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

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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



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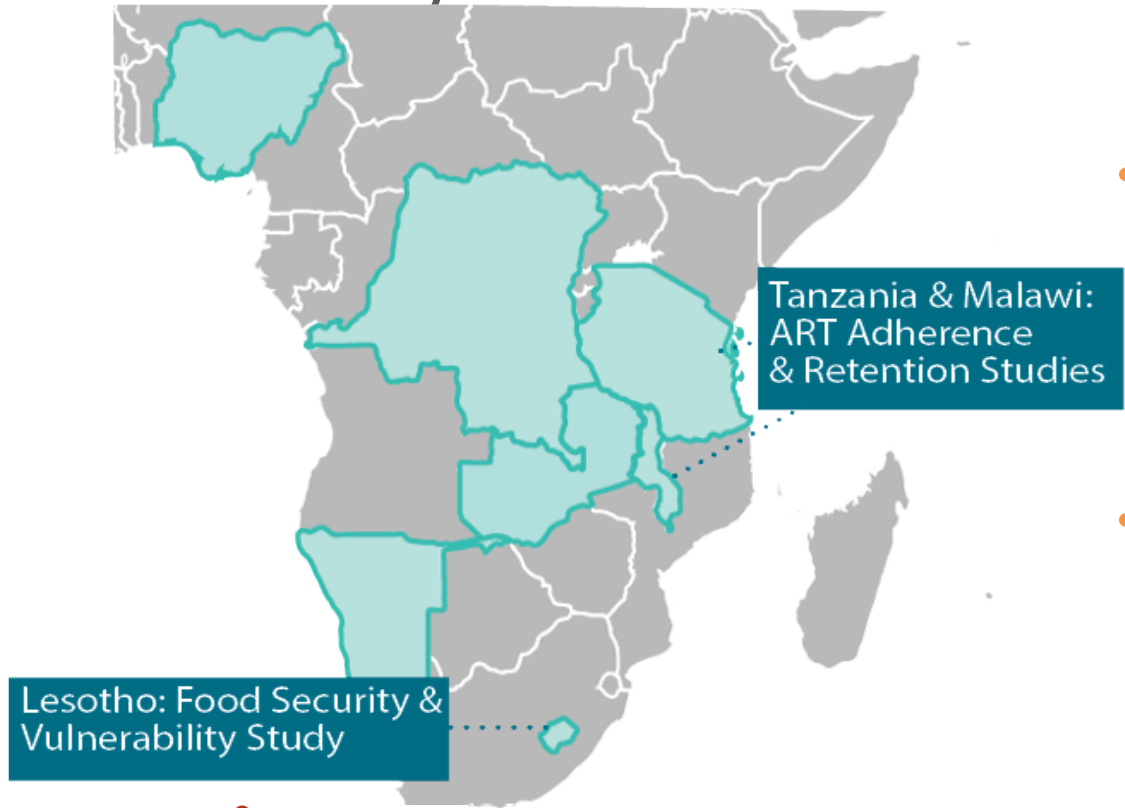
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Livelihoods Pathway



LIFT Countries/Activities



- 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: Mophale'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”)

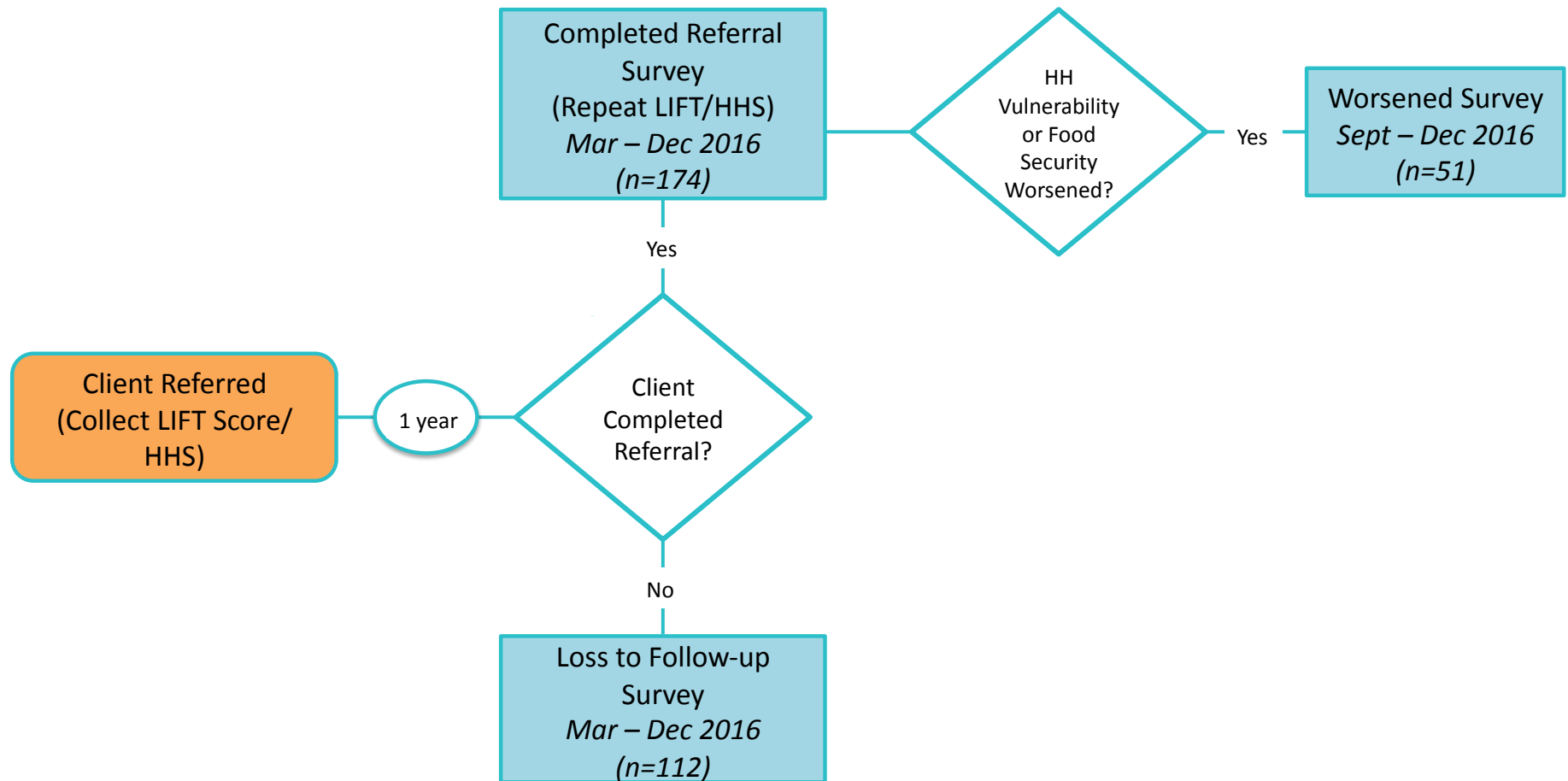


Lesotho Vulnerability & Food Security Study Methods

- 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

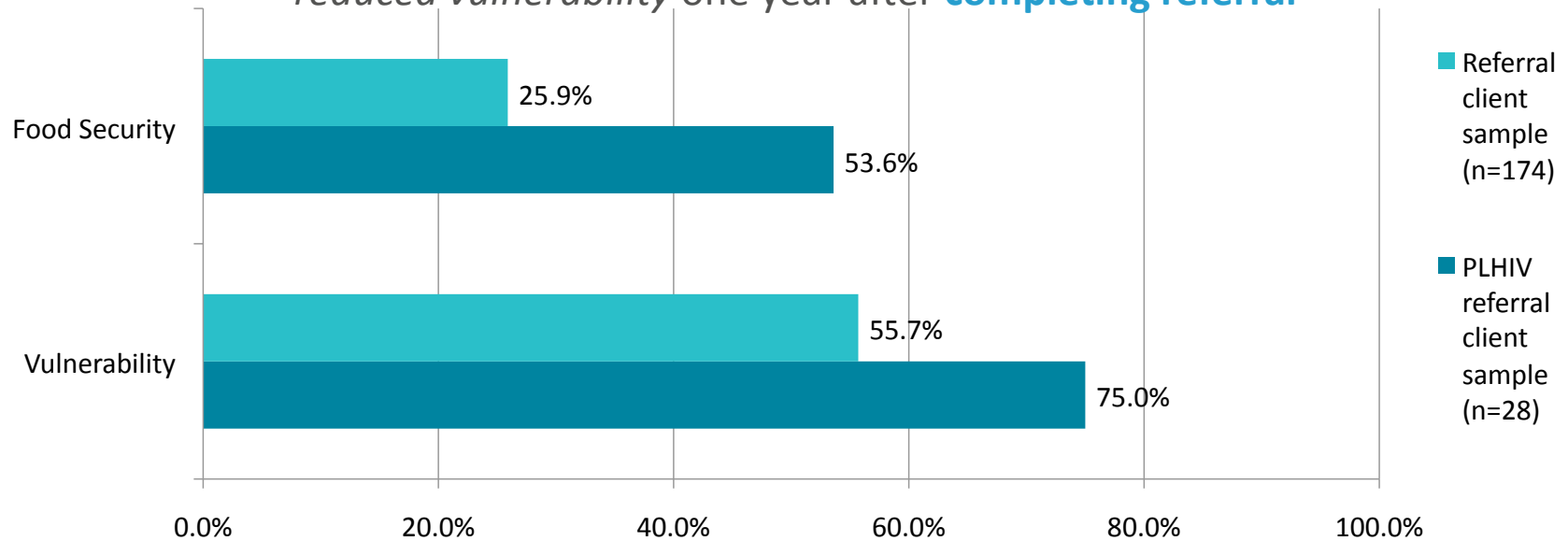
Poverty and Food Security Map	Provide	Protect	Promote
Severe Hunger			
Moderate Hunger			
Little to No Hunger			✓





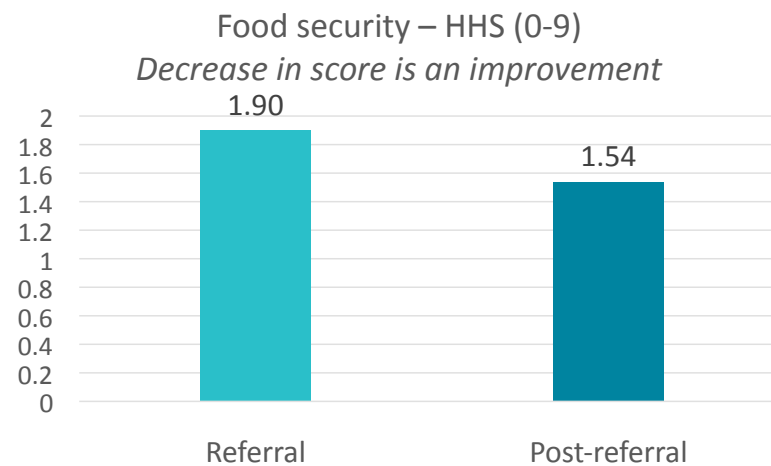
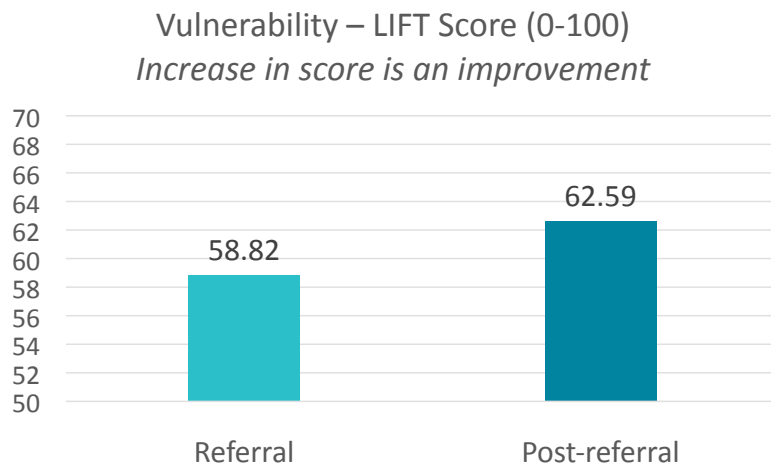
Lesotho Vulnerability & Food Security Findings

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



Lesotho Vulnerability & Food Security Findings

Comparing the sample's average scores at referral and one year post-referral shows an *improvement on both measures*



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.

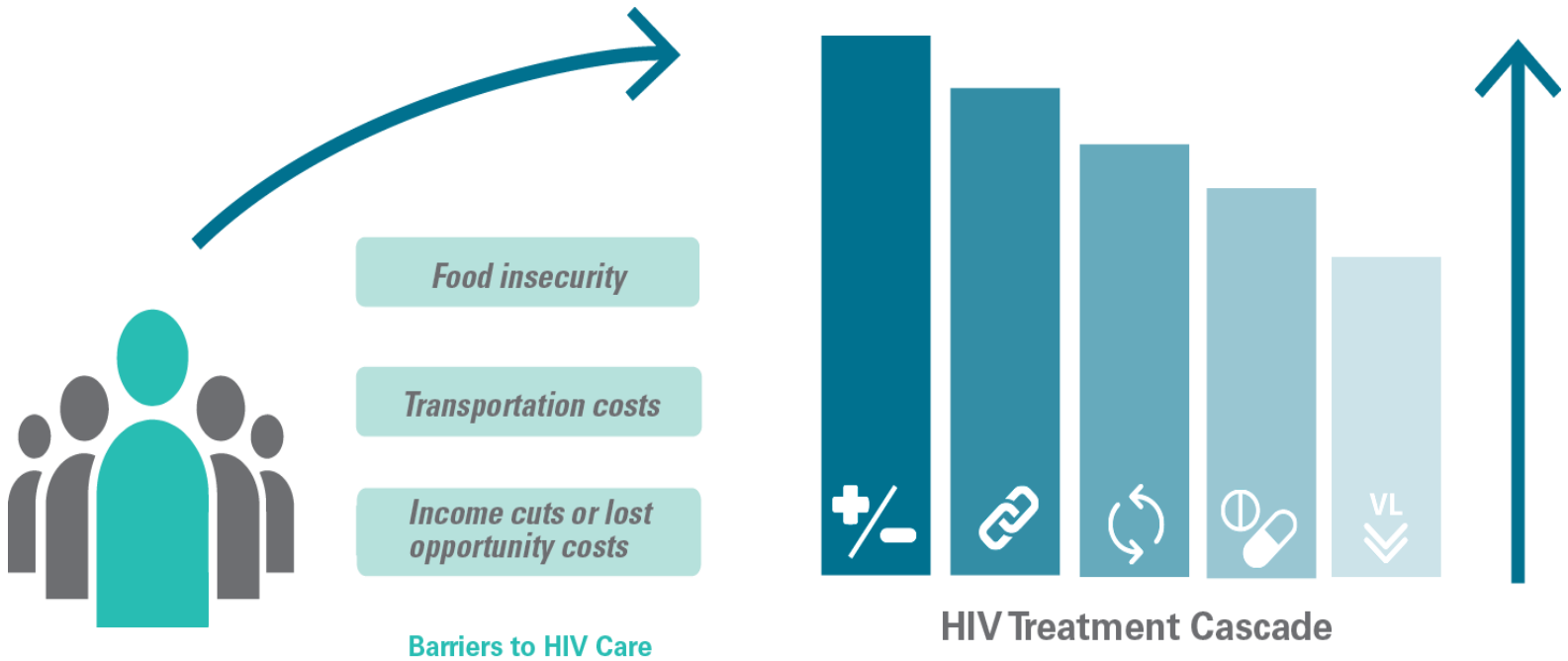


Lesotho Vulnerability & Food Security Findings

- 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



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):
 - 6 health facilities
 - n = 120 referral clients (round 1); n = 110 (round 2); n = 89 (round 3)
- Tanzania (2 rounds):
 - 4 health facilities
 - 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



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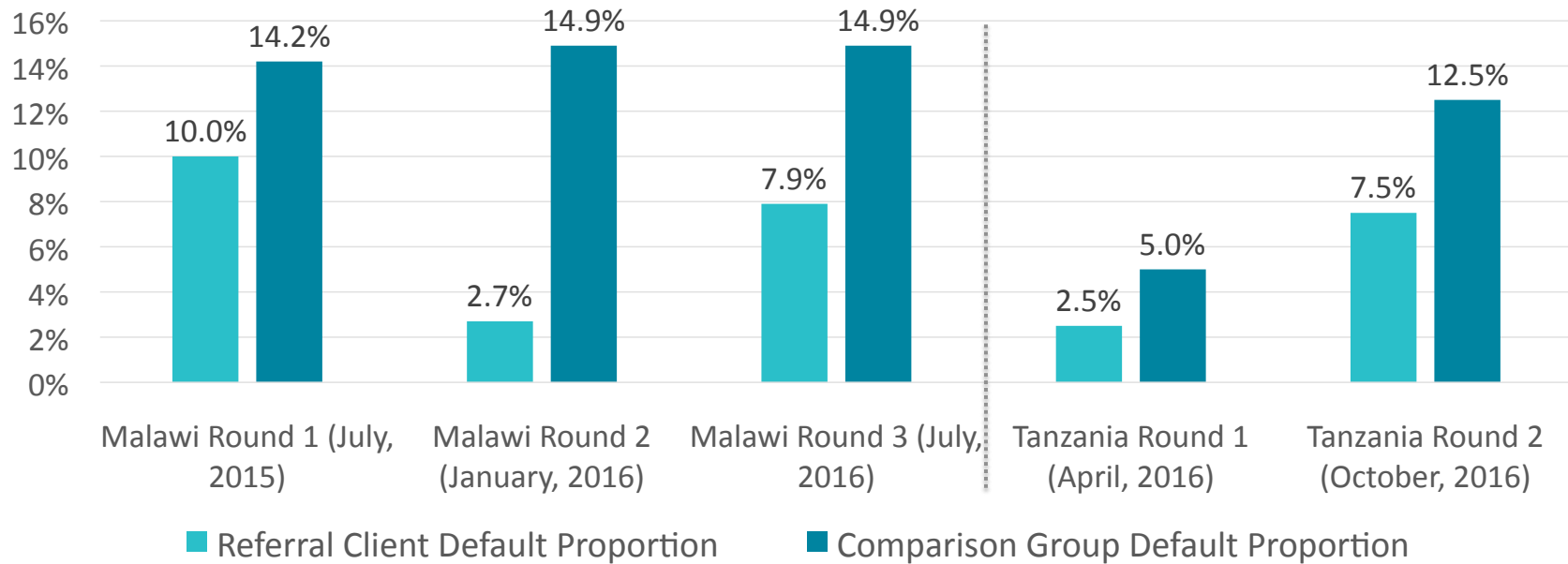


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ART Adherence and Retention Findings

Risk of ART Default Among Sampled ART Clients



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



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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/





LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

Thank you!

Questions?

<http://theliftproject.org>



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