

# SHORT-TERM CASH AND FOOD ASSISTANCE

Evidence-Based for Retention in HIV Care

Evidence-Based Structural Intervention

Good Evidence for Medication Adherence

## INTERVENTION DESCRIPTION

### Goal of Intervention

- Improve retention in HIV care
- Improve ART adherence

### Target Population

- People living with HIV (PLHIV) who are food insecure and recently initiated antiretroviral treatment (ART)

### Brief Description

*Short-Term Cash and Food Assistance* is an intervention that provides short-term food or cash assistance for food insecure PLHIV in Tanzania who recently initiated ART. Participants receive nutrition assessment and counseling (NAC), plus the opportunity to receive a monthly cash transfer or food basket for up to 6 consecutive months, conditional on attending monthly scheduled visits with the HIV care provider. Cash transfers are valued at 22,500 Tanzanian Shillings (approximately \$11 USD dollars, \$66 maximum during intervention period) and are transferred via mobile money services or are given to participants directly if they have no access to a mobile phone. Food baskets are also valued at approximately \$11, and included whole maize meal, groundnuts, and beans.

### Theoretical Basis

None reported

### Intervention Duration

- Receipt of monthly cash transfers or food baskets for up to 6 consecutive months

### Intervention Setting

- HIV primary care facilities (two hospitals and one peri-urban clinic)

### Deliverer

- HIV care provider

### Delivery Methods

- Cash and food incentives

### Structural Components

- Social Determinants of Health – Survival
  - Provided cash transfers or food baskets for up to 6 consecutive months, conditional on attending scheduled visits with the HIV care provider

## INTERVENTION PACKAGE INFORMATION

**An intervention package is not available at this time.** Please contact **Sandra McCoy**, Division of Epidemiology, School of Public Health, University of California, 2121 Berkeley Way West, MC 7360, Berkeley, CA 94720.

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## EVALUATION STUDY AND RESULTS

### Study Location

The original evaluation was conducted in Shinyanga, Tanzania between December 2, 2013 and August 17, 2016.

### Key Intervention Effects

- Increased retention in HIV care
- Improved medication adherence

### Recruitment Settings

Two hospitals and one peri-urban clinic

### Eligibility Criteria

PLHIV were eligible if they were at least 18 years of age; newly initiated on ART within 90 days or less; and were food insecure, as measured with the Household Hunger Scale (score of  $\geq 2$ ). Moderately malnourished PLHIV (BMI 16-18.5kg/m<sup>2</sup>) were determined to be eligible for inclusion given the frequency of moderate malnutrition among ART initiates and the lack of any special nutritional or clinical services for this group at study sites.

### Study Sample

The baseline sample of 800 men and women is characterized by the following:

- *64% Female, 36% Male*
- *Median age of 35 years; interquartile interval 29-43 years*
- *Median body mass index (BMI) of 21.0 kg/m<sup>2</sup>*

### Assignment Method

Participants were individually randomized to 1 of 3 study arms: NAC and Cash Transfers (n=347), NAC and Food Baskets (n=345), or NAC-only comparison (n=113).

### Comparison

Participants in the comparison group received the standard HIV primary care services, including NAC.

### Relevant Outcomes Measured

- Retention in HIV care was measured as:
  - Appointment attendance, defined as the proportion of scheduled visits completed at 6 and 12 months

- Lost to follow-up (no evidence of HIV primary care visits at least 90 days since last scheduled visit) at 6 and 12 months

### Participant Retention

Because participant retention is not a criterion for the Linkage to, Retention in and Re-engagement in HIV Care chapter, the Prevention Research Synthesis project does not evaluate that information.

### Significant Findings on Relevant Outcomes

#### ***NAC and Cash Transfers intervention vs. NAC-only comparison***

- NAC and Cash Transfers intervention participants had significantly improved retention in care, measured as appointment attendance, than NAC-only comparison participants at 6 months post-initiation of intervention (unadjusted difference = 13.5%, 95% CI= 9.1—17.8,  $p<0.01$ ; adjusted difference = 13.9%, 95% CI= 9.5—18.3,  $p<0.01$ ) and at 12 months post-initiation of intervention (unadjusted difference = 11.3%, 95% CI= 7.2—15.5,  $p<0.01$ ; adjusted difference = 11.8%, 95% CI= 7.6—16.0,  $p<0.01$ ).
- NAC and Cash Transfers intervention participants had significantly improved retention in care, measured as lost to follow-up, than NAC-only comparison participants at 6 months post-initiation of intervention (unadjusted difference = -10.0%, 95% CI= -17.3— -2.8,  $p<0.01$ ; adjusted difference = -10.3%, 95% CI= -17.7— -3.0,  $p<0.01$ ) and at 12 months post-initiation of intervention (unadjusted difference = -10.6%, 95% CI= -20.1— -1.1,  $p<0.05$ ; adjusted difference = -11.9%, 95% CI= -21.7— -2.0,  $p<0.05$ ).

#### ***NAC and Food Baskets intervention vs. NAC-only comparison***

- NAC and Food Baskets intervention participants had significantly improved retention in care, measured as appointment attendance, than NAC-only comparison participants at 6 months post-initiation of intervention (unadjusted difference = 11.8%, 95% CI= 7.5—16.2,  $p<0.01$ ; adjusted difference = 12.2%, 95% CI= 7.8—16.6,  $p<0.01$ ) and at 12 months post-initiation of intervention (unadjusted difference = 8.9%, 95% CI= 4.7—13.1,  $p<0.01$ ; adjusted difference = 9.2%, 95% CI= 5.1—13.4,  $p<0.01$ ).
- NAC and Food Baskets intervention participants had significantly improved retention in care, measured as lost to follow-up, than NAC-only comparison participants at 6 months post-initiation of intervention (unadjusted difference = -9.4%, 95% CI= -16.7— -2.1,  $p<0.01$ ; adjusted difference = -9.6%, 95% CI= -17.0— -2.1,  $p<0.01$ ).

### Considerations

- Analyses were adjusted for site, WHO clinical stage, occupation, and language.
- This intervention also meets criteria as an evidence-based intervention for the Medication Adherence (MA) and Structural Interventions (SI) Chapters of the PRS Compendium.

#### *Non-significant effects on relevant outcomes:*

- There were no statistically significant effects between the NAC and Food Baskets intervention arm and NAC-only comparison arm for retention in care, measured as lost to follow-up, at 12 months post-initiation of intervention (unadjusted difference = -7.6, 95% CI= -17.4-2.1; adjusted difference = -8.5, 95% CI= -18.6-1.7)

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## REFERENCES AND CONTACT INFORMATION

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