CAFOD's REFLECTION ON THE RECOMMENDATIONS PRESENTED IN THE "THEMATIC REVIEW: CAFOD'S INTERNATIONAL WORK IN HIV-RELATED CARE AND MITIGATION"

We welcome the findings of the report and value the learning they bring both for CAFOD and for the work of our partners. We note with appreciation the affirmation provided by many of the findings, both regarding CAFOD's approach to HIV programming and its working in partnership with local community-based and often faith-based organisations. We especially value the finding that CAFOD's approach to HIV care and support is improving the quality of life of people living with and affected by HIV and that monitoring tools developed are helping CAFOD, our partners and the people accessing their services, to establish this. We are also encouraged by the report's affirmation of the good working relations between CAFOD and our partners, again affirming the strength of CAFOD's partnership model.

CAFOD equally strongly appreciates the challenges posed, gaps identified and insights gained in undertaking this review and we are committed to taking these forward.

The report makes a number of recommendations. We set out below CAFOD's reflection on these, and indications of how they will contribute to our HIV-related care and response work in the future.

1. CAFOD should consider expanding its work among key populations at higher risk of HIV.

We recognise that the particular features of the HIV pandemic in each country will vary and that programme responses should be tailored accordingly. To date the majority of programmes supported by CAFOD are broad-based, which reflects their location in East and Southern Africa where the epidemic is generalised, and also the particular niche of Church-linked responses as these constitute the majority of CAFOD programme partners in these regions. CAFOD also supports a small number of advocacy, and care and support programmes with key or most at risk populations -including men who have sex with men, and sex workers- particularly in some countries of Asia and Latin America.

We have recently received a strong steer from some of our Trustees supporting a proposed CAFOD programme working with key populations. They affirmed that Catholic Social Teaching as well as CAFOD values encourage us to reach out, to key/most at risk populations given their particular stigmatisation and exclusion. We will action the review's recommendation and will review how we can promote this approach within our programming guidelines alongside that of broad community-based responses in generalised epidemics.

2. **CAFOD's mainstream livelihood programmes are a potentially powerful way of supporting PLHIV. CAFOD needs to ensure that they include PLHIV, particularly in contexts of high HIV prevalence**.

CAFOD's HIV mainstreaming tools have been expanded to become vulnerability and inequality analysis (VIA) tools. This analysis is to be applied to all development and humanitarian response programmes and will identify adaptations required to ensure inclusion of people affected by HIV as well as by other factors such as gender inequality, along with those elicited by considerations of protection and power issues raised by HIV, as by other thematic areas. CAFOD's programme cycle management system will signal this expectation and monitor its application.

This approach is preferred over one that would automatically count the number of people with HIV included in livelihoods programmes, thus identifying people as living with HIV.

The report refers to the limited capacity of many home based care programmes to provide income generation (IGA) and other livelihoods initiatives, because of their limited expertise in this area. CAFOD will encourage HBC programmes to work within wider networks and link up with/make referrals to local initiatives experienced in IGA and livelihoods.

3. **CAFOD should update its guidance relating to antiretroviral therapy to ensure that it reflects the current situation fully.**

CAFOD's guidance was prepared in 2005 and some of the recommendations have become dated and less applicable to the current context. The guidance is being updated to rectify this and to incorporate evidence from CAFOD research related to ART adherence and the impact of availability on programmes.

4. **CAFOD needs to strengthen the formulation and implementation of its policy on providing care for children.**

CAFOD's policy states that "*With rare exceptions, CAFOD does not fund the provision of institutional care for children orphaned by AIDS or by any other cause. Exceptional circumstances might include situations where such institutions are providing respite care for children, or where they are used as a temporary, emergency, short-stay response while more permanent community-based appropriate arrangements are being sought*."

The report identified an exceptional instance where some CAFOD funds were used to provide food for children cared for in a home run by a programme partner. Furthermore, CAFOD's website featured this as a fund-raising opportunity for CAFOD supporters. We are seriously concerned by this worrying discrepancy with our policy and welcome the report's drawing this to our collective attention. CAFOD's existing policy and procedures are being revised to tighten loopholes. Their implementation will be pursued in both our communications and our programming work.

5. **CAFOD and its partners need to identify ways in which they can publicise more the work they are doing in order to influence positively work being done by others.**

Thus far we have posted any CAFOD HIV publications and resources on the AIDSPortal and on CAFOD's website. They are also circulated to Catholic peer agencies on the CHAN d-groups e-forum and on CAFOD's own d-groups forum for partners and staff. We are challenged to know how we might strengthen this further and through which channels and we need to give this further consideration. The roles of programme partners, in this regard, and of CAFOD staff in its various offices overseas, will be explored more fully.

6. **The 'batteries' tool provides strong evidence of improvements in quality of life experienced by clients of services provided by CAFOD partners. CAFOD could write up this experience separately from this review report, e.g. as a paper in a peer-reviewed journal**.

CAFOD's Quality of Life 'batteries' tool provides a powerful new way for clients of HIV care and support services to provide feedback to CAFOD and its partners. We are developing a publication to present the evidence of the value of the tool gained from the two case studies undertaken for this review. The review also identified a number of improvements that can be made to existing methodologies and templates for both the batteries (quality of life) and mapping (holistic response) tools. Work is under way in incorporating these.

7. **CAFOD should consider expanding its work with partners, such as Mekdim in Ethiopia, that are demonstrating how to involve PLHIV more meaningfully in responses to HIV.**

CAFOD's HIV programming guidelines specifies the meaningful involvement of people with HIV as a key principle for all programme responses. The review provides a useful means of identifying levels of involvement, based on UNAIDS criteria, and supplies a pyramid model that we will incorporate into our own programming tools. This should be monitored as part of the programme visits by CAFOD staff and we need to identify precisely how this can happen in practice. Feedback from people living with HIV and networks of positive people should be central to such monitoring.

8. **CAFOD could improve its collection of results data.**

CAFOD's programme cycle management system, underpinning all of our international work, focuses on tracking results at the outcome level. Developing our capacity and that of our partners in identifying and measuring clear outcomes and indicators is an ongoing process. We are developing a menu of indicators to support this process and to bring some consistency, where appropriate, to the collection of results data.

9. **Given resource constraints, CAFOD needs to consider prioritising its funding to care and mitigation activities which have been shown to have most benefit on clients' quality of life, e.g. through the data generated from the batteries tool.**

This recommendation poses many challenges. It is important that programme partners focus their work on aspects of care and support which clients indicate are most effective in improving the quality of life of people living with and affected by HIV and which they can provide, and equally that they can also enable clients to access other services provided locally. The batteries tool will afford helpful information on what clients identify as most effective, while recognising its limitations in as much as the evidence is subjective and also may reflect clients' feedback only on the services they have actually experienced and not always on a wider spectrum that comprises a holistic response. The mapping tool will help programmes identify both the wider range of services available for referral purposes and existing gaps in what should constitute a holistic approach.

However, this recommendation could not lead to CAFOD advocating just one or two services e.g. ART provision. Such an approach would be at odds with CAFOD's programming strategy that asserts the need for a wide spectrum of health care and not a service focused on just one or two aspects, and also asserts that health care is just one domain out of four that are essential for holistic and effective care and support.

Other CAFOD research[1] indicates that access to treatment is essential and life-changing but even so is only a first step towards improved quality of life. Similarly, individuals living with or affected by HIV will have different needs at different times and investing in just a narrow selection might be counter-productive. This resonates with the findings and recommendations of the Care and Support working group of the UK Consortium for AIDS and International Development, of which CAFOD is a member. A roadmap[2] resulting from a conference hosted by this working group and supported by DFID in November 2010, along with a recent report prepared for the forthcoming

[1] The Impact of Increased Access to ART on programmes responding to people living with HIV anad AIDS. J. Maher, CAFOD, 2008

[2] HIV Care & Support Roadmap to achieving universal access to care and support by 2015, UK Consortium on AIDS and International Development, 2011

UNGASS meetings[3], both advocate for commitment to a full range of care and support services, including palliative care.

CAFOD's preferred approach will be to enable partner programmes to identify their particular strengths in the services they can provide that have maximum benefit on the quality of life of people living with and affected by HIV, and in their niche possibilities, and to strengthen their referral and networking capacity to complement what they can provide as and when other services are needed by individuals. CAFOD needs to give further detailed consideration to this recommendation.

10. CAFOD could focus more on achieving value for money through its investments, e.g. through calculating unit costs for each of its partners. This could be nuanced by using data from use of the batteries tool and applying input costs to particular interventions. CAFOD should seek to learn lessons from others that are pioneering new approaches to monitoring value for money.

CAFOD employs a range of mechanisms to support the value-for-money of individual programmes, including financial assessments of partners, authorisation procedures for funding agreements, and policies on audit and supply-chain management. Unit cost calculations can also help in making an effective allocation of resources. Given the diversity of partners and interventions that CAFOD supports, this requires careful application. The unit cost calculations made for different programmes included in this review, for example, may not represent the full value of each. Conclusions about relative value-for-money based on unit-cost data alone can be misleading.

We will develop improved internal guidance on calculating and recording programme beneficiary and client numbers so that the reach of interventions can be more accurately assessed. CAFOD will continue to contribute to the value-for-money debate, both internally as a topic for discussion during learning and policy formulation debates, and in our engagement with peer agencies (e.g. through the BOND network) to help formulate a position on the topic." CAFOD is also engaged with the work of the UK Consortium and the International HIV Alliance to demonstrate the social returns on investments (SROI).

[3] Care and Support. The Forgotten Pillar of the HIV Response. UK Consortium on AIDS and International Development, 2011 http://www.aidsconsortium.org.uk/Care&Support/Care&Support_ForgottenPillar.htm