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LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

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Acronyms and Abbreviations

AA	Associate Award
ARP	Adherence and Retention Project
ART	Antiretroviral Therapy
ASPIRES	Accelerating Strategies for Practical Innovation & Research in Economic Strengthening
ASSIST	Applying Science to Strengthen and Improve Systems
BCSON	Balaka Civil Society Organization Network
BLC	Building Local Capacity Project
CARE	CARE International
COP	Country Operational Plan
CRS	Catholic Relief Services
DRC	The Democratic Republic of the Congo
DT	Diagnostic Tool
ES4VP	Economic Strengthening for the Very Poor
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
FANTA	Food and Nutrition Technical Assistance III
FIELD-Support	Financial Integration, Economic Leveraging, Broad-Based Dissemination
FtF	Feed the Future
GHI	Global Health Initiative
HES	Household Economic Strengthening
HQ	Headquarters
KM	Knowledge Management
LER	Linkage, Engagement and Retention
LGA	Local Government Authority
LIFT II	Livelihoods and Food Security Technical Assistance II
LWA	Leader with Associates
MEASURE	MEASURE Evaluation
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health

MOHSS	Ministry of Health and Social Services (Namibia)
MOU	Memorandum of Understanding
NACS	Nutrition Assessment, Counseling and Support
NCST	Nutrition Care, Support and Treatment (Malawi)
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PEPFAR	President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
QI	Quality Improvement
RNOM	Referral Network Operations Manual
SUN	Scaling Up Nutrition
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Centre
ToT	Training of Trainers
UREA	University of Kinshasa's <i>l'Unité de Recherche en Ethique Appliquée/</i> Applied Research and Ethics Unit
USAID	United States Agency for International Development
USG	United States Government
WV	World Vision

I. Introduction

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was initiated by the U.S. Agency for International Development (USAID) Office of HIV and AIDS (OHA) under Cooperative Agreement No. AID-OAA-LA-13-00006. LIFT II was launched August 1, 2013 as a five-year associate award (AA) under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA). LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). This report presents LIFT II programming covering the period of January 1, 2014 – March 31, 2014 as required under Section A5 Reporting and Evaluation of the agreement.

II. Background

Under the President’s Emergency Plan for AIDS Relief (PEPFAR) the incidence of new HIV infections continues to decline, and antiretroviral therapy (ART) has become more widely available. ART provision has had positive impacts on people living with HIV and AIDS (PLHIV) who are living better and longer lives, but at the same time has created more pressures for governments and communities with already scarce resources to provide ongoing care and support. More work remains to be done to address the impact of HIV on people’s livelihoods and food security, especially in countries with both high HIV prevalence and high rates of malnutrition. LIFT II will continue to foster a systemic approach that connects PLHIV to economic strengthening, livelihoods and food security (ES/L/FS) services at the community level, in order to improve their overall food, nutritional and economic security and strengthen adherence and retention in care.

LIFT II will expand its working model activities initiated under LIFT I by systematically linking nutrition assessment, counseling and support (NACS) clients with community services. Under LIFT II the working model will be strengthened and rolled out in different countries and settings to provide evidence-based, gender-sensitive programming to improve household access to ES/L/FS support into the continuum of care. The roll-out of the working model will occur at several early learning sites (described below) in coordination with national and subnational government and partners. These early learning sites will be used as essential learning laboratories and provide important evidence to inform scale-up and integration of ES/L/FS into NACS. LIFT II technical assistance (TA) activities will meet four key objectives:

- 1) Improved access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services
- 2) Strengthened community services that provide ES/L/FS support as a component of a continuum of care for families
- 3) Expanded evidence base for ES/L/FS programming impacts on health and nutrition, particularly with regard to retention in care, replicability, implementation at scale, cost-effectiveness and sustainability
- 4) Provision of global technical leadership and strategic support to improve the quality of ES/L/FS programs and activities that support PEPFAR, Global Health Initiative (GHI) and Feed the Future (FtF) investments

III. Accomplishments

In the previous quarter, the LIFT II team made significant gains across a variety of focal areas. This section highlights our actions to increase client outreach, advance on the scale of referral implementation, continue engagement with local stakeholders and with USAID mission staff, and secure additional funding for new and existing country programs through country operational plan (COP) funding.

In response to USAID requests, the LIFT II team has developed an **acceleration strategy** that will rapidly establish bi-directional referrals between NACS sites, food aid and savings services. As described in the country updates below, the approach will significantly increase client outreach and the scale of LIFT II's geographic footprint in each country where the project is working. Unlike the systemic **standard of care approach** that is being implemented in sites like Balaka, Malawi and Kingabwa, DRC, implementation of the LIFT II acceleration strategy will now move quickly to establish referral systems prioritizing food and savings services, establishing a foundation for quick geographic expansion to many more sites and substantially increasing client outreach, while simultaneously setting the necessary components in place to build toward a more systemic model of care in the future.

As activities progress, LIFT II country teams are **continuing to make headway by including a larger number local service providers** into its network. During the last quarter more than 133 service providers participated in stakeholder meetings in Malawi, DRC and Namibia. Reports back from all meetings were extremely positive and reflected high levels of community buy-in towards setting in place referral systems that are community led, owned and managed. Stakeholders described their interest in facilitating referrals, servicing clients with economic strengthening (ES) services and being part of the greater LIFT II project network. LIFT II will build upon these networks in the coming months as client referrals are initiated across these and other countries.

The LIFT II team **submitted three COP proposals to missions** in DRC, Lesotho, and Zambia during this quarter. The COP proposals described the association between the level of funding and the anticipated level of project activity. Additionally, the notes embraced the accelerated and standard of care service delivery packages and how LIFT II complements other mission funded initiatives (i.e., Food and Nutrition Technical Assistance III [FANTA], Applying Science to Strengthen and Improve Systems [ASSIST] and Accelerating Strategies for Practical Innovation & Research in Economic Strengthening [ASPIRES]).

Additional accomplishments and deliverables are listed below and then expanded upon in the following sections:

- Collaborated in the Nutrition Care, Support and Treatment (NCST) guidelines meeting in Malawi by developing and presenting a new section on establishment of clinic-to-community referral systems for inclusion within the guidelines
- Expanded the number of sites and stakeholders in DRC, Namibia, Tanzania and Lesotho to ensure that LIFT II can adequately keep pace with the expansion strategies planned by FANTA and ASSIST in these countries

- Engaged with the newly appointed Nutritional Advisor for USAID/Southern Africa, Joan Matji, acquainting her with the LIFT II approach and our country portfolio and also arranged for a joint TDY in Lesotho in April and possibly another joint TDY in Malawi in May
- Developed and demonstrated a mobile database using the CommCare platform for implementation in Balaka, Malawi
- Trained data collectors on assessment tools and implementation of the organizational network analysis (ONA) and conducted the ONA in five sites across Tanzania and Lesotho
- Conducted stakeholder workshops to present ONA outputs and to start a discussion around the development of a network of ES/L/FS providers in four sites across Namibia and DRC
- Carried out a joint TDY with FANTA and ASSIST in DRC to scale up NACS Acceleration Model in Lubumbashi
- Developed three technical notes on cash transfer and voucher programs which focus on (1) providing an overview of this intervention, (2) sharing best practices on implementation, and (3) gathering the emerging evidence base
- Produced a technical process note around the ONA and how LIFT II uses this process to facilitate the creation of referral networks
- Wrote 12 blog posts documenting our in-country experience, several of which have received additional attention by broader communication channels
- Created a referral database and referral implementation training for Namibia sites

IV. Country Focus

The Democratic Republic of the Congo Activity

Progress

In the last quarter, LIFT II developed plans to accelerate the roll-out of its referral model to additional sites in Kinshasa and Katanga. LIFT II's projected implementation in 28 sites includes the addition of 10 sites in Kinshasa and 16 total sites in Katanga through FY 2015.

LIFT II is adhering to the complete standard of care service package in the Kingabwa, Kinshasa site; however, LIFT II will implement an accelerated model focused on linking clients principally to savings and food aid services in the remaining 27 sites.

Key highlights from activities held in DRC this quarter include:

- *Scaling up NACS acceleration model in Lubumbashi, Katanga:* Following a phone call with USAID (Charly Mampuya and Anne-Marie Frere) in January 2014, LIFT II is moving forward with USAID's recommendation to modify its referral model to accelerate to reach an additional 27 NACS sites in FY 14-15.

- *Recruitment of Lubumbashi site coordinator:* CARE/DRC, LIFT II's lead implementing partner in the DRC, began recruitment for this position March 2014 and anticipates hiring by end of April.
- *Submission of COP proposal:* LIFT II's COP request was submitted to the USAID Mission for \$485,000 to continue the expansion of work in Kinshasa and Katanga.
- *Joint NACS partnership TDY (LIFT II, FANTA and ASSIST) in January 2014:* The objectives of the joint TDY were to (1) refine the 2014 LIFT II/DRC joint work plan, (2) conduct a joint rapid assessments in six sites in Lubumbashi in collaboration with FANTA and ASSIST; and (3) conduct ONA stakeholder workshops in Mbankana and Kingabwa.
- *ONA stakeholder engagement:* LIFT II organized ONA stakeholder workshops to discuss the results of the ONA and steps for strengthening ES/L/FS services, the referral networks and, ultimately, the referral process. The stakeholder workshops were held in Kingabwa January 13-14 and in Mbankana January 21-22. The meetings were attended by 44 service providers including ES/L/FS and health service providers as well as representatives from government departments (PRONANUT, Ministry of Economic Planning and Development, Ministry of Health, the office of Mayor of Kingabwa).
- *Technical support to network taskforces:* LIFT II provided technical and logistical support to the referral network taskforces to develop an action plan for referral network development, update the referral directory, and finalize of the constitutions. The networks in both Mbankana and Kingabwa have each held five meetings during the quarter, and LIFT II has participated in three of these meetings.
- *Adaptation of LIFT II client diagnostic tool (DT):* LIFT II adapted the diagnostic tools used in Malawi and Namibia to the DRC context. LIFT II will test the DT in Kingabwa in April 2014.
- *Coordination with programs and partners:* LIFT II worked closely with other programs such as FANTA, PROVIC, ICAP and EGPAF. The project also participated in partner coordination and knowledge sharing meetings organized by PRONANUT and PROVIC in Kinshasa.

Issues and Proposed Solutions

- *Budget and technical implications of expansion in Kinshasa and Lubumbashi:* USAID/DRC's request for an expansion of activities to 28 sites in FY14-15 will have implications on the budget and technical approach. The two-pronged approach (systemic and accelerated) for Kinshasa and Lubumbashi will command additional resources and operating structures on the ground. This has been addressed in project and budgetary planning and solutions may include the investment of some core funding.
- *Managing expectations of referral network members:* Another challenge encountered during this quarter was the continued expectation by some members of the network taskforces that LIFT II will provide financial support in addition to the TA. LIFT II is increasing its communication effort to clarify expectations.

Upcoming Activities

- *Recruitment of Lubumbashi site coordinator (April 2014)*: Due to the anticipated increase in Lubumbashi activity, LIFT II is hiring a site coordinator to be based in Lubumbashi. The coordinator will play a key role in rolling out the accelerated strategy for bi-directional linkages between savings groups and food support services and PLHIV in the targeted NACS sites in Lubumbashi.
- *Diagnostic tool testing (April/May 2014)*: Following the approval of the research protocol by the University of Kinshasa's *l'Unité de Recherche en Ethique Appliquée/ Applied Research and Ethics Unit (UREA)*, LIFT II has hired data collectors to conduct the DT testing in Kingabwa in April 2014. Prior to data collection, the team will undergo a two-day training focusing on ethics, review of research protocol, review of the diagnostic tool, and the data collection process itself.
- *Research on referral database and platform (April/May 2014)*: LIFT II will collect data on costs and geographic reach of major cellular providers in DRC to inform how mobile technology will be incorporated in the referral system. The project will also explore the paper-based referral system and database arrangements which are included as a part of the accelerated approach.
- *TDY to Lubumbashi (May 2014)*: A TDY is scheduled for May 4-8, 2014 with the objective of conducting rapid assessments of the six FY 14 Lubumbashi sites, and activities will include mapping the saving and food support services around the NACS sites. The mapping will support opportunities for linkages to support an effective bi-directional referrals in the targeted NACS sites.

Lesotho Activity

Progress

Substantial progress has been achieved in Lesotho during this quarter. LIFT II submitted a COP request to the USAID Mission for \$250,000 to continue the expansion of its work in two of the three NACS districts. The project also continued to make strides in the implementation of our roll-out model working in cooperation with the USAID/Lesotho bilateral program, Building Local Capacity (BLC) led by Management Sciences for Health (MSH), to conduct the ONA in the Mohale's Hoek and Thaba-Tseka NACS districts.

As part of its ONA process this quarter, LIFT II:

- Trained two staff from BLC and a team of eight consultants in the data collection process for LIFT II's ONA.
- Enumerated and surveyed 49 service providers which included 25 organizations in Mohale's Hoek and 24 in Thaba-Tseka.
- LIFT II engaged with Catholic Relief Services (CRS) and WV to assess the potential for linkages with existing savings programs. Ample potential exists to collaborate with CRS in the two NACS districts where they currently have more than 200 savings groups in place to serve over 5,000 members.

- Provided advice to BLC on its performance monitoring plan (PMP) and developed a joint plan for monitoring and evaluation (M&E) and reporting.

Problems and Proposed Solutions

Activities to date continue to progress smoothly in Lesotho. The only issue that was highlighted through the ONA process is the low population density in conjunction with high levels of poverty and vulnerability that exist in the selected NACS sites.

Upcoming Activities

- *ONA stakeholder meetings (April/May 2014):* Two stakeholder meetings will be taking place next quarter. The first meeting will be held in Mphahle's Hoek on April 28-29. The second meeting will take place in Thaba-Tseka on May 1-2.
- *Participation in the Partnerships for HIV-Free Survival (April 2014):* LIFT II will take advantage of the upcoming TDY to also participate and support the Partnership for HIV Free Survival (PHFS) in Lesotho which is holding a meeting on April 24.
- *Engagement with USAID/Lesotho (April/May 2014):* The LIFT II team has coordinated an additional TDY with the newly appointed Nutrition Advisor for USAID/Southern Africa to introduce her to LIFT II and acquaint her with both our local and regional activities.

Malawi Activity

Progress

During the last quarter in Malawi, LIFT II made significant strides toward implementing the referral system in Balaka and developing an acceleration plan for other districts within the country.

- *Work plan and PMP:* The LIFT II/Malawi work plan and PMP were developed and shared with USAID/Malawi on January 30. On February 26, LIFT II met with USAID/Malawi to discuss project progress and planned activities, as outlined in the work plan and PMP. USAID/Malawi expressed its support of LIFT II, saying, "*LIFT is a project that more people need to know about. Its multi-sectoral approach, linking clinics to community-based services via bi-directional referrals in order to better address the needs of vulnerable people holistically, is truly fascinating.*" Concurrence for the LIFT II/Malawi work plan and PMP was received from Violet Orchardson, USAID/Malawi Nutrition Advisor, on March 10.
- *National NCST support:* During this quarter, LIFT II continued to coordinate and collaborate with FANTA and ASSIST around the NCST approach. A primary vehicle for the partnership has been work with the Ministry of Health on review and revision of Malawi's *National Guidelines on Nutrition Counseling, Support and Treatment (NCST) for Adolescents and Adults*. Specifically, LIFT II has developed and presented a new section on establishment of clinic-to-community referral systems for inclusion within the *Guidelines* and will also be leading the development of relevant referral job aids to be used by local service providers. In addition LIFT II offered commentary on the selection

of food security and HIV indicators most appropriate to include in the updated guidelines. The draft will undergo several rounds of review and editing before finalization in June.

- *CommCare development:* LIFT II has opted to use a mobile platform called CommCare (<http://www.commcarehq.org/home/>) to collect and manage referral system data in Balaka District, Malawi. During this quarter, LIFT II staff continued to configure the cloud-based CommCare database for use with local stakeholders.
- *Stakeholder engagement in Balaka:* During the past quarter, LIFT II conducted three visits to the project's early learning site in Balaka District.
 - From January 20-24, LIFT II was accompanied in Balaka by representatives from complementary TA projects FANTA and ASSIST. The joint team visited three clinical NCST health facilities where project activities overlap, in order to speak with quality improvement (QI) team members about local challenges and facility-based improvements and also to view data collection and case management systems first-hand.
 - LIFT II returned to Balaka on January 28-29, for a meeting hosted by the Balaka Civil Society Organization Network (BCSON) and attended by representatives from the Civil Society Agriculture Network (CISANET) and GIZ. Together partners discussed district and network priorities as well as how to potentially align activities.
 - On February 18-19, a simplified version of the LIFT II-facilitated CommCare referral system was demonstrated for 31 participants from 26 distinct health, nutrition, and ES/L/FS service providers active in Balaka District. Linley Hauya from ASSIST and Alice Nkoroi from FANTA participated in the second day of the demonstration.

Additionally, in March, the Sue Ryder Foundation in Malawi, headquartered in Balaka, was chosen by its peers to be the lead organization for the Balaka referral network.

- *Updating of LIFT II materials:* The *Directory of Services in Balaka District*, a core tool which will be complemented by referral forms and tracking mechanisms, was revised with new entries and updated contact information from several service providers.
- *Referral Network Operations Manual and training manual development:* LIFT II made considerable strides on the production of the *Referral Network Operations Manual* (RNOM) which is intended to provide complete technical coverage of the LIFT II-facilitated Referral Network in Balaka District, Malawi. In addition to the RNOM, LIFT II also began to produce a training manual.

Problems and Proposed Solutions

Activities in Malawi have continued to progress smoothly overall. There has been some delay in finalizing the LIFT II tailored version of the CommCare application for use in Balaka, but development is progressing. LIFT II is consulting with Dimagi, the developers of CommCare, for technical guidance in finalizing this activity.

Upcoming Activities

- *LIFT II acceleration (May/June)*: LIFT II has been utilizing a standard of care model to actively engage a diverse group of local and national stakeholders throughout the process of developing a referral system that will link clinical health and nutrition services to community-based ES/L/FS services in Balaka. As a global partner of the LIFT II project and renowned leader in community development around village savings and loan association (VSLA) activities, CARE is well-placed to support a rapid acceleration and expansion of activities within Malawi. LIFT II is now seeking to capitalize upon the foundation developed through CARE/Malawi's VSLA programs in Kasungu, Dowa and Lilongwe Districts. CARE and LIFT II are finalizing a proposal to accelerate implementation of a simplified referral model that will link VSLA groups to clinical NCST health facilities in Malawi.

CARE currently works with at least 2,000 VSLAs in the three target districts. Building bi-directional referral systems on this existing VSLA platform will facilitate greater reach and increase the number of highly vulnerable individuals who are able to access appropriate clinical care and nutritional services offered at NCST facilities. It will also link NCST clients to financial and food security support services existing within communities, but often based on membership in support groups such as VSLAs. This simplified referral process will enhance awareness of local services, provide individuals and households affected by HIV with opportunities for increased financial security, and create mechanisms to aid clients in accessing needed services, thereby contributing to increased adherence and retention in HIV clinical care.

- *Prepare for CommCare training and system launch (June)*: LIFT II will continue to work with Dimagi to finalize programming of the referral system, in preparation for a launch by early June. LIFT II is currently finalizing the RNOM and training manual, after which in-depth referral system training sessions with focal points at each participating service provider will be scheduled. LIFT II anticipates holding these trainings in early June in conjunction with the official launch.
- *Qualitative Study (June)*: LIFT II will support a qualitative interview series with our stakeholders in Malawi led by MEASURE Evaluation. The study is anticipated to inform LIFT II guidance on getting referral networks started, including questions such as 1) *What benefits do organizations see in a referral system?*, 2) *How did LIFT II engagement in Balaka work out?*, and 3) *How can LIFT II incentivize a referral system?*
- *National NCST support (ongoing)*: LIFT II will continue to provide updates to the text for the *National Guidelines on Nutrition Counseling, Support and Treatment (NCST) for Adolescents and Adults* and begin to develop the necessary job aids referred to in the guidelines.

Namibia Activity

Progress

This quarter LIFT II completed several necessary steps toward the development of referral networks in Namibia. ONA data collection was finalized in January and data analysis was

completed in the two sites. Thirty-five service providers identified in the Katutura site, which covers the catchment area of Katutura State Hospital and Katutura Health Centre; twenty service providers were identified in the Engela site, which covers the catchment area of Ongha Health Center and Engela Hospital. Data analysis generated several products including geographic network maps, referral service directories, and sociograms which visually depict different types of relationships between the service providers in each site.

In February 2014, stakeholder meetings were conducted at each sites to share and validate ONA results. These meetings also provided an opportunity for network members to develop priorities and determine action steps for improving referrals between clinical HIV and NACS services, and community-based ES/L/FS support. The stakeholder meetings were attended by a total of 65 participants representing over 50 organizations, including five government ministries, NGO service providers, private sector representatives, constituency councilors and other local authorities. Representatives from the Ministry of Health and Social Services (MOHSS) supported these meetings through joint planning and the delivery of presentations, which laid the foundation for the LIFT II approach and noted the critical gaps the project could fill. These interactive meetings led to the development of enthusiastic, multi-sectoral networks of service providers committed to strengthening referral systems that improve access to ES/L/FS services for HIV-affected and NACS clients. Key outcomes of both meetings were the agreement on concrete actions needed to establish referral networks for HIV and NACS clients in these sites and the establishment of voluntary referral steering committees to take forward the key actions and priorities identified in the stakeholder meetings.

In the month of March, with LIFT II support, the steering committee in Katutura met twice and the committee in Engela met once. Progress made by LIFT II in collaboration with the steering committees this quarter includes:

- *Referral process:* A draft detailed referral process for referring and tracking clients between clinical and community-based services has been developed and is being refined.
- *Referral facilitation:* The steering committees determined that Constituency Council Offices will lead the facilitation of clinic-community referrals as dealing with clients and service delivery/access are some of their core functions. This approach is sustainable as the constituency offices are government entities with community-level structures and staff in place. In addition, the referral system would actually add value to the way they conduct business since the referral system would provide opportunities for systematic data collection and the tracking of clients.
- *Referral system coordination:* Every constituency office would be expected to handle referrals in their own catchment area, with one of the offices playing an overall or lead referral coordination role in order to ensure data is synced and harmonized across the network and to coordinate regular meetings of the network, among other tasks.
 - In Engela, the Engela Constituency Office has agreed to take the lead Referral Coordinator role. The Engela Constituency Councilor, Hon. Jason Ndakunda, is the current Chair of the Referral Steering Committee in the district.

- In Katutura, John A. Pandeni (Soweto) Constituency Office has been identified as the likely lead Referral Coordinator for the referral system. LIFT II is in the process of engaging the management of the office to formalize this role.
- *Referral forms:* LIFT II has engaged MOHSS to explore the adoption of a form that the Ministry is already using for referrals in communities and expanding its use through these networks.
- *Poverty and food security diagnostic tool:* LIFT II oriented steering committee members on the Namibia-specific DT and its use for effective referrals.
- *Development of referral database:* LIFT II began developing a referral database for use by the network to track client referrals and other client- and household-level. The database will be tested and completed in the next quarter.
- *Referrals Toolkit:* LIFT II also began the process of developing a Referrals Toolkit which contains all the essential materials, tools and processes that will support the network members in the effective implementation of the referral system. The toolkit will be completed in the next quarter.

In addition, based on USAID/Namibia input and direction, LIFT II accelerated its planning for district-wide scale-up for the referral approach, identifying Engela district as the most viable option. LIFT II met with the Primary Health Care Supervisor in Engela and the additional six NACS-implementing health facilities in the district and obtained support for this district wide approach. The number of constituency offices that LIFT II engaged with expanded from four to all seven offices in the district.

This quarter LIFT II also worked with the Adherence and Retention Project (ARP) to establish concrete strategies for collaboration and transfer of the knowledge, tools and approaches generated through the LIFT II-supported networks. LIFT II also began planning with MOHSS counterparts and leadership for the integration of project activities into the MOHSS work plan to support the successful handover of project approaches, including a training of trainers (ToT) workshop for MOHSS staff on the poverty and food security diagnostic tool and other referral tools and processes. These activities will take place in the upcoming quarter(s).

Problems and Proposed Solutions

In preparation for project acceleration and closeout, LIFT II held meetings with the USAID/Namibia to ensure all activities in the LIFT II work plan are aligned with Mission priorities and explicitly focused on client linkage, engagement and retention (LER) in care. Based on these discussions, LIFT II revised and re-submitted the LIFT II/Namibia annual work plan to the Mission, including a closeout plan for project activities to be finalized by September 2014—this revised work plan was approved by the Mission in March. LIFT II was also asked to expand its referral model to include district-wide coverage. This is being carried out through the Engela site where the project is in the process of expanding from two to eight NACS-implementing health facilities and from four to seven constituency offices.

Upcoming Activities

- *Referrals Toolkit (April/May)*: LIFT II will continue to work with steering committees to complete the Referrals Toolkit.
- *Referral systems training (May/June)*: In the next quarter, LIFT II will conduct three-day referral systems trainings in each of the two project sites which will also serve to launch the site-specific referral networks.
- *Continued coordination with MOHSS (ongoing)*: LIFT II will continue coordinating with MOHSS staff and leadership to incorporate key activities, such as support to the referral networks, the MOHSS ToT on the LIFT II diagnostic and other referral tools, and ongoing use of the diagnostic tool in referrals, into the MOHSS work plans.
- *Handover of LIFT II tools and resources (ongoing)*: LIFT II will collaborate with the ARP project to hand over key tools and processes to support LER. The project will provide training and orientation on tools developed as well as integrate LIFT II's LER approaches into community volunteer training in Ohangwena.

Nigeria Activity

There was no progress on this activity during this quarter. LIFT II communicated with USAID Nigeria but has not received any feedback from them with regards to a potential time frame for a planned high level TDY.

Tanzania Activity

Progress

This quarter marked progress for LIFT II on several important milestones to strengthen ES/L/FS linkages as part of NACS in Tanzania. The onboarding of short term staff Lilian Tarimo and Grace Mbena in January facilitated consistent in country capacity resulting in the launch of activities in Iringa Region and coordinate with local partners. Recruitment for the full-time position based in Dar es Salaam was completed, top candidates were selected, and a plan to ensure continuity of staffing all were put in place by the end of March. Placing this key position in the capital will promote delivery of high quality and well-coordinated LIFT II TA that also ensures relevance and utility beyond the region. LIFT II will supplement this with resourcing regional assistance through consultants and partners to ensure activities are adequately supported at the regional and site levels.

Key accomplishments and progress this quarter included:

- *Mapping of ES/L/FS service provision and relationships in NACS catchment areas*: Training and data collection using the ONA methodology began in February with two of the three sites completed by the end of March. To date more than 50 service providers and relevant local government authorities (LGAs) have been engaged. This foundational work will drive LIFT II support to strengthen client access to bidirectional referrals between NACS and local ES/L/FS services in these areas and be adapted into a more streamlined tool for use in other sites.

- *Participation in national technical meetings and workshops:* Attended National Stakeholder Meeting on Household Economic Strengthening Guidelines at invitation of DAI's IMARISHA project and Ministry of Health and Social Welfare on March 18 and participated in the Joint Nutrition Workshop hosted for FtF partners and implementers on March 25-27.
- *Strengthening "S" in NACS in coordination with FANTA and PHFS:* Consultations and engagement with Tanzania Food and Nutrition Centre (TFNC) and FANTA on extension of LIFT II support of referrals and linkages to include eight additional NACS sites in Mafinga District of Iringa.
- *Strategy to accelerate and enhance opportunities to promote linkages between NACS and ES/L/FS services:* A strategy was drafted to build on this work in Iringa led to a tailoring and tier LIFT II assistance over the coming months to follow NACS in the other PHFS focus sites in two additional regions and 20 additional sites over coming year.
- *Coordination and engagement with local stakeholders:* Opportunities presented through TDYs and through these activities have identified areas where LIFT II may be able to work with other partners to further NACS and LIFT II objectives. These will be further explored next quarter under discussion with the Mission and key partners.

Problems and Proposed Solutions

Tanzania, and Iringa specifically, has a rich and complex implementer, donor, service provider and government landscape. It is critical for LIFT II to successfully navigate these relationships and systems, especially as the project works across different sectors and types of service providers. Appropriate approvals and buy-in from the private and public sectors as well community and health partners, have been key and can be common point of challenge.

Building on the rapid appraisal conducted last year, and emphasizing consultation and collaboration with FANTA, IMARISHA and ROADS staff the project have been useful strategies to seeing a positive launch in Iringa thus far. Shared resources in the form of various assessments and reports, as well as expertise from these partners and other bilateral partners have helped the projects informed approach a lot. Since Iringa represents significant programming activity for USAID as well as other donors, the project has found working with Joan Mayer (USAID/Tanzania in Iringa) in addition to Grey Saga (USAID/Tanzania Activity Manager in Dar es Salaam) a helpful strategy to minimize duplication and identify opportunities for synergy. It is crucial that LIFT II continues to consult often and early, and thorough varied channels to leverage these other investments and ensure value in LIFT II assistance for NACS clients and those that serve them.

Upcoming Activities

- *Joint training with FANTA and IMARISHA (April):* LIFT II will co-organize and present on referrals at the first joint training for LGAs in the Mafinga District of Iringa.
- *Recruitment of staff (April/May):* The project will complete candidate interviews, hire and onboard LIFT II full-time staff person as well as develop scopes and engage consultants to support regional Iringa activities.

- *Finalize ONA in Iringa (April/May)*: LIFT II is on track to complete data collection and analysis from the Iringa ONA conducted this past quarter.
- *Stakeholder engagement and referral directories (May/June)*: In the next quarter, LIFT II will conduct stakeholder meetings and finalize referral directories in the current Iringa, Mafinga and Kasanga sites as well as refine and inform approach for directory development for additional Iringa sites.
- *Harmonize and strengthen aspects of community NACS (ongoing)*: LIFT II will define and refine joint activities and alignment of LIFT II work on referrals and linkages and community NACS activities, trainings and material development planned with TFNC and FANTA.
- *Referral system tool development and technical support (May/June)*: LIFT II will begin conducting research into options for referral systems tools in the three existing project sites in Iringa.
- *Acceleration and expansion (ongoing)*: LIFT II will begin activities in eight new sites in Mafinga District. Additionally, the project will engage USAID/Tanzania, TA partners and local stakeholders in Mbeya and Tabora to inform future sites LIFT II assistance.

Zambia Activity

Progress

In coordination with FANTA and ASSIST, LIFT II responded to the Mission's request for COP funding information in February. The submission outlined planned activities for FY 2015, including on-the-ground support in both Kitwe and Mansa districts to accelerate client outreach and establish referral linkages between NACS facilities and community-based ES/L/FS services. In March, LIFT II provided inputs into a memorandum of understanding (MOU) requested by the Kitwe District Medical Officer, which outlines the role and activities of each of the NACS Acceleration partners including LIFT II, FANTA and ASSIST. In March LIFT II also furthered discussions with the WV/Zambia, which is expected to lead LIFT II activities in Zambia. Discussions centered on key anticipated activities to accelerate access to ES/L/FS services for NACS clients through referrals and support to strengthen the capacity of community-based service providers, which would be possible with the award of COP funding, as well as planning for a rapid programmatic and operational start-up.

Problems and Proposed Solutions

No problems were experienced in this quarter.

Upcoming Activities

- *Collaboration with Project Concern International (April)*: LIFT II is planning a discussion with the Project Concern International (PCI) project to determine specific points of collaboration and share relevant tools.
- *Upcoming TDY to Zambia (June)*: Pending the outcomes of the discussion with PCI and engagement with USAID/Zambia, LIFT II will plan a TDY to support key activities

around community engagement and clinic-community referrals for NACS clients in Kitwe.

V. Global Activities

NACS-ES/L/FS Linkage Activities

Understanding the need to reach increasing numbers of clients, the LIFT II team has developed a two-pronged **acceleration approach**. Building upon existing country-level platforms, this approach will: 1) expand current programs to keep pace with FANTA and ASSIST where the three projects are working and 2) leverage existing collaboration with CARE to accelerate implementation sites in Malawi to national levels and develop a proof of concept behind LIFT II's approach. Implementation of the acceleration approach is centered on quickly brokering referrals between NACS facilities, food support services, and existing savings and loan groups to impact HIV adherence and retention. LIFT II envisions the acceleration approach as a means for the project to implement activities using an efficient approach that is centered on a limited number of organizations at the outset and then gradually incorporates other ES services and providers. It is expected that over time the networks will become robust and highly interconnected with a greater variety of services in each community linked back to clients.

In some sites within Tanzania, DRC, and Lesotho, a blend of LIFT II's standard of care and accelerated packages is being implemented to match the number of FANTA and ASSIST sites in those countries. After this initial step, links will be buttressed by additional referrals from saving and loans groups to clinical care and the incorporation of other community-level service providers to these networks. The greatest application of the accelerated package will be seen in communities of central Malawi (Regions of Kasungu, Dowa and Lilongwe), where CARE has more than 2,000 VSLAs currently underway. At the outset, outcomes will be measured at the aggregate level. For example, LIFT II will work with ART clinics to understand trends in uptake, adherence and retention in HIV care, as well as to count the number of completed referrals. Special studies and impact evaluations will look more closely at individual changes over time and provide context around these activities.

Implementing the acceleration approach provides the opportunity to compare two different implementation models and learn from successes and challenges. LIFT II will continue to look for new and expedited methods to capture HIV-related outcome data, as well as to document the implementation of both models moving forward. Table 1 below provides a summary of the two approaches. Although this table presents the dichotomy of the approaches, actual implementation will more likely pull from each side depending on factors such as local infrastructure, stakeholder buy-in and funding.

Table 1. LIFT II Service Packages

	Acceleration Package	Standard of Care Package
Client Identification and Referral	<ul style="list-style-type: none"> • Clients identified by clinical staff at NACS facilities • Clients are offered referral to food aid and/or savings services • Clients from savings groups are referred to NACS or HIV services, as needed 	<ul style="list-style-type: none"> • Clients identified by clinical staff at NACS facilities • Clients are assessed for poverty and food security using the diagnostic tool • Clients are referred to appropriate ES/L/FS service(s) • Clients from ES/L/FS services are referred to NACS or HIV services, as needed
Service Provision	<ul style="list-style-type: none"> • Rapid inventory of existing food aid and saving services conducted • Bi-directional referral agreements established with local: <ul style="list-style-type: none"> ○ Food aid centers/programs ○ Savings services ○ NACS facilities 	<ul style="list-style-type: none"> • Community service mapping implemented capturing the range of ES/L/FS services • Local service directory created • Referral network of clinical and community-based service providers established including: <ul style="list-style-type: none"> ○ ES/L/FS services ○ NACS facilities ○ Other key service outlets • Community-based referral coordinating organization identified and capacitated to lead referral coordination and data collection
Client Tracking	<ul style="list-style-type: none"> • Clients tracked using some or all of the following: <ul style="list-style-type: none"> ○ Referral cards ○ Registers and databases ○ Mobile data collection tools • System captures and reports on numbers of referrals made • Progress reports shared periodically • Changes in ART adherence and retention captured at community/district level in coordination with health facilities • Potential to conduct special studies to describe various aspects of the LIFT II proof of concept model including adherence and retention in care 	<ul style="list-style-type: none"> • Clients tracked using some or all of the following: <ul style="list-style-type: none"> ○ Referral forms ○ Registers and databases ○ Mobile data collection tools • System captures and reports on: <ul style="list-style-type: none"> ○ number of referrals made ○ number of referrals completed ○ household poverty and food security ○ client HIV status and ART adherence • Monthly/quarterly reports generated by referral coordinating organization and presented to referral network • Potential to evaluate outcomes and impacts of a systems approach particularly focusing on ART adherence and retention in care at client level • Special studies describe effect of systems approach and sustainability

Project staff have worked to develop acceleration action plans for each of the LIFT II countries to incorporate this new direction. The acceleration plan will require investment of core funds to reach the targets in some countries and will take a significant amount of time away from selected

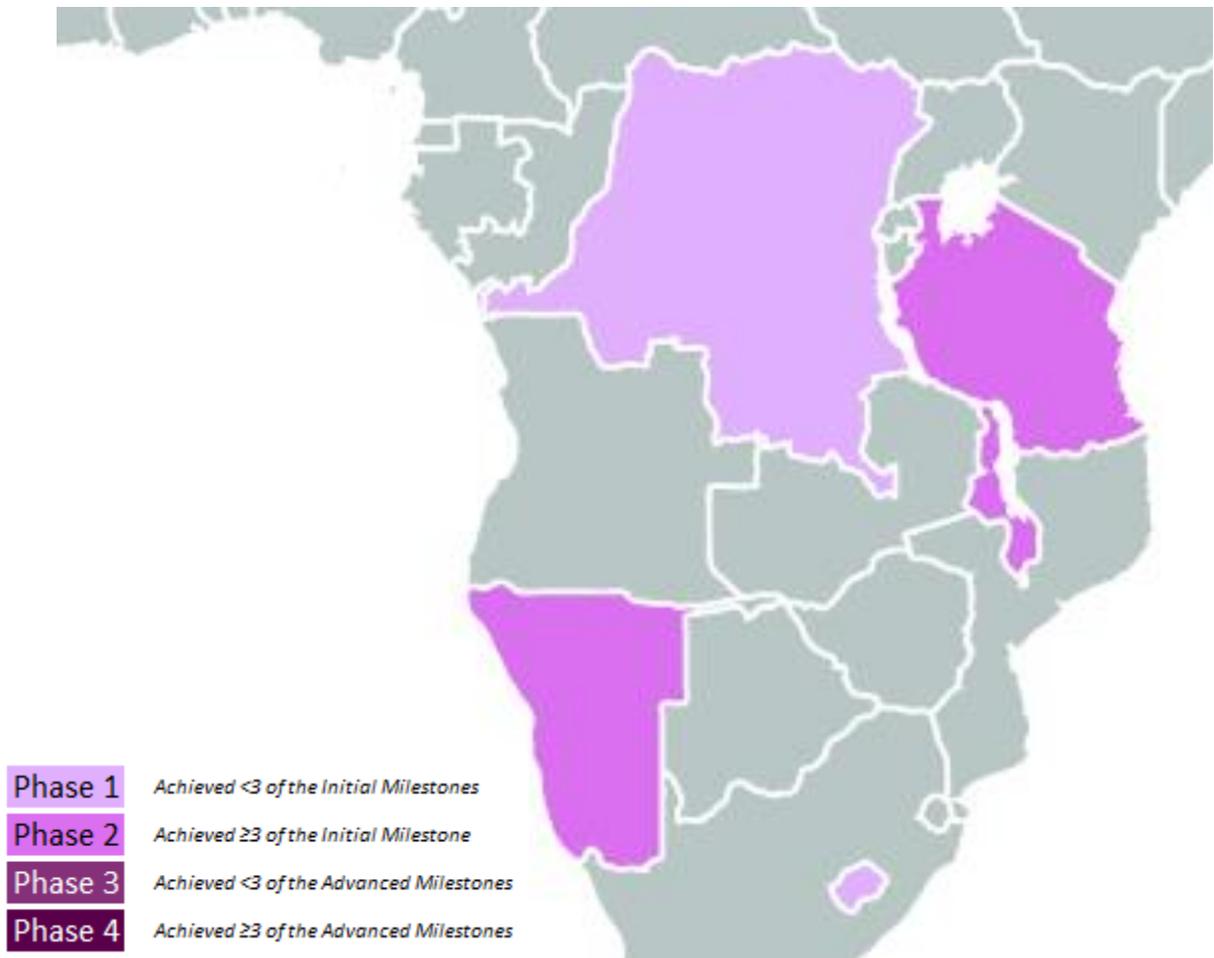
global activities. A list of activities from the Year 1 work plan that may not be completed this year as a result of this shift can be found in Annex 6.

Progress

- In this quarter LIFT II held stakeholder meetings at four sites across Namibia and DRC. Building on the base of service providers identified in Malawi, 133 service providers are ready to join LIFT II referral networks in these countries and facilitate clinic-to-community linkages in these countries.
- Additionally, ONA trainings and enumeration were also launched in Tanzania and Lesotho which reached an additional 154 service providers, proving LIFT II's ongoing capacity to expand and extend its programmatic work to other countries and engage more service providers.
- Responding to requests made by the USAID AOR, LIFT II spent substantial time defining its acceleration and standard packages. Several meetings were held among the LIFT II team and with implementing partners CARE and WV to analyze and define these packages.
- The LIFT II team discussed and developed various acceleration tactics including activities such as using nutrition corners to facilitate linkages with ES/L/FS services, organizing fairs at ART clinics to match PLHIV with ES/L/FS providers, and linking PLHIV with savings services.
- Acceleration action plans that incorporate and contextualize expansion strategies have been developed for each of the LIFT II countries. Each of the action plans have also included estimates of upcoming TA travel and budget forecasts to ensure the availability of financial resources to carry out these activities.

Milestones towards Referral Networks

To track the progress of the accelerated approach, LIFT II has developed a four-phase system to classify countries as they move towards the establishment of referral networks. There is a set of seven initial milestones (phases 1-2) and another set of seven advanced milestones (phases 3-4), but the milestones themselves vary by country context. The map below demonstrates the progress to date of referral networks in DRC, Lesotho, Malawi, Namibia and Tanzania.



Country Collaboration

Progress:

- DRC: LIFT II continued to deepen its collaboration with CARE as well as other core PEPFAR partners including ProVIC, EGPAF and ICAP.
- Lesotho: LIFT II continued to deepen its collaboration with BLC, core PEPFAR partners and more than 10 local implementing partners, and different government touch points such as the Ministry of Health, Ministry of Social Development, and Ministry of Agriculture.
- Malawi: LIFT II worked closely with CARE to set in place an acceleration plan that would connect their extensive networks of village savings and loans groups with clinics and PLHIV and establish bi-directional referrals.
- Namibia: Staff are continually updating MOHSS officials and working to integrate key project activities into MOHSS work plans to build ownership and sustainability. Additionally, they are preparing for the handover of project materials to MOHSS and ARP in quarters 3 and 4.

- Tanzania: LIFT II has worked with officials from TFNC in Iringa and integrated with the cluster of NGOs currently working in that region.
- Zambia: LIFT II is exploring ways to work with the other NACS acceleration partners, especially PCI, to maximize the current funding.
- Côte d'Ivoire: LIFT II began discussions with FANTA on potential collaboration in country and will continue to coordinate activities in the upcoming quarter.
- LIFT II continued to actively participate in the PHFS network attending a one-day training held in Washington DC and participating in all of the calls convened by the network. The team has also been closely following the advancements of PHFS activities in each of the respective countries.

COP Submissions

In the previous quarter, six COP concept notes were sent by LIFT II to USAID missions: Côte D'Ivoire, DRC, Lesotho, Mozambique, Uganda, and Zambia. In this quarter, LIFT II was invited to submit COP proposals in three countries—Lesotho, Zambia and DRC—based upon the concept notes. The proposals entail approximately \$1.2 million in total and 18 months of work in each country. LIFT II engaged with the personnel at each of the Missions to carefully design its outreach strategies and establish indicators behind its work.

VII. Documentation of Best Practices for Scale Up

Technical Notes

LIFT II unveiled a new three-part technical intervention note series focused on economic strengthening interventions along the provision-protection-promotion household vulnerability continuum. Over the course of this quarter, LIFT II produced the first set of publications in the three-part intervention series—three technical notes focused on cash transfers and voucher programs (provision) including an overview, best practices on implementation and M&E. Additional series are currently in development and will focus on savings groups (protection) and enterprise development (promotion).

During this quarter, the LIFT II team also produced a technical process note around the ONA and how the project utilizes this activity in the creation of referral networks.

A full list of technical products and deliverables produced during this quarter are available in Annex 4.

VII. Knowledge Management

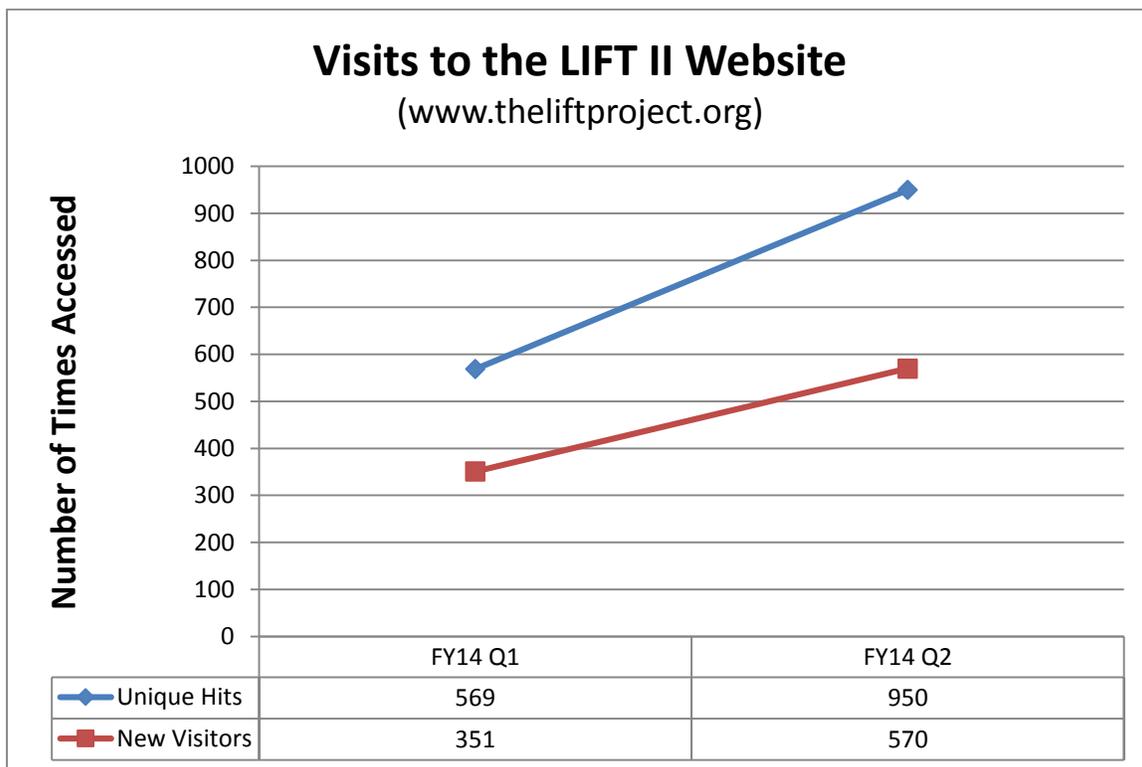
Knowledge Management Strategy

A knowledge management (KM) plan was developed and finalized by the LIFT II team. This plan is: 1) aligned with the overall LIFT II objectives, 2) identifies four knowledge themes

derived from the LIFT II project, 3) builds upon the existing network of ES/L/FS experts and partnerships, 4) states clear mechanisms necessary to implement the strategy objectives, and 5) provides opportunities to harness and disseminate new approaches to ES/L/FS service delivery for HIV positive and vulnerable populations. The plan provides rubrics and procedures to facilitate efficient document review and feedback and point persons for various stages of the process.

LIFT II Website and Resource Dissemination

In this quarter, project staff continued to produce engaging content for routine posting on the project website. A total of 12 blog posts around topics varying from M&E, country updates and technical process overviews, were developed by team staff both in headquarters (HQ) and in the field. Additionally, a total of seven new technical resources (reports, publications, technical notes, etc.) were posted and disseminated through various channels including Twitter, Microlinks, and the FHI 360 Degrees blog. The number of countries that accessed the project website (www.theliftproject.org) increased from 55 in FY 2014 Q1 to 71 in Q2. During this quarter, three resources were downloaded from the site, bringing the total number of downloads to 15. In addition, both the number unique hits and new visitors to the site both increased over 60% from Q1 to Q2, as seen in the graph below.



VIII. Management

Staffing

LIFT II has staff both at HQ and in our country offices, and the project is planning to have local staff in place in all LIFT II countries by the end of next quarter. New staff and recruitment efforts conducted this quarter include:

- Tanzania: The interview process is underway in the effort to onboard one full-time local staff member by May.
- Lesotho: The recruitment process for one full-time local staff was launched and CVs received this quarter in an effort to onboard a new hire by June.
- DRC: The recruitment process for one full-time local staff based in Lubumbashi was launched and CVs received this quarter in an effort to onboard a new hire by June.
- Malawi: Recruitment efforts for a part-time consultant based in Balaka will begin next quarter.
- **Program Manager**, Carrie Keju (January 20, 2014). Carrie Keju provided support to the LIFT II team while Laura Muzart was on maternity leave. Laura will begin transitioning back into her position in mid-April.

Finance

For required reporting budget information please see the separately submitted Excel file:
Appendix – LIFT II Budget Information FY 14 Q2.



Clinic to Community Referral Networks in Malawi

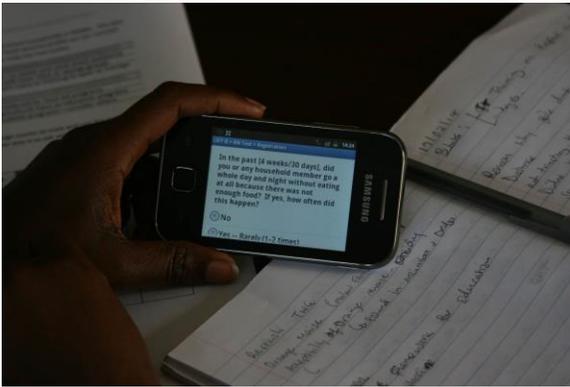


Photo credit: Clinton Sears/FHI 360

Top: LIFT II Leland Fellow Zach Andersson works with service providers during the CommCare mobile data collection platform demonstration in Balaka.

Bottom: Using Android devices, LIFT II tested an adapted version of CommCare for a mobile-based referral system which service providers can use to conduct and track client referrals.

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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A [recent health study](#) conducted at the main public hospital in Lilongwe, Malawi showed that people newly diagnosed with HIV are likely to have others within their social networks that are undiagnosed. A [study on informed choice in Tanzania](#) looked at perceptions of PMTCT clients when provided with *multiple service choices* versus *direct advice*. Too many choices tended to create uncertainty, whereas direct advice led to increased confidence in the service provider and utilization of advice. A [study from rural Uganda](#) demonstrated that food insecure PLHIV have 50% higher odds of defaulting on treatment and 47% higher odds of a CD4 count below 350, meaning that food secure PLHIV have higher retention in care - *Improve food security → improve HIV care*.

Why are these findings important? Each one illustrates the potential power of a formalized and clearly outlined referral system to improve health and nutrition outcomes for vulnerable populations. Since 2013, the Livelihoods and Food Security Technical Assistance II (LIFT II) project team has been working at the systems level in Balaka District, Malawi, actively engaging a diverse group of local and national stakeholders throughout the process of developing a referral system that will link clinical health and nutrition services to community-based economic strengthening, livelihoods and food security services.

When service providers work independently of each other, the result is that a client is subject to fragmented services, none of which might address the client as a whole person. Effective systems and diagnostic tools can help create standardized processes and routines that facilitate appropriate referrals for clients in need, thereby increasing confidence in service offerings and limiting stressful and sometimes risky decisions about how to allocate already scarce household resources. By including a wide array of service providers specializing in different areas, the referral network can touch upon all 360degrees of client need. LIFT is helping to establish a mechanism for clients to know about and benefit from every form of available support instead of just one-off services.

In February, 2014, a trimmed-down version of the LIFT-facilitated referral system in Balaka was demonstrated for 31 participants from 26 distinct service providers active in Balaka District. Using CommCare (<http://www.commcarehq.org/home/>), a mobile data collection and sharing platform that LIFT has adapted, participants role-played as clients and service providers, following the referral process through from initial client registration, to counseling on available services and eligibility criteria, to referral. The sessions allowed stakeholders to provide their honest appraisal of the system so that together we can maximize its potential. Participants appreciated the opportunity, expressing strong understanding of the referral model and "...looking forward with great anticipation to the next steps in this commendable effort." LIFT will build on the momentum from the demonstration sessions as CommCare programming is finalized and preparations are made for a more in-depth training with referral focal points at each service provider before system launch.

LIFT is a project that more people need to know about. Its multi-sectoral approach, linking clinics to community-based services via bi-directional referrals in order to better address the needs of vulnerable people holistically, is truly fascinating.
– Violet Orchardson,
USAID/Malawi
Nutrition Advisor



Creating Systematic Clinic-to-Community Referrals

LIFT II Stakeholder Meeting Makes Positive Impact in Namibia



Photo credit: Mandy Swann/FHI 360

Participants at the stakeholder meeting used string to make connections to represent working relationships between organizations, such as sharing clients, joint programming, shared funding, and/or ongoing collaboration. This activity demonstrated the current state of the network and the existing connections to build on.

LIFT has done a remarkable job.... recognizing that we have systems but they are not working, and supporting them to be stronger.

- Honorable Jason Ndakunda, Councilor of Engela Constituency

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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Namibia is classified as upper-middle income, yet 49 percent of Namibians live on less than USD \$2 per day and the adult unemployment rate exceeds 50%¹. Access to food and adequate nutrition is a challenge for 12-14 percent of Namibians, often due to chronic poverty and droughts². In this context, people living with HIV face compounding challenges of diminished productivity and earning power. Through progress in ART coverage and the provision of nutrition counseling, assessment and support (NACS), the government of Namibia is making great strides in improving the health and nutritional status among HIV-affected and other vulnerable individuals. However, challenges of retention in ART and NACS support, and relapse into NACS due to underlying food insecurity, remain persistent barriers to sustained health. The development of functional clinic-to-community referral systems that link clients to complementary care (i.e., food aid and economic strengthening services) is key to addressing these challenges.

Engela is the largest and most populous district in Oshana region in northern Namibia and is home to over 70 percent of the 245,000 people living in the region. In February 2014, the Livelihoods and Food Security Technical Assistance II project (LIFT II) conducted a stakeholder meeting in Engela to support the establishment of a clinic-to-community referral network to provide a strong continuum of care, including livelihoods and food security to address underlying causes of poverty, hunger and disease. The meeting brought together 30 representatives of government, NGOs and the private sector. Through a highly participatory process including discussions and activities, stakeholders realized the importance of clinic-to-community referrals and understood how stronger systematic networks operating as a referral system have clear benefits for both clients and service providers. By the end of the two-day meeting, participants had developed a strong shared identity with potential to transform into a functional referral network that facilitates access for HIV-affected, NACS and other health facility clients to needed community services. To demonstrate their commitment to implementing a referral system, participants created a steering committee to move priorities and actions forward. Since the stakeholder meeting, with LIFT II support, the steering committee has broadened the political support for the network throughout Engela, and made progress on a referral toolkit, which includes all the tools and processes necessary to implement an effective referral system. In collaboration with the steering committee, LIFT II will implement a training in May 2014 for all network members, which will launch the clinic-to-community referral system.



Photo credit: Mandy Swann/FHI 360

LIFT II Technical Specialist, Samuel Mayinoti working with one of the breakout groups to define specific actions needed to strengthen the network.

¹ Ministry of Labour and Social Welfare (MOLSW), Directorate of Labour Market Services. 2008. Namibia Labour Force Survey 2008.

² World Food Programme. 2012. Namibia food security overview. <http://www.wfp.org/countries/namibia/food-security>

Annex 3. Implementation Plan

Livelihoods and Food Security Technical Assistance Project II (LIFT II)			CA No. AID-OAA-LA-13-00006			
O - ongoing, M- monthly, C - completed, TBD - to be determined	October 1, 2013 - March 31, 2014					
	FY 2014 Q 1			FY 2014 Q 2		
	Oct	Nov	Dec	Jan	Feb	Mar
Global Activity						
Building the evidence base for NACS-ES/L/FS linkages Activities						
Optimize referral networks activities			O	O	O	O
Disseminate global learning from LIFT II country programming			O	O	O	O
Monitoring and Evaluation System						
Develop global database template for rollout		15 Nov	O	O	O	O
Monitor research/learning data collection in use			M	M	M	M
Conduct data analysis	M	M	M	M	M	M
Global Standards, Policies and State of Practice in ES/L/FS Activities						
Define knowledge gaps and assess priorities across the ES/L/FS areas for strategic investment and action research	O	O	O	O	O	O
Enhance website on economic strengthening for the very poor (ES4VP)	M	4-7 Nov	M	M	TBD	TBD
Participate in key global technical working groups	O	O	O	O	O	O
Participate in OHA collaborative meetings to ensure quality and appropriate ES/L/FS technical inputs to NACS and related global strategies from USAID and OHA TA partner projects		11 Dec	TBD	TBD	TBD	TBD
Conduct technical trainings and produce guidelines for quality assurance of ES/L/FS services in line with global good practice and current approaches	O	O	O	O	O	O
Make technical contributions through strategic global and regional workshops and conferences	16 Oct	6 Nov	TBD	TBD	TBD	TBD
Disseminate LIFT II technical resource and advances through multimedia channels including LIFT II's project website	M	M	M	M	M	M
Respond to ongoing mission requests for LIFT II TA and support						
Lesotho						
Develop LIFT II work plan and PMP						
Conduct a situational analysis		C				
Conduct household economic strengthening (HES) 101 training for the Ministry of Social Development		C				
Conduct and in-depth HES training		C				
Submitted COP to mission					C	

Train staff and conduct ONA						C
O – ongoing, M- monthly, C – completed, TBD – to be determined	FY 2014 Q 1			FY 2014 Q 2		
	Oct	Nov	Dec	Jan	Feb	Mar
Democratic Republic of Congo Activity (Tier 1)						
Develop LIFT II work plan and PMP					C	
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory					C	
Engage the private sector						
Adapt the Client Diagnostic Tool					O	O
Conduct Stakeholder Engagement Workshop					C	
Submitted COP to mission					C	
Develop DRC Acceleration Plan – including expansion to additional sites in Lubumbashi and Kinshasa					O	O
Coordinate with Program Partners				O	O	O
Malawi Activity (Tier 1)						
Develop work plan with BCSON					C	
Finalize referral tools					O	C
Provide support to the NCST Working Group			O	O	O	O
Develop and test referral database					C	
Provide TA to the referral network and facilitate organization/group	O	O	O	O	O	O
Provide support to the referral network	O	O	O	O	O	O
Nigeria Activity (Tier 1)						
Develop LIFT II work plan and PMP				TBD	TBD	TBD
Tanzania Activity (Tier 1)						
Develop LIFT II work plan and PMP (draft and update)		C				
Finalize early learning sites	C					
Develop a joint approach to supporting NACS continuum of care in early learning sites			O	O	O	O
Engage regional and local authorities				O	O	O
Conduct a situational analysis					O	C
Develop acceleration plan matching FANTA sites in Iringa region					O	C
Train staff and Conduct ONA					O	O
M & E/documentation of learning/action research	O	O	O	O	O	O
Namibia Activity (Tier 2)						
Develop and finalize LIFT II work plan	O	O	O	O	O	C
Field test LIFT diagnostic tool		C	C			
Conduct ONA in 2 sites		C	C			
Conduct referral network stakeholder meetings in 2 sites					C	
Provide support to the referral networks and steering committees					O	O
Develop referral tools			O	O	O	O

District-wide expansion of model					O	O
Zambia Activity (Tier 2)						
Conduct high-level TDY and strategic planning meeting	C					
Develop LIFT II work plan and PMP						
Write and submit COP information to Mission					C	
Discuss possible implementation approaches with collaborators				O	O	O

Annex 4. LIFT II Deliverables

Contractual Deliverables	
Deliverable Title	
LIFT II Annual Work Plan, Year 1	Draft submitted Oct 29, approved December 12, 2013
LIFT II Performance Monitoring Plan	Draft submitted Oct 29, approved December 12, 2013
Quarterly Report #1 (FY 2013, Quarter 4, Aug-Sept 2013)	October 30, 2013
SF425 #1 (FY 2013, Quarter 4, Aug-Sept 2013)	October 21, 2013
FY 2013 PEPFAR Expenditure Analysis	November 15, 2013
Quarterly Report #2 (FY 2014, Quarter 1, Oct-Dec 2013)	January 30, 2014
SF425 #2 (FY 2014, Quarter 1, Oct-Dec 2013)	January 30, 2014
Key Technical Products	
Product Title	
DRC – Country Work Plan and PMP	Submitted pending approval
Malawi – Country Work Plan and PMP	Concurrence provided March 2014
Namibia – Country Work Plan and PMP	Approved March 2014
Programmatic Deliverables	
Deliverable Title	
OHA TDY Reports for Year 1, Quarter 2 (FY 2013, Quarter 4)	DRC, Namibia, Mozambique, Tanzania, Uganda, Zambia
OHA TDY Reports for Year 1, Quarter 3 (FY 2014, Quarter 1)	DRC, Namibia, Tanzania, Malawi, Lesotho
Action Research Technical Note #1: Assessment of a Diagnostic Tool for Household Poverty and Food Security in Balaka District, Malawi	Year 1, Quarter 2
Cash and Asset Transfer Technical Brief	Year 1, Quarter 2
Presentation/Workshop #1	Year 1, Quarter 2 (CORE Group Fall Meeting)
Presentation/Workshop #2	Year 1, Quarter 2 (SEEP Annual Conference)
Action Research Technical Note #2: Field Testing a Diagnostic Tool for Household Poverty and Food Security in Namibia	Year 1, Quarter 3
Technical Intervention Note 1.1: Cash Transfer and Voucher Programs - Overview	Year 1, Quarter 3
Technical Intervention Note 1.2: Cash Transfer and Voucher Programs - Implementation	Year 1, Quarter 3
Technical Intervention Note 1.3: Cash Transfer and Voucher Programs – M&E	Year 1, Quarter 3
Technical Process Note: Using Organizational Network Analysis in the Creation of Referral Networks	Year 1, Quarter 3
LIFT II project website populated with current content, at least two experiments on the effectiveness of social media to disseminate and connect with global practitioners; completed knowledge management and learning strategy	Continual

Annex 5. LIFT II Travel

During this period, project staff took the following trips:

1. **Sarah Mattingly to Kinshasa, DRC**, January 4-18, 2014
Purpose of Travel: To deliver two stakeholder workshops in each of the two LIFT II-supported NACS sites in Kinshasa (Kingabwa, Limite and Mbankana, Maluku II)
2. **Henry Swira to Kinshasa, DRC**, January 5-16, 2014
Purpose of Travel: To deliver two stakeholder workshops in each of the two LIFT II-supported NACS sites in Kinshasa (Kingabwa, Limite and Mbankana, Maluku II)
3. **Clinton Sears to Lilongwe, Malawi; Dar es Salaam, Tanzania; and Maseru, Lesotho**, February 7-March 20, 2014
Purpose of Travel: To conduct a training and demonstration of the LIFT II mobile-based referral system to local stakeholders in Balaka; to lead the ONA process (in-country preparations, training of data collectors, oversight of enumeration process) in project sites in both Tanzania and Lesotho.
4. **Mandy Swann to Windhoek, Namibia**, February 9-22, 2014
Purpose of Travel: To deliver stakeholder workshops in each of the two LIFT II-supported sites (Khomas and Ohangwena)
5. **Meaghan Murphy to Dar es Salaam, Tanzania**, February 22-March 8, 2014
Purpose of Travel: To participate in the ONA process three sites in Tanzania as well as to engage with local stakeholders.
6. **Henry Swira to Dar es Salaam, Tanzania**, February 23-March 8, 2014
Purpose of Travel: To participate in the ONA process three sites in Tanzania.

Annex 6. Modification to Global Activities

Over the last quarter, the project team has invested a significant amount of time developing the acceleration plan and a strategy to operationalize it in the field. This has resulted in increased investment in human resources and time. As a result, there are some global activities that were included in the Year 1 Work Plan that will not be prioritized and may not be achieved by years' end. Efforts will be made to incorporate the items below into other-related activities when appropriate.

Below is a list of such activities.

- Gender Integration
 - Strengthen capacity of ES/L/FS service providers on gender-sensitive programming
 - Formative research on gender in ES/L/FS referrals through NACS
 - Review of the evidence linking gender and ES/L/FS outcomes
- Scaling Up and Sustainability
 - Scaling Up Nutrition (SUN) and policy engagement
 - Develop draft guidance on approach to scaling up the LIFT II working model
- Country Collaboration
 - Conduct LIFT II learning forum
- Building the Evidence Base for NACS-ES/L/FS Linkages Activities
 - Develop guidance document on the metrics of referral systems
 - Strategic contributions to global leadership
- Global Standards, Policies and State of the Practice in ES/L/FS Activities
 - Landscape and knowledge gaps analysis around ES/L/FS areas
 - Enhance website on economic strengthening for the very poor (ES4VP)
 - Development of standard of practice for ES/L/FS multi-sectoral approaches
 - Generation of two scale-up policy documents highlighting the application of the LIFT II working model