

Towards a Holistic Care & Mitigation Response to HIV

A Planning and Review Tool for Mapping the Availability and Accessibility of Services

Health				
0	1	2	3	Quality & Accessibility

Psychosocial/Spiritual				
0	1	2	3	Quality & Accessibility

Human Rights/legal				
0	1	2	3	Quality & Accessibility

Livelihoods Security				
0	1	2	3	Quality & Accessibility

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January 2011

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Introduction

CAFOD's¹ holistic response to HIV-related care and mitigation seeks to improve the quality of life (QoL) of people living with and otherwise affected by HIV. This response and its goal pose three key challenges for programme development:

1. What constitutes a holistic response?
2. Is it possible for programme clients to access the combined range of services that constitute a holistic response and improve their QoL?
3. How do clients and programme staff assess QoL and identify where any changes need to be made to personal or programme plans?

The starting point for addressing these challenges has been to explore the meaning of QoL. In initial work with community-based programme partners, programme staff and clients identified a wide range of components that constituted QoL. These were divided into four domains:

- | |
|---|
| 1. Health |
| 2. Psychosocial/spiritual (also described as emotional happiness) |
| 3. Legal and human rights |
| 4. Livelihood security |

These four domains formed the framework for developing a **Mapping Tool**² to establish the availability and accessibility of a holistic care and mitigation response (challenges 1 and 2). A participatory approach for assessing QoL through the lived experiences of programme clients was then identified (challenge 3) – the **Batteries Methodology**. The two tools can be used in conjunction and comparisons made between the staff assessment of services and the client assessment of their own QoL in the corresponding domains. The tools can also be used independently. This resource describes the **Mapping Tool**.

A Mapping Tool for Holistic Care (Challenges 1 and 2)

Using the four domains as a framework, the tool asks users to review 30 outcome statements relating to HIV care and mitigation. Participants score each outcome statement on the extent to which services enabling the outcome can be accessed, identifying strengths and gaps in the programme and helping to set priorities as part of wider review and planning processes. This mapping analysis is applied for women, men and children living with or affected by HIV. The tool can be used by a cross-section of staff and volunteers from a single programme, or in meetings with several programmes. The latter enables peer review, challenges and support.

¹ The Catholic Agency for Overseas Development: the international aid agency of the Catholic Church in England and Wales.

² A first draft was prepared with HIV team members and five partner organisations at meetings in Jos, April 2008. The tool was piloted at Namu, N. Nigeria, in October 2008 and developed further at the HIV team meeting in London Nov 2008.

The information gathered from this process will identify existing services available through the programme or by referrals to other providers, as well as the strengths and any gaps in the programme. This information may have implications for programme strategies, and may help with funding allocations and future planning. Such analysis can also help programmes identify whether the holistic response that they aspire to is in place and any obstacles to achieving this in practice. When used in conjunction with the batteries tool, the mapping tool can help the programme identify whether the holistic response is actually having the desired effect of improving the quality of life of men, women and children living with and affected by HIV.

The collated data documented by the programme may be shared with peer agencies and/or institutional funders for purposes of developing programme strategies, priorities and funding targets and as a process of sharing learning and enabling peer review

Who can use this tool ?

Programme Staff: The mapping tool is intended as a planning and review resource. It can be used for shaping a programme's strategies, plans, budgets and related initiatives designed to provide a holistic care and support response to HIV. It may be used by anyone engaged in decisions about services provided (directly or through referrals) by the programme. Ideally this would include a cross-section of staff from different management and operational roles and teams (field as well as office)

Volunteers and Programme Clients: In addition to programme staff it is beneficial to include volunteers and some representation of programme clients to get different perspectives on the services provided.

How to use this tool

Workshop Setting (larger group): The mapping tool can be used as a group exercise with a larger number of participants (up to 20). This is the preferred and recommended option as it draws in a broader range of experiences, knowledge and insights. It is more interactive and has the potential to produce fuller and more verifiable data. Participants should be a representative cross-section of the organisation or programme undertaking the exercise and involve those with different management and operational roles. They may include volunteers and representatives of programme beneficiary groups as far as possible

Focused Discussion (smaller group): Where this preferred option is not feasible, the tool maybe used in a focussed discussion between the facilitator and a small number (1-3) of staff from a programme. *NB. This method can be repetitive and places additional demands on the interviewer, both to facilitate and write-up the exercise*

Peer review: The mapping tool can be used in a workshop setting (as above) by groups of staff and volunteers from different organisations or programmes, each completing a mapping for the response in their area and then peer reviewing the scores and reasons each programme gives itself. This offers the advantage of providing peer agency insights, challenges and concerted approaches to proposed action plans.

When to use this tool

Annual Review: This tool may be used to conduct annual reviews and planning for a single programme. An initial mapping can be used as a baseline

One-off Review: This tool may be used as a one-off review of existing services

Evidence-gathering: This tool may be used as a survey methodology for documenting existing services and their accessibility for women, men and children, and to identify gaps and the findings used in advocacy campaigns.

About this Resource

This document offers a step-by-step description of the process for facilitating the use of the mapping tool. It provides detailed instructions for facilitating the overall process but is not intended as a resource to be circulated, as is, to all users. It is advisable for the overall facilitator to study the contents and use these as guidance for introducing and facilitating the process with the larger group of users/participants. The mapping tool and record sheets used in this process are provided within this document and should be copied for users as per instructions. Word versions of the record sheets are also provided so that data can be documented electronically where preferred.



The Mapping Tool

The Mapping Tool

The mapping tool helps to identify:

- a. The degree to which a **holistic approach** to care and mitigation is provided to clients whether by one organisation's programme alone or in conjunction with other service providers, and where the **gaps** occur. A key function of this tool is to establish the **range, accessibility** and **quality** of services available
- b. Goals for the future

The tool is a process of mutual learning and support, and not an examination. This process is not intended to pressurise organisations into providing a range of services that do not fall within their remit or capacities. It is about identifying the degree to which programme clients can access a holistic response within their local area, from all providers working in collaboration. It also illustrates the importance of individual programmes working within wider networks and referral systems. Repeated use of the tool helps identify changes over time and the degree to which a holistic approach is available, and supports reflection on the progress towards goals.

Outcome Statements

The **mapping tool** consists of **30 'outcome statements'** (*see template 1*) for HIV care and mitigation. The statements are grouped into the four domains identified as essential to improving the QoL of people living with and affected by HIV; health, psychosocial/spiritual, human rights and livelihoods security. A **holistic approach** to HIV care and mitigation calls for a wide range of these outcomes to be met, across all the domains, whether by a single programme or, by a range of service providers including the community. Informants are invited to consider each of the outcome statements in turn, judge the degree to which they are being met, and identify major gaps and priorities for the future.

Grading the Outcome Statements

Participants consider each of the outcomes in turn and decide on a scale of 0-3 how they think this outcome is met locally (whether by the programme or by others):

0	not at all
1	rarely met
2	largely met
3	completely met (good service accessible to all)

Whilst scoring the outcomes participants need to consider:

Quality: do services comply with national or international standards/guidelines?

Accessibility: Are services easy to reach, at suitable times, and affordable? Are they equally accessible for women, men, children, young people, people with disabilities, marginalised groups and where relevant, different ethnic groups?

Sharing and Discussion

An important part of this process is the discussion that accompanies the scoring and planning that follows on from this. Once scoring is completed participants review the results for the 30 statements in order to:

- Identify current strengths and gaps (gaps will occur where the outcomes are not met, or where the programme response is limited in quality or accessibility).
- Identify the reasons for any gaps and factors influencing these
- Establish whether the services listed are provided by them acting on their own, or whether they are provided by the programme and others working through referrals and within wider networks.
- Identify priorities and opportunities for the next operational period

The workshop suggestions below provide step by step guides for facilitating the mapping process with either a larger or smaller group.

Workshop Suggestion (1 day)

This methodology can be used with a group of staff/volunteers/programme clients from a single organisation looking at one programme, with a group of organisations looking at different programmes (each carrying out a mapping for their own programme) or with a joint inter-organisation programme, within the same workshop setting. This methodology may also be used in a focussed discussion between a facilitator and a small number (1-3) of staff from a programme (appropriate adjustments will need to be made for the group work described below).

NB. It is essential to set enough time for the exercise - it will take up to one day to carry out, and half a day to write up - build breaks into the exercise – e.g. take one domain per session.

Materials

- *Outcome statement cards (Template 2). Print out each of the outcome statements, so that there is a set of 30 cards. Cut these up so there is one statement per piece of paper. Arrange the cards into four groups, one for each domain as indicated in template 1.*
- *Flipchart paper – drawn up with scoring tables (See example 1) or left blank for participants to draw in their group work*
- *Record sheets (Template 3)*
- *Post-it notes or similar sized cards*

NB. Review the materials before you start – you may need to translate or adapt the outcomes to the local language.

The following process may use one or two facilitators. The latter has the advantage that one of these can direct the process and the other document information shared by groups directly onto electronic versions of record sheets, which can save time after the event.

Introduction

Explain that:

- As the programme seeks to improve the QoL of people living with and affected by HIV, it is important to have a range of services in place, either provided by the programme or by others to whom the programme can make referrals, to ensure this
- The workshop will offer participants a methodology, the mapping tool, that enables them to identify what services are available, and therefore to what extent a holistic care response can be provided locally
- The process helps programmes identify gaps and priorities for the future
- The workshop is not a way of scrutinising the programme's performance. Nor is it a means of piling an even greater workload onto already stretched services or of pressurising the programme to take a certain direction. Rather it offers an opportunity for learning, for improving effectiveness where possible and for working collaboratively to ensure, as far as possible, that a holistic response is available locally.

Step-by-step guide

QoL Brainstorm

- Either working in small groups or as one larger group, invite participants to brainstorm on the different components needed for a good QoL
- Ask: *'What elements do you need to have a full and happy life?'*
- Ask participants to record ideas from the brainstorm on post-it notes or cards (1 idea should be recorded per post-it note/card)
- Ask them to categorise each component into one of four domains by placing the post-it notes on separate sheets of flip-chart paper representing the four domains. Explain the domains.

NB. Participants may have different ideas on which component sits within which domain – there are no right or wrong answers.

- Explain that if care responses are to be effective in improving people's QoL, they need to be holistic and cover aspects of people's lives in all four domains.
- Explain that the mapping tool used in this workshop looks at these four domains and examines to what extent quality services comprising a holistic response are available and accessible. Stress that the services may be provided either directly by their programme or by others through referrals or networking.

The Mapping

- Divide the participants into groups, of about 3-6 persons - depending on the number of participants, each group will tackle one or two 'domains'. If the overall group is smaller this division into smaller groups may not be possible and the whole group will do all 4 domains.

*NB. If participants are from different organisations/programmes ensure that all four domains are covered for **each** organisation/programme. Ensure also that participants familiar with the same programme work together.*

1. Give each group a flipchart diagram (**see example 1**) corresponding to the domains they are completing (alternatively give them a blank flipchart for each domain they are completing and ask them to prepare these themselves)
2. Give the outcomes cards for the relevant domains to one member of the small group who then presents the cards one by one to their group. Ask the group to decide the degree to which the outcome statement is met and to fix the card in the column with the appropriate score, 0-3 (**see example 2**)
3. Ask the group to explain their score by discussing the quality and accessibility of the services, looking at the accessibility for specific groups, by age, gender, disability, or marginalisation). Ask the group to add key comments that summarise their discussion to the 'quality and accessibility' column (**see example 2**) on the flip chart paper
4. Ask participants to consider whether the all of the services listed are provided by their own programme, or whether some or all are provided through referrals to other programmes
5. Invite each group to review their chart, identify the strengths and gaps and consider any changes they want to make to the programme

Report-back and sharing

- a. Invite each group to present its chart back to the group as a whole, with the 'scores', the 'comments' on quality and accessibility, and the changes they want to make. Invite comments and discussion from members of other groups, focusing particularly on any disagreements or additional points of information arising.
- b. Ask participants to identify any strengths, gaps and the priority areas across the 4 domains
- c. In a final discussion identify which actions they should pursue in order to tackle the priorities, who will be responsible for implementing them, who will participate in those actions and resources (material, financial...) needed. The discussion may also identify gaps that cannot be addressed to any degree and the reasons for this. This too should be recorded
- d. Note key discussion and decision points (on the flipcharts or elsewhere). Write up flipchart contents and the additional points noted using the record sheets provided (**Template 2**). Scores can also be recorded in a separate (**Template 4**).

Case study: Zambia,

The Mapping Tool was used in a workshop setting with 6 of CAFOD's partner organisations from various regions in Zambia. Each organisation was represented by between 2-6 staff, who worked in individual groups to complete the mapping for all 4 domains. After completing each domain one member of the organisation presented their scores and the reasons for these in a plenary session. These were discussed and the other organisations gave peer review of the scores they had each given themselves and where agreed, scores were changed according.

Subsequent Mappings

The tool can be used as an ongoing monitoring tool:

Useful Tips: Subsequent Mappings

Subsequent Mappings

This section gives some pointers on the variations that can be considered for subsequent mappings. Please note that the general format of the exercises will be the same as outlined in workshop suggestions 1 and 2.

- **Introductory session:** As participants should already be familiar with the mapping tool only a **brief recap** of the process and its purpose should be required. It is important to highlight here the purpose of the second mapping – stressing that it is not a test to see how much the programme has achieved in the year but a process enabling them to look at how things have developed and changed - it may be that external factors have come into play and mapping scores and the situation have changed accordingly.
- **Reminder of previous scores:** Ideally participants would initially have time to remind themselves of the outcome statements, the scores and reasoning given for these in the first mapping.
- **Re-scoring:** The process of going through the 30 outcome statements for subsequent mappings is much quicker (it will likely take around 2 hours with a large group of participants) Follow steps 1-5 in the workshop suggestion above. To prevent this process from being too repetitive, stress that the group should focus on any *changes* since first mapping in each outcome statement. For recording this information there is a second column on the record sheets (**Template 3**). For further mappings the record sheets can be amended and a new column added or a new record sheet started. It is possible the new scores could be higher, lower or remain that same as the scores from the previous mapping

- **Priorities/gaps:** It is important to go through the priorities and any gaps identified in previous mappings and see where work has been done to address these. This may be done as a group brainstorm or focused discussion, with notes made by a group member or the facilitator.
- **New priorities/gaps:** At the end of this process, it is important that participants identify current gaps and develop new or renewed priorities for the following year. Discussions could also explore whether the programme would be interested in using the Mapping Tool on a regular basis and if so how, when and in what context (e.g. annual planning and review, end of project cycles, or organisational strategies, every six months, as part of NAC planning and reviews etc).

Case study: Integrated AIDS Programme (IAP), Thika, Kenya

Following an initial mapping with 6 staff from IAP, a second mapping was carried out a year later. The second mapping aimed to look at any changes in the programme over the year, where priority areas had been addressed and what new challenges had arisen. Only a brief recap of the process was needed as nearly all staff had been present at the first mapping. Staff firstly reminded themselves what they had done the previous year, before starting to look more closely at the priorities they outlined and the scores they had given each outcome statement in the first mapping.

The group discussed how each of the priority areas they had outlined the previous year had been addressed and where challenges had emerged or still remained. Nearly all priority areas that had been identified by the group in the previous mapping has been in some way addressed over the year. IAP staff noted that by identifying these priority areas in the first mapping, they became aware of the areas that they wanted/needed to address and were able to seek out appropriate capacity or funding.

The group then went through the 30 outcome statements of the mapping tool and re-scored each statement, highlighting reasons for any change in score. The new scores and notes on why any changes had occurred were recorded in a second column on the record sheets (**Template 3**) and the differences in the scores recorded in a score table (**Template 4**).

Example 1: Prepare four flip charts, one for each domain (these are small scale versions of what the flip charts should look like – there should be enough space in the first 4 columns to stick the A5 sheets with each outcome statement. Leave enough space in the last column for participants to make notes on their scoring for each of the statements.

Health				
0	1	2	3	Quality & Accessibility

Psychosocial/Spiritual				
0	1	2	3	Quality & Accessibility

Human Rights/legal				
0	1	2	3	Quality & Accessibility

Livelihoods Security				
0	1	2	3	Quality & Accessibility

Example 2: This offers a diagrammatic sketch of how completed flipchart sheets would look – the boxes in the tables indicate where the outcome statements have been placed. The cards are fixed in one cell in each row, and explanatory comments in the final column, picking up especially on issues of access (noting any differences for age, sex, disability etc) and quality.

Health				
0	1	2	3	Quality & Accessibility
■				Notes & explanation
	■			Notes & explanation
■				Notes & explanation
		■		Notes & explanation
		■		Notes & explanation

Psychosocial/Spiritual				
0	1	2	3	Quality & Accessibility
■				Notes & explanation
	■			Notes & explanation
	■			Notes & explanation
		■		Notes & explanation
		■		Notes & explanation

Human Rights/legal				
0	1	2	3	Quality & Accessibility
		■		Notes & explanation
	■			Notes & explanation
		■		Notes & explanation
		■		Notes & explanation
■				Notes & explanation

Livelihoods Security				
0	1	2	3	Quality & Accessibility
		■		Notes & explanation
■				Notes & explanation
■				Notes & explanation
		■		Notes & explanation
			■	Notes & explanation



Templates

Template 1: 30 Outcome statements

HEALTH	PSYCHO-SOCIAL-SPIRITUAL	HUMAN RIGHTS/ LEGAL	LIVELIHOODS SECURITY
<ol style="list-style-type: none"> 1. Individuals get prompt and accurate information on HIV status, along with pre- and post counselling and ongoing health diagnosis. 2. General health care and essential medicines (cf WHO) for OIs including TB, malaria and STIs. are locally accessible and affordable, 3. ART is locally accessible and affordable, includes adherence education & monitoring 4. Palliative care, including pain relief, is available & affordable 5. People infected or affected by HIV can access home-based care and support with ease 6. People infected or affected by HIV have access to health education including hygiene and nutrition and to clean water and appropriate sanitation 7. Effective referral systems are in place for people infected or affected by HIV, if/as required. 8. People with HIV have support (e.g. transport, childcare) to enable them access health services as needed 9. Gender-based initiatives provide easier access for both women and men to all HIV-related services. 10. People can access full information and comprehensive prevention services³ 	<ol style="list-style-type: none"> 11. Local community attitudes and initiatives strengthen HIV-affected women, men and children, foster stability, promote networking by and with people affected by HIV and address stigma 12. Ongoing counselling is provided in a manner suited to local contexts. 13. PLWHA are included in all activities offered by their faith communities (e.g. prayer events, retreats) 14. Faith leaders promote initiatives to tackle stigma and judgmentalism and provide pastoral support and home visiting where desired. 15. PLWHA are involved in decisions on programme design and in implementation 16. Activities are in place to tackle gender-based stigma, violence or exclusion & ease the care burden for women 17. Peer Support Groups (including groups of PLWHA) provide practical and psychological support to people affected by HIV 18. People affected by HIV have adequate and secure accommodation 	<ol style="list-style-type: none"> 19. There are active initiatives seeking to change stigmatising legislation 20. Local initiatives are active in denouncing specific instances of stigma and discrimination 21. legal accompaniment is provided to women, men and children as required 22. Local initiatives are lobbying for changes in social attitudes to promote increased openness about and acceptance of people living with HIV 23. Local initiatives advocate on behalf of marginalised groups within communities and work to secure legal access to entitlements for anyone unable to negotiate these 	<ol style="list-style-type: none"> 24. Programme clients have access to sufficient food, financial & material support to meet a basic level of security 25. programme clients in rural areas can easily access agricultural inputs (seeds, tools) and technical assistance to improve food security 26. programme clients in rural areas have security of land tenure and secure access to water for cultivation 27. programme clients can gain skills and competencies that improve their employment prospects or small business development 28. gender-based initiatives support women as well as men in accessing support for income generation. 29. gender-based initiatives ease the burden of care for women resulting from HIV 30. Beneficiaries can provide for the following with greater security: <ul style="list-style-type: none"> • Shelter, Food, Clothing, Transport • School fees for both girls and boys • Other education or training • Other household bills • Health bills • Social engagement and activities

³ This is intended only to link prevention and care considerations. A fuller assessment of prevention responses (not applicable here) requires using another CAFOD tool.

1 Individuals get prompt and accurate information on HIV status, along with pre- and post counselling and ongoing health diagnosis.

2 General health care and essential medicines (cf WHO) for OIs including TB, malaria and STIs. are locally accessible and affordable,

3 ART is locally accessible and affordable, includes adherence education & monitoring

4 Palliative care, including pain relief, is available & affordable

5 People infected or affected by HIV can access home-based care and support with ease

6 People infected or affected by HIV have access to health education including hygiene and nutrition and to clean water and appropriate sanitation

7 Effective referral systems are in place for people infected or affected by HIV, if/as required.

8 People with HIV have support (e.g. transport, childcare) to enable them access health services as needed

9 Gender-based initiatives provide easier access for both women and men to all HIV-related services

10 People can access full information and comprehensive prevention services⁴

11 Local community attitudes and initiatives strengthen HIV-affected women, men and children, foster stability, promote networking by and with people affected by HIV and address stigma

12 Ongoing counselling is provided in a manner suited to local contexts.

⁴ This is intended only to link prevention and care considerations. A fuller assessment of prevention responses (not applicable here) requires using another CAFOD tool.

13 PLWHA are included in all activities offered by their faith communities (e.g. prayer events, retreats)

14 Faith leaders promote initiatives to tackle stigma and judgmentalism and provide pastoral support and home visiting where desired.

15 PLWHA are involved in decisions on programme design and in implementation

16 Activities are in place to tackle gender-based stigma, violence or exclusion & ease the care burden for women

17 Peer Support Groups (including groups of PLWHA) provide practical and psychological support to people affected by HIV

18 People affected by HIV have adequate and secure accommodation

19 There are active initiatives seeking to change stigmatising legislation

20 Local initiatives are active in denouncing specific instances of stigma and discrimination

21 legal accompaniment is provided to women, men and children as required

22 Local initiatives are lobbying for changes in social attitudes to promote increased openness about and acceptance of people living with HIV

23 Local initiatives advocate on behalf of marginalised groups within communities and work to secure legal access to entitlements for anyone unable to negotiate these

24 Programme clients have access to sufficient food, financial & material support to meet a basic level of security

25 programme clients in rural areas can easily access agricultural inputs (seeds, tools) and technical assistance to improve food security

27 programme clients can gain skills and competencies that improve their employment prospects or small business development

26 programme clients in rural areas have security of land tenure and secure access to water for cultivation

28 gender-based initiatives support women as well as men in accessing support for income generation.

29 gender-based initiatives ease the burden of care for women resulting from HIV

30 Beneficiaries can provide for the following with greater security:

- Shelter, Food, Clothing, Transport
- School fees for both girls and boys
- Other education or training
- Other household bills
- Health bills

Social engagement and activities

Record Sheet: HEALTH OUTCOMES

NAME OF PROGRAMME: _____

DATE OF THIS MAPPING EXERCISE _____

	OUTCOME STATEMENT	1st Score	2nd Score	FIRST MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)	SECOND MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)
1	“Individuals get prompt and accurate information on HIV status, accompanied by pre- & post counselling and ongoing health diagnosis”				
2	“General health care and essential medicines (as defined by WHO) for OIs including TB, malaria and STIs. are locally accessible and affordable.”				
3	“ART is locally accessible and affordable, includes adherence education & monitoring ”				
4	“Palliative care, including pain relief, is available & affordable”				
5	“People infected or affected by HIV can access home-based care and support with ease”				

Template 3: Record Sheets

6	“People infected or affected by HIV have access to health education including hygiene and nutrition and to clean water and appropriate sanitation”				
7	“Effective referral systems are in place for people infected or affected by HIV, if/as required.”				
8	“People with HIV have support (e.g. transport, childcare) to enable them access health services as needed”				
9	“Gender-based initiatives provide easier access for both women and men to all HIV-related services”				
10	People can access full information and comprehensive prevention services				
Overall comment on whether the programme is working alone or within a wider network of services and referrals					

Record Sheet: PSYCHO-SOCIAL OUTCOMES

NAME OF PROGRAMME: _____

DATE OF THIS MAPPING EXERCISE: _____

	OUTCOME STATEMENT	1st Score	2nd Score	FIRST MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)	SECOND MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)
11	“Local community attitudes and initiatives strengthen HIV-affected women, men and children, foster stability, promote networking by and with people affected by HIV and address stigma”				
12	“Ongoing counselling is provided in a manner suited to local contexts”.				
13	“PLWHA are included in all activities offered by their faith community (e.g. prayer events, retreats)”				
14	“Faith leaders promote initiatives to tackle stigma and judgmentalism and provide pastoral support and home visiting where desired”.				
15	“PLWHA are involved in decisions on programme design and in implementation”				

Template 3: Record Sheets

16	“Activities are in place to tackle gender-based stigma, violence or exclusion and ease the care burden for women”				
17	“Peer Support Groups (including groups of PLWHA) provide practical and psychological support to people affected by HIV”				
18	“People affected by HIV have adequate and secure accommodation”				
<p>Overall comment on whether the programme is working alone or within a wider network of services and referrals:</p>					

Record Sheet: HUMAN RIGHTS / LEGAL OUTCOMES

NAME OF PROGRAMME: _____

DATE OF THIS MAPPING EXERCISE: _____

	OUTCOME STATEMENT	1st Score	2nd Score	FIRST MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)	SECOND MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)
19	“There are active initiatives seeking to change stigmatising legislation”				
20	“Local initiatives are active in denouncing specific instances of stigma and discrimination”				
21	“Legal accompaniment is provided to women, men and children as required”				
22	“Local initiatives are lobbying for changes in social attitudes to promote increased openness about and acceptance of people living with HIV”				
23	“Local initiatives advocate on behalf of marginalised groups within communities”				
Overall comment on whether the programme is working alone or within a wider network of services and referrals					

Record Sheet: LIVELIHOOD SECURITY OUTCOMES

NAME OF PROGRAMME

DATE OF THIS MAPPING EXERCISE

	OUTCOME STATEMENT	1st Score	2nd Score	FIRST MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)	SECOND MAPPING comments on: The QUALITY (comply with national or international standards and guidelines?) ACCESSIBILITY (easy to reach? affordable? are any groups excluded?)
24	“Programme clients have access to sufficient food, financial & material support to meet a basic level of security”				
25	“Programme clients in rural areas can easily access agricultural inputs (seeds, tools) and technical assistance to improve food security”				
26	“Programme clients in rural areas have security of land tenure and secure access to water for cultivation”				
27	“Programme clients can gain skills and competencies that improve their employment prospects or small business development”				
28	“Gender-based initiatives support women as well as men in accessing support for income generation”.				

Template 3: Record Sheets

29	“Gender-based initiatives ease the burden of care for women resulting from HIV”			
30	<p>“Beneficiaries can provide for the following with greater security:</p> <ul style="list-style-type: none"> • Shelter, Food, Clothing, Transport • School fees for both girls and boys • Other education or training • Other household bills • Health bills • Social engagement and activities” 			
<p>Overall comment on whether the programme is working alone or within a wider network of services and referrals</p>				

Template 4: Score Tables

These tables can be used to record any differences in scoring between mappings

Outcome Statement	1st score	2nd score	Difference
HEALTH			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL Difference			
Average Difference			

Outcome Statement	1st score	2nd score	Difference
PSYCHO-SOCIAL			
11			
12			
13			
14			
15			
16			
17			
TOTAL Difference			
Average Difference			

Outcome Statement	1st score	2nd score	Difference
HUMAN RIGHTS/LEGAL			
18			
19			
20			
21			
22			
23			
TOTAL Difference			
Average Difference			

Outcome Statement	1st score	2nd score	Difference
LIVELIHOODS			
24			
25			
26			
27			
28			
29			
30			
TOTAL Difference			
Average Difference			