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LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

Quarterly Report

FY 2015 Q2

January 1, 2015 – March 31, 2015



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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
CDO	Community Development Officer (Tanzania)
CEE	Core Essential Element
COP	Country Operational Plan
DCMO	District Community Medical Office
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
GBV	Gender-Based Violence
GHI	Global Health Initiative
HES	Household Economic Strengthening
HESCOMP	Household Economic Strengthening Community of Practice
ICAP	International Center for AIDS Care and Treatment Program
LIFT I	Livelihoods and Food Security Technical Assistance
LIFT II	Livelihoods and Food Security Technical Assistance II
LWA	Leader with Associates
M&E	Monitoring and Evaluation
MEASURE	MEASURE Evaluation
MCDMCH	Ministry of Community Development Mother and Child Health
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NACS	Nutrition Assessment, Counseling and Support
NCST	Nutrition Care, Support and Treatment
ODK	Open Data Kit
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
OVC	Orphans and Vulnerable Children
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
SIMS	Site Improvement Monitoring System
SP	Service Provider
TA	Technical Assistance

TDY	Temporary Duty Assignment
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, 2014 – December 31, 2014 as required under Section A5. Reporting and Evaluation of the agreement.

II. Background

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

LIFT II will expand its working model activities initiated under LIFT 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:

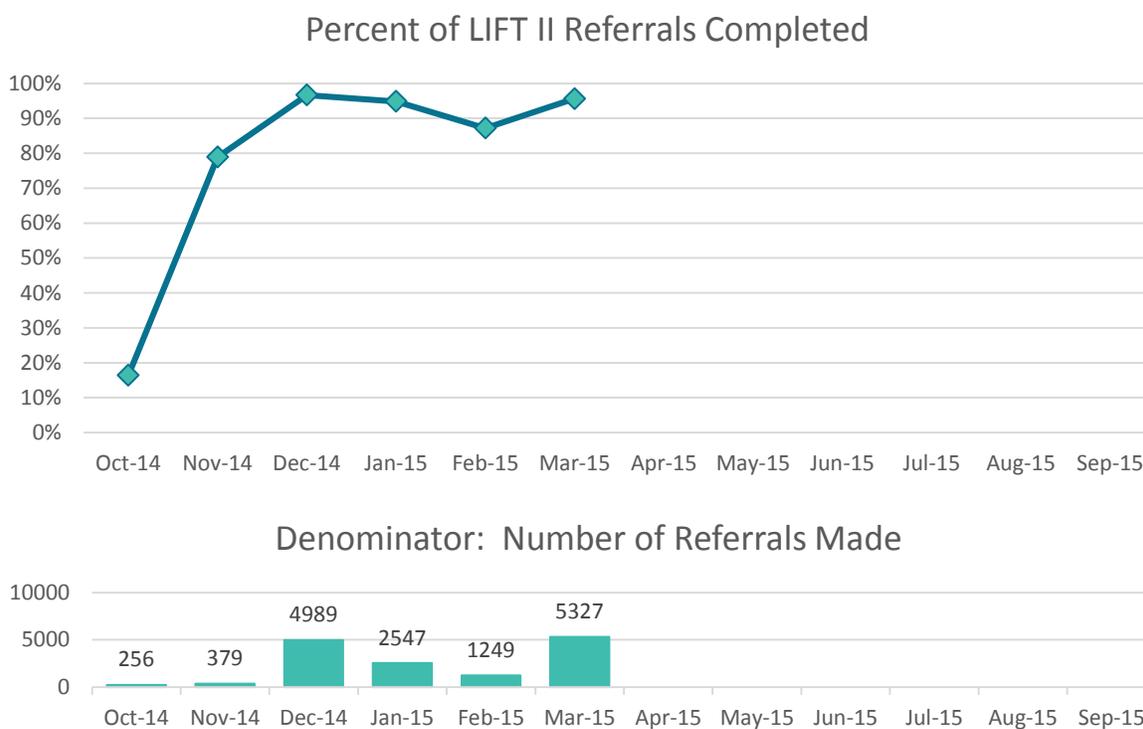
1. Improved access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services
2. Strengthened community services that provide ES/L/FS support as a component of a continuum of care for families
3. Expanded evidence base for ES/L/FS programming 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

Continued Progress in the Implementation of Referrals

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 **9,123 clients** and **544 service providers (SPs)** this past quarter (See Figure 1 below).

Figure 1: In Q2, LIFT II referred 9,123 clients through our partners with an average completion of 92.5%, up from 5,624 referrals in Q1 with an average completion of 63.9%.



Referral Network Highlights

- LIFT II expanded referral coverage to **52 NACS sites** serving **1,417 PLHIV** through referrals, up from 35 NACS sites serving 208 PLHIV in Q1.
- Standard of care sites continued to collect **essential household vulnerability and food security data**. In Q2, 28% of clients were classified as provide, 63% as protect and 9% as promote while 32% had little to no hunger, 14% moderate hunger, and 31% severe hunger. These data are critical for routing clients to the best services and for assessing referral impact over time.
- A total of **6,937 (76.0%) clients** were referred to economic strengthening (ES) services in Q2 with **94.6% completion**. 1,417 of these clients are PLHIV with 85.9% of referrals completed.
- LIFT II convened **14 trainings/capacity building events** in Q2 reaching **508 people** (287 women, 221 men) from 191 of our partner organizations.
- LIFT II Acceleration Sites in the DRC and Malawi encouraged **existing NACS clients to participate in referrals**, successfully referring 53 clients (2.3%) in DRC and 54 clients (2.1%) in Malawi. These referral rates provide essential information for program planning as they indicate that approximately 1 in 50 clients accessing nutrition assessment or counseling were interested in referrals across the acceleration sites.

- LIFT II supports referral networks by creating tools for monthly data analysis and sharing. In March, LIFT II **included key HIV metrics** into local reports, including *# and % of clients who know their status, # and % of clients who are HIV+, the # and % of clients who self-report ART adherence*. The *# and % of clients that are ART adherent based on clinical records* will be added in Q3.

Quarterly Highlights

Additional quarterly accomplishments that are expanded below in the report include the following:

- LIFT II team reviewed and identified specific core essential elements (CEEs) from the PEPFAR's Site Improvement Monitoring System (SIMS) that specifically link to the project's programmatic work, namely that as a technical assistant (TA) project, LIFT II has the capacity to support documentation of referrals as directed under SIMS.
- Completed a thorough review of existing evidence associated with the link between cash transfers and savings with HIV and AIDS outcomes around adherence and retention in care.
- Continued targeted outreach to USAID Missions (Uganda, Lesotho, Zambia) to secure Country Operational Plan (COP) funding for expansion.
- In DRC, the LIFT II team provided technical support on village savings and loan association (VSLA) methodology and clinic-to-community referrals and referral networks to service providers (including Integrated HIV/AIDS Project in DRC [ProVIC], International Center for AIDS Care and Treatment Program [ICAP] and Elizabeth Glaser Pediatric AIDS Foundation [EGPAF]) in Kinshasa and Lubumbashi. As a result, 478 individuals (135 men and 343 women) received referrals to 30 different VSLA groups.
- In collaboration with ProVIC, EGPAF and ICAP, LIFT II identified 11 additional NACS sites for expansion of referral activities in Lubumbashi and Kinshasa, DRC. A plan to rapidly map the new sites was developed, and expansion is anticipated to occur in the next quarter.
- In Lesotho, team members engaged in discussions with local bilateral partner Building Local Capacity for the Delivery of HIV Services in Africa (BLC) to expand referral services to three new districts—effectively enabling LIFT II to cover half of the districts in the country—and developed a work plan for implementation.
- Collaborated with Applying Science to Strengthen and Improve Systems (ASSIST) in Tanzania to integrate referrals into the quality improvement (QI) process, and the teams have moved towards developing a joint work plan for implementation.
- LIFT II Tanzania team members attended national and regional meetings focused on nutrition coordination.
- Participated in the National Nutrition Guidelines for Care and Support of People Living with HIV and AIDS meeting in Zambia.
- Held a successful referral stakeholder meeting in Kitwe, Zambia, from January 12-13, 2015 to orient and engage the 43 participants in the referral approach.
- Reviewed and adapted existing referral tools to create a referral toolkit for the Kitwe District Referral Network to use in implementing and documenting clinic-community referrals.
- In Namibia, the Ohangwena Regional Council agreed to take on a hands-on leadership role in coordinating the referral network in Engela and leading the data collection and analysis, in light of LIFT II's reduced role.
- Engaged with the Adherence and Retention Project (ARP) in Engela, Namibia to secure their support for increasing access to the network through ARP's volunteer corps.

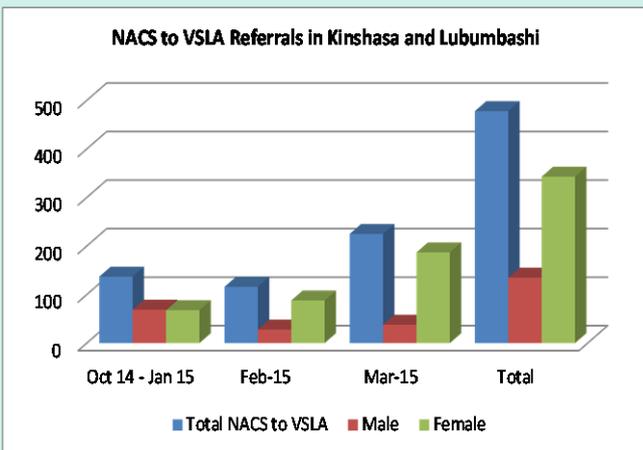
IV. Country Focus

DRC ACTIVITY

ACTIVITY LOCATION(S): 4 NACS sites in Kinshasa Province and 15 sites in Lubumbashi/Katanga Province, which were identified in coordination with the Ministry of Health (MOH), *Programme National de Lutte contre le SIDA/National AIDS Control Program (PNLS)*, Food and Nutrition Technical Assistance III (FANTA), ASSIST and other PEPFAR partners

OVERALL OBJECTIVES:

- 1. Support adherence and retention in HIV care and treatment through development of referral systems:** Work with clinic staff and community stakeholders to establish referral networks in the target communities. Referral networks will link clients to ES/L/FS as part of NACS.
- 2. Build capacity within existing community services:** Support development of existing economic strengthening programs to meet the needs of target populations. This will combine both push and pull capacity development through open lines of communication with the network organizations.
- 3. Strengthen Collaboration and Coordination:** Work with PEPFAR partners, existing programs and MOH to support NACS implementation in Kinshasa and Lubumbashi.



During this quarter, a total of 478 referrals were provided from NACS to VSLA to 266 clients (104 men and 162 women) in Kinshasa and 212 clients (31 men and 181 women) in Lubumbashi. In addition, 1,300 clients (386 men and 914 women) received food assistance from World Food Program (WFP) through World Production in Lubumbashi.

KEY ACCOMPLISHMENTS

- Revised work plans and budgets to incorporate activities for scale-up, phase out and closeout in Kinshasa and Lubumbashi.
- Provided TA on VSLA methodology and clinic-to-community referrals to service providers in Kinshasa and Lubumbashi. As a result, 478 clients received referrals to 30 VSLA groups.
- Held a feedback meeting with USAID/DRC in Kinshasa as well as coordination meetings with PNLS, *Programme National de Nutrition/National Nutrition Program (PRONANUT)*, ProVIC, EGPAF and ICAP, both in Kinshasa and Lubumbashi. LIFT II is adopting the recommendations from these meetings to improve delivery of TA and enhance coordination with PEPFAR partners and the Mission around SIMS activities.
- Jointly with EGPAF, PNLS and PRONANUT, trained 11 peer educators (7 men and 4 women) and 10 frontline staff (7 men and 3 women) in referrals..
- In collaboration with ProVIC, EGPAF and ICAP, identified 11 additional NACS sites for expansion of referral activities in Lubumbashi and Kinshasa.
- Negotiated with WFP to extend food assistance to NACS clients in Lubumbashi through December 2015.

CHALLENGES AND CONCERNS

- Departures of two senior CARE/DRC staff slowed support to LIFT II. Additionally, the recent departure of the FANTA coordinator and the absence of an ASSIST coordinator reduced efforts for collaboration. The recruitment of replacements is underway.
- Responses to the VSLA approach was slower than anticipated due to the expectation of seed money for startup. Continued sensitizations and consultations with communities have generated the required understanding, and the groups have begun forming in Kingabwa, Mbankana and Lubumbashi.
- Resource constraints of local organizations to actively participate in the bidirectional referral activities.

UPCOMING ACTIVITIES

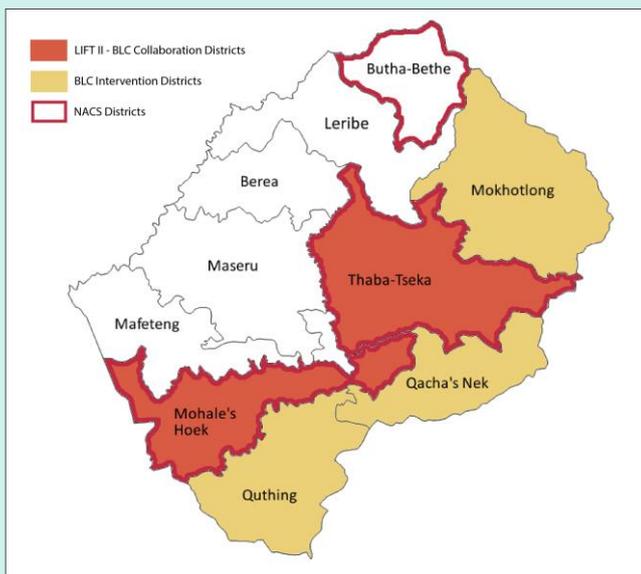
- Finalize work plans and budget for approval.
- Initiate handover and closeout activities for Mbankana and Kingabwa sites by June 2015
- Rapidly map and engage with stakeholders in 11 additional NACS sites in Kinshasa and Lubumbashi and launch referral activities in May-June 2015.
- Continue providing TA around referral activities and VSLA methodology.
- Coordinate with USAID on upcoming SIMS activities.
- Coordinate with ASSIST and FANTA on upcoming QI training in May 2015.
- Provide TA to WFP and PEPFAR partners in referrals and VSLA methodology Lubumbashi.

LESOTHO ACTIVITY

ACTIVITY LOCATION(S): Districts of Mohale's Hoek and Thaba-Tseka; contemplating possible expansion to Mokhotlong, Qacha's Nek and Quthing

OVERALL OBJECTIVES: LIFT II is providing technical assistance in two NACS implementation districts chosen by the Ministry of Health (MOH) and is contemplating expansion to three more districts in collaboration with the Building Local Capacity for the Delivery of HIV Services in Africa (BLC) project implemented by Management Sciences for Health (MSH). Currently LIFT II is carrying out three specific activities:

1. Establish and strengthen clinical to community referral networks working with clinics, health and ES/L/FS service providers.
2. Support and upgrade existing economic strengthening programs to meet the needs of target populations.
3. Accelerate client outreach by contemplating a possible expansion with BLC to three additional new districts.



LIFT II is currently active in the two districts of Mohale's Hoek and Thaba-Tseka, and expansion is planned for the additional three districts where BLC is currently operating: Mokhotlong, Qacha's Nek and Quthing.

KEY ACCOMPLISHMENTS

- Reached 4,285 clients and 41 service providers.
- Held six stakeholder meetings during the past quarter and provided ongoing technical assistance to 82 individuals.
- Pilot tested standard of care referral systems facilitating 57 referrals in the two districts.
- Worked with referral network members to plan awareness campaigns in Mohale's Hoek and Thaba-Tseka as well as to formally launch referral systems next quarter.
- Onboarded and trained a new referral coordinator, Makhate Gerard Makhate.
- Developed a COP proposal for FY15 to consolidate and strengthen referral networks that will be set in place during FY14.
- Engaged in discussions with BLC to expand referral services to three new districts, effectively enabling LIFT II to cover half of the districts in Lesotho.

CHALLENGES AND CONCERNS

- There is an ongoing need to ensure that service providers in Mohale's Hoek and Thaba-Tseka referral networks feel comfortable with CommCare and are actively using provided tools to refer clients during the launch period.
- Coordination with referral focal people at network member organizations in both districts is essential to ensure that they, and their deputies, have the necessary training needed to launch the referral systems.
- With the initiation of awareness campaigns, network leads must pay attention to ensure that service providers are able to keep pace with the demand for referrals in each district.
- Work with network members to identify mechanisms to proactively follow up with referred clients and encourage referral utilization.
- Facilitate strong coordination and information-sharing among service providers in each of the districts through monthly meetings and promoting the use of other communication tools, such as Google Hangouts.

UPCOMING ACTIVITIES

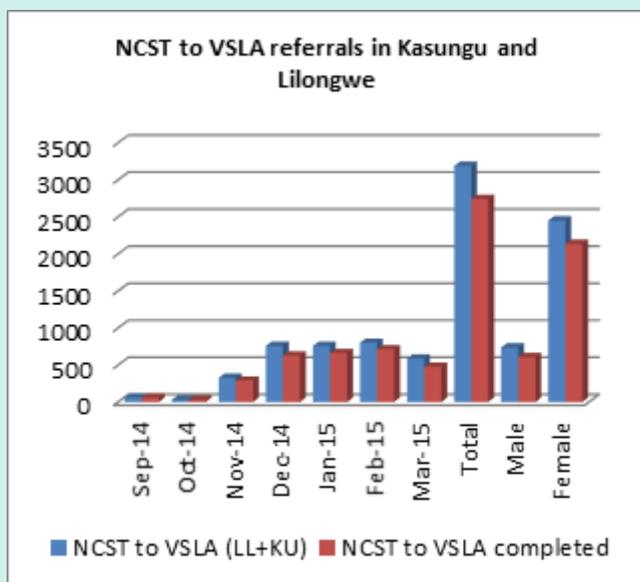
- Oversee community awareness campaigns which will be carried out in conjunction with the formal launch of referral systems in Mohale's Hoek and Thaba-Tseka in May 2015.
- Develop expansion plans for referral services in three new districts.
- Continue providing ongoing technical support to all referral networks in collaboration with BLC.

MALAWI ACTIVITY

ACTIVITY LOCATION(S): Balaka District (standard of care approach, working with a network of 21 service providers including 3 nutrition care, support and treatment [NCST] facilities) as well as the districts of Lilongwe and Kasungu (acceleration model targeting 17 NCST sites and 2,000 VSLAs).

OVERALL OBJECTIVES: Support adherence and retention in HIV care and treatment through the development of referral systems that:

1. Improve access to ES/L/FS services for clinical health and NCST clients.
2. Strengthen community services that provide ES/L/FS services as a component of the continuum of care.
3. Increase policy influence and advocacy for clinical to community linkages for PLHIV and other key populations, though the NCST platform.



During Q2, 2,142 clients (469 men and 1,673 women) were referred from NCST to VSLA services. Based on the addition of clients reached this quarter, a total of 3,187 individuals (739 men and 2,458 women) have been referred to VSLA services in Kasungu and Lilongwe since September 2014. An additional 57 bi-directional referrals have been made between NCST facilities and community-based ES/L/FS service providers in Balaka this quarter.

KEY ACCOMPLISHMENTS

- Monitored and provided backstopping support on referral activities to 17 NCST sites in Lilongwe and Kasungu Districts.
- Provided 2,142 individuals with referrals from NCST sites to VSLA services with 86% of referred clients already having accessed services.
- Onboarded new Referral Coordinator Amakhosi Jere to oversee activities in Balaka.
- Conducted capacity upgrade training for 21 service providers in Balaka in February 2015.
- Provided technical support to Balaka Referral Network (BRN) members on CommCare.
- Began developing paper-based referral forms to allow wider referral system reach.
- Participated in USAID Family Health partner meetings and PEPFAR partner coordination meetings in Lilongwe and Kasungu.
- Participated in the NCST national guidelines dissemination meetings organized by MOH and FANTA.
- Contributed to the NCST partner resource mapping activity.
- In coordination with NCST staff in Lilongwe and Kasungu, oriented and coached referral volunteers and village agents on basic HIV and AIDS and counseling, confidentiality, referral process management and monitoring.

CHALLENGES AND CONCERNS

- Severe flooding in Balaka hindered referral activities.
- Ongoing technical challenges regarding use of CommCare by some stakeholders in Balaka led to breaks in referrals progress.
- Insufficient NCST staff and the need to balance time spent delivering clinical services and referrals to VSLAs can be a challenge.
- Maintaining confidentiality becomes more difficult when referral traffic from NCSTs to VSLAs is high.

UPCOMING ACTIVITIES

- Contribute to the development of national NCST training materials.
- Provide ongoing technical support to Balaka Referral Network members.
- Provide technical support to NCST facilities in Lilongwe and Kasungu on harmonization of referral data for facilities and VSLAs receiving referral clients.
- Document case studies and success stories of referral clients.
- Close out work in Karonga by conducting a referral learning workshop.

NAMIBIA ACTIVITY

ACTIVITY LOCATION(S): Engela District and Katutura District

OVERALL OBJECTIVES:

1. **Provide Support for Continued Operation of Referral Networks:** Provide minimal technical guidance and troubleshooting to network members for the continuation of referral activities within the established networks
2. **Collect and Analyze Referral Data:** Receive and analyze data being collected by the networks in order to understand trends related to outcomes of interest, including adherence to ART and retention in care.
3. **Learning for Knowledge Transfer and Scale:** Document, disseminate and support broad implementation of tools and best practices related to clinic-to-community linkages and adherence and retention in care, adding value to existing projects and service delivery channels.



Elisia Nghimutina received a referral from the Odibo Health Center in the Engela Referral Network. As a result, she received food aid as well as a referral for agriculture inputs and ploughing support for her small field of pearl millet and cow peas.

KEY ACCOMPLISHMENTS

- Completed all closeout deliverables.
- Provided remote and on-site support to network members to continue making and receiving referrals, restore their confidence in the ability of the network to meet client needs, and increase the reach of the network. Support included the following:
 - Group emails for updates, encouragement and trouble shooting
 - Calls to individual network members to work through challenges
 - Engagement with Ministry of Health and Social Services (MOHSS) management and facilities to encourage oversight and support
 - Regular phone calls to Regional Counsellors to support greater numbers of referrals
 - Network review meetings
- The Ohangwena Regional Council agreed to take on a hands on leadership role in coordinating the network in Engela and leading the data collection and analysis, in light of LIFT II's diminished role.
- Engaged with over 90% of the service providers to reconfirm the availability of their services and willingness to serve clients through the network.
- Engaged with the Adherence and Retention Project (ARP) in Engela to secure their support for increasing access to the network through ARP's volunteer corps.
- Number of referrals increased significantly from 20 in the previous quarter to 54 in Q2.

CHALLENGES AND CONCERNS

- The number of referrals being made and the referral completion rate remain low.
- Network members have a preference for referring for shorter-term provision services such as food aid.
- Inactivity by some network members in both sites due to staffing challenges and turnover, as well as a diminished enthusiasm. Some progress was made to revitalize these members toward the end of Q2 and will continue next quarter.
- The isolated location of two of the constituency offices in Engela is a big challenge to clients referred there. LIFT II is looking into alternative ways to include these clients in the network.

UPCOMING ACTIVITIES

- Facilitate a network and data review meeting in Katutura and identify a constituency office or other network member better equipped to provide leadership to the network.
- Provide ongoing support to both networks to improve referral outreach, client follow up, referral completion and data collection.

NIGERIA ACTIVITY

ACTIVITY LOCATION(S): TBD

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

KEY ACCOMPLISHMENTS

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

CHALLENGES AND CONCERNS

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

UPCOMING ACTIVITIES

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

TANZANIA ACTIVITY

ACTIVITY LOCATION(S): Iringa Municipal, Mafinga Town and Kasanga Town; preparing for expansion in Mbeya Rural District

OVERALL OBJECTIVES:

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



Individuals at the Mafinga Stakeholder meeting participate in an activity that exemplifies the benefits of forming a well-connected community of service providers.

KEY ACCOMPLISHMENTS

- Reached 40 clients and 15 service providers.
- Held three stakeholder meetings and provided ongoing TA for 73 organizations.
- Held meetings with key informants in Mafinga and Kasanga, laying foundation for referral launch in next quarter.
- Attended key meetings:
 - Nutrition Coordination Meeting in Mbeya (January)
 - Community Service Organizations meeting with new Regional Commissioner (March)
 - Annual Development Meeting, collaborative presentation with FANTA (March)
- Oriented new LIFT II Iringa Site Coordinator Nsajigwa Mpombo to project.
- Initiated the development of a gender-based violence (GBV) workshop for stakeholders across all sites

CHALLENGES AND CONCERNS

- Referral procedures were slowed in Iringa due to necessary revisions to eligibility criteria and the need to update contact personnel at some services. These issues were discussed at length during the stakeholder meeting in February and after adjustments were made to network materials, referrals steadily improved.
- The monitoring and evaluation (M&E) staff person at the Allamano Hospital resigned in January 2015, which resulted in some delays in referral provision and required additional training from the LIFT II team. At present, this staff person splits time between Allamano and another partner, AFRICARE.
- Damage to the project vehicle required LIFT II to modify travel plans and share vehicles with other FHI 360 projects. LIFT II, together with the country office, is working to resolve these issues.

UPCOMING ACTIVITIES

- Finalize referral system documentation for Kasanga and Mafinga, including data management tools and plans.
- Continued coordination with ASSIST and FANTA on upcoming QI activity in May 2015.
- Establish staff presence in Mbeya Region.
- Launch referral networks in two sites, Mafinga and Kasanga, in Mufindi District.
- Provide stakeholders with gender and GBV training in Iringa Region.

ZAMBIA ACTIVITY

ACTIVITY LOCATION(S): Kitwe District in Copperbelt Province

OVERALL OBJECTIVES:

1. **Support adherence and retention in HIV care and treatment through the development of clinic-community referral systems:** Work with clinical staff and existing community services to establish effective, systematic clinic-community referral networks that link PLHIV and NACS clients with ES/L/FS support.
2. **Develop an effective, replicable referral system:** Develop tools and put in place systems that can track clients through the referral process to ensure they receive needed services, and measure outcomes over time. Strengthen the capacity of service providers within the network to implement the system and use data to inform system improvements.
3. **Build capacity within existing services:** Support the development of network members to meet the needs of target populations (PLHIV and NACS clients) through capacity upgrading.



Participants from Ministry of Community Development Mother and Child Health (MCDMCH), community-based organizations and the private sector working together to define referral system needs and priorities at the LIFT II stakeholder meeting in January 2015.

KEY ACCOMPLISHMENTS

- Held a successful referral stakeholder meeting in Kitwe from January 12-13, 2015 at which 43 participants were oriented to and engaged in the referral approach.
- Finalized the district-wide referral directory for Kitwe.
- Recruited a volunteer referral network steering committee and held four committee meetings to discuss and agree on components of the referral system.
- Worked with the Kitwe District Community Medical Office (DCMO) to revise the district referral form to meet the needs of the new referral network.
- Defined referral data collection/M&E needs.
- Reviewed and adapted existing referral tools to create a referral toolkit for the Kitwe network to use in implementing and documenting clinic-community referrals.
- Conducted all planning and preparation for the referral system training to be held early next quarter.
- Participated in a high-level meeting from March 3-5, 2015 to revise the National Nutrition Guidelines for Care and Support of People Living with HIV and AIDS, leading the development and adaptation of content on referrals and ES.

CHALLENGES AND CONCERNS

- LIFT II is still in discussions with the Kitwe DCMO about their envisioned role in coordinating the referral network for the district.
- Together with the steering committee, LIFT II is still in the process of determining an effective mechanism to manage the referral feedback process given the varying degrees of technological capacity available to the broad group of network members.

UPCOMING ACTIVITIES

- On April 1-2, 2015 LIFT II will hold the referral training for all network service providers in Kitwe.
- In late April LIFT II will launch the referral system in Kitwe. Following the launch LIFT II will provide ongoing implementation support including data collection and monitoring.
- Upon receipt of USAID approval, LIFT II will begin expansion into Mkushi District.

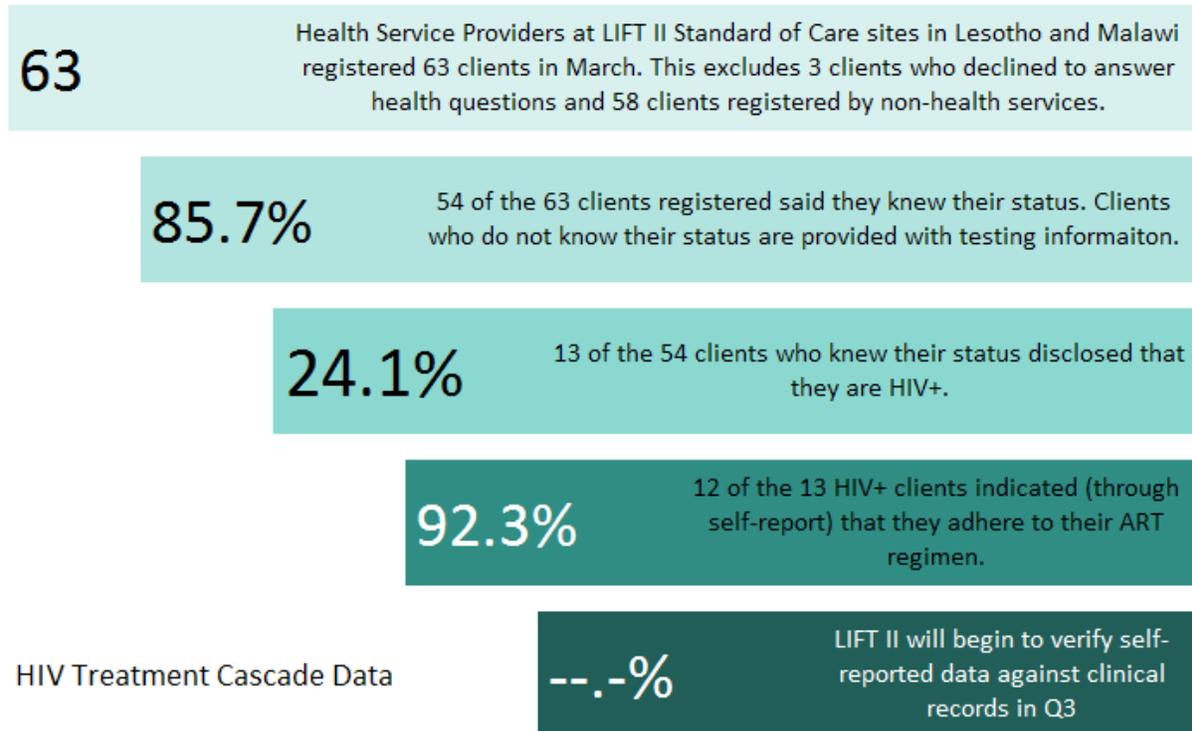
V. Global Activities

Strengthening the Evidence

In an effort to continue strengthening the evidence base around ES activities and client's adherence and retention in HIV care, LIFT II built upon the literature reviews conducted in previous quarters to complete an expanded review of existing evidence associated with linkages between two ES interventions—cash transfers and savings groups—with HIV and AIDS outcomes specific to adherence and retention in care. The most relevant and compelling findings are being compiled into a summary document to be used as a tool to further advocate for the utilization of ES to promote better adherence and retention in care for HIV and AIDS patients.

Figure 3 below presents March 2015 data from LIFT II's standard of care sites in Malawi and Lesotho. Moving into Q3, LIFT II will both expand the number of sites reporting these data and begin the process of verifying client ART adherence against clinical records. LIFT II is currently working with partners in acceleration sites to ensure client HIV data are linked to referrals as they are currently reported in aggregate. LIFT II has begun to plan for a comprehensive research activity within the Malawi implementation sites to assess the relationship between referrals and adherence and retention. The study will utilize a combination of clinical, referral and other data to test these associations.

Figure 3. Tracking LIFT II's Referral Data Across the HIV Treatment Cascade.



Global Standards and Policies

The global LIFT II team is influencing policies and procedures at the national and regional levels in each country where the project is active. For example:

- LIFT II, ASSIST and FANTA met to review the new PEPFAR SIMS documentation, identify the areas that are relevant to the OHA Nutrition Collaborative's work in NACS, and brainstorm ways in which the projects could work together towards building an integrated QI approach.
- In Tanzania, LIFT II participated in the Nutrition Coordination Meeting in Mbeya and the Annual Development Meeting in Morogoro, where team members gave a collaborative presentation with FANTA.
- In DRC, LIFT II worked with EGPAF, PNLS, and PRONANAUT to train peer educators and frontline staff members in referral systems.
- In Zambia, LIFT II participated in a meeting from March 3-5, 2015 to revise the National Nutrition Guidelines for Care and Support of People Living with HIV and AIDS, leading the development and adaptation of content on referrals and economic strengthening.
- Developed a concept note to share lessons learned around referrals occurring through both the acceleration and standard of care models in Malawi at the CORE Group Spring 2015 Global Health Practitioners Conference. The proposal was accepted, and the team is preparing for the presentation scheduled for April 15, 2015.
- The team developed and submitted an abstract to the 2015 American of Public Health Association Annual Meeting around recommendations for implementing effective referral networks based on the findings of the lessons learned assessment conducted in Namibia.

M&E Systems

LIFT II's M&E systems continued to mature and expand during Q2 to accommodate a higher volume of referral data from project sites and also to ensure data of interest to USAID and PEPFAR are collected. Notable changes include:

- **Ensuring compliance with PEPFAR SIMS CEEs.** LIFT II reviewed all current (as of February 2015) PEPFAR SIMS CEEs to determine which areas the project might support (through direct implementation at referral sites or through TA to PEPFAR implementing partners) and found that both the Community (CEE 12.6) and Facility (11.3 and 19.3) levels require that referrals are documented on paper forms which can be sampled to ensure compliance with the CEE. LIFT II will ensure that paper forms are produced at referral sites as soon as the SIMS CEEs are finalized in April 2015 (expected).
- **Verification of HIV status, ART initiation and ART adherence against client's clinical records.** LIFT II collects self-reported HIV data from clients at the time of enrollment, and over the course of Q2 the project planned systems to ensure that clients' self-reported data are verified against clinical records at sites where this is possible.
- **Modification of mHealth tools.** LIFT II uses two mHealth platforms to collect and manage client data in three countries: CommCare in Malawi and Lesotho, and Open Data Kit (ODK) in Tanzania. These mHealth platforms ensure more complete client records and can also produce lists of clients that need health data (notably ART adherence) verified or of clients that are lost to follow up. However, these systems produce complex data systems that can be challenging for field staff to analyze and use. During Q2, LIFT II worked with local partners to ensure that they are able to download and review data, and in Q3, LIFT II will work to build tools to aid in this process, such as Excel dashboards for sites which enable partners to cut and paste data into one sheet while another sheet aggregates data into meaningful numbers.
- **Higher resolution into differences in number of clients served.** LIFT II's original referral sites are systemic, standard of care sites that link NACS facilities to a wide array of services (typically ES/L/FS, but also women's rights, government social services, etc.) that surround the facility. LIFT II also began to implement acceleration sites which link NACS facilities directly to a single

service such as a VSLA and food aid. Early data show that the simpler, streamlined acceleration models have led to higher referrals numbers as well as better completion rates (See Table 1 below).

Table 1. Comparing LIFT II 's Standard of Care Sites and Acceleration Sites During Q2

Type	Location	Number of Clients Referred	Percent of Clients Completing Referral	Additional Data
Standard of Care (5 Districts, 5 referral networks with multiple NACS sites each)	Lesotho: Mohale's Hoek and Thaba-Tseka; Malawi: Balaka; Namibia: Engela and Khomas	218	7.3%	Collects client's household vulnerability and food security to measure change over time.
Acceleration (5 Districts, 35 referral networks with 1 NACS site each)	DRC: Kinshasa and Lubumbashi; Malawi: Kasungu and Lilongwe; Tanzania: Iringa	4,677	93.1%	Collects only self-reported HIV data; verification with clinical records is a second step

Upcoming Activities in the Next Quarter

- Preparations are underway to develop study procedures to build the evidence around the association between referrals to ES/L/FS and adherence and retention in care in Malawi. Staff have recently visited sites to establish data collection activities within this intervention as well as to ensure a cross-reference between LIFT II's client records and clinical records. The research protocol will be developed in May 2015, and pending ethical approvals, study initiation is anticipated for June-July 2015.
- In collaboration with ASSIST and FANTA, LIFT II is preparing for scale-up of activities in Mbeya as part of an activity to build evidence for collaborative impact. The activity and the associated referral networks are set to launch in June 2015.
- LIFT II will continue to emphasize the integration of gender into referral activities. In Iringa, project staff have been working with local consultant to develop and implement a brief workshop on GBV specifically geared toward community service providers. This workshop will touch upon the drivers of GBV, expand upon the association of GBV and HIV, and provide an overview of the existing resources within the community.
- Following the success of the awareness campaign conducted in Balaka, the project will continue to focus on further raising community awareness around referrals. For example, community awareness campaigns will be implemented in conjunction with the launch of referral systems in Mohale's Hoek and Thaba-Tseka in Lesotho during the next quarter.
- LIFT II will be hosting a New Info Circuit table at the CORE Group Spring 2015 Global Health Practitioners Conference on April 15, 2015.

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 products. Following the assessment, which was conducted in Namibia in December 2014 prior to the project's

completion of activities in country, a full report was developed to capture valuable lessons learned related to both process used by LIFT in establishing the networks and the functionality of the system that has been put in place after 4-6 months of implementation. Namibia has been among the first tier of countries in which LIFT has supported the development of these clinic-community referral networks as well as the first country in which the project is exiting. Two technical notes were also completed, addressing critical elements of LIFT II's TA process—galvanizing network members to action through participatory stakeholder meetings and providing capacity strengthening support and mentoring to foster effective implementation, local ownership and sustainability. The team also revised the approach towards presenting evidence for the linkage between economic strengthening interventions and ART adherence and is on track to finalizing technical intervention notes to supplement the existing three-part, three-note series.

Additionally this quarter, LIFT II revised and resubmitted the project's gender strategy for USAID for review, incorporating feedback from the advisory team. Upon approval, the strategy will be finalized in the next quarter.

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

VII. Knowledge Management

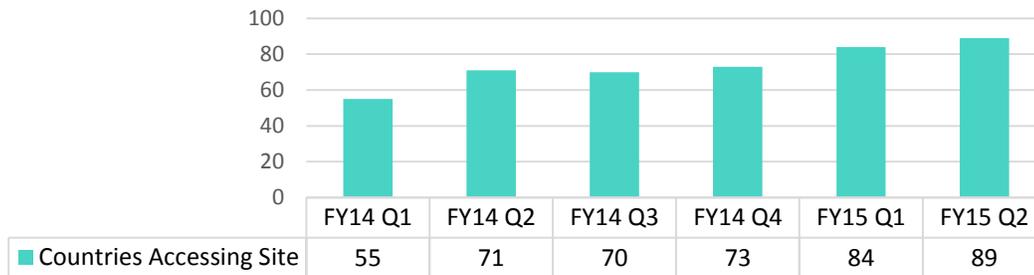
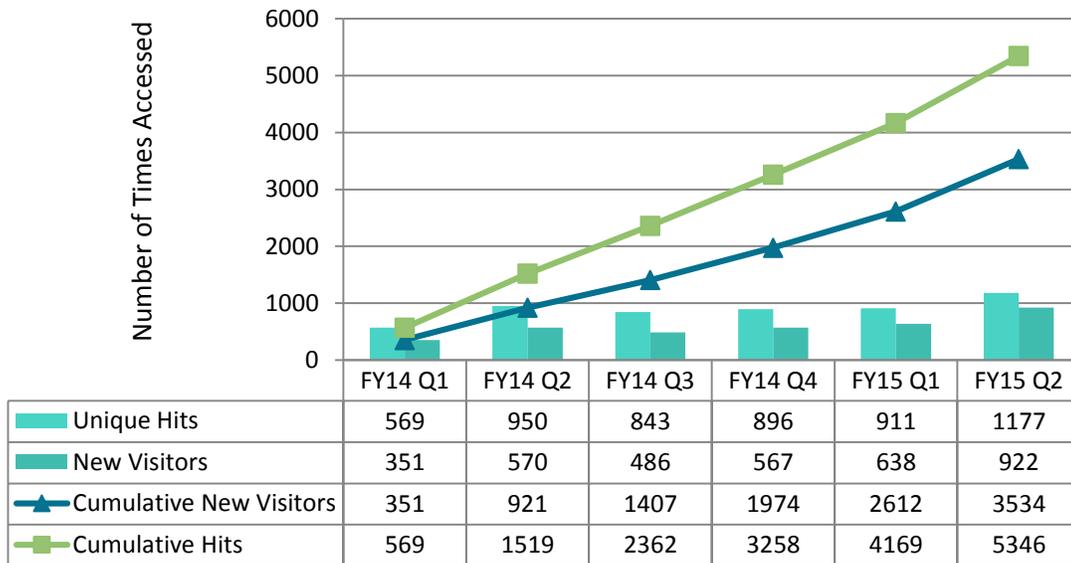
LIFT II Website and Resource Dissemination

In this quarter, project staff continued to produce engaging content for routine posting on the project website, www.theliftproject.org. Due to staff transitions and shifted priorities, there was a drop in content production during this quarter, and the blog was put on a hiatus, though three new technical resources (reports, publications, technical notes, etc.) were still 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 growth, however, with a record total of 89 countries visiting the site. In addition, both the number unique hits and new visitors to the site this quarter saw marked increases from the steady progress of previous quarters (See Figure 3 below)

Figure 3: The LIFT II website has seen steady growth in terms of numbers of unique hits, new visitors and countries accessing the site.

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



ES4VP Learning Hub

Due to limitations in funding, the Economic Strengthening for Vulnerable Populations (ES4VP) Learning Hub collaboration with SEEP has been put on hold for the time being.

VIII. Management – Staffing, Operations, Finance

Staffing

This quarter, LIFT II has been able to successfully recruit and onboard new personnel to ensure that activities can continue effectively and efficiently. Recruitment efforts this quarter include:

- Program Manager, Washington, DC.** In January, LIFT II welcomed Amy Conlee onto the team as the new Program Manager. Ms. Conlee brings more than 10 years of senior management and advisory experience across a wide array of projects to the team. Her predecessor, Laura Muzart transitioned to a new role within FHI 360 as Chief of Party for another USAID-funded project in Swaziland.

- **Country Coordinator, Lesotho.** LIFT II hired Makhate Gerard Makhate as the Country Coordinator in Lesotho. Based in Maseru, Mr. Makhate started in this role on February 2015, though he had previously been providing part-time support to LIFT II in Lesotho since November 2014. He will coordinate with appropriate stakeholders and partners in all aspects of project planning, monitoring and implementation.
- **Referral Coordinator, Malawi.** Amakhosi Jere was hired in January 2015 to support LIFT II's referral network in Balaka District, Malawi. Mr. Jere works closely with LIFT II's Regional Technical Advisor in Malawi, Henry Swira, on the project's support to Malawi's National Nutrition Counseling, Support and Treatment activities. For four years prior to joining the team, he worked at VSO-Malawi as a Program Coordinator for Agriculture Production, Markets and Income (Livelihoods) and he had previously worked for Action Aid International Malawi and ACDI/VOCA.
- **Site Coordinator, Tanzania.** Nsajigwa Richard Mpombo joined the LIFT II Tanzania team in January 2015. Mr. Mpombo is based in Iringa and working with the referral networks in Iringa, Mafinga and Kasanga. Prior to working for LIFT II, he served as a Site Coordinator for the ROADS project.

Finance

Since the start of the project in August 2013, LIFT II has been forecasting, operating and reporting under the assumption that \$5 million in core funds were available to the project; however, during this past quarter, the AOR clarified that only \$3.3 million of the \$5 million pool is available to LIFT II. It was explained to LIFT II management that while \$5 million of NACS acceleration central funds were indeed available, this total was distributed across both LIFT I and LIFT II—approximately \$1,656,862 was allocated to LIFT I and \$3,343,138 to LIFT II. This misunderstanding has since been rectified, and the team is in the process of reforecasting core funds to respond to the availability of \$3.3 million throughout the life of the project.

Additionally, while LIFT II is anticipating the receipt of Mission transfers from DRC, Lesotho, Tanzania and Zambia, the project was directed to proceed with country activities as planned utilizing core funds.

For required reporting budget information please Annex 6.



Alive Again: Linking Services to Strengthen Lives



Photo credit: CARE/DRC

In Lubumbashi, DRC, LIFT II's referral network clients, like Bikalengele, a 28-year-old mother of twin boys, are being strategically linked to food support provided through World Production. This food assistance activity targets people living with HIV and malnourished populations, with the aim to increase adherence to ART and retention in care.

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 HIV epidemic in the Democratic Republic of the Congo (DRC) is considered generalized, with a nationwide prevalence of about 1.1% according to UNAIDS. Nationally, women continue to be more at risk than men, with a prevalence reaching 2.8% among women 15-49 years old. People living with HIV (PLHIV) face a number of challenges both in the community and in their own homes, from wide spread discrimination to lack of care and support services. This is true for Bikalengele, a 28-year-old mother of twins, who lives in the Lubumbashi's Kenya ward in the Democratic Republic of the Congo (DRC).

“When I tested HIV+ three years ago, I lost all hope. Life became tough and the family faced discrimination from the community, and in particular from my in-laws. With the help and counselling from a Peer Educator, I got enrolled for ARV treatment with Kenya General Hospital in Lubumbashi.”

Bikalengele's story is all too familiar—as her health deteriorated, she could no longer actively carry out income generating activities as before, leading to stretched resources. In order to cover expenses for traveling to the hospital to access antiretroviral therapy (ART), feeding her family and buying medicine, she resorted to selling a few household assets she had accumulated, including a bicycle and a radio. This income helped to supplement the family's income stability but only for the short-term, and as a result, Bikalengele discontinued ART treatments for several months. By August 2014, she had lost a significant amount of weight due to poor nutrition, and she could not properly support her 12-month-old twin boys.

In August 2014, World Food Programme (WFP) announced that they would be resuming their food assistance program to vulnerable and malnourished populations in Lubumbashi. This represented a strategic opportunity for LIFT II, which works with six NACS sites to extend the continuum of care by linking the PLHIV and malnourished to economic strengthening and foods assistance services, with the aim of increasing adherence to ART and retention in care. LIFT II, through local partner CARE/DRC, negotiated with WFP in Lubumbashi to target clients identified through the NACS facilities as the best way of reaching people like Bikalengele. In October 2014, WFP, through their local partner World Production (WP), launched a food distribution activity targeting 1,300 clients from all the six NACS sites in which LIFT II is working.

Bikalengele was among the 1,348 clients who were enrolled on this program—which runs from October 2014 to March 2015—when she visited Kenya Hospital for a prevention of mother-to-child transmission session. Along with the NACS objective, WFP supports WP in coordinating the distribution of food rations to the clients identified by the NACS facilities to reduce the impact of malnutrition to families, but also encourage PLHIV to adhere to their treatment regimens.

“Like many other families enrolled in this program, every month I take home a bag of nutritious fortified corn soya blend in addition to pulses and vegetable oil. Since I started receiving this food three months ago and following the nutrition advice given by the hospital about balanced diet, I have gained 4 kg from 53kg to 57kg. I resumed taking my ARVs, I feel much healthier, and I have the energy to carry out my activities. Like many others, I feel like I am alive again,” Bikalengele said with a smile.

LIFT II has continued to collaborate with WFP to reduce the negative effects of malnutrition and increase PLHIV's chances of recovery. Malnourished PLHIV are more likely to suffer from debilitating health consequences when starting ART compared to those with optimal nutrition status. By strengthening the continuum of nutrition and health care and support, these linkages to food aid can support adherence and retention in ART for PLHIV enrolled in this initiative.

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
	Global Activity											
Gender Integration - DS												
Develop a Gender Strategy				C								
Provide Gender Training for LIFT II Staff - HQ			C									
Provide Gender Training for LIFT II Staff - Field					C							
Develop Rapid Gender Assessment Tool						D						
Strengthen Capacity of ES/L/FS Service Providers on Gender-Sensitive Programming	O	O	O	O	O	O	●	●	●	●	●	●
Formative Research on Gender in ES/L/FS Referrals through NACS									●			
Country Collaboration												
Conduct LIFT II Learning Forum					H							
Building the Evidence Base for NACS-ES/L/FS Linkages Activities												
Produce Action Research Technical Notes					C						●	
Conduct Literature Reviews				C								
Product "User" Guides				C							●	
Develop Guidance Document on Referral System Metrics										●		
Disseminate Global Learning from LIFT II Country Programming			O			O				●		●
Monitoring and Evaluation Systems												
Refine Global Database Templates for Roll-Out	O	O	O			O				●		●
Monitor Research/Learning Data Collection and Use			O			O				●		●
Conduct Data Analysis			O			O				●		●
Document Referral Network Design and Metrics						O				●		●
Track Project Costs	O	O	O	O	O	O	●	●	●	●	●	●
Global Standards, Policies and State of Practice in ES/L/FS Activities												
Enhance ES4VP Learning Hub					H							

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	O	O	O	●	●	●	●	●	●
Adapt the CARE Community Score Card									●			
Lesotho - JB/ZA												
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				O	O	O	●	●	●	●	●	●
Mohale's Hoek & Thaba-Tseka: Data Management	M	M	M	M	M	M	●	●	●	●	●	●
Mohale's Hoek & Thaba-Tseka: CommCare Testing, Refinement and Handover			O	O	O	O	●	●				
Mohale's Hoek & Thaba-Tseka: Data Sharing with Referral Networks (Dissemination)						O			●			●
Mohale's Hoek & Thaba-Tseka: Provide ES/L/FS through Nutrition Corners			H									
Mohale's Hoek & Thaba-Tseka: Link PLHIV with SILC Groups			H									
Cote D' Ivoire, Kenya, Mozambique, Rwanda and Uganda												
TBD												
DRC Activity (Tier 1) - HS												
ES/L/FS Integration at National Level	O	O	O	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	O	O	O						
Kingabwa: Provide TA to the Referral Network and Facilitating Organizations/Group		O	O	O	O	O	●	●	●	●	●	●

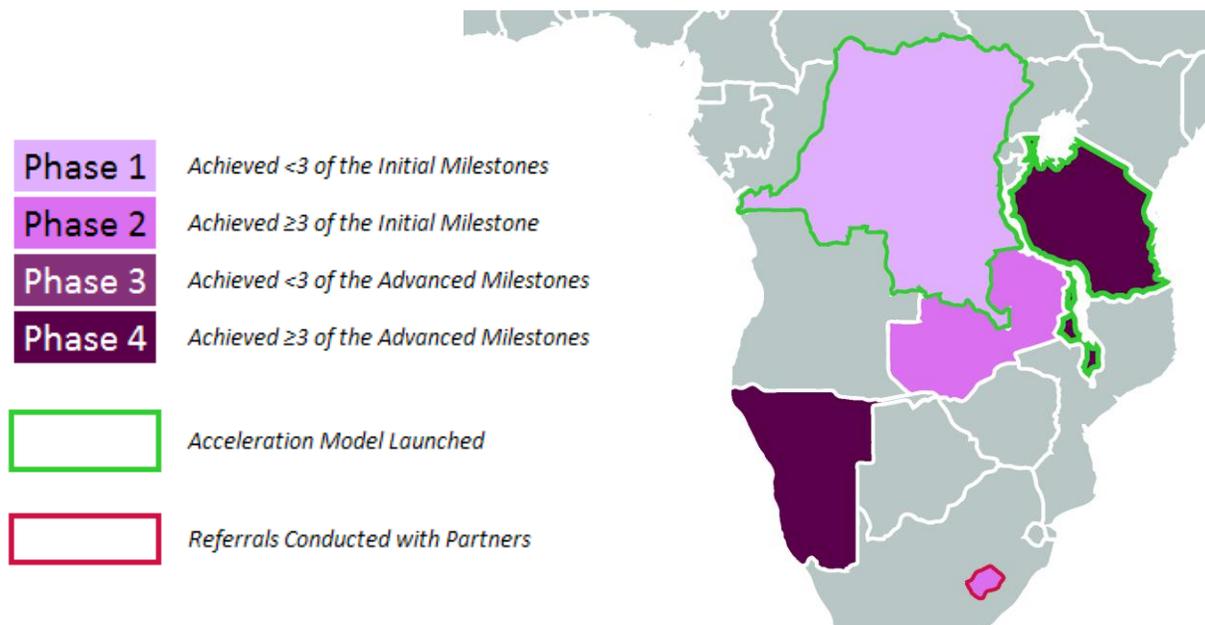
Kingabwa: Data Management	M	M	M	M	M	M	●	●	●	●	●	●
Kingabwa: Network Testing, Launch and Maintenance	O	O	O									
Kingabwa: Data Sharing with Referral Networks (Dissemination)	O			O			●			●		
Lubumbashi: Provide TA to the Referral Network and Facilitating Organizations/Group	O	O	O	O	O	O	●	●	●			
Lubumbashi: Data Sharing with Referral Networks (Dissemination)	O			O			●			●		
Expansion: Site Assessment, Mapping and Engagement						O						
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									
Malawi Activity (Tier 1) - HS/CS												
NCST Training Materials				O	O	O	●					
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			O			●			●		
Balaka: Data Management	M	M	M	M	M	M	●	●	●	●	●	●
Balaka: CommCare Testing, Refinement and Handover	C											
Balaka: Data Sharing with Referral Networks (Dissemination)	O			O			●			●		
Karonga: Referral Network Development	H											
Karonga: Referral Network Learning Event						C	●					
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	M	M	M	●	●	●	●	●	●
Kasungu & Lilongwe: Referral Network Maintenance					O		●			●		
Kasungu & Lilongwe: Data Sharing with Referral Networks (Dissemination)							●			●		
Namibia Activity (Tier 2) - MS												
Ensure Effective Transition of Tools and Processes to MOHSS		C										
Katutura & Engela: Referral Network Maintenance			C									
Katutura & Engela: Data Management	M	M	M	M	M	M	●	●	●	●	●	●
Katutura & Engela: Namibia Referral Network Lessons Learned Assessment			C									
Nigeria Activity (Tier 1)												
TBD												
Tanzania Activity (Tier 1) - DS												
Engage Regional and Local Authorities	O	O	O	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	M	M	M	●	●	●	●	●	●
Iringa Town: Data Sharing with Referral Networks (Dissemination)	O			O			●			●		
Iringa Town: Referral Network Maintenance	O	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					O	O	●	●	●	●	●	●
Zambia Activity (Tier 2) - MS												
Contribute to Development and Finalization of Training Materials		C										

Develop LIFT II Year 2 Work Plan and PMP		C										
Kitwe: Community Engagement, Service Mapping and Stakeholder Meeting				C								
Kitwe: Identify Community-Led Savings and Lending Activities			C									
Kitwe: Develop and Adapt Referral Tools and Database						C						
Kitwe: Provide TA to the Referral Network				O	O	O	●	●	●	●	●	●
Kitwe: Referral Network Launch								●				
Kitwe: Data Management								●	●	●	●	●
Kitwe: Referral Network Maintenance									●			●
Kitwe: Collaborate on Additional NACS Trainings						C						●
Mkushi: Community Engagement, Service Mapping and Stakeholder Meeting								●	●	●	●	
Mkushi: Develop and Adapt Referral Tools and Database									●	●	●	●

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

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
LIFT II Gender Strategy	January 16, 2015
Quarterly Report #5, Year 2, Quarter 1 (FY 2015, Quarter 1, Oct-Dec 2014)	January 30, 2015
SF 425 #6 (FY 2015, Quarter 1, Oct-Dec 2014)	January 27, 2015
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
Zambia – Country Work Plan and PMP	November 24, 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)
OHA TDY Reports for Year 2, Quarter 2 (FY 2015, Quarter 2)	Lesotho, DRC, Namibia, Zambia, South Africa, Malawi, Tanzania

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
Technical Process Note: Galvanizing Service Providers to Create Effective Referral Networks: Stakeholder Meetings	Year 2, Quarter 2
Lessons Learned from Namibia’s Clinic-to-Community Referral Networks	Year 2, Quarter 2
Technical Process Note: Reinforcing the Foundation of Referral Networks: Capacity Strengthening and Mentoring	Year 2, Quarter 2
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
Mandy Swann	US-Zambia-US	January 3 - January 15, 2015	Conduct stakeholders meeting with partners of the Kitwe referral network, carry out a scoping visit to Mkushi, and provide formal orientation to new Zambia staff
Clinton Sears	US-Malawi-US	January 11 - February 3, 2015	Review FY15 progress with USAID/Malawi, onboard new Balaka Program Manager, and conduct learning event in Karonga
Lilian Tarimo	Tanzania-SA-Tanzania	January 12 - January 16, 2015	Participate in the FHI 360 East and Southern Africa Regional Workshop
Dominick Shattuck	US-Tanzania-US	February 6 - February 21, 2015	Provide technical support to refine the referral process in Iringa and launch the referral network in Mafinga
Samuel Mayinoti	Namibia-Tanzania-Namibia	February 8 - February 21, 2015	Provide monitoring support and TA to the Iringa referral network and support launch in Mafinga
Henry Swira	Malawi-DRC-Malawi	February 13 - February 28, 2015	Support ongoing referral capacity building and referral maintenance, provide TA to lead organizations, support mapping and engagement of stakeholders in new sites, and support the development of sustainability/exit strategies
Zach Andersson	US- Lesotho-Malawi-US	March 20 – April 25, 2015	Lesotho: Support referrals system launch in Mohale’s Hoek and Thaba-Tseka, provide TA to local bilateral partner BLC around institutional development of referral networks. Malawi: Conduct final learning event for stakeholders in Karonga.
Samuel Mayinoti	Namibia-Zambia-Namibia	March 29 - April 3, 2015	Deliver referrals training to facility/community NACS implementers and ES/L/FS service providers in Kitwe

Annex 6. LIFT II Budget Reporting Requirement

	Report Period	01/1/2015-03/31/2015					
	Expenditures and Accruals						
	Name of Partner:	FHI 360					
	Contract/Agreement No.	EEM-A-00-06-00001-00					
	Date Completed:	4/18/2015					
	Ceiling	23,000,000					
	Obligation	4,223,138					
	Unobligated Balance	18,776,862					
Tab.1	Total Obligation Amount	Total Actual Expenditure as of previous quarter	Total Actual Expenditure of current quarter	Accruals as of current quarter	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	A	B	C	D	E	F	G=A-F
	4,223,138	2,834,454	\$ 570,222	\$ 275,039	\$ 304,848	\$ 3,984,563	\$ 238,575
Tab.2	Activity	Fiscal Quarter 2015	Total Obligation Amount	Actual Expenditures/ Accruals	Commitments as of current quarter	Total Spent to March 2015	Obligation Remaining
	Global		3,670,447	1,155,795	304,848	1,460,643	2,209,804
	Nigeria		180,000	462	-	462	179,538
	Namibia		372,691	416,877	-	416,877	-44,186
	Malawi			533,985	-	533,985	-533,985
	Tanzania			455,477	-	455,477	-455,477
	DRC			568,894	-	568,894	-568,894
	Zambia			118,314	-	118,314	-118,314
	Lesotho			429,910	-	429,909	-429,909
Tab. 3	Activity	Projected expenditures through end of FY 2015	Months left in FY	Projected Monthly Burn Rate			
	Global	630,841	6	\$105,140			
	Nigeria	-					
	Namibia						
	Malawi	359,063	6	\$59,844			
	Tanzania	464,553	6	\$77,426			
	DRC	623,618	6	\$103,936			
	Zambia	233,572	6	\$38,929			
	Lesotho	185,540	6	\$30,923			