STRONG STRATEGIC PLAN: A TOOL FOR RESOURCE MOBILIZATION FOR LOCAL GOVERNMENTS TO MANAGE HIV AND AIDS: RWANDA’S EXPERIENCE

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Introduction

The main strategy of fighting HIV and AIDS in Rwanda was the integration of HIV activities into a national strategic plan for the country development called EDPRS (Economic Development and Poverty Reduction Strategy).

The implementation of the plan is in the responsibility of the districts and each district has a local development plan called D.D.P (District’s Development Plan) that contributes to achieve the EDPRS objectives. During the planning process, the participatory approach is used to develop necessary activities to implement the DDP’s and to determine the districts priorities where all implementers should seat around a table in order the analyze the source of funds in a Forum called J A F (Joint Action Forum) and they develop together an annual work plan which is a good tool of resource mobilization.

Background

Rwanda was selected (along with six other first-round countries) to participate in the Joint Programme as they began to develop their second PRSP called the Economic Development and Poverty Reduction Strategy (EDPRS). One of the major weaknesses revealed in the evaluation of Rwanda’s first PRSP was that HIV actions were segregated in the health sector and, as such, truly failed to address the cross-cutting impact the epidemic has on all sectors; it also impeded the PRSP’s goal of economic development and poverty reduction.

Thus, in the EDPRS, HIV is addressed as a cross-cutting issue in all 12 sectors. To achieve the overall objective of reducing prevalence and improving treatment, care and support, a multi-sectoral response is imperative. Under the leadership of the National AIDS Control Commission (CNLS), in collaboration with different partners and civil society, each sector must contribute to the HIV response through the implementation of sector-appropriate HIV actions and programmes.
As result of decentralization process of the Rwandan all programs and activities should be implemented at the decentralized level and the districts are the main right authorities to plan and monitor the implementation of all activities for their development.

This paper synthesizes Rwanda’s experience for integrating HIV into the EDPRS. There were two main objectives for documenting this process. First, the paper was created to share information with HIV stakeholders within Rwanda, and also to stand as a record of the HIV commitments made by each sector. And, second, the paper aims to share Rwanda’s experience with other countries engaged in this process, to inform their experiences and integration efforts.

The focus then shifts to the Rwandan context, explaining the overall EDPRS process. From here, the key actions taken to integrate HIV into the EDPRS are highlighted in a step-by-step format. This is followed by a summary of the achievements and HIV actions which were integrated into each sector in the EDPRS. The paper concludes with the challenges and lessons learned throughout the process of elaborating the EDPRS, as well as the next steps in supporting the implementation of the EDPRS HIV Commitments. It shows also at the implementation level the link between the EDPRS, the DDP’s and the districts annual work plans which are used for resource mobilization.

### The Impact of AIDS and Poverty in Sectors: Desk Review of Rwanda

In 2007, Rwanda conceived the Economic Development and Poverty Reduction Strategy (EDPRS 2008-2012 = PRSP) and through key advocacy and support activities effectively integrated HIV actions across the 12 sectors of the EDPRS. The implementation phase followed with an assessment to determine each sector’s capacity to implement their EDPRS HIV commitments, proceeded by the development of an implementation support action plan with indicators. Focus was placed on activities to promote accountability among sectors and civil society. For example, a National Common Performance Assessment Framework was developed for HIV.
It outlines the key public policy actions needed in order to achieve the EDPRS HIV outcome priorities over the next 5 years and was achieved through a participatory process involving all HIV stakeholders and the districts.

The initiative is part of the response to recommendations made by the Global Task Team (GTT) on improving HIV Coordination among Multilateral Institutions and International Donors, to ensure that resources and technical support are available so that countries can integrate HIV more fully into Poverty Reduction Strategy Papers.

The Joint Programme is an initiative established by UNDP, the World Bank and the UNAIDS Secretariat, to strengthen the capacity of countries to better integrate HIV priorities into national planning efforts, particularly in PRSPs.

The Joint Programme started with preparatory missions to participating countries, followed by the development of an Issues Paper (IP) by a team of stakeholders in each country to identify the main challenges and issues faced in more effectively integrating HIV in the Poverty Reduction Strategy (PRS) process. Country teams then participated in a regional workshop in which they identified Country Follow-up Activities (CFAs) to be implemented over the following year (2006). Implementation of CFAs by the first round countries has been ongoing since December 2005, with seed funding from UNDP as well as additional resources mobilized in some countries.
During the process, the main issues identified by participating countries as constraints and challenges in mainstreaming HIV in the DDP were as follows:

- **Participatory Process**: Insufficient participation in PRSP formulation by local government, the private sector, Civil Society Organisations, and People Living With HIV; weak sector mainstreaming of HIV in the PRSP formulation process; limited commitment to HIV mainstreaming by middle level leaders of sectors and local government; insufficient participation of stakeholders in planning for PRSP implementation; weak coordination of implementation efforts; inadequate decentralized responses; and limited community ownership and mobilization.

- **Poverty and HIV Diagnostics**: Lack of in-depth analysis of the impact of HIV on various sectors, on long-term economic development and on poverty reduction; lack of vulnerability analysis and analysis of the links between poverty and HIV.

- **Resources and Macroeconomic Policies**: Inadequate factoring of HIV into macroeconomic policy; weak alignment of PRSPs, sectoral strategies and government budgets; limited alignment of the HIV National Strategic Framework and the PRSP; health sector constraints; and weak harmonisation of donor funds and activities.

- **Monitoring and Evaluation**: Lack of alignment of HIV indicators between the NSF and PRSP; inadequate M&E frameworks and plans; poor implementation of M&E plans; lack of harmonisation of multiple M&E systems and data sources; inadequate baseline data and indicators; inadequate leadership and capacity for effective monitoring and evaluation. Activities planned in the CFAs were guided by the findings of the Issues Papers and structured in accordance with the stage in which countries were in the development, or implementation of their PRSP. Some of the activities implemented were linked to ongoing programmes and processes at the country level, and the implementation of the CFAs provided opportunities to address existing gaps in these ongoing programmes and processes as identified in the Issues Paper.
As a result of activities implemented in 2006, The Joint Programme has been instrumental in bringing to attention the importance of incorporating HIV as a priority in the PRSP development or implementation process among participating countries. Therefore, the Joint Programme to Strengthen Integration of HIV in PRSP Development & Implementation:

**Achievements/Results: Key HIV actions integrated into each sector or in ED PRS**

As a result of the ongoing advocacy and follow up with sectors, HIV has been integrated across all sectors in the EDPRSP. The sectors have committed to the following in the EDPRSP:

The Health, HIV, Nutrition and Population Sector will focus on prevention (especially for most-at-risk populations) and improving treatment, care and support for HIV-infected and affected people. For prevention the focus will be on increasing: awareness among most-at-risk populations to maximise the level of knowledge and prevention of HIV and sexually transmitted infections; condom utilisation; and the number of people who know their serological status (from 12% to 26% for females and 11% to 25% for males by 2012). For prevention of mother-to-child transmission (PMTCT), the sector will focus on ensuring counselling is available on HIV prevention and PMTCT during prenatal and postnatal visits, and that all health centres have PMTCT centers. Lastly, treatment scale-up aims to increase the number of persons on antiretroviral therapy to 70% for children, 80% for females and 75% for males.

The Youth and Education Sectors are best placed to significantly contribute to reducing the HIV prevalence rate among 15–24 year-olds. Education Sector activities will focus on developing and implementing a national HIV and reproductive health curriculum appropriate for each level from maternal through university, as well as vocational training schools.
As teachers are already in short supply, it is crucial that the education workforce remains healthy, thus the sector will strengthen the capacity of education staff and management committees to address issues related to HIV as a cross-cutting issue. Also awareness-raising activities and sensitisation programmes will be implemented to ensure education policies related to HIV are included in all levels of the education system for staff, teachers and lecturers, students and ancillary workers. In addition, the sector will also provide appropriate support to targeted vulnerable children to ensure continued access to education.

The Youth Sector is committed to reducing the HIV prevalence rate and increasing the condom utilization rate among youth 15–24, especially out-of-school youth. The sector will contribute with life skills-based HIV prevention programming for youth. The sector will also put in place a range of policies and a legal framework related to HIV and develop a strategic plan (2008–2012) on HIV prevention for youth.

The Social Protection Sector will contribute to socioeconomic impact mitigation through the provision of social assistance services to vulnerable groups including those infected and affected by HIV. Support will be oriented through Vision 2020 Umurenge pilot districts, and will provide effective delivery of a minimum package of services to vulnerable groups including OVC and PLWHA, with a strong focus on increasing the number of OVC accessing school. Socioeconomic independence will be championed with livelihoods schemes, food/cash/assets for work, income generation and micro-credit programmes, and employment alternatives for food-insecure households that are sensitive to the abilities and health condition of vulnerable groups. A civic education campaign will be carried out to ensure the public is aware of social assistance available to vulnerable groups. Lastly, the sector will identify issues that negatively impact vulnerable groups and advocate for changes in areas especially pertinent to those infected and affected by HIV: land rights, land tenure, participation in governance, and access to education, health and priority infrastructure (shelter, water and sanitation). Additional public campaigns will aim at reducing stigma and discrimination of vulnerable groups.
The Justice, Law and Order and Security Sectors have an important role in both prevention and impact mitigation. Prevention actions are key in these sectors as they contain a number of most-at-risk populations, including those in the prison system and other uniformed services staff. The Justice, Law and Order Sector will provide rehabilitation programs for prison inmates that include HIV programming and VCT, PMTCT and ART service provision.

To contribute to impact mitigation, the sector will review laws to ensure they address human rights, provide training on legislative drafting on a variety of human rights issues including HIV, and will carry out a sensitization programme on human rights. Lastly, the sector will monitor the respect of human rights, in particular the rights of PLHIV and, if funds are available, will ensure access to legal aid services to vulnerable PLHIV.

The Vision 2020 Umurenge Programme aims to eradicate extreme poverty by 2020 by focusing on growth, job creation and exports generation and starts as a pilot covering one of the poorest Imirenge in each district, therefore operating solely in specific rural areas.

The Security Sector for its part, will conduct a sector wide needs assessment exercise by mid-2008, in addition to providing VCT, PMTCT and ART services for soldiers and their families. In addition, the sector will increase the number of security personnel accessing VCT services as a result of awareness programmes and ensure a greater percentage of security organizations have HIV sensitization campaigns by 2012.

The Decentralization, Citizen Participation and Accountability Sector is committed to ensuring local governments meet benchmarks for HIV indicators and activities in their district development plans, annual plans, and medium-term expenditure frameworks.
This sector will also strengthen sub-national and district level responses to HIV through the provision of training to CDLS in leadership development skills and tools to harmonise the implementation of HIV initiatives. The sector will also work to enhance civil society in the management of comprehensive HIV prevention, care, and support programmes, and will keep updated registries of families vulnerable to poverty and HIV and the services they are receiving. The Capacity Building and Employment Promotion Sector is committed to addressing HIV in the workplace. The sector will ensure HIV sensitization and prevention is provided in both public and private enterprises, with at least 60% of enterprises providing this by 2012. In addition, the Private Sector will increase the number of enterprises which have implemented HIV employment laws.

Further prevention and impact mitigation activities will be carried out by the Water and Sanitation and Infrastructure Sectors. The Water and Sanitation Sector will play a role in prevention, providing HIV programming and condoms for its workers and taking actions to reduce the number of days its workers are away from their homes. For HIV prevention for the public, the sector will strive to decrease the distance Rwandans have to travel to obtain water to protect women and reduce vulnerability to rape and carry out sensitisation activities to create awareness among the population on access to water and sanitation services and links with HIV.

The Infrastructure Sector will ensure a set of appropriate measures are in place so that the delivery of transport infrastructure and services contributes to the HIV response. This will include providing devices to fight HIV at rest areas along truck corridors and requiring all tender contract documents have clauses addressing HIV and at least 0.5% of budget is dedicated to HIV, gender and environmental protection. The sector will also put in place facilities for the fight against HIV and environment protection within the framework of Imidugudu.

And finally, the Agriculture Sector will conduct studies on social protection and food security for vulnerable groups and PLHIV, and identify ways to increase the production of key food security crops. The sector will also conduct a specific study on how to integrate PLHIV in the sector and develop programmes for PLHIV at the district level.
Achievements/Results: Key HIV actions integrated into each DDP

As Rwanda was implementing its decentralized structure, all HIV & AIDS activities were integrated in all DDP’s and with the support of Rwanda National AIDS Control Commission. We developed firstly the checklist which was disseminated in all districts in order to be well used for the better integration.

The process is built around four principle areas of support:

1. Participatory Process:
   Increasing the participation and representation of all segments of the population in designing and implementing HIV responses within the DDP.

2. Poverty and HIV Diagnostics:
   Providing evidence for PRSP formulation and implementation through poverty and HIV diagnostics.

3. Resources and Macroeconomic Policies:
   Taking account of HIV in macroeconomic, structural and sectoral policies, and ensuring these are costed and budgeted for.

4. Monitoring and Evaluation (M&E):
   Strengthening monitoring and evaluation of progress at the district level was the other purpose of the integration of HIV & AIDS activities in the DDP.

To respond to the cross-cutting impact of HIV it is vital that national development processes integrate HIV actions into all sectors, avoiding vertical programs. This solidifies key roles and responsibilities among all actors in the HIV response and promotes accountability among public and private sectors and civil society to follow through during the implementation phase.

The main reason of HIV Integration in the Economic Development and Poverty Reduction Strategy was shifting from strategy to action promoting accountability at national and district levels via key indicators and clear public policy actions. To achieve that objective the checklist with key indicators below was used during the hall process (See appendix 1):
Implementation Phase: Launch ED PRS HIV priorities

The EDPRS HIV priorities have been launched during the one day workshop organized by NACC (CNLS) in June 2008 and the districts were represented by the directors of Planning, the vice Maires in charge of economic planning and the CDLS TA. For key sectors the Directors of Planning from the associated ministries have presented their EDPRS HIV actions and priorities to participants and will follow with group work to engage sectors and HIV stakeholders in aligning HIV activities with the EDPRS HIV priorities. During the launching, all sectors have committed to develop their implementation plans with practical activities in accordance with their logical framework developed during the participatory process.

Challenges and Lessons Learned

Throughout the process there have been a number of key challenges and lessons learned:

• The commitment on the part of the Government to integrate CCIs, including HIV, was crucial in ensuring the integration of HIV in the EDPRS. A key step was the institutionalisation of the CCI Group and the placement of representatives from both MINECOFIN and a development partner (DFID) as co-chairs. This gave weight to CCIs and increased accountability among sectors to integrate CCIs in their logframes.

• Capacity issues were identified among sector planners and officials as their knowledge of how HIV impacts their sector was limited. This was handled with an evidenced-based approach using the concept notes and checklist to educate sectors, and being consistently present in Sector Working Group meetings to advocate for the inclusion of HIV actions and to mobilise funds for implementation of activities.

• The Sector Working Group meetings were key points of entry to educate and advocate for the inclusion of HIV actions and indicators. However, with 12 EDPRS sectors, meetings were often held simultaneously making it difficult at times to ensure HIV priorities were championed at all meetings.
Thus, having both a project manager and focal point along with a task team was found to be a best practice in ensuring the integration of HIV in the EDPRS process. During extremely busy periods with numerous meetings each day, the project manager and focal point were able to call on other members of the task team to attend key meetings. The task team also provided important technical support and guidance throughout the project.

- The EDPRS development process carried on for over one year as it took time to build the capacity of Sector Working Groups in logical framework design and costing and also to reach consensus among all stakeholders on contents of the EDPRS. The lengthy process presented a challenge to the HIV integration as it was difficult to continually engage the Sector Working Groups to integrate HIV in draft after draft of the sector logical frameworks and EDPRS paper. In addition, the initial HIV Checklist was found to be too general making it difficult for sectors to adapt them to their specific needs. To address these issues, efforts were made to keep things as simple as possible for decision makers to include HIV indicators and activities in sector logical frameworks, especially in the final push from February 2007 onward. This meant drafting HIV activities and indicators specifically tailored to fit directly into sector logical frameworks, and then proposing and discussing these suggestions with Sector Working Groups. This was important as it made it easier for sectors to include appropriate HIV actions and indicators, leading all sectors to eventually including some HIV actions in their logical frameworks. This same approach was used to ensure the integration of EDPRS HIV actions at the district level. A simple district EDPRS HIV Checklist was drafted with suggested activities and indicators adjusted and made appropriate for the district level and inline with their planning format. Overall, it was found that the easier it is for decision makers at the sectoral and district levels to include HIV actions in their logical frameworks, the more likely they are to actually do so.
• A key element and best practice that has proven vital is the “push factor” made possible by maintaining both a CNLS EDPRS Focal Point and UNDP Project Manager. This meant there were two professionals in place to: constantly follow up with sectors, review their evolving logframe drafts, consistently advocate for the inclusion of HIV actions, push sectors to assess their ability to plan for and carry out those actions and provide any needed technical assistance to carry out the plans, etc. Thus, the project did not procure different consultants to carry out individual activities such as the sector capacity assessments, but instead preference was given to funding a CNLS EDPRS Focal Point and UNDP Project Manager and including this in their tasks. This has allowed for the important “push factor,” is more cost effective than outsourcing each activity to different consultants and also provided important continuity to the project, and fostering the development of key relationships with HIV stakeholders, vital to advocacy efforts.

Next Steps

Overall the Country Follow-up Activities have been successful despite the setbacks experienced by delays in the EDPRS process and other factors. Ongoing implementation support and consistent follow up will be key to the successful implementation of EDPRS HIV actions. The central government through CNLS will continue to oversee policy and provide strategic leadership to coordinate the national multi-sectoral HIV and AIDS response.

Within the framework of fully integrating HIV and AIDS indicators and interventions across all sectors, each sector will be responsible for carrying out the HIV and AIDS actions defined in their EDPRS logical frameworks and meeting the targets set. The role of CNLS will be to coordinate actions and provide technical support to sectors to implement their HIV and AIDS activities.

The creation of decentralized HIV&AIDS coordination structures and umbrella organizations has enabled and will continue to facilitate a harmonized coordination of HIV and AIDS interventions throughout the country.
Given the decentralized government structure, most activities will be implemented by the districts.

Sectors will be responsible for HIV and AIDS actions related to national level policies and programme development, and ensuring districts are informed and carry out the interventions in the EDPRS logical framework and meet targets and have the resources to do so. Districts will be responsible for implementing the activities and including EDPRS indicators and activities in their District Development Plan and annual plans which are normally developed in a participatory approach during the Joint Action Forum. The well done district development plan should therefore be a tool for funds mobilization across all partners and donors supporting the country.

Progress towards achieving the objectives for HIV and AIDS will be monitored by both districts, sectors, CNLS and MINECOFIN. Sectors will track progress of their HIV and AIDS indicators and interventions within their monitoring and evaluation system, and will report their progress towards targets on HIV and AIDS actions along with all their activities as part of their annual EDPRS Progress Report submitted to MINECOFIN, with a copy sent to CNLS. CNLS will include each sector’s HIV and AIDS actions as part of their Annual Report on Fighting HIV/AIDS in Rwanda that compiles country-wide information through the “Three Ones” National M&E Framework which will be aligned with the EDPRS.

To ensure effective implementation, human resource support is being provided to CNLS to maintain an EDPRS Technical Assistant to follow up on and oversee the implementation and monitoring of the EDPRS HIV actions and indicators through 2009. CNLS, in collaboration with partners, will continue to strengthen the CDLS staff and provide technical assistance to sectors. CNLS will also work together with sectors and districts to identify funding sources where gaps exist for HIV actions, and put them in contact with appropriate donors and NGOs to ensure the required support is available to meet the EDPRS HIV targets.
Planned implementation support activities include:

- Harmonization of the HIV National Strategic Plan and the National HIV M&E framework with the EDPRS HIV actions, indicators, targets and timeframe.
- Support visits to districts to ensure inclusion of EDPRS HIV actions in district annual plans and budgets.
- Coordinate and hold biannual national stakeholders meetings: mid-year meeting to support the inclusion of EDPRS HIV priorities in annual sector planning and budgeting processes and end-of-year meeting to discuss the challenges and lessons learned in implementation.

The actual implementation of these actions at the community level will be the definition of success. Support activities will continue and next steps include finalizing an integrated M&E framework, aligning the NSP with the EDPRS timeframe, and continuing support to sector and district annual planning and budgeting processes to ensure EDPRS HIV indicators and priorities are represented. The other step will be to make an advocacy for integrating HIV and AIDS activities in national MTF through the Ministry of Finance and Economic Planning.

**Conclusion**

As a result of this initiative the responsibility and ownership of the HIV response is shifting from the health sector and gradually being taken up by all sectors and civil society from the central level to the districts. This important shift is due to ongoing advocacy initiatives as well as the strong political will demonstrated by the government. After the integration of HIV & AIDS activities into EDPRS and into Budgeted District Development Plans (DDP) all districts put together all partners around the table during the JAF meeting in order to identify sources of funds and to fill the gaps in terms of activities that do not have funds. This demonstrates that the DDP is a good tool for resources mobilization as well at national and district level.