



# **Impact Evaluation of a Nutrition Intervention within a Comprehensive ART Care Package in Benin: why the project has been suspended?**

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# ART and Nutrition: Context

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- Scaling up ART for PLWHA in developing countries
- Recent consensus on the need for nutritional support within the comprehensive ART care package  
UNGASS, 2007
- Global Fund funding some nutritional components
- No consensus yet on what the nutritional component should consist of and how it should be managed  
Operational research lacking:  
cost/benefit and impact on return to productive life

## INIPSA Project 2005-2008

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- Preliminary study  
(2005 in Benin, Burundi, Mali and Senegal:  
[www.dial.prd.fr](http://www.dial.prd.fr))
- Intervention
- Impact evaluation
- Dissemination and scaling-up



# INIPSA Intervention

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Integrating the nutritional component at the start of ART:

- Nutritional education and counselling (for all)
  - Food assistance (for those in need)
  - Socio-economic Reintegration Support for food beneficiaries
- ⇒ Does INIPSA intervention reduce the time until the patients recover their ability to work?

## Eligibility criteria for treatment centres

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- Accredited by national health authorities
- ART available free of charge
- Basic drugs for most common opportunistic infections (OI) available
- Standard biological analysis available & free of charge
- Medical practitioner + nurse + social worker
- A PLWHA association
- Centre accepts INIPSA protocol beforehand
- >20 new eligible patients every 3 months



# Food-Aid Eligibility Criteria

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- INIPSA group:  
Same eligibility criteria whatever the treatment duration
- Control group:  
PLWHA continue to benefit from existent package along existing criteria

# Income Generating Activities (IGA)

## Eligibility criteria

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- INIPSA group:  
for those benefiting from food-aid,  
IGAs are integrated in the nutritional support  
(starts 2 months before the end of food-aid),  
aims at alleviating food-aid dependency
- Control group:  
continue what has been implemented so far  
(= no change)



# Impact Evaluation Methodology (1)

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- Randomisation of centres (not individuals) for ethical, scientific and practical reasons
- Stratification Criteria
- “Migration” and “sharing” should be limited
- Quasi-exhaustive coverage

# Impact Evaluation Methodology (2)

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Minimum cohort size of 350 patients for INIPSA sample and 350 for control group

- 4-month recruitment period
- 30% attrition rate after 9 months
- Power of 85%
- 5% (alpha) significance level
- 1.35 relative risk ratio
  - = median time before being able to work reduced from 4 to 3 months
  - = 10-point difference in % able to work after 9 months

# Impact Evaluation Methodology (3)

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- Recruitment of patients:
  - Initiating ART (naïve)
  - Over 18 years of age
  - Non-pregnant
  
- Follow-up visits at Mx:  
M0, M1, M2, M3, M5, M7, M9, M12, M15
  
- Data collection:
  - Medical check-up at M0 (ESOPE)
  - Medical and nutritional follow-up at Mx
  - Socio-economic survey at Mx
  - Health related quality of life at Mx

# Impact Evaluation Methodology (4)

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- Evaluation after:
  - 9 months (short-term)
  - 15 months (mid-term)
- The Longitudinal follow-up will assess:
  - Medical impacts
  - Activity impacts
  - Socio-economic impacts

## **Intervention**

- WFP (food aid)
- Esther (nutritional education and medical expertise)
- micro-finance institution (Planet Finance)

## **Research**

- IRD / DIAL
- Faculté des Sciences de la Santé (Benin)
- IMT Anvers (nutrition expertise)
- Faculté des Sciences Agronomiques (Benin)

## **Financial support**

- French Cooperation
- ANRS
- DANIDA (preliminary study), Canadian Cooperation, Global Fund



# Why has INIPSA been suspended?

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Diagnosis in September-October 2007:

The nutritional intervention protocol had not been implemented in neither of the INIPSA treatment centres

# The reasons for the failure

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- ❑ Lack of synchronization in funding:  
Research Funding had been delayed (2006->2007) while Food aid funding could not wait (started 2006)
  - ❑ Institutional culture:  
A M&E has been conducted by WFP parallel to the INIPSA impact evaluation
  - ❑ Management issues:  
Delay in the recruitment of the Project Manager on research funding
- National authorities supportive despite the usual administrative delays (e.g. ethical committee, ministerial authorisation...)



## To save the project

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- Real synchronisation of partners  
(project manager, steering committee)
- Possibility to find another food aid operator
- Stop parallel WFP M&E programme

# If it were to be done again

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Research and operations are two different cultures:

- Technical issues are easier to solve than management issues:
  - ⇒ Take more time in the consultation and organisation (written agreement before anything)
- Define all terms and all components of the protocol, even if they seem obvious
  - ⇒ Seminar/training of each partner to speak same language (better explain research to operations managers and better explain operation to researchers)
- Do not work with partners that are not adhering to the impact evaluation principles (and willing to change their practice)
  - ⇒ change partner or... give up!



*On behalf of the INIPSA scientific team*

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*Many Thanks*  
*for your kind attention*