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

LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

Annual Report

FY 2014[1]

(Inclusive of FY 2014 Q4 report)

October 1, 2013 – September 30, 2014

[1] Includes FY 2014 Annual Global Indicator Reporting

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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
BLC	Building Local Capacity
CARE	CARE International
CLA	Collaborating, Learning and Adapting
CRS	Catholic Relief Services
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
HES	Household Economic Strengthening
HESCOP	Household Economic Strengthening Community of Practice
ICAP	International Center for AIDS Care and Treatment Program
IP	Implementing Partner
KDMD	Knowledge-Driven Microenterprise Development
LER	Linkage, engagement and retention
LIFT I	Livelihoods and Food Security Technical Assistance
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
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MOSD	Ministry of Social Development
NACS	Nutrition Assessment, Counseling and Support
NCST	Nutrition Care, Support and Treatment
ODK	Open Data Kit
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
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
PPL	USAID Bureau for Policy, Planning and Learning
QI	Quality Improvement
SPs	Service Providers
STEP UP	Strengthening the Economic Potential of the Ultra Poor
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Centre
USAID	United States Agency for International Development
VSLAs	Village Savings and Loan Associations
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 October 1, 2013 – September 30, 2014, and Global Indicator Reporting as required under Section A5 Reporting and Evaluation of the agreement.

II. Background

Despite global reductions in HIV incidence and increases in access to antiretroviral therapy (ART), the need to support those infected with HIV and affected by the disease remains. New and creative directions are needed to expand outreach and operationalize action research to identify effective strategies to improve access and adherence to ART in resource-poor countries. As people living with HIV (PLHIV) live longer, the future of HIV prevention, treatment, care and support will be determined by the efficacy of combination strategies.

Innovation in ART provision addresses the expansion of services beyond the clinic walls and links clients with organizations that provide economic strengthening, livelihoods and food security (ES/L/FS) support. LIFT II seeks to identify and facilitate clinic-to-community linkages, strengthening bidirectional referral networks. Currently, referral networks that link nutrition assessment, counseling and support (NACS) with community services are functioning in four countries—Lesotho, Malawi, Namibia and Tanzania. We expect referrals to start in the next quarter in the Democratic Republic of the Congo (DRC) and the third quarter in Zambia. Project activities are guided by the following four objectives:

1) Improve access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services.
2) Strengthen community services that provide ES/L/FS support as a component of a continuum of care for families.
3) Expand the evidence base for ES/L/FS programming impacts on health and nutrition, particularly regarding adherence and retention in care, replicability, implementation at scale, cost-effectiveness and sustainability.
4) Provide global technical leadership and strategic support to improve the quality of ES/L/FS programs and activities supported by the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Health Initiative (GHI) and Feed the Future (FtF).

During this past year, LIFT II worked to accelerate the implementation of referral networks and used programmatic evidence to describe the impact of its approach on adherence and retention in care. LIFT II also explored ways to increase the reach of the project in existing communities and enhance capacity among cooperating organizations. Over the coming years, LIFT II will contribute important evidence to the fields of economic, nutritional and health systems strengthening by disseminating the successes and challenges of implementing the project.

III. Accomplishments

- Launched referral networks in four countries. Anticipate rolling out referrals in DRC in Q1 FY 2015 and Zambia Q3 FY 2015.
- Completed 17 service directories, providing a gap analysis of service providers (SPs) in the referral networks.
- Increased outreach to 3,021 clients infected or affected by HIV; expanded outreach across 23 NACS sites in Lesotho, Malawi, Namibia and Tanzania[2].
- Collaborated with the Applying Science to Strengthen and Improve Systems Project (ASSIST) and the Food and Nutrition Technical Assistance III project (FANTA) to develop and implement sensitization training to 50 health care providers in DRC and 34 local government authorities in Tanzania.
- In response to USAID requests, developed acceleration strategies across five countries (DRC, Malawi, Namibia, Tanzania, and Lesotho) that will rapidly link NACS clients to savings and food services (see complementary referral approaches for additional information).
- Conducted stakeholder workshops in five countries (DRC, Malawi, Namibia, Tanzania, and Lesotho) and engaged 164 ES/L/FS SPs interested in establishing bidirectional referrals.
- Developed and tested a mobile database using the CommCare platform in Balaka, Malawi; Access database in Namibia; and Open Data Kit (ODK) database in Tanzania (please see Table 2 for an analysis of the strengths and weaknesses of each system).
- Provided content toward the development of the FANTA NACS guidance; LIFT II's input centered on nutrition support.
- Collaborated with LIFT II/CARE Malawi on developing a referral system that links nutrition care, support and treatment (NCST) sites to village savings and loan associations (VSLAs), which resulted in 56 clients reached and more than 500 VSLAs amending their bi-laws to receive new clients. We expect that an additional 500 clients will be reached next quarter.
- Contributed to the development of NACS site assessments in collaboration with the SPRING project as well as national and regional HIV continuum of care initiatives in Tanzania and Malawi.
- Supported learning and awareness activities with Uganda Community Connector and USAID/Washington on the innovative use of collaborating, learning and adapting (CLA) and an integrated community-based model for addressing nutrition and livelihoods.
- Submitted three COP proposals to missions in DRC, Lesotho, and Zambia for FY 2014. The COP proposals embraced the accelerated and standard of care service delivery packages and how LIFT II complements other mission-funded initiatives (i.e., FANTA, ASSIST and the Accelerating Strategies for Practical Innovation & Research in Economic Strengthening Project [ASPIRES]).
- Developed referral training materials for DRC, Lesotho, Malawi, Namibia and Tanzania.
- Developed six technical notes on cash transfers and savings programs that focus on (1) providing an overview of each intervention, (2) sharing best practices on implementation, and (3) gathering the emerging evidence base.
- Produced three technical process notes, documenting best practices that can be scaled up, around the organizational network analysis (ONA), and situational analysis and how LIFT II uses these tools to help create referral networks and a note on clinic to community referrals.
- Wrote 26 blog posts documenting our in-country experience and produced 13 technical notes documenting best practices that can be scaled up, several of which have received additional attention by broader communication channels.

[2] Tanzania's network was launched days before the end of FY 2014; thus, client referral data is not yet available.

IV. Global Activities

NACS–ES/L/FS Linkage Activities

Table 1. LIFT II Referral Summary		
	Start FY 2014	End FY 2014
Clients Reached	0	3,021
Service Providers	0	164

Aligning LIFT II's mandate into the new PEPFAR environment and increasing client outreach have been the two central areas of focus of LIFT II's first year. To meet these challenges, LIFT II has reached out to ASSIST and FANTA and proposed a methodology to incorporate its referral work into the quality improvement (QI) process and contribute to adherence and retention in clinical care.[3] We have also streamlined the referral network process and developed acceleration approaches to quickly broker referrals between NACS facilities, food support services, and existing savings and loan groups to expand client outreach to HIV-affected and infected clients. LIFT II will use the most efficient approaches at its disposal to synergize with our OHA collaborative partners and facilitate linkages to existing health and economic strengthening (ES) SPs.

To accelerate client outreach in its first year and respond to USAID suggestions, LIFT II developed a standard of care and minimum care packages (see Annex 1). These have now been set in place in four out of the six LIFT countries that have started to refer and reach clients. During this first year of implementation, LIFT II has reached a growing number of clients and service providers across project countries. (see Table 1). LIFT II has also worked closely with FANTA and ASSIST to match sites in all of the countries where LIFT II is present. It is worth noting that Malawi has been an important learning country for LIFT II in Year 1 as we have seen the application of the referral work into the QI process in Karonga and the application of the accelerated minimum package in Kasungu and Lilongwe. In all cases, and particularly in Malawi, outcomes have been measured at the aggregate level and LIFT II is making a special effort to better understand adherence and retention in care within ART clinics through special studies and impact evaluations. These studies will look more closely at individual changes over time and provide context around these activities.

Implementing the bidirectional referral services, acceleration approaches, and the up-and-coming QI approach to referrals will provide an opportunity to compare these three different implementation models and learn from successes and challenges (see Table 2). 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 these models moving forward. Table 2 provides a summary of the three approaches. Although the table presents the contrast of the approaches, actual implementation will more likely pull from each approach depending on factors such as local infrastructure, stakeholder buy-in and funding.

Accelerated Rollout of Standard-of-Care Model

With the start of LIFT II in August 2013, and the allocation of mission funding from five countries, LIFT II was able to rapidly accelerate the pace of its rollout in order to reach more clients in a shorter time frame. Learning from the experience in our initial sites, and modifying the tools and processes already developed for these sites, LIFT II was able to reduce by over 50 percent the time from initial engagement in a new site to operationalizing client referrals—from 20 months in Balaka, Malawi to nine months in Iringa, Tanzania. As new sites were added, LIFT II was also able to adapt its rollout model to the specific context and needs of that site. Adaptations such as streamlining the situational analysis, simplifying the ONA, and eliminating the diagnostic tool testing, when appropriate, in some sites, further accelerated the project's implementation. These strategies will continue to reduce the time it takes for LIFT II to

[3] This work started in mid-September 2014 and is expected to continue into the second year of LIFT II's operations.

reach clients in its newer sites, including Karonga, Malawi and Kitwe, Zambia. Finally, LIFT II began engaging in broader geographic areas to ensure that the numbers of health facilities supported and clients served would yield more robust results in a shorter amount of time.

Complementary Referral Approaches

To complement the LIFT II standard-of-care rollout model, we developed country-specific approaches to catalyze the brokering of referrals among NACS facilities, food support services, and existing savings and loan groups to affect HIV adherence and retention. The country experiences outlined below provide further insights into the operationalizing of LIFT II's referral system.

Direct NCST/NACS to VSLA links (in two districts): To complement the standard-of-care approach implemented in Malawi (Balaka and Karonga sites), Lesotho (Thaba-Tseka and Mohale's Hoek), and DRC (Mbankana and Kinshasa) LIFT II established an acceleration model to food and savings-led microfinance. In Malawi, through CARE, LIFT II rolled out its first version of this approach on July 1, 2014. The acceleration model has thus far reached 59 clients and supported 572 VSLAs to amend their by-laws and integrate PLHIV into their groups. During the course of its second year, LIFT II will carefully assess the results of this acceleration strategy looking at its potential to reach scale and influence national policies, like NCST guidelines

Client outreach through nutrition corners: In Lesotho, LIFT II has been holding discussions with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to take advantage of the nutrition corners that they have set up in all Partnership for HIV-Free Survival (PHFS) sites. LIFT II will facilitate participation of up to three ES SPs 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 SP with expertise in each of the areas—provision, protection and 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. Service providers would offer small trainings and presentations about the actions households could take based on their level of vulnerability.

Client outreach through PLHIV support groups: In an effort to accelerate outreach to HIV-affected clients and ensure HIV support groups are meaningfully included in the referral network, LIFT II developed a simplified referral process and an easy-to-use referral card that allows support group members to readily access services within the network. Training and technical assistance (TA) was provided to a total of 65 support group leaders in both sites, resulting in robust engagement of support group members in the system.

Referrals through home-based care providers: As the referral network in Iringa becomes more established and more local health centers are folded into the referral activities, LIFT II and the Allamano Health Center are considering ways to establish referrals from home-based care to community-level SPs. Currently, home-based care services in the community benefit from the presence of local programs like Tunijali, IMARISHA and organizations such as Africare who coordinate and train many of the volunteers within this community. Volunteers regularly refer clients to health-related services; now LIFT II is reaching out to those projects/organizations to determine if and how those volunteers could refer clients to local ES/L/FS services.

LIFT II ES/L/FS — Health Facility Referral Models

During this year, LIFT II developed four referral models that address different local contexts, government/health facility/SP capacity, and needs and country operating environments. Individual models were further adapted following a QI approach, through which we documented the lessons learned, benefits and potential issues, which ensured learning across all sites. We have noted below

issues that we will continue to work through while strengthening our models. In some instances, LIFT II can play an active role in addressing these issue and in some we can advocate to relevant stakeholders.

Table 2. LIFT II Referral Models

	Mobile Based (CommCare)	**Paper Based (Microsoft Access)**	**ODK-Based**
Countries	Malawi	Namibia	Tanzania
Benefits	• User-friendly, mobile case management platform that allows data-sharing among referral network members in real-time • Easy export and analysis of de-identified client data • Varying degrees of access to ensure the safety of client information • Programming enables SPs to check on referrals made/expected, flagging inactive clients for follow-up • Built in nutrition and HIV counseling messages to reinforce NCST service provision • Operates over phone network or Wi-Fi, though system may be used and data stored even when away from signal	• Complements MOHSS referral forms/platform • No equipment or licensing costs incurred; very low cost to replicate/scale • Easily adapted/updated • Rapid integration of additional service providers	• Low cost: tablets vs. computers, low programming costs (set up and modification) • Clients enrolled using a smartphone/tablet, when device is present • Referral hub coordinating data entry of SP enrollment forms, using tablets
Potential Issues	• Steep learning curve for local staff (technological leap-frogging) • Need for continuous and repeated training • Sustainability related to phone and data costs • Maintenance of equipment • Need for regular updating of SP information so that CommCare app information is correct	• Data are not immediately accessible; requires a network data merge • Health facilities without computers arrange to have data entered by nearby facilities	• Data entry burden; currently, only referral hub has tablets, enrollment and referral forms entered into tablets • Some training costs/time associated with converting ODK data files to usable spreadsheet • This will likely be a secondary data management system for many health facilities and some organizations
Real Time Referrals	Yes	No	No

Automated Reminders	Yes	Yes	No
Standardized Counseling	Yes	No	No
Means of Data Collection	CommCare App	Microsoft Access and paper forms	Excel and paper forms

Common Themes	• Staff training essential regardless of data management system
	  ○ Smart phones/tablet data entry provides quick and more accurate data collection
	  ○ Capacity to use smart phones/tablet varies based on location
	• Care should be taken to integrate data management system with existing data management processes
	• Ensuring that client data are stored and only accessible to appropriate parties
	• Cost-effective process for referral follow-up
	• Service providers are able to accommodate referrals:
	  ○ Accurate documentation of eligibility criteria
	  ○ Developing intake process for referrals		

Continuing Issues to Address to Strengthen the Referral Systems

- Cost effectiveness of LIFT II model
  - Ensuring that all actions are scalable and sustainable
- Loss to follow-up of ART patients
  - What roles should LIFT II play in follow-up?
  - Is our role sustainable and scalable?
- Entry point – Health facility is first choice
  - How do we balance with needs/wants of system?

Delivering an AIDS-free Generation: Shifts in PEPFAR

During FY 2014, the LIFT II project adapted to refinements in PEPFAR approaches to reach clients in six countries and ensure outcomes relevant to influence policy-level decisions regarding the inclusion of community services within the HIV continuum of care. Implementation of LIFT II is built upon core activities that link clients in clinical care with access to community services, while meeting the demands of local health systems and community contexts. Adaptation in 2014 has included an increased focus on referral networks that are linked to aggregate-level ART-related data (adherence and retention in care). In lock-step with the linkage to clinic data, LIFT II has established tools that capture a client's self-reported adherence and retention to ART and developed brief adherence and retention counseling messages to be implemented at appropriate points through the referral system.

LIFT II discussed different special studies that could be conducted regarding inclusion in referral networks and adherence and retention in HIV care. LIFT II is preparing to implement research to assess the differences in adherence and retention in care between clients within a clinical setting who receive referrals from LIFT II and those not receiving referrals. To help disseminate the results of these activities, we will develop case studies and success stories to provide a more contextual understanding of the barriers to accessing care and, in some instances, referrals.

Strengthening the Evidence

While referral systems have existed in the health sector for some time, there has been limited evaluation of bidirectional systems that link patients between health clinics and a range of community-based support, such as food aid, livelihood opportunities, home-based care or psychosocial support. Successfully integrating or formalizing referral networks requires the LIFT II staff to balance the interests of health facilities, local governments and SPs, while ensuring that any procedures will not interrupt existing health-related services. As a result, LIFT II builds contextually relevant referral networks using the structures that best facilitate implementation. For example, in some DRC sites, referrals are managed through the existing PLHIV network affiliated with local hospitals. These PLHIV networks are already providing some loss-to-follow-up services and capturing data that track adherence and retention. In the Balaka, Malawi site, an international nongovernmental organization (Sue Ryder Foundation) is acting as a referral hub that receives clients from the local NCST (NACS) site and then refers them to appropriate services. In Namibia, the local Constituency Counsel (a government entity) is coordinating referrals and reporting their numbers to the region. At each site, health facilities are incorporated and procedures are being documented as the project scales out to new areas to distill lessons learned from each of these experiences.

As part of the OHA collaborative, LIFT II is beginning to develop QI processes related to the integration of referral systems. Over the past year, the LIFT II team implemented activities that touch upon three performance elements of QI:

1) Organizational efficiency: client flow diagrams, standardized operating procedures, establishment of contextually appropriate enrollment activities
2) Patient satisfaction: modification of CARE's Community Scorecard (in draft), integration of satisfaction surveys within CommCare system, and laying the foundation for research in 2015
3) Outcome of care: Working with sites to find ways to link clients' network and HIV care/treatment data, and integrating self-reported adherence and treatment questions into survey tools

Over the next year, LIFT II looks forward to building upon these foundational activities, expand the number of sites and increase the evidence about the use of community services as part of the HIV continuum of care.

Knowledge Sharing and Contributions to Global Technical Leadership

Dissemination of Global Learning and Resources

During this year, project staff continued to use the project website, www.theliftproject.org, as a channel for sharing routine project updates on the *Notes from the Field* blog with a greater emphasis on engaging LIFT II's field-based staff in content production. The text box to the right summarizes the various types of content posted throughout this year and dissemination through a range of communication channels.

Summary of Knowledge Products and Contributions

Blog posts: 26
Technical resources: 13
Total resources downloads: 52
External publications: 2

Strategic Contributions to Global Leadership

LIFT II worked with the Knowledge-Driven Microenterprise Development (KDMD) project in August 2013 to provide inputs into the synthesis document. These additions expanded on contributions made by the LIFT I project in July 2013 during the online consultation focused on experiences of CLA in action hosted by the USAID Learning Lab website and sponsored by USAID's Bureau of Policy, Planning and Learning (PPL). This interest sparked further discussions with the OHA collaborative around building on these for a technical note or notes in the future.

Participation in Key Global Technical Working Groups

- Participated in the PHFS Eastern Regional Meeting in Kampala, Uganda and Southern Regional Meeting in Maputo, Mozambique.
- Participated in a PHFS meeting in Washington that clarified standards for collecting data on mother-baby pairs.
- Contributed to FANTA III's NACS guidance, focusing on Nutrition Support (Module 4), which mirrors the LIFT II model including linkages between ES/L/FS and NACS.
- Organized *Cross-Sectoral Referrals and Program Linkages* session at the 2013 CORE Group Fall Meeting.
- Organized and co-presented *Application and Learning from Household Poverty and Food Security Measurement Tools workshop* session at SEEP's 2013 Annual Conference.
- Presented the Economic Strengthening for Vulnerable Populations (ES4VP) site at the Strengthening the Economic Potential of the Ultra Poor (STEP UP) working group meeting held in Washington, which generated widespread support from several practitioner organizations who will assist in the development of this learning hub.
- CORE Group and the Nutrition Working Group: Presentation on cross-sectoral referrals at the CORE Group fall meeting and participation in CORE Group's Nutrition Working Group.
- Agriculture to Nutrition global community of practice: Participation in monthly calls/webinars.
- SEEP Network and the STEP UP working group: Workshop presentation at the SEEP 2013 annual conference and presentation of the ES4VP learning hub to the STEP UP working group.
- LIFT II's Project Director, Jacky Bass moderated a panel, "The Road to Household Resilience: Provision, Protection, and Promotion Strategies for Household Economic Strengthening" at the Advancing the FIELD: Reflections and Emerging Trends from the FIELD-Support LWA.
- LIFT II Director, Jacky Bass, participated in a by-invitation-only meeting held by the World Bank on "Benchmarking the Business of Agriculture." The initiative, led by the World Bank with the support of USAID, held the meeting to provide a summary of the first-year pilot results. Reports were given on the performance related to registering agricultural land, accessing financial services, improving fertilizer supply, and enhancing transportation and marketing.

V. Country Focus

DRC Activity

ACTIVITY LOCATION(S): Kinshasa and Katanga Provinces

OVERALL OBJECTIVES: LIFT will provide technical assistance in the health areas selected in collaboration with the Ministry of Health (MOH) and will work in coordination with FANTA and ASSIST to carry out activities to support the work of implementing partners (IPs) on the ground such as EGPAF and International Center for AIDS Care and Treatment Program (ICAP) to improve rates of adherence and retention in two sites in Kinshasa and six sites in Katanga in FY 14.

1. Support to strengthen clinic-to-community referral networks of organizations providing ES/L/FS-related services within the district.
2. Enable multi-sectoral partnerships between local government, civil society, and other SPs to implement effective and scalable linkage, engagement and retention (LER) and provide referral network participants with necessary tools, processes and TA.
3. Program design support to upgrade existing ES programs, including tailored assistance to VSLAs, to meet the needs of target populations.
4. Ensuring that ES/L/FS services are well aligned to markets and meet the needs of the target populations.
5. Utilize learning from initial sites to facilitate rapid deployment in support of site expansion to 20 additional sites in FY 15.

MAJOR PLANNED ACTIONS/ EVENTS

- Launch Kingabwa referral network. Provide TA and build capacity of network and facilitating organizations.
- Provide capacity upgrade trainings and targeted TA in Lubumbashi and Mbankana based on network needs.
- Continue to participate in coordination and collaboration meetings with government partners as well as other implementing partner programs.
- Work with stakeholders to advance the dialogue in improving reinforcement of food aid targeting mechanisms.

MAJOR ACCOMPLISHMENTS

- Developed **bidirectional referral processes** in targeted NACS sites in Lubumbashi and Kinshasa.
- WFP plans identify **1,300 beneficiaries** through the LIFT II referral process in Lubumbashi.
- Revised Kingabwa referral directory.
- Conducted rapid appraisals of **six health centers** in Lubumbashi.
- Held stakeholder meetings in two sites with total attendance of **50 community SPs** to validate the results of the ONA and plan next steps in the development of the network and referral system.
- Onboarded **lead implementing partner CARE** to assume management of daily activities and provision of TA. LIFT II remains responsible for quality control and technical guidance.
- Submitted proposal for funding through the COP 14 process.
- Systematized the elements of the referral process into trainings and tools to facilitate bidirectional referrals between NACS clinics, VSLAs and food aid/assistance and other services.
- Adjusted the VSLA methodological approach to encourage PLHIV's participation. **Trained 26 organizations on VSLA+** and data management. Procured VSLA kits for distribution to initial **60 new groups** that are formed.
- Continued **coordination and collaboration** with Ministry of Health, ASSIST and the FANTA project including the joint mapping of new sites in Lubumbashi and joint presentations at the District Hospital in Lubumbashi.

CHALLENGES AND CONCERNS

- Continued challenges associated with the poor level of capacity of ES/L/FS service providers.
- The resignation of LIFT II Project Manager had an impact on the schedule of implementation of training activities. The LIFT II staff based in Lubumbashi, with the support of CARE DRC Program Operations Coordinator, provided the required support for the activities in Kingabwa and Mbankana. Other trainings are planned to be executed early next quarter. The recruitment process for the new Project Manager has been initiated, and in the meantime, Antoine Kabinda-Acting Project Manager has been appointed to support the project activities in coordination with the Program Operations Coordinator.

IMPLEMENTING PARTNER: FHI 360, with lead sub-awardee CARE | COUNTRY LEAD: Laura Muzart | SUB-AWARDEES: CARE and World Vision
AOR/COR/ACTIVITY MANAGER: Charly Mampuya | AWARD TYPE: Cooperative Agreement, NACS Acceleration Funds and potential COP 14 funds

LESOTHO

ACTIVITY LOCATION(S): Mohale's Hoek and Thaba-Tseka

OVERALL OBJECTIVES: LIFT II is providing technical assistance in two NACS implementation districts chosen by the MOH and is working in coordination with the Ministry of Social Development (MOSD), FANTA, ASSIST and Management Sciences for Health (MSH)'s Building Local Capacity (BLC) carrying out three specific activities:

1. Establish and strengthen clinical to community referral networks working with clinics, health and ES/L/FS service providers.
2. Support and upgrade existing economic strengthening programs to meet the needs of target populations.
3. Accelerate client outreach providing access to food, savings services, and linkages with nutrition corners.

MAJOR PLANNED ACTIONS/ EVENTS

- Update local service directories and disseminate to participants.
- Coordinate a training on referral systems,.
- Launch referral networks in Thaba-Tseka and Mohale's Hoek.
- Roll out savings groups in Mohale's Hoek with Catholic Relief Services (CRS) and nutrition corners in Thaba-Tseka with EGPAF.

MAJOR ACCOMPLISHMENTS

- Reached **2,730 clients** and **42 service providers**.
- Conducted a national training in **"Household Economic Strengthening"** (HES) for a cadre of 15 MOSD leaders across Lesotho's 10 districts.
- Held four **stakeholder meetings** in Thaba-Tseka and Mohale's Hoek districts with 85 participants among them service providers, government and district representatives who committed to establish bi-directional referral networks.
- Facilitated the selection and capacity building of two **referral coordinators** in Thaba-Tseka and Mohale's Hoek districts who will be launching referrals by December 2014.
- Developed a COP proposal to strengthen and systematize **clinic to community linkages**.
- Engaged with CRS and EGPAF to provide linkages with existing **savings and nutrition corner programs**. LIFT II developed concept notes for these services and will begin pilot testing these client outreach tactics in January 2015.

CHALLENGES AND CONCERNS

- The political instability in Lesotho has affected the schedule and launch of LIFT II's referral network.

IMPLEMENTING PARTNER: FHI 360 with support from bilateral partner, MSH/BLC
COUNTRY LEAD: Jacqueline Bass
SUB-AWARDEES: CARE and World Vision
AOR/COR/ACTIVITY MANAGER: Masechache Sechache
AWARD TYPE: Cooperative Agreement, NACS Acceleration Funds Source and potential COP 14

MALAWI ACTIVITY

ACTIVITY LOCATION(S): Balaka and Karonga Districts, with acceleration activities in Lilongwe, Dowa and Kasungu Districts

OVERALL OBJECTIVES: LIFT II's long term goal in Malawi is to play a pivotal role in facilitating clinic to community linkages through a systematic market driven approach. LIFT II will work to strengthen and expand foundational activities (completed under LIFT I) through programmatic implementation that systematically links NCST clients with community services and enhances the functionality of those services. At the center of these activities will be the linking of vulnerable households to ES/L/FS and HIV-related services. Services and the systems that support them will be tailored to build a robust economic strengthening infrastructure that can be sustained, owned, driven and managed by local stakeholders.

Over the course of this fiscal year, LIFT II will accelerate referral activities in partnership with local service providers in Balaka District. In practice this means that LIFT II will provide referral tools and expertise to our partners for rapid implementation. LIFT II will engage in iterative updates of the referral tools (surveys, operations manual, technical guidance, etc.) in collaboration with our referral network partners.

MAJOR PLANNED ACTIONS/ EVENTS

- Accelerate referrals in Lilongwe and Kasungu by linking NCST clients to CARE's VSLA activities to as well as to financial and food security support services existing within communities.
- Continued TA on CommCare usage and particularly in registration of clients, collection of health data, referral process, verification of referrals used, follow ups to clients, reporting and other capacity building activities. A community awareness campaign has been scheduled for November.
- Commence of referral operations in Karonga. LIFT II will support the NCST sites with the Karonga Service Directory and the specific targeting information from ES/L/FS service providers to help the sites with information on stakeholders within their catchment area.
- Continued collaboration with FANTA, ASSIST and MOH to provide national NCST support.
- Develop and implement gender training for network partners.

MAJOR ACCOMPLISHMENTS

- Recruited ES/L Program Manager to continue coordination of activities on the ground.
- Designed a **mobile data collection and case management system**, utilizing the CommCare application as a platform.
- Conducted a **demonstration of the CommCare referral system** for 31 participants from 26 service providers in Balaka District.
- Finalized **Operations and Training Manual** to provide complete technical coverage of the LIFT II-facilitated Balaka referral system.
- Launched referral system in Balaka District at the end of June 2014. Referred **157 clients**, with **89 referrals completed**.
- Developed and launched a trimmed down **clinic-to-community referral system** capitalizing on Care's VSLA programs in Lilongwe and Kasungu Districts.
- Conducted and shared results of **ONA with 22 health, nutrition and ES/L/FS service providers** in Karonga District.
- Developed draft **Karonga Service Directory** and updated **Balaka Service Directory**.
- Supported MOH by leading the development of a **clinic-community referral system chapter** within Malawi's National NCST Guidelines and continuing to contribute to the review process before finalization.

CHALLENGES AND CONCERNS

- Client enrollment and referral numbers have been lower than anticipated. BRN members and LIFT II both want to see wider usage and are currently planning a sensitization campaign across the catchment area.
- The CommCare application underwent significant review and revision to address issues identified by end users and to account for changing PEPFAR reporting requirements.
- Karonga is no longer a USAID focus district. LIFT II will meet with USAID to discuss prioritization, as investments needed to continue would be significant.
- Shifting PEPFAR imperatives to support LER activities and track health data presents questions regarding adaptability of LIFT II/CARE acceleration model to meet donor demands.

IMPLEMENTING PARTNER: FHI 360 | COUNTRY LEAD: Clinton Sears | SUB-AWARDEES: CARE and World Vision
AOR/COR/ACTIVITY MANAGER: Violet Orchardson | AWARD TYPE: Cooperative Agreement, NACS Acceleration Funds Source

NAMIBIA ACTIVITY

ACTIVITY LOCATION(S): Engela District and Katatura

OVERALL OBJECTIVES: LIFT II will establish effective linkages to a continuum of care that engage HIV-affected and NACS clients and promote their retention in HIV services.

1) **Build Upon Existing Resources and Systems:** Utilizing the Ministry of Health and Social Services (MOHSS) referral platform, establish referral networks that link existing clinical HIV and nutrition services with other supportive services to improve adherence and retention
2) **Tailor Referrals:** Link clients to the most relevant services available by understanding each client's health, nutritional and economic needs
3) **Work Systemically:** Enable multi-sectoral partnerships between local government, civil society and other SPs to implement effective and scalable LER and provide referral network participants with necessary tools, processes and TA
4) **Expand Coverage:** Utilize learning from initial sites to facilitate rapid deployment of a district-wide referral approach
5) **Learning for Knowledge Transfer and Scale**: Document, disseminate and support broad implementation of tools and best practices related to clinic-to-community linkages and adherence and retention in care, adding value to existing projects and service delivery channels

MAJOR PLANNED ACTIONS/ EVENTS

- Continue providing support to ensure the networks are fully equipped to systematically implement referrals and accurately track referral data without LIFT II support.
- Conduct orientation and handover with MOHSS staff to introduce and institutionalize the use of the diagnostic tool and other referral resources developed under LIFT II, and to secure agreement to support and oversee NACS facility staff participation in clinic-to-community referrals through existing channels.
- Undertake an assessment of the networks to distill lessons learned related to both the process used by LIFT II in establishing the networks and the functionality of the system.
- Collaborate with the Adherence and Retention Project (ARP) both nationally and in Ohangwena to introduce and hand over key tools and processes to support LER.
- Carry out activities associated with project closeout.

MAJOR ACCOMPLISHMENTS

- Field tested a Namibia-specific **poverty and food security diagnostic tool** with 400 ART clients and finalized the tool for use by supported networks and MOHSS
- Conducted an **ONA in two sites** gathering information on a total of 55 organizations and populating local service directories for each site
- Expanded to reach **district-wide scale** with the Engela district referral network which includes 7 NACS facilities and 7 constituencies.
- Developed a **referrals toolkit** which includes all tools needed to effectively implement referrals and that complements the MOHSS paper-based bi-directional referral platform.
- Created **referral databases** for each network using Microsoft Access, which capture information from health facilities and referral coordinators, to track referrals within the paper-based system, as well as client outcomes over time.
- Conducted three-day **referral systems trainings** for each network, which introduced and built capacity of network members to use the each element of the toolkit. A total of 53 participants from 36 organizations participated.
- Launched two referral systems. The Engela network began implementing referrals on June 15, 2014 and **referred 104 clients** by September 30, 2014. The Katutura network launched in July and **referred 30 clients** by September 30, 2014.
- Provided **QI support** through consistent remote and onsite TA, guidance, refresher trainings, and troubleshooting to network members to use the system effectively, accelerate the number of clients served, and support the overall sustainability of the system.
- Improved **collaboration with MOHSS** to support the sustainability of network activities and began to integrate the resources developed under the project into existing MOHSS activities and plans.

CHALLENGES AND CONCERNS

- Ensuring strong ownership of the referral approach by the networks as well as MOHSS leadership and staff before the end of LIFT II in Namibia in December 2014.

NIGERIA ACTIVITY

ACTIVITY LOCATION(S): TBD

OVERALL OBJECTIVES: TBD based on Mission needs to be identified in an upcoming high level stakeholder meeting.

MAJOR PLANNED ACTIONS/ EVENTS

- TBD based on work plan development pending planning sessions with USAID/Nigeria.

MAJOR ACCOMPLISHMENTS

- The Household Economic Strengthening Community of Practice (HESCOP), initiated and supported under LIFT I, continues to meet quarterly.
- There is currently no programming planned for Nigeria

CHALLENGES AND CONCERNS

- LIFT II was formally obligated funding from USAID/Nigeria and the project has reached out to the Mission/USAID DC for guidance. Guidance provided has been to wait to move forward until additional guidance is provided.

IMPLEMENTING PARTNER: FHI 360
COUNTRY LEAD: Laura Muzart
SUB-AWARDEES: CARE and World Vision
AOR/COR/ACTIVITY MANAGER: TBD (Nigeria/IIP/HIV-TB)
AWARD TYPE: Cooperative Agreement, COP 12

TANZANIA ACTIVITY

ACTIVITY LOCATION(S): Focus on Iringa Region with planned scale up along PHFS sites in the region (Mufindi District) followed by Mbeya Region (Mbeya Municipal) and Tabora Region (Nzega District and the two other PHFS focus areas in Tanzania).

OVERALL OBJECTIVES:

1. **Support adherence and retention in HIV care and treatment through development of referral systems:** Work with clinic staff and community stakeholders to establish referral networks in the target communities. Referral networks will link clients to ES/L/FS as part of NACS.
2. **Build capacity within existing community services:** Support development of existing economic strengthening programs to meet the needs of target populations. This will combine both push and pull capacity development through open lines of communication with the network organizations.
3. **Identifying program communities for expansion:** LIFT II staff will work with USAID Tanzania to identify and scale-out to new communities as directed.

MAJOR PLANNED ACTIONS/ EVENTS

- Recruit a full-time site coordinator in Iringa.
- Launch referral networks. LIFT II will work with local stakeholders to launch a referral network in Mafinga and Kasanga, respectively.
- Co-organize a joint training with FANTA and IMARISHA. Present on referrals at the first joint training for local governing authorities in the Mafinga District of Iringa.
- Continue to monitor and provide support to the referral networks and their stakeholders. Activities will facilitate ownership, as LIFT II identifies ways to provide TA to participating SPs.
- Develop and implement gender training for SPs.
- Harmonize and strengthen aspects of community NACS. Define and refine joint activities and alignment of work on referrals and linkages and community NACS activities, trainings and material development planned with Tanzania Food and Nutrition Centre (TFNC) and FANTA.
- Accelerate and expand to begin activities in eight new sites in Mafinga District. Additionally, the project will engage TA partners and local stakeholders in other regions, as instructed by USAID/Tanzania.

MAJOR ACCOMPLISHMENTS

- Successfully on boarded **Country Coordinator** operationalize LIFT II in Tanzania.
- Conducted **stakeholder meetings at three target sites**. Sensitization about the RN and related topics was included in these meetings.
- Enhanced **referral directory** for the Iringa region. The enhancements included the incorporation of other referral directories. It is currently being formatted for soft-copy dissemination.
- Launched **referral system in Iringa Municipal**. LIFT II staff successfully launched a referral system based at the Allamano Health Center in September 2014. This system incorporated paper-based referrals and mobile data management system.
- Participated in **national and regional technical meetings and workshops** including National Stakeholder Meeting on Household Economic Strengthening Guidelines, FTF-organized Joint Nutrition Workshop and Iringa regional nutrition coordination meetings.
- Drafted **acceleration strategy** to propose a tailoring and tiering of LIFT II assistance NACS and referral networks in two additional regions and 20 additional sites over coming year (following PHFS).
- Coordinated with TFNC and FANTA to **extend elements of LIFT II support on referrals and linkages** to be included in eight additional NACS sites in Mafinga District of Iringa over coming months.

CHALLENGES AND CONCERNS

- None identified. Activities to date continue to progress smoothly in Tanzania. Coordination provided by USAID in Iringa has been very helpful.

ZAMBIA ACTIVITY

ACTIVITY LOCATION(S): Kitwe District (in Copperbelt Province)

OVERALL OBJECTIVES: LIFT II activities aim to assist Mission, government and implementing partner counterparts to meet the objectives outlined in the Zambia NACS Acceleration Plan by moving beyond nutrition-specific interventions and include comprehensive community-based support for ES/L/FS. LIFT II support in Zambia focuses on the provision of tools and training to promote bidirectional facility-community referral networks that provide a continuum of care for NACS clients in Kitwe.

MAJOR PLANNED ACTIONS/ EVENTS

- Plan and conduct a community mapping of ES/L/FS and nutrition services throughout Kitwe to which NACS clients can be linked. This will be followed by a stakeholder meeting.
- Identify and engage with partners who are actively implementing community-led savings and lending activities to determine if and how ART and NACS clients can be rapidly linked directly with savings services.
- Based on tools developed for other LIFT II countries/sites, as well as an understanding of processes already in use in Kitwe, LIFT II will work with network members to adapt and finalize a referral process and a complete set of referral tools, including a database, and disseminate them throughout the network.

MAJOR ACCOMPLISHMENTS

- Participated in the **NACS Acceleration meeting** in Kitwe, giving a presentation on strategies to strengthen referrals to community-based services for NACS clients.
- Submitted a concept note for a COP funding request which resulted in the **provision of $300K** for the next fiscal year.
- Collaborated with FANTA, ASSIST and Project Concern International (PCI) around **support for referral systems** including provision of tools to PCI for adaptation in community mapping and mobilization
- Worked with FANTA and PCI to develop and finalize **NACS training materials** for health facility staff and community health workers, including sessions on referrals to and from community-based ES/L/FS support.
- Participated in a workshop with government counterparts to review and finalize the **NACS curriculum and training materials** for community health workers.
- Worked with FANTA and ASSIST to develop comprehensive **data collection and reporting tools** for health facilities implementing NACS, insuring the inclusion of referrals to clinical and community services in routine NACS reporting.
- Obtained a clear understanding of existing **referral tools and processes**, as well as vulnerability assessment tools in Kitwe and other districts, which can be adapted for use in clinic-community referrals for NACS clients.
- Hired staff for start-up activities in Kitwe.

CHALLENGES AND CONCERNS

- Initially worked with WV/Zambia on taking programming lead in country. WV does not current program in the Copperbelt Province (determined under LIFT I) and determined they were not interested in expanding.

IMPLEMENTING PARTNER: FHI 360 | COUNTRY LEAD: Mandy Swann | SUB-AWARDEES: CARE and World Vision
AOR/COR/ACTIVITY MANAGER: Dr. Abeje Zegeye | AWARD TYPE: Cooperative Agreement, NACS Acceleration Funds Source and potential COP 14 fund

V. Monitoring and Evaluation

Milestones toward Referral Networks

To track the progress of the accelerated approach, LIFT II developed a four-phase system to classify countries as they move toward 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. Figure 1 demonstrates the progress to date of referral systems across the LIFT II countries.

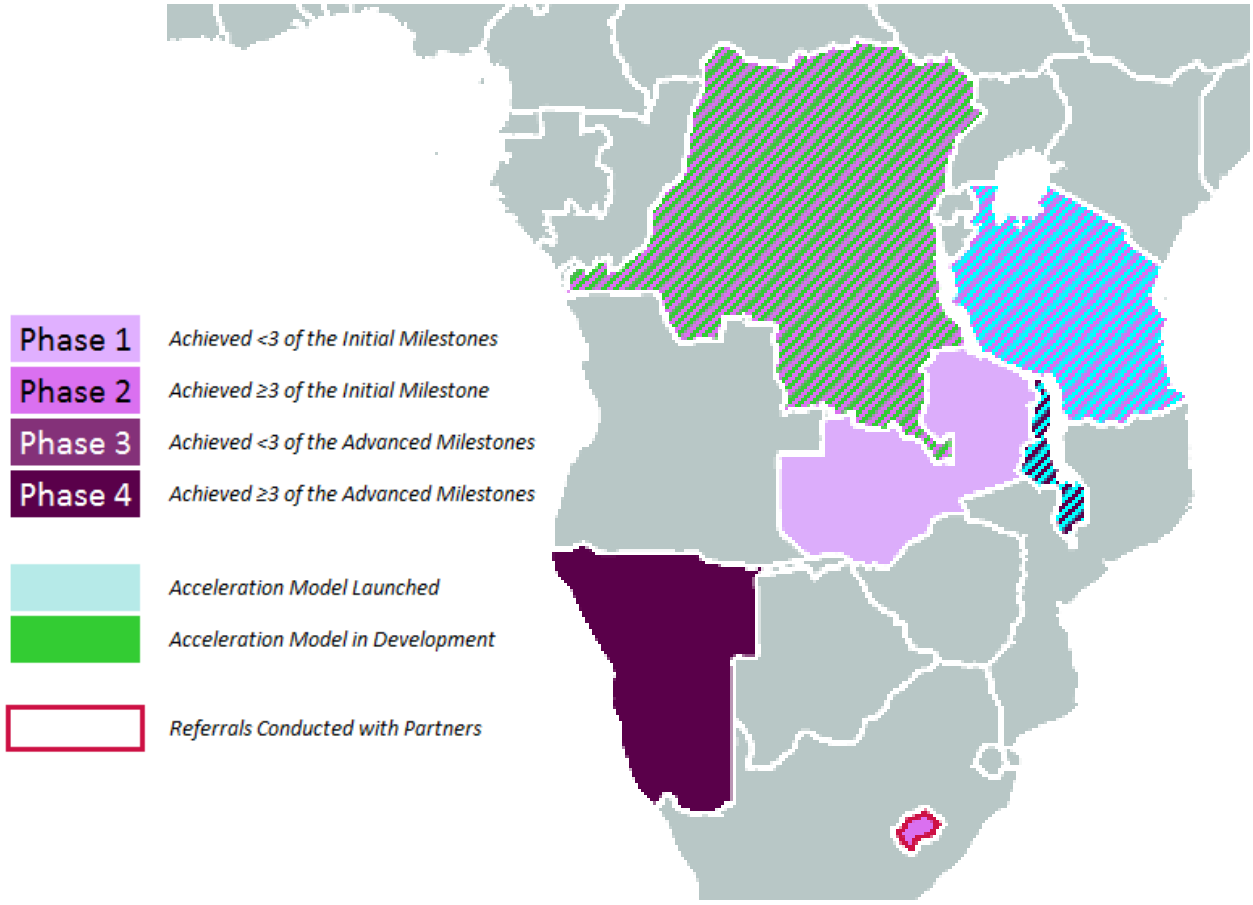

***Figure 1**. In the first year of LIFT II, the project launched referral systems that track clients longitudinally in Malawi and Namibia and expects to launch similar systems in DRC, Lesotho, and Tanzania during the second year. In addition, acceleration referral systems that directly link NACS clients to VSLA began in Malawi and Tanzania (launched the last week of FY 2014 so no data have been reported yet) and are under development in DRC. In Lesotho, LIFT II leverages a partnership with USAID's BLC project to provide referrals to ES services.*

Referral Data

This year, LIFT II facilitated 3,021 referrals to ES/L/FS SPs. In Malawi and Namibia, data were collected on both the number of referrals made and used in order to track whether a client completed a referral. In Malawi, 56.7% of referrals and in Namibia 38.1% of referrals were confirmed completed—this is the foundation of a QI aim to push referrals completed closer to 100.0% over the next project year. In

Lesotho, LIFT II facilitates referrals in partnership with USAID/BLC and was able to refer 2,730 clients to ES services (see Figure 2).

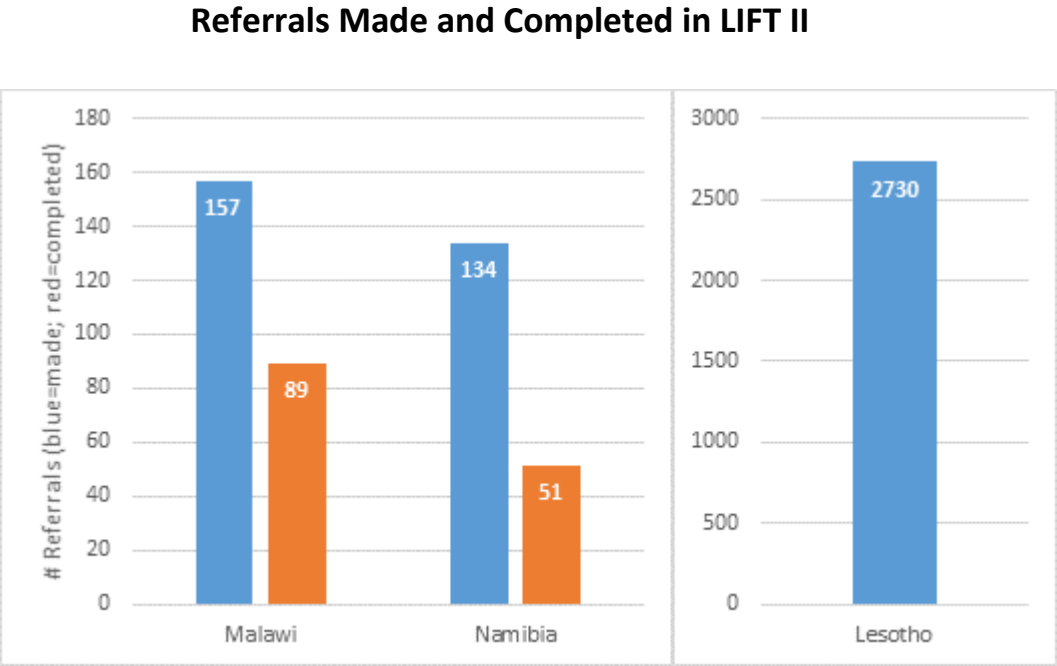

***Figure 2**. LIFT II facilitated 157 referrals in Malawi (56.7% completed), 134 referrals in Namibia (38.1% completed), and 2,730 referrals in Lesotho in partnership with USAID/BLC.*

Throughout this year, LIFT II referral systems increasingly incorporated processes that facilitated the linkage to client health data. This required adapting network tools and ensuring that clients encountered health service providers regularly to capture data related to their HIV status, ART adherence and retention in care. The percentage of referral clients who identified as HIV positive at enrollment was low (Balaka 10.2%, 23.8% Namibia) and we modified approaches to increase enrollment. Although it is too early to describe changes in adherence and retention, over time these processes and modifications to referral tools will help measure changes.

LIFT II Technical Assistance

Over the past year, LIFT II has provided TA to a range of partners, including host country ministries and service providers that are members of our referral networks. LIFT II conducted 11 ONAs and other mapping activities, which identified 287 service providers (NACS sites as well as ES/L/FS services around the NACS sites). One hundred sixty-four (57.7%) of the SPs identified by LIFT II are now members of referral networks. In total, the project led 37 trainings this year, which comprised 680 participants. To build the capacity of referral SPs, LIFT II offered two trainings (reaching a total of 37 organizations) to improve design and use of referral tools; we will continue these referral capacity upgrades in the coming year.

Global Indicators Reporting

In Year 1, LIFT II included our annual and semi-annual reporting requirement on PEPFAR Global Indicators in our quarterly and annual reports. Toward the end of this reporting year, LIFT II began to update and modify our Performance Monitoring Plan (PMP) to align more closely with strategic PEPFAR reporting guidance and with SIMS reporting needs at the country level. LIFT II is waiting for additional

guidance and feedback on SIMS reporting at above-national level, which is yet to be published. We will be delinking country and global reporting in Year 2, adhering to the forthcoming above-national level guidance and recently issued guidance for site- and national-level reporting.[4]

LIFT II Website Analytics

LIFT II's website (www.theliftproject.org) is closely monitored with Google analytics to track key data points. Over LIFT II's first project year, 1,974 people visited the site a total of 3,258 times (some visitors make repeat visits) from 73 countries (see Figure 3).

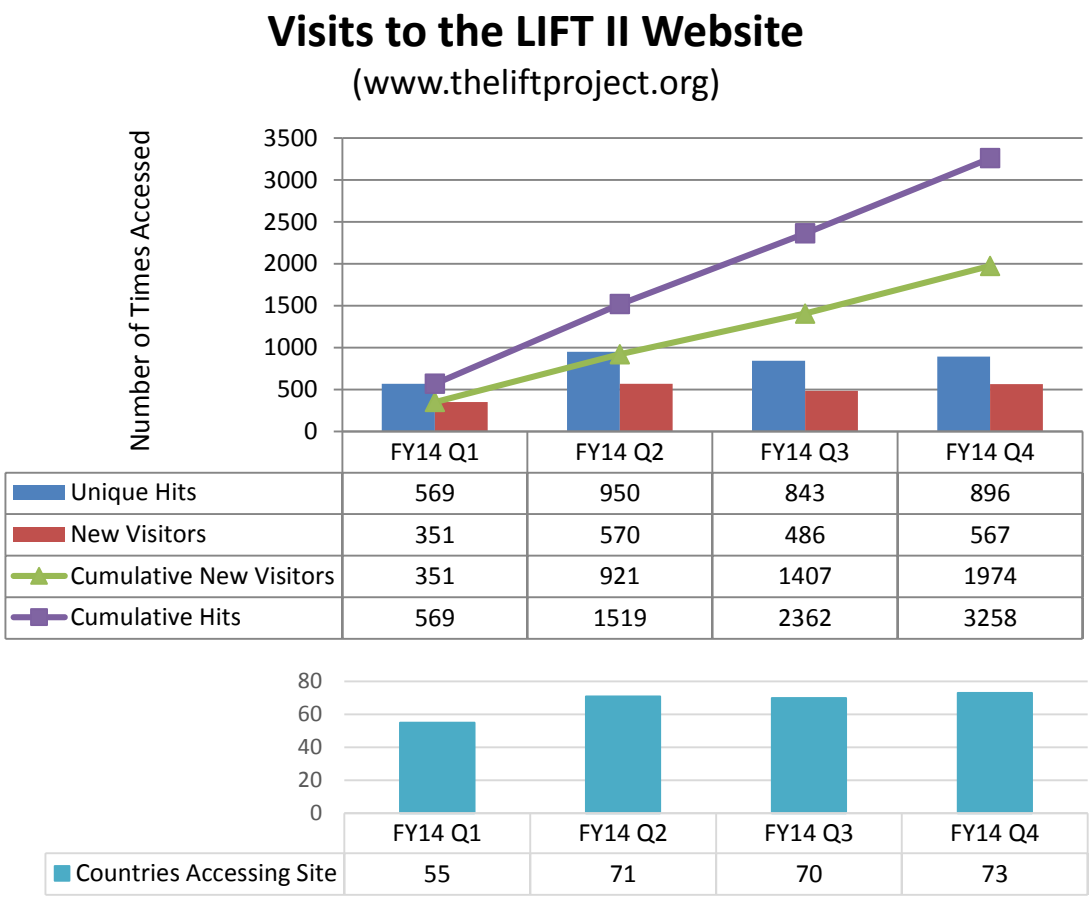

***Figure 3**. LIFT II's website performed well over the past year with an average of 8.9 hits per day. Quarter two saw a large increase in unique hits, new visitors, and countries from which the site was accessed; these gains were largely sustained for Q3 and Q4.*

[4] It is also worth noting that during year 1 LIFT provided semi-annual and annual PEPFAR Indicator reporting to those USAID missions requesting those reports.

VI. Management

Operations

Start Up Activities

LIFT II coordinated two retreats during start up to take stock of project goals and programming needs and to strengthen its project systems.

LIFT II Retreat: LIFT II conducted a full-day staff retreat, which covered the following areas: partner interactions, information sharing across countries, team-building activities, LIFT II rollout model review, systems and procedures and LIFT II's team structure.

LIFT II Partners' Retreat: LIFT II conducted a half day partners' retreat with FHI 360, CARE and World Vision. The retreat covered the following topics: overview of what to expect under the agreement, data management approach, engagement process at a global and country level, and communication and knowledge sharing.

US Government Shutdown

LIFT II continued its work during the US Government shutdown which occurred October 1-16, 2013. The project experienced no interruptions and activities continued as usual.

Staffing

LIFT II has staff both at headquarters and in our country offices.

The FHI 360 HQ team (title, name and start date with the project) engaged during this reporting period includes (* key personnel):

- **Project Director,*** Jacqueline Bass (August 1, 2013)
- **Technical Director,*** Dominick Shattuck (Dec 2, 2013)
- **Monitoring & Evaluation (M&E) Specialist***, Clinton Sears (August 1, 2013)
- **Program Manager,** Laura Muzart (August 1, 2013)
- **Food Security and Livelihoods Specialist**, Meaghan Murphy (August 1, 2013 – September 8, 2014)
- **Health Specialist,** Mandy Swann (August 1, 2013)
- **Economic Strengthening Specialist,** Sarah Mattingly (August 1, 2013 – September 15, 2014)
- **Finance Manager**, Mary Choong (August 1, 2013 – May 2014)
- **Finance Manager,** Maria Gomez Alzate {Patricia Gomez} (May 2014)
- **Program Officer - Knowledge Management**, Cheryl Tam (August 16, 2013)
- **Gender Staff Pool,** Eugene Katz, Andrea Bertone and Maryce Ramsey
- **Temporary Program Manager,** Carrie Keju (Jan 20, 2014 – May 2014)

The FHI 360 field team (title, name and start date) engaged during this reporting period includes:

- **Regional Technical Advisor**, Henry Swira (December 2, 2013)
- **LIFT II/Namibia Project Manager,** Samuel Mayintoi (August 16, 2013)
- **CHC Leland Fellow (based in Malawi),** Zachary Andersson (September 25, 2013)
- **LIFT II/DRC (Lubumbashi) - Project Coordinator**, Johnson Mulaganire (June 1, 2014)
- **LIFT II/DRC Country Representative**, Raymond Chubaka (October, 1, 2013 – August 2014).

- **LIFT II/DRC Country Representative**, Antoine Kabinga (September 2014)
- **LIFT II/Tanzania - Economic Strengthening and Livelihoods Specialist/Country Coordinator,** Lilian Tarimo (June 1, 2014)
- **LIFT II/Lesotho- Economic Strengthening and Livelihoods Specialist/Country Coordinator,** Sefora Tsiu (June 9, 2014).
- **LIFT II/Malawi** – Technical Advisor, Lingalireni Mihowa, (August 8, 2014)

Tracking Project Costs

LIFT II began developing an intervention tracking tool methodology to systematically assess the costs behind its working model in different countries and operational settings. The intervention tracking methodology will inform LIFT II's scale-up approach and allow the project to estimate costs across its different learning sites, thus providing guidance on how costs will be estimated across countries to ensure consistencies in data collection, analysis and reporting. The intervention tracking methodology of our accounting costs will drive LIFT II's economic analysis associated not only with the costs of ES/L/FS provision but also with helping the project assess its value for money proposition behind its systemic model as compared to not doing these activities or compared to other possible activities. Combining cost information with use rates will provide a very important rationale behind the value proposition of scaling up the LIFT II early learning sites.

LIFT II Portfolio Review (May 2014)

LIFT II presented the current status of our country portfolio (Annex 7) to USAID and provided guidance on current funding pipelines and requested COP funding for FY 2014, project spending through FY 2015 and a summary of potential funding required from global/core funding to continue country-level implementation based on the work plans developed. This review provided both LIFT II and USAID with an opportunity to understand the current status of LIFT II's programming, discuss any changes or shifts if needed, and to confirm moving forward with projected country-level programming.

LIFT II took this opportunity to reiterate modifications to global programming (see Annex 8). During FY 2014, the project team invested a significant amount of time developing the acceleration plan and a strategy to operationalize it in the field. This work resulted in increased investment in human resources and time, particularly in the countries of operation. As a result, there are some global activities that were included in the Year 1 work plan that were not prioritized and have been shifted to Year 2.

Annex 1. LIFT II Service Packages

	Acceleration Package	Standard of Care Package
Client Identification	• Clients identified by clinical staff at NACS sites • Client offered referral to food aid and savings services • Some clients may be referred to the NACS site from savings groups	• Client is assessed for poverty, vulnerability and food security and based on the diagnostic • Client connected to food aid and appropriate ES service • Some clients may be referred to referral coordinator (below) from other sources
Service Provision	• Bidirectional referral agreements established with local: ○ Food aid centers ○ Savings services ○ NACS sites	• Situational analysis implemented • Organizational network analysis implemented • Community services directory established • Community network coordination center established through stakeholder meetings • Bidirectional referral agreements established with local: ○ Food aid centers ○ Savings services ○ NACS sites ○ Other key service outlets
Client Tracking	• Food aid site and service providers receive client • Client tracked using: ○ Referral cards ○ Logs ○ Mobile data collection tools • ART adherence and retention captured at aggregate level in coordination with providers • Special studies describe effect of system • Progress reports shared periodically • Modifications implemented through network	• Food aid site and service providers receive client • Client tracked using: ○ Referral cards ○ Logs ○ Mobile data collection tools • Quarterly reports generated by referral coordinator and presented to referral network • Potential to evaluate outcomes and impacts particularly focusing on adherence and retention in care at client level • Special studies describe effect of system • Modifications implemented through network

USAID FROM THE AMERICAN PEOPLE

SUCCESS STORY

Micro Savings and Loans—and Pumpkins—Change Lives

Photo credit: Jacqueline Bass/FHI 360

Thanks to a loan from her local VSLA, Iness Sukuma was able to start growing and selling pumpkin leaves as a commodity crop which provides enough income to cover food and living expenses for her and her son.

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.

In the United States, autumn provides pumpkins their moment in the spotlight, most notably in the form of pie and carved jack-o-lanterns. But in a small village in the Lilongwe District of Malawi, pumpkin is no mere fleeting seasonal favorite. For Iness Sukuma, pumpkin is a game changer–providing her with an opportunity to create a livelihood.

Until recently, Iness grew winter maize, a crop that requires fencing for protection from animals. However, she found herself unable to build a fence on her own, once her husband moved away to Mchinji District in pursuit of better job opportunities to sustain the household. Thus far he has been unable to find a stable job and send money home. Even with his modest salary and her part-time work in others' agricultural fields, she was unable to cover food and living expenses for herself and her 10-year-old son. They rarely had enough to eat and were subsisting mostly on the charity of friends and on the maize she was given in return for her work in the fields.

Iness decided to begin growing pumpkins for their leaves—a popular food and less labor-intensive crop that she could tend on her own—and other vegetables. But first, she needed money to put her idea into practice, and friends didn't want to give her loan should she not be able to repay them. Thus, Iness turned to her local village savings and lending association (VSLA), which receives technical support from the Livelihood and Food Security Technical Assistance II (LIFT II) project. VSLAs are self-managed groups that provide people with a safe place to save their money and access small loans. Through a LIFT referral to the VSLA, Iness was able to join the group. She sold the fertilizer that she owned--her only asset—and used the 300 Kwacha ($0.75) to start a savings account in the VSLA In turn, the VSLA invested in her, and she received the loan she needed. Now Iness grows a new commodity crop, sells a portion of the food she grows to cover her expenses, and uses the rest to feed herself and her family.

Photo credit: Patience Mgoli/CARE

A local village agent addresses the VSLA of Chioza Group Village Headman. VSLAs provide members with a means of saving money and accessing small loans when needs arise.

Increased food security and decreased vulnerability has provided Iness, who is living with HIV, with even more than the obvious health benefits. Food insecurity among people who are living with HIV is associated with increased opportunistic infections, lowered immunity and overall health, and decreased adherence to antiretroviral therapy (ART). But Iness reports that she feels well: "I keep taking my medication although I feel well" and "I just went to my clinic appointment on July 31 and will be going to the next appointment on October 30—I go every three months with my guardian." She takes her medication as instructed, and never misses a clinic appointment. It's no wonder that she feels optimistic that ART will extend her life.

Annex 3. 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	FY 2013		FY 2014											
	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2						FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Global Activity														
Gender Integration														
Conduct gender sensitization training for LIFT II staff							H				H			
Strengthen capacity of ES/L/FS service providers on gender-sensitive programming										H	H	H	H	H
Formative Research on Gender in ES/L/FS Referrals through NACS											H			
Review of the Evidence Linking Gender and ES/L/FS Outcomes								H						
Scaling Up and Sustainability														
Convene consultation meetings with national and local stakeholders to discuss and identify critical success factors for the implementation of a scale-up plan										H	H	H	H	
Scaling Up Nutrition (SUN) and Policy Engagement							H	H	H	H	H	H	H	H
Develop draft guidance on approach to scaling up the LIFT Working Model												H	H	
Tracking project costs	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Country Collaboration														
Conduct LIFT II learning forum											H			
Building the evidence base for NACS-ES/L/FS linkages Activities														
Produce action research technical notes	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Optimize referral networks activities					O	O	O	O	O	O	O	O	O	O
Develop referral network training materials and methodology					O	O	O	C	O	O	C	0	0	C
Develop guidance document about creating referral networks to promote linkages from clinic to ES/L/FS Services					O	O	O	O	O	O	O	O	O	O
Develop guidance document on metrics of referral system									H	H	H	H	H	H
Strategic Contributions to Global Leadership				C										H
Develop LIFT II knowledge management and learning strategy				H	H	H								
Disseminate global learning from LIFT II country programming			O	O	O	O	O	O	O	O	O	O	O	O
Monitoring and Evaluation System														
Develop global database template for rollout				O	O	O	O	O	O	O	C			
Monitor research/learning data collection in use					C			C			C			C
Conduct data analysis			O	O	O	O	O	O	O	O	O	O	O	O
Document indicators' design and baselines						C			C			C		
Global Standards, Policies and State of Practice in ES/L/FS Activities														
Landscape and knowledge gaps analysis around ES/L/FS service areas										H	H	H	H	H
Develop Inventory of tools around key ES/L/FS interventions and practices		O	O	O	O	O	O	O	O	O	O	O	O	O
Enhance website on economic strengthening for the very poor (ES4VP)		O	O	O	O	O	H	H	H	H	H	H	H	H
Development of Standard of Practice for ES/L/FS multisectoral approaches							H	H	H	H	H	H	H	H
Participate in key global technical working groups	O	O	O	O	O	O	O	O	O	H	H	H	H	H
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				12-Nov										
Participate in coordination meetings between LIFT II and ASPIRES			10/14 and 10/28	M	M	M	M	M	14-Apr	M	9-Jun	7-Jul	4-Aug	1-Sep
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	O	O	O	O	O	O	O	O
Make technical contributions through strategic global and regional workshops and conferences			16-Oct	6-Nov						30-May		Jul 9-10		9/11-9/12 and 9/25
Disseminate LIFT II technical resource and advances through multimedia channels including LIFT II's project website	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Adapt the CARE score card								H					H	
Respond to ongoing mission requests for LIFT II TA and support	A	A	A	A	A	A	A	A	A	A	A	A	A	A

A - As needed, O - ongoing, M- monthly, C - completed, H - On Hold, TBD - to be determined	FY 2013		FY 2014											
	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2						FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Lesotho														
Develop LIFT II work plan		C												
Conduct a situational analysis					C								C	
Conduct an ONA								C						
Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory									C					
Adapt MSH client diagnostic							C	C	C					
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks								C	C	C	C			
Conduct household economic strengthening (HES) 101 training for the Ministry of Social Development				25-Nov										
Conduct and in-depth HES training				11/26/2029										
Submit COP to Mission							*C*							
Develop Referral Networking Forum									*O*	*O*	*O*	*O*	*O*	*O*
Mozambique														
TBD														
Cote D' Ivoire, Ethiopia, Haiti, Kenya and Uganda														
Cote D' Ivoire - Develop scope to support the creation and formalization of clinic to community cross sectorial service networks and referral systems.									*O*	*O*	*O*	*O*	*O*	*O*
Democratic Republic of Congo Activity (Tier 1)														
Develop LIFT II work plan and PMP							C						C	C
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory							C							
Conduct HES 101 training for the National Multi-Sector Program Against HIV/AIDS (PNMLS)						H								
Engage the private sector				H	H	H	H	H	H	H	H	H	H	H
Adapt the Client Diagnostic Tool							O	O	O	O	O	O	O	O
Create and facilitate an action plan to develop and/or strengthen coordination of clinic-to-community referral networks												O	O	O
Finalize referral tools												C	C	C
Develop and test referral database														
Provide TA to the referral network and facilitate organization/group						H	H	H	H	H	H	H	H	H
Support the Scaling Up Nutrition (SUN) movement									A	A	A	A	A	A
Submit COP to Mission							*C*							
Expansion in Lubumbashi - Acceleration Plan							*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*
Expansion in Kinshasa - Acceleration Plan							*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*
Malawi Activity (Tier 1)														
Test LIFT's diagnostic tool in Balaka District	C													
Develop work plan with Balaka CSO network (BCSON)							C							
Finalize referral tools							O	C						
Develop and test referral database						O	O	O	O	O	C	C		
Provide TA to the referral network and facilitate organization/group	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Provide support to the referral network	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Conduct a situational analysis in Karonga District												C		
Support to SUN									A	A	A	A	A	A
Develop Acceleration plan										C	O	O	O	O
Nigeria Activity (Tier 1)														
Conduct high-level TDY and strategic planning meeting						TBD								
Develop LIFT II work plan and PMP			H	H			H							
Provides targeted support to the HESCOP					H	H	H	H	H	H	H	H	H	H
Tanzania Activity (Tier 2)														
Develop LIFT II work plan and PMP				C										
Finalize early learning sites			C											
Develop a joint approach to supporting NACS continuum of care in early learning sites					O	O	O	O	O	O	O	O	O	O
Engage regional and local authorities						O	O	O	O	O	O	O	O	O
Conduct a situational analysis							O	C						
Conduct an ONA							O	O	C					
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory											C			
Adapt client diagnostic tool														
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks												O	O	O
Provide TA to the referral network and facilitate organization/group														C
M & E/documentation of learning/action research			O	O	O	O	O	O	O	O	O	O	O	O
Support to SUN	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Develop acceleration plan matching FANTA sites in Iringa region									*C*	*O*	*O*	*O*	*O*	*O*

A - As needed, O - ongoing, M- monthly, C - completed, H - On Hold, TBD - to be determined	FY 2013		FY 2014											
	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2						FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Namibia Activity (Tier 2)														
Develop LIFT II work plan and PMP								C						
Finalize the LIFT diagnostic tool				C	C									
Conduct an ONA				C	C									
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory							C							
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks					O	O	O	O	O	O	O	O	O	O
Support rollout of training on bi-directional referrals							O	O	O	O	O	O	O	O
Dissemination of ES/L/FS government services landscape guide							C							
Provide Strategic TA to program implementers							O	O	O	O	O	O	O	O
Support Scaling Up Nutrition (SUN) implementation plan	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Identify and select private-sector actors to participate in and/or support the NACS - ES/L/FS referral network														
Liaise with host government counterparts			O	O	O	O	O	O	O	O	O	O	O	O
M & E/documentation of learning/action research					O	O	O	O	O	O	O	O	O	O
Develop Referral Database											*C*			
District Wide Expansion of model							*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*
Coordination with FANTA and MOHSS to support NACS implementation, training and QI	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*	*O*
Zambia Activity (Tier 2)														
Conduct high-level TDY and strategic planning meeting			C											
Develop LIFT II work plan and PMP				H	H									
Develop or Adapt Tools and Provide Training											C	C		
Provide Support for FANTA and ASSIST Activities				O	O	O	O	O	O	O	O	O	O	O
Submit COP to Mission							C							
Discuss possible implementation approaches with collaborators				O	O	O	O	O	O	O	O	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, Year 1, Start-Up (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, Year 1, Quarter 1 (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, Year 1, Quarter 2 (FY 2014, Quarter 2, Jan-Mar 2014)	April 30, 2014
SF425 #3 (FY 2014, Quarter 2, Jan-Mar 2014)	April 23, 2014
Quarterly Report #4, Year 1 Quarter 3 (FY 2014, Quarter 3, May-July 2014)	July 30, 2014
SF 425 #4 (FY 2014, Quarter 3, May-July 2014)	August 1, 2014
LIFT II Annual Work Plan, Year 2	Draft submitted Sept 15, awaiting feedback and approval
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
LIFT II Knowledge Management Strategy	September 28, 2014
Programmatic Deliverables	
Deliverable Title	
OHA TDY Reports for Year 1, Start-Up (FY 2013, Quarter 4)	Malawi, Namibia, Lesotho
OHA TDY Reports for Year 1, Quarter 1 (FY 2014, Quarter 1)	DRC, Namibia, Mozambique, Tanzania, Uganda, Zambia
OHA TDY Reports for Year 1, Quarter 2 (FY 2014, Quarter 2)	DRC, Namibia, Tanzania, Malawi, Lesotho
OHA TDY Reports for Year 1, Quarter 3 (FY 2014, Quarter 3)	DRC (2), Lesotho, Tanzania
OHA TDY Reports for Year 1, Quarter 4 (FY 2014, Quarter 4)	Zambia, Malawi (3), Lesotho, Tanzania, Namibia
Action Research Technical Note #1: Assessment of a Diagnostic Tool for Household Poverty and Food Security in Balaka District, Malawi	Year 1, Quarter 1
Cash and Asset Transfer Technical Brief	Year 1, Quarter 1
Presentation/Workshop #1	Year 1, Quarter 1 (CORE Group Fall Meeting)

Presentation/Workshop #2	Year 1, Quarter 1 (SEEP Annual Conference)
Action Research Technical Note #2: Field Testing a Diagnostic Tool for Household Poverty and Food Security in Namibia	Year 1, Quarter 2
Technical Intervention Note 1.1: Cash Transfer and Voucher Programs – Overview	Year 1, Quarter 2
Technical Intervention Note 1.2: Cash Transfer and Voucher Programs – Implementation	Year 1, Quarter 2
Technical Intervention Note 1.3: Cash Transfer and Voucher Programs – M&E	Year 1, Quarter 2
Technical Process Note: Using Organizational Network Analysis in the Creation of Referral Networks	Year 1, Quarter 2
Technical Process Note: Clinic-to-Community Referral Systems: Improving Health and Social Outcomes for People Living with HIV	Year 1, Quarter 3
Technical Process Note: Informing Contextual Livelihood Programming: Situational Analysis	Year 1, Quarter 3
Technical Intervention Note 2.1: Savings Groups - Overview	Year 1, Quarter 3
Technical Intervention Note 2.2: Savings Groups – Implementation	Year 1, Quarter 3
Action Research Technical Note #3: Optimizing Sustainability of Referral Networks	Year 1, Quarter 3
Technical Intervention Note 2.3: Savings Groups – M&E	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 Year 1, LIFT II project staff took the following trips:

Traveler Name	*Origin-Destination*	*Travel Dates*	*Purpose*
FY 2014 Q1			
Mandy Swann	US-Namibia-US	August 31 - September 7, 2013	Work plan development and preparation for ONA (Oct 2013)
Zach Andersson	US-Malawi-US	October 3, 2013 - August 30, 2014	Relocation for field year of Leland International Hunger Fellowship
Clinton Sears	US-Namibia-Mozambique-Uganda-US	October 7 - November 3, 2013	Training data collectors to conduct ONA (NA), participation in PHFS regional meetings (MZ and UG)
Mandy Swann	US-Tanzania-Zambia-US	September 28 - October 11, 2013	Work plan development and situational analysis (TZ), participation in NACS Acceleration Plan Strategic Planning Meeting (ZA)
Meaghan Murphy	US-Tanzania-US	September 28 - October 5, 2013	Work plan development and situational analysis
Sarah Mattingly	US-DRC-US	October 14 - October 24, 2013	Work plan development and transition to in-country lead partner CARE
Zach Andersson	Malawi-Uganda-Malawi	June 21 - July 7, 2014	Facilitating start up (ZA), supporting effective handover of referral tools and processes (NA)
FY 2014 Q2			
Sarah Mattingly	US-DRC-US	January 3 - January 17, 2014	Conduct ONA stakeholder meetings
Henry Swira	Malawi-DRC-Malawi	January 5 - January 18, 2014	Rapid Appraisal for Lubambashi and ONA stakeholder meetings
Mandy Swann	US-Namibia-US	February 9 - February 22, 2014	ONA stakeholder meetings at 2 sites

Clinton Sears	US-Malawi-Tanzania-US	o/a February 8 - March 6	Referral systems training, Tanzania ONA
Clinton Sears	US-Malawi-Tanzania-Lesotho-US	February 7 - March 20, 2014	Referral systems training, Tanzania ONA, Lesotho ONA
Meaghan Murphy	US-Tanzania-US	February 22 - March 8, 2014	Tanzania ONA
Henry Swira	Malawi-Tanzania-Malawi	February 23 - March 8, 2014	Tanzania ONA
FY 2014 Q3			
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)
FY 2014 Q4			

Dominick Shattuck	US-Tanzania-US	July 6 - July 17, 2014	Providing support to local partners for referral systems expansion and rapid scale up
Henry Swira	Malawi-DRC-Malawi	July 16 - July 24, 2014	Support acceleration activities in Lubumbashi
Mandy Swann	US-Namibia-US	August 11 - August 22, 2014	Support handover of referral tools and ensure sustainability of referral networks
Jacky Bass	US-Malawi-US	August 23 - September 4, 2014	Project management/oversight of acceleration activities led by CARE in Kasungu, Lilongwe and Dowa
Clinton Sears	US-Malawi-US	September 3 - September 11, 2014	Train new staff, support ongoing referrals work in Balaka and support next steps for expansion to other districts
Dominick Shattuck	US-Tanzania-US	September 13 - September 27, 2014	Provide TA to support Iringa referral networks and acceleration activities

Annex 6. LIFT II Budget Reporting Requirement

	Report Period	7/1/2014-9/30/2014
	Expenditures and Accruals	
	Name of Partner:	FHI 360
	Contract/Agreement No.	EEM-A-00-06-00001-00
	Date Completed:	7/29/2014
	Ceiling	23,000,000
	Obligation	4,223,138
	Unobligated Balance	18,776,862

Tab.1	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
	A	**B**	**C**	**D**	**E**	**F**	**G=A-F**
	4,223,138	1,633,028	$ 514,445	$ 233,551	$ 175,286	$ 2,556,310.35	$ 1,666,827.65

Tab.2	Activity	Fiscal Quarter 2014	Total Obligation Amount	Actual Expenditures /Accruals	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	Global	Q4 - July-Sept. 30	3,670,447	1,011,748	107,387	1,119,135	2,551,312
	Nigeria	Q4 - July-Sept. 30	180,000	462	-	462	179,538
	Namibia	Q4 - July-Sept. 30	372,691	343,736	-	343,736	28,955
	Malawi	Q4 - July-Sept. 30		250,310	673	250,984	-250,984
	Tanzania	Q4 - July-Sept. 30		291,795	-	291,795	-291,795
	DRC	Q4 - July-Sept. 30		376,738	30,569	407,306	-407,306
	Zambia	Q4 - July-Sept. 30		38,004	-	38,004	-38,004
	Lesotho	Q4 - July-Sept. 30		243,517	36,657	280,175	-280,175

Annex 7. Portfolio Review as of May 2014

Activity	Funding Source	Funds Committed (does not mean obligated)	Funds Expected through COP 14 Process	Total Projected Expenses through FY 2014	FY 2015 Q1 Projections	FY 2015 Q2 Projections	FY 2015 Q3 Projections	FY 2015 Q4 Projections	FY 2015 Qtrly Burn Rate	Balance or Funds Needed from Missions/Global funds through FY 2014
Global	NACS Acceleration Funds	$ 5,000,000	$ -	$ 1,255,445.46	$ 241,715.76	$ 210,305.11	$ 180,907.06	$ 184,977.20	$ 204,476.28	$2,926,649.41
Nigeria	COP 12	$ 180,000	$ -	$ 2,576.21	$ 1,104.00	$ 1,104.00	$ 1,104.00	$ 1,104.00	$ 1,104.00	$173,007.79
Namibia	COP 12	$ 372,691	$ -	$ 363,064.67	$ -	$ -	$ -	$ -	$ -	$9,626.33
Malawi	NACS Acceleration Funds	$ 475,000	$ -	$ 362,561.01	$ 100,574.42	$ 95,149.82	$ 98,486.90	$ 97,305.96	$ 97,879.28	($279,078.11)
Tanzania	NACS Acceleration Funds	$ 1,275,000	$ -	$ 665,824.42	$ 192,978.00	$ 188,985.00	$ 175,349.00	$ 120,496.00	$ 169,452.00	($68,632.42)
DRC	NACS Acceleration Funds	$ 875,000	$ 485,000	$ 796,415.96	$ 261,468.25	$ 204,665.58	$ 270,616.39	$ 112,812.51	$ 212,390.68	($285,978.69)
Zambia	NACS Acceleration Funds	$ 50,000	$ 243,550	$ 133,822.00	$71,000	$35,000	$35,000	$20,000	$ 40,250.00	($1,272.00)
Lesotho	Global (NACS Acceleration Funds)	$ -	$ 247,500	$ 127,948.44	$56,250	$56,250	$37,500	$25,000	$ 43,750.00	($55,448.44)
	Total	$ 8,227,691	$ 976,050	$ 3,707,658	$ 925,090	$ 791,460	$ 798,963	$ 561,696		$2,418,873.87

Annex 8. Modification to Global Activities

During FY 2014 the project team 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 ES 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

Annex 9. List of Upcoming Activities – Global

Country specific activities for the next quarter are found in the respective country sections.

Livelihoods and Food Security Technical Assistance Project II (LIFT II) Year 2			
CA No. AID-OAA-LA-13-00006			
	FY15 Q1		
	Oct	Nov	Dec
Global Activity			
Gender Integration			
Develop a Gender Strategy	●		
Provide Gender Training for LIFT II Staff		●	
Strengthen Capacity of ES/L/FS Service Providers on Gender-Sensitive Programming	●	●	●
Building the evidence base for NACS-ES/L/FS linkages Activities			
Conduct Literature Reviews	●		
Disseminate Global Learning from LIFT II Country Programming			●
Monitoring and Evaluation Systems			
Refine Global Database Templates for Roll-Out	●	●	●
Monitor Research/Learning Data Collection and Use			●
Conduct Data Analysis			●
Track Project Costs	●	●	●
Global Standards, Policies and State of Practice in ES/L/FS Activities			
Enhance ES4VP Learning Hub	●	●	●
Conduct Technical Trainings and Produce Guidelines for Quality Assurance of ES/L/FS Services	●		
Make Technical Contributions through Strategic Global and Regional Workshops and Conferences	●		
Disseminate LIFT II Technical Resources and Advances through Multimedia Channels	●	●	●
Adapt the CARE Community Score Card			●