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LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

First Year Annual Work Plan

August 1, 2013 – September 30, 2014



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Acronyms and Abbreviations

AA	Associate Award
ACASI	Audio Computer-Assisted Self-Interview
AMHFP	Adequate Months of Household Food Provisioning
AOR	Agreement Officer’s Representative
ARP	Adherence and Retention Project
ART	Antiretroviral Therapy
ASPIRES	Accelerating Strategies for Practical Innovation & Research in Economic Strengthening
ASSIST	Applying Science to Strengthen and Improve Systems
AusAid	Australian Agency for International Development
CARE	CARE International
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CGAP	Consultative Group to Assist the Poor
COP	Country Operational Plan
CRS	Catholic Relief Services
CSC	Community Score Card
DAI	Development Alternatives, Inc.
DfID	Department for International Development
DRC	The Democratic Republic of the Congo
DQA	Data Quality Assessment
ECCD	Early Child Care and Development
ES	Economic Strengthening
ES4VP	Economic Strengthening for the Very Poor
ES/L/FS	Economic Strengthening, Livelihoods and Food Security
ESFS	Economic Strengthening for Food Security
F Indicator	U.S. State Department Foreign Assistance Indicator
FAF	USAID Foreign Assistance Framework
FANTA-3	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization
FEG	Food Economy Group
FIELD-Support	Financial Integration, Economic Leveraging, Broad-Based Dissemination
FSN	Food Security and Nutrition Network
FtF	Feed the Future
GDP	Gross Domestic Product
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
HAMED	Health and Microenterprise Development
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HEA	Household Economy Approach
HES	Household Economic Strengthening
HHDDS	Household Dietary Diversity Score
HHS	Household Hunger Scale
HQ	Headquarters
HTC	HIV Testing and Counseling
ICT	Information Communication Technology
IGA	Income-Generating Activity
IHI	Institute for Healthcare Improvement
IP	Implementing Partner
IR	Intermediate Results
IRB	Institutional Review Board
KM	Knowledge Management

LIFT	Livelihoods and Food Security Technical Assistance
LOP	Life of the Project
LWA	Leader with Associates
MAFI	Market Facilitation Initiative
MARKETS	Maximizing Agricultural Revenue and Key Enterprises in Targeted Sites
MEASURE	MEASURE Evaluation
M&E	Monitoring and Evaluation
MED	Microenterprise Development
MERG	Monitoring and Evaluation Reference Group
MOHSS	Ministry of Health and Social Services (Namibia)
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MOTECH	Mobile Technology for Community Health
MSH	Management Sciences for Health
MSME	Micro, Small and Medium Enterprises
NACS	Nutrition Assessment, Counseling and Support
NAFIN	Namibian Alliance for Improved Nutrition
NGO	Nongovernmental Organization
OHA	USAID Office of HIV and AIDS
ONA	Organizational Network Analysis
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PDA	Personal Digital Assistant
PEPFAR	President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PHSC	Protection for Human Subjects Committee
PIRS	Performance Indicator Reference Sheets
PL109-95	Public Law 109-95
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	<i>Programme National de Lutte contre le VIH/SIDA/National AIDS Control Program (DRC)</i>
PNMLS	<i>Programme National Multisectoriel de Lutte contre le VIH/SIDA/National Multi-Sector Program Against HIV/AIDS (DRC)</i>
POWG	Poverty Outreach Working Group
PPI	Progress out of Poverty Index
PRN	<i>Programa de Reabilitação Nutricional/Nutrition Rehabilitation Program (Mozambique)</i>
QI	Quality Improvement
RF	Results Framework
RFA	Request for Applications
SC	Save the Children
SEEP	Small Enterprise Education and Promotion
SPRING	Strengthening Partnerships, Results and Innovation in Nutrition Globally
STEP UP	Strengthening the Economic Potential of the Ultra Poor
SO	Strategic Objective
SOTA	State of the Art
SOW	Scope of Work
Sub-IR	Sub-Intermediate Results
TA	Technical Assistance
TDY	Temporary Duty Assignment
TFNC	Tanzania Food and Nutrition Centre
TOPS	Technical and Operational Performance Support
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
VSL	Village Savings and Loan
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

I. Introduction

The Livelihoods and Food Security Technical Assistance II (LIFT II) project was initiated by the U.S. Agency for International Development (USAID) Office of HIV and AIDS (OHA) under Cooperative Agreement No. AID-OAA-LA-13-00006. LIFT II was launched August 1, 2013 as a five-year associate award (AA) under the Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support (FIELD-Support) Leaders with Associates. LIFT II is managed and led by FHI 360 and implemented with support from CARE International (CARE) and World Vision (WV). This report presents the first annual work plan covering the period of August 1, 2013 – September 30, 2014 as required under Section A5 Reporting and Evaluation of the agreement.

II. Background

In recent years, the President’s Emergency Plan for AIDS Relief (PEPFAR) has demonstrated great leadership in integrating economic strengthening (ES) into the continuum of HIV care and support as well as HIV-prevention programming. Globally, the incidence of new HIV infections continues to decline, and antiretroviral therapy (ART) has become more widely available, prolonging life for people living with HIV (PLHIV) and greatly decreasing AIDS-related mortality. The advancement in ART provision has had powerful positive impacts on extending and improving the quality of life for PLHIV, but at the same time has created more pressures for governments and communities with already scarce resources to provide ongoing care and support. More work remains to address the impact of the continuing pandemic on people’s livelihoods and food security, especially in countries with both high HIV prevalence and high rates of malnutrition. Particularly in Africa, PLHIV face a constant challenge in their pursuit of food, nutritional and economic security. Therefore, LIFT II will continue to foster a systemic and market-driven approach that connects PLHIV to economic strengthening, livelihoods and food security (ES/L/FS) services at the community level, in order to improve their overall food, nutritional and economic security and strengthen adherence and retention in care.

LIFT II will strengthen and expand activities initiated under LIFT I by systematically linking nutrition assessment, counseling and support (NACS) clients with community services in new contexts and in at least 13 countries over the life of the project (LOP). LIFT II is specifically designed to provide evidence-based, gender-sensitive technical assistance (TA) to meet four key objectives:

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

LIFT II’s long term goal is to play a pivotal role in facilitating clinic to community linkages through a systematic market driven approach. Over the next year, LIFT II will work to strengthen and expand foundational activities (completed under LIFT I) through programmatic implementation that systematically links NACS clients with community services and enhances the functionality of those services. At the center of these activities will be the linking of vulnerable households to ES/L/FS and HIV-

related services. Services and the systems that support them will be tailored to build a robust economic strengthening infrastructure that can be sustained, owned, driven and managed by local stakeholders. This approach and the affiliated results will provide a foundation for developing performance standards in multi-sectorial programming and building consensus amongst its many and varied stakeholders. From the initial implementation of this model, we will contribute important evidence to the field of economic, nutritional and health systems strengthening on increasing the efficiency within markets for the poor. LIFT II's light touch approach facilitates structured learning and the development of transferable tools that enable the replication of these activities in other communities with the goal of improving outcomes for HIV positive individuals.

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

LIFT II's first year work plan represents the project team's efforts to organize, prioritize and sequence project activities in ways that will have an optimal impact. The work plan is based on information available now and on creating foundational investments during the first year that will be built on over the LOP. The work plan also accounts for LIFT II's mandate to provide demand-driven TA to USAID Missions and other relevant United States Government (USG) partners. Specific country priorities and activities are reflected in the country-level work plans and performance monitoring plans (PMPs) and are approved by the appropriate Mission partner. Global activities, as well as output and outcome indicators (the PMP, section XI), will provide a framework under which country activities and work plans can be harmonized.

During the first year, LIFT II will focus heavily on continuing to operationalize LIFT's Working Model (please see Annex 2) by rolling out the model in six countries.¹ Using the learning, project tools and processes developed under LIFT I, LIFT II is well positioned to adapt these to country and local contexts, apply them, and continue to document and translate them as they are rolled out in more learning sites in priority countries (please see Annex 3 for an explanation of tiered-level support to priority countries). The country-specific work plans covered in sections V-X of this document describe the operationalization of the rollout in each country. This will mark an important focus for year 1 as we start to engage in transactions in each of the expected countries and capitalize on the foundational experience that has and will be put in place. Operationalizing the Working Model is critical to LIFT II's first and third objectives, representing important project efforts to support improved access to cross-sectoral community referrals through NACS and also expanding experiences with these referrals through support to early learning sites at the country level. These early learning sites will be critical to increasing and strengthening the evidence base around these linkages starting now, but especially over the coming years of LIFT II.

Global reach built upon local solutions: Over the next year, LIFT II will continue to implement TA activities at both the global and country level that will be focused on the project's second objective, to strengthen community services that provide ES/L/FS support as a component of a continuum of care for families. The global activities will be foundational and will support LIFT II in being both strategic and opportunistic in our targeted efforts. In particular, they will help us align ourselves with other projects, initiatives and resources to support this objective. As a result, most of the project's direct TA of this nature will be focused on partners in the local ES/L/FS networks of the early learning sites in LIFT II's priority countries. Over time, the balance of global and country-specific activities related to this

¹ These six countries are, the Democratic Republic of the Congo (DRC), Lesotho, Malawi, Namibia, Tanzania and Zambia.

objective will shift, though we feel it is critical during the first year to weight the country-level focus heavily so the project can assess the needs, gaps and opportunities through the local early learning sites and share this learning with the Mission and its implementing partners (IPs).

Development and dissemination of best practices: We have also outlined a number of critical investment activities LIFT II will undertake to contribute global technical leadership and strategic support to stakeholders and advance the state of the ES/L/FS practice, especially as it relates to key global initiatives and country programs. We will build on the project’s technical reputation in the coming years by continuing to strengthen existing relationships, by reviewing partnerships and identifying new strategic priorities and potential partners or venues for collaboration and by conducting activities to ensure our work is available to other practitioners. Over time, as experiences and results from the early learning sites in countries unfold, we envision that our work under this objective will increase steadily.

Gender and nutrition sensitive focus complemented with a strong M&E System: Finally, an important theme and focus for year 1 will be ensuring that gender and monitoring and evaluation (M&E) are fully embedded throughout the project activities and objectives. The PMP and approach to research provide a more detailed view of the project’s plan to address M&E. Section IV of the work plan summarizes key investments to ensure that gender is appropriately considered and/or incorporated into the project. Areas in which to incorporate gender sensitivity range from staff perceptions and attitudes to the assessment, design, and implementation of early learning sites, community ES/L/FS referral networks, and TA to strengthen the quality of ES/L/FS services. This work will also require important foundational investments for the project under year 1. We will maintain our focus on these themes over the life of the project but the nature and types of activities will evolve accordingly.

In compliance with the terms of its agreement, LIFT II introduces the major activities that it will carry out under its global and country-driven programs as well as their respective levels of effort. For operational purposes, we have classified each activity’s level of effort (as well as sub-activities) as low, medium and high to reflect the estimated amount of time and effort that will be allocated by the project team. For each level of effort we have provided three to four scenarios to provide context. Please see the below chart which provides the guiding principles defining low, medium and high.

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

IV. Global Activities

Funding Source: Core Funds

Estimated Year 1 Budget: \$ 1,194,020

Main Implementer – FHI 360

Global activities will strengthen the evidence and capacity for ES/L/FS policies, programs and systems. Including, taking NACS as the primary entry point and working to expand the evidence base for effective ES/L/FS linkages from clinics to communities; promoting innovative approaches and developing global standards and policies in ES/L/FS; and strengthening capacity in assessment, program design, implementation and M&E.

Through LIFT II's global activities, we seek to play a central role in developing a common language, knowledge and evidence base for ES/L/FS programming across the continuum of care, catalyzing the movement toward best practices and performance standards and building consensus among its varied stakeholders.

Gender Integration

Conduct gender sensitization training for LIFT II staff: LIFT II staff will participate in gender sensitization training, in which staff will be versed in the critical importance of gender to achieving project goals. The training will also prepare them to bring a gender lens when encountering barriers and opportunities to the implementation and adaptation of activities in the various country and sub-national contexts where the project will work.

Results/Deliverable: Two gender sensitizations trainings (one in DC and one virtual)

Level of Effort: Low

Strengthen capacity of ES/L/FS service providers on gender-sensitive programming: Building upon the experiences of the early learning sites, the global literature, and guidance from partners, LIFT II will develop clear gender guidelines and brief gender training for service providers in our networks. Guidelines and training will be developed through an iterative process that captures information on the gender-related barriers to service utilization. Informational interviews will elicit the experiences of providers and clients. Data will be analyzed systematically and findings shared with stakeholders to generate guidelines addressing barriers relevant to that community. Experiences from the initial implementation of this activity in Malawi will guide similar processes in other LIFT II sites.

Results/Deliverable: As identified during country rollouts

Level of Effort: Medium

Formative Research on Gender in ES/L/FS Referrals through NACS: The LIFT II gender team will support qualitative research in one or more countries to develop a clearer understanding of the key considerations for linking ES/L/FS services referrals through NACS. LIFT will identify hypothesis and assumptions, and document where organizations and the network are in terms of the gender integration continuum and what it might take to move them further along this continuum. Additionally, the data generated from this activity will inform procedures to move organizations further toward increased access and more inclusive approaches.

Results/Deliverable: Document summarizing technical considerations for incorporating gender into ES/L/FS referrals through NACS

Level of Effort: Medium

Review of the Evidence Linking Gender and ES/L/FS Outcomes: Building on the work done under LIFT with MEASURE Evaluation, LIFT II will conduct a literature review to contribute good practice and evidence around the role of gender in improved ES/L/FS in HIV related outcomes. This work will serve as an important foundation for incorporation of gender sensitive activities and approaches to LIFT's work. It will also serve as a useful resource to other practitioners.

Results/Deliverable: Literature Review

Level of Effort: Low

Scaling Up and Sustainability

LIFT II will provide in-country TA to strengthen the capacity of governments and IPs to scale up the LIFT Working Model and ensure sustainability or permanence of service delivery. The scale-up plan pursued by LIFT II will use the early learning sites as a strong example from which people can observe quick results and a cost-effective systems approach. The success of the early learning sites will help to spread demand for further scale-up through a strong practice-to-research approach. During LIFT II's first year of implementation, scaling up will involve working on different fronts such as strategy and planning, advocacy and promotion, capacity building, monitoring and evaluation, and coordination all at once. It will also involve making a number of strategic choices about the type of partners and their roles.

Convene consultation meetings with national and local stakeholders to discuss and identify critical success factors for the implementation of a scale-up plan: Key national and local government, civil society, and private-sector stakeholders will be identified in coordination with the USAID Missions, Ministries of Health and other counterparts. We will engage with these groups to obtain their input and buy-in, harnessing the political will and commitment needed for scale-up. LIFT II will work with these stakeholders to build their capacity, sensitize them to the LIFT II Working Model and engage them to support the development of a scale-up plan. While specific government entities will vary from country to country, LIFT II will use a systematic approach to ensure consultation with and support from national and sub-national level stakeholders.

Based on the discussion and decisions reached with stakeholders, policy briefs will be prepared for 2-3 leading countries where the LIFT II Working Model will be tested. The policy briefs will summarize the process and decisions in a user-friendly format that outlines specific commitments and actions. These policy briefs will set concrete objectives that will further the enabling environment and outline critical success factors that will feed into scale-up plans, building national and local capacity and adapting replicable and locally appropriate delivery mechanisms.

Results/Deliverable: Policy briefs

Level of Effort: High

Scaling Up Nutrition (SUN) and policy engagement: LIFT II will engage with the Global SUN Movement, supporting the development of their nutrition-sensitive agenda and providing nutrition-sensitive resources to the online SUN Resource Directory. Wherever possible, at the country-level LIFT will identify ways to contribute to the SUN dialogue around nutrition-sensitive interventions and support the development of priorities that move dialogue into concrete action around ES/L/FS for improved nutrition. LIFT II will engage key government coordinating bodies linked to nutrition and food security and wherever possible seek to build awareness of the links between nutrition and ES/L/FS; strengthen coordination around national level nutrition and ES/L/FS efforts; increase the involvement of non-health focused sectors, including agriculture and the private sector, in nutrition efforts; as well as sensitize a wide array of stakeholders to the LIFT approach laying the groundwork for scale up.

Results/Deliverable: Quarterly progress reporting

Level of Effort: Low

Develop draft guidance on approach to scaling up the LIFT II Working Model: As a result of the outcomes and decisions of the consultation process, LIFT II will develop scale-up plans for 2-3 of its tier 1 countries during the last quarter of year 1 and beginning of year 2. The scale-up plans will be based on the policy briefs developed, reviewed and agreed on by all concerned stakeholders including the Ministries of Health. The plans will include targets, policy and program areas to be covered; description of scale up options; responsible stakeholders and accountability of implementation; capacity needs; financial investment; and monitoring and evaluation. LIFT II will make every possible effort to align its scale-up plans with overall plans for the health sector and the broader NACS and Partnership for HIV-Free Survival (PHFS) agendas.

Results/Deliverable: Draft scale-up technical note

Level of Effort: Medium

Tracking project costs: From the outset, LIFT II will carefully assess the financial cost of the elements of its roll out model to ensure that donors and governments have a clear understanding of the programmatic investments associated with site scale up. Costing and pricing guidance will be developed for each country and learning site to understand what it will take to implement and sustain clinic to community linkages. LIFT II expects to demonstrate a decrease in cost in successive iterations of the roll out model as the programmatic approach to setting up referral systems is fine tuned. In later years of the project LIFT II will go beyond financial costing and pricing to performing additional economic analysis behind its model. Both financial and economic costing models represent important opportunities for special studies, critical learning and a strong value proposition for scaling up the LIFT approach.

Results/Deliverable: Financial costing model and tracking is set in place for each of the early learning sites.

Level of Effort: Medium

Country Collaboration

Conduct LIFT II learning forum: LIFT II will conduct an annual learning forum for the internal project team (i.e., FHI 360, CARE and WV) that will enable all country/regional staff to gather to share on-the-ground experiences in country and capture knowledge gained from the rollout of the LIFT II model. The knowledge exchange will play an important role in adapting and refining the LIFT approach as well as in tailoring our rollout to specific country contexts—this will be especially critical as the LIFT II partner teams continue to grow and as the project enters more countries.

Results/Deliverable: one meeting in Sub-Saharan Africa

Level of Effort: Medium

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

Produce action research technical notes: LIFT II will produce technical notes to highlight key lessons learned during the rollout of the LIFT II working model. Akin to operations research, these technical notes will highlight emerging best practices for example contrasting referral networks in different countries (or contexts). The intent is to provide technical information related to multisectoral programming to guide decision-making for LIFT II and other programs. Possible topics for the technical notes include the following:

- **Cash transfers:** The past fifteen years have seen governments in both middle and low income countries invest one to two percent of their gross domestic products in cash transfers. Today

more than one billion vulnerable people have received cash transfers. This approach to development assistance has caused the field to rethink traditional ways of delivering development assistance. This LIFT II technical note will summarize the emerging evidence base on cash transfers. The note will highlight how transfers influence inequality and the depth, the severity of poverty, as well as, their impact on situations of chronic food insecurity. The technical note will explore the specific mechanisms associated with cash transfers; including cash grants exploring their impact on human capital development, health, and nutritional status.

- **Clinic to community referral systems technical note:** Based on our experiences at the early learning sites, LIFT II will create a roadmap for developing and supporting two key types of referral systems to link NACS clients with ES/L/FS services (electronic/mobile and paper-based). This technical note will draw on the project's growing experience in this area and document how these two approaches align and differ, key decision points in the establishment of these referral systems, how the essential elements of a functional referral network are addressed and illustrative inputs and timelines for implementation.
- **Best practice series on the formation and launch of a referral network:** As LIFT II advances work in several early learning sites, there is an opportunity to conduct qualitative investigations that explore the process of forming a network. Many tools exist for referral networks, including guidelines on developing referral forms, managing data, and assessment and monitoring of referral networks. A process-centered investigation would allow LIFT II answer several key questions related to referral networks: 1) *How do network members perceive the network?*, 2) *What factors encourage organizations to participate in the network?*, 3) *To what extent do LIFT II priorities match network member (and local government) priorities?*, and 4) *What do network members perceive as their greatest TA needs (i.e., tool development, M&E, improving gender aspects of their programming)?*. This technical note will build off of regular network metadata (# referred, # using referral, etc.) and match it with qualitative data to document successes of LIFT II early learning sites and inform best practices for future sites that will be managed by local partners.
- **Review of the evidence linking gender and ES/L/FS outcomes:** Building on the work done under LIFT with MEASURE Evaluation, LIFT will conduct a literature review to contribute good practice and evidence around the role of gender in improved ES/L/FS in HIV related outcomes (See Gender Integration).
- **Joint programming approach of the USAID/OHA nutrition collaborative IPs.** LIFT II's approach to operationalizing our working model and collaborating with a wide range of partners at the country level offers another rich opportunity for systematically documenting and sharing lessons learned. A joint technical note (in collaboration with other OHA partners though led by LIFT II) is a strong possibility in terms of documenting experiences, tools, benefits, challenges and/or critical elements for collaboration and coordination.

Results/Deliverable: Two technical notes

Level of Effort: High

Optimize referral networks activities: As LIFT II launches and supports referral networks in several countries, our understanding of best practices for referral networks will grow. To accelerate the spread of these ideas, LIFT II will prepare quarterly updates about referral systems in different countries, similar to a newsletter. The intent is to share best practices, success stories and lessons learned in a South-to-South format that lets countries learn from each other.

Results/Deliverable: Quarterly South-to-South referral network updates

Level of Effort: Low

Develop referral network training materials and methodology: Upon completion of the organizational network analysis (ONA), LIFT II recommends convening a stakeholder meeting to bring together the various members of the community who will ultimately become referral partners. The stakeholder event is an important time to think through community needs and wishes, the value of a referral system, what it means to operate at a systems level rather than through direct implementation, and what role LIFT II plays in a successful referral network. The referral network training materials and methodology will explain the rationale behind referrals and provide practical exercises stakeholders can use to assess their readiness to partner in a formal referral system.

Results/Deliverable: Training materials on methodology and creating referral networks

Level of Effort: High

Develop guidance document about creating referral networks to promote linkages from clinic to ES/L/FS services: The LIFT II Working Model features a linear progression from situational analysis to organizational analysis to testing diagnostic tools and finally to developing and launching referral networks. LIFT II is in the process of repeating this sequence in several countries, each with slightly different contexts (whether it is HIV prevalence, degree of NACS sophistication, etc.). LIFT II will compare the process in different contexts and compile best practices and lessons learned in a guidance document. This guidance will serve as a “how to” manual for creating multisectoral referral systems, while allowing for flexibility to meet local needs and demands. The guidance will include materials that can be used in a training, though the document can be read as a stand-alone guide.

Results/Deliverable: Guidance on creating referral networks

Level of Effort: High

Develop guidance document on the metrics of referral systems: While the three activities above are critical to operationalizing a referral system, LIFT II will also need to create guidance on the metrics of a referral system. LIFT II will be asking referral network partners to collect a “minimum set” of indicators necessary to track project impact (notably household food security and receipt of certain referral services), although there may be indicators that the local service providers within the network wish to track because those indicators are valuable for decisions at the local level. This activity will document the utility and ease-of-use of specific referral network indicators, highlighting their value for improved decision making at different levels (including LIFT II project, national and local governmental stakeholders, and referral network partners). A key indicator for LIFT II and local partners is client’s use of a referral—it is one thing to provide a client with a referral, but far more complicated to track their use of the referral and their recurring visits to select service providers. LIFT II will work with referral networks to ensure procedures are in place to track client’s use of referrals. In instances where a cloud-based smartphone referral system is used, referrals (both made and used) are instantly recorded and that information is available to all service providers in the network. In other settings where a paper-based system needs to be used, LIFT II will work with network members to develop procedures that allow for regular data collection on referrals used from each service provider.

Results/Deliverable: Guidance on metrics of referral systems

Level of Effort: Medium

Strategic contributions to global leadership: Through its participation in technical working groups, conferences and learning networks LIFT II will be well positioned to understand evolving donor and programming needs in areas relating to food security, vulnerability, economic strengthening and resilience as it relates to health and HIV outcomes. Under our technical leadership mandate we are designed to be responsive to donor and practitioner needs and can develop solution oriented scopes of

work and activities to address these. LIFT II will explore a range of themes to extend the reach of USAID and even other donors or partners (such as WFP) in these important spaces.

- The technical intersection of ES/L/FS and HIV through LIFT II offers a great opportunity to engage and actively contribute to the resilience dialogue happening through USAID and other donors as well as practitioners. Specifically LIFT can look at how we can improve (and measure) the resilience of vulnerable populations, especially households and communities affected by HIV.
- Align with USAID Bureau for Food Security's Learning Agenda with FEEDACK (a BFS Monitoring, Evaluation and Learning Contract) to identify global and country specific opportunities for furthering their reach with LIFT II. USAID and other donor resilience technical working groups also offer a wider set of potential opportunities for technical collaboration in the form of action research and technical notes.
- Assess, on an ongoing basis, opportunities to leverage Feed the Future and livelihoods work already ongoing and extrapolate larger Agency level learning. For example LIFT II's involvement with the USAID flagship program Uganda Community Connectors has resulted on some interesting sharing of lessons learned with other Mission's and with different bureaus and working groups at USAID headquarters. In a similar vein upcoming work with the USAID Mozambique Mission under SCIP might result in important lessons learned related to transitioning Food for Peace Programs into economic strengthening activities that could inform upcoming Feed the Future activities. LIFT will try to pursue and maximize critical opportunities for internal Agency learning.
- Considerations in scalability and sustainability in relation to working with local community organizations and networks
- Documenting steps and processes to instill and support multi-sectoral programming that promotes local ownership and other elements of priority for USAID FORWARD
- Tools for integrating gender into community led networks and local service providers also open up new areas for strategic research and activity by LIFT II.

Results/Deliverable: Scopes of work to be approved by AOR and donor/program partners, including operating units (Teams) based within the Office of HIV/AIDs (OHA) at USAID headquarters

Level of Effort: Low

Develop LIFT II knowledge management and learning strategy: LIFT II will develop a strategy and year one implementation plan to inform documentation, dissemination and systematic learning around the contributions LIFT II will make to the NACS- ES/L/FS linkages evidence base through both our early learning sites across a range of countries as well as global activities.

Results/Deliverable: Strategy and Year 1 implementation plan

Level of Effort: Medium

Disseminate global learning from LIFT II country programming: LIFT II will develop several technical notes and other knowledge products as specified in the knowledge management strategy and implementation plan to highlight specific key aspects of project activities. These activities include items relating to developing the diagnostic tool, conducting an organizational network analysis, establishing a referrals system and collaborating with the OHA nutrition partners. Additionally, LIFT II will develop a note to document process learning as the project continues to forge ahead in operationalizing its approach in Malawi.

Results/Deliverable: As per approved knowledge management and year 1 implementation plan
Level of Effort: Medium

Monitoring and Evaluation Systems

Develop global database template for rollout: LIFT II will create a database template that can be used in any country/context where a referral system is being implemented. LIFT II will opt for cloud-based databases, which allow service providers to enter client data (including referrals used) using a tablet or smart phone, whenever possible. The database will be designed for flexibility so that client data can be added by a range of service providers—whether a brick-and-mortar health facility that operates continuously throughout the year, or by field-based agriculture trainers who work only during particular seasons. In addition, the database will be structured so that LIFT II (or LIFT II’s lead local partner in a referral system) can provide updates to the database to add/remove referral partners and ensure that client entries are not duplicates. Cloud-based databases allow for easy monitoring of referral network metadata (# clients, # of referrals made, # of referrals used) and provide real-time client tracking functionality. Whether LIFT II supported referral networks use a cloud-based or paper-based system, LIFT II’s database template will include guidelines to ensure that data are regularly aggregated and reported back to network members and other stakeholders (i.e., local government).

Results/Deliverable: Database file and documentation of functionality
Level of Effort: High

Monitor research/learning data collection and use: In addition to routine monitoring data, LIFT II will review operations across countries to identify key data that can contribute to the project’s research and learning agenda. This activity will help generate ideas for action research, referenced above. Partnerships are crucial to this activity, and LIFT II will endeavor to share research and learning data with ASSIST, FANTA-3, MEASURE Evaluation, SPRING, and other projects as necessary, to identify areas where collaboration could yield successful data collection that would be impossible (or impractical) for one project to obtain alone.

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

Conduct data analysis: LIFT II activities generate data, whether cross-sectional data from the organizational network analysis/diagnostic tool test or longitudinal data from referral activities. LIFT II will analyze the data to inform future project activities and to share with stakeholders. Referral data will be analyzed jointly with network members (most likely the lead organization, with other stakeholders as necessary) to ensure that local ownership of the referral network is complete. A key element of sustainability for the referral network is the local human resource capacity to maintain a database, edit and update database forms, and generate monthly reports which inform network governance.

Results/Deliverable: Report (or quarterly reports for longitudinal data)
Level of Effort: Medium

Document indicators’ design and baselines: In contrast to the guidance document on the metrics of referral systems referenced above, LIFT II will also document and share indicators, baselines, and metadata across referral systems. The intent is to share metrics and ideas and to allow the service providers within a referral system to see (a) change in their own network over time, and (b) how other networks (in the same or other country) are similar. This information is critical in helping local referral networks learn to monitor their own performance—a key component of LIFT II’s sustainability plan.

Results/Deliverable: Semi-annual referral network reports

Level of Effort: Low

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

Landscape and knowledge gaps analysis around ES/L/FS areas: LIFT II will conduct a landscape analysis of technically-aligned donor-funded initiatives and projects, including but not limited to USAID projects (i.e., Technical and Operational Performance Support [TOPS], FEEDBACK, Accelerating Strategies for Practical Innovation & Research in Economic Strengthening [ASPIRES] and others). The analysis will help us identify critical gaps and questions in the ES/L/FS-related fields that align with LIFT II's objectives. The analysis will serve as an important benchmark and provide a useful frame for focusing LIFT II's global technical contributions. We will identify priorities and opportunities where the project has a comparative advantage and ensure that resulting activities align with other initiatives, projects, donors and working groups in future years of the project.

Results/Deliverable: Identification of two to three opportunities for LIFT II contributions to enhance field of practice and standards around specific ES/L/FS interventions

Level of Effort: Low

Develop inventory of tools around key ES/L/FS interventions and practices: LIFT II will also work with core partners CARE and WV and the STEP UP group to continually compile a comprehensive inventory of tools and resources produced by various multisectoral organizations promoting different ES approaches. This list of tools will be related to our work in (a) TA activities in ES/L/FS and (b) referral systems that link clients of health providers to community-based ES/L/FS services. This is a key resource for LIFT II to present to service providers in referral networks because it provides a great number of options for TA. This will be crucial to understanding where there are gaps in technical tools, training and/or standards in interventions and services across the ES/L/FS spectrum that align with LIFT II's strategic objective to contribute to global leadership and support.

Results/Deliverable: Inventory of ES/L/FS tools used by practitioners

Level of Effort: Low

Enhance website on economic strengthening for the very poor (ES4VP): In its role as an emerging thought leader in the economic strengthening, livelihood and food security programming, LIFT II will work with Strengthening the Economic Potential of the Ultra Poor (STEP UP) community of practice to enhance the ES4VP site developed under LIFT I. The goal of LIFT II will be for ES4VP to serve as a hub for ES/L/FS resources and a platform to engage practitioners in discussions and analysis that advance the field of ES/L/FS. LIFT II will continue to collect and develop the site content, improving its functionality, and expanding practitioner engagement. LIFT II will engage a wide variety of stakeholders through virtual discussions, blogs and other interactive modes to create a framework that promotes further documentation and analysis of integrated ES/L/FS approaches.

Results/Deliverable: Continual support to the ES4VP site through virtual discussions, e-Consultations and blogs that familiarize the ES/L/FS community with the site

Level of Effort: High

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

Results/Deliverable: Development, endorsement dissemination of global standards for ES/L/FS multi-sectoral programming

Level of Effort: Medium

Participate in key global technical working groups: Building on LIFT's presence in technical working groups under the previous phase of the project, LIFT II will continue to engage in existing SEEP, CORE group, TOPS and other technical working groups. We will also reassess and identify the specific contributions and levels of engagement that are most appropriate for the new project. The team will participate remotely and in person and will actively contribute leadership based on the experiences of LIFT II to date. By the end of year 1, LIFT II will have developed a targeted set of global technical working groups through which to contribute LIFT II's experiences operationalizing ES/L/FS service linkages through NACS. Being strategic in this way will help us ensure that the experiences and knowledge gained from our participation in working groups will be aligned as much as possible with the project's future activities.

Results/Deliverable: Staff contribute to working group calls, meetings, and targeted activities

Level of Effort: Low

Participate in OHA collaborative meetings to ensure quality and appropriate ES/L/FS technical inputs to NACS and related global strategies from USAID and OHA TA partner projects: LIFT will continue to contribute technical expertise in the areas of ES/L/FS through regular participation in global quarterly meetings with the other USAID NACS/nutrition partners. This will also include ongoing coordination with and technical guidance for other partners outside of these meetings to ensure that country-specific and global activities are aligned with ES/L/FS global good practices and current approaches.

Results/Deliverable: Active contributions in OHA collaborative meetings, phone calls, strategic TA and coordination with partners

Level of Effort: Medium

Participate in coordination meetings between LIFT II and ASPIRES: In July 2013 FHI 360, under the FIELD Leader LWA, received the Accelerating Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) associate award. ASPIRES and LIFT II are well positioned to provide complimentary programming utilizing both projects technical comparative advantages to provide holistic programming in the efforts to address comprehensive care and support, including ES/L/FS services, for HIV-affected households and/or OVCs . LIFT II is intended to focus on a broader set of economic strengthening, livelihood and food security interventions, but specifically promoting improved health and nutrition outcomes within the context of operationalizing its network strengthening approach, while ASPRIES will focus on sharing and dissemination of best practices more narrowly on financial inclusion and social protection to guide and expand successful programs and practices in the field.

LIFT will participate in quarterly meetings, and as needed, with ASPRIES to support ongoing technical coordination to ensure that country-specific and global activities are aligned.

Results/Deliverable: Quarterly, and as needed, collaboration meetings between LIFT II and ASPIRES

Level of Effort: Medium

Conduct technical trainings and produce guidelines for quality assurance of ES/L/FS services in line with global good practice and current approaches: LIFT II will coordinate and collaborate closely with ASPIRES on the revision of existing trainings, such as the one- and multi-day trainings developed around household economic strengthening under the first phase of LIFT. Careful coordination during year 1 of

both projects will be critical to ensuring that they complement each other and leverage at the global and country levels each project's expertise and comparative advantage. LIFT II will also ensure that the tailoring and delivery of national and local-level capacity-building efforts under the project are aligned with global current practices and approaches.

Results/Deliverable: Updating of existing training materials, vetting of partner and country-specific trainings with evidence-based good practice, identification of clear activities that on which ASPIRES and LIFT II will collaborate as well as activities on which we will coordinate and/or support each other

Level of Effort: Low

Make technical contributions through strategic global and regional workshops and conferences: LIFT II will deliver presentations through at least three global workshops and/or conferences in the first year. These technical contributions will ensure that LIFT II is enhancing the state of practice by sharing experiences from the first phase and information about how early work is progressing under the project in the first year. Importantly, these presentations will set the foundation for an external presence in relevant technical areas and support the project's anticipated graduated rise in technical leadership over the course of the project.

Results/Deliverable: At least three presentations and workshops

Level of Effort: Low

Disseminate LIFT II technical resources and advances through multimedia channels including LIFT II's project website: During year 1, LIFT II will build on the volume of technical content generated as well as the dissemination channels initiated under the first phase of LIFT, primarily through the LIFT project website and early exploration of social media such as Twitter. LIFT II will continue to populate the website with technical content in different forms (i.e., blog postings, country updates, new materials, tools and reports). The applicability and potential for social media and other means of disseminating (such as video) will be tested and assessed for effectiveness. This informed testing will be combined with strategic planning during the first year so that the project has a clear knowledge management and dissemination strategy for the technical learning and evidence building developed through country and global activities.

Results/Deliverable: LIFT II project website populated with current content, at least two experiments on the effectiveness of social media to disseminate and connect with global practitioners; completed knowledge management and learning strategy

Level of Effort: Low

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

improvements and track the effectiveness of those solutions. The CSC will also incorporate additional functionalities in maternal health, which have recently been added to this tool.

Results/Deliverable: Community score card adapted in at least one or two countries

Level of Effort: High

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

Results/Deliverable: TBD based on Mission needs

Level of Effort: TBD

Country Focus

Country Activities, both under global activities and country specific activities, will allow LIFT II to support country-driven ES/L/FS policies, programs, and systems. LIFT II will be moving from practice to research by improving the assessment, design, implementation, and M&E of country programs; developing capacity and building country ownership; coordinating with other donors, global partners and implementing programs; including an explicit gender perspective as part of our program approach; using action research, delivery science, and M&E to innovate and expand the evidence base throughout the continuum of care.

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

Lesotho

Main Implementer – FHI 360

Country Manager (HQ) – Jacky Bass

Country Tier: 1

Introduction

Lesotho offers a wide array of ES/L/FS services with a harmonized cash transfer program in place under its provision services; an energetic microfinance community offering savings and insurance services under protection; and a vibrant lending, vocational training and entrepreneurial environment under promotion. The combination of a resource rich economic strengthening environment and a small country context offer a great opportunity in which to test the LIFT working model and its potential for integration into NACS. Additionally, Lesotho also offers a good opportunity to explore cost effective ways for implementation through a partnership with the USAID bilateral, Building Local Capacity (BLC), project to build national capacity and facilitate clinical to community linkages in Mohale's Hoek, one of the three NACS districts.

The main challenge for future work in Lesotho is that no country-based resources have been allocated to support the engagement of LIFT II in country for ES/L/FS activities. During the remainder of FY 13, LIFT II will support the development of ES/L/FS best practices at the national level with the Ministry of Health (MOH) and Ministry for Social Development (MOSD) as well as the adaptation of its tools, guidance and use by BLC, NACS partners, and local IPs in Mophale's Hoek to strengthen and systematize clinic to community linkages. Critical to leveraging this initial investment of core funds will be for LIFT to capture additional Mission funding to expand its activities to the two remaining NACS districts in Thabe Tseka and Buthe Buthe.

LIFT II's activities in Lesotho hold great potential to demonstrate its potential to work with existing bilateral programs and articulate a strong value proposition behind its systemic interventions and potential for scale up and sustainability. In order to maximize its value-for-money proposition LIFT II will provide a holistic and practical approach to identifying and prioritizing constraints to be addressed in improving clinical-to-community linkages. Our TA also will actively contribute to the work that will be carried out by ASSIST and FANTA-3.

LIFT II will carry out the following activities as part of its current work plan in Lesotho:

Develop LIFT II work plan: The project will develop a country-specific work plan that aligns with LIFT II's global and country specific priorities. This will be done in coordination with USAID and MSH.

Results/Deliverable: USAID/Lesotho country work plan

Level of Effort: Low

Conduct a situational analysis: LIFT II will streamline its situational analysis approach by incorporating the data that have already been gathered by MSH at the national and local level.

Results/Deliverable: Situational analysis document

Level of Effort: Low

Conduct an ONA: LIFT II and MSH will work to identify providers, collect and analyze data on service providers and map the community network and available services.

Results/Deliverable: Map of community networks

Level of Effort: High

Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory: We will conduct workshops in Mophale's Hoek in order to validate and share results with stakeholders and solicit feedback; distribute the directory of ES/L/FS/PMTCT/ART/HIV testing and counseling (HTC)/Gender/and early child care and development (ECCD) services; jointly develop priorities for improving linkages between NACS and other services; and identify a pool of possible community intermediaries to facilitate clinic-to-community linkages.

Results/Deliverable: Directory of ES/L/FS services, community intermediary identified

Level of Effort: Medium

Adapt MSH client diagnostic tool: In collaboration with MSH, LIFT II will adapt the client diagnostic tool in use by MSH to understand the economic and food security needs of households, as well as their vulnerabilities and assets.

Results/Deliverable: Client diagnostic tool

Level of Effort: Low

Create action plan to develop and/or strengthen coordination of clinic-to-community referral

networks: Develop an action plan to strengthen networks and build capacity of these organizations to facilitate effective linkages. LIFT II will do this through training and TA and the development of standardized referral tools and processes.

Results/Deliverable: Action plan for referral system being implemented, referral tools and processes; training materials about referrals

Level of Effort: High

Conduct household economic strengthening (HES) 101 training for the Ministry of Social

Development: At the request of the Ministry, LIFT II will deliver a one-day “HES 101” training that will provide an introduction to the economic strengthening conceptual framework, interventions and best practices.

Results/Deliverable: One training conducted

Level of Effort: Low

Conduct an in-depth HES training: At the request of MSH, LIFT II will conduct a follow-on HES training that familiarizes participants with critical interventions across its conceptual framework including cash and asset transfers, savings-led microfinance, enterprise development and monitoring and evaluation.

Results/Deliverable: One training conducted

Level of Effort: Low

Mozambique

Main Implementer – TBD

Country Manager (HQ) – Jacky Bass

Country Tier: 2

LIFT II will continue to assess opportunities for further engagement with the Mozambique Mission but currently views the below as a potential area of assistance.

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

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

Results/Deliverable: TBD based on Mission needs

Level of Effort: Low

Cote D'Ivoire, Ethiopia, Haiti, Kenya and Uganda

Main Implementer – FHI 360

Country Manager (HQ) – TBD

Country Tier: 3

It is expected that LIFT II will work with one of the five tier 3 country Missions during year 1. As requested, LIFT II will provide TA to the respective Mission. Scope and objectives will be determined with the Mission at the time of the request. Currently LIFT II has identified the follow two interventions as potential areas of assistance, subject to Mission needs:

Cote D'Ivoire: Through customizing and operationalizing the LIFT model for facilitating ES/L/FS linkages through NACS to the Ivorian context, LIFT II will support the creation and formalization of clinic to community cross-sectoral service networks and referral systems. LIFT II programming would complement work being completed in country through FANTA- III and ASPIRES.

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

Results/Deliverable: TBD based on Mission needs

Level of Effort: Low

V. DRC Activity

Funding Source: DRC Mission Transfer Funds

Estimated Year 1 Budget: \$ 434,784

Main Implementer – CARE

Country Manager (HQ) – Sarah Mattingly

Country Representative: TBD

Country Tier: 1

Introduction

To date, USAID/DRC has made significant strides in improving clinical services and connections to community ES/L/FS services through two pilot LIFT sites at which expanded support services are available at Nutritional Assessment, Counseling and Support (NACS) clinic sites in collaboration with the FANTA and PROVIC projects. In the DRC LIFT is working with both FANTA and ASSIST to integrate ES/L/FS into NACS programming. LIFT's integrated assistance model will focus on a two pronged approach in DRC. First, LIFT assistance will strengthen the knowledge and awareness of the DRC government (GDRC) and implementing partners (IPs) at the national level on best practices in the integration of household economic strengthening (HES) activities into nutrition, food, and health activities related to HIV. The

second part of LIFT's assistance is designed to build the NACS capacity of two selected demonstration sites, within the Kinshasa province, through a series of complementary interventions. LIFT will work with two of the FANTA NACS clinic sites, the rural CH Mbankana (Muluku II) and the peri-urban CH Liziba (Kingwaba), to integrate ES/L/FS services into the NACS model facilitating clinic to community linkages.

The development of a sustainable system that links ES/L/FS community services with nutritional support faces several hurdles. In the absence of a national social safety net, clinics and civil society organizations have attempted to fill the gap in the provision of services to the most vulnerable with limited success. The DRC Government (GDRC) lacks the funding to reliably maintain even the most basic clinical nutritional services as evidenced in the increasing clinic fees and the unavailability of supplemental food in some clinics. Other contextual challenges include the uncertain future for Global Fund grant funding and the low technical capacity within the government in ES/L/FS strategy and programming.

It is also worth noting that the early learning sites in the Kinshasa province present two very different contexts to test the adaptability of the LIFT model and generate important learning opportunities for scaling up and localizing LIFT's approach. The urban HS Kingwaba site is supported by a limited number of weak ES/L/FS providers that are significantly isolated from one another and from nutritional services. In particular, access to savings and financing services is almost non-existent. The population is predominantly made up of rural migrants who lack access to land or other assets that could serve as safety nets and enable them to cope with external shocks. On the other hand, the rural HS Mbankana site holds significant potential for inclusive agricultural activities that can support both food access and income generation as well a larger pool of ES/L/FS service providers that are linked in effective ways. In Mbankana the municipal government is engaged in efforts to improve nutritional and livelihood outcomes and has proactively created a development plan for which it is seeking funding.

LIFT will carry out the following activities as part of its current work plan in DRC:

Develop LIFT II work plan and PMP: The project will develop a country-specific work plan and PMP that align with LIFT II's global and country specific priorities. These will be done in coordination with USAID and FANTA-3.

Results/Deliverable: USAID/DRC-approved country work plan and PMP

Level of Effort: Low

Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory: Conduct stakeholder workshops for each of Kingwaba and Mbankana health areas in order to validate and share results from the ONA with stakeholders and solicit feedback; distribute the directory of ES/L/FS services; jointly develop priorities for improving linkages between NACS and ES/L/FS services; and identify a pool of possible community intermediaries to facilitate linkages.

Results/Deliverable: Directory of ES/L/FS services, community intermediary identified

Level of Effort: Medium

Conduct HES 101 training for the National Multi-Sector Program against HIV/AIDS (PNMLS): At the request of PNMLS, deliver one-day "HES 101" capacity-building workshop to PNMLS and other USAID and government partners and coordinating bodies. The workshop will provide an introduction to the basic concepts and best practices in HES in order to support integration of effective HES activities into the design of HIV programs. In addition, LIFT II will disseminate LIFT I guidance tools focused on enterprise development, asset transfer and savings groups.

Results/Deliverable: HES 101 training delivered

Level of Effort: Low

Engage the private sector: Engage with key private-sector stakeholders to facilitate partnerships that support livelihood, economic strengthening and food security activities in Kingwaba and Mbankana. While the activities will be customized to each community, LIFT II envisions providing support to facilitate sector working groups, development of market linkages and/or TA.

Results/Deliverable: TBD based on needs

Level of Effort: Medium

Adapt client diagnostic tool: In collaboration with PNMLS and the National AIDS Control Program (PNLS), LIFT II will begin to adapt the LIFT ES/L/FS diagnostic tool to understand the economic and food security needs of households, as well as their vulnerabilities and assets.

Results/Deliverable: Draft client diagnostic tool

Level of Effort: Medium

Create and facilitate an action plan to develop and/or strengthen coordination of a clinic-to-community referral networks: Develop an action plan to strengthen networks and build capacity of these organizations to facilitate effective linkages. LIFT II will do this through training and TA and the development of standardized referral tools and processes.

Results/Deliverable: Action plan for referral system being implemented, referral tools and processes; Referrals training materials;

Level of Effort: High

Finalize referral tools: Based on the outcomes of the diagnostic tool test, LIFT II will finalize referral tools (a final version of the draft service directory, an updated gap analysis, a referral tracking form, counseling guidance, etc.) for use at both sites.

Results/Deliverable: Set of referral tools (excluding database)

Level of Effort: Medium

Develop and test referral database: LIFT II will lead the development and testing of a referral database that allows service providers in the district to enter and retrieve client information to keep track of referrals. This system will be built based on feedback from the final referral tools presented to the CSO Network and local government. The testing will ensure that the database is easy to use, contains the appropriate fields, and is a product that meets the needs of both LIFT II and the local service providers.

Results/Deliverable: Complete database and documentation of how to use it

Level of Effort: High

Provide TA to the referral network and facilitate organization/group: LIFT II will work with the referral network to deliver a prioritized set of TA activities to support operationalizing the referral network and support the upgrading of ES/L/FS service delivery.

Results/Deliverable: Summary of TA priorities, delivery of TA activities

Level of Effort: Medium

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

Results/Deliverable: TBD

Level of Effort: Low

VI. Malawi Activity

Funding Source: Malawi Mission Transfer Funds

Estimated Year 1 Budget: \$ 312,842

Main Implementer – FHI 360

Country Manager (HQ) – Clinton Sears

Country Representative: Zach Andersson

Country Tier: 1

Introduction

Malawi is unique among the LIFT II countries in that the rollout model is furthest along. Under the previous project, LIFT conducted a situational analysis and an organizational network analysis, convened a stakeholder meeting to discuss a referral system, and developed a diagnostic tool intended for use in making referrals. LIFT II will build on this body of work by continuing to support the development and use of referral system tools in conjunction with local partners. LIFT II works with representatives of several ministries in Lilongwe, as well as the local government and local civil society organization network in Balaka District and a wide range of implementers working in northern area of the district. In addition, LIFT II works strategically with FANTA-3 and ASSIST in Balaka District to ensure project activities are coordinated and submits a monthly Nutrition Care, Support and Treatment Collaboration report to USAID/Malawi. LIFT II also actively engages with Feed the Future implementers, both at national level and within Balaka District, to harmonize programming.

LIFT II will carry out the following activities as part of its current work plan in Malawi:

Test LIFT’s diagnostic tool in Balaka District: LIFT II will test the diagnostic tool in Balaka. The purpose will be to provide a rapid measure of household poverty status and household food security, related to the overall goal of combining poverty and food security indices to help make efficient, effective, and appropriate referrals to community-based service providers. A secondary goal will be to assess the utility of the tool for classifying interviewees into LIFT II’s poverty framework categories (provide, protect, and promote). Notably, this tool test will also include a learning component where data collectors engaged in tool use will provide key feedback into the tool’s utility in Balaka District; this is a key step in collecting data on the process of LIFT II rollout that can then be shared across countries and developed into best practice guidance.

Results/Deliverable: Report of the diagnostic tool test

Level of Effort: Low

Develop work plan with Balaka CSO Network: In conjunction with the primary LIFT II local partners in Balaka, LIFT II will work with the local CSO Network and District government (notably the Director of Planning and Development) to develop a work plan for activities in the District. LIFT II will work with the CSO Network to update their constitution and strategy documents to help pave the way for a partnership with LIFT II that is designed with the intent that LIFT II transfer ownership of the referral network to the CSO Network.

Results/Deliverable: Work plan

Level of Effort: Medium

Finalize referral tools: Based on the outcomes of the diagnostic tool test, LIFT II will finalize referral tools (a final version of the draft service directory, an updated gap analysis, a referral tracking form, counseling guidance, etc.) for use in Balaka District. LIFT II currently envisions using a cloud-based database called CommCare (<http://www.commcarehq.org/home/>) which allows service providers to

enter client data into the database using smartphones or tablets. The higher startup costs for this approach are offset by a number of benefits, including: real-time analysis of referrals made and completed, easier monthly reporting of referral data, higher quality data sets, and lower level-of effort for service providers (since they do not need to enter data from paper forms).

Results/Deliverable: Set of referral tools (excluding database)

Level of Effort: Medium

Develop and test referral database: LIFT II will lead the development and testing of a referral database that allows service providers in the district to enter and retrieve client information to keep track of referrals. This system will be built based on feedback from the final referral tools presented to the CSO Network and local government. The testing will ensure that the database is easy to use, contains the appropriate fields, and is a product that meets the needs of both LIFT II and the local service providers.

Results/Deliverable: Complete database and documentation of how to use it

Level of Effort: High

Provide TA to the referral network and facilitate organization/group: LIFT II will work with the referral network to deliver a prioritized set of TA activities to support operationalizing the referral network and support the upgrading of ES/L/FS service delivery. This activity will be informed by the work plan developed with the Balaka CSO Network referenced above.

Results/Deliverable: Summary of TA priorities, delivery of TA activities

Level of Effort: Medium

Provide support to the referral network: In addition to TA provided as an incentive, LIFT II will work closely with the referral network partners to ensure that data are recorded, compiled and reported, and that the database is adjusted accordingly (for example, when organizations enter or leave the referral network). LIFT II also expects to partner with MEASURE Evaluation on an early-stage qualitative investigation of the referral network which will attempt to answer the following questions: addressing such questions as What is the best indicator of network operations?, Which network member(s) is most essential for maintaining a multi-sectoral referral network (RN)?, and How can a RN's TA partner (such as LIFT II) ensure critical gender messages are incorporated into stakeholders' programming?

Results/Deliverable: Referral database and tools remain up-to-date and functional

Level of Effort: Medium

Conduct a situational analysis (Karonga District): LIFT II expects to conduct a situational analysis in Karonga District, in the far north of Malawi. This district was chosen by the MOH and USAID as a key district for LIFT II's work.

Results/Deliverable: Situational analysis report

Level of Effort: Low

Support the SUN movement: Align and contribute to the SUN plans, as relevant. In Malawi, the Department for Nutrition, HIV and AIDS under the Office of the President and the Cabinet is the lead for SUN activities. Malawi is focusing on community-based action, with the 1,000 Special Days National Nutrition Education and Communication Strategy (NECS) being prioritized from 2012 to 2017; therefore this activity is dependent on continued interest and implementing needs for LIFT support for this activity.

Results/Deliverable: TBD

Level of Effort: Low

VII. Nigeria Activity

Funding Source: Nigerian Mission Transfer Funds

Estimated Year 1 Budget: \$ 178,602

Main Implementer – FHI 360

Country Manager (HQ) – Laura Muzart

Country Representative: TBD

Country Tier: 1

Introduction

USAID/Nigeria has expressed interest in LIFT supporting both technical capacity building of its PEPFAR IPs in the area of ES interventions and the development of NACS related programming. Currently USAID/Nigeria has hired staff to help support the development of NACS programming but further engagement has been delayed until initial high level discussions have occurred. Due to this delay initial LIFT II activities will focus on the technical capacity building of the PEPFAR IPs but will include continual engagement with FANTA-3, SPRING and ASSIST on NACS programming developments. When appropriate, LIFT II will provide support to move forward with national and regional engagement, site selection, program implementation of a clinic to community referral system and targeted capacity building, as defined with the Mission. It is envisioned that upon selection of NACS sites LIFT II will begin targeting our technical capacity building efforts to directly link with the NACS sites as the PEPFAR IPs work in multiple communities throughout Nigeria's numerous states.

LIFT II programming in Nigeria will involve coordination with FANTA-3, SPRING and ASSIST in the area of NACS and with SMILE and STEER (Umbrella Grants Mechanism (UGM) implemented by SAVE and CRS respectively) and other relevant bilateral programs in the country, in terms of capacity building efforts to ensure technical synergies.

LIFT II will carry out the following activities as part of its current work plan in Nigeria:

Conduct high-level TDY and strategic planning meeting: LIFT will participate along with FANTA-3, SPRING and ASSIST in a NACS acceleration strategic planning meeting. The objectives of this meeting will be to advocate for comprehensive clinical-to-community NACS programming, including linkages to ES/L/FS support, and to develop concrete plans to support the implementation of a "full service" NACS model.

LIFT II will provide additional TA to the Mission, and the scope and objectives of this support will be determined following the NACS acceleration strategic planning meeting that is currently TBD.

Results/Deliverable: Trip report outlining participation in and results from the NACS acceleration strategic planning meeting, including recommendations for LIFT support in Nigeria

Level of Effort: Low

Develop LIFT II work plan and PMP: The project will develop a country-specific work plan and PMP that align with LIFT II's global and country-specific priorities. These will be developed in coordination with USAID, FANTA-3, ASSIST and SPRING.

Results/Deliverable: USAID/Nigeria- approved country work plan and PMP

Level of Effort: Low

Provide targeted support to the Household Economic Strengthening Community of Practice (HESCOP) – Work plan implementation, charter development and knowledge management and communication support: Based on prior assessments USAID/Nigeria has prioritized technical assistance to USAID and

CDC's OVC implementing partners to better equip them to design, deliver and evaluate quality ES interventions. The PEPFAR IPs subsequently formed the HESCOP, to share learning, best practices and to support collaborative and integrated programming. LIFT II supports the HESCOP through providing technical assistance in the area of capacity building of ES interventions and through limited support to the formation (development of strategic plans, COP work plans, supporting development of technical content, etc.) of the HESCOP. The HESCOP IPs work in multiple communities throughout Nigeria's numerous states and will play a strategic role in the development of the clinic to community linkages as NACS programming is developed in country. LIFT II will work with the HESCOP to draft a year two work plan to support a sustainable growth plan for the HESCOP. LIFT II will review and provide guidance on best practices for the HESCOP knowledge management and communication strategy.

Results/Deliverable: An updated work plan, and a knowledge management and communication plan.

Level of Effort: Low

VIII. Tanzania Activity

Funding Source: Tanzania Mission Transfer Funds

Estimated Year 1 Budget: \$ 541,785

Main Implementer – FHI 360

Country Manager (HQ) – Meaghan Murphy

Country Representative: TBD

Country Tier: 1

Introduction

This year represents an exciting start-up of activities for LIFT II in Tanzania. These activities will be conducted in close collaboration with national, regional and local stakeholders and build on the core-funded investments under the first phase of LIFT in Tanzania. This marks a unique opportunity for LIFT II to work closely with not only FANTA-3 but also with the IMARISHA Project (implemented by DAI), an economic strengthening TA bilateral also funded by PEPFAR in Tanzania. By aligning with the Government of Tanzania (including the Ministry of Health and the Tanzania Food and Nutrition Centre [TFNC]), USAID and USAID implementing partners (such as FANTA-3, ASSIST and IMARISHA), as well as with important relevant initiatives (such as PHFS), LIFT II will be able to initiate important start-up of two to three early learning sites in the Iringa Region. These sites will be the critical focus through which the project will adapt LIFT's Working Model to the Tanzania context and then operationalize it. The work and initial results and learning in these sites about conducting systematic referrals to ES/L/FS services through NACS will be critical: it will help distill the essential components of the model and clarify local ownership and champions, factors for sustainability and requirements for scaling up.

LIFT II will carry out the following activities as part of its current work plan in Tanzania:

Develop LIFT II work plan and PMP: The project will develop a country-specific work plan and PMP that align with LIFT II's global and country-specific priorities. These will be developed in coordination with USAID, FANTA-3 and IMARISHA.

Results/Deliverable: USAID/Tanzania-approved country work plan and PMP

Level of Effort: Low

Finalize early learning sites: In coordination with the TFNC out of the Ministry of Health and Social Welfare (MOHSW) in Tanzania, USAID, FANTA-3 and IMARISHA, LIFT II will identify two facilities in one

district of the Iringa Region in which to operationalize LIFT II's approach to extending the continuum of care for people affected by HIV to ES/L/FS through NACS.

Results/Deliverable: Two NACS sites selected

Level of Effort: Low

Develop a joint approach to supporting NACS continuum of care in early learning sites: LIFT II will work with FANTA-3 and IMARISHA to develop a summary document that clarifies each of the project's roles, responsibilities and key areas of collaboration. It will reflect, briefly, the purpose and overall objective, the activities that will be completed by the different projects, how the projects and their activities will relate to each other and how the projects will work together. This partnership summary is intended to ensure that local stakeholders, partners, and donors understand how our activities will support one another.

Results/Deliverable: Brief summary document

Level of Effort: Low

Engage regional and local authorities: LIFT II will engage stakeholders to ensure they receive proper orientation to the project, to get input and buy-in, and to understand the priorities of sub-national and community-level leaders. In coordination with the MOHSW and other stakeholders at the national level, LIFT II will identify key points of contact at the regional, district and village level. We will meet with them to provide an orientation to the project and its proposed approach, get feedback, respond to their questions and discuss priorities and possible areas for collaboration. The feedback will be analyzed and summarized into a report to ensure that it is taken into account in the program design. This will be done in coordination with FANTA-3 and IMARISHA where relevant (and per the partnership summary document).

Results/Deliverable: Periodic engagement, documentation in summary document

Level of Effort: Medium

Conduct a situational analysis: LIFT II will conduct a situational analysis in the two NACS sites selected in the Iringa District, once finalized.

Results/Deliverable: Situational analysis report

Level of Effort: Low

Conduct an ONA: LIFT II will complete an ONA in the two sites in one district.

Results/Deliverable: Map of community networks and an ES/L/FS service directory

Level of Effort: High

Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory: We will conduct stakeholder meetings to validate and share the results of the ONA; distribute the directory of ES/L/FS services; jointly develop action plans for improving linkages between NACS and other services and for identifying a pool of possible community intermediaries to facilitate clinical-to-community linkages.

Results/Deliverable: Action plan and community intermediary identified

Level of Effort: Medium

Adapt client diagnostic tool: LIFT II will work with IMARISHA, and other relevant stakeholders, on the development and customization of a tool for Tanzania. This process will be based on sound practice from experiences with LIFT's diagnostic tool in other countries, and any current intake forms in use in Tanzania by the government and in association with NACS partners active in the area, as well as bilateral partner IMARISHA.

Results/Deliverable: Diagnostic tool, diagnostic tool protocol and report summarizing results from field testing

Level of Effort: Medium

Create an action plan to develop and/or strengthen coordination of a clinic-to-community referral networks: Develop an action plan to strengthen networks and build capacity of these organizations to facilitate effective linkages. LIFT II will do this through training and TA and the development of standardized referral tools and processes.

Results/Deliverable: Action plan for referral system being implemented, referral tools and processes; training materials about referrals

Level of Effort: High

Provide TA to the referral network and facilitating organization/group: LIFT II will work with the referral network to deliver a prioritized set of TA activities to support operationalizing the referral network and support the upgrading of ES/L/FS service delivery.

Results/Deliverable: Summary of TA priorities, delivery of TA activities

Level of Effort: Medium

M&E/ documentation of learning/action research: Throughout the year, LIFT II will implement an ongoing PMP that is tailored to the activities of LIFT II in Tanzania.

Results/Deliverable: Briefs, field learning notes

Level of Effort: Low

Support the SUN movement: Align and contribute to the SUN plans, as relevant. (*This activity is dependent on continued interest and implementing needs for LIFT support for this activity.*)

Results/Deliverable: TBD

Level of Effort: Low

IX. Namibia Activity

Funding Source: Namibian Mission Transfer Funds

Estimated Year 1 Budget: \$ 356,399

Main Implementer – FHI 360

Country Manager (HQ) – Mandy Swann

Country Representative: Samuel Mayinoti

Country Tier: 2

Introduction

Starting under LIFT I, the project has been working in Namibia since 2009 carrying out discrete activities of interest to the mission including an assessment of promising livelihood opportunities for PLHIV, holding a high-level conference on improving health and nutrition through livelihoods and economic strengthening and putting in place the initial foundation for developing referrals between NACS and ES/L/FS services. Under LIFT II the project is moving forward rapidly in its rollout process to integrate ES/L/FS into NACS through referrals.

The LIFT II model in Namibia aims to utilize NACS as an entry point and a catalyst for more robust support—moving away from service delivery into multi-sectoral systematic interventions that holistically address malnutrition. Namibia is now classified as an upper middle income country, and USAID and other donor health and development funding is waning. To reflect this context, LIFT II is aiming to

quickly demonstrate how referral linkages between NACS and ES/L/FS support can be systematized with minimal investments and utilizing government-led platforms to support scale up and sustainability. Given the funding environment, the early learning sites in Namibia will aim to utilize, demonstrate, learn and immediately adapt tools and approaches that can be taken up by community actors without significant LIFT or other donor/project support. LIFT II will also leverage existing government and private sector-led opportunities that can support rapid scale up of its referral approaches.

Based on several factors, including Ministry of Health and Social Services (MOHSS) priorities, high HIV prevalence and the existence of community support services, LIFT, the MOHSS, FANTA-3 and USAID selected two regions and a total of four NACS-implementing ART health facilities for LIFT's initial support: Engela District Hospital and Ongha Health Center in Ohangwena Region, which comprise one site; and Katutura Hospital and Katutura Health Center in Khomas Region which comprise a second site. These sites and the surrounding communities will be the focus of LIFT II support in Namibia, and represent a unique opportunity to develop referral models for both urban and rural sites.

FANTA-3 has been operational in Namibia for several years and primarily focuses on supporting the MOHSS implement NACS, while ASSIST and SPRING do not have a presence in country. LIFT II's work will be carried out in close collaboration with FANTA-3 and MOHSS, working to dovetail to the successful scale-up of NACS to many facilities throughout the country. LIFT II will also ensure coordination with the newly awarded Adherence and Retention Project (ARP), which has economic strengthening support and clinical and community linkages for PLHIV as a part of its mandate. In subsequent years, LIFT II hopes to catalyze the scale up of successful project tools and approaches through the greater geographic reach of ARP.

LIFT II will carry out the following activities as part of its current work plan in Namibia:

Develop LIFT II work plan and PMP: The project will develop a country-specific work plan and PMP that align with LIFT II's global and country-specific priorities including country gender strategies. These will be developed in coordination with USAID, FANTA-3 and MOHSS.

Results/Deliverable: USAID/Namibia-approved country work plan and PMP

Level of Effort: Low

Finalize the LIFT diagnostic tool: LIFT II will field test and finalize the rapid diagnostic tool developed under LIFT I, inclusive of the Progress out of Poverty Index, Household Hunger Scale, and the Household Dietary Diversity Score. This tool will be used to link NACS clients with the most appropriate ES/L/FS services available in their community.

Results/Deliverable: Namibia diagnostic tool

Level of Effort: Medium

Conduct ONA: LIFT II will work to identify providers, collect and analyze data on service providers and map the community network and available services to which NACS clients can be linked.

Results/Deliverable: Map of community network; referral directories of ES/L/FS services

Level of Effort: Medium

Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory: We will conduct stakeholder meetings to validate and share the results of the ONA; distribute the directory of ES/L/FS services; jointly develop action plans for improving linkages between NACS and other services and for identifying a pool of possible community intermediaries to facilitate clinical-to-community linkages for NACS clients.

Results/Deliverable: Action plan and community intermediary identified

Level of Effort: Medium

Create an action plan to develop and/or strengthen coordination of clinic-to-community referral networks: Develop an action plan to strengthen networks and build capacity of these organizations to facilitate effective linkages for NACS clients to access ES/L/FS services. LIFT II will do this through training and TA and the development of standardized referral tools and processes.

Results/Deliverable: Action plan for referral system being implemented, referral tools and processes; training materials on referrals

Level of Effort: High

Support rollout of and training on bi-directional referral (BDR): Provide support and input to MOHSS to conduct BDR trainings in selected LIFT II regions (Ohangwena and Khomas), including background on ES/L/FS as a component of the continuum of care, essential elements for successful clinic-to-community linkages, and the role of the LIFT II diagnostic and mapping tools. This aims to sensitize providers to the need for ES/L/FS services within the referral networks and will support the scale-up of the NACS ES/L/FS linkages within these regions in subsequent years. *(This activity is dependent on MOHSS progress, timing and continued interest in this collaboration.)*

Results Final BDR tools, guidance and training materials

Level of Effort: Low

Support Health Extension Worker (HEW) program: Engage HEW program stakeholders (MOHSS, MCHIP, C-CHANGE, etc.) to determine additional support needs related to HEW training and rollout, including suggested incorporation of the LIFT II poverty and food security diagnostic tool in HEW household visits. HEW is focused on strengthening clinic-community linkages therefore coordination with and inclusion of LIFT II tools in their routine work could enable systematic scale up of clinic-to-community linkages for NACS clients well beyond LIFT's early learning sites.

Results/Deliverable: Final inputs into HEW program materials

Level of Effort: Low

Dissemination of ES/L/FS government services landscape guide: Given waning donor funding in Namibia, the LIFT II model will prioritize linking NACS clients to sustainable ES/L/FS services, including those provided by the Government of Namibia. LIFT I conducted a landscape analysis to document available government services, their eligibility criteria and how they can be accessed. To raise awareness about available services for HIV-affected, food insecure and other vulnerable households, LIFT II will vet this guide with key government stakeholders in order to finalize and explore low-cost options for the dissemination of the ES/L/FS government services landscape guide which the project will use to inform referrals for NACS clients and will be a valuable resource for other service providers.

Results/Deliverable: Dissemination of guide

Level of Effort: Low

Provide strategic TA to program implementers: Using a community "scorecard" tool and focus groups, LIFT II will assess the quality and capacity development needs of ES/L/FS service providers that are part of the NACS referral system to improve service delivery to NACS clients. Based on the assessment outcomes, we will conduct a training to address commonly identified support needs.

Results/Deliverable: Community scorecard write up, final training materials and training report

Level of Effort: High

Support rollout of SUN implementation plan: Work with UNICEF, NAFIN and other partners to support LIFT II regions in the roll out of the SUN plans including the addition of nutrition sensitive ES/L/FS

activities, as appropriate. LIFT will seek opportunities to support or define other SUN nutrition sensitive activities. *(This activity is dependent on continued interest in LIFT support for this activity.)*

Results/Deliverable: TBD

Level of Effort: Low

Identify and select private-sector actors to participate in and/or support the NACS and ES/L/FS referral network: LIFT II will work with the Namibian Chamber of Commerce and Industry and/or other private-sector partners to identify relevant business linkages and promote involvement of private-sector actors in the community service networks, including strengthening the capacity of ES/L/FS implementers who are part of the NACS referral network.

Results/Deliverable: Documentation of efforts to engage private sector and associated outcomes

Level of Effort: Medium

Liaise with host government counterparts: LIFT II will continuously engage with government counterparts to ensure that activities are aligned with government priorities and to stay abreast of government activities and priorities. LIFT II will also support key national initiatives to integrate stronger elements of food security and livelihoods and improve coordination.

Results/Deliverable: Periodic engagement

Level of Effort: Medium

M&E/documentation of learning/action research: Throughout the year, LIFT II will implement an ongoing PMP that is tailored to the activities of LIFT II in Namibia.

Results/Deliverable: Briefs, field learning notes

Level of Effort: Medium

X. Zambia Activity

Source of Funding: Zambian Mission Funds Transfer

Estimated Year 1 Budget: \$ 50,000

Main Implementer – TBD

Country Manager (HQ) – Mandy Swann

Country Tier: 2

Introduction

The Zambia Mission received NACS Acceleration Funding to support a comprehensive approach to NACS implementation along the entire continuum of care and to create substantive linkages with Feed the Future projects also being implemented at the community level. The Kitwe district in the Copperbelt region has been identified to receive this support from FANTA-3, ASSIST and LIFT II as nutrition TA partners, and will serve as a model to inform the scale-up of these types of services in other Zambian districts and provinces. Zambia is unique in that there is also a bilateral project dedicated to the implementation of NACS, namely the USAID-funded Thrive project which aims to improve the nutritional status of people living with HIV by promoting good nutrition and preventing malnutrition through NACS services in four provinces, including Copperbelt, which could facilitate both learning and scale up. The Kitwe NACS partnership represents an ideal environment for LIFT to work with a broad array of committed partners and government entities to develop a systematic approach to link NACS with community-based ES/L/FS support. Both FHI 360 and World Vision have a very strong presence of HIV,

nutrition, ES/L/FS and referral programming in country which make this an ideal environment to leverage these other investments. A significant challenge to LIFT II programming is the level of funding provided by the mission for these activities.

Zambia is a new country under LIFT II and specific support needs will be provided based on priorities identified through mission engagement in Q1 and the initial activities described below. All LIFT II activities will be conducted in alignment with Zambia's NACS Acceleration Plan and be well-coordinated with FANTA-3 and ASSIST rollout efforts in Kitwe district. LIFT II will also coordinate with Thrive and the PCI project, funded by the U.S. Department of Defense, which builds the capacity of the Zambia Defense Force to implement community-based HIV prevention, counseling, care, and support in nine provinces, including Copperbelt.

LIFT II will carry out the following activities as part of its current work plan in Zambia:

Conduct high-level TDY and strategic planning meeting: LIFT II will participate along with FANTA-3 and ASSIST in the Kitwe NACS acceleration strategic planning meeting. The objectives of this meeting will be to advocate for a comprehensive clinical and community NACS programming, including linkages to ES/L/FS support, and to develop concrete plans to support Kitwe district to implement the "full service" NACS model.

Results/Deliverable: Trip report outlining participation in and results from the Kitwe NACS acceleration strategic planning meeting, including recommendations for LIFT II support in Zambia

Level of Effort: Medium

Develop LIFT II work plan and PMP: The project will develop a country-specific work plan and PMP that align with LIFT II's global and country-specific priorities including country gender strategies. These will be developed in coordination with USAID, FANTA-3, ASSIST and Thrive.

Results/Deliverable: USAID/Zambia-approved work plan and PMP

Level of Effort: Low

Develop or Adapt Tools and Provide Training: LIFT II plans to develop or adapt tools to support NACS and ES/L/FS linkages which may include a community service mapping tool for nutrition-specific and nutrition-sensitive ES/L/FS activities, a poverty and food security diagnostic tool, and clinic-community referral tools. LIFT II will collaborate with the Kitwe NACS Acceleration partners to provide training to GRZ and community partners on the use of these tools.

Results/Deliverable: Final tools and training materials

Level of Effort: High

Provide Support for FANTA and ASSIST Activities: LIFT II will provide input to FANTA and other Kitwe NACS Acceleration partners in key aspects of strengthening clinic-community linkages including the following activities: 1) the development of a data collection tool for community volunteers who provide NACS services to provide early detection of malnutrition, referral, client follow-up, and counter referral, 2) the development of training materials and conducting training for community- and facility-based NACS implementers, 3) review of QI change packages to include clinic-community referrals.

Results/Deliverable: Final products incorporating LIFT II inputs

Level of Effort: Medium

XI. Performance Monitoring Plan (PMP)

This performance and monitoring plan (PMP) begins with a design section that highlights the rationale for indicator selection, the types of indicators LIFT II will employ, the LIFT II activity pillars and outcomes, and so on. The performance indicator reference sheets (PIRS) (Annex 4) contains a summary table that introduces all LIFT II indicators, followed by a PIRS template and example of one indicator that uses the template.² Following the PIRS is Annex 5, which details the management of the PMP. This describes the responsibilities of LIFT II partners, as well as a reporting task schedule. The PMP concludes with an evaluation plan. This PMP is intended to be read together with LIFT II annual work plans, which detail specific project activities both globally and by country for each project year.

Performance and Monitoring Plan Design

The LIFT II PMP is a critical tool for managing and documenting the project's performance. It will enable timely and consistent collection of comparable performance data in order to make informed project management decisions. Moreover, the PMP will serve to ensure that LIFT II's evidence-base-building activities are linked to project implementation (typically NACS referral systems or TA to USAID implementing partners) to minimize cost and maximize investments in particular countries/communities where LIFT II operates. The underlying principles governing this PMP are based on the Agency's guidelines for assessing and learning (ADS 203.3.2.2):

- **A tool for learning and self-assessment:** This PMP has been developed to enable the LIFT II team to actively and systematically assess its contribution to USAID program results and take corrective action when necessary.
- **Performance-informed decision-making:** The PMP is designed to inform management decisions, and moreover to help guide strategic investments in particular LIFT II countries that will advance the learning agenda and expansion of the evidence base for NACS. The indicators chosen, when analyzed in combination, will provide data to demonstrate the desired change.
- **Transparency:** To increase transparency, we will conduct data quality assessments and examine any known limitations documented in the PMP.
- **Economy of effort:** When selecting indicators, efforts were made to streamline and minimize the burden of data collection and reporting. Data collection for each of the indicators has been reviewed to eliminate duplication to the extent possible.

LIFT II is committed to providing monitoring information to USAID and its partners that meets the requirements and guidelines outlined in USAID's ADS Chapters 200-203 as well as the USAID Operational Guideline. This PMP will primarily focus on monitoring and evaluation at both the global and country level, in an attempt to provide consistent information across countries yet also allow the LIFT II mechanism to stay flexible enough to meet client needs at country level. As LIFT II adjusts and adapts its annual work plan to changing conditions in order to achieve the desired results, specific project activities will necessarily change as well.

Performance Indicator Selection

LIFT II includes many new, custom indicators, because the project's multisectoral approach is novel. LIFT II will both develop and produce guidance on the indicators so that they may be incorporated into other

² PIRS will be developed for all indicators upon PMP approval by USAID.

programs where desirable. Whenever possible, indicators were adapted from standard indicators delineated in the USAID Foreign Assistance Framework (FAF), the State Department Foreign Assistance Indicators (F Indicators), the FtF Indicators, as well as PEPFAR indicators. Many of these indicators are not appropriate for LIFT II to report on, due to the lack of defined geographic impact area; however, LIFT II is available to lend TA to USG implementing partners who work with these indicators.

LIFT II's "Minimum Set" of Referral Indicators

LIFT II referral activities will generate two types of data: data on client receipt and use of referrals (and other client-centered data such as household poverty status), and data from the service providers. LIFT II will advocate for a "minimum set" of indicators that includes the five food security indicators from the *Nutrition and HIV Harmonized Set* and key customized indicators that local stakeholders decide will be most useful for their management of the network. These indicators are included in Annex 4. The intent of the minimum set is to identify the smallest number of data elements the referral network members should track, both for LIFT II's learning and to improve management of the network. Other LIFT II indicators may be tracked as necessary. It is important to note that data from these indicators will be collected by local partners rather than by LIFT II as this will allow network members to develop referral capacity (including management of the network) while they are still supported by the project.

Manageable Interest

It is important to acknowledge that LIFT II TA activities can be classified in two different groups, in line with the concept of manageable interest: indicators that track support to referral networks *where data are collected by partners*, as well as indicators that track direct LIFT II global or country-level TA *where data are collected by the project* (see Figure 1, below). The difference in indicators is essential to understand in the context of country-level work plans and PMPs, but also because it will define the type and scope of evaluation activities that can be conducted at the conclusion of LIFT II:

- **Referral network indicators:** These network indicators characterize LIFT II's efforts to expand and accelerate the integration and rollout of economic strengthening, livelihoods and food security activities (ES/L/FS) within HIV/AIDS nutrition, assessment, care and support (NACS) programs and facilitate referral and related health systems improvements. These indicators can reflect work done through the demonstrational learning sites and potential scale up of facilitated ES/L/FS referral systems as described by the rollout of LIFT's Working Model earlier in the work plan. These indicators will be designed in conjunction with, and collected by, local referral networks to meet their needs—a process in line with LIFT II's facilitative, capacity-building approach. LIFT II will recommend a minimum set of indicators on which referral networks should collect data (notably a measure of household poverty and a measure of household food security, as well as number of referrals made and completed). Once established, these indicators can be tracked longitudinally to show change over time (e.g., the Food Access and HIV indicators from the Harmonized Nutrition and HIV Indicators would fall here).
- **Global or country-level TA indicators:** These TA indicators measure LIFT II's global technical leadership, new contributions to the knowledge and evidence base for programming ES/L/FS as a component of a continuum of care and on health and nutrition outcomes, and strategic TA to target country programs and their national partners. These indicators represent discrete instances of TA. While important to track, they do not lend themselves to standard baseline/endline targeting as they are likely to respond to both ongoing and ad hoc demands. They are primarily output indicators (trainings, technical guidelines, upgrading of partner

ES/L/FS service capacity, etc.), yet are critical to track because they can be used to identify key stakeholders with whom LIFT II engaged as part of a process evaluation of LIFT II.

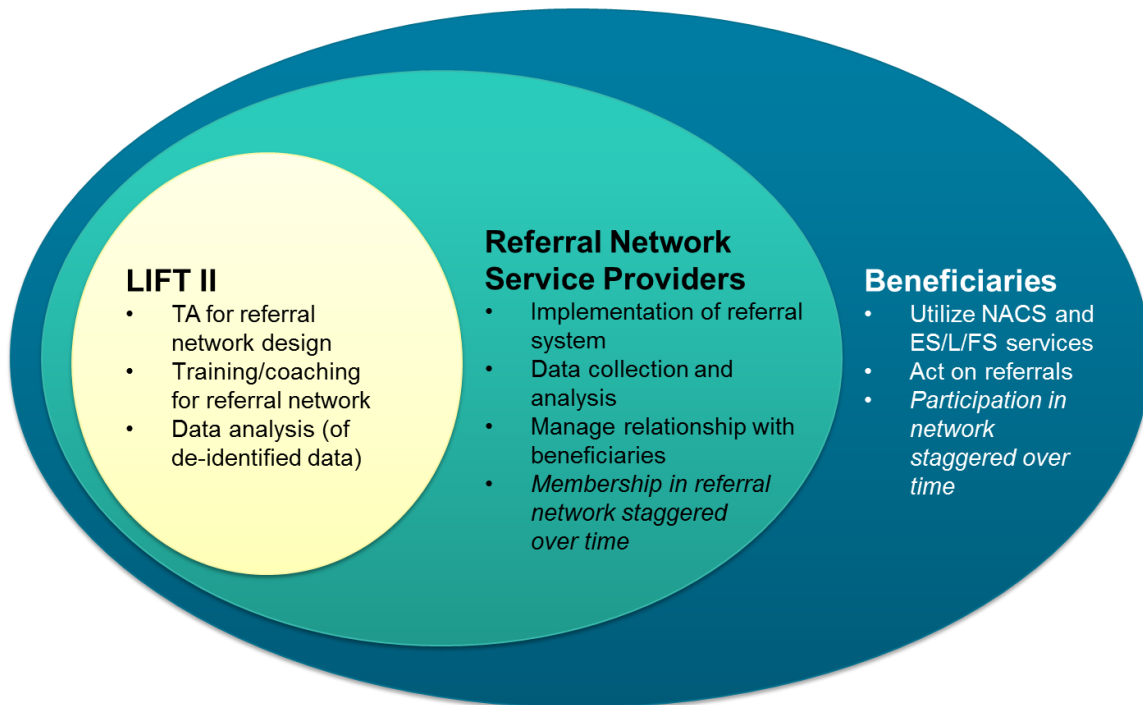


Figure 1. LIFT II's manageable interests

It is important to apply the concept of manageable interest to LIFT II, as the project will report on indicators using data collected directly by project staff, as well as indicators where data are collected from referral network service providers. Both kinds of data will be used to improve access to, quality of, and use of services by beneficiaries.

Project Outcomes and Activity Pillars

LIFT II work plan activities, as previously noted, are structured around four outcomes listed on page 6 of the work plan. These four outcomes simplify the seven pillars presented below and, taken together, present a distilled vision of the LIFT II project.

- 1) **Conduct foundational country assessments** to inform appropriate engagement related to ES/L/FS as a dimension of NACS support.
- 2) **Improve ES/L/FS integration within NACS** as a component of PEPFAR, GHI and/or FtF country activities.
- 3) **Upgrade capacity to design, implement and manage gender-sensitive and market-driven ES/L/FS programming** to benefit food insecure HIV- and AIDS-affected households and other vulnerable populations.
- 4) **Enhance global and country guidance on gender-sensitive and market-driven ES/L/FS programming in the context of NACS** in support of PEPFAR, GHI and FtF activities.
- 5) **Raise the profile among key stakeholders** of the need for gender-sensitive, market-driven and integrated approaches to support ES/L/FS programming to improve household resilience, food security and health outcomes.

- 6) **Establish an M&E system** that collects data on all pillars, as well as special research studies, to further the evidence base around integration of ES/L/FS activities into health programs.
- 7) **Provide gender integration support** into LIFT II core activities and capacity strengthening of partners on gender-sensitive programming.

These activity pillars structure the indicators presented in the Summary Table of Indicators in Annex 4.

Action Research

One of LIFT II's key outcomes is to expand the evidence base for ES/L/FS programming impacts on health and nutrition. Because LIFT II is not funded or structured to carry out the kind of implementation normally associated with impact evaluations (e.g., implementation with a specific sample of beneficiaries in a given area, matched with a counterfactual) the project will instead focus on building the evidence base through action research. Similar to operations research, LIFT II's idea of action research will use emerging lessons learned from referral systems as cases for operations research. For example, if LIFT II learns that one referral system greatly benefited from an early intervention to improve gender equity in programming, then LIFT II will work to integrate that intervention in future referral networks. Please see the section on Building the Evidence Base for NACS – ES/L/FS Linkages Activities in the work plan.

Results Framework

In contrast to implementing projects with a clearly defined geographic impact area and timeline, LIFT II must operate with more flexibility. For this reason, LIFT II does not present a particular set of Intermediate Results (IRs) and Sub-Intermediate Results (Sub-IRs) which together contribute to the achievement of a Strategic Objective (SO). Rather, LIFT II uses the seven activity pillars presented above in lieu of the Sub-IR→IR→SO framework common to most USAID multi-year assistance program or bilateral PMPs.

LIFT II can support a particular Mission's focus on one or many IRs/SOs and accommodate those efforts at the country level. Those accommodations will be reflected in the country-level PMP and approved by the Mission. For the purposes of global-level reporting, LIFT II requires certain key indicators (noted in the PIRS below) to be included so they may roll up to the global level.

Harmonizing Country and Global-Level Monitoring

The indicators presented in PIRS (Annex 4) are key indicators LIFT II will track at a global level. While country-level monitoring can be adapted to fit the needs of USAID Missions, USAID/Washington, PEPFAR, and/or USG collaborating agencies (including the Centers for Disease Control and Prevention [CDC] and Peace Corps), LIFT II intends that country-level monitoring will include all or a subset of these indicators as necessary, depending on LIFT II's level of engagement. By including a core set of indicators in country-level monitoring plans, LIFT II will be able to roll up data to a global level—a necessary step for collecting data over the life of the project that can be used for evaluation purposes. This flexibility between global and country-level monitoring plans is necessary for a TA project such as LIFT II, which seeks to operate through a facilitation model, working closely through partners.

XII. Risks and Assumptions

1. Many of LIFT II's performance metrics are oriented toward directly improving the quality of life of PLHIV. While there are many discrete tasks and deliverables that the project will undertake under each of the key objectives, LIFT II has been structured to incorporate some flexibility in

planning and implementation because of the nature of its global support and systemic approach.

2. Based on current knowledge at this time LIFT II has proposed a number of topics for technical notes and action research. The topics/subject will be finalized based on actual program implementation, programming results and different opportunities that arise in collaboration with both program and strategic partners.
3. LIFT II uses an outcome mapping approach to organize the project's tiered structure. This approach helps outline the project elements that LIFT II can control, the elements that LIFT II's partners can control, and the ultimate improvements in beneficiaries' lives that both LIFT II and partners seek. Please see Annex 3 for further explanation.
4. LOE estimations are provided based on current programming assumptions.
5. LIFT II is a Mission driven program and is subject to support and concurrence at the Mission level. While country specific programs are developed in conjunction with Mission contacts they are developed based on continual support and are subject to concurrence from Mission contacts and relevant host government counterparts.
6. Country programming is based on LIFT's current understanding of the needs of the country, including those of the stakeholders, USAID and country specific counterparts. Proposed programming is subject to change based on additional information or needs gathered through the startup phase in each country. Final programming will be captured in country specific work plans, as applicable, and will be concurred by USAID Mission counterparts and our AOR.
7. Budget assumptions found in Annex 6 are based on current country programming information known at this time. Country programming is subject to adjustments based on the needs of the Mission, with approval from the LIFT II AOR.

Annex 1. LIFT II’s Rollout Process

FUNCTION	MAIN OBJECTIVES
Initial Mission Engagement	<ul style="list-style-type: none"> • Reach out to Mission and work to determine potential area of focus
Perform Desk Review	<ul style="list-style-type: none"> • Gather background information in one document
<p>Carry out Joint TDY, Assessment or Rapid Appraisal</p> <p><i>The results of this TDY would be recommendations for LIFT program design (in most cases this will include a draft work plan)</i></p> <p><i>**This TDY will be coordinated with FANTA-3, HCI and SPRING if feasible but not required</i></p>	<p>Mission and LIFT activities should encompass the following:</p> <ul style="list-style-type: none"> • Coordinate with ASSIST, FANTA-3, 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.

FUNCTION	MAIN OBJECTIVES
<p>Develop a work plan (WP)</p>	<ul style="list-style-type: none"> • 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
<p>Develop an M&E Plan to further Proof of Concept Model for LIFT – Action Research</p> <p><i>This is a continual process that is started upon formal engagement within the country</i></p>	<ul style="list-style-type: none"> • 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
<p>Conduct NACS Site Selection in Conjunction with USAID, relevant Government Ministries, FANTA-3, ASSIST and SPRING</p>	<ul style="list-style-type: none"> • 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.

FUNCTION	MAIN OBJECTIVES
<p>Conduct Situational Analysis in the communities defined by NACS catchment area(s) where LIFT will work</p>	<ul style="list-style-type: none"> • 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.

FUNCTION	MAIN OBJECTIVES
<p>Perform an Organizational Network Analysis (ONA) in the communities defined by the NACS site catchment area(s)</p>	<ul style="list-style-type: none"> • 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.
<p>Conduct a Government Level Landscape Analysis (if applicable)</p>	<ul style="list-style-type: none"> • 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.

FUNCTION	MAIN OBJECTIVES
<p>Conduct a Stakeholder Meeting – Initial Step to Establishing or Strengthening a NACS to Community ES/L/FS Referral Network.</p>	<ul style="list-style-type: none"> • 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
<p>Develop and Test Country Specific Diagnostic Tool</p>	<p>The Diagnostic Tool Will:</p> <ul style="list-style-type: none"> • 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 • Be sex disaggregated

FUNCTION	MAIN OBJECTIVES
Work with the Community to Define and Establish a Referral System	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

FUNCTION	MAIN OBJECTIVES
<p>Support collaboration between ES/L/FS service providers, NACS sites and other identified network goals</p>	<ul style="list-style-type: none"> • Provide technical assistance to support ES/L/FS service providers and network objectives including ES/L/FS linkages
<p>Conduct mid-term and end line evaluation activities</p>	<ul style="list-style-type: none"> • Review all programmatic data, contract deliverables, and previous (if any) evaluation and assessment reports for relevance
<p>Incubate business models for site scale up</p>	<ul style="list-style-type: none"> • 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 II’s Working Model and Systems Approach

LIFT’s Working Model

LIFT II will use the LIFT Working Model shown in Figure 2 to link NACS patients with ES/L/FS services. This model will be the foundation for building early learning sites in coordination with national and subnational government and partners where community ES/L/FS services can be integrated into the continuum of care. These sites will function as learning laboratories and support our evidence-based, gender-sensitive approach informing the integration of ES/L/FS referrals into NACS.

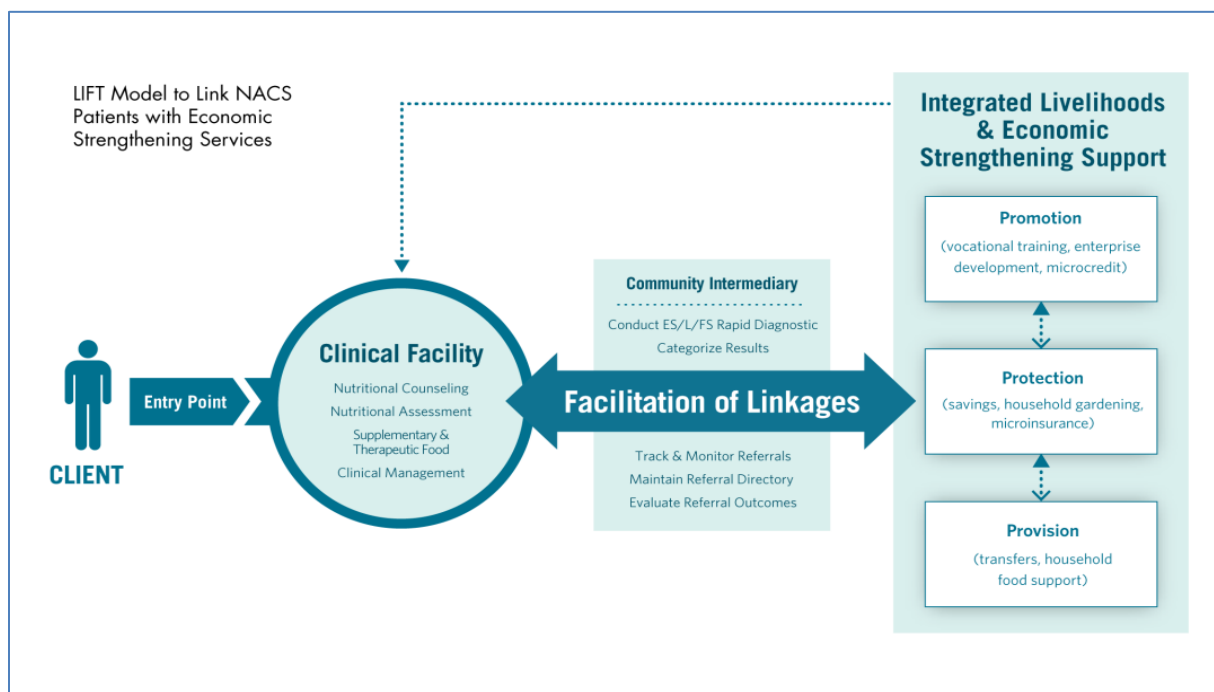


Figure 2. LIFT Working Model

The learning sites will be designed to improve ES/L/FS providers’ responses to the specific requirements of vulnerable populations, and to incubate new business models as well as costing and pricing tools to improve opportunities for successful scale-up. Costing and pricing will be critical to understanding what it will take to implement and sustain this component of NACS and represent an important dimension of LIFT II’s work in designing, implementing and adapting support to this facilitative approach. The sites will also provide important opportunities for action research and critical learning related to LIFT II’s evidence-building agenda.

LIFT II will coordinate and collaborate with many other projects to build the capacity of selected health facilities and surrounding communities to implement comprehensive NACS, including demonstrating strong examples of clinic to community linkages that encompass ES/L/FS community services. These partners include OHA’s other nutrition TA projects such as the Food and Nutrition Technical Assistance III Project (FANTA-3); Applying Science to Strengthen and Improve Systems (ASSIST); Strengthening Partnerships, Results and Innovation in Nutrition Globally (SPRING), and USAID’s primary global health monitoring and evaluation project, MEASURE Evaluation (MEASURE), as well as initiatives such as the Partnership for HIV-Free Survival (PHFS). The learning sites will involve local communities and ES/L/FS providers to enhance linkages and promote local buy-in and ownership through the continuum of care.

LIFT's System Approach

LIFT's Working Model is systemic, flexible and market-driven, providing the necessary capacity building, business linkages and skills development to tailor activities to the needs and resources of each community and household across different countries. LIFT's Working Model seeks to match vulnerable households with the most appropriate ES/L/FS services available in their communities. This systemic approach will assist countries in addressing the fragmentation and duplication across programs and contribute toward solutions tailored to their own context. By placing vulnerable populations within market systems and identifying systemic constraints affecting their participation, LIFT II will tailor its approach to each country and district depending on the perspective and capacity of its IPs. All interventions undertaken at the country level will have a very clear vision of change and a pathway toward exit, while remaining flexible to market players. This means establishing the main focal areas of interventions through a carefully orchestrated rollout model within which multifaceted activities can be carried out to be responsive to prevailing local conditions.

Annex 3. LIFT II's Tiered Approach

LIFT II project staff will work closely with USAID Washington and Missions to balance the global TA mandate and provide targeted assistance to a subset of strategic countries, primarily in Sub-Saharan Africa. While LIFT II will not be limited to these countries, they represent different levels of country engagement. Countries and illustrative levels of engagement are highlighted in Table 1 below and respond to the countries identified under the project description.

Table 1 – Planned LIFT II countries and illustrative activities, by tiered level of support

<u>Support Level</u>	<u>Countries</u>	<u>Illustrative Activities and Level of Engagement</u>
Tier 1	The Democratic Republic of the Congo, Lesotho, Malawi, Nigeria, and Tanzania	Rigorous support and technical assistance planned to facilitate integration of ES/L/FS into community support at demonstration NACS sites and/or critical opportunities for learning around specific components of the LIFT Working Model
Tier 2	Mozambique, Namibia, Zambia	Moderate support, immediate technical assistance and maximization of strategic opportunities for NACS and ES/L/FS integration
Tier 3	Cote D'Ivoire, Ethiopia, Kenya, South Africa, and Uganda	Targeted and less intensive engagement anticipated, assist in prioritizing and delivering most critical technical assistance needs, identify strategic NACS and ES/L/FS integration opportunities

Annex 4. Performance Indicator Reference Sheets (PIRS)

Summary Table of Indicators

This summary table contains a set of indicators across LIFT II's seven activity pillars. They represent output, outcome, and impact level measurement. Some indicators are already fully defined, while others are custom indicators defined by LIFT II. **NOTE: Final PIRS will be developed for all indicators upon PMP approval by USAID.**

Outcome Number	Indicator	Type	Data Source	Target (if appropriate)	Data Schedule	Disaggregation (always by country and by network)
Pillar 1: Conduct foundational country assessments to inform appropriate engagement related to ES/L/FS as a dimension of NACS support						
4.1	# of assessments completed	Output	LIFT II Project	-	Upon TA request	By LIFT II Project activity: opportunity assessment, portfolio review, desk review, and rapid appraisals
Pillar 2: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI &/or FtF country activities						
1.1	# of milestones completed towards referral system operations (this is a phased approach similar to FANTA-3's NACS phases)	Output	LIFT II Project	All LIFT II referral networks	Upon TA request, but can be repeated to document changes in network	By key LIFT II rollout activities: situational analyses, organizational network analyses, diagnostic tools, referral network tools, referral networks launched, and countries that have integrated ES/L/FS services in NACS

Outcome. Number	Indicator	Type	Data Source	Target <i>(if appropriate)</i>	Data Schedule	Disaggregation (always by country and by network)
1.2	Referral network data (includes indicators 1.4-1.8 below, which are the LIFT II “minimum set” for referral networks)	Output, Outcome, and Impact	Referral Network Members	All LIFT II referral networks	Monthly	By format decided in conjunction with local referral network service providers Will include measures of network outcomes and sustainability (# of networks with work plans, with standard tools, with referral focal persons, etc.) as well as aggregate household poverty in the network
1.3	Capacity upgrading of ES/L/FS services for referral network members	Output and Outcome	LIFT II Project	As necessary	Upon TA request	Output level includes instances of TA for capacity upgrading; outcome level includes, for example, gender analysis for referral network programming with post-test to assure integration

Outcome. Number	Indicator	Type	Data Source	Target (if appropriate)	Data Schedule	Disaggregation (always by country and by network)
1.4	Food security of PLHIV	Impact	Referral Network Members	Collected from 95% of referral network beneficiaries	As defined in the food access and HIV indicator definitions	ART vs. no ART; sex; pregnancy status; postpartum status; and age (as feasible) NOTE: This indicator can also be used to report on FTF Output 3.1.9.1-3 and 4.7-4: <i>Prevalence of households with moderate to severe hunger</i>
1.5	Per capita household expenditures in HIV-affected households	Outcome	Referral Network Members or Special Study	Collected from 95% of referral network beneficiaries, if special study	As defined in the food access and HIV indicator definitions	Disaggregation at the individual level is not possible
1.6	Percentage of total expenditures on food in HIV-affected households	Outcome	Referral Network Members or Special Study	Collected from 95% of referral network beneficiaries, if Special Study	As defined in the food access and HIV indicator definitions	Disaggregation at the individual level is not possible
1.7	Referral to ES/L/FS food security services (modified form of Indicator 1064 in UNAIDS Indicator Registry)	Output	Referral Network Members	Collected from 95% of referral network beneficiaries	As defined in the food access and HIV indicator definitions	By type of service (ES/L/FS or health), and also by standard indicator disaggregation: client characteristics (e.g. gender, age, ART and pre-ART clients, and PMTCT clients, <i>as feasible</i>)
1.8	Receipt of ES/L/FS services (modified form of indicator 886 in UNAIDS Indicatory Registry)	Output	Referral Network Members	Collected from 95% of referral network beneficiaries	As defined in the food access and HIV indicator definitions	By type of service (ES/L/FS or Health); disaggregation at the individual level is not possible

Outcome. Number	Indicator	Type	Data Source	Target (if appropriate)	Data Schedule	Disaggregation (always by country and by network)
Pillar 3: Enhancing stakeholder capacity to design and manage ES/L/FS programs that target and benefit food-insecure HIV and AIDS-affected and other vulnerable populations in a gender-sensitive manner						
2.1	# of instances of TA provided to service providers	Output	LIFT II Project	As necessary	Upon TA request and per work plans	By TA visits, trainings held, guidance developed, inventories of ES/L/FS tools released
4.2	# of LIFT II Wiki visits	Output	LIFT II project	Quarterly	LIFT II Quarterly Reports	Disaggregation by unique hits, repeat visits, and materials downloaded
4.3	Wiki Utility gauged by follow-up survey sent to Wiki users	Outcome	LIFT II project	Quarterly	LIFT II Quarterly Reports	No disaggregation
2.2	Increased stakeholder capacity based on standard tools (for example CARE's Scorecard)	Outcome	LIFT II Project	As necessary	As necessary	By service provider
Pillar 4: Enhance PEPFAR , GHI and FtF global and country guidance on ES/L/FS programming in the context of NACS						
4.4	# of instances of TA provided	Output	LIFT II Project	As necessary	Upon TA request	TA for managing and designing ES/L/FS Activities; TA for monitoring and evaluating ES/L/FS and NACS related investments; technical notes
4.5	# of times LIFT products are utilized	Output	LIFT II Project and Partners	As necessary	LIFT II Annual Report	Disaggregated by impact stories published about LIFT II work, research publications, citations of LIFT II work, etc.

Outcome. Number	Indicator	Type	Data Source	Target (if appropriate)	Data Schedule	Disaggregation (always by country and by network)
4.6	# of global standards/policies strengthened through LIFT II support	Outcome	LIFT II Project	-	LIFT II Annual Report	Disaggregation by country (or by phase of ES/L/FS integration into NACS)
Pillar 5: Raise the profile among key stakeholders of the need for gender-sensitive, market-driven and integrated approaches to support ES/L/FS programming to improve household resilience, food security and health outcomes						
4.7	# of global level efforts to improve integrated ES/L/FS programming	Output	LIFT II Project	As necessary	Continuous; reported in quarterly reports	By donor and stakeholder coordination; participation in technical forums; presentation(s) at conferences; action research conducted; LIFT II web-based knowledge portal usage; knowledge sharing and dissemination events hosted and/or cohosted by LIFT II
4.8	User satisfaction with global-level LIFT II TA	Outcome	LIFT II global-level TA recipients	Appropriate interval after TA to assess the degree to which TA recipients have implemented lessons learned	As necessary	As above
Pillar 6: Establish M&E system that collects data on all pillars, as well as special research studies, to further the evidence base around integration of ES/L/FS activities into health programs						
3.1	# of novel indicators developed and field tested	Output	LIFT II Project	Varies by number of referral systems	As necessary upon referral network launch	-

Outcome. Number	Indicator	Type	Data Source	Target (if appropriate)	Data Schedule	Disaggregation (always by country and by network)
3.2	# of M&E-specific guidance documents produced to support NACS-ES/L/FS linkages	Output	LIFT II Project	As necessary	Continuous	-
3.3	# of action research studies completed	Output	LIFT II Project	As possible (according to opportunities within referral networks)	Continuous	By action research (special studies or operations research that further the learning agenda or provide proof of concept); cost/benefit analysis of ES/L/FS interventions; etc.
Pillar 7: Provide gender integration support into LIFT II core activities and capacity strengthening of partners on gender-sensitive programming						
1.9	Number of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS	PEPFAR Output P12.4.D	Referral Network Members	Collected from 95% of referral network beneficiaries	As defined in the indicator description	Disaggregation by age (above or below 18 years old) and sex
2.3	# of gender assessments conducted to improve ES/L/FS programming	Output	LIFT II Project	All interested referral network member services	Upon TA request	N/A
2.4	Improved gender programming within ES/L/FS service providers	Outcome	Referral Network Members	All service providers who received gender assessment	6 or 12 months after gender assessment	N/A

Outcome. Number	Indicator	Type	Data Source	Target <i>(if appropriate)</i>	Data Schedule	Disaggregation (always by country and by network)
2.5	# of referral network service provider staff trained by LIFT II	Output	LIFT II Project and Referral Network Members	All service providers who received training	LIFT II Annual Report	Disaggregated by sex

PIRS Template

PIRS are maintained for each results-level indicator and are found in the subsequent pages. If current indicators are refined or additional indicators developed, LIFT II will create new indicator sheets based on this template. Each reference sheet is fully consistent with the guidance (mandatory and suggested) contained in ADS 200 and provides information on:

- Indicator definition, unit of measurement, and any data disaggregation requirements
- Data acquisition method, data sources, timeline for data acquisition, and staff responsible for data acquisition
- Plans for data analysis, review, and reporting
- Any data quality issues, including any actions taken or planned to address data limitations
- Notes on baselines, targets, and data calculation methods.

A complete table of performance data (baselines, targets, and actual) for all results-level indicators is found in last section of each PIRS. These data will be tracked on a quarterly basis and reported to USAID. Targets are being provided for year one as we will add an indicator’s targets based on the approved annual work plan FY2013-2014.

Indicator Reference Sheet Number: TEMPLATE				
Name of Indicator:				
Name of Activity Pillar: (LIFT Global Level)				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator:				
USAID Indicator <input type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input type="checkbox"/>
Description				
Precise Definition:				
Unit of Measure:				
Disaggregated by:				
Justification and Management Utility:				
Plan for Data Acquisition (Source, Collection and Collation)				
Data Source:				
Data Collection Method:				
Data Collation Method:				
Frequency and Timing of Data Acquisition:				
Individual Responsible for Providing Data to USAID:				
Individual Responsible at USAID:				
Estimated Cost of Data Acquisition:				
Location of Data Storage:				
Plan for Data Analysis, Review & Reporting				
Data Analysis:				
Presentation of Data:				

Review of Data:				
Reporting of Data:				
Baseline:				
Data Quality Issues				
Date of Initial Data Quality Assessment:				
Known Data Limitations and Significance (if any):				
Actions Taken or Planned to Address Data Limitations:				
Date of Future Data Quality Assessments:				
Margin of Error:				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013				
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: September 6, 2013</i>				

Examples of LIFT II PIRS

Indicator Reference Sheet Number 1.4.0				
Name of Indicator: Food Security and Vulnerability of People Living with HIV (PLHIV)				
Name of Activity Pillar: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI and/or FtF county activities				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Impact				
USAID Indicator <input checked="" type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input type="checkbox"/>
Description				
Precise Definition: The number and proportion of PLHIV receiving care and treatment services whose households have poor access to food based on the Household Hunger Scale. Additional definitions of <i>PLHIV</i> , <i>Care and treatment services</i> , <i>Access to food</i> , and <i>Household Hunger Scale</i> can be found here: http://www.indicatorregistry.org/node/1061 . Also, The number and proportion of PLHIV receiving care and treatment services whose households are most vulnerable based on the Progress out of Poverty Index of LIFT Score (both are metrics of household poverty/vulnerability which classify households according to LIFT II’s framework of <i>provide</i> (ultra-poor), <i>protect</i> (poor), and <i>promote</i> (more well-off households).				
Unit of Measure: Referral Network Client’s Household—Percent that are Food Insecure (or that report inadequate access to food)				

<p>Disaggregated by: This indicator is collected using LIFT II’s diagnostic tool and is broken into two sub-indicators:</p> <ul style="list-style-type: none"> • 1.4.1 – Food Security of People Living with HIV (PLHIV) • 1.4.2 – Vulnerability of People Living with HIV (PLHIV) <p>These indicators can be disaggregated by: Referrals received, Services received, Duration of participation in the referral system, and Facility which originated a referral. The indicator guidance also recommends disaggregation into by the following criteria: ART vs. No Art, Sex, Pregnancy Status, Postpartum Status, and Age.</p>
<p>Justification and Management Utility: This indicator provides unique and essential insight into shifts in food security in LIFT II’s beneficiaries’ clients. In aggregate, it shows shifts in food security/access among a referral system’s members, while for individual households it shows movement along a spectrum from food insecure to food secure, or vice versa.</p>
<p>Plan for Data Acquisition (Source, Collection and Collation)</p>
<p>Data Source: Referral Network Service Providers</p>
<p>Data Collection Method: Standard data collected when a client first enters a LIFT II-supported referral system, and at even intervals thereafter. Annual collection is recommended.</p>
<p>Data Collation Method: Data are collated each week (as appropriate) by referral network service providers and presented to the referral network’s lead organization. The lead organization will collate data for all referral network service providers and provide to the LIFT II M&E specialist or to the LIFT II M&E Country Manager. The lead organization will also conduct data quality analysis and verify any questionable data.</p>
<p>Frequency and Timing of Data Acquisition: As noted above, collection for this indicator should be annual, according to the official guidance. However, two important considerations remain: 1) the season of data collection must be carefully noted as most countries experience seasonal fluctuations in food security, and 2) referral network clients may not receive services at even intervals, requiring service providers to collect this data when clients do receive services.</p>
<p>Individual Responsible for Providing Data to USAID: M&E Specialist</p>
<p>Individual Responsible at USAID: Will vary by country.</p>
<p>Estimated Cost of Data Acquisition: Minimal. This process is built in to the referral system.</p>
<p>Location of Data Storage: There are three: referral network service providers (complete data), the referral network lead organization (complete data), and the LIFT II server (de-identified data as necessary).</p>
<p>Plan for Data Analysis, Review & Reporting</p>
<p>Data Analysis: No statistical analysis is required for this indicator; however, LIFT II anticipates using this data for exploratory logistic regression analyses to identify the greatest predictors of household food security/insecurity within the households which comprise the LIFT II-supported referral network.</p>
<p>Presentation of Data: These data are presented in tabular form.</p>
<p>Review of Data: The LIFT II M&E Specialist, as well as other LIFT II team members if convenient, will make spot checks at referral network service providers to ensure legitimate records are kept, managed, and properly secured.</p>
<p>Reporting of Data: This data will be reported in quarterly and annual reports to USAID/Washington and Missions</p>
<p>Baseline: LIFT II’s rollout model includes both an organizational network analysis and a diagnostic tool test, either of which can include a series of questions for clients of health facilities. The Household Hunger Scale should be included in those questions, with (as noted in Frequency and Timing of Data Acquisition above) notes made about the season of the baseline, and any observations about frequency of client use of services. LIFT II will also include the Progress out of Poverty Index (PPI) to assess household vulnerability in these questions, or use the LIFT Score (an alternative tool based on the PPI) when a PPI is not available.</p>
<p>Data Quality Issues</p>
<p>Date of Initial Data Quality Assessment: None.</p>

Known Data Limitations and Significance (if any): A weakness of the indicator is that it only measures food access among PLHIV in care and treatment programs so it may not be representative of a country's population of PLHIV and specifically may not capture PLHIV who do not have access to care and treatment services or who do not yet require such services. The indicator is designed this way because care and treatment programs are an important point for identifying PLHIV and referring them to support services and because of the challenges associated with identifying HIV-affected households in which no one participates in a care and treatment program. A second weakness is that although the questions are relatively simple and quick to administer, the indicator does require already busy service providers at clinical facilities to collect additional information from clients, which can add to existing time burdens. On the other hand, the data do not necessarily need to be collected by health providers, as lay staff or possibly community-based workers could be trained to collect the information as well.

Actions Taken or Planned to Address Data Limitations: LIFT II will provide specific capacity-building sessions to the lead organization around data collection and quality control, which will be reinforced by spot checks by LIFT II staff. In addition, aggregate responses from referral networks will be compared against other in-country referral networks (under the assumption they may experience shocks concurrently) and with other programs using the HHS as a food security/access tool.

Date of Future Data Quality Assessments: DQA expected two months after the launch of a referral system, and semi-annually thereafter

Margin of Error: The collation process will produce, with adequate documentation, a reduced the margin of error. Reporting in aggregate for referral network clients, rather than on a household basis, is expected to give better results.

Data Table

Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013	(36.9%)			Baseline collected in Balaka, Malawi would appear on Malawi PMP. <i>Presented for illustrative purposes only.</i>
2014				
2015				
2016				
2017				
2018				

This Sheet Last Updated On: December 9, 2013

Indicator Reference Sheet Number 1.5.0

Name of Indicator: Per Capita Household Expenditures in HIV-affected Households

Name of Activity Pillar: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI and/or FtF county activities

Name of Intermediate Result: (LIFT Country Level—if required by Mission)

Level of Indicator: Outcome

USAID Indicator PEPFAR Indicator FtF Indicator State F Indicator Custom Indicator

Description

Precise Definition: The percentage change in average per capita household expenditures among HIV-affected households. Definition of *HIV-affected households* can be found here: <http://www.indicatorregistry.org/node/1062>

Suggested survey questions for collecting this indicator include:

1. Over the past 7 days approximately how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Food and non-alcoholic beverages (e.g., meat, vegetables, fruits, dairy, grains, legumes, starches, water, juice, soda, etc.)
 - b. Alcoholic beverages and tobacco
2. Over the past 30 days, approximately how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Payment for housing (rent, maintenance and repair, water, electrical power, fuel)
 - b. Non-Durable and Personal Goods (e.g., toiletries, personal grooming, handbags, travel bags, newspapers and magazines)
 - c. Transport and Communication (e.g., tires, tubes, taxi/bus fares, mobile phone airtime, fuel)
 - d. Health and Medical Care (e.g., consultations, medicines, hospital/clinic charges)
 - e. Supporting relative/friends, religious donations,
 - f. Other (e.g., entertainment, laundry, barber and beauty shops, domestic servants, hotels and other lodging)
3. Over the past 12 months, approximately, how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Clothing and Footwear
 - b. Furniture, Furnishing, etc.
 - c. Household Appliances and Equipment (e.g., refrigerator, iron, stove, TV, radio, cassette, bicycle, motorcycle, computers, mobile phone, jewelry, watches)
 - d. Glass/Table Ware, Utensils, etc. (e.g., basins, plates, tumblers, buckets, enamel and metallic utensils)
 - e. Education (e.g., school fees, boarding and lodging, uniforms, books, supplies)
 - f. Livestock
 - g. Other (funerals, bride price, festivals/events)
 - h. Land

Unit of Measure: Referral Network Client’s Household

Disaggregated by: Referral Network only— Because the indicator measures the average share of expenditures that is spent on food, disaggregation at the individual level is not possible.

Justification and Management Utility: The indicator measures the extent to which expenditures in HIV-affected households are changing. Household expenditures are a common proxy used in lieu of direct measures of household income. Household income determines the household’s ability to purchase food in the marketplace, which is a critical determinant of food security. Research indicates that many poor and vulnerable households in developing countries (including rural households) are net purchasers of food. As their incomes rise, these households spend more on food, purchase a more diverse variety of foods, and shift to higher-quality foods with greater nutritional value. Rising incomes also increase the ability of poor and vulnerable households to manage risks, cope with stresses and shocks, and build or replenish assets, which are important determinants of household food security.

Plan for Data Acquisition (Source, Collection and Collation)

Data Source: The indicator is easily calculated using data obtained from household expenditure surveys. Household expenditures are measured using estimates of expenditure totals over the relevant reference period for food items, non-food items, household durables, non-durables, and other household expenditures based on the recall of a household head.

Data Collection Method: Follow-up surveys with referral clients, either a paper-based interview form, or an SMS-based mobile survey.

Data Collation Method: Data will be entered into Excel as only basic descriptive statistics are required for reporting.

Frequency and Timing of Data Acquisition: While household expenditures are expected to fluctuate less over the course of the year than actual household income, they too can show significant temporal variation. Significant and permanent changes in household expenditures, moreover, can take years to emerge. Additionally, information on household expenditures can be time and resource intensive to collect. For these reasons, it is recommended that the collection of household expenditure data takes place no more than once every 12 months and that it take place at the same time of the year to account for seasonal differences in expenditures.				
Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist				
Individual Responsible at USAID: Varies by country				
Estimated Cost of Data Acquisition: The primary resources required to use this indicator are those associated with carrying out a household survey: enumerators, training, transportation, survey forms.				
Location of Data Storage: LIFT II database or referral network database.				
Plan for Data Analysis, Review & Reporting				
Data Analysis: Basic descriptive statistics (mean and standard deviation) will be required.				
Presentation of Data: Data will be presented in summary tables to local stakeholders, including government				
Review of Data: Data will be reviewed upon collection; as this is not a frequently recurring indicator no DQA will be established.				
Reporting of Data: Data will be reported in quarterly and annual LIFT II reports after the surveys have been completed. Data will be shared with all relevant local stakeholders.				
Baseline: Unknown				
Data Quality Issues				
Date of Initial Data Quality Assessment: TBD				
Known Data Limitations and Significance (if any): The principal weakness of this indicator is the challenge involved in collecting accurate data on household expenditures. This challenge stems from two related sources. The first is the challenge involved in capturing accurate estimates of household expenditures. The second challenge is related to the financial and technical demands of capturing household-level information.				
Actions Taken or Planned to Address Data Limitations: LIFT II will support local stakeholders in the collection of data for this indicator in early learning sites.				
Date of Future Data Quality Assessments: As this indicator is collected annually no standard DQA will be put in place				
Margin of Error: The use of simplified expenditure survey modules is one way to address the challenges related to data collection, although the tradeoff is a likely loss in accuracy				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013				
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Indicator Reference Sheet Number 1.6.0

Name of Indicator: Percentage of Total Expenditures Spent on Food in HIV-affected Households

Name of Activity Pillar: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI and/or FtF county activities

Name of Intermediate Result: (LIFT Country Level—if required by Mission)

Level of Indicator: Outcome

USAID Indicator

PEPFAR Indicator

FtF Indicator

State F Indicator

Custom Indicator

Description

Precise Definition: The average percentage of total household expenditures that are spent on food in HIV-affected households. Definition of *HIV-affected households* can be found here: <http://www.indicatorregistry.org/node/1063>.

Suggested survey questions for collecting this indicator include:

1. Over the past 7 days approximately how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Food and non-alcoholic beverages (e.g., meat, vegetables, fruits, dairy, grains, legumes, starches, water, juice, soda, etc.)
 - b. Alcoholic beverages and tobacco
2. Over the past 30 days, approximately how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Payment for housing (rent, maintenance and repair, water, electrical power, fuel)
 - b. Non-Durable and Personal Goods (e.g., toiletries, personal grooming, handbags, travel bags, newspapers and magazines)
 - c. Transport and Communication (e.g., tires, tubes, taxi/bus fares, mobile phone airtime, fuel)
 - d. Health and Medical Care (e.g., consultations, medicines, hospital/clinic charges)
 - e. Supporting relative/friends, religious donations,
 - f. Other (e.g., entertainment, laundry, barber and beauty shops, domestic servants, hotels and other lodging)
3. Over the past 12 months, approximately, how much have you spent for each of the following items? (purchased or home-produced/received as gift)
 - a. Clothing and Footwear
 - b. Furniture, Furnishing, etc.
 - c. Household Appliances and Equipment (e.g., refrigerator, iron, stove, TV, radio, cassette, bicycle, motorcycle, computers, mobile phone, jewelry, watches)
 - d. Glass/Table Ware, Utensils, etc. (e.g., basins, plates, tumblers, buckets, enamel and metallic utensils)
 - e. Education (e.g., school fees, boarding and lodging, uniforms, books, supplies)
 - f. Livestock
 - g. Other (funerals, bride price, festivals/events)
 - h. Land

Unit of Measure: Referral Network Client’s Household

Disaggregated by: Referral Network only— Because the indicator measures the average share of expenditures that is spent on food, disaggregation at the individual level is not possible.

Justification and Management Utility: This indicator measures the household’s vulnerability to food insecurity. Households that spend a higher percentage of their income on food expenditures are vulnerable to food insecurity because if their income falls or food prices rise—for example, owing to a job loss, natural disaster, disease onset, or price policy reform—they will have limited reserve for meeting their food needs. Conversely, households that spend a lower percentage of their income on food are less vulnerable to disruptions of food access resulting from falling incomes or rising food prices. Food produced at home or obtained through bartering or gifts is included in the expenditure values.

Plan for Data Acquisition (Source, Collection and Collation)

Data Source: The indicator is easily calculated using data obtained from household expenditure surveys. Household expenditures are measured using estimates of expenditure totals over the relevant reference period for food items, non-food items, household durables, non-durables, and other household expenditures based on the recall of a household head.				
Data Collection Method: Follow-up surveys with referral clients, either a paper-based interview form, or an SMS-based mobile survey.				
Data Collation Method: Data will be entered into Excel as only basic descriptive statistics are required for reporting.				
Frequency and Timing of Data Acquisition: While household expenditures are expected to fluctuate less over the course of the year than actual household income, they too can show significant temporal variation. Significant and permanent changes in household expenditures, moreover, can take years to emerge. Additionally, information on household expenditures can be time and resource intensive to collect. For these reasons, it is recommended that the collection of household expenditure data takes place no more than once every 12 months and that it take place at the same time of the year to account for seasonal differences in expenditures.				
Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist				
Individual Responsible at USAID: Varies by country				
Estimated Cost of Data Acquisition: The primary resources required to use this indicator are those associated with carrying out a household survey: enumerators, training, transportation, survey forms.				
Location of Data Storage: LIFT II database or referral network database.				
Plan for Data Analysis, Review & Reporting				
Data Analysis: Basic descriptive statistics (mean and standard deviation) will be required.				
Presentation of Data: Data will be presented in summary tables to local stakeholders, including government				
Review of Data: Data will be reviewed upon collection; as this is not a frequently recurring indicator no DQA will be established.				
Reporting of Data: Data will be reported in quarterly and annual LIFT II reports after the surveys have been completed. Data will be shared with all relevant local stakeholders.				
Baseline: Unknown				
Data Quality Issues				
Date of Initial Data Quality Assessment: TBD				
Known Data Limitations and Significance (if any): The principal weakness of the indicator is the challenge involved in collecting accurate data on household expenditures. This challenge stems from two related sources. The first is the challenge involved in capturing accurate estimates of household expenditures. The second challenge is related to the financial and technical demands of capturing household-level information.				
Actions Taken or Planned to Address Data Limitations: LIFT II will support local stakeholders in the collection of data for this indicator in early learning sites.				
Date of Future Data Quality Assessments: As this indicator is collected annually no standard DQA will be put in place				
Margin of Error: The use of simplified expenditure survey modules is one way to address the challenges related to data collection, although the tradeoff is a likely loss in accuracy				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013				Varies by country
2014				
2015				
2016				

2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Indicator Reference Sheet Number 1.7.0				
Name of Indicator: Referral to Economic Strengthening, Livelihoods, Food Security and Health Services				
Name of Activity Pillar: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI and/or FtF county activities				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Output				
USAID Indicator <input checked="" type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input type="checkbox"/>
Description				
<p>Precise Definition: The number and percentage of HIV-affected households that receive referrals to economic strengthening, livelihoods, food security, and health (specifically nutrition and HIV) services through participation in LIFT II facilitated referral network. Numerator: The number of HIV care and treatment clients <i>identified as being vulnerable to food insecurity</i> who are referred to economic strengthening, livelihoods, food security, and health (specifically nutrition and HIV) services at any point during the reporting period. Denominator: The number of HIV care and treatment clients <i>identified as being vulnerable to food insecurity</i> during the same period. A complete definition (including <i>vulnerable to food insecurity</i>) can be found here: http://www.indicatorregistry.org/node/1064 (Note that this LIFT II indicator is modified version of the indicator linked to—this indicator has been expanded to include economic strengthening, livelihoods, and health services).</p>				
Unit of Measure: Referral network clients				
Disaggregated by: Data can be disaggregated by client characteristics, e.g., sex, age groups, ART and pre-ART clients, and PMTCT clients (provided that referral networks opt in to collection of health specific data such as “PMTCT client” status).				
Justification and Management Utility: In many contexts, HIV care and treatment clients are food insecure, which can negatively affect their health, treatment adherence, nutritional status, and overall well-being. While most clinical facilities do not offer services to strengthen food security, presentation at clinical facilities does offer an opportunity for clients to be referred to such services. Establishing effective referral mechanisms between clinical facilities and food security services helps clients access more comprehensive care and support services and can help sustain nutritional improvements generated by clinical nutrition services. This indicator measures the extent to which such referrals occur				
Plan for Data Acquisition (Source, Collection and Collation)				
Data Source: Referral network metadata (see LIFT II Indicator 1.2.0)				
Data Collection Method: Data for this indicator are collected at the referral network level. When food security screening or assessment indicates vulnerability, this is documented on a record. When clients are referred to any other (i.e., economic strengthening, livelihoods, food security, or health) services, the referral is documented. These data can be tallied to calculate the number and percentage of clients vulnerable to food insecurity that are referred to food security services.				
Data Collation Method: Data are collated each week (as appropriate) by referral network service providers and presented to the referral network’s lead organization. The lead organization will collate data for all referral network service providers and provide to the LIFT II M&E specialist or to the LIFT II M&E Country Manager. The lead organization will also conduct data quality analysis and verify any questionable data.				
Frequency and Timing of Data Acquisition: Data are recorded when referrals occur. Compilation of the data and reporting of the indicator can occur as frequently as needed. Generally, more frequent compilation is desirable so as to maintain up-to-date and accurate records, while biannual or annual reporting of the indicator should be sufficient.				
Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist				

Individual Responsible at USAID: Varies by country				
Estimated Cost of Data Acquisition: Because existing records housed in a LIFT II facilitated referral network database can be used for this indicator, the resources required are modest.				
Location of Data Storage: There are three: referral network service providers (complete data), the referral network lead organization (complete data), and the LIFT II server (de-identified data as necessary).				
Plan for Data Analysis, Review & Reporting				
Data Analysis: Data will be presented as counts and percentages—only simple descriptive statistics are required.				
Presentation of Data: Data will be presented in tabular form, and can be organized into run charts to show change referral activity over time.				
Review of Data: At the program level, the indicator can be used to assess and track the extent to which mechanisms are in place to refer clients of HIV care and treatment services to other services, and the extent to which referrals are being made through such mechanisms.				
Reporting of Data: Data will be reported on a monthly basis.				
Baseline: Varies by referral network.				
Data Quality Issues				
Date of Initial Data Quality Assessment: Varies by country—typically should be in the first two months after launch of a referral network.				
Known Data Limitations and Significance (if any): The use of clinical records for data can be a weakness as well, because the data will be only as good as the clinical records are. If the quality of clinical records is poor, there may be measurement errors in the values reported. Also, the indicator does not provide information about whether the referral was availed or about the quality of the food security services provided. A final weakness is that different programs or countries are likely to use different methods to measure vulnerability to food security, which potentially complicates cross-program or cross-country comparisons.				
Actions Taken or Planned to Address Data Limitations: LIFT II anticipates that referral networks using a cloud-based database will be able to collect more complete, higher quality data sets to address the limitations of this indicator.				
Date of Future Data Quality Assessments: DQA expected two months after the launch of a referral system, and semi-annually thereafter				
Margin of Error: The collation process will produce, with adequate documentation, a reduced the margin of error. Reporting in aggregate for referral network clients, rather than on a household basis, is expected to give better results.				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013				Varies by country and referral network
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Indicator Reference Sheet Number 1.8.0				
Name of Indicator: Receipt of Economic Strengthening, Livelihoods, Food Security and Health Services				
Name of Activity Pillar: Improve ES/L/FS integration within NACS programming as a component of PEPFAR, GHI and/or FtF county activities				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Output				
USAID Indicator <input checked="" type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input type="checkbox"/>
Description				
<p>Precise Definition: The number and percentage of HIV-affected households that receive economic strengthening, livelihoods, food security, and health (specifically nutrition and HIV) services through participation in LIFT II facilitated referral network.</p> <p>Numerator: The number of HIV-affected households receiving economic strengthening, livelihoods, food security, and health (specifically nutrition and HIV) services at any point during the reporting period. Denominator: The total number of HIV-affected households identified during the same period. A complete definition (including vulnerable to food insecurity) can be found here: http://www.indicatorregistry.org/node/886 (Note that this LIFT II indicator is modified version of the indicator linked to—this indicator has been expanded to include economic strengthening, livelihoods, and health services).</p>				
Unit of Measure: Referral network clients				
Disaggregated by: Data can be disaggregated by client characteristics, e.g., sex, age groups, ART and pre-ART clients, and PMTCT clients (provided that referral networks opt in to collection of health specific data such as “PMTCT client” status).				
Justification and Management Utility: The purpose of this indicator is to determine whether HIV-affected households are benefiting from participation in programs that address the food security needs of vulnerable populations. HIV can cause or worsen food insecurity by reducing income, depleting assets or savings, reducing availability of household labor, diverting human and financial resources to health care, severing intergenerational transfer of skills and knowledge, and constraining community coping mechanisms. Food insecurity may also worsen the impact that HIV has on individuals and households, for example, when food needs limit the resources available to spend on health care or reduce the availability of household members to care for sick individuals, or negatively affect adherence and treatment				
Plan for Data Acquisition (Source, Collection and Collation)				
<p>Data Source: Referral network metadata (see LIFT II Indicator 1.2.0). The indicator is measured using records from LIFT II facilitated referral networks which seek to connect economic strengthening, livelihoods, food security, and health (specifically nutrition and HIV) services. When the number of households receiving food security services is being measured, the value of the indicator is the number of HIV-affected households covered by the services during the reporting period. When the percentage of households receiving ES/L/FS/H services is being measured, the numerator is the number of HIV-affected households receiving ES/L/FS/H services at any point during the reporting period. The denominator is the total number of HIV-affected households identified during the same period. The duration of the reporting period is determined by the facility or program reporting on the indicator.</p>				
<p>Data Collection Method: Data for this indicator are collected at the referral network level. When food security screening or assessment indicates vulnerability, this is documented on a record. When clients are referred to any other (i.e., economic strengthening, livelihoods, food security, or health) services, the referral is documented. These data can be tallied to calculate the number and percentage of clients vulnerable to food insecurity that are referred to food security services.</p>				
<p>Data Collation Method: Data are collated each week (as appropriate) by referral network service providers and presented to the referral network’s lead organization. The lead organization will collate data for all referral network service providers and provide to the LIFT II M&E specialist or to the LIFT II M&E Country Manager. The lead organization will also conduct data quality analysis and verify any questionable data.</p>				

Frequency and Timing of Data Acquisition: Data on the number of HIV-affected households receiving services are recorded when clients receiving services are registered. Compilation of the data and reporting of the indicator can occur as frequently as needed. Generally, more frequent compilation is desirable so as to maintain up-to-date and accurate records, while biannual or annual reporting should be sufficient. LIFT II facilitated referral networks which employ a cloud-based database to house client referral (and receipt of referral) data can report on this each week. Paper-based systems will experience some delays and will likely be able to report monthly, with a lag time of up to one month (to allow for return of paper copies of forms and data entry into the referral network database).				
Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist				
Individual Responsible at USAID: Varies by country				
Estimated Cost of Data Acquisition: Because existing records housed in a LIFT II facilitated referral network database can be used for this indicator, the resources required are modest.				
Location of Data Storage: There are three: referral network service providers (complete data), the referral network lead organization (complete data), and the LIFT II server (de-identified data as necessary).				
Plan for Data Analysis, Review & Reporting				
Data Analysis: Data will be presented as counts and percentages—only simple descriptive statistics are required.				
Presentation of Data: Data will be presented in tabular form, and can be organized into run charts to show change referral activity over time.				
Review of Data: The LIFT II M&E Specialist, as well as other LIFT II team members if convenient, will make spot checks at referral network service providers to ensure legitimate records are kept, managed, and properly secured.				
Reporting of Data: Data will be reported on a monthly basis.				
Baseline: Varies by referral network.				
Data Quality Issues				
Date of Initial Data Quality Assessment: Varies by country—typically should be in the first two months after launch of a referral network.				
Known Data Limitations and Significance (if any):				
Actions Taken or Planned to Address Data Limitations: LIFT II anticipates that referral networks using a cloud-based database will be able to collect more complete, higher quality data sets to address the limitations of this indicator.				
Date of Future Data Quality Assessments: DQA expected two months after the launch of a referral system, and semi-annually thereafter				
Margin of Error: The collation process will produce, with adequate documentation, a reduced the margin of error. Reporting in aggregate for referral network clients, rather than on a household basis, is expected to give better results.				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013				Varies by country and referral network
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Indicator Reference Sheet Number 1.9.0				
Name of Indicator: Women and girls' access to income and productive resources (PEPFAR Output P12.4.D)				
Name of Activity Pillar: Provide gender integration support into LIFT II core activities and capacity strengthening of partners on gender-sensitive programming.				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Output				
USAID Indicator <input type="checkbox"/>	PEPFAR Indicator <input checked="" type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input type="checkbox"/>
Description				
Precise Definition: # of people reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS <i>within a particular LIFT II facilitated referral network</i> .				
Unit of Measure: Individual				
Disaggregated by: sex (male and female) and age (0-15, 15-24, and 25+)				
Justification and Management Utility: Recommended PEPFAR Gender Indicator				
Plan for Data Acquisition (Source, Collection and Collation)				
Data Source: Referral Network Data (see LIFT II indicator 1.2.0)				
Data Collection Method: Each service provider participating in the referral network must identify if their programming matches the definition of this indicator, namely that it “explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS.” This information will be included in the referral network’s service directory, a tool which lists key program aspects for each service provider. Referrals made to a specific service provider must include the program to which the client is being referred so that LIFT II and the referral network members can better understand client flow. For this indicator, it is the specific program a client is referred to that will be tabulated, rather than the service provider a client is referred to (because a service provider may offer multiple programs but only one may meet the definition of this indicator). For LIFT II, these kinds of services include livelihoods trainings, microfinance activities, village savings and loans, and programs that seek to increase women and girls’ participation in economic activities (such as value chain projects which encourage women and girls to sell crops they grow).				
Data Collation Method: For cloud-based databases , this collation is simply a matter of exporting referral data on a monthly basis and sorting into the disaggregation categories. Cloud-based databases provide easy data export (to *.xls format) at regular intervals, and the data elements for this indicator (sex, age, HIV status, referral—to a program that meets the indicator’s definition—used). For paper-based databases , this collation can be generated from a database query to match to the data elements for this indicator; however, delays in data entry due to late submission of paper forms from service providers may in turn delay reporting. This is particularly true as this indicator combines sensitive health data (to determine whether an individual is “impacted by HIV/AIDS”) with referrals used (a metric predicated on the issuance of a referral to an appropriate service).				
Frequency and Timing of Data Acquisition: This indicator will be reported quarterly				
Individual Responsible for Providing Data to USAID: Varies by country				
Individual Responsible at USAID: Varies by country				
Estimated Cost of Data Acquisition: This indicator will not add any significant cost to referral networks				
Location of Data Storage: For cloud-based databases, this information will be held in a secure website which only LIFT II and lead organization staff have access to. For paper-based databases, this information will be held in a secure database managed by the lead organization.				
Plan for Data Analysis, Review & Reporting				
Data Analysis: This indicator will be disaggregated as described above.				
Presentation of Data: This indicator will be presented as a table in its disaggregated form.				

Review of Data: Data will be reviewed by LIFT II team and the local stakeholders (particularly the lead organization responsible for the operation of the referral network, but also the stakeholders who offer programming that meets this indicator's definition as necessary)				
Reporting of Data: Varies by country				
Baseline: Varies by county				
Data Quality Issues				
Date of Initial Data Quality Assessment: To be decided				
Known Data Limitations and Significance (if any): N/A				
Actions Taken or Planned to Address Data Limitations: N/A				
Date of Future Data Quality Assessments: To be decided				
Margin of Error: N/A				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013	TBD			Varies by country
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 6, 2013</i>				

Indicator Reference Sheet Number 2.3.0				
Name of Indicator: Gender assessments conducted to improve ES/L/FS programming				
Name of Activity Pillar: Provide gender integration support into LIFT II core activities and capacity strengthening of partners on gender-sensitive programming.				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Output				
USAID Indicator <input type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input checked="" type="checkbox"/>
Description				

<p>Precise Definition: # of gender assessments conducted to improve ES/L/FS programming. Typically a gender assessment will be completed as part of LIFT II’s Situational Analysis (SA) prior to engagement with a community. In some cases, a SA may have been completed in the country, and a stand-alone gender analysis can be completed prior to the launch of a new referral system. The gender assessment will follow the FHI 360 gender assessment framework and USAID ADS 205 (Integrating Gender Equality and Female Empowerment in USAID’s Program Cycle), which examines four key questions:</p> <ol style="list-style-type: none"> 1. What are the key gender relations inherent in each domain (listed below) that affect women and girls and men and boys and sexual minorities? 2. What potential information is missing but is needed about gender relations? 3. What are the gender-based constraints to reaching program objectives? 4. What are the gender-based opportunities to reaching program objectives? <p>A complete assessment for each of these four questions will address the following five domains in terms of men, womens, boys and girls status, according to USAID ADS 205: 1) Laws, Policies, Regulations, and Institutional Practices; 2) Cultural Norms and Beliefs; 3) Gender Roles, Responsibilities, and Time Used; 4) Access to and Control over Assets and Resources; and 5) Patterns of Power and Decision-making. A final domain from FHI 360’s gender assessment framework which is 6) Legal rights and resources.</p>
Unit of Measure: Referral network
Disaggregated by: Referral network
Justification and Management Utility: Used to inform LIFT II Indicator 2.4.0
Plan for Data Acquisition (Source, Collection and Collation)
Data Source: LIFT II Situational Analysis, or stand-alone gender analysis that follows the FHI 360 gender assessment framework.
Data Collection Method: Focus group discussions (FGD) and Key informant interviews (KII)
Data Collation Method: LIFT II staff, partners, and/or consultant to complete gender analysis by synthesizing information from the FGDs and KIIs for inclusion in the SA report.
Frequency and Timing of Data Acquisition: To be done at the SA phase, before LIFT II has begun engagement work in the referral network catchment area. May be repeated as necessary to determine changes in gender norms and attitudes, or for referral network spread/scale.
Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist
Individual Responsible at USAID: Varies by country
Estimated Cost of Data Acquisition: Included in cost of SA (\$25-27k)
Location of Data Storage: LIFT II will collect all original recordings and transcripts of FGDs and KIIs conducted for the SA, and house them on the project server in Washington, DC.
Plan for Data Analysis, Review & Reporting
Data Analysis: Data for this indicator are qualitative (from FGD and KII) and will be analyzed
Presentation of Data: Data will be summarized in a gender assessment appendix of the SA report that includes a one-page narrative of gender issues in the referral network catchment area, and a completed table that describes the gender assessment questions and domains presented in the definition above.
Review of Data: Data will be reviewed by LIFT II team and later shared with local stakeholders (both local and national government and potential referral network members) as necessary.
Reporting of Data: Data will be included in the SA report or as a brief stand-alone gender assessment report, as applicable.
Baseline: N/A
Data Quality Issues
Date of Initial Data Quality Assessment: To be decided

Known Data Limitations and Significance (if any): N/A				
Actions Taken or Planned to Address Data Limitations: N/A				
Date of Future Data Quality Assessments: To be decided				
Margin of Error: N/A				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013	TBD			Varies by country
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Indicator Reference Sheet Number 2.4.0				
Name of Indicator: Improved gender programming within ES/L/FS service providers				
Name of Activity Pillar: Provide gender integration support into LIFT II core activities and capacity strengthening of partners on gender-sensitive programming.				
Name of Intermediate Result: (LIFT Country Level—if required by Mission)				
Level of Indicator: Outcome				
USAID Indicator <input type="checkbox"/>	PEPFAR Indicator <input type="checkbox"/>	FtF Indicator <input type="checkbox"/>	State F Indicator <input type="checkbox"/>	Custom Indicator <input checked="" type="checkbox"/>
Description				
Precise Definition: Improvements in gender-sensitive systems, structures, policies and processes of ES/L/FS service providers within a LIFT II facilitated referral network, as measured using CARE’s Community Score Card (CSC) methodology.				
Unit of Measure: Completed CSC Activity (that is either exclusively focused on gender-sensitive component, or which includes gender-sensitivity as part of the assessment).				
Disaggregated by:				
Justification and Management Utility:				
Plan for Data Acquisition (Source, Collection and Collation)				

Data Source: Data are collected from “score cards” completed by community members in Focus Group Discussions (FGDs) as they evaluate the different services providers under the guidance of a community facilitator. Suggested FGDs include women, men, youth, children, community leaders, PLWH/A, health center committee, etc. FGDs will use complete the score card, which has an indicator (in this case an indicator relevant to gender programming, such as 1) decision making around household assets, 2) parity in access to income generating activities, and/or 3) how a service positively affects a client’s livelihoods options, etc. *It is important that these indicators be linked in some way to issues raised by the gender assessment conducted as part of the Situational Analysis (SA) as described in LIFT II Indicator 2.3.0, as this allows for a comparison of service adequacy and gender-sensitivity over time.*

The complete CSC methodology also allows for service providers to complete score cards which can then be used to facilitate dialogue between clients (demand) and service providers (supply). If followed, these data can be presented at an “interface meeting” which can be used for action planning amongst referral network members.

For more information on CSC visit http://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf

Data Collection Method: Data are collected in several stages in the CSC method (these are detailed in the CSC Toolkit in Stage 3: Developing the community’s Score Card): 1) local stakeholders must generate and prioritize issues, 2) each of the most relevant issues must be transformed into an indicator, 3) indicators must be put onto a matrix where they can be ranked on a Likert scale of 1-5 (along with an area for notes), 4) the score card is used in FGDs with clients, 5) optional: the score card is used in discussions with service providers, 6) optional: the clients and service providers use the score card results in a facilitated discussion that leads to 7) an interface meeting and/or action planning.

Data Collation Method: Data collation is a simple task of reporting average scores for each indicator on the score card. Where there are clear divergences in data (for example, FGDs of women and girls rank a service poorly where men and boys rank it very highly) these can be explored during the interface meeting with the help of a facilitator, or at a minimum circulated to service providers to help them better understand the demand for their service (or changes to their service model).

Frequency and Timing of Data Acquisition: As necessary, but recommended during the first year of LIFT II TA to referral networks. While a single instance of the CSC activity can examine how service providers’ current programming reflects needs identified during the SA (see LIFT II Indicator 2.3.0), it may be worthwhile to conduct this activity on an annual basis using the same Score Card indicators and assessing change over time.

Individual Responsible for Providing Data to USAID: LIFT II M&E Specialist

Individual Responsible at USAID: Varies by country

Estimated Cost of Data Acquisition: TBD as LIFT II has not conducted this activity in any country yet

Location of Data Storage: LIFT II will collect all original recordings and transcripts of FGDs and KIIs conducted for the SA, and house them on the project server in Washington, DC.

Plan for Data Analysis, Review & Reporting

Data Analysis: The CSC method generates quantitative data based on the indicators included on the score card. These measures provide insight how different social groups perceive services within the membership of the referral network client base and no complicated analysis is necessary beyond descriptive statistics. The CSC toolkit advises repeating the score card exercise across villages (and to keep an eye out for divergences in scores across villages); LIFT II operates at the referral network level and could therefore repeat the Score Card in different villages, or by having multiple FGDs with a particular demographic (i.e., 2 or 3 FGDs focused on youth as opposed to just one). Even if that is the case descriptive statistics suffice for analysis. A final possibility for data analysis is assessing change over time, which would involve a comparison of means (for service quality, ranked 1-5).

Presentation of Data: The data are intended to be used during a facilitated discussion between clients and service providers; however, data may be collected from clients and presented to service providers in many situations where the need for direct dialogue is complex, or where there is a high degree of agreement between the clients (demand side) and service providers (supply side) on next steps.

Review of Data: Data will be reviewed by the LIFT II team and local stakeholders (particularly a facilitator from the community, if there is a desire to hold a facilitated interface meeting).				
Reporting of Data: Data will be reported in LIFT II quarterly and annual reports, provided the activity occurred in that time frame.				
Baseline: N/A				
Data Quality Issues				
Date of Initial Data Quality Assessment: To be decided				
Known Data Limitations and Significance (if any): N/A				
Actions Taken or Planned to Address Data Limitations: N/A				
Date of Future Data Quality Assessments: To be decided				
Margin of Error: N/A				
Data Table				
Year	Target (baseline)	Actual	Actual Cumulative	Notes
2013	TBD			Varies by country
2014				
2015				
2016				
2017				
2018				
<i>This Sheet Last Updated On: December 9, 2013</i>				

Annex 5. Management of the PMP

The Monitoring and Evaluation Specialist, in coordination with the LIFT II Technical Director and country-level M&E Manager (where applicable), will be responsible for implementing this performance monitoring plan (PMP). The Monitoring and Evaluation Specialist will work closely with all members of the LIFT II Headquarters Team, M&E staff from World Vision and CARE, and in-country staff and consultants in the design, collection, cleaning, and reporting of M&E data. These data will provide important inputs for LIFT II's annual work plans, beginning with FY2013-2014. The M&E Specialist and team will provide up-to-date implementation information that:

- Tracks work plan progress toward agreed-upon milestones and implementation arrangements, including records of meetings, policy decisions and guidance, assignment of follow-up actions, and schedules for training
- Monitors achievement of performance indicators used to meet LIFT II's objectives
- Generates reports and documentation for USAID/Washington and Missions

The PMP will be reviewed and revised at least annually and as necessary. For example, additional indicators may be added or current indicators edited in accordance with the PIRS template above. Similarly, other elements of the PMP may be modified as necessary provided the modifications do not disrupt data streams tied to outcome/impact evaluations. When reviewing the PMP, the LIFT II team will consider the following issues:

- Are the performance indicators measuring the intended result?
- Are the performance indicators providing the information needed?
- How can the PMP be improved?

If the LIFT II team makes major changes to the PMP regarding indicators or data sources, then the rationale for adjustments will be documented. For changes in minor PMP elements, such as indicator definition or responsible individual, the PMP will be updated to reflect the changes, but without the rationale. All these changes will be shared in the quarterly LIFT II reports to USAID.

Monitoring Processes to Ensure Reliability and Validity of Data

The LIFT II project will use a well-designed and user-friendly data system to ensure that: (1) information about project activities is captured on time in the field, the data are of high quality, and they are processed efficiently in the Washington office, and (2) the data are used to make programmatic decisions. The project will allocate an average of 7.5% of its country budget to build such a system, and the Monitoring and Evaluation Specialist will be responsible for ensuring that the data system operates effectively and efficiently, in accordance with the following activities (for clarity, individual processes at global and country level are specified):

- **Clearly define data collection roles.** LIFT II faces a special data collection challenge in that much of the ES/L/FS service implementation will be conducted by third parties (i.e., not LIFT II staff or USG). In order to ensure access to necessary data, LIFT II will put in place a data quality standard in all partnerships that clearly states how beneficiaries of LIFT II TA will share data with the project. In particular, this is crucial for instances where LIFT II will facilitate the creation of

referral networks, but will rely on local governments and local NACS and ES/L/FS partners to drive the referral system.

- **Global level**—The M&E specialist will design and train all local staff and partners to collect specific, easily measurable data. In addition, the M&E specialist and LIFT II staff will work to preserve collaborative relationships that allow LIFT II access to data collected by local partners.
- **Country level**—The lead organization will be responsible for collating data from referral network service providers, as well as occasional spot checks (with LIFT II staff) and investigating any instances where data quality or validity is compromised.
- **Maintain a database.** A database will be created to house all monitoring and evaluation data and to facilitate data analysis and reporting. It will contain all participant-level (both household and individual, depending on the needs of the country) data and will be organized using unique identifiers. The database will be developed to ensure easy data transfer from TA beneficiaries to Washington office level. Training on the data process—data collection, analysis and use at the local level—will be included in capacity-building activities for all M&E staff. The database design will take into consideration the capacity and format extant country-level systems where possible, to promote efficient data transfer.
 - **Global level**—The LIFT II M&E specialist will maintain a database, with either Microsoft Access or series of Excel/CSV files, as appropriate. All data files will be kept in raw form in a secure location, in addition to regular back-up of in-progress analytical files.
 - **Country level**—LIFT II partners (in the case of referral networks) will collect data directly from clients and collate for the lead organization. The lead organization will maintain databases with client information (in some cases sensitive health information) in a secure fashion. LIFT II will provide TA to referral partners as defined in a work plan, memorandum of agreement, or other document that clearly defines roles created for the launch of a referral network.
- **Ensure data quality is high using a data quality assessment (DQA).** Data quality refers to the extent to which data adhere to the six dimensions of quality: accuracy, reliability, completeness, precision, timeliness, and integrity. Data entry and management procedures will be set up in consultation with partners and recipients of LIFT II TA. The database manager will ensure data are entered correctly and will perform consistent and established DQAs. The database manager will conduct at least weekly spot checks of the larger database as a whole, and check newly submitted data for errors upon receipt. The database manager will be responsible for the schedule of data entry, data verification, and data checking.
 - **Global level**—LIFT II will conduct analytics on all data sets received from in-country partners to ensure validity. These data quality assessments are of two varieties: (1) ensuring there are no internal inconsistencies within the data set (i.e., where there are two referral system workers working together, but one worker provides referrals to 90% of clients, and the other provides referrals to only 20% of clients), and (2) ensuring data are consistent over time within each referral network (although LIFT II allows for some variation). In addition, LIFT II staff will conduct spot checks of service provide data systems when on TDY.
 - **Country level**—LIFT II will ensure that lead organizations of referral networks receive additional capacity-building training in data collection and management, particularly the data concerning referrals. When appropriate (i.e., for a large, long-running referral network), LIFT II will instruct the lead organization in how to conduct independent DQAs and other data checks as necessary to ensure local capacity is built and retained.

- **Ensure data security.** The M&E Specialist will assume primary responsibility for regular security management of the data and database. Additionally, the M&E Specialist will work with the FHI 360 M&E Advisors to determine and conduct appropriate analyses of the data and establish reporting procedures to the Project Director, USAID, and beneficiaries and stakeholders to facilitate fine-tuning of the program. All computers and back-up drivers with M&E data will have unique username and password protected login information.
 - **Global level**—Access to data files will be limited to the LIFT II M&E Specialist and Technical Director, and to other LIFT II team members on an as-needed basis. Wherever possible, LIFT II will work with de-identified data sets from the country/referral network-level because identifiable information is not necessary for LIFT II’s work.
 - **Country level**—LIFT II-supported referral network service providers will be responsible for collecting client data, so LIFT II will provide all necessary TA to ensure they have adequate tools, training, and management capacity to work with the data. In particular, LIFT II will focus efforts on the lead organization as they will have ultimate local responsibility for collating and verifying referral data before de-identifying and sending to LIFT II.

Reporting Task Schedule

This section describes the schedule of all of the project’s monitoring, evaluating and reporting activities over the life of the project. It includes data quality assessments, internal results reviews, and quarterly and specialized reporting. Evaluations are not included because they are beyond the LIFT II scope—see the Evaluation Plan below for more information. For reporting purposes, WV and CARE will work seamlessly with LIFT II staff and partners to report data for each quarterly and annual report.

Performance Management Task	Period	Notes
Performance Indicators		
Global	Quarterly	All indicators collected, disaggregated by country
Country	Quarterly (as required by Mission)	All indicators collected
Performance Reporting		
Monthly reports	Monthly (as required by Mission)	60 reports (for <i>Joint NCST Partnership</i> in Malawi, for example)
Quarterly reports	Quarterly	15 reports
Annual reports	Annually	4 reports (includes 4 th quarter report)

Final report	End of Project	1 report (includes year 5 annual report)
Special reports (for special studies, other KM products)	As possible	Anticipate 3 per year
Project Management		
Updated work plan	Annually	5 work plans
Updated PMP	As necessary	1 or more PMPs

Key Assumptions

LIFT II's M&E system is built on the following assumptions:

- **Partnerships with institutional and organizational partners are effective and collaborative.** To reach LIFT II results and execute activities as planned, partnerships with LIFT II core partners, USAID Missions, and government Ministries must remain collaborative and effective in all areas, including communication, delivery of activities, M&E, etc. Relationships should be built within the institutions and organizations at many levels to ensure that communication and activities continue to function smoothly even under personnel changes.
- **Indicator selection will be driven by our learning agenda.** Indicators will be disaggregated to maximize learning across LIFT II program sites, particularly indicators that have a gender component.
- **Ethical review.** FHI 360's internal institutional review board will review all protocols used for collection of routine monitoring data as well as evaluation activities. We anticipate that all evaluations associated with LIFT II will be given "expedited status" as they pose minimal risk to subjects in that health data (HIV and nutrition status) must be collected and tracked over the life of the project.

Evaluation Plan

We anticipate that LIFT II will be subject to an external evaluation at either the mid-point or end of the project, to be arranged by USAID. Bearing this in mind, it is important to develop a set of evaluation questions at the beginning of the project in order to ensure adequate data are collected for the external evaluation team to conduct a robust and useful evaluation. To that end, LIFT II project staff will endeavor to collect data that can be used in three different types of evaluation activities:

- 1) Outcome/impact evaluation questions. Rather than measuring individual TA activities, these quantitative measures focus on LIFT II's aim of extending the HIV/nutrition continuum of care through clinic-to-community referral systems. These include questions such as: What is the extent to which the household food security status of LIFT II demonstrational site beneficiaries improved? To what extent were their health outcomes (or reduced vulnerability to HIV and AIDS) affected? How did LIFT II interventions vary over time and among sites? How did LIFT II interventions affect gender-sensitive health outcomes?
- 2) Process evaluation questions. These (primarily) qualitative measures will be essential to LIFT II, because the project's work is not direct implementation, but rather support to IPs. Process evaluation questions illuminate how an intervention may be optimized if successful, and also

highlight why an intervention failed. Illustrative questions include: To what extent did LIFT II achieve the programmatic objectives? What was the quality of LIFT II's programmatic outputs?

- 3)** Economic evaluation questions. A key aspect of LIFT's success lies in the ability to deliver a strong value for money proposition. A simple way to demonstrate whether this remains true for LIFT II will be to aggregate and compare cost data across countries and instances of TA against outcomes in each setting. These data are already collected through routine project operations and should be analyzed and presented at the end of project. A sample question would be: To what extent was LIFT able to reduce cost for standard services (i.e., situational analysis, organization network analysis, referral system support)?

In addition to ensuring that LIFT II captures data relevant to these three questions, the M&E Specialist will ensure that all project data (including data collection tools, raw data files, cleaned data files, internal and external data analysis reports, and other source material required for an evaluation) are kept up-to-date and ready to be handed to an external evaluator in a timely manner.

Annex 6. LIFT II Year 1 Budget

LIFT II									
FHI 360									
Award No: AID-OAA-LA-13-00006									
Workplan Budget		August 1, 2013 - September 30, 2014							
	Spent to Date/Accruals thru Sept 30, 2013	Global	DRC	Namibia	Malawi	Nigeria	Tanzania	Zambia	Total
Salaries & Wages	87,112.79	325,248	70,755	129,449	73,337	59,076	169,500	18,705	933,183
Fringe Benefits	22,643.66	93,411	20,321	18,640	17,754	16,967	30,735	5,372	225,843
Consultants	-	72,250	-	14,700	21,200	8,800	31,750	-	148,700
Travel & Transportation	24,020.34	118,600	15,930	68,432	79,593	42,026	98,072	10,218	456,891
Other Direct Costs	10,686.80	59,275	134	26,218	34,092	2,141	61,293	1,821	195,662
Non Expendable Equipment	-	-	-	-	-	-	-	-	-
Allowances	-	-	-	-	-	-	-	-	-
Sub Recipient	60,000.00	257,817	275,416	-	-	-	-	-	593,233
Indirect Costs	53,780.86	267,419	52,229	98,960	86,865	49,592	150,435	13,883	773,163
TOTAL	\$ 258,244	\$ 1,194,020	\$ 434,784	\$ 356,399	\$ 312,842	\$ 178,602	\$ 541,785	\$ 50,000	\$3,068,431

Annex 7. LIFT II Year 1 Implementation Plan

Livelihoods and Food Security Technical Assistance Project II (LIFT II) CA No. AID-OAA-LA-13-00006														
	August 1, 2013 - September 30, 2014													
	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Global Activity														
Gender Integration														
Conduct gender sensitization training for LIFT II staff							X				X			
Strengthen capacity of ES/L/FS service providers on gender-sensitive programming									X	X	X	X	X	X
Formative Research on Gender in ES/L/FS Referrals through NACS											X			
Review of the Evidence Linking Gender and ES/L/FS Outcomes								X						
Scaling Up and Sustainability														
Convene consultation meetings with national and local stakeholders to discuss and identify critical success factors for the implementation of a scale-up plan											X	X	X	X
Scaling Up Nutrition (SUN) and Policy Engagement							X	X	X	X	X	X	X	X
Develop draft guidance on approach to scaling up the LIFT Working Model												X	X	
Tracking project costs	X	X	X	X	X	X	X	X	X	X	X	X	X	X

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Country Collaboration														
Conduct LIFT II learning forum											X			
Building the evidence base for NACS-ES/L/FS linkages Activities														
Produce action research technical notes								X					X	
Optimize referral networks activities					X			X			X			X
Develop referral network training materials and methodology								X			X			X
Develop guidance document about creating referral networks to promote linkages from clinic to ES/L/FS Services											X			
Develop guidance document on metrics of referral system													X	X
Strategic Contributions to Global Leadership						X								X
Develop LIFT II knowledge management and learning strategy				X	X	X								
Disseminate global learning from LIFT II country programming			X	X	X	X	X	X	X	X	X	X	X	X
Monitoring and Evaluation System														
Develop global database template for rollout				X	X	X								
Monitor research/learning data collection in use					X			X			X			X
Conduct data analysis			X	X	X	X	X	X	X	X	X	X	X	X
Document indicators' design and baselines									X					X

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Global Standards, Policies and State of Practice in ES/L/FS Activities														
Landscape and knowledge gaps analysis around ES/L/FS service areas		X	X	X	X	X	X	X	X	X	X	X	X	X
Develop Inventory of tools around key ES/L/FS interventions and practices		X	X	X	X	X	X	X	X	X	X	X	X	X
Enhance website on economic strengthening for the very poor (ES4VP)		X	X	X	X	X	X	X	X	X	X	X	X	X
Development of Standard of Practice for ES/L/FS multisectoral approaches						X	X	X	X	X	X	X	X	X
Participate in key global technical working groups	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Participate in OHA collaborative meetings to ensure quality and appropriate ES/L/FS technical inputs to NACS and related global strategies from USAID and OHA TA partner projects				X			X			X			X	
Participate in coordination meetings between LIFT II and ASPIRES				X		X			X			X		
Conduct technical trainings and produce guidelines for quality assurance of ES/L/FS services in line with global good practice and current approaches	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Make technical contributions through strategic global and regional workshops and conferences			X	X			X							

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Disseminate LIFT II technical resource and advances through multimedia channels including LIFT II's project website	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Adapt the CARE score card								X					X	
Respond to ongoing mission requests for LIFT II TA and support	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lesotho														
Develop LIFT II work plan	X	X												
Conduct a situational analysis				X										
Conduct an ONA							X	X						
Conduct ONA stakeholder meeting and disseminate ES/L/FS services directory														
Adapt MSH client diagnostic							X	X	X					
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks								X	X	X	X			
Conduct household economic strengthening (HES) 101 training for the Ministry of Social Development				X										
Conduct and in-depth HES training				X										
Mozambique														
TBD														

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Cote D' Ivoire, Ethiopia, Haiti, Kenya and Uganda														
TBD														
Democratic Republic of Congo Activity (Tier 1)														
Develop LIFT II work plan and PMP			X	X										
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory				X										
Conduct HES 101 training for the National Multi-Sector Program Against HIV/AIDS (PNMLS)						X								
Engage the private sector				X	X	X	X	X	X	X	X	X	X	X
Adapt the Client Diagnostic Tool					X									
Create and facilitate an action plan to develop and/or strengthen coordination of clinic-to-community referral networks						X	X	X	X	X	X	X	X	X
Finalize referral tools						X	X	X	X					
Develop and test referral database							X	X	X	X				
Provide TA to the referral network and facilitate organization/group						X	X	X	X	X	X	X	X	X
Support the Scaling Up Nutrition (SUN) movement														
Malawi Activity (Tier 1)														
Test LIFT's diagnostic tool in Balaka District	X													
Develop work plan with Balaka CSO network	X	X	X	X										
Finalize referral tools				X	X	X	X							
Develop and test referral database				X	X	X	X							

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Provide TA to the referral network and facilitate organization/group	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Provide support to the referral network	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Conduct a situational analysis in Karonga District									X					
Support to SUN														
Nigeria Activity (Tier 1)														
Conduct high-level TDY and strategic planning meeting						X								
Develop LIFT II work plan and PMP			X	X			X							
Provides targeted support to the HESCOP					X	X	X	X	X	X	X	X	X	X
Tanzania Activity (Tier 1)														
Develop LIFT II work plan and PMP				X	X									
Finalize early learning sites			X											
Develop a joint approach to supporting NACS continuum of care in early learning sites			X	X	X									
Engage regional and local authorities			X			X	X		X					
Conduct a situational analysis				X	X									
Conduct an ONA						X								
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory								X						
Adapt client diagnostic tool							X	X						
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks							X	X	X	X	X			

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Provide TA to the referral network and facilitate organization/group							X	X	X	X	X	X	X	X
M & E/documentation of learning/action research					X	X	X	X	X	X	X	X	X	X
Support to SUN														
Namibia Activity (Tier 2)														
Develop LIFT II work plan and PMP			X	X										
Finalize the LIFT diagnostic tool			X	X										
Conduct an ONA			X	X	X									
Conduct ONA stakeholder meeting and disseminate ES/L/FS service directory						X								
Create action plan to develop and/or strengthen coordination of clinic-to-community referral networks						X	X	X	X	X				
Support rollout of training on bi-directional referrals														
Support Health Extension Worker (HEW) program						X	X	X						
Dissemination of ES/L/FS government services landscape guide			X	X	X	X	X	X						
Provide Strategic TA to program implementers							X	X	X	X	X	X	X	X
Support Scaling Up Nutrition (SUN) implementation plan														

	FY 2013 Q 4		FY 2014 Q 1			FY 2014 Q 2			FY 2014 Q3			FY 2014 Q4		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Identify and select private-sector actors to participate in and/or support the NACS - ES/L/FS referral network			X	X	X			X			X			X
Liaise with host government counterparts			X	X	X	X	X	X	X	X	X	X	X	X
M & E/documentation of learning/action research					X	X	X	X	X	X	X	X	X	X
Zambia Activity (Tier 2)														
Conduct high-level TDY and strategic planning meeting			X											
Develop LIFT II work plan and PMP				X	X									
Develop or Adapt Tools and Provide Training						X	X	X	X	X	X	X	X	X
Provide Support for FANTA and ASSIST Activities				X	X	X	X	X	X	X	X	X	X	X

Annex 8. Deliverables Under Development in LIFT II Year 1

Contractual Deliverables	
Deliverable Title	Anticipated Quarter of Completion
LIFT II Start-up Plan	Year 1, Quarter 1
LIFT II Annual Work Plan, Year 1	Year 1, Quarter 2
LIFT II Performance Monitoring Plan	Year 1, Quarter 2
Quarterly Report #1 (FY 2013, Quarter 4, Aug-Sept 2013)	Year 1, Quarter 2
Quarterly Report #2 (FY 2014, Quarter 1, Oct-Dec 2013)	Year 1, Quarter 3
Quarterly Report #3 (FY 2014, Quarter 2, Jan-Mar 2014)	Year 1, Quarter 4
SF425 #1 (FY 2013, Quarter 4, Aug-Sept 2013)	Year 1, Quarter 2
SF425 #2 (FY 2014, Quarter 1, Oct-Dec 2013)	Year 1, Quarter 3
SF425 #3 (FY 2014, Quarter 2, Jan-Mar 2014)	Year 1, Quarter 4
FY 2013 PEPFAR Expenditure Analysis	Year 1, Quarter 2
Key Technical Products	
Product Title	Anticipated Quarter of Completion
Technical Considerations on Gender in ES/L/FS Referrals through NACS	Year 1, Quarter 4
LIFT II knowledge management and learning strategy	Year 1, Quarter 2
Lesotho – Country Work Plan and PMP	See detail of Country Approved Workplan
DRC – Country Work Plan and PMP	See detail of Country Approved Workplan
Malawi – Country Work Plan and PMP	See detail of Country Approved Workplan
Nigeria – Country Work Plan and PMP	See detail of Country Approved Workplan
Tanzania – Country Work Plan and PMP	See detail of Country Approved Workplan
Namibia – Country Work Plan and PMP	See detail of Country Approved Workplan
Zambia – Country Work Plan and PMP	See detail of Country Approved Workplan
Programmatic Deliverables	
Deliverable Title	Anticipated Quarter of Completion
Gender Sensitization Training #1 (DC)	Year 1, Quarter 2
Gender Sensitization Training #2 (virtual)	Year 1, Quarter 3
Literature Review : Evidence Linking Gender and ES/L/FS Outcomes	Year 1, Quarter 2
Scale Up Plan Policy Brief #1	Year 1, Quarter 3
Scale Up Plan Policy Brief #2	Year 1, Quarter 4
Draft Technical Note: Scale-up of LIFT II Working Model	Year 1, Quarter 4
Action research technical note #1	Year 1, Quarter 2
Action research technical note #2	Year 1, Quarter 4

Training materials on methodology and creating referral networks	Year 1, Quarter 4
Guidance Document: Creating Referral Networks	Year 1, Quarter 3
Guidance Document: Metrics of Referral Systems	Year 1, Quarter 4
Scopes of work to be approved by AOR and donor/program partners, including operating units (Teams) based within the Office of HIV/AIDs (OHA) at USAID headquarters	TBD
Identification of two to three opportunities for LIFT II contributions to enhance field of practice and standards around specific ES/L/FS interventions	TBD
Inventory of ES/L/FS tools used by practitioners	Continual
Launch of ES4VP Learning Hub	Year 1, Quarter 3
Development and dissemination of Global Standards for ES/L/FS multisectoral programming	Continual
Updating of existing training materials, vetting of partner and country-specific trainings with evidence-based good practice, identification of clear activities that on which ASPIRES and LIFT II will collaborate as well as activities on which we will coordinate and/or support each other	Continual
Presentation/Workshop #1	Year 1, Quarter 1 (CORE Group Fall Meeting)
Presentation/Workshop #2	Year 1, Quarter 1 (SEEP Annual Conference)
Presentation/Workshop #3	TBD
LIFT II project website populated with current content, at least two experiments on the effectiveness of social media to disseminate and connect with global practitioners; completed knowledge management and learning strategy	Continual
Adapted CARE Community Score Card	Year 1, Quarter 4