



**USAID**  
FROM THE AMERICAN PEOPLE

---

Associate Cooperative Agreement No. AID-OAA-LA-13-00006



---

LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

**Quarterly Report**

**FY 2014 Q3**

**April 1, 2014 – June 30, 2014**



## Table of Contents

Acronyms and Abbreviations .....	3
I. Introduction.....	5
II. Background.....	5
III. Accomplishments .....	5
IV. Country Focus.....	7
The Democratic Republic of the Congo Activity .....	7
Lesotho Activity.....	8
Malawi Activity.....	11
Namibia Activity.....	14
Nigeria Activity.....	15
Tanzania Activity.....	15
Zambia Activity.....	18
V. Global Activities.....	19
NACS-ES/L/FS Linkage Activities .....	19
Milestones Towards Referral Networks .....	19
Country Collaboration.....	20
VII. Documentation of Best Practices for Scale Up.....	20
Technical Notes:.....	20
VIII. Knowledge Management .....	21
LIFT II Website and Resource Dissemination .....	21
IX. Management .....	22
Staffing .....	22
Finance .....	23
Annex 1. Success Story .....	24
Annex 2. Implementation Plan .....	25
Annex 3: Milestones Towards Referral Networks – Phase/Milestone Definitions.....	28
Annex 4. LIFT II Deliverables .....	29
Annex 5. LIFT II Travel .....	31
Annex 6. LIFT II Budget Reporting Requirement.....	32

## Acronyms and Abbreviations

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
BLC	Building Local Capacity for Delivery of HIV Services in Southern Africa
BRN	Balaka Referral Network
CARE	CARE International
CBO	Community-Based Organizations
CRS	Catholic Relief Services
CSO	Civil Society Organization
DEC	District Executive Committee (Malawi)
DRC	The Democratic Republic of the Congo
ES	Economic Strengthening
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
HMIS	Health Management Information System
HQ	Headquarters
IHI	Institute for Healthcare Improvement
KM	Knowledge Management
LER	Linkage, Engagement and Retention
LIFT I	Livelihoods and Food Security Technical Assistance Project
LIFT II	Livelihoods and Food Security Technical Assistance II Project
LWA	Leader with Associates
M&E	Monitoring and Evaluation
MCDMCH	Ministry of Community Development Maternal and Child Health (Zambia)
MEASURE	MEASURE Evaluation
MSH	Management Sciences for Health
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MOSD	Ministry of Social Development (Lesotho)
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
PEPFAR	President's Emergency Plan for AIDS Relief
PCI	Project Concern International
PHFS	Partnership for HIV-Free Survival
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan

RACOC	Regional AIDS Coordinating Committee (Namibia)
RC	Referral Coordinator
RN	Referral Network
RNOM	Referral Network Operations Manual
SILC	Savings and Internal Lending Communities
SOW	Scope of Work
SPRING	Strengthening Partnership Results and Innovation in Nutrition Globally
SRFIM	Sue Ryder Foundation in Malawi
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Centre
TOR	Terms of Reference
ToT	Training of Trainers
USAID	United States Agency for International Development
USG	United States Government
VSLA/AVEC	Village Savings and Lending Association/ <i>Association villageoise d'epargne et de credit</i>
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 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 April 1, 2014 – June 30, 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 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, LIFT II made significant gains across a variety of focal areas. This section highlights the initiation of referral networks (RNs) in two countries, our collaboration with Applying

Science to Strengthen and Improve Systems (ASSIST), Food and Nutrition Technical Assistance III (FANTA), and Strengthening Partnership Results and Innovation in Nutrition Globally (SPRING) as well as our continued actions to increase client outreach from clinical to community services.

**Launched Referral networks in Namibia and Malawi.** The launch of referral networks across three sites demonstrates the dynamics of referral systems that are responsive to local context. In both Engela and Katutura, Namibia, referrals are coordinated through Constituency Councils (government structures). The process ensures that medical data retained in clinical services remain anonymous, and a tracking system is in place to follow up with clients and describe completed referrals. In Balaka, Malawi, referrals are facilitated through one of the community-based organizations (CBOs) using mobile technology to track and capture referral information in real time.

**Reached clients in Namibia, Malawi and Lesotho:** LIFT II's network expansion and acceleration strategies have allowed for the project to start outreach to clients. This quarter LIFT II reached 709 clients across three of its six countries. As we expand the linkages between health and ES/L/FS services over the coming quarters, we also expect these numbers to increase. Furthermore, outreach will enable LIFT II to distill a critical evidence base that will be shared globally with programs and practitioners.

**Onboarded staff in Tanzania, Lesotho and the Democratic Republic of the Congo (DRC):** To continue developing locally relevant, sustainable systems across all LIFT II sites, staff were brought on board in three countries this quarter. LIFT II is preparing to add new staff in Malawi and Zambia next quarter. The team has established a comprehensive orientation process to provide a strong foundation around the goals and objectives of the project.

**Collaborated with ASSIST and FANTA to develop and implement sensitization training to 50 health care providers in DRC and 34 local government authorities in Tanzania.** These trainings raised awareness around the two projects and provided LIFT II with a platform to advocate for the inclusion of CBOs as part of the HIV continuum of care. Continued collaboration between the projects is anticipated as well as expansion into additional sites. For example, in Zambia LIFT II carried out a TDY to work with FANTA and Project Concern International (PCI) in developing a comprehensive national community NACS training curriculum and participant materials. LIFT II contributed to help community health workers make and track referrals for clinical and community-based economic strengthening (ES) services in order to improve long-term client outcomes. Integration of referrals at this foundational stage will help prepare sites for more comprehensive referral system development.

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

- In response to USAID requests, implemented acceleration strategies across its 6 countries of operations that will rapidly link NACS clients to savings services.

### *Notes from the field*

Upon returning an updated phone to the Balaka District Hospital, LIFT II Leland Fellow Zach Andersson was pleased to hear that one of the organizations in the referral network had sent an HIV+ client, who initially came there for HTC. Using a blue paper referral card (a supplement/back up to mobile-based system during the startup period) the NGO sent the client to the hospital for further support. The focal person there (an ART Clinician) presented the blue card he had just been given by the referred client and explained that the client—who was severely emaciated—was new to the hospital's ART clinic and in urgent need of several forms of assistance.

- Collaborated with CARE Malawi on developing and finalizing a scope of work (SOW) for them to start referring clients between Nutrition Care, Support and Treatment (NCST) sites to village savings and loan associations (VSLAs).
- Conducted stakeholder workshops in five countries (DRC, Malawi, Namibia, Tanzania and Lesotho) and engaged 246 ES/L/FS service providers (SPs) interested in establishing bidirectional referrals.
- Provided content towards the development of FANTA's NACS Guidance. LIFT II's input centered on nutrition support.
- Assessed diagnostic tool administration in DRC.
- Contributed to the development of NACS sites assessments in collaboration with SPRING project as well as national and regional HIV continuum of care initiatives in Tanzania and Malawi.

## IV. Country Focus

### The Democratic Republic of the Congo Activity

#### Progress

In DRC, LIFT II continued working toward the development of referral networks in Kinshasa and Lubumbashi through implementing partner CARE. This included increasing the number of staff, capturing critical referral data and thoroughly understanding the context for referrals in the potential sites.

#### *Staffing and Onboarding:*

- Hired LIFT II/CARE provincial coordinator in Lubumbashi to manage the expansion to six NACS sites.
- Developed agreement with FHI 360 ROADS project to provide offices space in Lubumbashi for this staff.

*Budget Planning:* Revised the LIFT II project budget and work plan to facilitate an accelerated approach that meets client demands and committed ES/L/FS CBOs to render services in target communities. This plan focuses village savings and loan associations/*les association villageoise d'epargne et de credit* (VSLAs/AVEC) and linkages to food aid.

*Tailoring Approach:* Began adaptation of CARE's training on the VSLA/AVEC approach to facilitate integration of PLHIV.

*Joint Training with FANTA:* Developed and delivered two joint FANTA-LIFT II-ASSIST training sessions to a total of 50 health providers in Kinshasa and Lubumbashi.

#### *LIFT II TDYs:*

- Dominick Shattuck (LIFT II/FHI 360) travelled to DRC on May 14–June 4, 2014 to support the LIFT II/CARE team with the diagnostic tool testing in Kingabwa. In collaboration with municipal authorities, four enumerators surveyed a total of 450 health clinic clients in the Kingabwa health

zone at the CS Liziba and CS Kizito. Dr. Shattuck was joined by Henry Swira (LIFT II/CARE) to better understand the context for LIFT II roll-out in six Lubumbashi NACS sites.

- Sarah Mattingly (LIFT II/FHI 360) travelled to Kinshasa and Lubumbashi May 16–28 along with Serigne Diegne (FANTA/FHI 360) and Aimee Nibagwire (FANTA/FHI 360) May 14–June 6 to deliver a joint training on NACS and ES/L/FS linkages to approximately 50 health workers and support roll-out of the NACS partnership activities. LIFT II/CARE met with key ES/L/FS stakeholders in Kingabwa to generate the buy-in needed to catalyze a successful pilot referral network. In Lubumbashi, LIFT II met with key health and ES service providers to better understand existing community services and potential partners with which to establish linkages to VSLA and food aid services.

### **Problems and Proposed Solutions**

LIFT II/CARE addressed challenges around the limited organizational capacity of SPs in Kingabwa. This was rectified by adapting the referral network approach that focuses on the strongest CBOs for the initial network rollout.

Another challenge was the limited number of ES services in Mbankana and Lubumbashi. Guidance from USAID/DRC supported LIFT II/CARE providing material and technical assistance (TA) around incorporating VSLA services within existing ES/L/FS service providers in these communities.

### **Upcoming Activities in the Next Quarter**

- Finalize mapping the health and VSLA and food aid ecosystem in Lubumbashi in order to design referral model and client flow.
- Adapt and translate LIFT II referral tools including consent forms, registration forms, draft referral cards designs, VSLA+<sup>1</sup> trainers' guide.
- Revise LIFT II detailed work plan and performance monitoring plan (PMP) to reflect program amendments.
- Launch referral network in at least 3 sites.

## **Lesotho Activity**

### **Progress**

LIFT II made great strides in Lesotho this quarter reaching 677 clients with ES services and setting the necessary systems in place to facilitate bidirectional referrals. ONA data analysis was completed in two NACS districts and stakeholder meetings were held at the end of April. Data analysis generated several work products including geographic network maps which demonstrated the dispersion of service provision in the districts as well as how these tend to be clustered; referral service directories provided a deeper level of awareness with regards to service gaps; and sociograms visually depicted the relationships between SPs.

*Stakeholder Meetings:* In April 2014, stakeholder meetings were held with district authorities and SPs to share and validate results from the organizational network analyses (ONAs) conducted earlier in the year. The stakeholder meetings were attended by a total of 46 participants. SPs reaffirmed their

---

<sup>1</sup> VSLA+ is meant to denote services that go beyond financial services to address education, health or other multi-sectoral solutions.

commitment to develop referral networks that are owned, led and managed by network members. Each of the districts developed an action plan that outlined the necessary steps that would be set in place from May to August to launch referrals between clinical HIV and NACS services and community-based ES/L/FS support. A key outcome of both meetings included one organization volunteering as referral coordinator in each respective site. This is a critical step toward implementation of the larger referral network as identified in each site's action plan.

*Establishing Referral Networks:* In May and June, the referral network members met twice. Progress included:

- Nominated focal points in each SP organization. Each of the members of the RN provided a key point of contact for their organizations.
- Updated service directories. Each of the SPs reviewed their entry in the service directory and further refined the description of each service. Special attention was given to the eligibility criteria for each service.
- At the request of the RN members, LIFT II developed a terms of reference (TOR) for the referral coordinator (RC) that was reviewed and approved by network members.
- Developed a set of guidelines for the creation of an RN group hosted on Facebook as a platform to promote the group and increase information sharing among members and share lessons learned in groups with a common interest.
- Determined the platform for making and tracking referrals. LIFT II has opted to use the mobile-based platform CommCare (<http://www.commcarehq.org/home/>) to coordinate referrals made and completed in Lesotho. The RNs met to plan all of the details related to the training on the mobile platform planned for July.

*Accelerating Outreach to Clients:* In addition to its progress on outreach and referral systems, LIFT II also made substantial progress in the development of two critical acceleration strategies in Lesotho during the quarter.

1. **Providing ES/L/FS through nutrition corners:** LIFT II will facilitate participation of up to three ES service providers at the clinics on a revolving basis. These sessions would be held in the manner similar to an “Economic Strengthening Fair”. On fair days, staff from an ES service provider with expertise in each of the areas—provision, protection, promotion—will set up a booth in the dedicated nutrition corner space through which the clinic visitors can browse, learn about the interventions, network, and self-select services for individual or household participation. SPs would provide small trainings and presentations as to the actions households could take based on their level of vulnerability.
2. **Linking PLHIV with Savings and Internal Lending Communities (SILC) groups<sup>2</sup>:** LIFT II is looking to partner with Catholic Relief Services (CRS) Lesotho to implement a referral system for PLHIV to create links between health clinics and SILC in a manner appropriate for the target population and with respect to SILC structure and needs. The program will collaborate with front line staff at clinics and SILCs to facilitate linkages and referrals, demonstrate scale-up capabilities and influence national level policies—and follow up with PLHIV after they have been referred to a SILC.

---

<sup>2</sup> In this report we refer to savings groups using the actual coined methodologies used by the specific service provider for example SILC for CRS and VSLAs for CARE.

*Creating Linkages through TA to Local Partners:* Through TA to Management Sciences for Health (MSH)'s Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC), provided access to savings services to 497 PLHIV affected and infected clients in Thaba-Tseka and 180 in Mohale's Hoek. The savings were used to start new businesses, pay school fees, and buy food that they could not produce themselves.

*Stakeholder Engagement:* LIFT II Project Director Jacky Bass also had an opportunity to meet with Joan Matji, USAID Nutrition Advisor in Lesotho, and familiarize her with the project's activities in Lesotho and as well as the overall approach. They also jointly participated in a Partnership for HIV Free Survival (PHFS) meeting which was held by the Lesotho network at the same time of the TDY. The meeting provided an opportunity to meet the representative from the Institute for Healthcare Improvement (IHI) that will be coordinating global learning within the network as well as to ratify LIFT II's commitment to establish referral network systems in the three NACS districts which were strongly endorsed by both Ms. Matji as well as Brenda Yamba from USAID/Lesotho.

*Staffing and Onboarding:* Recruited and onboarded Sefora Tsiu as the project's representative based in Maseru. Ms. Tsiu will be instrumental in promoting the delivery of high quality and well-coordinated LIFT II TA with all of the actors on the ground.

### **Problems and Proposed Solutions**

This quarter, LIFT II has experienced some problems regarding its coordination with BLC in Lesotho, which were largely due to additional USAID funding which BLC has received and had to allocate to programming. Discussions have been held between the LIFT II and BLC to resolve these coordination issues. Having a local LIFT II representative should also facilitate the liaison of services with BLC and the continuity of LIFT II services.

It is worth noting that although a second learning conference for PHFS was initially scheduled this quarter the meeting was cancelled at the last minute by the Lesotho Ministry of Health (MOH). The PHFS network in Lesotho seems to be decreasing in its convening power—few organizations participated in the meeting held in April 2014. LIFT II has convened meetings with ASSIST and FANTA to discuss this and see how the three global projects can work jointly to reinvigorate this important network.

### **Upcoming Activities in the Next Quarter**

- Conduct training on the use of mobile-based referrals platform (CommCare).
- Hold a conference call meeting between Lesotho NACS Coordinator, ASSIST, LIFT II and FANTA staff both in the US and Lesotho.
- Participate in the Lesotho National Conference on Vulnerable Children scheduled for September 8-11, 2014.
- Launch the referral networks in Thaba-Tseka and Mohale's Hoek.
- Harmonize the work plan with those of ASSIST and FANTA for the next fiscal year.

## Malawi Activity

### Balaka – Standard of Care Approach

#### Progress

During the last quarter, LIFT II launched the referral system in Balaka, set the stage for expansion into Karonga, and continued to develop an acceleration plan for other districts within the country.

#### *Launch of the Balaka Referral Network (BRN):*

- Traveled to Balaka from April 1-2, 2014 to meet with the District Health Officer and her administrative team, sharing updates and discussing obstacles to participation in the BRN. LIFT II finalized the list of 15 referral network launch participants and gathered initial referral focal person information with the understanding that there will be several opportunities for other SPs to join the network after an initial 3-4 month period.
- Referral focal persons at the participating SPs were trained on the use of CommCare and other referral network tools. Trainings included: practice using the referral forms, role plays, and opportunities for feedback/clarifications. LIFT II distributed and reviewed the Balaka Referral Network Operations Manual (RNOM) and service directory as well as referral reminder sheets. The lead organization, Sue Ryder Foundation in Malawi (SRFIM), distributed phones to each launch participant service provider.
- Launched the Balaka referral system on June 23, 2014.
- Returned to Balaka from June 30-July 3, 2014 to check-in with SPs and troubleshoot minor phone issues. All 15 referral network phones are now fully operational and service providers have begun providing consultations on available services and making referrals.
- From launch until the end of the quarter, Balaka's RN members registered seven clients and provided referrals to six of them—ultimately three of the six (50.0%) used their referral.

#### *National NCST Support:*

- Participated in a working session to revise Malawi's *National Guidelines on NCST for Adolescents and Adults*, presenting a revised chapter on clinic-to-community referral system development, gathering feedback and incorporating into a new version for review by FANTA and Malawi MOH.
- Participated in a meeting to support the NCST monitoring and evaluation (M&E) core working group with the process of integrating nutrition indicators into national health management information system (HMIS) as well as HIV and TB M&E systems. Further edits were made to the clinic-to-community referral section of Malawi's National NCST Guidelines in June prior to intended finalization in July.
- Attended a USAID Family Health team meeting on June 6, 2014 in Lilongwe which was also attended by FANTA and included a presentation by ASSIST.

*CommCare Development:* Contracted Dimagi, the parent company of CommCare, to provide one year of technical support. Dimagi provided support to finalize configuration of the cloud-based system prior to launch in June. The latest version of the CommCare application has been disseminated and is being used in the referral network.

#### *Stakeholder Engagement in Karonga:*

- Conducted an initial trip to Karonga District from June 23-27, 2014 to introduce the project and collect basic information from relevant health, nutrition and ES/L/FS service providers. LIFT II met with District Council officials, the District Nutritionist, and representatives from 16 other service providers.
- LIFT II also conducted qualitative interviews with 9 of the 17 total SPs visited and captured key information about providers to inform the ONA. In August, LIFT II will complete the ONA process and also present at the District Executive Committee (DEC) meeting to allow for a formal start of work at this site.

*RNOM and Training Manual Development:* LIFT II finalized the RNOM, which provides complete technical coverage of the referral system. This will be expanded and updated during future trips and will serve as a core tool for building a referral network in the district.

*Meeting with UNICEF Social Protection Team:* Met with UNICEF's Social Protection team on May 29, 2014 to present how the project is facilitating linkages between SPs active in a number of sectors.

*Recruitment of Local Staff:*

- Revised a TOR and posted an advert in two Malawi newspapers for the position of Economic Strengthening and Livelihoods Program Manager in support of LIFT II. This position will effectively assume LIFT II/Malawi coordination responsibilities, working closely with Malawi management in Washington, DC following Leland Fellow Zach Andersson's departure on August 30, 2014.
- Applicant review is underway.

**Problems and Proposed Solutions**

This last quarter saw a great deal of Malawi activity, highlighted by the launch of the BRN in June. In the early stages there have been some growing pains on the part of SPs in Balaka, but this was to be expected considering the system novelty and use of somewhat unfamiliar technology. LIFT II is working diligently to encourage and support all service providers, whether directly or through the BRN's lead organization.

**Upcoming Activities in the Next Quarter**

- Review application packages for the position of Economic Strengthening and Livelihoods Program Manager in support of LIFT II after the July 11, 2014 deadline.
- Travel to Balaka to follow-up in person with the BRN. LIFT II will continue to support the lead organization, particularly around CommCare troubleshooting, encouraging SPs to utilize the phones to reach vulnerable people, and planning and organization of the first monthly referral network member meeting.
- Continue to support the Malawi NCST team. LIFT II will address any final questions or comments after revisions were submitted to FANTA and MOH during June.
- Follow up with Karonga stakeholders. LIFT II will contact representatives from the 17 SPs identified during June trip to Karonga in order to share more about the project and plan a way forward together.

## Malawi Acceleration Model

To complement the standard of care approach implemented in Balaka and Karonga, LIFT II has established an acceleration model through CARE that will be rolled out starting July 1, 2014. The acceleration approach will facilitate and establish bidirectional referrals between NCST clinics and VSLA and food support services.

### Progress

*SOW Modifications:* LIFT II/CARE finalized the scope of work which lays the design for the acceleration project in Kasungu, Lilongwe and Dowa. Contractual arrangements between CARE USA and CARE Malawi as well as with FHI 360 have been signed and completed.

*Research Plans and Ethical Documentations Submitted:* LIFT II submitted documentation to FHI 360's Office of International Research Ethics (OIRE). It is anticipated that data collection activities will appropriately receive non-human subject research determination in the next quarter.

*CARE Staff Trained on LIFT II Activities:* Orientation activities were conducted for CARE Malawi senior staff (10) and project staff (3). The presentation included acceleration project goals and processes, and provided opportunity for staff to ask/answer questions and identify synergies between the current VSLA activities in Malawi and how they will be connected with LIFT II clients.

*Mapping NCST Sites for Implementation:* Staff developed a tool to map mapping the existing NCST facilities and VSLAs in the target areas (Lilongwe and Kasungu Districts). This tool will provide a description of the state of NCST service provision. Mapping activities will take place in the third week of July 2014, and a directory will be developed soon after.

*Staffing:* CARE Malawi developed and identified key staff members to work on acceleration activities.

- All key positions filled (Project Manager, 2 Field Officers) and staff are currently preparing to implement work-planning.
- Staff initiated a LIFT II Acceleration PMP and a detailed work plan, which will be completed by end of the July 2014.

### Problems and Solutions:

None to report.

### Upcoming Activities in the Next Quarter:

- Finalize PMP and detailed work plan.
- Map existing NCST/VSLA groups in the target areas.
- Utilize existing VSLA materials and methodologies to guide inclusion of NCST clients, which will include the development of a management information system tool to capture the number of aggregate referrals. Establish client coding scheme and generate referral cards.
- Conduct district level sensitization meetings. Participants will include: district executive committee, area development committee, and village development committee. Additionally, LIFT II will identify 50 referral volunteers from existing VSLAs and provide training around referral network activities to the volunteers as well as existing village agents
- Develop and train staff on referral process guidelines and data collection activities.

- Initiate referral process in one facility in one Traditional Authority and develop scale-up plan from lessons learned.

## Namibia Activity

### Progress

LIFT II has made rapid progress this quarter in launching two referral networks, expanding to district-wide scale in Engela and planning for the complete transition of activities and approaches to Ministry of Health and Social Services (MOHSS) and other local stakeholders.

*Launch of Referral Networks in Engela and Katutura:* Following onto the successful stakeholder meetings in February, LIFT II continued working with networks in Engela and Katutura to plan for the referral system launch.

- In coordination with the steering committees, LIFT II developed a referral toolkit which included all of tools needed to effectively implement referrals, including MOHSS referral forms and feedback slips, service directories, operations manuals, client cards, diagnostic tools and client counseling guidance. As part of the toolkit, LIFT II also created referral databases for each network using the Microsoft Access platform, which capture information from health facilities and as well as constituency offices which are serving as referral coordinators, to track referrals made and completed within the paper-based system.
- In May and June, LIFT II conducted three-day referral systems trainings in each of the two project sites. Through these trainings LIFT II built the capacity of network members to use the each element of the toolkit, adaptations to the tools were made, and parameters of the referral launch were agreed upon. A total of 53 participants and 36 organizations participated in these trainings.
- Following the trainings LIFT II provided copies of the final toolkit contents to all network members as well as onsite mentoring to all RCs and health facilities on at least one occasion to ensure they were equipped for the launch.
- The Engela network began implementing referrals on June 15, 2014, and was able to refer 17 clients by June 30, 2014. The Katutura network is scheduled to launch in early July.
- LIFT II continues to provide consistent remote and onsite technical assistance, guidance and troubleshooting to network members in both sites to use the system effectively, and accelerate the number of clients being reached through the system.

*Expansion and Scale-Up:* District-wide expansion in Engela has been accomplished with all eight NACS implementing health facilities and seven constituency offices/RCs, participating in the referral network. In addition, two health facilities and six constituency offices/RCs are participating in the referral network in Katutura. In an effort to accelerate outreach to clients and ensure HIV support groups are meaningfully included in the referral network, in June LIFT II conducted trainings in each site on a simplified referral process for support groups. There was great interest among network members and support group leadership in this process. Simple referral cards were developed and will be disseminated for use in early July, increasing outreach to HIV-affected clients.

*Integration and Handover:* LIFT II met with the MOHSS in April to discuss a plan to integrate project activities into MOHSS work plans. LIFT II provided a concept note for the integration of activities with the aim of MOHSS requesting a training of trainers (ToT) workshop to formally hand over the diagnostic tool and other referral processes prior to the end of the project. LIFT II has also been in ongoing

communications with USAID/Namibia around support to the networks and implementation of referrals—which has been well received by the mission—as well as final program activities, documenting lessons for scale-up and closeout of the project in the coming quarter.

### **Problems and Proposed Solutions**

There were some delays in launching the referral networks due to unavailability of the MOHSS referral forms for all members of the network, and delays in the Regional AIDS Coordinating Committee (RACOC) representative installing the database. These issues were addressed in this quarter and all sites now have the tools and materials they need for implementation. While all network members have demonstrated interest and enthusiasm for the referral process, following the launch, some of members were much more active in referring clients than others. This is due in part to the fact that some organizations sent staff to the referral network trainings (such as managers and data entry staff) that were not the individuals who would be responsible for making referrals. Starting this quarter and continuing into the next, Samuel Mayinoti, LIFT II's Technical Officer in Namibia, is visiting each RC and health facility to provide targeted onsite training to any relevant staff who were not able to attend the formal training as well as to provide mentoring and troubleshooting support to all sites to improve consistency and accuracy in making referrals.

LIFT II had anticipated that planning for the orientation and ToT with the MOHSS would have progressed more rapidly in this quarter. While it is still envisioned that this will take place in August, it has been challenging to get commitment from MOHSS counterparts on specific dates for this event.

### **Upcoming Activities in the Next Quarter**

- Support implementation and sustainability of referrals. LIFT II will continue to provide remote and onsite TA to network members to make, complete and record client referrals. Prior to the end of the project, LIFT II will conduct a review of referral tools with each network and make final revisions to ensure they meet the needs of the networks beyond LIFT II support.
- Integrate activities into MOHSS program. LIFT II will continue coordinating with MOHSS staff and leadership to incorporate key activities, such as support to the referral networks and ongoing use of the diagnostic tool in referrals, into the MOHSS work plans. Toward this end, LIFT II is planning for a ToT with MOHSS to handover the diagnostic tool and other referrals tools in mid-August.
- Transition tools to the Adherence and Retention Project (ARP), a local bilateral. LIFT II will collaborate with the ARP project at both national level and in the Ohangwena region to hand over key tools and processes to support linkage, engagement and retention (LER) in HIV care.
- Carry out activities associated with project closeout in accordance with the approved closeout plan.

### **Nigeria Activity**

There was no progress on this activity during this quarter. LIFT II is programming in Nigeria based on an initial high level TDY, to be determined by USAID/OHA and USAID/Nigeria.

### **Tanzania Activity**

#### **Progress**

This quarter, Tanzania made progress engaging over 100 service providers and supporting action plans for the establishment of referrals between clinics and local ES/L/FS services across all Iringa focal sites. Several milestones and activities included:

*Mufindi District Joint NACS Sensitization Training:* In early April, LIFT II collaborated with partners IMARISHA and FANTA to develop and implement a training to sensitize 34 local government authorities and health facility staff around Mafinga District Hospital on the importance of clinic-to-community referrals. During this training, the projects also sought to identify ways to support the integration of NACS at the community level. This is an important foundation for work in the region and marked the first regional training activity for LIFT II with local stakeholders.

*Stakeholder Consultations and Action Planning:* LIFT II’s local consultant team completed the ONA and ES/L/FS service mapping in Iringa early in the quarter with headquarters (HQ), regional and country-based staff turning around analysis and presentations of the results around for SPs and stakeholders during participatory meetings conducted in mid-May. These interactive meetings led by the Regional Technical Advisor and Country Coordinator received positive feedback from stakeholders at all levels. Participation is summarized below, showing both the high attendance and significant range of stakeholder participation.

<b>Iringa Region Stakeholder Meetings, May 2014</b>				
<b>Location/date/facilitation</b>	<b>Participants</b>	<b>SPs represented</b>	<b>% SPs attended (total engaged in ONA)</b>	<b>Participants across the three meetings</b>
<b>Iringa Municipal</b> May 12-13 Henry/Lilian	43	31	57% (54) <sup>3</sup>	<ul style="list-style-type: none"> <li>• Ministry of Health &amp; Social Welfare Regional Coordinators for HIV and Nutrition in Iringa</li> <li>• Ministry of Local Government</li> <li>• Ministry of Community Development, Gender and Children</li> <li>• District and Local Authorities</li> <li>• USAID</li> <li>• INGO and local NGO Service Providers and Partners</li> <li>• OVC Care and Support Groups</li> </ul>
<b>Mafinga</b> May 14-15 Henry/Lilian	32	26	76% (34 )	
<b>Kasanga</b> May 19-20 Lilian	17	16	94% (17)	

*Technical Input on Iringa Regional HIV and AIDS Plan<sup>4</sup>:* LIFT II reviewed and provided and technical feedback on the first draft of Iringa’s Regional HIV and AIDS Plan developed by the Iringa Regional AIDS Team, an effort coordinated by USAID in the region.

*Increasing Coordination with Partners:* LIFT II presented about recent and upcoming planned activities at the USAID Nutrition Partners Meeting in Dar es Salaam. LIFT II also learned about relevant partner activities and will use this knowledge to promote alignment with other investments of USAID at the regional level in Iringa and nationally.

*Staffing:* On June 1, 2014, Lilian Tarimo transitioned from a part time Start Up Coordinator to a full time Country Coordinator and

***Voices from the field***

*“The meeting helped us connect the strong relationships between HIV and AIDS, nutrition, and how access to a diverse range of services through referrals would improve the lives of PLHIV and other vulnerable groups.”*

-Iringa stakeholder meeting participant

<sup>3</sup> Iringa marks the largest site the project has conducted an ONA and as an urban regional hub anticipated the high concentration of service provision. LIFT II was pleased with the volume of attendance, range and interest in further collaboration by the SPs represented at the meeting. It is the largest stakeholder meeting to date across LIFT II counties.

<sup>4</sup> This marked LIFT II’s first contribution to such a local policy document and the project looks forward to working with this regional team and USAID on efforts to finalize the document and support implementation.

Economic Strengthening/Livelihoods Specialist for LIFT II based in Dar es Salaam (with frequent travel to Iringa). As a member of FHI 360's Tanzania Office Senior Management representing LIFT II she will be able to dedicate more time to continue to build off of the foundation set to date to support efforts to increase referrals and connections between clients and services over the next quarter and beyond.

### **Problems and Proposed Solutions**

LIFT II identified a misunderstanding around transport fees after the first stakeholder training and immediately rectified processes to ensure its proper handling for remaining meetings. The projects Country Coordinator and Country Manager worked with country office and HQ management to ensure both proper processing of the Iringa fees for past and present efforts. As LIFT II rolls out its activities, it will continue to ensure harmonization and compliance with all USAID and FHI 360 Tanzania procedures and practices.

Coordination with relevant local and national authorities will continue to be a priority for all activities moving ahead. LIFT II will work in closer coordination on the planning and co-hosting with established local government counterparts. Where appropriate they will also do so with the referral network lead organizations identified during the stakeholder meetings and action plans.

LIFT II will continue to assess staffing and consultant needs to ensure Iringa based activities are supported appropriately and cost effectively once they are further established. Having Ms. Tarimo onboard working fulltime now based out of FHI 360's main office in Dar es Salaam promotes coordination with USAID in Dar es Salaam, enhances and accelerates continuity with our work in Iringa as she travels every few weeks to the region during this period.

LIFT II will also continue to balance the need to identify strategic opportunities to accelerate client outreach and support clinic to community referrals between ES/L/FS support (i.e., savings groups and food assistance at the household level) and clinics. LIFT II is committed to ensuring a high return on USAID's investment and ensure linkage and referral activities benefit and reach clients in new ways in the coming quarter and demonstrate how different models for referrals can be developed and supported.

#### ***Voices from the field***

*"As government, we find this approach of linking services very useful, the network creates an opportunity and platform for better collaboration and engagement with government."*

–Mufindi stakeholder meeting participant  
(District Community Development Officer)

### **Upcoming Activities in the Next Quarter**

- Harmonize referral directories activities with materials developed by Africare and IMARISHA.
- Establish scope and implement new pilot linkage activity with local partners from the networks.
- Increase engagement with PHFS in Iringa and national level.
- Follow-up TA to organizations/networks to ensure network and service provision support is moving towards increased and documented referrals.
- Develop referral tools for each of the networks and conduct trainings and provide TA with initial tools and processes.
- Coordinate work plan development with USAID, Tanzania Food and Nutrition Centre (TFNC), PHFS and other partners.

## Zambia Activity

### Progress

*Collaboration with NACS Acceleration Partners:* This quarter, the NACS acceleration partners, including FANTA, ASSIST and Project Concern International (PCI), began to mobilize activities in Kitwe. LIFT II collaborated with PCI to provide remote support for their community engagement activities and shared tools that could be useful for community outreach such as the simplified mapping tool and diagnostic tool. The first facility-based NACS trainings were conducted by FANTA in this quarter, and LIFT II provided input for a referrals and community linkages session, which is included in the training curriculum and was a successful part of the training.

*LIFT II TDYs:* Mandy Swann (LIFT II/FHI 360) to work with PCI and FANTA to develop a comprehensive national community NACS training curriculum and participant materials, including sessions that help community health workers make and track referrals for clinical and community-based ES services in order to improve long-term client outcomes.

- The partnership between PCI and LIFT II was strengthened through the trip, and the projects also began to identify additional points of collaboration to ensure clinic-to-community referrals are a strong, routine component of NACS services in Kitwe, including the adaptation of existing referral tools and holding a referrals training for clinical- and community-based health workers implementing NACS.
- The trip also provided an opportunity to meet with MOH and Ministry of Community Development Mother and Child Health (MCDMCH) stakeholders at the national and district levels to orient them on LIFT II and its role in the NACS Acceleration partnership, obtain input on proposed activities, and gain a better understanding of government programs and priorities. LIFT II's meetings with project implementers in Kitwe afforded a better understanding of potential organizations and activities that could be part of the referral system and how NACS referrals to ES/L/FS services can be operationalized in Kitwe.

*LIFT II Implementing Partner Coordination:* Throughout the quarter, LIFT II continued to engage with WV/Zambia to determine how the national office could effectively manage project activities in Zambia. Based on several discussions, the WV national office has determined they are unable to implement activities in Kitwe district, where USAID has asked LIFT II to work; thus, FHI 360 will be leading activities in Zambia moving forward, while continuing to identify ways to leverage the strong presence of CARE and WV in NACS linkages.

### Problems and Proposed Solutions

It was initially envisioned LIFT II's TDY would support a ToT and the first training for community health workers in several FANTA-supported sites in Kitwe; however, these activities were postponed by MOH with only a few days' notice. Delays in the ToT and first community NACS training have disrupted the planned schedule of activities and the ability of LIFT II to provide on the ground support, which is included in the country work plan. LIFT II is in close coordination with FANTA and PCI about the revised training dates and will continue to support these efforts.

### Upcoming Activities in the Next Quarter

- Participate in a high level workshop with government counterparts to review and finalize the NACS curriculum and training materials for community health workers. The review aims to ensure that the training content is accurate, clear, comprehensive and appropriate for community health workers as well as to assess applicability on a national scale.

- Work with FANTA and PCI to finalize NACS training materials for community health workers.
- Work with FANTA and ASSIST to develop comprehensive data collection and reporting tools (client cards, nutrition registers, monthly reporting templates and weekly tally sheets) for health facilities implementing NACS. LIFT II will ensure the inclusion of referrals to clinical and community services in routine NACS reporting.
- Continue collaboration and discussions with PCI to adapt referral toolkit and plan for referrals training in several sites.
- Explore the possibility of hiring a local consultant to provide on the ground support for NACS activities in Kitwe in coordination with FANTA, ASSIST and PCI.

## V. Global Activities

### NACS-ES/L/FS Linkage Activities

#### Progress:

- LIFT II has been in contact on a monthly basis with Joan Matji, Nutrition Advisor for USAID/Southern Africa. We have shared LIFT II's latest progress in the countries on her portfolio and acquainted her with both our systemic and acceleration strategies. As a result of our last conversation we also facilitated with her the actual names of the point people that LIFT II was working with at USAID Mission's in Malawi and Namibia.
- Three LIFT II staff participated in a one day discussion/review of the SPRING Project's site evaluation toolkit. The goal was to gather expert review and refine the number of indicators for a more streamlined approach to site assessment. Feedback was provided to SPRING project staff and a revised version of the toolkit is being developed.
- The LIFT II and FANTA teams have continued to work to identify synergies around the implementation of referral networks in/around NACS facilities. They have also discussed implications for Community NACS within LIFT II sites. Additionally, LIFT II staff have provided feedback on FANTA's most recent nutrition module

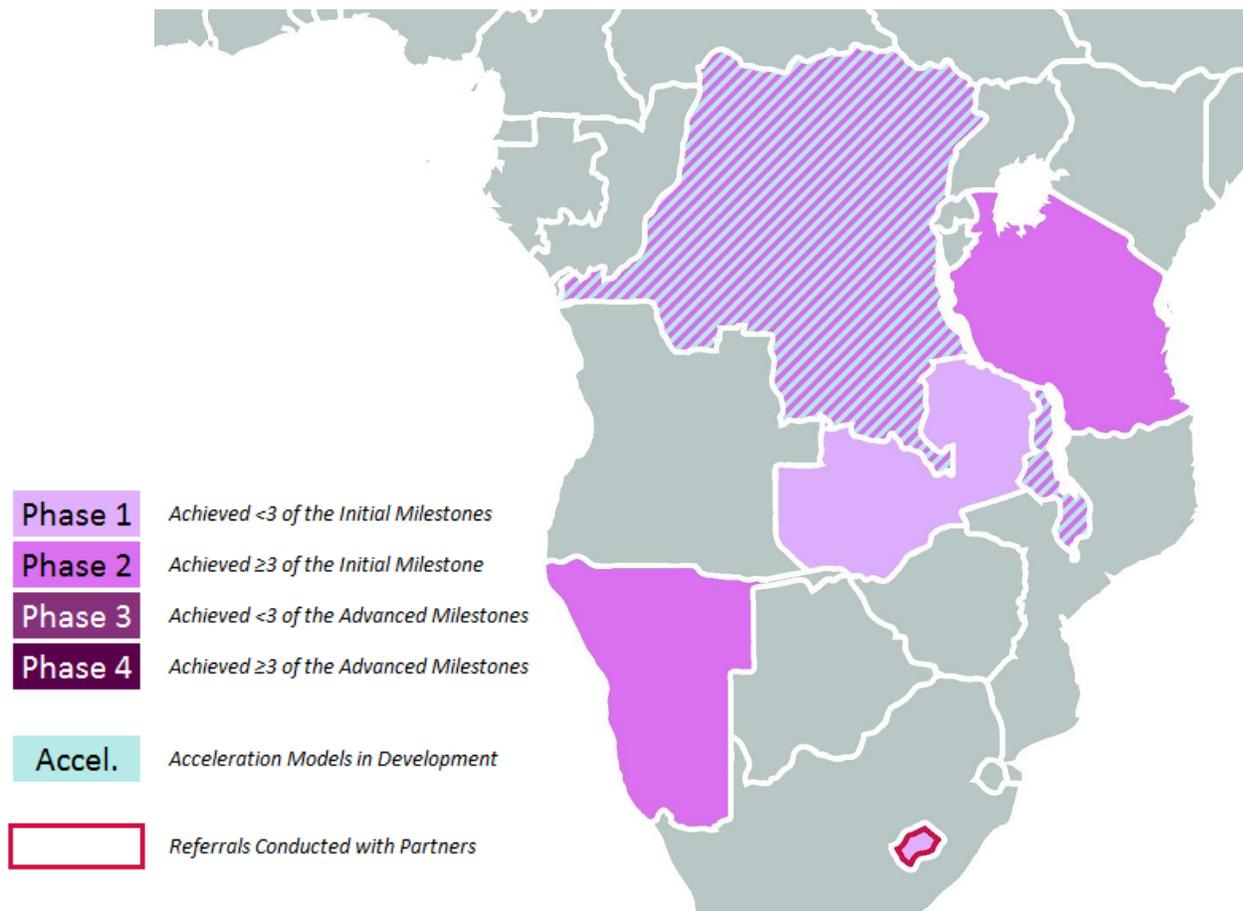
#### Lessons Learned

- Final modifications were made to referral networks in Malawi and Namibia prior to launch.
- The diagnostic tool was administered and tested in the DRC and a report is currently being finalized on those data.
- Stakeholder meetings are continuing to provide extremely positive feedback on the potential implementation of referral networks. LIFT II staff learned that the meetings have produced organic linkages between CBOs in communities prior to the establishment of the referral networks.

### 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. Further details regarding the definition of phases and milestones can be found in Annex 3.



## Country Collaboration

### Highlights:

LIFT II has been actively contributing to the Lesotho National Conference on Vulnerable Children. This forum will facilitate discussion around the state of the national response to vulnerable children as well as a systematic approach of generating and articulating evidence for future direction for an efficient, effective, and coordinated response within Lesotho and across the region.

Additionally, LIFT II staff provided input to regional and national nutritional guidelines and processes in Tanzania and Malawi, respectively.

## VII. Documentation of Best Practices for Scale Up

### Technical Notes:

This quarter, LIFT II continued to make steady progress in the development of technical notes. A total of five technical notes have been developed. Two process notes document our experience in the

implementation of [situational analysis](#) as well as use of [clinic-to-community referrals](#). The team also developed the first two of three notes in the technical implementation note [series on savings services](#) (overview and implementation, to be supplemented by a subsequent note on M&E) and a research note around [optimizing the sustainability of referral networks](#). In addition, draft notes have been developed around the diagnostic tool as well as collaboration within the OHA nutrition partners.

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

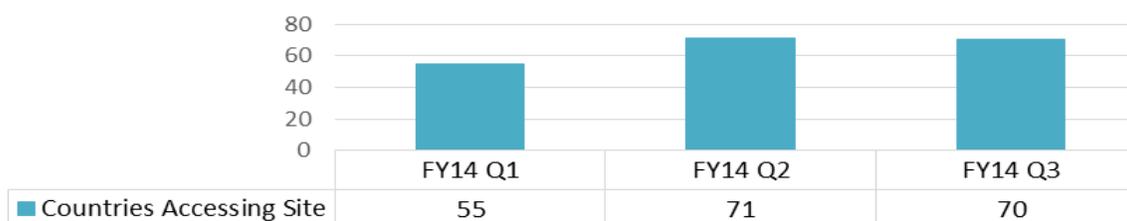
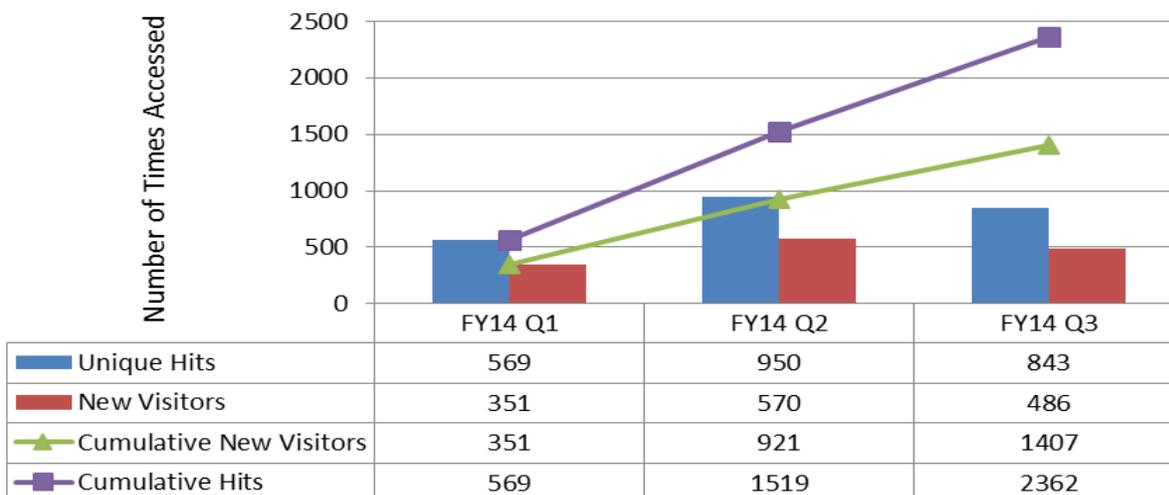
## **VIII. Knowledge Management**

### **LIFT II Website and Resource Dissemination**

In this quarter, project staff continued to produce engaging content for routine posting on the project website, [www.theliftproject.org](http://www.theliftproject.org), with a greater emphasis on engaging LIFT II's field-based staff. A total of seven blog posts around topics varying from M&E, country updates and technical process overviews, were developed collaboratively by team staff both in HQ and in the field. Additionally, a total of six new technical resources (reports, publications, technical notes, etc.) were posted and disseminated through various channels.

The number of countries that accessed the project website ([www.theliftproject.org](http://www.theliftproject.org)) remained strong with just a slight drop from 71 in FY 2014 Q2 to 70 in Q3. During this quarter, four resources were downloaded from the site, with a total of 23 unique downloads. In addition, both the number unique hits and new visitors to the site this quarter saw minor decreases; however, the overall reach of the site remains on a strong increase. The team looks forward to increasing dissemination of resources and lessons learned as activities in both the standard of care and acceleration approaches continue to roll out in the upcoming quarter.

## Visits to the LIFT II Website (www.theliftproject.org)



## IX. Management

### Staffing

This quarter, staffing efforts have successfully expanded to all countries in which the project is currently active. New staff and recruitment efforts conducted this quarter include:

- **Economic Strengthening and Livelihoods Specialist//Country Coordinator, Tanzania**, Lilian Tarimo (June 1, 2014). After a competitive recruitment process, LIFT II was pleased to onboard Lilian Tarimo as of June 1, 2014 as the full-time project representative based in Dar es Salaam. This marked an important shift from her earlier work from end of January to this date providing part time support as LIFT II's Start-Up Project Coordinator.
- **Project Coordinator, Lubumbashi, DRC**, Johnson Mulaganire (June 1, 2014). Johnson Mulaganire was hired through CARE DRC as the Katanga regional coordinator based in Lubumbashi. He has experience in project coordination and M&E of economic development programs related to PLHIV in the Katanga region including income generating micro-enterprise activities (IGAs), and he has previously worked at Food for the Hungry and UNDP.
- **Economic Strengthening and Livelihoods Specialist//Country Coordinator, Lesotho**, Sefora Tsiu (June 9, 2014). LIFT II has recruited Ms. Sefora Tsiu to represent the project in Lesotho. Ms. Tsiu brings an extensive background in social protection and has been working with government,

donors, and SPs to advance the state of practice and promote cutting edge strategies like cash transfers and develop key pieces of child protection legislation.

- Malawi: In Malawi, efforts are underway to identify an individual to provide support to the Balaka site upon the relocation of current fellow, Zach Andersson. Additionally, staff were identified through CARE Malawi to facilitate the implementation of the acceleration approach.
- Zambia: The team is working to identify staff in Zambia. It is exploring the possibility to utilizing a portion of an existing FHI 360 staff in country.

## Finance

For required reporting budget information please Annex 6.



## LIFT II and FANTA: Collaborating on the Continuum



Photo credit: Clinton Sears/FHI 360

Collaboration is central to LIFT II's approach to strengthening the continuum of care for people living with HIV and AIDS and other vulnerable households. There is a strong emphasis on working cooperatively with partners as seen during stakeholder workshops in Kingabwa, DRC (top) and Balaka, Malawi (bottom).

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](#).

*This success story is made possible by the generous support of the American people through the United States Agency of 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. LIFT II is a PEPFAR-funded associate award under the FIELD-Support LWA, a cooperative agreement between USAID's Microenterprise and Private Enterprise Promotion Office and FHI 360 and its consortium of 24 development partners. The Food and Nutrition Technical Assistance III Project (FANTA) is a 5-year cooperative agreement between USAID and FHI 360.*

The needs of people living with and affected by HIV are complex and interconnected. For example, HIV both contributes to and results from economic and food insecurity. People living with HIV (PLHIV) have increased nutritional needs but decreased ability to work and provide for themselves and their family. Those who are malnourished benefit less from antiretroviral therapy, suffer more from its side effects, and are more vulnerable to opportunistic infections. Adult illness and death further worsen food and economic security for affected children.

The Livelihoods and Food Security Technical Assistance II Project (LIFT II) and the Food and Nutrition Technical Assistance III Project (FANTA) have collaborated at a new level in Tanzania and Democratic Republic of the Congo (DRC) this quarter to address complementary aspects of the HIV continuum of care. LIFT II's goal is to increase access for people living with and affected by HIV to economic strengthening, livelihood, and food security (ES/L/FS) opportunities to improve their economic resilience and health. FANTA helps to strengthen food security and nutrition policies, programs and systems. Both projects work with national and local stakeholders using Nutrition Assessment, Counseling Support (NACS) as the entry point and platform for strengthening and extending the continuum of care. Together they contribute to a holistic approach for helping the most vulnerable.

LIFT II and FANTA joined forces with other partners to provide intensive training on a broad range of skills related to livelihoods, economic strengthening and nutrition.

In Tanzania, FANTA and LIFT II collaborated with the Tanzania Food and Nutrition Center (TFNC) as well as the IMARISHA project, a local USAID-funded partner, to develop and implement a nine-day training focused on a range of ES/L/FS areas, measures to community-level assess to nutrition, and ways to strengthen the links between ES service providers and health facilities. The training, held in the Mufindi District of Iringa, was attended by 34 government and NGO representatives from a wide range of disciplines including social welfare, agriculture, livestock development, and food and nutrition. FANTA rolled out an assessment tool that involves using mid-upper arm circumference (MUAC) to help determine a person's nutritional status. LIFT II introduced elements for establishing a system that links malnourished clients to existing community-based organizations. With the skills and tools shared during the training, participants who work in non-health settings are now better sensitized and equipped to identify malnourished clients, identify the types of economic strengthening options most appropriate to meet household needs, and refer individuals to nutritional counseling and related support services.

In DRC, LIFT II and FANTA partnered with the USAID-funded ASSIST project to deliver a five-day training to 24 trainer-of-trainers—physicians, nurses, nutritionists, and HIV and AIDS specialists. Participants were introduced to FANTA's approach to training and counseling PLHIV on their nutritional needs related to antiretroviral therapy and how these needs can be met in low-resource environments. Participants also were introduced to the LIFT II model of linking vulnerable clients from health facilities to community-based ES/L/FS support services through referrals. The training prepared clinic nutrition counselors for their role in the referral process and encouraged them to reevaluate their role as health workers and to look outside the scope of their usual services in an effort to meet the full range of needs of people living with and affected by HIV.

These trainings marked a milestone in the collaboration between LIFT II and FANTA, drawing on each project's strengths and helping each meet their goals. Working together affords the opportunity to share data and sites and coordinate the bidirectional flow of people between health facilities and ES/L/FS services, thereby leveraging resources, improving coordination, and creating an enabling environment for clients. Through close partnership on developing technical materials and implementing activities, the projects are advancing a unified approach to addressing an expanded continuum of care.

## Annex 2. Implementation Plan

Livelihoods and Food Security Technical Assistance Project II (LIFT II)		CA No. AID-OAA-LA-13-00006					
A – as needed, O - ongoing, M- monthly, C - completed, H – on hold, TBD - to be determined	October 1, 2013 - March 31, 2014						
	FY 2014 Q 2			FY 2014 Q 3			
	Jan	Feb	Mar	Apr	May	Jun	
<b>Global Activity</b>							
<b>Building the evidence base for NACS-ES/L/FS linkages Activities</b>							
Optimize referral networks activities	O	O	O	O	O	O	
Disseminate global learning from LIFT II country programming	O	O	O	O	O	O	
<b>Monitoring and Evaluation System</b>							
Develop global database template for rollout	O	O	O	O	O	C	
Monitor research/learning data collection in use			C			C	
Conduct data analysis	O	O	O	O	O	O	
<b>Global Standards, Policies and State of Practice in ES/L/FS Activities</b>							
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)	O	H	H	H	H	H	
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	A	A	A	C	A	A	
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	C	C	C	C	C	C	
Disseminate LIFT II technical resource and advances through multimedia channels including LIFT II's project website	O	O	O	O	O	O	
Respond to ongoing mission requests for LIFT II TA and support	A	A	A	A	A	A	
<b>Democratic Republic of Congo Activity (Tier 1)</b>							
Develop LIFT II work plan and PMP		C					
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory		C					
Engage the private sector	H	H	H	H	H	H	
Adapt the Client Diagnostic Tool		O	O	O	O	O	
Conduct Stakeholder Engagement Workshop		C			C	C	
Submit COP to mission		C			O	O	
Develop DRC Acceleration Plan – including expansion to additional sites in Lubumbashi and Kinshasa		O	O		O	O	
Coordinate with program partners	O	O	O	O	O	O	
Test client diagnostic tool					C		

Identify and onboard new staff					C	C
Conducted joint training with FANTA					C	
Revised budgets to facilitate accelerated approach in Lubumbashi			O	O	O	C
<b>Lesotho</b>						
Submit COP to mission		C				
Train staff and conduct ONA			C			
Identify and on-board new staff						C
Refine network structure and nominate focal points at each CBO					C	
Update service directories					C	
Started referral network Facebook groups						C
CommCare data collection training						C
Initiated referral systems						C
Linking PLHIV with savings and internal lending communities				C	O	O
Providing ES/L/FS through nutrition corners				C	O	O
<b>Malawi Activity (Tier 1)</b>						
Develop work plan with BCSON		C				
Finalize referral tools		O	C			
Provide support to the NCST Working Group	O	O	O	O	O	O
Develop, test and tailor referral database system		O	O	O	O	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
Launch Balaka referral network						C
Collaborate with UNICEF					O	O
Recruit local staff					O	O
<b>Malawi Acceleration</b>						
Develop and approve SOW			O	O	C	
Submit and receive research ethics approval					O	O
Identify CARE staff to oversee Acceleration activities					C	
Train CARE staff on LIFT II activities					C	
Map existing VSLAs in target regions						C
<b>Nigeria Activity (Tier 1)</b>						
Develop LIFT II work plan and PMP		H	H	H	H	H
<b>Namibia Activity (Tier 2)</b>						
Develop and finalize LIFT II work plan	O	O	C			
Conduct referral network stakeholder meetings in 2 sites		C				
Provide support to the referral networks and steering committees		O	O	O	O	O
Develop referral tools	O	O	O	O	O	C
District-wide expansion of model		O	O	O	O	O
Launch referral network in Engela and Katutura						C
Monitor data and network progress						O
<b>Tanzania Activity (Tier 1)</b>						
Develop a joint approach to supporting NACS continuum of care in early learning sites	O	O	O	O	O	O

Engage regional and local authorities	O	O	O	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			
Developed and implemented joint sensitization training with FANTA				C		
Referral action plans developed				O	O	C
Conducted regional stakeholder meetings					C	
Provided technical input on regional HIV/AIDS plan					C	
Identified and on-boarded new staff in Tanzania				C		C
<b>Zambia Activity (Tier 2)</b>						
Submit COP information to Mission		C				
Discuss possible implementation approaches with collaborators	O	O	O	O	O	O
Provided input on the first facility-based NACS training				O	C	
Conducted TDY where collaborated on Community NACS rollout						C
Established open lines of communication with partners and local government authorities						C

### Annex 3: Milestones Towards Referral Networks – Phase/Milestone Definitions

Phase 1 - Achieved <3 of the Initial Milestones	<p>Initial Milestones (7)</p> <ol style="list-style-type: none"> <li>1. Identified a national coordinating group/TWG for LIFT II to work with</li> <li>2. Identified an ES/L/FS or Referral Network focal point in the MOH (or other national agency working on NACS) for LIFT II to work with</li> <li>3. Identified a national HIV-nutrition strategy which includes a rationale for ES/L/FS service referrals</li> <li>4. Completed an ONA</li> <li>5. Completed a Diagnostic Tool Test</li> <li>6. Completed a Referral Network Tool Test</li> <li>7. Received feedback on Referral Tools from network members and local stakeholders</li> </ol>
Phase 2 - Achieved ≥3 of the Initial Milestones, but <3 of the Advanced Milestones	<p>Advanced Milestones (7) for ≥ 75% of referral systems:</p> <ol style="list-style-type: none"> <li>1. Launched a Referral network</li> <li>2. QA/QI system is in place for the Referral Network</li> <li>3. ONA is performed as necessary by the Lead Organization</li> <li>4. Referral Tools are updated annually, or as necessary</li> <li>5. Local partners conduct routine evaluation/assessment of ES/L/FS services, and the referral network in general</li> <li>6. Referral Network data used for local decision making</li> <li>7. Supported the creation of a national HIV-nutrition strategy which includes a rationale for ES/L/FS service referrals</li> </ol>
Phase 3 - Achieved 3-5 of the Advanced Milestones	
Phase 4 - Achieved ≥6 of the Advanced Milestones	

## 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
Global Indicators Reporting	Included in Quarterly Report
Quarterly Report #3 (FY 2014, Quarter 2, Jan – April 2014)	April 30, 2014
SF425 #3 (FY 2014, Quarter 2, Jan – April 2014)	April 23, 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 1 (FY 2013, Quarter 4)	Malawi, Namibia, Lesotho
OHA TDY Reports for Year 1, Quarter 2 (FY 2014, Quarter 1)	DRC, Namibia, Mozambique, Tanzania, Uganda, Zambia
OHA TDY Reports for Year 1, Quarter 3 (FY 2014, Quarter 2)	DRC, Namibia, Tanzania, Malawi, Lesotho
OHA TDY Reports for Year 1, Quarter 4 (FY 2014, Quarter 3)	DRC (2), Lesotho, Tanzania
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
Technical Process Note: Clinic-to-Community Referral Systems: Improving Health and Social Outcomes for People Living with HIV	Year 1, Quarter 4
Technical Process Note: Informing Contextual Livelihood Programming: Situational Analysis	Year 1, Quarter 4
Technical Intervention Note 2.1: Savings Groups - Overview	Year 1, Quarter 4
Technical Intervention Note 2.2: Savings Groups - Implementation	Year 1, Quarter 4
Action Research Technical Note #3: Optimizing Sustainability of Referral Networks	Year 1, Quarter 4
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:

<i>Traveler Name</i>	<i>Origin-Destination</i>	<i>Travel Dates</i>	<i>Purpose</i>
Jacky Bass	US-Lesotho-US	April 20 - May 4, 2014	Meeting with in-country partners, conducting interviews with in-country staff candidates, and preparing for/facilitating stakeholder meetings in Mohale's Hoek and Thaba-Tseka
Dominick Shattuck	US-DRC-US	April 26 - May 10, 2014	Diagnostic tool training in Kinshasa as well as working with CARE on roll out in Kinshasa and Lubumbashi
Henry Swira	US-DRC-Tanzania-Ethiopia	May 9 - May 17, 2014	Diagnostic tool training in Kinshasa (DRC), facilitating and providing support to stakeholder meetings in Iringa and Mafinga (TZ)
Clinton Sears	US-Malawi-Lesotho-US	June 11 - July 11, 2014	Supporting the launch of a mobile-based referral system as well as a qualitative investigation (led by MEASURE) of the system
Sarah Mattingly	US-DRC-US	May 16 - May 28, 2014	Joint trip with FANTA/ASSIST, supporting acceleration in Lubumbashi
Dominick Shattuck	US-Tanzania-US	June 6 - June 19, 2014	Providing TA on referral systems in Iringa and expansion to additional NACS areas
Mandy Swann	US-Zambia-DC	June 21 - July 7, 2014	Facilitating start up (ZA), supporting effective handover of referral tools and processes (NA)

## Annex 6. LIFT II Budget Reporting Requirement

	<b>Report Period</b>	4/1/2014-6/30/2014					
	<b>Expenditures and Accruals</b>						
	<b>Name of Partner:</b>	FHI 360					
	<b>Contract/Agreement No.</b>	EEM-A-00-06-00001-00					
	<b>Date Completed:</b>	7/29/2014					
	<b>Ceiling</b>	23,000,000					
	<b>Obligation</b>	4,223,138					
	<b>Unobligated Balance</b>	18,776,862					
<b>Tab.1</b>	Total Obligation Amount	Total Actual Expenditure as of previous quarter	Total Actual Expenditure of current quarter	Accruals as of current quarter	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G=A-F</b>
	4,223,138	1,096,735	\$ 512,126	\$ 132,312	\$ 25,936	\$ 1,767,109.61	\$ 2,456,028.39
<b>Tab.2</b>	Activity	Fiscal Quarter 2014	Total Obligation Amount	Actual Expenditures /Accruals	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	Global	Q3 - April-June 30	3,670,447	744,693	340	745,032	\$2,925,415
	Nigeria	Q3 - April-June 30	180,000	462	-	462	\$179,538
	Namibia	Q3 - April-June 30	372,691	238,647	-	238,647	\$134,044
	Malawi	Q3 - April-June 30		158,142	673	158,816	(\$158,816)
	Tanzania	Q3 - April-June 30		201,161	-	201,161	(\$201,161)
	DRC	Q3 - April-June 30		228,153	-	228,153	(\$228,153)
	Zambia	Q3 - April-June 30		17,703	-	17,703	(\$17,703)
	Lesotho	Q3 - April-June 30		202,313	24,923	227,236	(\$227,236)
<b>Tab. 3</b>	Activity	Projected expenditures through end of FY 2014	Months left in FY	Projected Monthly Burn Rate			
	Global	269,525.92	3	\$89,842			
	Nigeria	49,436.46	3	\$16,479			
	Namibia	84,861.02	3	\$28,287			
	Malawi	92,741.20	3	\$30,914			
	Tanzania	124,336.38	3	\$41,445			
	DRC	220,056.24	3	\$73,352			
	Zambia	9,763.44	3	\$3,254			
	Lesotho	43,378.65	3	\$14,460			