



LIFT II: Low Tech Referrals are Changing Lives

OVERVIEW Using paper referrals and a bottom up approach to community services for HIV positive patients, CARE's LIFT II project serves 6,400 people in Malawi and the Democratic Republic of Congo by connecting them to Village Savings and Loan/ and food security opportunities.

The Problem

HIV Dramatically Decreases Opportunities

Malawi has an HIV prevalence rate of nearly 11%, and the Democratic Republic of Congo (DRC) has a rate of roughly 1%. For the 1.5 million people living with HIV in these countries, their opportunities to make a productive and healthy life are extremely limited. Even when health centers provide Anti-Retroviral Treatment (ART) at no cost, patients have to invest time and money in getting to the health center and buying nutritionally rich foods to support their

health. Besides that, disclosing their status can cost them their jobs, their friends, and any support they may have had from the community. Often, this disaster happens to families that are already food insecure and on the edge of subsistence. Their poverty makes it difficult to adapt to the challenges of HIV, and HIV makes their poverty even more extreme.

The Solution

Build Referrals to Existing Community Services, and Make Services Accessible to the Poorest People.

In 2013, with funding from the President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID) awarded LIFT II to a consortium headed by FHI 360. LIFT II's primary goal is to provide evidence-based, gender-sensitive programming to improve household economic strengthening and food and

“I didn't think an HIV positive man could save and be a part of the VSLA. Working with LIFT II gave me the confidence to go join a group despite my HIV status. Joining the VLSA let me earn some money that we use the buy soap and food for our household. It makes me feel like I can take care of my children.” -LIFT II Patient

nutrition security support as a component of a continuum of nutrition and health care and support for vulnerable individuals and families. An essential component of the LIFT II approach is supporting community referral networks that systematically and appropriately link Nutrition Assessment, Counseling and Support (NACS) clients with community-based economic strengthening and food security support.

As part of the goal to provide evidence on what works, LIFT II has 10 different programs trying different approaches in multiple countries to see what works. CARE has taken on projects in Malawi and DRC to test low-tech, paper-based referrals to Village Savings and Loan Associations. CARE's referral system is grounded in a bottom-up system of community support through community volunteers and associations.

CARE's pilot under LIFT II focuses on getting extremely vulnerable people—in this case, mostly HIV positive patients—access to services that can help them live full and productive lives. While many services are targeted to people who have at least a little extra income, LIFT II concentrates on getting access for the poorest of the poor. Village referral volunteers work with community groups so that they accept poorer members into the group, and to make sure that all are welcome. The model focuses on community integration and a bottom-up approach to services.



“It has been easy to get VSLAs to accept vulnerable people. They think about what it was like for them to get the chance to join the VSLA, and they want to give those same opportunities to other people who need them.” LIFT II Referral Volunteer

By bridging the gap between the most vulnerable and those who are a little better off, the program is able to build community solidarity, opportunities for HIV positive patients, and income opportunities for the whole community. By focusing on low-tech approaches grounded in community systems, the process is easy for health care practitioners to adopt, and less intimidating for patients.

The Evidence

What Have We Accomplished?

In just under a year, CARE has served over 4,500 people in Malawi, and 1,900 in DRC, with a 95% referral success rate. The program also has great sustainability, since some of the VSLAs that patients have joined have been running for the last 5 years without any external support from CARE. Once the groups are running, and they have agreed to bring in the most vulnerable community members, they need very little external investment to see big returns.

Tapping into existing services has been a very efficient approach. CARE estimates that it costs \$11 per patient to include them into existing VSLA platforms and to make the platforms accommodating for the most vulnerable. These approaches have been at least 10 times more effective than the next closest pilots, both in terms of numbers reached and the success of the referrals.

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