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**Livelihoods & Food Security
Technical Assistance**

**Quarterly Report #14
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BACKGROUND

The Livelihoods and Food Security Technical Assistance (LIFT) project was initiated by the U.S. Agency for International Development (USAID) Office of HIV/AIDS (OHA) to provide technical assistance (TA) and strategic support to U.S. government agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC), and their caregivers. In addition, LIFT aims to provide global leadership and strategic learning to the field of economic strengthening through development of guidelines, trainings, and other tools to help vulnerable households—and those who serve them—engage in activities that enhance their economic and nutritional security.

Launched in Fiscal Year (FY) 2010 as a five-year Associate Award under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA) Cooperative Agreement, LIFT is managed and led by FHI 360 and implemented with the support of CARE International (CARE) and Save the Children USA (SC). The goal of the LIFT project is to build the continuum of care for people living with HIV/AIDS and other vulnerable households by increasing their access to high quality, context appropriate, market-led economic strengthening, livelihood and food security (ES/L/FS) opportunities that improve their economic resilience and lead to better health. An essential component of LIFT's approach is establishing links to integrate economic strengthening and food security as a component of Nutrition Assessment, Counseling and Support (NACS) program approaches.

LIFT meets the customized needs of USAID and other U.S. government agencies by undertaking assessments that provide concrete recommendations for strengthening existing economic ES/L/FS programs as well as identify strategic opportunities for new investments. LIFT works with implementing partners to strengthen their capacity to design and implement livelihood and food security interventions that sustainably improve the economic resilience and health of their beneficiaries. Through these approaches, LIFT aims to heighten the impact and sustainability of investments made by USAID, the President's Emergency Plan for AIDS Relief (PEPFAR), Feed the Future (FTF), the U.S. Department of Agriculture (USDA), the Centers for Disease Control and Prevention (CDC), and the Peace Corps, as well as local governments, civil society and the private sector.

ACTIVITIES

1. Global

a. Research, Monitoring and Evaluation (M&E)

Define a Research Agenda and Approach to Case Studies

During this quarter LIFT conducted a number of data collection activities—both trainings in household economic strengthening (HES) and village savings and loan associations (VSLAs), as well as an organizational network analysis (ONA)—that inform a research agenda. LIFT's training work in Nigeria and the Democratic Republic of the Congo (DRC) informs the key questions about training needs that exist in LIFT countries. LIFT's work in Malawi, through the organizational network analysis, helped capture a baseline of network interaction among ES/L/FS service providers in the Balaka District and consequently informs two key research questions: 1) to what extent will LIFT support strengthen network connectivity, and 2) what kinds of support (technical, human resources, financial, etc.) are most needed to ensure a referral network is viable?

LIFT plans to collaborate with MEASURE Evaluation on case studies which will help build the evidence base for NACS. In particular, LIFT hopes to explore issues around nutrition support and the extent to which participation in a LIFT referral network mitigates household food insecurity.

Data Collection and Sharing with LIFT Partners at Country Level

LIFT further refined relationships with in-country partners during this quarter to ensure that not only were all necessary data collected for LIFT sponsored activities, but also that these data were used to develop partner capacity. For example, in Nigeria, LIFT (through partner SC) worked to facilitate the Nigeria Household Economic Strengthening Community of Practice (HESCOP). LIFT developed a web portal for HESCOP and tracked visitors and web metrics to better understand the needs of the community of practice (COP) members. In DRC, LIFT forged a memorandum of understanding (MOU) with ProVIC to continue support to VLSAs and ensure that data for these organizations would be shared.

In Malawi, LIFT completed an ONA that will bring together (in the next quarter) 27 local stakeholders to form a new referral network. Once the ONA data are shared with stakeholders, they will then use that information to decide (with LIFT support) what kinds of monitoring data they wish to collect, in addition to basic LIFT data on household food security. The Malawi ONA referral network will serve as a learning platform for subsequent network development, notably in DRC during summer 2013.

Support for the Guidance on the Role of NACS in Health Systems

LIFT provided comments and feedback to Dr. Tony Castleman's outline for the revised NACS Guidance, meant to support application of nutrition assessment, counseling and support and planning the role of NACS and its relation to other nutrition programs, notably community-based management of acute malnutrition (CMAM). The LIFT team included feedback rooted in the realities of working in a multi-sector setting rather than just health—for example, ensuring contact and relationships are maintained with Ministries of Finance and Agriculture, which are likely to house programs that NACS can and should link to.

b. Technical Leadership

Situational Analysis Tool

The first LIFT situational analysis (SA) was completed in Malawi in December 2012 closely followed by SA for the DRC conducted in January 2013. Based on the transition and lessons learned from Malawi and DRC (including language issues), a revised version of the situational analysis was developed for Namibia. Through the initial report for Malawi that was provided in January, the LIFT project noticed the need to focus more specifically on key areas of interest that will inform LIFT's program design including cultural nuances and private sector aspects. These were originally identified in the tool but through implementation it was discovered that a different approach was needed to meet the needs of the LIFT project. The most up-to-date version of the tool has been used in Namibia and included the SA being conducted jointly by two consultants with complementary skill sets—one with expertise in livelihoods and agriculture and the other in HIV/AIDS and community mobilization.

The SA tool has helped LIFT to successfully capture information needed to inform program design. The latest version of the SA conducted in Namibia, which built off the work done in Malawi and DRC, has set a standard for the final SA tool. The lessons learned from the initial SAs have helped to finalize the guidance materials which will be used by LIFT in subsequent countries.

While the initial versions of the SA tool did not include the appropriate questions to gain the understanding of community values, concerns and cultural norms as well as current barriers to service as the project intended, the most recent version of the SA tool has addressed these issues.

In addition, revisions have been made to ensure better collection data on local markets and private sector activity, including access to markets and growing industries in the community.

In addition LIFT developed orientation materials to ensure consultants hired to carry out the SA are able to clearly explain the project and communicate how the SA fits into the overall LIFT approach, which will help them to develop a more meaningful dialogue with stakeholders.

Organizational Network Analysis

During this quarter, LIFT successfully completed the data collection phase of an organizational network analysis in Balaka District, Malawi. The ONA methodology was adapted from MEASURE Evaluation's previous work studying health referral systems in Ethiopia and Thailand, and LIFT was pleased to have the assistance of MEASURE Evaluation Director Jim Thomas and Geospatial Analyst Jen Curran during the ONA design, data collectors training, and subsequent data collection in Balaka District. More specific information can be found in Section 2d (country-specific information for Malawi) below. By the end of the quarter, LIFT also adapted the ONA protocol for use at two sites in DRC.

The ONA is an essential element of LIFT's approach, in that it documents service providers (health referral and ES/L/FS services) around NACS sites. This detailed understanding of the supply side of services in a NACS site's catchment area allows LIFT to design a referral system that will maximize existing local linkages and build on stakeholder strengths. As a technical assistance project, LIFT seeks to engage local stakeholders through a participatory process of collecting data on how their local network functions, provide high-level support to a nascent network if needed, and provide assistance to upgrade stakeholder services. By structuring the network analysis in this way, LIFT will be able to reduce costs and increase partnerships across public and private sector for long term sustainability—a key goal of USAID Forward.

LIFT's initial use of the ONA methodology in Malawi's Balaka District was a strong learning experience. Previous use of the ONA tools was restricted to health referrals (from one health facility to another) in urban areas. Balaka represented a different context in that it has a multiplicity of services in different sectors (health, economic strengthening, livelihoods and food security) as well as a rural context. Adjustments were made to the tool to accommodate different NACS health centers (three were included in the final tally, rather than the single health center that had been proposed) with different geographic catchment areas.

Diagnostic Tool

Over this quarter, LIFT began crafting a research protocol to test a diagnostic tool to aid in making referrals for NACS clients to community-based services and vice-versa. The goal of this study is to complement LIFT's earlier ONA, conducted in Balaka District, Malawi, by testing a series of tools which can help LIFT-mentored staff to make efficient, effective, appropriate referrals, while also classifying clients using LIFT's Provisioning-Protection-Promotion framework. LIFT anticipates the tool to be a combination of tools that have already been created and tested, including the Progress out of Poverty Initiative (PPI) scorecard and the Poverty Assessment Tool (PAT) for household poverty status, the Household Hunger Scale (HHS) for food security, and several other demographic/vulnerability measures.

The diagnostic tool is an essential element of a LIFT referral network and is meant to be used to initially assess a client's needs, but also to track client progress over time—particularly the metrics of household food security. The LIFT model requires cooperation between donors, implementing partners, and organizations as the integration of services is often a complex task. Even amidst related health services, it is common for no one provider, health facility, or organization alone to meet these needs. This task is considerably more complex when the integration spans different service areas, as is the case in Malawi between a health facility and community-based organizations that provide ES/L/FS services. Organizations must communicate,

coordinate, and collaborate with other organizations engaged in similar efforts in order to effectively meet the comprehensive health needs of their clients. In many cases, an unconnected or fragmented collection of individual organizations must learn to act as a cohesive network. It is anticipated that the diagnostic tool will collect routine information that will enable referral network stakeholders to make key decisions and enhance their communication, coordination, and collaboration in extending the NACS continuum of care.

At the close of the quarter, LIFT is still in the process of editing the diagnostic tool protocol. No significant changes have occurred to affect the testing of the tool or the design of the protocol.

Referral System

In this quarter, LIFT collected additional referral tools being used by projects and other stakeholders in Malawi and Tanzania, as well as data management systems that have been used to manage referral data.

In order to promote the sustainability of LIFT's referral process, rather than introducing independently developed tools and processes, the project will instead build on the existing referral tools and systems being used by the health facilities and/or other partners in the various countries and communities where LIFT works.

Process Flow

In the last quarter, LIFT developed a process flow of operationalizing the LIFT model in country. To date LIFT has begun operations in Malawi, DRC and Namibia following the detailed operational model. This model has been adjusted to meet the realities on the ground of implementing a program in four or more countries with very different operating environments.

The process flow that was created by LIFT will help the project work towards a discrete set of activities that need to be undertaken to strengthen the implementation of the clinic to community referrals of NACS clients to ES/L/FS services that provide quality and effective services.

During this period, the process flow was updated to address the changes that have occurred in LIFT programming on the ground. LIFT will continue to update the model as we progress into additional phases of the operational model in Malawi, DRC and Namibia.

Household Economic Strengthening (HES) Training

Towards the end of this quarter, MSH/Lesotho requested that LIFT provide support through delivering a one-day "HES 101" economic strengthening for vulnerable households training in April. This will be the first training provided since LIFT formalized the "HES 101" training last summer.

The "HES 101" training equips high-level technical and program management staff of international and local NGOs with the key concepts, terminology and awareness of HES approaches and standards of practice. The training will make them aware of the steps needed to integrating effective HES into their existing HIV/OVC programs and inform how they can strengthen their HES programs to be more effective.

LIFT will provide the "HES 101" training in both Lesotho and DRC in the next quarter. The training in DRC will be adapted to meet the specialized audience of high-level ministry officials. LIFT will also work with the FHI 360 Gender Department to ensure that the "HES 101" training has a gender lens included in its training.

LIFT Guidance Toolkits

LIFT has contracted Social Enterprise Associates and Margaret Richards, along with SC staff, to develop a HES for vulnerable children (VC) resource guide. The HES guidance sheets cover cash

and asset transfer, village savings and loans (VSL), and enterprise development (microfinance, business skills, etc.). The documents are designed to provide OVC implementing partners with guidance on how to design appropriate economic strengthening interventions for VC and their caregivers. The resource is not a 'how to' manual but instead provides key issues that OVC implementing partners need to understand and directs them to resources to find out more detailed information about ES/L/FS interventions.

The resource documents will support the upgrading of services and work with implementing partners to ensure effective program development.

The guidance sheets are currently being reviewed by an adult learning specialist to ensure that the technical content will be effectively communicated to the target audience. Once completed, LIFT will facilitate a final virtual review of the guidance sheets and then develop and provide an in-depth training on their use. This training is currently planned for June 2013.

NACS Partner Coordination

In March, LIFT's Technical Director and M&E Specialist participated in the Partnership for HIV Free Survival (PHFS) launch meeting in Pretoria, South Africa. PHFS is a country-led initiative designed to assist countries with their current national efforts to improve maternal and infant care and support in the postnatal period through effective implementation of the 2010 WHO Guidelines on HIV and Infant Feeding. Although LIFT was scheduled to present at the meeting, the time allotted was severely reduced as a result of last minute changes in the agenda. A key outcome of the PHFS meeting was the country-led action planning processes which highlighted important next steps in establishing the partnership in the respective countries. LIFT had a prominent role in the PHFS country teams led by Mozambique, Lesotho, and Tanzania. Additionally the Uganda delegation particularly through the Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project delegate from Uganda expressed an interest in pilot testing the LIFT model in that country. In the same way, the Lesotho delegate from MSH expressed an interest in having LIFT provide ongoing technical support, particularly in the area of HES. As a result, LIFT will be leading a one-day "HES 101" training in Lesotho on April 18, 2013 that will involve participants from two of the three selected NACS districts.

LIFT provided comments to the NACS CMAM guidelines outline that will be used by PEPFAR agencies, partners and governments when planning and initiating new programs; when expanding existing programs; when new nutrition programs beginning in settings where NACS programs are in place; and when issues or challenges arise during implementation related to the role of NACS and its relation to other programs.

LIFT also engaged in discussions with the Food and Nutrition Technical Assistance (FANTA) project on the NACS guidance document and expressed its willingness to contribute to the latest round of revisions to this document.

The LIFT team will continue to participate in the scheduled PHFS and Collaboration Meetings.

Harnessing the Power of Cross-sectoral Programming to Alleviate HIV/AIDS and Food Insecurity

During this period, the LIFT team began planning for a one-day learning event, "Harnessing the Power for Cross-sectoral Programming to Alleviate HIV/AIDS and Food Insecurity", to provide practitioners and policymakers a forum for sharing sound practices for collaboration across health, nutrition, food security, economic strengthening and social protection programs to ensure the best possible outcomes for people living with HIV and food insecurity. In preparing for the event, LIFT worked together with the SEEP Network, as a resource partner, to manage the technical content and logistics surrounding the one-day conference. The LIFT and SEEP team jointly identified and reached out to a total of 23 experts to present and moderate the event's two

plenary sessions and three sets of concurrent breakout sessions (six breakout sessions total) on interventions within the three P's of the LIFT Framework: Provisioning, Protection and Promotion. Due to the inclement weather and office closures, the original event was unfortunately postponed and has been rescheduled for next quarter.

This event aimed to highlight NACS as an entry point towards cross-sectoral programming for people living with HIV/AIDS and food insecurity and for additional vulnerable populations like orphans and other vulnerable children. Participants from across sectors, especially from economic strengthening, enterprise development, nutrition, food security, health, and OVC will share promising practice and field experience with applying NACS in coordination with the LIFT approach. The closing plenary, in particular, focused on discussing how to expand the support aspect of NACS through strengthening linkages between clinical and community services.

Due to the inclement weather and closure of the USG government, the original event was unfortunately postponed. More than 80 people had registered to attend the event prior to the cancellation. The event has been rescheduled to take place next quarter on May 30, 2013.

Collaboration with the Strengthening the Economic Potential of the Ultra Poor (STEP UP) Initiative

LIFT has been meeting on a regular basis with the STEP UP group to provide ongoing feedback to the working group's two-phase, four year initiative to enhance opportunities for the ultra-poor by organizing and sharing practical knowledge, piloting new ideas and scaling up proven approaches.

LIFT met with SEEP and the leadership of the STEP UP group to discuss a potential collaboration on a wiki site. The wiki site will contain information from 130 national, regional and global organizations focused on providing economic strengthening for the ultra poor (ES4UP). The wiki will guide donors and practitioners in their attempts to:

- Assess and understand the systemic causes of extreme poverty.
- Design and implement successful strategies to move ultra poor households from provision to protection through asset building.
- Connect and coordinate efforts between different disciplines including microfinance, livelihoods, market facilitation, access to healthcare and social safety nets.
- Monitor changes and learn and adapt strategies based on a multidimensional understanding of poverty.

The wiki site will probably be hosted by the LIFT project website, www.theliftproject.org. Currently LIFT has reviewed and contributed to the outline of the wiki and has conducted a conference call to discuss this initial idea with some of the STEP UP group members.

LIFT will continue to expand the inventory of tools over the course of the next quarter and will also continue to refine the wiki outline. During the course of the coming months LIFT will also continue its negotiations with the STEP UP group to move the wiki concept idea to fruition.

c. Knowledge Management and Outreach

LIFT website

The LIFT team made significant progress in developing the project website, www.theliftproject.org. In January, LIFT received word that the Legislative and Public Affairs Office (LPA) had given approval for the project to move forward with launching a project site. Throughout this period, project staff worked in close collaboration with the FHI 360 Design Lab to determine an appropriate hosting server for the website as well as in the design process of the site itself. LIFT engaged an internal technical writer based in FHI 360's North Carolina office to

provide support in developing technical content for the site by creating briefs and narrative summaries from various project reports. The website will provide information about the LIFT project's approach, access to a variety of resources related to ES/L/FS, LIFT publications and research reports, and updates on LIFT activities.

2. Country-specific Activities

a. Namibia

LIFT completed the recruitment process for in-country support and engaged two local consultants, who began working with LIFT on February 1, 2013. During this period, the consultants jointly conducted an SA in Namibia to inform on LIFT/Namibia's operating context and provide relevant information to customize our program design to improve access and strengthen coordination around ES/L/FS activities in three selected sites: Engela, Endola and Katatura. Through this process the consultants also introduced LIFT to key regional and constituency level stakeholders to gain input and buy-in. The consultants and HQ staff jointly provided support to national-level initiatives and coordination efforts by providing support to the Ministry of Health and Social Services (MOHSS) on the bi-directional referral (BDR) tools in preparation for national roll-out of the program, reviewing the health extension worker (HEW) strategy and facilitators guide in order to strengthen the ES/L/FS links in the materials, and reviewing the Scaling Up Nutrition (SUN) implementation plans.

The MOHSS is in the process of revising their BDR tools based on the outcomes of a pilot in 2012. LIFT conducted a second review of the guidance document and tools to ensure a strong focus on community services, including ES/L/FS. Based on feedback provided by LIFT in 2011, the tools and guidance in Namibia have moved from a very internal clinical referral system to one that clearly includes community-based service providers in the continuum of care, thereby increasing the relevance for the LIFT model and increasing its viability as a platform for LIFT's referrals. In the next quarter, LIFT will continue to support the MOHSS BDR process to strengthen the focus on community service providers and ensure these services, including ES/L/FS, are part of these referral networks.

A work plan for the period February 1-June 30, 2013 was submitted and approved by USAID/Namibia. LIFT's integrated assistance model will focus on a multi-pronged approach in Namibia, including continuing elements of national coordination, regional coordination and community network strengthening. In addition, at the request of USAID/Namibia, LIFT and FANTA developed a letter of collaboration, which outlines key activities for joint support in Namibia.

b. Nigeria

LIFT carried out a TA visit in February 2013 to focus on the capacity building of USAID's implementing partners. Through the Nigeria Household Economic Strengthening Community of Practice (HESCOP), LIFT introduced tailored technical resources—a technical resource guide and information exchange portal—that will better enable implementing partners to identify and facilitate the delivery of appropriate economic strengthening, livelihoods, and food security interventions (ES/L/FS) for NACS clients and their households. The portal was designed to be easy to use and easy to manage by HESCOP members to facilitate local ownership and sustainability of the site and of future content development. LIFT provided training to 12 individuals from 10 organizations on how to access and use the web-based information exchange portal, which can be accessed at <http://hescopnigeria.org>.

LIFT also made great progress in the development of the HES for VC resource guidance sheets. LIFT partner Save the Children led this activity and engaged an adult learning specialist as well as a graphic designer in the development process to ensure that the technical content is

appropriately presented and effectively communicated. These guidance documents will be finalized in the next quarter.

During this latest trip LIFT also laid the groundwork and mobilized support for the roll-out of NACS among key local stakeholders in Nigeria. Relevant stakeholders were engaged during individual meetings and during LIFT's attendance at the Maternal Child Health and Nutrition Week (MCHNW) planning meeting. The MCHNW meeting was held in Calabar, Cross River State and organized by the National Primary Health Care Development Agency, the Micronutrient Initiative, and UNICEF.

c. The Democratic Republic of the Congo (DRC)

During this quarter, LIFT conducted a joint TA trip with FANTA to complete stakeholder meetings and site visits to selected NACS sites, support PEPFAR partner PATH/ProVIC to continue roll-out of VSLA pilots with technical support from LIFT partner CARE, and finalize a work plan for NACS roll-out with USAID mission and Ministry of Health (MOH).

LIFT engaged two in-country consultants during this period: a situational analysis consultant and a project coordinator consultant. While on TDY, LIFT staff trained the local consultant selected to conduct the situational analysis on the process, including an in-depth briefing on the LIFT model. The team visited the three LIFT sites described in the table below to introduce the consultant to the key stakeholders in each Health Center and where possible, the Community Health Worker, or *animateur communautaire*. The situation analysis was successfully completed during this quarter, and the final report is forthcoming. As this was only the second country where LIFT has moved forward with conducting the SA, there were valuable lessons learned around the criteria around selecting the SA consultant as well as the provision of technical guidance and direction around the SA process. Additionally, LIFT recruited and engaged a project coordinator consultant provide of strategic in-country support and guidance to prepare LIFT for piloting components of a referral approach to integrate ES/L/FS and NACS in three sites in Kinshasa.

The LIFT DRC work plan was submitted in early March and pending feedback from the mission. LIFT began preparing for the ONA, which is planned to occur in the next quarter, by navigating the institutional review board (IRB) approval process for DRC.

d. Malawi

LIFT's ONA was approved by the University of North Carolina IRB as exempt research on January 7, 2013. LIFT proceeded with plans to conduct the network analysis in Balaka District, Malawi, focusing on the catchment areas of the District Hospital and Kalembo Health Centre (this areas approximates TA Kalembo). LIFT team members participated in a three-day network analysis training for data collectors led by MEASURE Evaluation which focused on defining networks, the unique attributes of network data, and practice with the IRB-approved data collection tools. Data collection for the ONA occurred from January 28 to February 8 and involved three activities: enumeration of ES/L/FS and health referral services, completion of 29 organization interviews, and completion of 55 client interviews. The data, once analyzed, will present the degree to which relationships exist between the various service providers in the catchment areas of both Balaka District Hospital, Andiamo Health Centre (aka DREAM), and Kalembo Health Centre.

After LIFT partner Save the Children led testing of a SA tool in Balaka District in early December, the entire team provided feedback on the draft report. The feedback focused on what kinds of information are most needed from a situational analysis and that information will dovetail into other LIFT activities (notably ONA) with maximal efficiency and minimal duplication of effort. LIFT expects to conduct a second round of situational analysis in Karonga District to prepare for network facilitation and referral activities in the area.

LIFT also began to put together a research protocol to test a diagnostic tool in Balaka District. This protocol will be submitted to the FHI 360 Office of International Research Ethics by the end of April 2013.

LIFT staff returned to Malawi for two weeks to continue active engagement with national-level stakeholders and local partners in Balaka District as well as to conduct in-country preparations for the upcoming stakeholder meeting. LIFT has tentatively scheduled a stakeholder meeting from June 17-18, 2013 to disseminate research findings from the ONA and discuss next steps in the creation of a referral network in Balaka District.

e. Tanzania

During this quarter, LIFT was contacted by USAID/Tanzania regarding potential support of programming. Through discussions with the LIFT AOR it was determined that the programming did not fit within the LIFT scope of work. LIFT will begin to engage with the Mission in the next quarter to conduct a portfolio review.

f. Lesotho

Towards the end of this quarter, MSH requested that LIFT provide support through delivering a one-day “HES 101” for vulnerable households training to their sub-grantees in Lesotho. The audience will be comprised of local OVC program implementers, and the training will be a part of a larger three-day workshop focused on community systems strengthening and NACS integration. LIFT has begun the process of recruiting a consultant to deliver this training, which is planned to occur in mid-April.

g. Haiti

In coordination with FANTA and SPRING, LIFT traveled to Haiti in February to assess opportunities to integrate ES/L/FS support activities into NACS services in Haiti, including referrals of NACS clients between health facilities and community-based ES/L/FS services. During this trip, LIFT met with key stakeholders including Dr. Marhône of the Ministry of Public Health and Population/*Ministère de la santé publique et de la population* (MSPP) and USAID/Haiti. Additionally, LIFT conducted a site visit to Hôpital de Carrefour and met with ACME, a microcredit organization identified by Carrefour Hospital staff as the only provider of ES services in the health area.

LIFT also made a presentation in the NACS orientation workshop about ES/L/FS linkages and engaged the approximately 50 Focal Points present in discussion groups about ES/L/FS service offerings in Haiti. The discussion revealed that the Focal Points were aware and concerned that the absence of economic and livelihood opportunity was the primary reason for malnutrition recurrences once patients returned home. However, Focal Points were not familiar with existing ES/L/FS services present in their respective areas and felt the offerings were limited to none.

LIFT and FANTA are proposing a second joint TDY in early June 2013 in order to delve more deeply into the potential to roll-out LIFT in Haiti and possible opportunities and challenges to doing so. Several key implementing entities were unavailable to meet during this TDY (SC, CRS, World Vision, World Bank). In addition, USAID /Haiti should have more clarity at this point on current and anticipated procurement.

h. Mozambique

LIFT traveled to Mozambique in March to assess opportunities to integrate NACS services into HIV care and treatment services in Mozambique. LIFT met with 20 stakeholders including the USAID Mission, Ministry of Health (MISAU), and counterparts to identify the technical scope for its future activities. These meetings provided LIFT with a better understanding of what economic strengthening initiatives are already in place in Mozambique and how they are reaching

households at different levels of vulnerability producing information on how Mozambique's provinces rank with respect to five key vulnerability indicators was collected.

Following the TDY, the team shared a copy of the trip report with the Mission and provided a requested scope of work for a more formal assessment of economic strengthening, livelihoods and food security activities. LIFT expects to discuss the timing and scope for the assessment over the course of the next quarter with a goal to possibly carry out the activity in June 2013.

OPERATIONAL

1. Partners

a. Save the Children (SC)

SC continued to lead activities in Nigeria. During this period, SC continued to be a critical LIFT partner and actively participated in weekly project meetings and the development of LIFT tools, materials and project deliverables.

On March 27th SC informed LIFT that Gareth Evans will no longer be working with SC as of April 12 and Waddington Chinogwenya, who started working with LIFT on the Situational Analysis, will be working full time on other projects as of April 19th. FHI 360 has worked out a plan with SC to ensure a smooth transition in Nigeria and on the Situational Analysis, which they were leading.

b. CARE

CARE has actively participated in LIFT programming throughout this quarter.

CARE provided follow up trainings in March to PEPFAR implementer ProVIC in DRC and has continued to provide strategic technical support, capacity building and oversight to ProVIC and its grantees.

2. Project Administration and Support

a. Staffing

There were no changes in this area during this reporting period.

b. Mickey Leland International Hunger Fellowship

Last quarter, LIFT's application was accepted to host a Mickey Leland International Hunger Fellow to work on project activities in Malawi as well in Washington, DC. The fellowship semifinalists were interviewed by the Leland program during the month of March, and LIFT expects to receive the resumes and cover letters of 3-5 finalists on April 1.

c. Request for Extension in the Period of Performance

LIFT submitted and received a request for an extension in the period of performance from March 31, 2013 until July 31, 2013. The request also included a revised implementation plan and travel request. On March 29th LIFT received Modification #7 to the agreement.

3. Deliverables

LIFT prepared and submitted the following deliverables to USAID during the quarter:

- Quarterly Report #13 (FY 2013, Quarter 1)
- Quarterly Accruals Report
- Quarterly Financial Report

Additional Reports Submitted:

- LIFT December 2012 Namibia Trip Report
- Malawi Nutrition Care Support Partnership Monthly Update January 2013
- Malawi Nutrition Care Support Partnership Monthly Update February 2013
- Malawi Nutrition Care Support Partnership Monthly Update March 2013
- Namibia Work Plan February 1-June 30, 2013
- Malawi Work Plan March 1-June 15, 2013
- DRC Work Plan

SUCSESSES

LIFT had over 80 interested participants in the “Harnessing the Power of Cross-sectoral Programming to Alleviate HIV/AIDS and Food Insecurity” event. LIFT was very impressed with the interest for the event showing a high demand for the topic.

The completion of the first LIFT ONA in Malawi is a great stepping stone for the LIFT operating model.

FANTA, LIFT and SPRING had a successful trip in Haiti outlining possible next steps for ES/L/FS programming in Haiti.

CHALLENGES

The delay in receiving approval for the request for extension in period of performance caused some programming delays due to the LIFT team not being able to agree to do activities in April if it included financial implications.

PLANS FOR NEXT QUARTER

1. Global

a. Technical Activities

LIFT partner SC will finalize the situational analysis tool and complete the SA guidance document, with the help of FHI 360, based on the experience from the three countries and feedback from LIFT staff and consultants involved in each of the SAs. In the next quarter, LIFT will finalize the SA report for Namibia and DRC.

LIFT will return to Balaka District to hold a two-day stakeholder meeting from June 17-18, 2013. The first day is intended to bring together the 27 organizations that were interviewed for the ONA to share the data LIFT collected, and give them a chance to both validate the data and ask questions about the analysis and interpretation of data. The second day will expand the audience

to include local government (notably the members of the Balaka District Council), national government, and USAID.

LIFT will also begin ONA at two sites in the DRC: Mbankana health facility in Maluku II District, and Liziba in the Kingwaba area of Limete District.

LIFT anticipates testing the diagnostic tool in Balaka District, Malawi in summer 2013. In the next quarter LIFT will also build on the work done by developing an inventory of relevant referral tools, processes and data management systems to determine LIFT best practices. In all elements of programming, LIFT will ensure to work with the local community on the referral system, but LIFT will develop a short list of best practice referral systems, processes and data management systems to provide to local communities as a resource. This will allow LIFT to provide proposed adaptations to community-specific referral networks to ensure that they are effective referrals to and from ES/L/FS services.

b. LIFT Learning Event: Harnessing the Power of Cross-Sectoral Programming to Alleviate HIV and Food Insecurity

Due to the inclement weather and office closures, the original event was unfortunately postponed. More than 80 people had registered to attend the event. The team communicated the change to all participants and worked to determine a new date on which key personnel were all available to attend—the event has been rescheduled to take place next quarter on May 30, 2013.

c. LIFT Project Website

LIFT expects to launch the website in mid-April. The site can be accessed at: www.theliftproject.org. Management of the website will be provided by LIFT directly, and the team plans to continue developing and uploading new content to the site on a consistent basis. New site content planned for the next quarter include the HES guidance sheets, presentations and resources from the LIFT one-day learning event and technical notes about LIFT tools as well as blog-style write ups to summarize activities of trips to the field.

d. Agrilinks #AskAg Twitter Chat

The USAID Bureau for Food Security's knowledge management advisor has asked LIFT to participate in an Agrilinks #AskAg Twitter Chat on the intersection between food security and health (with specific links with HIV). This online discussion will take place in the next quarter, and LIFT is looking forward to contributing as a technical expert.

2. Country Specific

a. DRC

LIFT plans to revise and resubmit the joint LIFT-FANTA work plan to USAID/DRC based on the shift in priorities. LIFT will also finalize the situational analysis report and conduct the organizational network analysis in one of two sites in June. LIFT will also provide a "HES 101" training to high level Ministry officials.

b. Nigeria

LIFT will finalize the Economic Strengthening for Vulnerable Children Resource Guidance and provide training in June 2013 during/after the HESCOP quarterly meeting. LIFT will also provide targeted support to the HESCOP facilitator on work plan implementation follow up, charter finalization support and knowledge management and communication development and support.

c. Malawi

LIFT's plans for next quarter include finalizing the diagnostic tool protocol for IRB review, continued planning and hosting of the Balaka Organizational Network Analysis stakeholder

meeting scheduled for June 17-18, 2013, and providing cross-cutting support to FANTA-3 for Malawi's Food Security Country Framework.

d. Namibia

LIFT plans to continue coordination activities with MOHSS in strengthening the HEW program, revising BDR tools, and providing support to expand the SUN implementation plan. Additionally, LIFT plans to help lead the development of a NAFIN technical working group on food security and livelihoods as well as to ensure continued coordination with FANTA in order to strengthen the capacity of government and implementing partner health workers to improve the provision of NACS services and facilitate linkages from clinical to community services to increase the food and livelihood security of HIV affected households.

e. Haiti

LIFT plans to return to Haiti in June 2013 with FANTA in order to delve more deeply into the potential to roll-out LIFT in Haiti and possible opportunities and challenges to doing so. The subsequent TDY will have as primary objectives: (a) continued stakeholder engagement with MSPP, USAID/Haiti, PEPFAR/Haiti, SPRING, FANTA, other PEPFAR Partners, and key stakeholders to better understand the landscape and identify opportunities for and challenges to collaboration; and (b) visits to additional NACs sites in order to understand the implementation context.

Based on this future joint TDY, LIFT envisions development of an illustrative work plan for consideration by USAID/Haiti for the design and implementation of a ES/L/FS referral system.

f. Mozambique

LIFT plans to conduct an assessment to explore current areas that present challenges as well as opportunities related to ES/L/FS over the course of the next quarter with a goal to possibly carry out the activity in June 2013.

g. Uganda

LIFT will meet with SPRING/Uganda to determine how LIFT can collaborate with OHA implementing partners in Uganda to implement the LIFT operating model.

h. Tanzania

LIFT plans to conduct an assessment to explore current areas that present challenges as well as opportunities related to ES/L/FS over the course of the next quarter with a goal to possibly carry out the activity in June 2013.

i. Lesotho

LIFT will recruit and engage a consultant to deliver a "HES 101" training on the importance of HES for vulnerable households to MSH OVC program implementers in mid-April.