

## SUCCESS STORY

## Tackling Extreme Poverty through Linking Health and Economic Strengthening Services in Lesotho



Photo credit: John Fay/FHI 360
Limakatso Masehlela, a trainer from the Centre for Impacting Life (CIL), presents the voluntary savings and lending booking and procedure manual during LIFT II's training on household economic strengthening (HES) in Mohale's Hoek. Masahlela had previously participated in a one-day HES training conducted by LIFT in April 2013 and returned to further her knowledge and skills during the expanded three-day training held in November 2013.

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, marketled 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.

Disclaimer: This success story is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States government.

Poverty is a harsh reality for the 46% of the population of Lesotho living on less than USD \$1.25 a day. Added to the economic challenges of this small country are an HIV and AIDS crisis of epidemic proportions; just under one in four people are living with HIV, the third highest prevalence rate in the world. Fifteen percent of child deaths are from malnutrition, and stunting is estimated at 39%. This convergence of poverty, disease, and hunger is shattering the traditional social safety nets in existence for so many generations and putting the burden fully on individuals, families, communities and increasing demand on already stretched health and social service infrastructure.

Looking to improve social and economic conditions for HIV-affected populations, the Ministries of Health (MOH) and Social Development (MOSD) developed a unique partnership. This is occurring through the integration of Nutrition, Assessment, Counseling, and Support (NACS) into routine maternal and child health services and improved referral networks. Specifically, this effort looks to reduce perinatal transmission of HIV and to improve the immunization of children under five years old.

The MOSD's first step was to refine their grants program into a conditional cash transfer (CCT) program to meet the needs of its poorest and most vulnerable popu-

lations. This step was supported by PEPFAR through the provision of technical assistance from the Livelihoods and Food Security II (LIFT II) project and the Local Building Capacity (BLC) program. Trainings on best practices in the design and implementation of social and economic strengthening programs have been provided to build the knowledge and skills of the district and headquarters leadership and frontline staff of the MOSD and its implementing partners.

Photo credit: John FayIFHI 360

Participants gather in Mohale's Hoek for a three-day HES training conducted by LIFT II in November 2013.

In Maseru, MOSD and community based organization (CBO) leaders recently attended training on improving social and economic strengthening programs. The participants developed an innovative pilot project that advances the Partnership for HIV Free Survival (PHFS) by placing a focus on mothers and baby pairs through linking CCT to immunizations. The goal of this pilot is to use CCTs to improve nutrition and immunizations for children under five years old.

"The [economic strengthening] training was necessary to assist households to diversify their income and make them more responsive to different needs of the family and also reflect the positive impact on the community at large."

- Director, MOSD

The CCT pilot is expected to start in 2014 and has been conceived with the additional goal of making data based decisions to fine tune program operations. Placing mother and baby pairs at the center of the program may strengthen both their role within the program and potentially in the eyes of their families and communities. Additionally, the program establishes the importance of collaboration between the MOSD and MOH to tackle the multifaceted challenges facing Lesotho.





