Emerging Evidence: How Integrated Referrals are Associated with Adherence, Food Security and Resilience

Mandy Swann
Technical Advisor

Claire Gillum
Technical Officer
Livelihoods and Food Security Technical Assistance II (LIFT) Project

- Associate award under FIELD-Support LWA with PEPFAR funding from the USAID Global Health Bureau’s Office of HIV and AIDS
- Collaboration with other USG food security, nutrition and HIV and AIDS initiatives
- Managed by FHI 360 in collaboration with core partners CARE and World Vision
- August 2013 – July 2018
LIFT Overview

- LIFT works across sectors
  - Health (HIV and nutrition)
  - Economic strengthening/livelihoods
  - Food security
- LIFT strengthens clinic-to-community referrals that connect vulnerable people, including those living with HIV, to services that can increase:
  - Food security
  - Economic stability
  - Improved access to and retention in health care and support ART adherence
Livelihoods Pathway

**PROVISION**
- Cash Transfers
- Savings
- Food and Labor Schemes

**PROTECTION**
- Group Savings and Loans
- Micro-insurance
- Household Food Production

**PROMOTION**
- Enterprise Development
- Microcredit
- Value Chains

LOW
HOUSEHOLD VULNERABILITY
HIGH

LOW
HOUSEHOLD LIVELIHOOD & FOOD SECURITY
HIGH
LIFT is a technical assistance project with a mandate to generate evidence on its approaches.

These assessments leverage M&E data for operations research on client outcomes.
LIFT in Lesotho

- National adult HIV prevalence: 22.7%
- Districts: Mohale’s Hoek and Thaba-Tseka
- Partner: Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC)—implemented by Management Sciences for Health (MSH)
- Engaged 32 referral network members through lead organizations, Phelisanang Bophelong (PB) and Centre for Impacting Lives (CIL)
Lesotho Vulnerability & Food Security Study

• **Purpose:** To assess whether services received by clients through participation in the integrated referral system were associated with changes in household food security and vulnerability.
• **Design:** Pre-post assessment
• **Data Sources:** Client surveys (incl. Household Hunger Scale (HHS) and modified Progress out of Poverty Index (PPI) – “LIFT Score”)
Lesotho Vulnerability & Food Security Study

Methods

- HHS and LIFT Score data were collected at the time of referral for all clients
- Allowed for classification of clients and, therefore, targeting to appropriate services
- Formed the basis for the assessment tool
Client Referred (Collect LIFT Score/HHS)  

Client Completed Referral?  

Completed Referral Survey (Repeat LIFT/HHS)  
Mar – Dec 2016 (n=174)  

Yes  

HH Vulnerability or Food Security Worsened?  

Yes  

Worsened Survey Sept – Dec 2016 (n=51)  

No  

Loss to Follow-up Survey  
Mar – Dec 2016 (n=112)
Lesotho Vulnerability & Food Security Findings

Percent of clients with improved food security and reduced vulnerability one year after completing referral

- Food Security
  - Referral client sample (n=174): 25.9%
  - PLHIV referral client sample (n=28): 53.6%

- Vulnerability
  - Referral client sample (n=174): 55.7%
  - PLHIV referral client sample (n=28): 75.0%
Comparing the sample’s average scores at referral and one year post-referral shows an *improvement on both measures*. 

<table>
<thead>
<tr>
<th>Vulnerability – LIFT Score (0-100)</th>
<th>Food security – HHS (0-9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in score is an improvement</td>
<td>Decrease in score is an improvement</td>
</tr>
<tr>
<td>Referral: 58.82</td>
<td>Referral: 1.90</td>
</tr>
<tr>
<td>Post-referral: 62.59</td>
<td>Post-referral: 1.54</td>
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</table>
Lesotho Vulnerability & Food Security Findings

- Clients who did **not complete referrals** (n=112) noted the following barriers:
  - Lack of resources (39.3%)
    - Money
    - Time
    - Transportation
  - Confusion/ lack of information (11.6%)
  - Some clients, or their household members, faced health issues which they say forced them to choose **not** to devote limited resources available to acting upon their referral.
Lesotho Vulnerability & Food Security Findings

• Clients who completed referrals **but worsened** (n=51, with 15 PLHIV)
  – Experienced a change in household size (47.1%)
  – Moved from where they were living at the time of the referral (33.3%)
  – Grow at least some of the food their household relies upon on their own or communal land (51.0%)

• Recall that the drought became more severe in 2016, and clients:
  – Stated their harvest was much weaker than prior year (100.0%)
  – Have had no surplus harvest to sell (100.0%)
  – Cited drought as the primary reason for their food insecurity over the year since referral (13.9%)
LIFT Addresses Common Barriers to HIV Care

Barriers to HIV Care:
- Food insecurity
- Transportation costs
- Income cuts or lost opportunity costs

HIV Treatment Cascade
ART Adherence and Retention Assessment

- **Purpose**: To understand whether completing a referral from a health facility to a community-based service was associated with lower ART default among PLHIV
- **Design**: Observational cohort assessment
- **Data Sources**: Referral records and clinical ART records
ART Adherence and Retention Methods

- Clinical ART records of PLHIV referral clients and comparison clients were reviewed at multiple time points to determine if referral clients were more or less likely to default on treatment:
  - Using referral data, LIFT provided health facilities with random sample of Referral Client IDs
  - Facilities matched Referral Client ID to individual clinical records
  - Facility staff used standardized forms to provide LIFT with de-identified data for each client on outcomes of interest
ART Adherence and Retention Methods

The assessment followed the same referral and comparison clients over time

Referral Client Sampling:

– Malawi (3 rounds):
  o 6 health facilities
  o n = 120 referral clients (round 1); n = 110 (round 2); n = 89 (round 3)

– Tanzania (2 rounds):
  o 4 health facilities
  o n = 40 referral clients

• Comparison Groups:
  – Malawi: referral clients compared to all ART clients at the same facilities
  – Tanzania: referral clients compared to an equal number of age and sex matched non-referral ART clients from the same facilities
ART Adherence and Retention Findings

Risk of ART Default Among Sampled ART Clients

- **Malawi Round 1 (July, 2015)**: Referral Client Default Proportion 10.0%, Comparison Group Default Proportion 14.2%
- **Malawi Round 2 (January, 2016)**: Referral Client Default Proportion 2.7%, Comparison Group Default Proportion 14.9%
- **Malawi Round 3 (July, 2016)**: Referral Client Default Proportion 7.9%, Comparison Group Default Proportion 14.9%
- **Tanzania Round 1 (April, 2016)**: Referral Client Default Proportion 2.5%, Comparison Group Default Proportion 5.0%
- **Tanzania Round 2 (October, 2016)**: Referral Client Default Proportion 7.5%, Comparison Group Default Proportion 12.5%
Client Survey Findings: Tanzania

LIFT conducted surveys with sample of PLHIV referral clients (n = 74) to understand how referrals might have influenced adherence and other outcomes of interest.

- Clients reported that referrals contributed to:
  - Better health for self and/or family (85.1%)
    - Helped to buy or grow food (66.2%)
    - Helped afford transportation to facility (60.8%)
  - Improved household food security (68.9%)
  - Improved economic security (55.4%)
  - Reduced stigma within community (78.4%)
Client Survey Findings: Malawi

Surveys with a sample of referral clients (n = 173) found that:

• The majority of clients surveyed in all three districts reported that their ability to save money had improved after completing their referral
• 72.7% of PLHIV surveyed in Balaka and 95.7% of PLHIV surveyed in Kasungu and Lilongwe credited referrals for helping them stay on ART
• After the referral, 76.0% of clients in Balaka and 92.3% of clients in Kasungu and Lilongwe indicated they would be willing to spend their savings on health costs.

Results published in Global Health: Science and Practice
http://www.ghspjournal.org/content/4/4/610.full
Conclusions and Implications

- Clinic-community referrals were associated with improvements in average household food security and economic resilience, despite severe drought conditions in Lesotho.
- Promising trends indicate that implementing clinic-community referrals along with clinical ART programming could be beneficial in reducing client default in different contexts.
- LIFT will continue to explore these outcomes within its own programming, including a better understanding of possible pathways of effects.
- These approaches can supplement routine M&E for implementers tasked with measuring client outcomes without substantial research funding.
  - Efforts can be informed by LIFT’s learning in areas of assessment design, planning, implementation and data analysis.
Practitioner Guides

Visit the LIFT website for our set of Practitioner Guides on establishing, supporting, improving, and assessing integrated referral networks:

http://theliftproject.org/tools/practitioner_guides/
Thank you!

Questions?

http://theliftproject.org

Tim Quick, PhD, MS – AOR
tquick@usaid.gov

Clinton Sears, MPH – Project Director
csears@fhi360.org

Mandy Swann, MPH – Technical Advisor
mswann@fhi360.org

Claire Gillum, MSPH – Technical Officer
cgillum@fhi360.org