

# Impact evaluation of an integrated poultry value chain and nutrition intervention (SE LEVER) in Burkina Faso

<b>Submission date</b> 24/11/2016	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 02/12/2016	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 07/05/2025	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Burkina Faso is one of the least developed countries in the world, showing high rates of child stunting (35%), wasting (16%) and anaemia (88%). Almost half of women are anaemic, and 16% of women are underweight (BMI<18.5kg/m<sup>2</sup>). Infant and young child feeding (IYCF) practices are particularly poor. Exclusive breastfeeding up to 6 months occurs in less than 13% of infants, and only 3% of children are introduced to solid or semi-solid foods in the 6-8 month window. Particularly pertinent for our study is the low rate of dietary diversification for young children (6-24 months). In the 2010 DHS, 14% of children under two years had consumed poultry flesh and egg consumption was limited to 3% of children in the same age group, whilst 80% of households owned poultry. These findings suggest that there is significant scope to further expand poultry-based income generation for rural households, and chicken and egg consumption for young children and their mothers. The aim of this study is to evaluate the impact of an integrated agriculture-nutrition package of interventions (including poultry value chain development, women's empowerment activities, and a behaviour change communications (BCC) strategy to promote improved diets and feeding, care and hygiene practices) called SE LEVER on the diets, health and nutritional status of women and children in Burkina Faso.

### Who can participate?

Women aged 15-35 years who are pregnant or with at least one child aged 2-4 years living in the same household in the targeted villages and children aged 0-5 whose mothers are included in the study.

### What does the study involve?

Communities are randomly allocated to one of three groups. Those in the first group receive the five-year long SE LEVER package, This involves receiving training on poultry production and marketing practises, access to behaviour change communication to improve nutrition practices, and training and sensitisation to improve women empowerment and decision-making on nutrition. Those in the second group receive the SE LEVER+ package. This involves receiving the SE LEVER package with a more intensive hygiene component. Those in the third group continue as normal for the duration of the study. At the start of the study and then after 6, 30, 36 and 48

months, participants in all groups undergo a range of assessments to evaluate their diets, health and nutritional status. In addition, household poultry production and costs are measured at the same times.

What are the possible benefits and risks of participating?

Participants who take part in the program benefit from improved knowledge and practices with regards to poultry production, as well as on optimal nutrition and feeding practices. There are no known risks related to the evaluation methods (questionnaires, anthropometry). Good clinical practices are respected when taking blood samples. All participants benefit from medical care in case a medical emergency is encountered during the evaluation visits. The program covers any medical costs related to any medical emergencies (consultation, prescriptions, hospitalization if decided by competent medical staff following the national protocol) until discharge. Long-term diseases are not covered by this engagement. The management of acute (sudden) malnutrition is available in every health centre free of charge.

Where is the study run from?

The study is run from Agribusiness Systems International and takes place in 120 rural villages within 60 communes in the Boucle de Mouhoun, Centre-Ouest and Haut-Bassins regions of Burkina Faso.

When is the study starting and how long is it expected to run for?

September 2016 to December 2022

Who is funding the study?

Bill and Melinda Gates Foundation (USA)

Who is the main contact?

Dr Aulo Gelli

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## Contact information

**Type(s)**

Scientific

**Contact name**

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# Additional identifiers

## Protocol serial number

OPP1149709

# Study information

## Scientific Title

Improving diets and nutrition of women and children through an integrated poultry value chain and nutrition intervention (SE LEVER) in Burkina Faso: a cluster randomised trial

## Study objectives

The SE LEVER package of interventions is expected to have a positive effect on:

1. Diets of women and children under five years by increasing the knowledge on nutritious foods, influencing food purchase and production decisions, benefitting both poultry producers and other households receiving the BCC in the intervention villages
2. Infant and young children's nutrition and child caring practices by increasing the knowledge on such practices, benefitting poultry producer and other households receiving the BCC in the intervention villages
3. Poultry production practices, inputs, outputs and revenue of poultry producers in the intervention villages. Other households may benefit directly, or indirectly via increases in economic opportunities in the intervention villages
4. Sales and revenues of VVVs providing vaccination and other VC services in the intervention villages
5. Women's empowerment by increasing women's participation in VC activities in the intervention villages
6. [for SE LEVER+] Household hygiene and health environment leading to improvements in child infection and morbidity rates

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Cluster randomized trial

## Primary study design

Interventional

## Study type(s)

Quality of life

## Health condition(s) or problem(s) studied

Undernutrition, micronutrient deficiencies, low-quality diets

## Interventions

Communities will be randomly assigned to one of three treatment arms using a two stage restricted randomisation process, optimising the balance between treatment groups using a set of village and commune variables obtained from the national census.

**SE LEVER intervention group:** Participants receive the five year Soutenir l'Exploitation Familiale pour Lancer l'Élevage des Volailles et Valoriser l'Économie Rurale (SE LEVER) intervention. This involves training on poultry production and marketing practises, access to behaviour change communication to improve nutrition practices, and training and sensitisation to improve women empowerment and decision-making on nutrition.

**SE LEVER+ group:** In addition to the SE LEVER package, a more intensive hygiene component (SE LEVER+) is being designed to improve health and hygiene in the context of poultry flock management that will be implemented as part of a sub-study on WASH. The WASH component will include BCC based on community led total sanitation and baby-WASH concepts, with specific messaging tailored to also address hygiene related constraints involved in poultry rearing.

**Control group:** Participants receive no intervention for the duration of the study.

Follow up for participants in all treatment groups takes place at involves a cascade-model where local NGOs field staff training producers group volunteers, volunteer poultry vaccinators and women's association volunteers who will then train their group members once a month or deliver key messages to households for the 3 years of implementation. Training sessions with men and local leaders as well as a communications campaigns with radio spots and theatre troupes are also being developed.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

1. Mean probability of adequacy (MPA) of diets for women and children (2-4 years at baseline) measured through dietary assessment using the interactive 24-h recall multiple-pass method at baseline, and after 6, 30, 36, and 48 months
2. Infant and young child feeding practices for children aged 0-2 years measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months
3. Household poultry production (output and sales) measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

## **Key secondary outcome(s)**

Women's empowerment and wellbeing

1. Women's empowerment is measured over the five domains of the Women's Empowerment in Agriculture Index (WEAI) using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months
2. Maternal stress and well-being measured subjectively using validated scales such as Perceived Stress Scale (PSS) using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

Poultry value chain system

3. Knowledge of improved poultry production practices is measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months
4. Access to credit and poultry markets is measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months
5. Poultry mortality is measured using interviews with caregiver at baseline, and after 6, 30, 36,

and 48 months

6. Input use (vaccinations) is measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

7. Investment in stocks, housing and marketing is measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

Health status, hygiene and exposure to faecal contamination

8. Infection biomarkers in children, including serum c-reactive protein (CRP),  $\alpha$ -1-acid glycoprotein (AGP) are measured at baseline, 36, and 48 months

9. Morbidity, diarrhoea, fever and chest infections in children measured through 2-week recall of morbidity symptoms at baseline, 36, and 48 months

10. Exposure to poultry faeces and cleanliness of mother and child, kitchen, house and compound, measured by spot-check observations at baseline, 36, and 48 months

11. Hygiene knowledge using a questionnaire previously tested in Burkina Faso and practices measured by 24-hour recall methods at baseline, 36, and 48 months

Nutrition knowledge, feeding and food consumption practices

12. Women's knowledge, attitudes and practices regarding IYCF and sanitation and hygiene, using a dietary assessment questionnaire and 24-hour recall methods using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

13. Women's dietary diversity is measured by 24-hour recall using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

14. Energy and protein intake in women and children aged (2-5) is measured by 24-hour dietary recall using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

Nutrition status

15. Children's iron status and anaemia prevalence is assessed by measuring haemoglobin (Hb), plasma ferritin (PF) and soluble transferrin receptor (TfR) in blood samples taken at baseline, 36, and 48 months

16. Women's iron status and anaemia prevalence is assessed by measuring haemoglobin (Hb), plasma ferritin (PF) and soluble transferrin receptor (TfR) in blood samples taken at baseline, 36, and 48 months

17. Biomarkers for vitamin A and zinc status (including serum retinol concentration, retinol binding protein (RBP) and serum zinc concentration) are assessed by measuring levels of plasma zinc (pZn) in blood samples at baseline, 36, and 48 months

18. Anthropometry (mean BMI for women, mean HAZ, HAD, WHZ, WAZ, stunting, wasting, underweight and mid-upper arm circumference for children) is measured using WHO recommended practices at baseline, and after 6, 30, 36, and 48 months

Household welfare

19. Consumption/expenditure and income (gender-disaggregated; total income and income from sale of agricultural production) is measured using interviews with caregiver at baseline, and after 6, 30, 36, and 48 months

Male perspectives and support for nutrition and women's empowerment

20. Men's knowledge and attitudes regarding the nutrition of women and children around the first 1000 days, women's time and status and their productive and reproductive roles, fathers' role in ensuring adequate health and nutrition of their family, domestic violence, using interviews with male caregivers at baseline, and after 6, 30, 36, and 48 months

**Completion date**

31/12/2022

# Eligibility

## Key inclusion criteria

1. Women aged 15-35 years who are pregnant or with at least one child aged 2-4 years living in the same household in the targeted villages
2. Children aged 0-5 years at baseline whose mothers are included in the study

## Participant type(s)

Other

## Healthy volunteers allowed

No

## Age group

Mixed

## Sex

All

## Key exclusion criteria

Household head, child, parent or guardian unwilling to participate in the study

## Date of first enrolment

01/03/2017

## Date of final enrolment

01/05/2021

# Locations

## Countries of recruitment

Burkina Faso

United States of America

## Study participating centre

Agribusiness Systems International

50 F Street

NW Suite 1000

Washington, D.C.

United States of America

20001

# Sponsor information

## Organisation

IFPRI

## ROR

<https://ror.org/03pxz9p87>

## Funder(s)

### Funder type

Charity

### Funder Name

Bill and Melinda Gates Foundation

### Alternative Name(s)

Bill & Melinda Gates Foundation, Gates Foundation, Gates Learning Foundation, William H. Gates Foundation, BMGF, B&MGF, GF

### Funding Body Type

Government organisation

### Funding Body Subtype

Trusts, charities, foundations (both public and private)

### Location

United States of America

## Results and Publications

### Individual participant data (IPD) sharing plan

The current data sharing plans for the current study are unknown and will be made available at a later date.

### IPD sharing plan summary

Data sharing statement to be made available at a later date

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Effects on women's and children's diet adequacy	16/02/2022	17/02/2022	Yes	No
<a href="#">Results article</a>		26/03/2019	10/01/2024	Yes	No
<a href="#">Results article</a>	Dietary diversity	03/05/2025	07/05/2025	Yes	No

[Protocol  
article](#)

protocol

06/09/2017

Yes

No