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Livelihoods & Food Security Technical Assistance

Final Report[1]

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[1] The final report covers the period of performance of the agreement and includes the FY 2013 Q3 and Q4 reporting and serves as the Year 4 Annual Report.

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Acronyms & Abbreviations

AED	Academy for Educational Development
AIDSTAR	AIDS Support and Technical Resources
ASSIST	Applying Science to Strengthen and Improve Systems Project
BFS	USAID's Bureau of Food Security
BRAC	Bangladesh Rural Advancement Committee
CAP	Capable Partners Project
CARE	CARE International
CBLD	Community-based Livelihoods Development for Women and Children in Swaziland
CBO	Community-based Organization
CDC	The Centers for Disease Control for Prevention
CGAP	Consultative Group to Assist the Poor
CMAM	Community-based Management of Acute Malnutrition
COP	Country Operational Plan ***OR*** Community of Practice
CRS	Catholic Relief Services
DAI	Development Alternatives Inc.
DREAM	Drug Resource Enhancement Against AIDS and Malnutrition
DRC	The Democratic Republic of the Congo
ES	Economic Strengthening
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
ES4VP	Economic Strengthening for Vulnerable Populations
ESFS	Economic Strengthening for Food Security
FANTA	Food and Nutrition Technical Assistance Project
FANTA-2	Food and Nutrition Technical Assistance II Project
FANTA-3	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization
FEG	Food Economy Group
FFP	USAID Office of Food for Peace
FHI	Family Health International
FHI 360	Family Health International 360
FIELD-Support	Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support
FTF	Feed the Future
FSN	Food Security and Nutrition Network
FY	Fiscal Year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
HAMED	Health and Market Development Working Group
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HCI	Health Care Improvement Project
HDDS	Household Dietary Diversity Score
HEA	Household Economy Approach
HES	Household Economic Strengthening

HESCOP	Household Economic Strengthening Community of Practice (Nigeria)
HHS	Household Hunger Scale
IAS	International AIDS Society
IGA	Income Generating Activity
IHI	Institute for Healthcare Improvement
IMARISHA	Economic Strengthening for Households Affected by AIDS
IP	Implementing Partner
IRB	Institutional Review Board
JSI	John Snow, Inc.
LIFT	Livelihoods and Food Security Technical Assistance Project
LPA	USAID Legislative and Public Affairs Office
LWA	Leader with Associates
MAFI	Market Facilitation Initiative
MAHFP	Months of Adequate Household Food Provisioning
MCHNW	Maternal Child Health and Nutrition Week
M&E	Monitoring and Evaluation
MEASURE	MEASURE Evaluation
MED	USAID Office of Microenterprise Development
MERG	Monitoring and Evaluation Reference Group
MOH	Ministry of Health (DRC)
MOHSS	Ministry of Health and Social Services (Namibia)
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NACS	Nutrition Assessment, Counseling and Support
NAFIN	Namibian Alliance for Improved Nutrition
NAYORG	Nkahadze Alive Youth Organization
NCST	Nutrition Care, Support and Treatment (Malawi)
NCRSSH	National Committee for Research in the Social Sciences and Humanities
NGO	Non-governmental Organization
OHA	USAID Office of HIV and AIDS
OIRE	Office of International Research
ONA	Organizational Network Analysis
OPC	Office of the President's Cabinet (Malawi)
OVC	Orphans and Vulnerable Children
PAT	Poverty Assessment Tool
PEPFAR	President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PL109-95	Public Law 109-95
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	*Programme National de Lutte contre le SIDA*/National AIDS Control Program (DRC)
PNMLS	National Multi-Sector Program against HIV/AIDS (DRC)

POWG	Poverty Outreach Working Group
PPI	Progress Out of Poverty Index
PRONANUT	*Programme National de Nutrition*/National Nutrition Program (DRC)
ProVIC	Integrated HIV/AIDS Project in DRC
RFA	Request for Applications
SA	Situational Analysis
SC	Save the Children
SEEP	The Small Enterprise Education and Promotion Network
SOTA	State of the Art
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
STEP UP	Strengthening the Economic Potential of the Ultra Poor
SUN	Scaling Up Nutrition
TA	Technical Assistance
TOPS	Technical and Operational Performance Support Program
TOT	Training-of-Trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
VSLA	Village Savings and Loan Association
WFP	World Food Programme
WHO	World Health Organization

The LIFT Story

Since its launch in 2009, the Livelihoods and Food Security Technical Assistance (LIFT) Project has been working to end the downward spiral of poverty and illness among vulnerable. The LIFT project has strengthened the capacity of United States Government (USG) agencies and their public, private and civil society partners, and together, the project and these partners have designed and implemented livelihood and food security interventions that have improved the economic resiliency and health of households in Haiti and over ten African countries. In collaboration with USAID, LIFT has played an important role in developing a strong framework for the continuum of care for people living with HIV (PLHIV) and other vulnerable households by developing common language for economic strengthening (ES) practitioners. The project catalyzed movement towards high-quality, context-appropriate, market-led economic strengthening, livelihood and food security (ES/L/FS) opportunities that improve economic resilience and lead to better health and built consensus on best practices and approaches among its many varied stakeholders.

Over the past four years, LIFT project staff and partners have laid a strong foundation with customized guidelines, trainings and other tools for integrating food security and livelihoods strengthening with HIV and AIDS interventions to help vulnerable households and those who serve them in their communities. USAID has highlighted the contributions of technical tools as well as the LIFT project's major accomplishments in strategic technical support to USAID, the President's Emergency Plan for AIDS Relief (PEPFAR) and their partners, including global and country-specific technical assistance (TA) for implementing partners (IPs) in a number of contexts. LIFT also worked closely with the Food and Nutrition Technical Assistance II and III projects (FANTA-2/FANTA-3); Health Care Improvement Project (HCI)/ Applying Science to Strengthen and Improve Systems (ASSIST); Strengthening Partnerships, Results and Innovation in Nutrition Globally (SPRING); Partnership for HIV Free Survival (PHFS); USAID's primary global health monitoring and evaluation project, MEASURE Evaluation (MEASURE); Institute for Healthcare Improvement (IHI); and other nutrition, health systems strengthening and evaluation partners to build and expand the capacity of selected health facilities implementing Nutrition Assessment, Counseling and Support (NACS) as well as equip their surrounding communities to demonstrate strong, replicable models of the complete package of NACS care. LIFT's country assistance model has been designed to systematically improve access to ES/L/FS services using NACS as an entry point.

An associate award under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates (LWA) cooperative agreement, LIFT was managed and led by FHI 360 (formerly AED) and implemented with the support of CARE International (CARE) and Save the Children USA (SC). LIFT has provided technical assistance and support in the Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania and Uganda.

1. Developing the LIFT Conceptual Framework

LIFT began development of the Livelihoods and Food Security Conceptual Framework following the launch of the project in November 2009. This effort was undertaken to create a common framework and set of technical concepts and vocabulary that would resonate and be accessible to people across different backgrounds and disciplines so practitioners and donors could more effectively work together to understand, analyze, and address livelihoods and food security realities at the household level.

The framework draws on several disciplines, including the fields of food security, economic strengthening and livelihoods, and vulnerability. Development practitioners can use the framework as a tool in the development and planning of context appropriate economic strengthening interventions that consider the vulnerability of beneficiaries and their households in terms of food security, livelihoods and HIV and AIDS. This can be done through the livelihood pathway, which is captured by three classifications—provision, protection and promotion—along with suggestions of economic strengthening interventions appropriate to each level.

Throughout 2010 and 2011, LIFT refined the framework by incorporating feedback from many stakeholders and expanding the understanding of the interaction and synergies between ES/L/FS, especially in the context of HIV and AIDS. One particularly useful stakeholder consultation on the framework was with the Small Enterprise Education and Promotion (SEEP) Network's Poverty Outreach Working Group (POWG). The working group served as an ideal audience from which to draw inputs on the framework—members of this group represent professionals from various disciplines who regularly come together to learn from one another about their innovations in assisting the very poor.

In August 2011, LIFT published and disseminated the Livelihood and Food Security Conceptual Framework which includes a discussion of important concepts and a review of the existing literature leading to its development. This comprehensive document lays out important concepts in food security, livelihoods, and HIV and AIDS; describes various categories of livelihoods interventions; and integrates these various concepts and components into a single conceptual framework.

LIFT carried out a number of activities including a training in Nigeria and an assessment in Swaziland that further validated the conceptual framework.

In Nigeria, LIFT delivered a training workshop on economic strengthening to more than 30 implementers of programs for orphans and vulnerable children (OVC). The training built on the framework and introduced eight LIFT Standards of Practice to further guide practitioners in the selection, design and implementation of appropriate economic strengthening and livelihood interventions in their programs. The LIFT conceptual framework combined with the standards of practice and training strengthened implementers' access to relevant tools and the capacity to put them into practice.

In Swaziland, the LIFT team conducted a three week assessment to identify priorities and promising approaches in addressing the needs of OVC. LIFT met with more than 30 government institutions, donors, non-governmental organizations (NGOs) and community-based organizations (CBOs) across the country. The team used the conceptual framework by delineating provision, protection and promotion to categorize types of recommended ES/L/FS programs. After the assessment, LIFT produced a report with recommendations to PEPFAR that included types of programs to invest in; TA activities for new and existing partners; and support to broader efforts within Swaziland to build an effective referral system

based on strategic linkages and partnerships with recognition of the evolving needs of people affected by HIV and AIDS.

USAID's uptake of LIFT's work around the framework was also demonstrated by USAID Southern Africa's issuance of a request for applications (RFA) in August 2011 for the Community Based Livelihoods Development for Women and Children in Swaziland (CBLD) project, a five-year PEPFAR-funded project to enhance the livelihoods of women and protect the rights of women and children. LIFT's assessment report, which provided a conceptual framework for livelihoods and economic strengthening programming and a context for understanding livelihoods and social, economic and health issues in Swaziland, accompanied the RFA.

Later this same year, LIFT and USAID also facilitated a participatory skills building session at a Catholic Relief Services (CRS) conference for their overseas-based health and HIV and AIDS staff to provide an overview of the LIFT conceptual framework. It highlighted how the framework can be applied to health and HIV and AIDS programming. LIFT also shared tools to assess household vulnerability status and provided guidance on how to apply these tools to support project implementation, management and monitoring and evaluation (M&E).

During 2011, LIFT continued to adapt components of the conceptual framework to make it a more relevant tool for a wide variety of audiences, and disseminated the framework to development practitioners and other stakeholders through trainings, conferences and online platforms. New tools and activities were also developed to put the framework into action. More information regarding LIFT's dissemination of the framework can be found in Section 4.2. The project also presented the expanding work around the framework at several workshops and conferences including the Namibian Alliance for Improved Nutrition (NAFIN) Meeting in November 2011 and the State of the Art (SOTA) Meeting on NACS in February 2012.

In March 2013, LIFT participated in an in-person and online seminar, Lessons Learned from Sequenced, Integrated Strategies of Economic Strengthening of the Poorest, which focused on innovative, sequenced programming interventions to help the ultra poor transition from meeting their most basic needs and move towards economic self-reliance. The LIFT conceptual framework was featured as a key resource for the event on Microlinks.

From July to September 2012, LIFT began conceptualizing new tools to enhance the breadth of TA the project can offer to support clients. One such tool is an ES/L/FS diagnostic tool that can be used at NACS sites to quickly inform the partition of clients' households into the provision, protection and promotion poverty categories of LIFT's framework. The tool aims to decrease the time required to refer clients to appropriate ES/L/FS services while simultaneously collecting a rapid baseline measure of household poverty that can be tracked over time. The diagnostic tool also includes an assessment of household food security to assist LIFT in collecting impact data in alignment with Globally Harmonized Indicator Set for Nutrition and HIV. The development of the complete diagnostic tool is very complex, as there are many tools that accomplish a portion of what is required but do not independently comply with all program requirements. Multiple consultations were held with organizations that developed and/or used similar tools, in order to deter the duplication of efforts.

In November 2012, LIFT joined with Development Alternatives Inc. (DAI) to deliver a workshop entitled "Effective Economic Strengthening for the Ultra Poor affected by HIV" at the SEEP Annual Conference. Targeted to program implementers, this session included a presentation of the LIFT conceptual framework followed by a participatory session in which participants reviewed programmatic scenarios

and matched them to the appropriate aspects of the LIFT framework. LIFT's goals of this session were to demystify economic strengthening for HIV-affected households and provide resources and tools to help practitioners consider how they could link their clients to a continuum of care.

Together with SEEP, the LIFT team began planning in early 2013 for a one-day learning event, Harnessing the Power for Cross-sectoral Programming to Alleviate HIV/AIDS and Food Insecurity, to provide practitioners and policymakers a forum for sharing sound practices for collaboration across health, nutrition, food security, economic strengthening and social protection programs to ensure the best possible outcomes for people living with HIV and food insecurity. The LIFT and SEEP team jointly identified and reached out to a total of 23 experts to present and moderate the event's two plenary sessions and three sets of concurrent breakout sessions (six breakout sessions total) on interventions within the "three P's" of the LIFT framework: provision, protection and promotion. Though the originally planned event was delayed due to inclement weather, the event held on May 30, 2013 was successful in moving forward the discussion on many technical levels and bringing awareness to critical issues practitioners face in working across health, food security and economic strengthening sectors.

2. Operationalization and Rollout

2.1. Operationalizing the LIFT Working Model

Starting in late 2012, LIFT developed a process flow to operationalize its working model across several sites in three countries: Malawi, Namibia, and DRC. The process flow created by LIFT helped the project sequence its rollout approach in coordination with national and subnational government and partners integrating ES/L/FS services into the continuum of care. These sites have become essential learning laboratories where tools have been tested and adapted to integrate ES/L/FS services into NACS ensuring a systematic approach.

The graph depicts how LIFT has started to roll out its approach, the main components of the working model, and how interventions will be sequenced across learning sites. This rollout model developed by LIFT has proven to be flexible and market-driven, providing the necessary business linkages and skills development to tailor activities to the needs and resources of each community and household across different country sites. Through the rollout process, LIFT has identified key components of the working model beginning with a rapid appraisal, situation analysis (SA), organizational network

analysis (ONA), diagnostic tool, referral process, and M&E. Alongside its rollout model, LIFT provides ongoing TA, gender and M&E assistance, and capacity building. Please see Section 2.5 Technical Leadership for expanded explanations of the SA, ONA, diagnostic tool and referral systems processes.

- **Joint Assessments and Rapid Appraisals**
  LIFT conducted assessments and appraisals in Ethiopia, Malawi, Namibia, Nigeria, DRC and Lesotho, working closely with each of these missions and NACS partners to identify and tailor its work plans to the realities on the ground and gaining an understanding of existing programs, their effectiveness and the overall operating environment. More information regarding the results of these assessments and appraisals can be found in Section 3 Countries. LIFT appraisal activities included identifying existing data sources, culling recent analysis and conducting assessments to fill knowledge gaps and inform its TA package and work plan. While these assessments are foundational aspects of work focused on ES/L/FS, they also touched on other important areas such as existing referral systems, community networks and the country and local areas' status in terms of NACS implementation. The appraisal and assessment reports provided missions with country-specific context and analysis along with potential strategies to strengthen, complement or support current activities and projects in their portfolios. Building on established standards of practice, LIFT expertise and the specific needs of the mission, these assessments offered recommendations on site selection and which ES/L/FS opportunities best responded to the needs of vulnerable households in addition to outlining new areas for investment including recommendations on potential partners for program implementation.

- **Situational Analysis**
  Upon completion of the rapid appraisal and site selection, a situational analysis was performed at both a national level and local level in Malawi, DRC, and Namibia. The impact of HIV on individuals, families and communities are a product of many interrelated factors and require tailored responses. The SA provides LIFT with a better understanding of the local pattern of the spread of HIV infection, economic activities, service availability, resources, knowledge and awareness, societal and household gender dynamics, social cohesion, the cultural and legal environment and political leadership contributing towards its program design.

- **Organizational Network Analysis**
  To complement SA and effectively integrate the continuum of care between clinical and community nutrition and community ES/L/FS services, LIFT and MEASURE collaborated to adapt MEASURE's ONA approach to provide an understanding of relationships among actors in the health care provision and ES/L/FS service delivery landscape. The ONA was carried out in both Malawi and DRC using a systematic approach to identify providers, collect and analyze data on service providers, and use this information to map the current state of the community network and available services.

- **Diagnostic Tool for Household Poverty and Food Security Status**
  The next element is a client intake or diagnostic tool. The primary objectives of the diagnostic tool are: 1) assess economic and food security status of the client's household to determine if a referral to ES/L/FS services is needed; 2) provide additional contextual information about the household to further inform the referral (if determined beneficial) and ensure that it is tailored to the most appropriate ES/L/FS services available; 3) establish a method for tracking clinic to community ES/L/FS referrals to grow the evidence base around this element of the NACS approach. Diagnostic tools have been developed for Malawi and Namibia.

- **Strengthening Referral Networks and Processes**
  Another critical component which has been implemented in its early stages in Malawi, includes support to facilitate locally-led strengthening or development of systemic linkages to ES/L/FS services for PLHIV and other vulnerable groups in selected communities. This may include establishing or strengthening an appropriate facilitating mechanism to conduct referrals, standardizing referral tools and processes, and strengthening the capacity of community intermediaries facilitating referrals. Following the ONA in Balaka, Malawi, a stakeholders meeting was held with representatives from across the spectrum of sectors in which LIFT is working (ES/L/FS, health and referrals) for an interactive learning and dissemination meeting to discuss concrete next steps in establishing a referral network in Balaka.

- **Upgrading of Existing ES/L/FS Services**
  LIFT worked to develop and set standards, advance knowledge and information sharing, and offer training and capacity building services to promote best practices around ES/L/FS services to benefit food insecure HIV and AIDS affected households. In Nigeria, LIFT created a community of practice (COP) and provided training on household economic strengthening (HES) as well as a follow-on training on economic strengthening interventions. Through the identification and acceleration of best practices and evidence-based programming, in Namibia, Nigeria and Lesotho LIFT supported the effective targeting of interventions and support to people affected by HIV and AIDS to overcome and reduce vulnerability to food insecurity and strengthen sustainable livelihoods.

- **M&E of Referral Systems that Link ES/L/FS to NACS**
  Another area identified by LIFT as important to the LIFT working model but not currently implemented under LIFT due to the project's end is the M&E aspect of programming. LIFT has identified the need for support of M&E activities to identify and coordinate the development of promising institutional models and to mobilize joint programming with other critical NACS and ES/L/FS partners. The expected aim of support to these streamlined, easy to use and locally-owned information systems is to ensure knowledge-driven decision making based on qualitative and quantitative data. The ability to collect, analyze and use information locally will be essential to the LIFT working model ,as this ensures sustainable and appropriate ES/L/FS approaches are linked to clients in a meaningful way that improves productive assets and food security among vulnerable families as a component of clinical and community support.

- **Scale-up of LIFT Working Model in Early Learning Sites**
  Drawing from FHI 360's experience integrating NACS support into service delivery, LIFT's working model includes the need to provide in-country TA to strengthen the capacity of governments and IPs to scale up the LIFT model from the work in the early learning sites. The envisioned scale-up model will use early learning sites as strong demonstration models in which people can easily observe quick results and a cost-effective systems approach to help spread demand for further scale-up. LIFT's scale-up model will involve the respective Ministries of Health as the entry point in each country and work with them to identify the most appropriate points within the local government (i.e., Ministry of Social Development, Ministry of Gender, etc.). The core business model that will be pilot tested in this approach will involve local government in a central implementation role—utilizing local governments as the scale-up pathway is a logical choice, as functioning local government administrations exist throughout most countries.

2.2. Core Partners and Collaboration

Collaboration at various levels is essential to delivering a complete continuum of care for HIV-affected households. The LIFT working model requires cooperation between donors, government ministries, IPs and other organizations, as the integration of services is often a complex task. Even when it comes to basic health services, often no single provider, health facility or organization alone can holistically meet a household's needs. This task is considerably more complex when the integration spans different service areas and sectors to meet a broader set of household needs. Organizations must communicate, coordinate and collaborate with other organizations engaged in similar efforts to effectively meet the comprehensive health needs of their clients. In many cases an unconnected or fragmented collection of individual organizations must learn to act as a cohesive network. It was anticipated that LIFT's collaborative model would foster enhanced communication, coordination and collaboration across service providers within a network, and the ES/L/FS diagnostic tool would facilitate collection of routine information that enables service providers to make key decisions about the needs of their clients and render more appropriate services or referrals, thereby providing a continuum of care that accompanies changes in household vulnerability.

LIFT programming focused on building collaboration across sectors, engaging with PEPFAR, the Global Health Initiative (GHI) and Feed the Future (FTF); partnering with key parts of USAID such as the Bureau for Global Health, Bureau for Food Security (BFS) and Office of Food for Peace (FFP); and collaborating with other relevant USG partner agencies, such as the Centers for Disease Control and Prevention (CDC) and Peace Corps. At the country level, LIFT also worked closely with USAID missions, national and sub-national government bodies and representatives, and other local public and private stakeholders in order to jointly identify priority needs for collaboration and service integration.

LIFT engaged with core partners, collaborating USAID technical partners, ES/L/FS service providers and stakeholders, and other relevant technical stakeholders to ensure high-level programming and collaboration across all aspects of our work.

LIFT Core Partners
The LIFT team consisted of FHI 360 (formerly AED) with core partners CARE International and Save the Children USA, each of which brought complementary technical strengths.

Collaborating USAID Technical Partners
Because a critical entry point for LIFT was through NACS and community programs, the project worked closely with USAID's six primary projects for nutrition TA in HIV and AIDS programming: FANTA-2/FANTA-3, HCI/ASSIST, SPRING, PHFS, MEASURE Evaluation and IHI.

Quarterly Nutrition Collaborative Meetings
Starting in June 2012, LIFT began participating in the quarterly Nutrition Collaborative meetings organized by the USAID Office of HIV and AIDS (OHA). The meetings were established to enhance collaboration among nutrition-focused TA and implementing partners FANTA-3, SPRING, and HCI. The meetings included overviews of current and upcoming activities for each partner, discussions on relevant technical topics and research activities and provided an environment for active collaboration between all projects. These meetings have proven to be very useful and have helped ensure collaboration both at a global level but also at a country level among all TA and implementing partners including helping to establish joint TA trips, collaboration on joint trip reports, collaborative development of tools and resources (such as the NACS site assessment tool and community mapping tools), and in some countries led to multi-project work plans and other programmatic reporting, as required.

On April 19, 2013 FANTA, HCI and LIFT presented at the last OHA meeting under the LIFT period of performance to discuss the successes and challenges of collaboration. The discussion highlighted that while this level of collaboration involves time and effort, there are numerous benefits to each project, as well as to missions and other partners in countries where the projects all work to implement NACS programming.

Collaboration with Technical Networks

Throughout the life of the project, LIFT has collaborated with a number of key networks in ES/L/FS as well as health. These include the Food Security and Nutrition (FSN) Network led by the Technical and Operational Performance Support (TOPS) Program; the Market Facilitation Initiative (MAFI); Strengthening The Economic Potential of the Ultra Poor (STEP UP); Health and Microenterprise Development (HAMED); and the CORE Group. LIFT considers these groups to be core technical learning partners, and jointly working with these groups has played a critical role in synthesizing and sharing knowledge to amplify the project's impact.

2.3. Research and M&E

Define the Research Agenda

During 2010 to 2011, LIFT began to define a research agenda that looked at the evolution of the evidence around the continuum of needs for vulnerable families affected by HIV and other health-related problems and the importance of providing livelihoods and economic strengthening activities for these populations within their larger communities. The following describes LIFT's research agenda and how it evolved and became more fully realized in the final year and a half of the project.

Developing the Logic Model and Its Evolution into a Results Framework

MEASURE had developed a logic model showing how LIFT's TA activities could impact the economic resilience and food and nutrition security of vulnerable households. With significant input and collaboration with LIFT, MEASURE also undertook a literature review, which identified evidence of linkages between economic strengthening interventions, household economic resilience, food security, nutritional status and HIV-related outcomes.

LIFT reviewed well-respected household economic strengthening and food security frameworks and developed a causal pathways model that mapped the ways that provision, protection and promotion activities could impact household food security as well as health and nutrition outcomes. All of these activities further defined LIFT's research agenda. The literature review, logic model and causal pathways model were disseminated through the FIELD-Support E-bulletin and can be found on the LIFT website.

LIFT's Consultative Meeting in November 2012

Building on these foundational documents and accumulated project knowledge, LIFT hosted a consultative meeting in November 2012. Attended by 18 key stakeholders, LIFT solicited feedback on its proposed approach to generating an evidence base for linking NACS clients with ES/L/FS interventions to key stakeholders.

LIFT also used the meeting to define the project's vision, to discuss upcoming activities related to the rollout of NACS and ES/L/FS integration, and to consider the different kinds of data collection and research LIFT can achieve through its dual role as a TA project (providing guidance and building capacity for existing USAID or other existing USG bilaterals for ES/L/FS services) and as a global technical leader (providing knowledge management services, convening technical meetings, and conducting research that is relevant to the needs of USAID missions and their implementing partners).

LIFT's Successes, Challenges and Lessons Learned
In 2013, LIFT continued to refine and strengthen its research agenda. The project conducted data collection activities as part of trainings on HES and developing village savings and loan associations (VSLAs). LIFT conducted training activities in Nigeria and DRC that further informed some of the questions about training needs in the countries where LIFT is working. LIFT's training activities have a built-in evaluation component where LIFT returned to the trainees 6-12 months later to assess impacts on job performance.

LIFT continued to collaborate with MEASURE on developing case studies, which will help to build the evidence base for NACS. As part of informing that effort, LIFT explored issues around nutrition support and the extent to which participation in a LIFT referral network mitigates household food insecurity.

The project also successfully carried out two ONAs—one in Malawi in January 2013 and the other in DRC in June 2013 (described in further detail the ONA, Malawi and DRC sections). This work captured a baseline of network interaction among ES/L/FS service providers in the Balaka District (Malawi) and the Kingabwa and Maluku II Districts (DRC) and is informing two key research questions: 1) *To what extent will LIFT support strengthen network connectivity?* and 2) *What kinds of support (technical, human resources, financial, etc.) are most needed to ensure a referral network is viable?*

Data Collection and Sharing
Throughout operationalization of the working model, LIFT further refined relationships with in-country partners to ensure that not only were all necessary data collected for LIFT sponsored activities, but also that these data were used to develop partner capacity. For example, in Nigeria, LIFT (through partner SC) worked to facilitate the Nigeria Household Economic Strengthening Community of Practice (HESCOP). LIFT developed a web portal for HESCOP and tracked visitors and web metrics to better understand the needs of COP members. In DRC, LIFT drafted a memorandum of understanding (MOU) with the PATH/ Integrated HIV/AIDS Project (ProVIC) in DRC to continue support VLSAs and ensure that data for these organizations would be shared.

In Malawi, LIFT completed an ONA that brought together 27 local stakeholders to form a new referral network. The ONA data was shared with stakeholders, and it is expected that they will use that information to decide (with LIFT support) what kinds of monitoring data they wish to collect, in addition to basic LIFT data on household food security.

2.4. Technical Leadership

LIFT's focus was to strengthen the capacity of select PEPFAR, GHI and FTF country activities to integrate and support program design and implementation of ES/L/FS activities to improve food security among vulnerable households and HIV-affected households as a component of NACS. The development and rollout of LIFT's operational approach served as the primary means for the project to demonstrate technical leadership on a global scale. Details regarding the tools and summary of the documentation of the LIFT rollout model can be found below.

2.4.1. Situational Analysis

In order to better understand the cultural norms, structural issues and complex impacts of HIV, poverty and food security that vary within each of the communities in which LIFT works, it was determined that a situational analysis would be needed as an initial step in the project's rollout process. In October 2012, FHI 360 and SC discussed the adaptation of existing situational analysis tools, two of which were developed by SC and FHI 360, to meet the specific needs of the LIFT program.

How the SA fits into LIFT
The situational analysis was used to improve the project's understanding of factors including the local pattern of the spread of HIV infection, economic activities, service availability, resources, knowledge and awareness, societal and household gender dynamics, social cohesion, the cultural and legal environment and political leadership. As a foundational step, the situational assessments covered the following areas: 1) policy environment; 2) availability and access to ES/L/FS services; 3) gender norms and dynamics; 4) markets and private sector activity; and 5) community networks and cultural beliefs.

Rollout of the SA
The first LIFT SAs was completed in Malawi in December 2012 closely followed by DRC which was conducted in January 2013. Based on the process and lessons learned from Malawi and DRC (including challenges with translation and conducting interviews in local languages), a revised version of the situational analysis was developed for Namibia. Through the initial report for Malawi that was provided in January 2013, the LIFT project noticed the need for adaptations to the tool to focus more specifically on key areas of interest that will inform LIFT's program design, and the tool was revised to focus more explicitly on informing cultural values, norms and practices, gender dynamics, barriers to accessing services, and relevant private sector activity including access to markets and growing industries in the community that could be relevant for NACS clients. These areas were originally identified for inclusion in the tool; however, through implementation it was discovered that a more specific approach was need to meet the needs of the LIFT project. The current version of the tool was used in Namibia in February 2013 where the SA was conducted jointly by two consultants with complementary skill sets—one with expertise in livelihoods and agriculture and the other in HIV and AIDS and community mobilization—which worked well to capture the multifaceted community dynamics that inform the tailoring of LIFT's approach. Based on the SA completed in all three countries LIFT finalized a SA guidance document that captures the different steps of the SA from initial recruitment for the consultant, suggested approaches to relevant stakeholders, potential list of items to address/ask and reporting format.

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

LIFT continued ongoing adaptations to the SA including modified questions to better obtain an understanding of community values, concerns and cultural norms, as well as barriers to implement the project as intended. LIFT also adapted the tool to better inform our programming approach in relation to the local markets and private sector.

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

2.4.2. Organizational Network Analysis

In February 2012, LIFT and MEASURE began exploring the possibility of using the ONA tool as part of LIFT's work to improve food security through sustainably improving vulnerable households' economic circumstances. The ONA methodology was adapted from MEASURE's previous work studying health referral systems in Ethiopia and Thailand.

How ONA Fits into LIFT
The ONA is a tool that LIFT envisioned as a key components of its engagement in countries to

understand the existing services and activities related to NACS and ES/L/FS integration within a catchment area around a NACS clinic site. The ONA provides a baseline measure of relationships between organizations and the overall strength of the network prior to LIFT's support and a way to understand the direct results of LIFT's technical assistance to strengthen the referral network. The ONA also identifies and maps organizations for inclusion in a NACS ES/L/FS referral network.

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

Rollout of ONA in Malawi

In August 2012, LIFT began preparation for a pilot ONA rollout and in early 2013 selected Malawi as the pilot country; MEASURE and LIFT jointly undertook the process to complete this first ONA in January 2013. LIFT was pleased to have the assistance of MEASURE Director Jim Thomas and Geospatial Analyst Jen Curran during the ONA design, data collector training, and subsequent data collection.

MEASURE also provided TA to LIFT on fulfilling institutional review board (IRB) requirements, customization of the tool for ES/L/FS data collection and analysis, and the sharing of findings with communities. MEASURE developed a budget for the pilot outlining the key costs associated with conducting the analysis in one country (two sites). MEASURE also trained the LIFT team on this tool to enable LIFT to independently conduct subsequent ONAs.

LIFT's Approach to Strengthening Referral Networks and Processes

LIFT completed the data collection phase of the ONA in Balaka District, Malawi in early 2013 and subsequently convened a stakeholder meeting in June 2013 to disseminate research findings and discuss next steps in the creation of a referral network in the district. Participation in the first day of the meeting was limited to representatives of organizations that participated in the ONA earlier in the year. Participation in the second day was widened to include district government staff, as well as key representatives from USAID and the Malawian national government. Attendees the second day included Ms. Violet Orchardson, Nutrition Advisor at USAID/Malawi, Tapiwa Ngulube, Principal Nutritionist for the Nutrition Care, Support and Treatment (NCST) program at the Ministry of Health, and Maria Chidumu from Malawi's Office of the President's Cabinet (OPC). In addition, HCI was represented by Ms. Phindile Chitsulo, NCST Program Manager and champion for nutrition quality improvement in Balaka. Key outcomes from the stakeholder meeting include: 1) identified considerations for the service providers that work in different sectors, as LIFT is seeking to unite diverse service providers from the health, finance, livelihoods, and food security/nutrition sectors; 2) a stakeholder-led identification of referral systems objectives as well as specific strategies to achieve those objectives; and 3) a planning exercise used to identify areas where LIFT would lead an activity (e.g., TA, development of tools, trainings, etc.) and where local stakeholders would lead an activity (e.g., interacting with local and sometimes national government, collecting data, etc.). A major success of the event included an uptake of local organizations towards the referral system, with Concern International, an organization that is part of the referral network, agreeing to play a lead role in the development of the system in Balaka.

Rollout of ONA in DRC

In June and July 2013, LIFT conducted a second ONA of ES/L/FS service providers, adapting the tool from

the Malawi ONA and taking lessons learned from MEASURE in Malawi. LIFT chose to implement this ONA using a tablet as the data collection platform. LIFT led on the modified ONA design, data collector training and subsequent data collection. The ONA was conducted at two sites in DRC: Limite Health Clinic (Kingabwa) and Mbankana Health Clinic (Maluku II). A total of 47 organizations were interviewed and 207 client interviews were conducted. The rollout in DRC allowed LIFT to implement the ONA in both a peri-urban and rural context during the same trip.

LIFT's Lessons Learned

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

The ONA in the DRC allowed LIFT to implement the methodology directly. While the implementation methodology was consistent with the goals and objectives of the Malawi ONA, there were valuable lessons learned through the adaptation of the survey on a data tablet.

Adjustments were also made based on the differing needs of a rural and a peri-urban site. These adjustments included the approach for the enumeration period, as well as determining the exact catchment area for the peri-urban area.

2.4.3. Diagnostic Tool for Household Poverty and Food Security Status

The diagnostic tool is an essential element of a LIFT referral network and is meant to be used to initially assess a client's needs, but also to track client progress over time—particularly the metrics of household food security. Based on a review of available poverty assessment and measurement tools and consultations with industry leaders such as the Consultative Group to Assist the Poor (CGAP), DAI, Bangladesh Rural Advancement Committee (BRAC), Grameen, and Ford Foundation, the Progress out of Poverty Index (PPI) has been identified as the lead poverty assessment measure. It was determined as the ideal instrument, as it meets all of the requirements noted above, is a statistically-sound household measure of poverty, leverages available large scale data sets, has been used successfully to fulfill similar needs under other projects, and is emerging as the industry standard for household poverty assessments. Additionally, three key household food access measures have been identified to include alongside the PPI to assess food security: Household Hunger Scale (HHS), Months of Adequate Household Food Provisioning (MAHFP) and Household Dietary Diversity Score (HDDS).

How the Diagnostic Tool Fits into LIFT

The diagnostic tool can be used at NACS sites to quickly partition clients' households into the provision, protection and promotion categories of LIFT's framework. The tool aims to decrease the time required to refer clients to appropriate ES/L/FS services while simultaneously collecting a rapid baseline measure of household poverty that can be tracked over time. The diagnostic tool also includes a measure of household food security to assist LIFT in collecting data in alignment with the Globally Harmonized Indicator Set for Nutrition and HIV food security impact indicator.

Rollout of the Diagnostic Tool in Malawi

LIFT began crafting a research protocol to test a diagnostic tool to aid in making referrals for NACS clients to community-based services and vice-versa. The goal of this study was to complement LIFT's earlier ONA, conducted in Balaka District, Malawi, by testing a series of tools which can help LIFT-mentored staff to make efficient, effective and appropriate referrals, while also classifying clients using

LIFT's provision, protection and promotion framework. The tool is a combination of existing tools that have already been created and tested, including the PPI scorecard and the Poverty Assessment Tool (PAT) for household poverty status; HHS, MAHFP and HDDS for food security; and several other demographic/vulnerability measures.

LIFT's protocol for testing the diagnostic tool anticipates a sample of n=300 interviews, balanced between three NACS (or NCST as it is known in Malawi) sites: Balaka District Hospital, Kalembo Health Center, and Drug Resource Enhancement against AIDS and Malnutrition (DREAM) Health Center. The study was designed this way to achieve two ends: 1) to assess differences in NACS client's household poverty and food security status by health facility; and 2) to build LIFT's relationship with health facility staff so they (at a minimum) know the project is working in the district. The diagnostic tool research also has a unique multi-stage design—data collectors will conduct interviews with clients during the first stage, and then LIFT and FHI 360/Malawi staff will conduct in-depth interviews with the data collectors during the second stage. It is expected this data will provide both baseline measures of poverty and household food security at the NACS facilities in addition to process data that can be used to developed best-practice guidance for the use of a final diagnostic tool. LIFT received approval from the Office of International Research Ethics (OIRE)—FHI 360's internal IRB—in June 2013, as well as approval from Malawi's National Committee for Research in the Social Sciences and Humanities (NCRSSH) in July 2013. Due to the delay in approval of the diagnostic tool protocol, LIFT was not able to move forward with this activity during the project's period of performance.

Development of the Diagnostic Tool in Namibia

Based on a detailed review of tools and consultation with stakeholders, LIFT selected the PPI for the poverty measure in the diagnostic tool for Namibia. As the PPI had not yet been developed for Namibia, LIFT developed the scorecard in collaboration with Mark Schreiner of Microfinance Risk Management, L.L.C. who designed the statistical methodology for the PPI. This process included the development of 17 candidate indicators which were then sent out to a broad range of stakeholders in Namibia to participate in a user review to ensure the final tool was useful and acceptable to users in Namibia. Individuals ranked the tool based on factors including strength of link with poverty, ease/difficulty of collection, nation-wide applicability and user acceptability. Based on the user review inputs, in July 2013 the 10 best indicators were selected and the final tool developed, which serves as the poverty score in the LIFT diagnostic tool. This investment also created a brand name tool that can be used much more broadly than LIFT's purposes and will be beneficial for other partners and donors working in the ES and micro-finance sectors, demonstrating a strong value for money proposition, as it will benefit many organizations within Namibia. The PPI was then coupled with measures of household food security based on HHS and HDDS to make up the complete LIFT diagnostic for Namibia.

LIFT's Lessons Learned

The most prominent lesson learned from the diagnostic tool development is the need for simplicity. LIFT is developing a tool that will facilitate and expedite the referral process while also allowing members of a referral network to track clients. It is essential that LIFT's tool be easy to use, require minimal training, and be flexible across different contexts. Early in the development of the diagnostic, LIFT considered the Household Economy Approach (HEA) championed by Save the Children. The HEA collects very detailed information about households, which are placed in particular 'livelihood zones' enabling implementers to make detailed projections about the coping strategies households might use in a particular circumstance. While a rich source of information, approaches such as the HEA require significant funding and human resources, which LIFT referral network members likely will not have.

A second lesson learned is to work with local stakeholders early on to introduce the concept of a diagnostic tool. Many organizations will be familiar with concept of a referral or will have some (even if limited) capacity in operationalizing referrals. Few, however, will have worked with such a broad coalition of health and ES/L/FS organizations nor will they have reasoned through the utility of a diagnostic tool in collecting standard client data that can be used to track outcomes and impacts for either referral clients or the referral network itself as it deals with fluctuations in number of referrals made and members joining and leaving the network.

2.4.4. Referral Systems for Technical Assistance Support

A critical component of LIFT's approach was the provision of TA to establish or strengthen linkages that connect NACS clients and their households to appropriate, effective ES/L/FS opportunities within their communities. To establish an evidence-based approach to supporting referral systems, LIFT created a report based on a global literature review and a review of SC's Ethiopia-based field work to identify promising practices and challenges in referring PLHIV and OVC between clinical services and livelihood strengthening initiatives. Building on this initial report, in 2012 and 2013 LIFT conducted an inventory of existing tools, data management systems and existing literature around referral systems. LIFT then embarked upon a literature review of processes and tools that have been used to establish clinic-to-community referral systems, as well as on identifying previous or anticipated challenges in establishing and implementing referral systems, in order to inform relevant solutions to these challenges in the context of LIFT's objectives and working model.

How Referral System Technical Assistance Support fits into LIFT

LIFT's working model includes the provision of appropriate TA to build or improve referral mechanisms between clinics and the available ES/L/FS services in the community, to strengthen the scope and quality of these services, and to increase the capacity of all participating referral facilitators to conduct effective ES/L/FS counseling and for all referral focal persons to coordinate appropriate referrals, including the adaptation of referral forms and other documentation systems to capture the outputs and outcomes of ES/L/FS referrals in the community.

Rollout of the Referral System in Malawi

At the end of the project, LIFT was in the initial rollout phase of supporting a referral system in Malawi. Starting in 2013, LIFT collected Malawi relevant referral tools and built an understanding of referral processes used by key stakeholders in the Balaka District network. Based on data collected in the ONA, LIFT developed and disseminated a user-friendly referral guide inclusive of all service providers in the network, which is a key tool to facilitate meaningful referrals. Through the two-day ONA stakeholder meeting conducted in June 2013, LIFT also helped the network think through priorities for strengthening the network and operationalizing a referral system.

LIFT also conducted a series of one-on-one referral trainings with 15 stakeholder organizations in Balaka. The purpose of these referral trainings was to allow stakeholders to delve deeper into the material presented by LIFT during the stakeholder meeting and to work with stakeholder to identify critical information necessary to a referral system (e.g., program eligibility criteria). LIFT staff also offered an opportunity to think through what structural and technical issues need to be addressed for each stakeholder organization to participate in a referral network.

Rollout of the Referral System in Namibia

In late 2011, the Ministry of Health and Social Services (MOHSS) Department of Special Programmes and IntraHealth requested support from LIFT to strengthen their bi-directional referral guidelines based on the project's focus in this area. LIFT provided multiple reviews and significant input to the guidelines to

strengthen the community components of the referral network and align the guidelines with referral best practices. Based on this feedback the tools and guidance moved from a very internal clinical referral system to one that clearly includes community-based service providers in the continuum of care.

LIFT's Lessons Learned
LIFT's review of the literature on clinic-to-community referral systems and initial support to referral systems in Malawi and Namibia revealed important learning for the application of LIFT TA. These include: 1) viable referral system models for LIFT consideration; 2) essential elements of referral networks that can be instituted or strengthened by LIFT; and 3) challenges to be addressed by LIFT in implementing effective clinic-to-community referral systems. These are discussed in detail in the "Designing Effective Clinic-to-Community Referral Systems: Analysis of Best Practices to Inform LIFT Technical Assistance" literature review and technical brief included as Annex 2 to this report.

3. Countries

3.1. DRC

Description of Activities
In July 2011, FANTA and LIFT received funding from OHA to work collaboratively to assess and realign the USAID/DRC economic strengthening approach and assess NACS promotion during FY 2011. To that end, the FANTA-2 and LIFT team conducted an initial assessment of food security/economic strengthening and nutrition and HIV activities. The team identified a number of important issues that were limiting effective integration of nutrition services into HIV programs and made recommendations for existing and future HIV nutrition activities.

LIFT's assessment identified a number of important issues that limited effective integration of nutrition into HIV and AIDS programs, specifically low coverage of services, a vertical approach to programming, inadequate information on the prevalence of malnutrition among PLHIV (that can be traced to the lack of systematic nutrition assessment and low coverage of HIV testing), weak prevention activities, and weak coordination of nutrition and HIV and AIDS activities.

Capacity building of the PEPFAR portfolio was identified as a gap in the Mission's programming for integrating economic strengthening. To address this need LIFT began providing technical assistance to ProVIC, a PEPFAR-supported project, to refine its livelihood strategy away from collective income generating activities (IGAs) toward activities more in line with best practices, namely a 'graduation model' approach. LIFT supported selected subgrantees to include in LIFT/ CARE's VSLA programming. LIFT also provided, through LIFT/CARE, a master training-of-trainers (TOT) workshop on VSLA in October 2012, complimented by one-on-one TA to the subgrantees in development of their VSLA strategies and guidance on measuring the effectiveness of these activities.

LIFT worked with FANTA-3 towards rolling out NACS in DRC, including selecting sites (Mbankana Health Clinic and Liziba Health Clinic) for the initial phase of the work and completion the SA and the ONA. The ONA included interviews with over 207 clients and 47 organizations.

Successes/Challenges
DRC represents the first instance in which FANTA and LIFT will concurrently start operations and implementation of NACS support. This offers a unique opportunity to build synergies, conduct joint work planning for the rollout of NACS in selected sites, and reduce duplication of efforts. This efficiency was already demonstrated through engagements with stakeholders, particularly the Ministry of Health (MOH). Both projects were able to meet with National Nutrition Program/*Programme National de*

Nutrition (PRONANUT) and National AIDS Control Program/*Programme National de Lutte contre le SIDA* (PNLS) concurrently to present the overall concept of NACS, including the ES/L/FS continuum, and jointly select sites for the NACS pilot. The integrated planning with the MOH reduced the amount of time the MOH had to spend engaging with and understanding each project individually, understanding how they are related, and selecting operational sites for each project's work.

LIFT's Lessons Learned

Through the September 2012 TA visit, LIFT gained a deeper understanding of the prevalence and sophistication of various economic strengthening services. Currently, there are very few social protection programs and no individual government subsidies or cash transfers, which limits the availability of provisioning services. The lack of social protection programs in DRC poses a challenge for LIFT, as clinical workers indicated that approximately 70 percent of the HIV positive clients they see would fall into the provision category on the LIFT framework.

The country has a robust network of microfinance providers offering both savings and credit services in urban and some peri-urban areas. Additionally, cooperatives exist that provide financial services across more rural areas of the country, but their financial intermediation appears to be weak. In response to this LIFT supported ProVIC to expand and strengthen the financial sector coverage especially among vulnerable populations.

Given the limitations of ES/L/FS services in many of the communities visited, LIFT needs to ensure that its TA supports those services that are more tailored and specific to HIV-affected, malnourished populations coming through the clinical setting, but also work with a lighter touch to support some approaches that are more inclusive of the community at large.

3.2. Ethiopia

Description of Activities

In 2010, at the request of USAID/Ethiopia, LIFT provided TA in designing and implementing an independent external review and assessment of economic strengthening activities within the Ethiopia PEPFAR portfolio. This included a desk review that provided background for the context in Ethiopia and identified key areas of investigation, as well as a field assessment to understand and evaluate livelihood strengthening activities in the country's PEPFAR portfolio.

In November 2010, LIFT hosted an assessment dissemination workshop to share the findings from the assessment with PEPFAR-funded implementing partners as well as the HIV/AIDS Prevention and Control Office (HAPCO) staff from the Government of Ethiopia. LIFT also delivered a presentation to USAID/Ethiopia program officers on the LIFT assessment findings and concepts in household economic strengthening. LIFT visited Ethiopia again in August 2011 to conduct an additional dissemination workshop of the LIFT assessment findings to USAID implementing partners and government of Ethiopia officials.

In addition, the PEPFAR Care and Support Technical Working Group (TWG) provided funding to LIFT to identify promising practices linking livelihood strengthening and clinical HIV/AIDS services. LIFT drew on a global literature review and Save the Children Ethiopia-based field work to identify promising practices and important challenges in referring PLHIV and OVC between clinical services and livelihood strengthening initiatives. In February 2012, LIFT finalized the"Promising Practices in Linking Livelihood Strengthening and Clinical Services" research report.

Successes/Challenges

The LIFT assessment report provided valuable information to the USAID mission and implementing

partners on integrating ES/L/FS and HIV and AIDS programming. During the assessment dissemination workshop in November 2010, participants were particularly interested in which ES activities were considered most successful. They also wanted to better understand the relationship between HIV and AIDS and ES; how partners can learn from each other; how to harmonize strategies with the government priorities; how to access guidelines for program activities; strategies to combat dependency on social programs; where there are gaps in services; and strategies to reintegrate PLHIV without stigma.

LIFT's presentation of the "Promising Practices in Linking Livelihood Strengthening and Clinical Services" report at the Global Microcredit Summit in Valladolid, Spain in November 2011 and at the NACS SOTA event in Washington, DC in February 2012 served to position LIFT as a technical leader in this area.

LIFT's Lessons Learned

Through the dissemination workshops, LIFT identified that IPs in Ethiopia would benefit from USAID guidance to define meaningful impact and results of ES programs and recommendations on how to package and share monitoring information.

The different priorities for the LIFT assessment within the USAID/Ethiopia mission led to an evolving and changing scope of work, including revisions to the report to address additional considerations from various USAID staff. This learning experience informed LIFT's ongoing work in other countries.

Through the research on linking livelihoods with clinical services, LIFT deepened its understanding of effective multi-sector referral strategies, including critical elements of referral networks and the need to identify a lead organization to manage the referral process without overburdening the clinical staff.

3.3. Haiti

Description of Activities

LIFT has been collaborating with FANTA and other USAID IPs, specifically SPRING, to build a continuum of care for NACS clients in Haiti. LIFT's in-country engagement began in October 2012 when LIFT presented industry standards on how ES/L/FS services can be best integrated within the NACS continuum of care at a workshop focused on SPRING's evaluation of nutrition programming in Haiti.

The purpose of the meeting was to orient stakeholders on the basics of NACS; share the findings of the SPRING/Haiti NACS assessment; and recommend areas of opportunity for start-up of NACS and facilitate discussion on next steps. The major take away from the workshop was a national strategy for implementing NACS including community linkages.

LIFT traveled to Haiti in February 2013 in coordination with FANTA and SPRING to assess next steps to integrate ES/L/FS support activities into NACS services in Haiti, including referrals of NACS clients between health facilities and community-based ES/L/FS services.

LIFT also made a presentation in the NACS orientation workshop about ES/L/FS linkages and engaged approximately 50 nutrition representatives present in discussion groups about ES/L/FS service offerings in Haiti. The discussion revealed that the representatives were aware and concerned that the absence of economic and livelihood opportunity was the primary reason for malnutrition reoccurrences once patients returned home; however, they were not familiar with existing ES/L/FS services present in their respective areas and felt the offerings were either nonexistent or very limited.

LIFT continued to work closely with SPRING, including a mapping of community ES/L/FS services around NACS clinics which SPRING has decided to build off an existing map.

Successes/Challenges

Ambiguity regarding LIFT's role in relation to SPRING and other USAID-funded programs have delayed

some of the activities that had been initially anticipated in Haiti based on earlier discussions with the Ministry of Health. LIFT has continued to support the ongoing work of SPRING and shared with them the ONA methodology used by the project to map out ES service providers.

LIFT's Lessons Learned
Limited initial engagement in country has not resulted in any lessons learned at this time.

3.4. Lesotho

Description of Activities
Lesotho is as a priority country for the Office of HIV and AIDS (OHA) Acceleration Fund plan that works to further the Partnerships for HIV Free Survival (PHFS), which aims to accelerate the adoption and implementation of WHO's 2010 revised guidelines for the prevention of mother-to-child transmission of HIV. With the elimination of infant HIV infections a priority for Lesotho, the integration of elements of the NACS approach within routine maternal and child health services – specifically support for exclusive breastfeeding for the first six months coupled with appropriate introduction of complementary foods and access to anti-retroviral medications for both mother and infant- has the potential to contribute to reducing postnatal transmission of HIV, thereby improving maternal and infant survival.

In September 2012, a team of technical advisors from FANTA, HCI/ASSIST, and LIFT traveled to Lesotho to assess opportunities to integrate NACS into HIV care and treatment services. The team met with stakeholders from the government, the United Nations, NGOs, and service implementers to identify key priorities for a joint work plan. Upon the conclusion of the rapid appraisal, the team shared lessons learned with the Ministry of Health, USAID/Lesotho, and USAID/Washington.

Successes/Challenges
As part of the 2013 USAID NACS work plans, no country-based resources are allocated within the budget mechanisms to support the engagement of LIFT in-country for ES/L/FS activities. Despite this lack of funding, LIFT explored opportunities to partner with Management Sciences for Health (MSH) to jointly implement activities in one to two of the three selected NACS districts: Thabe Tseka, Mohales Hoek, and Butha Buthe. LIFT allocated part of its central funds to remain involved in Lesotho and improve the health and nutritional services delivered to mothers and children affected by HIV. Engagement was achieved by strengthening the capacity of government and implementing partners to improve the provision of maternal and child services focusing on nutrition, food and livelihood security.

Although LIFT has confronted some funding challenges in Lesotho, they have not impacted its project implementation. In April 2013, LIFT delivered a one-day HES 101 training for vulnerable households to 25 participants at two of the NACS sites (Thabe Tseka and Mohales Hoek) that introduced the local CBOs to economic strengthening concepts and opportunities.

LIFT's Lessons Learned
Lesotho offers a wide array of ES/L/FS interventions, which makes it a very interesting environment in which to test the LIFT early site model. The country has a harmonized cash transfer program in place under its *provision* services, an energetic microfinance community offering savings and insurance services under *protection*; and finally a vibrant lending, vocational training, and entrepreneurial environment under *promotion*.

LIFT has refined its model of working closely with other projects to coordinate complementary activities for the best use of limited resources and the most benefit to the Lesotho people, government and institutions.

3.5. Malawi

Description of Activities

In mid-2012, LIFT carried out a joint TA trip in Malawi with the NACS-related technical assistance projects FANTA-3 and HCI. LIFT conducted over 20 meetings and site visits with key stakeholders, including USAID, civil society implementers, and the Malawian Ministry of Health, Ministry of Gender, and the Department of Nutrition, HIV and AIDS in the Office of the President and Cabinet. Findings from these meetings informed preliminary recommendations to USAID/Malawi and helped to define LIFT's technical assistance activities.

LIFT committed to facilitating the creation of a NACS ES/L/FS referral system following the trip. It also leveraged the information it gathered to conduct a situational analysis and an ONA. The situational analysis was carried out in Malawi's Balaka District in December 2012. It gathered both pragmatic landscape data about health and ES/L/FS programs operating in Balaka and cultural data to inform program design. LIFT compiled a robust situational analysis report that served as a detailed program planning document for work in Balaka District.

The information gathered from the situational analysis was the starting point for the ONA, which LIFT conducted in January-February 2013. It involved three activities: enumeration of ES/L/FS and health referral services, completion of 29 organization interviews, and completion of 55 client interviews. The ONA mapped service providers and explored the multiplicity of relationships between them. The ONA provided both a snapshot of how a referral system might be structured in a community and also a baseline of organizational connectivity.

LIFT shared the ONA data with local and national stakeholders during a two-day Stakeholder Meeting in Balaka District in June 2013. LIFT presented a draft Directory of Services in Balaka District for the attendees at the meeting, and continues to provide support to update the document as it is one of the key tools for the proposed referral system. LIFT is working with three local organizations (Positive Steps, Concern Universal Balaka, and Nkahadze Alive Youth Organization (NAYORG)), along with members of the Balaka District Executive Committee, to develop an implementation plan for operationalizing a referral system.

Successes/Challenges

The Stakeholder Meeting held in June 2013 included participation from 26 local service providers, local government representatives, and representatives from the Ministry of Health, Office of the President's Cabinet, and USAID. Referral systems and the identification of 11 key components needed for a referral system to function were discussed. These 11 components were part of the further discussion of referral objectives and the process of mapping LIFT project responsibilities vs. local stakeholder responsibilities. This meeting provided opportunities for critical learning about the process for creating a referral system.

LIFT's Lessons Learned

It is essential to bring all stakeholders together to begin any development project, particularly a project that seeks to work with local government and local service providers in multiple sectors under the guidance of the national government and USAID.

It is also important to engage alongside other stakeholders (in this case, FANTA-3 and HCI/ASSIST) to lay down an agreed-upon foundation for reinforcing activity specific collaboration as well as set up inputs from the projects for maximum benefit to the communities.

3.6. Namibia

Description of Activities

LIFT conducted an assessment from November 2009 to March 2010 in select regions of Namibia to identify and analyze programming options with the highest potential for improving food security and livelihoods of HIV-affected households. LIFT then made recommendations on how short-term food and nutrition support should be integrated with medium-term to long-term livelihood approaches.

In November 2011, LIFT and the Namibian Alliance for Improved Nutrition (NAFIN) held the "Collaborating to Improve Health and Nutrition through Livelihoods and Economic Strengthening" conference, which brought together a multi-sectoral group of stakeholders to discuss and provide feedback on the recommendations of LIFT's assessment report. The event provided an opportunity to explore strategies for linking NACS clients with ES/L/FS programs to inform LIFT's upcoming activities.

In November 2012, LIFT conducted a TA visit in Namibia including discussions about the project's priorities including support for systematic, replicable linkages between NACS sites and community ES/L/FS services. Following that visit, LIFT conducted a market and situational analysis in three selected sites to inform LIFT's operating context; provided inputs to MOHSS to strengthen their bi-directional referral tools, processes and training materials; provided inputs to other key MOHSS documents related to nutrition and the new health extension worker program; completed a landscape analysis of government services related to ES/L/FS; developed the LIFT diagnostic tool for Namibia; developed a strategy for revitalizing a high-level TWG on food security and livelihoods; and engaged with stakeholders around the inclusion of nutrition sensitive services in the national Scaling Up Nutrition (SUN) implementation plan.

Successes/Challenges

LIFT's Assessment of Livelihoods Strategies to Strengthen Food Security of People Living with HIV provided useful recommendations on how short-term food and nutrition support should be integrated with medium-term to long-term livelihood approaches that could be used by program implementers supporting PLHIV and their households in Namibia.

LIFT's conference in 2011, which aimed to encourage collaboration around nutrition and food security priorities, was well-received and attended by the Namibian Prime Minister as well as the U.S. Ambassador to Namibia and the USAID Mission Director.

Significant delays within the MOHSS in identifying the relevant unit and a point of contact to oversee LIFT activities in turn caused long delays in the initiation of LIFT's in-country activities. In November, 2012, LIFT held consultative meetings with the MOHSS and USAID, which resulted in agreement on priority activities for LIFT support and selection of sites for the initial community level work. Key accomplishments since that time include conducting the market and situational analysis, adapting the community mapping and network analysis tool, developing a user-friendly guide to link people to ES/L/FS services provided by the government and developing the LIFT ES/L/FS diagnostic tool.

LIFT also supported several national-level government initiatives including support to strengthen referral guidelines and tools; developing a tool to support ES/L/FS linkages within the emerging Health Extension Worker program; and adding ES/L/FS linkages as part of the continuum of care to NACS and other MOHSS nutrition guidance materials.

LIFT's Lessons Learned

The Namibia field assessment team noted the value of a team comprised of individuals with different

areas of sectoral expertise (HIV and AIDS, livelihoods, food security and market development), which has informed team composition for all LIFT assessments and many TA activities.

The November 2011 conference clarified which ES/L/FS activities are most relevant and promising in the Namibian context. The event and subsequent meetings highlighted significant support for promoting NACS client referrals from clinical sites to economic strengthening and livelihoods programs. Participants recognized that this approach would address important structural needs; increase the sustainability and impact of current investments in clinical care; and be essential to providing a continuum of care for PLHIV, the food insecure, and other vulnerable populations.

3.7. Nigeria

Description of Activities

In Nigeria, LIFT has delivered two trainings to USAID and CDC Orphans and Vulnerable Children (OVC) implementing partners. To begin to address immediate and collective capacity gaps among OVC IPs, LIFT delivered a two day *ES and OVC Fundamentals* training in Abuja in July 2011. The content was informed by a survey that mapped ES interventions currently being delivered and those planned for the future to capture IPs' current experience and future learning interests. The training established a broad understanding of the role of ES in supporting priority OVC and HIV and AIDS outcomes, and an improved knowledge base for IPs to analyze the feasibility and appropriateness of a range of ES interventions and delivery approaches for their OVC programs to support. Training in specific ES interventions was among the common capacity building needs in high demand by IPs. In April 2012, LIFT delivered a customized five day course on VSLA to 23 practitioners from 15 IPs.

During this same time a group of PEPFAR OVC IPs established a HES Community of Practice (HESCOP). This HESCOP consists of over 15 active OVC IPs that are working to facilitate knowledge management of ES programming. LIFT has consistently provided technical assistance to this HESCOP in the areas of providing technical documents, reviewing a draft work plan for the community of practice that will lead towards steady membership growth by ensuring there is an active core group that engage in online dialogue, and through supporting the participation in technical working groups.

During the Fall 2012 and through Spring 2013 LIFT developed resource guidance designed to help non HES implementers understand their capacity to effectively implement ES activities, enable them to choose which ES activities they are best suited to implement, and provide guidance in how to design and implement the selected ES activities. The Economic Strengthening for Vulnerable Children Guidance document has been kept at a high level so that it is accessible to those who are making initial decisions regarding designing programs. Additional resources for actual implementation of the activities are referenced in the document. This document was develop with guidance from the HESCOP, and reviewed by the HESCOP, as they are a main target audience, in Nigeria, for the guidance document.

LIFT supported the development of an online information portal for the Nigeria HESCOP. This portal provides an easy to use space for uploading/downloading relevant resources and engaging in online discussions.

Successes/Challenges

The PEPFAR funded OVC IPs in Nigeria formed their own HESCOP to address the common interests and to work together to improve HES program for VC. The HESCOP identified their own objectives and needs and reached out to LIFT, through USAID, to request relevant TA.

A success for LIFT's work in Nigeria was the development of its conceptual framework for LIFT's work in Nigeria.

Lessons Learned
It is important to allow the HESCOP to grow at its own pace to ensure the sustainability of the group. LIFT learned to balance providing support and pushing our own programming expectations onto the HESCOP. In some instances this involved LIFT modifying its approach to support.

3.8. South Africa

Description of Activities
In May 2011, LIFT met with from USAID/South Africa to discuss potential LIFT activities related to PEPFAR OVC programs in South Africa. In July 2011, LIFT participated in planning and carrying out a joint technical assistance visit with FANTA-3, HCI and the FHI 360 Capable Partners (CAP) project to co-facilitate a workshop with the national and provincial government nutritionists to develop plans to strengthen their existing nutrition work to include more components of NACS, including linkages to ES/L/FS support.

Successes/Challenges
The team found that nutrition is largely addressed at the hospital level which causes problems for access, but South Africa is introducing a new cadre of nutritionists who will work at primary health care facilities, but will take time to train.

Lessons Learned
Limited engagement in country has not resulted in any lessons learned at this time.

3.9. Swaziland

Description of Activities
In 2011, at the request of USAID/Swaziland, LIFT provided TA in designing and implementing an assessment to determine funding priorities and program design opportunities for OVC and their caregivers. This included a desk review, a livelihoods analysis report which used the Household Economy Approach (HEA) to categorize wealth groups in each of Swaziland's livelihood zones and a field assessment that identified the priorities and promising approaches in addressing the needs of OVC. LIFT utilized its conceptual framework, delineating provisioning, protection and promotion, to categorize types of recommended economic strengthening, livelihoods and food security programs.

Successes/Challenges
The assessment report included three set of recommendations for PEPFAR: types of programs to invest in; technical assistance activities for new and existing partners; and support to broader efforts within Swaziland to build an effective referral system based on strategic linkages and partnerships, and in recognition of the evolving needs of people affected by HIV/AIDS. The assessment was well received and as a result USAID Southern Africa issued a request for proposals (RFA) for the Community Based Livelihoods Development for Women and Children in Swaziland project, a five-year, PEPFAR funded project aimed at enhancing the livelihoods of women and protecting the rights of women and children. LIFT's assessment report, which provided a conceptual framework for livelihoods and economic strengthening programming, and a context for understanding livelihoods and social, economic and health issues in Swaziland, accompanied the RFA.

Lessons Learned
Limited engagement in country has not resulted in any lessons learned at this time.

3.10. Tanzania

Description of Activities

In 2012 LIFT participated in multiple discussions with FANTA-3 and representatives of DAI's Economic Strengthening for Households Affected by AIDS (IMARISHA) project to identify possible areas of collaboration around improving linkages between NACS and high-quality ES/L/FS services in Tanzania. In August 2012, at the request of USAID/Tanzania, LIFT conducted a review and feasibility analysis of a series of concept notes, which had been submitted to USAID/Tanzania, by Cheetah Development Inc. related to developing farmer cooperatives, improving relevance and access to markets for these cooperatives, and establishing community health insurance.

In December 2012, LIFT visited USAID/Tanzania and other stakeholders in light of the mission's commitment of NACS acceleration funds and Country Operational Plans (COP) funds to the project and recommended that a Rapid Appraisal be conducted to inform program design. In June-July 2013, LIFT conducted a Rapid Appraisal in Tanzania to 1) engage with stakeholders to understand how LIFT activities might best fit geographically and programmatically within the existing landscape; 2) build an understanding of ES/L/FS programs that are targeting vulnerable populations and identify promising interventions for ES/L/FS for HIV-affected households; 3) identify existing referral models and any linkages between ES/L/FS activities and NACS or other clinical programs and; 4) make recommendations related to improving linkages between NACS and ES/L/FS opportunities.

Successes/Challenges

Through the Rapid Appraisal, LIFT held over 30 consultations with government ministries, USG and other donors, and program implementers to obtain an improved understanding of nutrition, HIV and AIDS, and ES/L/FS programming in Tanzania. LIFT was also able to understand the various referral mechanisms and clinic-to-community linkages that are currently in place, as well as their limitations in terms of functionality and effectiveness. In addition, LIFT gained a clear understanding of the regional USAID implementing partner structure in Tanzania, as well as of government ministry roles, and the government coordination mechanisms and protocol for accessing various stakeholders and levels of government.

Lessons Learned

Key areas of support that were identified to add value to the existing projects include supporting more effective referral systems to link NACS clients with ES/L/FS and other support services, supporting improved measurement of outcomes for ES/L/FS activities, and conducting studies to better understand the impacts and cost-benefits of various ES/L/FS activities.

3.11. Uganda

Description of Activities

In February 2011, LIFT met with Robert Mwadime of FHI 360's Community Connector Program in Uganda to discuss the objectives of LIFT and the Community Connector project and to identify potential areas of collaboration with this new, comprehensive program. Mr. Mwadime requested some tools to assess poverty levels at the household and LIFT shared the Grameen Bank's progress out of poverty index and the USAID poverty assessment tool for Uganda. Based on input from USAID/Washington, LIFT has not yet pursued discussions on LIFT support with the Uganda mission.

During the PHFS Launch Meeting in spring 2013 LIFT met with Ugandan delegation, through SPRING's representative, and there was initial interest in pilot testing the LIFT Working Model in country. LIFT shared its conceptual framework, roll out model and HES training curricula with both SPRING and USAID.

Successes/Challenges
Continued collaboration with SPRING is allowing LIFT to further its TA approach for other USAID OHA implementing partners.

Lessons Learned
Limited engagement in country has not resulted in any lessons learned at this time.

4. Advancing the State of the Practice of Livelihoods

4.1. Research, Monitoring & Evaluation (M&E)

4.1.1. Collaboration with MEASURE Evaluation

Early in the LIFT project, USAID/OHA connected LIFT with MEASURE Evaluation (MEASURE) to discuss opportunities for collaboration. From FY 2009 through FY 2013, LIFT engaged with MEASURE in several areas, notably through discussions of collaboration on a global level, as well as country specific activities in Malawi and DRC. LIFT engaged MEASURE to assist with the development of its research agenda and protocol, carry out a literature review to inform the project's draft logic model, and to advise on the development of the causal pathways model for improving the wellbeing of NACS clients through livelihoods support. . In addition, MEASURE helped to define appropriate project indicators and provided input to LIFT's M&E plan and other evaluation and research tools relevant to LIFT's goals and objectives.

In September 2011, MEASURE Evaluation asked LIFT to review a list of qualitative OVC impact indicators and provide input regarding their relevance and efficacy. MEASURE used the feedback provided by LIFT to refine their indicator list to a minimum set of core questions and indicators to be included in their OVC program impact evaluation tool.

During FY 2012-2013 LIFT and MEASURE jointly implemented activities that contributed to building knowledge and an evidence base for measuring the impact of economic strengthening activities. In July MEASURE finalized a literature review which sought to understand the linkages between poverty, livelihood and economic strengthening, food security, nutrition, HIV and AIDS and related outcomes. While economic strengthening programs to prevent and mitigate the effects of HIV and AIDS are increasingly being used in the field, rigorous evaluation of these programs was limited. Greater economic and food security generally show a protective effect against risk of transmission, and tend to shore up the ability of households to cope with economic shocks. However, the literature review found that, given the multitude of factors affecting HIV and AIDS and poverty, it is difficult to identify evidence indicating how specific technical assistance might bolster economic strengthening networks. It is important to perform landscape analysis to map existing economic strengthening programs to understand opportunities, gaps and potential partnerships. Better understanding will reveal where the gaps are and what can be done to meet the needs of those who are not being served. Overall, the literature review provided the LIFT team with two key insights, based on the published literature: 1) the degree to which ES/L/FS programs have been documented to improve HIV-related health outcomes, and 2) knowledge gaps where LIFT programming and research could be focused to expand the evidence base around ES/L/FS impacts and NACS and ES/L/FS linkages.

Literature on the impact of economic strengthening interventions on health outcomes was relatively thin. The majority of the literature on economic strengthening interventions' impact focused on vulnerable groups, like OVC. Though most of the studies were qualitative in nature, there was general agreement that the lack of livelihood opportunities escalated HIV risk and negative health and HIV- and

AIDS-related outcomes. A few studies provided some quantitative evidence of successful economic strengthening interventions and, among these studies, the strongest evidence showed that a savings and loans intervention statistically improved the quantity and quality of nutritional intake for OVC. However, the data on which of the many food security and economic strengthening interventions have the biggest impact on health outcomes of PLHIV or their families are limited. The inclusion of these interventions as part of care packages have only recently become a priority for large-scale HIV and AIDS initiatives which provides an opportunity for operations research and/or evaluation designs to add to the knowledge base, looking at outcomes such as retention in care, rate of new opportunistic infections or adherence to ART regimens and considering issues such as cost-effectiveness compared with other interventions.

Based on the findings of the literature review, MEASURE developed a draft logic model mapping the pathways by which LIFT's technical assistance activities could impact the economic resilience and food and nutrition security of vulnerable households, and advised on which outcomes could be routinely measured compared to outcomes and impacts that would require special studies.

LIFT also engaged with MEASURE Evaluation on the use of its Organizational Network Analysis (ONA) tool. LIFT employed the ONA tool as a key component of its initial engagement in selected pilot sites in Malawi and DRC to assist the process of understanding the existing services and activities related to NACS and ES/L/FS integration within a catchment area.

4.1.2. Harmonized Global Indicators for M&E

Through USAID's Office of HIV and AIDS, LIFT provided feedback to the review and refinement of the food security components of the monitoring and evaluation (M&E) guidance to support implementation of a global nutrition and HIV indicator set. The initial set of indicators was developed in a joint WHO/PEPFAR, multi-stakeholder consultation in July 2009. LIFT continued through 2012 to participate in the further development of the indicators and M&E guidance, including participating in the Consultation for Development of a Joint Global Framework for Action and Monitoring and Evaluation Guidance for Nutrition and HIV Activities and the Consultation on Harmonized Global Indicators for Monitoring and Evaluating Nutrition and HIV Activities in Geneva in early 2012.

In October 2010, LIFT worked with USAID and MEASURE Evaluation to develop a set of nutrition and HIV and AIDS outcome indicators that could be easily integrated within the Monitoring & Evaluation (M&E) plans of PEPFAR funded projects. The goal was to harmonize M&E data collection and analysis across projects in order to improve PEPFAR's ability to benchmark project progress and outcomes, and improve learning between projects. Building on discussion at the M&E Consultation Meeting in July 2010, LIFT M&E Expert consultant, Gary Woller, with support from LIFT Senior Specialist, Kirsten Weeks, and others in the AED LIFT team, continued to work with USAID, FANTA-2, and University of North Carolina's MEASURE Evaluation project on defining and revising indicators for monitoring food security and HIV linkages, The indicators were submitted to the Joint United Nations Program on HIV/AIDS (UNAIDS) Monitoring and Evaluation Reference Group (MERG) Indicator Technical Working Group (TWG) in November 2010 for review and comment.

A total of 14 indicators were developed, which fit into three categories: nutrition care, prevention of mother-to-child transmission (PMTCT), and food security. The goal was that the MERG Indicator TWG would expedite the review and approval of these indicators. In July 2011, an independent review panel was convened and an evaluation of the indicator set was completed.

The assistance that LIFT provided to the food security components of this global effort led to finalization of the global M&E indicators at a February 2012 WHO Consultation in Geneva, Switzerland on Completion and Dissemination of Harmonized Global Indicators for Monitoring and Evaluation of

Nutrition and HIV Activities. The indicators are housed in the new UNAIDS Indicator Registry and, together with their associated monitoring and evaluation guidance, will be made available to all World Health Organization regional offices to share with member states and key stakeholders. LIFT anticipates field testing the final food security indicators in the coming year.

4.2. Knowledge Management and Outreach

Given LIFT's demand driven nature, the project also advanced the state of the practice through the generation and synthesis of knowledge and learning through both its country focused as well as global technical assistance activities. LIFT's knowledge management approach focused on synthesizing knowledge through experience on the project as well as from partners in the field, creating and contributing to products that meet diverse audience needs and disseminating these through appropriate methods in a cost effective way. Early in the project these included activities such as spearheading and leading assessments, trainings, and conferences while later this grew to include development of new tools, approaches and models for linking NACS clients with ES/L/FS services.

As LIFT is not an implementer, working with partners and through collaborations on specific activities became a defining characteristic of LIFT's work from its onset. Outreach and engagement with and through partners has been critical. This is evident in the numerous tools, trainings, guidance documents, conferences and technical contributions LIFT made jointly through its many partners). LIFT's strategy identified a series of preliminary knowledge products, tools and resources that LIFT could contribute to the field to fill identified knowledge gaps for practitioners in the areas of economic strengthening, livelihoods and food security support for vulnerable and in particular HIV affected households. LIFT's dissemination strategy utilized proven and existing communication channels (e.g., websites like Microlinks and AIDSTAR, conferences, listservs and forums) towards targeted relevant audiences for LIFT. Given the nature of LIFT, these spanned the sectors of microenterprise, health, nutrition, food security and livelihoods.

Over time, LIFT evolved to explore new distribution channels like a project website and engagement through social media to more effectively reach existing and new audiences. The project increased technical coordination and collaboration with other technical assistance initiatives and groups, such as OHA NACS projects as well as SEEP working groups.

LIFT's knowledge management activities have been divided into three subsections to distinctly showcase ways in which LIFT has led the synthesis and creation of tools and resources, contributed to the joint development of tools and resources, and utilized diverse pathways for knowledge exchange and dissemination.

4.2.1. LIFT-led Resource Development

Communications and Knowledge Management Plan

Early in the project, the LIFT team worked with the FIELD Leader knowledge management team to draft a LIFT Communications and Knowledge Management Plan. LIFT used this plan as a foundation for its opportunistic and demand driven approach to synthesizing knowledge from the field, developing and contributing to products that meet diverse audience needs, as well as disseminating these through appropriate methods in a cost effective way. This strategy evolved over time to more fully harness the learning occurring in the country contexts and elevate dialogue about the role of ES/L/FS in contributing to positive nutrition and health outcomes for people affected by HIV.

Standards of Practice

The LIFT Standards of Practice are a list of best practices that correspond to specific or ongoing stages of economic strengthening interventions including program planning, beneficiary selection,

implementation, monitoring and evaluation, and knowledge sharing. First developed in FY 2010-2011, when the LIFT team needed a training tool for a workshop in Ethiopia, LIFT continued to revise, refine, and improve the applicability and usefulness of these standards through research in the field and feedback from colleagues.

Through the Economic Strengthening for Vulnerable Children Guidance Document completed in 2013 LIFT has developed a compendium of practical tools to accompany a number of the Standards of Practice.

Development of Technical Briefs/Notes

In early 2012, LIFT developed two technical briefs to describe key project approaches in a quick and compelling format. One brief discusses LIFT's approach to integrating economic strengthening as a component of NACS and a second outlines the importance of economic strengthening activities in the context of OVC programs and highlights LIFT's technical assistance approaches for USAID missions and OVC program implementers.

LIFT disseminated these briefs at the USAID OVC Forum in February 2012, the CORE Group's NACS SOTA technical meeting in February 2012, and the International AIDS Society Conference in July 2012, all in Washington DC. These briefs were also disseminated routinely to stakeholders globally to provide an introduction to LIFT and key areas of the projects work.

Permaculture Literature Review

LIFT conducted a literature review in FY 2012, for internal project use, to understand permaculture activities and the factors that influence permaculture's success or failure, in various contexts. The literature review aimed to understand what evidence currently exists that positively links the contributions of permaculture to household dietary and monetary needs, as well as considerations for replication and sustainability. The review found that limited research exists to definitively answer these questions, and LIFT will feed these findings into the broader LIFT research and learning agenda with the aim of increasing the evidence base for the effectiveness of permaculture.

Standardized Assessment Methodology

During FY 2012, in preparation for new country-level situation and opportunity assessments to analyze existing ES activities and identify opportunities for scale-up and replication, LIFT worked closely with a consultant who played a key role in several previous LIFT assessments, to document and standardize the project's approach to the different types of assessments LIFT undertakes in support of USAID missions.

LIFT developed a range of assessment planning and guidance tools as well as templates for assessment scopes of work and specific assessment deliverables. Together these documents form an assessment toolkit for use by the project in preparing and carrying out assessments that respond to the needs of missions and other partners in a timely and efficient manner. These tools build on the lessons and experiences of previous LIFT assessments and aim to bring a standardized process and approach to LIFT's assessment methods, allowing for increased comparability of assessment results across different countries.

Livelihood and Food Security Global Resource Directory and Tool Inventory

During Year 1, LIFT created a robust library of resources related to the various technical aspects of the project, including economic strengthening, HIV and AIDS, food security, agriculture, gender, livelihoods, nutrition, microfinance and M&E, as well as how these areas intersect. LIFT also began development of an inventory of ES/L/FS tools created by FHI 360, CARE, and Save to identify existing knowledge assets available to leverage support the implementation of LIFT rollout in different countries, including work at

the community level to link NACS with ES/L/FS services. Initial tools identified include a situational analysis, diagnostic tools, an organizational score card and referral tools.

This collection of resources served as a foundation upon which LIFT developed other tools described in this report and have been incorporated into the inventory of tools hosted on the ES4VP wiki.

Economic Strengthening for Vulnerable Children Resource Guide
In FY 2013 LIFT developed an "Economic Strengthening for Vulnerable Children" resource guide. The resource guide focuses on one leading intervention in each of the three livelihood pathways of provisioning – cash and asset transfer, protection-savings groups and promotion-enterprise development (microfinance, business skills, etc). It focuses guidance on how to look at household economic vulnerability, livelihood needs and assets, and to undertake assessments to align select ES interventions with the needs of target beneficiaries and opportunities within local markets. It will further assist IPs to identify ES interventions (cash and asset transfers, savings groups and enterprise development) that align with their organizational capabilities, and to develop and manage strategic relationships with external ES service providers for the indirect delivery of interventions that are beyond OVC IPs' core business or capabilities. The resource is not a 'how to' manual but instead provides key issues that OVC implementing partners need to understand and directs them to resources to find out more detailed information about ES/L/FS interventions. The guide is designed to provide non-economic strengthening implementing partners with guidance on how to design appropriate economic strengthening interventions for vulnerable children and their caregivers focusing on the design, implementation, monitoring and evaluation of different economic strengthening interventions.

4.2.2. LIFT Contributions to Resource Development with Partners

Global Fund Toolkit
LIFT provided technical expertise on a toolkit designed to assist country teams responding to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) proposals. The toolkit was jointly developed by USAID, WHO and the World Food Programme (WFP) to serve as a technical /guidance resource for GFATM application teams who planned to include a nutrition element in their Round 11 Global Fund proposal applications. LIFT teamed up with FANTA-2, WFP and other international organizations to provide ES/L/FS feedback on the nutrition model. LIFT also provided technical input into the food security narrative of the GFATM toolkit that will be used by country teams in the preparation of GFATM proposals.

Microlinks Wiki Site on Vulnerable Children
LIFT contributed to the development of a Microlinks wiki related to vulnerable populations. LIFT drafted the food security module as well as the value chain and enterprise development module of the wiki. Both sections are now finalized and have been published on the Microlinks website and were received with positive feedback.

NACS Guidance Manual
In 2011, LIFT contributed a chapter on economic strengthening to FANTA's NACS Guidance Manual. LIFT highlighted the importance of economic strengthening as a component of the continuum of care for PLHIV, and outlined the key considerations and essential elements of economic strengthening referral systems as a component of NACS, focusing on the key aspects of successful systems. The guidance aimed to assist implementers to ensure that economic strengthening activities that are linked with NACS are appropriate to the needs and vulnerabilities of PLHIV, OVC and caregivers. Due to circumstances beyond the project's control, this guidance has not yet been finalized or published.

NACS Technical Note
In 2012, LIFT also contributed to FANTA's NACS Technical Note, which outlines how the NACS approach improves the nutritional status of individuals and populations by integrating nutrition into policies, programs, and health service delivery infrastructure. LIFT incorporated content that highlights the project's working model for integrating ES/L/FS activities into the NACS continuum of care, and outlined considerations and key elements of a viable referral system to link NACS clients with community-based support services.

Life in the Village Simulation Activity
During the second quarter of 2012, LIFT was one of several groups to provide technical feedback to a learning simulation focused on the concepts of assets, shocks, financial services, food security and livelihood strategies for poor and vulnerable populations. The Life in the Village simulation initially developed by USAID's Bureau for Food Security (BFS) and Microenterprise Development (MED) office, was undergoing revisions as a component of USAID's growing suite of agriculture related technical trainings for Mission based staff. The simulation was ultimately part of USAID's July 2012 Agriculture Core Course in Bangkok. The activity marked a new type of LIFT support to USAID, sensitizing staff across different sectors to working with vulnerable groups. It also marked the first engagement with an activity in direct support of BFS.

Support for Guidance on Role of NACS in Health Systems
As a result of the OHA led NACS technical assistance collaboration efforts, LIFT contributed technical input to an activity led by Dr. Tony Castleman, under FANTA-3, to document and offer guidance to implementing partners on the role of NACS in health systems. The goal was to offer guidance putting NACS into practice to government, donor, civil society groups and others, in the form of a technical note. Particular emphasis was placed on the application and roll out of NACS in relation to other nutrition programs, such as community-based management of acute malnutrition (CMAM). The LIFT team provided structural and content based feedback on the initial technical note outline. This feedback was rooted in LIFT's experience to date working in a multi-sector setting in a number of countries and largely aimed to ensure that the support dimension of NACS fully incorporated ES/L/FS linkages in relevant sections.

SEEP HAMED Working Group
As part of our engagement with the SEEP HAMED working group, LIFT participated in an associated session workshop during the 2011 Global Microcredit Summit in Valladolid, Spain. The objectives of LIFT's participation were to introduce LIFT, provide an overview of the Ethiopia ES referral case study, and engage the microfinance community in a discussion about linkages from healthcare providers to economic strengthening activities. LIFT's presentation was made in conjunction with the publication of a report by Freedom from Hunger titled "Integrating microfinance and health: Benefits, challenges and reflections for moving forward", which discusses how microfinance institutions can include health programming to improve the quality of their loan portfolio and ultimately improve profitability. Throughout the project, LIFT continually contributed to technical discussions with HAMED.

SEEP Poverty Outreach Working Group
LIFT participated in an e-consultation with the SEEP Poverty Outreach Working Group in May 2011 on economic strengthening pathways for the very poor. This three-day session brought together people from a variety of disciplines in order to learn from one another on innovations in reaching the very poor and helping them move along an economic strengthening pathway towards increased economic self-reliance and growth. Through knowledge sharing and discussion, participants learned how they might fill in gaps and create synergies in their approaches to economic strengthening. The session aimed to

building a common conceptual framework for relevant entry points for interventions and services along a pathway from extreme poverty towards economic self-reliance. LIFT contributed promising approaches as well as challenges based on its experiences to date.

Partnership for HIV Free Survival (PHFS) Launch Meeting

In March 2013, LIFT's Technical Director and M&E Specialist participated in the Partnership for HIV Free Survival (PHFS) launch meeting in Pretoria, South Africa. PHFS is global initiative to support country-led efforts to improve maternal and infant care and support in the postnatal period through effective implementation of the 2010 WHO Guidelines on HIV and Infant Feeding. Although LIFT was scheduled to present at the meeting, the time allotted was severely reduced as a result of last minute changes in the agenda. A key outcome of the PHFS meeting was the country-led action planning processes which highlighted important next steps in establishing the partnership in the respective countries. LIFT had a prominent role in supporting the PHFS Mozambique, Lesotho and Tanzania country teams. Additionally the Uganda delegation expressed an interest in pilot testing the LIFT model in that country. In the same way, the Lesotho delegate from MSH expressed an interest in having LIFT provide ongoing technical support, particularly in the area of HES, which led to additional LIFT technical assistance in Lesotho.

4.2.3. LIFT Dissemination Methods

LIFT Project Website

During the first year of the project, LIFT began to explore the idea of developing a project website to provide a platform for dissemination of its project-developed research reports, resources, and tools; to disseminate emerging findings of the LIFT research and learning agenda; and to provide information for USAID missions, practitioners and host governments who are interested in partnering with LIFT. The site would also provide information about the LIFT project's approach, access to a variety of resources related to ES/L/FS, and updates on LIFT's field activities and outreach and information to the broader development community. After conducting an internet-based analysis of similar websites and initiatives, LIFT decided that it would be in the project's interest to utilize already established websites such as the KDID websites, including Microlinks and Agrilinks, which have a strong viewership and dedicated staff to manage these websites, rather than develop and market its own website.

In 2012, LIFT revisited the need for an independent web presence and platform for knowledge dissemination and initiated the process of developing a project website. As the project continued to grow and mature, it became apparent that a separate project site is critical to marketing LIFT as a global technical leader in economic strengthening, livelihoods and food security. In September, LIFT purchased the domain www.theliftproject.org. LIFT's request to establish the website was approved by the Legislative and Public Affairs (LPA) Office in January 2013. The website was launched on April 19, 2013.

The LIFT website is complemented by the project's continued presence on several sector specific hubs including the STEP UP wiki, MaFI, Microlinks, Agrilinks, CGAP Microfinance Gateway and OVCSupport.net.

Agrilinks #AskAg Twitter Chat

In April 2013, USAID BFS reached out to LIFT with an invitation to participate in Agrilinks' next #AskAg Twitter chat focused on food security in vulnerable households, particularly those affected by HIV and AIDS. On May 23, 2013, LIFT co-hosted the Twitter chat "Intersection of HIV and AIDS & Food Security" with Agrilinks and USAID Global Health. Panel experts Jason Wolfe, Kirsten Weeks and LIFT's own Meaghan Murphy led a fast-paced virtual discussion of the integration of HIV and AIDS and food security programming, target populations and outcomes, the role of nutrition, economic strengthening, and

more. The 90-minute chat included a global collective of participants tweeting from various locations in the United States as well as South Africa, Kenya and Switzerland.

For highlights of the discussion, as well as a full list of resources shared during the Twitter chat, please visit Agrilinks' recap blog post.

Harnessing the Power of Cross-Sectoral Programming to Alleviate HIV/AIDS and Food Insecurity Learning Event

FHI 360, USAID and The SEEP Network hosted *"Harnessing the Power of Cross-Sectoral Programming to Alleviate HIV/AIDS and Food Insecurity"* on May 30, 2013. The event was sponsored by LIFT and organized in partnership with SEEP's STEP UP and HAMED working groups as well as USAID. The learning meeting provided practitioners and policymakers a forum for sharing sound practices in collaborating across various sectors including health, nutrition, food security, economic strengthening, enterprise development and social protection programs. Over 90 participants from across sectors shared promising practices and field experiences with applying NACS in coordination with the LIFT approach. NACS was highlighted as an entry point to cross-sectoral programming to ensure the best possible outcomes for people living with HIV and AIDS and food insecurity and other vulnerable populations, such OVC.

The meeting featured presentations from a spectrum of technical backgrounds and programmatic approaches and rich discussions surrounding how to facilitate and enhance collaboration among the diverse sectors represented at the meeting. A meeting summary and links to the presentations can be accessed on the LIFT website.

Economic Strengthening for Vulnerable Populations Wiki

Starting in FY 2011, LIFT identified the SEEP STEP UP Initiative as a key partner in advancing the project The initiative has begun to advance learning in this important area and is developing guidelines, tools and training methodologies to be shared with the larger development community. STEP UP explores emerging ultra poor approaches, such as income support (conditional cash transfers), integrated health services, micro-insurance and savings programs to identify how these approaches can best be structured to help the ultra poor accrue, consolidate and protect tangible and intangible assets. Throughout the year since the group's inception, LIFT has become an active partner in the STEP UP Initiative.

During FY 2012-2013, LIFT met on a regular basis with SEEP's STEP UP learning initiative to develop the Economic Strengthening for Vulnerable Populations (ES4VP) wiki site. LIFT reviewed, refined, and provided ongoing feedback to the STEP UP leadership on the outline for the wiki which has been created to house information from SEEP's network members on economic strengthening approaches for the ultra poor.

The ES4VP wiki represents a multi-stakeholder collaboration to develop a framework for reaching vulnerable populations with more appropriate, effective and critical, integrated human services. The information on the wiki includes the LIFT conceptual framework, a glossary, and resources and tools that represent years of learning and collaboration between development practitioners, researchers, donors and other stakeholders with a shared passion for helping the most vulnerable. The wiki site includes a platform for organizing and sharing practical knowledge, piloting new ideas, and scaling up proven approaches for the 130 national, regional, and global organizations that are focused on providing economic strengthening for vulnerable populations. The beta version of the wiki site includes more than 200 documents and tools that are searchable by topic, region, language, and year.

This site will allow LIFT to : a) recognize, asses and understand extreme poverty, b) design and implement successful strategies to move the ultra-poor households on a path towards sustained asset building and resilience, c) connect and coordinate efforts among various disciplines, including

microfinance, livelihood development, market facilitation, access to healthcare and social safety nets, and d) monitor changes, learn and adapt strategies based on a multidimensional understanding of poverty.

UNAIDS Presentation
LIFT/CARE presented at the UNAIDS panel titled "*HIV, Food Insecurity and Social Protection*" in December 2010. The presentation focused on the LIFT project and food/cash transfers in the context of social protection approaches, as well as linkages between livelihoods and HIV and AIDS prevention, treatment, and care and support.

Breakfast Seminar Series Presentation
In January 2011, LIFT presented "*Using Value Chains to Move Vulnerable Households Up the Economic Ladder*" as part of the 55th installment of the Linking Small Firms to Competitiveness Strategies Breakfast Seminar Series. Sponsored by USAID/MED, the presentation focused on LIFT's Livelihoods and Vulnerability Pathway, and how understanding this pathway can help value chain practitioners better understand and meet the needs of vulnerable populations.

Vulnerability and Livelihoods Framework Presentations
Following an invitation from World Vision to discuss the Livelihoods and Vulnerability Framework with their global staff, LIFT presented the LIFT Framework via a WebEx remote seminar in February 2011. The presentation discussed the background and perspectives that went into the development of the framework, as well as applications for program implementation that field-based staff could use to develop ES/L/FS programs that meet the needs of their beneficiaries.

Livelihoods and HIV and AIDS Presentation
LIFT contributed to the development of the presentation "*Establishing High Impact Program Models and Replicable Tools for Livelihood Support*," to the U.S. Global AIDS Coordinator Ambassador Eric Goosby in early 2011. This presentation highlighted what LIFT would do to integrate livelihoods and economic strengthening into NACS programming, if awarded additional plus-up funds.

SEEP Conference 2011
At SEEP's Annual Conference in October 2011, LIFT presented a draft of the Ethiopia referral systems discussion paper to the HAMED working group. The presentation focused on key findings, including promising practices, challenges and considerations that came out of Save the Children's research on linking clinical HIV and AIDS care with economic strengthening services in Ethiopia.

Global Microcredit Summit
In November 2011, as part of LIFT's engagement with the SEEP HAMED working group, LIFT presented at the 2011 Global Microcredit Summit in Valladolid, Spain. The workshop provided microfinance practitioners an opportunity to share and discuss how they could engage with HAMED and what they would like to learn from the SEEP community of practice.

The objectives of LIFT's session were to present an introduction to LIFT, provide an overview of the LIFT Ethiopia referral case study and discussion paper, and engage the microfinance community in a discussion about linkages from healthcare services to economic strengthening activities. The presentation highlighted opportunities to cross-subsidize grants to the ultra poor through graduation models that include improved access to healthcare. The role of savings and micro-insurance in providing access to capital following a health shock, protecting productive assets, and facilitating access to healthcare were also highlighted. LIFT also discussed the three approaches (unified, parallel and linked models) used by health programs identified in the Ethiopia referral study for delivering access to

economic strengthening programs, and the need for further engagement from economic strengthening practitioners to make these approaches effective.

CORE Group 2011 Fall Meeting Presentation
LIFT presented as part of a panel titled, "*Unleashing the Power of Women and Girls: A Summary of Economic Empowerment Approaches*" at the CORE Group's October 2011 fall meeting. The presentation included a brief overview of the project, information about appropriate economic strengthening models and approaches, and discussions of LIFT's role in linking economic strengthening and health programs taking into account gender considerations.

NACS SOTA Meeting
LIFT highlighted the need for integration of economic strengthening as a part of the continuum of clinical care at the NACS SOTA technical meeting convened by the CORE Group in February 2012. The two-day event provided an overview of current thinking and a forum for discussion on the predominant issues surrounding the design, implementation and evaluation of NACS programming. LIFT presented as part of a panel entitled "*Promising Practices: Lessons from the Field"* and shared recent research in Ethiopia and Namibia on promising practices for linking economic strengthening with clinical services in the context of HIV programs, as well as LIFT's evidence-based approach for building these linkages through referrals. LIFT discussed its plans to incorporate economic strengthening and livelihoods activities as a component of NACS by establishing and supporting referral systems in several countries. LIFT's presentation was successfully received and addressed a clear interest and need among NACS implementers to integrate economic strengthening services as a component of care.

International AIDS Society Conference Satellite Session Support to FANTA-3
LIFT participated in several planning meetings with FANTA-3, OHA and other nutrition experts in preparation for a July 2012 International AIDS Society (IAS) Conference satellite session on NACS. The session, entitled "Integrating Nutrition Assessment Counseling and Support into HIV Services" provided policy makers, donors, program designers and implementers, clinicians, and PLHIV with access to the knowledge and experience of technical and programmatic experts implementing NACS.

International AIDS Society Conference Abstract
In a joint venture with DAI, LIFT submitted an abstract for a skills building session for the July 2012 IAS Conference in Washington, DC. The abstract was entitled "Economic Strengthening and Improving Livelihoods for People Living with HIV—Moving Past Jargon and Handouts to Programming Based on Evidence", and the session aimed to increase health practitioners awareness and skills to effectively program or link clients to economic strengthening activities for HIV-affected households by providing practical information to support implementers in designing and implementing livelihoods activities. While the abstract was not accepted by IAS, the development process helped the team flesh out new approaches to build the capacity of health implementing partners to provide or link to appropriate economic strengthening services.

Cracking the Nut Conference Participation
In June 2012, LIFT participated in a two-day conference, Cracking the Nut: Attracting Private Sector Investment to Rural and Agricultural Markets. This participation facilitated connections with rural and agriculture practitioners, including Opportunity International, as well as other leading experts in the field. LIFT contributed to discussions on the linkages of rural and agriculture finance and private-public partnerships to vulnerable populations. While the focus was on small holders, the definition of small holders discussed during the conference was very broad and identified gaps and opportunities for initiatives such as CGAP to improve common terminology and typology of these for practical

programming applications. Also discussed was smallholder readiness—in terms of assets and risk profiles—to engage in private sector approaches, an issue which is relevant to LIFT's mandate.

SEEP Conference 2012

In November 2012, LIFT joined with Development Alternatives Inc. (DAI) to deliver a workshop entitled "*Effective Economic Strengthening for the Ultra Poor affected by HIV*" at the SEEP Annual Conference. The session included a presentation of the LIFT framework and the LIFT working model for linking clinical and ES/L/FS services, followed by a participatory session in which participants reviewed programmatic scenarios and matched them to the appropriate aspects of the LIFT framework. The session was targeted towards program implementers, and its goals were to demystify economic strengthening for HIV-affected households and provide resources and tools to help practitioners consider how they could link their clients to a continuum of care.

TOPS Semi-Annual Meeting

During the Technical and Operational Performance Support (TOPS) meeting in November 2012, LIFT presented its approach and critical next steps associated with operationalizing a NACS ES/L/FS referral network. The project introduced the concepts behind the adaptation of tools, such as the diagnostic tool, ONA, and referral tools and processes, to upgrade provider capacity and help health facilities (e.g., NACS sites) refer clients to appropriate, high quality ES/L/FS service providers in their catchment area. LIFT solicited feedback on this model, particularly around experience with referral systems from implementing partners in attendance.

4.3. Technical Capacity Strengthening

LIFT has developed and delivered numerous trainings around integrating economic strengthening into existing programs focused on care for vulnerable populations. As a technical assistance project, LIFT has effectively used these trainings to facilitate capacity building and knowledge sharing to varied audiences ranging from USG and local government officials to implementing partner staff in the US, Kenya, Nigeria and Lesotho.

Economic Strengthening and Skills Building for OVC Practitioners (OVC Task Force)

In August and September 2011, LIFT delivered the first and second in a series of three workshop presentations on economic strengthening skills-building for OVC to USAID's Interagency OVC Task Force. The first workshop introduced the general concepts of economic strengthening in the context of OVC programming, while the second one built on the first by introducing several case studies and providing participants the opportunity to critically evaluate the challenges involved in planning, implementing, monitoring, and evaluating economic strengthening activities for OVC. Both workshops received positive feedback from participants.

In November 2011, in collaboration with Jason Wolfe, LIFT delivered the third in the series of workshop presentations on economic strengthening skills-building for OVC programs. The workshop focused on examining what economic strengthening outcomes are feasible and realistic in the context of OVC; how to develop causal models relevant to economic strengthening and OVC; reviewing outputs, outcomes, and impacts for various economic strengthening intervention types; and identifying key indicators relevant to economic strengthening for OVC in different contexts.

CRS Health and HIV Conference

In September 2011, USAID facilitated a participatory skills building session to provide an overview of the LIFT Conceptual Framework and illustrate how it can be applied to health and HIV and AIDS programming at a Catholic Relief Services (CRS) conference for their overseas-based health and HIV and

AIDS staff. Participants were exposed to key interventions appropriate to each vulnerability level (provisioning, protection, promotion) and heard specific examples of how these interventions have been used in the context of health and HIV and AIDS projects. LIFT also shared tools to assess household vulnerability status and provided guidance on how to apply these tools to support project implementation, management and M&E.

Household Economic Strengthening One-Day Training
During early 2010, LIFT provided advice on the design and facilitation for the capacity-building workshop *"Household Economic Strengthening for Orphans and Vulnerable Children"* for USAID missions, organized by AIDSTAR-Two, and held in Nairobi, Kenya in February 2010. The workshop's objective was to orient attendees on the basics of HES for OVC, and LIFT conducted HES capacity building sessions.

USG Livelihood and Household Economic Strengthening Symposium
In February 2011, LIFT supported USAID in presenting a Livelihood and Household Economic Strengthening Symposium for USG officials. The symposium provided an opportunity to discuss the current state of knowledge about cross-sectoral programming involving economic strengthening; to identify gaps in the knowledge base; to strategize around next steps for USG activities and investments; and to build cross-government networks with colleagues. Participants included representatives from USAID, PEPFAR, CDC, Department of State, the PL109-95 Initiative, and other USG bureaus and initiatives. LIFT has continued to work with the symposium organizing team on follow-up activities and potential future events.

Household Economic Strengthening "HES 101"
Based on high demand for technical guidance around household economic strengthening, LIFT developed a standardized "HES 101" training package. This combined approaches and lessons learned from previous trainings that LIFT had provided. This training is part of LIFT's capacity building approach as mentioned in the operationalization of the LIFT working model and provided a comprehensive standard approach to equip participants with the key concepts, terminology and awareness of HES approaches and standards of practice to integrate economic strengthening programming into their existing programs and inform how they can strengthen their HES programs to be more effective. This package is adaptable to specific country contexts and has been implemented in Nigeria and Lesotho.

Economic Strengthening for Vulnerable Children Guidance Training
In July 2013, LIFT conducted a series of three trainings on HES over four days for members of the Nigeria HESCOP. The first training spanned two days and provided a thorough introduction to HES and the LIFT framework as well as approaches to integrate HES into programs for poor populations and OVC. This first day of training covered the highlighted interventions of cash and asset transfers, savings groups and economic development. The second training covered organizational capacity and partnerships for HES, and the final training provided an overview of M&E of HES activities. A total of 10 HESCOP member organizations participated, with 15 participants per training, and overall feedback on the trainings was highly positive.

ANNEXES:

Annex 1: LIFT Working Model
Annex 2: LIFT Literature Review and Technical Brief: Designing Effective Clinic-to-Community Referral Systems
Annex 3: LIFT Technical Brief: Developing a Diagnostic Tool
Annex 4: LIFT's Approach to Livelihoods Brochure
Annex 5: LIFT Working Model: Approach to Linking NACS Clients to ES/L/FS Services Brochure
Annex 6: LIFT's Deliverables and Technical Products

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Initial Mission Engagement	• Reach out to Mission and work to determine potential area of focus
Perform Desk Review	• Gather background information in one document
Carry out Joint TDY, Assessment or Rapid Appraisal *The results of this TDY would be recommendations for LIFT program design (in most cases this will include a draft work plan)* ***This TDY will be coordinated with FANTA, HCI and SPRING if feasible but not required*	Mission and LIFT activities should encompass the following: • Coordinate with ASSIST, FANTA, SPRING and USAID mission. At the beginning of the visit meet with EG, Health and other relevant Mission staff. As much as is feasible, coordinate meetings and visits to partners. • Begin initial relationship with the Ministry of Health and other appropriate ministries and national government counterpart if required. • Understand and connect with Economic Strengthening /Livelihood/Food Security (ES/L/FS) programs that are targeting vulnerable populations (including but not limited to HIV affected HHs). Perform site visits to programs as time allows. • Identify any current linkages (if any exist) between ES/L/FS activities or programs and NACS • Identify initial referral systems that are common to the country or used by relevant program implementers • Identify potential private sector partners and key market activities • Identify existing gender assessments already conducted. • Develop a basic understanding of the IRB process and timing. • Schedule a debrief with the Mission to share preliminary information gathered and discuss next steps.
Develop a work plan (WP)	• Outline the major tasks to be completed and a schedule for completion • Align resources with work plan Develop quality assurance plan - a section incorporated into our work planning process to ensure technical consistency and quality across LIFT activities through defining standards and a process for periodic technical review • Execute technical and administrative requirements as per the agreed upon WP with USAID

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Develop an M&E Plan to further Proof of Concept Model for LIFT – Action Research *This is a continual process that is started upon formal engagement within the country*	• Design the M&E Plan, at the same time the program activities are being planned. • Develop a Performance Measurement Plan (PMP) to assist in setting up and managing the process of monitoring, analyzing, evaluating, and reporting progress towards evidence based plan. • Use both qualitative and quantitative indicators to monitor project activities, ensuring that appropriate gender indicators are included. • Develop and use M&E tools to capture sector specific and cross sectoral outcomes
Conduct NACS Site Selection in Conjunction with USAID, relevant Government Ministries, FANTA, ASSIST and SPRING	• Meet to select or confirm final NACS site(s) for collaborative programming • Define catchment areas for the sites and identify communities to be included in catchment areas.

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Conduct Situational Analysis in the communities defined by NACS catchment area(s) where LIFT will work	• To develop a preliminary list of Government, private sector and civil society actors that provide ES/L/FS services in the catchment area. • To assess the effectiveness of sub-national HIV/AIDS, Health, Nutrition, Orphans and Vulnerable Children, and ES/L/FS coordination and implementation mechanisms. • To understand and document the government structures operating within the catchment area that may be relevant for linking clinical services with ES/L/FS services. • To assess the social and economic needs and concerns of people living with HIV/AIDS (PLHIV) and HIV-affected households, and the extent to which gender roles are a factor. • To understand households' connections with markets, how those markets function, particularly for access to goods and services, and income opportunities. • To identify and gather information on gender dynamics at the household level, including looking at men's and women's access to resources separately; knowledge, beliefs, perceptions and social norms; people's practices, participation, behaviors and actions; how people of different genders are regarded and treated by customary and formal legal codes and judicial systems and to determine the capacity of different genders to control resources and to make autonomous and independent decisions, free of coercion. • To provide analysis on the effectiveness of available E/L/FS services in addressing identified needs and concerns. • Identify priority actions to improve the design and delivery of ES/L/FS services to people living with HIV/AIDS (PLHIV) and HIV-affected households.

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Perform an Organizational Network Analysis (ONA) in the communities defined by the NACS site catchment area(s)	• Conduct an analysis of organizations providing ES/L/FS services, or organizations that are not ES/L/FS or health that link clients between community services and/or have existing links to a health facility, in the communities within the catchment area. • Use snowball sampling, to identify all organizations in the catchment area providing ES/L/FS services or organizations that are not ES/L/FS or health that link clients between community services and/or have existing links to a health facility, • Through interviews with organizational representatives, study the relationships between stakeholders (i.e. service providers identified through the enumeration process and health clinics) in the catchment area of the health facilities in and how this information may be leveraged to facilitate the creation of a referral network. • Start to identify local government touch points, civil society or private sector partners that can support the incubation of the business model for site scale up.
Conduct a Government Level Landscape Analysis (if applicable)	• Research and document a complete inventory of ES/L/FS services provided by various government ministries, their respective eligibility criteria, information on how to access these services and common barriers to access.
Conduct a Stakeholder Meeting – Initial Step to Establishing or Strengthening a NACS to Community ES/L/FS Referral Network.	• Bring community level representatives and service providers together to understand the information that they provided during the ONA • Explain the concept and purpose of a referral network and the tasks involved in setting up a practical and functional network • Determine the eligibility requirements for the organizations, including an understanding of their current target audience and approach to outreach (to ensure they are reaching out to both men and women) • Discuss constraints and opportunities for both women and men to participating in a community referral network and access to ES/L/FS services • Have stakeholders determine the intermediary for the referral network • Elect network committee members from the pool of network participants to coordinate network activities

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Develop and Test Country Specific Diagnostic Tool	The Diagnostic Tool Will: • Identify the level of vulnerability of the client and the households affected by HIV/AIDS and poverty and match them to appropriate and available ES/L/FS • Use diagnostic tool to carefully place subsidies linking vulnerable populations to safety nets and social welfare programs while encouraging less vulnerable towards more market based solutions maximizing the use of available resources. populations to safety nets • Provide referral to the clients to the providers ensuring a match between their level of vulnerability and ES/L/FS services • Besex disaggregated
Work with the Community to Define and Establish a Referral System	• Focus on sharing challenges and successes in referring beneficiaries, and on solving problems faced in the referral • Work with community to ensure non-discrimination in the provision of services and ensure equal participation of men and women • Facilitate a clinic to community referral system in the community. • Review and update the resources service directory • Track referrals, collect data to inform and strengthen the network
Upgrade Community ES/L/FS Services	• Conduct a "scorecard" to determine the quality of services provided • Ensure gender balance participation in the "scorecard" activity • Identify areas of TA to provide to ES/L/FS service providers.
Carry out assessment, planning, monitoring and evaluation of ES/L/FS services (on an annual basis)	• Implement the scorecard at the local level using the catchment area as the unit of analysis • Use focus group interactions, that are gender balanced, to generate information and enable maximum participation of the local community level • Ensure access to services is feasible for both men and women • Plan for service upgrading through mutual dialogue between users and providers, followed up by joint monitoring
Advocate and promote needed ES/L/FS services	• Use data from the various steps to identify ES/L/FS gaps in services, provide information to local stakeholders and decision makers, and support their advocacy efforts for needed services • Support and integrate them into referral networks • Increase access to ES/L/FS service provision prioritizing people living with HIV/AIDS or in extreme poverty

Annex 1: LIFT Working Model	
FUNCTION	**MAIN OBJECTIVES**
Support collaboration between ES/L/FS service providers, NACS sites and other identified network goals	• Provide technical assistance to support ES/L/FS service providers and network objectives including ES/L/FS linkages
Conduct mid-term and end line evaluation activities	• Review all programmatic data, contract deliverables, and previous (if any) evaluation and assessment reports for relevance
Incubate business models for site scale up	• Work with local government touch points, civil society or private sector partners that can support the incubation of the business model for site scale up. • Provide a comprehensive program/activity guide, inclusive of estimated cost and resource implications.

Annex 2: LIFT Literature Review and Technical Brief: Designing Effective Clinic-to-Community Referral Systems

LIFT Literature Review and Technical Brief

Designing Effective Clinic-to-Community Referral Systems:
Analysis of Best Practices to Inform LIFT Technical Assistance

Background

The Livelihood and Food Security Technical Assistance (LIFT) project was initiated by the United States Agency for International Development (USAID) Office of HIV/AIDS (OHA) to provide technical assistance and strategic support to US government agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV/AIDS (PLHIV), orphans and vulnerable children (OVC) and their caregivers. Since its launch, LIFT has conducted technical assistance assignments focused on improving livelihoods and food security for people living with and affected by HIV and AIDS in the Democratic Republic of Congo (DRC), Ethiopia, Lesotho, Malawi, Namibia, Nigeria, Swaziland and Tanzania.

HIV-affected households confront multiple challenges of personal illness and caring for sick family members or the death of family members which disrupts household livelihood patterns, reduces food access and income flow and increases health and other HIV-related costs. Food insecurity is one of the major causes of under-nutrition, and economic factors affect a household's ability to access sufficient quantities of food as well as the nutritional quality of the diet. Economic resilience of PLHIV, their caregivers and other vulnerable households can support sustained health outcomes by allowing them to continually meet their food and nutrition needs. In addition, a more economically stable household is more likely to be able to afford other health-related costs such as medications or transport to health facilities, thereby increasing adherence to ART and retention in care. Toward this end, LIFT supports the needs of HIV-affected households by expanding the continuum of care to include economic strengthening, livelihood and food security (ES/L/FS) support. To improve nutritional status among people living with HIV, the Nutrition, Assessment, Counseling and Support (NACS) approach integrates nutritional support into the standard of clinical care for HIV and AIDS. A critical component of LIFT's approach is the provision of technical assistance to establish or strengthen linkages that connect NACS clients and their households to appropriate, effective ES/L/FS opportunities within their communities. In order to achieve this, LIFT provides technical assistance to build or improve referral and wrap-around mechanisms between clinic and community services.

> *Principles of good technical assistance are driven by community values and priorities, are based on best practice, and take the existing strengths and talents within a community as the starting point to empower people to act.*

As a project of FHI 360, LIFT is committed to the 'science of improving lives' and the utility of evidence-based, empirical information to inform the design of its interventions. While referral systems have existed in the health sector for some time, there has been limited implementation experience and formal evaluation of

bi-directional systems that link patients from health clinics to ES/L/FS support within the community. To establish an evidence-based approach to the provision of technical assistance, LIFT embarked upon a thorough review of the literature on existing referral system practices to promote knowledge management and appropriate internal guidance in the field. This technical brief summarizes the methodology used as well as the overall research questions guiding the literature review. Results of the review are presented below, including relevant referral system challenges and best practices. Most importantly, it discusses how these learnings can inform LIFT technical assistance with service providers in applicable communities.

Methodology

A literature review was the primary method used to create this technical brief. Fifty documents related to health and/or economic strengthening (ES) referral systems in international settings were identified for the review which are summarized in Table 1. This included other technical briefs, guidance documents, reports, manuals, PowerPoint presentations, and referral tools. In that the objective of the technical brief is to inform evidence-based approaches to the provision of LIFT technical assistance, the review focused on existing processes and tools that have been used to establish clinic-to-community referral systems. It also focused on identifying the challenges that others had experienced in establishing and implementing referral systems - as well anticipated challenges that LIFT might encounter in expanding referral system practices to encompass ES/L/FS services - in order to inform LIFT solutions to these challenges.

What have we learned from prior implementation of clinic-to-community referral systems in international settings?

Review of the literature on clinic-to-community referral systems found important learnings for the application of LIFT technical assistance. These include: 1) viable referral system models for LIFT consideration; 2) essential elements of referral networks that can be instituted or strengthened by LIFT; and 3) challenges to be addressed by LIFT in implementing effective clinic-to-community referral systems. These learnings are discussed separately below.

1 – Viable Referral System Models

HIV Referral Models

Based on FHI's guidance for establishing referral networks for HIV care in low resource settings (FHI, 2005), three viable clinic-to-community referral system models were identified. These models are defined by such factors as setting, scope of services and locus of coordination. Two main models are defined by the type of organization that coordinates the network (health facility-based referral networks and community-based referral networks) while the third model uses a case management approach.

With the ***health facility referral model***, staff, often nurses, coordinate referrals between clients and services provided both within the facility and by community organizations. Facilities may operate an ad hoc referral network in which a particular service unit, such as those for prevention of mother-to-child HIV transmission (PMTCT) or voluntary counseling and testing (VCT), assumes the lead in making referrals to clinical and non-clinical service providers in the catchment area after discussions with the patient, caregivers or family members have identified their needs.

Other features of the model may vary based on its stage of development and available clinic resources: linkages and communication between organizations providing services may be formally established or informal based on client need; a written referral form may or may not be provided to clients seeking service(s); at the point of initiation, the referral may or may not be documented, based upon the unit's records system and/or use of a formal referral register; there may be a formal mechanism for tracking the

success of the linkage, follow up to determine if the need has been satisfied or simply an informal discussion during the patient's next clinical visit. As the program matures, an ad hoc system can grow to become more formal and incorporate more essential elements (see elements discussed below).

While the objectives and processes in the ***community-based referral model*** are very similar to those of the health facility-based model, an organization based in the community coordinates the referral system. In this instance, a client who is diagnosed as HIV-positive at a VCT center or health facility is referred to a community-based organization (CBO) that provides other HIV-related services, such as prevention, advocacy, peer education or spiritual support, and, in doing so, the CBO assumes referral coordination as an additional function of its organization. In its coordination role, the CBO is responsible for establishing linkages, managing the network, developing and updating referral forms, and conducting quality assurance to ensure client linkage and satisfaction with services.

In the ***case management referral model***, PLHIV and their caregivers are active participants in defining their needs and seeking options to meet these needs. They work collaboratively with a cadre of case managers who have been trained in the HIV disease process, community care, treatment and support services, and client access to needed care and services. Each case manager conducts outreach to clients, assesses needs of clients and caregivers, develops individualized service plans, links clients/caregivers to the service delivery system, monitors service delivery, advocates for clients and continues evaluation of their needs. Case managers may be employed by either a health facility or CBO that serve as the coordinating organization. Within their system, they use standardized forms and a directory of services. This model is utilized in the approach promoted by UNDP (2010) called the Continuum of Care (CoC) in which after HIV testing, the coordination of care is handled by case managers in a government agency, an NGO or a faith-based organization.

Application of HIV Referral Models in the Field

The application of HIV referral models, including linkages to economic strengthening for PLHIV, caregivers and family members, have resulted in several hybrid systems, all of which have utilized parts of the referral models discussed above while integrating various forms of civil society and/or government involvement.

In Mvomero, Tanzania, a district-wide referral network used a community-based referral model in which the District Continuum of Care Coordinating Committee (DCoCCC), established by Mvomero local government authority (LGA) and government and non-government health and social welfare facilities, played the coordinating role of the network. Similarly, the *Mkuta Mwana* program, an OVC initiative in Salima, Malawi, used a community-based referral model in which the Ministry of Gender, Children and Community Development spearheaded the coordination of the referral system. Individual focal persons provided oversight by thematic areas including health, education, livelihoods, justice, social welfare, and youth, among others. In the *Zambia Prevention Care and Treatment Partnership II (ZPCT II)* program in Zambia, operating in 42 districts in 5 provinces, also utilized a community-based referral model in which bi-directional referrals initiated at either the health facility or community level were managed at the district level by the District Health Office or the District AIDS Task Force to allow for coordination among service providers and the community.

The *Ethiopia Food by Prescription (FBP)* program utilized a community-based referral model with a unique approach to further economic strengthening. In this program clients were first referred to the government HIV/AIDS Prevention and Control Office (HAPCO) and then to a FBP referral coordinating committee made up of HAPCO, Bureau of Labor and Social Affairs, economic strengthening providers, including representatives of the private sector to link clients to formal jobs. At the committee level,

referrals were either approved or rejected. There was less NGO/CBO involvement in this program model than in the traditional community-based model.

The India *CHAHA program* utilized a HIV community-based referral model with intensive involvement of outreach workers. Outreach workers made multiple visits to households to assess needs and accompanied clients to access health and other services. The program's sub-sub-recipients, project coordinators and outreach workers conducted several visits/meetings with all healthcare providers involved in patient HIV care to assure linkage and coordination with CHAHA. CHAHA also fostered linkages with village level functionaries to obtain nutritional and educational support as well as links to social security and income generation schemes of national and state government, as well as special linkages to local businesses, private doctors, private schools, trade unions, and other socio-economic linkages.

In 2012, Ministry of Health and Social Services in Namibia piloted a health facility-based model in which referrals were initiated at public health facilities but allowed for a bi-directional referral network between public and private health care facilities, private community home-based care (CHBC) organizations and other community service providers.

The *Ethiopia HIV/AIDS Care and Support Program (HCSP)* utilized the case management model to facilitate ES referrals, with some deviations. The process was initiated in the community before health facility involvement. Volunteer outreach workers identified PLHIV and facilitated referrals to health facility case managers who certified the client's HIV status and approval of referrals. ES referrals were made to selected HIV network associations that provided ES support, usually as small grants, job training or community gardening for sale or consumption.

The *Ethiopia TransACTION program* used a combination of components from all three HIV referral models to facilitate ES referrals. Health facility clients were referred by a counselor, nurse or case manager to local NGO, CBO or PLHIV network associations that had been pre-selected as key partners providing ES services. These partners either delivered ES services directly or through other community-based economic strengthening initiatives. Links were also made with a higher level forum such as local HAPCO to coordinate with wider set of NGOs/CBOs.

Relevancy of Referral Models for LIFT

While FHI's guidance for establishing referral networks for HIV care in low resource settings focuses on referrals for PLHIV, the three models (i.e., health facility-based, community-based or case management) have application beyond HIV care and support. Any of the three models can be used in achieving the LIFT objective of connecting NACS clients and their households to appropriate, effective ES/L/FS opportunities within their communities, as long as referrals are bi-directional between health-based and community-based services. What is critical for the achievement of LIFT's objectives is the strengthening of the referral model to identify and include all available ES/L/FS community services in the network, to strengthen the scope and quality of these services and to increase the capacity of all participating referral facilitators to conduct effective ES/L/FS counseling and for all referral focal persons to coordinate appropriate referrals, including the adaptation of referral forms and other documentation systems to capture the outputs and outcomes of ES/L/FS referrals in the community. This system strengthening is what encompasses the technical assistance work of LIFT. Below, the eight essential elements of referral networks are discussed with a detailed look at how LIFT can offer assistance related to each element to create or support a referral system that maximizes effective ES/L/FS referrals in the community.

2 – Essential Elements of Referral Networks

Regardless of the referral model used, experience has shown that there are certain best practices, or what is termed 'essential elements' in the literature, that need to be in place to optimize the referral system's operational effectiveness and outcomes for clients and their households. These elements are summarized below along with a description of how LIFT technical assistance can strengthen each element.

Essential Element 1: A group of organizations that, in the aggregate, provide comprehensive services to meet the needs of PLHIV, their caregivers and their families within a defined geographic area

To effectively address the client needs, the network should include as broad a range of services and organizations as possible, including ES/L/FS services. If a referral network is yet to be established, LIFT can foster community involvement and ownership in the initial stages of establishing the referral network and process so that the program can become self-sustaining. To do this, LIFT can collaborate with the referral coordinating organization, government body or other community entity to conduct participatory mapping exercises to obtain data on available ES/L/FS organizations and services in the identified catchment area. LIFT can also assist community/country teams with a feasibility analysis to assess the current and potential capacity of the identified implementing organizations' requisite financial, technical and administrative capabilities to absorb new clients and deliver quality ES/L/FS services. In this regard, LIFT can help the network to balance the needs for quality service with increasing the number of beneficiaries and how to sensitively involve HIV-affected households without stigmatization, particularly when grants or subsidies are involved. These mapping and assessment activities can then help inform the development of strategic plans to address existing gaps and facilitate scale-up of promising practices related to ES/L/FS. In addition, LIFT can strategically assist U.S. government country operations in assessing both promising practices and gaps related to livelihoods and food security from a programmatic and geographic perspective.

To allow LIFT's role in the network strengthening plan to be operational, LIFT should consult with stakeholders on an appropriate and feasible scope of system capacity strengthening to be implemented, including articulated objectives, outputs and outcomes of the assistance, and include this in a written action plan. Depending on the needs of the network, LIFT's role can be as broad as providing substantive staff training on ES/L/FS regarding both making appropriate referrals and delivering quality services as well as assisting with amending the network's infrastructure to effectively document ES/L/FS referrals and their outcomes. Most importantly, the scope of LIFT assistance will need to be driven by the network's stage of development and existing strengths and talents of its own network members.

Overall, LIFT's assistance should include support in establishing or strengthening existing referral and wrap-around, bi-directional mechanisms between clinic and community services to facilitate the linkage of graduating NACS clients or their caregivers with ES/L/FS programs and services that will help sustain the positive impacts of nutritional counseling, therapeutic feeding and clinical management of disease. While such an effort may feel overwhelming to community stakeholders, LIFT can help the network to set realistic objectives and expectations for what they can plan to accomplish together. As a community referral system matures, LIFT can also work collaboratively with referral systems to help resolve client access issues to service uptake.

Essential Element 2: A unit or organization that coordinates and oversees the whole referral network

Having one organization taking the lead in managing the referral network with formal agreements or relationships with service provides has been shown in the literature to result in a stronger system. This organization or unit in the network serves as the locus of responsibility for the network and its performance (in addition to its regular duties) and is often referred to as the coordinating organization or

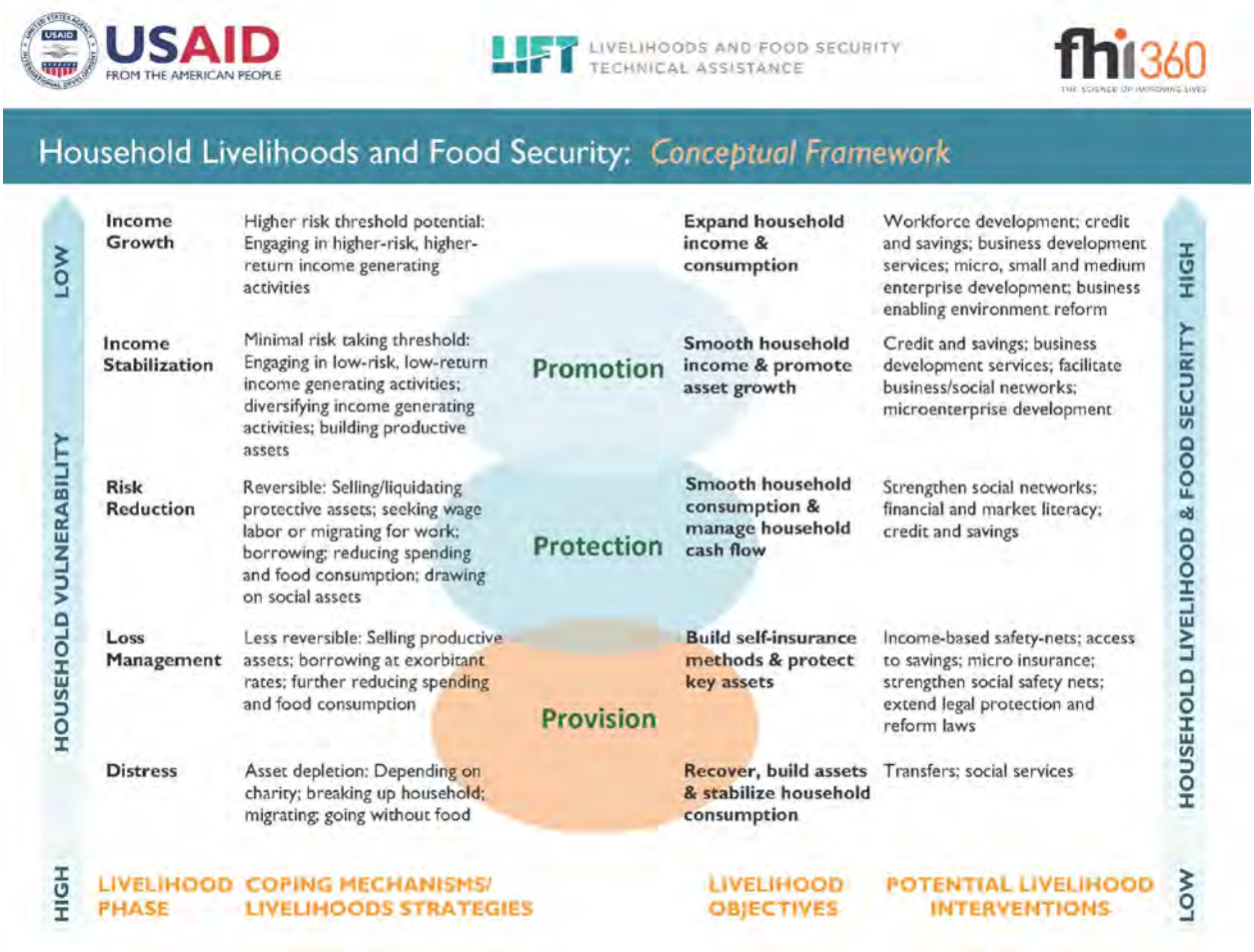
unit. Its primary functions include convening regular meetings of providers within the network, working with providers to address gaps and other inefficiencies in the system, updating the service directory, providing standardized tools and forms for referrals, tracking referral outcomes and performing quality assurance for the referral system. At the coordinating organization/unit, there is a specific person designated to fulfill these tasks.

In the LIFT context, since clinical facilities are not equipped or staffed to identify appropriate livelihood services or track referral outcomes, it is important to identify a community intermediary agency, organization or individual to coordinate the ES/L/FS referral process. The referral coordinator should be knowledgeable about ES/L/FS services and how to conduct client assessments, make referrals to appropriate services and manage the feedback process. Government social workers, home-based care providers, NGOs and CBOs, or PLHIV support groups are all potential resources to serve as the referring agency/organization. LIFT capacity building with a designated community intermediary organization can prepare relevant staff with the knowledge, skills and resources to effectively refer clients for ES/L/FS services.

Prior to referring a patient to ES/L/FS services, a rapid diagnostic assessment of the client's needs and abilities should be conducted by the referral coordinator. Specific ES/L/FS programs may also have their own assessment/intake procedures to determine whether potential clients are eligible. Within a referral system or network, the purpose of such an assessment is to determine which of the available programs and services are best suited to an individual client's needs at that time prior to making a referral.

LIFT can provide assistance to the referral coordinator in use or adaption of LIFT's country-specific ES/L/FS rapid diagnostic tools which allow a coordinator to assess household poverty and food security conditions. The tool is based on LIFT's Livelihood and Food Security Conceptual Framework which categorizes services and types of interventions that would be best suited for different types of households. This includes the categories of: 1) provisioning activities, best suited for destitute households to provide temporary support to help households recover assets, put food on the table and meet basic needs; 2) protection activities that target vulnerable households struggling to make ends meet and help them to strengthen household money management and retain key assets; 3) promotion activities best suited for households that are ready to grow by assuming risk and investing capital and other resources for future gains.

LIFT's conceptual framework overlays the three categories of livelihood interventions with a 'livelihood pathway' that considers five key outcomes that indicate decreasing levels of vulnerability and increasing levels of livelihood and food security: 1) recover assets and stabilize household consumption; 2) build self-insurance mechanisms and protect key assets; 3) smooth household consumption and manage household cash flow; 4) smooth household income and promote asset growth; and 5) expand household income and consumption. While the outcomes on the pathway are sequential, a household's progression along the pathway is not necessarily sequential. LIFT's referral model should aim to target ES/L/FS assistance based on how households move on the livelihood pathway. This approach can also build an understanding among donors and practitioners of how to perceive and manage client risks and what their livelihood needs are at various stages.



Essential Element 3: Periodic meetings of network providers

Regular meetings of organizations in the referral network provide a venue for ongoing communication, exchange of information about the referral process, discussion of challenges and gaps in service, tracking of referrals and clients lost to follow up, and can be an important form for updating the service network directory. The meetings promote collaboration and commitment to the referral process as an essential component of service delivery. LIFT assistance related to this essential element can encourage information sharing among practitioners that support collective learning, quality assurance and innovation, and increases the return of donors' investments. Where possible, LIFT can provide in-service capacity strengthening during meetings related to making and tracking referrals for ES/L/FS services and, among ES/L/FS providers, how services could be strengthened. In addition, LIFT can disseminate existing proven tools or guidelines related to ES/L/FS to support quality programming and minimize duplication of efforts.

Essential Element 4: Designated referral person(s) at each organization

The designated person at each organization within the referral network has responsibility for processing referrals efficiently and expeditiously and managing core referral activities, such as tracking and documenting referrals and attending network meetings. Referring clients specifically to this designated person helps clients gain access to needed services. Each organization in the referral network including clinical sites, community-based intermediaries, and service providers should have a dedicated focal person. This person could be a nurse, counselor, social worker or other type of staff member and it is

recommended that their role as referral coordinator be documented in their job description and performance review plan.

LIFT can support organizations in the network to identify referral focal persons and support them to include referral tasks as part of that person's job description and performance monitoring/review plan. Capacity building in the effective provision of ES/L/FS referrals should include all such designated focal persons in the network to ensure proper, consistent use of referral tools and processes. In addition, for health systems that are often overburdened, LIFT can train a case manager or para-social worker who can be embedded in the system or located at the health facility or coordinating organization to effectively conduct ES/L/FS referrals.

Essential Element 5: A directory of services and organizations within a defined catchment area

The referral network should ideally include organizations in a defined geographical area that are providing a full range of health and other services, including ES/L/FS. A directory needs to be distributed to all organizations in the network and needs to be constantly updated to ensure that information on service providers is current and accurate.

As discussed previously related to essential element 1, LIFT can play a key role in assisting referral networks with mapping and organizational network analysis exercises to identify available ES/L/FS organizations and services for inclusion in the network's directory of services. In addition, LIFT can help a network design a useful directory similar to ones used in the field (*see Table 1 for sample directories*), which generally contain information on the name of organization/network member, types of service(s) provided; cost of the service(s); eligibility criteria for services; the days and hours of operation; and contact names and relevant telephone numbers/addresses.

Essential Element 6: A standardized referral form

A referral form—either a card or piece of paper—that is standardized throughout the network ensures that the same essential information is provided whenever a referral is initiated and that this information is received by the organization fulfilling the referral. Referral forms should have a clear mechanism to provide feedback on referral completion, such as a section of the form that can be returned to the referring organization. Depending on the technical capacity of the network, referrals can also be made via mobile phones so that both the client and agency to whom the client is referred receives referral requests and can provide feedback via mobile technology. This arrangement is especially advantageous in rural areas where patients have to travel long distances between service points and may be limited in their ability to travel to receive a referral or return a feedback slip to the referring organization quickly.

LIFT can assist referral networks with designing user-friendly referral forms or adapting forms that can capture ES/L/FS referrals for paper or for mobile phone use. A myriad of referral forms for PLHIV, care givers and family members are available in the field (*see Table 1 for sample referral forms*) which are able to document: the date of the referral request; the type of service needed; the name of the client; the name and contact information of the organization initiating the referral request (referring organization); the name and contact information to which the referral request is directed (receiving organization); and the names of the designated contact persons at both organizations. It is also useful for the section of the referral form completed by the receiving organization to indicate what type of follow-up may be needed for the client that was served.

***Essential Element 7:* A feedback loop to track referrals**

As noted above, a system to track a referral from point of initiation to point of delivery and, as a feedback loop, from point of service delivery back to point of initiation is needed to ensure that the client accessed

the service(s) to which they were referred. Written feedback provides evidence that the referral process was completed and the service was delivered, and it can note whether there were any challenges. After the services are completed and the referral is fulfilled, there should also be a clear process whereby the receiving organization provides feedback to the referring organization, or alternatively, the referring organization follows up with both the client and the receiving organization. Common methods for referral feedback include having the client return part of the referral form completed by the service provider to the referring organization, using a drop box at each organization where referral feedback forms can be collected regularly by the referral coordinating organization, or having a standard process for following up by phone on all referrals made.

The ultimate goal of a referral network is to ensure that clients receive needed services and are satisfied with these services. Documenting this information is part of the monitoring and evaluation (M&E) management component of the system. Evaluating referral networks provides feedback for quality assurance and for informing planning, design and implementation of future services, including ES/L/FS services. LIFT is well equipped to assist referral networks with this component. This includes working with network coordinating mechanisms to track the success of their ES/L/FS referrals and document how well clients' needs are met.

If staff time is limited, LIFT can help organizations in the network create a more effective referral feedback system that relies on returning completed referral feedback. Ideally, LIFT can also assist referring organizations to take the initiative to do formal follow-up with clients about the services for which they were referred and to regularly follow up with receiving organizations about completed referrals. LIFT can also support receiving organizations to provide regular feedback on service delivery to organizations initiating referrals. Further, referring organizations can build into their client counseling protocols to ask whether ES/L/FS referrals were completed, satisfaction with these referrals and, if relevant, understanding why referrals were not completed. LIFT can advise on specifics of these counseling protocols too assist referral focal persons to refer clients to ES/L/FS support along the provisioning, protection, promotion spectrum, understand how these services have impacted the household and to what extent the household has progressed along the livelihood pathway. The use of mobile technology to reduce the time burden on both staff and clients can be explored to expedite making and tracking appropriate referrals.

Further, to facilitate the tracking of appropriate information on referrals, LIFT can work with referral networks to develop appropriate performance indicators which can be useful in tracking and reporting on performance related to ES/L/FS referrals. Common indicators used for tracking referrals overall include: 1) total number of referrals made; 2) number of referrals received; 3) number of referrals made to which services (i.e., ES/L/FS-related and others); 4) number and percent of referrals completed; 5) number and percent of clients who report their needs were met; and 6) number and percent of clients who report satisfaction with referral process. LIFT can advise on the use of specific ES/L/FS performance indicators which have been used in the field. In addition, LIFT's diagnostic tool that is used for the initial assessment of clients ES/L/FS needs can also be used to track specific outcomes related to household poverty and food security.

Essential Element 8: **Documentation of referrals**

At both ends of the referral (referring organization and receiving organization), a written record of the referral is needed to document outcomes. Both the site initiating the referral and the site fulfilling the referral are responsible for documenting their respective roles in the referral process. A standardized referral register can be used to document a large number of referrals.

Again, LIFT can be helpful in assisting referral networks to design referral registers based on available documents currently in the field (*see Table 1 for sample registers*). If the referral system has developed

performance indicators, registers should be set up to collect all data related to these indicators. Generally such registers contains around 20 lines with each line representing each individual person referred. Registries overall capture the following information by column: the ID number associated with the referral; client name; sex; date of birth; name of organization referred to; services referred for (codes for services are listed on another part of registry); services provided; name of referring officer; place for signature of referring officer; place for remarks.

While referral networks often use paper registries, LIFT can be helpful in assisting network administrators and providers with setting up a database to capture registry information which can allow for more efficient tracking of referrals. This can be done for individual agencies in the network or be web-based so that all network members can enter referral information and easily track whether clients have received services at agencies where they were referred. As with paper documents, databases that contain identifying client information are highly confidential and LIFT assistance can be provided in how to maintain confidential forms/records.

Finally, LIFT can provide assistance on how to most effectively use the registry information for evaluation and program improvement purposes. LIFT can advise on how to set up quarterly reviews of the register – either one maintained by each service provider in the network or by the coordinating mechanism – to identify missing information, incomplete service delivery and other service or documentation problems. These findings can be discussed with service providers in the network at monthly meetings to share findings and develop solutions to cross-cutting issues.

3 - LIFT Response to Implementation Challenges in the Field

Review of the literature found that several challenges exist regarding the establishment and management of referral networks. These challenges are categorized below based on whether they are client demand-driven or network supply-driven. Suggestions are provided on how LIFT could address these challenges.

Client Demand-Driven Challenges

Challenge: ***Clients may not know how to ask for non-traditional health related services, may not value network ES/L/FS services and/or may operate in a culture of dependency.***

Partly due to a history of government direct provisioning of food subsidies and cash/grants for HIV affected households, PLHIV, caregivers and family members have learned to expect such provisioning as the viable method of addressing poverty. Many may not know to ask for services that encourage personal responsibility for long term livelihood, may feel incapable of taking such responsibility or may be doubtful about the value of enrolling in such programs.

To promote the demand side of ES/L/FS services among the target population, LIFT should assist the community with developing and implementing communication campaigns that increase awareness of the various types of ES/L/FS services and initiatives, promote the family pride that can result from gaining specific knowledge, skills and financial independence through key communication messaging, and identify key community spokes people who can serve as role models and peer advocates for ES/L/FS initiatives.

In addition, LIFT can assist on the supply side to improve service offerings within the network. With many NGOs and CBOs only offering one type of economic strengthening support to all clients, LIFT can assist agencies with tailoring services for clients based on their unique economic vulnerabilities and capabilities. LIFT can also assist agencies to conduct a market assessment to understand the demand for

products, services and employment, and use these data to designing or advocate for services to address the needs of the community.

Challenge: ***Demand for ES services often outstrips the supply of service providers and results in referral systems becoming overburdened.***

To address this challenge, LIFT can offer assistance to the network's coordinating committee to help the network mitigate the challenge of demand vs. supply by sharing information across organizations about when ES/L/FS opportunities for clients will be available. In addition, LIFT can facilitate the referral network's connection to representatives of the private sector to encourage job opportunities for clients. LIFT could work with the referral network to design a comprehensive job readiness approach to prepare individuals to meet employer requirements, and develop a systematic way of aligning the available job opportunities with qualified candidates.

Network Supply-Driven Challenges

Challenge: ***Members of the referral network may lack skills in community mobilization or may be unaware of potential available services to get a network system off the ground.***

Health facility staff generally have limited knowledge of community-based services, especially those not health-related. In addition, ES/L/FS service providers may be unfamiliar with the concept of referrals when compared to health providers. LIFT can play a productive role in helping stakeholders undertake intensive community mobilization and promotional and public awareness activities to build demand for services offered by the referral network. In addition, LIFT can work with stakeholders to seek support of church and educational leaders, medical providers and policy makers to use their influence to increase community support for the referral network. Finally, LIFT can conduct a formal assessment of the various knowledge and skill competencies of network members, or potential members, and use these data to develop a strategic plan for increasing capacity and assisting with targeted capacity development.

Challenge: ***Eligibility criteria for patients to take part in ES/L/FS programs of partner organizations may not align with profile of clients referred from HIV and/or NACS services.***

The misalignment of clients' particular skill sets and productive capacity with the relevance of the ES/L/FS service is a common challenge. For example, NGOs and CBOs may provide skills training in carpentry, tailoring and basket weaving without knowing if their target audience would qualify or be interested in the training. At the same time, more traditional ES/L/FS providers may not target products or services to the vulnerability level of individuals coming through the health system.

LIFT can address this challenge by building the skills of the network coordinating mechanism to map and manage information on the most relevant and successful service providers and the different economic strengthening needs of clients. This can be accomplished by building the capacity of the coordinating mechanism to conduct a preliminary market assessment to understand the demand for products and services, or employment, in the ES/L/FS sector. In addition, LIFT can help build capacity in conducting a household vulnerability assessment to better allow the capabilities and needs of PLHIV to be aligned with available ES/L/FS services. LIFT can also support traditional ES/L/FS service providers such as microfinance institutions and vocational/skills training institutions to tailor their services or add services that meet the needs of the NACS client base.

Challenge: ***While health facilities and some CBOs are used to having clients show up at the facility and services are rendered, many community-based service providers may have different modes of identifying and serving program participants.***

Unlike health facilities, some ES/L/FS services, CBOs or PLHIV networks may not be accustomed to clients 'showing up' to receive services and may not have a physical office as an entry point for services. This can impact how referrals to these services are received and responded to in LIFT's network approach. To address these issues, LIFT should conduct capacity strengthening with ES/L/FS service providers to educate them about the nature of referral networks, their role in the network and how to effectively receive and refer clients for other services. Moreover, through dialogue early in the process of establishing the network, there will need to be clarity on if and how specific services can be accessed through a referral model. ES service providers will also need to be educated about working with PLHIV clients and fully clarifying upfront with clients and network members about the eligibility criteria and/or the seasonality of the services that they provide.

In addition, as part of encouraging community ownership of the referral network, LIFT can promote the development of more formal collaborations and 'quid pro quo' arrangements between network members. CBOs that do formal outreach to PLHV, care givers and their family members can encourage, refer and accompany individuals to health facilities while health facilities can provide a limited amount of facility space to allow a CBO staff person to conduct relevant services. Moreover, LIFT can be conduit in connecting with the private sector to encourage collaboration between for example, CBOs conducting job readiness programs in space provided by employers and the same or other employers providing job opportunities for program graduates.

Challenge: ***While the government may have a coordinating mechanism to foster a multi-sector response, overall, the HIV response is seen largely as a 'health response.'***

Traditionally government agencies have worked in individual 'silos', establishing certain 'realms of authority' based on their background and expertise. When government agencies consider the best response to HIV to be a health response only, ES/L/FS services are often not a priority. Having largely a single focus also results in HIV government units not taking responsibility in collecting referral forms other than those associated with health referrals, which results in limited accountability, follow-up and tracking of referrals.

Moving away from this way of operating not only involves addressing infrastructure issues, it requires making a mind shift from compartmentalizing client needs to addressing needs holistically. To address this challenge, LIFT should advocate that government coordinating mechanisms take a more formal multi-sector approach with members from different ministries. This can be accomplished in several ways including conducting formal meetings or summits on the topic with participants from different sectors. Such gatherings can present models and best practices in the field of referral networks and outline the advantages of the multi-sectoral approach for serving the broad needs of PLHIV, care givers and family members with the various sector participants prepared to discuss how its sector and initiatives could contribute to clients' well-being.

Challenge: ***Healthcare systems are overburdened and struggle to meet other than basic health care needs of clients, including doing referrals to meet ES/L/FS needs.***

Clinical staff are often stretched in providing basic client services and find it difficult to meet additional healthcare needs, such as nutrition support, or make referrals for other services, such as ES/L/FS services. Doing so often includes the challenge of adding additional tracking mechanisms to client charts and reporting processes within the health system.

LIFT can provide assistance in trying to streamline the system and reduce burden on the health facility staff by, for example, providing input on how to add simple yes-no items to existing documentation systems related to counseling and referral for other multi-sectoral services, including ES/L/FS services. A more long range solution would be for LIFT to train a case manager or para-social worker who could

be added to the health facility staffing configuration or staff of the referral coordinating mechanism and take responsibility for client ES/L/FS referrals.

Challenge: ***Task shifting in healthcare systems may make it difficult to ensure everyone is fully trained in the referral process and can result in lost referrals when patients move from one unit of a facility to another. In addition, patients having to travel to multiple sites or units for services can result in low uptake.***

While task shifting in healthcare systems is a structural issue, LIFT can encourage the use of and train a case manager or para-social worker in unique skill sets to: 1) identify key economic strengthening needs and assets, including previous client work experiences; 2) provide counsel on potential referral options by explaining the opportunities available within the community; and 3) follow up on the success of the referral through home visits and visits to network partners. This trained individual would be embedded within health facilities or referral coordinating organizations to take on responsibility for economic strengthening counseling and referral decision-making. Another way health facilities and other referring agencies can assure more successful referral rates is by putting in place a PLHIV accompaniment program where volunteers can accompany clients to referred agencies. `

Conclusions

A typology of three HIV referral network models exists (health facility, community-based, case management) with several hybrid applications of these models in the field that integrate various forms of civil society and government involvement. In the LIFT context, any of the models can achieve the objective of connecting NACS clients and their households to ES/L/FS opportunities, though a community-based referral model seems most feasible. What is critical is the provision of LIFT system strengthening to ensure that the most appropriate and effective ES/L/FS referrals are provided and services are utilized by NACS clients.

LIFT system strengthening of referral networks in the areas of ES/L/FS must be driven by best practice, the stage of development of the network and the strength of its members. In the context of 'essential elements of referral networks,' LIFT is a global technical leadership mechanism capable of enhancing each essential element in collaborative relationships with Missions, implementing partners and government counterparts. This includes developing the tools and processes required to establish a referral system (i.e., community mapping, evaluation of available services, client assessment, referral tracking, monitoring and feedback processes, evaluation of clients' experience and outcomes), as well as provide training to staff involved in the referral network.

LIFT technical assistance must be able to grapple with common field challenges that local referral networks confront including client demand-driven challenges as well as those that are network supply-driven. Through field-based research and analysis, LIFT has prepared its Livelihood and Food Security Conceptual Framework, eight Standards of Practice in Economic Strengthening and a host of practical resources to improve the quality of existing ES/L/FS services. LIFT's organizational network analysis and diagnostic tools help to guide appropriate referrals as well as identify gaps in available services and support advocacy to local NGOs, donors and government institutions in these areas.

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ANNEX

Table 1: Documents Reviewed

Document & Author	Document Type	Synopsis

1. Increasing the Sustainability and Impact of NACS by Linking Patients to Economic Strengthening Services (LIFT, FHI 360)	Technical Brief	Discusses LIFT's model to link NACS patients to economic strengthening services. This includes:
		• Diagram of process
		• Key components of referral system
		• Community ownership
		• Identification and evaluation of available services
		• Referral points of contact
		• Establishment of referral committee
		• Community referral coordinating mechanism
		• Assessing individual patient needs and capacity
		
		Promotes LIFT capacity to provide TA in:
		• Development of tools and processes required to establish the referral system:
		  • Community mapping
		  • Evaluation of available services
		  • Patient assessment
		  • Referral tracking
		  • Monitoring and feedback processes
		  • Evaluation of patients' experience and outcomes
		  • Staff training in referral networks

2. Livelihood and Food Security Conceptual Framework (LIFT, FHI 360)	Technical Brief	Section 5 on livelihood interventions provides relevant information for understanding appropriate referrals of clients for livelihood services/ interventions based on vulnerability and need. It discusses: • Three categories of livelihood interventions (provisioning, protection, promotion) • The livelihood pathway (used to locate a household on the pathway to increased income and reduced vulnerability; pathway includes five household livelihood outcomes which are associated with different types of proposed interventions) • Larger conceptual framework consolidates several key concepts discussed in the brief
3. Establishing Referral Networks for Comprehensive HIV Care in Low Resource Settings (FHI)	Guidance	Discusses: • Referral network models and provides examples; • Nature of relationships in network; • Quality assurances of model referral networks; • Essential elements of networks; • Steps for starting, strengthening referral network; • How to make a successful referral; • M&E component of referral network Tools provided:

Document & Author	Document Type	Synopsis
		• Directory of services • Referral form • Client tracking form • Referral register • Diagram of referral process and what form to use at stages of process

4. Promising Practices for Linking Economic Strengthening and Clinical Services (Save the Children)	Report	Results of literature review and field research with Ethiopia referral programs___[Food by Prescription (FBP), TransACTION and the HIV Care and Support Program (HCSP)]
		
		Discusses (across programs):
		• Model referral systems used in the different programs
		• Challenges experienced
		• Promising practices/lessons learned
		• Recommendations for program improvement
		Includes:
		• Recommended guidance materials for implementing partners
		• Forms and referral tools:
		  • Monthly monitoring sheet (submitted by every network member)
		  • Individual referral form

5. Building linkages and referrals – a step towards sustainability: Alliances India Experience (International HIV/AIDS Alliance)	Report	Discusses CHAHA program experience (health, education, social security and livelihood related): • Process for developing and implementing referral network of coordinated care • Factors that promote linkages • Factors that inhibit linkages
6. A referral system for care and support services for PLHIV and their families in the community (UNDP)	Guidance	Discusses: • Conceptual Model of continuum of care • Makeup of network • Services in network (including skills training/ Livelihood/Employment) • Advantages of/outputs of a referral system • Essential elements of a referral system • Process of establishing a referral system • How the system works (diagram) • The referral process and corresponding forms (diagram) • Indicators of successful referral system • Competencies of service providers Tools included: • Intake form • Consent form

Document & Author	Document Type	Synopsis
		• Referral for service form • Referral feedback form • Referral registry • Directory of resources
7. Namibia – Guidelines for Bidirectional Referral System (Ministry of Health and Social Services, Namibia)	Guidelines	Discusses: • What is referral system; • Names Tool to facilitate process (Directory of services, referral form book, referral register, referral focal person, referral committee, referral reports); Referring process; • Involvement of private sector and community based health care services; • M&E of referral system
8. Namibia – Draft report for evaluation of bi-directional referral system (Intrahealth)	Report	Discusses: • Findings; • Best practices; • Challenges; • Conclusions & recommendations
9. Malawi - Salima Referall network guidelines (FHI 360)	Guidelines	For FHI program, Mkuta Mwana for vulnerable children in Salima district. Discusses: • Goals and objectives of referral network • Agencies in comprehensive integrated network • Elements of a referral network • Coordinated structure and focus persons • Meetings, feedback mechanism and reporting • Steps to developing/strengthening network • M&E of referral network • Standard tools, tracking system, documentation and QA
10. Malawi Salima Operational Manual for System (FHI 360)	Manual	For FHI program, Mkuta Mwana for vulnerable children in Salima district. Discusses: • Objectives, guiding principles of referral network • Roles and responsibilities of organizations and persons in referral network • Essential elements of referral network • Monitoring and QA mechanisms • Standard operating procedures (How to make a successful referral, the referral form and register, directory of services, reporting on referral activities)
11. Zambia - Referral Networks (Zambia Prevention Care and Treatment Partnership)	Brief	Discusses: • Technical strategy • Key activities • Challenges
12. Zambia: Neighborhood Health Committees (Zambia	Brief	Discusses: • Approach in involving NHCs as a complimentary community mobilization strategy

Document & Author	Document Type	Synopsis
Prevention Care and Treatment Partnership)		• The benefits of utilizing the NHCs in achieving its objectives
13. Zambia: Community mobilization and referral model (Zambia Prevention Care and Treatment Partnership)	Brief	Discusses: • Model goals and components in diagram
14. Tanzania: CONTINUUM OF CARE NETWORKING FOR HIV/AIDS and Powerpoint on CoC (FHI 360)	Report	Discusses: • Experience with continuum; • Challenges; • Gaps and lessons learned Includes: • Questionnaires for district leaders, service providers and PLHIV
15. Nigeria Referral Network training (intro)	PP training	Includes info on essential elements of network
16. Nigeria Referral Network training (needs of PLHIV)	PP training	Includes essential services in network (lists material support but not formal ES/L/FS)
17. Nigeria Referral Network training (steps)	PP training	Steps to start a referral network or strengthen

18. Nigeria Referral Network training (tools and processes)	PP training	• How to make a successful referral;
		• Standardized tools
		  • Directory of services;
		  • Client referral tracking form;
		  • Client referral form: Part A Referral Slip
		  • Rreferral register;
		  • Client referral form: Part B Services Provided

19. Zambia: Prevention Care and Treatment ZPCT II Monitoring and Supportive Tool (FHI)	Tool	Used to determine the performance in implementing ZPCT II community mobilization and referral network activities
20. Zambia: Referral Register (FHI)	Tool	Registers up to 12 clients
21. Zambia: Zambulance service for expectant mothers (FHI)	Policy guidance	Community based transport improvement
22. Zambia: BICYCLE POLICY FOR	Policy guidance	For health community outreach

Document & Author	Document Type	Synopsis
COMMUNITY VOLUNTEERS (FHI)		
23. Nigeria GHAIN referral directory (FHI)	Tool	By state, provides info on: • Name of agency; • Type and cost per service; • Days/hours; • Contact names and telephone numbers
24. Nigeria GHAIN Referral services monitoring checklist (FHI)	Tool	Monitors: • Elements of good system; • Materials and supplies needed; • Referral focal person; • Client referral form; • Referral registry; • Intra and inter facility referrals; • Feedback system;
25. Malawi IP registry of enrollees (FHI 360)	Tool	Collects data on guardian, child, enrollment and demographic information
26. Malawi Registry of HHld Beneficiaries (FHI 360)	Tool	Collects data on children and adults in household
27. Malawi Household Registration Form (FHI 360)	Tool	Collects data on children and adults in household
28. Malawi Registry of Program Beneficiaries (FHI 360)	Tool	Collects data on guardian, child, enrollment and demographic information
29. Malawi Referral From (FHI 360)	Tool	Two parts with tear off from organization that responds to referral for what is next
30. Malawi Incoming Referral Register (FHI 360)	Tool	Form to record referrals for up to 20 clients
31. Malawi Outgoing Referral Register (FHI 360)	Tool	Form to record referrals for up to 20 clients
32. Malawi Child Support Matrix and Care Action Plan (FHI 360)	Tool	Child support matrix for OVC (including livelihood items) and ability to develop plan from scoring
33. Malawi Household registry form (FHI 360)	Tool	Summarizes info on children and adults' possible OVC services
34. Malawi - Client FU & Referral Form (IMPACT)	Tool	Place for follow-up appt details and referral to community-based services
35. Malawi –Confidential Health Referral Form	Tool	Client details, reasons for referral, referred by, FEEDBACK HEALTH PROVIDER FOR HCC OR PMTCT

Document & Author	Document Type	Synopsis
(IMPACT)		REFERRALS
36. Malawi –Child Status Index Impact Program (IMPACT)	Tool	Measurement tool for CSI
37. Malawi –Beneficiary Enrollment Tool (IMPACT)	Tool	A scoring sheet; list 12 household livelihood factors and factor indicator scales for each; Includes a Impact Beneficiary Enrollment Tool
38. Partnership Agreement for Referral of Women who Seroconvert in FEM-PrEP Clinical Trial (unknown)	Tool	Check off for all information on services received by client
39. SEROCONVERTER REFERRAL CARE FORM (unknown)	Tool	Summarizes all info on: • the individual referral; • if client was given a referral; • if didn't connect why; • if did connect what services received
40. Referral matrix (unknown)	Tool	Similar to a directory but full page of info on network partner: • name/location of facility and hours; • nature of relationship; • services offered; • support services offered; • costs and access issues
41. FHI FEM-PrEP Clinical Trial (FHI)	Guidelines	Guideline document for procedures for HIV positive women (including guidelines for referral manager)
42. Tanzania – Referral Form	Tool	Collects info on: • person getting referral; • person providing referral; • where person was referred; • info on other referrals; • tear off for after services were provided for return of info to original source
43. Project HOPE Namibia – H101 Client referral form	Tool	Collect info on: • person getting referral and caregiver; • COST OF THE TRANSPORT AND SERVICES REQUIRED; • place to sign if services were received
44. Project HOPE Namibia – T102 TB Patient Discharge	Tool	Includes: • place for interviewer information (including place coming from and being discharged to) • patient demographic information (including plans for follow up)
45. Project HOPE Namibia – T103 Patient Education	Tool	Allows for rating of patient knowledge of health conditions (TB/HIV)

Document & Author	Document Type	Synopsis
Verification		
46. Project HOPE Namibia – T104 Treatment Defaulter/Interrupter Follow-up	Tool	Allows for information on TB medication defaulting and reason for defaulting
47. Project HOPE Namibia – T106 Referral form ()	Tool	Collects: • demographic data on TB client and TB suspect; • service provided by health professional and whether follow up visit (instructions are for patient to give back to Field Promotor who referred)
48. Project HOPE Namibia – T 105 DOT Supporter Meeting Form	Tool	Collects data on: • topics discussed at meeting • DOT supporters attended • info on TB client being supported
49. Project HOPE Namibia – TH 101 Household Visit	Tool	Collects data on: • demographic of persons interviewed; disease; • TB treatment management; • contact tracing in household; • OVC's health, nutrition & development, shelter and care, education, protection, psychosocial support, and care
50. Project HOPE Namibia – TH 102 Health Education Form/Community Outreach Form	Tool	Collect data on: • where HE activity took place; • what was discussed; • reactions of participants; • challenges, successes with outreach; • info on persons in HE session

Annex 3: LIFT Technical Brief: Developing a Diagnostic Tool

LIFT Technical Brief

Developing a Diagnostic Tool:
Informing Facilitation of Clinic to Community ES/L/FS Referrals through NACS

Background

In 2009, with funding from the PEPFAR, USAID awarded the Livelihoods and Food Security Technical Assistance (LIFT) project to strengthen the capacity of USAID missions, implementing organizations and host country governments to design and implement livelihood and food security interventions to improve the resiliency and health of vulnerable households, especially those affected by HIV. The interest in nutrition and food security programming to further PEPFAR goals came as result of several important developments in policy and programming. As a result, in the second phase of PEPFAR, many more missions have been providing direct funding for nutrition assessment, counseling and support (NACS[1]) services as a component of their care and treatment programs and there is also increased interest in how to effectively engage in and with food security programming.

A primary goal for LIFT is to ensure clients from PEPFAR-funded NACS clinical facilities access local economic strengthening, livelihoods, and food security (ES/L/FS) services. To achieve this goal LIFT has developed a Working Model which works through partners to support clients to receive appropriate referrals to these locally available services. It will require cooperation between donors, implementing partners, and organizations as the integration of services is often a complex task. Even amidst related health services it is common for no one provider, health facility, or organization to meet these needs alone. This is certainly the case when the continuum of care is extended across different service areas as the case under NACS between a health facility and service providers (SPs) that deliver ES/L/FS support activities.

> *"The Diagnostic Tool Technical Brief outlines the purpose of the tool, key considerations in its development, and areas of future learning through early country-specific experiences in the integration of ES/L/FS services into NACS."*

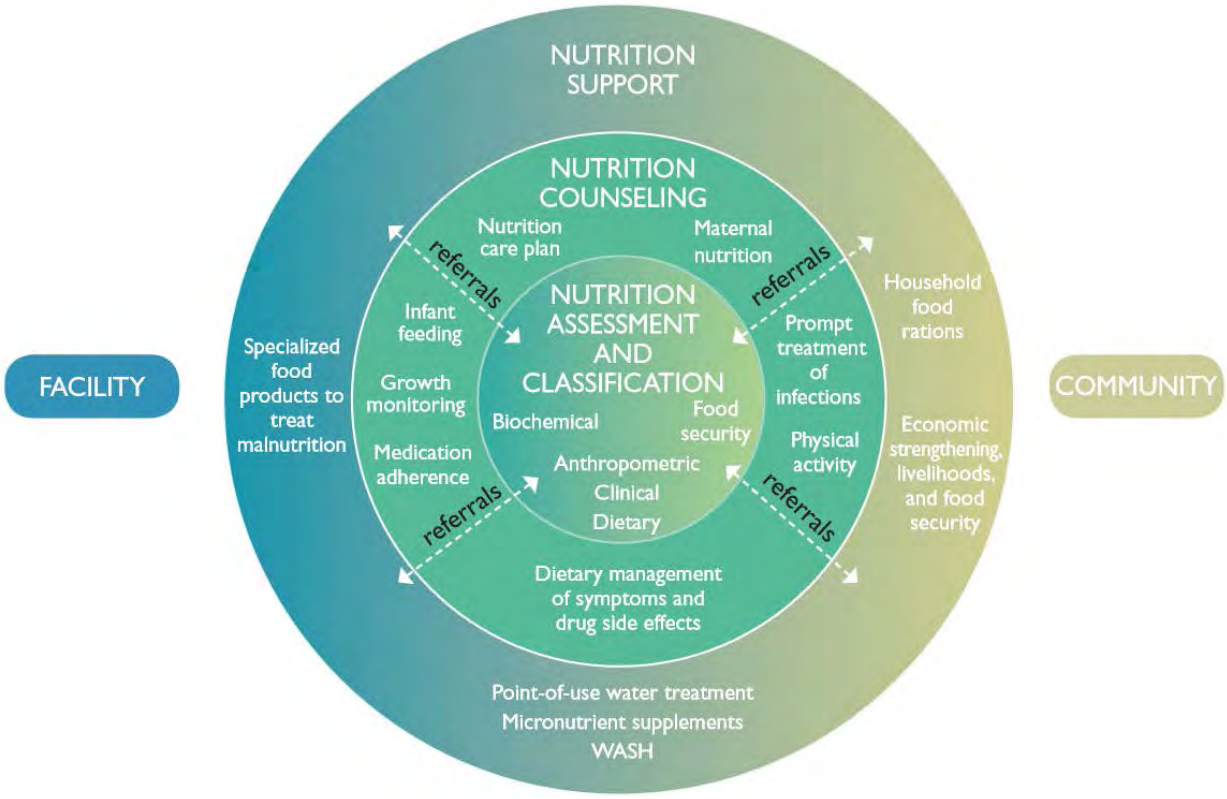
The LIFT Diagnostic Tool for Household Poverty and Food Security Status ("Diagnostic Tool") has been developed to support this facilitation of efficient, effective, and appropriate referrals of individuals attending health clinics to other community-based service providers, especially those offering ES/L/FS services. The development of the Diagnostic Tool is an essential step in the design of the referral system offered through the LIFT Working Model. This brief aims to capture the context behind the Diagnostic tool, its purpose and key functions, critical considerations and guiding principles in its development, and finally highlight areas of future learning through practice and rollout of the approach.

[1] FANTA. 2012. Defining Nutrition Assessment, Counseling, and Support (NACS). Technical Note No.13. Washington, DC: FHI 360/FANTA. 'The nutrition assessment, counseling, and support (NACS) approach aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, programs, and the health service delivery infrastructure. The NACS approach strengthens the capacity of facility and community-based health care providers to deliver nutrition-specific services while linking clients to nutrition-sensitive interventions provided by the health, agriculture, food security, social protection, education, and rural development sectors.'

Diagnostic Tool in Context

NACS is the foundation for LIFT's approach to extending the continuum of care to include a wider range of community ES/L/FS support. Figure 1 developed by FANTA highlights activities defined under NACS as well as how these services range across the facility and community spectrum. LIFT's focus on referrals is targeted in particular to the community support aspects related to economic strengthening, livelihoods and food security related services referenced on the right hand side.

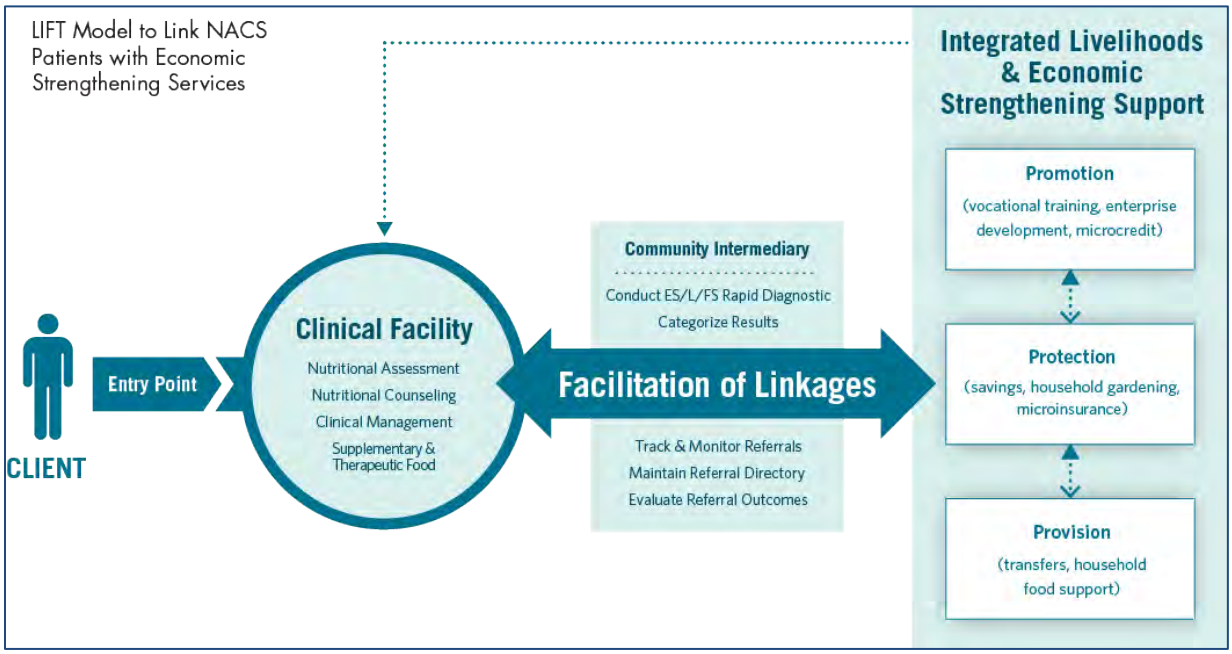
Figure 1: NACS Components at the Facility and Community Levels[2]



The LIFT Working Model depicted in Figure 2 shows how clinic to community referral systems and networks can be operationalized to facilitate linkages with ES/L/FS services. Given the inherent complexity, LIFT has elected to implement a referral system in discrete parts to make small but constant moves forward, and to incorporate critical feedback that will ensure the success of the referral system. Each of these parts or components is critical to the system. The Diagnostic Tool is one of these important components. Other tools and components include items such as a service directory of available services and their eligibility criteria, counseling guidance on how to make a referral, a database to record client data necessary for service providers to track referrals. (Reference other technical guidance notes).

[2] See reference 1.

Figure 2. LIFT Working Model to Link Patients with Economic Strengthening, Livelihoods and Food Security Support



Diagnostic Tool Objectives

The primary objectives of the Diagnostic Tool are to 1) Assess economic and food security status of the client's household to determine if a referral to ES/L/FS services is needed; 2) Provide additional contextual information about the household to further inform the referral (if determined beneficial) is tailored to the most appropriate ES/L/FS services available; 3) Set in place a method for tracking clinic-to-community ES/L/FS referrals to grow the evidence base around this element of the NACS approach.

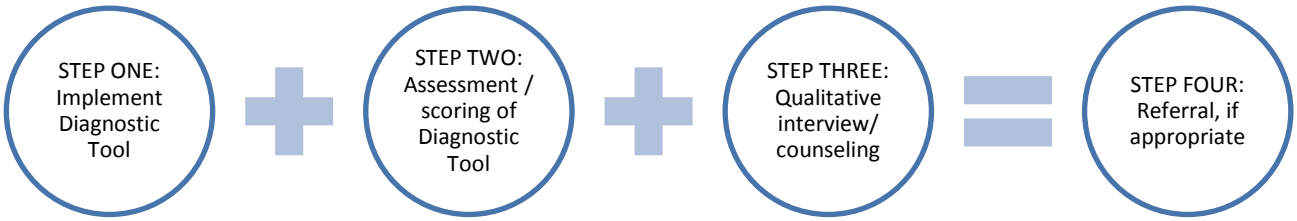
To achieve these objectives, the Diagnostic Tool must prove to be efficient, effective, and appropriate for directing referrals to community-based service providers and classifying interviewees by the appropriate intervention strategies defined by the LIFT's livelihood and food security conceptual framework categories (Provision, Promotion, Protection[3]). Efficient, effective, and appropriate referrals are defined as follows:

- ***Efficient referrals*** do not take a long time to complete. They are client-centered and, to the extent possible, allow a LIFT-mentored service provider to quickly diagnose a client's household poverty and food security status with the expectation that this information will help speed the referral process.
- ***Effective referrals*** are those that, for the LIFT project and our partner network, allow us to collect data about clients to improve referral programming.
- ***Appropriate referrals*** provide a client with information about a service that is right for them and their household. That means the service is one they are eligible for, can reasonably travel to, and that they have interest in.
- In addition, the tools must be useful for ***Classification*** into the three categories of LIFT's conceptual framework (Provision, Protection, Promotion).

The diagnostic tool is not alone in defining the referral. Figure 3 depicts how the diagnostic tool can be applied in practice alongside other components of the referral system model to inform the client referral.

[3]2013. Household Livelihoods and Food Security: Conceptual Framework. Washington DC. FHI 360/ LIFT

Figure 3. Diagnostic Tool to Inform a Referral



Design Considerations in Developing the Diagnostic Tool

The interconnectedness of livelihoods and food security is a critical underlying consideration in LIFT's work; a household with minimal or no economic activity and resources will not be able to attain sustainable food security. Similarly, without food security, household members will be physically unable to participate in livelihood activities in any sustainable and meaningful way. Furthermore there is an emerging body of evidence linking overall health, including health of individuals affected by HIV/AIDS with economic stability and food security[4].

Accordingly, early conceptions of the Diagnostic Tool determined that both household poverty and food security should be assessed in order to get a clearer picture of the households and thus link them to appropriate and needed services. Looking at these two dimensions of how households live is important for the initial referral as well as for continued monitoring. It is important to note that the Diagnostic Tool is part of a larger referral system and is not the only means of capturing useful information. As noted above, counseling and other components will be critical to contextualizing needs and capabilities of the household to complete the referral.

Another critical input into the development of the Diagnostic Tool was feedback from practitioners. In late 2012, LIFT engaged with a number of practitioners to better understand what was needed to improve the capacity of NACS organizations to provide the clients they serve with access household ES/L/FS activities and services. The need for a tool to facilitate learning about patient's household economic and food security status that could be used as a starting point for providing targeted referrals to appropriate local ES/L/FS activities was common amongst a number of practitioners and projects[5]. Additionally a number of organizations shared and offered a range of existing tools that have a range of benefits and trade-offs.

These discussions with NACS stakeholders and ES/L/FS practitioners combined with a review of linkages across these sectors, helped LIFT determine that in addition to being comprised of these two parts (poverty and food security) the tool needed to meet the following criteria:

- Be easy to use (not too long or burdensome)
- Be capable of determining if there is a need for ES/L/FS linkages
- Inform the appropriate selection of initial ES/L/FS referrals (if needed)
- Have a case management function (for tracking clients and monitoring progress)
- Yield results that are comparable across sites
- Be able to be scaled-up and adopted in a cost-effective way

[4] For more information on this, see MEASURE Evaluation and LIFT's 2012 Review of the Evidence: Linkages between Livelihood, Food Security, Economic Strengthening and HIV Outcomes by Khou Xiong.

[5] Practitioners consulted included global staff of USAID, DAI, Save the Children, CARE and FHI 360 among other organizations.

Each of these elements was considered when developing the poverty and food security sections of the diagnostic tool. The following sections highlight key indicators and methods evaluated in the section of components of the Diagnostic Tool for field testing. The results of the field testing will inform what data is ultimately included

Food Security Component

A number of tools for assessing food security and nutrition are widely used in the health and economic strengthening sectors. Selecting an existing tool was determined to have the benefit of being cost-efficient and increases the likelihood of the results being more reliable than new tools which have yet to be properly vetted and refined by practitioner communities. Several tools exist whose output were deemed to fit the initial criteria stated previously. Therefore LIFT did not seek to create its own food security measurement methodology.

The Household Hunger Scale (HHS), Household Dietary Diversity Survey (HDDS) and Months of Adequate Household Food Provisioning (MAHFP) have been identified as top indicators for inclusion in the field testing. HHS is a component of the lead impact indicator for tracking food security of PLHIV in the Globally Harmonized Indicator Set for Nutrition and HIV, which is endorsed by USAID and UNAIDS. The HDDS and MAHFP will be tested so assess their ability to complement the HHS to track changes in food access, as well as dietary diversity, as a more diversified diet is highly correlated with such factors as caloric and protein adequacy, percentage of protein from animal sources (high quality protein), and household income.

Poverty Component

LIFT considered several options for assessing household poverty. The Progress out of Poverty Index (PPI) was chosen over developing a general proprietary tool or series of locally adapted tools for several reasons. Cost efficiency and timing were two factors. As an existing and widely-used tool, the advantages and limitations of the PPI were largely understood whereas new tools – while having certain technical and targeting advantages – would require significant investment before they could be considered vetted and proven instruments. The PPI meets all of the previously stated criteria though its ability to calculate poverty levels for individual households and track changes over time has known limitations. Accordingly, additional poverty indicators will be added to the tool that will enhance its individual predictive power and be more apt at showing changes in poverty status over time[6].

Application

As a program that tracks health outcomes, it seems natural LIFT would incorporate the diagnostic tool into the duties of clinical health workers. However, these workers are already usually over-worked and likely lack in-depth understanding of community-based ES/L/FS services. A key design feature of the tool is that it will be able to be used with minimal training, making it adaptable to both clinical and community-based service provider settings, as meets the needs of the referral system.

Information Use

One issue is that this is a piece of a referral system. In order to have a referral system, you need to have some kind of defined network. LIFT's focus on poverty and food security is derived from the composition of our network— household ES/L/FS service providers linked to NACS sites. A diagnostic tool is best designed when matched to meet the needs of network members.

[6] LIFT considered using USAID's Poverty Assessment Tool (PAT) and the well-known Household Economy Approach (HEA) championed by Save the Children, however, both were too cumbersome to use. The PAT requires a series of complex mathematical computations which make immediate use as a referral aid extremely challenging. The HEA relies on complex mapping of households with a defined geographic regions (called "livelihood zones") and requires heavy programmatic investment up-front to define these regions, so was therefore ruled out as an aid to facilitating referrals.

Utility

When considering where the Diagnostic Tool would be used (as it is the foundation of a referral) LIFT opted to create a tool that is simple, but that incorporates statistically derived indices with predictive power. Using simple, pre-made indices allows LIFT to compare data with other programs in the country (or even globally), and across LIFT-facilitated referral networks around the world.

Delivery Method

The Diagnostic Tool will be initially be field tested using an electronic tablet. Mobile phone administration is another option to consider. As cellular penetration increases globally, simple diagnostic tools can be administered through mobile phones. One benefit is that data are collected in real-time and do not require data entry clerks or a desktop-based database. Another benefit is that referral network members can better advertise their services through bulk messaging to network beneficiaries, or targeted communication to increase enrollment. Finally, mobile technology allows users to self-select into a particular catchment area, so that any services that are recommended for them are nearby—this addresses the issue of HIV treatment stigma which often drives ART clients to health service providers far from their homes. In all cases, costs and capacity to utilize, incorporate and sustain technology will be factored into the rollout and use of the Diagnostic Tool.

Key Potential Challenges

Transparency around Data Utility. It's important to consider that a Diagnostic Tool is by design lightweight and will provide a minimal level of data output. It is inherently not as comprehensive in the range of data collected about a household as other larger tools might. The Diagnostic Tool is not the sole determinant of whether a beneficiary receives a service or not, and should be supplemented with additional questions (or counseling) before making a referral. In addition, several components of the tool (such as the PPI) are not meant to track individuals—they are best used to track progress of beneficiaries in aggregate over a program's implementation area. Communication and developing capacity about what the data can do and cannot will be critical to its use and uptake by LIFT and partners.

Timing and Client Availability. Though the Diagnostic Tool and the entire referral process is designed with efficiency in mind, it still requires that referees have the time to participate in the process. Time and other resource constraints as well as opportunity costs may prevent people from being able to participate in the process during health center visits. These will need to be documented, understood and feedback into the Diagnostic Tool as well as the larger ES/L/FS referral system approach.

Future Directions and Learning

Application of the Diagnostic Tool in practice is one of several important directions ahead. Field testing of the tool and experience rolling it out will contribute important learning that will feed into further refinement of this tool as well as accompany components of the referral system. Future learning around the appropriateness of data collected through the tool to achieve its objectives, as well as the objectives of the multi-sectoral referral system, will be critical to strengthening the technical integrity and function of the tool. Documenting experiences of the tool in different contexts, including different country as well as geographic contexts, such as urban, rural, and peri-urban, will also be important to ensuring it is relevant and appropriate to different settings. It is envisioned LIFT's application will be in largely high HIV prevalence areas though levels of poverty and food security in those areas will vary. Early experiences in the value of the tool in different population densities and amongst different vulnerable groups will be important as well in further defining optimal considerations and steps to get the most out of the Diagnostic Tool.

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Annex 4: LIFT's Approach to Livelihoods Brochure

Overview
LIFT seeks to improve food security, enhance livelihoods and increase the economic resilience and health of vulnerable populations through an integrated, evidence-based approach for developing targeted interventions for maximum, sustainable impact. LIFT supports the goals of USAID, PEPFAR, Feed the Future (FtF), Peace Corps, Centers for Disease Control and Prevention (CDC), local governments, civil society, and private sector partners to ensure the long-term sustainability of their investments.

Approach
Recognizing the growing body of evidence of the interdependence of livelihood and food security successes, LIFT links economic strengthening (ES) and livelihood (L) interventions with food security (FS) ones for improved livelihood and health outcomes. LIFT has developed a framework for addressing these cross-cutting areas with a particular focus on beneficiaries affected by HIV/AIDS.

The LIFT framework is an innovative, adaptable, demand-driven model that employs a 'donor as facilitator' approach. LIFT collaborates with donors and community-based programs and partners to identify needs, design work plans, and provide support services for the implementation and advancement of targeted activities by local service providers (SPs). LIFT provides strategic guidance as well as establishes and facilitates linkages and learning among donors, SPs and stakeholders.

DESIGN OF ES/L/FS INTERVENTION FRAMEWORKS
LIFT utilizes three categories of interventions along a continuum to ensure responsive, cost-effective, sustainable, and impactful actions. SPs define appropriate interventions and entry points for targeted technical assistance to address specific needs of beneficiaries at each step to increase household economic and nutritional stability. This enables practitioners to link risk reduction strategies with growth oriented ones.

Evidence shows this approach contributes to decreased household food insecurity, greater income/asset ownership, higher school enrollment, increased utilization of healthcare services, and reduced HIV infections.

Provision: Most vulnerable households. Interventions focus on meeting basic needs, increasing assets and access to food. Actions aim to mitigate shocks resulting from poor coping strategies that impact negatively educational outcomes and future opportunities by keeping children at home to earn income or to care for sick family members.
Goal: asset recovery, consumption support
Illustrative interventions: CCTs, cash or food for work programs

Protect: Vulnerable households. Technical assistance focuses on improving a household's ability to make ends meet by strengthening household money management skills and the ability to retain assets. A common intervention at this stage is savings and financial education.
Goal: asset protection, consumption smoothing
Illustrative interventions: micro-insurance, , group lending and savings, household food production

Promote: Households ready for growth. Activities focus on priming households to assume risk and invest capital and other resources for future gains. Emphasis is placed on enterprise development, market linkages, and vocational and skills training.
Goal: asset income growth, consumption improvement
Illustrative interventions: micro-credit, value chains, business development services, business enabling environment

Illustrative Rollout Process
LIFT's model comprises a three phase roll-out process overlaid by continuous monitoring, assessment, learning and evaluation.

Phase 1: Engagement, Design and Planning: LIFT engages local Missions and economic growth and health-related stakeholders, projects and partners to map the local context, identify gaps, develop a tailored work plan that responds to findings, and recommend appropriate ES/L/FS opportunities. Key potential partners, market activities, and existing referral systems and linkages between ES/L/FS and health activities and programs are identified.
Key activities and tools: desk review; portfolio review; field assessment and/or rapid assessment; opportunity identification; development of work and monitoring and evaluation plans.

Phase 2: Establishment and Operationalization of Linkages: This phase is defined by meetings and analysis to select communities and partners for collaborative programming, and the establishment and roll-out of a community network referral system. The effectiveness of ES/L/FS services provided by governmental, private sector and civil society actors in targeted areas is analyzed against the social and economic needs of HIV-affected beneficiaries and their connections with markets, particularly access to goods and services, and income opportunities, to create a set of priority actions to improve the design and delivery of services. A network intermediary is identified and a local committee to coordinate activities is established. A diagnostic tool is used to match the vulnerability level of households to appropriate ES/L/FS services.
Key activities and tools: site area selection; situational analysis; organizational analysis; stakeholder engagement meeting to define community ES/L/FS Referral Network; diagnostic tool; roll-out of ES/L/FS NACS Referral System.

Phase 3: Technical Assistance (TA) to the Referral System:
Strengthening linkages, use of the referral system, and targeted TA to upgrade ES/L/FS services, are hallmarks of this phase. LIFT helps identify and promote awareness of gaps in needed services and interventions.
Key activities and tools: conduct "score-card" assessment of quality of services; identify tailored TA activities to improve ES/L/FS services; collect and share data of gaps and services with local stakeholders and decision-makers; focus groups to collect data and maximize community involvement; on-going assessment, monitoring and evaluation, mid-term and end line evaluations.

Annex 4: LIFT's Approach to Livelihoods Brochure

LIFT's Approach to Livelihoods

Livelihoods & Food Security Technical Assistance

A USAID-funded Associate Award under the Financial Integration Economic Leveraging and Broad Based Dissemination and Support (FIELD) Leader with Associates (LWA), LIFT is led by FHI360 with the support of partners CARE International and Save the Children.

COUNTRIES

The Democratic Republic of Congo
Ethiopia
Haiti
Kenya
Lesotho
Malawi
Mozambique
Namibia
Nigeria
South Africa
Swaziland
Tanzania

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Funded by the USAID Global Health Bureau's Office of HIV/AIDS (OHA), LIFT is a 5 year (2009-2014) Associate Award under the FIELD-Support Leader with Associates cooperative agreement.

LIFT's approach builds a bridge between macro level policy and institutions to the micro level supporting communities to define and achieve their own livelihood goals.

Key services provided by LIFT to advance framework goals include:

Assessments: conduct desktop and field research, portfolio reviews, rapid assessments, provide recommendations for strengthening ES/L/FS programs and identify strategic opportunities for investments.

Linkages: create and facilitate linkages among local implementers, community based economic strengthening and food security services, and health facilities for maximum economic and nutritional impact.

Capacity Building: provide training, and technical support to implementing partners to design and implement livelihoods and food security interventions for economic resilience and health impact.

Monitoring and Evaluation: assist in the development of tools to measure household economic and food insecurity at the program, health facility and community levels, and support capacity building for use of these tools; provide recommendations on how to monitor and evaluate effectiveness of linkages and interventions.

Communications/Knowledge Sharing: create, gather and regularly and disseminate global and country-specific systemic learning and capacity building tools, templates, guidance and leadership to stakeholders worldwide. Document learnings and promote best practices to support growth of evidence-based ES/L/FS impacts on health outcomes.

Annex 5: LIFT Working Model: Approach to Linking NACS Clients to ES/L/FS Services Brochure

Overview
Through its evidence-based, systemic, flexible, integrated Working Model, LIFT seeks to link Nutritional Assessment Counseling Support (NACS) clients with economic strengthening, livelihoods and food security (ES/L/FS) services to improve nutritional and economic impact on HIV/AIDS affected beneficiaries. LIFT supports the goals of USAID, PEPFAR, Feed the Future, Peace Corps, Centers for Disease Control and Prevention (CDC), local governments, civil society, and private sector partners to ensure the long-term sustainability of their investments.

LIFT's adaptable, demand-driven model employs a 'donor as facilitator' approach. LIFT collaborates with local partners to identify needs, design work plans, promote linkages and learning, and provide support services and strategic guidance. Local entities lead the implementation of targeted activities toward the advancement of programmatic goals.

Approach
Emerging evidence shows a positive correlation between the expansion of community-based systems and the integration of ES/L/FS and health interventions and their impact on the nutritional and economic welfare of the HIV/AIDS affected. Donors and community-based service providers (SPs) are increasingly tailoring interventions to establish, grow and sustain more comprehensive health care systems that deliver both clinical HIV-related and socio-economic services to improve livelihoods.

CREATING CROSS-SECTORAL SUSTAINABLE LINKAGES
A vital aspect of the LIFT approach is linking supply with demand to forge effective linkages between health facilities and ES/F/FS SPs in a referral system. Capacity building of local stakeholders enables them to act as the coordinating and referral bodies to the network of governmental and other donor programs. When ES/L/FS activities are introduced to the clinical interface context, they yield better nutritional and economic outcomes for those with HIV/AIDS. It is important that these linkages are structured to be supportive and not a burden to the existing health system. Integral to this approach is the empowerment of HIV affected-clients by arming them with knowledge and skills to access services and make better health, financial and opportunistic decisions. Services include better access to nutritional food, health/nutritional counseling, psychosocial support, home-based care, protection systems, youth educational opportunities, and economic strengthening interventions.

Facilitating linkages to ES/L/FS is a new, yet critical aspect of NACS as it reinforces prevention, care, and support and maximizes impact potential. It helps households to protect and build assets, create safety nets to mitigate shocks, diversify sources of income, identify cost-saving measures, improve employability, and promote enterprise profitability. Early evidence drawn from healthcare workers reveals the integrated strategy's impact on improved access to and management of food and monetary resources and its direct link to resulting positive attitudes, adherence to care and positive clinical outcomes by beneficiaries.

Based on extensive research and field assessments, LIFT's approach to integrating NACS and ES/L/FS interventions in an adaptable, holistic model to improve HIV/AIDS beneficiaries rests on several important principles: systemic integration of ES/L/FS services into existing systems; enabling referrals from service providers to clinic-based services; institutionalizing the role of a lead organization supported by the government, donors and technical assistance to build capacity; delivery of the ES/L/FS referral at the facility level (or in close proximity); and investment in building the capacity of ES/L/FS SPs.

Illustrative Rollout Process
LIFT's model comprises a three phase roll-out process overlaid by continuous monitoring, assessment, learning and evaluation.

Phase 1: Engagement, Design and Planning: LIFT engages local Missions and economic growth and health-related stakeholders, projects and partners to map the local context, identify gaps, develop a tailored work plan that responds to findings, and recommend appropriate ES/L/FS opportunities. Key potential partners, market activities, and existing referral systems and linkages between ES/L/FS and health activities and programs are identified.
Key activities and tools: desk review; portfolio review; field assessment and/or rapid assessment; opportunity identification; development of work and monitoring and evaluation plans.

Phase 2: Establishment and Operationalization of Linkages: This phase is defined by meetings and analysis to select communities and partners for collaborative programming, and the establishment and roll-out of a community network referral system. The effectiveness of ES/L/FS services provided by governmental, private sector and civil society actors in targeted areas is analyzed against the social and economic needs of HIV-affected beneficiaries and their connections with markets, particularly access to goods and services, and income opportunities, to create a set of priority actions to improve the design and delivery of services. A network intermediary is identified and a local committee to coordinate activities is established. A diagnostic tool is used to match the vulnerability level of households to appropriate ES/L/FS services.
Key activities and tools: site area selection; situational analysis; organizational analysis; stakeholder engagement meeting to define community ES/L/FS Referral Network; diagnostic tool; roll-out of ES/L/FS NACS Referral System.

Phase 3: Technical Assistance (TA) to the Referral System:
Strengthening linkages, use of the referral system, and targeted TA to upgrade ES/L/FS services, are hallmarks of this phase. LIFT helps identify and promote awareness of gaps in needed services and interventions.
Key activities and tools: conduct "score-card" assessment of quality of services; identify tailored TA activities to improve ES/L/FS services; collect and share data of gaps and services with local stakeholders and decision-makers; focus groups to collect data and maximize community involvement; on-going assessment, monitoring and evaluation, mid-term and end line evaluations.

Annex 5: LIFT Working Model: Approach to Linking NACS Clients to ES/L/FS Services Brochure

LIFT Working Model:
Approach to Linking NACS Clients to ES/L/FS Services

Livelihoods & Food Security Technical Assistance

A USAID-funded Associate Award under the Financial Integration Economic Leveraging and Broad Based Dissemination and Support (FIELD) Leader with Associates (LWA), LIFT is led by FHI360 with the support of partners CARE International and Save the Children.

COUNTRIES

The Democratic Republic of Congo (DRC)
Ethiopia
Haiti
Kenya
Lesotho
Malawi
Mozambique
Namibia
Nigeria
South Africa
Swaziland
Tanzania

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Funded by the USAID Global Health Bureau's Office of HIV/AIDS (OHA), LIFT is an Associate Award under the FIELD-Support Leader with Associates cooperative agreement.

LIFT SUPPORT SERVICES

Key services provided by LIFT to advance framework goals include:

Assessments: conduct desktop and field research, portfolio reviews, rapid assessments, provide recommendations for strengthening ES/L/FS programs and identify strategic opportunities for investments.

Linkages: create and facilitate linkages among local implementers, community based economic strengthening and food security services, and health facilities for maximum economic and nutritional impact.

Capacity Building: provide training, and technical support to implementing partners to design and implement livelihoods and food security interventions for economic resilience and health impact.

Monitoring and Evaluation: assist in the development of tools to measure household economic and food insecurity at the program, health facility and community levels, and support capacity building for use of these tools; provide recommendations on how to monitor and evaluate effectiveness of linkages and interventions.

Communications/Knowledge Sharing: create, gather and regularly and disseminate global and country-specific systemic learning and capacity building tools, templates, guidance and leadership to stakeholders worldwide. Document learning's and promote best practices to support growth of evidence-based ES/L/FS impacts on health outcomes.

Annex 6: LIFT's Deliverables and Technical Products

LIST OF LIFT DELIVERABLES

- Quarterly Report #1 (FY2010, Quarter 1)
- Quarterly Report #2 (FY2010, Quarter 2)
- Quarterly Report #3 (FY2010, Quarter 3)
- Quarterly Report #4 (FY2010, Quarter 4)
- Quarterly Report #5 (FY2011, Quarter 1)
- Quarterly Report #6 (FY2011, Quarter 2)
- Quarterly Report #7 (FY2011, Quarter 3)
- Quarterly Report #8 (FY2011, Quarter 4)
- Quarterly Report #9 (FY2012, Quarter 1)
- Quarterly Report #10 (FY2012, Quarter 2)
- Quarterly Report #11 (FY2012, Quarter 3)
- Quarterly Report #12 (FY2012, Quarter 4)
- Quarterly Report #13 (FY 2013, Quarter 1)
- SF-425 for FY2010, Quarter 1
- SF-425 for FY2010, Quarter 2
- SF-425 for FY2010, Quarter 3
- SF-425 for FY2010, Quarter 4
- SF-425 for FY2011, Quarter 1
- SF-425 for FY2011, Quarter 2
- SF-425 for FY2011, Quarter 3
- SF-425 for FY2011, Quarter 4
- SF-425 for FY2012, Quarter 1
- SF-425 for FY2012, Quarter 2
- SF-425 for FY2012, Quarter 3
- SF-425 for FY2012, Quarter 4
- SF-425 for FY2013, Quarter 1
- SF-425 for FY2013, Quarter 2
- SF-425 for FY2013, Quarter 3
- Year 1 Annual Report
- Year 2 Annual Report
- Year 3 Annual Report

LIST of TECHNICAL PRODUCTS

- USAID/Namibia Livelihoods and Food Security Desk and Field Assessment
- USAID/Nigeria Livelihoods and Food Security Desk and Field Assessment
- USAID/Ethiopia Livelihoods and Food Security Desk and Field Assessment
- USAID/Swaziland Livelihoods and Food Security Desk and Field Assessment
- USAID/Democratic Republic of Congo Livelihoods and Food Security Desk and Field Assessment
- Livelihoods and Food Security Conceptual Framework
- LIFT Standards of Practice
- Permaculture Literature Review

- Promising Practices for Linking Economic Strengthening and Clinical Services
- Review of the Evidence: Linkages between Livelihood, Food Security, Economic Strengthening, and HIV-Related Outcomes
- Household Economic Strengthening “101” One Day Training
- Economic Strengthening for Vulnerable Children Guidance Document
- LIFT Literature Review and Technical Brief: Designing Effective Clinic-to-Community Referral Systems
- LIFT Technical Brief: Developing a Diagnostic Tool