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



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LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

**Year 3 Annual Work Plan**

**October 1, 2015 – September 30, 2016**



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## Acronyms and Abbreviations

AOR	Agreement Officer’s Representative
A&R	Adherence and Retention
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
CARE	CARE International
CTC	Care and Treatment Center
DRC	The Democratic Republic of the Congo
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
IRB	Institutional Review Board
LIFT II	Livelihoods and Food Security Technical Assistance II
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Reporting
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NACS	Nutrition Assessment, Counseling and Support
OHA	USAID Office of HIV and AIDS
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PEPFAR	President’s Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
RC	Referral Coordinator
RN	Referral Network
SBCC	Social and Behavior Change Communication
QI	Quality Improvement
TA	Technical Assistance
TFNC	Tanzania Food and Nutrition Centre
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programs on HIV/AIDS
VSLA	Village Savings and Loan Association
WFP	World Food Program
WV	World Vision
ZPCT II B	Zambia Prevention Care and Treatment II Bridge

## I. Introduction

The Livelihoods and Food Security Technical Assistance II Project (LIFT II) was initiated by the US 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) Leader with Associates. LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). This report presents the third annual work plan covering the period of October 1, 2015 – September 30, 2016 as required under Section A5 Reporting and Evaluation of the agreement.

## II. Background

Globally, the incidence of new HIV infections continues to decline, and antiretroviral therapy (ART) has become more widely available, prolonging and improving the quality of life for people living with HIV (PLHIV). As the epidemic evolves, it becomes increasingly important to promote the provision and maintenance of HIV care by establishing integrated support systems that link clinical services with community support that can enable PLHIV to pursue healthier, more economically productive and food secure lives.

LIFT II's mandate is to link HIV-infected and affected households to economic strengthening, livelihoods and food security (ES/L/FS) opportunities with the end goal of increasing adherence and retention (A&R) in HIV care and contributing to the Joint United Nations Programs on HIV/AIDS (UNAIDS) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 90-90-90 global targets.<sup>1</sup> To this end, LIFT II has set in place referral models in six countries that link health facilities, prioritizing those offering ART and nutrition assessment, counseling and support (NACS), with community services. The LIFT II project has four key objectives which guide its implementation:

- 1) Improve access to ES/L/FS services for clinical health and NACS patients and families, through referrals to 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 with regard to 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 PEPFAR, the Global Health Initiative (GHI) and Feed the Future (FtF) investments.<sup>2</sup>

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<sup>1</sup> "By 2020, 90% of all people living with HIV will know their status. By 2020 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. BY 2020, 90% of all people receiving antiretroviral will have a viral suppression." UNAIDS (2014) 90-90-90.

<sup>2</sup> These goals are outlined in LIFT II's award and project description.

LIFT II aims to maximize the number of HIV-affected clients reached through these referral models, strengthen the quality and effectiveness of supported systems, and develop a strong value proposition for health programs and host governments to scale up its approach. In Year 3, LIFT II will work to expand client outreach and utilize evidence to document the impact of its multi-sectoral approach on adherence and retention in care.

### III. The Nature of LIFT II’s Work and Work Planning

LIFT II’s vision is to implement both global and country-level technical assistance (TA) activities to strengthen the integration between HIV, nutrition and economic strengthening. LIFT II will build country ownership and collaborate with existing health programs to build the capacity of national, district and community stakeholders. TA efforts will ensure alignment with PEPFAR 3.0’s focus on sustainable control of the epidemic and concentrate on high quality implementation at scale, with particular attention placed on improving A&R in clinical care and treatment.

In accordance with the project’s agreement, the following work plan introduces the major activities that will be carried out through global and country-specific programs as well as the respective levels of effort. For operational purposes, each activity’s level of effort has been classified as low, medium or high to reflect the estimated amount of time and effort that will be allocated by the project team. In the chart below, several scenarios to define each level of effort have been provided for context.

Level of Effort			
	Low	Medium	High
Scenario 1	Up to 3 days a month	5-10 days a month for a 6-9 months	10+ days a month (short term or long term) or 5-10 days a month for 9+ months
Scenario 2	1 TDY a year of approximately 14 days, plus travel	2 TDYs a year of approximately 14 days each, plus travel	3+ TDYs a year of approximately 14 days each, plus travel
Scenario 3	Up to 15% level of effort annually (up to 39 days)	15%-25% level of effort annually (40-64 days)	25%+ level of effort annually (65+ days)
Scenario 4		Activities that require continual follow up and guidance	Activities that require an intense amount of oversight

### IV. Global Activities

**Funding Source:** Core Funds

**Estimated Year 3 Budget:** \$405,217

**Main Implementer:** FHI 360

Global activities will continue to strengthen the evidence for linking health clients to ES/L/FS programs and to better understand the effect on client A&R. Quality improvement (QI) will be the primary approach used to expand the evidence base around the value of linking clinical facilities with ES/L/FS.

LIFT II will test and promote innovative approaches to expand and improve the effectiveness of referral systems which will strengthen capacity in program design, implementation, and monitoring and evaluation (M&E) at the country level for LIFT II and referral network (RN) stakeholders. In turn, LIFT II will share emerging evidence and best practices at global level. Whenever possible, LIFT II data will be used to prepare manuscripts for publication.

## Building the Evidence Base Linking Health and ES/L/FS to A&R

→ **Contribute to NACS: A User's Guide:** LIFT II will contribute technical content to Module 4: Nutrition Support, particularly the section on nutrition-sensitive economic strengthening, livelihood, and food security (ES/L/FS) support. This module will be housed on the FANTA project website together with modules 1-3, the glossary and crossword puzzle, and can be updated as necessary. In addition, LIFT II will develop technical products to facilitate the implementation of its referral systems. These activities and their associated documentation (which can be included into NACS: A User's Guide at any time) are meant to outline processes that are improved upon with each use, either through distilling lessons learned or providing different contextual examples. For each of these products LIFT II will develop a practitioner guide. Topics include:

- **Best practices around formation of a referral network and launch of a referral system:** To support the establishment of referral networks and operation of referral systems, LIFT II will engage in a process-centered investigation, developing a set of key questions around network members' perceptions and priorities, which will inform the development of guidance around best practices.
- **Referral network training materials and methodology:** To ease the path to scale-up, LIFT II will review the suite of essential tools and training materials used to date, refine them based on implementation experience, and package them into a resource kit that can be readily adapted to form referral networks and launch referral systems in new contexts.
- **Guidance on referral system metrics:** To document LIFT II's experience linking referrals to client A&R, the project will develop guidance on the metrics of a referral system. At each site, LIFT II asks referral network partners to collect a "minimum set" of indicators to track referrals and monitor client level data, such as A&R. This guidance document will describe the referral network indicators and highlight their value for improved decision making at different levels.
- **Situational Analysis:** This situational analysis guide will help implementing partners (IPs) and practitioners involved in linking clinical facilities with economic strengthening, livelihoods and food security (ES/L/FS) programs by documenting the operational context in five areas: 1) policy environment, 2) availability of and access to health (HIV/nutrition) and ES/L/FS, 3) community networks and cultural beliefs, 4) market actors and private-sector players, and 5) gender.

**Results/Deliverable:** Up to four practitioner guides produced

**Level of Effort:** Medium

## Monitoring and Evaluation (M&E) Systems

LIFT II M&E systems will continue to expand in Year 3 to capture data in two key areas: 1) basic monitoring data for each RN which clearly track clients provided with a referral, clients completing a referral, and the health outcomes (notably A&R) for referral clients over time; and 2) QI data which track the degree to which particular QI aims (a quantifiable statement of what LIFT II stakeholder will

improve, who will benefit, the time period expected to realize the benefit, and a quantitative measure of improvement) best optimize referral processes. These monitoring and QI data will provide content for LIFT II's technical publications and contributions to the evidence base linking health and ES/L/FS to A&R. M&E systems will build on Year 2 successes, including the longitudinal collection of referral client A&R data in Malawi.

→ **Refinement of Global Database Templates for Roll-Out to Measure A&R:** LIFT II will refine the data collection and management templates created during Year 2, and ***will conduct a second round of ART data collection in either DRC or Lesotho*** (dependent on results of first ART data collection). LIFT II will promote management information systems that capture key health data from client clinical records, including knowledge of their HIV status, initiation of ART and adherence to ART. For clients referred into clinical care, LIFT II will track whether they are new or existing clients and whether these clients had previously defaulted on treatment or been lost to follow up. LIFT II's global database will aggregate PEPFAR Monitoring, Evaluation and Reporting (MER) indicator data across countries to enhance global learning on how referrals impact A&R and what QI aims best improve referral system operations.

**Results/Deliverable:** Templates for data collection and management developed

**Level of Effort:** High

**Documentation of QI Efforts in Referral Systems:** LIFT II will review operations across countries to identify key data that can contribute to the project's research and learning agenda as QI aims to be tested in referral systems. Following best practices, LIFT II will work with local stakeholders to generate QI aims which can be tested in and across sites so the project and partners can rigorously study and report on how to optimize referral systems. Partnerships are crucial to this activity, and LIFT II will share research and learning data with partners to identify areas where collaboration could yield successful data collection that would be challenging for one project to obtain on its own.

**Results/Deliverable:** Emerging ideas for QI aims documented in quarterly report (progress on QI aims reported by country)

**Level of Effort:** Low

**Data Analysis:** During Year 3, LIFT II will engage RNs in monitoring data collection and analysis, including clinical record checks for clients who have initiated ART. LIFT II will review data and share across RNs to encourage south-to-south learning. In addition, LIFT II will support stakeholder QI efforts to optimize referral system operations.

**Results/Deliverable:** Data presented in project quarterly reports

**Level of Effort:** Medium

**Tracking Project Costs:** LIFT II will track the financial costs of the referral system to ensure that donors and governments have a clear understanding of the programmatic investments associated with referrals and, in particular, with the cost per client served in a variety of contexts. This data will demonstrate how efficiencies are built into referral systems.

**Results/Deliverable:** Costs per client served tracked across countries and sites

**Level of Effort:** Medium

## Advance the State of the Practice Linking Health and ES/L/FS Activities

**Technical Contributions through Global and Regional Workshops and Conferences:** In Year 3, LIFT II will deliver presentations through at least two global workshops and/or conferences, disseminating new project-generated data about the association between clinic-to-community referrals and A&R. These

technical contributions will ensure that LIFT II is enhancing the state of the practice by sharing experiences and lessons learned.

**Results/Deliverable:** Participation in at least two global or regional workshops

**Level of Effort:** Low

**Dissemination of LIFT II Technical Resources through Multimedia Channels:** During Year 3, LIFT II will continue to utilize the project website, [www.theliftproject.org](http://www.theliftproject.org), as the main vehicle for sharing information and will magnify the project's reach more broadly through engaging on social media platforms (e.g., Twitter) and actively seeking opportunities for cross-posting. LIFT II will continue to populate the website with technical content in different forms (i.e., blog postings, country updates, technical notes, presentations and reports).

**Results/Deliverable:** LIFT II project website continually populated with current content

**Level of Effort:** Low

**Ongoing Mission Requests for LIFT II TA and Support:** LIFT II's demand-driven technical support to Missions is designed to cost-effectively magnify existing activities to improve the health and well-being of those infected with and affected by HIV. In communities where health systems are already delivering on the promise of an AIDS-free generation, LIFT II expands the circle of stakeholders to include non-health services. Investments into LIFT II facilitate linkages that enhance access to high impact services that expand the continuum of care and can improve results along the HIV treatment cascade. LIFT II offers a range of TA support to assist with PEPFAR reporting including SIMS and MER indicators.

**Results/Deliverable:** TBD based on mission needs

**Level of Effort:** TBD

## Gender

**Rapid Gender Assessment Tool:** To better understand how service providers and other local stakeholders perceive gender-related barriers to health and community services, LIFT II has developed a brief questionnaire to be administered as a part of the site assessment process. This tool is based on USAID ADS Chapter 205 (Integrating Gender Equality and Female Empowerment in USAID's Program Cycle) and FHI 360's Gender Integration Framework, and will provide staff with basic information to assist in the development of referral networks and TA to the service providers.

**Results/Deliverable:** Modified tool added to LIFT II's suite of RN tools available on the LIFT website

**Level of Effort:** Low

→ **Gender Outcome Reporting:** In order to maximize the utility of LIFT II referral data, all indicators will be disaggregated by sex, and where appropriate, by age, site (high volume or low volume), type of service referred to, and other variables. This represents an improvement over LIFT II's PY2 reporting which focused on the (now discontinued) PEPFAR gender indicator P12.4.D which only detailed clients referred to ES services, disaggregated by sex. Linking sex disaggregated data to LIFT II's work over the entire project year will yield greater visibility into how referrals differentially affect men, women, boys and girls.

**Results/Deliverable:** Quarterly reports will include summary table of all indicators disaggregated by sex, where appropriate

**Level of Effort:** Low

## V. Country Focus

Country activities will support a unified learning agenda that a) looks for improvements in client A&R and b) uses QI to optimize existing RNs and to improve future referral system implementation and guidance. LIFT II will use this learning to develop local capacity and build country ownership by coordinating with other donors, global partners, health programs and implementing programs.

For each country where LIFT II works, a country-specific work plan and project monitoring plan (PMP) are developed in conjunction with respective USAID Mission counterparts. Missions provide concurrence on the work plan and PMP, and LIFT II will request approval from the LIFT II Agreement Officer's Representative (AOR). The approved country-specific work plan and PMP will then supersede the activities outlined in this work plan.

### *Cross-Cutting Activities*

LIFT II programming follows similar processes and activities in each country; however, there are a number of nuances and country-specific details for each country/site that provide the proper contextual information for understanding implementation. Main activity descriptions have been provided below for ease of reference and relevant country-specific detail is expanded upon in the respective country sections, as applicable. See Annex 3 for a matrix of data collection activities across countries.

**LIFT II Year 3 Work Plan:** LIFT II will develop a country-specific work plan that aligns with the project's global and country-specific priorities.

**Results/Deliverable:** USAID/Mission-approved country work plan

**Level of Effort:** Low

**Support Roll-out of Scaling Up Nutrition Implementation Plan:** Align and contribute to the Scaling Up Nutrition (SUN) plans, as relevant. *(This activity is dependent on interest and implementing needs for LIFT II support.)*

**Results/Deliverable:** TBD

**Level of Effort:** Low

**Data Management and Evidence Gathering:** LIFT II will work with referral network coordinating organizations and clinical facilities to establish clear data management procedures for A&R reporting. Data management plans and guidance will ensure high ethical standards and approvals by FHI 360's Institutional Review Board (IRB). A&R data will be shared with USAID on a quarterly basis as part of our reporting requirements and to enhance the evidence base.

**Results/Deliverable:** Regular data reporting on A&R

**Level of Effort:** High

**Data Sharing with RNs (Dissemination):** LIFT II will ensure data collected by each referral network are shared with the members of other relevant RNs (both in country and globally) on a quarterly basis. This kind of south-to-south learning will facilitate a stronger network in the site as well as provide RN members with leadership opportunities.

**Results/Deliverable:** Monthly data reports with written commentary on the launch and process of quality improvement in the RN

**Level of Effort:** Medium

→ **Study on the Utility of VSLA Participation for PLHIV (in DRC or Zambia—TBD):** LIFT will investigate the savings outcomes of clients referred to VSLAs, as well as the savings of VSLAs that received clients vs those that did not (the latter study only possible in DRC). The study will differentiate savings/outcomes of PLHIV vs non-PLHIV in groups which is a new contribution to savings literature.

**Results/Deliverable:** Assessment Report

**Level of Effort:** Medium

LIFT II implementation and engagement in Year 3 include the following countries:

Ongoing TA and Implementation	Tanzania Zambia
TA and Implementation ending in Year 3	Lesotho The Democratic Republic of the Congo (DRC)
Minimal oversight	Malawi Namibia

## Tanzania Activity

**Funding Source:** USAID/Tanzania

**Estimated Year 3 Budget:** \$651,716

**Main Implementer:** FHI 360

**Country Managers (HQ/Regional):** Mandy Swann and Samuel Mayinoti

**Country Representative:** Lilian Tarimo

**Country Tier:** 1<sup>3</sup>

In the previous year, LIFT II launched three referral systems in Iringa Region. This year, LIFT II will work with the three established RNs to continually improve system performance, increase their capacity to reach HIV-affected clients, foster local ownership and sustainability, and build their capacity. In Year 3, LIFT II will focus on an evidence building activity in collaboration with Applying Science to Strengthen and Improve Systems (ASSIST) and Food and Nutrition Technical Assistance III (FANTA) in Mbeya Region which will explore how providing NACS services (including referrals to community support) contributes to HIV/AIDS-related outcomes, including engagement in care, adherence to ART, retention of clients in care, and overall physical, mental, and psychosocial wellbeing.

## National

**LIFT II Year 3 Work Plan:** See above description for details.

**Results/Deliverable:** USAID/Tanzania-approved country work plan

**Level of Effort:** Low

**Collaborate MOHSW and TA Partners:** LIFT II will work with the Ministry of Health and Social Welfare (MOHSW), Tanzania Food and Nutrition Centre (TFNC), FANTA and ASSIST to ensure close collaboration of programming at each supported site. LIFT II will also improve coordination and collaboration with the Partnership for HIV-Free Survival (PHFS) efforts.

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<sup>3</sup> Country tiers as defined in LIFT II's award and project description.

**Results/Deliverable:** USAID/Tanzania-approved country work plan  
**Level of Effort:** Low

Sites: Iringa Town, Mafinga and Kasanga

**Referral Network Expansion:** LIFT II will continue to facilitate the inclusion of high volume government care and treatment (CTC) health facilities and new community ES/L/FS providers into the networks. LIFT II will work with these service providers to provide appropriate training and support to implement and document referrals.

**Results/Deliverable:** Quarterly reports and expansion documents  
**Level of Effort:** Low

**Network Mentoring and QI:** See above description for details. LIFT II will continue to build ownership over the networks so that they are self-sufficient prior to the project's exit in March 2016.

**Results/Deliverable:** Well-functioning referral system and up-to-date tools  
**Level of Effort:** Medium

**Data Management and Evidence Gathering:** See above description for details. LIFT II will also work with the MOHSW, clinical partners and health facility staff to verify self-reported HIV and ART data against clients' clinical records to measure changes in retention in care over time.

**Results/Deliverables:** Quarterly data reports  
**Level of Effort:** Medium

**Stakeholder Meetings and Capacity Development Workshops:** Quarterly, LIFT II will hold stakeholder meetings with each RN to assess progress, review referral data and troubleshoot challenges. Through these meetings, half-day capacity building workshops will be conducted on network-identified priority topics.

**Results/Deliverable:** Training materials and workshop reports/evaluations  
**Level of Effort:** Low

**Economic Strengthening Fairs:** Economic strengthening fairs will complement the existing referral systems by working with high-volume ART facilities to host events where community service providers engage with health facility clients and either directly enroll or referred clients for services their services.

**Results/Deliverable:** One event held in each network and a brief report for each event  
**Level of Effort:** Medium

→ **Program Close-Out and Lessons Learned:** LIFT II will undertake client interviews to assess perceptions of referral process, value of referral, ease of use, and other factors. This close-out assessment in Iringa will also include interviews with a sample of clients provided with a referral that did NOT complete it to understand the barriers to referral completion.

**Results/Deliverable:** Assessment Report with Best Practices for Multi-Sectoral Referral Work  
**Level of Effort:** Medium

Site: Mbeya Rural

**Referral Network Launch:** Following the completion of the ASSIST baseline, LIFT II and FANTA will conduct a NACS and referral system training for selected health facilities and community partners.

**Results/Deliverable:** Training materials, data management system and referral tools

**Level of Effort:** Low

**Data Management and Evidence Gathering:** See above description for details. LIFT II will work with network members to track and manage referral data and cross-reference this data with clinical records to measure whether and to what extent referrals are associated with changes in HIV outcomes.

**Results/Deliverable:** Quarterly data reports

**Level of Effort:** High

→ **Network Mentoring and QI:** LIFT II will work in coordination with ASSIST's QI activities to include referrals as one of the QI improvement aims. LIFT II will lead in building the capacity of the facility and community QI coaches and QI teams to implement referrals, test new approaches, and document learning through participation in the QI coaching visits and learning sessions. QI work will collect longitudinal data in Mbeya and Mbozi which need to be analyzed and discussed in participatory, stakeholder-led quarterly meetings (collaboratives) to formally document progress towards QI aims and specific stakeholder knowledge and actions that made improvement possible.

**Results/Deliverable:** Quarterly reports outlining QI activities and progress

**Level of Effort:** High

**Stakeholder Meetings and Capacity Development Workshops:** See above description for details.

**Results/Deliverable:** Training materials and workshop reports/evaluations

**Level of Effort:** Low

Site: Mbozi District

**Service Mapping:** LIFT II will conduct a rapid mapping of local service providers in the catchment areas the selected high volume health facilities in the district and compile this data into a referral directory.

**Results/Deliverable:** Referral directories

**Level of Effort:** Low

**Referral Network Launch:** LIFT II will adapt referral tools and provide training on referrals to clinical NACS and ART staff and community service providers.

**Results/Deliverable:** Training materials, referral tools and meeting report

**Level of Effort:** Medium

**Data Management and Evidence Gathering:** See above description for details.

**Results/Deliverable:** Quarterly data reports

**Level of Effort:** High

**Network Mentoring and QI:** See above description for details.

**Results/Deliverable:** Quarterly reports outlining QI activities and progress

**Level of Effort:** High

**Stakeholder Meetings and Capacity Development Workshops:** See above description for details.

**Results/Deliverable:** Meeting notes and workshop implementation and evaluation forms

**Level of Effort:** Low

## Zambia Activity

**Source of Funding:** USAID/Zambia

**Estimated Year 3 Budget:** \$693,509

**Main Implementer:** FHI 360

**Country Manager (HQ/Regional):** Mandy Swann and Samuel Mayinoti

**Country Representative:** Joackim Kasonde

**Country Tier:** 2

Following a series of foundational activities, the district-wide Kitwe RN was launched in June 2015 with 11 government health facilities and 18 community service providers. LIFT II activities in FY 2016 will focus on strengthening the effectiveness of the network, expanding the number of PLHIV clients linked to community services and high impact health services, and setting the network up for sustainable implementation. LIFT II will also launch a second RN in Mkushi, expanding the availability of savings group services and linking PLHIV clients into these services.

## National

**Integration of Referral Data into National HIV/ART Information Systems:** LIFT II will strengthen collaboration with the Ministry of Health (MOH) and FHI 360's Zambia Prevention Care and Treatment II Bridge Project (ZPCT II B) to integrate referral processes more meaningfully into clinical engagement with ART clients, as well as add referral metrics and data into clients' ART (SmartCare) files.

**Results Deliverables:** Documented collaboration and revised ART data collection materials

**Level of Effort:** Medium

**Collaboratively Develop Comprehensive NACS SBCC Materials:** LIFT II will work with FANTA and Project Concern International (PCI) on social and behavior change communication (SBCC) NACS materials and ensure referral components are well integrated.

**Results/Deliverables:** Final NACS SBCC materials with LIFT II inputs

**Level of Effort:** Medium

→ **Client Loss to Follow Up (LTFU) Analysis:** LIFT II's data collection in Zambia features systems to capture ART client LTFU and first-time linkages of clients to clinical care and treatment. LIFT II will leverage these data to conduct key informant interviews with health facility and partner staff, community members, and other stakeholders to develop best-practice guidance on linking new clients and mitigating LTFU through referral work.

**Results/Deliverables:** Report and User's Guide

**Level of Effort:** High

→ **Integration Analysis with ASSIST and FANTA:** This activity will document a) the collaboration between LIFT and other TA projects, b) the value of having referral messages/awareness integrated into HIV/nutrition counseling messages, and c) best practices/lessons learned about counseling messages and clinic operations (strictly limited to inclusion of referral content into counseling messages).

**Results/Deliverables:** Report and User's Guide

**Level of Effort:** Medium

Site: Kitwe

**Network Mentoring and QI:** See above description for details.

**Results/Deliverable:** Well-functioning referral system and up-to-date tools  
**Level of Effort:** High

**Data Collection and Analysis:** LIFT II will build capacity within the network to continue collecting and capturing referral data in the database, completing monthly reports and conducting review meetings. LIFT II will also work with the government, clinical partners and health facility staff to verify data with clients' clinical records, and integrate referral data into government systems.

**Results/Deliverables:** Quarterly data reports  
**Level of Effort:** High

**Referrals Refresher Training:** LIFT II will provide refresher training to all network members trained in the referral process to reinforce systems and tools, allow network members to bring in new staff/volunteers to be trained to support sustainability, and integrate modifications based on updated PEPFAR reporting requirements.

**Results/Deliverable:** Training report  
**Level of Effort:** Low

**Capacity Upgrade Training:** LIFT II will continue to provide capacity upgrade workshops to the member organizations in identified areas of interest and need.

**Results/Deliverable:** Training report  
**Level of Effort:** Low

**Training to Community-Led Savings and Lending Partners:** To increase the absorption capacity of community service providers, LIFT II will provide training and basic inputs (cash boxes and registers) to groups implementing community-led savings and lending activities to expand their operations, with the aim of filling new groups with clients referred from health facilities.

**Results/Deliverable:** Savings group training report  
**Level of Effort:** Medium

**Economic Strengthening Fairs:** See above description for details.

**Results/Deliverable:** Four events held in Kitwe and brief reports for each event  
**Level of Effort:** Medium

**NACS Refresher Trainings:** LIFT II will collaborate with FANTA and ASSIST to provide NACS refresher trainings to health care providers, including sessions on referrals and community linkages.

**Results/Deliverable:** Training materials and training reports  
**Level of Effort:** Low

**Support Community Nutrition Screening, Counseling, Referral and Follow-Up:** Working with FANTA, LIFT II will support the finalization of the community NACS training manual developed and work with FANTA in training community health workers and community volunteers in NACS and referrals.

**Results/Deliverable:** Training materials and training reports  
**Level of Effort:** Medium

**Strengthen Referral Supervision:** LIFT II will work with the Kitwe District AIDS Taskforce, district government and health facility management to strengthen their ability to manage referral data collection and analysis.

**Results/Deliverable:** Training materials and training reports

**Level of Effort:** Medium

Site: Mkushi

**Network Mentoring and QI:** See above description for details.

**Results/Deliverable:** Well-functioning referral system and up-to-date tools

**Level of Effort:** High

**Data Collection and Analysis:** See above description for details.

**Results/Deliverables:** Quarterly data reports

**Level of Effort:** High

**Referrals Refresher Training:** See above description for details.

**Results/Deliverable:** Training report

**Level of Effort:** Low

**Capacity Upgrade Training:** See above description for details.

**Results/Deliverable:** Training report

**Level of Effort:** Low

**Training to Community-Led Savings and Lending Partners:** See above description for details.

**Results/Deliverable:** Savings group training report

**Level of Effort:** High

**Economic Strengthening Fairs:** See above description for details.

**Results/Deliverable:** At least two events held in Mkushi and brief reports for each event

**Level of Effort:** Medium

**NACS Refresher Trainings:** See above description for details.

**Results/Deliverable:** Training materials and training reports

**Level of Effort:** Low

**Support Community Nutrition Screening, Counseling, Referral and Follow-Up:** See above description for details.

**Results/Deliverable:** Training materials and training reports

**Level of Effort:** Medium

**Strengthen Referral Supervision:** See above description for details.

**Results/Deliverable:** Training materials and training reports

**Level of Effort:** Medium

## Lesotho Activity

**Funding Source:** Core Funds and USAID/Lesotho

**Estimated Year 3 Budget:** \$183,611

**Main Implementer:** FHI 360 (at National Level and in Mophale's Hoek and Thaba-Tseka Districts)

**Country Manager (HQ):** Zachary Andersson and Jacqueline Bass

**Country Representative:** Makhate Gerard Makhate

**Country Tier:** 1

Lesotho has the second highest HIV prevalence globally and is a priority country for PHFS. LIFT II initiated programming in Lesotho in November 2013, working closely with representatives of several government ministries in Maseru, global and bilateral projects, local government and civil society in two of the three selected NACS districts. In its third year, LIFT II will continue to support multi-sectoral referral systems launched in these sites, while specifically accelerating linkages between health facilities and village saving and loan association (VSLA) services, and providing technical support toward establishment of local referral systems in several new districts. Through each of these efforts LIFT maintains a focus on leaving behind locally sustained and fully functional systems after direct project TA ends in January 2016. Ongoing communication with local coordinators of referral networks and periodic clinical and referral record checks may be carried out to monitor progress made by referred clients over time.

### National

**LIFT II Year 3 Work Plan:** See above description for details.

**Results/Deliverable:** USAID/Lesotho-approved country work plan

**Level of Effort:** Low

**Program Close-Out and Lessons Learned:** To learn from the mission and core investments in Lesotho to date, the project will undertake an assessment of the networks in order to distill valuable lessons learned related to both the process used by LIFT II in establishing the networks and the functionality of the system that has been put in place.

**Results/Deliverable:** Outstanding tools/resources handed over to local partners and lessons learned report shared with USAID and local partners

**Level of Effort:** Low

→ **Client Outcomes Assessment:** Client interviews will allow LIFT II to re-collect HHS and PPI data on a 6-month cohort of clients that received referrals in early 2015. In addition, LIFT will use the client sample to identify clients provided with a referral that did NOT complete it (i.e., LTFU clients) to understand the barriers to referral completion and changes within their households. To the extent possible, LIFT II will work with health facility staff to identify and interview LTFU ART clients who were given a referral.

**Results/Deliverable:** Assessment report

**Level of Effort:** Medium

**Sites:** Mophale's Hoek and Thaba-Tseka

**Network Mentoring and QI:** See above description for details.

**Results/Deliverable:** Well-functioning referral system and up-to-date tools

**Level of Effort:** High

**Accelerated Approach:** Within the existing referral systems, LIFT II will roll out a simple linkage approach connecting clients at health facilities to VSLAs in the community. LIFT II will adapt tools to Lesotho's context and train stakeholders on proper use. Particularly, LIFT II will monitor the impacts of VSLA participation by health clients on their ability to adhere to ART regimens and be retained in clinical care. LIFT II will also monitor the impact of referring new clients into existing VSLA groups.

**Results/Deliverable:** Completed suite of tools, stakeholders trained and approach incorporated within existing systems

**Level of Effort:** Medium

**Data Management and Evidence Gathering:** LIFT II will work with referral coordinators (RCs) to ensure that client data collected via CommCare and the new paper-based acceleration approach are high quality. LIFT II plans to carry out a data management audit as part of this effort and will also mentor RCs, as well as any other interested RN members, on proper tool utilization and the referral process.

**Results/Deliverable:** Quarterly data reports

**Level of Effort:** High

**CommCare Handover:** LIFT II will work with RCs to modify the CommCare tool, as needed, to maximize ease-of-use prior to project close in January 2016.

**Results/Deliverable:** Updated and deployed CommCare application

**Level of Effort:** Medium

**Client A&R Check:** LIFT II will provide technical oversight and quality assurance on a client health data cross-check of clinical records and referral records at health facilities, in order to understand referral impacts on ART A&R.

**Results/Deliverable:** Training materials and quarterly data reports

**Level of Effort:** Medium

Sites: [Qacha's Nek](#), [Quthing](#) and [Mokhotlong](#)

**Development of Tools and Processes:** LIFT II will work closely with local bilateral partner Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) to adapt existing resources to develop referral tools necessary to facilitate linkages between nutrition corners at health facilities and community based service providers in these three new districts.

**Results/Deliverable:** Tools developed, stakeholders trained and systems launched

**Level of Effort:** Medium

**Network Mentoring and QI:** See above description for details

**Results/Deliverable:** Well-functioning referral system and up-to-date tools

**Level of Effort:** Medium

## DRC Activity

**Funding Source:** USAID/DRC

**Estimated Year 3 Budget:** \$341,262

**Main Implementer:** CARE

**Country Managers (HQ):** Henry Swira and Jacqueline Bass

**Country Representative:** Johnson Mulaganire

## Country Tier: 1

LIFT II initiated referral networks in 2013 focusing its services in Kinshasa and Katanga, two of the most densely populated provinces. In those provinces, LIFT II has been working closely with representatives of several government ministries, global and bilateral projects and service providers. In Year 2, LIFT II successfully transitioned its referral system in Kinshasa to the government and the recently awarded 4Children program. During Year 3, LIFT II will continue its activities linking PLHIV in Lubumbashi project sites with VSLAs and food assistance.

## National

**Program Close-Out and Lessons Learned:** See above description for details.

**Results/Deliverable:** Outstanding tools/resources handed over to local partners and lessons learned report shared with USAID and local partners

**Level of Effort:** Low

Sites: Lubumbashi

**Network Mentoring and QI:** See above description for details.

**Results/Deliverable:** Well-functioning referral system and up-to-date tools

**Level of Effort:** High

**Training to Implementing Partners:** LIFT II will train RN members to support service delivery. The first training will focus on referral operations from clinics to VSLAs and will identify areas for QI in the referral process. The second training will be provided to the World Food Program (WFP) and its partners and focus on their current food support activities in NACS sites, with a focus on prioritizing food for clients receiving Option B+, TB and NACS services.

**Results/Deliverable:** Two trainings directed towards VSLAs and food aid partners

**Level of Effort:** Low

**Accelerated Approach:** Continue the expansion of clinic-to-community linkages forming 150 VSLAs in Lubumbashi and coordinating food support for NACS clients. LIFT II will monitor impacts of VSLA and food aid participation by health clients, prioritizing PLHIV.

**Results/Deliverable:** Implementation of VSLAs and food aid extended to NACS clients, as available

**Level of Effort:** High

**Data Management and Evidence Gathering:** See above description for details.

**Results/Deliverables:** Quarterly data reports

**Level of Effort:** High

**Client A&R Check:** See above description for details.

**Results/Deliverable:** Training materials and quarterly data reports

**Level of Effort:** Medium

**Strengthen the Coordination Platform for Lubumbashi:** LIFT II will engage and leverage relationships with other programs working closely with TA partners to organize, coordinate and strengthen the coordination platform for HIV, nutrition and community services in Lubumbashi. Active coordination

between government and stakeholders will ensure that clinic-to-community services are better integrated and ultimately result in higher levels of A&R.

**Results/Deliverable:** Monthly reports submitted to USAID/DRC

**Level of Effort:** Medium

## Malawi Activity

**Funding Source:** Core Funds

**Estimated Year 3 Budget:** \$31,797

**Main Implementer:** FHI 360 (at National Level and in Balaka District)

**Sub Implementer:** CARE/Malawi (in Kasungu and Lilongwe Districts)

**Country Manager (HQ):** Clinton Sears

**Country Representative:** Henry Swira

**Country Tier:** 1

During Year 2, LIFT II set the stage for a productive transition to full local management and ownership of the referral networks and systems in place. In Balaka, RN partners have gone through a scorecard process to identify strategic goals and priorities, created a constitution and by-laws, and begun correspondence with District government on becoming a registered entity. Utilizing LIFT II's Regional Technical Advisor based in Malawi, LIFT II envisions that in Year 3, low-level support and periodic monitoring will be possible to continue to track impacts on referred clients in Balaka, Lilongwe and Kasungu whose records were randomly selected for review during a Malawi Assessment activity, conducted in Year 2, tracking the same set of clients longitudinally over a longer period of time should provide greater perspective on how referrals impact ART A&R in care.

**Sites:** Balaka, Lilongwe and Kasungu

**Data Management:** See above description for details. LIFT II will continue to provide low-level remote support to the existing networks to capture referral data and report through appropriate channels. CARE staff have agreed to share data for inclusion in relevant LIFT II project reports.

**Results/Deliverable:** Quarterly data reports

**Level of Effort:** Low

**Client Adherence and Retention Check:** See above description for details.

**Results/Deliverable:** Training materials and quarterly data reports

**Level of Effort:** Medium

## Namibia Activity

**Funding Source:** Core Funds

**Estimated Year 2 Budget:** \$6,292

**Main Implementer:** FHI 360

**Country Manager (HQ):** Mandy Swann

**Country Representative:** Samuel Mayinoti

**Country Tier:** 2

In Quarter 1 of Year 2, LIFT II effectively transitioned the referral process and tools to local stakeholders in both Katutura and Engela. Both networks are now self-sustaining and continue to make referrals. LIFT II will provide minimal oversight in Year 3 focused on tracking referral completion and client data.

Sites: [Engela and Katutura](#)

**Data Management:** LIFT II will continue to receive data from both networks and report the referral data through appropriate channels in order to track the sustainability and effectiveness of the networks LIFT II put in place.

**Results/Deliverable:** Quarterly data reports

**Level of Effort:** Low

## Annex 1: LIFT II Year 3 Work Plan Budget

### Work Plan Budget

October 1, 2015 - September 30, 2016

Expenses/Accruals as of Oct. 31  
2015

1,392,905      833,553      524,335      471,927      864,105      673,726      287,981      5,049,341

	Global	DRC	Lesotho	Namibia	Malawi	Tanzania	Zambia	Program TBD	Total
<b>Salaries &amp; Wages</b>	184,746	55,128	28,711	3,531	13,325	187,118	218,646	90,858	782,063
<b>Fringe Benefits</b>	53,059	14,598	8,246	1,014	180	34,803	38,066	26,095	176,060
<b>Consultants</b>		-	24,445	-	-	23,475	24,000	-	71,920
<b>Travel &amp; Transportation</b>	17,121	19,511	20,410		8,012	139,735	60,844	8,581	274,214
<b>Other Direct Costs</b>	7,505	129	50,817		1,452	84,646	159,390	3,761	307,700
<b>Non Expendable Equipment</b>					-		-	-	-
<b>Allowances</b>					-	980	-	-	980
<b>Sub Recipient</b>	40,291	209,158			-		-	20,194	269,642
<b>Indirect Costs</b>	102,494	42,739	50,982	1,747	8,829	180,959	192,564	50,511	630,825
<b>TOTAL</b>	405,217	341,262	183,611	6,292	31,797	651,716	693,509	200,000	2,513,404

Nigeria

Total  
Obligated

### Country Obligation

(Anticipated/Received)

3,343,138      1,175,000      250,000      372,691      475,000      1,275,000      950,000      7,840,829

180,000

8,020,829

Year 4 Remaining balance	82,264					195,819			278,083
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## Annex 2: LIFT II Year 3 Implementation Plan

<b>Livelihoods and Food Security Technical Assistance Project II (LIFT II)</b>												
<b>CA No. AID-OAA-LA-13-00006</b>												
<b>X - planned, O - ongoing, M - monthly, C - completed, H - on hold, D - draft completed, TBD - to be determined</b>	<b>FY16 Q1</b>			<b>FY16 Q2</b>			<b>FY16 Q3</b>			<b>FY16 Q4</b>		
	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
	<b>Global Activity</b>											
<b>Building the Evidence Base Linking Health and ES/L/FS to A&amp;R</b>												
Contribute to NACS: A User's Guide	X		X			X						
Study on the Utility of VSLA Participation for PLHIV (in DRC or Zambia—TBD)				X	X	X						
<b>M&amp;E Systems</b>												
Refinement of Global Database Templates for Roll-Out to Measure A&R	O	O	O	O	O	O	O	O	O	O	O	O
Documentation of QI Efforts in Referral Systems	O			O			O			O		
Data Analysis	O	O	O	O	O	O	O	O	O	O	O	O
Tracking Project Costs	O			O			O			O		
<b>Advancing the State of the Practice Linking Health and ES/L/FS</b>												
Technical Contributions through Strategic Global and Regional Workshops and Conferences		X										X
Dissemination of LIFT II Technical Resources and Advances through Multimedia Channels	O	O	O	O	O	O	O	O	O	O	O	O
Ongoing Mission Requests for LIFT II TA and Support	TBD											
<b>Gender Integration</b>												
Rapid Gender Assessment Tool			X									
Gender Outcome Reporting				O			O			O		
<b>Tanzania Activity (Tier 1)</b>												
National: LIFT II Year 3 Work Plan	X											
National: Collaborate with MOHSW and TA Partners	O	O	O	O	O	O	O	O	O	O	O	O
Iringa Town, Mafinga & Kasanga: Referral Network Expansion	X	X										
Iringa Town, Mafinga & Kasanga: Network Mentoring and QI	O	O	O	O	O	O						
Iringa Town, Mafinga & Kasanga: Data Management and Evidence Gathering	O			O								

Iringa Town, Mafinga & Kasanga: Stakeholder Meetings and Capacity Development Workshops		X				X						
Iringa Town, Mafinga & Kasanga: Economic Strengthening Fairs		X			X							
Iringa Program Close-Out and Lessons Learned						X	X					
Mbeya Rural: Referral Network Launch	X											
Mbeya Rural: Data Management and Evidence Gathering	O			O			O			O		
Mbeya Rural: Network Mentoring and QI		O	O	O	O	O	O	O	O	O	O	O
Mbeya Rural: Stakeholder Meetings and Capacity Development Workshops		X			X		X			X		
Mbozi: Service Mapping									X			
Mbozi: Referral Network Launch									X			
Mbozi: Data Management and Evidence Gathering										O		
Mbozi: Network Mentoring and QI										O	O	O
Mbozi: Stakeholder Meetings and Capacity Development Workshops											X	
<b>Zambia Activity (Tier 2)</b>												
National: Integration of Referral Data into National HIV/ART Information Systems	TBD											
National: Collaboratively Develop Comprehensive NACS SBCC Materials	X	X	X									
National: Client Loss to Follow Up (LTFU) Analysis				O	O	O	O	O	O	O	O	O
National: Integration Analysis with ASSIST and FANTA				O			O			O		
Kitwe: Network Mentoring and QI	O	O	O	O	O	O	O	O	O	O	O	O
Kitwe: Data Collection and Analysis	O			O			O			O		
Kitwe: Referrals Refresher Training			X									
Kitwe: Capacity Upgrade Training				X								
Kitwe: Training to Community-Led Savings and Lending Partners			X	X	X							
Kitwe: Economic Strengthening Fairs		X			X			X			X	
Kitwe: NACS Refresher Trainings	TBD											
Kitwe: Support Community Nutrition Screening, Counseling, Referral and Follow-Up	TBD											
Kitwe: Strengthen Referral Supervision	O	O	O	O	O	O	O	O	O	O	O	O
Mkushi: Network Mentoring and QI	O	O	O	O	O	O	O	O	O	O	O	O

Mkushi: Data Collection and Analysis	O			O			O			O		
Mkushi: Referrals Refresher Training				X								
Mkushi: Capacity Upgrade Training				X								
Mkushi: Training to Community-Led Savings and Lending Partners	X		X		X							
Mkushi: Economic Strengthening Fairs					X				X			
Mkushi: NACS Refresher Trainings	TBD											
Mkushi: Support Community Nutrition Screening, Counseling, Referral and Follow-Up	TBD											
Mkushi: Strengthen Referral Supervision	O	O	O	O	O	O	O	O	O	O	O	O
<b>Lesotho (Tier 1)</b>												
National: LIFT II Year 3 Work Plan	X											
National: Program Close-Out and Lessons Learned			X	X								
National: Client Outcomes Assessment				O	O	O	O	O	O	O		
Mohale's Hoek & Thaba-Tseka: Network Mentoring and QI	O	O	O	O								
Mohale's Hoek & Thaba-Tseka: Accelerated Approach	O	O	O	O								
Mohale's Hoek & Thaba-Tseka: Data Management and Evidence Gathering	O			O								
Mohale's Hoek & Thaba-Tseka: CommCare Handover			X	X								
Mohale's Hoek & Thaba-Tseka: Client A&R Check				X								
Qacha's Nek, Quthing & Mokhotlong: Development of Tools and Processes	X	X										
Qacha's Nek, Quthing & Mokhotlong: Network Mentoring and QI	O	O	O	O								
<b>DRC Activity (Tier 1)</b>												
National: Program Close-Out and Lessons Learned					X	X						
Lubumbashi: Network Mentoring and QI	X	X	X									
Lubumbashi: Training to Implementing Partners	X	X	X	X								
Lubumbashi: Accelerated Approach	X	X	X	X								
Lubumbashi: Data Management and Evidence Gathering	O			O								
Lubumbashi: Client A&R Check	O			O								
Lubumbashi: Strengthen Coordination Platform	O	O	O	O	O	O						
<b>Malawi Activity (Tier 1)</b>												

Balaka, Lilongwe & Kasungu: Data Management	o			o								
Balaka, Lilongwe & Kasungu: Client A&R Check				o								
<b>Namibia Activity (Tier 2)</b>												
Katutura & Engela: Data Management	o			o			o			o		

List of Activities which will conclude in LIFT II Year 4:

- Referral Implementation and QI in Mbeya and Mbozi Regions, Tanzania
- Study on the Utility of VSLA Participation for PLHIV (in DRC or Zambia—TBD)

### Annex 3: LIFT II Data Matrix

	Basic Roll Out/RN Operations				RN Add-ons			Client Outcomes			Stakeholder Outcomes				\$\$\$
	Situational Analysis	ONA or Mapping	Diagnostic Tool Test	Referral Tool Suite	Rapid Gender Assessment	Community Score Card	Awareness Campaign	ART Record Check	Client Interviews	LTFU and New Linkages	Stakeholder FGDs	Stakeholder Data Review	Quality Improvement	Referral integration into NACS	Savings Groups and Cost Analysis
DRC	Complete - Feb 2013	Complete - Jun 2013	Complete - May 2014	Complete - July 2014				Complete a second time (DRC or LS)							VSLA (PLHIV vs non-PLHIV in DRC or ZM)
Malawi	Complete - Dec 2012	Complete - Feb 2013	Complete - Aug 2013	Complete - Mar 2014	Complete Tool Creation took place in Kasanga	Completed in Balaka	Complete - Balaka Dec 2014	Malawi Assessment - July 2015 1st round of record checks	Malawi Assessment - interviews on health and other outcomes		Malawi Assessment - Health and Non-health FGDs	Malawi Assessment - Review of VSLA data			
Lesotho	Complete - Dec 2013	Complete - Mar 2014	Complete - Apr 2014	Complete - Jan 2015			Complete - Thaba Tseka and Mohale's Hoek July 2015	Complete a second time (DRC or LS)	Repeat HHS/PPI and RC and non-RC clients	LTFU Assessment (included in client interviews)					
Namibia	Complete - May 2013	Complete - Nov 2013	Complete - Oct 2013	Complete - Jul 2014											
Tanzania	Rapid Appraisal completed Jul 2013	Complete - Apr 2014		Complete - Oct 2014					Iringa close-out client interviews				Expanded QI in Mbeya and Mbozi		
Zambia		Complete - Jan 2015		Complete - Jun 2015						Kitwe and Mkushi operations			QI in Mkushi and Kitwe	Integration work with ASSIST/FANT A	VSLA (PLHIV vs non-PLHIV in DRC or ZM)

NOTE: Lighter shaded items were either complete or included in original PY3 work plan; Darker shaded items are new or expanded in updated PY3 work plan.