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LIVELIHOODS & FOOD SECURITY  
TECHNICAL ASSISTANCE

**Quarterly Report**

**FY 2014 Q1**

**October 1, 2013 – December 31, 2013**



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## Acronyms and Abbreviations

Ag2Nut	Agriculture to Nutrition
ARP	Adherence and Retention Project
ART	Antiretroviral Therapy
ASPIRES	Accelerating Strategies for Practical Innovation & Research in Economic Strengthening
ASSIST	Applying Science to Strengthen and Improve Systems
BCSON	Balaka Civil Society Organization Network
BFS	Bureau for Food Security
BLC	Building Local Capacity
CARE	CARE International
CBO	Community-Based Organization
CCT	Conditional Cash Transfer
CLA	Collaborating, Learning and Adapting
COP	Country Operational Plan
DAI	Development Alternatives, Inc.
DRC	The Democratic Republic of the Congo
DT	Diagnostic Tool
ES	Economic Strengthening
ES4VP	Economic Strengthening for Vulnerable Populations
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 and Support
FTF	Feed the Future
GHI	Global Health Initiative
HES	Household Economic Strengthening
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
IP	Implementing Partner

KM	Knowledge Management
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
MSH	Management Sciences for Health
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services (Namibia)
MOSD	Ministry of Social Development (Lesotho)
MYAP	Multi-Year Assistance Project
NACS	Nutrition Assessment, Counseling and Support
NCST	Nutrition Care, Support and Treatment (Malawi)
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
PEPFAR	President’s Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PIRS	Performance Indicator Reference Sheets
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNMLS	National Multi-Sector Program against HIV and AIDS (DRC)
PPI	Progress Out of Poverty Index
PPL	USAID Bureau for Policy, Planning and Learning
ROADS	Roads to a Healthy Future
SCIP	Strengthening Communities through Integrated Programming
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
STEP UP	Strengthening the Economic Potential of the Ultra Poor
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Center

TRG	Training Research Group
USAID	United States Agency for International Development
USG	United States Government
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 program activities for the period of October 1, 2013–December 31, 2013 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 and AIDS (PLHIV) who are living better and longer lives, but at the same time has created more pressures for governments and communities with already scarce resources to provide ongoing care and support. More work remains to be done to address the impact of HIV on people’s livelihoods and food security, especially in countries with both high HIV prevalence and high rates of malnutrition. LIFT II will continue to foster a systemic approach that connects PLHIV to economic strengthening, livelihoods and food security (ES/L/FS) services at the community level, in order to improve their overall food, nutritional and economic security and strengthen adherence and retention in care.

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

- 1) Improved access to ES/L/FS services for clinical health and NACS clients and families, through referrals and community support services
- 2) Strengthened community services that provide ES/L/FS support as a component of a continuum of care for families
- 3) Expanded evidence base for ES/L/FS programming impacts on health and nutrition, particularly with regard to retention in care, replicability, implementation at scale, cost-effectiveness and sustainability
- 4) Provision of global technical leadership and strategic support to improve the quality of ES/L/FS programs and activities that support PEPFAR, Global Health Initiative (GHI) and Feed the Future (FTF) investments

### III. Accomplishments

In the previous quarter, the LIFT II team had many accomplishments that included the increased documentation of the rollout procedure, increased collaboration with other global projects and implementation of the LIFT model in new contexts.

The global interest for increasing integration of services across health and economic spheres requires the development of processes describing how to refer clients between these services. Given that this is a new process, limited documentation and tools exist for practitioners. In the last quarter, the LIFT II team began addressing this gap by developing two documents: 1) Referral Network Operations Manual, and 2) Referral Network Training Manual. The documents will guide our own roll out of the LIFT II model as well as provide structure to this process for other practitioners. Both documents are being field tested during the roll-out at LIFT II learning sites and will be made available for practitioners upon revisions. Additionally this report includes a description of LIFT II's report on the development and adaptations of a diagnostic tool for household poverty and food security. The team's vision of integrated services recognizes the need for concise, effective and adaptable tools to facilitate appropriate services for those who are challenged by varying levels of poverty and hunger.

In the last quarter, collaboration between the LIFT II team and other programs has also fostered learning and increased LIFT II's visibility as a leader. The combined presentation between the Uganda Community Connector project and the LIFT II team at the OHA Quarterly Nutrition Collaborative Meeting is one example of this level of collaboration. The LIFT II team is building upon this collaboration to finalize a technical note to capture the learning involved by identifying new ideas and an action plan to improve NACS.

The LIFT II team is most excited about the in-country progress made during the last quarter. As described below, diagnostic tools were validated and simplified, stakeholder meetings were conducted and organizational network analysis (ONA) processes were administered and shortened in several countries as the first steps toward establishing referral networks. In Namibia, the team critically examined the data captured by the diagnostic tool and explored ways to streamline its administration reducing the tools from five in Malawi to three which were tested there and reduced to two tools in DRC (see Annex 5). In Lesotho, economic strengthening (ES) trainings were developed and administered at the request of local government, and the knowledge gained by participants was directly applied to their working context through a field visit to Mophale's Hoek where participants discussed the role of cash transfers in the promotion of immunization for children under five.

The LIFT II team is exploring new opportunities to expand the reach of the project both within existing countries as well as into additional countries that can be added to our country portfolio. LIFT II is also looking at ways to collaborate with other projects both within FHI 360's global portfolio (i.e., Roads to a Healthy Future [ROADS]) and other implementing partners' programs such as DAI's IMARISHA in Tanzania or MSH's Building Local Capacity (BLC) in Lesotho.

Additional accomplishments and deliverables are listed in the following bullets and then expanded upon in the following report:

- LIFT II Year 1 Work Plan finalized, reviewed, and approved.
- Performance Monitoring Plan (PMP) finalized, and reviewed approved.

- Developed and shared concept notes around potential LIFT II support activities to six USAID Missions: Côte d’Ivoire, the Democratic Republic of the Congo (DRC), Lesotho, Mozambique, Uganda and Zambia.
- Examined existing literature and consulted experts on best practices around referral mechanisms to increase the sustainability of any LIFT II referral systems.
- Investigated the feasibility of mobile versus traditional (paper-based) referral data collection procedures for organizations in LIFT II networks.
- Developed costing and pricing systems and tools to capture the related costs of LIFT II implementation through the accounting system. Systems and tools were evaluated and approved by FHI 360’s economist, Richard Homan, who will be conducting cost analysis.
- Filled key staff positions: Technical Director Dominick Shattuck, Regional Advisor Henry Swira, Leland Fellow Zach Andersson, and LIFT II/DRC Country Representative Raymond Chubaka.
- Supported learning and awareness activities with Uganda Community Connector and USAID/Washington on the innovative use of Collaborating, Learning and Adapting (CLA<sup>1</sup>) and an integrated community based model for addressing nutrition and livelihoods.
- Participated in the Partnership for HIV-Free Survival (PHFS) Eastern Regional Meeting in Kampala, Uganda and Southern Regional Meeting in Maputo, Mozambique.
- Participated in a PHFS meeting in Washington that clarified standards for collecting data on mother-baby pairs.
- Contributed to the Food and Nutrition Technical Assistance III (FANTA)’s NACS Guidance, focusing on Nutrition Support (Module 4), which mirrors the LIFT II model including linkages between ES/L/FS and NACS.
- Organized *Cross-Sectoral Referrals and Program Linkages* session at the 2013 CORE Group Fall Meeting.
- Organized and co-presented *Application & Learning from Household Poverty and Food Security Measurement Tools workshop* session at SEEP’s 2013 Annual Conference.
- Presented the Economic Strengthening for Vulnerable Populations (ES4VP) site at the Strengthening the Economic Potential of the Ultra Poor (STEP UP) working group meeting held in Washington, which generated widespread support from several practitioner organizations who will assist in the development of this learning hub.

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<sup>1</sup> One definition of CLA states that the central function is to ensure that progress toward development objectives is guided by continuous learning. This can come through analysis of a wide variety of information sources and knowledge, including M&E data, innovations and new learning that bring to light new best practices or call into question received wisdom, and collected observations from those who have particularly deep or unique insight in a given area. It embodies iterative adaptation of program implementation and, where relevant, strategy. The intent is to continuously assess the causal pathway to desired outcomes and adjust activities as necessary to yield the most effective course of action.

## IV. Global Activity

### Research and Monitoring and Evaluation (M&E)

#### Develop global database template for rollout:

##### *Progress*

- In November, LIFT II developed templates for databases that will contain referral network data. This is the next step in the rollout process, and LIFT II is working to integrate our data collection procedures with existing structures at the learning sites that already host a referral system. One element of this challenge is determining whether to integrate electronic data capture methods (desktop/laptop, tablet, cell phones, etc.) into those systems. LIFT II has developed technical specifications for a referral database that includes the number of forms (a survey in database parlance) required, the number of question per form, requirements for user access, requirements for data management, a list of standard queries and reports to be generated, server requirements, and a list of decision points to help users think through which platform makes the most sense for a given referral network.
- In December, LIFT II developed draft **Referral Network Operations Manual (RNOM)** and a **Referral Network Training Manual (RNTM)** for use by service providers who are participating in LIFT II-facilitated referral networks. Both manuals complement the global database template and are intended to provide practical examples of how the template can be expanded into complete program guidance in different LIFT II countries.

#### Monitor research/learning data collection and use:

##### *Progress*

- LIFT II's approved PMP lays a foundation for success by assuring the project collects and reports relevant data from key TA activities and referral network activities as well as lessons learned from operations. LIFT II's **key TA activities** are primarily outputs at the country level but also include global-level TA that advances the understanding of NACS and ES/L/FS linkages in the various development sectors where the project is an actor. Reporting for these activities is already underway. **Referral network activities** will provide LIFT II with a much richer knowledge base and include indicators at the output, outcome and impact level. These indicators provide key data on clients (use of one or many services, age, sex, expenditures) that are useful to understand referral network traffic; moreover, these indicators set the stage for more detailed research studies into gender, improving quality of NACS and HIV services, and other research questions. Data for these indicators will be collected within the referral system. Finally, the LIFT II PMP also includes several **knowledge management indicators to document lessons learned from operations**. While these indicators are primarily output indicators, the intent is to use them to track the production and dissemination of key lessons learned through program operations. In practice, this means collecting qualitative data for each of the steps in the LIFT II roll-out in each country—both to inform subsequent activities in the country and to contribute to global-level guidance that will advance referral activities and service linkages in development work.

### ***Problems and Proposed Solutions***

LIFT II must be cautious in thinking through data collection for referral network activities. This is because the project is essentially supplying tools (referral tools and a database plus support for both) to local service providers who will actually collect data from clients. In order to ensure data are collected, entered, analyzed and reported correctly, LIFT II must work with stakeholder service providers to ensure data to be collected are well-understood, of use to local decision makers, and moreover, that the service providers can easily enter and report these data.

#### **Conduct data analysis:**

##### ***Progress***

- In November, LIFT II completed a report entitled **Assessment of a Diagnostic Tool for Household Poverty and Food Security in Balaka District, Malawi**, which analyzed data collected in August 2013. Data were analyzed to assess the utility of the diagnostic tool (DT) to help service providers make efficient, effective, and appropriate ES/L/FS referrals—a critical piece of the project’s goal to build the continuum of care for people living with HIV and other vulnerable households—as well as to learn how LIFT II can classify clients into three categories of household poverty/vulnerability.
- LIFT II completed DT testing in Namibia in November 2013, and data analysis began shortly after. The DT test data were entered into Excel and imported into SAS 9.3 for cleaning and analysis. Analysis consisted only of descriptive statistics (frequencies and contingency tables) for the measures of household poverty/vulnerability and food security.

### ***Problems and Proposed Solutions***

The analysis of DT data from Malawi and Namibia did not present any particular challenge.

#### **Document indicators’ design and baselines:**

##### ***Progress***

- During this quarter LIFT II completed full definitions of all Performance Indicator Reference Sheets (PIRS) for indicators included in the project PMP. Each PIRS includes a complete description of the indicator, a plan for data acquisition (including source, collection, and collation), a plan for data analysis (including review and reporting), any data quality issues (including plans to address data limitations), and a data table (which includes targets, actual values, and notes). Indicators were selected for inclusion based on the project’s objectives, and finalized in consultation with USAID.

### ***Problems and Proposed Solutions***

The majority of LIFT II indicators are outputs, therefore making the baseline is zero, and project staff can expect this to increase each quarter as the number of TA or other activities are completed. This will also be true for referral system indicators, which must start at zero because LIFT II (and our stakeholder service providers) will not have enrolled or referred any clients at the time of the referral system launch.

However, LIFT II indicators encounter a challenge regarding targets. This issue applies primarily to referral system indicators, as these have no ceiling (i.e., there is no automatic upper limit on how many clients can be entered into a referral system). As noted above, most LIFT II indicators are outputs, and the number of outputs per quarter is specified in the approved work plan which makes targeting very straightforward. For referral system indicators, targeting should be postponed until after the launch so that the project and local service providers can better understand what volume of client flow is manageable. Therefore, targets for most referral system indicators should be delayed until after the referral system is operational so that LIFT II with partners can target according to budget and time data based on real referral experiences.

## **Technical Leadership**

### **Gender integration within LIFT II:**

No gender activities referenced in the Year 1 Work Plan were completed this quarter. However, this period marked progress on several levels, laying the groundwork for both key relationships and ways to further incorporate gender equity and sensitivity into operations. This quarter the team engaged with the FHI 360 Gender Department Director Andrea Bertone and new Technical Advisor, Maryce Ramsey, to solicit input and begin planning ways to integrate gender into country specific activities with Tanzania as a starting point. One result of this meeting included the identification and incorporation of FHI 360 staff in Tanzania that have been working on the Improving Girls' Secondary Education and Employment Opportunities project that will strengthen our gender dimension of LIFT II's activity start-up. Additionally, Dominick Shattuck, who was added as Technical Director for LIFT II, has expertise in gender-related programming, research and evaluation and will strengthen capacity on the team to lead LIFT II's gender integration efforts.

The LIFT II team has laid the ground work for integrating activities in accordance with the PEPFAR and USAID gender strategy. One component of the approach will include conducting gender sensitization training for LIFT II staff. The review of evidence linking gender and ES/L/FS outcomes will be included as part of the landscape and knowledge gap analysis.

### **Landscape and knowledge gaps analysis around ES/L/FS areas:**

LIFT II anticipates further work on this activity next quarter. Collaboration with the STEP UP working group continued and included background research on the knowledge management (KM) strategy. Staff participation in the SEEP 2013 Annual Conference and Agriculture to Nutrition (Ag2Nut) community of practice highlighted the potential value of this work on two levels. First, this serves to inform how LIFT II prioritizes aspects of our learning agenda, targets activities moving ahead in terms of technical networks, and calibrates strategic collaborations with partners. Second, it will be a resource that can raise awareness for other technical practitioners on what work is underway and what gaps exist related to the evidence base around ES/L/FS and nutrition and health outcomes.

### **Develop inventory of tools around key ES/L/FS interventions and practices:**

LIFT I created a robust library of resources related to the various technical aspects of the project, including ES, HIV and AIDS, food security, agriculture, gender, livelihoods, nutrition, microfinance, and M&E, as well as how these areas intersect. This collection of resources served

as a foundation upon which LIFT I developed other knowledge management tools such as the ES4VP learning hub which features 190 tools and resources that can be filtered by region, topic, community of practice or date. During this quarter LIFT II presented the inventory of tools to practitioners who committed to provide additional feedback through Carrie Miller (Catholic Relief Services) and Janice Stallard (Banyan Global), who have been appointed as key members of the STEP UP group to provide feedback on the tools and expand the inventory.

### **Enhance ES4VP learning hub:**

LIFT II continued its collaboration with SEEP's STEP UP working group around the ES4VP Learning Hub (developed under LIFT I) to enhance sharing of resources and advance learning around approaches that link economic strengthening with the other types of support needed by vulnerable populations .. In conjunction with the SEEP 2013 Annual Conference in November, LIFT II and SEEP facilitated a three-hour session at the STEP UP working group meeting to present the ES4VP site and solicit feedback. The feedback was positive and resulted in volunteer commitments from at least nine STEP UP members to contribute resources and content for the site, as well as to facilitate webinars. Based on the meeting, LIFT II is negotiating a follow-on sub-grant for SEEP to support LIFT II during the second phase of the site. Phase II will focus on: (i) upgrading site functionality and navigation; (ii) engaging STEP UP volunteers to contribute content and resources to upgrad content, evidence base and library; (iii) building a stronger evidence base in support of multi-sectoral approaches linked to relevant content throughout the site; (iv) presenting the LIFT II model as one of three principle multi-sectoral approaches to supporting vulnerable populations; (iv) implementing activities to attract new stakeholders and increasing current stakeholder engagement; and (v) facilitating a series of virtual meetings/webinars structured around a framework for analyzing the three models and distilling essential elements of multi-sectoral approaches.

### **Develop standards of practice for ES/L/FS multi-sectoral approaches:**

During the STEP UP working group meeting in November 2013, LIFT II noticed an upsurge of interest on the side of international development practitioners to develop standards of practice for multi-sectoral development, specifically around increasing the documentation and learning opportunities. Consensus is starting to emerge on prevailing approaches to economic strengthening for poorer households, and the ES4VP team has begun identifying and articulating many areas of best (or at least better) practices. Moving forward the STEP UP group members will be holding a series of practitioner webinar discussions to further consensus on what constitutes standards of practice for ES/L/FS multi-sectoral approaches. These discussions will be documented and refined by the project to identify and articulate these areas of convergence.

### **Participate in key global technical working groups:**

LIFT II engaged with several global working groups this quarter including:

- SEEP Network and the STEP UP working group: Workshop presentation at the SEEP 2013 Annual Conference and presentation of the ES4VP learning hub to the STEP UP working group

- CORE Group and the Nutrition Working Group: Presentation on cross-sectoral referrals at the CORE Group Fall Meeting and participation in CORE Group's Nutrition Working Group
- Agriculture to Nutrition (Ag2Nut) global community of practice: Participation in monthly calls/webinars
- Participated in the PHFS regional meetings in Uganda and Mozambique.

**Participate in OHA collaborative meetings to ensure quality and appropriate ES/L/FS technical inputs to NACS and related global strategies from USAID and OHA TA partner projects:**

Over the course of this quarter, LIFT II continued to participate in and support the OHA collaborative meetings. In addition to sharing project progress updates and providing feedback on the recent NACS technical brief by Tony Castleman, LIFT II worked with USAID to seize the opportunity provided through collaboration with Uganda Community Connector to include the project in the OHA collaborative meeting held on November 12. Uganda Community Connector shared lessons learned from its flagship FTF program that combines CLA with a highly integrated and multi-sectoral approach to addressing malnutrition and food insecurity. Additionally LIFT II is moving to write a technical note capturing how these meetings and the collaborative work with the TA partners has furthered the project's work on the integrated dimension of ES/L/FS support through NACS. The technical note, which LIFT II is leading, will document early benefits of this work as well as describe some of the different mechanisms in which the TA partners have worked together at a global and country level (i.e., sample actions, activities, and templates). LIFT II hopes that with input on the draft from the other TA partners, the brief can also shed light on how the OHA collaborative meetings have jointly created a list of new ideas and action plans to improve NACS.

**Participate in coordination meetings between LIFT II and ASPIRES:**

Collaborative meetings were held throughout the quarter between LIFT II and FHI 360's Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) on a bi-weekly basis. Discussions about project implementation in Malawi, Côte d'Ivoire, Mozambique and DRC have included high levels of coordination and knowledge sharing. Additionally, project teams discussed research and evaluation approaches affiliated with the projects' goals.

**Conduct technical trainings and produce guidelines for quality assurance of ES/L/FS services in line with global good practice and current approaches:**

The LIFT II team worked with the FANTA team during the last quarter to revise NACS guidance documentation and also provided two trainings on household economic strengthening (HES) that were utilized in both Nigeria and Lesotho. The LIFT II team also provided content for FANTA's NACS Guidance, specifically for Module Four on Nutrition Support. LIFT's inputs accounted for the majority of the nutrition-sensitive programming guidance and focused on orienting practitioners to the relationship between ES/L/FS and NACS and provided concrete steps for establishing effective referrals for clients to access ES/L/FS services, including links to LIFT II resources and other relevant tools. The module emphasizes the need to assess and match

household poverty and vulnerability to existing services, providing illustrative examples and links to more information on effective programs across the provision, protection and promotion spectrum.

### **Make technical contributions through strategic global and regional workshops and conferences:**

Due to high levels of interest in LIFT II's recent progress to develop cross-sectoral referrals, the CORE Group requested that LIFT II organize a session on this topic for the CORE Group Fall Meeting in October 2013. LIFT II collaborated with WV and the Training Resource Group (TRG) to develop a participatory session entitled "Cross-Sectoral Referrals and Program Linkages". The project shared recent learning related to its methods for conducting organizational network mapping/analysis to begin strengthening service networks as well as the development of the economic and food security diagnostic tool to assess household poverty and food security of health facility clients. WV discussed the use of mobile referrals and follow-up to improve access to essential health and social services, and TRG explored systemic approaches utilizing multi-sectoral social service workforce teams to support cross-sectoral collaboration. The discussion drew on participants' experiences to identify the key elements of successful cross-sectoral programming and important considerations when linking health and other supportive services as well as to discuss programming challenges to collectively identify solutions that may be applicable to a wide range of programs. The session attracted a standing-room-only crowd and was rated highly by participants who noted that it was an engaging and interesting exchange with valuable take-home ideas.

In November 2013, LIFT II M&E Specialist Clinton Sears participated and co-facilitated a session on data collection at NACS facilities during the PHFS regional meetings. The objectives of the meetings were: 1) to understand the state of partner countries' implementation and learn from others' best practices by sharing evidence; 2) to provide country teams with an opportunity to work together to update their implementation and testing plans; and 3) to assemble best practices and challenges to share across all PHFS countries. Additionally LIFT II's Leland Fellow, Zach Andersson, was present for the Eastern Regional Meeting in Kampala.

Also in November, several members of the team attended the SEEP 2013 Annual Conference in Washington. In collaboration with several institutions (FHI 360, DAI and Self-Help Africa), LIFT II organized and co-presented a workshop session entitled "Application & Learning from Household Poverty and Food Security Measurement Tools" as part of the track on working with poor and economically vulnerable populations. The purpose of the session was for participants to learn about the application of three household poverty and food security measurement methods in different programming contexts. Experiences from LIFT II in Malawi, the Community Connector project in Uganda, and the IMARISHA project in Tanzania were shared by staff from the respective projects.

### **Knowledge Management and Outreach Approach**

#### **Produce action research technical notes:**

##### ***Cash transfers:***

The past fifteen years have seen governments in both middle and low income countries invest one to two percent of their gross domestic products in cash transfers, and today more than one billion vulnerable people have received cash transfers. This approach to development assistance has caused the field to rethink traditional ways of delivering development assistance. This LIFT II technical note summarizes the emerging evidence base on cash transfers. The note highlights how transfers have contributed to break intergenerational poverty and redistribute wealth as well as their impact on humanitarian assistance efforts and situations of chronic food insecurity. The technical note explores the specific mechanisms associated with cash transfers; including cash for food and cash for work, and their impact on human capital development, health and nutritional status. LIFT intends to develop two more technical notes with guidance on the operationalization and monitoring and evaluation of cash transfers over the next quarter.

### **Develop guidance document about creating referral networks to promote linkages from clinic to ES/L/FS services:**

Building on the literature review and technical brief entitled “Designing Effective Clinic-to-Community Referral Systems”, in this quarter LIFT II developed a tool “Roadmap for a Referral System Linking Clinic-Based NACS and Community-Based ES/L/FS Services”. This tool provides a framework for planning and implementation of referral networks in the context of LIFT II’s objectives and integrates the best practices related to the design and implementation of clinic-to-community referral systems that were identified and documented in the previous technical brief. The framework provides guidance on specific activities or steps related to developing or strengthening the referral system; key considerations and/or decision points for the activities that function as prompts for team members as they design and roll-out each component leading to the start-up and/or strengthening of referral systems and networks of relevant service providers. As it is meant to guide implementation, the tool also includes fields to identify the party responsible for each activity, and the proposed timeline or completion status of the activity. An initial version of the “Roadmap” tool will be finalized early in the next quarter, though it is designed to be a living document where additional activities, considerations and decision points are generated and included based on experience at the project’s early learning sites. The identification of key considerations also aims to contribute to planning for the replication and scale-up of referral networks at new sites (with or without significant LIFT II support) based upon experience at the learning sites.

To supplement the “Roadmap”, LIFT II also developed a referrals network costing tool which outlines the costs associated with establishing or expanding referral systems that link NACS clients with ES/L/FS services. The costing tool is meant to be used during program implementation with network members to define how key costs associated with the network are covered and by whom, both at start-up and over the long term. With program experience, this tool can also provide clear information related to how referral networks can be financially sustained and what costs must be covered for replication of the referral network in other sites.

Finally LIFT II developed “Guidance for Sustainability of Referral Networks”, which utilizes a sustainability framework to highlight key areas of sustainability that are relevant to LIFT II’s referral model and provides internal guidance on approaches that LIFT II (and eventually other stakeholders) can use to maximize the technical, programmatic, social and financial sustainability of supported referral networks.

### **Strategic contributions to global leadership:**

LIFT II's strategic support to knowledge exchange activities with Uganda Community Connector and USAID/Washington demonstrates one way that LIFT II contributed to its mandate to function as a global leader. The exchanges evolved out of collaboration between projects on workshop session at the SEEP conference and came in the form of Uganda Community Connector's participation in the OHA Quarterly Nutrition Collaborative Meeting; USAID internal brown bag co-sponsored by the Bureau for Food Security (BFS), Global Health Bureau, and Bureau for Policy, Planning and Learning (PPL); and a peer dialogue with a small group of USAID staff on issues relating to implementing with CLA as a central tenant. The results of these events increased USAID staff awareness about the Uganda Community Connectors project how integrated programming that links livelihoods with food security and nutrition outcomes can work.

### **Develop LIFT II knowledge management and learning strategy:**

While the KM strategy will be completed next quarter, there was progress made gathering inputs to inform the structure, essential elements and technical direction. LIFT II conducted a review of similar KM strategies done by other associate awards under the FIELD-Support LWA mechanism. This review was extended to other parts of FHI 360 as well as to a broader set of food security and global health KM efforts from a range of organizations and projects. A challenge encountered in this process was that while various projects have had similar types of documents, none included all the elements desired to meet LIFT II's needs. Therefore the review was expanded and elements were identified and adapted as relevant for LIFT II's KM and learning strategy. Technical content and approaches as well as other key elements were discussed during several project kick-off activities and through consultations with LIFT II staff and others.

The feedback and background research affirmed LIFT II's emphasis on creating a strategy to serve as a guide for clarifying areas where LIFT II will expand the knowledge base, priority target audiences, and approaches and mechanisms the project will utilize to reach these audiences with relevant products that detail new evidence and learning. It also proved useful in helping to clarify elements of the learning agenda and related plans for capturing, documenting and disseminating specific knowledge and learning products. Moving forward, the strategy will guide and align project activities and priorities to meet evidence building, technical assistance and global leadership objectives. Given the nature of the project's work, the KM strategy will be reviewed and updated as needed as the work evolves.

### **Disseminate global learning from LIFT II country programming:**

As described elsewhere in this report, the LIFT II team progressed in the dissemination of learning over the last quarter. First, the development of technical notes and the increased array of resources made available through the LIFT II project website (more details below) reflect this learning. Additionally, learning from country sites enhanced team participation in influential meetings and conferences (i.e., SEEP conference and the PHFS regional meetings). Finally, global learning was enhanced through the myriad of collaborations that the LIFT II team has established with bilateral programs like IMARISHA and BLC, regional programs like ROADS, and international initiatives like PHFS and CORE Group.

## Disseminate LIFT II technical resources and advances through multimedia channels including LIFT II's project website:

LIFT II continued to utilize the project website, [www.theliftproject.org](http://www.theliftproject.org), as a channel for sharing project updates through the *Notes from the Field* blog as well as technical resources, presentations and publications. Key project resources posted to the website this quarter include “[Designing Effective Clinic-to-Community Referral Systems](#)”, a literature review and technical brief; an [assessment report](#) on the utility of LIFT II's diagnostic tool test in Balaka, Malawi; and the “[Economic Strengthening for Vulnerable Children Resource Guide](#)”. Additionally, in December the project instituted a bi-weekly website update email to further promote the site and share activity updates to a broader audience.

## LIFT II learning forum:

LIFT II began preliminary planning for the learning forum to gather global project staff for knowledge sharing and exchange. This event is tentatively set to take place in the Southern Africa region during the last quarter of this project year (FY 2014, Q3).

## Country Focus:

### Lesotho

#### *Progress:*

Upon requests from the Ministry of Social Development (MOSD) and the BLC project LIFT II carried out two trainings around HES in Lesotho. The first training included a one-day workshop, “HES 101 for Orphans and Vulnerable Populations”, to an audience of 15 MOSD leaders from across the 10 districts in Lesotho. The second training, “HES for Vulnerable Populations Guidance”, was over three days and was given to an audience of nine participants from seven community based organizations (CBOs) from Mohale's Hoek and Thaba-Tseka, two of the three NACS districts.

The “HES 101 for Orphans and Vulnerable Populations” workshop was held in Maseru on November 25 and introduced the nationwide leadership staff of the MOSD to economic strengthening concepts and opportunities. The MOSD has recently introduced a conditional cash transfer (CCT) program in Lesotho for ultra-poor households, and households eligible for the CCT are required to have all children between 0-6 years old immunized and children between 6-18 year old attending school. An essential component of the workshop was to build the collective ES knowledge of the MOSD leadership by acquainting them with: 1) LIFT II and opportunities for further support in Lesotho; 2) explaining ES and its rationale; 3) sharing major concepts and approaches in ES; 4) discussing ES examples and lessons learned in ES programming; and 5) sharing additional resources. The workshop combined ES theory with practical exercises and examples.

The “HES for Vulnerable Populations” training was held November 27-29 to provide service providers operating in two of three NACS districts with a broad understanding about why ES is important for HIV and AIDS programs. The workshop covered the following topics: cash and asset transfers, savings group and economic development activities, organizational capacity (to implement HES for value chain programs), partnership development, and M&E for these types

of programs. The workshop combined basic teaching of ES principles with practical exercises including a one-day field trip to a clinic in Mohale's Hoek.

LIFT II also worked on the development of a concept note for country operational plan (COP) funding to the USAI/Lesotho. During the remainder of FY14, LIFT II will support the development of ES/L/FS best practices at the national level with MOSD and the Ministry of Health (MOH) as well as the adaptation of its tools (including guidance and use) by BLC, NACS partners, and local service providers in Mohale's Hoek to strengthen and systematize clinic to community linkages. In the next quarter LIFT II expects to finalize its situational analysis in Lesotho and move ahead with the implementation of an ONA.

### ***Problems and Proposed Solutions:***

LIFT II will continue to allocate some core funds during FY13 and FY14 to work with BLC to strengthen the knowledge and awareness of the local government, particularly MOH and MOSD, as well as implementing partners (IPs) at the national level on best practice in ES/L/FS activities into nutrition, food, and health activities related to HIV. LIFT II's goal is to prove its value to the Mission and secure funding for the continuation of the program in FY15. With additional Mission funding through COP, LIFT II will expand its activities to the two remaining NACS districts in Thaba-Tseka and Butha-Buthe.

## **Country Outreach:**

### **Mozambique**

LIFT II will continue to assess opportunities for further engagement with USAID/Mozambique. The project currently views the activities below as a potential area of assistance, and this was incorporated into its COP concept note which was submitted to the Mission to assess interests.

USAID/Mozambique has provided excellent community-based nutrition and agriculture programming in recent years through the Multi-Year Assistance Project (MYAP) and Strengthening Communities through Integrated Programming (SCIP). After significant progress in improving clinical services and community services the Mission has expressed interest to prioritize the clinic-to-community linkage to maximize local collaboration and provide another means of ensuring programmatic and service delivery gains made through MYAP and SCIP are preserved. In addition, there has been an expression of need for flexible, low-cost tools and mobile technologies that can be quickly rolled out to link partners (health facilities, mobile health brigades, community care coalitions, etc.) in meaningful ways.

LIFT II can support efforts to connect these service providers which have been receiving USAID support in key provinces such as Zambezia. These connections can serve to create and formalize a service network in the area to ensure that service providers have more meaningful partnerships and that their clients receive optimal services.

### **Cote D'Ivoire**

Over this quarter, LIFT II engaged in discussions with USAID/Washington, FANTA and SPIRES to ascertain appropriate next steps for clarifying and planning LIFT II's role in Côte d'Ivoire. LIFT II will continue to assess opportunities for further engagement with the USAID/Côte d'Ivoire. The project currently views the activities below as a potential area of assistance,

and this was incorporated into its COP concept note that was submitted to the Mission to assess interests.

LIFT II is prepared to customize and operationalize the LIFT II model and associated tools to the Ivorian context to support and strengthen the capacity of health and social service providers to refer NACS clients to community-based ES/L/FS services in Côte d'Ivoire. LIFT II will support the creation and formalization of clinic-to-community cross-sectoral service networks and referral systems. LIFT II programming complements work being completed in country through FANTA and ASPIRES and would emphasize local collaboration and partnership.

## **Uganda**

LIFT II will continue to assess opportunities for further engagement with the USAID/Uganda. The project currently views the activities below as a potential area of assistance, and this was incorporated into its COP concept note which was submitted to the Mission to assess interests.

USAID/Uganda has made clear efforts to improve lives in Uganda by prioritizing funding in health and economic development. In particular, the Mission was a leader in integration of nutrition and HIV services through the NuLife Project and continues to lead this through the engagement of the Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project. After significant progress in improving clinical services, LIFT II can support the mission through developing clinic-to-community linkages through flexible, low-cost tools and mobile technologies. Through LIFT II's existing partnership with SPRING, the project is uniquely positioned to connect service providers—clinical and community-based—who have been receiving SPRING support in the Southwest region of Uganda. These connections should serve to create and formalize a service network in the area to ensure that service providers have more meaningful partnerships and that their clients receive optimal services, especially through follow-up for graduates of nutrition programs provided by NuLife and SPRING.

## **Ethiopia, Haiti, Kenya**

LIFT II will continue to assess opportunities for further engagement with the Ethiopian, Haitian and Kenyan Mission.

## **V. The Democratic Republic of the Congo Activity**

### **Progress**

In this quarter, LIFT II continued the role out of its model for linking clinical and community health services to community ES/L/FS services in the two LIFT II learning sites in Kinshasa province. Furthermore, USAID began discussions with LIFT II regarding expansion of LIFT II, FANTA and ASSIST to additional sites in the Lubumbashi province. LIFT II conducted a TDY to DRC October 14-23 with the objectives of drafting the 2014 LIFT II/DRC work plan, furthering stakeholder engagement, orienting LIFT II implementing partner CARE, and preparing for the LIFT II stakeholder workshops. LIFT II also further deepened its collaboration with core PEPFAR partners FANTA and ASSIST during this quarter.

### **Expanded role for CARE/DRC:**

CARE/DRC has assumed the role of lead IP in DRC while FHI 360 will continue to supervise implementation to ensure high quality roll-out of activities. Raymond Chubaka (LIFT II/DRC

Project Manager) and Douli Piayke (CARE's Provincial Director for Kivu and Kinshasa) will manage the daily implementation of LIFT II/DRC. In early October 2013, FHI 360 and CARE/DRC finalized discussions and signed a subagreement that outlined the staffing structure as well as reporting and contractual requirements. Subsequently, LIFT II/DRC Country Manager Sarah Mattingly travelled to DRC in October to deliver an in-country orientation and to ensure a smooth transfer of programming.

### **LIFT II/DRC work plan development**

During the October 2013 visit, FHI 360 and CARE devoted two days to discussing the LIFT II model, integration of CARE/DRC expertise, and planning activities for FY14 in a draft work plan. Following the anticipated joint NACS Acceleration Partners TDY (rescheduled to January 2014), this draft LIFT II/DRC work plan will be integrated into a joint work plan that includes the anticipated activities of FANTA and ASSIST.

Much of the work plan development focused on the upcoming stakeholder workshop in the two learning sites. The stakeholder workshops were originally planned for November 2013, but they were rescheduled to December 2013 and then again to January 2014 in order to accommodate the schedules of the NACS Acceleration Partners and USAID.

### **Stakeholder engagement:**

Also during the October 2013 visit, the LIFT II team met with key stakeholders in Kingabwa and Mbankana in order to introduce the CARE team members, discuss the LIFT II model, and promote participation in the upcoming LIFT II stakeholder workshops. LIFT II met with the medical chiefs at the Liziba and Mbankana Health Centers, Humana People to People, CARITAS/DRC and BATIDE.

LIFT II additionally met with the National Multi-Sector Program against HIV and AIDS (PNMLS), its principal local government partner, to discuss how economic strengthening could be strategically incorporated into the new PEPFAR strategy for DRC. LIFT II attended a stakeholder meeting conducted by Jean Nduwimana, a consultant funded by USAID/DRC, at which the draft DRC PEPFAR strategy was reviewed. LIFT II will continue to engage with PNMLS and provide feedback on the strategy as appropriate.

### **Scaling-up NACS Acceleration Model in Lubumbashi:**

In November 2013, Charly Mampuya (USAID/DRC) requested that the NACS partnership expand to include sites in Lubumbashi in the future. This issue will be further explored in the joint TDY in January 2014.

## **Problems and Proposed Solutions**

### **Coordination among NACS Acceleration Partnership Members:**

Coordination and effective communication between LIFT II, FANTA and ASSIST are essential to a successful program that leverages the combined expertise of partners. Although partners made significant strides this quarter to work more closely, communication and alignment of schedules for conference calls and joint TDYs continues to be a challenge. The partnership is working to develop systems for working together more effectively including regularly scheduled conference calls/meetings at both the headquarters and country level and ensuring for advanced

scheduling of joint TDYs and events. The joint TDY rescheduled to January 2014 will focus in part on harmonizing NACS activities and collaboration in order to leverage partner expertise.

### **Impact of delayed joint TDY:**

The joint TDY with LIFT II, FANTA and ASSIST was rescheduled from November/December 2013 to January 2014 due to conflicts both for partners and USAID. As a result, the LIFT II ONA stakeholder workshops were also postponed to January 2014, thereby slowing down implementation. Fortunately, LIFT II believes it can accelerate implementation this quarter to make up for the time lost.

### **Budget and technical implications of expansion to Lubumbashi:**

USAID/DRC's request for LIFT II to potentially expand to Lubumbashi will have implications on the budget and technical approach. Currently, LIFT II is focused on "action learning" in the two pilot sites. The learning from these sites will inform future program activities to insure quality, cost-effective scale-up in the DRC context, and commencing scale-up prior to completing the activities at the learning sites may impact program quality and cost-effectiveness. Additionally, USAID has suggested that additional funding will not be available before June 2015. Therefore, expansion to Lubumbashi may affect the degree and scope of activities possible in the current Kinshasa sites. LIFT II is developing costing and programming scenarios for Lubumbashi in order to provide USAID/DRC with a clear understanding of the implications and trade-offs related to expansion at this early stage.

### **Upcoming Activities:**

- Joint TDY (LIFT II, FANTA and ASSIST): Scheduled for January 6-10, 2014
- LIFT II TDY (follow-on to joint TDY) for Sarah Mattingly to support CARE in implementing stakeholder workshops in Mbankana and Kingabwa (dates below)
- ONA stakeholder workshops: Scheduled for January 14-15, 2014 in Kingabwa, Limite and January 20-21, 2014 in Mbankana, Maluku II.
- Submission of protocol for "Client Diagnostic Tool": March 2014
- Collect data on costs and geographic reach for major cellular providers in DRC to inform how mobile technology will be incorporated in referral system: February/March 2014
- Testing the "Client Diagnostic Tool": April 2014

## **VI. Malawi Activity**

### **Progress**

Activities in Malawi continued based on the momentum built under LIFT I. Initial activities during the start-up phase included the testing of the DT and continued engagement with both the Balaka Civil Society Organization Network (BCSON) and key local government officials in Balaka, notably the Director of Planning and Development. LIFT II also participates in the Malawi Nutrition Care, Support, and Treatment (NCST, Malawi's version of NACS) collaborative with the USAID-funded ASSIST and FANTA projects. As a member of this collaborative, LIFT II works closely with these projects on the implementation of NCST within

Balaka District. The NCST collaborative produces monthly reports to update USAID/Malawi on progress and notable joint project efforts.

### **Continued engagement in Balaka District:**

A LIFT II field visit was undertaken to Balaka from November 12-15. Objectives of the trip were to meet with District Government officials, Hospital and Clinic staff, BCSON leadership and representatives from the majority of service providers identified as being potential participants in the LIFT II referral system. The project shared updates, gauged knowledge of and continuing interest in LIFT II model, outlined near-term action items and began work plan development with the BCSON Chairperson. In addition, LIFT II organized and carried out a TDY to Balaka from December 10-12 with the objectives of presenting updates at the BCSON meeting, introducing Henry Swira (LIFT II's Regional Technical Advisor), and gathering outstanding Balaka Service Directory information from project stakeholders.

### **Update of LIFT II materials:**

During November and December, a draft version of the Balaka Service Directory was revised with new entries and updated contact information from several service providers active in health (HIV and nutrition) and ES/L/FS. The following details are captured in the directory: organization name, service areas, contact information (phone, email and physical address), location, hours and frequency of service, specific program descriptions and eligibility criteria (if any). The draft directory will be circulated and improved upon by local service providers (including non-governmental organizations, international non-governmental organizations, faith-based organizations, etc.), local government offices, and the LIFT II project. It will serve as a core tool for a referral system within Balaka District and will be complemented by other referral tools including referral forms and tracking mechanisms. This directory is a first step for formalizing a list of service providers in the district that can collaborate to create a referral network.

### **Began work on Balaka Referral Network Operations Manual:**

LIFT II began production of a Referral Network Operations Manual (RNOM) that is intended to provide complete technical coverage of the LIFT II facilitated referral network in Balaka District. The RNOM is meant to encompass five topics: 1) background of LIFT II in the selected community, 2) referral network organization and governance, 3) referral network guidelines, 4) referral network tools, and 5) referral network database forms.

### **Began development/testing of CommCare referral system data collection platform:**

LIFT II has opted to use the CommCare platform (<http://www.commcarehq.org/home/>) to collect and manage referral-system data in Balaka. In December, LIFT II staff began to program the CommCare database to configure it for use with local stakeholders. CommCare is designed so that service providers can enter client data on a tablet or mobile phone, which will then be stored in a cloud-based database. When a registered client arrives at a second service provider (the service to which they were referred), that service provider will be able to access that client's information through CommCare and note that the referral is complete. LIFT II will continue to develop and pilot test the database in preparation for an on-site demonstration in February or March 2014.

### **Cost analysis for a referral system:**

LIFT II's Leland Fellow in Malawi, Zach Andersson, began an analysis to determine costs associated with cellular service (for calls, text messaging and data plans for a 3G network) to inform key decision points in the Balaka referral system. These decision points include how many service providers to enroll in the referral system's launch, as well as how many SMS messages can be sent to and from service provider's clients to collect annual data or follow-up surveys. Areas to be researched by the conclusion of this activity include: SMS costs, bonuses (e.g., free text messages after topping up), individual call costs, corporate call costs, bundle savings, costs for 3G connection, SIM card costs, how to procure an SMS gateway number to allow bulk texting, data plan options, any strategic plans/new apps the main carriers (Airtel and TNM) intend to launch, and any other information that may be useful.

### **Problems and Proposed Solutions**

LIFT II did not experience any significant challenges during the first quarter of FY14 in Malawi. LIFT II staff in Malawi (Zach Andersson and Henry Swira) will engage with local and national stakeholders to continue the design, testing and launch of a referral system.

One area of concern for LIFT II is the timely development and beta-testing of the referral database using the CommCare platform. The project seeks to provide a minimal-cost tool to local stakeholders and needs to both develop and demonstrate the tool in Balaka with adequate time to incorporate user feedback into the final version—this will be completed over the next two quarters.

### **Upcoming Activities**

- Finalize and present LIFT II/Malawi work plan and PMP: Early 2014
- LIFT II trip to Balaka (potentially in conjunction with ASSIST) to continue stakeholder engagement and provide support to BCSON as they develop a constitution and strategic plan (ongoing): January 2014
- Update Balaka Service Directory (ongoing): January 2014
- Create outline for LIFT II Referral System Training Manual: February 2014
- Further refine Referral System Operations Manual in collaboration with local stakeholders: February 2014
- Finalize data collection on costs for major cellular providers in Malawi to inform how mobile technology will be incorporated in referral system: February 2014
- Continue document review and introductory meetings with stakeholders in Lilongwe (ongoing): January 2014
- Support MEASURE Evaluation's global-level NACS Landscape Analysis by providing contacts with NCST staff and/or conducting interviews with NCST staff: January-March 2014

## **VII. Nigeria Activity**

### **Progress**

At the request of USAID/Nigeria a call was held in October to continue discussions on LIFT II programming activities and follow up on the upcoming joint LIFT II/FANTA TDY. Initially scheduled for November, the TDY was postponed into 2014 at the request of the Mission. During the next quarter LIFT II will continue to liaise with FANTA to identify an appropriate time for the upcoming TDY for the Mission's consideration.

### **Problems and Proposed Solutions**

The LIFT II team is working to keep open lines of communication with the Mission and establish a plan for moving forward in this country.

### **Upcoming Activities**

Activities are currently being determined in conjunction with the Mission.

## **VIII. Tanzania Activity**

### **Progress**

LIFT II conducted a technical assistance trip to Dar es Salaam September 28-October 5 to follow up with key collaboration partners, inform LIFT II work plan development, coordinate start-up plans with FHI 360 staff, and engage on technical next steps from the rapid appraisal conducted in July 2013 under LIFT I. Priorities of this TDY were to finalize the focus region and early learning sites for LIFT II and to adapt, operationalize and roll out the project's approach to facilitating linkages through NACS. LIFT II met with USAID/Tanzania, Tanzania Food and Nutrition Center (TFNC) affiliated with the Government of Tanzania, FANTA and DAI's IMARISHA project. Key results included the choice of Iringa district and three existing NACS sites as early learning opportunities for LIFT II.

Three sites around Iringa were selected. Chosen sites align with TFNC, FANTA and PHFS priority areas and also overlap with areas where IMARISHA is conducting capacity building around ES for vulnerable populations. These sites provide a ripe environment for buy-in, support and building existing capacity to foster LIFT II referral mechanisms as well as promoting linkages between NACS and EL/L/FS services.

Additionally, a work plan was submitted by LIFT II to Gray Saga, the project's point person at USAID/Tanzania.

### **Problems and Proposed Solutions**

Changes in staffing at the FHI 360 country office resulted in some delays in identifying LIFT II staff and required some coordination between LIFT II and ROADS in Tanzania, FANTA and colleagues in FHI 360's Gender Department. Two talented national staff were identified to support critical start up functions and next steps in Iringa. Both will provide short-term, part-time assistance as they close out an existing project. Lilian Tarimo has been with FHI 360 for seven years as a Project Director and brings expertise in gender, community development, and successfully navigating local and national contexts. Grace Mbena has been with FHI 360 for over five years in Tanzania and brings a combination of administrative and financial management skills. Together they will support recruitment, project coordination with partners in

Iringa, and the technical development of the situational analysis and ONA. LIFT II will build upon their gender expertise to bring a stronger, contextually relevant understanding of gender issues around the LIFT II activities. Both staff will support LIFT II beginning January/February 2014 and work closely with the rest of the FHI 360/Tanzania office to ensure LIFT II has the resources necessary to respond to the local needs of the project.

### **Upcoming Activities**

- Engage short-term start-up team assistance for LIFT II activities: January-February 2014
- Complete situational analysis: February 2014
- Complete ONA: March 2014
- Identify opportunities to kick start referral network organization and support scale-up: March 2014
- Strengthen partner collaboration at the national, regional and district level: Ongoing throughout quarter
- Hire and orient full-time staff: By the end of the quarter

## **IX. Namibia Activity**

### **Progress**

#### **Conducted ONA in LIFT II sites**

LIFT II successfully conducted an ONA in the project's two sites in order to understand existing ES/L/FS services in the selected catchment areas and how NACS clients can be effectively referred to these services. Organizations included in the ONA process were NACS implementing health facilities, ES/L/FS providers (including government, civil society and the private sector entities) and organizations or groups involved in referrals. Based on experiences in Malawi and DRC, as well as an interest in testing a tool that could be more readily used by on-the-ground service providers, the ONA was adapted and streamlined prior to its use in Namibia. The biggest change made to the tool included eliminating the part of the ONA that conducts client interviews—only organizational interviews were completed, limiting the scope to only collect organizational data as would likely be done in future uses. In addition, approximately 12 questions from the organizational interview were removed, as they were not found to be useful in the analysis or subsequent interactions with the service providers. Finally, the types of organizational interactions were reduced from four to three, significantly reducing the time required for this portion of the data collection: 'client referrals' and 'funding' were retained, while 'resources' and 'information' were combined into 'resources/information' as this distinction is not important for LIFT II's purposes. Questions related to service eligibility criteria as well as how health sector clients could access services were retained and modified slightly from the DRC ONA survey tool.

In the Katutura (Khomas region) site, LIFT II identified 35 service providers who met the established criteria for inclusion in the network and were interviewed for the ONA, and 20 relevant service providers were included in the Ohangwena region site in the catchment area of Ongha Health Center and Engela Hospital. Data from the ONA will be analyzed in the next quarter to

develop local service directories and inform the creation of two referral networks through convening initial stakeholder meetings.

### **Field tested the poverty and food security diagnostic tool**

After approval of the field testing protocol by the FHI 360 institutional review board and the Ministry of Health and Social Services (MOHSS) Committee on Research Ethics, LIFT II field tested the rapid poverty and food security diagnostic tool developed under LIFT I, inclusive of the Progress out of Poverty Index (PPI), Household Hunger Scale (HHS), and the Household Dietary Diversity Score (HDDS). The field test aimed to answer the following research questions: 1) *How long does it take to administer the tool to a client?*, 2) *Are there any items which can or should be eliminated or replaced to streamline the tool?*, 3) *Does the tool capture relevant food security data*, 4) *What are the barriers that might prevent clients from acting on referrals to ES/L/FS services?*, and 5) *How do the data collected through the tool help to classify households to streamline the referral process?*

A total of 400 participants, 100 from each of the four selected health facilities in LIFT II sites (Katutura Hospital and Katutura Health Center in Khomas, and Ongcha Health Center and Engela Hospital in Oshana), took part in the field testing of the DT. The testing process also collected both quantitative and qualitative data from the data collectors to assess their impressions on the tool's utility and efficiency. The data collected during DT field testing were analyzed in this quarter to answer the research questions noted above, and a report on the field test will be finalized and shared in the next quarter. The tool itself will also be finalized and disseminated for use by referral network members to assist in making appropriate referrals from NACS clinical services to the available ES/L/FS opportunities with the highest potential for success for that household.

### **Finalized landscape guide on Namibian Government ES/L/FS services**

The draft guide on Namibian Government ES/L/FS services developed under LIFT I was finalized through a vetting process by key government stakeholders. The final document will be disseminated through low-cost channels in the next reporting period and can be used by referral network members as an additional tool for referrals of NACS clients. This guide supplements the localized referral directory to identify and link clients to appropriate government services that may not be represented in the catchment area.

### **Problems and Proposed Solutions**

In October LIFT II submitted an annual work plan to the USAID/Namibia for activities through September 2014. Revisions were requested at the end of this reporting period, and LIFT II is working with Mission counterparts to obtain approval for the annual work plan.

### **Upcoming Activities**

#### **ONA data analysis and stakeholder meetings**

In January and February 2014, LIFT II will analyze the data and its implications for establishing or strengthening clinic-to-community referral networks as well as draft useful tools, such as local service directories and service gap analyses, for these service providers to use when conducting referrals. LIFT II will then conduct two stakeholder meetings (one for each LIFT II site), anticipated in February 2014, for service providers and government stakeholders in each catchment area to: share and validate ONA results with stakeholders and solicit feedback; distribute, vet and

finalize the referral directory; jointly develop priorities for improving linkages between NACS and ES/L/FS services; decide on key action items and next steps to develop the referral network; and identify possible community intermediaries to lead the facilitation of linkages. This activity also aims to foster a group identity and shared vision for improving ES/L/FS referrals for NACS clients.

### **Finalize and disseminate the rapid poverty and food security diagnostic tool**

Based on the outcome of the DT field test, in February 2014 LIFT II will document and report on findings and finalize the tool for dissemination and use by stakeholders as well as uptake by MOHSS. The activities to be undertaken by LIFT II include: 1) promoting the adoption and use of the tool through training workshops and TA to referral network members in LIFT II sites, including clinical staff and other relevant MOHSS personnel within the networks; and 2) coordinating with MOHSS counterparts to arrange for a training-of-trainers workshop targeting senior personnel involved with NACS programs and other areas of MOHSS that are relevant for referrals, such as the Health Extension Worker Programme and social workers, and make the tool widely available for MOHSS use.

### **Engage with the Adherence and Retention Project (ARP)**

With direction from USAID/Namibia, in January and February 2014 LIFT II will engage ARP implementing partners with the aim of developing a collaborative action plan for areas in which both LIFT II and ARP operate. The collaboration is expected to lay the ground work for the adoption of LIFT II tools and approaches by ARP with the view to replicating and scaling up these referral networks in other regions of the country.

### **Additional upcoming activities**

- Disseminate GRN Service Guide: February 2014
- Develop referral tools and processes that are harmonized with MOHSS systems: February-March 2014
- Develop scale-up strategy and two year work plan for discussion with Mission: February 2014
- Begin implementation of scale-up plan: TBD based on discussions with Mission

## **X. Zambia Activity**

### **Progress**

#### **Participated in the NACS Acceleration Meeting and presented on improving clinic-community linkages**

In coordination with FANTA and ASSIST, LIFT II participated in the Kitwe NACS Acceleration Strategic Planning Meeting on October 9-10 in order to 1) provide an orientation for government, donor and implementing partner stakeholders on LIFT II's objectives and technical assistance approach (including coordination with FANTA and ASSIST) and share experiences in other countries with potential applications in Zambia; 2) advocate for strong clinic-to-community linkages and a more complete continuum of care as part of the NACS model in Kitwe; 3) understand USAID/Zambia's priorities and expectations for LIFT II support; and 4) support

work plan development and target setting with the NACS Acceleration partners in Kitwe. Participants included NACS Acceleration Fund partners, local and national government representatives, and implementing partners, and the meeting resulted in a draft action plan with roles, responsibilities, indicators, targets and deliverables.

LIFT II's presentation highlighted the need to understand household poverty and food security characteristics in order to appropriately match them with available services and presented tools and approaches that could be adapted to meet the needs and context in Zambia. Participants agreed that household economic factors often contribute to the challenges of nutrition and food insecurity; as food support ends, clients are often unable to continue meeting their own food and nutrition needs. There was interest from government and project participants in systematically linking clients to a more complete, sustainable continuum of care. From a systems level, LIFT II's approach would promote multi-sectoral solutions to malnutrition and help move away from models that build dependence on food support and towards ones that offer complementary or alternative longer-term solutions to support good nutritional status.

### **Continued coordination with FANTA and ASSIST**

Following the meeting LIFT II participated in two joint meetings with FANTA and ASSIST to discuss next steps for NACS implementation and quality improvement. LIFT II provided a review and input into the FANTA work plan to USAID/Zambia around areas of collaboration on clinic-to-community referrals.

### **Upcoming Activities**

LIFT II will consult with USAID/Zambia counterparts to determine specific priorities and activities for LIFT II support, as well as continue engagement with FANTA and ASSIST to support their activities.

## **XI. Upcoming Activities**

Please see the attached Annex 2: FY 2014, Quarter 2 Implementation Plan for the listing of upcoming activities.

## **XII. Documentation of Best Practices for Scale-Up**

LIFT II programming is currently underway in a number of countries. While with each iteration of the rollout has been simpler, shorter, and more cost effective (see Annex 5), LIFT II remains aware of the importance of balancing learning from a systemic approach with implementation results and broader reach. Through lessons' sharing from these country rollouts, the LIFT II team has made several observations that are contributing to early thinking for implementation acceleration with faster scale. These include:

- Scale-down for scale-up: Truncating and streamlining of tools and processes based upon early-site observations, successes, and lessons;
- Adopting a community mentoring and training-of-trainers approach for broader reach without additional funding;

- Utilizing high-performers in the early learning sites as network ‘champions’ and mentors in a replication/expansion phase and accelerate the geographic expansion of model roll out;
- Engage local stakeholders in scale-up processes earlier, to capture their perspectives and input in design and work planning, as well as their commitments and support for replication.
- Working through existing implementers with breadth and depth of coverage (i.e. BLC in Lesotho) to gain broader coverage sooner.

Additional observations from the team include operating considerations that may need special efforts or awareness to manage. These include:

- Multi-sectoral stakeholder engagement: Importance of local stakeholder, buy-in, coordination, and communication; recognizing that many of these players are not used to collaborating with peer organizations; and engaging stakeholders as soon as possible;
- Prioritizing objectives: On such a global learning project as LIFT II, there is the potential for differing priorities between the global and country program objectives, needs and priorities;
- Expansion Plans: Learning sites have been established around the geographic priorities for USAID Mission’s and NACS districts and new areas for geographic expansion (i.e. Lubumbashi in DRC or Karonga in Malawi) are completely disjointed and do not follow a progression of coverage that would allow the project to build on the capacities that have been set in place by the project (i.e. Namibia intends to use local councils to mentor following a progressive and coordinated expansion strategy).

In preparation for ongoing documentation of best practices, the LIFT II team has been communicating about the various rollout activities, identified factors that will ensure fidelity of model implementation across sites and begun to systematize the processes. For example, experience administering the situational analysis and organizational network analysis in Malawi informed the application and analysis of this process in DRC and Namibia. Namibia represents the third country in which the ONA has been carried out between LIFT and LIFT II. With each new ONA, the project has taken learning from preceding experiences to adapt the process. Compared to the ONAs completed in Malawi and DRC, Namibia’s ONA was executed using a simplified version of the tool which allowed for a more streamlined interview and data analysis process.

From experiences to date, the LIFT II team led a presentation to share tools for developing referral systems—the ONA and DT—via FHI 360’s ongoing Cross-Sector Café series. LIFT II shared overviews of the methods used to collect ONA and DT, and how they evolved over time from use in Malawi, DRC, and Namibia. LIFT also reviewed sociograms (network maps produced as one output of the ONA) and household poverty likelihoods data (one output of the DT) with FHI 360 staff based in Washington, North Carolina, and in country offices around the world.

The team has captured these experiences on the LIFT II website and is working on a technical document about the application of the diagnostic tool.

## Tracking Project Costs:

During this quarter, LIFT II began the development of an intervention tracking tool methodology to systematically assess the costs behind its working model in different countries and operational settings. The intervention tracking methodology will inform LIFT II's scale up approach and allow the project to estimate costs across its different learning sites providing guidance on how costs will be estimated across countries to ensure consistencies in data collection, analysis and reporting. The intervention tracking methodology of our accounting costs will drive LIFT II's economic analysis associated not only with the costs of ES/L/FS provision but also helping the project assess its value for money proposition behind its systemic model as compared to not doing these activities or compared to other possible activities. Combining cost information with utilization rates will provide a very important rationale behind the value proposition of scaling up the LIFT II early learning sites.

## XIII. Operations, Staffing and Finance

### Operations

#### USG shutdown

LIFT II continued its work during the USG shutdown which occurred October 1-16. The project experienced no interruptions and activities continued as usual.

#### Staffing

LIFT II will have staff both at headquarters and in our country offices. The LIFT II team (title, name and start date) engaged during this reporting period includes:

- **Technical Director**, Dr. Dominick Shattuck (December 2, 2013). As the Technical Director, Dr. Dominick Shattuck will provide thought leadership, strategic analysis and technical vision for LIFT II's cutting edge activity areas. The Technical Director will strengthen the evidence base and inform policy and practice on ES/L/FS; design and lead technical assistance activities and support visits; develop technical materials, tools, and guidelines for project staff, consultants and technical assistance recipients; write and present technical papers highlighting emerging trends; and identify opportunities to disseminate LIFT II's technical learning and expertise. Shattuck brings to this role prior scientific expertise, strategic leadership, and interpersonal skills. For the past 20 years, he has worked in a wide array of sectors ranging from gender, masculinity, and male-involvement to education, family planning, and HIV and AIDS prevention and care and support. His range of experience has equipped him with a strong understanding of the economic strengthening, livelihoods, and food security approaches that can be linked with health services to improve outcomes. Shattuck was approved by LIFT II's AOR as Technical Director and Key Personnel on November 5, 2013 and commenced employment on the project December 2, 2013.
- **Regional Technical Advisor**, Henry Swira (December 2, 2013). Mr. Henry Swira, as the Regional Technical Specialist, employed by partner CARE International, will strengthen LIFT II's capacity in Southern and Eastern Africa through cutting-edge technical assistance in economic strengthening, livelihoods and food security to USAID Missions and their implementing partners in Malawi, Democratic Republic of Congo, Namibia and

Tanzania and other country programs as they come on line. Swira currently resides in Malawi and will provide ongoing technical assistance support; conduct training and stakeholder engagement activities; and contribute to LIFT II's global leadership agenda by sharing LIFT II's experience and technical assistance tools as well as contribute to the documentation and dissemination of project learning. Swira is a food security and livelihood expert with substantial cross sectoral expertise in maternal and child health, nutrition, climate change, and inclusive financial systems. For the past 14 years he has been working across Sub-Saharan Africa to improve the needs of vulnerable populations particularly those affected by HIV and AIDS. He commenced employment on the project December 2, 2013.

- **Mickey Leland International Hunger Fellow**, Zach Andersson (October 1, 2013). FHI 360 was selected by the Congressional Hunger Center (CHC) as one of 12 host organizations to engage a highly competitive Mickey Leland International Hunger Fellow. FHI 360's Mickey Leland International Hunger Fellow, Mr. Zach Andersson, will be dedicated to LIFT II and brings capacity to assist in delivering technical support and coordination around LIFT II activities in Malawi during the first year as well as assist in the scaling up of learning and technical assistance to other countries around the LIFT II approach during his second year based in Washington. Andersson was mobilized to Lilongwe October 3, 2013.
- **LIFT II/DRC Country Representative**, Raymond Chubaka (October, 1, 2013). Raymond Chubaka joined LIFT II/DRC as the Project Manager for LIFT II in DRC. Chubaka has worked at CARE since October 2011 as Project Director for activities targeting victims of gender based violence in the conflict-prone Kivu province of DRC. The approach facilitated community-based psychosocial support as well as socio-economic through CARE's Village Savings and Loan Association model. Prior to working at CARE, Chubaka worked with a long list of international development organizations including the International Rescue Committee, Save the Children, and Medicines Sans Frontier.

Recruitment efforts continue for a LIFT II Country Representative for LIFT II/Tanzania.

## **Finance**

For required reporting budget information please see separately submitted Excel file, Appendix Budget Information.

**Annex 1. LIFT II Success Story**



## Tackling Extreme Poverty through Linking Health and Economic Strengthening Services in Lesotho



Photo credit: John Fay/FHI 360  
Limakatso Masehla, a trainer from the Centre for Impacting Life (CIL), presents the voluntary savings and lending booking and procedure manual during LIFT II's training on household economic strengthening (HES) in Mohale's Hoek. Masahlela had previously participated in a one-day HES training conducted by LIFT in April 2013 and returned to further her knowledge and skills during the expanded three-day training held in November 2013.

**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](#).

*Disclaimer: This success story is made possible by the generous support of the American people through the United States Agency for 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.*

Poverty is a harsh reality for the 46% of the population of Lesotho living on less than USD \$1.25 a day. Added to the economic challenges of this small country are an HIV and AIDS crisis of epidemic proportions; just under one in four people are living with HIV, the third highest prevalence rate in the world. Fifteen percent of child deaths are from malnutrition, and stunting is estimated at 39%. This convergence of poverty, disease, and hunger is shattering the traditional social safety nets in existence for so many generations and putting the burden fully on individuals, families, communities and increasing demand on already stretched health and social service infrastructure.

Looking to improve social and economic conditions for HIV-affected populations, the Ministries of Health (MOH) and Social Development (MOSD) developed a unique partnership. This is occurring through the integration of Nutrition, Assessment, Counseling, and Support (NACS) into routine maternal and child health services and improved referral networks. Specifically, this effort looks to reduce perinatal transmission of HIV and to improve the immunization of children under five years old.

The MOSD's first step was to refine their grants program into a conditional cash transfer (CCT) program to meet the needs of its poorest and most vulnerable populations. This step was supported by PEPFAR through the provision of technical assistance from the Livelihoods and Food Security II (LIFT II) project and the Building Local Capacity (BLC) program. Trainings on best practices in the design and implementation of social and economic strengthening programs have been provided to build the knowledge and skills of the district and headquarters leadership and frontline staff of the MOSD and its implementing partners.



Photo credit: John Fay/FHI 360  
Participants gather in Mohale's Hoek for a three-day HES training conducted by LIFT II in November 2013.

In Maseru, MOSD and community based organization (CBO) leaders recently attended training on improving social and economic strengthening programs. The participants developed an innovative pilot project that advances the Partnership for HIV Free Survival (PHFS) by putting mothers and baby pairs by linking CCT to immunizations. The goal of this pilot is to use CCTs to improve nutrition and immunizations for children under five years old.

*"The [economic strengthening] training was necessary to assist households to diversify their income and make them more responsive to different needs of the family and also reflect the positive impact on the community at large."  
– Director, MOSD*

The CCT pilot is expected to start in 2014 and has been conceived with the additional goal of making data based decisions to fine tune program operations. Placing mother and baby pairs at the center of the program may strengthen both their role within the program and potentially in the eyes of their families and communities. Additionally, the program establishes the importance of collaboration between the MOSD and MOH to tackle the multifaceted challenges facing Lesotho.

## Annex 2. LIFT II FY 2014 Q1 Implementation Plan

<b>Livelihoods and Food Security Technical Assistance Project II (LIFT II)</b>					
<b>CA No. AID-OAA-LA-13-00006</b>					
O - ongoing, M - monthly, C - completed, TBD - to be determined	August 1, 2013 - December 31, 2013				
	FY 2013 Q 4		FY 2014 Q 1		
	August	September	October	August	September
<b>Global Activity</b>					
<b>Building the evidence base for NACS-ES/L/FS linkages Activities</b>					
Optimize referral networks activities					O
Disseminate global learning from LIFT II country programming					O
<b>Monitoring and Evaluation System</b>					
Develop global database template for rollout				Nov 15	O
Monitor research/learning data collection in use					M
Conduct data analysis			M	M	M
<b>Global Standards, Policies and State of Practice in ES/L/FS Activities</b>					
Define knowledge gaps and assess priorities across the ES/L/FS areas for strategic investment and action research		O	O	O	O
Enhance website on economic strengthening for vulnerable populations (ES4VP)		M	M	Nov 4-7	M
Participate in key global technical working groups	O	O	O	O	O
Participate in OHA collaborative meetings to ensure quality and appropriate ES/L/FS technical inputs to NACS and related global strategies from USAID and OHA TA partner projects				Nov 12	
Conduct technical trainings and produce guidelines for quality assurance of ES/L/FS services in line with global good practice and current approaches	O	O	O	O	O
Make technical contributions through strategic global and regional workshops and conferences			Oct 16	Nov 6	
Disseminate LIFT II technical resource and advances through multimedia channels including LIFT II's project website	M	M	M	M	M
Respond to ongoing mission requests for LIFT II TA and support					

<b>Lesotho</b>					
Develop LIFT II work plan and PMP		C			
Conduct a situational analysis				TBD	
Conduct household economic strengthening (HES) 101 training for the Ministry of Social Development				Nov 25	
Conduct and in-depth HES training				Nov 26-29	
<b>Democratic Republic of Congo Activity (Tier 1)</b>					
Develop LIFT II work plan and PMP			X	Nov 15	
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory				Nov 18	
Engage the private sector				O	O
Adapt the Client Diagnostic Tool					TBD
<b>Malawi Activity (Tier 1)</b>					
Test LIFT's diagnostic tool in Balaka District	C				
Develop work plan with Balaka CSO network	X	X	X	TBD	
Finalize referral tools				O	O
Develop and test referral database				O	O
Provide TA to the referral network and facilitate organization/group	O	O	O	O	O
Provide support to the referral network	O	O	O	O	O
<b>Nigeria Activity (Tier 1)</b>					
Develop LIFT II work plan and PMP			X	Nov 15	
<b>Tanzania Activity (Tier 1)</b>					
Develop LIFT II work plan and PMP				O	TBD
Finalize early learning sites			C		
Develop a joint approach to supporting NACS continuum of care in early learning sites			O	O	O
Engage regional and local authorities			O		
Conduct a situational analysis				X	TBD

M & E/documentation of learning/action research					O
<b>Namibia Activity (Tier 2)</b>					
Develop LIFT II work plan and PMP			Draft Oct 30	TBD	
Finalize the LIFT diagnostic tool			X	X	
Conduct an ONA			O	O	O
Dissemination of ES/L/FS government services landscape guide			X	X	TBD
Identify and select private-sector actors to participate in and/or support the ES/L/FS referral network			O	O	O
Liaise with host government counterparts			O	O	O
M & E/documentation of learning/action research					O
<b>Zambia Activity (Tier 2)</b>					
Conduct high-level TDY and strategic planning meeting			Oct 9-10		
Develop LIFT II work plan and PMP				X	TBD

### Annex 3. LIFT II Deliverables

Contractual Deliverables	
Deliverable Title	
LIFT II Annual Work Plan, Year 1	Draft submitted October 29, approved December 12, 2013
LIFT II Performance Monitoring Plan	Draft submitted October 29, approved December 12, 2013
Quarterly Report #1 (FY 2013, Quarter 4, August-September 2013)	Submitted October 30, 2013
SF 425 #1 (FY 2013, Quarter 4, August-September 2013)	October 21, 2013
FY 2013 PEPFAR Expenditure Analysis	November 15, 2013
Key Technical Products	
Product Title	
DRC – Country Work Plan and PMP	Submitted pending approval
Namibia – Country Work Plan and PMP	Submitted pending approval
Tanzania – Country Work Plan and PMP	Submitted pending approval
Programmatic Deliverables	
Deliverable Title	
OHA TDY Reports	DRC, Namibia, Mozambique, Tanzania, Uganda and Zambia
Action research technical note #1: Assessment of a Diagnostic Tool for Household Poverty and Food Security in Balaka District, Malawi	Year 1, Quarter 2
Cash and Asset Transfer Technical Brief	Year 1, Quarter 2
Presentation/Workshop #1	Year 1, Quarter 1 (CORE Group Fall Meeting)
Presentation/Workshop #2	Year 1, Quarter 1 (SEEP 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:

- 1) **Meaghan Murphy to Dar es Salaam, Tanzania**, September 28-October 5, 2013  
**Purpose of Travel:** To participate in LIFT II Tanzania-specific work plan and PMP development in coordination with USAID, FANTA and IMARISHA as well as to follow up on recruitment for a local LIFT II staff person and finalizing site selection.
- 2) **Mandy Swann to Dar es Salaam, Tanzania**, September 28-October 5, 2013  
**Purpose of Travel:** To participate in LIFT II Tanzania-specific work plan and PMP development in coordination with USAID, FANTA and IMARISHA as well as to follow up on recruitment for a local LIFT II staff person and finalizing site selection.
- 3) **Mandy Swann to Kitwe, Zambia**, October 5-11, 2013  
**Purpose of Travel:** To participate in the Kitwe NACS Acceleration Strategic Planning Meeting held October 9-10, 2013 to present LIFT's approach and how it could be applied in Zambia and better understand priorities for LIFT support in the NACS Acceleration effort in Kitwe.
- 4) **Clinton Sears to Windhoek, Namibia**, October 8-19, 2013  
**Purpose of Travel:** To train local data collectors to conduct the ONA as well as oversee the first week of the ONA itself in Windhoek.
- 5) **Sarah Mattingly to Kinshasa, DRC**, October 14-23, 2013  
**Purpose of Travel:** To begin the transition of LIFT programming in DRC to implementing partner CARE International and also to lead the LIFT II /DRC work plan and PMP development.
- 6) **Clinton Sears to Maputo, Mozambique**, October 19-25, 2013  
**Purpose of Travel:** To participate in the PHFS Southern Regional Meeting held October 23-24, 2013.
- 7) **Clinton Sears to Kampala, Uganda**, October 25-November 2, 2013  
**Purpose of Travel:** To participate in the PHFS Eastern Regional Meeting held October 31-November 1, 2013.
- 8) **Zach Andersson to Kampala, Uganda**, October 25-November 2, 2013  
**Purpose of Travel:** To participate in the PHFS Eastern Regional Meeting held October 31-November 1, 2013.

Annex 5. Documentation of Best Practices for Scale-Up

# Acceleration of the LIFT Rollout

	2013												2014								
	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
<b>Malawi</b> (1 RN site)	SA		ONA		SM		DTT		RT					RS							
<b>Namibia</b> (2 RN sites)				SA			PPI					ONA	DTT	SM	RT	RS					
<b>DRC</b> (2-3 RN sites)					SA	ONA							SM	DTT	RT	RS					
<b>Tanzania</b> (1 RN site)													SA	ONA	SM & DTT	RT	RS				
<b>Lesotho</b> (1 RN site)													SA	ONA	SM & DTT	RT	RS				

SA = Situational Analysis	ONA = Organizational Network Analysis	DTT = Diagnostic Tool Test	SM = Stakeholder Meeting	RT = Develop Referral System Tools	RS = Referral System Test and Launch
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# Modifications to the LIFT Rollout

	Malawi	Namibia	DRC	Tanzania	Lesotho
SA	First SA; Led by SC	Improved SA adding questions to capture private sector role and community attitudes and beliefs	Engaged local consultant to produce single SA covering 2 health areas  Streamlined SA in Lubumbashi will be conducted by IP CARE	Utilize existing resources, expand gender and costing/pricing questions related to referral tools	Recognizing the data already available for Lesotho conducted a desk review supplemented with community insights from BLC
ONA	First ONA; Learned to use tool from MEASURE	Streamlined tool by eliminating client interviews and unneeded questions; faster data collection using tablets	Faster data collection using tablets  Streamlined ONA in Lubumbashi	Only include items directly relevant to SM	Only include items directly relevant to SM
DTT	5 tools (2 poverty; 3 FS)	3 tools (1 poverty; 2 FS)	2 tools (1 poverty; 1 FS) – <i>Uses LIFT tool developed in Malawi</i>	2 tools (1 poverty; 1 FS)	2 tools (1 poverty; 1 FS)
SM	Initial stakeholder meeting	Able to include more ONA outputs for participants	ONA data and outputs were key for participant buy-in to network s		
RT	Develop a mobile-based data collection system	Develop a paper-based data collection system to harmonize with MOHSS BDR	Can copy Malawi or Namibia	Can copy Malawi or Namibia	Can copy Malawi or Namibia
RS	Limited to most active stakeholders and NACS sites	Specifics will be determined at SM in Feb; readily scalable system	Facilitating development of local network to manage ES/L/FS referrals  Engaging community based entry points for referrals		Limited to 25 CBO's that have demonstrated an interest in working with LIFT