Picking up the Pace: Facilitating Access to Key Services

More than 40% of Malawians survive below the poverty line. Around 80% reside in rural areas dependent upon agriculture and small business, yet many can’t afford to buy seed and fertilizer necessary to avoid lackluster harvests. Repeated cycles of food insecurity and malnutrition result, especially among the most vulnerable and marginalized members of society. Microfinance services and small loans made to rural families in poverty make a huge difference, particularly in cases where factors like health expenses for chronic conditions such as HIV and TB are taken into account. LIFT recognizes that client needs—whether health, economic or food related—are diverse yet interconnected. As such, we have been collaborating with service providers like Vision Fund Malawi to build and strengthen coordination mechanisms in Balaka District to address client needs more holistically.

According to Malawi’s Third Integrated Household Survey (IHS3), residents of Balaka go without enough food for an average of 3.7 months per year. More than 75% of respondents experienced food shortage in the 12 months prior to the survey, yet only 3.7% of children 0-5 years old were enrolled in nutrition programs. With the highest ultra-poverty rate in the entire country, it is clear that Balaka is a district with great need. Vincent Malola is the Supervisor of Vision Fund Malawi’s Balaka branch and is no stranger to the challenges facing rural people.

Vision Fund, a financial service provider, has been a championing member of the Balaka Referral Network (BRN) since its inception in June 2013. LIFT II is supporting the network to enhance clinic-community linkages among the 21 BRN service providers that up to this point have not collaborated regularly, or at all, and Vincent recognizes the value of participating. The support that LIFT has provided—convening relevant and diverse stakeholders to collaboratively establish the BRN as well as developing and training network members on referral tools, such as CommCare, a mobile referral case management application housed on smartphones—has opened opportunities to help people who may not have had awareness or access to Vision Fund’s services. “LIFT has contributed much to our organization… We have more clients now… And CommCare has assisted us to meet clients faster.”

Vision Fund has received several referrals from new clients, and Vincent explained that many of these people “come from far outside town.” CommCare has made it easier and more efficient for Vision Fund to reach clients. Whereas in the past, Vision Fund would enroll new clients one at a time from their brick and mortar office, now “…one person may visit the office, then go home and explain available services to others. They form groups and call Vision Fund back to the community…” to enroll more people and deliver services. These new clients are registered into the BRN system, which connects them to other useful resources in the process.

At the time of the IHS3, over 88% of respondents from Balaka had never applied for a loan, and nearly 30% did not even know any lenders. The BRN has opened up doors for these people to access beneficial support from microfinance providers like Vision Fund—in fact, Vision Fund has already exceeded its capacity threshold of 350 clients and is in the midst of expansion. A satellite office will soon be opened in Ulongwe, one of the most at-risk parts of the district. Additionally, collaboration has begun between Vision Fund and the local Kalembo Health Center to ensure that clients needing support financially are sent to Vision Fund and that Vision Fund can also support Kalembo by providing loans and business services that improve livelihoods to help increase adherence to treatment and retention in care.

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was launched in 2013 by USAID as a follow on to the LIFT project (2009-2013). LIFT II’s primary goal is to build the continuum of care for people living with HIV and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihoods and food security opportunities to improve their economic resilience and lead to better health. LIFT II is implemented by three core partners—FHI 360, CARE and World Vision.

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