Strong Strategic Plan (EDPRS): A Tool for Resource Mobilization for Local Governments to Manage HIV and AIDS: Rwanda’s Experience

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Introduction

• For the development of the country, Rwanda has vision called « Vision 2020 »;

• The achieve the overall goal of the vision, the country has developed a national strategy for poverty reduction and Economic Development « EDPRS » that cover all sectors;

• In the fight against HIV&AIDS, the strategy is “integration of HIV &AIDS into EDPRS;

• To implement EDPRS all districts developed their DDP’s
What is the EDPRS?

- **Economic Development and Poverty Reduction Strategy (EDPRS):**
  
  - Is the second generation of Poverty Reduction Strategy Paper (PRSP) with balance between productive and social sectors;
  
  - It is a medium term framework for achieving Rwanda’s Vision 2020; the 7 years GoR Program and MDGs;
  
  - Covers the period 2008 to 2012 (medium-term)
What is the EDPRS (Cnt’d)?

- **EDPRS is a road map to GoR, DP, the private sector and civil society which indicates:**
  - where Rwanda wants to go by 2012
  - what needs to do to get there
  - How it is going to do it
  - what the journey is going to cost
  - How it will be financed
  - How it will know that it gets there

- **EDPRS aims at:**
  - Improving the quality of life of all Rwandans ;
  - Guiding the actions of the Government in 2008-12;
  - Mobilizing resources from donors, and
  - Involving the private sector and civil society
What is the EDPRS? (Cont’d)

Goal

Improve quality of life for all Rwandans

Flagship (FS) programmes

- Growth for jobs & exports
- Vision 2020-Umurenge
- Governance

Sectors

- Education
- Infrastructure
- Agriculture
- Social Protection
- Decentralization
- Employment promotion
- Health and population
- Water & sanitation
- Security & JRLO
- Private sector
- Youth
How is EDPRS different from PRSP 1?

- EDPRS is a different way of doing things;
- Evaluation of PRSP1 showed Good progress in social sectors (health, education) but quality & better targeting are required;
- For PRSP1 the fighting against HIV was understood as health issue and the response were focussed in that sector, but now with the EDPRS HIV is considered as a CCI.
Historical review of HIV Response integration into EDPRS and DDPs

- The integration has passed through the whole process of development of EDPRS
  - Development of Checklist
  - Each CCI sub group developed a checklist showing the link with the vision 2020 and EDPRS, the goal and the purpose.

- HIV/AIDS Checklist:
  - Goal:
    - By 2015 have halted and stabilised the HIV prevalence rate at 3 %
    - By 2020 decrease HIV/AIDS to reduce poverty
  - Purpose:
    - By the completion of the EDPRS in 2012, action taken in HIV/AIDS can be demonstrated in the key areas identified below:

- This will be measured and verified using national HIV/AIDS monitoring and evaluation indicators to show that the country is on track.
# Review of Responses from Sectors

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>KEY ISSUES</th>
<th>RECOMMENDED ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Coordinating and NSP</td>
<td>Missing sectors (Agriculture, Infrastructure, Justice)</td>
<td>Mobilize missing sectors (for scale up of response)</td>
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<tr>
<td></td>
<td>Lack of capacity for HIV integration into plans</td>
<td>Capacity needs assessment for sector ministries</td>
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<td></td>
<td>Induction of focal points with regard to NSP</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Focal points overwhelmed with other responsibilities</td>
<td>Advocate for deployment of staff to support focal points</td>
</tr>
<tr>
<td>Finance</td>
<td>Capturing HIV specific spending under sector budget</td>
<td>M&amp;E system to be set up (with expenditure tracking)</td>
</tr>
<tr>
<td>Admin., support, communication</td>
<td>No regular meetings of HIV technical working groups with sectors involved</td>
<td>Increase participation of sectors in existing HIV technical &amp; coordination groups (e.g. HIV/Health cluster)</td>
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### Review of Response from Districts

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<th>Recommended Actions</th>
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</thead>
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<tr>
<td>National Coordinating and NSP</td>
<td>District priorities not considered by some development partners (top-down planning)</td>
<td>Ensure districts involvement from early stages of the planning process Implementing partners to share program related documents with districts Allocation of resources to be based on mapping of district needs</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Lack of M&amp;E capacity</td>
<td>Implement technical support plan for CDLS</td>
</tr>
<tr>
<td>Finances</td>
<td>Lack of participation in resource allocation decisions</td>
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<td></td>
<td>Transparency of partners spending</td>
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Integration into EDPRS

- **Steps for development of EDPRS:**
  - Evaluation of PRSP 1: March-July 2006
  - Agree High-level Objective: August, 2006
  - Sector mapping exercise: August-September, 2006
  - Create a logical flow from high level objectives to specific interventions in every sector: September, 2006
  - Strengthen tools for monitoring and evaluation
  - Costing Sector strategies: October – November 2006
  - Institutional Capacity assessment: November-December 2006
  - Drafting the EDPRS document: January-July, 2007
  - Approval of the EDPRS document by the cabinet and DPs: November 2007
Integration into EDPRS (cnt’d)

- **Sector capacity needs assessment**
  - **Key findings:**
    - HIV indicators integrated into sector log frames
    - HIV activities not included in most 2008 sectors Annual Work Plans
    - Limited human resources
    - Source of funds for implementation unclear.

  - **Key recommendations:**
    - Undertake deep sector analysis (in some sectors) as basis for evidence-based approach;
    - Ensure integration of HIV in sector strategic plans, MTEFs, and Annual work plans
    - Strengthen sector ownership of HIV response
Integration into EDPRS (cnt’d)

- **HIV Planning process**
  - HIV Policy;
  - Annual priorities setting with each program (Global Fund, PEPFAR…);
  - District priorities (involve the District & community in planning process);
  - Planning process based on the national decentralization system (Districts);
  - Annual activities are planned with districts (authorities, health facilities, community implementers…)
Elaboration of Plans of Action by intervenants (district HIV needs and priorities taken into account)

Consultations between District and Stakeholders = to identify the district HIV/AIDS needs and priorities

District consolidated PA (via CDLS)

Submit

CDLS Validation and consolidation

For Approval

For consolidation

District consolidated PA

Sectors at the National Level

Sectors
Integration into EDPRS (cnt’d)

- **Methodology used**
  - Diagnostic studies and analyses conducted: AIDS and poverty Impact in sectors,
  - General EDPRS-HIV mainstreaming Check List developed,
  - Districts DPs-HIV mainstreaming Check List developed,
  - Participation in SWGs to facilitate integration of HIV.
## Achievements: Key HIV actions integrated into EDPRS sectors

<table>
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<tr>
<th>SECTOR</th>
<th>MAIN ACTIVITIES/OBJECTIVES</th>
</tr>
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</table>
| HEALTH          | •Reduce HIV incidence rate  
                 •Care and treatment of HIV infected and affected people                                |
| EDUCATION       | •Curricula promote positive attitudes towards HIV & AIDS  
                 •Strengthen the capacity building of education staff and management committees to address issues related to HIV |
| AGRICULTURE     | HIV prevention programs through extension workers                                          |
| DECENTRALIZATION | •Ensure that HIV is mainstreamed in District and Sector Development Plans  
                     •Training in leadership development skills for CDLS                                 |
| SOCIAL PROTECTION | •Set up a range of employment alternatives for food insecure households  
                       •Identification of factors impacting negatively on                                      |
Achievements: Key HI V actions integrated into EDPRS sectors (ct’d)

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<tr>
<td>YOUTH</td>
<td>• HIV prevention programs among youth</td>
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<tr>
<td>EMPLOYMENT PROMOTION</td>
<td>• Increase the number of Enterprises and institutions that have implemented HIV workplace program</td>
</tr>
<tr>
<td>INFRASTRUCTURE</td>
<td>• Put in place a set of HIV prevention programs for mobile population in transport and construction sub-sectors</td>
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<tr>
<td>JUSTICE</td>
<td>• Ensure that the legal framework and laws are HIV sensitive</td>
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<td>• Ensure legal aid to vulnerable groups including PLWHIV</td>
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<tr>
<td>SECURITY</td>
<td>• Increase prevention measures, and care and treatment for members of security forces</td>
</tr>
<tr>
<td>WATER &amp; SANITATION</td>
<td>• Reduce the time women and children pass outside their home</td>
</tr>
<tr>
<td>PRIVATE SECTOR</td>
<td>• Increase the number of private Enterprises which</td>
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</table>
From EDPRS to Sector and Districts Development plans (DDP’s)

- Effective implementation of EDPRS should be done through integration of HIV into DDP.

- Clear alignment in planning and reporting system:
  - Review of the HIV Strategic Plan and M&E framework to integrate both EDPRS-HIV and HIV/AIDS Universal access objectives;
  - DDP-HIV priorities are taken into account in annual district plans
  - Resource mobilisation

- Establishing the institutional framework for EDPRS/HIV implementation and monitoring: roles and responsibilities of the various stakeholders to be clearly defined.
Where are we now?

- HIV integrated in every logical framework for each sector and in all of DDP’s;
- HIV Policy and result matrix elaborated;
- Sector capacity needs assessments and CHART were conducted with both similar key findings:
  - HIV indicators integrated into sector log frames well, but:
    - HIV activities was not included in most 2008 sectors Annual Work Plans;
    - Limited human resources;
    - Source of funds for implementation unclear.
    - Focal points overwhelmed with other responsibilities
    - Capturing HIV specific spending under sector budget
WAY FORWARD: Effective implementation

- Undertake deep sector analysis (in some sectors) as basis for evidence-based approach;
- Ensure integration of HIV in sector strategic plans, MTEFs, and Annual work plans
- Strengthen sector ownership of HIV response
- Increase participation of sectors in existing HIV technical & coordination groups (e.g. HIV/Health cluster)
- Advocate for deployment of staff to support sectors to follow up on HIV activities
- Discuss the comprehensive DDP in JAF for determination of source of funds.
- Strengthen M&E and Information system that can capture HIV specific spending under sector budget.
Establishing the institutional framework for EDPRS/HIV implementation and monitoring: roles and responsibilities of the various stakeholders to be clearly defined

Clear alignment in planning and reporting system:

Review of the HIV Strategic Plan and M&E framework to integrate both EDPRS-HIV and HIV& AIDS Universal access objectives;

Integrating HIV into Sector strategic plans (currently under revision); MTEF and AWP;
WAY FORWARD: Effective implementation (Cnt’d)

- District Level
  - DDP-HIV priorities to be taken into account in annual district plans and *Imihigo*

- In general
  - Alignment on the planning process at both central level and district level (JAF)
  - Technical and/or financial support to the CNLS, Sectors and Districts
  - Facilitate and respect the bottom-up planning approach
  - Define M&E and clear Information systems
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 to 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.
Conclusion (cont’d)

- The process is built around four principle areas of support:
  - Participatory Process;
  - Poverty and HIV Diagnostics;
  - Resources and Macroeconomic Policies
    - Taking account of HIV in macroeconomic, structural and sectoral policies, and ensuring these are costed and budgeted for.

- 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.
Thank you for your attention.