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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 2016 Q1**

**October 1, 2015 – December 31, 2015**



## Table of Contents

I.	Introduction.....	4
II.	Background.....	4
III.	Accomplishments .....	4
	Quarterly Highlights .....	4
	Research and Assessment Activities .....	6
	Referral Network Highlights.....	7
IV.	Country Focus.....	8
	DRC Activity.....	8
	Lesotho Activity.....	9
	Malawi Activity.....	10
	Namibia Activity .....	11
	Nigeria Activity .....	12
	Tanzania Activity .....	13
	Zambia Activity.....	14
V.	Global Activities .....	15
	Strengthening the Evidence.....	15
	Monitoring and Evaluation Systems .....	17
	Upcoming Activities in the Next Quarter.....	18
VI.	Documentation of Best Practices for Scale Up.....	18
	Technical Notes and Products.....	18
VII.	Knowledge Management .....	19
	LIFT II Website and Resource Dissemination .....	19
	Conferences and Events.....	20
VIII.	Management – Staffing, Operations, Finance.....	20
	Staffing .....	20
	Finance .....	20
	Annex 1. Success Story.....	21
	Annex 2. Implementation Plan .....	22
	Annex 3. LIFT II Deliverables .....	26
	Annex 4. LIFT II Travel .....	29
	Annex 5 LIFT II Budget Reporting Requirement.....	30

## Acronyms and Abbreviations

A&R	Adherence and Retention
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
DATF	District AIDS Task Force
DRC	The Democratic Republic of the Congo
EAR	Engagement, Adherence and Retention
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
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
FY	Fiscal Year
GROW	Grass Roots Building Our Wealth
HES	Household Economic Strengthening
HESCOP	Household Economic Strengthening Community of Practice
HHS	Household Hunger Scale
ICAP	International Center for AIDS Care and Treatment Programs
IRB	Institutional Review Board
LIFT II	Livelihoods and Food Security Technical Assistance II
LTFU	Loss to Follow-Up
M&E	Monitoring and Evaluation
MOH	Ministry of 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
PPI	Progress out of Poverty Index
ProVIC	Integrated HIV/AIDS Project in DRC
QI	Quality Improvement
SIMS	Site Improvement Monitoring System
TA	Technical Assistance
TDY	Temporary Duty Assignment
URC	University Research Co., LLC
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
WFP	World Food Programme
WV	World Vision
ZPCT	Zambia Prevention, Care and Treatment II Bridge

## 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. 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, 2015 – December 31, 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 (A&R) in care.

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

- Improved access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services
- Strengthened community services that provide ES/L/FS support as a component of a continuum of care for families
- 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
- 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

Highlights from the quarter that are further expanded upon in the report include the following:

- Documenting the LIFT II/Malawi experience linking referrals to engagement, adherence and retention (EAR) in HIV care:** This quarter LIFT II completed the draft of its initial Malawi assessment on the impact of referral services in three districts (Balaka, Kasungu and Lilongwe) in Malawi where the project has facilitated more than 6,000 referrals since June 2014. Among the most salient findings was the data associated with the ART record check of referral clients in Kasungu and Lilongwe which showed that 13.9% of referral clients defaulted on their ART regimen, lower than all Nutrition Care, Support and Treatment (NCST) clients who defaulted at 15.8%. Interviews with clients also revealed that 81.8% felt that the referral process was easy to understand. In addition, interviews showed that 75.0% of clients in Balaka and 96.4% in Kasungu and Lilongwe credited referrals for helping them improve their ability to stay on ART.
- Preparing to institutionalize ART clinical record check in all LIFT II programs:** Substantial effort was spent by the program to submit the necessary institutional review board (IRB) protocols and garner the support of district health offices and Ministries of Health (MOHs) to carry out ART checks in the following quarter. All together three IRB forms were submitted and each was approved as of December 31, 2015. The clinical record checks will be an important step for staff facility and referral stakeholders to better understand the impact of referrals on client A&R.
- Developing tools and resources:** LIFT II continues to make great strides in developing the necessary systems that are able to facilitate—in a seamless and confidential way—the exchange of information between health and community service providers. Special attention was devoted during the quarter to develop Excel dashboards for use in Lesotho which improve local partners’ ability to analyze and use data from their referral network. The dashboard simplifies the reporting process and tallies all clients registered, referrals made and referrals used, and helps disaggregate these items by client sex and HIV status.
- Unveiling of the first practitioner guide to advance NACS guidance:** During the quarter LIFT II also developed a new series of practitioner guides that outline processes utilized in the implementation of referral networks that will complement the NACS guidance and will be improved upon with each use, providing different contextual examples. The Situational Analysis Practitioner Guide was unveiled as an interactive guide for project staff, implementing partners and practitioners involved in linking clinical facilities, particularly those offering NACS with ES/L/FS programs. It is meant to be a practical guide that can bring a better understanding of these essential components in order to pinpoint bottlenecks and promote realistic, effective, and efficient interventions to protect and improve the wellbeing of PLHIV.
- Ensuring sustainability of referral networks:** The efficiency of the referral process is vital toward facilitating clients to act on their referral; therefore it is critical to ensure that community service providers are readily available to render the services sought. Looking at our quarterly completion rate of 96.1%, one can see that the investments that LIFT II is making in engaging its service providers and training them are bearing fruit. This quarter 51 participants (26 women, 25 men) from 26 service providers received access to capacity upgrade training. In another example, although activities ended in Malawi in September, this quarter 226 clients were referred to food aid and village savings and loan association (VSLA) services and 178 of these referrals were completed (78.7%), demonstrating the permanence of service delivery and sustainability prospects associated with LIFT II interventions.
- Economic Strengthening Fairs were launched in clinical facilities:** Fairs were held at clinical facilities in Mafinga, Tanzania and in Kitwe, Zambia with the participation of economic strengthening (ES) service providers. During the fairs, ES provider staff set up booths at the

clinics allowing both PLHIV and non PLHIV to browse offerings, learn about the ES interventions, network, and self-select services for individual or household participation.

## Research and Assessment Activities

In response to requests from USAID/Washington, LIFT II expanded the first draft of the fiscal year (FY) 2016 work plan to include a number of research assessment activities. These additional activities seek to build on the project's investments in and successes with referral work by capturing client outcome and impact data. In previous years, LIFT II focused on the design and use of referral tools that serve to extend the continuum of care for PLHIV from clinical to community-based ES/L/FS services. LIFT II has now successfully used these tools (through over 550 local organizations) in six countries and has access to cohorts of referral clients who have successfully completed referrals and benefitted from the process. LIFT II included the following activities in an updated work plan sent to USAID on December 4, 2015:

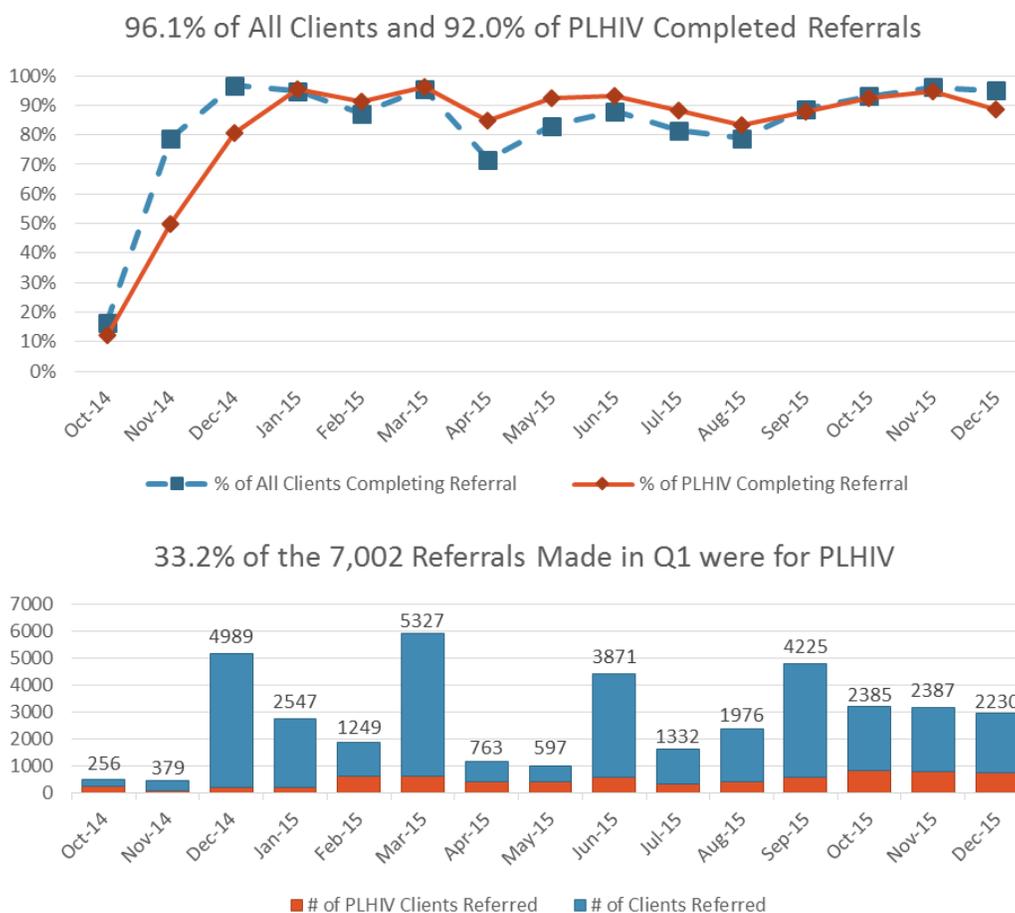
- **A second round of client ART record checks in DRC or Lesotho** – This longitudinal activity will compare referral client ART adherence rates at a second point in time to investigate if decreases in default associated with referrals persist over time.
- **A second round of Household Hunger Scale (HHS) and Progress out of Poverty Index (PPI) data collection with referral clients** – This longitudinal research will follow-up with clients in Lesotho to assess changes in household food security and vulnerability one year after registration for a referral, and will also follow up with clients who did not complete a referral to better understand referral barriers.
- **Iringa Region Referral Close-Out Assessment** – This assessment will combine referral client ART card checks with client and stakeholder interviews to galvanize LIFT II's growing body of referral best practices, particularly multi-sectoral referrals which seek to improve health outcomes.
- **Mitigating Client Loss to Follow-Up (LTFU) Practitioner Guide** – This assessment will result in a Practitioner Guide that documents LIFT II operations in Kitwe and Mkushi, Zambia where referral systems were set up to flag LTFU clients as well as clients who are linked to clinical care for the first time through a referral and how practitioners can decrease LTFU and increase new linkages.
- **Expanded quality improvement (QI) in Tanzania and in Zambia** – This operational research will work with quality improvement aims developed by local referral network partners and document the degree to which QI aims contributed to referral success and improvements in client health outcomes.
- **Improved Counseling Messages Practitioner Guide** – This assessment of clinical counseling messages in Zambia will explore synergies and possible mismatches between counseling messages provided to clients by Food and Nutrition Technical Assistance III (FANTA) (primarily counseling related to nutrition), LIFT II (related to referrals and how/why to use a referral), and possibly Applying Science to Strengthen and Improve Systems (ASSIST) (training to staff on how to deliver counseling messages).
- **Savings from PLHIV in community-based savings groups in DRC or Zambia** – This research will compare savings by PLHIV and non-PLHIV over savings cycles to quantify the value of linking PLHIV to VSLA in DRC or Grass Roots Building our Wealth (GROW) groups in Zambia.

## Referral Network Highlights

LIFT II hit a major milestone this quarter by increasing the proportion of PLHIV who received referrals. Over the course of Year 2 an average of 16.6% of referral clients were PLHIV. This reflects a decision made early on to open networks to all in need so that referrals would not be perceived as a program that only benefits PLHIV. This quarter **LIFT II referred 7,002 clients, and 2,324 (33.2%) were PLHIV**. This expansion in the number of PLHIV served will enhance LIFT II's ability to study ART adherence and retention in longitudinal studies planned this project year.

LIFT II continues to monitor referral completion rates closely. This quarter **96.1% of clients provided with a referral were able to complete it**, largely due to the model used in DRC where staff involved in referrals personally connect clients from referral start to end point. In addition, this project year LIFT II is tracking the proportion of PLHIV who complete their referrals. This quarter **92.0% of PLHIV completed referrals**. While this is an excellent completion rate, LIFT II will look for opportunities to follow up with clients who did not complete referrals (an assessment of this kind is planned in Lesotho for March-August 2016) to understand client barriers to act upon referrals.

**Figure 1: Run Chart of LIFT II Referrals Made and Completed.** LIFT II saw consistently high referral numbers this quarter, with an average of 2,334 referrals a month. More importantly, LIFT II doubled the proportion of PLHIV receiving a referral from an average of 16.6% over Year 2 to 33.2% this quarter. Referral completion remains consistently high across project sites.



# DRC ACTIVITY

**ACTIVITY LOCATION(S):** 4 NACS sites in Kinshasa Province and 16 NACS sites in Lubumbashi Province

## 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.



USAID/DRC Charly Mampuya, Olivier Kabeya and LIFT II team during SIMS visit at Amani Health Center, Haut Katanga on December 11, 2015.

## KEY ACCOMPLISHMENTS

- Planned a PEPFAR Site Improvement Monitoring System (SIMS) assessment for USAID/DRC which included visits to three health facilities across Haut Katanga.
- Expanded clinic-to-community linkages in 16 health facilities across Lubumbashi, providing 2,055 referrals this quarter.
- Provided TA and oversight to World Food Programme (WFP) in Katanga over the second phase of food distribution, paying particular attention to inventory management of food stock.
- Engaged in coordination with clinical and community partners including: ASSIST, FANTA, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Center for AIDS Care and Treatment Programs (ICAP) and Integrated HIV Project in DRC (ProVIC) facilitating trainings strengthening the coordination platform for HIV, nutrition and community services.
- Carried out a capacity training event that reached 14 service providers building expertise that will support referrals.
- Based on recent PEPFAR site reorganization, developed a cartography for VSLA expansion, agreed upon with USAID.

## CHALLENGES AND CONCERNS

- The SIMS assessment using the community tools identified some gaps in referral registries which will need to be upgraded in the next two quarters.
- USAID/DRC instructed LIFT II to prioritize the quality of referral service delivery over the creation of new VSLAs in order to facilitate quality improvements in existing groups.
- LIFT II will transition its referral activities to ProVIC over the next two quarters, ensuring a smooth handover of referral activities.
- Outreach to new clients from NACS sites requires that the VSLAs provide seed money to clients at the time of enrollment, and establish a clear understanding and associated expectations for those clients.
- The program also will identify a series of targeting activities that will enable increased coverage of PLHIV.

## UPCOMING ACTIVITIES

- Submit a revised work plan to USAID/DRC to include the extension of services until June 2016.
- Upgrade monitoring and evaluation systems to track referral services.
- Conduct a rapid ecosystem mapping exercise to better understand the ES services available around clinical sites.
- Provide training in household economic strengthening (HES) to implementing partners targeting community health workers.
- Conduct client A&R check.
- Hold regular review meetings with stakeholders to discuss project progress and coordinate stakeholder input addressing challenges, obstacles and performance bottlenecks.
- Prepare for handover of referral activities to ProVIC.

# LESOTHO ACTIVITY

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

**OVERALL OBJECTIVES:** LIFT II is providing technical assistance in two NACS implementation districts by:

1. Establishing and strengthening clinical to community referral networks working with clinics, health and ES/L/FS service providers, including VSLA.
2. Supporting and upgrading existing economic strengthening programs to meet the needs of target populations.



Paray Hospital is one of the major NACS facilities serving as both a referral process entry point and receiving service provider in Thaba-Tseka.

## KEY ACCOMPLISHMENTS

- Provided ongoing TA to 2 sites in Thaba-Tseka and Mohale's Hoek districts, with referral networks comprised of 109 service providers.
- Held 4 total referral network review meetings at both sites, reaching a total of 38 people (25 women, 13 men).
- Extended client reach by incorporating 3 new health facilities into the referral work, specifically linking PLHIV clients to local VSLA.
- Referred 174 clients directly to VSLAs, and 107 clients to community ES/L/FS support via CommCare mobile case management approach, 64% of whom are HIV+.
- Developed and submitted for IRB review an ART client record check tool which will be used by facility staff and referral stakeholders to better understand the impact of referrals on client A&R in January, with the likelihood of a second data collection effort with the same client cohort six months later.
- Developed a proposed study where clients who completed referrals will be surveyed to see how their vulnerability and food security have changed since the referral, and clients who did not complete referrals will be surveyed to understand barriers.
- Continued to engage USAID/Lesotho through Building Local Capacity for the Delivery of HIV Services in Africa (BLC) to align existing geographic outreach with PEPFAR 3.0.

## CHALLENGES AND CONCERNS

- PLHIV presented with the referral opportunity often came from distant villages, where VSLAs had not been mapped in an effort to avoid being stigmatized.
- Due to the timing of Q1 referrals, several participating VSLAs did not want referral clients to start saving as part of the group until the next cycle begins in January 2016.
- BLC has closed, limiting support available for LIFT II activities.
- LIFT II is phasing out in Lesotho by the end of January 2016. We have sought to 1) support network members with completion of PEPFAR small grant applications which could help sustain activities until LIFT II may be able to return, or 2) transition support for networks to BLC's successor, University Research Co., LLC (URC). LIFT II has proactively followed up with URC, and a meeting is scheduled for January.

## UPCOMING ACTIVITIES

- Travel to Lesotho in January to lead closeout of LIFT II in country and manage the first ART clinical record and referral record check process.
- Contract Phelisanang Bophelong and Centre for Impacting Lives to carry out vulnerability and food security study from March-August 2016.
- Work with USAID/Lesotho as country operational plan (COP) budget planning begins – there is a possibility of LIFT II returning to continue referral network support if resources are made available.
- Document lessons learned through this program through a learning brief.

# MALAWI ACTIVITY

ACTIVITY LOCATION(S): Kasungu and Lilongwe Districts

OVERALL OBJECTIVES: LIFT II completed activities in Malawi on September 20, 2015 at the end of FY 15; however, referral activities continue on a limited scale

1. **Provide minimal support to referral networks and USAID/Malawi:** Support referral networks' requests for offsite assistance (primarily related to objective 2 below) and share information with USAID/Malawi.
2. **Collect and analyze referral data:** Receive and analyze data being collected by the networks in Kasungu and Lilongwe that track exclusively PLHIV who have initiated ART.

## KEY ACCOMPLISHMENTS

- Shared findings from LIFT II's Assessment of Referral Activities in Malawi with USAID/Malawi for comments in December 2015.
- Referred 226 clients to food aid and VSLA services and tracked 178 completed referrals (78.7%), demonstrating the permanence of service delivery and sustainability prospects associated with LIFT II interventions.

## CHALLENGES AND CONCERNS

- LIFT II's Balaka site was unable to maintain continued referrals across the network. 10 new clients were registered this quarter, but due to technical issues with the mHealth app not all of these referrals could be recorded as complete.
- Referral operations in Kasungu and Lilongwe are also no longer directly funded and have switched to a simplified reporting tool that tracks only referrals made and completed by month for PLHIV.
- Most organizations in Malawi have been experiencing extreme operational challenges due to budget cuts resulting from lower donor funding and immediate need to shift to programming that mitigates the impacts of the ongoing drought.

## UPCOMING ACTIVITIES

- In January 2016 LIFT II will return to Malawi to repeat the referral client ART medical record check conducted in July 2015.
- No other activities are planned however LIFT II will continue to report on any referral made and completed using data received from referral networks in Kasungu and Lilongwe.

# 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 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.

## KEY ACCOMPLISHMENTS

- Provided remote support to encourage network members to continue making and receiving referrals through group emails, calls and emails to individual network members.
- 53 clients were referred to ES/L/FS services in Engela District.

## CHALLENGES AND CONCERNS

- The number of referrals being made remains low relative to available services and opportunities within the networks. During the last quarter, Constituency Offices, which are lead coordinating organizations, were focused on coordination of regional and local government elections, contributing to low numbers of clients being referred.
- Implementation challenges persist for some network members due to staff changes, limited staff time, and diminished enthusiasm from some network members (particularly in Khomas Region). Continued engagement through telephone and emails will be made to network members in both sites to encourage and revive referrals, follow up of clients and inclusion of referral reviews during regular meetings like Constituency AIDS Coordinating Committees and Regional AIDS Coordinating Committees.

## UPCOMING ACTIVITIES

- Continued low level support to the networks focused on data management and reporting.
- Remote contact with Katutura network members to encourage continued referrals to available ES/L/FS services

# 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.
- In Year 2 Q4 LIFT II reinitiated contact with the new OVC Specialist Joanna Nwosu and also held discussions with Robert Chiegil of the SIDHAS Project as well as FANTA to further explore opportunities for collaborative support. Although a conference call was set in November with the entire SIDHAS team problems with the lines prevented the realization of the meeting. The meeting will be rescheduled in anticipation of the AOR's upcoming trip to the country.

## 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

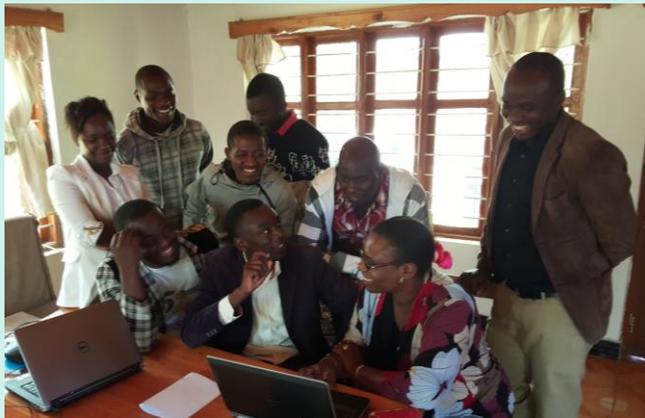
- TBD based on work plan development pending planning sessions with USAID/Nigeria.

# TANZANIA ACTIVITY

**ACTIVITY LOCATION(S):** Iringa Town, Mafinga Town and Kasanga Town (within Iringa Region); 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 service providers to meet the needs of target populations.
- 3. Identify program communities for expansion:**  
Work with USAID/Tanzania to identify new communities and scale up, as directed.



The LIFT II/Tanzania field team works with AWG to ensure that data quality is up to par. Despite the challenges and keen attention to detail required, the team doesn't forget to have fun in the process.

## KEY ACCOMPLISHMENTS

- A total of 102 clients were referred to ES/L/FS services in Iringa Region networks; 49% were PLHIV.
- Held 3 referral network review meetings in each of the 3 Iringa Region sites, reaching a total of 78 people (35 women, 43 men).
- Built capacity of LIFT II/Tanzania staff, as well as staff from Allamano and Afya Women Group, on use of Open Data Kit (ODK) to improve data collection, management and analysis.
- Delivered a referral training with 24 participants (10 women, 14 men) in Mbeya, focusing on orientation to the referral process and tools.
- Conducted a six-week referral pilot in Mbeya which concluded with a network review meeting in November 2015. The meeting allowed referral network members to provide input toward final tools and processes prior to the network launch in Q2.
- Facilitated sessions of the NACS and HIV self-management workshop in Mbeya in coordination with FANTA and ASSIST.
- Held an Economic Strengthening Fair for the Mafinga Referral Network, during which 17 individuals from referral network service providers participated and successfully referred 24 clients to ES/L/FS support.

## CHALLENGES AND CONCERNS

- Limited mobility by site-based staff resulted in fewer on-site mentoring visits with partners. LIFT II is now arranging travel support for the site coordinator.
- Slow uptake of ODK by lead organization in Iringa, particularly around the need for creation of de-identified datasets before sharing with LIFT II and referral network members. LIFT II continues to provide hands-on technical support to ensure responsibilities are clear.
- Delayed start-up in Mbeya due to delays by ASSIST in conducting the baseline and launching activities. LIFT II continues to be in contact with ASSIST staff to coordinate activities in Mbeya.
- Reduced enthusiasm among some network members resulted in a decreased number of referrals made overall, as well as limited referral feedback collected or data submitted on time. Review meetings are being used to communicate the value of the networks for clients and stakeholders themselves

## UPCOMING ACTIVITIES

- Formally launch referral activities in Mbeya.
- Implement Economic Strengthening Fairs and Awareness Campaigns in Iringa and Kasanga.
- Hold quarterly review meetings and capacity upgrade trainings in each sites.
- Provide ongoing TA to all networks, focusing on increasing capacity and uptake among the Mafinga and Kasanga networks, and new service providers in Mbeya.
- Support close-out and sustainability plans in Iringa Region
- Begin to collect clinical ART data for referral and non-referral clients to assess how referrals impact adherence to ART and retention in clinical care.

# ZAMBIA ACTIVITY

ACTIVITY LOCATION(S): Kitwe and Mkushi Districts

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.



Economic strengthening providers describing their services to a health facility client at the first Economic Strengthening Fair in Kitwe.

## KEY ACCOMPLISHMENTS

- Referral networks in both sites linked a total of 205 clients to clinical and ES/L/FS services, 49% of whom are HIV+.
- Provided hands-on training in the referral process to referral volunteers from 14 health facilities and 4 community-based service providers in Mkushi.
- Provided training in GROW methodology to selected community partners in Mkushi and support them to form additional savings groups that will include ART and NACS clients.
- Launched the Mkushi referral system in December 2015.
- Revised referral tools to account for additional PEPFAR indicator requirements, and transitioned data management system from monthly paper reports to the ODK platform.
- Worked with the District AIDS Task Force (DATF) in both districts to provide overall coordination to the respective referral networks and train them on ODK data entry and reporting processes.
- Planned and executed Economic Strengthening Fairs and Awareness Campaigns in three Kitwe health facilities.
- Provided ongoing mentoring and troubleshooting for implementation and data collection across both networks.
- Collaborated with FANTA and Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT) to develop clinical ART record verification tools to measure A&R.
- Placed a Mickey Leland International Hunger Fellow to support and oversee activities in Mkushi.
- Recruited a Monitoring and Evaluation (M&E) Officer to bring data collection support for both networks in January 2016.
- Prepared for and participated in USAID virtual site visit with FANTA, ASSIST and Thrive.

## CHALLENGES AND CONCERNS

- Delays in printing of referral tools led to delays in the launch of the referral network in Mkushi. Measures to accelerate these kinds of processes have been identified and will be implemented moving forward.

## UPCOMING ACTIVITIES

- Provide training in community savings and lending associations to selected community partners in Kitwe in order to expand the availability of ES/L/FS services for ART and NACS clients through the referral network.
- Finalize transition to ODK data collection and provide additional training to DATF volunteers on tools and processes.
- Provide referral refresher and capacity upgrade trainings to both networks.
- Implement Economic Strengthening Fairs in both Kitwe and Mkushi.
- Continue providing remote and onsite mentoring and support for referral implementation and QI.
- Prepare for USAID SIMS visits to both sites.
- Finalize clinical ART record verification tools and processes in coordination with FANTA and ZPCT II B.
- Collaborate with FANTA and ASSIST on community NACS training (Mkushi) and enhanced counseling training (Kitwe).

## V. Global Activities

### Strengthening the Evidence

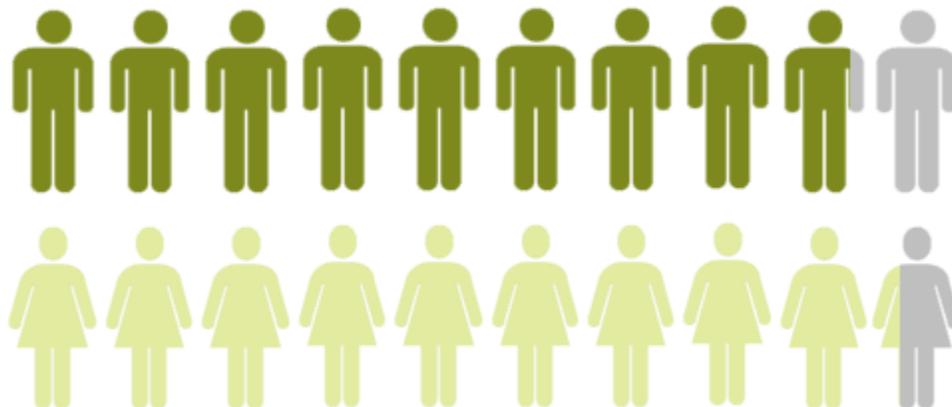
LIFT II is starting this project year by exploring gender equality in several key metrics. The starting point is *who completes a referral?* The results are in line with LIFT II's data from Year 2, with 93.2% of women edging out the 87.9% of men who complete a referral. Both referral completion rates are a success; however, LIFT II will continue to work with referral network service providers to push this closer to 100%, as it is the foundational metric for our work.

Digging a bit deeper we see that the proportion of PLHIV referred is low—32.4% of women and 35.7% of men. This is not surprising, however, given that LIFT II referral networks are open to all vulnerable people in a determined effort to reduce stigma and increase referral acceptance. The issue here may be more about equity than overall percent of PLHIV referred. LIFT II referred 5,164 women this quarter and 1,291 men, yet more male PLHIV received referrals despite women having higher HIV prevalence in several LIFT II countries.

In certain referral sites, LIFT II conducts vulnerability and food security assessments when clients are first registered. In Lesotho, women (and their households—as these are both household-level measures) are twice as likely as men to be in the extremely vulnerable “provide” class (67.3% of women vs 32.7% of men) as well as in the “severe hunger” class (23.0% of women vs 11.0% of men). This is a clear problem that LIFT II will investigate to better understand how these inequities may exacerbate barriers to HIV care and treatment.

**Figures 3-5: Insights from Sex-Disaggregated Indicator Data.** In the three figures below the darker shaded sex is more likely to have a bad outcome. For referral completion the difference is minimal—93.2% of women complete referrals, but men do not really lag behind with an 87.9% completion rate. The picture is different for PLHIV where 35.7% of male PLHIV received a referral compared to only 32.4% of female PLHIV—a potential equity issue. Finally, there is a stark contrast in the vulnerability and food security of women who received referrals—they are twice as likely to be both extremely vulnerable and experience severe hunger.

#### Women are slightly better at completing referrals



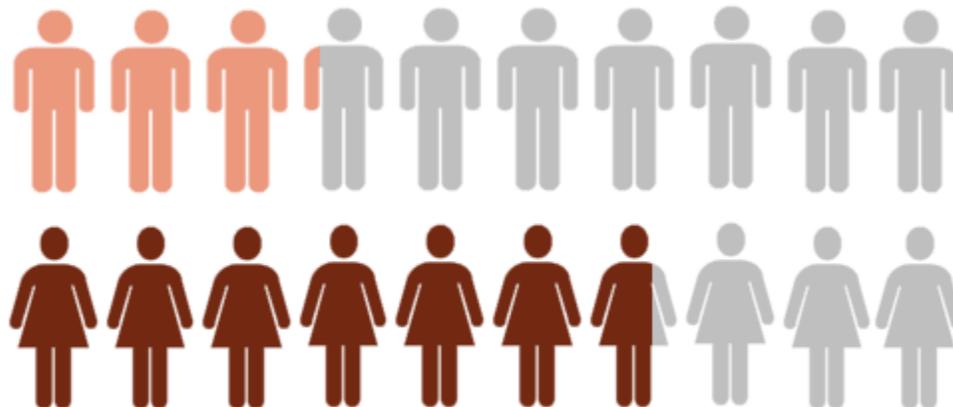
*93.2% of women given a referral were able to complete it this quarter, compared to 87.9% of men, a minor difference and well above most referral programs' completion rates.*

## LIFT II referred more male than female PLHIV



*LIFT II referred 2,324 PLHIV this quarter and male PLHIV (35.7%) were more likely than female (32.4%) to get a referral.*

## Female referral clients are more vulnerable

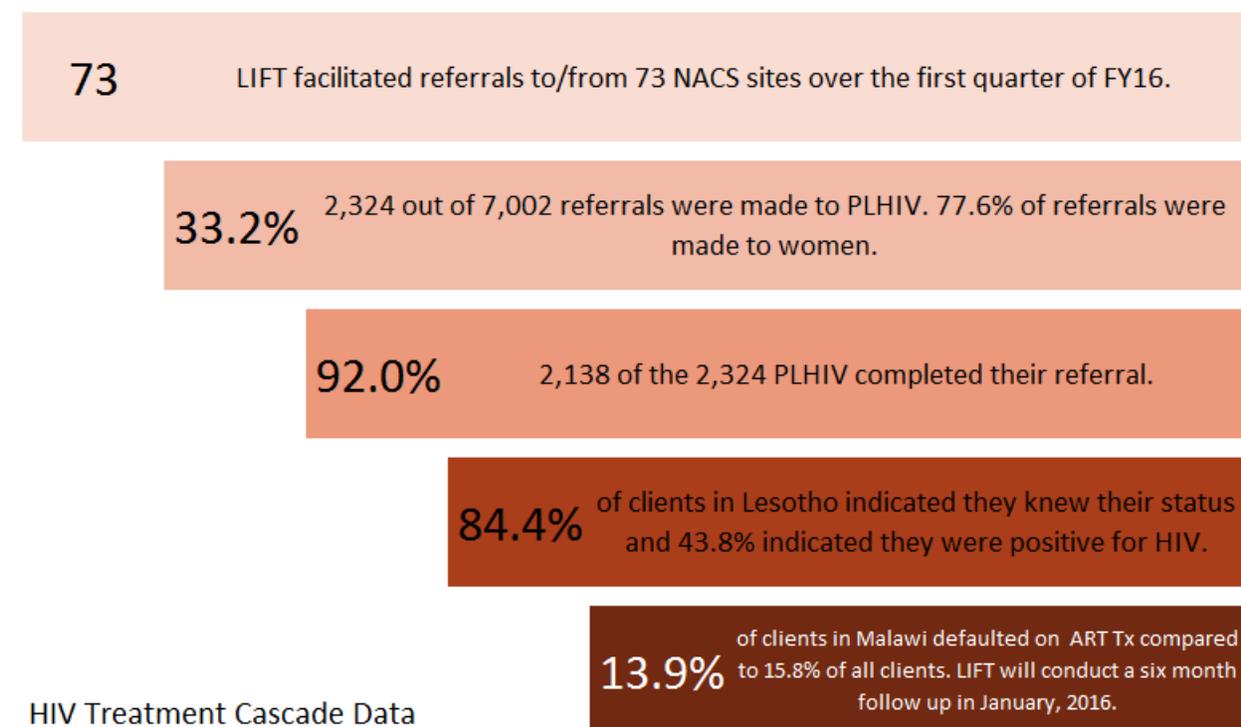


*LIFT II assesses the vulnerability and food security of new clients. In Lesotho, 67.3% of women were in the extremely vulnerable "provide" category compared to only 32.7% of men. Food security followed a similar pattern with 23.0% of women in "severe hunger" compared to 11.0% of men.*

LIFT II is also committed to better understand A&R in HIV care and treatment programs for referral beneficiaries. A basic premise of the LIFT II model is that a linkage to ES/L/FS programming reduces PLHIV household vulnerability and increases food security, which in turn enhance clinical outcomes. In Q1 LIFT II laid the groundwork for expanded clinical data collection to better understand the health outcomes of referral clients. In Malawi a second quarter assessment will collect longitudinal data on referral clients six months after the first round of ART data collection (which showed a modest 1.9% decrease in default). In Tanzania and DRC this will include ART record checks in Iringa and Lubumbashi (Tanzania will also have a more robust longitudinal series of measures in Mbeya and Mbozi). Finally, in

Zambia LIFT II will link referral participation to ART adherence, and where possible, to CD4 count and viral load.

**Figure 6: LIFT II Referral Beneficiaries in the HIV Treatment Cascade.** LIFT II works with a number of NACS facilities across sub-Saharan Africa to link PLHIV from clinical care to community services and vice versa. Throughout Year 3 LIFT II will track the number of PLHIV referred, that complete their referral, and ultimately their ability to adhere to whatever ART regimen they are on. LIFT II began a clinical record check in Malawi in July 2015, and will repeat that process six months later in January 2016 to assess continued adherence.



#### HIV Treatment Cascade Data

### Monitoring and Evaluation Systems

Q1 improvements to LIFT II's M&E systems include:

- **Modification of quarterly data workbooks.** Following agreement with USAID on the Year 3 research agenda outlined previously in this report, LIFT II revised past quarterly data reporting sheets to more easily break down and track progress made by site within each project country, as well as to disaggregate by sex and age. Indicators were reviewed to focus efforts on collecting data most of value to the project and USAID, for the sake of informing operations and contributing to the evidence base around clinic to ES/L/FS referrals.
- **Tool adaptation and IRB approvals for verification of HIV status, ART initiation and ART adherence against client's clinical records.** Capitalizing upon experience from the LIFT II assessment of Malawi in July 2015, one component of that exercise—a check of referral client clinical records and comparison with non-referral “control” client records—is being planned for all project sites. LIFT II has adapted the data collection tool to each unique country context based on learning from Malawi. Each tool submitted for IRB review has been approved. Data collection is expected to begin during Q2. Expected outcomes include 1) probability analysis to explore whether referral clients are more likely to adhere to ART than the general pool of NACS clients, and 2) probability analysis of client default before and after receiving a referral.

- **Modification of mHealth tools and creation of a data dashboards.** LIFT II has historically used two mHealth platforms to collect and manage client data in three countries: CommCare in Malawi and Lesotho, and ODK in Tanzania and Zambia. During Q1, LIFT II supported local partners in Lesotho, Tanzania and Zambia to ensure that they are able to download and review data. LIFT II created a simple Excel data dashboard for referral partners in Lesotho and has begun to create similar dashboards to manage ODK data for partners in Tanzania and Zambia. These tools should improve the ability to analyze and use data from referral networks 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 it disaggregate these items by client sex and HIV status.

### Upcoming Activities in the Next Quarter

- As we move into the next quarter, LIFT II has secured IRB approvals and will be collecting ART adherence and referral data, taking the necessary steps to capture HIV and AIDS related outcome data to develop the proof of concept behind the projects referral model. LIFT II is looking forward to partner with health facilities and their staff to include the ART checks in its next quarterly report and start providing this data to USAID on an ongoing basis.
- The LIFT II team has also outlined an ambitious research and learning agenda that was presented, discussed and approved with USAID on October 1, 2015. Through the qualitative and quantitative studies that will be carried out in fiscal year 2016 LIFT II expects to show strong gains among referral participants on A&R as well across a range of health and ES well-being indicators. We believe that LIFT II's referral approach shows great promise to work with health facilities across our pilot countries to step outside their clinic and hospital walls and partner with community service providers to address patients' hunger and other social and economic needs, particularly for PLHIV.
- The country team's focus will also be honed on further developing local system capacity by building stakeholder ownership, institutionalizing processes and improving organizational effectiveness to ensure sustainability of referral networks. We look forward to report on the experience of LIFT II as it winds down its work in Lesotho with BLC and also sets in place an ambitious plan to transition its referral work in Lubumbashi to ProVIC a bilateral program operating in DRC.

## VI. Documentation of Best Practices for Scale Up

### Technical Notes and Products

In this past quarter, LIFT II developed the first product in a new series of practitioner guides that outline processes utilized in the implementation of referral networks and are improved upon with each use, either through distilling lessons learned or providing different contextual examples. [The Situational Analysis Practitioner Guide](#) serves as an interactive guide for project staff, implementing partners and practitioners involved in linking clinical facilities, particularly those offering NACS with ES/L/FS programs. It is meant to be a practical guide that can bring a better understanding of these essential components in order to pinpoint bottlenecks and promote realistic, effective, and efficient interventions to protect and improve the wellbeing of HIV and AIDS affected and infected populations.

Additional products to highlight include a [technical process note](#) featuring the LIFT II-adaptation of the well-established CARE Community Score Card methodology in Malawi and final revisions to the project's contribution to Module 4 of FANTA's NACS User's Guide (FANTA will be posting this module on [their](#)

[website](#) early next quarter). During this quarter, LIFT II also produced a [video](#) that summarizes project goals and activity areas, particularly as they relate to PEPFAR 3.0 objectives, in a creative, concise manner.

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

## VII. Knowledge Management

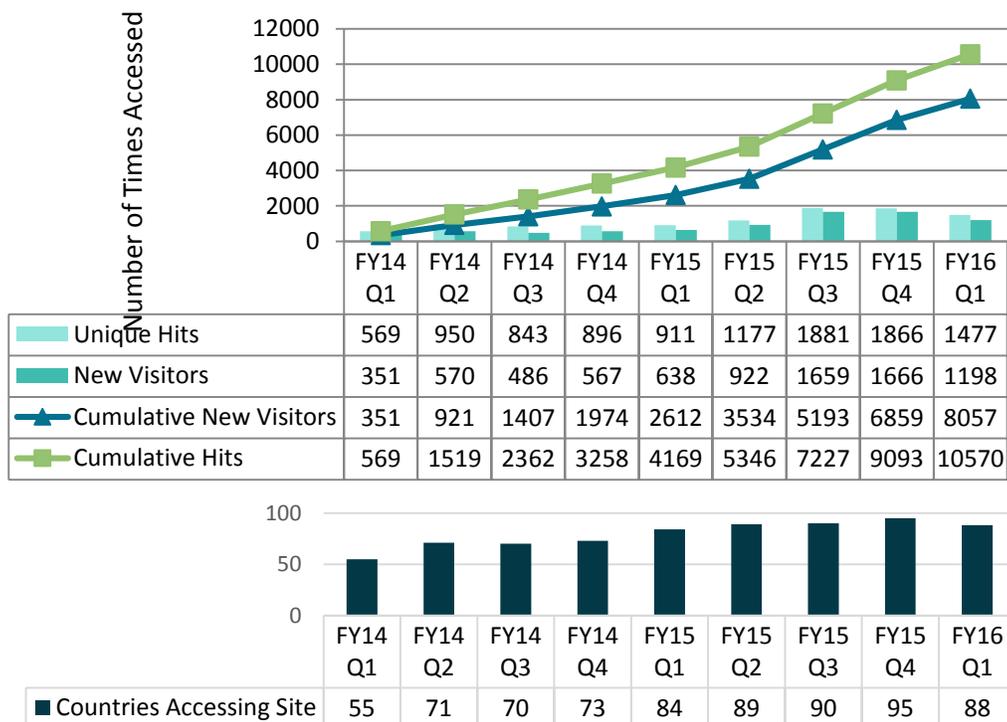
### LIFT II Website and Resource Dissemination

In this quarter, major restructuring was performed on the project website, [www.theliftproject.org](http://www.theliftproject.org), to facilitate easier user engagement and better organize content around realigned priorities. A new “Practitioner Tools” module was added to the site in an effort to highlight products that could be used by a broad range of stakeholders and other development practitioners beyond the timespan of LIFT II.

Project staff continued to produce engaging content for routine posting on the site. A total of seven [blogs](#) were produced by project staff from the home office as well as field-based staff featuring content ranging from country progress to technical updates and learning. Four new resources (reports, publications, technical notes, etc.) were posted and disseminated through various channels. Due to the holiday season, all elements examined in the project’s website analytics saw slight decreases to plateau this past quarter.

**Figure 7: Visits to the LIFT II Website since Project Start.** LIFT II has seen a steady increase in both the number of visits and visitors to the project website in addition to the number of countries accessing the site.

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



## Conferences and Events

During this quarter, LIFT II presented at a poster session during the **American Public Health Association 2015 Annual Meeting and Expo**, held October 31 – November 4, 2015 in Chicago, IL, around the learning and recommendations gleaned through the lessons learned assessment conducted in Namibia in December 2015.

In addition, two staff from LIFT II/Zambia also participated in the **SG2015: The Power of Savings Groups Conference**, held November 10-12 in Lusaka, Zambia. The content of this conference was particularly relevant to project work in Zambia given the training and support LIFT II is providing towards the formation of community-based savings groups in both Kitwe and Mkushi. These groups serve as a referral option for clients from health facilities as well as a means of engaging or re-engaging clients in the community into clinical care.

## VII. Management – Staffing, Operations, Finance

### Staffing

This quarter, LIFT II saw transitions among some of the core positions of the team, including two key personnel. Additionally, 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:

- **Technical Director, Washington, DC.** In October, LIFT II congratulated Clinton Sears as he shifted into his new role as Technical Director. Mr. Sears has been with the LIFT I and LIFT II teams in a key M&E Advisor role since September 2012 and will guide the greater focus on evidence building activities planned for the duration of the project. His predecessor, Dominick Shattuck, had departed FHI 360 in June 2015.
- **M&E Specialist, Washington, DC.** Also in October, Zach Andersson, who initially joined the LIFT II team in 2013 as a Mickey Leland International Hunger Fellow in Malawi and later joined the team full time as a Technical Officer, shifted into a new role as M&E Specialist. This position was vacated due to Clinton Sears's transition described above.
- **M&E Officer, Zambia.** As activities continue to expand in Zambia, the team identified the need to add an additional staff to focus on data collection and management. After a competitive recruitment process, LIFT II hired Samuel Daka as the new M&E Officer. Based in Kitwe, Mr. Daka has over eight years of past experience providing data management support to large HIV/AIDS projects in Zambia.
- **Program Officer, Washington, DC.** LIFT II began recruitment for a Program Officer to support the data analysis and management necessary to accommodate additional activities added to the FY16 work plan. Candidates for the position are expected to be interviewed in January so that the successful candidate may begin supporting the team next quarter.

### Finance

For required reporting budget information please Annex 5.



## Equipping Partners with Skills to Combat HIV – One Data Point at a Time

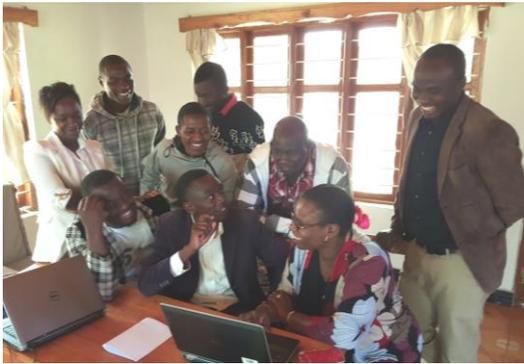


Photo credit: Clinton Sear/FHI 360

On a sunny Wednesday in November, staff from the PEPFAR-funded LIFT II project met with a team from Afya Women Group (AWG) to review progress in managing local referral networks. Several higher level data management needs arose as the networks became more established and served increasing numbers of clients. Using a participatory approach, LIFT II helped to solve problems *with* AWG than *for* them. To ensure that AWG staff can successfully manage referral data collection, LIFT II mentored the AWG staff and helped create solutions to emerging data management challenges that are necessary to overcome if local partners are to truly control the HIV epidemic.

Globally, LIFT II has referred clients from 73 health facilities across Africa to over 550 non-health services in order to reduce clients' household vulnerability and improve their individual health outcomes. In rural Iringa Region, Tanzania, LIFT II supports AWG, a local NGO, to lead a referral network of 27 partners that extend the continuum of care for PLHIV from clinical services to community-based, non-clinical services.

AWG's efforts directly support PEPFAR 3.0 's Impact Action Agenda, which calls on PEPFAR partners to do the right things in the right places at the right time. Organizations like AWG are the on-the-ground partners whose work contribute to the overall PEPFAR 3.0 goal to sustainably control of the epidemic. This work is the right thing because targeted referrals increase client access to core treatment interventions and decrease barriers to HIV prevention, treatment and care. It is also the right place given that Iringa Region has the third highest HIV/AIDS prevalence rate nationally. Finally, AWG is working at the right time as PEPFAR and partners look to see which interventions are the most cost-effective and provide the greatest impact on epidemic control.

But what exactly does AWG do in this leadership role, and what are the data skills necessary to ensure a partner is making contributions to PEPFAR goals? In short, AWG:

1. Serves as a focal point for all service providers participating in the referral network. To manage this, AWG requires a well-mapped network of services of use to PLHIV and their vulnerable households.
2. Manages referral data collection. AWG is using mHealth surveys created by LIFT II to quickly and accurately enter data about client enrollment and referral completion.
3. Collates and analyzes referral data on a monthly basis. For this task, AWG staff need to be comfortable with health data and descriptive statistics.
4. Shares data back to the referral network and any other partners (including the Ministry of Health and LIFT II). This is a crucial step because continued, direct engagement of referral network stakeholders that includes improvements in health outcomes is essential to obtain buy-in and determine how to best scale operations.

Through LIFT II's workshop, AWG staff learned how to edit the mHealth surveys they use, enabling them to fix translation errors, add additional detail, and understand how to improve surveys for the future. Staff also learned how to review data and disaggregate by HIV status, age and sex—a key step in documenting progress towards the Impact Action Agenda. Finally, staff were oriented to a basic Excel dashboard that simplifies the reporting process and automatically presents referral data in a series of tables and charts for all referral network member services to share.

For organizations like AWG to succeed in combating the epidemic, these essential data management, analysis and communication skills are critical. In fact, they guarantee improvements on PEPFAR's Site Improvement through Monitoring System (SIMS), a quality assurance tool that provides an excellent opportunity to build and strengthen local partner data analysis skills and ensure they have ownership over the fight to control HIV in their community.

The data challenges faced by partners like AWG include higher level work (cleaning data sets, correctly interpreting trends, and on-site use of data) that are necessary to overcome if local partners are to truly control the HIV epidemic. To support AWG, LIFT II's Wednesday workshop taught 7 staff (6 men, 1 woman) advanced Excel skills in a hands-on setting.

**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												
X - planned, O - ongoing, M - monthly, C - completed, H - on hold, D - draft completed, TBD - to be determined	FY16 Q1			FY16 Q2			FY16 Q3			FY16 Q4		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
<b>Global Activity</b>												
<b>Building the Evidence Base Linking Health and ES/L/FS to A&amp;R</b>												
Contribute to NACS: A User's Guide	C					X						
Study on the Utility of VSLA Participation for PLHIV (in DRC or Zambia—TBD)				X	X	X						
<b>M&amp;E Systems</b>												
Refinement of Global Database Templates for Roll-Out to Measure A&R	O	O	O	O	O	O	O	O	O	O	O	O
Documentation of QI Efforts in Referral Systems	O			O			O			O		
Data Analysis	O	O	O	O	O	O	O	O	O	O	O	O
Tracking Project Costs	O			O			O			O		
<b>Advancing the State of the Practice Linking Health and ES/L/FS</b>												
Technical Contributions through Strategic Global and Regional Workshops and Conferences		C										X
Dissemination of LIFT II Technical Resources and Advances through Multimedia Channels	O	O	O	O	O	O	O	O	O	O	O	O
Ongoing Mission Requests for LIFT II TA and Support	TBD											
<b>Gender Integration</b>												
Rapid Gender Assessment Tool			X									
Gender Outcome Reporting				O			O			O		
<b>Tanzania Activity (Tier 1)</b>												
National: LIFT II Year 3 Work Plan		C										
National: Collaborate with MOHSW and TA Partners	O	O	O	O	O	O	O	O	O	O	O	O

Iringa Town, Mafinga & Kasanga: Referral Network Expansion			C		X							
Iringa Town, Mafinga & Kasanga: Network Mentoring and QI	O	O	O	O	O	O						
Iringa Town, Mafinga & Kasanga: Data Management and Evidence Gathering	O			O			O					
Iringa Town, Mafinga & Kasanga: Stakeholder Meetings and Capacity Development Workshops		C			X	X						
Iringa Town, Mafinga & Kasanga: Economic Strengthening Fairs		C			X							
Iringa Program Close-Out and Lessons Learned						X	X					
Mbeya Rural: Referral Network Launch	C											
Mbeya Rural: Data Management and Evidence Gathering				O			O			O		
Mbeya Rural: Network Mentoring and QI		O	O	O	O	O	O	O	O	O	O	O
Mbeya Rural: Stakeholder Meetings and Capacity Development Workshops		C			X		X			X		
Mbozi: Service Mapping									X			
Mbozi: Referral Network Launch									X			
Mbozi: Data Management and Evidence Gathering										O		
Mbozi: Network Mentoring and QI										O	O	O
Mbozi: Stakeholder Meetings and Capacity Development Workshops											X	
<b>Zambia Activity (Tier 2)</b>												
National: Integration of Referral Data into National HIV/ART Information Systems	TBD											
National: Collaboratively Develop Comprehensive NACS SBCC Materials			C	X	X	X						
National: Client Loss to Follow Up (LTFU) Analysis					O	O	O	O	O	O	O	O

National: Integration Analysis with ASSIST and FANTA								o			o		
Kitwe: Network Mentoring and QI	o	o	o	o	o	o	o	o	o	o	o	o	o
Kitwe: Data Collection and Analysis	o			o			o			o			
Kitwe: Referrals Refresher Training				x									
Kitwe: Capacity Upgrade Training					x								
Kitwe: Training to Community-Led Savings and Lending Partners				x									
Kitwe: Economic Strengthening Fairs		c			x			x			x		
Kitwe: NACS Refresher Trainings	TBD												
Kitwe: Support Community Nutrition Screening, Counseling, Referral and Follow-Up	TBD												
Kitwe: Strengthen Referral Supervision	o	o	o	o	o	o	o	o	o	o	o	o	o
Mkushi: Network Mentoring and QI	o	o	o	o	o	o	o	o	o	o	o	o	o
Mkushi: Data Collection and Analysis				o			o			o			
Mkushi: Referrals Refresher Training					x								
Mkushi: Capacity Upgrade Training					x								
Mkushi: Training to Community-Led Savings and Lending Partners	c					x							
Mkushi: Economic Strengthening Fairs					x				x				
Mkushi: NACS Refresher Trainings	TBD												
Mkushi: Support Community Nutrition Screening, Counseling, Referral and Follow-Up				c	x	x							
Mkushi: Strengthen Referral Supervision	o	o	o	o	o	o	o	o	o	o	o	o	o
<b>Lesotho (Tier 1)</b>													

National: LIFT II Year 3 Work Plan	C											
National: Program Close-Out and Lessons Learned			X	X								
National: Client Vulnerability and Food Security Study						X	X	X	X	X	X	
Mohale's Hoek & Thaba-Tseka: Network Mentoring and QI	O	O	O	O								
Mohale's Hoek & Thaba-Tseka: Accelerated Approach	O	O	O	O								
Mohale's Hoek & Thaba-Tseka: Data Management and Evidence Gathering	O			O								
Mohale's Hoek & Thaba-Tseka: CommCare Handover			X	X								
Mohale's Hoek & Thaba-Tseka: Client A&R Check				X								
<b>DRC Activity (Tier 1)</b>												
National: Program Close-Out and Lessons Learned								X	X			
Haut Katanga: Network Mentoring and QI	O	O	O	O	O	O	O	O				
Haut Katanga: Training to Implementing Partners	O	O	O	O	O	O	O					
Haut Katanga: Accelerated Approach	O	O	O	O	O	O	O	O				
Haut Katanga: Data Management and Evidence Gathering	O			O			O					
Haut Katanga: Client A&R Check				O			O					
Haut Katanga: Strengthen Coordination Platform	O	O	O	O	O	O	O	O	O			
<b>Malawi Activity (Tier 1)</b>												
Balaka, Lilongwe & Kasungu: Data Management	O			O								
Balaka, Lilongwe & Kasungu: Client A&R Check				O								
<b>Namibia Activity (Tier 2)</b>												
Katutura & Engela: Data Management	O			O			O			O		

## Annex 3. 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, 2014, approved June 22, 2015
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 27, 2015
Quarterly Report #7, Year 2, Quarter 3 (FY 2015, Quarter 3, Apr-Jun 2015)	July 30, 2015
SF 425 #8 (FY 2015, Quarter 3, Apr-Jun 2015)	July 27, 2015
LIFT II Annual Work Plan, Year 3	Draft submitted Sept 30, 2015, approved Jan 11, 2016
LIFT II Annual Report, FY 2015	October 30, 2015
SF 425#9 (FY 2015, Quarter 4, Jul-Sept 2015)	October 30, 2015
Key Technical Products	
Product Title	Submission Details
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)
OHA TDY Reports for Year 2, Quarter 4 (FY 2015, Quarter 4)	Zambia (2), Tanzania (2), Malawi, Lesotho, DRC
OHA TDY Reports for Year 3, Quarter 1 (FY 2016, Quarter 1)	Tanzania (2), Lesotho, Zambia, DRC
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
Technical Process Note: Situational Analysis	Year 2, Quarter 1
Presentation/Workshop #3	Year 2, Quarter 1 (Lesotho National Conference on Vulnerable Children)
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
Presentation/Workshop #4	Year 2, Quarter 3 (CORE Group Spring Global Health Practitioners Conference)
Presentation/Workshop #5	Year 2, Quarter 4 (SEEP 2015 Annual Conference)
Technical Process Note: Facilitating Feedback for Improved Service Delivery: Community Score Card	Year 3, Quarter 1
Practitioner Guide: Situational Analysis: Informing Contextual Livelihood Programming	Year 3, Quarter 1
Presentation/Workshop #6	Year 3, Quarter 1 (APHA 2015 Annual Meeting and Expo)
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 4. 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>
Zach Andersson	US-Lesotho-US	October 25 - November 8, 2015	Monitor progression/uptake of acceleration approaches and visit expansion sites
Clinton Sears	US-Tanzania-US	October 25 - November 9, 2015	Support data collection quality improvement in Iringa region and preparations for data collection for the Mbeya network
Samuel Mayinoti	Namibia-Zambia-Namibia	October 24 - November 8, 2015	Support training of referral volunteers and field supervisors for launch of referral activities in Mkushi; support Economic Strengthening Fair and Awareness Campaign in Kitwe
Samuel Mayinoti	Namibia-Tanzania-Namibia	November 21 - November 28, 2015	Support Economic Strengthening Fair in Iringa and network mentoring in Mbeya
Jacky Bass	US-DRC-US	December 3 - December 12, 2015	Provide oversight of activity closeout of two sites in Kinshasa and monitor ongoing activities in Lubumbashi.
Henry Swira	Malawi-DRC-Malawi	December 3 – December 11, 2015	Support transition and closeout processes for referral processes in Kinshasa. Support NACS QI training in collaboration with ASSIST and FANTA in Kinshasa and Lubumbashi

## Annex 5 LIFT II Budget Reporting Requirement

The report below includes the expenditures and accruals for FY 2016 Q1 only.

	<b>Report Period</b>	10/1/2015-12/31/2015					
	<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>	1/28/2016					
	<b>Ceiling</b>	23,000,000					
	<b>Obligation</b>	8,020,829					
	<b>Unobligated Balance</b>	14,979,171					
<b>Tab.1</b>	Total Obligation Amount	Total Actual Expenditure as of previous quarter	Total Actual Expenditure of current quarter	Accruals as of current quarter	Commitments as of current quarter	Total Spent to date	Obligation Remaining
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G=A-F</b>
	8,020,829	4,979,429	\$ 351,293	\$ 108,035	\$ 263,590	\$ 5,702,347	\$ 2,318,482
<b>Tab.2</b>	Activity	Fiscal Quarter 2016	Total Obligation Amount	Actual Expenditures/Accruals	Commitments as of current quarter	Total Spent to Dec 2015	Obligation Remaining
	Global	Q1 - Oct - Dec 31	3,343,138	1,473,688	17,357	1,491,046	1,852,092
	Nigeria	Q1 - Oct - Dec 31	180,000	462	-	462	179,538
	Namibia	Q1 - Oct - Dec 31	372,691	472,328	-	472,328	(99,637)
	Malawi	Q1 - Oct - Dec 31	475,000	860,245	-	860,245	(385,245)
	Tanzania	Q1 - Oct - Dec 31	1,275,000	754,480	-	754,480	520,520
	DRC	Q1 - Oct - Dec 31	1,175,000	956,976	217,545	1,174,521	479
	Zambia	Q1 - Oct - Dec 31	950,000	360,341	-	360,341	589,659
	Lesotho	Q1 - Oct - Dec 31	250,000	560,238	28,688	588,924	(338,924)