

# Service Delivery Network



## ► Background

Rates of infection of the human immunodeficiency virus in the Philippines were previously considered “low and slow”, but in the past five years reported new cases have spiked among males who have sex with males and people who inject drugs. City health departments and local government units have struggled to detect and serve increasing numbers of people living with the human immunodeficiency virus. However, it is evident that no single agency is equipped to respond to the whole range of medical, psychosocial, economic, legal, and spiritual needs of these individuals.

## ► The ROMP Project

FHI 360 and our local partners implemented the Reaching Out to Most-at-risk Populations (ROMP) Project in two project sites in the Philippines – Quezon City in Metro Manila and the Cebu Tri-City Area – from 2012 to 2015 with funding from the United States Agency for International Development. The aim of the project was to assist the Philippines Government in reducing rates of infection with the human immunodeficiency virus among males who have sex with males and people who inject drugs. One key project component has been the development of a Service Delivery Network among health facilities and non-government organizations providing services for those infected with the human immunodeficiency virus. After operating these networks for more than a year, ROMP presents a description of the establishment, management and outcomes of such a referral network.

## ► The Service Delivery Network

The Service Delivery Network is a cooperative framework through which stakeholders fulfill their obligations to protect and promote the rights of people living with the human immunodeficiency virus by coordinating with civil society and government service delivery agencies. Its main purpose is to ensure access to a quality and timely delivery of services, which in addition to treatment also includes emotional support and counseling, self-care empowerment, assistance with transport to referral sites, food and income support, end-of-life (hospice) care and future planning and support for children and other family members.

## ► Steps in Establishing an SDN

### 1. Assessing the Situation

ROMP conducted focus group discussions and consultations with the City Health Office and other government agencies, identified gaps in programs and services for people living with the human immunodeficiency virus. (See Box 1) This assessment found that some agencies were not aware of their responsibilities and were unwilling or lacked the skills to accommodate people living with the human immunodeficiency virus. As a consequence, referrals were not regularly made

or received among stakeholders and, when they were, the lack of feedback made it difficult to identify ways to improve cross-service referrals.

“The Service Delivery Network is a way of addressing referral issues formally,” explains Dr. Ethel Daño, a WHO consultant who sits on the Cebu City Service Delivery Network. “Sometimes when you refer and there is a problem, you can solve it but there is no feedback. It’s patching the problem instead of examining and fixing the system so that the problem is not encountered again.”

### ► **Box 1: Needs of People Living with the Human Immunodeficiency Virus**

**Clinical Services:** Education, counseling, screening and confirmatory testing for the human immunodeficiency virus; cluster of differentiation 4 and viral load testing; GeneXpert; Preliminary work-up for antiretroviral therapy, treatment initiation, and monitoring; prophylaxis and management of pneumocystis carinii pneumonia; vaccination; diagnosis and management of tuberculosis and multi-drug resistant tuberculosis and other OIs; management of side effects from antiretroviral therapy

**Other Healthcare Services:** Mental health/psychiatric care; wellness and nutrition; self-care; palliative care; hospice/home care

**Psychosocial Services:** Psychosocial counseling (emotional and spiritual support); peer support; temporary shelter; protective services; Livelihood, job placement and/or self-employment assistance; skills/vocational training; educational assistance; legal assistance; PhilHealth; orphan care

Following the formative assessment, ROMP with the Department of Health Regional Office (for the SDN in Cebu Tri-City) and the City Health Office (for SDN in Quezon City) called a series of meetings with relevant service delivery organizations to explain the need for a standardized way to refer clients to their services.

“[In the beginning] it was very hard to unify the different organizations,” explains Dr. John Ruiz, the lead physician at the Klinika Bernardo and member of the Quezon City Service Delivery Network. “It is really important that we had the political will of the city officials and the leaders of these departments without which it would not be possible. Before the Service Delivery Network, we do not even know the capabilities of the different agencies.”

#### 2. Building Relationships and Understanding

To build relationships and understanding, ROMP organized a facilities tour so that network members would be familiar with what to expect from each organization, and know how to prepare their clients. SDN members also emphasize the role the network plays in connecting clients not just to an institution, but to the right person in that institution. This is critical in settings where institutions do not have core teams to deal with the human immunodeficiency virus, and not many staff have been sensitized to the needs of people living with the human immunodeficiency virus or of marginalized populations. This is why the

Service Delivery Network Operational Guide lists a specific focal point for each organization.

“We identified the key person to facilitate interaction between these agencies ... we’ve met them; we know them personally. We need to have a focal person to avoid unnecessary discrimination and stigma for people living with the human immunodeficiency virus,” explains Dr. Rolando V. Cruz, the Coordinator for Sexually Transmitted Infections and the Human Immunodeficiency Virus at the Quezon City Health Office.

#### 3. Formalizing Roles and Relationships

ROMP assisted the City Health Office and Service Delivery Network members to draft an Operational Guide, which describes the roles of the various members, and a tool set that includes standardized referral and intake forms, and key points of contact. Together with the City Health Office, ROMP also developed a directory that inventories service organizations, their location and contact information and name of focal persons. It lists services available in each agency, geographical coverage, clinic days and hours, and any fees or requirements needed to avail of services.

Finally, network members signed a Memorandum of Understanding in order to formalize Service Delivery Network relationships and referral procedures

## ► Operating a Service Delivery Network

### Making and Managing Referrals

The key practical activity of the Service Delivery Network is to facilitate referral between member organizations in a standardized and manner where clients may be tracked from service provider to service provider. In-network service providers identify clients' needs and help clients to choose the best option based on factors including distance, office hours, cost and specific services available. Providers also discuss shared confidentiality with clients and discuss what information may be shared, and with whom.

The Service Delivery Network model calls for referrals in and out to be documented in a referral register and using standardized forms – however, non-compliance was an issue as partner agency complained of added paperwork. In response, Quezon City has worked with the Joint United Nations Programme on HIV/AIDS to develop iSDN, a mobile application that will hopefully facilitate sharing and tracking of referral information.

### Meeting Regularly to Identify and Overcome Barriers

The chief work of the Service Delivery Network itself happens during regularly scheduled meetings, where the focus is on sharing information on referrals, following-up on dropped cases, and identifying and solving barriers that are keeping clients from accessing services. Members stress the importance of sticking to a regular schedule so that momentum is not lost – besides, they note, they rarely run out of topics to include in their meetings. During one recent meeting of the Quezon City Service Delivery Network, discussion ranged from the Red Cross blood-screening algorithm, to appropriate use of antiretroviral prophylaxis, to a patient with genital warts denied service by multiple service providers.

#### ► What does it Cost to Implement?

These estimates assume a Service Delivery Network comprised of 4 – 6 stakeholder organizations

##### *Up-front Investments*

- » *Orientation meetings with potential SDN member organizations:*  
PHP 2,400 – 3,600

##### *Recurring costs per year*

- » *Quarterly meetings of SDN:*  
PHP 4,000

##### *Total Cost (1st yr)*

- » PHP 6,400 – 7,600

### Proactively Following-up and Tracking

Case Management Coordinators, assigned to each of the participating Social Hygiene Clinics, follow-up on the decisions made during network meetings. The Case Management Coordinators participate in Service Delivery Network meetings and share information with their individual Case Management Teams.

In order to reduce loss to follow-up among referred clients, Case Management Coordinators also engage members of the ROMP project peer staff, including (in Cebu) members of the Positive Support for Peers group to track down clients who have not reported to service centers as expected.

## ► **Managing the SDN**

Each Service Delivery Network has a Coordinating Agency that serves as the locus of responsibility for the network and its performance at the city level. This agency is ideally a relevant government agency (such as a City Health Office or Department of Health Regional Office) with sufficient influence to bring all necessary players to the table. The Coordinating Agency chairs Service Delivery Network meetings, assesses network performance and works with other members to address gaps.

The Service Delivery Network also has a secretariat responsible for managing day-to-day operations of the network, which include keeping an updated directory of focal persons, sending meeting reminders, preparing meeting agenda and keeping minutes. The Coordinating Agency designates a Secretariat from among the member agencies and organizations of the SDN. The Secretariat may rotate among the various agencies and organizations.

## ► **Defining Success**

The key goal of the Service Delivery Network is to encourage more males who have sex with males and people who inject drugs to receive the health and social welfare services they need by improving referral and lowering barriers to service access. To assess performance toward this goal, the Service Delivery Network Operational Guidelines include clearly defined indicators tracking successful referrals and losses to follow-up; however, as of this report the Service Delivery Network partners are revising the system to track those indicators.

In the meantime, there are numerous instances of the Service Delivery Network working not only to address clients' immediate needs, but to remove barriers so that future needs can be met with greater ease. Network members cite examples of permanent, structural improvements to the service delivery system in the Tri-City area achieved through the work of the Service Delivery Network:

- » The Quezon City and Cebu network negotiated with the respective local Social Welfare and Services office to pay for the enrollment of HIV-positive clients in PhilHealth.
- » The Service Delivery Network facilitated a meeting between the Department of Health and a Cebu hospital and succeeded in changing the hospital's practice of unnecessary testing to initiate treatment for human immunodeficiency virus.
- » Klinika Bernardo worked through the Quezon City Service Delivery Network to resolve an issue with a client, who was living with human immunodeficiency virus, but whose application for a Person with Disability ID card was refused by the Social Services Development Department.
- » Members of the Positive Support for Peers group identified a need among their members for spiritual counseling. The Service Delivery Network reached out to the Society of the Divine Word to provide this counseling for the support group.
- » As a result of consultation with the Service Delivery Network, Klinika Bernardo agreed to manage care for the pregnant wives of males who have sex with males who are also living with the human immunodeficiency virus, including referral for antenatal care and delivery.

These kinds of lasting changes in the local healthcare delivery system are not necessarily achieved through an email or telephone call – they require the kind of long-term engagement and relationship building that the Service Delivery Network model is intended to facilitate.

“Part of our vision is addressing HIVAIDS in adolescents,” he explains. “We want to utilize the national network we have established and echo the good practices we get in Quezon City.”

► **Looking to the Future**

The Service Delivery Network model has improved individual service delivery outcomes and strengthened the overall service delivery system. But the network is dynamic, and network members are now talking about expansion of the services they offer, the clients they serve and the area they cover.

Members also increasingly note that while there is a broad range of services available for people living with the human immunodeficiency virus themselves, this is less true for those clients' partners and families.

Members would like to find ways to include them under the system as well.

Finally, Service Delivery Network members are increasingly considering how they can disseminate the lessons they have learned. For instance, Mr. Raine Naldoza, the network focal point for the Family Planning Organization of the Philippines, explains that, for his organization, the key benefit of sitting on the Service Delivery Network is the opportunity to learn about best practices that can be applied nationwide.

This kind of talk pleases Dr. Verdades P. Linga, the Quezon City Health Officer; she would like to see the lessons learned in Quezon City to be applied much further afield. “This will be the next move – since we are also catering to clients and patients from the different cities and regions, we are now moving towards reaching them so they can start their own programs and we can share our best practices ... in SDN we are selling our best practices. It's one of our success stories.”

