Akomeah Gyamfi.



ABSTRACT

The fear of African countries not achieving the Millennium Development Goals (MDGs) and not escaping the shackles of poverty prompted the international community to fashion out the Millennium Villages Project (MVP). With a bottom-up approach, the Millennium Village Project led by Jeffery Sachs seeks to alleviate extreme poverty in villages throughout Africa. As a joint project by the Earth Institute of Colombia University, United Nations Development Program, governments and other committed stakeholders, the project provides affordable and science-based solutions to help people lift themselves out of poverty. Millennium village in Ghana is located at Bonsaaso in the Amansie West district in the Ashanti region. The project has been in operation since 2006 offering a bold, innovative model for helping the Bonsaaso cluster of communities lift themselves out of extreme poverty. This study seeks to assess the effect of the project on living conditions of the inhabitants of Bonsaaso cluster of communities. One hundred and sixty-seven (N-167) respondents and three MVP officials were interviewed. Responses were collated, analysed with the aid of SPSS and findings presented in tables and graphs. The study reveals that before the advent of the MVP, residents of Millennium Village Communities lacked basic needs like health centres, and potable drinking water which affected their health. The study also reveals that level of participation by residents in the MVP is very high.

In order to ensure the sustainability of the project it is recommended that beneficiaries must be trained to take over the project and also more funding must be sought to ensure its smooth running.

TABLE OF CONTENT

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
ABSTRACT	v
TABLE OF CONTENT	vi
LIST OF TABLES.....	x
LIST OF FIGURES.....	xi
LIST OF PLATES.....	xii
CHAPTER ONE	1
INTRODUCTION TO THE STUDY	1
1.1 Background to the Study.....	1
1.2 Problem Statement	4
1.3 Research Objectives.....	6
1.4 Propositions	6
1.5 Significance of the Study.....	6
1.6 Research Design	7
1.7 Methodology	8
1.7.1 Types and Sources of Data.....	8
1.7.2 Population and Sampling Procedure	8
1.7.3 Data Analysis Procedure	10
1.8 Study Limitation	10
1.9 Organization of the Study	10
CHAPTER TWO.....	12
REVIEW OF RELATED LITERATURE	12
2.1 Introduction.....	12
2.2 The Concept of Poverty	12

2.2 Degrees of Poverty.....	14
2.3 Measuring Poverty	16
2.4 Poverty Indicators	17
2.4.1 Equity	19
2.4.2 Vulnerability and Risk	19
2.5 Poverty Reduction Interventions and Effects	20
2.6 The MVP as a Poverty Reduction Intervention	22
2.7 Poverty Reduction Strategies in Ghana	23
2.8 Spatial Distribution of Poverty	24
2.8.1 The Rural Poor in Ghana.....	25
2.8.2 Causes of Rural Poverty in Ghana	26
2.9 The link between Agriculture and Poverty Reduction.....	27
2.9.1 The Link between Provision of Health Care Service and Poverty Reduction	30
2.9.2 The Link between Provision of Potable Water and Poverty Reduction.....	31
2.10 Conclusion	33
CHAPTER THREE.....	35
BACKGROUND TO THE STUDY AREA.....	35
3.1 Introduction.....	35
3.2 The Millennium Village Concept	35
3.3 Funding Model of MVP.....	38
3.4 General Community Information on Bonsaaso Village Project	39
3.5 Selected Communities for the Study	39
3.5.1 Asaamang Village	40
3.5.2 Bonsaaso Village.....	40
3.5.3 Odaho village	40
3.5.4 Mpatase Village.....	41
3.6 Biophysical Characteristics of the Bonsaaso Cluster of Villages:.....	44

3.7 Livelihood Activities	45
CHAPTER FOUR	47
EFFECTS OF MILLENNIUM VILLAGE PROJECT ON THE LIVING CONDITIONS OF PEOPLE OF BONSAASO CLUSTER	47
4.1 Introduction.....	47
4.2 Living Conditions Prior to the Project	48
4.2.1 MVP and Health.....	48
4.2.2 MVP and Water.....	50
4.2.3 MVP and Roads	51
4.2.4 MVP and Productivity.....	52
4.3 Participation of Beneficiaries in the Project	53
4.4 Sustainability of the Effects on the MVP on Beneficiaries	54
4.5 Involvement of National Government and Local Government in the Project	55
CHAPTER FIVE	56
COMMUNITIES PERCEPTION ON EFFECTS OF THE MVP ON MILLENNIUM VILLAGES	56
5.1 Introduction.....	56
5.2 DEMOGRAPHIC CHARACTERISTICS OF SAMPLE HOUSEHOLD	56
5.2.1 Healthcare Accessibility Prior to MVP.....	58
5.2.2 Healthcare Accessibility (Post-MVP)	61
5.3 Road Condition Prior MVP/ Post MVP.....	70
5.4 Level of Productivity Prior to MVP	73
5.3.1 LEVEL OF PRODUCTIVITY (Post-MVP)	74
5.4 Level of Participation of Beneficiaries of the MVP	78
5.4.1 Reason for Participation in the Project.....	81
5.5 Non-MVP Communities Response to Comparison between MVP and Non-MVP Communities.....	82
5.6 Sustainability of MVP Effects on Beneficiaries	84

5.7 Conclusion	86
CHAPTER SIX.....	87
SUMMARY, CONCLUSION AND RECOMMENDATION	87
6.1 Introduction.....	87
6.2 Summary of Findings.....	87
6.3 Conclusion	90
6.4 Recommendation	91
REFERENCES	92
APPENDIX 1.....	97

KNUST



LIST OF TABLES

Table 1.1: MVP Village Sites.....	2
Table 1.2 Sampling of Respondents	9
Table 5.1 Distribution of household heads by Sex, Marital Status and Number of Wards.....	57
Table 5.2 Number of Children of Respondents	58
Table 5.3 Utilization of Health Centre Prior to the Project	60
Table 5.4 Utilization of Health Centres by Respondents (post MVP)	63
Table 5.5 Responses to Water Acquisition Prior MVP.....	64
Table 5.6 Incidence of Water-related Diseases in Study Communities Prior to MVP	66
Table 5.7 Response to Water Acquisition Post MVP	67
Table 5.8 Incidence of Water- related Diseases (Post MVP)	67
Table 5.9 Road Condition Post MVP	71



LIST OF FIGURES

Figure 3.1: Village cost per person per Year in US Dollars.....	38
Figure 3. 2 : Map of Amansie West Showing Study Communities Outside the MVP	42
Figure 3. 3: Map showing the Bonsaaso Millennium Cluster of villages	43
Figure 5.1 Distance Travel of Communities to Health Centres	58
Figure 5.2 Distance Travel of Communities to Health Centres (Post-MVP).....	62
Figure 5.3 Level of Productivity of MVP Communities	73
Figure 5.4 Effects of the MVP on Productivity since its Inception.....	75
Figure 5.5 Respondents Level of Participation	79
Figure 5.6 Responses for Reason for Participation in the MVP.....	82
Figure 5.7 Non- MVP Communities Réponse	83
Figure 5.8 Responses to Sustainability of Effects	85



LIST OF PLATES

Plate 5.1 Residents of Assamang enjoying borehole water provided by the MVP	69
Plate 5.2 A beneficiary of the MVP hybrid cocoa seedling and credit facility drying his cocoa, after harvest	76
Plate 5. 3 A shop established by a beneficiary of MVP loans.....	77

KNUST



CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Background to the Study

Over one billion people are living in extreme poverty (Kanter et al., 2009). Surviving on less than \$1 a day, they are malnourished, plagued by disease, lack safe drinking water and sanitation and are unable to provide education for their children (GMDG Report, 2006). The issue of poverty has been of great interest to governments, civil societies and other international bodies. It has been one of the earliest and entrenching problems of mankind. Due to this, the nations of the world in the year 2000 committed to ending extreme poverty. The Millennium Development Goal One (MDG 1), was fashioned-out by these nations, to set time bound and measurable targets for eliminating all facets of extreme poverty.

Sub-Saharan Africa is currently at the greatest risk of not achieving this goal and is struggling to progress on almost every dimension of poverty, including hunger, lack of education, and prevalent disease. And while many that live within these countries are struggling to survive, they are capable of improving their situations with the right support - and are determined to do so. The Millennium Villages Project (MVP), a partnership between the Earth Institute at Columbia University, the UN Millennium Project, Millennium Promise and national governments, is the product of five years of intensive preparation by hundreds of scientists and development experts from the UN, governments, NGOs and academia working under the mandate of UN and the World Health Organization. (Millennium Villages Project Handbook, 2008).

MVP seeks to end extreme poverty by working with the poorest of the poor, village by village throughout Africa, in partnership with governments and other committed stakeholders, providing affordable and science-based solutions to help people lift themselves out of extreme poverty. The project is operational in 10 countries and 12 geographic sites (see Table 1.1); with a total coverage of approximately 400,000 people (Millennium Villages Project Handbook, 2008). MVP aims to empower African villages to achieve the MDGs through the implementation of comprehensive, community-based, low-cost, integrated rural development strategies delivered within the budget recommended by the UN Millennium Project (Kanter et al, 2009).

Table 1.1: MVP Village Sites

CITY	COUNTRY
Koraro	Ethiopia
Bonsaaso	Ghana
Dertu	Kenya
Sauri	Kenya
Mwandama	Malawi
Tiby	Mali
Ikaram	Nigeria
Pampaida	Nigeria
Mayange	Rwanda
Potou	Senegal
Mbola	Tanzania
Ruhiira	Uganda

Source: Millennium Village Project Handbook, 2008

Millennium Villages are explicitly based on achieving the MDGs and are anchored by three interconnected components: (i) the principles of community participation and leadership, (ii) science-based innovations and local knowledge, and (iii) a costed, national

action-plan for reaching the time-bound and targeted objectives of the MDGs and other national development priorities (Millennium Villages Project Handbook, 2008). The project deploys a broad package of interventions for five years in each village, including distribution of fertilizer and insecticide-treated bed nets, school construction, Human Immuno Virus (HIV) control, microfinance, electric lines, road construction, piped-borne water and irrigation lines. (Millennium Villages Project Handbook, 2008)

The MVP aims to bring together the best parts of development thinking on local knowledge and sustainability to create a new approach to poverty alleviation. The premise is that a critical platform of basic needs satisfaction has to be reached before economic development can take off. The package comprises investments in agriculture and environment, health and nutrition, infrastructure, energy and communication, and education and training in villages, or conglomerations of villages, with an average of 5,000 people. (Millennium Villages Project Handbook, 2008).

The Millennium village in Ghana is located at Bonsaaso in the Amansie West District in the Ashanti Region. The Bonsaaso cluster is situated in a humid tropical zone southwest of Kumasi, the capital city of the region. The project has been in operation since 2006 offering a bold, innovative model for helping the Bonsaaso cluster of communities lift themselves out of extreme poverty. These communities are scattered throughout the cluster and are separated from one another by thick rainforest and difficult topography. Traditionally, most farmers rely on small-scale market crop farming of cocoa and palm oil, rather than food crops for consumption.

The MVP's concern with rural poverty and the development of remote rural areas has been embraced in countries where poverty is still prevalent. The motivation is sound, but

the question is; do these MVP interventions really improve the socio-economic lives of the residents?

1.2 Problem Statement

Since independence successive governments in partnership with international donor agencies, have implemented series of poverty alleviation interventions domestically. There have been programs like Operation Feed Yourself, Ghana Poverty Reduction Strategy, Livelihood Empowerment Against Poverty among others, all with the aim of reducing poverty. With an overall poverty rate of 51.7% in 1991/92, Ghana began the last decade with relatively high level of poverty, greater than the Sub-Sahara Africa average of 47% during the same period. Fortunately, this level has seen a decline over the past two decades. Available data indicate that, the country has managed to reduce the proportion of the population below the poverty line from its high level of 51.7% in 1991/92 to 28.5% in 2005/06(GMDG Report,2006). Rural communities bear most of the blunt, enduring malnourishment, plagued by diseases, lacking safe drinking water, sanitation and access to health facilities, surviving on less than \$1 a day and bearing the indignity of not being able to provide education for their children. This situation is not rare in rural communities in Ghana and for that matter the Bonsaaso cluster.

The Bonsaaso cluster faces a unique set of development challenges that have informed the MVP strategy. After an initial assessment, improving upon inadequate schools, constructing and rehabilitating health facilities and gaining access to clean water were among the key priorities that the Millennium Villages Project identified. Six out of ten communities had primary schools, but none of the schools had qualified teachers. There had been no functional health facility in the villages and residents had to travel up to 40 km to obtain health services. Water was limited in both quality and quantity. Strengthening

local agriculture to feed the population was also a major priority. Most of the fertile lands which were closer to the communities had been used for cash crops such as cocoa, pushing food crop production to more distant lands. Where local farms were active, labor was scarce because most of the able-bodied youth of the area were drawn to work at illegal gold mining sites like Tontokrom and Assamang. Ultimately, the cluster also had limited market access and income opportunities due to travel on poor roads that were carved by gold mining and lumber companies years ago and had not been properly maintained. The MVP's concern with rural poverty and the development of remote rural areas has been embraced in Ghana. The motivation is sound, but the question is; do these MVP interventions really help improve the socio-economic lives of its beneficiaries?

In order not to create any ambiguity the study would adopt the definition of poverty by United Nations World Summit on Social Development also known as the 'Copenhagen Declaration (1995) to guide the research; as they described poverty as....a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information (Kanter et al, 2009). This means, in this research poverty would be considered as the deprivation of basic human needs like, drinking water, health, productivity and road network. The study seeks to ascertain the contribution of Millennium Villages Project in this respect. The questions that emerge are therefore:

- How was the living condition of the people of Bonsaaso cluster before the implementation of the MVP?
- What has been the effect of the MVP on the people in the cluster?
- What is the level of participation of the people in the project?
- How sustainable is the effect of the project on the living conditions of the people?

1.3 Research Objectives

The broader objective of the study is to assess the effect of MVP interventions on the living conditions of the people of Bonsaaso cluster of villages

The specific objectives are to:

- Ascertain the living conditions of the people prior to the MVP
- Find out the level of participation of the people in the project
- Examine the effect of MVP on living conditions in Bonsaaso cluster
- Assess the sustainability of the project

1.4 Propositions

The following propositions are made to guide the study:

- Availability and proximity of health centres increase utilisation of healthcare among MVP communities.
- Incidence of water related disease is a function of inadequate potable water supply in MVP communities.
- Participation in MVP leads to improvement in productivity in MVP communities
- Implementation of MVP brings about improvement in the living conditions among MVP communities.

1.5 Significance of the Study

The researcher believes that investigating the effect of the MVP on the living conditions of the people in its catchments communities would help inform policy makers, non-governmental organizations and other relevant bodies on progress made towards the attainment of the MDG 1 in the rural parts of Ghana. It would also help in the assessment of the effectiveness of the MVP as a poverty alleviation approach.

Furthermore, this research would serve as a reference to all stakeholders of the community-level development sector in addressing some of the challenges they face and add to existing knowledge on the subject matter.

1.6 Research Design

The study is a descriptive survey. A descriptive study seeks to find answers to questions through assessing opinions or attitudes of individuals towards events or procedures (Cohen & Manon, 1995). According to Belfring (1994) descriptive analysis comprises principles, methods, and techniques to present questionnaire, compile and construe empirical data.

The real information inside all data can be uncovered and the knowledge that is collected can be presented through the use of descriptive statistics (Britton & Garmo, 2002). The use of tables and diagrams are often related to and used when presenting descriptive statistics. The descriptive survey has been found appropriate to determine whether there is a relationship between MVP and poverty reduction.

A case study survey method was selected for this research as it focuses on the topic, and accommodates several data-gathering techniques. A case study is an in-depth study of a particular situation rather than a sweeping statistical survey (De Looff, 1996). It is a method used to narrow down a very broad field of research into one easily researchable topic. Case study is an ideal methodology when a holistic, in-depth investigation is needed (Feagin, Orum, & Sjoberg, 1991). Case studies have been used in varied investigations, particularly in sociological studies.

The strengths of the case study approach are in the degree of breadth and depth that can be obtained in complex real-world situations (Galliers, 1992; Shanks, et al., 1993). The strength of the case study is also in its use for examining natural situations and the

opportunity it provides for deep and comprehensive analysis (Avison, 1993). Guba (1981) suggests the validity of this type of research is increased when different research methods are pitted against each other in order to cross-check data and interpretations.

1.7 Methodology

1.7.1 Types and Sources of Data

Qualitative and quantitative data were used for this study. These were obtained from primary and secondary sources. The primary sources include MVP officials and a cross section of individuals in the cluster of villages as well as those outside the cluster. Structured interviews and questionnaires were used to elicit the information needed. The secondary data was obtained from journals, articles, reports, research papers, internet and other related sources.

1.7.2 Population and Sampling Procedure

The target population for the research comprised 3,985 residents of Bonsaaso, Assamang, Odaho and Mpatasie. A sample size of one hundred and sixty-seven (N-167) respondents was used. This was obtained by selecting 4.2% of the total population. Systematic and Purposive sampling methods were used to pick the required number of respondents.

Purposive sampling technique was used to select two communities within the project area and two communities outside the project area. Two communities were selected due to time constraints as time would not allow for all communities to be studied. The communities outside the project centre were selected based on their proximity to the project centre while communities within the project were selected based on popularity. The communities selected from the project are Assamang and Bonsaaso whiles Odaho and Mpatase were selected outside the project. Sixty-one people were selected from selected communities

within the MVP; thirty-four from Assamang and twenty-seven from Bonsaaso. A total of One hundred and six people were selected from communities outside the MVP; eighty-two and twenty-four people were sampled from Odaho and Mpatase respectively. Respondents' distribution in these four communities was on average, 4.2% of the community's population.

Table 1.2 Sampling of Respondents

Study Area (community)	Population	Sample size	Valid percent (%)
Assamang	804	34	4.2
Bonsaaso	659	27	4.2
Odaho	1945	82	4.2
Mpatase	568	24	4.2
Total	3,985	167	

Source: GSS, 2011

To obtain the sample size for each community, the study used the 'systematic sampling'' method (Britton & Garmo, 2002) to selected respondents where every 24th house was selected. Only heads of households were interviewed. The study used systematic sampling to ensure that population would be evenly sampled

Purposive sampling was used to select officials to aid in obtaining specific and detailed data about the project. Three (3) MVP officials were selected as key informants. This included the Team Leader, the Science Co-ordinator and the Community Development Officer

1.7.3 Data Analysis Procedure

Quantitative data were edited, coded and analyzed with Statistical Product for Service Solution (SPSS) and Microsoft Excel to present results in frequency tables, line graph and pie chart. Results of the interviews were analyzed by identifying specific responses in terms of difference and similarities and direct quotes were used where necessary.

1.8 Study Limitation

This study is limited in scope in that; it analyzes just the effect of the MVP on the living conditions of the people in its catchments communities. Other dimensions like its effect on the national economy, education, etc, are not comprehensively tackled. The latter objectives require a much detailed and task force-based study which could only be done with the direct coordination of top institutional administrators and professional researchers.

The second limitation has to do with the extent to which the findings can be generalized beyond the cases studied. The number of cases is too limited for broad generalizations. The sample size of a hundred sixty-seven (167) respondents from four small villages is particularly small. Therefore it is harder to find significant relationships from the data, as statistical tests normally require a larger sample size to justify that the effect did not just happen by chance alone. Further empirical studies, however, are needed to replicate the findings in different contexts and surroundings.

1.9 Organization of the Study

This work is divided into six chapters. Chapter one, introduces the study, defines the problem, and clarifies the objectives of the study, reveals limitations and outlines how the research is organized. The second chapter reviews related literature. This entails the review of existing literature relating to the study.

Chapter three gives an account on the study area, describing briefly the concept of the MVP, the biophysical characteristics of the area as well as accounts on selected villages.

The fourth chapter entails data analysis and presentation and discussion of key findings from project officials while chapter five analyses the response of project beneficiaries against that of project officials.

The final chapter encapsulates conclusions, recommendations of the study and directions for future studies.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter deals with the review of literature including secondary sources of data relating to the research topic. Information for the literature review was obtained from relevant articles, textbooks, journals, speeches, web sites and other important sources of information. For the sake of clarity and flow of thought, this chapter is structured as follows; The concept of Poverty, degrees of Poverty, measuring Poverty, Poverty indicators, Poverty reduction interventions and effects, Incidence of Poverty and Poverty reduction in Ghana, spatial distribution of Poverty

2.2 The Concept of Poverty

Defining poverty is a great challenge to researchers because of its complexity. How researchers define poverty depends mainly on the theoretical framework researchers adopt. Those coming from the economics point of view will look at economic factors like income and expenditure. Others will look at issues of social exclusion, deprivation and incapability to measure poverty. Here are some definitions of poverty to gain a broader overview of the meaning of poverty.

The World Bank defines poverty as “the inability to attain a minimum standard of living” and produced a “universal poverty line”, which was “consumption-based” and comprised of two elements: “the expenditure necessary to buy a minimum standard of nutrition and other basic necessities and a further amount that varies from country to country, reflecting the cost of participating in everyday life of society (DuyKhe et al., 2003). The World Bank

uses this definition largely for inter-country comparisons, and is not necessarily depicting what happens in households.

Amartya Sen (1999) cited Bloom & Canning, 2003, Simonen, 2005) in has characterized poverty as a “capability deprivation”, where a person lacks the “subsistence freedoms” he/she needs to lead the kind of life he or she has reason to value. They further assert that this freedom has two facets: opportunity and security. Opportunity requires education and a range of political and economic freedoms. Security is viewed as a consequence of effective utilization of the opportunities provided to a person and/or the household. The above definition implies that poverty is not only a state of existence but also a process with multiple dimensions and complexities. It is usually characterized by deprivation, vulnerability (low capacity to cope with risks), and powerlessness (Verner & Alda, 2004). These characteristics combined impair people’s sense of well-being.

Deleeck et al., (1992) defines poverty as a relative, multi-dimensional and dynamic phenomenon. Ruspini (2001) on the other hand, asserts that poverty is also a gendered phenomenon. This is because women’s causes of poverty are to be found in a peculiar combination of risk factors in labour markets, in domestic circumstances and in welfare systems. Traditional research methodologies that seek to measure poverty have been largely incapable of fully revealing the true picture of female poverty in modern society (Ruspini, 2001). The author further argues that what is needed is the elucidation of the different processes by which both women and men fall into, experience and escape poverty, as opposed to the paradigm we have now, which is an analysis of the way in which households experience poverty.

The income consumption definition of poverty does not account for the causes, dynamics and relativity of poverty. More recent definitions of poverty attempt to capture these

dimensions of poverty. Asset based approaches, drawing on the rural work of Robert Chambers and Amartya Sen which have become increasingly influential in recent years. These approaches focus on the household as the primary unit of analysis but also consider the disaggregated household unit and the relationship of households to the wider community and institutional processes. They assume that the poor can be resourceful and active agents of their own development. Assets are seen as forms of capital, not necessarily monetary in nature, which can be stored, exchanged, accumulated and used to generate a livelihood (Rakodi, 1995). In the rural context, they have been classified into five types - natural, physical, human, social, political, and financial. Moser (1997) recommends slightly different asset categories for use in the urban sector. Regardless of this, it seems that the rural poor themselves see a close link between income and poverty. When asked to define poverty, rural inhabitants in India identified income as a key factor. (Amis 1997).

The above definitions show that at the heart of poverty is an idea of basic needs. Typically, a person is considered as poor if he/she does not have the capabilities to meet the basic needs. Poverty is not a paucity of income only, but goes beyond that to consider the social context in which the person lives also determines the extent of poverty a person or family experience. Poverty can be chronic and transient, but transient poverty, if acute can trap succeeding generations. The poor adopt all kinds of strategies to mitigate and cope with poverty, hence to understand poverty, it is essential to examine the social and economic context of the households (Verner & Alda, 2004).

2.2 Degrees of Poverty

The poor are not a homogenous group and can be disaggregated into a number of different categories. One important distinction is between the chronic poor, who are always poor, and the transient poor, who are only poor sometimes (Ruspini, 2001). The chronically poor

may have very few assets and draw heavily on natural resources for subsistence or low-level commercial activities. They have few choices, few assets and suffer vulnerability to shocks (Ruspini, 2001). Taking this as a basis the Chronic Poverty Research Centre (CPRC) distinguishes between five main poverty categories (based on severity and chronicity) to disaggregate 'the poor' (Simonen, 2005)

These are:

- The 'always poor' who are consistently below the poverty line and
- The 'usually poor' who are not poor in every period;
- The 'fluctuating poor' who are poor in some periods and not in others and
- The 'occasionally' poor who have at least one period in poverty though they are usually above the poverty line and
- The Non-poor who are always above the poverty line.

These categories can be used to describe poverty transitions in a dynamic way. Households may move between different categories of poverty, so that, for example, households moving from being usually poor to occasionally poor can be seen as escaping poverty (Simonen, 2005). The distinction between different categories of poverty is crucially important when designing interventions and development activities. The chronic poor are frequently more limited in the range of opportunities that they are able to take advantage of, being less able to respond to market opportunities that need skill and access to capital and markets. (Moser, 1997).

2.3 Measuring Poverty

Absolute poverty refers to subsistence which is below minimum living conditions, and is usually based on nutritional needs or the cost of purchasing a basket of goods and services. A food-only basket is often used as a lower poverty line and food plus other items as an upper poverty line (Kanter, et al., 2009). The World Bank uses a figure of US\$ 1 per day (in 1985 purchasing power dollars) for the absolute poverty line (Geoffrey 2004). Relative poverty compares the lowest segment of the population with the highest segment, and is therefore defined with reference to a general standard of living, often as a fraction of the average income or the average wage or as exclusion from participation in society. The European Union for example, has decided that ‘the poor shall be taken to mean persons, families and groups of persons whose resources (material, cultural, social) are so limited as to exclude them from the minimum acceptable way of life in the member state in which they live’ (Geoffrey, 2004)

Some authors stress the difference between taking an objective and a subjective approach to poverty. An objective approach assumes that there is a normative judgment on what constitutes poverty and what is needed, whereas a subjective approach emphasizes people’s preferences and how much they value goods and services (Kanter et al., 2009). The objective approach has traditionally dominated but there is increasing recognition of the limitations of objective indicators and the Chronic Poverty Research Centre (CPRC) for example; argue that there is no objective way of defining poverty. The use of participatory methods has greatly encouraged the exploration of local understanding and perceptions and the most radical proponents of a participatory approach deny the validity of standardized, so-called objective measures of poverty. Chambers, for example, has argued that these approaches are reductionist (Chambers, 1997 cited in Geoffrey, 2004).

2.4 Poverty Indicators

Perceived causes of poverty vary and influence the approach taken to measure it. There are three main ways of expressing the causes of poverty: in terms of income, basic needs, or human capabilities. The first two approaches stress that people are poor due to a lack of food, clothing and shelter whereas the human capability concept focuses on the lack of opportunities to live valuable and valued life (Kanter et al., 2009).

Different concepts of poverty require different kinds of indicators for measurement, and there are clear trends in the indicators used. Most noticeable is the distinction between means and ends indicators. Means indicators measure the inputs required to achieve an end result such as the cost of a minimum food basket, whereas ends indicators measure the ultimate outcomes such as nutritional status which can be measured by weight for height. Poverty is traditionally measured using means indicators as proxies for ends indicators, partly as it is easier. However the best option is to attempt to combine both. For example, the CPRC use poverty line measures such as the level of income or consumption necessary to meet minimum requirements in providing adequate food, clothing, housing and healthcare for the individual or household, combined with indicators of capability deprivation, such as low levels of material assets and social or political marginality that keeps people poor over long periods (Clemens, 2010)

Income and needs concepts of poverty are characterized by mainly quantitative indicators whereas the human capability approach uses both qualitative and quantitative indicators. (Qualitative and quantitative methods should not, however, be confused with subjective and objective data). Poverty measurement is therefore dominated by the ‘money-metric’ approach based on income and expenditure and consumption indicators. (Clemens, 2010)

The different types of indicator have different advantages and disadvantages. Poverty measures which are income based best capture the livelihoods of those most dependent on cash income, but are not good at understanding livelihoods which have a non-cash component and omit key features such as the time required to obtain a commodity. Basic needs concepts of poverty attempt to distinguish between private incomes, publicly provided services and different forms of non-monetary incomes including access to services and social networks etc (Baulch and McCulloch, 1998). Many observers include income obtained from common property and state provided commodities, particularly social welfare payments, but not always health and education provision (Geoffrey, 2004). There are different views on whether assets, including social claims, should be counted in a poverty matrix, and on the relative prioritization of monetary and non-monetary variables.

A human capability approach is an attempt to measure poverty in terms of outcomes such as life expectancy, literacy rates and malnutrition. An emphasis is put on people's ability to function at a minimal acceptable level in society (Baulch and McCulloch, 1998). The issue of participation is complex as it is hard to quantify.

So why do the different concepts and indicators matter? The concept of poverty used will influence the nature of the anti-poverty strategy used to combat it. If, for example, poverty is perceived in terms of a lack of income and if one chooses income or expenditure as the most important indicator of poverty, then strategies to reduce poverty will centre on economic mobility. However, if a concept of poverty is used that traces its roots to notions of human deprivation, then an anti-poverty strategy will lead to building human capabilities to achieve social mobility (Geoffrey, 2004).

When choosing poverty indicators, it is therefore necessary to consider the concept of poverty used and how this affects the choice of indicator. Income indicators may be neater and easier to measure, but risk losing a multidimensional understanding of poverty. It is also necessary to be clear about what is measured and why. Different indicators may be necessary to measure different types of poverty such as chronic, transitory, relative and absolute poverty, and to measure poverty at different levels such as those of the individual, household or village. The indicators chosen will also influence what the data can be used for.

2.4.1 Equity

Whenever measuring poverty it is essential to consider equity, i.e. the distribution within a population group (Geoffrey, 2004). There are clear distinctions between the concepts of poverty and equity; however analysis of poverty often employs indicators of equity due to the inherent linkages between the two. Poverty and equity indicators can be associated through;

- Disaggregation by gender, race etcetera., or
- Associating distribution measures with other poverty indicators such as per capita personal income and the Lorenz curve or
- Mathematical formulae such as the Atkinson method.

2.4.2 Vulnerability and Risk

Vulnerability is the degree of exposure of individual households or individuals to shocks and stresses, and their ability to prevent, mitigate or cope with the event. Risk is the likelihood of occurrence of a particular and potentially adverse shock or stress (such as a

drought or flood) (DuyKhe et al., 2003). Poverty and vulnerability are not synonymous although some groups are at risk of becoming poorer because of inherent vulnerabilities such as class or gender discrimination. Some vulnerable conditions are closely correlated with poverty such as female-headed households, but not all members of a vulnerable group are necessarily poor (Clemens 2010). There is therefore a need to distinguish between the two when dealing with indicators and careful analysis is required to determine the degree of correlation. Poverty relates to deprivation but vulnerability is a function of external risks, shocks, stresses and internal defencelessness (Streeten, 1994). A key part of attention to vulnerability is the need to reduce the variance of revenue (Geoffrey 2004). Reduced variance might be associated with, for instance, a lower income stream but one which is more sustainable in the long term or less dependent on unpredictable external markets, in this sense it can be clearly distinguished from income-based poverty indicators.

2.5 Poverty Reduction Interventions and Effects

Ascertaining the effect of a programme or project is the rationale to ascertain whether the resources invested produce the expected level of output and benefits as well as contribute to the mission of the organization that makes the investments. Indeed, for institutions and corporations which give interventions, such as in the case of MVP, ascertaining the effect is important in enabling them to remain true to their mission of “working with poor people in their struggle against hunger, disease, exploitation and poverty” (Johnson & Rogaly, 1997).

Until quite recently, the assessment of poverty reduction interventions has been mainly associated with and driven by donor agencies. It is increasingly acknowledged, however, that donor interventions have higher potential of sustainability and growth if these processes are developed and managed with greater involvement of the target group

(Kanter, et al, 2009). The traditional approach to ascertaining effects comprises reviews and examinations of outcomes by “neutral” outsiders who are more likely to give unbiased and uninfluenced assessment. This method is criticized as being monolithic in form and basically extractive in process, and it fails to identify and respond to changing needs and impacts of projects.

Several poverty reduction interventions have been implemented in Ghana since independence. Some significantly affected the lives of the poor in the country while others failed to do likewise. These interventions cut across all sectors of the economy tackling different dimensions of poverty. Examples are the Capitation Grant and School Feeding Programme in education, National Health Insurance Scheme, PAMSCAD (Programme of Actions to Mitigate the Social Cost of Adjustment), Village Infrastructural Project just to mention a few.

Osei et al (2009) assessed the impact of capitation grant on key education outcomes in Ghana. Among the key education outcome indicators discussed in the paper are the BECE pass rates, gross enrolment ratios and gender differences in pass rates. Other outcome indicators also investigated include pupil-teacher ratio, pupil-textbook ratio, average class size and proportion of trained teachers at the basic level. The study found that although the capitation grant increased enrolment, it had no significant impact on the BECE pass rates in Ghana. Rather, in terms of the BECE pass rates, the proportion of trained teachers seemed to have impacted positively and significantly on the pass rates, that the capitation grant has not had any significant effect on the bridging of the gap between the BECE pass rates for males and females. However the study notes that these results may be a pointer to the fact that capitation grant alone cannot deliver on important education outcomes as enshrined in the MDG.

Sekyi (2009) also assessed the effects of the National Health Insurance Scheme on outpatient utilization and expenditure in Ghana. The studies revealed that insured respondent were more likely to utilize care and pay less than uninsured respondents. Moreover, members of the health insurance scheme have better access and lower financial burden of health care than uninsured respondents.

Furthermore, other poverty reduction programmes like social grants have also been implemented to help reduce poverty in Ghana. These social grants, example, the Livelihood Empowerment Against Poverty has been deemed as interventions that would help reduce the incidence and depth of poverty as well as inequality in Ghana .It is however the affordability of these programs which remains a big challenge as such programs will cost in net terms about 3 percent of GDP (Gross Domestic Product) (Osei et al, 2009).

Some studies have shown that poverty interventions sometimes fail to achieve positive effects. These sometimes might emanate from other factors like the approach in the implementation, the affordability of the intervention and the absence of other complimentary factors that can help in the successful implementation of these interventions. Onyegu et al (2012) attributes the failure of National Poverty Eradication Programme (NAPEP), the Agricultural Credit Guarantee Scheme, Better Life for Rural Dwellers, Operation Feed the Nation and universal primary education to “decades of corruption and mismanagement especially during the military administrations in Nigeria.

2.6 The MVP as a Poverty Reduction Intervention

The Millennium Villages Project (MVP), based at The Earth Institute at Columbia University, is a bottom-up, community led approach to show how villages in developing countries can get out of the poverty trap that afflicts more than a billion people worldwide.

The process benefits from synergies of the integrated approach and relies on community leadership as empowered by proven technological inputs. MVP is committed to a science-based approach to assess and monitor the progress of the communities towards clear objectives; the Millennium Development Goals (MDGs) and to do so with mechanisms that are scalable and sustainable. This approach offers much more than simply collecting and analyzing data since the mechanism used for recording progress would provide a bridge over the divide which separates the haves and the have-nots (by facilitating the sharing of solutions from one community to another bi-directionally)(Geoffrey,2004). By so doing, it allows people to enhance their own futures in a sustainable manner. Solutions found in one community are transferable to similar communities in other MVP villages.

There are 80 Millennium Villages clustered in 10 countries throughout sub-Saharan Africa. In Ghana, the MVP is ongoing in Bonsaaso, a village in the Amansie West District of the Ashanti Region. MVP is an important development process for empowering communities to invest in a package of integrated interventions aiming to increase food production, improve access to safe water, health care, education and infrastructure.

2.7 Poverty Reduction Strategies in Ghana

Poverty reduction has been a priority of the world. In the 1980s and 1990s when structural adjustment was in mode, there was the perception that if one could endure the short-term social costs the long-term benefits would be enormous. Never was it reckoned that the long run referred to was a “long-run”, when all may be dead.

The call for putting a “human face” on adjustment by some non-governmental organizations and some United Nations agencies was finally heeded to when towards the close of the 1990s agreement was reached between the donor community, the United Nations and the developing countries on the Millennium Development Goals (MDG). The

principal objective of the MDG is to reduce by half the proportion of people living in extreme poverty by 2015 (Kanter et al, 2009)

Ghana was one of the first countries to attempt to put a “human face” to structural adjustment. In 1987, on realizing the social costs that the structural adjustment program was inflicting on the general populace, the Government of Ghana introduced the Program of Action to Mitigate the Social Cost of Adjustment (PAMSCAD). Since then, a number of programs and policies targeted at poverty reduction have been introduced; some with a limited mandate targeted at a specific vulnerable group. The Structural Adjustment Program (SAP) itself was supposed to lead to economic stabilization and growth with a consequent positive impact on poverty reduction (Osei et al, 2009).

Data from various Living Standard Surveys, Demographic and Health Surveys, Core Welfare Indices Questionnaires (CWIQ) and other limited quantitative and qualitative surveys affirms the pervasiveness of poverty in Ghana (Boateng, Ewusiet al, 1990). Unfortunately, data inadequacies and definitional and methodological problems prevent comparison of data over time; even within a particular survey class. The continued pervasiveness of poverty in Ghana raises the question of whether the structural adjustment program and other direct and indirect poverty intervention programs and policies have had the desired impact.

2.8 Spatial Distribution of Poverty

While poor people are found in all parts of the world, the largest numbers live in South Asia (135 to 190 million). The highest incidence is in sub-Saharan Africa, where 30-40% of all present day ‘US\$1/day’ poor people are trapped in poverty an estimated 90 to 120 million people. East Asia has significant numbers of poor people, between 55 to 85 million, living mainly in China. Latin America overall has low rates of

poverty, but inequality is high, and certain countries (e.g. Bolivia and Haiti) have relatively high numbers of people in poverty (Clemens,2010). Increasing rates of poverty are apparent in the transition countries of East-Central Europe, Russia and Central Asia. Within countries there are often geographies of poverty, with concentrations in remote and low-potential rural areas, politically-marginalised regions and areas weakly connected to markets, ports or urban centres. There are also concentrations poor people in slum areas in town and cities as well as the millions of homeless sleeping in streets, stations, parks and burial grounds (CPRC, 2007)

Poverty in Ghana is predominantly rural. About seventy percent of the country's poor people live in rural areas where they have limited access to basic social services, safe water, all-year roads, electricity and telephone services (IFAD, 2006). While poverty has a firm grip on the north, overall there has been a substantial decline in poverty. The disparity has widened the income gap between people in the south, where there are two growing seasons, and those in the drought-prone northern plains, where rainfall amount and duration is low resulting in only one growing season.

2.8.1 The Rural Poor in Ghana

Poverty is deepest among food crop farmers (IFAD, 2006). Poor food crop farmers are mainly traditional small-scale producers. IFAD contends that about six out of ten small-scale farmers are poor, and many of them are women.

Despite the efforts of the government, which works with development partners such as IFAD, USAID, DANIDA, JICA etcetera, to reduce poverty in the country, small-scale farmers, herders and other rural people in Ghana remain poor. In that same report, IFAD finds out that women are among the worst affected. More than half of women who are heads of households in rural areas are among the poorest 20 per cent of the population –

the poorest of the poor. Women bear heavy workloads. They are responsible for 55 to 60 per cent of agricultural production. Yet they are much less likely than men to receive education or health benefits or have a voice in decisions affecting their lives. For them, poverty means high numbers of infant deaths, undernourished families, lack of education for children and other deprivations (IFAD, 2006).

The aged and the disabled, as well as people with HIV/AIDS and other chronically sick people, are another face of the rural poor. Many have no means of support or have exhausted their resources to pay for medical care (Kyei, 2000). Migrants also are seriously affected by poverty.

2.8.2 Causes of Rural Poverty in Ghana

Among the causes of rural poverty, according to the IMF (2003) are low productivity and poorly functioning markets for agricultural outputs. Small-scale farmers rely on rudimentary methods and technology and they lack the skills and inputs such as fertilizer and improved seeds that would increase yields. Because of soil erosion and shorter fallow periods, soil loses its fertility, posing a long-term threat to farmers' livelihoods and incomes. Increasing population pressure leads to continuous cultivation in the densely inhabited Upper East region and a shorter fallow period in the Upper West region, causing further deterioration of the land.

A negligible number of farms have access to irrigation. Land ownership and land security are regulated by complex systems that may vary widely. Animals are of insufficiently productive genetic stock. Poor farmers are without market and rural infrastructure they desperately need for storing, processing and marketing their products.

The causes of poverty in Ghana are not monotonous. Several factors have been outlined by some authors as the causes of poverty. Ziem and Gyebi (2011), outlined some socio-cultural barriers the cause of poverty among women in northern part of Ghana. They assert that the marriage institution, the traditional system of inheritance and the traditional leadership system are the main socio-cultural vehicles over which men in the Northern Region do not only have absolute dominance but also are used as denial, exclusion and limitation tools to inhibit the growth of women in many life's functions.

Unemployment is also one of the main causes of poverty in Ghana (ILO, 2011) while illiteracy, and superstitions have been identified as the main factors giving rise to poverty in the Northern Region. (GNA, 2012).

2.9 The link between Agriculture and Poverty Reduction

Theodore Schultz began his acceptance speech for the 1979 Nobel Prize in Economics observing: "Most of the people in the world are poor, so if we knew the economics of being poor we would know much of the economics that really matters. Most of the world's poor people earn their living from agriculture, so if we knew the economics of agriculture we would know much of the economics of being poor" (Shultz, 1979). After almost thirty years agriculture still remains the dominant activity for a significant share of the world population especially in developing countries. The large dependence on agriculture has created the need for its incorporation in poverty reduction strategies and this has been affirmed by various researches in the academia. It has been established that agriculture is the best way to reduce rural poverty (Shultz, 1979).

Ahmed (2010) asserts that rural poverty reduction is possible by increased agricultural production, for which again efficient spending of government budget and skilled human capital are crucial factors.

The arguments and data pulled together by Irz et al (1995, cited in Datt and Ravallion 1996) certainly make a convincing case. They identify twelve separate reasons why agricultural growth might be expected to reduce poverty, at farm level, in the rural economy, and nationally. The effects are direct and indirect, short- and long-term, and of a partial and general equilibrium nature. They are not guaranteed, however. Irz et al. (1995) provide a long list of qualifications and necessary conditions, and stress repeatedly that definitive outcomes cannot be predicted a priori. For example agricultural growth may lower food prices and thus provide cheaper wage goods which stimulate industrial growth: however if the economy is open to international trade, prices will not fall below international levels and the benefits may not materialized.

Given the interdependency of the theoretical argument, Irz et al. (1995) review the empirical evidence. They conclude that the benefits are substantial, and that; for the poor, extra farm jobs and higher wages may be the single most obvious benefit (of agricultural growth) followed by the impact of additional spending in the rural economy; and the value to the national economy and social welfare of reduced costs of food

A paper produced by DFID (2004) emphasizes the historically close correlation between different rates of poverty reduction over the past 40 years and differences in agricultural performance – particularly the rate of growth of agricultural productivity. The authors see links between agriculture and poverty reduction as being forged through four transmission mechanisms:

- 1) Direct impact of improved agricultural performance on rural incomes;
- 2) Impact of cheaper food for both urban and rural poor;
- 3) Agriculture's contribution to growth and the generation of economic opportunity in the non-farm sector; and
- 4) Agriculture's fundamental role in stimulating and sustaining economic transition, as countries (and poor people's livelihoods) shifts away from being primarily agricultural towards a broader base of manufacturing and services. They go on to note that the potential for future poverty reduction through these transmission mechanisms depend on the extent to which agricultural productivity can be increased where it is most needed.

Many recent studies focus specifically on quantifying the relationship between agriculture and poverty (Kanter et al., 2009; Geoffrey, 2004; Michael Clemens, 2010; DuyKhe et. al., 2003). Bresciani and Valdes (2007) frame their analysis in terms of three key channels they say links agricultural growth to poverty: labor market, Farm income, and food prices

They provide a theoretical framework for investigating the quantitative importance of those various channels and then report findings from six country case studies. They conclude that when both the direct and indirect effects of agricultural growth are taken into account, such growth is more poverty reducing than growth in non-agricultural sectors.

Shepherd et.al. (2005) use GLSS4 (1998) data to show the dependence of households in the three northern regions on agriculture. In 1998/99 70-80% of households in the three northern regions stated that agriculture was their main source of livelihood, compared with around 45% for the country as a whole. The share of household incomes in the north deriving from wages and non-farm activities was significantly lower than what they earned from farming. Nearly half of northern households did receive some income from

remittances (the most common income source outside of agriculture), but the incomes received from remittances are low and are rarely sufficient to enable accumulation. This shows that many households are heavily dependent on agriculture and see limited opportunities outside of the agricultural sector. So deductively, improvement in agriculture would in turn help reduce poverty amongst rural household.

2.9.1 The Link between Provision of Health Care Service and Poverty Reduction

For the poor, the link between poverty and ill health is clear: ill health leads to greater poverty and good health is key to ensuring higher productivity and increased income Rasmussen (2009). The consequences of ill health are a key reason for impoverishment among many of the poor. For example, serious disease has forced 15% of households to the brink of poverty or into poverty in Mongolia (OECD, 2003).

Impoverishment arises because the cost of seeking medical treatment weighs more heavily on the poor than the non-poor. The impact can be especially severe if poor households are forced to sell productive assets, such as land or livestock, or to remove their children from school. At international level there is an increasing focus on the right to basic health services and a focus on scaling up service delivery to the poorest. A pro-poor health approach gives priority to promoting, protecting and improving the health of poor people. It includes the provision of quality services in public health and personal care, with equitable financing mechanisms, which are essential to improve health and prevent the spiral from ill health to poverty (OECD, 2003)

Rasmussen (2009) on the other hand, analysed barriers to basic service delivery in the sub district of Nabulo in Upper West region of Ghana. The research indicates that locals resort to local medicine as their first option at the point of sickness. They do this for a number of reasons; it is more convenient, it is cheaper and they do not have to travel to the clinic. The

most common explanation for choosing the local way first is the cost. The local medicine can be paid in commodities if they cannot find the roots or herbs themselves, whereas they have to pay in cash at the clinic. The money to be paid for the treatment is hard to get at the sub-district level as people seldom have much cash (Rasmussen, 2009).

In a similar case, Mamdani and Bangser (2004) also reiterated that key obstacles to health care are healthcare charges, long distances to facilities, inadequate and unaffordable transport systems, poor quality of care, and poor governance and accountability mechanisms. The above assertion points to the fact that, the provision of health centres though good is not enough to reduce poverty. The provision of health centres should come along with considerations for factors like distance to facility, the transportation system available, the cost of transportation and medical treatment; these factors are key as the poor are heavily affected by these factors.

2.9.2 The Link between Provision of Potable Water and Poverty Reduction

Water is a basic necessity for survival. Poor quality water and its handling have debilitating and sometimes fatal consequences, usually for the poor. Water is a productive asset, which is essential to many livelihood activities of the poor. Access to adequate quantities of it, the costs of access, and the quality of the water itself can all directly enhance or deter the poor's capability to work themselves out of poverty. Poverty is exacerbated by poor water management. An estimated 1.5 billion people worldwide are currently without sustainable access to safe drinking water (ODI, 2004).

Poor management of water resources affects the poor directly: in the extreme, floods, drought and pollution destroy livelihoods and lives, while mismanagement of the various demands on water resources often means that the poorest sections of communities are unable to access it. Poor people's access to water is dependent on a whole range of

political, environmental, social and economic equations, often beyond their control. The relevance of water to different aspects of people's lives and livelihoods in developing countries, especially in rural contexts, and the different ways in which populations in low income countries are affected by, or vulnerable to, poverty which is "water-related", mean that water issues are an important and telling entry-point into poverty reduction strategies (WaterAid, 2003).

Since national efforts at addressing poverty reduction in low income countries are focused on the process of developing poverty reduction strategies ("PRSPs"), if water-related poverty is to be effectively reduced, programs of action designed to address water challenges must find their place within PRSPs, and the measures taken under PRSPs(ODI,2004).

According to a study by WaterAid in 1999/2000 in four countries, evidence proved that improved access to water and sanitation reduces poverty both directly and indirectly (WaterAid, 2003). The study shows significant changes in household income as a result of time saved, money saved and water availability for increased livestock production, crop production, fruit and vegetable production and food and drink vending. On this evidence, it concludes that access to water and sanitation is a necessary precursor to other forms of development. Without easy access to these facilities, time spent on water collection, household income spent on medical treatment and water purchase, all contribute to keeping people in the poverty trap. The study concludes that Water and sanitation interventions themselves significantly impact on poverty by increasing both economic opportunities and household disposable income. For these reasons, poverty reduction strategies must include effective water and sanitation interventions if they are to achieve long-term success.

Odunuga (2009) also asserts that income generated from water related business contributed either all or more than half of the household income of water related business operators.

The above explains that the availability of potable water does not only make water available for consumption but goes a long way to reduce the time spent to fetch water, reduce the resource used for the treatment of water related diseases and also creates extra avenues of income generation. This makes the provision of water an important policy to help reduce poverty.

2.10 Conclusion

An individual's capacity could be undermined because of poverty. The idea that runs through all the definitions of poverty is the inability of the individual or the poor person to participate fully in social, economic and political life of the community due to the lack of income, absence of certain basic infrastructure, powerlessness and low self esteem.

Ghana, through several interventions has sought to reduce poverty which is prevalent in the rural areas of the country. Poverty reduction must be seen in the whole integrated concept of rural development defined generally as the extension of benefits of development to the poorest among those seeking livelihood in the rural areas. There are however some challenges in most African countries' effort at rural development including low agricultural productivity, lack of potable water and lack of health facilities.

It has been established that there is the need for the provision of basic infrastructure, equipping and building the capacity of the rural poor through the provision of productive assets which will go a long way to improve the livelihood sources of the rural poor which will then lead to a better standard of living.

These among many other factors have informed the creation and implementation of the Millennium Village Project to provide innovative approach to help Ghana and for that matter Africa to achieve the Millennium Development Goals (MDGs) and help reduce poverty,

KNUST



CHAPTER THREE

BACKGROUND TO THE STUDY AREA

3.1 Introduction

This chapter discusses the background to the study area, the Bonsaaso Millennium Village Project and cluster of villages as well as selected communities outside the cluster. I must indicate that much emphasis would be on the selected communities in the cluster since they are the main focus of this study. The first section will throw a bit of light on the Millennium Village concept and afterwards examine the setting of the selected villages and its geography. Secondly, the social and cultural characteristics of the villages will be examined.

3.2 The Millennium Village Concept

The Millennium Village Project (MVP) is a community-based approach to achieving the MDGs informed by the recommended priorities of the United Nations Millennium Project (UNMP). The MVP, developed as a proof of concept, is the brainchild of the Earth Institute headed by Jeffrey Sachs, a renowned economist. The project is conceptualized in response to the fact that many African countries have made considerable efforts in preparing their MDG (Millennium Development Goals) based on national strategies, but with many limitations to their implementation. As a demonstration project, its primary goal is to implement interventions recommended by the UN Millennium Project using an enhanced integrated approach. Based on the G8 Gleneagles 2005 Summit commitment to double official development assistance between 2005 and 2010, the MVP is being used as a pilot demonstration of how financial support could be used to accelerate achievement of the MDGs. The Millennium Village Handbook (2008) demonstrates that the project is a

community-based approach embodied in the established and known principles of stakeholder participation. It also entails targeted action at the local level that accounts for local needs and priorities, garners political commitment and local ownership, and strategically utilizes the most appropriate level of government in order to achieve the goals. Within a broader concept of participation, the MVP adapts the United Nations Millennium Promise (UNMP) recommendations to its community-level context through five strategic priorities for community development. These are strategic and mutually reinforcing priorities such as:

- Strengthen communities' capacity for collective action to manage a self determined, multi-stakeholder development process.
- Institutionalizing participation in local development process within and among organizations and throughout the project cycle for community development, in a manner that enables an inclusive process in all stages of realizing village-based action plan
- Enhance an enabling policy environment that supports community development at multiple levels within communities, the project and local government
- Build a cadre of change agents and develop their capacity in technical areas critical to the achievement of the MDGs including participation and gender relation expertise; and
- Develop a community-based information system(CBIS) to support a local level development practice by enabling community to generate, utilize and manage information tools and services to reach individual and collective development aims

The underlying operational principles of the MVPs suggest that developing country governments should adopt development strategies bold enough to meet the Millennium Development Goals (MDG) targets for 2015. While fulfilling the goals of the MDGs are crucial aspects of the project, the strategies to ensure that goals are met seems to come from a rather nonconventional approach to development. The approach is based on the idea that impoverished villages can transform themselves and meet the Millennium Development Goals if they are empowered with proven, powerful, practical technologies. The Earth Institute (2007) has given some key premises to guide the Millennium Village Model, which are:

- Africa's long-term and self-sustaining economic development requires a combination of public and private investments. To this effect, the MVP supports a basic set of integrated science-based and community-led investments in the following sectors; agriculture, education, health, energy, infrastructure and environmental management
- A major boost in agriculture is a necessary condition for rural sub-Saharan Africa to escape extreme poverty. Therefore, the MVP puts its investment priorities on science-based investments to boost yield first in staple crops and subsequently in cash crops.

It also underscores the fact that the challenges facing poor people in developing countries are intertwined, and any effort to emancipate them from chronic poverty should include a comprehensive, but affordable, approach where all the MDGs are considered simultaneously.

3.3 Funding Model of MVP

The financing model of the MVP is built on the premise that, with modest support, Millennium Village economies can transition over a period from subsistence farming to self-sustaining commercial activity. As economic growth accelerates, the villages will assume the cost of many interventions that the Millennium Villages initiative is financing. The process of funding and implementing a Millennium Village is a shared effort between the Millennium Village initiative, other donors, local and national governments, NGOs and the village community. Figure 3.1 depicts the contributions of each partner

Village costs per person per yr / US dollars



Figure 3.1: Village cost per person per Year in Us Dollars

Source: Millennium Project, 2006

Each Millennium Village requires a donor investment of \$300,000 per year for five years. This includes a cost of \$250,000 per village per year (5,000 villagers per village multiplied by \$50 per villager) and an additional \$50,000 per village per year to cover logistical and operational costs associated with implementation, community training, and monitoring and evaluation (Millennium Village Handbook 2008).

The other \$60 per villager per year will come from village members, local and national governments and partner organizations, making for total funding of \$110 per person per year.

3.4 General Community Information on Bonsaaso Village Project

The MVP cluster of villages lie between latitude 6°5' and 6°15' North and Longitude 1° 7' and 2° 2' West at an altitude of 210 meters above sea level refer to figure 3.2. It is located in the Amansie West District in the Ashanti Region of Ghana. The project office is situated in the district capital Manso- Nkwanta, which is about 57 kilometres away from Kumasi, the capital of the Ashanti Region. The project is operational in thirty (30) villages from which two (2) namely, Bonsaaso and Assamang were selected for the study (refer to figure 3.3)

3.5 Selected Communities for the Study

It must be noted that background information for selected villages were very inadequate and the researcher had to depend on information from residents and some collected from the MVP office. Information from the MVP project office also showed that the socio-economic and socio-political background of the area is very similar. This was supplemented with information gathered from the field through interaction with residents.

3.5.1 Asaamang Village

Asaamang is one of the oldest towns in the Domi traditional area. The settlement shares boundary with the Denkyira state in the central region. It has a population of 1,331 with 804 of its total population from 18 years and above (Ghana Statistical Service, 2010). The predominant local economic activity is farming, with illegal small scale mining as an important secondary activity, particularly patronized by the youth. In terms of hierarchy of settlement in the cluster, Asaamang is relatively important and enjoys a sphere of influence over many outlying communities. Assamang has one health centre and borehole as their main source of water.

3.5.2 Bonsaaso Village

According to residents, the Bonsaaso community was named after the River Bonsaa, which is one of the major rivers in the district. It shares boundaries with Tontokrom and Apenimadicxc(refer to figure 3.3). The people migrated from Denkyira in the Central Region. It has a population of about 1,433 with 659 of its total population from 18 years above (Ghana Statistical Service, 2010).Bonsaaso has one health centre and borehole as their main source of water.The main livelihood activities for its inhabitants are illegal small-scale mining (galamsey) and farming.

3.5.3 Odaho village

Odaho is fairly big settlement with a population of about 2,720. It is situated in eastern part of the Amansie-West district and shares boundary with Mpatasie (refer to figure 3.2) In terms of hierarchy, Odaho enjoys a relatively higher status with the potential for limited commercial activity. The local economy is basically agriculture with some of the women engaged in petty trading. It has 1,954 of its population from 18 years above. (Ghana

Statistical Service, 2010). The village has no health centres so residents have to go to other villages like Agroyesum to access healthcare. Borehole, well and stream are their main sources of water.

3.5.4 Mpatase Village

Mpatase is a rural settlement with a population of about 1,152. The local inhabitants are all basically rural peasant farmers. It is one of the communities outside the Bonsaaso cluster of villages and share boundaries with Odaho and Muano. It has 568 of its population who are 18 years and above (Ghana Statistical Service, 2010). The village has no health centres so residents have to go to other villages like Agroyesum to access healthcare. Borehole, well and stream are their main sources of water.

Figures 3.2 and 3.3 capture major communities in the Amansie West District indicating all the communities for the study.

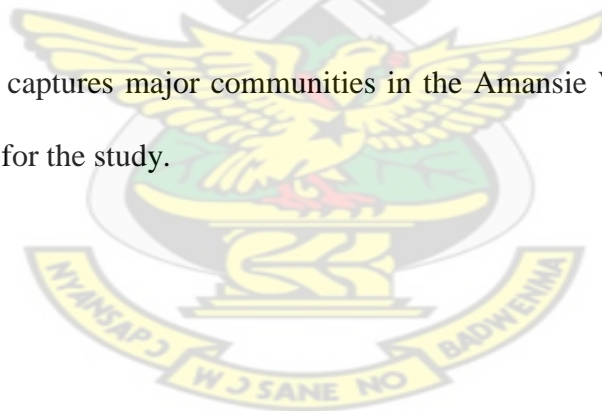
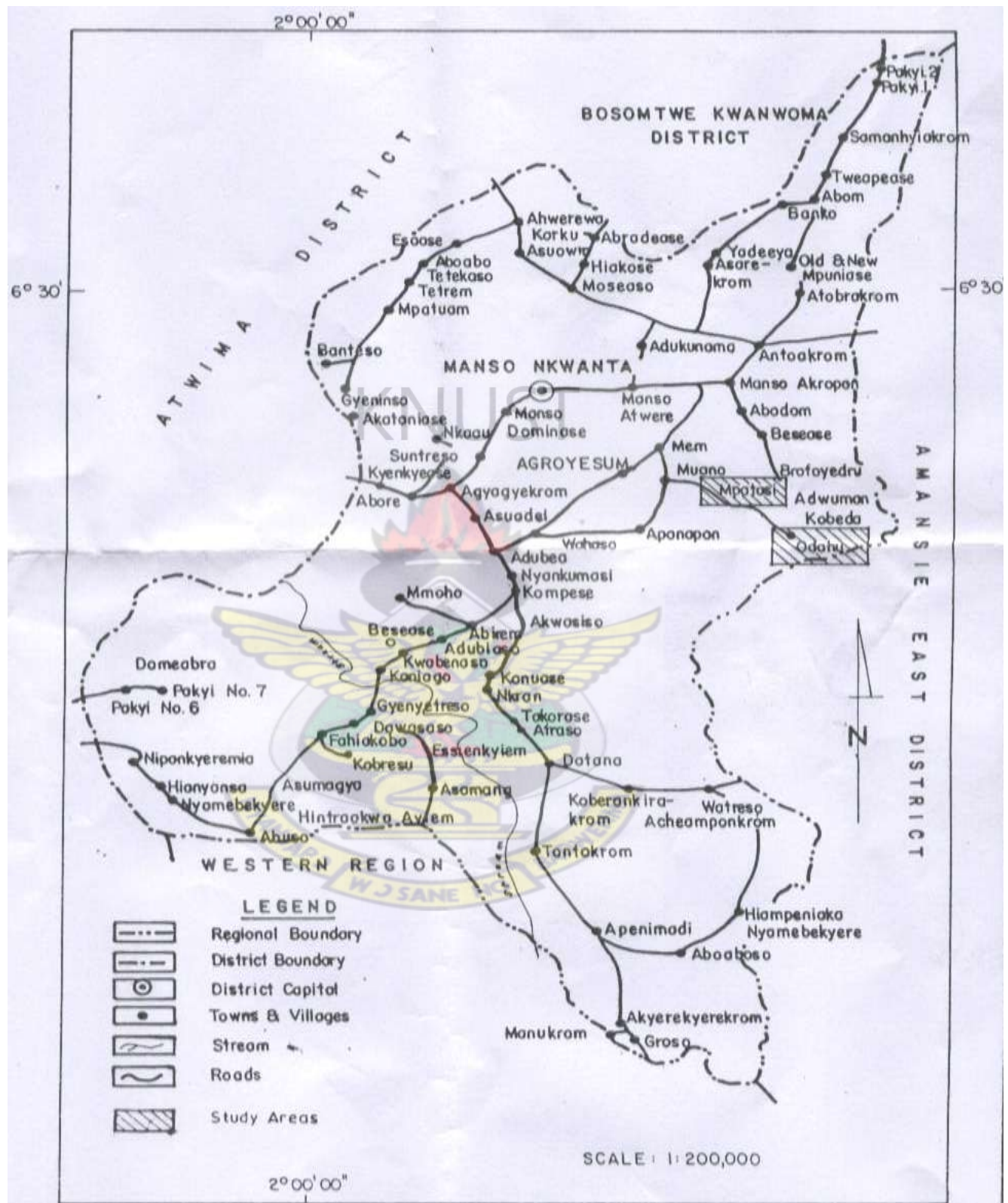
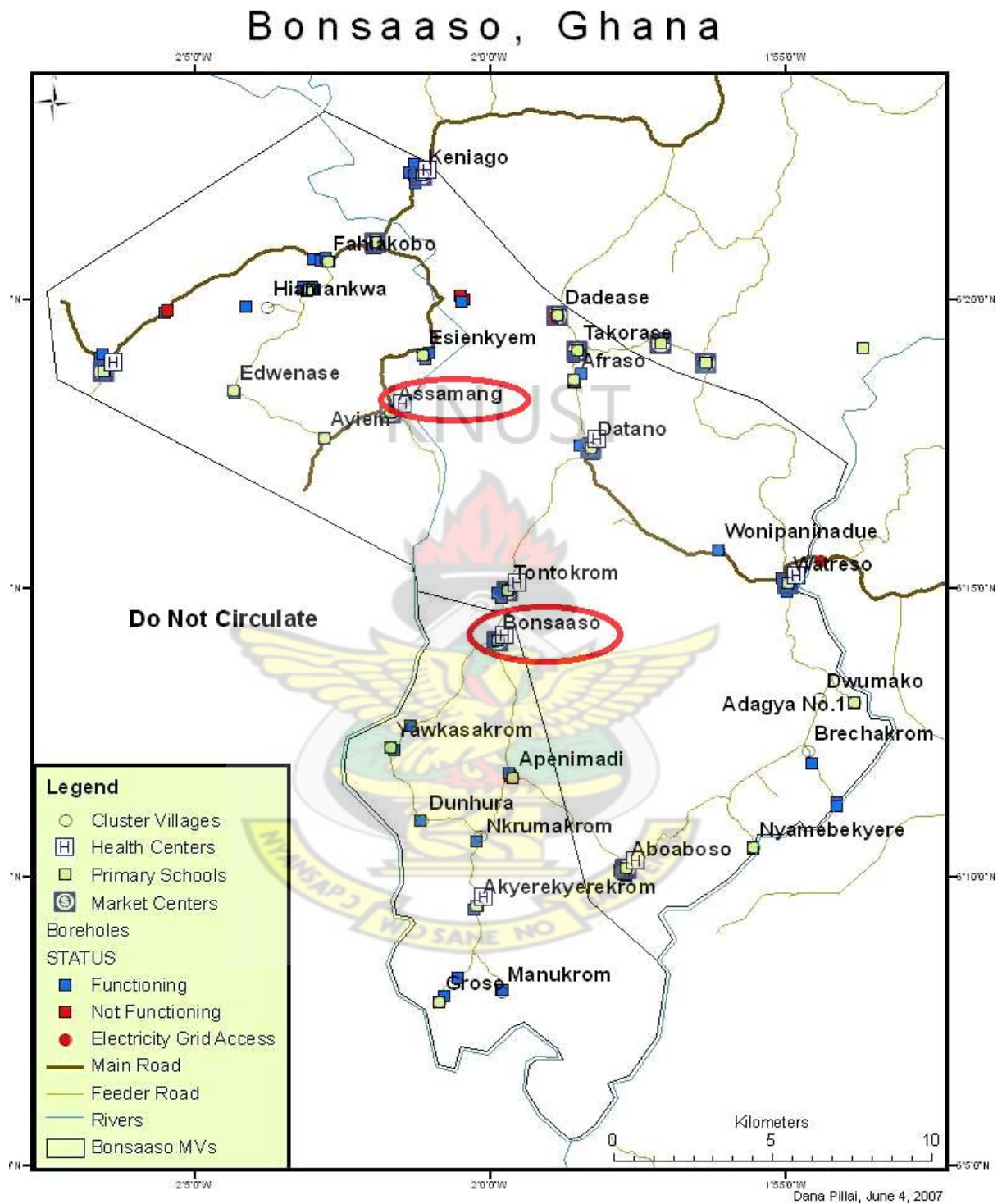


Figure 3.2 : Map of Amansie West Showing Study Communities Outside the MVP



Source: Amansie West District Assembly, 1996

Figure 3. 3: Map showing the Bonsaaso Millennium Cluster of villages



Source: Millennium Village; Bonsaaso Village Project Baseline Report, 2008

3.6 Biophysical Characteristics of the Bonsaaso Cluster of Villages:

The area falls within the Equatorial Climate Zone with a rainfall regime which is typical of the Moist, Semi-Deciduous Forest Zone. The rainfall pattern is bi-modal with two well defined rainfall seasons. The major season starts from mid-March and stretches to the end of July, with a peak fall in June, while the minor season commences in September and ends in mid-November. Between mid-November and mid-March, the main dry period is observed and brings the dry Harmattan winds from the Sahara Desert. Average annual rainfall ranges between 1200 mm and 1500 mm. The climate as a whole is cool and humid, with temperatures ranging between 23.0 and 29.0 °C, with mean monthly temperature values varying between 26- 27 °C. Mean absolute maximum and minimum temperatures are usually recorded in February and August, respectively (Adubia Weather Station, 2010)

The soils in the area are reddish brown and moderately to well drained. The top-soil (first 10-20 cm) is dark reddish brown to yellowish red in colour, characterized by slightly humus and porous loam. It contains occasional to frequent sub-angular quartz gravel and stones, which become abundant with depth. There are few to occasional ironstone concretions. The sub-soil is usually underlain by a slightly indurated substratum consisting of red mottled yellowish red clay. It contains few to rare ironstone concretions and patches of decomposed phyllite. Both the top and sub-soils are characterized by a high content of stones and gravel, resulting from the break up during the weathering of veins and stringers of quartz injected into the phyllite. The contents of quartz gravel and stones are variable, ranging from frequent to very abundant and are, in many parts, exposed due to soil erosion. The most dominant soil is the Mim series, or Ferric Luvisols (Asiamah 1998).

3.7 Livelihood Activities

Agriculture is the main livelihood activity in the Amansie West District. The agricultural sector alone employs about 82% of the total population in the District (comprising of about 80% of the men and 90% of the women) (Ghana Statistical Service, 2010). There are other livelihoods activities which include professional workers such as teachers, nurses, commerce and service workers, such as those in the hairdressers, tailors and carpenters; etcetera. There are very few administrative and management workers in the district. Although mining is prevalent in the District, it is most often overlooked as a formal livelihood activity because the majority of mining activities are illegal in nature. Almost all the mining companies and the galamsey operators are involved in surface or open pit mining which contribute greatly to land degradation, soil destruction and pollution of water bodies. Most farming households in the area are into rain-fed agriculture. Their farms are small, individual holdings averaging usually one hectare or less. The cultivation of cocoa and food crops continues to compete as an agricultural activity. It is estimated that about 75-80% of the total planted area is under cocoa cultivation, while the remaining 20-25% is under oil palm, fruits, vegetables and other food crops (i.e. plantain, cocoyam, cassava, vegetables, etc.) as monoculture. Due to relative high prices of cocoa, the expansion of cocoa cultivation is both pushing crop farms further away from settlement areas and expanding the agricultural frontier to secondary forests.

Poor agricultural tools, together with no usage of fertilizer, poor shade management and poor agricultural practices, have negatively affected yields. Yield levels are very low, from 200-400 kg of cocoa beans per hectare per annum. Fertilizers are used only by very few cocoa growers and usually when plantations are old and production levels are very low. Cocoa is purchased by authorized procurement companies, while most food crop

production is consumed locally. In some instances, part of the produce is sold in the large cities and towns, such as Kumasi, Obuasi, Bekwai, Dunkwa and beyond the Region. Cocoa production is based on two main types of labour: family labour and hired labour. Family members, including men, women, children and extended family carry out some activities such as pruning, bean collection and drying. Hired labour is employed either locally from the indigenous population or migrants from the northern regions of the country to perform most farm activities (i.e. planting, weeding, pruning, bean collection, etc.). Cocoa farms in the area are managed using two very distinct management systems:

a) “Abunu” system: where a cocoa farm is divided equally between the landowner and the hired labor. The hired labor enjoys perpetual ownership of the land, including the cocoa grown on the land as legitimate entitlements/rewards for his/her role in developing the cocoa farms;

b) “Abusa” system: where a cocoa farm is handed over to the hired labor to take care of it, after the plantation is fully established. Hired labor is entitled to one third (1/3) of total proceeds after annual harvest and has no ownership rights over the land. This arrangement could be abrogated or terminated at the discretion of the landowner.

CHAPTER FOUR

EFFECTS OF MILLENNIUM VILLAGE PROJECT ON THE LIVING CONDITIONS OF PEOPLE OF BONSAASO CLUSTER

4.1 Introduction

This chapter deals with data analysis and presentation of findings on the, level of participation of MVP beneficiaries, the effects and sustainability of the project. To make a better assessment of the effects of the MVP, data was sought on the living conditions of respondents prior to the implementation of the project. The effects were assessed in the area of health, water, road network and productivity in the respective occupation of respondents

Agriculture and small scale mining are the dominant economic activities in the Amansie West District. Studies have suggested that increasing agricultural productivity, especially for smallholders, and increasing infrastructure and social spending in poor rural areas, can help to overcome weak initial conditions and improve the livelihood of the poor. Thus, interventions to promote pro-poor growth in rural areas become a credible way of providing opportunities for the rural poor to increase not only their ownership of assets but also the productivity of assets already owned (Cord et al, 2002). Moreover, as revealed by Ahmed et al (1992), providing reliable and affordable access to rural infrastructure services eventually increases rural people's access to markets and social services and is essential for rural growth and poverty reduction. This contributed to the implementation of the Millennium Village Project.

4.2 Living Conditions Prior to the Project

The circumstance in which a person lives determines his/her living condition. An assessment of the MVP would not have been ‘meaningful’ without a considering the living conditions of the beneficiaries before its implementation.

Therefore, Team Leader was asked about the living conditions of the people prior to the project and to him, there was no clear cut difference between the living conditions of MVP villages compared to their non-MVP neighbours prior to the project. He indicated that, both sets of villages faced debilitating challenges in relation to agricultural production and transport, water and basic amenities. It was only in the area of healthcare that villages like Agroyesum (a non-MVP village) had the advantage of hosting a healthcare centre. The lead coordinator of the MVP program further reiterated the insufferable difficulties that residents of these four communities (Bonsaaso, Assamang, Odaho and Mpatasie) faced, albeit together, until the implementation of the MVP delivered the lucky two villages (Bonsaaso and Assamang) from their deplorable condition by instituting programs and measures to battle and reduce poverty. When a question was posed to the Team Leader to find out whether there has been improvement in the living conditions of the beneficiaries, the response was “Yes”. Responses of MVP officials are analyzed below according to the research’s areas of interest.

4.2.1 MVP and Health

In the area of health, response from the Science Co-ordinator indicated that prior to the MVP, communities under the project lacked health facilities to cater for their health needs. Residents had to travel about forty (40) kilometres in order to access health care. This according to him did not only affect their accessibility as well as utilization of health care but also increased their cost of seeking health care. Moreover, all beneficiaries faced major

public health challenges and serious coverage gaps in essential interventions. Levels of chronic under nutrition among children under five years approached 50% in five project sites. Women had an average of six children, and only 2% had access to modern contraception. Finally, an average of nearly one in four children had malaria parasites in their blood, with less than 1% using treated bed nets for protection and most residents could not afford to subscribe to the National Health Insurance Scheme therefore increasing their cost of seeking health care whenever they were sick. This according to him sometimes brought about insecurity in the lives of residents.

When explaining the improvements in conditions of beneficiaries under health, the Science Co-ordinator indicated that clinics and dispensaries have been built with funds from the project in all the sites, supplying them with staff, medicine, water, computers and electricity. He explained further that local hospitals have also been strengthened to support emergency referrals and obstetric services. Free primary health care at the point of service has successfully been introduced at all sites and community health workers regularly visit those who cannot make it to the clinics. Distance to health centres has reduced from 40 kilometres to at most 0.5 kilometres according to the official which he explained has helped make health care easily accessible to the people which has in turn has increased their utilization of health facilities. Access to laboratory services has increased and the chance that a woman gives birth with a skilled provider—a critical intervention for preventing maternal deaths—has increased by 30%. Three years after free distribution of insecticide-treated bed nets, the villages showed a sevenfold increase in bed net utilization rates and a 60% reduction in malaria prevalence across all the sites (Millennium Village Handbook, 2010). He finally added that the cost of subscribing to the National Health Insurance Scheme was partly subsidized by the project to enable many residents to have health insurance in order to have easy access to health care.

Poverty might be material in nature but it has psychological effects such as distress at being unable to access healthcare, and insecurity from not knowing where the next money is coming from in case one falls ill(Sowa,2002). Deductively, most residents in MVP communities could be considered as poor prior to the project as most of them were deprived or had no access to health care, a situation considered by the Copenhagen Declaration (1995) as poverty. The response from the Science Co-ordinator indicates that the provision of health centres and subsidization of health insurance did not only increase the availability of health centres but also went further to reduce the distress and insecurity of residents hence reducing the incidence of poverty of beneficiaries.

4.2.2 MVP and Water

Water is essential for human well-being and economic development. Water means productive agriculture, good nutrition and sanitation, and freedom from poverty. Response of the Community Development Officer with regard to the availability and accessibility of potable water prior to the project indicated that beneficiaries lacked boreholes which are considered more potable than streams and wells which were their only sources of water. Some communities, according to him 'shared' these streams with their livestock exposing themselves to water related diseases like guinea worm and bilharzias. Collecting water from remote sources also placed an enormous burden on women and young children, limiting their ability to participate in gainful employment and education.

The implementation of the project according to him has brought about the provision of boreholes into Millennium Villages thereby decreasing their dependence on streams and well which hitherto was their only source of water. The provision of these boreholes did not only help residence by saving them from long distance walk to collect water but also served as a source of extra income to some who sold it as 'iced water' in their various

communities. Furthermore, incidence of water related diseases has reduced drastically about 65% making the provision of boreholes a worthwhile initiative by the project (Millennium Village Handbook, 2010)

Conclusively, the lack of potable water within the MVP villages, did not only deprive residents from an essential need but also made them vulnerable to water related diseases a situation which made them poor and this affirms Verner&Alda,(2004) assertion that poverty is usually characterized by deprivation and vulnerability. The provision of boreholes by the MVP solved their problem of deprivation and the reduction in water related diseases went to reduce their vulnerability to these sicknesses. This is considered by the World Health Organization (2007) as an effective way of reducing poverty.

4.2.3 MVP and Roads

The Team Leader's response on the condition of road network prior to the project was sought. This was considered relevant as studies like Andreas (1997) have observed that 'good' road infrastructure increase productivity which in the long run would help reduce poverty.

According to him, road networks within the villages were in a very deplorable state making accessibility very difficult. Getting goods (produce) in and out of the isolated communities was arduous due to travel on uneven dirt roads that were carved by gold mining and lumber companies years back. This made commercial drivers reluctant to ply these roads therefore the few ones also charged exorbitant prices which affected the incomes of peasant farmers and other residents. Furthermore, the exorbitant transport fares charged acted as a barrier preventing most farmers to transport their produce to the nearest markets at Awiankwanta and Kumasi therefore increasing their loses as most of their produce got rotten.

The implementation of the project has brought about improvement in the road network. More than 200 kilometres of road has been repaired by the project with the help of the District Assembly thereby making transportation of goods from various communities to nearest markets very easy which in the long run reduces the produce of farmers that gets rotten which in turn increases their income level. The improved roads have also increased the influx of vehicles operating in the area thereby making drivers charge reasonable fares which has enabled residents to save. This has helped improve the transportation system within the Millennium Villages which has indirectly helped increase productivity which would in the long run help reduce poverty.

4.2.4 MVP and Productivity

The Community Development officers' response about the level of productivity in economic ventures engaged by residents prior to the project proved that productivity was low (prior to the project) as most farmers and business owners lacked the necessary resources to help increase their productivity.

He explained that farmers could not afford fertilizers, spraying machines, could not enjoy any extension services which ought to have been provided by government; and also used cocoa and maize seedlings which were more susceptible to diseases thereby affecting their level of productivity. Moreover, residents engaged in petty trading also lacked the needed capital to do meaningful business.

He indicated that the implementation of the project in a synergy with Opportunity International Limited, a financial company gave out loans in the form of farm inputs to help increase the productivity of farmers. Also, farmers were given hybrid cocoa and maize seedlings which are more resilient to diseases to help increase their productivity. The provision of these inputs, according to officials has on the average doubled the

productivity of farmers from 3.2 to 6.5 tons per hectare. He explained that the increase in the productivity has not only increased the income levels of farmers but has also created employment avenues for some residents as labourers.

He also indicated that beneficiaries engaged in petty trading were also given loans in the form of cash to invest in their business. This has increased the profit margin of traders from an average of 50pesewas to about 5cedis a day. This has helped increase the disposable incomes of farmers as well as their household incomes. The impacts of their increase in productivity according to the official from MVP have not only been of help to individuals but have trickled down helping reduce the level and incidence of poverty the localities especially at the household level. This also affirms Shepherd et al (2005) assertions that increase in productivity especially in agriculture would in turn reduce poverty among rural household.

4.3 Participation of Beneficiaries in the Project

All three MVP officials were unanimous in stating clearly that though participation was low in the initial stages, it has grown with time as more and more people have come to understand and trust the project and what it aims to offer them. They attributed the rise of participation to the incorporation of the beneficiaries in the decision making processes. They pointed the ‘Community Action Plan’ a development plan drawn by the communities themselves which are projects they wish to embark on in their communities as one of the efficient and effective tools of ensuring that communities participate in the MVP. Moreover, frequent meetings are organized with community members to solicit their views and concerns on the project. With this, communities are able to point out their likes and dislikes about the project and they are also given the needed attention by addressing their concerns. They further indicated that participation of residents does not only come in

decision making but also in the running of the program. Officials cited the running of the School Meal Program in MVP communities as joint initiative between the residents (contributing part of their produce) and MVP. The involvement of beneficiaries in the project which gives them freedom to express their views and also build their capacity, helps reduce incidence of poverty, as other dimensions like powerlessness and deprivation which characterize poverty are eliminated (Verner & Alda, 2004)

4.4 Sustainability of the Effects on the MVP on Beneficiaries

This question was directed to the three selected management officials of the MVP. In response, they were all optimistic that the effects of the MVP on the lives of beneficiaries would be sustained. According to the officials, members have been incorporated in the project through training and capacities building to enable them maintain and run the program after the MVP elapse. Furthermore the officials made mention that at the end of the second phase, the project would be handed over to the central government to ensure that most of the facilities and programs are sustained. They indicated that through lobbying and appealing to the government there has been an increase in government support in terms of capital investments for the development of infrastructure. According to officials the government increased resources for \$3 million in investment. Each of them emphasized a need for greater and sustained investment to make the project a sustainable venture. They further indicated that the MVP has set up more vocational training centres to equip the youth and other able bodied persons to enable them care for themselves.

The officials further reiterated that the MVP aims to establish the ground-level evidence showing that the UN Millennium Projects recommended interventions for rural Africa can lift villages out of the poverty trap and achieve economic viability through community empowerment backed with adequate resources. By raising productivity, diversifying into

high value crops, and promoting off-farm employment, incomes will rise in villages. Higher income will also raise household savings thus accelerating economic diversification and household investment in human capital. The resulting economic growth in the villages, according to the officials will reduce income-and non-income poverty and enable the communities to finance a growing share of investments to achieve the Millennium Development Goals. Over time, these communities will end their dependency on outside assistance thereby ensuring sustainability.

4.5 Involvement of National Government and Local Government in the Project

Further probing by the researcher to inquire about the involvement of the national government in the MVP indicated that, multiple levels of government are providing major in-kind contributions and playing a key role in the implementation of the Millennium Villages. For example, Ghana Health Services has been providing professional health workers to man the health centres provided by the project. The Department of Feeder roads has also been providing technical assistance to the project to help provide “good” roads within the villages. The Team Leader further added that the Millennium Villages were selected in close consultation with the central government and to ensure that the Millennium Villages are part of national discussion and policy formulation, new villages will only be initiated in situations where national leadership support and is committed to invest additional government resources.

Finally, the officials pointed that the Millennium Villages also rely on existing government implementation mechanisms, such as agricultural extension workers and other government staff who are already working in the villages. This points out that the District Assembly; government departments as well as the central government have been in a synergy with the MVP to help reduce poverty.

CHAPTER FIVE

COMMUNITIES PERCEPTION ON EFFECTS OF THE MVP ON MILLENNIUM VILLAGES

5.1 Introduction

This analyses the responses of beneficiaries on the effects of the project on their lives. Other issues like their level of participation in the project as well as their view on the sustainability of the project are also discussed. The effects were assessed in the area of health, water, road network and productivity in the respective occupation of respondents.

Ascertaining the effects of a project is deemed relevant as it creates a basis for assessing the progress made by the project. In trying to assess the effect of the Millennium Villages Project at Amansie West, it is important to assess the conditions that beneficiaries were exposed to prior to the project and what they are exposed to currently or after the implementation of the MVP.

5.2 DEMOGRAPHIC CHARACTERISTICS OF SAMPLE HOUSEHOLD

This section discusses the sex, age group distribution and number of children of respondents. It represents the overall of 97 males and 70 females indicating that there are more male households than female households. Those in Over 60 age group constitute the minority of respondents with a ratio of 15 males and 10 females. In age group 18-30 a sex ratio of 28 males and 19 females were interviewed while the majority age group 31-60 had a ratio of 54 males to 41 females.

The marital status among the various age groups indicates that 55% are married, 15% are single, 16% divorced and 14 are widowed. The sample survey indicates that the over 60

have majority singled household heads whiles widows were highest among the over 60 age groups.

Table 5.1 Distribution of household heads by Sex, Marital Status and Number of Wards

SEX	AGE GROUP			TOTAL	PERCENTAGE
	18-30	31-60	OVER 60		
MALE	28	54	15	97	58
FEMALE	19	41	10	70	42
TOTAL	47	95	25	167	100

MARITAL STATUS	AGE GROUP			TOTAL	PERCENTAGE
	18-30	31-60	OVER 60		
MARRIED	23	59	10	92	55
SINGLE	20	5	-	25	15
DIVORCE	2	22	3	27	16
WIDOWED	2	9	12	23	14
TOTAL	47	95	25	167	100

Source: Field Survey, 2011

The respondents were asked of the number of children they have. From the total sample 40% had 3-4, 34% had 1-2, 12% had 5 or more and 14 % had no children respectively. The survey revealed that majority those who had children from 5 or more are those in 31-60 age group. This is evident in Table 5.2.

Table 5.2 Number of Children of Respondents

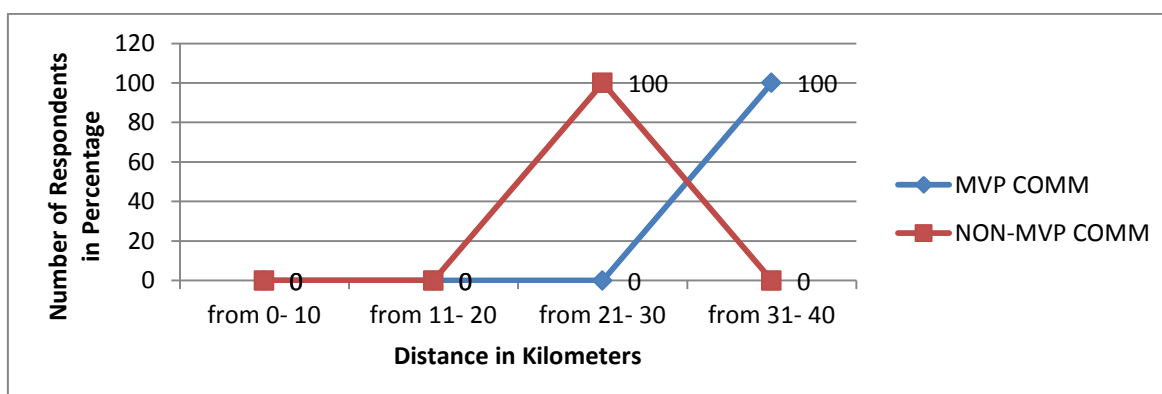
NUMBER OF CHILDREN	AGE GROUP			TOTAL	PERCENTAGE
	18-30	31-60	OVER 60		
NO CHILDREN	11	10	2	23	14
1-2	7	25	5	57	34
3-4	8	49	10	67	40
5 OR MORE	1	11	8	20	12
TOTAL	47	95	25	167	100

Source: Field Survey, 2011

5.2.1 Healthcare Accessibility Prior to MVP

The health care utilization of a population is related to the availability, distance to facility, quality and cost of services, as well as to social-economic structure, and personal characteristics of the users (Chakraborty et al. 2003; Manzoor et al.2009; Onah et al. 2009 cited from Awoyemi et al, 2011). Figure 5.1 shows the distance of respondents from their village/ homes to nearest health centres prior to the MVP.

Figure 5.1 Distance Travel of Communities to Health Centres



Source: Field Survey, 2011

This is considered relevant as it is found in (Rasmussen, 2009) that distance to accessing healthcare impacts access to good healthcare. All respondents from selected communities travelled relatively long distances to access healthcare. They had to travel to Agroyesum or Dominase in order to have access to healthcare. In figure 5.1, all MVP communities travelled between 31- 40 kilometres to access healthcare. This affirms project officials' claims that beneficiaries travelled about 40 kilometres in order to have access to healthcare.

On the other hand, Non-MVP communities also travelled between 21- 30 kilometres to access health care. Respondents from both MVP and Non-MVP communities travelled these distances due to the lack of health facilities in their communities. According to respondents, the absence of health centres in their communities coupled with factors like long distance, difficulty in getting transportation to health centres, financial barriers (transportation cost), created some barriers to the utilization of healthcare from communities which had no health centres. Distances greatly affected their access to health care as well as their utilization of other health facilities they depended on. To ascertain the impact the long distance travels had on their utilization of health care, respondents were probed further on their utilization of available health facilities and this is captured in table 5.3.

Table 5.3 Utilization of Health Centre Prior to the Project

RESPONSE	MVP COMMUNITIES	NON-MVP COMMUNITIES
Very Often (one or more times monthly)	10%	8%
Often(once quarterly)	25%	30%
Not Often(once yearly)	62%	58%
Not at All	3%	4%
Total	100	100

Source: Field Survey, 2011

From Table 5.3, 10% and 8% of respondents from MVP and Non-MVP communities respectively indicated they visit the health centres very often (one or more times monthly). Moreover, 25% and 30% of respondents from MVP and Non-MVP communities respectively, also indicated that they visited health centre at Agroyesum often (once quarterly). They attributed their visit to the absence of health centres in their community as they have no option than to make good use of what is available to them.

However, majority of respondents 62% and 58% of respondents from MVP and Non-MVP communities respectively indicated that their visit or utilization of health centre at Agroyesum were not often (once yearly). They attributed their “less” utilization of health centres to factors such as long distance to the facility, transportation cost and negative attitude of some staff. This affirms Buor (2003) assertion that distance is the most important factor that influences the utilization of health services in rural areas. It also agrees with Mamdani and Bangser’s (2004) earlier evidence that most poor rural folks are not able to access decent health care due to, among other reasons, long distances to these facilities. Respondents further argued that complicated administrative formalities and long waiting time are other factors that made them uncomfortable in accessing health care services at Agroyesum and Dominase.

Their inability to efficiently utilized health facilities according to some residents, affected their health which in the long run affected their level of productivity. This agrees with Mac Namara et al (2011) that there is a well established link between good health and level of productivity. They further asserted that a healthier farmer and farm household can devote more resources to farming. It is also likely that the household's greater productivity leads to higher levels of health because, among other things, the healthy farm family may achieve greater income and therefore be able to purchase more and better healthcare, which would lead to even higher productivity.

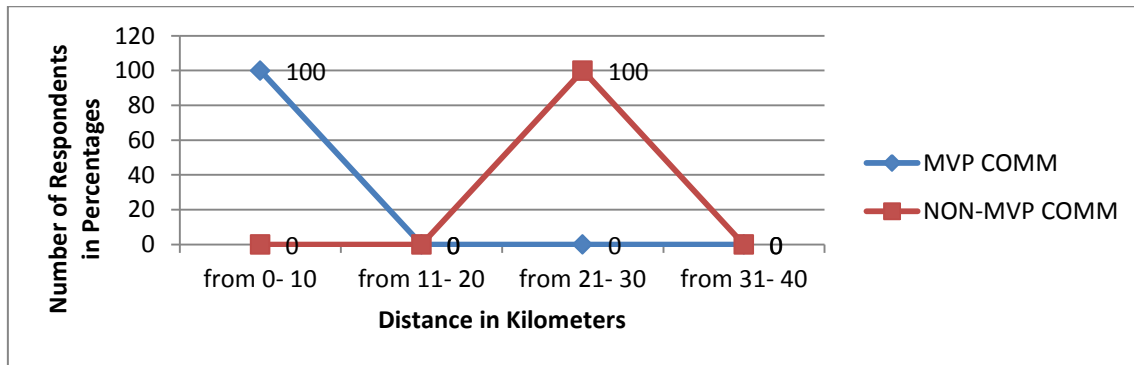
However, 3% and 4 % of the respondents from MVP and Non-MVP communities respectively, indicated that they did not visit the health centres at all. They claim they hardly fall ill and resort to traditional medicine when they do.

It can be concluded from the above analysis that residents to some extent were deprived of access to health facilities which limited their accessibility as well as utilization of health care. A situation described by the Copenhagen Declaration (1995) as poverty so deductively, respondents could be described as poor prior to the implementation of the MVP.

5.2.2 Healthcare Accessibility (Post-MVP)

The provision of health centres and ambulance services by the MVP to MVP-communities effectively reduced long distance trekking, most of the time, across villages to access healthcare. Figure 5.2, depicts distance travel by respondents to health centres after the implementation of the MVP

Figure 5.2 Distance Travel of Communities to Health Centres (Post-MVP)



Source: Field Survey, 2011

From figure 5.2 shows that, MVP communities now travel between 0-10kilometers to access health care. Bonsaaso for instance shares a health centre with Tontokrom which is less than a kilometres walk from Bonsaaso. In case of serious sickness or emergencies, there is an ambulance at the health centre to transport patients to Agroyesum.. According to respondents, this has reduced significantly the stress and ‘high’ cost of seeking healthcare as residents do not go through the stress of getting transportation and paying exorbitant fares to access health services at Agroyesum or Dominase as was the situation prior to the MVP. The reduction in high cost of seeking medical treatment which comes in the form of for example transportation have reduced significantly as most residents have been migrated to the National Health Insurance Scheme at a subsidized price. This has brought about improvement in the accessibility and utilization of health services in the MVP communities. Table 5.4 also depicts the utilization of health facilities after the implementation of the MVP.

Table 5.4 Utilization of Health Centres by Respondents (post MVP)

RESPONSE	MVP COMMUNITIES	NON-MVP COMMUNITIES
Very often(once or more times monthly)	20%	13%
Often(once quarterly)	68%	33%
Not Often(once yearly)	9%	50%
Not at All	3%	4%
Total	100	100

Source: Field Survey, 2011

As shown in Table 5.4, respondents from MVP communities who visit or utilize health centre very often (one or more times monthly) has increased from 10 percent (in Table 5.3) to 20 percent (in Table 5.4). However, respondents from MVP communities who indicated that they do not often (once yearly) visit the health centres at Agroyesum prior to the MVP as result of long distance has reduced from 62 percent (in Table 5.3) to 9 percent (in Table 5.4) due to the provision of health centres and subsidization of National Health Insurance in their community by the MVP while those who visit the health centre often(once quarterly) has increased from 25 percent(in Table 5.3) to 68 percent(in Table 5.4). Respondents who indicated they do not utilize the health centres at all remain the same prior to and after the implementation of the MVP. This affirms project officials' assertion that the provision of health centres and migration of residents unto the NHIS have increased the utilization of health facilities and also made health care very accessible since the implementation of the project. This ensures the accessibility of beneficiaries to a basic human need like healthcare which according to the Copenhagen Declaration (1995) and WHO (2007) is one of the effective means of reducing poverty.

However, residents of Odaho and Mpatasie still continue to travel long distances to seek medical care. As shown in figure 5.1 and 5.2, there have not been any changes in the distance travelled by communities outside the MVP. Rather, there has been improvement in their utilization of health centres even though they still lack health centres in their communities and have to depend on Agroyesum for their health needs. This is evident in Table 5.3 and 5.4 as respondents who visit the health centre Very Often (once or more times monthly) has increased from 8% to 13%, those who visit Often (once quarterly) have also increased from 30% to 33% while those who visit Not Often (once yearly) has decreased from 58% to 50%. This improvement could be attributed to the equipping of the district health centres with ambulances by the government and the MVP and improvement in the condition of road.

Conclusively, the implementation of the Millennium Village Project with the provision of health centres, ambulance services and qualified health personnel did not only improve the accessibility and utilization of health care of MVP communities over non-MVP communities but it also increased the health infrastructure of beneficiary communities: a situation which is deemed as one of the effective ways to alleviate poverty (WHO, 2007)

Table 5.5 Responses to Water Acquisition Prior MVP

RESPONSE		RESPONSE FREQUENCY AND PERCENTAGE							
		MVP VILLAGES				NON-MVP VILLAGES			
		BONSAASO		ASSAMANG		ODAHO		MPATASIE	
		FREQ.	%	FREQ	%	FREQ.	%	FREQ	%
Source of water acquisition	WELL	16	59	13	41	11	13	04	17
	STREAM	11	41	21	66	31	38	-	-
	BOREHOLE	-	-	-	-	40	49	20	83

Source: Field Work, 2011

The study sought to analyze and find the pattern of responses, village by village, thereby unveiling which communities were least privileged prior to the advent of the millennium villages project. Table 5.5 indicates that prior to the implementation of the MVP, all respondents of MVP villages depended solely on wells and streams as their sources of water and this was basically because the communities lacked borehole water. However, non MVP villages were better placed in terms of water quality and quantity: this is because some residents of non MVP villages had access to borehole water, which is considered cleaner and more sustainable than other sources (e.g. well or small stream). Odaho had 49% of its residents having access to boreholes while Mpatsie also had 83% of its population having access to borehole. The availability of boreholes did not only provide them with potable water but also created an avenue for some residents to generate extra incomes by selling water (iced water) to other residents. This helped some residents to increase their income to meet their household or personal needs.

However, 38% and 13% of the populations of Odaho were still depending on streams and well respectively. This could be attributed to the relatively large population size of the community as the few boreholes available could not support the large population of the community. Seventeen percent of respondents from Mpatsie depended on well and these people preferred using the well because of the proximity of the well to their homes.

The absence of borehole and massive dependence on streams and well made some residents susceptible to water- related diseases like guinea worm, bilharzias and buruli ulcer. This according to respondents affected their health as well as their incomes and level of productivity in the long run. This affirms Mac Namara et al (2011) assertion that there is a well established link between good health and productivity which might affect one's

incidence of poverty. Table 5.6, on the other hand depicts the incidence of water related infections in the study communities

As depicted in Table 5.6, 54 percent of respondents from MVP communities affirmed that they have had water related infections prior to the implementation of the project while 28 percent of respondents from non-MVP communities responded likewise

Table 5.6 Incidence of Water-related Diseases in Study Communities Prior to MVP

INFECTIONS	MVP COMMUNITIES		NON-MVP COMMUNITIES	
	FREQ	PERCENTAGE	FREQ	PERCENTAGE
Buruli ulcer	13	22	11	10
Guinea worm	12	19	6	6
Bilharzia	8	13	13	12
TOTAL	33	54	30	28

Source: Field Survey, 2011

Inferring from Mac Namara et al (2011) assertion, there is a correlation between good health, productivity and poverty. That is if ones' health is deteriorated, his/her level of productivity might dwindle which would in turn affect him/her economically or render him powerless, insecure or make him/her vulnerable to shocks which are all dimensions of poverty. This affirms Verner and Aldar (2004) assertion that poverty is characterize by powerless, insecurity and vulnerability, respondents could be described as poor as most of them were vulnerable to diseases and insecure of how to cope with water related diseases when they occur.

The implementation of the MVP also brought about improvement in water acquisition among MVP commodities. All residents in MVP communities (Bonsaaso and Assamang) indicated the availability and their dependence on borehole in their communities as shown in Table 5.7.

Table 5.7 Response to Water Acquisition Post MVP Post MVP

RESPONSE		RESPONSE FREQUENCIES AND PERCENTAGES							
		MVP VILLAGES				NON MVP VILLAGES			
		BONSAASO		ASSAMANG		ODAHO		MPATASIE	
		Freq	%	Freq	%	Freq.	%	Freq.	%
source of water acquisition	well	-	-	-	-	11	13	04	17
	Stream	-	-	-	-	31	38	-	-
	Borehole	27	100	34	100	40	49	20	83

Source: Field Survey, 2011

According to respondents, the provision of boreholes by the MVP has brought about improvement in the health of residents as there have been reduced cases of water related diseases as depicted in Table 5.8. Water related infections among residents have reduced from 54 percents to 11 percent, a condition affirming that the provision of boreholes has really improved the health of beneficiaries. This according to Mac Namara et al (2011) helps reduce other dimension of poverty like insecurity. Table 5.9 shows the incidence of water-related diseases among both MVP and non-MVP communities.

Table 5.8 Incidence of Water- related Diseases (Post MVP)

Infections	MVP COMMUNITIES		NON-MVP COMMUNITIES	
	FREQ	PERCENTAGE	FREQ	PERCENTAGE
Buruli ulcer	4	6	8	7
Guinea worm	-	-	3	3
Bilharzia	3	5	5	5
Total	7	11	16	15

Source: Field Survey, 2011

Furthermore, residents have been saved the time, stress and long distances they had to go through before getting access to streams and wells they depended on enabling them to channel their energies to other productive ventures that improve their income. This is consistent with Water Aid (2003) studies that household income increase as a result of time saved and money saved. This is also in agreement with Odunuga (2009) assertion that the availability of potable water help improve household income of beneficiaries. The above situation is consistent with project officials assertion that the provision of boreholes in MVP villages has helped reduced incidence of water related diseases and has also helped created other sources of revenue to beneficiaries. Plate 5.1, shows an image of residents of Assamang enjoying borehole water provided by the project.

Non-MVP communities on the other hand, have not seen any significant improvement in terms of their accessibility and availability to potable water but there has been improvement in incidence of water related infections as shown in (Table 5.9) as many have resorted to treatment of water before use. The study revealed that incidence of water related diseases has reduced from 27% to 15%. Data from Table 5.7 and 5.9 reveals that conditions regarding their source of water acquisition prior and after the implementation of the MVP are similar.

Response from non-MVP communities indicate that 51 percent of the respondents selected from Odahe have depended on well and stream whilst 49 percent indicated their dependence on boreholes. This could be attributed to the large population size as well as the small number of borehole supporting the large population size of the community.



Plate 5.1 Residents of Assamang enjoying borehole water provided by the MVP

This, according to respondents sometimes lead to quarrels and fights among residents which sometimes extend to families so they believe their dependence on the other sources is a wise choice for them although they have to spend considerable time to fetch water and treat it by boiling before drinking it.

Data from Mpatasie also indicate that 83 percent of respondents have access or depend on borehole as their source of water. However, 17 percent of the respondents depended on pond/well as their source of water. The cause of this disparity unlike Odaho is not due to the large population size but as a result of their proximity to the pond/well. According to respondents (depending on well) they spend less than five minutes to get water from the well.

Conclusively, the provision of borehole which is considered more potable than stream and well helped reduce the incidence of poverty among beneficiaries as it created an avenue

for extra income generation, reduced the incidence of water related diseases and increased the availability of water. The provision of these infrastructure agrees with World Bank (1994) and IFAD (2003,2006) assertion that provision increasing rural infrastructure is the best solution to reduce the incidence of poverty in rural areas.

5.3 Road Condition Prior MVP/ Post MVP

Respondents were probed further on the condition of road network within selected communities prior to the project. Data collected indicate that all respondents within selected MVP communities were plying untarred and deplorable roads. According to respondents, the poor state of roads affected them negatively as commercial drivers were reluctant to operate in their communities making the accessibility of transportation very difficult. The few drivers who operated in the area demanded exorbitant fares. The poor condition of roads also affected income level of farmers they were faced with the difficulty of transporting their produce to the market. This often led to the spoilage of surplus produce by farmers which affect their income levels as well as level of productivity as they do not get enough income to reinvest in their farms

Communities outside the MVP faced similar problems as selected Non-MVP communities also plied on untarred but deplorable road. They had to go through the difficulty of getting transportation to access healthcare at Agroyesum or Dominase and also faced with the problem of high transportation cost due to the scarcity of vehicles in the community. A hairdresser at Odaho affirms this by saying; *'The condition of road in our community makes it difficult to travel to Kumasi. This even becomes terrible especially when someone is seriously sick; drivers could sometimes charge one hundred cedis before that person could be sent to Agroyesum''*

Access to health facilities in MVP communities has come with improved road network, though they are not tarred, they are constantly levelled, making them easily passable, enhancing trade among communities and the urban areas like Kumasi as it makes the transportation of food stuff from their communities to Awienkanta and Kumasi very easy. Data gathered indicate that, all respondents in MVP communities have access to untarred but passable roads as against untarred but deplorable roads that existed before the advent of the MVP.

Table 5.10 depicts the road conditions of both MVP and Non-MVP communities after the implementation of MVP.

TABLE 5.9 Road Condition Post MVP

RESPONSE		RESPONSE FREQUENCIES AND PERCENTAGE							
		MVP VILLAGES				NON-MVP VILLAGES			
		BONSAASO		ASAMANG		ODAHU		MPATASIE	
Condition of road network before MVP	Footpath-like road	-	-	-	-	-	-	-	-
	Untarred and deplorable	-	-	-	-	82	100	24	100
	Untarred but passable	27	100	34	100	-	-	-	-

Source: Field work, 2011

The improved roads, according to respondents have increased the vehicular fleet in the communities facilitating the transportation of goods and people at a reasonable cost; it has also helped reduce the incidence of food spoilage in the process of transporting them to the market centres. These according to farmers have increased their income level and have

encouraged them to increase their productivity as they know that their produce could be transported to the market with ease. This is consistent with (Voigt, 1973 cited in Van Rijn 2004,) assertion that roads have impact on the economic development of a region. He further asserts that improved transportation is considered to be a crucial factor for regional development. It also agrees with Andreas (1997) observation that road infrastructure brings increase in productivity which helps reduce incidence of poverty in the long run.

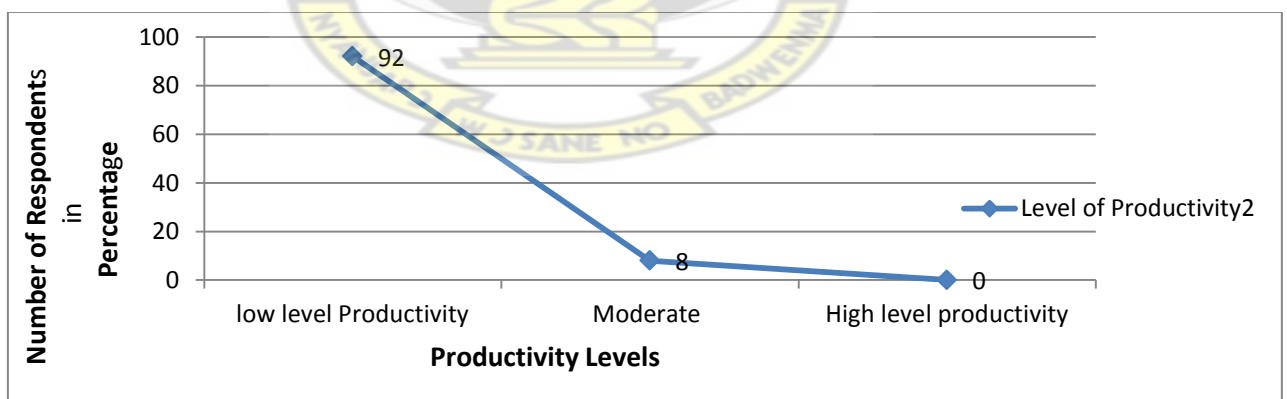
However, condition of road network at non- MVP communities seem not to have improved. All non-MVP communities both Odaho and Mpatasie still ply on untarred and deplorable roads. This affects the availability of vehicles to the communities as most drivers feel reluctant to ply the road. This in turn compels the few vehicles available in the area to charge exorbitant fares which affects their income levels. Moreover, farmers within the community who cultivate crops either than cocoa are faced with losses as most of their farm produce get rotten in their communities due to their inability to pay the exorbitant fares charged by drivers who operate in the community. This according to respondents goes a long way to affect their incomes as well as productivity as farmers are not able to reinvest well in their farms. Not only does it affect their income and productivity but also their accessibility and utilization of health facilities in the district or at worst prevent some from seeking health care. This is so because, the bad condition of roads makes available few vehicles to their communities which makes it difficult to get transportation to Agroyesum or Dominase to seek healthcare. This difficulty of getting transportation and the high transportation cost reduce their utilization of health centres. This finding affirms Awoyemi et al (2011) assertion that transportation difficulty, financial barriers (high transportation cost, economic status,) among many reasons are barriers to the utilization of health centres in rural areas.

5.4 Level of Productivity Prior to MVP

In trying to ascertain the effects of the project on the occupation of beneficiaries, they were asked of their level of productivity prior to the implementation of the project. The level of productivity was sought only from communities under MVP. Since respondents are engaged in different occupations the researcher used their annual profit as level of productivity.

From figure 5.3, 92 percent of residents in MVP communities indicated that their productivity level were low (below 200 cedis per year) before the advent of the MVP. They attributed this to the lack of finances to invest in their farms or business as the major cause of the low level of productivity. Others also attributed their inability to transport their produce from their communities to market due to the difficulty of getting transportation, exorbitant fares and poor condition of their roads as the cause of low productivity.

Figure 5.3 Level of Productivity of MVP Communities



Source: Field Work, 2011

Eight percent of the respondents however indicated that their productivity level were moderate (200 – 500Ghc per year) prior to the MVP. These were farmers who have large acreage of farms and could afford the frequent use of fertilizer on their farm. Some also

operated provision stores in addition to their farms which they claim attributed to the level of their productivity.

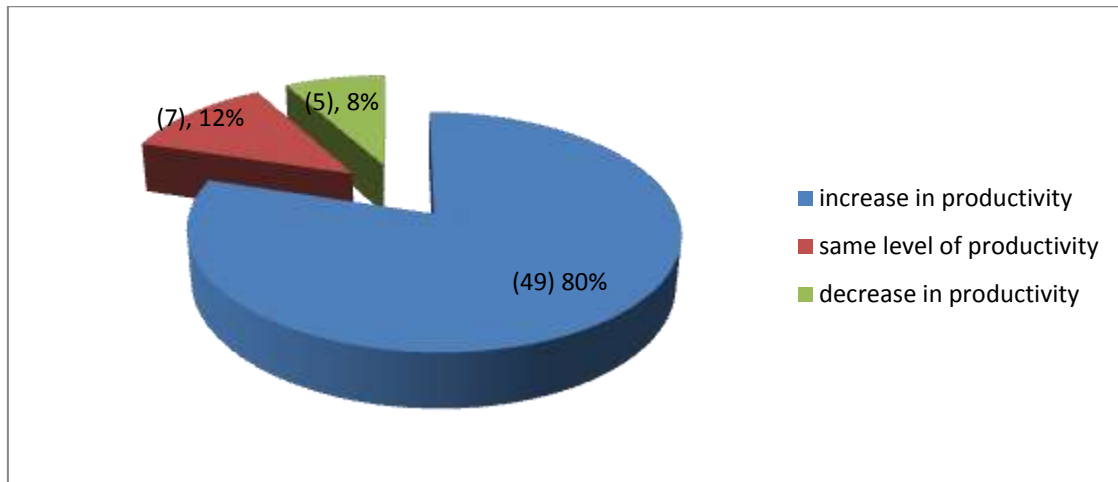
From observation, it was realized that beneficiaries level of productivity correlates with their level of income. This also agrees with Mac Namara et al (2011) assertion that productivity has direct effect on income level. So deductively, since majority of the respondents described their productivity as low, it could be concluded that most residents of MVP communities were poor prior to the implementation of the MVP.

5.3.1 LEVEL OF PRODUCTIVITY (Post-MVP)

The respondents in villages under the MVP (Bonsaaso and Assamang) views were sought on the effects of MVP on their level of productivity since its inception. This question was asked to ascertain whether the various businesses they engage in, be it farming, trading, etcetera have been experiencing growth since the inception of the MVP. As shown in Figure 5.4, 80% of respondents indicated improvement in their business operations since the inception of the MVP whilst 12% indicated a stalemate and 8% indicated reduction of business operations.

Eighty-four percent of those who indicated increase in productivity were cocoa farmers as against 16% engaged in other economic activities like the running of provision shop, food vending among others

Figure 5.4 Effects of the MVP on Productivity since its Inception



Source: Field Work, 2011

The researcher, from further interactions with these respondents, deduced the causes of this increase, as their active involvement in the project and as beneficiaries of certain facilities. It was also deduced that the MVP introduced new hybrid cocoa seedlings to the farmers, which took a relatively shorter time to harvest (three years) and also yielded much more than that which was previously cultivated by the farmers. Plate 5.2 depicts a farmer who has benefited from hybrid cocoa seedlings and drying them after harvesting. The farmers also attributed the increase in their level of productivity to the credit facilities they enjoyed from the MVP. Registered farmers were given farm equipment (spraying machines), fertilizers and chemicals (weedicides and pesticides) and loan under the scheme, which was a joint venture between the Millennium Village Project and Opportunity International Savings and Loans Limited, a financial service company



Plate 5.2 A beneficiary of the MVP hybrid cocoa seedling and credit facility drying his cocoa, after harvest

Some of the farmers indicated the doubling or tripling of their harvest since the introduction of the new hybrid cocoa seedlings by the MVP. Other farmers who have more hectares of land also cultivated orange, maize or palm which was given by MVP to support their cocoa farms in which part were given back to the MVP for the running of their School Meal Program.

Mr. Akwasi Boama, a cocoa farmer and also head of the Unit committee at Assamang affirms the above by saying; *‘the MVP has been of immense help to us. At first we were cultivating the old cocoa which took almost five years before we could harvest but since the MVP introduced the hybrid cocoa seedlings to us, it takes only three years to harvest and we sometimes even start harvesting from the second year. Before the MVP, I could harvest only ten bags of cocoa annually but now, this year alone, I have harvested fifty bags of cocoa and this has greatly increased my income’*.

The MVP through a synergy with Opportunity International Savings and Loans Limited also gave out small loans to community members engaged in petty trading. Comfort, a beneficiary of the loan attested to this by saying; *‘Before the MVP, I was making one cedi daily but since the inception of the MVP and the loan they have given me, I now make five cedis daily.* Plate5.3 shows a shop established by a beneficiary of MVP micro loans.



Plate 5. 3 A shop established by a beneficiary of MVP loans

However, Kwabena John, a mobile phone “charger” at Bonsaaso attributed his increments in productivity to the MVP but indirectly. According to him he has been financing his business without any help from the MVP but believes that the MVP through its intervention like the introduction of hybrid cocoa seedling, loans and provision of health centres has helped improve the economic status of the residence hence their ability to patronize his service of charging residents mobile phones. According to him he could make five cedis on a ‘bad day and twenty or more on a ‘good’ day.

On the contrary, 8 percent of the respondents indicated a decrease in their level of productivity since the inception of the MVP. These were mostly farmers who hitherto have

not registered under the MVP to receive the hybrid seedlings to cultivate. They depended on the ‘old seedling’ that used to be cultivated by all farmers before the MVP commenced in the area and were prone to diseases. They could not also work efficiently on their farm as they lacked the financial capability to purchase necessary inputs like fertilizers and other chemical.

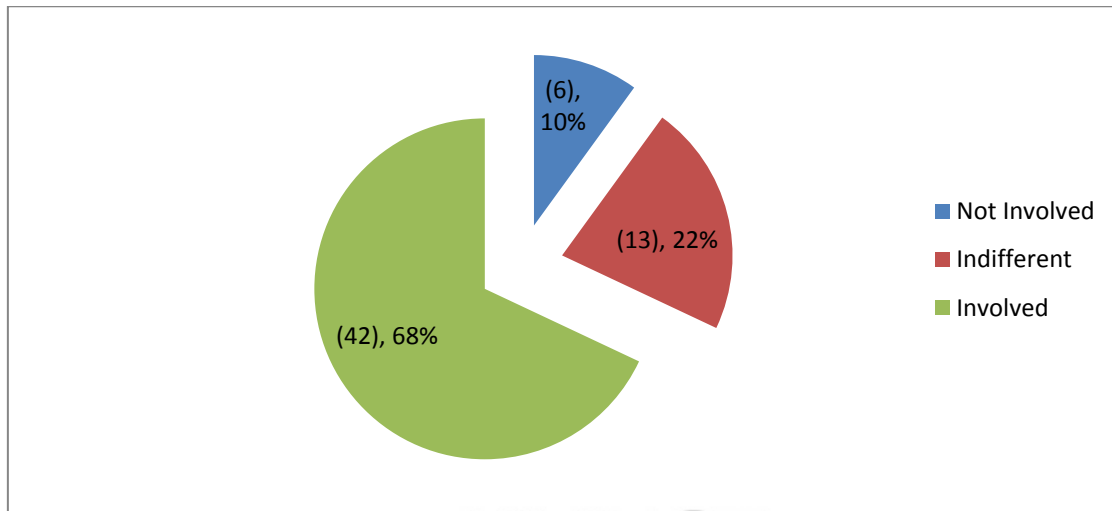
Moreover, 12 percent of the respondents indicated a stalemate in their level of productivity. These were mostly people operating shops and services like hairdressing. Although, they are not receiving assistance in the form of loans from the MVP, further interaction with them revealed that their situation has been highly subjected to the forces of demand and supply and reasons unknown to the researcher.

The above, depicts that the MVP has generally improved the productivity levels of beneficiaries which has resulted to the improvement of economic conditions of the people.. According to respondents, the improved economic activities have increased their disposable incomes. This affirms Mac Namara et al (2011) assertion that productivity has a direct effect on income level. Furthermore, it is also consistent with MVP official’s assertion the productivity levels among beneficiaries have increased resulting in an increase in their incomes which has reduced the incidence of poverty among beneficiaries.

5.4 Level of Participation of Beneficiaries of the MVP

The level of participation of respondents is necessary in gaining further insight into the overall levels of participation in the MVP in the different villages it operates. This question was directed to only communities under the MVP (Bonsaaso and Assamang). Figure 5.5 reveals response given by participants about their level of participation in the MVP.

Figure 5.5 Respondents Level of Participation



Source: Field work, 2011

From figure 5.5, Sixty-eight percent indicated that they were involved in the MVP. However, 22% of participants showed an attitude of indifference towards the program whilst the remaining 10% indicated frankly that they were not involved in the program. The results therefore indicate that majority of respondents (68%) are involved in various degrees of the program. The researcher observed that majority of respondents who indicated their involvement were people who have directly benefited from either the new hybrid cocoa seedling or loan facility provided by the MVP and Opportunity International. Others also feel they are involved in the project since the MVP frequently organizes durbars where their views are sought in the implementation of programs and projects. Mr. Daniel AsafoAgyei, a linguist to the chief of Assamang affirmed this; According to him, the MVP does not always decide for them, communities are also given the opportunity to decide on projects they would like to be embarked on in their community. He further indicated, community members are allowed to draw their own “action plan” to decide on projects they want and through that Assamang decided to build a computer laboratory which is on-going.

However, the 22 percent who indicated an attitude of indifference were observed by the researcher to be in the year group of 18-30. Whilst these people benefit from the enormous projects and programs provided by the MVP, they could not indicate their involvement or otherwise as they feel that they are not always given the opportunity or the favoring environment to express their thoughts and views during the frequent meetings community members have with the MVP officials. Eric Marfo, a maize farmer affirmed this by saying; *‘community members often meet with MVP officials to deliberate on issues concerning the project but during that meeting the youth like him, cannot express their views in the mist of the elderly and even when an elderly person says something they do not agree, they cannot comment as there is an old saying that the elderly is always right’*

Ten percent on the other hand indicated that they are not involved in the project. These respondents were those who showed their disgust as to how the program is ran. They believe the program exploits community members. A chain saw operator from Bonsaaso affirmed this saying *‘ I was banned from cutting trees as they claimed it is illegal and yet I was hired by the MVP to cut trees for the making of classroom furniture for the community which I decided to do at a fee. But after the work, MVP officials have failed to pay me for almost a year now. When I approached them I was told I did it for the community, which if they had told me earlier I would have turned down the job.’*

A shoe maker from Bonsaaso also added this *‘MVP officials are exploitative. For example in building the storage house for the Bonsaaso community, we were made to do all the hard work without any incentives, without any allowance; which is not fair’*

Conclusively, the above data gives positive sign of general acceptance and involvement in the program, affirming officials’ response that participation of beneficiaries is high. This has also empowered beneficiaries psychologically as majority feel that they are part in the

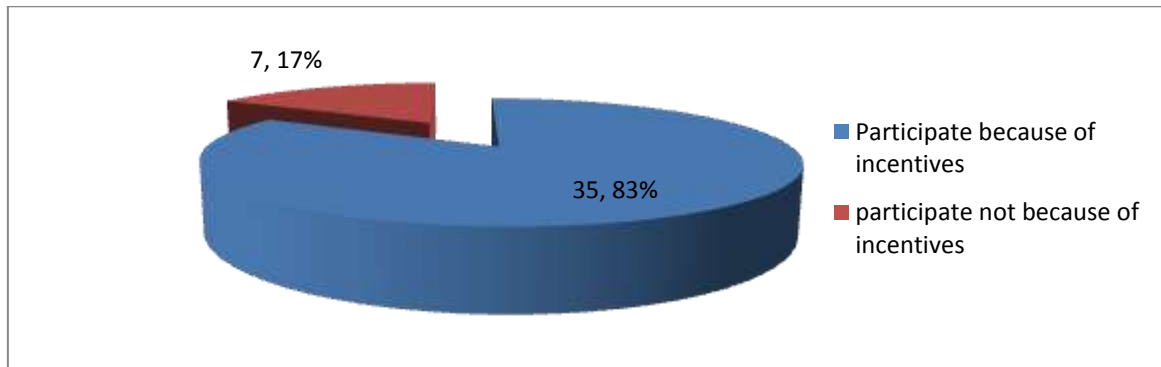
running of the project; a sign of a reduction in the incidence of poverty. But the study also observed that although the people have been actively involved in the project, it has not been able to effectively educate residents for them to understand and appreciate the concept of the MVP with respect to the contribution of communities in providing their human resource in terms of labour to help the MVP achieve its objectives.

5.4.1 Reason for Participation in the Project

Further probing was done by the researcher to find out what motivates respondents to participate in the MVP. They were probed further to ascertain whether there were incentives (like allowances for meetings, credits) that motivate them to participate in the project. This question is deemed relevant as other studies have established that there is a correlation between incentives/motivation and participation. Figure 5.6 shows respondents reasons of participating in the MVP.

Results from figure 5.6, indicate that 83 percent of the respondents affirmed that they were involved in the project because of some incentives they received from the MVP. According to respondents, they were either motivated to participate in the MVP because of the farm inputs and loans they received from the project. These, according to them have helped increase their level of productivity as well as income.

Figure 5.6 Responses for Reason for Participation in the MVP



Source: Field Work, 2011

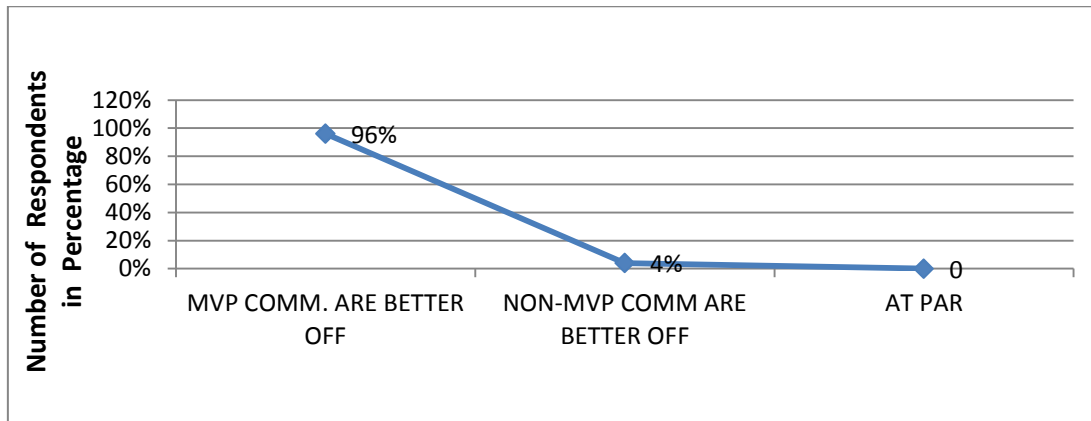
Others also reiterated that provision of free items like mosquito nets and subsidization of the National Health Insurance Scheme premium among others motivates them to participate in the MVP

Seventeen respondents on the other hand indicated otherwise. According to them they participate in the project because they want to see their community improve but not for any personal gains or incentives

5.5 Non-MVP Communities Response to Comparison between MVP and Non-MVP Communities

Communities outside the MVP were asked whether they see MVP communities as better off than theirs'. As shown in figure 5.7, 96 percent of residents in selected non-MVP communities indicated that communities within MVP cluster of villages are better off than those outside the MVP. Respondents attributed the progress made at the MVP communities to the good works being done by the MVP especially in the area of health.

Figure 5.7 Non- MVP CommunitiesRéponse



Source: Field work, 2011

They attributed the provision of health centres in the MVP communities as a significant progress made by these communities. Yaw Frimpong, 34 year old young man from Odaho affirms this by saying; *“before the inception of the MVP, residents of communities like Tontokrom had to travel to Agroyesum to seek medical treatment just as residents from Odaho. But since the inception of the MVP, communities under the MVP have been provided health centres which help cater for their health needs without necessarily travelling to Agroyesum but till now, residents of Odaho still have to travel a very long distance about 30kilometers or more in order to access healthcare at Agroyesum”*.

Sophia Yeboah, a hair dresser from Odaho also said that communities under the MVP are better off than those outside the MVP. According to Sophia, because of problems of unavailability of health centres, inadequate transport system, residents of Odaho sometimes have to carry their sick relatives to Agroyesum clinic which is about 30 kilometres from Odaho. This she claims has resulted in the death of many especially in situations where there are no means of transport. And in case there happens to be a bus in the village, bus drivers sometimes charge residents exorbitant fares which are not reasonable before sick relatives are transported to Agroyesum but residents from

Bonsaaso having serious health issues are always carried in ambulances provided by the MVP to access healthcare at Agroyesum, ‘*so communities under MVP are better off thanus*’. Other respondents also talked about the availability and accessibility of potable water as one of the reasons why MVP communities are better off than Non-MVP communities. According to them, residents in MVP communities have access to number boreholes which adequately cater for the water needs of their communities unlike Non-MVP communities.

On the contrary, 4 percent of the respondents indicated that Non-MVP communities are better off than MVP communities. They argued that (Non-MVP communities especially Odaho is the leading cocoa producing community in the district although they admitted to the problems identified by other respondents which are faced by their communities.

Conclusively, the lack of basic infrastructure like health care, potable and good roads in non-MVP communities convinces residents that MVP communities are better off even though some non-MVP communities like Odaho is considered as larger producer of cocoa.

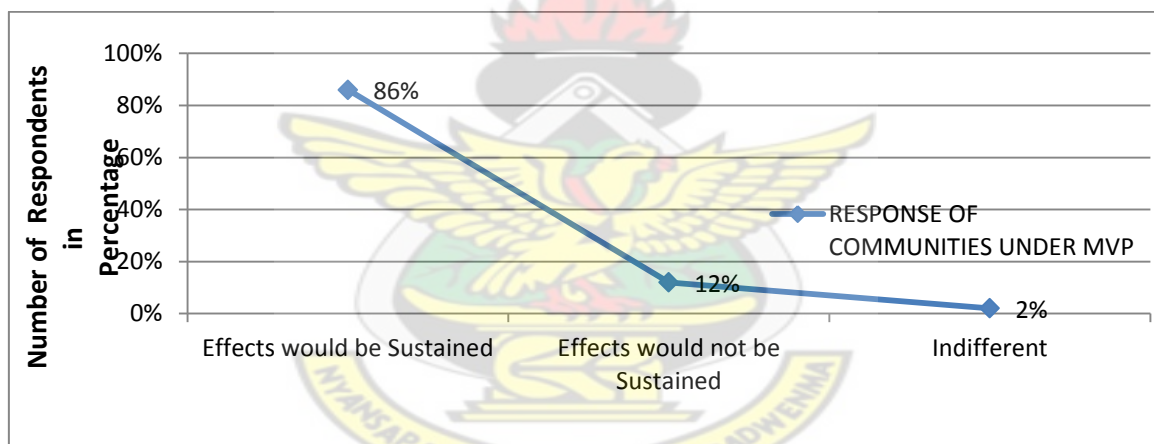
5.6 Sustainability of MVP Effects on Beneficiaries

The issue of sustainability cannot be overlooked when assessing any project. Sustainability” refers to the continuation of a project’s goals, principles, and efforts to achieve desired outcomes. Although many think that the sustainability of a project means finding the resources to continue it “as is” beyond the grant period, ensuring sustainability really means making sure that the goals of the project continue to be met through activities that are consistent with the current conditions.

As depicted in figure 5.8, 86 percent of the respondents interviewed indicated that the effects of the MVP would be sustained even after the program has elapsed. Respondents

hold the view that after the program has elapsed, individual communities would have the capability to take charge of the programs and infrastructure provided by the MVP. This is because according to respondents, the MVP has gradually been making communities take charge of most of the facilities provided to the communities. For example, in the first two years of the inception of the MVP, communities were accessing facilities like water for free but since the third year of the program, residents are made to pay for the water in order to help maintain and sustain the access to potable water. Others also hold the view that after the program the effects would be sustained since health centres, potable water, schools and training given to them especially farmers would still be present.

Figure 5.8 Responses to Sustainability of Effects



Source: Field Work, 2011

Twelve percent of the respondents however share a contrary view. They hold the view that after the MVP has elapsed, effects of the program would not be sustained. They indicated that communities do not have the capacity to maintain most of the facilities as well as programs provided by the MVP. They believe that programs like School Meal would not be sustained as most farmers even during the running of the MVP feel reluctant to provide their part obliged for the running of the school feeding program. Osei Yaw, a farmer from Bonsaaso affirmed this by saying; ‘*the community (Bonsaaso) has not been able to repair*

two out of the five boreholes that have developed problems and also some farmers are always reluctant to contribute their quota in terms of their harvest to the running of School Meal Program (SMP) so I think that after the MVP has elapsed situations would be worse''.

Two percent of the respondents were however indifferent as they could not say whether the effects of the MVP on their lives would be sustained or not. This, to a large extent goes in line with officials' assertion that the project would be sustained after it elapse.

5.7 Conclusion

Conclusively, data gathered from selected communities indicated that prior to the implementation of the Project, MVP communities and Non- MVP communities had similar problems in the area of health and roads whilst with water provision Non-MVP communities were better placed than MVP communities. However, the advent of the project saw MVP communities experiencing improvement in terms of availability of health centres and provision of ambulances, productivity of most MVP farmers increased because of the provision of credit facilities in the form of fertilizers, spraying machines and other farm inputs. The situation of water changed, improving over that of Non-MVP communities by enabling residents in MVP communities to have access to boreholes which is considered cleaner and potable than streams. Road networks which were deplorable prior to the MVP have been improved by frequent levelling to ensure easy access to transportation to enable farmers carry their produce to the nearest market. This indicates that the MVP through its programs and interventions has brought about significant improvement in lives of its beneficiaries; therefore it is evident that the project is effectively helping to reduce the incidence of poverty in the Bonsaaso cluster of villages.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Introduction

Ascertaining the effects of a project is deemed relevant as it creates a basis for assessing the progress made by the project. In trying to assess the effect of the Millennium Villages Project at Amansie West, it was important to assess the conditions that beneficiaries were exposed to prior to the project and what they are exposed to currently or after the implementation of the MVP. This chapter entails summary, conclusion and recommendation to findings of the study.

6.2 Summary of Findings

The study sought to assess the effects of the MVP interventions on the living conditions of the people of Bonsaaso cluster and other communities targeted in this research. To do a better assessment of the effect of the project, the study first had to ascertain the living conditions beneficiaries prior to the MVP. Beneficiaries' level of participation in the project was also considered.

The study revealed that prior to the implementation of the MVP, both MVP and non-MVP communities lacked health facilities in their communities. All respondents from MVP communities had to travel between a distances of 31- 40 kilometres to access healthcare at Agroyesum or Dominase. On the other hand, all respondents from Non-MVP communities had to travel between 21- 30 kilometers to access health care at Agroyesum. The advent of the MVP saw a change of events as the MVP provided beneficiary communities with healthcentres, ambulance and qualified health professionals. According to the respondents on the effects of the provision of these health centres indicated that all MVP communities

now travel between 0-10 kilometres to access health care, this shows improvement in their accessibility to health care as they have to travel short distances to access health care. However, situations in non-MVP communities remained the same.

Secondly, prior to the implementation of the MVP, all communities under MVP lacked borehole water which is considered potable than streams which they depended on, which 54 percent of the respondents of beneficiary communities attested to history of water related infections. The study showed that Non-MVP communities were better placed in terms of accessibility to potable water than MVP. For instance, non-MVP had 49 and 83 percent of their inhabitants respectively, had access to borehole water as against 0% of MVP communities. The advent of the MVP saw the provision of boreholes in MVP communities, which brought about improvement their in accessibility and utilization of potable water and reducing cases of water related infections from 54 percent to 11 percent. Situation in Non-MVP communities on the other hand also improved as incidence of water related disease decreased from 28% to 15%.

Moreover, conditions of roads within MVP communities were in a deplorable state which hindered residents' economic activities. Beneficiary communities plied on untarred but deplorable roads. The advent of the MVP however brought an improvement in the condition of their roads by frequent levelling to make it accessible. This has improved economic activities and increased the influx of vehicles within the MVP Cluster while conditions in non-MVP communities are still in deplorable condition.

Furthermore, questions on residents' level of productivity prior to and after the implementation of the MVP indicated that 92 percent of respondents indicated low productivity levels; earning less than two hundred cedis annually before the advent of the MVP. Eight percent on the other hand claimed their productivity level were normal;

earning between 200 to 500 cedis annually prior to the MVP. Conditions of respondents improved following the advent of the MVP with 80 percent of respondents indicating an increase in their productivity levels, 12 percent also indicated neither an increase nor decrease in their productivity level with 8 percent also indicating a reduction in their productivity. The change in their productivity levels affected their incomes.

Moreover, responses from selected MVP communities on their level of participation indicated that participation of beneficiaries in the project is high. Sixty-eight percent of respondents are involved in the project. Ten percent indicated their non-involvement in the project whilst 22 percents of respondents showed an attitude of indifference towards the project.

In addition, in trying to compare the level of development of MVP and non-MVP communities, a question was directed to non-MVP communities to ascertain which of the communities (MVP and non-MVP communities were better off). Data gathered revealed that non- MVP communities believe that communities under MVP are better off than communities outside the MVP. Ninety-sixpercent of respondents from non-MVP communities indicated that MVP communities are better off than non-MVP communities while 4 percent also responded that non-MVP communities are better off than MVP communities.

Finally, the study revealed that both project officials and beneficiaries believe that the project would be sustained. They believe with the on-going capacity building programs, training and investments from dedicated donor agencies, countries and the national government the project would be sustained.

6.3 Conclusion

The cure for poverty is not solely dependent on the kind of strategy that is adopted, but also the implementation and management of such strategy or intervention. It has become very clear that for poverty to be reduced there is the need to increase the village-level infrastructure and assets of the poor. This should be in line with policies that would alter institutions which will in turn change the structure that promote and perpetuate poverty.

The Millennium Village Project (MVP) is an effective poverty alleviation intervention, taking into consideration its objectives and development assumptions. It addresses the structural defects of many poverty alleviation programmes that have been implemented over the years and it is also linked to the Millennium Development Goals. It sought to increase rural infrastructure needed to enhance the quality of life in the rural areas. It also sought to increase the productive asset of rural farmers and entrepreneurs; an intervention that Ali *et al*, (1997), Ravallion *et al* (2002), Ahmed and Donovan (1992), World Bank (1994), IFAD, (2003, 2006) agree is the best solution to rural poverty.

Although, the MVP has not been able to eliminate all problems within the cluster, data presented depicts that it has generally improved the lives of its beneficiaries through the provision of health centres, potable drinking water, accessible roads, loans, farm inputs and extension services just to mention but a few.

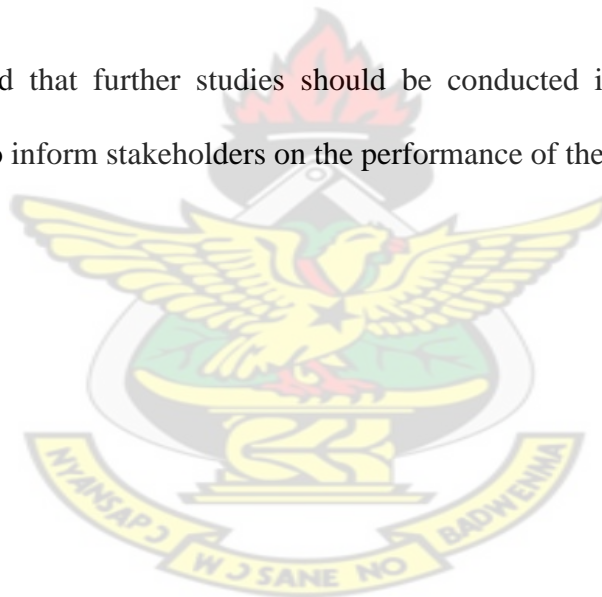
Inferring from the definition of poverty used to guide this study by The United Nations World Summit on Social Development, the 'Copenhagen Declaration (1995) which described poverty as a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information; it can be said that the implementation of the project has helped reduce the

incidence of poverty in the Bonsaaso cluster of village as residents are no more deprived of health care facility, potable water, “good roads and support for their work.

6.4 Recommendation

The study makes the following recommendations:

- The research recommends that central government should implement similar interventions to help reduce poverty in the country.
- That management should embark on educating beneficiaries to fully understand and appreciate the concept of the project and what it aims to achieve.
- I recommend that further studies should be conducted in other areas of MVP operations to inform stakeholders on the performance of the project



REFERENCES

- Ahmed ,T. and Donavan (1992), “ Issues of Infrastructure and Development: A Synthesis of the Literature”. International Food and Policy Research Institute (IFPRI), Washington D.C
- Ahmed, A. (2010). “An Analysis of Institutions and Policy Processes for Selected Antipoverty Interventions in Bangladesh”. IFPRI Discussion Paper 1046 Washington, DC: International Food Policy Research Institute
- Ali, I and M.P Ernesto (1997) ‘Infrastructure and Poverty Reduction- What is the Connection’’. Asian Development Bank, Tokyo
- Amansie West District Assembly (1996): Demographic Characteristics and Infrastructural distribution (Ghana: Amansie West District Profile 1996) pp. 12-26
- Amis, P.(1997) “Final Report: Impact Assessment Study of DFID’s Slum Improvement Projects in India”, Birmingham University, UK
- Andreas, S. (1997). “The Impact of Road Infrastructure on Productivity and Growth: Some Preliminary Results for the German Manufacturing Sector Discussion Paper FS IV, Wissenschaftszentrum Berlin, 1997
- Asiamah, R.D. (1998). “Soil and Soil Suitability of Ashanti Region”. Soil Research Institute-Council for Scientific and Industrial Research, Kwadaso-Kumasi: Report No.193. Pp.21
- Avison, D. E. (1993), ‘Research in Information Systems Development and the Discipline of Information Systems’, Proceedings of the 4th Australasian Conference on Information Systems, Ledington, P. (ed.), University of Queensland, Brisbane, pp. 1-26.
- Awoyemi ,T. Obayehu .O.A. and Opaluwa ,I.(2011) “ Effects of Distance on Utilization of Healthcare Services in Rural Kogi State, Nigeria
- Baulch, B. and N. McCulloch (1998) “Being Poor and Becoming Poor in Poverty Status and Poverty Transition in Rural Pakistan”. Institute of Development Studies, Working Paper No.79, Sussex, 1998, pp23
- Beifring , E.(1994) “The Enrichment Perspective A Special Educational Approach to an Inclusive School” Institute of Special Education, University of Oslo, Norway
- Bloom, D.E and Canning, D. (2003) “The Health and Poverty of Nations from Theory to Practice” Journal of Human Development, Vol 4 (1), 2003
- Boating, E.O Ewusi K. Kanbur K. and McKay A. (1990) “ A Poverty Profile for Ghana, 1987-88 SDA Working Paper No.5 Washington D.C: The World Bank
- Bour, D.(2003) “ Analysing the primacy of Distance in the Utilisation of Health Services in the Ahafo-Ano South District, Ghana.” The International Journal of Health Planning and Management

- Breciani, F. and Valdes, A. (2007) "Beyond Food Production: The Role of Agriculture in Poverty Reduction, Edward Elgar, UK
- Britton, T., & Garmo, H. (2002). Sannolikhetslära och statistikföreläsare. Lund: Studentlitteratur.
- Chamber, R. (1997) "Whose Reality Counts? Putting the First Last" Intermediate Technology Publication, London
- Chakraborty N, Islam MA, Chowdhury RI, Bari W, Akhter HH. (2003). "Determinants of the use of maternal health services in rural Bangladesh". Health Promotion International 2003; 18(4):327-37.
- Clemens, M. (2010) "Why a Careful Evaluation of the Millennium Villages is not Optional" March, 2010 <http://blogs.cgdev.org/globaldevelopment/tag/Millennium-Villages> Retrieved on February 25, 2011.
- Cord, L and Verissimo P. (2002) "The Coverage of Rural Issues PRSP: A review of Preliminary Experience Draft working Paper, World Bank, Washington D.C
- Datt, G. and Ravillion, M. (1996) "Farm Productivity and Rural Poverty in India" International Food Policy and Research Institute, Washington D.C
- Deleeck, H., Yanden Bosch, K. and De Lathouwer, L. (1992), "Poverty and the Adequacy of Social Security in the EC. Akkershot, Avebury
- De Looft, L. (1998) 'Information Systems Outsourcing: Theories, Case Evidence and a Decision Framework', Strategic sourcing of Information Systems perspectives and practices, John Wiley & Sons Ltd., pp 249-281
- Department for International Development (2004) "Agriculture, Growth and Poverty Reduction" DFID, London, United Kingdom
- DuyKhe, N., Eriksson, B., Ngoyen Phuong, D. and Hoger, B. (2003) "Faces of Poverty: Sensitivity and Specificity of Economic Classification in Rural Vietnam". Scand J Public Health 2003; 31(62): 70-75
- Feagin, J., Orum, A., & Sjoberg, G. (Eds.). (1991). "A case for case study". Chapel Hill, NC: University of North Carolina Press
- Galliers, R.D (1992) "Information Systems Research: Issues, Methods and Practical Guidelines" Blackwell Scientific Publication, Oxford
- Geoffrey, G. (2004) "World Poverty; A Reference Handbook" Blackwell, Oxford
- Ghana Statistical Services (2005) "Ghana Living Standard Survey: Report of the Fifth Round (GLSS 5), Accra, Ghana
- Ghana Statistical Services (2010) "Population and Housing Census": Summary Report of Final Results. Accra, Ghana

- Ghana News Agency (2012) "Illiteracy, Poverty, Superstition Causing Malnutrition in Northern Ghana" ghanabusinessnews.com/2013/09/21
- Guba, E.G. (1981) "Criteria for Assessing the Trustworthiness of Naturalistic Inquires" Educational Resources Information Center Annual Review Paper.
- International Fund for Agricultural Development (2006) "IFAD Strategic Framework 2007-2010: Enabling the Rural Poor Overcome Poverty. Executive Board — Eighty-ninth Session Rome, 12-14 December 2006
- Irz, X, Lin Lin, Thirtle, C and Wiggins, S. (1995). "Agricultural Productivity Growth and Poverty Alleviation." *Development Policy Review*. 19(4):449-466.
- Johnson, S., Rogaly, B. (1997) "Microfinance and Poverty Reduction, Oxfam Poverty Guidelines, Oxford
- Kanter A, Negin J, Olayo B, Bukachi F, Johnson E, Sachs S, (2009) "Millennium Global Village-Net: Bringing together Millennium Villages throughout sub-Saharan Africa". *International Journal of Medical Informatics*.2009;78(12)
- Kyei, Peter O. (2000), "Decentralization and Poverty Alleviation in Rural Ghana: Perspectives from District Elites and Voices of the Rural Poor". <http://unpan1.un.org/intradoc/groups/public/documents/idep/unpan003042.pdf>
- Mamdani, M. and Bangser, M. (2004) "Poor People's Experiences of Health Services in Tanzania". Elsevier Inc, New York
- Manzor, I., Hashimi, N.R, Mukhtar, F. (2009) "Determinants and Patterns of Healthcare Services Utilization in Post-graduate Students. *J Ayub Med Coll Abbottabad*,21(3): 100-105
- McNamara, P.J, Holmes, P and Collins, D (2004) "Do Investments in Health Improve Agriculture Productivity? International Food and Policy Research Institute (IFPRI), Discussion Paper, Washington D.C
- Millennium Project (2006) "Financing the Millennium Villages Project" United Nations Department of Economic and Social Affairs, New York
- Millennium Village Project (2010) "Harvest of Development: The Millennium Village after Three Years. The Earth Institute at Colombia University, New York
- Millennium Village Handbook (2008) "Progress Report on Millennium Village Project, Earth Institute, Colombia University, New York
- Millennium Village Handbook (2010) "Progress Report on Millennium Village Project, Earth Institute Colombia University, New York
- Moser, K. (1997) "Commitment in Organizations *Psychologies* 41(4), 160-170
- Odunuga, R. (2009) " Analysis of Domestic Water use for Commercial Activities Among the Poor in Alajo and SabonZongo Communities of Accra, Ghana" A Master's

Thesis Submitted to University of Manitoba in Partial Fulfillment of the Requirement for the Degree, Master of Natural Resources Management (M.N.R.M)

- Onah H, Ibeaki L, Iloabachue, G.(2009) “ Factors Associated with the Use of Maternity Services in Enugu, South Eastern Nigeria, Social Science and Medicine,63(7): 1870-1878
- Onyegu, R. Essiey, J, Ogunnisen, J, Onyeuku , J (2012) “ The Many Programmes and the Many Poor” [www. Solidwatch.org/nodel/0946](http://www.Solidwatch.org/nodel/0946)
- Organisation for Economic Co-operation and Development (2003) “Poverty and Health” Dac Guidelines and Reference Document
- Osei, Robert D, Getrude A. Owusu, Freda E. Asem, and Robert L. Afutu-Kotey (2009). Effects of Capitation Grant on Education Outcomes in Ghana. Retrieved February 15, 2010, from Institute of Statistical and Economic Research (ISSER): www.gdnet.org/CMS/getFile.php?id=undp_issuer1
- Overseas Development Institute (2004) “Towards Better Integration of Water and Sanitation in PRSPs in Sub-Sahara Africa: WPP Briefing Paper
- Rasmussen,S.K (2009) "Pro-poor Health Care in Northern Ghana." Master Thesis in International Development Studies, Department of Society and Globalisation, Roskilde University, 2009
- Rakodi, C. (1995) “Poverty Lines or Household Strategies? Habitat International, 19, 4: 407-426
- Ravallion, M., Emmanuel, G. Teodora, L. and Ernesto, P.(2002) “ Do Workforce Participants Recover Quickly from Retrenchment” Policy Research Working Paper, World Bank, Washington D.C
- Ruspini, E. (2001) “The Study of Women Deprivation: How to Reveal the Gender Dimension of Poverty” International Journal of Social Research Methodology, 2001 (2): 101-118
- Sekyi, S. (2009) “Effects of National Health Insurance Scheme on Outpatient Utilization and Expenditure in Ghana: A case Study of Mfantseman Municipality”.A thesis submitted to,Kwame Nkrumah University of Science and Technology, in partial fulfillment of the requirement for the degree of masters of art in economics
- Sen,A. (1999) “Development as Freedom”, Alfred A. Knopf, New York
- Shanks, G. A., Rouse, A. and Arnott, D. (1993), ‘A Review of Approaches to Research and Scholarship in Information Systems’, Proceedings of the 4th Australasian Conference on Information Systems, University of Queensland, Brisbane, pp. 29-44
- Shepherd, A.C, Jebuni R., Al-Hassan, .A, McKay, C.andKydd, J.(2005) “ Economic Growth in Northern Ghana” Report Prepared for DFID Ghana, Overseas Development Institute and Center for Policy Analysis. London/ Accra

- Shultz Theodore, N. (1979) "The Economics of Being Poor. Blackwell, Oxford
- Simomen, M. (2005) "The Case for Investing in Young People as Part of a National Poverty Reduction Strategy" UNFPA
- Sowa, N.K. (2002) "Financial Sector Reform Policies and Poverty Reduction" A paper presented at the Fifth Senior Policy Seminar on Poverty Reduction and Macroeconomic Management in Africa, Dares es Salaam, Tanzania
- Streeten, P. (1994) "Human Development: Means and Ends" American Economic Review Paper and Proceedings 84(2)
- The Copenhagen Declaration and Programme of Action (1995): World Summit for Social Development 6-12 March 1995 United Nations Department of Publications, New York.
- The Earth Institute (2007). 'Bonsaaso Millennium Village Project Annual Report' Colombia University, New York
- United Nation Development Program (2006) "Ghana Millennium Development Report" UNDP and Institute of Statistical, Social and Economic Research, Accra, Ghana
- Van Rijn.J (2004) "Economic Impact of Roads" German Economic Review Paper and Proceedings 72(4)
- Verner, D, Alda, E. (2004) "Youth at Risk, Social Exclusion and Integration Poverty Dynamics: A new Survey Instrument with Application in Brazil" World Bank Policy Working Paper
- Voight, F. (1973) "Roads and Development".Duncker&Humblot , Berlin
- Water aid (2003) "National Water Assessment" Wateraid, Ghana
- World Health Organisation, (2007) "World Health Statistics Report". World Health Organization, Geneva
- Ziem, J. and Gyebi, E (2011) "Socio-Cultural Barriers, Causes of Poverty among Women in the Northern Region" savannahnewsblogspotcom.blogspot.com/2011/11

APENDIX 1

QUESTIONNAIRE FOR MVP VILLAGES ON EFFECTS OF MILLENNIUM VILLAGE PROJECT ON POVERTY REDUCTION: A CASE STUDY OF BONSAASO CLUSTER OF VILLAGES IN AMANSIE WEST

The questionnaire is part of a study being conducted by a student of Kwamw Nkrumah University of Science and Technology (KNUST) on assessing the effect of MVP on poverty reduction in Bonsaaso and its cluster of surrounding villages. You are therefore respectfully required to complete the questionnaire by providing honest and objective responses. You are assured that responses will be treated with strict confidentiality.

SECTION A:

Personal Information Respondents

Sex: Male..... Female.....

1. How old are you?

A.18- 30

B.31- 60

c. Over 60

2. What is your marital status?

a.single

b.Married

c.Divorced

d.Widowed

3. How many children do you have?

a. No child

b. 1- 2

c. 3- 4

d. 5 or more

4. How long did you take to access health care prior to the MVP?

a. 0-10kilometers

b.11-20kilometers

c. 21- 30kilomters

d. 31-40kilometers

5. How often did you visit this health centre prior to the MVP?

a. Very often(once or more times monthly)

- b. Often(once quarterly)
 - c. Not often(once yearly)
 - d. Not at all
6. What is your reason for question 5 above?.....
7. How long do you take to access health care since the inception of the MVP?
- a. 0-10kilometers
 - b. 11-20kilometers
 - c. 21- 30kilomters
 - d. 31-40kilometers
8. How often did you utilize this health centre since the inception of the MVP?
- a. Very often(once or more times monthly)
 - b. Often(once quarterly)
 - c. Not often(once yearly)
 - d. Not at all
9. What is your reason for question 8 above?.....
-
10. Do you get all your health needs from the health centre? Yes () No ()
11. What is your reason for question 10 above?.....
-
-
12. Have you subscribed to NHIS? Yes() No ()
13. Are you able to afford services provided by the centre? Yes () No ()
14. What is your reason for question 13 above?.....
-
-
15. How would you assess services rendered by the health centre?
- a. Excellent
 - b. Very good
 - c. Good

- d. Poor

WATER

16. What was the main source of water prior to the MVP?
- a. well
 - b. Stream
 - c. Borehole
17. Has there been a change in your source of water? Yes () No ()
18. What is your reason to question 17 above.....
-
-
19. What is your main source of water since the inception of the MVP?
- a. well
 - b. Stream
 - c. Borehole
20. How does this water source affect your household?.....
21. Do you pay for accessing the water? Yes () No ()
22. Is it affordable? Yes () No ()
23. How much do you pay daily for using the water?.....
24. How does the payment affect your household?.....
-
-

ROAD NETWORK

25. What used to be the nature of road prior to the MVP?
- a. Footpath-like
 - b. Untarred but deplorable
 - c. Untarred but accessible
26. How did this nature of road affect your livelihood?.....
27. What is the nature of road since the inception of the MVP?
- Footpath-like
- Untarred but deplorable
- Untarred but accessible
28. What has been the effects of the road on your livelihood?.....

.....

.....

OCCUPATIONAL CHARACTERISTIC

29. What is your occupation?.....
30. What was your level of productivity prior to the MVP?
- a. Low level productivity(below 200 cedis annually
 - b. Normal level productivity(200 – 500 cedis annually)
 - c. High level productivity
31. How is your level of productivity since the inception of the MVP?
- a. Increased productivity
 - b. Decreased productivity
 - c. Same level productivity
32. How is your level of income since the inception of the MVP?
- a. Increased income
 - b. Same income level
 - c. Decreased income
33. Would you attribute your level of productivity and income to the MVP? Yes ()
No()
34. What is your reason for question 33 above?.....
-

FARMERS ONLY

35. What was the size of your farm prior to the MVP?.....
36. What is your current farm size?.....
37. Do you use modern farm equipment? Yes () No()
38. Do you receive any extension services from MVP? Yes () No()
39. If yes, how frequent do you get these services?.....
40. If no, how do you ensure good farming practice?.....
-
-
41. How do you sell your farm produce?.....
42. How much were you earning annually prior to the MVP?.....
43. How much do you earn since the inception of the MVP?.....

OCCUPATION OTHER THAN FARMING

44. Has there been a change in your job after the MVP? YES () NO ()

45. What are your reason for question 44 above?.....

.....
.....

46. Do you get any assistance from the MVP? Yes () No ()

47. What is your reason to question 46 above.....

PARTICIPATION

48. How involved are you in the MVP?

a. Not involved

b. Indifferent

c. Involved

49. Why do you participate in the MVP?

a. Participate because of incentives

b. Participate not because of incentives

50. How would you assess project staffs relationship with community members?

a. Excellent

b. Very good

c. Good

d. Poor

SUSTAINABILITY

51. Would the effects of the MVP be sustained after the project elapse?Yes() No ()

52. What are your reasons for your answer to question 51 above?.....

For MVP Officials

Name of official..... Position.....

1. What makes Millennium Villages project unique from other projects?

.....

2. What major role does the MVP play in ensuring communities under the program are alleviated from poverty?.....

3. What are some of the challenges the project faces in the execution of its objective?.....

4. What used to be the living condition of the communities under the MVP?.....

5. Would you say their living conditions have been improved?

Yes () No ()

6. What are your reasons for your answer to Q.4 above?.....

7. Do you give locals any decision making powers? Yes () No ()

8. If yes, on what specific projects did they make decisions?.....

9. If no, what are your reasons for your answer?.....

10. Are locals given any sort of motivation to make them participate in the project?

Yes () No ()

11. If yes, what sort of motivation is that?.....

12. If no, how do you get them to participate in the project?.....

13. Would you say communities under the MVP are better off than those outside the project? Yes () No ()

14. What are your reasons for your answer to Q.12 above

15. Do you think the effects of the project would sustain after the project has elapsed? Yes () No ()

16. If yes, what measures are being put in place to ensure the sustainability of those effects?.....

17. If no, what are your reasons?.....

18. How involved is the national and local government in the project?.....