Renewed Hope and Resilience Through Referrals: Elisia’s Story

Elisia Nghimutina, a 40-year-old single mother of four, lives in a rural village in Engela, a district in northern Namibia. Though she engages in seasonal subsistence agriculture, her crops are dependent on the rains, which are unpredictable and unreliable. She also buys household goods from the nearby town to resell in her village, but this venture yields a very modest income. As a further stretch of her limited resources, Elisia is part of a large extended family, some members of which have fewer resources than she does and rely on her for support. Elisia’s situation is far from unique: Engela District is typical of rural areas in that part of the country, characterized by acute poverty, low agricultural production and the myriad challenges presented by HIV and AIDS. To address these complex and varied needs, Livelihoods and Food Security Technical Assistance II (LIFT II) is providing a unique kind of support to Elisia’s community and others like it.

The project engaged in a series of activities designed to facilitate client referrals among nutrition, health and livelihoods service providers. Referrals like these minimize missed opportunities to help people in a holistic way, rather than focus on only one dimension of their need. The activities included intensive stakeholder engagement, development of referrals resources, and training and ongoing capacity building on how to establish and run a referral network. Now, clinic-to-community referrals have become a reality.

Late last year, when one of Elisia’s children became sick, she took him to Odibo Health Centre for treatment, and the provider discovered that her child was severely malnourished. Elisia received nutritional counseling and therapeutic foods for her son; however, she was surprised when the nurse asked her if she was interested in receiving a referral to the constituency office (local government office). She accepted the referral but did not act on it until talking with a relative who strongly encouraged her to go. Her relative, a member of a local HIV support group, had participated in a referral training conducted by LIFT.

It’s a testament to the breadth of LIFT’s engagement—as well as the importance of peer support—that Elisia was convinced to act on the referral. At the constituency office she was assessed for poverty and food security with the LIFT diagnostic tool, provided with food aid to address her and her family’s immediate needs, and further referred the local branch of the Ministry of Agriculture so that she could apply for inputs (such as seeds and fertilizer) and ploughing support for her field.

Elisia’s story is just one success of the clinic-to-community referral system. Stakeholders and clients appreciate the benefits of community service providers working with health facilities to refer clients receiving clinical nutrition and HIV services to economic strengthening, livelihoods and food security support. The referral network has increased awareness of the range of services available in the district. In addition to reducing community members’ food insecurity and improving economic opportunities, the referrals also increase their sense of self-reliance and support greater adherence and retention in care among people living with HIV, a noted challenge in the district.

To date, the referral system in Engela has had an uptake of at least 380 clients who have been referred to economic strengthening, livelihood and food security services. The referral networks in Namibia were launched in June and July 2014, and one year later they are being self-sustained by the network members and leaders with very minimal support from the project. The Engela referral network has shown its commitment by continuing to hold regular review meetings and significantly increasing the number of clients referred and served. In addition, the network is increasingly focused on facilitating access to longer-term services, such as agricultural production support, income generating activities and livelihood training, to help ensure self-reliance for the households of people living with HIV.

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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