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



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LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

**Annual Report**

**FY 2015<sup>1</sup>**

**October 1, 2014 – September 30, 2015**



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<sup>1</sup> Inclusive of FY 2015 Q4 Report

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## Acronyms and Abbreviations

APHA	American Public Health Association
ART	Antiretroviral Therapy
ARP	Adherence and Retention Project
ASSIST	Applying Science to Strengthen and Improve Systems
BLC	Building Local Capacity for the Delivery of HIV Services in Africa
BRN	Balaka Referral Network
CARE	CARE International
CEE	Core Essential Element
CIL	Centre for Impacting Lives
COP	Country Operational Plan
CSC	Community Scorecard
DATF	District AIDS Taskforce
DG	Director General
DRC	The Democratic Republic of the Congo
EAR	Engagement, Adherence and Retention
ES	Economic Strengthening
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
FANTA	Food and Nutrition Technical Assistance III
FIELD-Support	Financial Integration, Economic Leveraging, Broad-Based Dissemination
HES	Household Economic Strengthening
HESCOP	Household Economic Strengthening Community of Practice
LIFT I	Livelihoods and Food Security Technical Assistance
LIFT II	Livelihoods and Food Security Technical Assistance II
LWA	Leader with Associates
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NACS	Nutrition Assessment, Counseling and Support
NCST	Nutrition Care, Support and Treatment
ODK	Open Data Kit
OHA	USAID Office of HIV and AIDS
OVC	Orphans and Vulnerable Children
PB	Phelisanang Bophelong
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PRONANUT	<i>Programme National de Nutrition</i> /National Nutrition Program
QI	Quality Improvement
RV	Referral Volunteer
SIMS	Site Improvement Monitoring System
TA	Technical Assistance
TDY	Temporary Duty Assignment
USAID	United States Agency for International Development
VA	Village Agent
VSLA	Village Savings and Loan Association
WFP	World Food Programme
WV	World Vision

## I. Introduction

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was initiated by the U.S. Agency for International Development (USAID) Office of HIV and AIDS (OHA) under Cooperative Agreement No. AID-OAA-LA-13-00006. LIFT II was launched August 1, 2013 as a five-year associate award under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA). LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). This report presents LIFT II programming covering the period of April 1, 2015 – June 30, 2015 as required under Section A5. Reporting and Evaluation of the agreement.

## II. Background

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

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

- 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

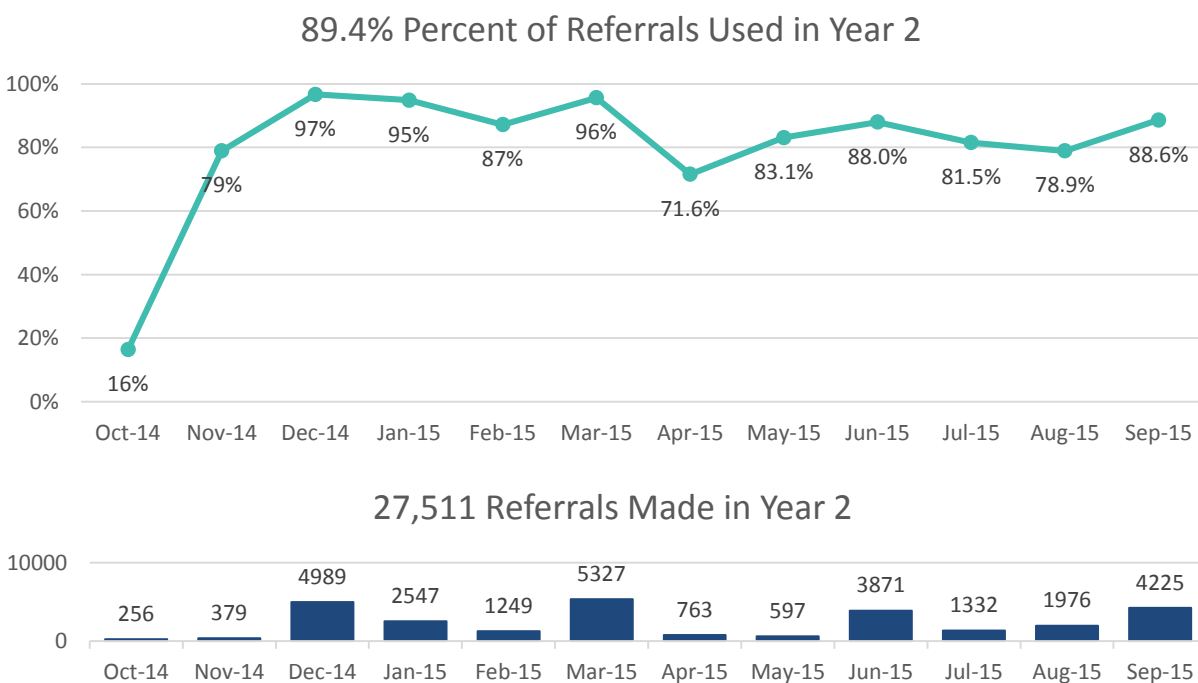
#### Highlights

During its second year, LIFT II has been able to accelerate the pace of its roll-out in all six countries providing **27,511 clinic-to-community referrals** through **625 services providers** with an **89.4% completion rate**. Learning from the initial acceleration pilot in Malawi has catalyzed growth across the **49 referral networks** that have been supported by LIFT II thus far. Through **69 health facilities**, LIFT II has been able to adapt its referral model to the specific context and needs of each site. Adaptations such as prioritizing linkages to savings and food aid have not only enabled the program to accelerate its outreach but have also **increased program efficiency**. Finally, LIFT II has also started collecting **ART adherence and referral data** from clients taking the necessary steps to capture HIV and AIDS related outcome data to develop the proof of concept behind its model.

#### Progress in the Implementation of Referrals

LIFT II partners made referrals for 27,511 clients in six countries over Year 2, with an average completion of 89.4% (see Figure 1 below). Of clients referred, 63.4% were women, and 31.5%<sup>2</sup> of clients were PLHIV—this proportion increases to 43.6% when the low-HIV prevalence DRC is removed. Additionally, 89.6% of women and 85.3% of PLHIV successfully completed their referrals.

**Figure 1: LIFT II's Progress in the Implementation of Referrals.** Over Year 2 LIFT II referred 27,511 clients through our partners with an average completion of 89.4%<sup>3</sup>.



<sup>2</sup> This statistic excludes referral data from Lesotho as the vast majority of referrals there were conducted by our local bilateral partner Building Local Capacity for the Delivery of HIV Services in Africa (BLC), who did not capture HIV status.

<sup>3</sup> 89.4% is a weighted average to account for much higher numbers of completed referrals from December 2014 to September 2015; the unweighted average is 80.1%.

## Referral Network Highlights

LIFT II's referral network successes over Year 2 include:

- LIFT II successfully completed a clinical record check of referral clients (n=291) to assess if their default rate was different from general default rate at 9 NACS sites in Malawi. The results of the check showed that the **default rate for clients receiving a referral was 13.9% compared to the 15.5% rate of non-referral clients**. This activity is a cornerstone of LIFT II's evidence base building and will be repeated in Malawi and introduced to other LIFT II countries in Year 3.
- LIFT II began the year with 8 referral networks and expanded to **49 networks** over the course of the year, simultaneously increasing the number of NACS sites served from 35 to **69 NACS sites**.
- LIFT II's **standard of care sites** in Lesotho, Malawi and Namibia referred **1,026 clients** over the year and collected household vulnerability and food security data used to classify each clients' household—22% of clients were classified as provide, 64% as protect, and 13% as promote while 35% were classified as little to no hunger, 35% as moderate hunger, and 32% as severe hunger.
- A total of **13,492 clients were referred to economic strengthening services** (74.9% women, 29.2% PLHIV) with **92.0% completing** the referrals—the best completion rate for any kind of referral. The number of PLHIV referred varies greatly by month, with a low of 12.1% PLHIV in November 2014 to a high of 91.5% in September 2015 in Malawi. A significant factor in this fluctuation is NACS staff availability.
- LIFT II staff completed **30 TA visits** to six countries, developed **8 referral guidance documents**, and released **2 inventories of ES/L/FS tools** (in DRC and Tanzania).
- In addition, LIFT II conducted **58 referral trainings** to a total of 203 organizations (including NACS sites) that make up referral networks. Altogether 1,266 individuals (699 women, 558 men) were trained in referral network management.

## IV. Country Focus

# DRC ACTIVITY

**ACTIVITY LOCATION(S):** 4 NACS sites in Kinshasa Province and 15 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 Ministry of Health (MOH) to support NACS implementation in Kinshasa and Lubumbashi



Peer educators and referral network focal persons after a VSLA training in Lubumbashi in January 2015.

## KEY ACCOMPLISHMENTS

- Provided ongoing TA on village savings and loan association (VSLA) methodology and clinic-to-community referrals to health centers, PEPFAR partners and built the capacity of the referral network partners in Lubumbashi and Kinshasa.
- Expanded clinic-to-community linkages to 11 additional sites (nine in Lubumbashi/Katanga and two in Kinshasa), forming 60 VSLAs and coordinating food support for approximately 1,300 NACS patients from October 2014 to March 2015.
- Provided TA to World Food Programme (WFP) in Katanga on updating tools for tracking beneficiaries for the second phase of food distribution, targeting an additional 2,000 Option B+, TB and NACS clients.
- Facilitated a LIFT II-adapted Community Scorecard (CSC) approach with Kinshasa referral network stakeholders to review progress, collectively developed sustainability plans, accounting for project closeout in September 2015.
- Successfully transitioned the Kinshasa referral network to the government and 4Children program.
- Opportunistically engaged and leveraged relationships with other programs working closely with WFP, ASSIST, FANTA and PRONANUT (DRC's National Nutrition Program) to organize and strengthen the coordination platform for HIV, nutrition and community services in Lubumbashi.

## CHALLENGES AND CONCERNS

- The departure of LIFT II/DRC Project Manager in Kinshasa and the LIFT II Program Manager in Washington created some operational challenges. The team successfully recruited and onboarded new personnel to ensure that activities continued effectively and efficiently.
- Delays were encountered as VSLA activities were introduced to sites in DRC. Incorporating new clients from NACS sites requires that the VSLAs provide seed money to clients at the time of enrollment, and establishing a clear understanding and associated expectations for those clients and existing VSLA members took time.

## UPCOMING ACTIVITIES

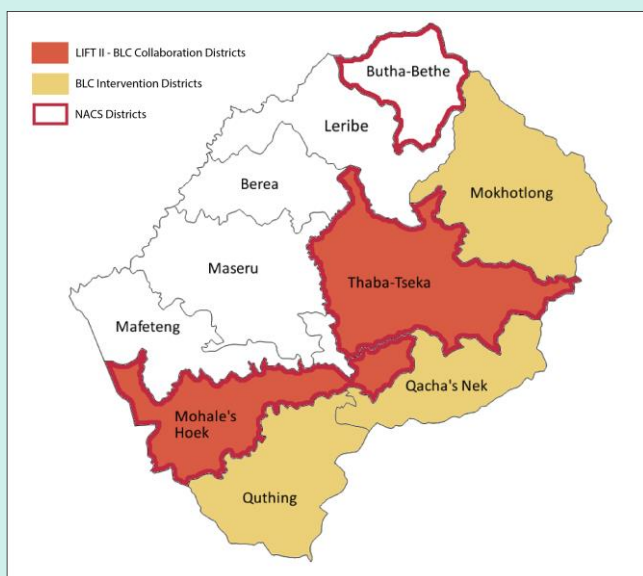
- Build capacity of Lubumbashi referral network.
- Provide training to implementing partners to support service delivery.
- Continue the expansion of clinic-to-community linkages, forming 150 VSLAs in Lubumbashi and coordinating food support for approximately 2,000 NACS patients.
- Monitor impacts of VSLA and food aid participation by health clients, prioritizing PLHIV.
- Conduct client A&R check.
- Strengthen the coordination platform in Lubumbashi.
- Prepare for handover of referral activities to government, local organizations and other donor programs.

# LESOTHO ACTIVITY

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

**OVERALL OBJECTIVES:** LIFT II is providing technical assistance in two NACS implementation districts chosen by the MOH and is supporting expansion to three more districts in collaboration with BLC (implemented by Management Sciences for Health [MSH]). Currently LIFT II is carrying out three specific activities:

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



LIFT II began Year 2 with activities in the two districts of Mohale's Hoek and Thaba-Tseka. Project reach is expanding further into Mokhotlong, Qacha's Nek and Quthing under BLC leadership with LIFT II TA, where appropriate.

## KEY ACCOMPLISHMENTS

- Reached 13,912 clients and 47 service providers
- Launched two referral networks in Mohale's Hoek and Thaba-Tseka and provided ongoing TA to both networks.
- Raised client awareness of referral benefits using radio talk shows, dramas, and visits to local high schools.
- Carried out 17 meetings in each site, providing TA to 312 individuals (216 women, 96 men) from 45 organizations.
- Collaborated with BLC to finalize referral directories, referral forms and monitoring tools for community-council networks in Mokhotlong, Qacha's Nek and Quthing.
- Supported BLC facilitation of orientation meetings in these three districts.
- Contracted two local organizations - Phelisanang Bophelong (PB) in Thaba-Tseka, and Centre for Impacting Lives (CIL) in Mohale's Hoek – to lead management of ongoing referral work at these sites and jumpstart an accelerated approach to link PLHIV directly from health facilities to VSLAs.
- Developed a referral and clinical record check tool that LIFT will use with facility staff and referral stakeholders to better understand the impact of referrals on client A&R.
- Engaged USAID/Lesotho through BLC to align existing geographic outreach with PEPFAR 3.0.

## CHALLENGES AND CONCERNS

- PB and CIL have had challenges implementing our new, simplified clinic-to-VSLA referral approach due to high-level staff changes at the Lesotho Ministry of Health and the need for approval from the new Director General (DG) before health facilities will buy-in and participate.
- BLC has mostly been focused on program closeout, limiting support available for LIFT II activities in-country and delaying launch of nutrition corner networks in three new districts – the level of LIFT II support to these networks will depend upon participation of health facilities and collection of valuable client health data.
- Although LIFT II is planning to phase out in Lesotho by January 2016, the project will seek to either 1) continue light-touch engagement with referral activities (particularly facility-to-VSLA) to track improvements in referred client health over time, or 2) transition support for networks to BLC's successor.

## UPCOMING ACTIVITIES

- Travel to Lesotho to resolve challenges associated with DG approval, monitor clinic-to-VSLA approach implementation and speak with URC staff regarding possible collaboration.
- Travel to Lesotho in January to lead closeout of LIFT II in country and manage the first clinical and referral record check process.



# MALAWI ACTIVITY

**ACTIVITY LOCATION(S):** Balaka District (standard of care approach, working with a network of 21 SPs including 3 Nutrition Care, Support and Treatment [NCST] sites) as well as the districts of Lilongwe and Kasungu (acceleration model targeting 17 NCST sites and 2,000 VSLAs).

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

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



In Balaka, members of the referral network planned and implemented a multi-day campaign to help sensitize the community around the referral system and the benefits of participation.

## KEY ACCOMPLISHMENTS

- Successfully completed a medical record check to assess referral clients' ART default rate versus all clients at 9 NCST facilities – 3 in each Balaka, Kasungu and Lilongwe.
- Increased the number of Balaka referral network (BRN) members from 15 to 21, thereby enhancing the portfolio of ES/L/FS services available to clients.
- Used client feedback as part of referral system review, upgraded the CommCare app and introduced additional paper-based referral forms to improve facilitation of the referral linkages.
- Supported BRN members with planning and implementing a multi-day, community-based sensitization campaign to address low referral system enrollment.
- Conducted capacity upgrade training on proposal development.
- Held a referral system learning workshop in Karonga District.
- Facilitated a LIFT II-adapted CSC approach with BRN stakeholders to review progress and collectively develop a sustainability plan.
- Expanded acceleration approach coverage to 17 NCST facilities, working with 2,000 VSLAs to provide ES services to NCST clients.
- Trained a cadre of 33 referral volunteers (RVs) and 65 village agents (VAs) who worked closely with MOH frontline staff to link NCST clients to VSLA and food support.
- Supported and monitored referrals and linkages for 5,659 clients (74% women) from NCST to VSLAs, 933 clients (56% women) from NCST to FS services, and 716 clients (91% women) from VSLA to NCST facilities.
- Conducted an extensive assessment of referral impacts in Balaka, Kasungu and Lilongwe, targeting referral clients and SPs who have registered, provided and/or received referred clients.
- Presented experiences and lessons on referrals, linkages and tracking of ART A&R at USAID Family Health Partners meeting.
- Closed out and handed over to local referral structures all technical assistance activities in September 2015.

## CHALLENGES AND CONCERNS

- Severe flooding in Balaka hindered referral activities between December 2014 and March 2015.
- Some SPs experienced extended technical challenges regarding the use of CommCare.
- Limited NCST staff to handle both clinical services and referrals to VSLAs - LIFT II identified RVs and VAs to support referral processes.
- As the flow of clients referred to VSLAs increased, maintaining confidentiality around the HIV status of clients became a challenge - LIFT II trained RVs and VAs on confidentiality.
- Personnel changes required flexibility. The team successfully recruited and onboarded new staff to ensure continuity.

## UPCOMING ACTIVITIES

- LIFT II closed out in Malawi in September 2015, though opportunities to continue referral support may be explored in the future.
- A low level of support from LIFT II partner CARE will continue to be provided, particularly around periodic repetition of the ART A&R record check explained as key accomplishment above.

# NAMIBIA ACTIVITY

ACTIVITY LOCATION(S): Engela and Katutura Districts

OVERALL OBJECTIVES:

1. **Provide support for continued operation of referral networks:** Provide minimal technical guidance and troubleshooting to network members for the continuation of referral activities within the established networks
2. **Collect and analyses referral data:** Receive and analyze data being collected by the networks in order to understand trends related to outcomes of interest, including adherence to ART and retention in care.



Group photo for participants of the LIFT II referrals tools and processes handover/orientation workshop for the Ministry of Health held in October 2014

## KEY ACCOMPLISHMENTS

- In October 2014, collaborated with MOHSS and the Adherence and Retention Project (ARP) to facilitate an orientation workshop for 18 national and regional MOHSS senior staff on LIFT II resources to support referral network sustainability.
- Trained 30 ARP community volunteers in November 2014 to provide support to referral network activities in Engela District.
- Supported 3 referral network review meetings.
- In December 2014, conducted an assessment to draw lessons related to establishment and functionality of the referral systems LIFT II put into place.
- In January 2015, completed all close out deliverables as required by the Mission.
- From January to September 2015, provided remote support to encourage network members to continue making and receiving referrals through group emails, calls and emails to individual network members.
- Engaged over 90% of service providers to reconfirm availability of services.
- Engaged with MOHSS management and Regional Councils for local ownership and management.
- At least 740 clients were referred to services with an increased proportion of completed referrals (at least 45%).
- Over time increased the number and percentage of clients (at least 40%) referred to more long-term services such as agricultural training compared to food aid.

## CHALLENGES AND CONCERNS

- Number of referrals being made remains low relative to available services and opportunities within the networks.
- Implementation challenges persist for some network members due to staff changes, limited staff time, and diminished enthusiasm from some network members.
- Limited willingness among network members in Khomas to take the lead coordinating role.

## UPCOMING ACTIVITIES

- Continued low level support to the networks focused on data management and reporting.

# NIGERIA ACTIVITY

**ACTIVITY LOCATION(S):** TBD

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

## KEY ACCOMPLISHMENTS

- The Household Economic Strengthening Community of Practice (HESCOP), initiated and supported under LIFT I, continues to meet quarterly.
- There is currently no programming planned for Nigeria.
- In Q4 LIFT II reinitiated contact with the new OVC Specialist Joanna Nwosu and also held discussions with Robert Chiegil of the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project as well as FANTA to further explore opportunities for collaborative support.

## 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 direction is provided.

## UPCOMING ACTIVITIES

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

# TANZANIA ACTIVITY

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

## OVERALL OBJECTIVES:

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



Representatives from community-based organization network partners in Iringa and LIFT II staff listening to Allamano Center Coordinator discuss referrals in the community.

## KEY ACCOMPLISHMENTS

- Supported the establishment of three referral networks in Iringa Region including tool and process and development as well as training for making, receiving and tracking referrals.
- Held 12 stakeholder progress review meetings and provided ongoing TA to 73 organizations.
- Supported capacity upgrade training workshops on gender integration, gender based violence and nutrition in each of the three Iringa networks reaching a total of 120 participants.
- Provided training on the use of Open Data Kit (ODK) and data management to staff of lead organizations: Allamano (Iringa), Kasanga Health Center (Kasanga) and Afya Women's Group (Mafinga).
- 563 clients referred, 89.3% of whom are PLHIV.
- Engaged additional health facilities and service providers to join the Iringa network to address issues of absorption capacity and saturation.
- Conducted service mapping and stakeholder engagements in preparation of a collaborative activity with FANTA and ASSIST in Mbeya region; local service directory developed and a total of 14 stakeholders reached.
- Worked with FANTA and ASSIST in planning for an evidence-building quality improvement (QI) activity in Mbeya which will include a baseline assessment and referral network training, expected in October 2015.

## CHALLENGES AND CONCERNS

- Resignation of the Allamano monitoring and evaluation (M&E) staff person resulted in a decrease in referrals and data management in Quarter 2; a new M&E person was trained by LIFT II in Quarter 3.
- Transport challenges within the Iringa Region due to broken vehicle and motorbike resulted in fewer on-site mentoring visits.
- Challenges with using ODK for data management in Iringa Region.
- Slow start in making referrals in the Mafinga and Kasanga following their network launches in May 2015.
- Delayed start-up of the full set of activities in Mbeya due to delays by ASSIST in conducting the baseline.

## UPCOMING ACTIVITIES

- Conduct referrals training and launch as part of evidence building QI activity in Mbeya.
- Address ODK data challenges with intensive TA.
- Hold quarterly review meetings and capacity upgrade trainings in each of the sites.
- Conduct the first economic strengthening fair in Iringa Region.
- Provide ongoing TA support to all networks, focusing on increasing capacity and uptake among the Mafinga and Kasanga networks and new service providers.

# 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.



LIFT II staff providing on-site mentoring to a Kawama Health Facility referral volunteer in completing the referral register and reporting form for the ART clients referred to community services.

## KEY ACCOMPLISHMENTS

- Mapped community services throughout Kitwe District and developed a district-wide referral directory.
- Worked with a volunteer referral network steering committee and the Kitwe District Medical Office to agree on components of the referral system and to adapt existing tools to create a referral toolkit.
- Developed data collection/M&E tools that are aligned to PEPFAR Site Improvement Monitoring System (SIMS) and mission reporting requirements.
- Provided comprehensive training to 28 Kitwe referral network members on the use of the referral toolkit and effective implementation and data collection processes.
- Launched the Kitwe referral system in June 2015 which provided 305 referrals in the first 3.5 months.
- Provided ongoing mentoring and troubleshooting for implementation and data collection across the Kitwe network.
- Engaged with government stakeholders in Mkushi and mapped key community service providers.
- Conducted a launch meeting in Mkushi with FANTA and ASSIST.
- Adapted referral tools for the Mkushi network and provided a joint training with FANTA and ASSIST on NACS and clinic-community referrals to 32 members of the Mkushi network.
- Worked with the District AIDS Task Force (DATF) in both districts to provide overall coordination to the respective referral networks.

## CHALLENGES AND CONCERNS

- Due to MOH activities, unavailability of service providers for on-site mentoring, and procurement delays, the Kitwe referral launch was delayed.
- The addition of a PEPFAR CARE\_COMM indicator for FY 2016 required a significant revision to the referral network data collection process and tools.

## UPCOMING ACTIVITIES

- Place the Leland International Hunger Fellow to support activities in Mkushi
- Provide training in community savings and lending associations to selected community partners in Mkushi and support them to form additional savings groups including ART and NACS clients.
- Provide hands on training in the referral process to referral volunteers from 14 health facilities in Mkushi.
- Launch referrals in Mkushi and create rapid linkages for ART and NACS clients.
- Plan and execute the first economic strengthening fair and awareness campaign in Kitwe.
- Support ongoing referral implementation, QI and data collection in both networks.
- Recruit M&E Officer to support both networks in data collection.

## V. Global Activities

### Strengthening the Evidence

As a global TA mechanism, LIFT II is uniquely poised to contribute to an evidence base that explores how the provision of referrals to clients (generally PLHIV) can impact health outcomes. LIFT II's greatest opportunities to contribute to this evidence base are 1) assessing client health outcomes and 2) continuous QI of referral activities. Assessing client health outcomes is vital as it justifies continued investment into referral activities, should they adequately improve client health. QI lessons are an added value as they help LIFT II and other USAID implementing partners working on referrals understand the dynamics of referral systems and how to design them for optimal performance in a variety of contexts.

#### Assessing Client Health Outcomes

For the first three quarters of this year, LIFT II efforts were concentrated on launching and scaling referral systems, and by Quarter 4 LIFT II began tracking clients longitudinally. The project needed time to allow clients to realize the benefits of a referral; for example, 68.5% of clients were referred to VSLAs this year and this services requires an 8-10 month commitment before the client has truly benefitted.

LIFT II conducted an assessment in Malawi in June-July 2015 to better understand how referral clients' health outcomes compared to the general pool of ART clients. The results were promising—13.9% of sampled referral clients in acceleration sites (n=261) defaulted on their ART regimen compared to 15.5% of ART clients overall. These data are a first step in building the proof of concept for the LIFT II model, and to better understand this result, the assessment will be repeated in the upcoming year and integrated into operations in all project countries.

#### Quality Improvement

As noted above, LIFT II expanded referral operations dramatically in Year 2. This growth provided an unparalleled opportunity to optimize referral network operations to reach more clients, ensure clients completed referrals, and best understand how the stakeholders who are members of a referral network can derive the greatest value from their participation. Key lessons learned this year include:

- Simpler models can reach more clients
- Facilitated referrals are more successful
- Stakeholders perceive the value of referrals but require a great deal of support to complete referral tasks

In the coming project year LIFT II will conduct more rigorous QI activities. For example, the project will work with referral network stakeholders to develop QI aims (which define a quantifiable change in a set time frame) that they believe will enhance their operations. Collecting data on these QI aims and sharing lessons learned at collaborative meetings will provide a deeper and more transparent set of best practices in referral system design and management.

### M&E Systems

LIFT II's M&E systems expanded significantly during Year 2 to accommodate both large increases in data coming in from the project's six countries and different types of data produced by the different referral networks. Improvements include:

- **Ensuring compliance with PEPFAR SIMS Core Essential Elements (CEEs).** LIFT II reviewed all current (as of February 2015) PEPFAR SIMS CEEs to determine which areas the project might support (through direct implementation at referral sites or through TA to PEPFAR implementing partners) and found that both the Community (CEE 12.6) and Facility (11.3 and 19.3) levels require that referrals are documented on paper forms which can be sampled to ensure compliance with the CEE.
- **Verification of HIV status, ART initiation and ART adherence against client’s clinical records.** At the end of June, LIFT II trained health facility staff at nine NCST sites in Malawi to match self-reported HIV data from clients (collected at the time of enrollment for referral) against medical records. The verification process occurred in July 2015. Expected outcomes included 1) agreement between self-reported adherence and adherence based on clinical records, 2) probability analysis to explore whether referral clients are more likely to adhere to ART than the general pool of NCST clients, and 3) probability analysis of client default before and after receiving a referral. During Quarter 4 LIFT II adapted these data verification tools for use in other LIFT II referral network sites.
- **Modification of mHealth tools.** LIFT II uses two mHealth platforms to collect and manage client data in three countries: CommCare in Malawi and Lesotho, and ODK in Tanzania. These mHealth platforms ensure more complete client records and can also produce lists of clients that need health data (notably ART adherence) verified or of clients that are lost to follow up. However, these systems produce complex data systems that can be challenging for field staff to analyze and use. During Quarter 2, LIFT II worked with local partners to ensure that they are able to download and review data, and in Quarter 3, LIFT II built tools to aid in this process, such as Excel dashboards for sites which enable partners to cut and paste data into one sheet while another sheet aggregates data into meaningful numbers.
- **Creation of a data dashboard.** LIFT II created a simple Excel “dashboard” which improves local partners’ ability to analyze and use data from their referral network. The mHealth platform used in Malawi’s BRN produces complex data sets which are cumbersome to analyze. The dashboard simplifies the process by first pulling only relevant data into a clean sheet and then conducting basic analyses/producing graphs in a second Excel sheet. The analysis tallies all clients registered, referrals made and referrals used, and helps disaggregate these items by client sex and HIV status.
- **M&E system training.** LIFT II staff in all countries spent time reviewing and improving data collection tools used by each country. Tools vary by country and were designed to collect data produced by the referral system(s) in place. LIFT II staff are in the process of understanding how to best feed data back to the referral network partners—this is the purpose of a tool such as the dashboard referenced above; however, it is also important to understand how country-level tools feed into a global data set that reflects LIFT II activities in all countries. In particular it is important to ensure data needed at global level (such as ART A&R for all referral clients) are appropriately collected from each referral site.

## Gender Integration

During this year, LIFT II formalized its gender activities through the development of a gender strategy. The strategy describes LIFT II’s approach to gender-related barriers and guides the implementation of the project’s approach to strengthen gender-related capacity of collaborators by increasing their awareness of gender inequities and encouraging approaches to mitigate gender barriers.

To better understand how service providers and other local stakeholders perceive gender-related barriers to health and community services, LIFT II developed a brief questionnaire to be administered as

a part of the site assessment process. This tool is based on USAID ADS Chapter 205 (Integrating Gender Equality and Female Empowerment in USAID’s Program Cycle) and FHI 360’s Gender Integration Framework, and provides staff with basic information to assist in the development of referral networks and TA to the service providers. A draft questionnaire was initially developed and tested during Year 1 as the project looked to begin engaging with communities in Karonga, and in Year 2, the tool was further refined following the learning event held in March 2015.

Over the course of Year 2, LIFT II sought to provide staff and stakeholders with an enhanced understanding of gender and gender integration concepts as well as how to design and implement activities that are gender-sensitive and gender-transformative. All project staff at HQ participated in a half-day “Gender 101 Training” hosted by the FHI 360 Gender Department in January 2015, and the training was adapted and conducted for project staff working in Tanzania (LIFT II’s first gender focus country). Additionally in Tanzania, LIFT II supported capacity upgrade workshops around gender integration and gender-based violence in each of the three referral system sites in Iringa Region.

### Upcoming Activities in the Next Quarter

- **Ensure the sustainability of referral networks:** As programs in Lesotho and DRC come to an end in FY 16 it will be critical for LIFT II to develop the necessary institutional capacity of its referral networks by building stakeholder ownership, institutionalizing processes, and improving organizational effectiveness to ensure the sustainability of referral networks.
- **Contribute to the evidence base:** LIFT II will focus its efforts to collect ART adherence and referral data in all of its country programs in order to contribute learning and evidence to the knowledge base of clinic-to-community linkages and further the proof of concept behind its model.
- **Develop tools and resources:** Updated guidelines and training materials are critical to enable global technical assistance initiatives like LIFT II to operationalize state-of-the-art, evidence-based program approaches to facilitate referrals. LIFT II will continue to develop and update guidelines and pre-and in-service training materials based on its latest programming experience.

## VII. Documentation of Best Practices for Scale Up

### Technical Notes and Products

Over the course of this past year, LIFT II developed a steady stream of technical products to capture project learning. All products are readily accessible via the project website.

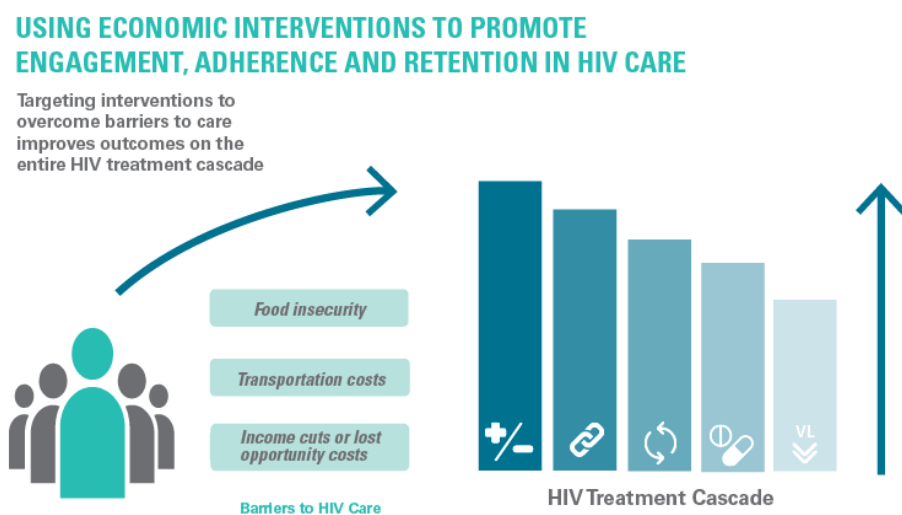
Following the Namibia assessment, which was conducted in December 2014 prior to the project’s completion of activities in country, a report was developed to capture [valuable lessons learned](#) related to both process used in establishing the networks and the functionality of the system that has been put in place after 4-6 months of implementation. Two technical process notes were also completed, addressing critical elements of LIFT II’s TA process—galvanizing network members to action through [participatory stakeholder meetings](#) and providing [capacity strengthening support and mentoring](#) to foster effective implementation, local ownership and sustainability.

In addition to developing the third technical intervention note series on [value chains](#), the team built upon the series examining [cash transfer and voucher programs](#) and [savings groups](#) by developing two additional notes that present the existing evidence base for linking these economic strengthening



interventions—and particularly to promote engagement, adherence and retention (EAR) in HIV care. Literature points towards recurrent barriers for health service uptake and retention in HIV care: transportation costs, food shortages and inability to take time off from work or other responsibilities to attend with clinical appointments. While further research is needed to draw more specific conclusions around the associations between ES interventions and more complex, longer-term health outcomes, these interventions represent promising means for helping households affected by HIV and AIDS to overcome barriers to care and improve results along the HIV treatment cascade (see Figure 3 below).

**Figure 2: Using Economic Interventions to Promote Engagement, Adherence and Retention in HIV Care.** LIFT II is using economic interventions to improve results across the treatment cascade.



Due to shifted priorities in Quarter 4, there was a drop in the development of technical notes and products during this quarter as the team focused on closing critical program activities prior to the end of Year 2. The team is looking forward to picking up the pace again and has included a substantive list of upcoming technical products, particular those with a greater emphasis on usability for practitioners, in the Year 3 Work Plan.

A full list of technical products and deliverables produced during this quarter are available in Annex 3.

## VII. Knowledge Management

### LIFT II Website and Resource Dissemination

In this past year, project staff continued to produce engaging content for routine posting on the project website, [www.theliftproject.org](http://www.theliftproject.org). Six blogs were produced by project staff from the home office as well as field-based staff during Quarter 4, totaling 11 blog posts and 13 new technical resources (reports, publications, technical notes, etc.) posted and disseminated through various channels for the year.

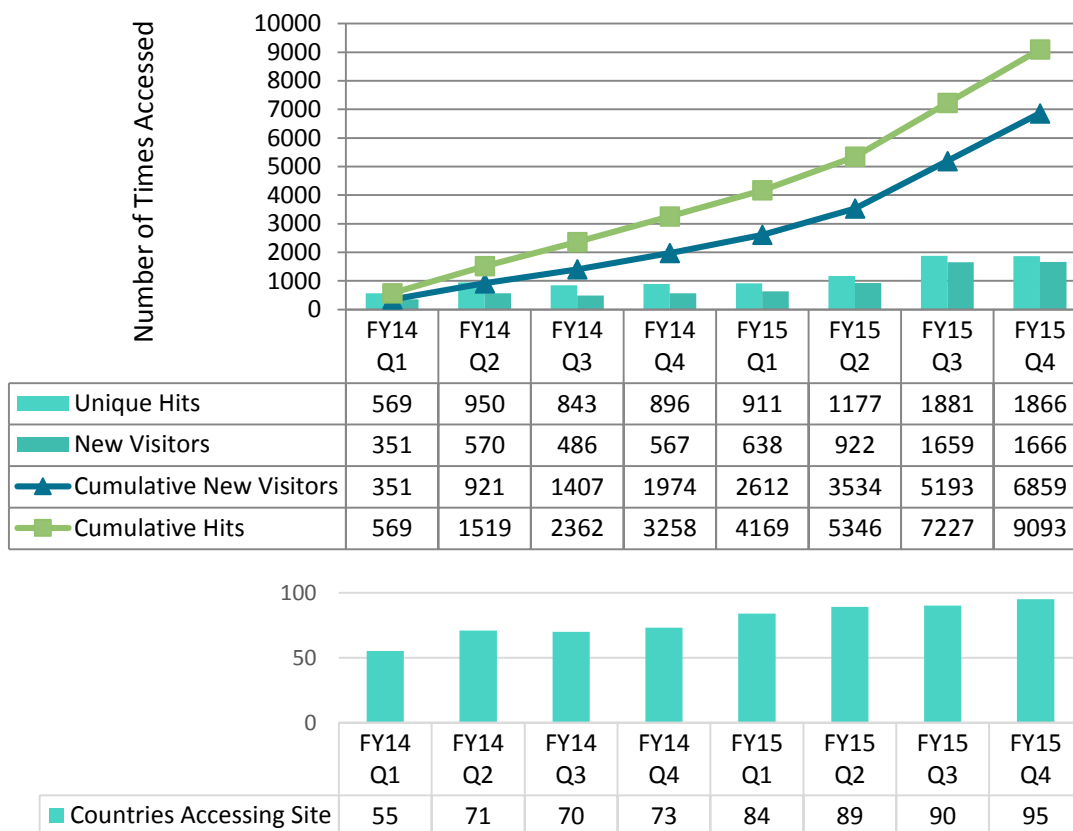
The team took steps to revitalize and maintain a steady web presence this past year through ensuring a continuous stream of fresh content both on the website and Twitter feed ([@liftproject](https://twitter.com/liftproject)), with an emphasis on diversifying the types of content being curated through these channels, and actively seeking opportunities to drive traffic to the site via partner and FHI 360 corporate channels. Worth

noting on the dissemination front is that news of the two technical notes presenting the evidence base linking HIV care with cash transfers and savings, respectively, was picked up by PEPFAR and shared on their official Twitter account ([@PEPFAR](https://twitter.com/PEPFAR))—and then further retweeted by 17 others for a total reach of over 50,000 follower feeds.

In addition, both the number of unique hits and new visitors to the site saw steady, significant increases throughout this year (see Figure 4 below). The number of countries accessing the project website saw growth for a record high of 95 total countries in this past quarter, and the number of resources accessed and downloads from the project website also saw a record increases.

**Figure 3: Visits to the LIFT II Website in Over Year 1 and Year 2.** 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 an interactive “UnConference” session during the **SEEP 2015 Annual Conference** held September 28 – October 1, 2015. This marked the third presentation that LIFT II gave in the past year. Previous events included:

- **Lesotho National Conference on Vulnerable Children**, Maseru, Lesotho, December 8-14, 2014

- **CORE Group Spring Global Health Practitioners Conference**, Washington, DC, April 13-17, 2015

## VIII. Management – Staffing, Operations, Finance

### Staffing

Over the course of Year 2, LIFT II saw a number of transitions among some of the core positions of the team and took the opportunity to reassess staffing needs, resulting in a smaller core team based at the home office. The team has been able to successfully recruit and onboard new personnel to ensure that activities can continue effectively and efficiently.

The HQ team engaged during this reporting period includes (\* key personnel):

- **Project Director,\*** Jacqueline Bass (October 2014)
- **Technical Director,\*** Dominick Shattuck (October 2014 – May 2015)
- **Monitoring & Evaluation (M&E) Advisor\***, Clinton Sears (October 2014)
- **Health Specialist**, Mandy Swann (October 1, 2014)
- **Food Security and Livelihoods Analyst**, Zach Andersson (October 1, 2014)
- **Knowledge Management Officer**, Cheryl Tam (October 2014)
- **Program Manager**, Laura Muzart (October 2014 – January 2015)
- **Program Manager**, Amy Conlee (January 2015 – May 2015)
- **Program Manager**, Jessica Bachay (June 2015)
- **Program Officer**, Meredith Cann (November 2014)
- **Finance Manager**, Maria Gomez Alzate (*Patricia Gomez*) (October 2014)

The field team engaged during this reporting period includes:

- **Regional Technical Advisor**, Henry Swira (October 2014)
- **Regional Technical Specialist**, Samuel Mayinoti (October 2014)
- **Leland International Hunger Fellow (Zambia)**, Carlo Abuyuan (September 2015)
- **LIFT II/DRC - Project Coordinator (Lubumbashi)**, Johnson Mulaganire (October 2014)
- **LIFT II/DRC - Country Representative**, Antoine Kabinga (October 2014 - )
- **LIFT II/Lesotho - Technical Specialist/Country Coordinator**, Sefora Tsiu (October 2014 – December 2014)
- **LIFT II/Lesotho Country Coordinator**, Makhate Gerard Makhate (January 2015)
- **LIFT II/Malawi - Technical Advisor**, Lingalireni Mihowa (October 2014 – November 2014)
- **LIFT II/Malawi - Project Coordinator (Balaka)**, Amakhosi Jere (January 2015 – September 2015)
- **LIFT II/Tanzania - Technical Specialist/Country Coordinator**, Lilian Tarimo (October 2014)
- **LIFT II/Tanzania - Site Coordinator (Iringa)**, Nsajigwa Richard Mpombo (January 2015)
- **LIFT II/Zambia - Technical Specialist/Country Coordinator**, Joackim Kasonde (December 2014)

Recruitment efforts and personnel transitions in Q4 include:

- **Leland International Hunger Fellow, Zambia.** On September 30, LIFT II mobilized Carlo Abuyuan, a Leland International Hunger Fellow, as the Health and Livelihoods Coordinator to be based in Mkushi, Zambia during the first year of his fellowship (through August 2016).
- **Project Coordinator, Malawi.** On September 30, Amakhosi Jere ended his contract with LIFT II due to the end of the project's active support to referral networks in country.

## Finance

Since the start of the project in August 2013, LIFT II has been forecasting, operating and reporting under the assumption that \$5 million in core funds were available to the project; however, during Quarter 2, the AOR clarified that only \$3.3 million of the \$5 million pool is available to LIFT II. It was explained to LIFT II management that while \$5 million of NACS acceleration central funds were indeed available, this total was distributed across both LIFT I and LIFT II—approximately \$1,656,862 was allocated to LIFT I and \$3,343,138 to LIFT II. This misunderstanding has since been rectified, and the team is in the process of reforecasting core funds to respond to the availability of \$3.3 million throughout the life of the project.

In Year 2, LIFT II spent some of its global funds to cover supplemental country level activities in Malawi, Lesotho and Namibia. Please see the respective country sections above for further details around these activities.

For required reporting budget information please Annex 5.



## Linkages and Savings for Sustainable Change in DRC



Photo credit: CARE/DRC

It is a late afternoon in Lubumbashi. Grace Muyimba\* is not yet home. She began the day with an ART appointment at the health clinic before heading to Tsamilemba (community meeting place not far from the clinic) for the gathering of her savings group, called *Amani*, which means “hope” in Lingala. As the group’s chairperson, she has no time to relax-- today the group will conduct their first-ever share-out ceremony since its inception 9 months ago. At the end of each saving cycle, the group allocates the money available to share out amongst the members in proportion to the amount that they have saved.

On this day, the 23-member group—18 women and 5 men—had saved about \$1,800, which was distributed proportionately to each member, and also reported a separate \$220 social fund used to pay for life events such as health expenses, funeral contributions and wedding gifts. On her way home, Grace passed by the market and used her portion of the shared out funds to buy some groceries for her home and school kits for her two children who will be recommencing a new school semester in a couple of days.

*Amani* is among the 60 savings groups that have been initiated in Kinshasa and Lubumbashi in DRC with technical support from LIFT II since November 2014. These groups are a part of the bi-directional referral system that facilitates linkages of HIV, TB and Option B+ clients from NACS facilities to economic strengthening and food security (ESFS) services available in their communities. These linkages aim to positively impact adherence and retention in HIV care and treatment as well as nutrition outcomes.

In both Kinshasa and Lubumbashi, clients identified through the nutrition assessment and counselling processes are given referrals with the help of NACS staff and peer educators/expert clients to available ESFS services. To date, these have mostly taken form in referrals to village savings and loan associations (VSLAs), like *Amani*, and food assistance provided by World Food Program (WFP) through its local partners.

From October 2014 to July 2015, at least 1,300 clients accessed food assistance in the form of corn-soya blend (CSB), vegetable oil and pulses (i.e., grain legumes like dry beans and lentils) through the referral system, while 1,503 members joined VSLA groups. The volume of clients reached has been possible largely due to the strong collaboration and coordination with government programs, global partners, PEPFAR partners and local organizations in Kinshasa and Lubumbashi.

The partnership between LIFT II and WFP to support Option B+, TB and HIV clients in NACS sites with food aid has strengthened the NACS implementation. The establishment of the coordinating platform for HIV and nutrition stakeholders under the leadership of PRONANUT, DRC’s National Nutrition Program, has enhanced stakeholder engagement and influenced the discourse on NACS implementation. LIFT II’s collaboration with FANTA and ASSIST in coordinating with partners has cultivated substantial political good will to support and own referral and linkage activities. In addition, the coordination between the partners makes it easier to transition the program to the government or other programs when phasing out, and feedback from the partners has helped LIFT II improve its referral systems and tools over time.

This coordination and collaboration has been a key component of the strategy to phase and close out activities in the Bondeko, Kikimi, Kingabwa and Mbankana project sites in Kinshasa. LIFT II’s strategy to transition and handover to government, local organizations and other donor programs will ensure the necessary continuity of referral activities. The referral network steering committees have become a critical part of the project’s sustainability plan and their functionality has been reinforced through the community scorecard processes, allowing for a smooth transitioning of ongoing referral activities towards new initiatives, such as PRONANUT and 4 Children, ensuring the permanence of referral services.

*Amani* is one of the 60 savings groups that have been initiated in Kinshasa and Lubumbashi in DRC with technical support from LIFT II since November 2014. At the groups’s inaugural share-out ceremony, the council head distributed shares to the group’s members.

The **Livelihoods and Food Security Technical Assistance II (LIFT II)** project was launched in 2013 by USAID as a follow-on to the LIFT project (2009-2013). LIFT II’s primary goal is to build the continuum of care for people living with HIV and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihoods and food security opportunities to improve their economic resilience and lead to better health. LIFT II is implemented by three core partners—[FHI 360](#), [CARE](#) and [World Vision](#).

*This success story is made possible by the generous support of the American people through the United States Agency of International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States government. LIFT II is a PEPFAR-funded associate award under the FIELD-Support LWA, a cooperative agreement between USAID’s Microenterprise and Private Enterprise Promotion Office and FHI 360 and its consortium of 24 development partners.*

## Annex 2. Implementation Plan

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

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

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



Kasungu & Lilongwe: Data Management		M	M	M	M	M	M	M	M	M	M	M
Kasungu & Lilongwe: Referral Network Maintenance					O	O		O			C	
Kasungu & Lilongwe: Data Sharing with Referral Networks (Dissemination)						O		O		O	O	C
<b>Namibia Activity (Tier 2)</b>												
Ensure Effective Transition of Tools and Processes to MOHSS		C										
Katutura & Engela: Referral Network Maintenance			C									
Katutura & Engela: Data Management	M	M	M	M	M	M	M	M	M	M	M	M
Katutura & Engela: Namibia Referral Network Lessons Learned Assessment			C									
<b>Nigeria Activity (Tier 1)</b>												
TBD												
<b>Tanzania Activity (Tier 1)</b>												
Engage Regional and Local Authorities	O	O	O	O	O	O	O	O	O	O	O	O
Develop LIFT II Year 2 Work Plan and PMP		D							C			
Support Roll-Out of SUN Implementation Plan	TBD											
Iringa Town: Referral Network Launch and Expansion	C											
Iringa Town: Data Management	M	M	M	M	M	M	M	M	M	M	M	M
Iringa Town: Data Sharing with Referral Networks (Dissemination)	O			O			O			O		
Iringa Town: Referral Network Maintenance	O	O	O		O		O		O	O	O	O
Mafinga & Kasanga: Referral Network Launch							C					
Mafinga & Kasanga: Data Management								M	M	M	M	M
Mafinga & Kasanga: Data Sharing with Referral Networks (Dissemination)									O			C
Mafinga & Kasanga: Referral Network Maintenance									O	O	O	O
Mbeya Rural: Community Engagement, Service Mapping & Stakeholder Meeting										C		
Mbeya Rural: Referral Network Launch											O	O
Mbeya Rural: Data Management & Sharing												H
Mbeya Rural: Referral Network Maintenance and QI												H

Mbeya Rural: Stakeholder Meetings & Capacity Development													<b>H</b>
<b>Zambia Activity (Tier 2)</b>													
Contribute to Development and Finalization of Training Materials		<b>C</b>											
Develop LIFT II Year 2 Work Plan and PMP		<b>C</b>											
Kitwe: Community Engagement, Service Mapping and Stakeholder Meeting				<b>C</b>									
Kitwe: Identify Community-Led Savings and Lending Activities			<b>C</b>										
Kitwe: Develop and Adapt Referral Tools and Database						<b>C</b>							
Kitwe: Provide TA to the Referral Network				<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>
Kitwe: Referral Network Launch									<b>C</b>				
Kitwe: Data Management									<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	
Kitwe: Referral Network Maintenance									<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>	
Kitwe: Collaborate on Additional NACS Trainings						<b>C</b>							<b>H</b>
Mkushi: Community Engagement, Service Mapping and Stakeholder Meeting												<b>C</b>	
Mkushi: Develop and Adapt Referral Tools and Database										<b>O</b>	<b>O</b>	<b>O</b>	

## Annex 3. LIFT II Deliverables

Contractual Deliverables	
Deliverable Title	Submission Details
LIFT II Annual Work Plan, Year 1	Draft submitted October 29, 2013 approved December 12, 2013
LIFT II Performance Monitoring Plan	Draft submitted October 29, 2013 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 September 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 28, 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	Submitted September 30, 2015
Key Technical Products	
Product Title	Submission Details
DRC – Country Work Plan and PMP	Submitted pending approval
Tanzania – Country Work Plan and PMP	Submitted pending approval
Malawi – Country Work Plan and PMP	Concurrence provided March 2014

Namibia – Country Work Plan and PMP	Approved March 2014
Zambia – Country Work Plan and PMP	November 24, 2014
LIFT II Knowledge Management Strategy	Revised submission June 23, 2015
Programmatic Deliverables	
Deliverable Title	Submission Details
OHA TDY Reports for Year 1, Start-Up (FY 2013, Quarter 4)	Malawi, Namibia, Lesotho
OHA TDY Reports for Year 1, Quarter 1 (FY 2014, Quarter 1)	DRC, Namibia, Mozambique, Tanzania, Uganda, Zambia
OHA TDY Reports for Year 1, Quarter 2 (FY 2014, Quarter 2)	DRC, Namibia, Tanzania, Malawi, Lesotho
OHA TDY Reports for Year 1, Quarter 3 (FY 2014, Quarter 3)	DRC (2), Lesotho, Tanzania
OHA TDY Reports for Year 1, Quarter 4 (FY 2014, Quarter 4)	Zambia, Malawi (3), Lesotho, Tanzania, Namibia
OHA TDY Reports for Year 2, Quarter 1 (FY 2015, Quarter 1)	Tanzania, Malawi, DRC, Zambia, Lesotho (2)
OHA TDY Reports for Year 2, Quarter 2 (FY 2015, Quarter 2)	Lesotho, DRC, Namibia, Zambia, South Africa, Malawi, Tanzania
OHA TDY Reports for Year 2, Quarter 3 (FY 2015, Quarter 3)	Zambia, Lesotho, Malawi, Tanzania (2)
LIFT II TDY Reports for Year 2, Quarter 4 (FY 2015, Quarter 4)	Zambia, Malawi, Tanzania (2), Lesotho, 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
User Guide #1: 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)
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:

<b>Traveler Name</b>	<b>Origin-Destination</b>	<b>Travel Dates</b>	<b>Purpose</b>
Henry Swira	Malawi-DRC-Malawi	October 9 - October 19, 2014	Provide TA and training as needed in support of acceleration activities in Lubumbashi
Clinton Sears	US-Malawi-US	October 11 - October 29, 2014	Ensure health counseling is provided and A&R data are collected through regular referral network operations in Balaka and provide on-site referral system monitoring for quality improvement
Zachary Andersson	US-Malawi-US	October 15 - October 29, 2014	Ensure health counseling is provided and A&R data are collected through regular referral network operations in Balaka and provide on-site referral system monitoring for quality improvement
Samuel Mayinoti	Namibia-Zambia-Namibia	October 26 - November 2, 2014	Support the mapping of community ES/L/FS and nutrition services and onboard LIFT II's Technical Specialist in Zambia
Clinton Sears	US-Lesotho-US	November 9 - November 20, 2014	Provide training to the Thaba-Tseka and Mohale's Hoek referral networks on the revised CommCare training app
Zachary Andersson	US-Lesotho-US	November 9 - November 20, 2014	Provide training to the Thaba-Tseka and Mohale's Hoek referral networks on the revised CommCare training app
Jacky Bass	US-Lesotho-US	November 30 - December 14, 2014	Attend and present at the National Social Protection Conference and support the launch of referral networks in Thaba-Tseka and Mohale's Hoek
Cheryl Tam	US-Namibia-Lesotho-US	November 29 - December 20, 2014	Conduct a lessons learned assessment of the two referral networks in Engela and Ohangwena related to the process used to establish the networks as well as the functionality of the system. Check in on the progress of newly launched referral networks in Mohale's Hoek and Thaba-

			Tseka to identify and address additional TA needs.
Mandy Swann	US-Zambia-US	January 3 - January 15, 2015	Conduct stakeholders meeting with partners of the Kitwe referral network, carry out a scoping visit to Mkushi, and provide formal orientation to new Zambia staff
Clinton Sears	US-Malawi-US	January 11 - February 3, 2015	Review FY15 progress with USAID/Malawi, onboard new Balaka Program Manager, and conduct learning event in Karonga
Lilian Tarimo	Tanzania-SA-Tanzania	January 12 - January 16, 2015	Participate in the FHI 360 East and Southern Africa Regional Workshop
Dominick Shattuck	US-Tanzania-US	February 6 - February 21, 2015	Provide technical support to refine the referral process in Iringa and launch the referral network in Mafinga
Samuel Mayinoti	Namibia-Tanzania-Namibia	February 8 - February 21, 2015	Provide monitoring support and TA to the Iringa referral network and support launch in Mafinga
Henry Swira	Malawi-DRC-Malawi	February 10 - February 29, 2015	Support ongoing referral capacity building and referral maintenance, provide TA to lead organizations, support mapping and engagement of stakeholders in new sites, and support the development of sustainability/exit strategies
Zach Andersson	US- Lesotho-Malawi-US	March 20 – April 25, 2015	Lesotho: Support referrals system launch in Mphahle's Hoek and Thaba-Tseka, provide TA to local bilateral partner BLC around institutional development of referral networks. Malawi: Conduct final learning event for stakeholders in Karonga.
Samuel Mayinoti	Namibia-Zambia-Namibia	March 29 - April 3, 2015	Deliver referrals training to facility/community NACS implementers and ES/L/FS service providers in Kitwe
Dominick Shattuck	US-Tanzania-US	April 11 - April 19, 2015	Work with ASSIST, TA to Afya Women's Group towards leading coordination of Mafinga Referral Network.
Samuel Mayinoti	Namibia-Tanzania-Namibia	April 12 - April 25, 2015	Provide monitoring support and TA to referral networks in Iringa and Mafinga, and support launch in Kasanga.
Clinton Sears	US-Malawi-US	June 19 - July 21, 2015	Conduct an assessment to analyze ongoing work in Malawi being done at three

Meredith Cann			separate sites and using two different models to link people living with/affected by HIV to needed services via formal referral mechanisms and to understand the impact of said systems on client adherence and retention in care.
Zach Andersson		June 22 - July 24, 2015	
Samuel Mayinoti	Namibia-Tanzania-Namibia	June 29 - July 11, 2015	Support stakeholder meeting(s) in Mbeya and provide monitoring and TA support to networks in Iringa, Kasanga and Mafinga.
Mandy Swann	US-Zambia-US	July 5 - July 18, 2015	Support the Mkushi stakeholder meeting and/or acceleration strategy finalization with partners, conduct a NACS training in Mkushi, and support planning and/or implementation of economic strengthening fairs in Kitwe.
Jacqueline Bass	US-Lesotho-US	July 31 - August 15, 2015	Monitor expansion work (nutrition corners) and provide support to local partners BLC as they prepare for phase out (pending).
Henry Swira	Malawi-DRC-Malawi	August 6 - August 29, 2015	Provide technical support to CARE/DRC on closeout of activities in Kinshasa and scale-up in Lubumbashi
Mandy Swann	US-SA-Tanzania-US	August 9 - September 4, 2015	Monitor and provide support to the collaborative evidence building activity in Mbeya as well as support improvements in implementation, data collection and client outreach in the three Iringa networks.
Samuel Mayinoti	Namibia-Zambia-Namibia	August 28 - September 12, 2015	Support the launch of an accelerated referral network in Mkushi as well as provide monitoring to the Kitwe network and support the first capacity upgrade training here.
Carlo Abuyuan	US-Zambia-US	September 30, 2015 - August 31, 2016	Relocation for field year of Leland International Hunger Fellowship



## Annex 5. LIFT II Budget Reporting Requirement

The report below includes the expenditures and accruals for FY 2015 Q4 only.

	<b>Report Period</b>	07/1/2015-09/30/2015					
	<b>Expenditures and Accruals</b>						
	<b>Name of Partner:</b>	FHI 360					
	<b>Contract/Agreement No.</b>	EEM-A-00-06-00001-00					
	<b>Date Completed:</b>	10/28/2015					
	<b>Ceiling</b>	23,000,000					
	<b>Obligation</b>	7,420,829					
	<b>Unobligated Balance</b>	15,579,171					
<b>Tab.1</b>	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>
	7,420,829	3,828,921	\$ 895,730	\$ 213,961	\$ 202,273	\$ 5,140,885	\$ 2,279,944
<b>Tab.2</b>	Activity	Fiscal Quarter 2015	Total Obligation Amount	Actual Expenditures/Accruals	Commitments as of current quarter	Total Spent to Sept 2015	Obligation Remaining
	Global	Q4 - Jul-Sept 30	3,343,138	1,406,021	17,357	1,423,378	1,919,760
	Nigeria	Q4 - Jul-Sept 30	180,000	462	-	462	179,538
	Namibia	Q4 - Jul-Sept 30	372,691	426,421	-	426,421	(53,730)
	Malawi	Q4 - Jul-Sept 30	475,000	844,324	-	844,324	(369,324)
	Tanzania	Q4 - Jul-Sept 30	1,275,000	660,107	-	660,107	614,893
	DRC	Q4 - Jul-Sept 30	1,175,000	819,880	156,228	976,108	198,892
	Zambia	Q4 - Jul-Sept 30	350,000	265,745	-	265,745	84,255
	Lesotho	Q4 - Jul-Sept 30	250,000	515,652	28,688	544,339	(294,339)

## Annex 6. Modification to Global Activities

During Year 2, in response to shifts agency priorities, the LIFT II team spent significant effort to ensure alignment with PEPFAR 3.0's focus on sustainable control of the epidemic and concentrate on high quality implementation at scale, with particular attention placed on improving A&R in clinical care and treatment. This has resulted in increased investment in human resources and time. As a result, there are some global activities that were included in the Year 2 Work Plan that were determined to be of a lower priority and were either postponed until Year 3 or removed completely. Efforts will be made to incorporate the items below into other-related activities as appropriate.

### Activities that will be completed in Year 3:

#### **Gender Integration:**

- Finalize Rapid Gender Assessment Tool in Year 3.
- Formative Research on Gender in ES/L/FS Referrals through NACS

#### **Building the Evidence Base Linking Health and ES/L/FS to A&R:**

- Produce "User" Guides

The following activities are removed from LIFT II's Year 3 Work Plan due to budgetary considerations and/or changes in project emphasis.

#### **Gender Integration:**

- Strengthen Capacity of ES/L/FS Service Providers on Gender Sensitive Programming

#### **Country Collaboration:**

- Conduct LIFT II Learning Forum

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

- Develop Guidance Document on Referral System Metrics

#### **Global Standards, Policies and State of Practice in ES/L/FA Activities:**

- Enhance ES4VP Learning Hub
- Develop Standards of Practice for ES/L/FS Multi-Sectoral Approaches
- Conduct Technical Trainings and Produce Guidelines for Quality Assurance of ES/L/FS Services