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

LIFT II

LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

Year 2 Annual Work Plan

October 1, 2014 – September 30, 2015

fhi360
THE SCIENCE OF IMPROVING LIVES

care

World Vision

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Acronyms and Abbreviations

AA   Associate Award
AOR   Agreement Officer's Representative
ARP   Adherence and Retention Project
ART   Antiretroviral Therapy
ASPIRES   Accelerating Strategies for Practical Innovation & Research in Economic Strengthening
ASSIST   Applying Science to Strengthen and Improve Systems
BRN   Balaka Referral Network
CARE   CARE International
CBO   Community-Based Organization
COP   Country Operational Plan
CRS   Catholic Relief Services
CSC   Community Score Card
DRC   The Democratic Republic of the Congo
ES   Economic Strengthening
ES4VP   Economic Strengthening for the Very Poor
ES/L/FS   Economic Strengthening, Livelihoods and Food Security
FANTA   Food and Nutrition Technical Assistance III Project
FIELD-Support   Financial Integration, Economic Leveraging, Broad-Based Dissemination
FtF   Feed the Future
GHI   Global Health Initiative
GOL   Government of Lesotho
GOM   Government of Malawi
GOZ   Government of Zambia
GURT   Government of the United Republic of Tanzania
HES   Household Economic Strengthening
KM   Knowledge Management
KRN   Kingabwa Referral Network
LER   Linkage, Engagement and Retention
LIFT   Livelihoods and Food Security Technical Assistance
LWA   Leader with Associates
M&E   Monitoring and Evaluation
MOHSS   Ministry of Health and Social Services
MOH   Ministry of Health
MOSD   Ministry of Social Development
NACS   Nutrition Assessment, Counseling and Support
NCST   Nutrition Care, Support and Treatment
NFNC   National Food and Nutrition Centre
OHA   USAID Office of HIV and AIDS
ONA   Organizational Network Analysis
OVC   Orphans and Vulnerable Children
PCI   Project Concern International
PEPFAR   President's Emergency Plan for AIDS Relief
PHFS   Partnership for HIV-Free Survival
PLHIV   People Living with HIV
PMP   Performance Monitoring Plan
PNLS   *Programme National de Lutte contre le VIH/*SIDA/National AIDS Control Program (DRC)
RC   Referral Coordinator
RN   Referral Network
SILC   Savings and Internal Lending Communities

SLG   Savings and Lending Group
QI   Quality Improvement
SPRING   Strengthening Partnerships, Results and Innovation in Nutrition Globally
TA   Technical Assistance
USAID United States Agency for International Development
VSLA   Village Savings and Loan Association
WV   World Vision

I. Introduction

The Livelihoods and Food Security Technical Assistance II Project (LIFT II) was initiated by the US Agency for International Development (USAID) Office of HIV and AIDS (OHA) under Cooperative Agreement No. AID-OAA-LA-13-00006. LIFT II was launched August 1, 2013 as a five-year associate award (AA) 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 the second annual work plan covering the period of October 1, 2014 – September 30, 2015 as required under Section A5 Reporting and Evaluation of the agreement.

II. Background

Globally, the incidence of new HIV infections continues to decline, and antiretroviral therapy (ART) has become more widely available, prolonging life for people living with HIV (PLHIV) and greatly decreasing AIDS-related mortality. The advancement in ART provision has had powerful positive impacts on extending and improving the quality of life for PLHIV, but at the same time it has created more pressure for resource-constrained governments and communities to provide ongoing care and support. Work remains to address the impact of the continuing pandemic on people's livelihoods and food security, especially in countries with both high HIV prevalence and high rates of malnutrition. Particularly in Africa, PLHIV face a constant challenge in their pursuit of food, nutritional and economic security.

LIFT II's mandate is to link HIV-infected and affected households to economic strengthening, livelihoods and food security (ES/L/FS) opportunities with the end goal of increasing adherence and retention in HIV care. To this end, LIFT II has set in place a systemic model that links nutrition assessment, counseling and support (NACS) with community services through referral networks (RNs). LIFT II is currently working in six countries—the Democratic Republic of the Congo (DRC), Lesotho, Malawi, Namibia, Tanzania and Zambia—with a goal to continue expanding its reach to new countries. Guiding implementation in these new countries are LIFT II's four key objectives:

1) Improve access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services

2) Strengthen community services that provide ES/L/FS support as a component of a continuum of care for families

3) Expand the evidence base for ES/L/FS programming impacts on health and nutrition, particularly with regard to adherence and retention in care, replicability, implementation at scale, cost-effectiveness and sustainability

4) Provide global technical leadership and strategic support to improve the quality of ES/L/FS programs and activities supported by PEPFAR, the Global Health Initiative (GHI) and Feed the Future (FtF)

LIFT II aims to maximize client outreach and develop a strong, cost effective value proposition for local governments to scale up its approach. In Year 2, LIFT II will work to accelerate client outreach and utilize current evidence to document the impact of its multi-sectoral approach on adherence and retention in care. LIFT II will contribute important evidence-based learning to the fields of economic, nutritional and health systems strengthening by describing the benefits and challenges of service delivery uptake,

demonstrating the ways adherence and retention in HIV care is influenced by participation in referral networks, and determining modifications to facilitate greater outreach to larger number of clients.

III. The Nature of LIFT II's Work and Work Planning

LIFT II's second year work plan represents the project team's efforts to organize, prioritize and sequence project activities in ways that will accelerate client outreach, promote adherence and retention in care, document promising practices, develop guidance and tools for capacity building, and monitor and evaluate the impact behind its approach. The work plan also accounts for USAID's requests to align the project's approach more closely with new PEPFAR mandates—ensuring that client participation in referral networks is coordinated by a central entity and that they are appropriately counseled about adherence and retention.

During its second year, LIFT II will focus on high quality implementation at scale, with particular attention placed on accelerating client outreach and improving engagement, adherence and retention of PLHIV in clinical care and treatment. Through implementation LIFT II will build country ownership and support the capacity of national-, district- and community-level stakeholders.

LIFT II will continue to operationalize its approach, representing important project efforts to support improved access to multi-sectoral community referrals through NACS (objective 1) as well as expand these referrals through its learning sites at the country level (objective 3). These learning sites are critical to increase and strengthen the evidence base around linkages and adherence and retention in care.

Global reach built upon local solutions: LIFT II will continue to implement both global- and country-level technical assistance (TA) activities that are focused on the project's second objective: to strengthen community services that provide ES/L/FS support as a component of a continuum of care for families. The global activities will support LIFT II in being both strategic and opportunistic, particularly through aligning the project's efforts with those of other global mechanisms such as the Food and Nutrition Technical Assistance III Project (FANTA) and Applying Science to Strengthen and Improve Systems (ASSIST). Over time, the balance of global and country-specific activities related to this objective will shift—it is critical during the first years to place a greater weight the country-level focus, enabling the expansion of an evidence base for what works through delivery science and impact evaluation research.

Development and dissemination of best practices: This work plan outlines a number of critical investment activities LIFT II will undertake to contribute global technical leadership and strategic support to stakeholders as well as advance the state of the ES/L/FS practice, especially as it relates to key global initiatives and country programs. In the coming years, LIFT II will build on its technical reputation by continuing to strengthen existing relationships, reviewing partnerships and identifying new strategic priorities and potential venues for collaboration, and ensuring that project learning is available and accessible to other practitioners. As experiences and results from the sites in countries unfold over time, there will be a steady increase in the project's efforts around this objective.

Gender and nutrition sensitive focus complemented with a strong M&E system: An important theme and focus for Year 2 will be ensuring that gender and monitoring and evaluation (M&E) are fully embedded throughout project activities. Section IV of the work plan summarizes key investments to ensure that gender is appropriately considered and/or incorporated. The Performance Monitoring Plan (PMP) and approach to programming provide a more detailed view of the project's plan to address M&E. Specific types of activities may evolve over the life of the project; however, the focus on these areas will be maintained.

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

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

IV.   Global Activities

Funding Source: Core Funds
Estimated Year 2 Budget: $1,139,923.39
Main Implementer – FHI 360

Global activities will continue to strengthen the evidence and capacity for ES/L/FS policies, programs and systems as well as to assess their effects on adherence and retention. These activities include using NACS (and other relevant sites, depending on context) as the primary entry point for working to expand the evidence base for effective ES/L/FS linkages from clinics to communities; promoting innovative approaches and developing global standards and policies in ES/L/FS; and strengthening capacity in assessment, program design, implementation and M&E.

Gender

Develop a Gender Strategy: LIFT II will formalize its gender activities through the development of a gender strategy. The gender strategy will describe LIFT II's approach to gender-related barriers and serve as an evolving document where related activities are updated on an annual basis.

> **Results/Deliverable**: Strategy document
> **Level of Effort:** Medium

Provide Gender Training for LIFT II Staff: LIFT II staff in focus countries will receive a training that addresses known gender issues related to the implementation of referral networks and health and

ES/L/FS services among key populations (i.e., PLHIV, orphans and vulnerable children [OVC] and women). This training will increase awareness and facilitate planning to address gender-related barriers and integrate gender-sensitive services at their project sites. Additionally, staff will be exposed to LIFT II's gender-related outcomes and data collection activities.

> **Results/Deliverable**: Two gender sensitizations trainings (virtual)
> **Level of Effort:** Low

Develop Rapid Gender Assessment Tool: To better understand how service providers and other local stakeholders perceive gender-related barriers to health and community services, staff on the LIFT II team have developed a brief questionnaire to be administered as a part of the site assessment process. This tool is based on existing USAID gender assessment frameworks and FHI 360's gender assessment framework and will provide staff with basic information to assist in the development of referral networks and TA to the service providers. This activity will directly inform the implementation of the service provider gender-sensitive programming (see more below).

> **Results/Deliverable**: Modified tool integrated into site assessment activities
> **Level of Effort:** Low

Strengthen Capacity of ES/L/FS Service Providers on Gender-Sensitive Programming: Utilizing a gender training recently developed by FHI 360 for community based organizations (CBOs) and community stakeholders, LIFT II will implement a training as part of capacity development within maturing referral networks. Gender considerations and recommendations will be incorporated through training materials as well as through other strategic TA channels such as mentoring and training aimed at ES/L/FS service providers. Using information about gaps, constraints and opportunities, LIFT II will support local stakeholders to help both men and women improve participation in and access to services.

> **Results/Deliverable**: Specific capacity building activities to be identified as referral networks are established
> **Level of Effort:** Medium

Formative Research on Gender in ES/L/FS referrals through NACS: LIFT II will initiate a formative study examining the role of gender and referral administration and client-perceived outcomes. This descriptive study will be conducted within referral networks and will provide greater context around the referral process from the client perspective, gender-related barriers to services, associations with ART care and treatment, and trends in service statistics.

> **Results/Deliverable**: Research manuscript, brief report
> **Level of Effort:** High

Country Collaboration

Conduct LIFT II Learning Forum: LIFT II will conduct a learning forum for the internal project team (i.e., FHI 360, CARE and WV) that will enable all country/regional staff to gather to share on-the-ground experiences in country, discuss common issues and capture knowledge gained from the roll-out of the LIFT II model in various contexts. Building off of the results from project learning sites, the team will gather to discuss both network strategies as well as country-specific approaches. The knowledge exchange will play an important role in adapting and refining the LIFT approach as well as in tailoring rollout to specific country contexts.

> **Results/Deliverable**: One learning forum held in Sub-Saharan Africa
> **Level of Effort:** Medium

Building the Evidence Base for NACS-ES/L/FS Linkages Activities

Produce Action Research Technical Notes: LIFT II will produce technical notes to highlight key lessons learned during the roll-out of the LIFT II working model. Akin to operations research, these technical notes will highlight emerging best practices with the intent to provide technical information related to multi-sectoral programming to guide decision-making for LIFT II and other programs. Potential topics for the technical notes include the following:

- **Linking PLHIV to savings services and assessing participant well-being:** LIFT II will document its referral approaches in Malawi and Lesotho, which are centered on brokering referrals between NACS facilities and existing savings and loan groups (SLGs) to impact HIV adherence and retention. Using a systematic probability-based sample approach, LIFT II will identify individuals who have been referred to SLGs and will administer two structured surveys—one at the time of referral, and the other six months after the referral—in addition to performing in-depth interviews. The technical note will document preliminary metrics that identify changes in various dimensions of participant well-being.

- **Support Dimension of NACS** LIFT II will lead the development of a note describing key strategies and elements for building or strengthening the "S"—the support—in NACS. The note will capture overarching elements and actionable steps to incorporate referrals and linkages to extend the continuum of care for people affected by HIV to include access to and use of relevant and available ES/L/FS services.

    Results/Deliverable: Two technical notes
    Level of Effort: High

Conduct Literature Reviews: LIFT II will conduct a literature review on the effects of programmatic interventions' impacts on ART adherence and retention, gender, education and health (i.e., HIV) outcomes, referral systems, etc. The project will review relevant literature, experimental and quasi-experimental research designs in peer-reviewed journals, and findings in the grey literature, including existing literature reviews. Possible topics for LIFT II's literature reviews include:

- **Review evidence linking multi-sectoral programming to ES/L/FS programming:** The LIFT II team will conduct literature reviews on the evidence between three economic strengthening (ES) interventions (cash transfers, savings and loans, and enterprise development) and gender, education and health (HIV) outcomes. All components of these reviews will be developed into brief reports and disseminated across a variety of outlets.

- **Evaluation of ES interventions impact on ART adherence and retention:** HIV-related interventions increasingly involve activities that reflect a chronic care approach with the main outcome of ART adherence and retention in care. LIFT II will look at how the chronic care intervention of enrolling HIV-affected and infected individuals in ES services impact ART adherence and retention.

    Results/Deliverable: Two literature reviews
    Level of Effort: High

Produce "User" Guides: LIFT II develops technical products to help implement its referral systems, such as the situational analysis and organizational network analysis (ONA). These activities and their associated documentation are meant to living processes that are improved upon with each use, either through lessons learned or providing different contextual examples. For each of these products LIFT II will develop a user guide, which will then be updated on an annual basis. Possible topics include:

- **Situational analysis guide:** This guide will provide practitioners with step-by-step guidance around how to conduct a situational analysis. The reference document will draw on the project's experience implementing situational analyses in five countries and will provide a flexible menu of options for practitioners. The main objective is to improve the understanding of a wide array of interrelated factors—such as the local pattern of the spread of HIV infection, economic activities, service availability, and household and gender dynamics— to inform a more contextual program design.

- **Best practices around formation and launch of a referral network**: As LIFT II advances work in early learning sites, there is an opportunity to conduct qualitative investigations that explore the process of forming a network. Many tools exist for referral networks, including guidelines on developing referral forms, managing data, and assessment and monitoring of referral networks. A process-centered investigation based on key questions around network members' perceptions and priorities will inform the development of guidance around best practices through the actual process of establishing referral networks itself.

- **Referral network training materials and methodology:** To promote sustainability and ease the path to scale-up, LIFT II builds on and strengthens existing systems and processes; thus, the referral tools and processes, as well as training materials, are context-specific. LIFT II will review the suite of essential tools and training materials used to date, refine them based on implementation experience, and package them into an easy-to-use resource kit that can be readily adapted to launch referrals and referral networks in new contexts.

    Results/Deliverable: Two user guides
    Level of Effort: High

Develop Guidance Document on Referral System Metrics: LIFT II will use its field experience to develop guidance on the metrics of a referral system. At each site, LIFT II asks referral network partners to collect a "minimum set" of indicators to track project implementation and monitor household food security as well as receipt of referral services. In parallel, LIFT II establishes data dissemination tools and guidelines that shape decisions at the local level. This document will describe the referral network indicators, highlighting their value for improved decision making at different levels (including the LIFT II project, national and local governmental stakeholders, and referral network partners) and the data-based decision making tools used across sites through both cloud-based and paper-based referral systems.

    Results/Deliverable: Guidance document
    Level of Effort: Medium

Disseminate Global Learning from LIFT II Country Programming: LIFT II will develop several technical notes and other knowledge products as specified in the knowledge management (KM) strategy and implementation plan to highlight specific key aspects of project activities.

    Results/Deliverable: Products as defined in the KM strategy and implementation plan
    Level of Effort: Medium

Monitoring and Evaluation Systems

Refine Global Database Templates for Roll-Out: LIFT II will refine the database templates created during Year 1 which were developed to for adaptation in any country/context where a referral system is being implemented. Most notably, LIFT II will promote databases which capture key health data, including client use of nutrition services, knowledge of HIV status, HIV status, defaulters, follow-up care, initiation

of ART and adherence to ART. Both paper-based Access databases as well as cloud-based databases (which allow service providers to enter client data using a tablet or smartphone) will be supported. The databases will be designed with flexibility so that client data can be added by a range of service providers, and will allow service providers to remain in or opt out of the network, as necessary. LIFT II will develop database tools as well as documentation of the functionality in a series of Referral Network Operations Manuals. All database templates will include guidelines to ensure that data are regularly aggregated and reported back to network members and other stakeholders (i.e., local government).

> **Results/Deliverable**: Database file and Referral Network Operations Manuals
> **Level of Effort:** High

Monitor Research/Learning Data Collection and Use: In addition to routine monitoring data, LIFT II will review operations across countries to identify key data that can contribute to the project's research and learning agenda. This activity will help generate ideas for action research, referenced above. Partnerships are crucial to this activity, and LIFT II will endeavor to share research and learning data with OHA Nutrition Collaborative Partners (ASSIST, FANTA, Strengthening Partnerships, Results and Innovations in Nutrition Globally [SPRING], MEASURE Evaluation, and other projects to identify areas where collaboration could yield successful data collection that would be challenging for one project to obtain alone.

> **Results/Deliverable**: Ideas for research and learning data compiled in quarterly report
> **Level of Effort:** Low

Conduct Data Analysis: During Year 2, LIFT II will shift from data collection through one-time activities (such as the ONA or diagnostic tool testing) to recurring data collection of clients' use of referrals. Referral data will be analyzed jointly with network members to ensure that local ownership of the referral network is complete. A key element of sustainability for the referral network is the local human resource capacity to maintain a database, edit and update database forms, and generate monthly reports which inform network governance. LIFT II will employ a quality improvement (QI) approach to referral data and will guide local stakeholders in the creation and use of run charts (documenting number of referrals made and percent of referrals used) as a QI tool.

> **Results/Deliverable**: Quarterly referral data reports
> **Level of Effort:** Medium

Document Referral Network Design and Metrics: In contrast to the guidance document on the metrics of referral systems referenced above, LIFT II will also document and share information (notably the QI run charts of referrals made and used) across referral systems in DRC, Lesotho, Malawi, Namibia and Tanzania. The intent is to share metrics and ideas and to allow the service providers within a referral system to see (a) change in their own network over time, and (b) how other networks (in the same or other country) are similar. This information is critical in helping local referral networks learn to monitor their own performance—a key component of LIFT II's sustainability plan.

> **Results/Deliverable**: Semi-annual referral network reports
> **Level of Effort:** Low

Tracking Project Costs: LIFT II will continue tracking the financial costs of the elements of its roll-out model and referral systems to ensure that donors and governments have a clear understanding of the programmatic investments associated with site scale-up. As programming expands into new sites and countries, LIFT II will be able to compare costs across countries and sites. This data will allow for demonstration of the expected decrease in cost in successive iterations of the roll-out model and referral systems. This information will be used to help make implementation decisions (cost benefit of

approaches) support special studies, provide country specific reports, and support a strong value proposition for scaling up the LIFT II approach.

> **Results/Deliverable**: Financial costing model and tracking for each site
> **Level of Effort:** Medium

Global Standards, Policies and State of the Practice in ES/L/FS Activities

Enhance Economic Strengthening for Vulnerable Populations (ES4VP) Learning Hub: In its role as an emerging thought leader in ES/L/FS programing, LIFT II will work to advance the existing ES4VP website into an interactive learning hub that creates and shares practically relevant knowledge to advance multi-sectoral programming for vulnerable populations. The learning hub will serve as a vehicle for sharing ES/L/FS resources and a platform for engaging practitioners and donors across sectors in discussion and analysis of different ES4VP approaches. LIFT II will continue to update its inventory of tools, collect and develop the site content, improve functionality and expand practitioner engagement. Through dissemination of resources and tools, virtual discussions, opportunities for collaborative review and other interactive modes, LIFT II will engage stakeholders to strengthen the technical agenda around ES4VP and create a framework that promotes further documentation and analysis of integrated ES/L/FS approaches.

> **Results/Deliverable**: Independently hosted ES4VP learning hub which will include an inventory of tools and resource library, virtual discussion forums, and e-learning opportunities
> **Level of Effort:** High

Develop of Standard of Practice for ES/L/FS Multi-Sectoral Approaches: Through the ES4VP learning hub, LIFT II will engage practitioners working with vulnerable populations to discuss, analyze and advance best practices in ES/L/FS multi-sectoral programming. The result of the facilitated participatory process will be development and dissemination of a first set of global standards for ES/L/FS multi-sectoral programming.

> **Results/Deliverable:** Set of global standards for ES/L/FS multi-sectoral programming
> **Level of Effort:** Medium

Conduct Technical Trainings and Produce Guidelines for Quality Assurance of ES/L/FS Services: Working within the project's established networks, LIFT II will identify topics and trainings needed to support our ES/L/FS service providers. Training topics may include expanding on gender-sensitive programming, SLG trainings, and further developing existing household economic strengthening (HES) trainings (i.e., HES trainings developed under the first phase of LIFT). LIFT II will look to coordinate these trainings with implementing partners CARE and WV, as well as with FHI 360's own programs (e.g., Accelerating Strategies for Practical Innovation and Research in Economic Strengthening [ASPIRES]) and departments (e.g., FHI 360's Gender Department). LIFT II will also ensure that the tailoring and delivery of national- and local-level capacity building efforts conducted by the project are aligned with global good practices and current approaches.

> **Results/Deliverable**: Updated training materials, partner and country-specific trainings vetted with evidence-based good practice
> **Level of Effort:** Low

Make Technical Contributions Through Strategic Global and Regional Workshops and Conferences: In Year 2, LIFT II will deliver presentations through at least three global workshops and/or conferences. These technical contributions will ensure that LIFT II is enhancing the state of practice by sharing

experiences as well as the data and results captured in Year 1. These presentations will set the foundation for an external presence in relevant technical areas and support LIFT II's anticipated rise in technical leadership over the course of the project.

> **Results/Deliverable**: At least three presentations and workshops
> **Level of Effort:** Low

Disseminate LIFT II Technical Resources and Advances Through Multimedia Channels: During Year 2, LIFT II will build on the volume of technical content generated as well as the dissemination channels initiated under Year 1. We will continue to utilize the project website as the main vehicle for sharing information and will magnify the project's reach more broadly through tweeting and actively seeking opportunities for cross-posting. LIFT II will continue to populate the website with technical content in different forms (i.e., blog postings, country updates, technical notes, presentations and reports). The project will focus on identifying ways, expanding on explorations into social media to date, to effectively share resources and learning to targeted groups of stakeholders as defined in the knowledge management strategy.

> **Results/Deliverable**: 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
> **Level of Effort:** Low

Adapt the CARE Community Score Card: To ensure the sustainability of ES/L/FS services beyond donor funding, the LIFT II approach includes a strong component around strengthening the capacity of service providers. One key area of capacity building is improving the relevance and quality of ES/L/FS services by ensuring that activities are market-led, have a sound business foundation, and are valued by the intended users. The community score card (CSC) developed and tested by CARE is a two-way, participatory tool for assessment, planning, monitoring and evaluation of services that aims to improve the quality, efficiency and accountability with which services are provided. LIFT II will use this tool to create a dialogue that brings together the demand side (service user) and the supply side (service provider) to jointly analyze underlying service delivery challenges related to ES/L/FS services and develop shared ways to improve providers' responses to the specific requirements of vulnerable populations. The CSC will help stakeholders mutually identify barriers to service use and provision related to ES/L/FS, generate and work in partnership to implement solutions, monitor improvements, and track the effectiveness of those solutions.

> **Results/Deliverable**: Community score card adapted in at least one or two countries
> **Level of Effort:** High

Respond to Ongoing Mission Requests for LIFT II TA and Support: LIFT II's demand-driven technical support to missions can include assessments and portfolio reviews of country ES/L/FS activities; development of ES/L/FS country strategies and implementation plans, including technical guidance for PEPFAR country operational plans (COPs); design and support of monitoring and evaluation to assess impact, cost-effectiveness, and potential for replicability, scale-up and sustainability; support of policy development and strong enabling environments; training and quality improvement activities; and support for scope of work development for ES/L/FS assistance.

> **Results/Deliverable**: TBD based on mission needs
> **Level of Effort:** TBD

Country Focus

Country activities, both under global activities and country-specific activities, will allow LIFT II to support country-driven activities in extending the continuum of care and use this learning to develop policies, programs and systems. LIFT II will be moving from practice to research by improving the assessment, design, implementation and M&E of country programs; developing capacity and building country ownership; coordinating with other donors, global partners and implementing programs; including an explicit gender perspective as part of the project's programmatic approach; and using action research, delivery science and M&E to innovate and expand the evidence base.

The country-specific programming, as outlined below, is based on our current expectations/assumptions for programming. As LIFT II begins long-term programming in a country, versus activity-specific interventions, a country-specific work plan and PMP will be developed in conjunction with respective USAID Mission counterparts. Missions will provide concurrence on the work plan and PMP, and LIFT II will subsequently request approval from the LIFT II AOR. The approved country-specific work plan and PMP will then supersede the activities outlined in this work plan.

Côte d'Ivoire, Kenya, Mozambique, Rwanda and Uganda

Main Implementer – FHI 360
Country Manager (HQ) – TBD
Country Tier: 3
It is expected that LIFT II will work with up to three of the five listed country missions during Year 2. As requested, LIFT II will provide TA to the respective mission. Scope and objectives will be determined with the Mission at the time of the request. Currently LIFT II has identified the following intervention as potential areas of assistance, subject to Mission needs:

Côte d'Ivoire: LIFT will support the creation and formalization of clinic to community cross sectorial service networks and referral systems. It is expected that an initial community assessment, mapping of ES/L/FS and nutrition services and structuring of a context-specific referral network. LIFT II programing will be done in collaboration with FANTA and complemented by work done by ASPIRES.

Cross-Cutting Activities

LIFT II programming follows similar processes and activities in each country; however, there are a number of nuances and country-specific details that need to be included to provide the proper contextual information for understanding country-specific implementation. Main activity descriptions have been provided below for ease of reference and relevant country-specific detail is expanded upon in the respective country sections.

Develop LIFT II Year 2 Work Plan: LIFT II will develop a country-specific work plan that aligns with the project's global and country-specific priorities, including country gender strategies.

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

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

> **Results/Deliverable**: TBD
> **Level of Effort:** Low

Special Studies: Qualitative data will be systematically collected to describe the experiences of referral clients. Final data collection activities are to be determined but may include interviews or focus groups. Data will describe client motivation to seek and use referrals and suggested modifications to the referral systems. LIFT II will also attempt to contact clients who did not use a referral in an attempt to describe barriers to participation in referral systems. Interviews will further explore client adherence and retention in care.

> **Results/Deliverable**: Special Study Report
> **Level of Effort:** High

Data Management: LIFT II will work with referral network coordinating organizations and other stakeholders to establish clear data management procedures and reporting tools. Data management plans and guidance will ensure high standards, yet meet the local demands of RN stakeholders. Mentoring and data sharing procedures will be clarified with the network and referral hubs, while essential reporting information will be retained and shared with the LIFT II team to meet project reporting requirements.

> **Results/Deliverable**: Regular data reporting to RN, sharing of referral linkages
> **Level of Effort:** High

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

> **Results/Deliverable**: Compiled monthly data reports with written commentary on the launch and process of quality improvement in the RN
> **Level of Effort:** Medium

Referral Network Maintenance: Maintaining a robust RN will require the implementation of data-based decision-making procedures that facilitate the inclusion of marginalized key populations. One component of RN maintenance is periodically convening of members for open discussion of tools and linkages. At each LIFT II site, the team will work with local stakeholders to build locally relevant feedback procedures. Lessons generated from these activities will be captured in brief reports and blogs that are disseminated across countries to facilitate the RN learning process. To maximize RN usage as a means to provide counseling messages (on nutrition, food security and, for PLHIV, ART initiation, adherence and retention in care), LIFT II will provide quarterly capacity upgrades to the members of the RNs.

> **Results/Deliverable**: Quarterly capacity upgrade documents
> **Level of Effort:** Medium

Lesotho

Funding Source: Core Funds
Estimated Year 2 Budget: $296,546.47
Main Implementer – FHI 360 (at National Level and in Mohale's Hoek and Thaba-Tseka Districts)
Country Manager (HQ) – Jaqueline Bass
Country Representative: Sefora Tsiu
Country Tier: 1

Lesotho has the third highest HIV prevalence rates globally and has been identified as a priority country for OHA acceleration funds and the Partnership for HIV-Free Survival (PHFS). LIFT II initiated programming in Lesotho in November 2013, working closely with representatives of several ministries in

Maseru, global and bilateral projects, local government and civil society in two of the three selected NACS districts. To date, LIFT II has conducted three trainings at the national level, four trainings at the district level, reached 677 clients with ES services, and set the necessary systems in place to facilitate bidirectional referrals in two NACS districts and will continue to support these networks. Additionally, LIFT II has developed two strategies to expand client outreach that will be implemented this year.

National Level

National Social Protection Conference: LIFT II will actively support the Government of Lesotho (GOL) and Building Local Capacity for the Delivery of HIV Services in Southern Africa Project (BLC)'s efforts to develop a nationwide conference on vulnerable children and highlight the importance of social protection activities to further PHFS goals and the integration of NACS. With the elimination of infant HIV infections identified as a priority for Lesotho, the integration of elements of the NACS approach within maternal and child health services has the potential to reduce postnatal transmission of HIV and to improve maternal and infant survival. In Year 2, LIFT II will continue to carry out national-level training to build local capacity. This activity will require the continuous engagement with GOL counterparts, particularly within the Ministry of Health (MOH) and Ministry of Social Development (MOSD).

> **Results/Deliverable**: Conduct national conferences and trainings
> **Level of Effort:** Medium

Develop LIFT II Year 2 Work Plan: See above description for additional information.

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

Sites: Mohale's Hoek and Thaba Tseka

Network Launch and TA to referral network and facilitating organizations/group: LIFT II will launch the referral networks in Mohale's Hoek and Thaba-Tseka in October 2014. Based on feedback from stakeholders meetings held in these two districts, and as an incentive for participation in the RN, LIFT II will offer quarterly capacity building trainings to RN members. These quarterly trainings will provide an opportunity for LIFT II and the RN members to discuss referral operations and to identify areas for QI in the referral process.

> **Results/Deliverable**: Launch of bidirectional, four capacity upgrade trainings on such topics as proposal development, M&E, HES, etc.
> **Level of Effort:** Medium

Data Management: LIFT II will work with the selected referral coordinators (RCs) in Mohale's Hoek and Thaba-Tseka to download referral data from the CommCare (referral tracking application) database. LIFT II will mentor RCs (and other interested RN members) in proper cleaning, analysis and presentation of referral data. See above description for additional information.

> **Results/Deliverable**: CommCare app deployed and updated, monthly data report to be presented at RN meetings
> **Level of Effort:** High

CommCare Testing, Refinement and Handover: LIFT II will work with RCs to modify the CommCare tool, as needed, to maximize ease-of-use.

> **Results/Deliverable**: Updated and deployed CommCare App
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): In Lesotho, Facebook Groups have been established as a platform to promote and increase information sharing among RN members and exchange lessons learned. These virtual groups provide an opportunity for network members to come together as a group and build a common identity. LIFT II will use these groups to develop a pipeline of topics to cover with RN members and prepare summaries of discussions on a regular basis. See above description for additional information.

> **Results/Deliverable**: Compile summaries of discussions providing leadership to the RN both online and in-person to encourage knowledge sharing and collaboration.
> **Level of Effort:** Medium

Implementation Strategies

As a complement to its referral systems outlined above, LIFT II will roll out two unique implementation strategies in Mohale's Hoek and Thaba-Tseka to increase client outreach.

Providing ES/L/FS through Nutrition Corners: On a revolving basis, LIFT II will facilitate participation of up to three ES providers at nutrition corners in ART clinics. These sessions will be held through an "Economic Strengthening Fair." On the dedicated ES fair days, staff from service provider with expertise in each of the ES areas—provision, protection and promotion—will set up a booth in the existing nutrition corner space through which the visitors to the ART clinic can browse, learn about the services, network, and have the opportunity to enroll in one of these services.

> **Results/Deliverable**: Roll out ES/L/FS through nutrition corners in Thaba-Tseka
> **Level of Effort:** High

Linking PLHIV with SILC groups: LIFT II is looking to partner with Catholic Relief Services (CRS)/Lesotho to implement a referral system for PLHIV that links services between health clinics and savings and internal lending community (SILC) groups, in a manner appropriate for the target population and with respect to existing SILC structure and needs. LIFT II will collaborate with frontline staff at clinics and SILCs to facilitate linkages and referrals, demonstrate scale-up capabilities, and influence national-level policies—as well as follow up with PLHIV after they have been referred to a SILC.

> **Results/Deliverable**: Link PLHIV to SILC groups in Mohale's Hoek
> **Level of Effort:** High

V.   DRC Activity

Funding Source: DRC Mission Transfer Funds
Estimated Year 2 Budget: $831,490.43
Main Implementer – CARE
Country Manager (HQ) – Laura Muzart
Country Representative: TBD
Country Tier: 1

Overview

LIFT II initiated referral networks in Year 1, working closely with representatives of several ministries in Kinshasa; service providers in health, economic strengthening and food security; as well as FANTA and ASSIST. Additionally, in selected NACS sites in Lubumbashi and Kinshasa, LIFT II is improving access to ES/L/FS support as a component of a continuum of nutrition and health care and support for vulnerable

individuals through establishing an accelerated model for bidirectional referrals between clinics, PLHIV peer groups and providers of village savings and loan associations (VSLAs) and food aid and assistance.

The DRC context has required some adaptations and innovations to the standard project approaches—due to the dearth of existing, effective ES/L/FS services in many of the sites, LIFT II is also working to build the capacity of service providers.

OHA Collaborative Integration Plan: LIFT II will continue working with FANTA and ASSIST to implement the NACS continuum of care. In conjunction with USAID/DRC, LIFT II will work to expand with FANTA and ASSIST, as funding allows, and the project has already identified ten potential sites.

National Level

ES/L/FS Integration at National Level: LIFT II will continue collaboration with *the Programme National Multisectoriel de Lutte contre le VIH/SIDA*/National Multi-Sector Program Against HIV/AIDS (PNML) to mainstream an ES/L/FS lens into national policy and programs to support PLHIV. Support may include technical guidance for strategy development and programs as well as relevant capacity building of national staff.

> **Results/Deliverable**: ES/L/FS issues incorporated in PNML strategic framework
> **Level of Effort:** Medium

Special Studies: See above description for additional information.

> **Results/Deliverable**: Special study report covering Lubumbashi and Kinshasa
> **Level of Effort:** High

Develop LIFT II Year 2 Work Plan: See above description for additional information.

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

Support Roll-out of SUN Implementation Plan: See above description for additional information.

> **Results/Deliverable**: TBD
> **Level of Effort:** Low

Site: Kingabwa District

Referral Capacity Building: LIFT II will continue building the capacity of the lead referral organization, HPP-Congo, as well as of the health centers in their key roles in facilitating a sustainable referral network. LIFT II is supporting HPP-Congo to adapt, validate and vet the referral tools and building their capacity to make and track client referrals. LIFT II will also train Kingabwa Referral Network (KRN) member organizations to participate effectively in the referral network.

> **Results/Deliverable**: TA and training to HPP-Congo and Kingabwa health centers, referral training to KRN members (delivered with HPP-Congo)
> **Level of Effort:** Low

Provide TA to the referral network and facilitating organizations/group: LIFT II will work with the network to deliver a prioritized set of TA activities to support operationalizing the referral network and support the upgrading of ES/L/FS service delivery. These trainings also are an opportunity for LIFT II and the KRN members to discuss referral operations and to identify areas for QI in the referral process.

> **Results/Deliverable**: Two capacity upgrade trainings based on the network needs on topics such as VSLA, M&E, gender-sensitive programming, HIV-sensitive and inclusive programming, etc.
> **Level of Effort:** Low

Data Management: See above description for additional information.

> **Results/Deliverable**: Monthly data report to be presented at KRN meetings
> **Level of Effort:** High

Network Testing, Launch and Maintenance: LIFT II and KRN have elected to use Open Data Kit (ODK), a tablet-based tool that enables management of client referrals through Excel. After a beta testing phase from September-October 2014, LIFT II will work with KRN members to adapt the ODK tool to maximize utility and ease-of-use. LIFT II will train network members in how to make and support client referrals.

> **Results/Deliverable**: ODK app updated and deployed
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports with written commentary on the process of QI in the KRN
> **Level of Effort:** Medium

Site: Lubumbashi District

Provide TA to the referral network and facilitating organizations/group: LIFT II will work with the network to deliver a prioritized set of TA activities to support operationalizing the referral network and support the upgrading of ES/L/FS service delivery. These trainings also are an opportunity for LIFT II and the RN members to discuss referral operations and to identify areas for QI in the referral process.

> **Results/Deliverable**: Capacity upgrade trainings based on the network needs on topics such as VSLA (inclusive of PLHIV), referral systems, M&E, program management, HIV-sensitive programming, etc.
> **Level of Effort:** Low

Data Sharing with Referral Networks (Dissemination): LIFT II will ensure data collected and consolidated facilitation organizations are shared with all the members of the bidirectional referral systems on a quarterly basis. See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports with written commentary on the process of QI in the sites' referral systems.
> **Level of Effort:** Medium

DRC Site Expansion

Site Assessment, Mapping and Engagement: LIFT II will plan and conduct a community mapping of ES/L/FS and nutrition services to which NACS clients can be linked, developing a service directory in both Lubumbashi and Kinshasa Districts. LIFT II will conduct a stakeholder meeting to validate and share the results of the community mapping, distribute the local service directory, jointly develop action plans for systematizing referrals between NACS and other community-based services, establish a steering committee to implement the action plan with LIFT II support, and identify community intermediaries to facilitate bidirectional clinical-community linkages for NACS clients.

> **Results/Deliverable**: Map of community network, updated referral directory of ES/L/FS and nutrition services, network action plan, steering committee established and possible community intermediaries identified
> **Level of Effort:** Medium

Provide TA to the referral network and facilitating organizations/group: LIFT II will work with the network to deliver a prioritized set of TA activities to support operationalizing the RN and support the upgrading of ES/L/FS service delivery, including VSLA and referral system training.

> **Results/Deliverable**: Capacity upgrade trainings in VSLA and referral system for the members of referral system
> **Level of Effort:** Medium

Data Management: LIFT II will work with UCOP in Lubumbashi, COLUVUS in Mbankana, and TBD referral coordinators in the expansion sites to review referral data from Excel-based database. See above description for additional information.

> **Results/Deliverable**: Capacity upgrades for selected RCs in the expansion sites in data cleaning, analysis and presentation
> **Level of Effort:** High

Referral Network Maintenance: See above description for additional information.

> **Results/Deliverable**: Updated Referral Tools relevant for new NACS sites
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): See above description for additional information.

> **Results/Deliverable**: Data sharing, learning and dissemination plan for new NACS sites
> **Level of Effort:** Medium

VI.   Malawi Activity

Funding Source: Malawi Mission Transfer Funds
Estimated Year 2 Budget: $482,316.79
Main Implementer – FHI 360 (at National Level and in Balaka and Karonga Disrticts)
Sub Implementer – CARE/Malawi (in Kasungu and Lilongwe Districts)
Country Manager (HQ) – Clinton Sears
Country Representative: Lingalireni Mihowa
Country Tier: 1

Overview

LIFT I initiated programming in Malawi in December 2012, working closely with representatives of several ministries in Lilongwe, local government and civil society in districts where LIFT II supports referral networks, as well as with FANTA and ASSIST. LIFT II launched a referral network in Balaka District and will continue to support the network in the coming year. In Karonga District, LIFT II will replicate the work completed in Balaka on a compressed timeline and smaller budget to demonstrate the value-for-money proposition of the project's approach. LIFT II, through implementing partner CARE, will also develop streamlined referral systems which connect nutrition care, support and treatment (NCST) facilities to VSLAs in Kasungu and Lilongwe Districts. The approach will use clinics and VSLAs as entry points for bidirectional referrals; sensitize and collaborate with frontline staff at clinics and VSLAs to

facilitate linkages, engagement and referrals (LER); work with VSLA staff to enable PLHIV access savings services and financial education; and demonstrate its potential to reach scale and influence national policies, such as the NCST Guidelines.

OHA Collaborative Integration Plan: LIFT II will continue to work with FANTA and ASSIST in the implementation of the NCST continuum of care. All three partners will continue to submit joint monthly reports to USAID/Malawi to brief Mission staff on project progress and the benefits (including increased reach and cost savings) of collaboration. In addition, LIFT II will collaborate with any other USAID implementing partners, as directed by USAID/Malawi.

National Level

NCST Training Materials: Develop training materials for Malawi's National Guidelines on NCST for Adolescents and Adults.

> **Results/Deliverable**: Training materials related to establishing and monitoring clinic-to-community referral systems which adhere to the NCST Guidelines
> **Level of Effort:** Medium

Special Studies: See above description for additional information.

> **Results/Deliverable**: Special study report - Malawi
> **Level of Effort:** High

Develop LIFT II Year 2 Work Plan: See above description for additional information.

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

Support Roll-out of SUN Implementation Plan: See above description for additional information.

> **Results/Deliverable**: TBD
> **Level of Effort:** Low

Site: Balaka District

Quarterly Capacity Upgrades for BRN Members: In order to maximize the referral network's use as a means to provide counseling messages (on nutrition, food security, and for PLHIV, ART initiation, adherence and retention in care), LIFT II will provide quarterly capacity upgrades to the members of the Balaka Referral Network (BRN). These quarterly trainings are an opportunity for LIFT II and BRN members to discuss referral operations and to identify areas for quality improvement in the referral process.

> **Results/Deliverable:** Four capacity upgrade trainings for the members of the BRN on topics such as M&E, gender-sensitive programming, etc.
> **Level of Effort:** Low

Data Management: LIFT II will work with the BRN lead (the Sue Ryder Foundation in Malawi (SRFIM)) to download referral data from the CommCare database. LIFT II will mentor SRFIM (and other interested BRN members) in proper cleaning, analysis and presentation of the referral data. See above description for additional information.

> **Results/Deliverable**: Monthly data report to be presented at BRN meetings
> **Level of Effort:** High

CommCare Testing, Refinement and Handover: Based on lessons learned during a beta testing phase (June-September 2014), LIFT II will work with BRN members to modify the CommCare tool, as needed, to maximize utility and ease-of-use. Anticipated changes include: Increasing the number of referral network partners who collect health data (currently only MOH NCST facilities perform this role) and formalizing health follow-up (to check on ART adherence and retention in care and treatment) protocols with the MOH.

> **Results/Deliverable**: Updated and deployed CommCare App
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): LIFT II will ensure data collected by BRN are shared (on a quarterly basis) with the members of the Karonga Referral Network. This kind of south-to-south learning will facilitate a stronger network in Karonga, and provide BRN members with leadership opportunity.

> **Results/Deliverable**: Compiled monthly data reports with written commentary on the launch and process of QI for BRN
> **Level of Effort:** Medium

Site: Karonga District

Referral Network Development: LIFT II will work with key stakeholders in the District to facilitate the creation of the Karonga Referral Network. These key stakeholders are services that opt in to the system, and once identified, will play a key role in the design of referral tools and the structure of the RN.

> **Results/Deliverable**: Karonga Referral Network Operations Manual
> **Level of Effort:** High

Referral Network Launch: Launch the Karonga RN in late 2014. Once referral tools for the RN are complete, translated and vetted, LIFT II will support the network launch. This will primarily involve on-site and remote TA for referral operations, as well as spot checks of referral data to ensure proper entry.

> **Results/Deliverable**: Karonga RN launch meeting.
> **Level of Effort:** Medium

Data Management: See above description for additional information.

> **Results/Deliverable**: Monthly data report to be presented at Karonga RN meetings
> **Level of Effort:** High

Referral Network Maintenance: See above description for additional information.

> **Results/Deliverable**: Updated referral tools
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports together with written commentary on the launch and process of quality improvement in the network.
> **Level of Effort:** Medium

Sites: Kasungu and Lilongwe Districts

Site Assessment & Mapping: LIFT II will consolidate the data collected during targeted site assessments, mapping ES/L/FS and nutrition services to which NACS clients can be linked, and develop service directories to be used for referral processes.

> **Results/Deliverable**: Service directories for health, VSLA and food assistance in the targeted NCST catchment areas
> **Level of Effort:** Medium

Referral Network Development and Launch: LIFT II will work with key stakeholders (district health office [DHO], targeted NCST facilities and referral volunteers) in Lilongwe and Kasungu Districts to design, validate and vet the referral tools for the bidirectional referral system between NCST facilities and VSLA and food support services. Tools currently include collection of the following data from clients at the time of registration: 1) use of nutrition services, 2) knowledge of HIV status, 3) HIV status, 4) ART initiation, and 5) ART adherence.

> **Results/Deliverable**: Compendium of referral tools, completed operations manual (includes management/operations information as well as training materials)
> **Level of Effort:** High

Data Management: Data will be collected through referral volunteers, village agents for VSLAs and health surveillance assistants. See above description for additional information.

> **Results/Deliverable**: Monthly data report to be presented at periodic review meetings
> **Level of Effort:** High

Referral Network Maintenance: See above description for additional information.

> **Results/Deliverable**: Updated referral tools
> **Level of Effort:** Medium

Data Sharing with Referral Networks (Dissemination): LIFT II will share progress with the District Executive Committees (DEC) in Kasungu and Lilongwe. See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports together with written commentary on the launch and process of quality improvement in the network.
> **Level of Effort:** Medium

VII.   Namibia Acitivty

Funding Source: Namibian Mission Transfer Funds
Estimated Year 2 Budget: $51,200
Main Implementer – FHI 360
Country Manager (HQ) – Mandy Swann
Country Representative: Samuel Mayinoti
Country Tier: 2

Overview
LIFT II will continue providing TA to Namibia through the first quarter of Year 2. Project activities will build on the progress made in Year 1 to establish a referral network in Katutura and a district-wide network in Engela. Both networks have been actively involved in the development of tools, received training and

tailored capacity development support from LIFT II, and are now reaching and referring HIV-affected and NACS clients to additional services. LIFT II will be effectively transitioning referral process and tools to local stakeholders to support the sustainability of the referral networks.

OHA Collaborative Integration Plan: LIFT II will continue to work with FANTA as LIFT II closes out programming support in Namibia.

National Level

Ensure Effective Transition of Tools and Processes to MOHSS: LIFT II will continue integration of project activities into the Primary Health Care (PHC) division work plans. LIFT II will conduct an orientation and handover meeting for Ministry of Health and Social Services (MOHSS) staff to (1) introduce and institutionalize the use of the poverty and food security diagnostic tool and other referral resources developed under the project as well as to (2) secure MOHSS agreement to support and oversee NACS facility staff participation in clinic-to-community referrals through existing supervision channels. After the meeting, LIFT II will provide follow-on support aimed at helping MOHSS fully take over the management, adaptation and effective use of the resources in their current programming. LIFT II will also work with the Adherence and Retention Project (ARP) to provide training and TA on referral tools and processes so that they can be used and expanded under ARP.

> **Results/Deliverables**: Training materials, training report, outcomes/agreements
> **Level of Effort:** Medium

Special Studies: See above description for additional information.

> **Results/Deliverable**: Special study report - Namibia
> **Level of Effort:** High

Sites: Katutura and Engela Districts

Referral Network Maintenance: To ensure sustainability, LIFT II will continue to provide remote and on-site support to ensure the networks are fully equipped to systematically implement referrals and accurately track referral data without LIFT II support.

> **Results/Deliverables**: Sustainable referral networks, refined referral tools and resources
> **Level of Effort:** Medium

Data Management: LIFT II will continue to support both networks to capture referral data in the Access databases and hold review meetings with RN members. LIFT II will continue to mentor the lead RCs in each network to complete the monthly data merge, review the data to improve the referral system and report the referral data through appropriate channels. See above description for additional information.

> **Results/Deliverable**: Quarterly data reports
> **Level of Effort:** Low

Namibia Referral Network Lessons Learned Assessment: LIFT II will conduct an assessment of both networks to distill lessons learned related to the process used to establish the networks as well as the functionality of the system. This assessment will provide valuable information on the operations, challenges and success factors of the referral networks after 4-6 months of implementation.

> **Results/Deliverables**: Lessons learned report
> **Level of Effort:** Medium

VIII.   Nigeria Activity

Funding Source: Nigerian Mission Transfer Funds
Estimated Year 2 Budget: $ 0
Main Implementer – FHI 360
Country Manager (HQ) – Laura Muzart
Country Representative: TBD
Country Tier: 1

No programming is expected in Year 2. LIFT will continue to reach out to the Mission for further guidance, as appropriate.

IX.   Tanzania Activity

Funding Source: Tanzania Mission Transfer Funds
Estimated Year 2 Budget: $ 540,220.36
Main Implementer – FHI 360
Country Manager (HQ) – Dominick Shattuck
Country Representative: Lilian Tarimo
Country Tier: 1

Overview

LIFT II initiated programming in Tanzania in October 2013 working closely with the Government of the United Republic of Tanzania (GURT), FANTA, PHFS, bilateral programs and local organizations. LIFT II supported initial steps toward implementation of RNs in three communities within the Iringa Region. LIFT II worked closely with FANTA and PHFS to ensure that activities were implemented in coordination with each groups goals. In the coming year, LIFT II will work closely with Allamano Health Center in Iringa to initiate referrals and expand outward, initially to Mafinga and Kasanga, after implementing this initial referral system in Iringa Town. Allamano Health Center, the RN lead, is the premier health care provider in the community and offers a variety of services including basic HIV testing, ART provision, and psychosocial support for OVC.

OHA Collaborative Integration Plan: LIFT II will continue to work with FANTA and PHFS to ensure close collaboration of programming as well as ensuring site selection as LIFT II expands programming in Tanzania. Allamano has existing relationships with Africare as well as Tunijali-Iringa and has received NACS training through FANTA.

National Level

Engage Regional and Local Authorities: LIFT II will continue to work with key points of contact at the regional, district and local level to open lines of communication to ensure clear updates and facilitate relationship building. The feedback will be analyzed and summarized into a report to ensure consideration in the program design. This will be done in coordination with FANTA and IMARISHA where relevant.

> **Results/Deliverable**: Periodic engagement, summary document
> **Level of Effort:** Medium

Develop LIFT II Year 2 Work Plan: See above description for additional information.

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

Support Roll-out of SUN Implementation Plan: See above description for additional information.

> **Results/Deliverable**: TBD
> **Level of Effort:** Low

Site: Iringa Town

Referral Network Launch and Expansion: LIFT II will launch a referral network in Iringa, Iringa District, with Allamano Health Center as the RN lead. To expedite the RN launch in Iringa, this process is being implemented in phases. Following the initial roll-out at ten organizations, additional community-based organizations will be ushered into the network.

> **Results/Deliverable**: Periodic engagement, data management system, referral tools
> **Level of Effort:** Medium

Data Management: See above description for additional information.

> **Results/Deliverable**: Quarterly data reports
> **Level of Effort:** Low

Data Sharing with Referral Networks (Dissemination): Stakeholders from neighboring expansion sites are being invited to Iringa Town to gain exposure to network implementation activities and help guide the process in their communities. See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports with written commentary on the process of QI in the Iringa RN.
> **Level of Effort:** Medium

Referral Network Maintenance: Allamano's clients come from a variety of areas nearby and further from Iringa town—this will facilitate the inclusion of other service providers into the RN. Over time the RN will expand and, if interested, network members will be provided the opportunity to use a mobile-based referral system (CommCare). See above description for additional information.

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

Sites: Mafinga and Kasanga

Referral Network Launch: LIFT II will launch referral networks in both Mafinga and Kasanga in the coming year. Currently, the main health facilities (Mafinga District Hospital and Kasanga Health Clinic) in each community are intended to serve as the referral hubs in each community. Both locations recently received NACS training and are well positioned to link HIV-infected and affected individuals with ES/L/FS and community services including food aid. In the first part of Year 2, key stakeholders from each community will be invited to Iringa to gain exposure to referral networks, an experience that will guide implementation in each respective location. Both Mafinga and Kasanga are smaller communities with a limited number of ES/L/FS service providers; as a result, RNs will be launched to include all organizations in each community and will not take a phased approach similar to Iringa.

> **Results/Deliverable**: Periodic engagement, data management system, referral tools
> **Level of Effort:** Medium

Data Management: See above description for additional information.

> **Results/Deliverable**: Quarterly data reports
> **Level of Effort:** Low

Data Sharing with Referral Networks (Dissemination): See above description for additional information.

> **Results/Deliverable**: Compiled monthly data reports together with written commentary on the process of quality improvement in the Mafinga and Kasanga networks.
> **Level of Effort:** Medium

Referral Network Maintenance: Over time the referral networks will expand and, if interested, network members will be provided the opportunity to use a mobile-based referral system (CommCare). See above description for additional information.

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

Iringa Site Expansion

Identify Expansion Sites, Assess Related Capacity and Develop RN Implementation Plans: LIFT II has received direction from USAID/Tanzania to focus its efforts in Iringa Region. During Year 2, the project will assess capacity within sites designated for NACS training (provided by FANTA) and establish lines of communication with the local government and health officials. After gaining an understanding of these settings, LIFT II will establish RN implementation plans and timelines for implementation.

> **Results/Deliverable**: Site assessment briefs, implementation plans
> **Level of Effort:** Medium

X. Zambia Activity

Source of Funding: Zambia Mission Funds Transfer
Estimated Year 2 Budget: $150,000
Main Implementer – FHI 360
Country Manager (HQ) – Mandy Swann
Country Representative – Joackim Kasonde (interim)
Country Tier: 2

Overview

In Year 1, LIFT II provided initial support in Zambia through inputs to training materials and tools, ensuring referrals to supportive ES/L/FS services and related tools were part of both facility- and community-based NACS trainings.

OHA Collaborative Integration Plan: LIFT II will continue coordination FANTA and ASSIST along with additional NACS partners Project Concern International (PCI), and the Thrive Project to strengthen and systematize clinic-community referrals for NACS client with a focus on Kitwe District.

National Level

Contribute to Development and Finalization of Training Materials: LIFT II will continue to engage with Government of the Republic of Zambia (GRZ) ministries including the Ministry of Community Development Mother and Child Health (MCDMCH), MOH and National Food and Nutrition Council (NFNC), as well as FANTA, ASSIST and PCI, to finalize training materials for community and facility NACS trainings. LIFT II will continue working closely with all NACS Acceleration partners ensure coordination and collaboration with their planned activities.

> **Results/Deliverable**: Quarterly updates
> **Level of Effort:** Medium

Develop LIFT II Year 2 Work Plan: The project will develop a country-specific work plan that aligns with LIFT II's global and country specific priorities including country gender strategies.

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

Support Roll-out of SUN Implementation Plan: See above description for additional information.

> **Results/Deliverable**: TBD
> **Level of Effort:** Low

Site: Kitwe District

Site Assessment, Mapping and Engagement: LIFT II will plan and conduct a community mapping of ES/L/FS and nutrition services to which NACS clients can be linked and develop a service directory. LIFT II will conduct a stakeholder meeting to validate and share the results of the community mapping, distribute the local service directory, jointly develop action plans for systematizing referrals between NACS and other community-based services, establish a steering committee to implement the action plan with LIFT II support, and identify community intermediaries to facilitate bidirectional clinical-community linkages for NACS clients.

> **Results/Deliverable**: Map of community network, referral directory of ES/L/FS and nutrition services, network action plan, steering committee established and possible community intermediaries identified
> **Level of Effort:** Medium

Identify Community-Led Savings and Lending Activities: As a result of the mapping of community networks LIFT II will identify and engage with partners who are actively implementing community-led savings and lending activities (e.g. VSLA, SILC, etc.) in Kitwe to determine if and how NACS clients can be rapidly linked directly with savings services.

> **Results/Deliverable**: Understanding of saving services available in Kitwe, possible agreement for a direct linkage strategy for NACS clients
> **Level of Effort:** Low

Assess Related Capacity and Develop RN Implementation Plans: LIFT II will engage with a variety of stakeholders to build an understanding of the existing referral tools and processes in use in Kitwe and other districts or regions in Zambia as well we to identify how these might be used or adapted to link NACS clients with ES/L/FS support. LIFT II will also identify existing household vulnerability, poverty and/or food security assessment tools already in use in Zambia that could be useful in determining

which ES/L/FS services are most appropriate for different households. Based on this understanding LIFT II will develop or adapt relevant tools with highest potential for use in its referral model.

> **Results/Deliverable**: Understanding of existing referral and vulnerability assessment tools that could be used or adapted to link NACS clients with ES/L/FS services
> **Level of Effort:** Low

Develop and Adapt Referral Tools and Database: Based on tools and databases developed for other LIFT II countries/sites, as well as an understanding of tools and processes already in use in Kitwe, LIFT II will work with network members to adapt and finalize a referral process and a complete set of referral tools and database and disseminate them throughout the network. This system will be built based on input from GRZ and other stakeholders within the network and will be harmonized with other nutrition and HIV referral and data collection tools.

> **Results/Deliverable**: Final referral tools/resources, complete data base and support guide
> **Level of Effort:** Medium

Provide TA to the Referral Network: Deliver referrals training with facility and community NACS implementers as well as ES/L/FS and other service providers in the network to launch a systematic and uniform referral process that links NACS clients with ES/L/FS and other supportive services. Through the training, network members will be learn to accurately use the referral tools and processes developed and obtain the skills needed to use and manage the referral database.

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

Referral Network Launch: LIFT II will launch the Kitwe RN in late 2015. Once referral tools are complete and vetted, LIFT II will support the RN launch. This will primarily involve on-site and remote TA for referral operations, as well as spot checks of referral data to ensure proper entry.

> **Results/Deliverable**: RN launch meeting
> **Level of Effort:** Medium

Data Management: See above description for additional information.

> **Results/Deliverables**: Quarterly data reports
> **Level of Effort:** Low

Referral Network Maintenance: See above description for additional information.

> **Results/Deliverable**: Referral system is well-functioning, database and tools remain up-to-date
> **Level of Effort:** High

Collaborate on Additional NACS trainings: LIFT II will collaborate with PCI and FANTA on additional facility and community NACS trainings that take place. Support will include adapting training materials on referrals/linkages based on implementation experience in addition to facilitating training sessions.

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

Annex 1: LIFT II Year 2 Work Plan Budget

LIFT II
FHI 360
Award No: AID-OAA-LA-13-00006

Work Plan Budget   **October 1, 2014 - September 30, 2015**

	Global	DRC	Namibia	Malawi	Nigeria	Tanzania	Zambia*	Total
Salaries & Wages	332,422	101,806	11,619	97,753	-	166,646	-	710,246
Fringe Benefits	95,471	28,947	9,014	14,263	-	33,130	-	180,825
Consultants	-	-	-	5,400	-	78,076	-	83,476
Travel & Transportation	-	23,744	13,820	90,704	-	63,997	-	192,265
Other Direct Costs	500	15,554	5,474	55,744	-	17,018	-	94,290
Non Expendable Equipment	-	-	-	-	-	-	-	-
Allowances	-	-	-	-	-	1,196	-	1,196
Sub Recipient	242,582	573,092	-	112,511	-	29,308	-	957,493
Indirect Costs	174,402	88,348	11,273	105,941	-	150,849	-	530,814
TOTAL	$ 845,377	$ 831,490	$ 51,200	$ 482,317	$ -	$ 540,220	$150,000	$ 2,900,605

* Estimated value, as we are in the process of program planning

Annex 2: LIFT II Year 2 Implementation Plan

The final version of this Annex will be included with the final submission.

Annex 3: LIFT II Year 2 Deliverables

The final version of this Annex will be included with the final submission.