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



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LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

**Quarterly Report**

**FY 2015 Q1**

**October 1, 2014 – December 31, 2014**



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## Acronyms and Abbreviations

AA	Associate Award
ARP	Adherence and Retention Project
ART	Antiretroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
BLC	Building Local Capacity for the Delivery of HIV Services in Africa
BRN	Balaka Referral Network
CARE	CARE International
C-Change	Communication for Change
CIL	Centre for Impacting Lives
CO	Constituency Office
COP	Country Operational Plan
CRS	Catholic Relief Services
DRC	The Democratic Republic of the Congo
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ES	Economic Strengthening
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
ES4VP	Economic Strengthening for the Very Poor
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
HSA	Health Surveillance Assistant
ICAP	International Center for AIDS Care and Treatment Program
LER	Linkage, Engagement and Retention
LIFT I	Livelihoods and Food Security Technical Assistance
LIFT II	Livelihoods and Food Security Technical Assistance II
LNCVC	Lesotho National Conference on Vulnerable Children
LWA	Leader with Associates
M&E	Monitoring and Evaluation
MEASURE	MEASURE Evaluation
MCDMCH	Ministry of Community Development Mother and Child Health
MHRN	Mohale's Hoek Referral Network
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MOSD	Ministry of Social Development
NACS	Nutrition Assessment, Counseling and Support
NAP	NACS Acceleration Partnership
NCST	Nutrition Care, Support and Treatment
ODK	Open Data Kit
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
OVC	Orphans and Vulnerable Children

PB	Phelisenang Bophelong
PEPFAR	President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PNLS	<i>Programme National de Lutte contre le SIDA</i> /National AIDS Control Program
PNMLS	National Multi-Sector Program against HIV/AIDS
PRONANUT	<i>Programme National de Nutrition</i> /National Nutrition Program
ProVIC	Integrated HIV/AIDS Project in DRC
QI	Quality Improvement
RV	Referral Volunteer
SP	Service Provider
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Centre
TTRN	Thaba-Tseka Referral Network
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
WFP	World Food Program
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 – December 31, 2013 as required under Section A5 Reporting and Evaluation of the agreement.

## II. Background

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

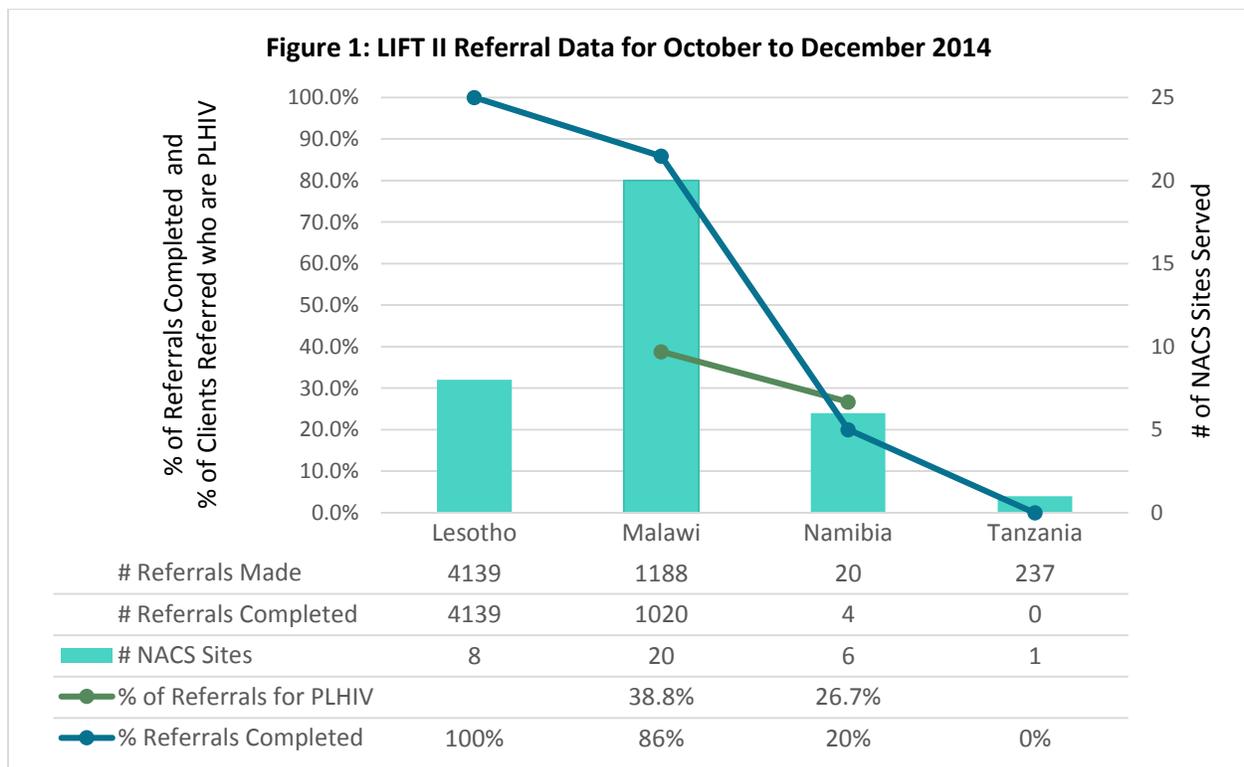
LIFT II will expand its working model activities initiated under LIFT II I by systematically linking nutrition assessment, counseling and support (NACS) clients with community services. Under LIFT II the working model will be strengthened and rolled out in different countries and settings to provide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

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

### III. Accomplishments

#### Collaborative Outreach to New Partners

In-country collaborations and building upon the foundation of learning of LIFT II’s roll-out model has allowed the team to increase its outreach to **5,624 clients** and **487 service providers (SPs)** this past quarter (See Figure 1). One of the most exciting collaborations this quarter was in Lubumbashi in the Democratic Republic of the Congo (DRC) where LIFT II has opened lines of communication with the World Food Program (WFP), culminating in a new partnership that will stimulate greater targeting behind food distribution in this geographic area. Working through a common partner, World Production, LIFT II clients that are identified as food insecure will be linked directly with WFP’s food distribution system, as well as previously established village savings and loan associations (VSLAs). This whole effort in Lubumbashi puts LIFT II a step closer towards moving ahead with the project’s acceleration model and ensuring that subsidies like food aid are targeting those households most in need.



This quarter also included the completion of LIFT II’s demonstrational working model across two sites in Namibia. This accomplishment proves the project’s ability not only to operationalize its working model in a country, but also to work closely and intensely with USAID/Namibia, the Ministry of Health and Social Services (MOHSS), and district- and community-level partners to institutionalize a working referral network. Over the last 12 months, country staff launched referral networks in the country, provided ongoing TA to the sites, and developed closeout and hand over materials for the MOHSS. In addition, team members have applied learning from Namibia to increase LIFT II’s technical presence in other countries.

One example of the LIFT II team's ability to apply learning across countries can be seen in the Malawi acceleration sites, which have been gaining momentum in the past quarter, expanding coverage from 10 to 17 nutrition care, support and treatment (NCST) facilities. This growth is attributed to strong coordination of Referral Volunteers who work closely with Ministry of Health (MOH) frontline staff (i.e., Health Surveillance Assistants [HSAs]) to link NCST clients to VSLAs and food security services. In addition, we are seeing a growing interest from VSLAs to make methodological adjustments for greater inclusiveness by adding at least two to three available slots in each group. During the previous quarter, a total of 1,184 referrals were made in these sites, with 97% of clients in Lilongwe and 73% of those in Kasungu being referred from NCST services. Referral completion was high in both communities—82% in Lilongwe and 97% in Kasungu.

In November, the LIFT II staff convened a collaborative meeting with Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASSIST) and Food and Nutrition Technical Assistance III (FANTA) to discuss and establish action steps addressing the new PEPFAR SIMS evaluation processes. Reflecting on the successes of their projects and the anticipated requirements of SIMS, the three projects strategically established a quality improvement (QI) approach to improve clinical care for PLHIV through increased diagnosis and better management in clinical care and treatment through the NACS platform. The collaborative piloted a similar approach in Balaka and Karonga Districts of Malawi, which resulted in increased client assessments and categorization of malnourished individuals. Within LIFT II, this approach could potentially be integrated into work in Tanzania, Lesotho and Zambia.

Quarterly accomplishments that are expanded below in the report include the following:

- The three projects (LIFT II, FANTA and ASSIST) conducted a joint TDY in DRC to follow up on NACS Acceleration Partnership (NAP) activities and organized the first learning session (sharing workshop) overseen by the NACS collaborative.
- The LIFT II Project Director participated in the Lesotho National Conference on Vulnerable Children (LNCVC) which gathered representatives across Southern Africa. LIFT II presented its partnership with bilateral partner Building Local Capacity for the Delivery of HIV Services in Africa (BLC) and its referral network model.
- Conducted streamlined community service mapping throughout Kitwe District, Zambia to understand the existing ES/L/FS services, building upon earlier work in other LIFT II sites. Previous experience implementing this activity allowed staff to prioritize and significantly truncate the process.
- Improved data collection procedures in Balaka District, Malawi to capture data on client's HIV status and ART adherence and retention in care programs, while safeguarding the privacy and confidentiality of clients' data. This modification also helps to meet the anticipated PEPFAR SIMS quality assurance aims and provides a template for linking ART data with referrals across sites.
- Initiated 12 VSLAs targeting NACS clients in DRC project sites and modified referral tools, cards and data management processes in Kingabwa, Mbankana, and Lubumbashi.
- Conducted a multi-day, community-based sensitization campaign to address low referral system enrollment in Balaka, Malawi.

- Supported the development of the National Standards and Guidelines for Vulnerable Populations in Lesotho.
- Participated in a workshop training for PEPFAR funded projects on economic strengthening guidelines.
- Collaborated with MOHSS in to host an orientation and handover meeting for 18 national and regional senior ministry staff in Namibia.
- Refined the Lesotho CommCare app and referral tools and rolled these out at both sites (Thaba-Tseka and Mohale’s Hoek).
- Launched the Iringa Referral Network, which is being coordinated through the Allamano Health Center in Tanzania.
- Integrated acceleration activities in as many as 17 NCST facilities and conducted community sensitization campaigns as part of acceleration activities in Malawi.
- Revised and finalized tools in the referral resource kit, and final versions were distributed to network members at Namibia sites.
- Provided input on the Iringa Regional HIV/AIDS strategic plan for 2015-2018 in Tanzania.

## IV. Country Focus

### The Democratic Republic of the Congo Activity

#### Progress

Over this past quarter, activities affiliated with project coordination and implementation in DRC saw a marked increase. The three projects (LIFT II, FANTA and ASSIST) conducted a joint TDY in November to follow up on NAP activities and organized the first learning session—a sharing workshop—overseen by the NACS collaborative. LIFT II team members also conducted site visits to evaluate progress, coached NACS service providers, assessed M&E needs and developed/adapted tools and capacity building activities. During the TDY the NAP team visited 8 NACS sites, conducted NACS QI workshops in Kinshasa and Lubumbashi on December 4-5, 2014 and December 10-11, 2014 respectively, which included government officials (*Programme National de Nutrition*/National Nutrition Program [PRONANUT], *Programme National de Lutte contre le SIDA*/National AIDS Control Program [PNLS], and National Multi-Sector Program against HIV/AIDS [PNMLS]) and PEPFAR clinical partners (Integrated HIV/AIDS Project in DRC [ProVIC], International Center for AIDS Care and Treatment Programs [ICAP] and Elizabeth Glaser Pediatric AIDS Foundation [EGPAF]).

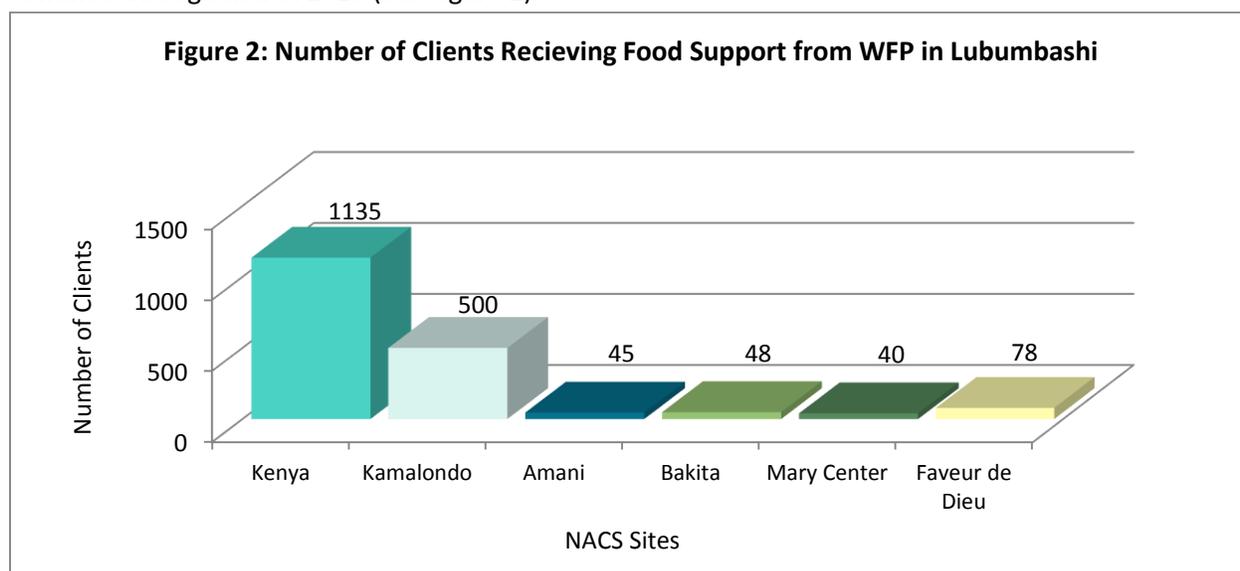
The NAP team agreed to key next steps:

1. Strengthen the implementation of the NACS approach—especially the counseling component—at 15 sites (9 in Kinshasa and 6 in Lubumbashi) to refine and document best practices by March 2015.
2. Organize a second NACS QI workshop in March 2015 with the aim to review progress and gather best practices.
3. Finalize and validate a NACS best practices package, and define next steps for scale up

4. Support provincial coaches to conduct one visit per month at each NACS site as a key recommendation in order to maintain momentum, document changes and monitor performance.

At project sites LIFT II worked with partners to identify incentives to enhance network participation including quarterly capacity upgrades in Kingabwa and Mbankana in October. Local community organizations are spearheading the development of VSLAs affiliated with the NACS sites, which resulted in the training of 9 organizations (15 participants: 11 males and 4 females). VSLA training was complemented with training on data management and reporting. Twelve VSLAs were formed that targeted clients from NACS sites (3 Kingabwa, 6 Mbankana, 3 in Lubumbashi) with 142 total members (84 males and 58 females).

In Lubumbashi, LIFT II played an important role toward the inclusion of NACS clients in current WFP food distribution activities in 6 NACS sites. Currently, LIFT II monitors the process through World Production, a mutual partner. To date, over 1,800 clients are receiving food through this partnership, which will continue through March 2015 (see Figure 2).



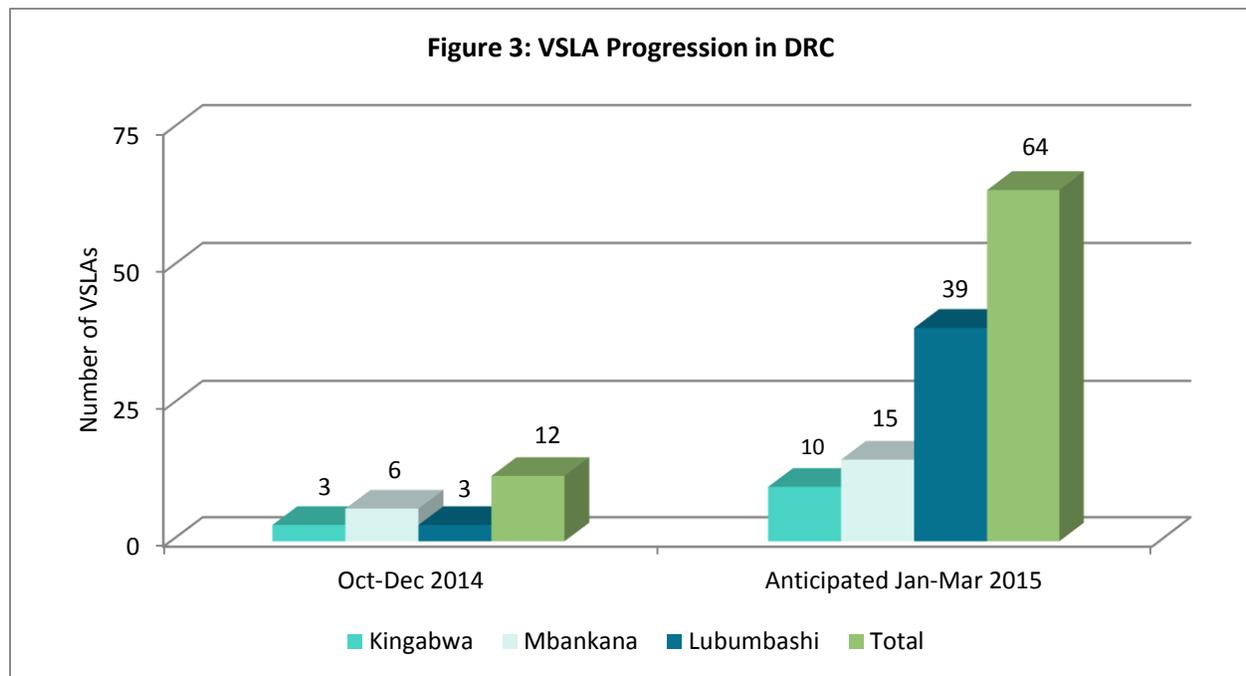
Other accomplishments in the quarter included the following:

- Discussed work plans and funding status for FY 2015.
- Liaised with Communication for Change (C-Change) for the design and roll out of adapted nutrition and HIV counseling messages and materials.
- Held an in-briefing with USAID/DRC.
- Projected target dates for the formation of new VSLA groups in Kingabwa and Mbankana.
- Procured and distributed VSLA kits to new groups.
- Worked with stakeholders in Kingabwa and Mbankana to modify referral tools, cards and data management processes, which were vetted with FANTA and ASSIST to ensure consistency with the QI process.

- Provided TA and onsite backstopping support to referral network members in Lubumbashi on contextualizing and implementing referral tools, data management and reporting requirements.
- Ensured continued engagement and coordination and collaboration with the MOH, PEPFAR treatment/clinical partners such as ICAP, EGPAF, ProVIC and other programs (PNMLS, PNLs, PRONANUT).

### Problems and Proposed Solutions

Some delays were encountered as we began to introduce VSLA activities to sites in DRC. Incorporating new clients from NACS sites requires that the VSLAs provide seed money to clients at the time of enrollment, and establishing a clear understanding and associated expectations for those clients and existing VSLA members took time. Continued sensitizations and consultations with communities generated the required understanding, and VSLA have started forming in Kingabwa, Mbankana and Lubumbashi, as described in Figure 3.



Given the current pace of activities in DRC, the team has found that the quarterly collaborative monitoring visits with FANTA and ASSIST are too far apart—there is a time gap in coordination between government and PEPFAR partners on the NAP approaches. Currently, ASSIST is hiring a country QI staff person, who can facilitate more continuous coordination related to the proposed QI activities. The next QI training scheduled in March 2015 will be a great opportunity to take stock of the collaboration and integration of referral tools into the QI processes.

### Upcoming Activities in the Next Quarter

- Develop a work plan within the promised COP budget with no expectations of additional funds beyond FY 2015.
- Follow up on SIMS with USAID activities.

- Provide capacity upgrade trainings based on the network feedback.
- Provide TA to the referral network members around referrals and data processes.
- Data sharing, learning and dissemination plan.
- Collaborate with FANTA and ASSIST to strengthen the implementation of the counseling and referral components of the NACS approach to establish best practices by March 2015.
- Jointly organize a second NACS QI workshop with NAP Partners in March 2015 with the aim to review progress, gather best practices, finalize and validate a NACS best practices package, and define strategies/next steps for scale up.

## Lesotho Activity

### Progress:

During this past quarter, LIFT II provided training in the CommCare mobile application for the NACS referral networks in Mphahle's Hoek and Thaba-Tseka Districts, setting the stage for the pilot testing of referral processes from January to March 2015. This will be followed by the formal network launch in April 2015. Incorporating the referral network and CommCare app will bolster the impact of NACS work in the two districts, as LIFT II's mobile app for referrals can capture self-reported client HIV and ART adherence data. These data can later be verified against clients' clinical records. Much remains to be done, especially through LIFT II's partnership with BLC, FANTA and ASSIST, to extend the continuum of care available in Lesotho and verify client linkage, engagement and retention (LER) through the QI process.

At the national level, LIFT II supported the development of the Standards and Guidelines for Vulnerable Populations that were introduced and disseminated at the Lesotho National Conference on Vulnerable Children (LNCVC). LIFT II participated in both a panel and poster session at the LNCVC, held December 8-11, 2014, and presented its unique partnership with BLC and LIFT II's referral network model that described the project's role in expanding the continuum of care.

Travel provided an opportunity to meet with Masechache Sechache from USAID/Lesotho to introduce LIFT II and activities in Lesotho as well as the project's global portfolio. During the course of the discussions Ms. Sechache confirmed that LIFT II would be notified of COP FY 2014 funding to continue its work supporting the development of referral networks in Thaba-Tseka and Mphahle's Hoek Districts.

### *Thaba-Tseka Referral Network (TTRN) Training*

- Trained the TTRN on the CommCare and review Sesotho translations of the app.
- Finalized the list of 17 referral network founding members and also trained the referral focal persons on network tools and CommCare reporting.
- Distributed and reviewed the TTRN Operational Manual and service directory as well as referral forms.
- The lead organization, Phelisenang Bophelong (PB), distributed cell phones to each of the TTRN service providers.

### *Mphahle's Hoek Referral Network (MHRN) Training*

- Trained the MHRN following the same process described above for the TTRN.

- Finalized the list of 30 referral network founding members.
- The lead MHRN organization, Centre for Impacting Lives (CIL), also distributed cell phones to each of the referral network SPs.
- The training also served as a forum to discuss tasks to be completed prior to the pilot and how best to accomplish them.

### *Technical Review of the Standards and Guidelines for Vulnerable Populations*

At the request of BLC, LIFT II's Project Director reviewed and provided feedback towards the Lesotho National Standards and Guidelines for vulnerable populations, which was endorsed by the Queen and the Prime Minister. The increasing rate at which children are being orphaned or abandoned in Lesotho has called for concerted action—currently more than one-third of Lesotho's 1 million children are orphans and vulnerable children (OVC)—and necessitates an effective and well-coordinated response to implement these standards. Additionally UNAIDS estimates that only 29% of adults and 15% of children living with HIV in Lesotho are on ART, making this a critical step to fast track the HIV response to end the AIDS epidemic by 2020.

### *Implementation of Acceleration Strategies*

LIFT II met with both Catholic Relief Services (CRS) and EGPAF during the quarter to discuss the concept notes that had been submitted to both organizations for the development of acceleration strategies. Both CRS and EGPAF have yet to secure the necessary funding to implement the two different acceleration strategies proposed by LIFT II. As soon as they secure the necessary funding, which they project might happen in August 2015, they will contact LIFT II to move ahead with the implementation of the acceleration strategies.

### **Problems and Proposed Solutions**

LIFT II experienced an unforeseen hardware error with the phone model purchased for the MHRN. The CommCare application did not function as intended, and LIFT II was forced to conduct a second trip the following month to finalize the training and provide the MHRN with fully functional models which are now in place.

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

- Pilot referral networks in Thaba-Tseka and in Mohale's Hoek from January to March.
- Mentor staff from PB and CIL to ensure local ownership and a clear exit strategy.
- Develop a system for the referral networks where participants contribute dues towards the maintenance of the referral network.
- Work with BLC staff to expand activities into the Butha-Buthe district.
- Engage with Ministry of Social Development (MOSD) to familiarize them with the ongoing work, the expansion into Butha-Buthe, and LIFT II's ongoing interest to develop a strong value proposition for the Ministry to scale up activities to the remaining seven districts.

## Malawi Activity

### Standard of Care Package Roll Out

#### Balaka

##### Progress

From October 13 to 14, LIFT II, guided by feedback from Balaka Referral Network (BRN) members, carried out a major review of the referral system and the CommCare app which is being used to facilitate the referral linkages. The exercise made the following major improvements:

- Added in the ability for qualified health SPs to collect data on client's HIV status and ART adherence and retention in care programs. This will help in monitoring the project's impact on health, especially adherence and retention for clients registered in the referral system. The changes have safeguarded the privacy and confidentiality of clients' data.
- Created HIV and AIDS counseling messages for health SPs to pass on to clients.
- Added in the ability for NCST sites to verify client adherence and retention based on their clinical records to meet new PEPFAR SIMS quality assurance aims.
- Updated the inventory of services offered by members and modified tools utilized by BRN members.
- Created follow-up mechanisms that enable SPs to determine if referred clients arrived at the intended destination as well as the outcome of the referral.
- Increased the number of BRN members from 15 to 20. This will increase the portfolio of ES/L/FS services available to clients.

LIFT II supported BRN members with the planning and implementation of a multi-day, community-based sensitization campaign, which ran from November 17 to December 3, to address low referral system enrollment. The BRN members organized and led presentations in all eight Traditional Authorities of the district, speaking about the purpose of the referral network and describing how people can benefit from participation. Attendance was high at each location. Both LIFT II and BRN members hope that the effort will translate into greater client enrollment figures, and thereby help increase access to a number of beneficial services in the project area. The activity aimed to:

- Provide an overview of referral network objectives and services provided, location of services, targeted clientele and means of accessing the services;
- Quell some of the misconceptions about CommCare and the use of technology;
- Highlight the link between ES/L/FS activities and health outcomes;
- Mobilize support from community leaders to champion BRN activities; and
- Gather feedback from communities on the referral system, thus far.

During this quarter, Dimagi completed and distributed a technical note on CommCare and the Balaka case management application currently in use.

## Problems and Proposed Solutions

BRN referral numbers have been much lower than desired. LIFT II staff have repeatedly reached out to network members for feedback on any challenges to troubleshoot. LIFT II's Malawi Country Manager is planning a trip to Balaka in January 2015 to work with the lead organization and reevaluate each BRN member's ability to effectively use the referral tools upon which they were trained.

## Upcoming Activities

- Travel to Malawi to support recruitment of Country Coordinator, work with lead organization to ensure that each BRN member is using referral tools, and to troubleshoot any problems identified, particularly as 5 new service providers have recently joined the network.
- Prepare data analysis tool for use by lead organization.

## Karonga

### Progress

LIFT II has remotely engaged with Karonga to follow up on progress in implementation of the QI aim on referrals as was developed by the 4 NCST sites in the district with facilitation from ASSIST and LIFT II. Thus far, Nyungwe and Kaporo Health Centres have identified SPs to send clients to and have started conducting referrals. Karonga DHO and Chilumba Health Centre have carried out mapping of stakeholders and will be developing referral system within the coming month.

### Problems and Proposed Solutions

After some deliberation, LIFT II has decided to phase out engagement in Karonga District in order to concentrate on Balaka as a USAID focus district. As the project has made significant investments in Karonga, we are beginning to plan a final learning event/workshop to bring stakeholders together and share tools which they may use to continue ongoing referral work.

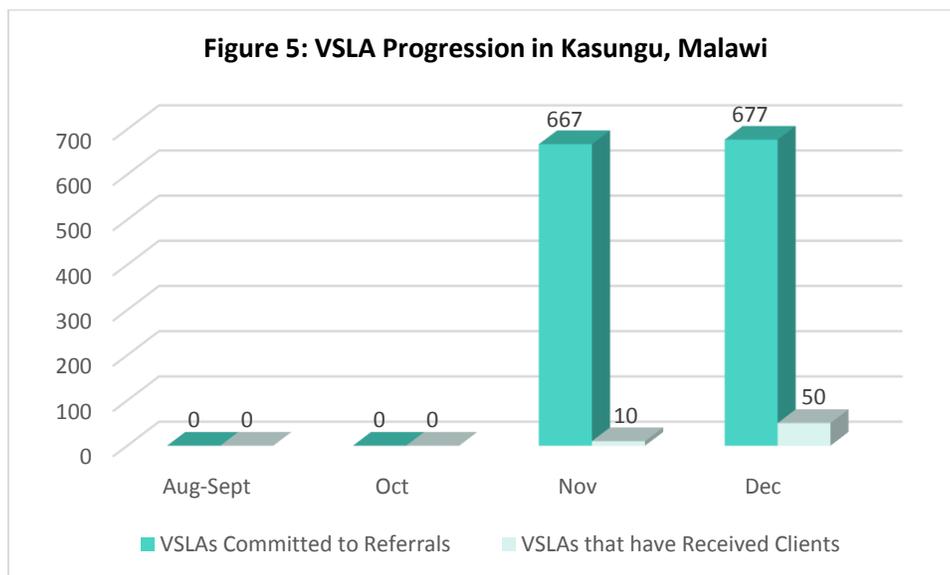
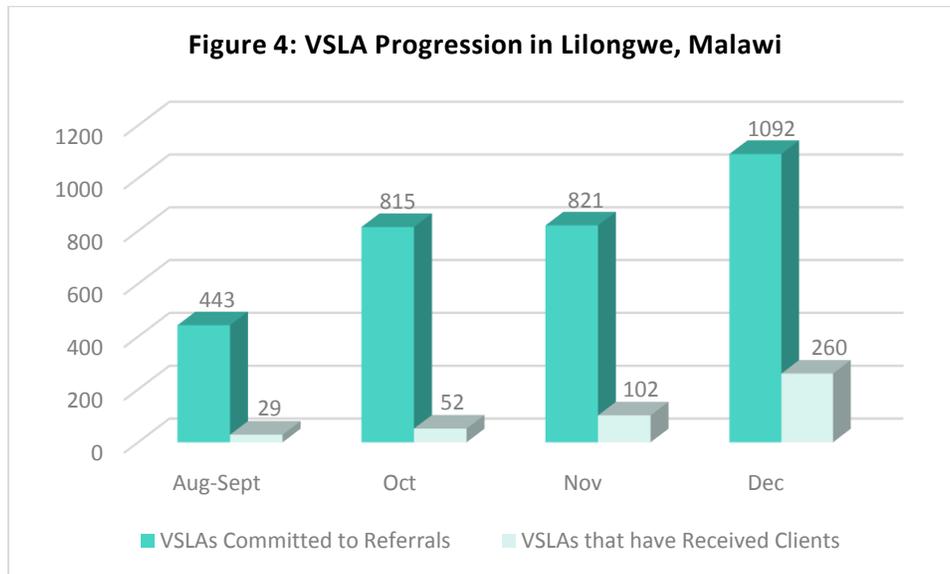
### Upcoming Activities

- Conduct final Learning Workshop in Karonga, tentatively scheduled for late March or early April 2015.

## Acceleration Model

The LIFT II acceleration activities gathered momentum in the past quarter, expanding coverage from 10 to 17 NCST facilities—10 in Lilongwe and 7 in Kasungu. This progress is attributed to increased coordination of the 33 Referral Volunteers (RVs) (20 male, 13 female) who work closely with Ministry of Health frontline staff (HSA) at facility and community level to link NCST clients to VSLA and food support services. In addition, community-led sensitization campaigns by VSLA Village Agents and RVs resulted in an ever-growing interest from VSLAs to make methodological adjustments for greater inclusiveness of referred clients. In total 2,769 VSLAs (1,092 in Lilongwe and 677 in Kasungu) were ready to receive new clients, resulting in a sharp increase in referrals (see Figures 4 and 5). During the quarter, a total of 1,184 referrals were made (962 in Lilongwe and 222 in Kasungu). For Lilongwe District, 937 clients (247 male,

690 female) were referred from NCST to VSLA services, while 25 clients (2 male, 23 female) were referred from VSLA to NCST. In Kasungu District, 177 clients were referred from NCST to VSLA services, and 45 (23 male, 22 female) were referred from NCST to food support services. The level of utilization of services ranged from 82% in Lilongwe and 97% in Kasungu.



### Problems and Proposed Solutions

As the flow of clients receiving referrals to VSLAs increased, it became more challenging to maintain confidentiality around the HIV status of the clients, especially as some of them voluntarily disclosed their status and highlighted that they had been referred from support groups or NCST facility. This caused some distress to a few clients who were reluctant to join the VSLAs, as they assumed that the other VSLA members would automatically know their status. The project maintained its stance towards client confidentiality and reiterated that the RVs' job is linking clients to VSLAs—they will not at any point

disclose the status of clients to anyone. The project also agreed with NCST facilities on the need for a refresher training on confidentiality and basic HIV counselling for all RV and Village Agents involved.

Limited NCST staff, competing times between clinical services and referrals to VSLAs was a recurring issue seen during the facility visits. Focal persons in the health centers have expressed concern on potential work overload. However, the addition of 25 RVs has tremendously eased their burden through spreading responsibilities among the increased workforce. LIFT II also provides support through the coordination of monitoring and facility reporting schedules.

Throughout the quarter, LIFT II staff also discussed the challenges related to linking referral and NCST data. The teams agreed that it will be approached as a learning process, and the project will remain responsive and adaptive as more clients are referred and relevant data becomes available.

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

- Provide refresher training to frontline staff around basic HIV and AIDS and counseling, confidentiality of client records, referral process management, and basic monitoring.
- Analyze and use the data to inform the referral system design.
- Scale up and intensify the referrals to VSLA services.
- Enhance monitoring and tracking of referrals and VSLA service utilization.
- Support the RV and Village Agents around issues of confidentiality.
- Identify and conduct special studies to document lessons learned and assess the impact of the acceleration strategy in ensuring adherence and retention in care.
- Update referral tools, as relevant, for new NCST sites.
- Develop data sharing, learning and dissemination plans for new NCST sites.

## **Namibia Activity**

### **Progress**

With LIFT II support, the referral networks in Engela and Katutura launched in June and July 2014, respectively. This quarter, referrals continued to take place for NACS and HIV-affected clients from health facilities in both networks, though enrollments were significantly lower than in the previous quarter (see problems section below). Based on feedback from network members throughout a referral 'trial period' LIFT II revised and finalized all the tools in the referral resource kit (including the Microsoft Access database), distributed the final versions to all network members and provided direct technical assistance to a total of 39 members in both networks on the changes and other areas of need. Through the TA provided by LIFT II this quarter, network members continually expressed their commitment to the referral system. They noted some challenges, such as time availability, but stated their intention to continue implementing the system and aiming for improvements in effectiveness and efficiency.

As LIFT II funding in Namibia ended this quarter, the project focused on a number of transition and closeout activities. On October 21, LIFT II collaborated with MOHSS to host an orientation and handover meeting for 18 national and regional senior MOHSS staff. The meeting was also attended by FANTA and the leadership of the bilateral Adherence and Retention Project (ARP). The broad range of attendees

were introduced to the relevant tools and processes developed under LIFT II, and the meeting focused on the effective use of these resources to fill existing MOHSS programming gaps. The meeting also encouraged MOHSS to institutionalize the management, adaptation and use of referral resource kit and other elements of LIFT II's clinic-to-community networking model.

On November 6, LIFT II supported ARP's start-up in the Ohangwena Region (including Engela District) by facilitating portions of their training of 30 new volunteers who will support activities in the region. The session led by LIFT II focused on the project's referral process and explored how ARP volunteers might be able to support or expand clinic-community referrals.

From December 1-12, LIFT II conducted an assessment of the networks to distill valuable lessons learned related to the process of establishing networks and the functionality of the systems. These lessons will be useful to the Mission, MOHSS, LIFT II and the broader development community in understanding how to establish effective, sustainable referral networks.

### **Problems and Proposed Solutions**

The primary challenge this quarter was low enrollment of clients. The networks in Namibia rely on Constituency Offices (COs) for coordination, which helps to ground sustainability of the referral system. With elections taking place in late November, CO staff and Regional Councilors—essential members of the network—were required to focus on election preparations during from October to November. The coordination and management of data presented an additional challenge, particularly in the Khomas network. This was due to the fact that the referral focal person was on sick leave throughout the quarter and other staff at that CO were too busy to take on the additional work.

This quarter also saw few referrals to long-term ES/L/FS services, as some COs are still struggling with the consistent use of the service directory and diagnostic tool, citing time challenges. LIFT II met with leaders within the networks on multiple occasions to discuss ideas to inspire renewed momentum for referrals in 2015 following the elections and the holiday season. Strategies include designation of back-up referral coordinators by member organizations, on-site support for data management from the Regional Council staff, and ongoing emails from network leadership to address common challenges and encourage progress.

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

- Submit all final deliverables, including the Final Project Report and Lessons Learned Report by January 31, 2015, in accordance with the closeout plan.
- LIFT II funding from Namibia ended in December 2014, therefore the project will only continue to receive monthly/quarterly data that is currently being produced and collected by the networks. These data will be analyzed for trends including ART adherence and retention in care, and they will also be incorporated into LIFT II's global data sets. If supported by the Mission, LIFT II may also assist with some of the MOHSS priorities that emerged from the orientation and handover meeting related to the sustainability of the referrals networks.

## Nigeria Activity

### Progress

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.

### Problems and Proposed Solutions

LIFT II was formally obligated funding from USAID/Nigeria and the project has reached out to the Mission as well as USAID/Washington for next steps, and the project has been directed to wait to move forward until additional guidance is provided.

### Upcoming Activities (including dates)

TBD based on work plan development pending planning sessions with USAID/Nigeria. LIFT II will continue coordinating with the AOR for an upcoming trip planned for FY 2015 Q2.

## Tanzania Activity

### Progress

LIFT II was active at site, regional and national levels in the past quarter. The Iringa Referral Network, which is being coordinated through the Allamano Health Center, was launched at the start of the quarter. Since then, 277 individuals received referrals from Allamano to 14 different existing SPs, who covered six categories of services (see Table 1). Referrals were most commonly made to economic strengthening (142 total, 28 male, 114 female) and agriculture/home gardens (113 total, 33 male, 80 female) services. Additionally, a greater number of total women (208) received referrals than men (69). Staff at Allamano are trained to deliver NACS services, so nutrition-related data is captured during enrollment using electronic data collection systems.

	Food	ES	Youth/OVC	GBV	Health	Ag/HG	Total
<b>Women (n=208)</b>	10	114	12	1	2	80	224
<b>Men (n=69)</b>	7	28	5	0	3	33	79
<b>Total</b>	17	142	17	1	5	113	303

*Completed referral data was incomplete and is not presented at this time.  
Some clients received more than one referral.*

While referral activity was robust during the first couple months of the quarter, there was a decline after mid-November as many SPs closed for the holiday season. In the new year, LIFT II anticipates activities to resume, and they will also be supported by the project's new Site Coordinator who is based in Iringa and will oversee activities in both Kasanga and Mafinga. At the regional level, LIFT II staff provided input on the Iringa Regional HIV/AIDS strategic plan for 2015 – 18. While at the national level, LIFT II staff participated in a workshop training for PEPFAR funded projects on Economic Strengthening guidelines.

Other accomplishments from the past quarter include the following:

- Finalized referral directory for Iringa Referral Network.
- Signed a memorandum of understanding with Allamano Health Center.
- Delivered referral network training in Iringa.
- Continued communication for referral updates with stakeholders and USAID. A Google group was developed for the Iringa Referral Network members to facilitate more effective communication and updates.
- Submitted FY 2015 Tanzania work plan.

### **Problems and Proposed Solutions**

In the quarter, data management systems for the Iringa Referral Network were developed, piloted and integrated with existing Allamano counseling activities. LIFT II worked closely with staff at Allamano to establish contextually relevant systems that facilitate data exchange. Modifications will continue as the site moves forward.

Some clients were not comfortable utilizing services that are not specific to their religious practice. As a result, the LIFT II team worked with Allamano to increase the specificity of the eligibility criteria and referral processes to avoid such challenges in the future.

Organizations vary in their preparedness to receive clients. To address this issue, the LIFT II team and Allamano are helping refine processes for those organizations that includes designating a point person and clear procedures for receiving and referring clients.

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

- Harmonize the Iringa referral directory activities with the work of AFRICARE and IMARISHA which span over several communities in Iringa Region. This will also incorporate an electronic/spreadsheet version of the directory for rapid modification and sharing.
- Onboard new Iringa Site Coordinator.
- Launch referral network activities in Mafinga (February) and Kasanga (March).
- Pilot gender training for stakeholders in Iringa. This training will be modified and implemented in both Mafinga and Kasanga later in the quarter.
- Monitor site activities in Iringa, which includes reviewing/refining tools.
- Strengthen relationships with local network partners and MOH as well as Tanzania Food and Nutrition Centre (TFNC).

## **Zambia Activity**

### **Progress**

In the last quarter, LIFT II activities in Zambia began to take off. From October to November, LIFT II conducted a community service mapping throughout Kitwe District to understand the existing ES/L/FS services in the district as well as how NACS and HIV-affected clients can be effectively referred to these services to improve their health and overall well-being. Prior to the data collection for the mapping, LIFT

II provided a one-day training for four local data collectors as well as several government stakeholders from the Ministry of Community Development Mother and Child Health (MCDMCH). Forty organizations were identified through the mapping, including selected NACS implementing health facilities, ES/L/FS providers (government, civil society and the private sector) and organizations or groups involved in referrals or clinic-community linkages. Most of the organizations included in the mapping were providing multiple HIV, nutrition and/or ES/L/FS services for vulnerable households and eager to be involved in the referral network. The key output of this mapping activity was the development of a complete, localized service directory that will be used in making referrals for NACS and HIV clients to available ES/L/FS and other community services that will meet their long-term needs and contribute to positive health and nutrition outcomes and prevent relapse into clinical care.

The community mapping that was carried out in Zambia represents a streamlined version of the more robust organizational network analysis (ONA) that LIFT II has conducted in other countries. The ONA tool was reduced to a total of 20 questions which focus on the information most directly relevant to understanding what services exist and how clients can be linked to them. These adjustments allowed the mapping to be completed in significantly less time than the ONA and greatly reduced the analysis required. This quarter, LIFT II also completed the planning for the network stakeholder meeting which will take place in mid-January, bringing together and mobilizing the service providers and stakeholders identified through the mapping to establish a referral network and system in Kitwe district.

LIFT II also developed an annual work plan and PMP for activities in Zambia, which was approved by the Mission on December 12. Additionally during this quarter, LIFT II conducted a thorough recruitment process and hired a new Technical Specialist in Zambia.

### **Problems and Proposed Solutions**

LIFT II has not received confirmation of the COP funding from Zambia and is currently operating through the use of global project funds. The delay in this approval has also delayed planned progress in Mkushi District, which the mission will not approve until there is confirmation on the COP funds. Based on recent discussions, the mission anticipates the COP approval sometime in the next quarter, at which time LIFT II will coordinate with FANTA, ASSIST and USAID to update plans and activities, as needed.

### **Upcoming Activities**

- Conduct a stakeholder meeting in Kitwe from January 12-13, which will bring together all of the organizations included in the Kitwe mapping, as well as government and other relevant stakeholders to share and validate mapping data and solicit feedback, jointly develop priorities for improving linkages between clinical and community services, and decide on key action items and next steps to develop the referral network.
- Finalize the Kitwe service directory based on participant feedback during the stakeholder meeting in January.
- Work with the Kitwe network steering committee to review and rapidly analyze the referral tools already in use in Zambia, as well as those developed by LIFT II for other sites, to determine

the most effective tools for the referral system. These will be adapted to meet the needs of the referral network and its members.

## V. Global Activities

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

LIFT II has begun the exciting application of streamlining activities and applying them in new sites to meet the needs of new community and health contexts. In Zambia, mapping and site assessment activities were applied more efficiently to move this site forward faster than any other LIFT II site. The project anticipates launching a referral network in Kitwe within the early spring of 2015. In Tanzania, modifications to data collection processes have facilitated a rapid deployment of referral processes after some delays, and two additional referral networks in Iringa Region are anticipated to launch in February and April of 2015.

LIFT II has initiated a focused collaboration with FANTA and ASSIST to conceptualize and push forward a QI strategy. This strategy will help the projects meet the anticipated SIMS monitoring requirements systematically and in a way that complements existing QI approaches. This activity will continue throughout the coming calendar year with sites and strategies to evolve with both funding and direction from USAID.

### Lessons Learned

LIFT II and Dimagi designed the CommCare app currently serving as a referral tool in Malawi and Lesotho with a user-friendly interface to help ensure that it is easily manageable by local partners. The outlook for usage of the app in Lesotho is bright; however, in Malawi, even with considerable training and follow-up, regular and effective use of the system has been problematic. In addition to any changes LIFT II makes to the content of the apps, Dimagi, the creators of CommCare, frequently releases new software to incorporate bug fixes and add features. These adjustments often require end users to update app versions on their phones, but LIFT II has seen a lack of urgency on the part of BRN members in Malawi to install these critical updates, which limits their ability to appropriately enroll clients into the referral system. We have also seen that the hardware used by LIFT II to host the CommCare application has in some cases been rendered obsolete due to incompatible operating system requirements. CommCare has the potential to be a powerful case management tool for LIFT II, but its success depends upon daily use by local partners to gain necessary experience as well as immediate notification of LIFT II and the referral network lead organization regarding any issues that are keeping members from using the tool. These issues can often be resolved easily, but only if the team is made aware of them.

### Global Standards and Policies

- In October 2014, LIFT II worked with FANTA to update the Support Module of the NACS User's Guide to include updates based on referral experiences and technical intervention areas.
- In December 2014, LIFT II published a third three-part technical intervention note series on enterprise development through value chains.

- Throughout the quarter, LIFT II collaborated with FANTA, ASSIST and USAID to develop a strategy that demonstrates the evidence of NACS on engagement in care, retention and ART adherence, using a QI approach.
- From October to November 2014, LIFT II participated in and made technical contributions to numerous global forums related to health and economic strengthening including the CORE Group Global Health Practitioner Conference, SEEP’s Annual Conference, Global Youth Economic Opportunities Conference and the OVC Task Force Conference.
- In November and December 2014, LIFT II reengaged with SEEP and planned for the enhancement of the Economic Strengthening for the Vulnerable Populations (ES4VP) learning hub, which will be an independent website to foster cross-sector collaboration to build the knowledge base around economic strengthening for vulnerable populations. LIFT II and SEEP will be moving into collaboratively developing an action strategy in the coming quarter.
- In December 2014, LIFT II completed a literature review on the impact of cash transfers on adherence to ART.

## M&E Systems

### Improvements in Data Collection Systems

LIFT II made significant progress in updating data collection systems across the five countries where referral activities are happening. The variety of these systems has accelerated project learning and positions LIFT II to provide comprehensive TA to USAID and implementing partners in a variety of contexts. The list of data management systems below details the data systems in place.

Data Management Systems by Country	
Country	Data Systems
DRC	LIFT II works to send NACS clients directly to VSLAs and offers linkages back to NACS sites for savings group members. These systems are paper-based and rely on referral volunteers to aggregate de-identified data to share with LIFT II.
Lesotho	LIFT II tested CommCare, a comprehensive digital client case management tool which runs on Android smartphones. CommCare allows clients to be registered (including collection of health data), referred to any SP participating in the network, and then followed up to ensure they act on the referral. LIFT II has also added in a flagging feature to notify NACS site staff of clients who need their ART adherence and retention verified against clinical records.
Malawi	System 1 – Same as Lesotho; however this system launched in summer 2014. System 2 – Same as DRC
Namibia	LIFT II has launched two referral networks that use paper-based client registration forms which are later entered into a Microsoft Access database. The database is two-tiered to ensure referral data are entered by services making/receiving referrals and health data (including ART adherence and retention) are entered by NACS site staff before being merged.

## Tanzania

LIFT II has created a paper-based referral forms which can be entered into Open Data Kit (ODK), an Android smartphone application that collects and aggregates data into cleaner, more complete data sets. The digital system does not currently track clients through a case management system.

### PEPFAR Gender Indicator P12.4.D

Beginning this year, LIFT II will collect and report on PEPFAR Gender Indicator P12.4.D: *Number of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.*

LIFT II will collect these data from all countries where referral activities are happening to better understand one dimension of how gender impacts referral work. The project will compile these data from 2014-2018 to share with PEPFAR teams responsible for the update and modification of indicators.

LIFT II tabulates this indicator by counting the number of PLHIV completing referrals to services which have an explicit aim “to increase access to income and productive resources of women and girls impacted by HIV/AIDS.” LIFT II will work with SPs in all supported referral networks to determine if their programming a) is meant to increase access to income or productive resources of b) women and girls—both conditions must be met. For this quarter, 209 HIV+ clients were referred from NCST sites to VSLA in Lilongwe and Kasungu Districts with 100% completion out of 1,184 clients (PLHIV and non-PLHIV) referred with 92% completion.

### COP Submissions

LIFT II followed up on its FY 2014 COP proposals submitted to missions in DRC, Lesotho and Zambia. Outreach conducted throughout the course of this quarter indicated that all proposals have been accepted and that notifications to USAID/Washington are anticipated during the next quarter. The COP proposals align with the new PEPFAR environment promoting adherence and retention in care.

This quarter, LIFT II team has also started its outreach for COP FY 2015 funding. The project has reached out to Missions in Uganda, Kenya and Côte d’Ivoire by submitting concept notes and scheduling discussions with two of these three Missions. Over the course of this next quarter, LIFT II will further amplify its outreach to Mozambique, Tanzania, Lesotho and Nigeria.

### Upcoming Activities in the Next Quarter

- Begin developing the agenda and making logistical preparations for the LIFT II Learning Forum which is planned for FY 2015 Q4. LIFT II will gather the global internal project team (i.e., FHI 360, CARE and WV) in the Sub-Saharan African region to share on-the-ground experiences in country, discuss common issues and capture knowledge gained from the roll-out of the LIFT II model in various contexts.
- Finalize the research and learning agenda and identify topic areas for conducting case studies and other special studies.
- In collaboration with ASSIST and FANTA, finalize the QI strategy to integrate NACS into HIV care.

- Provide gender training to HQ-based staff and conduct first round of adapted gender training to field staff in TZ.
- Work with SEEP to progress enhancement of the ES4VP learning hub. A launch of this hub is planned for FY 2015 Q3.

## VII. Documentation of Best Practices for Scale Up

### Technical Notes and Products

This quarter, LIFT II continued to make steady progress in the development of technical notes. A total of three technical notes have been developed—the final three-part series of technical intervention notes featuring value chains was successfully completed. LIFT II also developed the first of two user guides planned for this year, which provides step-by-step guidance on the process of conducting a situational analysis. In addition, development of process notes began around the adaptation of CARE’s community score card and LIFT II’s use of stakeholder meetings as well as of a technical note private sector development. A draft literature review on the linkage between cash transfers and ART adherence is also near completion and will be finalized early on in the next quarter.

Additionally, LIFT II developed and submitted the project’s gender strategy for USAID for review and will incorporate feedback and finalize in the next quarter.

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

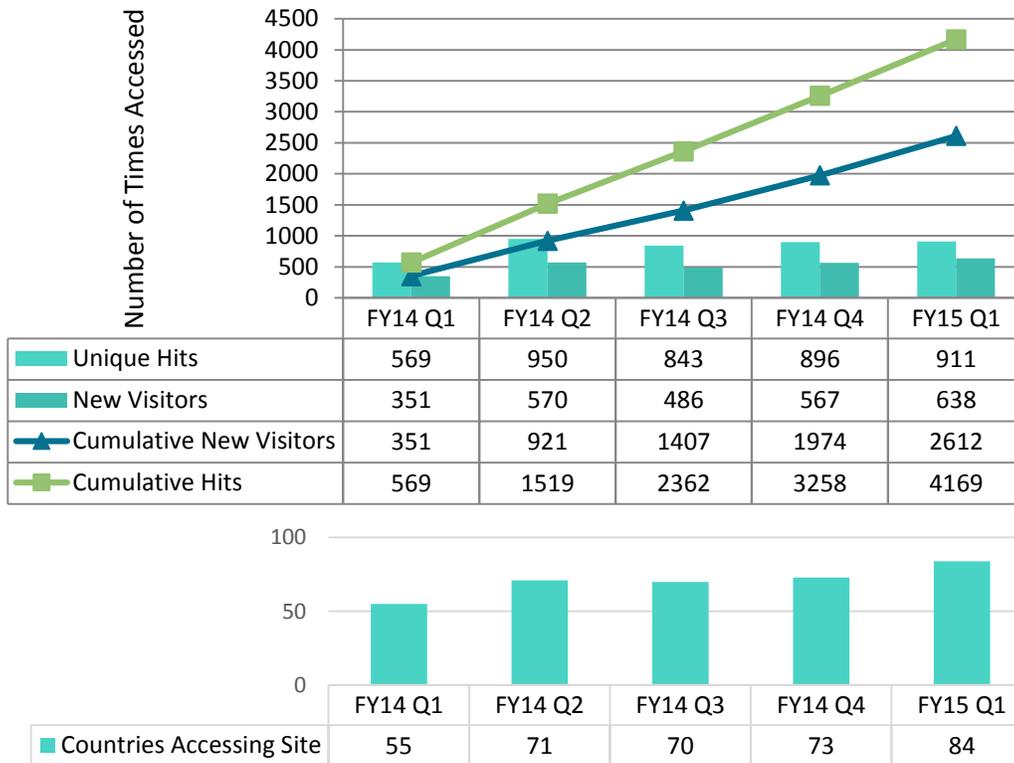
## VII. Knowledge Management

### LIFT II Website and Resource Dissemination

In this quarter, project staff continued to produce engaging content for routine posting on the project website, [www.theliftproject.org](http://www.theliftproject.org). Due to staff transitions and shifted priorities, there was a drop in content production during this quarter. The team developed three blog posts providing updates from activities in the field, and a total of four new technical resources (reports, publications, technical notes, etc.) were posted and disseminated through various channels. The team is looking forward to picking up the pace again and return to updating the site with fresh content on a more regular basis in the upcoming quarter.

The number of countries that accessed the project website saw a marked increase from previous quarters with a total of 84 countries visiting the site. In addition, both the number unique hits and new visitors to the site this quarter saw steady increases.

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



### ES4VP Learning Hub

During this quarter, LIFT II reengaged with SEEP to revitalize efforts around the ES4VP Learning Hub. While enhancements to the existing site, which was initially launched in early 2014, had been planned for previous quarters, the activity had been put on hold due to some shifted priorities. LIFT II’s Technical Director and KM Officer reached out to colleagues at SEEP to restart conversations around the use and refinement of the web space and have collaboratively developed a revised concept note and scope of work to revamp the hub with an anticipated launch planned for FY15 Q3.

## VIII. Management – Staffing, Operations, Finance

### Staffing

This quarter, staffing efforts resulted in the placement of full-time representatives in all countries in which the project is currently active. New staff, recruitment efforts and departures this quarter include:

- Site Coordinator, Iringa, Tanzania.** After a competitive recruitment process, LIFT II hired Richard Nsajigwa as the Site Coordinator in Iringa. Mr. Nsajigwa was previously working with FHI 360 ROADS II Project which ended May 2014 as a Site Coordinator in Sumbawanga Region.

He has five years working in HIV and AIDS prevention, care and treatment programming in local communities of Tanzania with different local and international NGOs.

- **Technical Specialist/Project Coordinator, Zambia.** After a competitive recruitment process, LIFT II hired Joackim Kasonde as the full-time project representative in Zambia. Based in Kitwe, Mr. Kasonde started in this role on December 16, though he had previously been providing part-time start-up support to LIFT II in Zambia since August 2014. He has expertise in HIV programming, economic strengthening and community engagement.
- **Regional Specialist.** As LIFT II funding in Namibia ended this reporting period, Samuel Mayinoti, who was serving as the LIFT II Technical Specialist in Namibia, ended the quarter with a transition to a Regional Specialist role. Mr. Mayinoti will support LIFT II's global activities as well as country progress in Zambia, Lesotho and Tanzania, and he will also continue to receive and analyze data from the referral networks in Namibia.
- **Country Coordinator, Lesotho:** Sefora Tsiu ended her engagement with LIFT II in December 2014. Her replacement has been identified and will be onboarded next quarter.
- **Technical Specialist/Project Coordinator, Malawi:** Lingalireni Mihowa ended her engagement with LIFT II in November 2014. Her replacement is currently being recruited and will be onboarded next quarter.

## Finance

For required reporting budget information please Annex 6.



## Picking up the Pace: Facilitating Access to Key Services



Photo credit: Zachary Andersson/FHI 360

Vision Fund Malawi, a financial service provider, has been a championing member of the Balaka Referral Network (BRN) since its inception in June 2013. Through participation in BRN, Vision Fund has been able to reach new clients who were not previously aware of their services.

### 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.

More than 40% of Malawians survive below the poverty line. Around 80% reside in rural areas dependent upon agriculture and small business, yet many can't afford to buy seed and fertilizer necessary to avoid lackluster harvests. Repeated cycles of food insecurity and malnutrition result, especially among the most vulnerable and marginalized members of society. Microfinance services and small loans made to rural families in poverty make a huge difference, particularly in cases where factors like health expenses for chronic conditions such as HIV and TB are taken into account. LIFT recognizes that client needs—whether health, economic or food related—are diverse yet interconnected. As such, we have been collaborating with service providers like Vision Fund Malawi to build and strengthen coordination mechanisms in Balaka District to address client needs more holistically.

According to Malawi's Third Integrated Household Survey (IHS3), residents of Balaka go without enough food for an average of 3.7 months per year. More than 75% of respondents experienced food shortage in the 12 months prior to the survey, yet only 3.7% of children 0-5 years old were enrolled in nutrition programs. With the highest ultra-poverty rate in the entire country, it is clear that Balaka is a district with great need. Vincent Malola is the Supervisor of Vision Fund Malawi's Balaka branch and is no stranger to the challenges facing rural people.

Vision Fund, a financial service provider, has been a championing member of the Balaka Referral Network (BRN) since its inception in June 2013. LIFT II is supporting the network to enhance clinic-community linkages among the 21 BRN service providers that up to this point have not collaborated regularly, or at all, and Vincent recognizes the value of participating. The support that LIFT has provided—convening relevant and diverse stakeholders to collaboratively establish the BRN as well as developing and training network members on referral tools, such as CommCare, a mobile referral case management application housed on smartphones—has opened opportunities to help people who may not have had awareness or access to Vision Fund's services. "LIFT has contributed much to our organization... We have more clients now... And CommCare has assisted us to meet clients faster."

Vision Fund has received several referrals from new clients, and Vincent explained that many of these people "come from far outside town." CommCare has made it easier and more efficient for Vision Fund to reach clients. Whereas in the past, Vision Fund would enroll new clients one at a time from their brick and mortar office, now "...one person may visit the office, then go home and explain available services to others. They form groups and call Vision Fund back to the community..." to enroll more people and deliver services. These new clients are registered into the BRN system, which connects them to other useful resources in the process.

At the time of the IHS3, over 88% of respondents from Balaka had never applied for a loan, and nearly 30% did not even know any lenders. The BRN has opened up doors for these people to access beneficial support from microfinance providers like Vision Fund—in fact, Vision Fund has already exceeded its capacity threshold of 350 clients and is in the midst of expansion. A satellite office will soon be opened in Ulongwe, one of the most at-risk parts of the district. Additionally, collaboration has begun between Vision Fund and the local Kalembo Health Center to ensure that clients needing support financially are sent to Vision Fund and that Vision Fund can also support Kalembo by providing loans and business services that improve livelihoods to help increase adherence to treatment and retention in care.



Vincent Malola is the Supervisor of Vision Fund Malawi's Balaka branch, lends money to referred clients as part of the BRN.

Photo credit: Zachary Andersson/FHI 360

## Annex 2. Implementation Plan

Livelihoods and Food Security Technical Assistance Project II (LIFT II)												
CA No. AID-OAA-LA-13-00006												
O - ongoing, M- monthly, C - completed, H - on hold, D - draft completed, TBD - to be determined	FY15 Q1			FY15 Q2			FY15 Q3			FY15 Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
	<b>Global Activity</b>											
<b>Gender Integration</b>												
Develop a Gender Strategy			D									
Provide Gender Training for LIFT II Staff - HQ			C									
Provide Gender Training for LIFT II Staff - Field					●							
Develop Rapid Gender Assessment Tool						●						
Strengthen Capacity of ES/L/FS Service Providers on Gender-Sensitive Programming	O	O	O	●	●	●	●	●	●	●	●	●
Formative Research on Gender in ES/L/FS Referrals through NACS									●			
<b>Country Collaboration</b>												
Conduct LIFT II Learning Forum										●		
<b>Building the Evidence Base for NACS-ES/L/FS Linkages Activities</b>												
Produce Action Research Technical Notes					●						●	
Conduct Literature Reviews			D			●						
Product "User" Guides				●						●		
Develop Guidance Document on Referral System Metrics						●						
Disseminate Global Learning from LIFT II Country Programming			C			●			●			●
<b>Monitoring and Evaluation Systems</b>												
Refine Global Database Templates for Roll-Out	O	O	O			●			●			●
Monitor Research/Learning Data Collection and Use			C			●			●			●
Conduct Data Analysis			C			●			●			●
Document Referral Network Design and Metrics						●			●			●
Track Project Costs	O	O	O		●	●	●	●	●	●	●	●
<b>Global Standards, Policies and State of Practice in ES/L/FS Activities</b>												
Enhance ES4VP Learning Hub					●	●	●					

Develop Standards of Practice for ES/L/FS Multi-Sectoral Approaches											●	●
Conduct Technical Trainings and Produce Guidelines for Quality Assurance of ES/L/FS Services	C				●	●			●	●		
Make Technical Contributions through Strategic Global and Regional Workshops and Conferences	C					●						●
Disseminate LIFT II Technical Resources and Advances through Multimedia Channels	O	O	O	●	●	●	●	●	●	●	●	●
Adapt the CARE Community Score Card						●						
<b>Lesotho</b>												
Support a National Social Protection Conference			C									
Develop LIFT II Year 2 Work Plan	C											
Mohale's Hoek & Thaba-Tseka: Launch Network and Provide TA to the Referral Network and Facilitating Organizations/Group						●	●	●	●	●	●	●
Mohale's Hoek & Thaba-Tseka: Data Management	M	M	M	●	●	●	●	●	●	●	●	●
Mohale's Hoek & Thaba-Tseka: CommCare Testing, Refinement and Handover			C	●	●	●						
Mohale's Hoek & Thaba-Tseka: Data Sharing with Referral Networks (Dissemination)							●			●		
Mohale's Hoek & Thaba-Tseka: Provide ES/L/FS through Nutrition Corners			H									
Mohale's Hoek & Thaba-Tseka: Link PLHIV with SILC Groups			H									
<b>Cote D' Ivoire, Kenya, Mozambique, Rwanda and Uganda</b>												
TBD												
<b>DRC Activity (Tier 1)</b>												
ES/L/FS Integration at National Level	O	O	O	●	●	●	●	●	●	●	●	●
Special Studies							●	●	●			
Develop LIFT II Year 2 Work Plan	C											
Support Roll-Out of SUN Implementation Plan	TBD											
Kingabwa: Referral Capacity Building	O	O	O	●	●	●						
Kingabwa: Provide TA to the Referral Network and Facilitating Organizations/Group		O	O	●	●	●	●	●	●	●	●	●

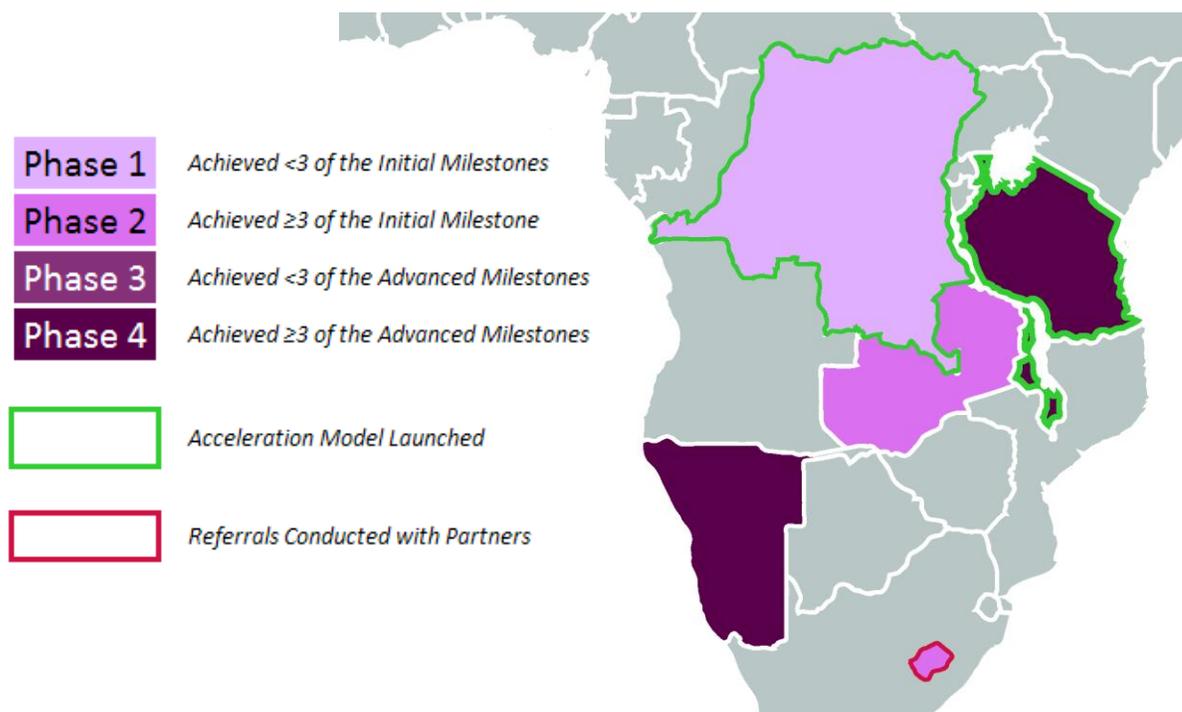
Kingabwa: Data Management	M	M	M	●	●	●	●	●	●	●	●	●
Kingabwa: Network Testing, Launch and Maintenance	O	O	O									
Kingabwa: Data Sharing with Referral Networks (Dissemination)	O			●			●			●		
Lubumbashi: Provide TA to the Referral Network and Facilitating Organizations/Group	O	O	O	●	●	●	●	●	●			
Lubumbashi: Data Sharing with Referral Networks (Dissemination)	O			●			●			●		
Expansion: Site Assessment, Mapping and Engagement	H											
Expansion: Provide TA to the Referral Network and Facilitating Organizations/Group		H										
Expansion: Data Management			H									
Expansion: Referral Network Maintenance			H									
Expansion: Data Sharing with Referral Networks (Dissemination)			H									
<b>Malawi Activity (Tier 1)</b>												
NCST Training Materials				●	●	●	●					
Special Studies									●	●	●	●
Develop LIFT II Year 2 Work Plan	C											
Support Roll-Out of SUN Implementation Plan	TBD											
Balaka: Quarterly Capacity Upgrades for BRN Members	O			●			●			●		
Balaka: Data Management	M	M	M	●	●	●	●	●	●	●	●	●
Balaka: CommCare Testing, Refinement and Handover	C											
Balaka: Data Sharing with Referral Networks (Dissemination)	O			●			●			●		
Karonga: Referral Network Development	H											
Karonga: Referral Network Learning Event						●	●					
Karonga: Data Management	H											
Karonga: Referral Network Maintenance	H											
Karonga: Data Sharing with Referral Networks (Dissemination)	H											
Kasungu & Lilongwe: Site Assessment and Mapping	C											
Kasungu & Lilongwe: Referral Network Development and Launch	O	O	O									

Kasungu & Lilongwe: Data Management		M	M	●	●	●	●	●	●	●	●	●
Kasungu & Lilongwe: Referral Network Maintenance					●			●			●	
Kasungu & Lilongwe: Data Sharing with Referral Networks (Dissemination)							●			●		
<b>Namibia Activity (Tier 2)</b>												
Ensure Effective Transition of Tools and Processes to MOHSS		C										
Katutura & Engela: Referral Network Maintenance			C									
Katutura & Engela: Data Management	M	M	M	●	●	●	●	●	●	●	●	●
Katutura & Engela: Namibia Referral Network Lessons Learned Assessment			C									
<b>Nigeria Activity (Tier 1)</b>												
TBD												
<b>Tanzania Activity (Tier 1)</b>												
Engage Regional and Local Authorities	O	O	O	●	●	●	●	●	●	●	●	●
Develop LIFT II Year 2 Work Plan and PMP		D										
Support Roll-Out of SUN Implementation Plan	TBD											
Iringa Town: Referral Network Launch and Expansion	C											
Iringa Town: Data Management	M	M	M	●	●	●	●	●	●	●	●	●
Iringa Town: Data Sharing with Referral Networks (Dissemination)	O			●			●			●		
Iringa Town: Referral Network Maintenance	O	O	O		●	●				●		
Mafinga & Kasanga: Referral Network Launch					●	●						
Mafinga & Kasanga: Data Management					●	●	●	●	●	●	●	●
Mafinga & Kasanga: Data Sharing with Referral Networks (Dissemination)						●	●	●	●	●	●	●
Mafinga & Kasanga: Referral Network Maintenance								●		●		
Expansion: Identify Expansion Sites, Assess Related Capacity and Develop RN Implementation Plans					●	●						
<b>Zambia Activity (Tier 2)</b>												
Contribute to Development and Finalization of Training Materials			O	●	●	●						
Develop LIFT II Year 2 Work Plan and PMP		C										

Support Roll-Out of SUN Implementation Plan	TBD											
Kitwe: Community Engagement, Service Mapping and Stakeholder Meeting				●								
Kitwe: Identify Community-Led Savings and Lending Activities			C									
Kitwe: Assess Related Capacity and Develop RN Implementation Plans												
Kitwe: Develop and Adapt Referral Tools and Database				●	●	●						
Kitwe: Provide TA to the Referral Network					●	●	●	●	●	●	●	●
Kitwe: Referral Network Launch						●						
Kitwe: Data Management						●	●	●	●	●	●	●
Kitwe: Referral Network Maintenance									●			●
Kitwe: Collaborate on Additional NACS Trainings						●			●			●

### Annex 3: Milestones Toward Referral Networks

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



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

## Annex 4. LIFT II Deliverables

Contractual Deliverables	
Deliverable Title	Submission Details
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
SF 425 #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
SF 425 #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
SF 425 #3 (FY 2014, Quarter 2, Jan-Mar 2014)	April 23, 2014
Quarterly Report #4, Year 1 Quarter 3 (FY 2014, Quarter 3, Apr-Jun 2014)	July 30, 2014
SF 425 #4 (FY 2014, Quarter 3, Apr-Jun 2014)	August 1, 2014
LIFT II Annual Work Plan, Year 2	Draft submitted Sept 15, awaiting feedback and approval
LIFT II Annual Report, FY 2014	October 30, 2014
SF 425 #5 (FY 2014, Quarter 4, Jul-Sept 2014)	October 27, 2014
Key Technical Products	
Product Title	Submission Details
DRC – Country Work Plan and PMP	Submitted pending approval
Tanzania – 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	Submission Details
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
OHA TDY Reports for Year 2, Quarter 1 (FY 2015, Quarter 1)	Tanzania, Malawi, DRC, Zambia, Lesotho (2)

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
Technical Intervention Note 3.1: Value Chains – Overview	Year 2, Quarter 1
Technical Intervention Note 3.2: Value Chains – Implementation	Year 2, Quarter 1
Technical Intervention Note 3.3: Value Chains – M&E	Year 2, Quarter 1
User Guide #1: Situational Analysis	Year 2, Quarter 1
LIFT II project website populated with current content, at least two experiments on the effectiveness of social media to disseminate and connect with global practitioners; completed knowledge management and learning strategy	Continual

## Annex 5. LIFT II Travel

During this period, project staff took the following trips:

Traveler Name	Origin-Destination	Travel Dates	Purpose
Henry Swira	Malawi-DRC-Malawi	October 9 - October 19, 2014	Provide TA and training as needed in support of acceleration activities in Lubumbashi
Clinton Sears	US-Malawi-US	October 11 - October 29, 2014	Ensure health counseling is provided and adherence & retention data are collected through regular referral network operations in Balaka and provide on-site referral system monitoring for quality improvement
Zachary Andersson	US-Malawi-US	October 15 - October 29, 2014	Ensure health counseling is provided and adherence & retention data are collected through regular referral network operations in Balaka and provide on-site referral system monitoring for quality improvement
Samuel Mayinoti	Namibia-Zambia-Namibia	October 26 - November 2, 2014	Support the mapping of community ES/L/FS and nutrition services and onboard LIFT II's Technical Specialist in Zambia
Clinton Sears	US-Lesotho-US	November 9 - November 20, 2014	Provide training to the Thaba-Tseka and Mohale's Hoek referral networks on the revised CommCare training app
Zachary Andersson	US-Lesotho-US	November 9 - November 20, 2014	Provide training to the Thaba-Tseka and Mohale's Hoek referral networks on the revised CommCare training app
Jacky Bass	US-Lesotho-US	November 29 - December 15, 2014	Attend and present at the National Social Protection Conference and support the launch of referral networks in Thaba-Tseka and Mohale's Hoek
Cheryl Tam	US-Namibia-Lesotho-US	November 28 - December 20, 2014	Conduct a lessons learned assessment of the two referral networks in Engela and Ohangwena related to the process used to establish the networks as well as the functionality of the system. Check in on the progress of newly launched referral networks in Mohale's Hoek and Thaba-Tseka to identify and address additional TA needs.

## Annex 6. LIFT II Budget Reporting Requirement

	<b>Report Period</b>	10/1/2014-12/31/2014					
	<b>Expenditures and Accruals</b>						
	<b>Name of Partner:</b>	FHI 360					
	<b>Contract/Agreement No.</b>	EEM-A-00-06-00001-00					
	<b>Date Completed:</b>	12/18/2014					
	<b>Ceiling</b>	23,000,000					
	<b>Obligation</b>	4,223,138					
	<b>Unobligated Balance</b>	18,776,862					
<b>Tab.1</b>	Total Obligation Amount	Total Actual Expenditure as of previous quarter	Total Actual Expenditure of current quarter	Accruals as of current quarter	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G=A-F</b>
	4,223,138	2,381,024	\$ 386,692	\$ 234,830	\$ 832,538	\$ 3,835,084	\$ 388,054
<b>Tab.2</b>	Activity	Fiscal Quarter 2015	Total Obligation Amount	Actual Expenditures/Accruals	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	Global	Q4 - Oct-Dec. 31	3,670,447	1,042,164	722,588	1,764,751	1,905,696
	Nigeria	Q4 - Oct-Dec. 31	180,000	462	-	462	179,538
	Namibia	Q4 - Oct-Dec. 31	372,691	399,602	-	399,602	-26,911
	Malawi	Q4 - Oct-Dec. 31		306,135.99	673	306,809	-306,809
	Tanzania	Q4 - Oct-Dec. 31		327,684	-	327,684	-327,684
	DRC	Q4 - Oct-Dec. 31		360,461.26	72,620	433,081	-433,081
	Zambia	Q4 - Oct-Dec. 31		72,265	-	72,265	-72,265
	Lesotho	Q4 - Oct-Dec. 31		263,302.16	36,657	299,958	-299,958