Linkages and Savings for Sustainable Change in DRC

It is a late afternoon in Lubumbashi. Grace Muyimba* is not yet home. She began the day with an ART appointment at the health clinic before heading to Tsamilemba (community meeting place not far from the clinic) for the gathering of her savings group, called Amani, which means “hope” in Lingala. As the group’s chairperson, she has no time to relax—today the group will conduct their first-ever share-out ceremony since its inception 9 months ago. At the end of each saving cycle, the group allocates the money available to share out amongst the members in proportion to the amount that they have saved.

On this day, the 23-member group—18 women and 5 men—had saved about $1,800, which was distributed proportionately to each member, and also reported a separate $220 social fund used to pay for life events such as health expenses, funeral contributions and wedding gifts. On her way home, Grace passed by the market and used her portion of the shared out funds to buy some groceries for her home and school kits for her two children who will be recommencing a new school semester in a couple of days.

Amani is among the 60 savings groups that have been initiated in Kinshasa and Lubumbashi in DRC with technical support from LIFT II since October 2014. These groups are a part of the bi-directional referral system that facilitates linkages of HIV, TB and Option B+ clients from NACS facilities to economic strengthening and food security (ESFS) services available in their communities. These linkages aim to positively impact adherence and retention in HIV care and treatment as well as nutrition outcomes.

In both Kinshasa and Lubumbashi, clients identified through the nutrition assessment and counselling processes are given referrals with the help of NACS staff and peer educators/expert clients to available ESFS services. To date, these have mostly taken form in referrals to village savings and loan associations (VSLAs), like Amani, and food assistance provided by World Food Program (WFP) through its local partners.

From October 2014 to July 2015, at least 1,300 clients accessed food assistance in the form of corn-soya blend (CSB), vegetable oil and pulses (i.e., grain legumes like dry beans and lentils) through the referral system, while 1,503 members joined VSLA groups. The volume of clients reached has been possible largely due to the strong collaboration and coordination with government programs, global partners, PEPFAR partners and local organizations in Kinshasa and Lubumbashi.

The partnership between LIFT II and WFP to support Option B+, TB and HIV clients in NACS sites with food aid has strengthened the NACS implementation. The establishment of the coordinating platform for HIV and nutrition stakeholders under the leadership of PRONANUT, DRC’s National Nutrition Program, has enhanced stakeholder engagement and influenced the discourse on NACS implementation. LIFT II’s collaboration with FANTA and ASSIST in coordinating with partners has cultivated substantial political goodwill to support and own referral and linkage activities. In addition, the coordination between the partners makes it easier to transition the program to the government or other programs when phasing out, and feedback from the partners has helped LIFT II improve its referral systems and tools over time.

This coordination and collaboration has been a key component of the strategy to phase and close out activities in the Bondeko, Kidikini, Kingabwa and Mbankana project sites in Kinshasa. LIFT II’s strategy to transition and handover to government, local organizations and other donor programs will ensure the necessary continuity of referral activities. The referral network steering committees have become a critical part of the project’s sustainability plan and their functionality has been reinforced through the community scorecard processes, allowing for a smooth transitioning of ongoing referral activities towards new initiatives, such as PRONANUT and 4 Children, ensuring the permanence of referral services.

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*name changed to protect privacy

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