

Integrated Referrals and Enhanced Resilience in Lesotho



Household food and economic security affect people's health, as well as their ability to provide basic necessities for themselves and their families. Although interrelated, among vulnerable populations these needs are often addressed by separate organizations or programs that specialize in one area or another. With this in mind, the Livelihoods and Food Security Technical Assistance II (LIFT II) project made a move to connect organizations and people in a new way.

LIFT II, funded by the U.S. Agency for International Development (USAID) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), was a seven-country project that, among other mandates, worked with health facility staff and existing community service providers to establish two-way referral networks in sub-Saharan Africa. These referral networks linked people living with HIV, orphans and vulnerable children, and the caregivers of orphans and vulnerable children to community-based economic strengthening, livelihood, and food security services.

In Lesotho, a landlocked country of 2.16 million in southern Africa, LIFT II worked in the districts of Moleleke and Thaba-Tseka from 2013 to 2016. Nearly half of the Lesotho population lives below the poverty line, and the estimated HIV prevalence of 22.7 percent is one of the highest burdens of HIV in the world. Climate change is also hitting the country hard. Lesotho's characteristic alternating dry and wet periods, which have historically made life and work difficult due to famines and flooding, are anticipated to transform into increasingly drier and hotter conditions in the coming years. This is already producing declines in agricultural production and livestock husbandry, leading to food shortages and decreasing the quality of livestock products.¹ It was in this context that LIFT II conducted project activities in Lesotho.

LIFT II'S COMMUNITY REFERRAL NETWORK PROGRAMMING

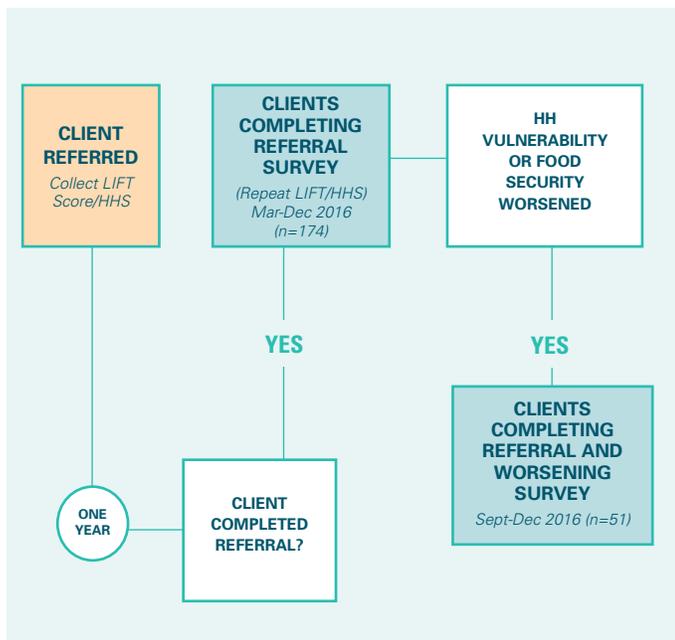
LIFT II's work in Lesotho focused on building the capacity of local service providers and facilitating referrals. The project also tracked and collected data on referrals to help understand how linkages between clinics and community service providers can improve client outcomes, specifically food security and economic vulnerability.²

In 2013, LIFT II first compiled a directory of existing community-based organizations and government offices or programs providing services that could benefit clients. These multisectoral services included small

business loans, savings group membership, agricultural training, child protection, and health education. LIFT II, in collaboration with its partner, the Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) project, then facilitated a training with 25 community-based organizations in Moleleke and Thaba-Tseka to introduce them to economic strengthening, livelihoods, and food security concepts and opportunities. People acting as the referral focal points at the facilities—typically nurses or others with regular patient interaction—were trained to have a conversation with clients around any needs they were experiencing in their lives related to health, food security, economic stability, or children's education. Once the clients' needs were identified, the focal point offered to connect them to organizations or government offices able to address those needs. LIFT II worked with these entities to enroll clients in the referral program from December 2014 to January 2016.

THE VULNERABILITY AND FOOD SECURITY (VFS) STUDY

Although LIFT II program staff intended for clients who completed referrals to community-based services to experience improved food security and reduced economic vulnerability, they wanted to explore more systematically whether this was the case. They needed to measure the clients' food security and economic vulnerability status before they received a referral, and later, after completing the referral and receiving the service(s). Thus, in addition to its programmatic referral activities, LIFT II also conducted the Vulnerability and Food Security (VFS) Study, a pre- and post-assessment of clients enrolled in the referral program, to learn whether the clients who completed referrals experienced changes in food security and economic vulnerability. An additional objective was to identify contextual factors that may have resulted in a worsening of food security and economic vulnerability following clients' completed referrals to services. Clients ages 18 and above, or their parent/guardian, were surveyed (Figure 1).

FIGURE 1. SUMMARY OF CLIENT PARTICIPATION IN THE VFS STUDY

PRE-TEST SURVEY

During the process of enrolling people in the referral program, LIFT II assessed food security and economic vulnerability scores of the clients. This doubled as the pre-test assessment for the study and was intended to help connect participants to the most appropriate community-based services.

HOUSEHOLD HUNGER SCALE

In the pre-test assessment, the referral focal point asked clients three questions about the frequency of food insecurity occurrences using the Household Hunger Scale (HHS), a validated measure developed by the Food and Nutrition Technical Assistance (FANTA) project to measure household hunger in food insecure areas. Response options for the three questions were “No—never,” “Yes—rarely,” “Yes—sometimes,” or “Yes—often.” Responses were individually scored and then aggregated to produce a final HHS score on a scale from 0 to 9 (with higher scores indicating greater food insecurity). Based on clients’ responses, their households were classified into three food security categories:

- Little to no hunger (raw scores from 0 to 1)
- Moderate hunger (raw scores of 2 to 3)
- Severe hunger (raw scores of 4 to 9)

LIFT SCORE

In addition, 10 “LIFT score” questions were asked of clients. These questions were modeled after the Progress Out of Poverty Index (PPI), originally developed by the Grameen Foundation. As with the HHS score calculation, responses were individually scored and then aggregated to produce a final LIFT score on a scale of 0 to 100 (with lower scores indicating greater vulnerability).

Based on LIFT scores, client households were classified into three economic vulnerability categories:

- Provide (most vulnerable, with raw scores from 0 to 29)
- Protect (middle group, with raw scores of 30 to 64)
- Promote (least vulnerable, with raw scores from 65 to 100)

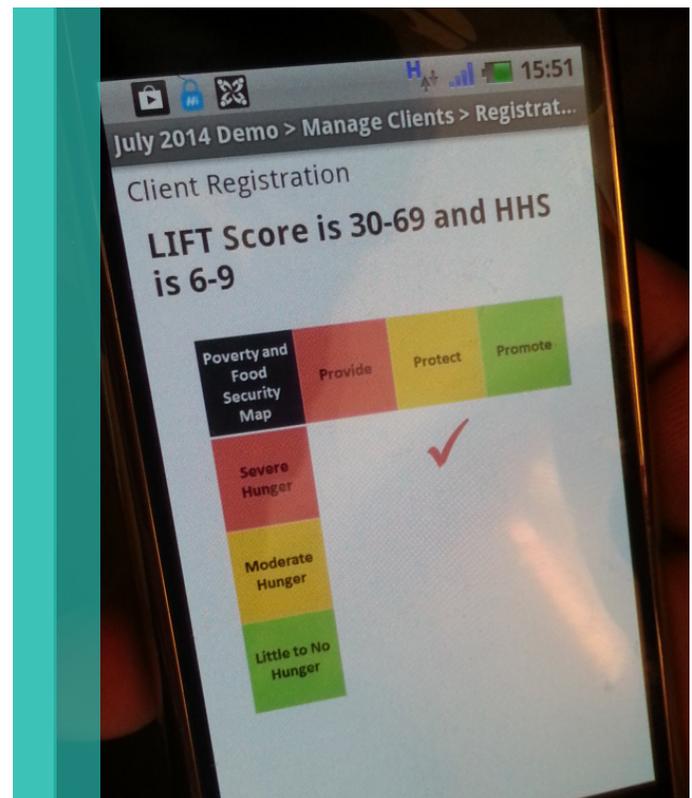
These HHS and LIFT score classifications were intended to help guide referral focal points in connecting clients to the most appropriate services in their communities.

SUPPLEMENTARY QUESTIONS

Further, six supplementary questions were asked to better understand clients’ referral experiences:

- At the time of your referral, did you understand how a referral could help you?
- Did you find the information provided to you when you were referred useful?
- Did you know where to go?
- From your perspective, have you noticed a change in your or your family’s health or nutrition that you think is a result of participation in the referral system?
- Do you believe that participation will help improve your or your family’s health or nutrition over time?
- Would you go through the referral process and get another referral for another service again if you had the opportunity?

The pre-test surveys and enrollment in the referral program were conducted from December 2014 to January 2016.



POST-TEST SURVEY

For the post-test assessment, conducted from March to December 2016, LIFT II surveyed a sample of the clients who had completed their referrals—that is, they had sought and received the service recommended to them by the referral focal point—and recalculated their food security and economic vulnerability scores. Surveys were conducted one year after the referral had been made and consisted of the same questions about food security and economic vulnerability as the pre-test. This enabled program staff to understand whether any changes had occurred in clients' status.

WORSENERD FOOD SECURITY AND ECONOMIC VULNERABILITY SURVEY

Lastly, from September through December 2016, a third group was surveyed. These clients comprised members of the referral completion group who had been assessed in the post-test as having a worsened food security and/or economic vulnerability status. The survey questions focused on changes that may have taken place in their households over the previous year to help LIFT II understand what may have happened in clients' lives that could have contributed to their worsened status(es).

When sampling for this survey, LIFT II selected any client whose raw score change—rather than categorical score change—on the post-test indicated a worsening in food security and/or economic vulnerability, as this more fully captured those whose households may have experienced a decline in either area since completion of referrals.

This survey consisted of the three HHS questions, 26 questions related to household characteristics, and four questions related to crop production, harvest yields, and spending on foodstuffs. The intent was to identify any household-level changes that might relate to the worsened scores.

FINDINGS

FOOD SECURITY IMPROVED FOR A QUARTER OF CLIENTS

Of the 174 clients who completed referrals, about one-quarter showed an improvement in their raw food security score (i.e., HHS score) at one-year post-referral, with around one-fifth also improving their food security category (i.e., severe, moderate, or little to no hunger). At the same time, the percentage whose raw scores for food security worsened were similar to those for whom it improved, at slightly over one-quarter. Categories for food security worsened among 16.7 percent of clients (Table 1).

TABLE 1. SCORES OF CLIENTS COMPLETING REFERRALS

| | LIFT Score (n=174) | | HHS Score (n=174) | |
|-----------------|-----------------------|------------------------|-----------------------|------------------------|
| | Category Change n (%) | Raw Score Change n (%) | Category Change n (%) | Raw Score Change n (%) |
| Improved | 36 (20.7%) | 97 (55.7%) | 29 (20.7%) | 45 (25.9%) |
| Static | 118 (67.8%) | 11 (6.3%) | 109 (62.6%) | 83 (47.7%) |
| Worsened | 20 (11.5%) | 66 (37.9%) | 36 (16.7%) | 46 (26.4%) |

ECONOMIC VULNERABILITY IMPROVED FOR MORE THAN HALF

Of the 174 clients who completed referrals, more than half showed an improvement in raw LIFT score (i.e., economic vulnerability score) at post-test compared to pre-test, while just over 20 percent improved sufficiently to move up to a higher category (i.e., provide, protect, promote) indicative of greater economic security (Table 2). Those clients whose raw LIFT II scores worsened amounted to around one-third of the sample, while 11.5 percent dropped down to a lower category, indicating movement toward greater economic vulnerability for some households.

CLIENTS FOUND THE REFERRAL SERVICES BENEFICIAL

More than half of the 174 clients (56.9 percent) also noticed a change in their or their household's health or nutrition, which they attributed to participation in the referral network. Nearly all (97.7 percent) believed that participation would help improve their individual or household's health or nutrition over time. The same number also reported that they would welcome a referral for another service should they have the opportunity, supporting the notion that referrals were perceived as beneficial by clients.

Because of the wide range of referral services, clients experienced some of their benefits in the short term, whereas other potential benefits would be apparent beyond the one-year follow-up survey. Therefore, the fact that almost all sampled clients expected improvements in their household's health or nutrition to occur over time, rather than only in the immediate, suggests that future assessments might benefit from a time-series design, whereby repeat follow-ups take place over an extended period.

EL NIÑO DROUGHT OF 2016 AFFECTED HOUSEHOLD FOOD HARVEST FOR SOME

Fifty-one clients were surveyed about their worsened economic and/or food security. Around half reported growing at least some of their household's food on their own land or communal land, and all 26 of these clients stated that their harvest in 2016 was much weaker than usual. They also indicated that their harvest had been insufficient to produce surplus for sale.



CONCLUSIONS

We observed improvements in clients' household food security and reductions in their economic vulnerability one year after their referral to community-based services. In addition, clients themselves viewed the referral services as highly beneficial. However, due to limitations in the study design, as noted, and the small sample size, we cannot directly attribute client advances to the referral systems. We recommend that these promising results form the foundation of future rigorous assessments of the potential connection between community-based, multisector referral networks and food security and economic resilience.

ACKNOWLEDGMENTS

We thank the Centre for Impacting Lives in Mohale's Hoek and Phelisanang Bophelong in Thaba-Tseka for providing general oversight of referral operations. We also thank USAID/Lesotho, the many members of the Mohale's Hoek and Thaba-Tseka referral networks, the data collection team, and the clients who shared their experiences.

AUTHOR INFORMATION

Claire Gillum is a senior technical officer in FHI 360's Social and Behavior Change Division. Under the LIFT II project, she provided technical assistance to several country programs, including support for data collection, analysis, and reporting of the Vulnerability and Food Security Study in Lesotho. Zach Andersson, acting LIFT II project director, served as monitoring and evaluation specialist at the time of this study in Lesotho.

Interestingly, the most frequent multiple-choice option selected as the reason was "lack of resources" (n=22), with only five clients selecting "other" and citing drought as the cause.

For rural communities who rely heavily on income from farming, the lack of surplus for sale is likely to result in greater household expenditures on food, having a serious impact both on food security as well as economic vulnerability. The fact that many clients did not directly name the drought as the primary cause of their food insecurity may have been the result of survey design or semantic issues in the wording of the questions and response options. Even though "lack of resources" was the most frequent response, it could have been referring to a lack of water, seeds, or fertilizer to properly manage drought conditions. Additionally, clients may have selected "lack of resources" with the hope that LIFT II would provide additional farming inputs or benefits, both of which were beyond the scope of the project.

- 1 United Nations Development Programme [Internet]. "Lesotho." 2015 Jul 5. New York: UNDP. Available from: <https://adaptation-undp.org/explore/southern-africa/lesotho>.
- 2 More information on the current evidence base can be found on LIFT II's website: <http://theliftproject.org/es-and-hiv-state-of-the-evidence/>.

This publication is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under Cooperative Agreement No. AID-OAA-LA-13-00006. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the U.S. Government.