



USAID
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LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

Performance Monitoring Plan



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.¹ 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 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

¹ PIRS will be developed for all indicators upon PMP approval by USAID.

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.

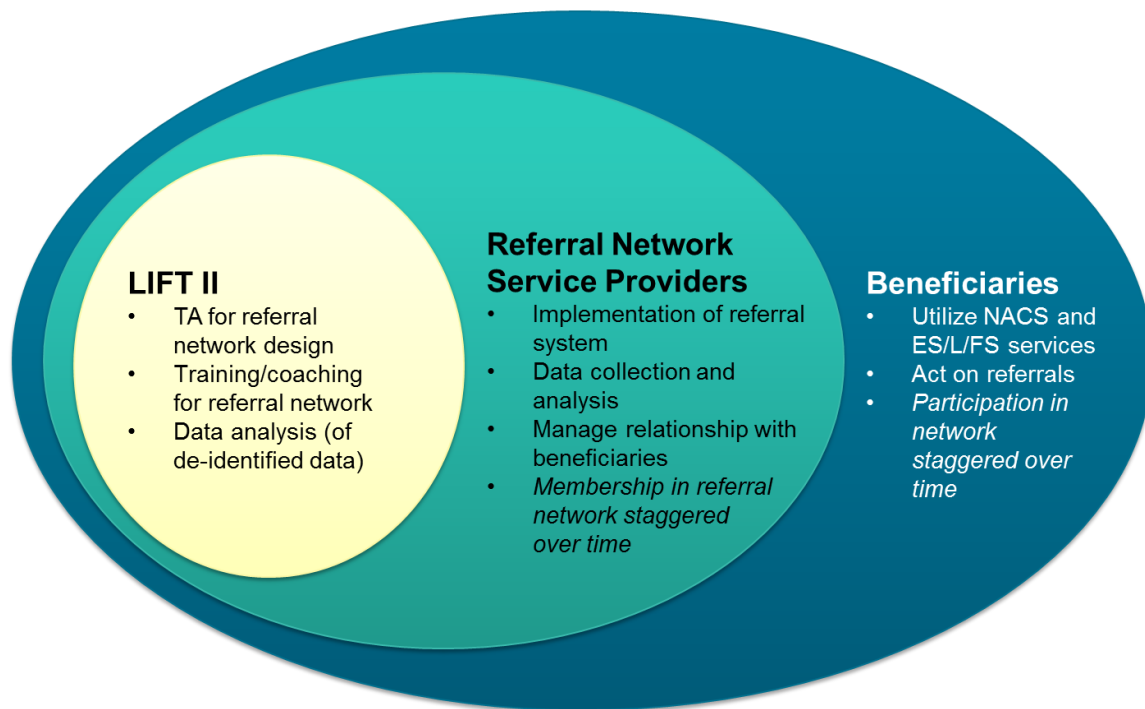


Figure 1. LIFT II's manageable interests

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.

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 (if appropriate)	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 <i>(if appropriate)</i>	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

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				
<p>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)).</p>				
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>				
Plan for Data Acquisition (Source, Collection and Collation)				
Data Source: Referral Network Service Providers				
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.				
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: 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.				
Individual Responsible for Providing Data to USAID: M&E Specialist				
Individual Responsible at USAID: Will vary by country.				
Estimated Cost of Data Acquisition: Minimal. This process is built in to the referral system.				

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: 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.				
Presentation of Data: These data are presented in tabular form.				
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: This data will be reported in quarterly and annual reports to USAID/Washington and Missions				
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.				
Data Quality Issues				
Date of Initial Data Quality Assessment: None.				
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				
<i>This Sheet Last Updated On: December 9, 2013</i>				

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 <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 percentage change in average per capita household expenditures among HIV-affected households. Definition of <i>HIV-affected households</i> can be found here: http://www.indicatorregistry.org/node/1062</p> <p>Suggested survey questions for collecting this indicator include:</p> <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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				

This Sheet Last Updated On: December 9, 2013

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				

This Sheet Last Updated On: December 9, 2013

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				

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.
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).

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)

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.

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 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				

This Sheet Last Updated On: December 6, 2013

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)				
<p>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. <i>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.</i></p> <p>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.</p> <p>For more information on CSC visit http://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf</p>				
<p>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.</p>				
<p>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).</p>				
<p>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.</p>				
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 to 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				

This Sheet Last Updated On: December 9, 2013

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.