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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 Q3**

**April 1, 2015 – June 30, 2015**



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## Acronyms and Abbreviations

APHA	American Public Health Association
ART	Antiretroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
BLC	Building Local Capacity for the Delivery of HIV Services in Africa
CARE	CARE International
COP	Country Operational Plan
CSC	Community Scorecard
DATF	District AIDS Taskforce
DRC	The Democratic Republic of the Congo
EAR	Engagement, Adherence and Retention
ES	Economic Strengthening
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
FANTA	Food and Nutrition Technical Assistance III
FIELD-Support	Financial Integration, Economic Leveraging, Broad-Based Dissemination
GBV	Gender-Based Violence
HES	Household Economic Strengthening
HESCOPE	Household Economic Strengthening Community of Practice
HTC	HIV Testing and Counseling
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
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
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
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
SIMS	Site Improvement Monitoring System
TA	Technical Assistance
TDY	Temporary Duty Assignment
TWG	Technical Working Group
USAID	United States Agency for International Development
VA	Village Agent
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 under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA). LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). This report presents LIFT II programming covering the period of April 1, 2015 – June 30, 2015 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 (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 technical assistance (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 and Feed the Future investments

## III. Accomplishments

### Quarterly Highlights

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

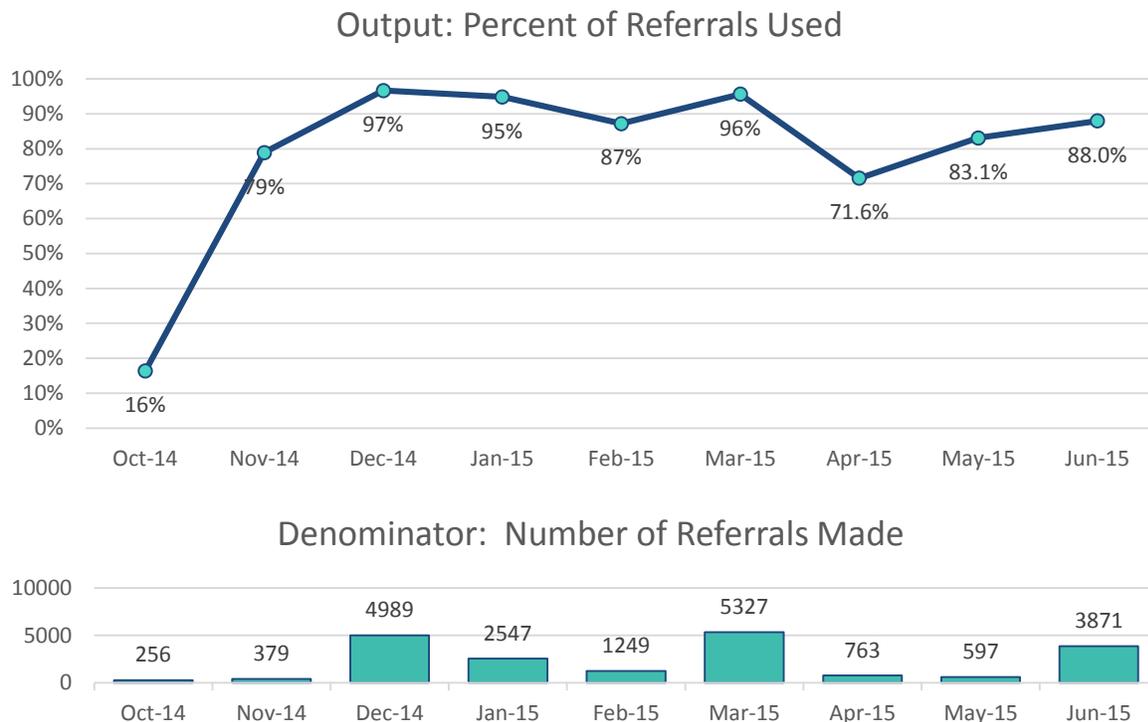
- **Documented the latest evidence on linking engagement, adherence and retention in HIV care and economic strengthening:** LIFT II has recently completed two technical notes which present the existing evidence base for linking cash transfers and savings to the health sector—and particularly to promote engagement, adherence and retention (EAR) in HIV care. News of these notes was pushed through FHI 360’s communication channels and promoted on Twitter and then further shared by the official PEPFAR account (and further retweeted by 17 others), for a collective reach of over 50,000 feeds. The uptake of these technical notes demonstrates a clear interest by donors and practitioners around EAR and economic strengthening. LIFT II will continue to disseminate learning through its ongoing knowledge management efforts.
- **Assessment of referral contribution to EAR in Malawi:** LIFT II has set up and is in the process of conducting an assessment of referral services in three districts (Lilongwe, Balaka and Kasungu) in Malawi where the project has been facilitating referrals since June 2014. The assessment, launched in June 2015, will help LIFT II understand whether referrals increased participants EAR in HIV care and treatment programs compared to other clients who did not receive referrals. The assessment will also include a wide range of stakeholders including health facility staff, network partners, referral clients and those organizations that provided the referrals to address the perceived benefits, risks, costs and staff needs associated with referral system work.
- **Coordination with ASSIST and FANTA to incorporate quality improvement activities (QI) into LIFT II’s work:** Coordination with Applying Science to Strengthen and Improve Systems (ASSIST) and Food and Nutrition Technical Assistance III (FANTA) is ongoing both at the global project level and in Tanzania at the country level to roll out the joint evidence-building program in Mbeya. The LIFT II team has agreed to a work plan with ASSIST in Tanzania, and the projects have discussed performance indicators in the US. A planning meeting was held with USAID/Tanzania and USAID/Uganda at ASSIST’s office in Washington DC. Following this meeting, a work plan for LIFT II’s components of the work has been submitted and shared with Grey Saga, AOR for USAID/Tanzania.

### Continued Progress in the Implementation of Referrals

Continued in-country collaborations and building upon the foundation of learning of LIFT II’s roll-out model has allowed the team to reach a total of **5,231 clients** and **394 service providers** this past quarter (see Figure 1 below). This represents a drop from the extremely positive referral numbers from Q2, and there are several reasons to explain the decreased number of clients referred as well as completion rates:

- **The Democratic Republic of the Congo (DRC):** In this past quarter, 7 of the 17 sites in DRC from Q2 were closed out. Additionally, only half of the site data was submitted by partners in time for reporting for this quarter.
- **Malawi:** As anticipated upon the commencement of acceleration activities in Q1 to link clients from nutrition care, treatment and support (NCST) to village savings and loan associations (VSLAs), the high volume of initial referrals has begun to plateau due to capacity issues in terms of VSLA spaces available for newly referred clients.
- **Lesotho:** Many of LIFT’s referrals in Lesotho are facilitated through the activities of our local bilateral partner Building Local Capacity for the Delivery of HIV Services in Africa (BLC), who transitioned into closeout mode over this past quarter.

**Figure 1: LIFT II's Progress in the Implementation of Referrals.** In Q3, LIFT II referred 5,231 clients through our partners with an average completion of 80.9%.



### Referral Network Highlights

Despite the decrease in overall number of clients referred, there are still a number of developments worth highlighting:

- LIFT II launched referral networks in 3 new sites—2 in Tanzania and 1 in Zambia—for total referral coverage of **42 NACS sites** serving **1,389 PLHIV** through referrals.
- The number of clients referred in Namibia **increased over 500%**--from 54 in Q2 to 333 in Q3—with a significant increase in completed referrals. The significance of this progress is compounded by the fact that the networks here are self-sustaining with very minimal support from LIFT since the project's closeout and handover of activities to the Ministry of Health and Social Services (MOHSS) and Regional Councils at the end of Q1.
- Standard of care sites continued to collect **essential household vulnerability and food security data**. In Q3, 17% of registered clients were classified as provide, 64% as protect and 17% as promote while 37% had little to no hunger, 36% moderate hunger, and 34% severe hunger. These data are critical for routing clients to the best services and for assessing referral impact over time.
- A total of **4,509 (86.2%) clients** were referred to economic strengthening (ES) services in Q3 with **90.1% completion**. Of this total, 991 clients are PLHIV with 99.4% of referrals completed.
- LIFT II convened **15 trainings/capacity building events** in Q3 reaching **210 people** (123 women, 87 men) from 176 of our partner organizations.

## IV. Country Focus

# DRC ACTIVITY

**ACTIVITY LOCATION(S):** Focus on 4 NACS sites in Kinshasa province and 15 sites in Lubumbashi/Katanga Province identified in coordination with the Ministry of Health (MOH), *Programme National de Lutte contre le SIDA*/National AIDS Control Program (PNLS), FANTA, ASSIST and 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** with PEPFAR partners, existing programs, and MOH to support NACS implementation in Kinshasa and Lubumbashi



Participants during the closeout workshop in Mbankana on June 16-17, 2015.

## KEY ACCOMPLISHMENTS

- Facilitated closeout activities in Mbankana and Kingabwa culminating in a two-day closeout workshop (24 participants, 15 M/9 F) which included the use of an adapted scorecard tool, selection of steering committees and signing of stakeholder commitments to support referral activities beyond LIFT II.
- Conducted handover ceremonies of referral tools and sustainability action plans to referral steering committees and MOH in Kingabwa and Mbankana. PNLS, *Programme National de Nutrition*/National Nutrition Program (PRONANUT) and MOH committed to support the activities beyond LIFT II.
- Coordinated with USAID/DRC on the PEPFAR site improvement monitoring system (SIMS) activity in Lubumbashi conducted from May 19-27, 2015. The activity targeted two health facilities where LIFT II is working—Mary Elmer Center and Faveur de Dieu—as well as Kampemba, Dominique Savio and Sendwe. The report is yet to be shared by USAID.
- Held coordination meetings with FANTA and ASSIST staff in Kinshasa and Lubumbashi on joint planning, monitoring, QI activities in NACS sites, as well as planned closeout for Bondeko and Kikimi NACS sites in Kinshasa by September 2015.
- Provided technical support on VSLA methodology and clinic-to-community referrals to network service providers in Kinshasa and Lubumbashi. As a result, 365 individuals (71 M/294 F), among which 118 are PLHIV, received referrals to 14 VSLA groups.
- Supported the World Food Programme (WFP) in Katanga on updating tools for tracking beneficiaries for the second phase of food distribution (July to December 2015), targeting 2,000 option B+ and NACS clients.

## CHALLENGES AND CONCERNS

- The departure of LIFT II/DRC Project Manager in Kinshasa and the LIFT II Program Manager in Washington created some operational challenges. A support plan and swift transition has set activities back on track.

## UPCOMING ACTIVITIES

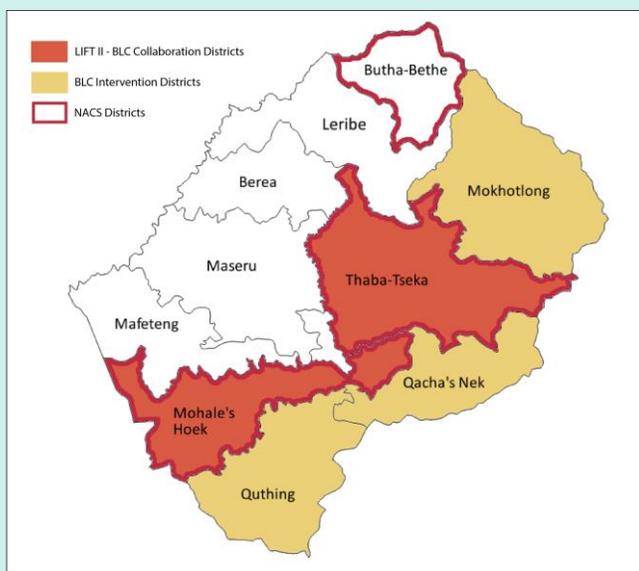
- Follow up on work plans and budget approval for Kinshasa and Lubumbashi
- Initiate handover and closeout activities for Bondeko and Kikimi in Kinshasa by September 2015 in collaboration with FANTA and ASSIST.
- Provide ongoing TA to the referral networks in Kinshasa (Bondeko and Kikimi) and Lubumbashi
- Provide technical assistance to WFP and PEPFAR partners in referrals, VSLA methodology and food distribution to option B+ clients in Lubumbashi.

# LESOTHO ACTIVITY

**ACTIVITY LOCATION(S):** Mohale's Hoek and Thaba-Tseka districts; expansion to Mokhotlong, Qacha's Nek and Quthing

**OVERALL OBJECTIVES:** LIFT II is providing technical assistance in two NACS implementation districts chosen by the MOH and is contemplating expansion to three more districts in collaboration with BLC (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 2,744 clients and 41 service providers
- Launched referral networks in two districts with the participation of 135 individuals including government officials, community councils, civil society organizations and clinical facility personnel.
- Held awareness raising campaigns on the referral systems which involved radio talk shows, dramas to illustrate referrals, and visits to local high schools.
- Carried out six stakeholder meetings providing technical assistance to 72 individuals.
- Collaborated with BLC to finalize referral directories in three additional districts.
- Discussed with BLC around the nutrition corners acceleration strategies which will be rolled out in the three new districts.
- Engaged with USAID/Lesotho through BLC to align existing geographic outreach with PEPFAR 3.0.

## CHALLENGES AND CONCERNS

- Given the onset of PEPFAR 3.0, USAID/Lesotho has changed its area of geographic focus away from Mohale's Hoek and Thaba-Tseka Districts towards more urban districts and higher volume sites in Mokhotlong, Qacha's Nek and Quthing. LIFT II has been quick to adjust and devised an exit strategy for its support to referral networks in Thaba-Tseka and Mohale's Hoek which will include the roll-out of a dues system to ensure that the coordination costs of the networks are covered and that referrals continue to take place.
- LIFT II is exploring the possibilities of accelerating referrals in Thaba-Tseka and Mohale's Hoek by connecting hospitals directly to savings groups in the catchment areas.
- BLC's agreement with USAID was initially scheduled to end in August 2015, thus they spent most of the quarter moving ahead with their close out plans. Approval of a no-cost extension through December 2015, however, was just received during the last week of June 2015.

## UPCOMING ACTIVITIES

- Oversee the development of a dues system for referral network sustainability in Thaba-Tseka and Mohale's Hoek Districts.
- Roll out nutrition corners approach for referral services in three new districts.
- Travel to Lesotho next quarter to continue providing ongoing technical support to all referral networks in collaboration with BLC.

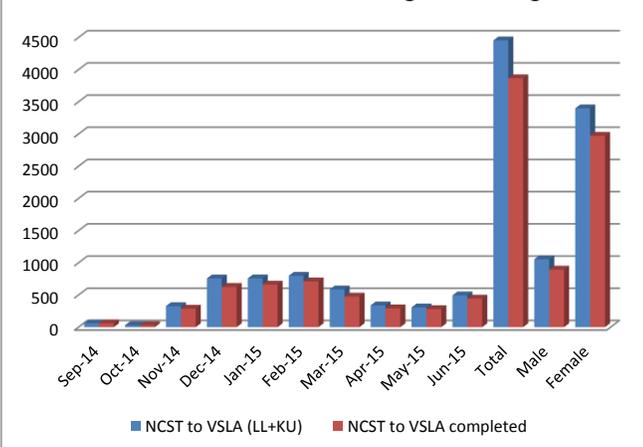
# MALAWI ACTIVITY

**ACTIVITY LOCATION(S):** Balaka District (standard of care approach, working with a network of 21 service providers including 3 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, through the NCST platform.

NCST to VSLA referrals in Kasungu and Lilongwe



During Q3, 1,539 clients were referred from NCST facilities to VSLA in Lilongwe and Kasungu. Based on the addition of clients reached this quarter, a total of 5,485 individuals (1,571 M/3,914 F) have been referred to VSLA since September 2014. An additional 99 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 supported referral activities at 20 NCST sites in Balaka, Lilongwe and Kasungu districts
- Provided 1,539 individuals with referrals from NCST sites to VSLA services with 86% of referred clients already having accessed services.
- Held a referral system learning workshop in Karonga District, with 36 participants from NCST facilities and ES/L/FS service providers.
- Facilitated a LIFT II-adapted Community Scorecard (CSC) approach with Balaka stakeholders to review progress and collectively develop a sustainability plan accounting for project closeout in September 2015.
- Developed and received approval (from FHI 360's institutional review board (IRB) and Malawi's National Commission on Science and Technology) for a research protocol outlining a comprehensive assessment of referral activities in Balaka, Lilongwe and Kasungu planned for June to July 2015.
- Participated in a nutrition and HIV situational analysis and planning for South East Zone workshop, hosted by Dignitas International.
- Participated in a learning forum hosted by FANTA and attended by NCST facilities within Balaka.
- Planned technical working group (TWG) meeting to explain referral lessons learned by LIFT II and facilitate discussion among government stakeholders on scale-up plan.
- Harmonized case management systems in Lilongwe and Kasungu by incorporating ART and HIV testing and counseling (HTC) ID numbers into referral registration process.
- Held four coordination and collaboration meetings with health workers, referral volunteers and village agents on client follow-up.

## CHALLENGES AND CONCERNS

- Upcoming project closeout in September, 2015, will require careful planning to maximize resource availability and ensure sustainability in Balaka, Lilongwe and Kasungu.

## UPCOMING ACTIVITIES

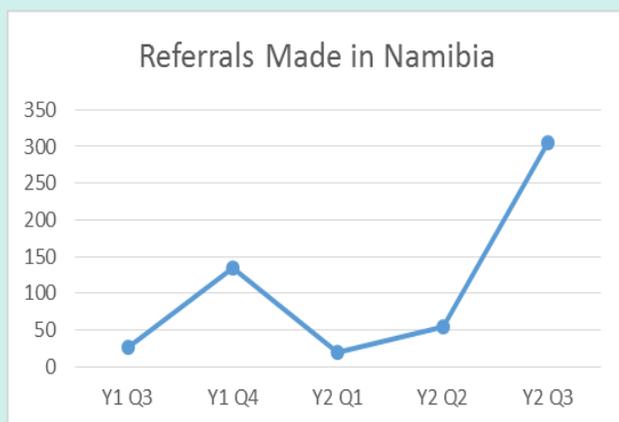
- Conduct a comprehensive assessment of referral activities in Balaka, Lilongwe and Kasungu. Data collection and analysis will run from June to July, with a final report targeted for distribution by September 2015.
- Implement exit strategy in Balaka. Support action items identified via CSC process.
- Provide technical support to stakeholders in Balaka, Lilongwe and Kasungu
- Finalize closeout plans with NCST facilities in Lilongwe and Kasungu
- Share lessons learned by LIFT with NCST TWG in the MOH

# NAMIBIA ACTIVITY

ACTIVITY LOCATION(S): Engela and Katutura districts

## 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 analyses 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.



A year after the referral networks were launched in June and July 2014, they are hitting their stride with significant increases in the number of clients reached. Referral completion by clients is also on the rise.

## KEY ACCOMPLISHMENTS

- Number of referrals increased over 500% from the previous quarter to 333, with a significant increase in completed referrals.
- One year after their launch the networks are self-sustaining through the effort of network members and leaders, with very minimal support from LIFT II.
- Marked increase in the number of referrals to long-term services, particularly skills training for home gardening and livelihood training (versus food aid) to support the longer term needs of PLHIV households.
- Provided remote and very limited onsite support to encourage network members to institutionalize referral processes and improve data collection and reporting, including the following:
  - Group emails for updates and encouragement
  - Calls with individual network members to work through challenges
  - Engagement with MOHSS and Regional Councils' management and facilities to encourage oversight and support for referrals
  - Support network data review and reporting
- Engaged with over 90% of the service providers in the networks to reconfirm the availability of their services and willingness to serve clients through the referral system, which led to increased enthusiasm in referring clients.

## CHALLENGES AND CONCERNS

- Number of referrals being made and the referral completion rate remain relatively low in proportion to the available services within the networks.
- Significant progress was made to reengage network members, though inactivity by some members in both sites persists due to staffing/time availability, turnover, diminished enthusiasm and other challenges.
- Lack of willingness by Constituency Offices in Katutura to take the lead coordinating role, citing staff challenges and high amounts of current work. LIFT II is working with the Regional Council to identify a constituency or other network partner that can play this important data management/reporting function.

## UPCOMING ACTIVITIES

- Conduct a concerted effort in identifying and capacitating a willing constituency office or other network member to provide leadership to the Katutura network.
- Provide ongoing support to both networks to improve client reach and support high quality data collection and analysis.

# 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 (HESCOMP), 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 and USAID/Washington for guidance. Guidance provided has been to wait to move forward until additional guidance is provided.

## UPCOMING ACTIVITIES

- LIFT II has continued to engage with USAID/Nigeria and will be holding a conference call with the new Orphans and Vulnerable Children (OVC) Specialist, Joanna Nwosu, next quarter.

# TANZANIA ACTIVITY

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

## 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.
- 2. Build capacity within existing community services:** Support development of existing ES 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.



CBO representatives in Iringa and LIFT II staff listening to Allamano Center Coordinator discuss referrals in the community.



Home-based care workers from Afya Women listening to Mufindi Community Development Officer provide guidance on the referral process

## KEY ACCOMPLISHMENTS

- Provided comprehensive referral training and TA and launched referral networks in Mafinga and Kasanga
- Signed a memorandum of understanding with Afya Women to provide leadership in the new Mafinga and Kasanga referral networks.
- Referred 123 clients in Iringa Town referral network.
- Held three stakeholder/review meetings and provided ongoing TA to 54 total organizations.
- Worked with ASSIST and FANTA to plan for baseline assessment and rollout of the evidence-building QI activity in Mbeya Rural District. Support included participation in a series of coordination meetings and the review and development of tools.
- Conducted a mapping in the Mbeya Rural District and identified 12 community-based service providers and 11 support groups to be part of the referral network.
- Delivered gender sensitization training for Mafinga and Kasanga referral networks and gender-based violence (GBV) training for Iringa.
- Provided in depth ODK training to Allamano staff.

## CHALLENGES AND CONCERNS

- Reduced number of referrals as saturated capacity to refer or take on new clients within some of the service providers in the Iringa Town network, as well as the newness of the referral concept. This is being addressed through the introduction of government health facilities and other community ESL/L/FS service providers into the network to ensure the network can reach as many ART clients as possible, along with more intensive ongoing TA to support routine implementation.
- LIFT II has completed initial activities related to the collaborative evidence building activity in Mbeya Region and is ready to begin referral implementation. Delays in the ASSIST baseline and other foundational activities are delaying the referral network launch plans in Mbeya Rural.

## UPCOMING ACTIVITIES

- Support the Iringa Town referral network to increase client reach, integrate additional service providers, and improve service delivery.
- Provide ODK training and phones to Afya Women for electronic data capture and management. Provide ongoing TA to ensure functionality, reach and quality of these new networks.
- Continue engagement with ASSIST and FANTA in order to coordinate and implement NACS QI activities in Mbeya Rural District; hold stakeholder meeting to further orient stakeholders to LIFT II's purpose and approach and launch the referral system.
- Conduct GBV for training Mafinga and Kasanga networks and nutrition training for all three networks.

# ZAMBIA ACTIVITY

**ACTIVITY LOCATION(S):** Kitwe District in Copperbelt Province; expanding to Mkushi District in Central 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.



LIFT II staff providing onsite mentoring to a Kawama health facility referral volunteer in completing the referral register and reporting form for the ART clients she referred to community services.

## KEY ACCOMPLISHMENTS

- Provided comprehensive referral training and onsite mentoring to 28 Kitwe referral network members (including 10 government ART sites) on the use of the referral toolkit and effective implementation and data collection/ reporting processes.
- Launched the referral system in Kitwe in early June which provided 30 referrals in the first 3 weeks of implementation.
- The District AIDS Task Force (DATF) agreed to provide overall coordination to the Kitwe network.
- Engaged with government stakeholders in Mkushi with FANTA and ASSIST, mapped key community-based ES providers in the district, and supported FANTA in planning for the launch in July.
- Worked with the MOH, Ministry of Community Development Mother and Child Health (MCDMCH), FANTA and ASSIST to create uniform guidelines for engaging community and facility volunteers on NACS work.
- Began planning for the implementation of acceleration strategies in Kitwe to increase client reach and awareness.
- Worked closely with FANTA to begin the process of streamlining tools and trainings for NACS-implementing staff and volunteers in all joint sites.

## CHALLENGES AND CONCERNS

- Due to MOH activities, availability of service providers for onsite mentoring, NACS partner activities in Mkushi, and procurement delays, the Kitwe referral launch was later than anticipated.
- An elephantiasis outbreak and child health week were significant priorities for health facility staff which impacted the number of clients reached.

## UPCOMING ACTIVITIES

- Provide ongoing mentoring and troubleshooting support for implementation and data collection across the Kitwe network. Provide training on ethics to the network as requested by MCDMCH and on other topics of interest to the network.
- Collaborate with FANTA and ASSIST in the launch of NACS activities in Mkushi in July 2015.
- Confirm how LIFT II will engage with selected community-based service providers in Mkushi and support the integration of ART clients into saving and lending groups. Adapt existing referral tools for this network.
- Provide training on clinic-community referrals to the Mkushi network, harmonized with FANTA and ASSIST training and TA activities.
- Identify joint office space and plan for the placement of LIFT II's Leland Fellow in Mkushi.

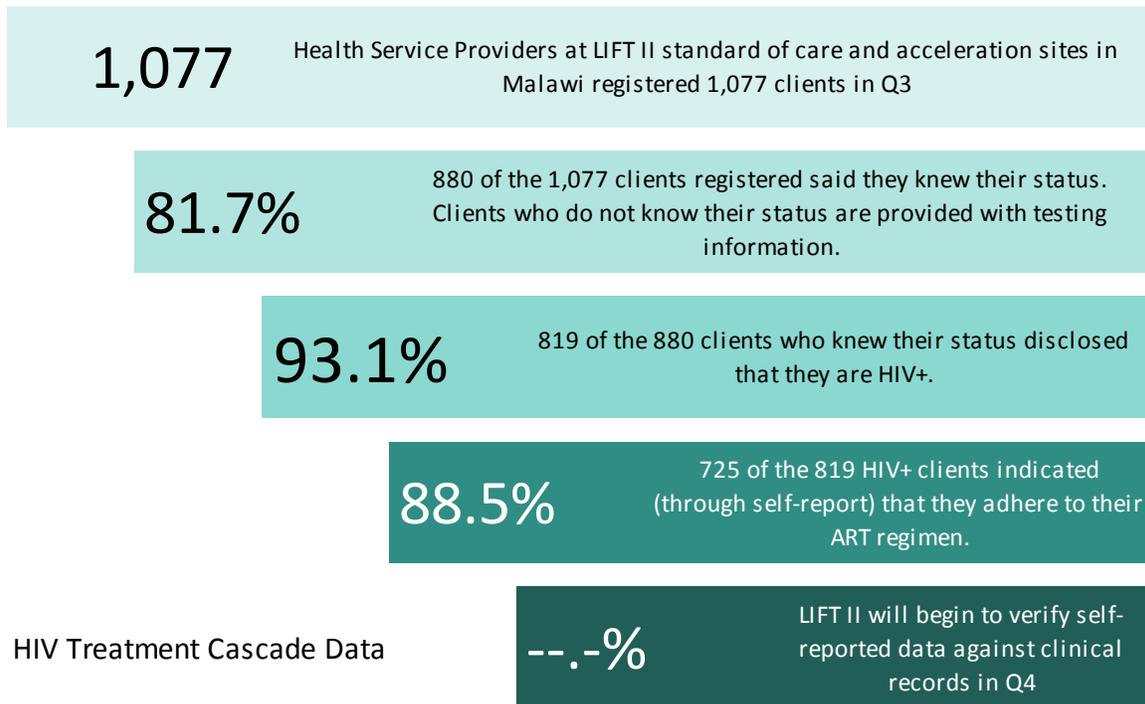
## V. Global Activities

### 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 were compiled into two technical notes to be used as tools to further advocate for the utilization of ES to promote better adherence and retention in care for HIV and AIDS patients.

Figure 2 below presents June 2015 data from LIFT II's standard of care and acceleration sites in Malawi. At the end of Q3, LIFT II began the process of verifying client ART adherence against clinical records, and the project is looking forward to analyzing this data in the next quarter.

**Figure 2: Tracking LIFT II's Referral Data Across the HIV Treatment Cascade.** While this graphic will continue to be refined in subsequent quarters, it is worth noting that it will not represent a direct match of the preceding quarter's data. This is because the inputs for the first four bars comes from clients newly registered in the reporting quarter while the final bar's data comes from clients registered in previous quarters and checked during the reporting quarter.



HIV Treatment Cascade Data

## M&E Systems

LIFT II's monitoring and evaluation (M&E) systems introduced three important updates during Q3:

- **Verification of HIV status, ART initiation and ART adherence against client's clinical records.** At the end of June, LIFT II trained health facility staff at nine NCST sites in Malawi to match self-reported HIV data from clients (collected at the time of enrollment for referral) against medical records. The verification process will take place in July, and data will be reported in LIFT II's Year 2 Annual Report. Expected outcomes include 1) agreement between self-reported adherence and adherence based on clinical records, 2) probability analysis to explore whether referral clients are more likely to adhere to ART than the general pool of NCST clients, and 3) probability analysis of client default before and after receiving a referral. During Q4 LIFT II will adapt these data verification tools for use in other LIFT II referral network sites.
- **Creation of a data dashboard.** LIFT II created a simple Excel "dashboard" which improves local partners' ability to analyze and use data from their referral network. The mHealth platform used in Malawi's Balaka Referral Network produces complex data sets which are cumbersome to analyze. The dashboard simplifies the process by first pulling only relevant data into a clean sheet and then conducting basic analyses/producing graphs in a second Excel sheet. The analysis tallies all clients registered, referrals made and referrals used, and helps disaggregate these items by client sex and HIV status.
- **M&E system training.** LIFT II staff in all countries spent time reviewing and improving data collection tools used by each country. Tools vary by country and were designed to collect data produced by the referral system(s) in place. LIFT II staff are in the process of understanding how to best feed back data to the referral network partners—this is the purpose of a tool such as the dashboard referenced above. However, it is also important to understand how country-level tools feed into a global data set that reflects LIFT II activities in all countries. In particular it is important to ensure data needed at global level (such as ART adherence and retention for all referral clients) are appropriately collected from each referral site.

## Upcoming Activities in the Next Quarter

- LIFT II will be sharing a report on its current **Assessment of Referral Contributions to EAR in Malawi** during the next quarter. We intend to widely disseminate this assessment to both internal and external audiences. Immediately upon the return of the team to DC we will coordinate a presentation of the findings with the USAID Advisory Team. LIFT II has secured the necessary resources from FHI 360 to support the publication of findings from this assessment.
- LIFT II will be hosting a new **Mickey Leland International Hunger Fellow** from 2015 to 2017. Starting at the end of next quarter, Carlo Abuyuan will be joining LIFT II on the ground in Zambia to support referral activities. Mr. Abuyuan served as a Peace Corps volunteer in both Niger and Kenya and brings experience working with microfinance institutions. His presence in Zambia is anticipated to support the expansion of LIFT II activities into Mkushi.
- LIFT II expects to continue the **roll-out of its QI activities in Tanzania** through focusing its efforts around the two largest hospitals in Mbeya Rural District: Ifisi Hospital and Mbalisi Hospital. LIFT II will be finalizing its referral service directories, training a cadre of community health nurses, and finalizing its data collection systems to facilitate referrals.
- LIFT II will be preparing to present lessons learned and recommendations from the Namibia assessment conducted in Q1 at the **American Public Health Association (APHA)** annual meeting later this year, October 31 - November 4, 2015 in Chicago.

## VII. Documentation of Best Practices for Scale Up

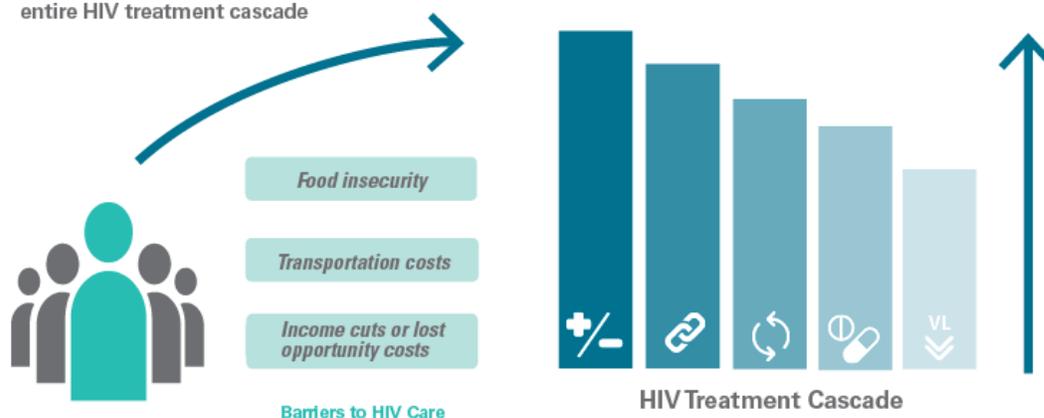
### Technical Notes and Products

In this past quarter, LIFT II continued to develop a steady stream of technical products to capture project learning. Building upon the three-part technical intervention note series examining [cash transfer and voucher programs](#), [savings groups](#) and [value chains](#), the team developed two additional notes that present the existing evidence base for linking economic strengthening interventions, cash transfers and savings, to the health sector—and particularly to promote EAR in HIV care. Literature points towards recurrent barriers for health service uptake and retention in HIV care: transportation costs, food shortages and inability to take time off from work or other responsibilities to attend with clinical appointments. While further research is needed to draw more specific conclusions around the associations between ES interventions and more complex, longer-term health outcomes, these interventions represent promising means for helping households affected by HIV and AIDS to overcome barriers to care and improve results along the HIV treatment cascade (see Figure 3 below).

**Figure 3. Using Economic Interventions to Promote Engagement, Adherence and Retention in HIV Care.** LIFT II is using economic interventions to improve results across the treatment cascade.

### USING ECONOMIC INTERVENTIONS TO PROMOTE ENGAGEMENT, ADHERENCE AND RETENTION IN HIV CARE

Targeting interventions to overcome barriers to care improves outcomes on the entire HIV treatment cascade



Additionally this quarter, LIFT II revamped and resubmitted the project's knowledge management strategy for USAID review.

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

## VII. Knowledge Management

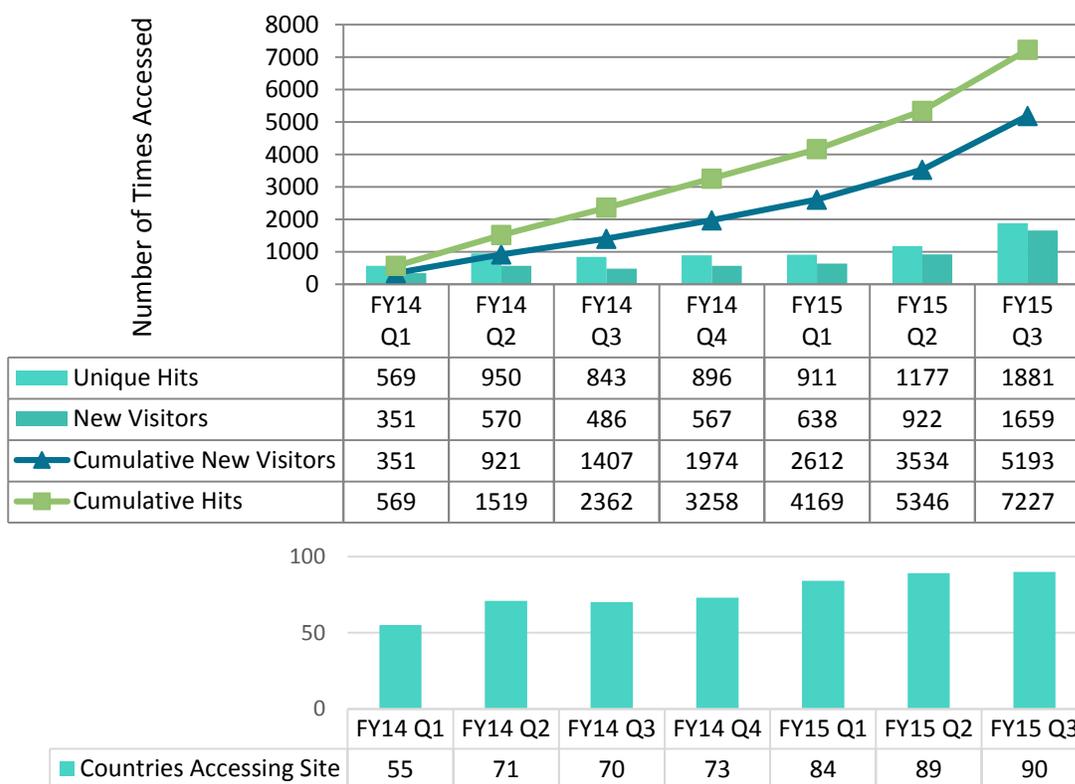
### LIFT II Website and Resource Dissemination

In this quarter, project staff continued to produce engaging content for routine posting on the project website, [www.theliftproject.org](http://www.theliftproject.org). A total of four blogs were produced by project staff from the home office as well as field-based staff and four new technical resources (reports, publications, technical notes, etc.) were posted and disseminated through various channels.

The team took steps to revitalize the project’s web presence this past quarter through ensuring a steady stream of fresh content both on the website and Twitter feed ([@liftproject](https://twitter.com/liftproject)) and actively seeking opportunities to drive traffic to the site via partner and FHI 360 corporate channels. Worth noting on the dissemination front is that news of the two technical notes presenting the evidence base linking HIV care with cash transfers and savings, respectively, was picked up by PEPFAR and shared on their official Twitter account ([@PEPFAR](https://twitter.com/PEPFAR))—and then further retweeted by 17 others for a total reach of over 50,000 follower feeds. In addition, both the number of unique hits and new visitors to the site saw significant increases. The number of countries accessing the project website saw slight growth for a record high of 90 total countries in this past quarter.

### Visits to the LIFT II Website

([www.theliftproject.org](http://www.theliftproject.org))



## Conferences and Events

This quarter began with LIFT II's participation in a new information circuit table at the **CORE Group Spring 2015 Global Health Practitioners Conference** held April 13-17, 2015 around the accelerated linkage approach to connect clients from NCST facilities to VSLAS. During the presentation, LIFT II provided an overview of the activity and initial results and discussed the methodology used to put these linkages in place, including utilization of existing community systems and local resources for improved uptake and sustainability. The presenter will also discuss successes and challenges from the implementation experience, as well as overall client level impacts seen to date based on this extended continuum of care.

Additionally in this quarter, LIFT II received word that the abstract submitted to the **APHA 2015 Annual Meeting and Exposition** was accepted for poster presentation in the HIV Testing and Care subgroup. The abstract was submitted in Q2 around the findings of the Namibia Lessons Learned Assessment conducted during Q1.

## VIII. Management – Staffing, Operations, Finance

### Staffing

This quarter, LIFT II saw transitions among some of the core positions of the team and took the opportunity to reassess staffing needs, resulting in a smaller core team based on the home office. The team has been able to successfully recruit and onboard new personnel to ensure that activities can continue effectively and efficiently. Recruitment efforts and personnel transitions this quarter include:

- **Program Manager, Washington, DC.** In June, LIFT II welcomed Jessica Bachay onto the team as the new Program Manager. Ms. Bachay brings over six years of experience working on economic development projects, ranging from microfinance, financial education, food security and livelihoods, and her recent work includes managing research activities and contributing towards knowledge management efforts of large, complex global projects. Her predecessor, Amy Conlee, departed FHI 360 in May 2015.
- **Leland International Hunger Fellow, Zambia.** LIFT II was notified of its selection once again as a host organization for the Congressional Hunger Center's Leland International Hunger Fellowship Program. After an intensive interview and candidate matching process, it was decided that Carlo Abuyuan will be joining LIFT II on the ground in Zambia starting next quarter. Mr. Abuyuan served as a Peace Corps volunteer in both Niger and Kenya and brings experience working with microfinance institutions.
- **Technical Director, Durham, NC.** In April, Dr. Dominick Shattuck notified the team that he would be resigning his position on LIFT II and departing the organization effective June 1, 2015. Given the budget clarifications realized in FY 2015 Q2 as well as a shift in prioritization of activities to focus on country-level results, the team decided not to rehire for this position. As the Technical Director is a key personnel position, the Project Director alerted LIFT II's AOR of this decision, and all parties are in agreement of this shift in the project's initial staffing structure.

### Finance

For required reporting budget information please Annex 6.



## Renewed Hope and Resilience Through Referrals: Elisia's Story



Photo credit: Samuel Mayinout/FHI 360

Elisia Nghimutina, a 40-year-old single mother of four, lives in a rural village in Engela, a district in northern Namibia. Though she engages in seasonal subsistence agriculture, her crops are dependent on the rains, which are unpredictable and unreliable. She also buys household goods from the nearby town to resell in her village, but this venture yields a very modest income. As a further stretch of her limited resources, Elisia is part of a large extended family, some members of which have fewer resources than she does and rely on her for support. Elisia's situation is far from unique: Engela District is typical of rural areas in that part of the country, characterized by acute poverty, low agricultural production and the myriad challenges presented by HIV and AIDS. To address these complex and varied needs, Livelihoods and Food Security Technical Assistance II (LIFT) is providing a unique kind of support to Elisia's community and others like it.

The project engaged in a series of activities designed to facilitate client referrals among nutrition, health and livelihoods service providers. Referrals like these minimize missed opportunities to help people in a holistic way, rather than focus on only one dimension of their need. The activities included intensive stakeholder engagement, development of referrals resources, and training and ongoing capacity building on how to establish and run a referral network. Now, clinic-to-community referrals have become a reality.

Late last year, when one of Elisia's children became sick, she took him to Odibo Health Centre for treatment, and the provider discovered that her child was severely malnourished. Elisia received nutritional counseling and therapeutic foods for her son; however, she was surprised when the nurse asked her if she was interested in receiving a referral to the constituency office (local government office). She accepted the referral but did not act on it until talking with a relative who strongly encouraged her to go. Her relative, a member of a local HIV support group, had participated in a referral training conducted by LIFT.

It's a testament to the breadth of LIFT's engagement—as well as the importance of peer support—that Elisia was convinced to act on the referral. At the constituency office she was assessed for poverty and food security with the LIFT diagnostic tool, provided with food aid to address her and her family's immediate needs, and further referred the local branch of the Ministry of Agriculture so that she could apply for inputs (such as seeds and fertilizer) and ploughing support for her field.

Elisia's story is just one success of the clinic-to-community referral system. Stakeholders and clients appreciate the benefits of community service providers working with health facilities to refer clients receiving clinical nutrition and HIV services to economic strengthening, livelihoods and food security support. The referral network has increased awareness of the range of services available in the district. In addition to reducing community members' food insecurity and improving economic opportunities, the referrals also increase their sense of self-reliance and support greater adherence and retention in care among people living with HIV, a noted challenge in the district.

To date, the referral system in Engela has had an uptake of at least 380 clients who have been referred to economic strengthening, livelihood and food security services. The referral networks in Namibia were launched in June and July 2014, and one year later they are being self-sustained by the network members and leaders with very minimal support from the project. The Engela referral network has shown its commitment by continuing to hold regular review meetings and significantly increasing the number of clients referred and served. In addition, the network is increasingly focused on facilitating access to longer-term services, such as agricultural production support, income generating activities and livelihood training, to help ensure self-reliance for the households of people living with HIV.

*"We lack information about services that can help us...The referral system is a good thing and it has been a relief receiving a service after being referred. I look forward to getting additional services from the Ministry of Agriculture to which I have been referred and hope that I will have an increased harvest from my field, especially of the bean crop that I cultivate". – Elisia Nghimutina*

**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.*

## 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				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	O	O	O	●	●	●
Formative Research on Gender in ES/L/FS Referrals through NACS												●
<b>Country Collaboration</b>												
Conduct LIFT II Learning Forum					H							
<b>Building the Evidence Base for NACS-ES/L/FS Linkages Activities</b>												
Produce Action Research Technical Notes					C				C		●	
Conduct Literature Reviews				C								
Product "User" Guides				D								●
Develop Guidance Document on Referral System Metrics												●
Disseminate Global Learning from LIFT II Country Programming			O			O			O			●
<b>Monitoring and Evaluation Systems</b>												
Refine Global Database Templates for Roll-Out	O	O	O			O			O			●
Monitor Research/Learning Data Collection and Use			O			O			O			●
Conduct Data Analysis			O			O			O			●
Document Referral Network Design and Metrics						O			O			●
Track Project Costs	O	O	O	O	O	O	O	O	O	●	●	●
<b>Global Standards, Policies and State of Practice in ES/L/FS Activities</b>												
Enhance ES4VP Learning Hub					H							

Develop Standards of Practice for ES/L/FS Multi-Sectoral Approaches					H								
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						C					●	
Disseminate LIFT II Technical Resources and Advances through Multimedia Channels	O	O	O	O	O	O	O	O	O	O	●	●	●
Adapt the CARE Community Score Card								C					
<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				O	O	O	O	O	O	O	●	●	●
Mohale's Hoek & Thaba-Tseka: Data Management	M	M	M	M	M	M	M	M	M	M	●	●	●
Mohale's Hoek & Thaba-Tseka: CommCare Testing, Refinement and Handover			O	O	O	O	O	O	O	O	●	●	●
Mohale's Hoek & Thaba-Tseka: Data Sharing with Referral Networks (Dissemination)						O			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										
<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	O	O	O	O	O	O	O	●	●	●
Special Studies											●	●	●
Develop LIFT II Year 2 Work Plan	C												
Support Roll-Out of SUN Implementation Plan	TBD												
Kinshasa: Referral Capacity Building	O	O	O	O	O	O							
Kinshasa: Provide TA to the Referral Network and Facilitating Organizations/Group		O	O	O	O	O	O	O	O	O	●	●	●

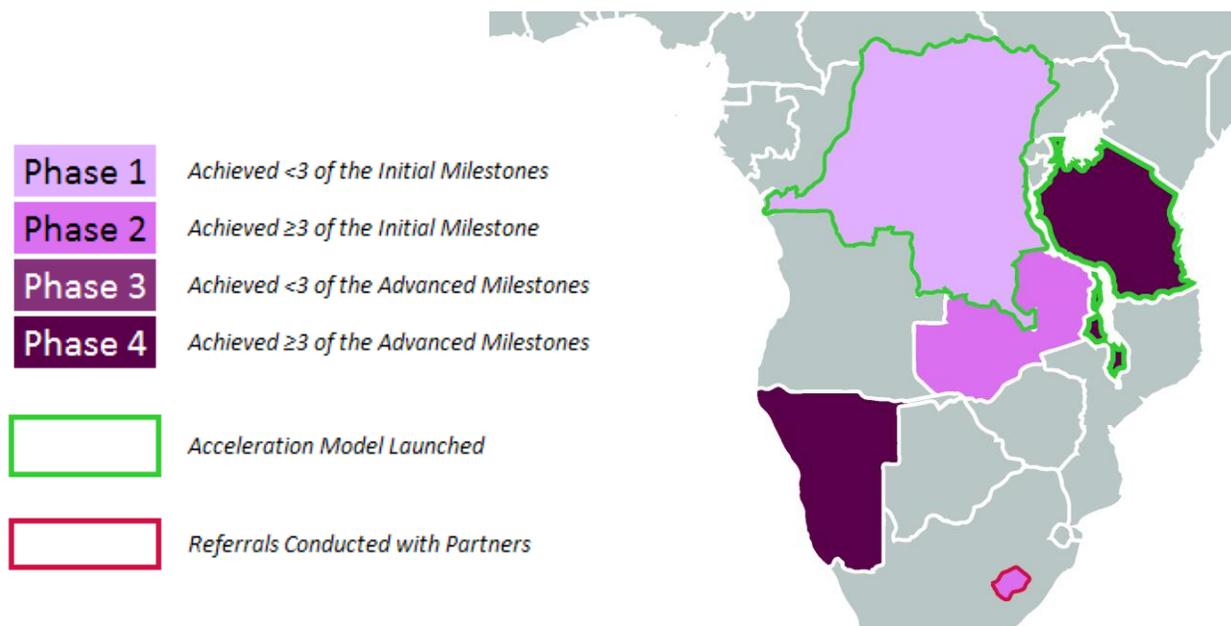
Kinshasa: Data Management	M	M	M	M	M	M	M	M	M	M	●	●	●
Kinshasa: Network Testing, Launch and Maintenance	O	O	O										
Kinshasa: Data Sharing with Referral Networks (Dissemination)	O			O					O		●		
Lubumbashi: Provide TA to the Referral Network and Facilitating Organizations/Group	O	O	O	O	O	O	O	O	O	O	●	●	●
Lubumbashi: Data Sharing with Referral Networks (Dissemination)	O			O				O			●		
Expansion: Site Assessment, Mapping and Engagement				O	O	O	O	C					
Expansion: Provide TA to the Referral Network and Facilitating Organizations/Group							O	O	O	O	●	●	●
Expansion: Data Management								O	O	●	●	●	
Expansion: Referral Network Maintenance									O	●	●	●	
Expansion: Data Sharing with Referral Networks (Dissemination)									O	●	●	●	
<b>Malawi Activity (Tier 1)</b>													
NCST Training Materials				O	O	O	O	O	O	O	●		
Special Studies									O	●	●		
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			O			●			
Balaka: Data Management	M	M	M	M	M	M	M	M	M	●	●	●	
Balaka: CommCare Testing, Refinement and Handover	C												
Balaka: Data Sharing with Referral Networks (Dissemination)	O			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)						C							
Kasungu & Lilongwe: Site Assessment and Mapping	C												

Kasungu & Lilongwe: Referral Network Development and Launch	O	O	O	C								
Kasungu & Lilongwe: Data Management		M	M	M	M	M	M	M	M	●	●	●
Kasungu & Lilongwe: Referral Network Maintenance					O	O		O			●	
Kasungu & Lilongwe: Data Sharing with Referral Networks (Dissemination)						O		O		●	●	
<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	M	M	M	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	O	O	O	O	O	O	●	●	●
Develop LIFT II Year 2 Work Plan and PMP		D							C			
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	M	M	M	●	●	●
Iringa Town: Data Sharing with Referral Networks (Dissemination)	O			O			O			●		
Iringa Town: Referral Network Maintenance	O	O	O		O		O		O	●	●	●
Mafinga & Kasanga: Referral Network Launch							C					
Mafinga & Kasanga: Data Management								M	M	●	●	●
Mafinga & Kasanga: Data Sharing with Referral Networks (Dissemination)									O	●		●
Mafinga & Kasanga: Referral Network Maintenance									M	●	●	●
Mbeya Rural: Community Engagement, Service Mapping & Stakeholder Meeting								O	O	●		
Mbeya Rural: Referral Network Launch											●	●

Mbeya Rural: Data Management & Sharing													●
Mbeya Rural: Referral Network Maintenance and QI													●
Mbeya Rural: Stakeholder Meetings & Capacity Development													●
<b>Zambia Activity (Tier 2)</b>													
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	O	O	O	●	●	●	
Kitwe: Referral Network Launch									C				
Kitwe: Data Management									M	●	●	●	
Kitwe: Referral Network Maintenance									M				●
Kitwe: Collaborate on Additional NACS Trainings						C							●
Mkushi: Community Engagement, Service Mapping and Stakeholder Meeting									O	●	●		
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) 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
Phase 2 - Achieved ≥3 of the Initial Milestones, but <3 of the Advanced Milestones	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 3 - Achieved 3-5 of the Advanced Milestones	Advanced Milestones (7) for ≥ 75% of referral systems: 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
Phase 4 - Achieved ≥6 of the Advanced Milestones	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

## 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)	July 30, 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
Quarterly Report #6, Year 2, Quarter 2 (FY 2015, Quarter 2, Jan-Mar 2015)	April 30, 2015
SF 425 #7 (FY 2015, Quarter 2, Jan-Mar 2015)	April 28, 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
Zambia – Country Work Plan and PMP	November 24, 2014
LIFT II Knowledge Management Strategy	Revised submission June 23, 2015

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
OHA TDY Reports for Year 2, Quarter 3 (FY 2015, Quarter 3)	Zambia, Lesotho, Malawi, Tanzania (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
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
Technical Intervention Note 1.4: Cash Transfer and Voucher Programs - State of the Evidence	Year 2, Quarter 3
Technical Intervention Note 2.4: Savings Groups - State of the Evidence	Year 2, Quarter 3
LIFT II project website populated with current content, at least two experiments on the effectiveness of social media to disseminate and connect with global practitioners; completed knowledge management and learning strategy	Continual

## Annex 5. LIFT II Travel

During this period, project staff took the following trips:

<i>Traveler Name</i>	<i>Origin-Destination</i>	<i>Travel Dates</i>	<i>Purpose</i>
Dominick Shattuck	US-Tanzania-US	April 11 - April 19, 2015	Work with ASSIST, TA to Afya Women's Group towards leading coordination of Mafinga Referral Network.
Samuel Mayinoti	Namibia-Tanzania-Namibia	April 12 - April 25, 2015	Provide monitoring support and TA to referral networks in Iringa and Mafinga, and support launch in Kasanga.
Clinton Sears	US-Malawi-US	June 19 - July 21, 2015	Conduct an assessment to analyze ongoing work in Malawi being done at three separate sites and using two different models to link people living with/affected by HIV to needed services via formal referral mechanisms and to understand the impact of said systems on client adherence and retention in care.
Meredith Cann			
Zach Andersson		June 22 - July 24, 2015	
Samuel Mayinoti	Namibia-Tanzania-Namibia	June 29 - July 11, 2015	Support stakeholder meeting(s) in Mbeya and provide monitoring and TA support to networks in Iringa, Kasanga and Mafinga.

## Annex 6. LIFT II Budget Reporting Requirement

	<b>Report Period</b>	04/1/2015-06/30/2015					
	<b>Expenditures and Accruals</b>						
	<b>Name of Partner:</b>	FHI 360					
	<b>Contract/Agreement No.</b>	EEM-A-00-06-00001-00					
	<b>Date Completed:</b>	7/28/2015					
	<b>Ceiling</b>	23,000,000					
	<b>Obligation</b>	7,420,829					
	<b>Unobligated Balance</b>	15,579,171					
<b>Tab.1</b>	<b>Total Obligation Amount</b>	<b>Total Actual Expenditure as of previous quarter</b>	<b>Total Actual Expenditure of current quarter</b>	<b>Accruals as of current quarter</b>	<b>Commitments as of current quarter</b>	<b>Total Spent to date</b>	<b>Obligation Remaining</b>
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G=A-F</b>
	7,420,829	3,396,611	\$ 481,466	\$ 471,310	\$ 258,167	\$ 4,607,554	\$ 2,813,275
<b>Tab.2</b>	<b>Activity</b>	<b>Fiscal Quarter 2015</b>	<b>Total Obligation Amount</b>	<b>Actual Expenditures/Accruals</b>	<b>Commitments as of current quarter</b>	<b>Total Spent to Jun 2015</b>	<b>Obligation Remaining</b>
	Global	Q3 - April-June 30	3,343,138	1,318,908	5,163	1,324,071	2,019,067
	Nigeria	Q3 - April-June 30	180,000	462	-	462	179,538
	Namibia	Q3 - April-June 30	372,691	423,304	-	423,304	(50,613)
	Malawi	Q3 - April-June 30	475,000	608,942	56,797	665,739	(190,739)
	Tanzania	Q3 - April-June 30	1,275,000	578,662	-	578,662	696,338
	DRC	Q3 - April-June 30	1,175,000	533,762	196,207	729,969	445,031
	Zambia	Q3 - April-June 30	350,000	177,948	-	177,948	172,052
	Lesotho	Q3 - April-June 30	250,000	454,396	-	454,395	(204,395)
			-				
<b>Tab.3</b>	<b>Activity</b>	<b>Projected expenditures through end of FY 2015</b>	<b>Months left in FY</b>	<b>Projected Monthly Burn Rate</b>			
	Global	76,648	3	\$25,549			
	Nigeria	-					
	Namibia	5,072	3	\$1,691			
	Malawi	122,146	3	\$40,715			
	Tanzania	125,309	3	\$41,770			
	DRC	255,107	3	\$85,036			
	Zambia	110,737	3	\$36,912			
	Lesotho	61,341	3	\$20,447			