Galvanizing Service Providers to Create Effective Referral Networks:
Stakeholder Meetings

SUMMARY

→ Stakeholder meetings bring together diverse groups of health and ES/L/FS service providers, as well as key government representatives who could champion referral efforts long-term

→ Stakeholder meetings are participatory platforms to discuss existing collaboration and coordination, identify gaps, and define objectives and priorities to establish successful referral systems

REFERRAL SYSTEM PRIORITIES IDENTIFIED AT STAKEHOLDER MEETINGS

During the stakeholder meeting, LIFT works with prospective referral network members to **define objectives and priorities**. The list below highlights some common network priorities that have been suggested by stakeholders during actual meetings in various countries and sites.

1. **Increase access to ART, nutrition and other health services**

2. **Promote adherence and improve retention** in care

3. Better **address root causes of HIV and malnutrition** and prevent negative health consequences

4. **Provide assistance** to clients in a timely, coordinated manner

5. **Increase access to and participation of PLHIV** in a range of ES/L/FS activities

6. **Promote effective multi-sectoral collaboration** to improve the quality of services to clients, reduce duplication, and use resources more efficiently

7. **Develop a harmonized approach** for the referral network

INTRODUCTION

Knowing what services exist in a community is not enough for a referral network to be effective. In addition, a collective network identity and ongoing collaboration are needed to reach the common goal of helping clients receive relevant services. Local ownership and agreement on standardized processes and communication channels amongst service providers are vital to the success of a referral network.

The Livelihood and Food Security Technical Assistance II Project (LIFT) works across multiple sectors to establish bi-directional clinic-to-community referral networks that connect HIV-affected and Nutrition Assessment, Counseling and Support (NACS) clients and their families to economic strengthening, livelihood and food security (ES/L/FS) services. Clinic-to-community referral networks build upon existing resources within a community and improve collaboration in order to extend the continuum of HIV care to address clients' needs holistically, decrease their overall vulnerability, and tackle the underlying causes of malnutrition and illness.

SETTING THE STAGE FOR A STAKEHOLDER MEETING

Once catchment areas have been determined, LIFT utilizes a sequential approach to build referral networks, engaging local stakeholders to ensure buy-in and sustainability (see Figure 1). Stakeholder engagement and an analysis of the health, nutrition, social and economic context, set the stage for successful collaboration with existing service providers at the local level.

Figure 1: Sequence of Events

Engagement & Situational Analysis → ONA or Service Mapping → Stakeholder Meeting → Referral Tool Development & Planning → Referral Training & Network Launch

Next, LIFT conducts either an organizational network analysis (ONA) or community service mapping. Both the ONA and mapping identify existing economic strengthening, livelihood and food security (ES/L/FS) service providers in a catchment area, and collect detailed information on the services they provide. The ONA, which is more robust than the mapping, also provides an understanding of existing referrals and relationships between service providers, and serves as a baseline measure of the strength of the network prior to LIFT's support . A key output of either an ONA or community mapping are localized, user-friendly service directories that capture relevant information on available support, eligibility criteria for each service, when services are offered, as well as whom to contact. In addition, service summaries or gap analyses are developed to provide a snapshot of which organizations provide which services, and show which services are more or less available in the community, helping stakeholders see the big picture effects of networking and how it can support new programming that addresses the needs of communities.

PARTICIPANT EXPECTATIONS

Participants in these meetings come with their own expectations. By the time the stakeholder meeting is over, they hope to:

- Understand LIFT and what it does
- Understand relationships between HIV and AIDS, nutrition and ES/L/FS
- Know how network coordination will happen, how a referral model can operate and what tools are needed
- Understand the relationship between LIFT and referral network members
- Define geographic catchment areas
- Understand how communities will be better served as a result of a referral network

"This workshop has been an eye-opener for most of us."

"We see the value in networking – to be more effective and meet the needs of clients and re-energize community volunteers."

"We now know that a referral network can work."

- Stakeholder Participants

LESSONS LEARNED

LIFT conducted the first stakeholder meeting in Malawi's Balaka District in June 2013. Since that time, 10 stakeholders meetings have been conducted in six countries. Through experience, LIFT has adapted the stakeholder meeting format and planning in a number of ways to address lessons learned:

→ Helping organizations select the most appropriate participants (those who work in a related area and are able to make some organizational decisions)

→ Applying adult learning principles and integrating more group discussions and activities

→ Enhancing the participatory nature of the meeting and ensuring that the majority of the content around current challenges, benefits of networking, priorities and action items comes from participants themselves, thereby increasing the ownership of the outcomes

→ At the end of the meeting, identifying a task force to keep the momentum going and work with LIFT to implement the action items

CONDUCTING A STAKEHOLDER MEETING

LIFT organizes stakeholder meetings to bring together the diverse set of service providers included in the ONA or mapping, as well as key government representatives who could champion referral efforts long-term. Stakeholder meetings are highly participatory and aim to:

- **Share, validate, and solicit feedback** on ONA/mapping results
- **Jointly develop priorities** for improving linkages between clinical (NACS and HIV) and community ES/L/FS services
- **Decide on key action items and next steps** to develop the referral network
- **Identify a respected community organization or office to lead** the facilitation of linkages and champion the referral system
- **Identify a 'task force'** to implement the initial stages of the action plan

These meetings help build a collective network identity among a large number of civil society, private sector and government service providers and other stakeholders—many of whom have not worked together in the past. In most cases there is a foundation to work from, but all too often linkages are ad hoc and there are challenges to effective communication and coordination among network members. Stakeholder meetings are critical to ensure that the subsequent high-functioning referral system is based on local priorities, does not duplicate other efforts, takes into account the unique local context, and ensures agreement on and ownership of the way forward.

LIFT also leads stakeholders through activities to help them understand the need for client assessment and categorization, thereby assessing their demand for different ES/L/FS services, and using this assessment to match clients with the most appropriate ES/L/FS support available. These activities highlight the importance of tailoring ES/L/FS services to the varied needs of clients, rather than applying blanket solutions that can ultimately increase their dependence on external support.

REFERRAL NETWORK ACTION PLANNING

LIFT guides participants as they **define the action items** needed to meet objectives and launch an effective referral network. The table below provides some illustrative examples of the action steps identified by stakeholders, as well as how LIFT can provide technical assistance in a range of areas.

AREA	NETWORK MEMBERS	LIFT II SUPPORT
Political Support	• Sensitize community leaders • Explain LIFT and referral network to supervisors/organizational leadership	• Engage with political/traditional leaders • Share and disseminate information
Resources	• Provide HR for implementing referrals, data collection/reporting, network leadership and conducting meetings • Provide In-kind contribution of meeting venues, printing materials, etc. • Conduct awareness campaigns	• Assist with mentoring, coordination and leadership • Lead development of tools
Coordination & Leadership	• Establish referral committee, and hold regular meetings • Plan, organize, supervise and conduct assessments of the network	• Provide mentoring and TA to the referral committee
Tool Development	• Review existing tools and identify revisions or adaptations as necessary • Participate in tool development, review and finalization	• Lead tool harmonization and dissemination • Develop standard operating procedures
Data Collection	• Appoint focal persons • Identify lead organization for data management/analysis • Share information	• Provide training and TA in data collection, entry, reporting and analysis
Capacity Development	• Train staff • Cascade training within the organization	• Build capacity around implementation of referrals and data collection • Provide training in areas of interest