



**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

- 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

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



INIPSA Intervention

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

- 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

- 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

- 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)

- 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)

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)

- 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)

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



Partners

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?

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

- ❑ 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

- 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

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

*Many Thanks
for your kind attention*