# LIFT II

LIVELIHOODS & FOOD SECURITY
TECHNICAL ASSISTANCE

# Optimizing Sustainability of Referral Networks

## GUIDANCE DOCUMENT

# Optimizing Sustainability of Referral Networks

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## INTRODUCTION

The Livelihoods and Food Security Technical Assistance II (LIFT II) seeks to improve the economic resilience and food security of vulnerable households, especially those affected by HIV and AIDS, by creating systematic linkages between nutrition, health services, and community-based service providers, with a focus on economic strengthening services (e.g., cash transfers, savings and loans programs, agricultural trainings, and enterprise development). The project's technical assistance provides structured coordination, data-based decision making among the network of service providers, and sustainable connections to health and nutrition services.

## BACKGROUND

Nearly a decade of funding from major donors has supported exceptional progress in scaling-up comprehensive HIV care, treatment and prevention services in middle-and low-resource countries. Working collaboratively with national leaders and local stakeholders, donor-supported projects have played a vital role in expanding HIV services and strengthening health systems and community-based programs to deliver quality HIV services in these settings. As strides are increasingly made to realize the objectives of donor-supported projects, transitioning responsibility for managing and financing of HIV programming to national authorities and civil society is essential for ensuring sustainability and continued progress in achieving beneficial outcomes for HIV-infected individuals and HIV-affected households. An essential part of donor-supported programming is planning for this transition by building sustainable approaches and exit strategies into project design and implementation from the very beginning.

A key component of HIV programming has been the creation of a viable continuum of care in which functional linkages are established between health facilities and community-based services, and between health facilities at different levels, to enhance access to comprehensive services. To operationalize the care continuum, HIV-focused projects in some countries have supported the creation or strengthening of a network of relevant service providers to promote access to a wider array of services as well as coordinate referrals and enhance communication between service providers.

Early initiatives in creating referral networks of HIV service providers in Zambia, Nigeria, Ethiopia and Tanzania have provided experience and evidence on strategies that contribute to well-functioning and sustainable networks. Implementation has also helped to refine an exit strategy that transitions project support to local management and financing by preparing referral network members and local government staff to assume full responsibility for the continued functioning and quality of referral processes when project support ends.

As LIFT II proceeds with initial implementation and longer-term technical assistance (TA) to create linkages and referral processes between health facility-based nutrition assessment, counseling and support (NACS) programs and economic strengthening, livelihoods and food security (ES/L/FS) service providers at early learning sites, the operational sustainability of the project's strategies is a priority consideration. Guidance developed by the PEPFAR-funded Zambia Prevention, Care and Treatment Project (ZPCT) provides a framework for conceptualizing operational sustainability that contributes to

LIFT II's design of sustainable approaches and an exit strategy that transitions programming and support to local management.[1]

## FRAMEWORK FOR OPTIMIZING SUSTAINABILITY

The ZPCT framework identifies four key components around operational sustainability of services related to HIV and AIDS. Each is relevant to LIFT II's objectives and contributes to the design and implementation of specific approaches and strategies that optimize the sustainability of the services, structures and processes after donor support has ended.

### FRAMEWORK COMPONENTS

### 1. TECHNICAL SUSTAINABILITY

*Technical sustainability refers to the continuous provision of services aligned with standards accepted at the national/ regional/ district level (depending upon where implementation occurs). Standards define the minimum performance criteria for a particular service (e.g., ARV treatment) or process (e.g., provision of referrals from health facility to ES/L/FS service providers).*

***Standards***

Standards for HIV care, treatment and prevention have been defined globally; in many countries these standards have been adopted or adapted into guidelines and standard operating procedures (SOPs) at the national level. Standards for referral systems, however, have rarely been explicitly defined. The operations manual developed by the Kabwe District HIV/AIDS Related Service Referral Network, for example, includes standards statements that outline specific expectations at the level of operations or service delivery, but it is less clear on the specific criteria that indicate how a standard has been met.[2]

As LIFT II proceeds with the development of strategies that strive for optimal sustainability, there is a vital need to define standards for referral networks with explicit performance criteria. Network operations that are aligned with accepted and tested standards have a greater probability of being effective, efficient and sustainable. The QI approach is intended to ensure that standards are being met, thus standards are a prerequisite for the system to product maximum outcomes.

***Quality Improvement***

If a QI system is not currently in place in the settings in which LIFT II provides support, developing and implementing a system is an important strategy for enhancing the quality of referral processes and strengthening the overall referral system to promote its sustainability. Defining performance criteria for explicit standards, drafting structured data collection tools and providing ongoing TA are key elements for ensuring that a viable QI system is in place and operational. Specific benchmarks for each intervention establish guideposts as the QI process strengthens the referral system and ultimately, helps to reach the objective of local operational management of the network by the end of project support.

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[1] Torpey K, Mwenda L, Thompson C, Wamuwi E, van Damme W. From project aid to sustainable HIV services: a case study from Zambia. Journal of the International AIDS Society 2010, **13**:19.

[2] Ashton J, Bouchet B. FHI Standards Development: A Guide to Developing, Communicating, and Monitoring Standards. Arlington, VA: FHI (2010).

Finally, building the capacity of the lead organization (or individual) and the appropriate district government staff to conduct QI on a regular basis after the project has ended is essential for the network's continuation and ultimately, for institutionalizing a system for the continued monitoring of the quality of referral networks.

### *Capacity Building*

One of the primary strategies to promote the sustainability of the technical aspects of referral networks is to build the capacity of all stakeholders in the roles they will assume and the responsibilities they are expected to perform. In the case of regional and district government authorities, for example, knowledge and understanding of LIFT II's approach to referral networks, including technical aspects such as referral processes, tools and database, are prerequisite to their buy-in of and commitment to the network and its operation. The network's designated lead must have the capacity and appropriate skills—including collaborating with local authorities and service providers as well as managing the database—to perform this role. Service providers themselves must also develop capacity to conduct effective referrals. Clearly defined referral protocols and appreciation of market-related benefits from membership in a community-based network can contribute to their participation in and commitment to the network.

There are several modalities for building capacity during both the initial implementation phase and the subsequent period of technical assistance, including structured trainings, one-on-one training, mentorship and facilitative supervision jointly conducted with the lead organization and relevant government staff.

### *Technical Tools and Procedures*

**EXAMPLE** (from Kabwe District Operations Manual and adapted for LIFT II)

***Standard:*** Service providers (network members) are health facilities, ES/L/FS service providers, other relevant community-based organizations and non-governmental organizations that can act either as referral initiating or referral receiving organizations.

Criteria relevant to this standard for LIFT II include:

1. Service providers deliver nutrition assessment and ES/L/FS support to address the nutritional status and economic strengthening potential of HIV-infected individuals, HIV-affected households and other vulnerable populations.
2. Service providers are located in the catchment area of the referral network.
3. Service providers in the referral network have the primary responsibility of providing referrals for health facility-based NACS clients to ES/L/FS services in the community.

Tools aid service providers in conducting effective referrals, thereby increasing the likelihood that clients will access and benefit from needed services. A well-designed referral form and tools for data collection, recording and reporting—whether by mobile technology or paper-based—can facilitate the referral process and achieve beneficial outcomes. Mobile applications have potential to take referral systems to a new level of effectiveness and efficiency, though it is important to consider that costs may limit scale-up and ultimately, sustainability.

Engaging service providers and relevant local government staff in the joint development of referral tools, training materials, job aids and other materials is an effective approach for promoting their buy-in and ownership of referral networks. This collaborative approach also contributes to ensuring that the tools and processes are appropriate for the user context. An operations manual for the referral network and SOPs on referral processes are basic resources for a highly functioning network, while a memorandum of

understanding (MOU) between the lead organization and service providers articulates agreement on roles and responsibilities expected while LIFT II provides support as well as after the project ends.

### *Using Referral Data for Decision-Making*

Monitoring and evaluation (M&E) processes with clear indicators contribute to the systematic collection and reporting of referral-related data; training, mentoring and providing supportive supervision builds capacity in collecting and documenting the data.

An approach to further strengthen referral systems and optimize sustainability is through enhancing the use of data by the lead organization and service providers. Increasing the skills of ES/L/FS service providers in analyzing data and applying data to make decisions (e.g., how livelihoods in the catchment area can be tailored to HIV-infected individuals and other vulnerable populations) not only builds capacity in a general sense, but also increases awareness of how participation in the network contributes to their market potential. For health service providers, data related to referral activities can increase understanding of the association between a client's nutritional status and access to economic strengthening and livelihood options, which in turn serves to reinforce their engagement in the network and its continued operation.

## 2. PROGRAMMATIC SUSTAINABILITY

*Programmatic sustainability focuses on effective management, coordination and implementation of services. Sustainable programming requires the use of existing structures and systems and evidence- and performance-based planning and implementation for strengthening services.*

### *Local Collaboration*

Establishing collaboration and partnership with relevant national, regional and district government agencies at the outset of a project is essential for generating approval and buy-in for its design and proposed interventions. Including local government staff in trainings, tool development and M&E processes reinforces support for the networks and provides channels for inputs and feedback as activities are implemented. Providing access to information and feedback mechanisms for stakeholders at all levels, including clients and service providers, promotes ownership and helps to sustain participation in the referral network.

Working within existing policies, structures and systems also builds trust and transparency which facilitates adoption of interventions to strengthen these areas. In Namibia, for example, using the existing national health referral system platform to build and integrate NACS-to-ES/L/FS services linkages provides an entryway for LIFT II to work with authorities and service providers to strengthen the current system in other ways.

### *Local Management*

To optimize functionality, a referral network requires effective management and ongoing quality monitoring. A lead organization needs not only technical skills (e.g., producing monthly/quarterly/annual reports using a database, guiding QI with service providers and local government staff), but also management and coordination capacities to communicate and work effectively with clients needing referrals, with members of the network, and with local government agencies. Through focused training and mentorship, LIFT II can help the lead organization develop the leadership needed in order for the referral network to be highly functional and sustainable.

***Quality Improvement***

Quality improvement is a key approach for optimizing not only technical sustainability but programmatic sustainability as well. Collecting evidence related to performance standards in management, coordination and communication through structured checklists can be used for performance-based planning to strengthen areas needing remedial interventions. By linking the exit strategy to a QI plan that establishes benchmarks and timelines for meeting management-related standards, LIFT II prepares stakeholders for the transition from ongoing project TA to locally-based management of the referral network.

## 3. SOCIAL SUSTAINABILITY

*The sustainability of services relies upon their continued demand by community members. For demand to persist and potentially increase, users must regard services as acceptable, accessible, affordable and cultural relevant. Interventions that incorporate these considerations in the design and strengthening of services can contribute to demand for these services.*

As HIV-related care, treatment and prevention services are scaled-up in middle- and low-resource settings, there are many challenges around addressing structural factors that hinder the economic well-being and other fundamental concerns of vulnerable individuals and households. In collaboration with local stakeholders, LIFT II is developing a mechanism/process that focuses on one of these challenges: increasing access of nutrition-compromised HIV-infected or affected individuals to community-based ES/L/FS services through a structured referral system. To promote the effectiveness and sustainability of this mechanism, community members—specifically, clients of the facility-based NACS—must be aware of the network and willing to participate in the linking process. To sustain the demand for services, the referral process must achieve its objective—clients must access the ES/L/FS services to which they have been referred—and clients must regard the service(s) accessed as providing benefits for themselves and their households.

For the referral process to be effective and sustainable, ES/L/FS service providers in the community must see value in becoming members of the referral network and engaging NACS clients in their services. A study of CRAIDS project-supported community-based organizations (CBOs) in Zambia reported on the potential of existing CBOs to reach community members in need of specific services, noting "CRAIDS nurtured them and enabled them to expand their delivery and community coverage of essential services for people living with HIV and AIDS at a modest cost, which others (the formal health and social sector services) were not in a position to deliver."[3]

"Incentivizing" the service providers to participate in a referral network for NACS clients spans a range of possible approaches that forgo monetary compensation. For example, strengthening organizational capacity through training and mentoring in areas such as budgeting, applying for funding (e.g., to local financial institutions or international donors) and developing marketing feasibility plans to expand services are commonly seen as benefits. Promoting collaboration with other ES/L/FS services in the network presents the potential to facilitate joint business ventures or sharing of resources to save capital and investments. In any setting, it is likely that different ES/L/FS service providers have varying levels of capacity—one intervention may be to focus direct TA more intensively on those that require greater

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[3] Walsh A, Mulambia C, Brugha R, Hanefekd J. "The problem is ours, it is not CRAIDS." Evaluating sustainability of community based organizations for HIV/AIDS in a rural district in Zambia. Globalization and Health 2012, **8**:40. Doi:10.1186/1744-8603-8-40, p. 8.

project resources while also engaging the "stronger" providers in helping to build the capacity of the former through passing on knowledge and skills from trainings they have already received.

In creating referral networks in Zambia and Nigeria, service providers shared a common commitment to deliver services to HIV-infected and HIV-affected members of their communities; this established a strong foundation for collaboration and engagement aimed at making the referral system functional. The linkage sought by LIFT II is very specific—between health facility-based NACS and ES/L/FS service providers, community-based entities that likely have not worked together often, if at all. It is imperative to engage and promote the participation of service providers who recognize and agree to link with populations who have need of their services: those living with HIV, households affected by HIV and other vulnerable groups in their community.

## 4. FINANCIAL SUSTAINABILITY

*Adequate and continuous funding is necessary for services to continue and maintain a high level of quality when donor support ends. While start-up of services likely requires greater resources than recurrent costs, the level of resources needed to sustain services that have been created and/or strengthened should be clearly defined before the project departs. The cost of scaling-up a service to additional in-country sites also requires analysis of initial site costing and identification of efficiencies, particularly if the project transitions programming for scale-up to local management.*

Documenting specific costs associated with the start-up and ongoing operation of referral networks at LIFT II's learning sites will provide basic data to plan for scale-up and sustainability of the networks. Data analysis will also help to reveal where efficiencies can be made as networks are established at new sites. Other aspects of costing need to be considered as well for a comprehensive understanding of what funding is needed to scale-up and/or sustain the networks: the unit measurement of each item, which is largely site- (or country-) specific; the party responsible for covering each item; and whether cost-sharing of specific items will be instituted, either while the project is underway or after it ends.

While start-up costs are typically greater for initial project implementation than costs for maintaining interventions, costs associated with referral networks, even at start-up, are generally lower than for most other interventions. Highly functioning networks draw upon existing community members and structures whenever possible; monetary compensation is not provided to staff of the coordination unit or network members; and per diems are paid only to government staff to participate in trainings and materials development at the early stages of the network's development. All of these strategies help to reduce costs, and there are also specific approaches to also keep recurrent costs low. For example, in preparing for network meetings, donated space is sought, snacks/beverages are optional, shared transportation is encouraged, and no sitting fees are paid. Access to a computer is not a requirement for membership in the network; only the lead organization requires a computer to maintain the referral database and distribute reports. Costs for a mobile-based system will require a higher level of funding, both at start-up and for ongoing activity, but the higher outlays need to be considered in relation to the improved efficiency and effectiveness of referral processes that mobile technology presents.

Some funding, even at a low level, is needed to maintain the referral network after LIFT II ends. An important exit strategy to foster ongoing ownership and commitment of relevant stakeholders is to prepare relevant local government agencies, the lead organization and network members for the project's departure, This includes laying out a clear timetable is as well as the specific implications for the lead organization and service providers in terms of the support needed to sustain the network. Jointly developing a plan for the transition should include financial aspects as well as technical, management and social considerations to optimize the network's sustainability.

A meta-analysis of studies regarding the sustainability of project-supported health initiatives in low-, middle- and high-resource settings concludes that there is an existing need for further investigation around the determinants of sustainability and specifically, "interactions between drivers and programme components in a particular context."[4] The particular needs, experiences and attributes of a community or setting establish parameters for the potential success and endurance of project-supported approaches to strengthen health and other services for vulnerable residents. In project design, implementation and evaluation, these contextual factors must be considered to achieve sustainable programs with optimal outcomes. Where evidence exists for the success of specific approaches in a particular setting, however, their application and adaptation to other settings provides an opportunity for investigating whether they can be generalized and scaled-up to other sites in-country or as a new initiative in additional countries.

One of the challenges for LIFT II and other donor-supported projects is that long-term sustainability of interventions can ultimately only be evaluated after the project ends. It is, however, recommended during the course of the project, and particularly during LIFT II's technical assistance phase, to monitor approaches intended to contribute to sustainability; gather evidence as local implementation at the learning sites proceeds by using the QI approach; and document results at defined intervals (e.g., after one year, after three years, at project's end) to track the path to sustainability along a time continuum. This process informs LIFT II's exit strategies and ensures that the referral networks will function optimally even after LIFT II ends.

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[4] Gruen RL, Elliott JH, Nolan ML, Lawton PD, Parkhill A, McLaren J. Sustainability science: an integrated approach for health programme planning. Lancet 2008, 372(9649):1579–1589.