

Reinforcing the Foundation of Referral Networks: Capacity Strengthening and Mentoring

SETTING THE STAGE: LIFT II'S TA PROCESS

LIFT II's technical assistance (TA) to set up effective referral networks involves a series of preliminary activities which may include:

- Stakeholder **engagement and orientation** on the project's TA approach;
- A **situational analysis** of the health, nutrition, economic and gender dynamics in the community;
- An **organizational network analysis** or **service mapping** to identify potential RN members;
- **Stakeholder meetings** to collectively define network needs and priorities; and
- The **collaborative development** and adaptation of referral tools and processes.

These steps lead to the creation of a multi-sector referral network that is responsive to community priorities and has strong local ownership. LIFT II then conducts a hands-on training for all network members to introduce the agreed upon tools and processes for implementing referrals; however, a single training workshop, regardless of how practical and effective it is, does not necessarily translate into smooth implementation.



Post-Training Capacity Support and Mentoring: In order to promote the technical and programmatic sustainability of referral networks, LIFT II utilizes a number of approaches to strengthen the capacity of RN members towards effective implementation as well as to build local leadership and ownership of the system.

INTRODUCTION

Growing evidence indicates that economic strengthening, livelihoods and food security (ES/L/FS) services have positive effects for people living with HIV, such as improved adherence to treatment and retention in care, reduced malnutrition, and enhanced economic and food security.¹ The Livelihoods and Food Security Technical Assistance II (LIFT II) project contributes towards the realization of these outcomes by extending the continuum of care for people living with or affected by HIV, as well as those who are malnourished, by facilitating access to a range of HIV care and support and ES/L/FS services. LIFT II works with health facilities and community-based service providers to establish effective clinic-community referral networks (RNs) that can operate with existing resources. To promote the technical and programmatic sustainability of these networks, following initial training and launch of the referral system, LIFT II routinely engages with network members and other stakeholders to foster effective implementation and local management.

APPROACHES TO BUILD LOCAL CAPACITY

LIFT II has successfully utilized several ongoing capacity strengthening and mentoring approaches that help ensure effective implementation and promote institutionalization and sustainability of the network.

1. **Agree to Key Milestones during the Training:** The referral network training should result with clear, time-framed action steps and agreed upon parameters for the referral launch. This ensures all network members have uniform expectations and understanding and provides a basis for the TA in the points below. Stakeholders should collectively agree to:
 - The roles of all network members, especially those organizations involved in coordination
 - The date the network will launch (i.e., date referrals will start to be made)
 - A realistic timeframe of a trial period for initial launch (~2-4 months), after which all referral tools and processes will be further discussed and refined based on experience
 - A target number of clients to be reached by each network member and by the network as a whole within both the first month and first quarter of implementation
 - The date of the first network review meeting
2. **Provide Initial TA and Support:** Immediately after the training, network members require on-the-ground technical support, mentoring and encouragement focused on:
 - Confirming that network members have the complete set of referral resources and ensuring all computer and/or mobile device installations are completed
 - Holding courtesy meetings with leaders/managers at each RN member to provide an update on the referral process and secure support
 - Providing network members with an opportunity to ask questions and for further orientation on the resources and process to ensure readiness for clients
 - Instilling confidence by reminding members that the trial period is a time of *'learning-by-doing,'* so mistakes at the beginning are inevitable—and expected—as is starting off small
 - Helping focal persons spread the word about the system within their organization, and assisting them to identify alternates who can assume referral responsibilities, as needed
 - Reminding focal persons that the referral process is in line with the mission of the network member and has potential to add value and effectiveness to their existing work
3. **Establish Group Communication:** In conjunction with the network launch, it is important to establish a means of ongoing group communication that enables quick and reliable correspondence to all referral focal people in order to share network progress and updates as well as to provide guidance around common challenges observed.

¹ Simwale O., et al. Correlates of scaling up HIV/AIDS in rural Zambia – poverty, adherence and consequences of inaction. : 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention: Abstract no. CDB359, available on <https://www.aids2014.org/Abstracts/A200700635.aspx>



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FOCUS AREA: GROUP COMMUNICATION

In any group setting, effective communication amongst members is an essential component to successful implementation. In the case of referral networks, this could be facilitated through the creation of a group email address, a Facebook or Google Hangouts group, or another remote networking approach. Ideally this group communication channel should be **accessible to all network members and managed by the referral coordinating organization** to foster ownership of the process, and it can also be used to encourage members to keep the system running by routinely making and receiving referrals as well as providing timely feedback on referrals. This can serve as a forum for network members to ask each other questions, discuss challenges encountered and suggest solutions.

FOCUS AREA: REVIEW MEETINGS

Review meetings provide a chance for the network to come together to share, analyze and discuss **referral progress and data**; to ensure the **network is functioning as envisioned** and meeting set targets; and to use **data for making decisions** about the network. RN members are encouraged to capitalize on the opportunity to share experiences and challenges as well as to come up with workable solutions, and potential conflicts and misunderstandings between network members as a result of the process can be quickly identified and defused. Members should be asked to take turns hosting review meetings where they collectively chart the way forward and identify additional training needs. This approach fosters improved participation and augments the network's collective sense of ownership.

4. **Provide Personalized Remote and On-Site Support:** It is important to remain in contact with all RN members to build and maintain momentum. LIFT II has been effective in reaching out personally by phone and email to network members to ask about implementation progress and challenges as well as in providing remote troubleshooting, encouragement and TA. Frequent (ideally monthly) on-site support to review referral data and improve implementation quality has also been helpful, especially in the initial stages of implementation. Encouraging RN members to reach out with questions to the coordinating organization and/or LIFT II directly has also been useful—TA and troubleshooting support are only an email or phone call away.
5. **Support Regular Review Meetings:** Review meetings should be held regularly by RN members, as these gatherings provide a critical platform for stakeholders to share learning, discuss successes and challenges, as well as collectively brainstorm solutions.
6. **Organize Refresher Trainings:** Once common capacity needs are identified during TA visits and network review meetings, A refresher training should be conducted within 4-8 weeks of the referral launch. Follow-up trainings address persistent capacity gaps and implementation challenges, better define standards for implementation based on experience, and provide an opportunity for additional personnel from network members to be trained—a particularly important consideration given the high rates of staff turnover. Additionally these trainings provide an opportunity to boost the confidence of experienced network members who are encouraged to serve as peer trainers and lead training components.
7. **Engage at Different Levels:** While many stakeholders are engaged by LIFT II prior to the network launch, once implementation is underway, the network may identify additional groups and individuals at different levels that should be engaged for the process to run smoothly. These may be community groups such as HIV support groups or health committees, community health workers or other frontline staff, managers of health facilities, religious or political leaders, or government counterparts at the district, regional and/or national levels. Further engagement with political leaders and government counterparts may bolster political will and buy-in to the approach, thereby smoothing the path towards institutionalization.



Remote and On-Site Support: In Namibia, LIFT II's Technical Specialist maintained regular contact with network members in both the Engela and Katutura referral networks and frequently paid site visits to monitor progress as well as to provide hands-on troubleshooting. This attentive support has been cited by stakeholders as especially helpful in making them feel comfortable to take on the network as their own.

CONCLUSION

The period following initial stakeholder meetings, tool review and training is a critical time. Tailored capacity strengthening and mentoring as well as continual encouragement to build confidence are mandatory in order to support effective implementation of the referral system. Creative steps and tactics are necessary to ensure that network members are prepared and able to effectively implement the referral process following training. The expectation is that over time, with appropriate TA and support, network members will become increasingly comfortable with the various facets of the clinic-to-community referral system, gradually escalate the number of clients they both receive and refer within the system, and ultimately reach the stage of full integration of the referral approach within their routine operations.

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For more information on LIFT II, please visit our website: www.theliftproject.org

Tim Quick, PhD, MS | 202.712.0974 | tquick@usaid.gov
LIFT II AOR • Senior Technical Advisor for HIV & Nutrition, USAID/OHA

Jacqueline Bass | 202.884.8513 | jbass@fhi360.org
LIFT II Project Director • FHI 360