



Evaluating Impact: Turning Promises into Evidence

Food by Prescription

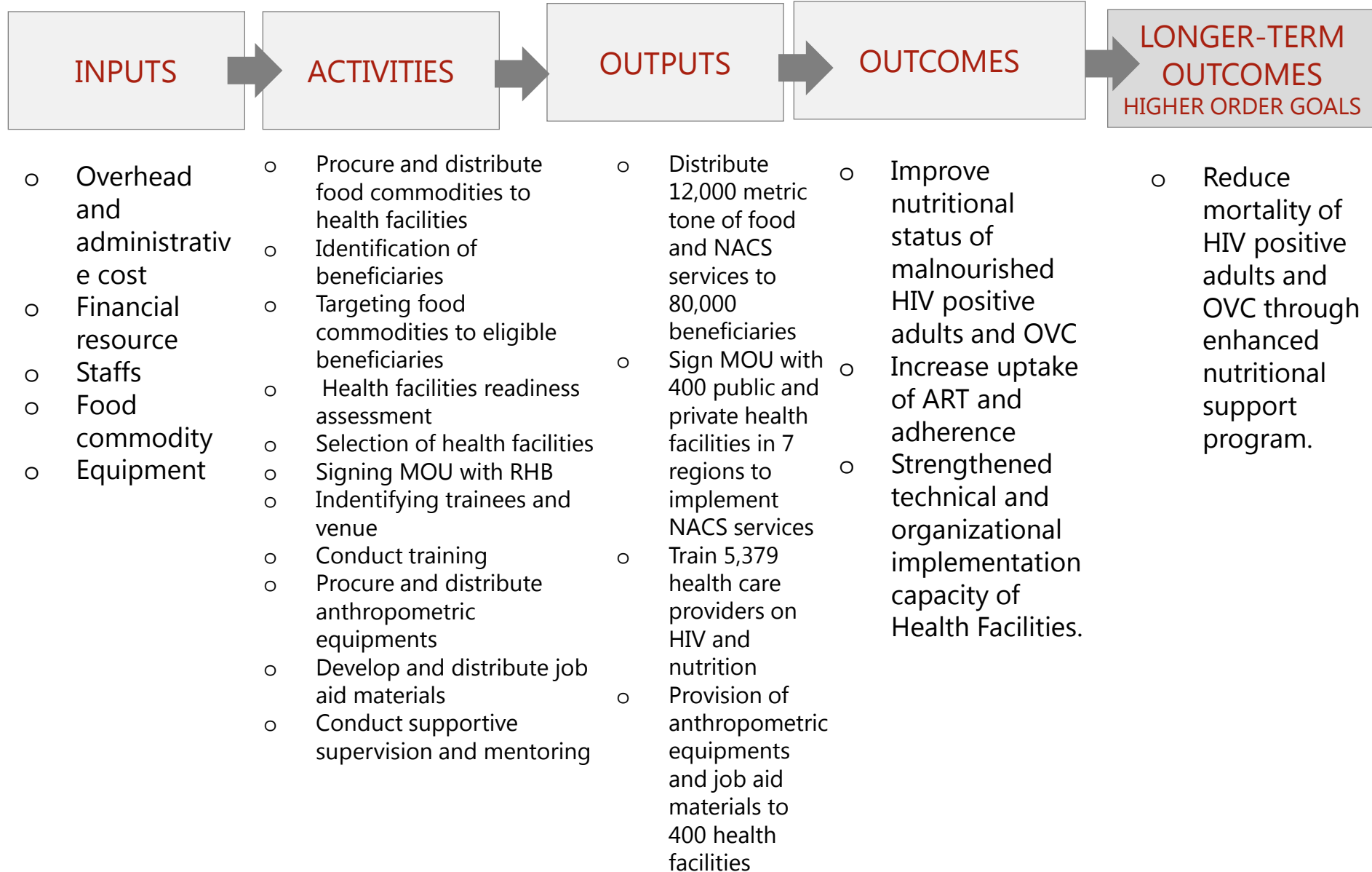
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1. Background

- ❑ The project is entitled Food by Prescription
- ❑ Objective of the project:
 - ✓ To improve the nutritional, clinical and operational status of malnourished PLHIV and OVC
- ❑ The project targets 7 regions and expected to reach 80,000 PLHIV and OVC through 400 public and private health facilities
- ❑ The project is expected to run from Sep. 2009- Sep. 2012
- ❑ Funded by USAID for an amount of USD 10 Million
- ❑ Implemented by Save the Children US in partnership with MoH
- ❑ Impact evaluation is under way by Tufts University commissioned by SC US is expected to be finalized by August 2012
- ❑ This preliminary exercise is meant to validate assumption/findings and provide input in the refinement of draft and final report.

2. Results Chain



3. Primary Research Questions

- Is access to nutritious food positively correlated to an increase ART uptake and adherence?
- What is the mortality rate of targeted beneficiaries in the 400 health facilities?
- What is the change in the prevalence of malnourishment among under 5 children?

4. Outcome Indicators

Outcome 1:

- ❑ Proportion of malnourished HIV positive adults from total enrolled
- ❑ % and # of malnourished under 5 children of the total enrolled

Outcome 2:

- ❑ % increase of ART uptake
- ❑ % of PLHIV adults who adhere to ART drug administration

Outcome 3:

- ❑ # health facilities which meet quality standard for NACS based on MOH standards
- ❑ # health care providers with basic skills and knowledge on NACS principle and guideline

5. Identification Strategy/ Method

Step 1:

- ❑ Agree on the unit of analysis – in this case we suggest the health facilities (400) from which random sample will draw
- ❑ Determine the sample size considering the confidence interval, margin of error and design effect
- ❑ Draw sample of health facilities to be surveyed
- ❑ # of beneficiaries to be surveyed in each health facility under the study known based on probability proportional to size (PPS) approach
- ❑ Select control health facilities with similar characteristics not targeted by the program (ecology, socio-economic status, urban/rural, etc) using matching method
- ❑ Using the same approach select control PLHIV and OVC group

Step 2:

- Agree on evaluation method (matching)

Develop baseline data variables

6. Sample and Data

Sample

- Determine sample size
- Two stage sampling
- Select representative health facilities,
- Draw target beneficiaries based on PPS for the study,
- Determine the control group following the same logic discussed above.

Data

- Primary data collection will be conducted on target beneficiaries and control group
- Secondary data collection from selected health facilities and other relevant sources.

7. Time Frame / Work Plan

No	Activities	Time frame	Remarks
1	Program review	Sep. 2011 to Sep. 2012	
2	Design methodology	Aug 2011	
3	Sample size determination	Aug 2011	
4	Selection of health facilities, beneficiaries; and control groups	Aug 2011	
5	Develop data collection tools	Sep 2011	
6	Conduct baseline data collection	Sept 2011	
7	Data collection and entry	Sep. 2011 to Sep. 2012	
8	Data analysis and report writing	Oct 2012	
9	Report dissemination	Nov 2012	

8. Sources of Financing

□ USAID/PEAPFAR