

# JOINT PROGRAMME ON INTEGRATING AIDS INTO PRSPs

## ROUND 1

A REVIEW OF EXPERIENCES



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Country teams shared their knowledge, experience and insights through issues papers, progress reports and through presentations and discussions during the review workshop in Nairobi in February 2007. Members of country teams also reviewed the final draft of the report to confirm the information and provide additional inputs.

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## Foreword

While AIDS is becoming more widely accepted as a multisectoral issue that can severely undermine development goals, the emphasis is now on translating this acceptance into effective planning, policy making, and practical implementation beyond the AIDS sector.

This means sustained efforts are needed to ensure that the developmental causes and consequences of AIDS are taken into account in poverty reduction strategies and in policies and programmes across key sectors. In support of such efforts, UNDP, the World Bank, and the UNAIDS Secretariat established the Joint Programme to strengthen the capacity of countries to better integrate AIDS into national planning efforts, particularly into Poverty Reduction Strategy (PRS) processes .

The first round of countries started implementation of Joint Programme activities at the end of 2005, followed by the second round in 2006, and the third in 2007. The experiences of the first seven countries have been compiled in this progress report - the first in a series of publications that will document the experiences of countries participating in the Joint Programme.

The activities implemented by the first round of countries illustrate how well-timed initiatives aimed at developing mainstreaming capacities can influence the integration of AIDS in the various stages of the PRS cycle. Some of the promising results achieved in these countries included broader participation of stakeholders in the PRS processes, and improved AIDS content in the PRSs. In some countries well-targeted mainstreaming activities led to improved alignment of the PRS with the National Strategic Plan, as well as better alignment of sector strategies, Medium Term Expenditure Frameworks (MTEF) and government budgets with the AIDS content of the PRSP. Some countries at the implementation stage of the PRS process demonstrated how they have begun to plan and coordinate efforts for implementation of the AIDS-related aspects of the PRS.

The experience of the first round of countries reflects the dynamic nature of the PRS process and the importance of well-timed capacity development initiatives being anchored in existing national planning processes. It also highlights the challenges in identifying and addressing complex interactions between AIDS and diverse development issues, as well as the ongoing challenge of ensuring implementation of the AIDS-related aspects of PRSs beyond integration of AIDS into the PRS content and sector plans.

The country experiences shared in this report provide strategies and possibilities for engagement in strengthening the integration of AIDS at various stages of the Poverty Reduction Strategy process. They also highlight the practical issues and challenges faced by country teams and the lessons learned in addressing some of these issues. We hope the report will provide development practitioners with ideas, information and resources that will support their work in developing national capacities to more effectively integrate AIDS in national development processes.



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## Acronyms and Abbreviations

ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CCI	Cross-cutting issues (Rwanda)
CFA	Country Follow-Up Activities
CNLS	Commission Nationale de Lutte Contre le SIDA (NAC) (Rwanda, Senegal)
CSLP	Cadre Stratégique de Lutte Contre la Pauvreté (PRSP) (Mali)
CSPLP	Poverty Reduction Unit (Senegal)
CSO	Civil Society Organization
DfID	Department for International Development (of the United Kingdom)
DHS	Demographic and Health Survey
DSRP	Document Stratégique de Réduction de la Pauvreté (PRSP) (Senegal)
EDPRS	Economic Development for Poverty Reduction Strategy (Rwanda)
EICV	Integrated Living Conditions Survey (Rwanda)
FBO	Faith-based Organization
FNDP	Fifth National Development Plan (Zambia)
GAMET	Global AIDS Monitoring and Evaluation Team
GPRS	Growth and Poverty Reduction Strategy (Ghana)
GTT	Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HCNLS	Haut Conseil pour la Lutte Contre le SIDA (NAC) (Mali)
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health (Tanzania [Mainland])
IDU	Injecting Drug User
IP	Issues Paper
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MAP	Multi-Country HIV/AIDS Program for Africa (World Bank)
MDA	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MEF	Ministry of Economy and Finance (Senegal)
MoFNP	Ministry of Finance and National Planning (Zambia)
MP	Member of Parliament
MTEF	Medium-Term Expenditure Framework
NAC	National AIDS Coordinating Authority (or Council/ Commission)

NASA	National AIDS Spending Assessment
NDP	National Development Plan
NDPC	National Development Planning Commission (NDPC) (Ghana)
NGO	Non-Governmental Organization
NMSF	National Multisectoral Strategic Framework (Tanzania)
NPF	National HIV and AIDS Partnership Forum
NSF	National Strategic Framework
NSP	National Strategic Plan
NSGRP/ MKUKUTA	National Strategy for Growth and Reduction of Poverty (MKUKUTA in Kiswahili) (Tanzania [Mainland])
ONUSIDA	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
OVC	Orphans and Vulnerable Children
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PDSEC	Social, Economic and Cultural Development Plans (Mali)
PER	Public Expenditure Review
PLHIV	People Living with HIV
PNMLS	National Strategic Plan of Mali
PPMED	Policy, Planning, Monitoring and Evaluation Division (Ghana)
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PRSP II	Second-Generation Poverty Reduction Strategy Paper
RSC	Regional Service Centre (of UNDP)
SE/HCNLS	Executive Secretariat of the National AIDS Council (Mali)
SMTDP	Sector Medium-Term Development Plan (Ghana)
TACAIDS	Tanzania Commission for AIDS
TAPAC	Tanzania Parliamentarians Coalition against AIDS
TOMSHA	Tanzania Output Monitoring System for Non-medical HIV and AIDS Interventions
TOR	Terms of Reference
TSF	Technical Support Facility (UNAIDS)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USD	United States Dollars
ZAC	Zanzibar AIDS Commission
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

# Executive Summary

## Introduction

This report is a progress review of the experiences of the seven countries participating in the first round of the Joint UNDP, World Bank and UNAIDS Programme to strengthen capacity in integrating AIDS into poverty reduction strategies. The seven countries are Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania (Mainland and Zanzibar) and Zambia. The review covers the Joint Programme activities in these countries from November 2005 to February 2007.

The purpose of the report is to document the progress made and the results achieved in the first year of implementation of the Joint Programme, and to facilitate the exchange of country experiences in supporting the process of integrating AIDS into poverty reduction strategies. The review also allows the sponsors of the Joint Programme to assess the results of the programme after the first year of activities, and to draw some conclusions concerning the priorities and future direction of the programme.

The report provides **individual country reviews** of the experiences of each of the seven countries in the first year of implementation of the Joint Programme (Section 3), as well as **cross-country overviews** of the issues, activities, results and lessons learned in the seven participating countries (Sections 4 and 5). In addition, the report provides information on the tools and resources developed and applied at the country level, as well as the sources of technical support that can be drawn on to enhance AIDS mainstreaming efforts.

The first draft of this report was based on a desk review of all Joint Programme documentation<sup>1</sup> of the seven participating countries. This draft was updated and validated during the Joint Programme progress review workshop held in Nairobi in February 2007. The final draft was reviewed by country teams and by the Joint Programme management team (UNDP, UNAIDS and the World Bank) and consultants to confirm the information and provide further inputs.

## Joint Programme Background

The joint UNDP, World Bank and UNAIDS Secretariat programme to strengthen the capacity of countries to integrate AIDS priorities into poverty reduction strategy papers (PRSPs) was established in response to one of the recommendations made by the Global Task Team (GTT)<sup>2</sup>.

After an initial assessment in mid-2005, 14 countries were identified for participation in the Joint Programme based on their PRSP performance and cycle (i.e. a PRSP revision process was expected to take place during the years 2005 to 2007). The countries were then invited to express their interest to participate in two successive cycles of the programme in 2005 and 2006. The first group of countries, comprising Ethiopia, Mali, Senegal, Rwanda, Ghana, Tanzania (Mainland and Zanzibar) and Zambia, began the first cycle of the programme in August 2005. The second group of countries, comprising Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda, began the second cycle in June 2006.

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1. See list of reviewed documents (page 54)

2. Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. Final report 14 June 2005. UNAIDS, Geneva.

#### Four Key Entry Points of the Joint Programme

The Joint Programme uses four key entry points as the framework for country analysis and planning. These key entry points are based on the main processes involved in the preparation of PRSPs, each of which needs to reflect the adequate integration of AIDS. The four key entry points are:

- 1. Participatory Process:** increasing the participation and representation of all relevant segments of the population in designing and implementing AIDS responses within the framework of the PRSP
- 2. Diagnostic Studies and Analysis:** providing evidence for PRSP formulation and implementation through analysis of the linkages between AIDS, poverty, gender, income and other inequalities, and other factors contributing to HIV vulnerability and AIDS impact
- 3. Policies, Strategies and Resources:** taking account of AIDS in macroeconomic and sectoral policies and ensuring these are costed
- 4. Monitoring and Evaluation (M&E):** monitoring and assessing the implementation of the AIDS strategies in the PRSP, as part of the overall M&E framework of the poverty reduction strategy

#### Implementation Arrangements of the First Cycle of the Joint Programme

At the start of the first cycle of the Joint Programme, preparatory missions were fielded to each of the seven participating countries to brief counterparts and stakeholders about the programme and to assist in carrying out a preliminary assessment of the main challenges in mainstreaming AIDS. Each country then developed an issues paper (IP) to identify the main challenges and issues faced in integrating AIDS into the poverty reduction strategy. All seven country teams were then invited to participate in the first regional capacity-building workshop in Johannesburg in November 2005, during which they developed action plans, known as country follow-up activities (CFA), with priority actions to be implemented over the following year. These country follow-up activities were informed by the issues paper and the discussions during the workshop, and were built around the four key entry points of the PRSP process.

Immediately after the workshop, the UNDP HIV Group made seed funding of USD 80,000 per country available for CFA implementation. Implementation of CFA began in early 2006, with the UNDP country office in charge of coordinating support at the country level. Several country teams mobilized additional funds from UNDP Country Offices and the World Bank Multi-Country HIV/AIDS Program for Africa (MAP). Most CFA were embedded in ongoing national planning processes; hence, in many instances, activities were implemented and/or funded by multiple country level actors and the CFA were integrated into these existing activities.

Regular progress reports were prepared to monitor progress in programme implementation. Towards the end of the first year of implementation, follow-up missions were carried out to selected countries (Ethiopia, Ghana, Mali, Rwanda, and Senegal) to assess progress and to make recommendations for the next phase. Country teams from the seven countries then participated in a review workshop in Nairobi (26–28 February 2007) to review progress and share their experiences in integrating AIDS into poverty reduction strategies, and to finalize action plans for 2007 to further support the process.

## Summary of Issues, Activities, Results and Lessons Learned

Section 3 of this report provides individual reviews of the experiences of each of the seven countries during the first year of implementation of CFA, and Sections 4 and 5 provide cross-country overviews of the issues, activities, results and lessons learned. A summary of these cross-country overviews is provided below.

## Summary of Issues and Challenges in Integrating AIDS in Poverty Reduction Strategies

An analysis of the issues papers of the seven countries participating in the first round of the Joint Programme reveals common concerns, limiting factors and challenges in integrating AIDS into poverty reduction strategies at the time of the launch of the Joint Programme in 2005. The main issues can be broadly grouped under the four key entry points as follows:

- *Participatory Process:* insufficient participation in PRSP formulation by local government, the private sector, civil society organizations (CSOs), and people living with HIV (PLHIV); the need for enhanced coordination of and support to AIDS mainstreaming efforts by the national AIDS coordinating authority; the need for greater commitment to AIDS mainstreaming at all levels of government; weak participation in and coordination of implementation efforts; insufficient decentralization of the AIDS response; and limited community ownership and mobilization.
- *Diagnostic Studies and Analysis:* limited analysis of the impact of AIDS on macroeconomic development and poverty reduction, and at the level of sectors, regions and households; limited availability of vulnerability studies to prioritize and inform strategies for populations at higher risk of exposure to HIV and the impact of AIDS.
- *Policies, Strategies and Resources:* inadequate factoring of AIDS into macroeconomic policy; weak prioritization of AIDS in the PRSP and in sectoral plans; the need for greater alignment of PRSPs, National Strategic Plans (NSPs), sector strategies and government budgets; the need for costing of AIDS strategies in the PRSP; health sector constraints; and challenges in harmonization and tracking of donor funds and activities.
- *Monitoring and Evaluation:* weakness of HIV and AIDS indicators in PRSPs; inadequate coverage of HIV and AIDS in poverty monitoring processes; challenges in making national HIV and AIDS M&E plans operational; lack of harmonization of multiple HIV and AIDS M&E systems and data sources; inadequate baseline data and indicators; the need for leadership and increased human resources within the national AIDS coordinating authority and the PRSP technical units to strengthen monitoring and evaluation.

## Summary of Activities and Results

Activities planned to address the above issues were structured within the framework of the four key entry points of the PRSP process, in accordance with the stage countries had reached in the development or implementation of their (new) PRSP. Most activities were designed to build on and complement ongoing PRSP processes at the country level, focusing on strengthening capacities of relevant actors in mainstreaming AIDS, and addressing gaps throughout the PRSP processes as identified in the issues papers.

Country follow-up activities included process facilitation with the National AIDS Commission or Council (NAC), ministries of finance and planning and other actors; consultative meetings and workshops with diverse stakeholders; PRSP review workshops; vulnerability studies

and AIDS impact assessments; technical support to build capacity of sectors and districts in strategic planning and budgeting for AIDS; development of monitoring and evaluation tools and frameworks; monitoring and evaluation workshops; and process facilitation and workshops for stakeholders to plan and coordinate the implementation of the AIDS-related aspects of the PRSP.

The key results of the CFA in the first year of implementation of the Joint Programme were as follows:

### 1. Enhanced participation of stakeholders in PRSP formulation

The CFA resulted in increased participation and contribution of stakeholders in the PRSP formulation process in all countries that developed their second generation PRSP in 2006 (**Mali, Rwanda, Senegal, Tanzania [Zanzibar], and Zambia**). This not only contributed to broader ownership of and enhanced AIDS content in the PRSP, but was also an important step towards strengthening capacity for implementation at the sectoral and decentralized level.

### 2. Enhanced Integration of AIDS in PRSPs

In the same group of countries that developed their PRSPs in 2006, CFA implementation resulted in significantly enhanced integration of AIDS in the PRSPs across sectors/ cluster strategies. Increased resource allocations were also made by sectors for AIDS-related activities in the PRSP in **Tanzania [Zanzibar], and Zambia**.

### 3. Enhanced role and capacity of the NAC in leading and supporting AIDS mainstreaming

In all participating countries, the NAC took a leading, or at least active, role in CFA implementation. The CFA also contributed to the development of NAC capacities in coordinating and supporting the integration of AIDS in poverty reduction strategies through technical assistance, financial support, and workshops.

### 4. Increased understanding of the links between poverty and AIDS, and the impact of AIDS

In **Mali**, a series of workshops for stakeholders resulted in a better understanding of the links between AIDS and poverty. In **Zambia**, a review of existing data and information on poverty in Zambia, with a special focus on the relationship between poverty and AIDS, was conducted. In **Tanzania (Mainland and Zanzibar)**, an HIV prevalence study was conducted among substance users and was used to design interventions within the framework of the PRSP; and an HIV vulnerability study was completed with a focus on orphans and vulnerable children. Studies and reviews of the impact of AIDS on various sectors are currently ongoing in **Tanzania (Mainland and Zanzibar)** and Rwanda.

### 5. Alignment of the PRSP and the National Strategic Plan

In countries where formulation of the national AIDS strategy and the PRSP were taking place in parallel during 2005 and 2006 (**Mali, Rwanda, Senegal and Zambia**), the CFA resulted in increased linkages between the PRSP and AIDS planning processes, as well as alignment of HIV and AIDS targets and indicators in the PRSP and the NSP. In all countries, involvement of the NAC in the CFA mainstreaming activities resulted in closer alignment of PRSP planning processes with national AIDS priorities.

## 6. Alignment of the PRSP, sector plans, MTEFs and government budgets

In **Ghana** and **Tanzania (Mainland and Zanzibar)**, ministries, departments and agencies (MDA) were trained on planning and budgeting for AIDS activities in line with the PRSP, and the CFA resulted in better alignment of sector strategies, medium-term expenditure frameworks (MTEF) and government budgets with the AIDS content of the PRSP, as well as the integration of AIDS in the national budget guidelines based on the PRSP. In **Rwanda** and **Senegal**, the CFA included technical support to sectors in costing AIDS activities in the PRSP.

## 7. Enhanced planning and coordination for implementation

In **Tanzania (Mainland)**, where the PRSP had just been completed at the start of the Joint Programme, the CFA resulted in active participation of stakeholders in planning for implementation of the national AIDS response and the AIDS aspects of the PRSP. This was achieved through specific activities with CSOs, members of Parliament, the private sector, government leaders, PLHIV, young people and the media. In **Ethiopia**, agreement was reached and preparations were put in place to develop a single plan of action, or 'roadmap', incorporating the objectives of the NSP and PRSP and universal access targets to guide the implementation of the national response.

## 8. Enhanced coordination of donor support and reporting

In **Zambia**, the CFA facilitated the alignment of planning instruments, including the Joint UN Programme of Support on HIV and AIDS. In **Tanzania (Mainland and Zanzibar)**, the CFA contributed to the coordination of donor support and reporting. In **Rwanda**, the Task Team of the CFA participated in the monthly HIV and AIDS Cluster meetings to update stakeholders and support the harmonization of AIDS activities.

## 9. Enhanced systems and capacity for implementation of monitoring and evaluation plans

In **Tanzania (Mainland)**, a capacity needs assessment was carried out and an M&E strategy was developed, with a roadmap, operational plan and guidelines. In **Tanzania (Zanzibar)**, the national HIV and AIDS monitoring and evaluation system was made operational. In **Zambia**, monitoring and evaluation guidelines for implementation of the Fifth National Development Plan (FNDP) were prepared, and synthesis of data emanating from various monitoring systems is ongoing. In **Tanzania (Mainland and Zanzibar)** and **Zambia**, key actors from MDA and CSOs are being trained on monitoring and evaluation.

## Summary of Lessons Learned and Critical Factors

The following lessons learned and critical factors were reported by country teams:

### Participatory Process

- Involving stakeholders at all stages of the PRSP process is important to broaden ownership of the AIDS mainstreaming process.
- The NAC needs to play a leading role in mobilizing relevant stakeholders. Involvement and technical input of the NAC in the PRSP process also ensures better alignment of the PRSP planning and budgeting processes with the NSP, and enhances capacity to mainstream AIDS.

- National Partnership Fora (NPF) and AIDS Business Coalitions can be effective mechanisms to coordinate non-government and private sector stakeholder involvement in the AIDS response. Similarly, a National CSO Forum can be a suitable mechanism to engage CSOs in the PRSP process and to facilitate the alignment of CSO action plans with the PRSP.

#### Diagnostic Studies and Analysis

- Impact assessments and vulnerability studies are needed to provide strategic information to support the mainstreaming of AIDS in PRSPs and sector plans.
- Carrying out such studies can be challenging and needs to be started early in order to inform the PRSP formulation process.

#### Policies, Strategies and Resources

- An important entry point for advocating and providing technical support for mainstreaming AIDS in sector strategies is when sectors are developing their PRSP logframes.
- Supporting sectors in costing prioritized HIV and AIDS interventions in PRSPs is critical.
- Continued involvement is needed throughout the PRSP formulation and validation process to contribute to the successive review rounds.
- Mainstreaming support facilitates the alignment of national and other planning and budgeting instruments (the NSP, PRSP, Joint UN Programme of Support, sector plans, MTEFs, district and provincial plans, and annual work plans and budgets). Alignment and re-alignment between the NSP, PRSP and sectoral plan/logframes is essential.
- Mainstreaming of AIDS into sector strategies in the PRSP creates an enabling environment for the multisectoral response, including increased resource allocations for AIDS by sectors.

#### Monitoring and Evaluation

- Technical support is needed to develop the capacity of sectors in establishing monitoring and evaluation mechanisms and determining sector-specific targets and indicators for HIV and AIDS.
- Harmonization of HIV and AIDS targets and indicators of planning instruments (NSP, PRSP, universal access targets) in one plan is critical.

#### Planning and Coordination for PRSP Implementation

- Actual implementation of the AIDS-related aspects of PRSPs remains the main challenge ahead. Beyond mainstreaming AIDS in the PRSP and in sector and district plans and budgets, the process of strengthening the capacity of key actors has to continue to ensure effective implementation, monitoring and evaluation of agreed AIDS interventions in the context of the PRSP.
- It is the responsibility of the NACs, under the “Three Ones” principles, to coordinate the contribution of all stakeholders to the implementation of a harmonized AIDS response by brokering agreement on the roles and responsibilities of different actors based on their comparative advantage. As the epidemic is continuously changing, this is an ongoing process. Operational plans, based on NSPs and PRSPs, can be an appropriate mechanism to guide and coordinate implementation efforts.
- Public Expenditure Reviews (PER) on AIDS can map funding sources and track expenditures for AIDS. The National AIDS Spending Assessment (NASA) has been developed as a specific methodology for tracking AIDS expenditures.

### Institutional Mechanisms and Management of the Joint Programme

- Anchoring CFA within the PRSP formulation process and aligning the PRSP with the NSP and sector planning and budgeting processes is critical. Being closer to national planning processes strengthens the interface between the ministries of finance, planning and the NAC, sets up the institutional mechanism, builds confidence is built, and creates the political will for mainstreaming AIDS.
- Integration of CFA into the action plan of the NAC ensures sustainability of ongoing activities and alignment with the NSP.
- Existing collaboration between UNDP and the ministries of finance and planning facilitates partnership-building to support mainstreaming activities in PRSP formulation processes and national planning activities.
- Mainstreaming AIDS in the PRSP is about creating and seizing opportunities within the PRSP formulation process, so appropriate timing of CFA is crucial.
- Joint CFA management by the UNDP HIV/AIDS Focal Point and the relevant government agency is an appropriate CFA management model. Additionally, facilitators can be mobilized to help manage the CFA and provide technical input as appropriate.
- Sharing of experiences between and within countries, e.g. by videoconference and documenting experiences, can help in exploring and planning next steps in the mainstreaming process.

# 1. Introduction and Background

## 1.1 Introduction

This report is a progress review of the experiences of the seven countries participating in the first round of the Joint UNDP, World Bank and UNAIDS Programme to strengthen capacity in integrating AIDS into poverty reduction strategies. The seven countries are Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania (Mainland and Zanzibar) and Zambia. The review covers the Joint Programme activities in these countries from November 2005 to February 2007.

The purpose of the report is to document the progress made and the results achieved in the first year of implementation of the Joint Programme, and to facilitate the exchange of country experiences in supporting the process of integrating AIDS into poverty reduction strategies. The review also allows the sponsors of the Joint Programme to assess the results of the programme after the first year of activities, and to draw some conclusions concerning the priorities and future direction for providing technical support for the integration of AIDS in national development instruments.

The report provides individual country reviews of the experiences of each of the seven countries in the first year of implementation of the Joint Programme (Section 3), as well as cross-country overviews of the issues, activities, results and lessons learned in the seven participating countries (Sections 4 and 5). In addition, the report provides information on the tools and resources developed and applied at the country level, as well as the sources of technical support that can be drawn on to support AIDS mainstreaming efforts.

The first draft of this report was based on a desk review of all Joint Programme documentation<sup>3</sup> of the seven participating countries. This was updated and validated during the Joint Programme progress review workshop held in Nairobi in February 2007. The final draft was reviewed by country teams and by the Joint Programme management team (UNDP, UNAIDS and the World Bank) and consultants to confirm the information and provide additional inputs according to their direct experience and contextual knowledge.

## 1.2 Joint Programme Background

The Joint UNDP, World Bank and UNAIDS Secretariat programme to strengthen the capacity of countries to integrate AIDS priorities into poverty reduction strategy papers (PRSPs) was established in response to one of the recommendations made by the Global Task Team (GTT) on Improving AIDS Coordination among Multilateral Institutions and International Donors<sup>4</sup>. In its recommendation number 1.2, the GTT called on UNDP, the World Bank, and the UNAIDS Secretariat to take the lead in ensuring that resources and technical support are available so that countries can integrate AIDS more fully into poverty reduction strategy papers.

After an initial assessment in mid-2005, 14 countries were identified for participation in the Joint Programme based on their PRSP performance and cycle (i.e. a PRSP revision process was expected to take place during the years 2005 to 2007). The countries were then invited to express their interest to participate in two successive cycles of the programme in 2005 and 2006. The first group of countries, comprising Ethiopia, Mali, Senegal, Rwanda, Ghana, Tanzania (Mainland and Zanzibar)

3. See list of reviewed documents (page 54)

4. Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. Final report 14 June 2005. UNAIDS, Geneva.

and Zambia, began the first cycle of the programme in August 2005. The second group of countries, comprising Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda, began the second cycle in June 2006.

For the first round of countries, Joint Programme preparatory missions were fielded to each of the participating countries to brief counterparts and stakeholders about the programme and to assist in carrying out a preliminary assessment of the main challenges in mainstreaming AIDS. Each country then developed an issues paper (IP) to identify the main challenges and issues faced in integrating AIDS into the poverty reduction strategy (PRS).

Following the completion of the issues papers, all seven country teams were then invited to participate in the first regional capacity-building workshop in Johannesburg in November 2005 for the first round of countries, and in Maputo in October 2006 for the second round of countries. Most country teams participating in the regional workshop in Nairobi comprised eight to ten people drawn from diverse relevant backgrounds in the AIDS response. These included senior government officials and mid-level managers from ministries and other public agencies responsible for finance and budgets, planning, AIDS and health. Some teams also included representatives of civil society organizations (CSOs) and the private sector. Many of the country delegations also included local representatives from UNDP, UNAIDS and the World Bank country offices.

During the workshops, country teams developed action plans, known as country follow-up activities (CFA), with priority actions to be implemented within the broader programme of poverty reduction strategy processes over the following year. These country follow-up activities were informed by the issues paper and the discussions during the workshop, and were built around four key entry points to the PRSP process (referred to as the 'four keys'). These four key entry points<sup>5</sup> are:

1. **Participatory Process:** increasing the participation and representation of all relevant segments of the population in designing and implementing AIDS responses within the framework of the PRSP
2. **Diagnostic Studies and Analysis:** providing evidence for PRSP formulation and implementation through analysis of the linkages between AIDS, poverty, gender, income and other inequalities, and other factors of HIV vulnerability and AIDS impact
3. **Policies, Strategies and Resources:** taking account of AIDS in macroeconomic and sectoral policies and ensuring these are costed
4. **Monitoring and Evaluation (M&E):** monitoring and assessing the implementation of the AIDS strategies in the PRSP, as part of the overall M&E framework of the poverty reduction strategy

Immediately after the workshop, the UNDP HIV Group made funding of USD 80,000 per country available for CFA implementation. Implementation of CFA began in early 2006, with the UNDP Country Office being in charge of coordinating support at the country level (as per the memorandum of understanding of the Joint Programme). Several country teams mobilized additional funding from UNDP Country Offices and the World Bank Multi-Country HIV/AIDS Program for Africa (MAP). Most CFA were embedded in ongoing national planning processes; hence, in many instances CFA were integrated into existing activities that have been implemented and/or funded by government, national organizations, or other development partners.

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5. The four key entry points that are used as the planning framework for the Joint Programme are based on the main processes involved in the preparation of PRSPs, each of which needs to reflect the adequate integration of HIV and AIDS. In future cycles of the Joint Programme, a 'fifth key' may be used to reflect issues, processes, entry points and activities related to the implementation of poverty reduction strategies separately.

Regular progress reports were prepared to monitor progress of implementation. Towards the end of the first year of implementation, additional follow up missions were carried out to selected countries (Ethiopia, Ghana, Mali, Rwanda, and Senegal) to assess progress and to make recommendations for the next phase.

The teams from the seven countries participated in a review workshop in Nairobi (26–28 February 2007) to review progress and share their experience in integrating AIDS in poverty reduction strategies, and to finalize action plans for 2007 to further support the process.

### 1.3 Structure and Methodology of the Report

The report is structured into five sections, in addition to the Executive Summary. Section 1 is an introduction to the report and the Joint Programme. Section 2 provides a brief overview of the PRSP status and HIV prevalence in the seven countries participating in the first round of the Joint Programme. Section 3 provides individual country reviews that summarize the AIDS mainstreaming issues, as well as the country follow-up activities, key results, challenges, lessons learned, the way forward, and the resources and tools developed and applied in each country. Sections 4 and 5 draw together the country experiences and provide a cross-country overview of the issues, activities, results and lessons learned.

Annex 1 provides reference tables of progress in achieving the planned Joint Programme activities and outputs in each country. Annex 2 lists the available mainstreaming tools and resources developed and applied in the participating countries, and Annex 3 provides details and contact information for sources of UNDP, UNAIDS and World Bank technical support in mainstreaming AIDS.

The methodology used for this report is as follows:

- A desk review of all Joint Programme documentation<sup>6</sup> related to the seven participating countries was carried out to prepare the first draft of the report. Programme documentation included preparatory mission reports, issues papers (IP), country action plans (CFA), the first workshop report (Johannesburg, November 2005), progress reports, the synthesis of first and second quarter progress reports, follow-up mission reports, and presentations made by country teams where available.
- The first draft of the report was reviewed by country teams and validated during the Joint Programme progress review workshop held in Nairobi (26–28 February 2007) in which country teams presented the AIDS mainstreaming activities, results and lessons learned in the first year of programme implementation. In addition, discussions and contextual information shared at the review workshop were incorporated in the review.
- Each participating country team reviewed the final draft to confirm the information and provide additional input according to their direct experience and contextual knowledge.
- The Joint Programme management team (UNDP, UNAIDS and the World Bank) and consultants reviewed the final draft and provided further inputs.

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6. See list of reviewed documents (page 54)

## 2. Overview of PRSP Status and HIV Prevalence in Participating Countries

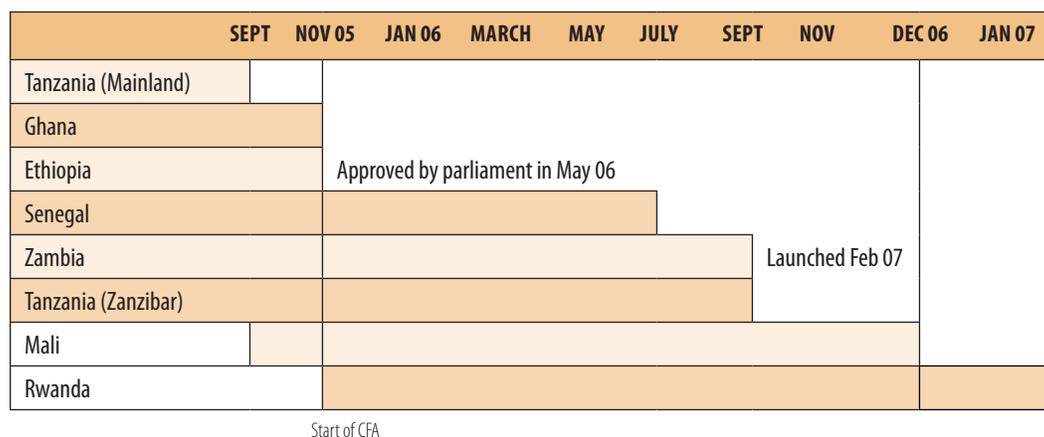
### 2.1 Status of PRSP development in participating countries

Activities planned in the CFA were structured in accordance with the stage countries had reached in the development, or implementation of their PRSP. At the commencement of the CFA, some countries were in the process of formulating their second generation PRSPs and others had just completed the preparation of theirs, as follows:

- Ghana and Tanzania (Mainland) had recently completed formulation of their second generation PRSPs at the start of the CFA, and were beginning their PRSP implementation phase.
- Ethiopia had completed the PRSP preparation process and parliamentary approval of the PRSP was pending.
- Senegal and Tanzania (Zanzibar) had begun the PRSP preparation process, which was expected to extend a few months into 2006.
- Zambia was nearing completion of the Fifth National Development Plan (FNDP) (which subsumes the second PRSP), and the completion process was expected to extend into 2006.
- Mali and Rwanda were at the preliminary stages of the PRSP preparation process. In Mali, the PRSP preparation process had recently begun at the start of the CFA, and in Rwanda, the PRSP preparation process was due to be launched in January 2006. In both Mali and Rwanda, the PRSP preparation process was due to extend throughout 2006.

Figure 1 shows the timing of PRSP development in the participating countries during the Joint Programme implementation period.

**Figure 1: Timing of PRSP II Formulation in Participating Countries (PRSP Formulation Phase shown in colour)**



In Mali, Senegal and Zambia, formulation of the PRSP II coincided or overlapped with the preparation of the National Strategic Plan (NSP). In Ethiopia, Rwanda and Tanzania (Zanzibar), formulation of the NSP had preceded the PRSP II, whereas in Ghana and Tanzania (Mainland), the PRSP II formulation preceded the preparation of the NSP.

## 2.2 HIV Prevalence and Development Indicators in Participating Countries

To facilitate comparative analysis of the national context in the seven countries participating in the Joint Programme, Table 1 shows the estimated population size, HIV prevalence, number of people living with HIV, and the Human Development Index in each of the seven countries. In five countries (Ethiopia, Ghana, Mali, Rwanda and Senegal) adult HIV prevalence is below 5%, whereas prevalence in Tanzania (Mainland) and Zambia is 7 and 17% respectively. Tanzania (Mainland), Ethiopia and Zambia have the highest number of people living with HIV (over two million in Tanzania (Mainland), and over one million in both Ethiopia and Zambia).

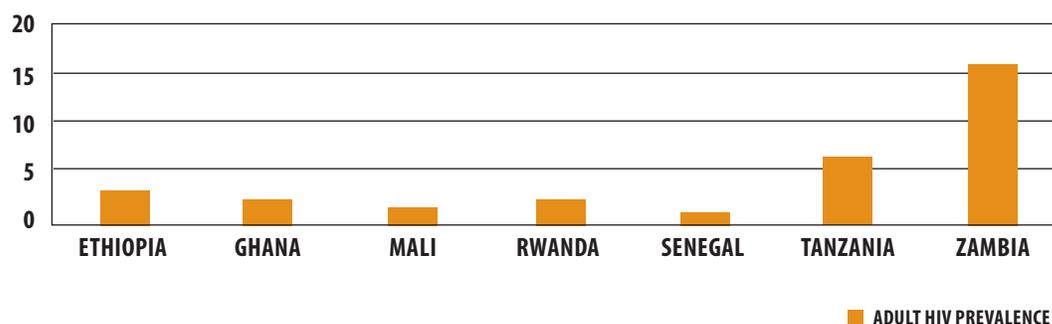
TABLE 1: VARIATIONS AMONG PARTICIPATING COUNTRIES IN POPULATION, HDI, AND HIV INDICATORS								
	ETHIOPIA	GHANA	MALI	RWANDA	SENEGAL	TANZANIA (MAINLAND)	TANZANIA (ZANZIBAR)	ZAMBIA
Population (millions)	77.43	20	13.52	8.2	12	37.4	1.2	11
Human Development Index <sup>1</sup>	170	136	175	158	156	162	162	165
HIV prevalence (%) among adults aged 15 to 49 <sup>2</sup>	4.4	2.7	1.7	3.0	0.7	7	0.6	16
Number of people living with HIV <sup>3</sup>	1,500,000	400,000	130,000	190,000	61,000	2,200,000	10,000	1,200,000

Sources: 1. UNDP (2006). Human development report 2006. New York, UNDP.

2. UNAIDS (2006) 2006 report on the global AIDS epidemic. Geneva, UNAIDS (Senegal, Mali). Data provided by country teams (Ethiopia, Ghana, Rwanda, Tanzania, Zambia).

3. UNAIDS (2006) 2006 report on the global AIDS epidemic. Geneva, UNAIDS (Senegal, Mali). Data provided by country teams (Ethiopia, Ghana, Rwanda, Tanzania, Zambia).

Figure 2: HIV Prevalence among adults aged 15 to 49 in Seven Participating Countries (%) (data from Table 1)



## 3. Country Reviews

Mainstreaming AIDS in poverty reduction strategies involves complex interactions between AIDS and development challenges. It is an ongoing process aiming at systemic changes in all phases of the policy, planning, budgeting and implementation cycle, and it requires high levels of coordination and collaboration. Hence, while activities aimed at strengthening AIDS mainstreaming take time to produce the intended outcomes, the CFA have shown some immediate results, outputs and lessons learned, as well as promising approaches and tools in integrating AIDS into poverty reduction strategies at various stages of the process.

This section of the report provides country reviews for each of the seven countries participating in the first round of the Joint Programme. Each of the country reviews presents the AIDS mainstreaming issues, as well as the activities, key results, challenges, and lessons learned in integrating AIDS into the poverty reduction strategy. The next steps proposed by country teams to further support the process in each country are also highlighted. At the end of each country review, some of the outputs, resources and tools developed and used in the AIDS mainstreaming activities are listed.

The country reviews are supplemented with reference tables showing progress in achieving the planned activities and outputs in each country (Annex 1).

It should be noted here that in many instances, CFA were not stand-alone activities, but were embedded in ongoing national planning processes to facilitate and develop capacities for integrating AIDS into poverty reduction strategies. Hence, in many instances the mainstreaming activities and results recorded in this report were implemented and/or funded by government, national organizations, or other development partners; and the CFA were integrated into these existing activities. In several cases, the Joint Programme seed funding was effectively utilized to leverage additional resources from the UN, the World Bank, other development partners and government, and some activities were fully funded by other sources such as the World Bank MAP.

## 3.1 ETHIOPIA

### Supporting AIDS Mainstreaming During PRSP Implementation

*Coordinating and harmonizing actors, resources, activities and targets*

#### The Issues

Ethiopia was at the final stage of preparing its second PRSP, the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), at the time of the Joint Programme commencement. AIDS had already been mainstreamed by all sectors in the PASDEP, so the priority issues and concerns at the time of the CFA inception were to: 1) support sectors in developing implementation plans, 2) coordinate the multisectoral response, 3) harmonize and coordinate donor resources, and 4) operationalize the monitoring and evaluation plans.

#### Summary of Activities

A consultative stakeholder meeting was held on the AIDS component of PASDEP under the auspices of the National Partnership Forum (NPF).

An initiative to develop a strategic plan of action ('roadmap') for the implementation of the AIDS components of the PASDEP was initiated to guide and coordinate the multisectoral response. A technical working group was established for the development of the strategic plan of action.

Agreement was reached by various partners on a common approach to AIDS expenditure tracking by a National AIDS Spending Assessment (NASA), and resources were pooled for the NASA exercise. A technical working group was established to guide the NASA exercise and a plan of action was developed. Training of trainers was conducted on the NASA.

A capacity assessment of the NPF was conducted as a basis for further support to strengthen its capacity in coordinating implementation of the national AIDS response by stakeholders.

#### Details of Activities

##### *CFA Management Arrangements*

- The coordination and leadership role for the CFA was assumed by the HIV and AIDS Prevention and Control Office (HAPCO), with the support of a UNDP Focal Point in managing the programme. Two technical working groups (one for the National AIDS Spending Assessment, and another for the formulation of a strategic plan of action or roadmap) were established, which included representatives from the NPF, UNAIDS and UNDP. Multisectoral representation of the public sector was sought through the government sub-forum and the Ministry of Health. The participation of civil society, the donor community and the private sector was also secured.

##### *Participatory Process*

- The Ethiopia country team sought comments on the AIDS component of the PASDEP from different stakeholders (donors, UN agencies, government, non-governmental organizations [NGOs], etc.) and followed up by incorporating the comments into the PASDEP.
- A consultative stakeholder meeting was held on the AIDS component of PASDEP to strengthen stakeholder involvement in the implementation process. The meeting was held under the auspices of the NPF.

- Following the endorsement of the PASDEP by parliament in May 2006, HAPCO established a technical working group (including members from the public and private sectors, civil society and donors) to initiate and facilitate participatory development of one national plan of action to implement the national AIDS response. This plan of action was necessitated by the observation of variations in targets and indicators between the PASDEP and the National Strategic Plan. The plan of action will aim to harmonize and align the targets and indicators in the NSP with those in the PASDEP and the universal access targets<sup>7</sup>, and translate them into a set of milestones. The operational plan of action at the federal, regional and woreda (district) levels will be costed, and a resource mobilization strategy will be formulated.
- One of the planned CFA in Ethiopia was to strengthen the NPF, a body that brings together all the stakeholders in Ethiopia's national response to AIDS in the public, private and civil society sectors (including FBOs, employers' organizations and business coalitions, trade unions, advocacy groups, NGOs, and public sector institutions). The NPF was selected by HAPCO to assist stakeholders in developing their long term and annual plans on the basis of the PASDEP and other strategic documents. To support the NPF in strengthening its capacity in this role, the Joint Programme assisted the NPF in undertaking a capacity assessment, which included an assessment of four federal-level sub-forums and ten regional forums.

#### *Policies, Strategies and Resources*

- Based on the critical gap observed in tracking donor funds for the various interventions, as well as the lack of information on public expenditure on AIDS, the Ethiopia country team planned to conduct an AIDS budget expenditure analysis. There was an initial concern that this activity would be duplicating the National Health Accounts exercise that is being conducted. After several consultations amongst stakeholders, it was agreed that tracking AIDS spending is a vital link in the entire AIDS response in Ethiopia, and should be undertaken. It was decided that the activity would be conducted using the methodology of the UNAIDS NASA to ensure the development of a continuous, reliable, and nationally owned expenditure tracking system. A technical working group was created to provide technical guidance and inputs into how the activity should be conducted, and training of trainers on NASA was carried out by UNAIDS. A plan of action was developed for the NASA, and a memorandum of understanding will be signed between HAPCO and partners to initiate the NASA exercise. Results of a similar exercise conducted earlier in two regions of Ethiopia revealed, among other things, several cases of parallel funding; a mismatch of resources and prevalence; and low absorption rates. It is expected that the nationwide exercise would assist in addressing these gaps.

#### *Monitoring and Evaluation*

- The initial CFA plans to establish a functional monitoring and evaluation system were modified based on an evaluation of the World Bank MAP. The assessment recommended that any review of the M&E system should start with the establishment of a single M&E structure with the necessary human resources and systems to cater to all the M&E requirements of HAPCO, as well as a restructuring of HAPCO M&E. Hence M&E related activities in the CFA were revised to achieve this objective, and technical advice was provided on the structure of the new HAPCO M&E Department.

7. A separate exercise on defining universal access targets started by HAPCO and UNAIDS is expected to be completed to inform the development of the plan of action.

### Key Results and Contributions to the PRSP Process

- CFA efforts in Ethiopia focused on coordinating and harmonizing various elements and partners in the national response. Partners were brought together through technical working groups, and agreement was reached on coordinating key elements of the national response including: aligning the HIV and AIDS targets of various national planning instruments, resource tracking, and the development of one national plan of action for a coordinated AIDS response. These efforts resulted in the commitment of partners to coordinate the implementation of AIDS activities.
- The CFA resulted in a HAPCO initiative to develop a plan of action for implementation of the national AIDS response. The plan of action will align the targets of the PASDEP, NSP and universal access targets, and will include cost details as well as a resource mobilization strategy.
- A major contribution of the CFA was the understanding reached between the various stakeholders in the importance of aligning the National Health Accounts and the NASA exercises. A consensus was reached to recognize the NASA exercise as an integral part of the National Health Accounts, while maintaining it as a separate exercise in order to ensure the inclusion of non-health expenditures, as well as ensuring ownership of the process by HAPCO. The CFA also resulted in the pooling of resources for the NASA exercise.
- The follow-up mission in December 2006 reported that there was a common agreement amongst stakeholders that the CFA have assisted in giving visibility to AIDS in the PRSP process in Ethiopia.

### Challenges and Constraints

- One of the constraints faced in the implementation of the CFA was the delay until May 2006 of the endorsement of the PASDEP, which was a requirement for the start of most activities.
- Delays were encountered due to the differences in views between partners on the process and scope of the strategic plan of action for implementation of the AIDS components of the PASDEP.
- Another major challenge was the lack of clarity on the role and status of the various M&E units in HAPCO, which created difficulties in having a single consolidated approach to M&E within HAPCO. However this was to a large extent addressed by the creation of a separate M&E department.
- The expenditure tracking exercise was delayed due to the time taken to reach agreement on adapting the UNAIDS National AIDS Spending Assessment method instead of the joint Addis Ababa University and Institute of Democracy of South Africa (AAU-IDASA) exercise. The lack of clarity in the expected results and process of the NASA caused delays until consensus was reached on proceeding with the NASA as the appropriate approach for the expenditure tracking exercise.
- Constraints were faced in accessing qualified technical consultants to undertake assignments.

### Lessons Learned and Good Practices

Joint Programme experience in Ethiopia points to the following lessons learned and good practices in relation to supporting mainstreaming of AIDS in the PRS process:

- Reaching agreement on expectations and consensus on a common approach among all stakeholders takes time.
- Integrating activities identified in the CFA into the plan of action of HAPCO rather than developing a separate stand-alone project ensures the sustainability of ongoing activities.

- Focus on a few prioritized and critical interventions.
- Engage all partners at the start of interventions, and identify and divide roles and responsibilities.
- Design a roadmap for implementation incorporating the appropriate national planning instruments. (This was learned as a result of consultations at the federal and regional levels, in which it was found that a plan of action/roadmap was needed to guide implementation of a coordinated national response based on the PASDEP, National Strategic Plan and universal access targets).
- Focus on building capacities and systems, and contribute to capacity development by ensuring the coordination and leadership role of HAPCO (the National AIDS Council, or NAC).
- Align all interventions and processes to the NSP.

### The Way Forward

The Joint Programme Country Team (including representatives from HAPCO, the Ministry of Finance and Economic Development and UNDP) prioritized the following mainstreaming activities to be implemented in 2007:

- developing a strategic plan of action/ roadmap for the achievement of the HIV and AIDS targets in the PASDEP through:
  - harmonizing targets and indicators (NSP, PASDEP and universal access targets),
  - holding national and regional consultative meetings,
  - costing the plan of action for the PASDEP period, and
  - developing a resource mobilization strategy;
- completing the NPF strengthening process;
- supporting the NASA exercise; and
- strengthening the M&E system for HIV and AIDS (depending on the availability of funding from the World Bank).

### Resources and Tools

- PASDEP policy matrix
- Terms of Reference (TOR) for a national plan of action to implement the HIV and AIDS aspects of PASDEP (in line with the NSP and universal access targets)
- Concept Note for National AIDS Spending Assessment (NASA)
- Plan of Action for NASA (draft)
- TOR for NASA
- Detailed budget for NASA
- National Partnership Forum Assessment Report

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## 3.2 GHANA

### Aligning district and sector development plans, the MTEF, and budgets with the AIDS content of the PRSP

#### The Issues

In Ghana, the second generation PRSP—the Growth and Poverty Reduction Strategy (GPRS II) (2006–2009)—had just been completed at the start of the CFA in December 2005. AIDS had been integrated under the Human Resource Development theme of the GPRS II and was recognized as a critical cross-cutting development concern. The key issues concerning the national AIDS response at the time were: 1) the need for enhanced advocacy and an enabling environment to prioritize AIDS particularly among vulnerable populations; 2) shortcomings in strategic planning, including the need for increased evidence-informed programming, prioritization of interventions, and accountability; 3) implementation challenges, including coordination difficulties in government (national, district and sector levels), inadequate mainstreaming of AIDS into macroeconomic policies, inadequate mainstreaming by ministries, departments and agencies, and a weak decentralized response; 4) health sector constraints in providing access to services; and 5) weak harmonization and coordination of donor AIDS support.

#### Summary of Activities

The CFA in Ghana focused on assisting MDA and districts in effectively planning for the implementation of the AIDS aspects of the GPRS II by integrating AIDS into their medium-term development plans (MTDP). This was done by 1) incorporating guidance on planning for AIDS into the district and sector guidelines for the preparation of medium term development plans in line with the GPRS II, and 2) providing guidance on integrating AIDS in development plans during orientation workshops for the preparation of sector medium-term development plans.

#### Details of Activities

##### *CFA Management Arrangements*

The CFA were managed by the National Development Planning Commission (NDPC) with the support of a UNDP Focal Point, and with technical support from the Ghana AIDS Commission, the Ministry of Finance and Economic Planning, and UNAIDS. The CFA were also reflected in the Annual Plan of Work of the Ghana AIDS Commission.

##### *Country Follow-Up Activities*

In Ghana, the implementation of the GPRS II is the responsibility of the MDA, districts, CSOs and the private sector. These organizations are required to re-formulate their strategies and policies into MTDP in line with the GPRS II. The NDPC has the mandate to guide these institutions in the preparation of their MTDPs.

The CFA were integrated into NDPC's existing programme of support to sectors and districts in developing their medium-term development plans. This was achieved by incorporating AIDS into the district and sector guidelines for the preparation of MTDPs, and by providing guidance on integrating AIDS in development plans during the orientation workshops for preparation of sector medium-term development plans.

*The CFA supported the following NDPC activities in 2006 and February 2007:*

- Guidelines for the preparation of district medium-term development plans were issued, and training of 1,518 members of the District Planning Coordinating Units of the District Assemblies was conducted. By the end of December 2006, 138 draft district plans reflecting HIV and AIDS activities in 2006–2007 had been prepared.
- A three-day peer review workshop was held for 31 participants to solicit experts' inputs on integrating AIDS into the guidelines for the preparation of sector medium-term development plans.
- A three-day pre-testing workshop was held for 31 participants to assess the user-friendliness of the draft guidelines for the preparation of sector medium-term development plans.
- Follow-up orientation workshops were held for 240 core members of the Sector Plan Preparation Teams of each of the MDA, and representatives from the private sector, development partners and civil society on the use of the Sector Guidelines in preparing the sector medium-term development plans. The orientation workshops which took place in February 2007, provided guidance on how to integrate AIDS into sector plans for the 2007–2009 planning period. The workshops were facilitated by NDPC, the Ghana AIDS Commission, and the Environmental Protection Agency.

#### **Key Results and Contributions to the PRSP Process**

- As a result of the CFA, the NDPC stepped up the process of getting MDA and district assemblies to integrate AIDS activities in their plans, something which had previously been given minimal attention in the planning process
- District development planning guidelines were completed and issued, and all 138 District Assemblies produced development plans reflecting AIDS under the GPRS II.
- The CFA ensured that AIDS was integrated into sector planning guidelines, which were completed and issued in 2006.
- The CFA ensured that AIDS was integrated into sector medium-term development plans (SMTDPs) under the GPRS II. It is now mandatory for sectors to integrate AIDS into their medium term development plans. If MDA and district assemblies fail to comply, the NDPC will not approve their plans.
- As a result of sectors integrating AIDS into their medium-term development plans, MDA also made budgetary allocations for HIV and AIDS for the period 2007–2009 as part of the medium-term expenditure framework (MTEF) process.
- The annual national budget is informed by sector development plans, based on the GPRS II, using the MTEF approach. Hence, as a result of sectors integrating AIDS in their medium term development plans, annual budgetary allocations for HIV and AIDS were made by MDA for the year 2007. Preliminary data from a review of the 2007 national budget indicates that 13 out of a sample of 27 ministries, together with their corresponding departments and agencies (which provided the appropriate AIDS budgetary codes), made budgetary allocations in their 2007 budget for AIDS (a total of 117 budget lines).
- The implementation of the CFA influenced the integration of AIDS in the 2007 national budget guidelines.
- The follow up mission to Ghana at the end of 2006 found a common agreement among stakeholders that the joint initiative has helped raised the visibility of AIDS in the GPRS.

### Lessons Learned and Good Practices

- Management of the CFA by the NDPC, which has the mandate to manage national development planning, ensured integration of AIDS into national planning processes, without the creation of parallel structures.
- The implementation of the CFA was anchored in the overall planning process of the government. This is seen as vital in sustaining the integration of AIDS into sector plans. As part of the government planning cycle, the participating institutions are required to translate AIDS in their sector medium-term development plans into their annual plans.
- NDPC has been working closely with other relevant government institutions, including the Ghana AIDS Commission, in the process of integrating AIDS into the SMTDPs. This is to ensure that AIDS activities are in line with the overall national AIDS response. The interfacing between the NDPC and the NAC is a good practice of country actors working together.
- There is a strong partnership between the NDPC and UNDP in the process of implementing the CFA. This has been further facilitated by the already existing relationship between UNDP and the NDPC.
- The government has been heavily involved in the overall implementation of the CFA, and has been co-funding the Joint Programme activities. The workshops on the preparation of planning guidelines reflecting AIDS, and training of planners on how to integrate AIDS into their SMTDPs using the guidelines were co-funded by government (45 %), UNDP HQ (44 %), and DfID (11 %).

### Challenges and Constraints

- Most sectors continue to have capacity gaps in mainstreaming AIDS. There has been a consistent turnover of staff whose capacity has been built and this has affected how mainstreaming has been implemented in these sectors.
- There are challenges in the implementation of mainstreaming by sectors due to inadequate resources and prioritization.

### The Way Forward

The CFA Country Team (including representatives from the National Development Planning Commission, the Ministry of Finance and Economic Planning, the Ghana AIDS Commission, and UNDP) identified the following opportunities to support AIDS mainstreaming in 2007:

- facilitation of the integration of AIDS into sector development plans;
- provision of technical backstopping to distressed district assemblies to integrate AIDS into their development plans;
- harmonization of district and sector plans reflecting AIDS;
- sensitization of ministers, deputy ministers, chief directors, directors of policy, planning, monitoring and evaluation divisions (PPMEDs) and traditional authorities on AIDS and the MDGs;
- provision of technical assistance to equip the NDPC to support the MDA, districts, the private sector and civil society in preparing the SMTDPs for 2007–2009;
- preparation of the National Long-Term Development Plan reflecting AIDS;
- support to the NDPC and the Ghana AIDS Commission to monitor and evaluate the integration of AIDS in sector and district development plans;

- advocacy with government (Ministry of Finance and Economic Planning) to prioritize AIDS funding to ensure adequate budgetary allocations are made for AIDS (consistent with the GPRS II);
- the provision of tools, resources and back-up for sectors to make AIDS a key part of their routine activities; and
- provision of resources to the Ghana AIDS Commission to conduct Phase II of the studies on the socioeconomic impact of AIDS.

#### **Resources and Tools**

- Growth and Poverty Reduction Strategy (GPRS II) (2006–2009)
- Guidelines for the Preparation of Sector Medium Term Development Plans Under the Growth and Poverty Reduction Strategy (2006–2009)
- District Planning Guidelines
- MTEF 2007–2009 for National Development Planning Commission
- Extracts of MTEFs reflecting HIV and AIDS activities and budget lines
- National Budget 2007
- National Development Planning Commission (NDPC) Annual Work Plan 2007

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### 3.3 MALI

#### Strengthening capacity for integrating AIDS into the PRSP

##### The Issues

Mali was embarking on the preparation of its second PRSP (the CSLP II) at the time of the Joint Programme inception. The priority issues at the start of the Joint Programme were: 1) the need to improve the participatory process, particularly for decentralized structures, the private sector, civil society and populations at higher risk of HIV exposure; 2) lack of studies on the socioeconomic and sector-specific impacts of AIDS; 3) insufficient consistency between the PRSP, MTEF and the budget; 4) lack of human resources at the technical unit of the PRSP and SEHCNLS (NAC) to facilitate the integration of AIDS into the PRSP; and 5) poor implementation of the monitoring and evaluation system.

##### Summary of Activities

CFA support to mainstreaming AIDS in Mali was integrated into national processes and activities. A workshop on mainstreaming AIDS in the CSLP II was held for representatives of civil society, populations at higher risk of HIV exposure, and PLHIV. A second mainstreaming workshop was organized for the private sector. A third workshop was organized to develop tools for mainstreaming AIDS at the central and decentralized level. The CFA project facilitator participated in the national validation workshop of the CSLP II.

Other planned activities of the CFA (to improve the participation of decentralized communities; conduct studies on AIDS and poverty; and improve the quality of the M&E mechanisms) were delayed due to setbacks described on page 16.

##### Details of Activities

###### *CFA Management Arrangements*

- A SE/HCNLS-UNDP project facilitator was recruited and the SE/HCNLS (NAC) assumed the management role of the CFA together with UNDP.

###### *Country Follow Up Activities*

- A workshop was organized for representatives of civil society, populations at higher risk of HIV exposure, and PLHIV on integrating AIDS into the CSLP II. The workshop strengthened the capacities of civil society organizations to evaluate the extent of integration of AIDS into the CSLP II draft.
- A second workshop was organized to strengthen the capacity of the private sector in evaluating the integration of AIDS into the CSLP.
- A workshop was organized to develop tools for integrating AIDS into the CSLP II. The main objective of the workshop was to develop a critical mass of competence (consisting of at least twenty experts) in the tools and methodologies for integrating AIDS in the CSLP II and in the social, economic and cultural development plans (PDSEC) at the regional, district and community levels. It also aimed to develop procedures to strengthen the capacities of various actors in the public sector, civil society and private sector in applying the tools and appropriate methodologies for mainstreaming AIDS.
- The CFA project facilitator participated in the national validation workshop of the draft CSLP II. Proposals to improve the AIDS content of the document were made by the HCNLS (the NAC) with the support of the CFA project facilitator. The proposed amendments were integrated in the final CSLP II document.

### Key Results and Contributions to the PRSP Process in Mali

- AIDS has been integrated into the CSLP II. The CSLP II now includes 14 AIDS-related activities, and 13 indicators that are currently in the process of being validated (compared to one indicator in the previous PRSP).
- Partnerships between structures responsible for the CSLP II and those responsible for the AIDS response have been consolidated.
- A critical mass of competence in AIDS mainstreaming in development programmes has been developed.
- Mainstreaming tools have been developed.
- There is a better understanding of the links between AIDS and poverty.
- There has been an improvement in the participation of civil society and the private sector in the CSLP formulation process (this is partly attributable to the CFA, but is also part of the ongoing dynamic process). This has been an important step towards strengthening capacity for implementation at the decentralized level.

### Challenges and Constraints

The main challenges in integrating AIDS in the CSLP II were as follows:

- There were insufficient macroeconomic studies, impact studies for key sectors (e.g., the mining sector), and vulnerability studies to guide sectors in integrating AIDS in the CSLP II.
- There were insufficient mainstreaming tools to support sectors in integrating AIDS at the time of drafting of the CSLP II.

The setbacks and challenges in CFA implementation were as follows:

- The tragic death of the CFA facilitator early in the year resulted in considerable setbacks in CFA implementation.
- The current CFA facilitator was recruited in September 2006, by which time the CSLP drafting process was nearing completion, and key opportunities for contributing to the process had been missed.
- Finalizing and disseminating the mainstreaming tools was difficult.
- Mobilizing partnerships (multilateral and bilateral) around the project was challenging.

### Lessons Learned and Good Practices

- Impact studies and/or vulnerability studies are needed to guide mainstreaming by sectors.
- Mainstreaming tools need to be disseminated at the decentralized level.
- Increased participation by some partners (World Bank, UN Programme of Support for AIDS [ONUSIDA], etc.) was needed.
- Despite the delays in CFA implementation, AIDS was given priority due to the political will at the highest level.

### The Way Forward

A new plan of action has been adopted by the joint HCNLS-UNDP team. The plan for 2007 includes reprogrammed activities to support AIDS mainstreaming at the sectoral and decentralized levels as follows:

- formalizing and reinforcing the working group for mainstreaming AIDS in the CSLP II;
- supporting decentralized structures, including civil society, the private sector and PLHIV to participate in the regional consultations for the review of the CSLP II, in order to improve the AIDS content of the revised document;
- conducting vulnerability studies in key sectors and among populations at growing risk of HIV exposure;
- conducting studies on the macroeconomic and sector impact of AIDS (in the agriculture, transport, and mining sectors in particular) in order to inform sectors and support them in developing targets and indicators;
- supporting sectors in the implementation of the AIDS aspects of the CSLP II through sector strategy implementation with clear M&E mechanisms and indicators; and
- aligning sectoral monitoring plans with the CSLP II and the HIV and AIDS indicators of the National Strategic Plan (PNMLS).

In terms of management arrangements, the Mali country team made the following recommendations:

- Develop a common programme to expand the partnership base for technical and financial support of complementary action.
- Simplify implementation arrangements through
  - national execution of the project, and
  - mobilizing complementarities/ comparative advantages of Joint Programme partners.
- Document and share experiences between countries.

### Resources and Tools

- CSLP (PRSP) 2003–2004
- Latest version of CSLP II (PRSP II) (including 14 HIV and AIDS related activities, and 13 indicators in the process of being validated). (French)
- National Strategic Framework (Volume I and Volume II)

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### 3.4 RWANDA

#### Strengthening Capacity for Integrating AIDS into the PRSP through the Four Key Entry Points

*Guiding the AIDS mainstreaming process; working with sectors to support AIDS mainstreaming and costing; and integrating HIV and AIDS indicators into the PRSP in line with the National Strategic Plan and universal access targets*

#### The Issues

At the commencement of the Joint Programme, Rwanda was in the process of reviewing its first PRSP in preparation for the development of its second PRSP, the Economic Development for Poverty Reduction Strategy (EDPRS). The preparation of the EDPRS was to extend through 2006, coinciding with the CFA programme. The main issues and challenges constraining AIDS mainstreaming were: 1) lack of clarity on how to deal with cross-cutting issues in the EDPRS (although AIDS was treated as a cross-cutting issue in the first PRSP, there was limited coverage of AIDS outside the health sector); 2) limited interaction between the AIDS strategy formulation process and the PRSP process; 3) lack of studies on the impact of AIDS on the macro-economy and different sectors; 4) lack of analysis to guide the implementation strategy and improve programs for key populations at higher risk; 5) the need to strengthen costing and prioritization of HIV and AIDS aspects of the PRSP in order to establish links with the annual budget; 6) the need for developing and costing different HIV and AIDS response scenarios to facilitate integration of HIV and AIDS into the national budget; and 7) the need for increased donor coordination and sustained donor financing.

#### Summary of Activities

The Rwanda CFA plan was a well-tailored program directly addressing the identified issues, with appropriately timed activities feeding AIDS mainstreaming into the overall EDPRS process. The key activities that were implemented and supported in 2006 were: 1) guiding the overall process of AIDS mainstreaming in the EDPRS formulation; 2) developing a checklist for sectors to self-evaluate their sector performance during PRSP I from an AIDS perspective; 3) supporting the development of a checklist and sector specific concept notes to guide sector mainstreaming; 4) supporting sectors in costing HIV and AIDS priorities; and 5) integrating HIV and AIDS indicators into the EDPRS, in line with the National HIV and AIDS Strategic Plan and universal access targets.

The planned activities of reviewing existing impact studies and training sectors to conduct vulnerability studies were delayed, mainly due to difficulties in accessing appropriate expertise in this area.

#### Details of Activities

##### *CFA Management Arrangements*

- A focal person based at UNDP was recruited to manage the CFA with the support of the UNDP HIV/AIDS Focal Point.
- A steering committee composed of CNLS (the NAC), UNAIDS, UNDP, USAID and Tulane University was established to ensure effective follow up and accountability of the CFA process. A technical task team composed of representatives from CNLS, UNAIDS and UNDP was established to facilitate coordination and communication. The CFA were aligned with the overall EDPRS 'roadmap'.

### *Mainstreaming Methodology and Participatory Process*

- The Joint Programme provided the National AIDS Commission (CNLS) with support (financial, additional human resources and technical advice) to participate in the EDPRS process and bring AIDS issues to the debate.
- The AIDS gaps in the PRSP I were identified, and it was found that little attention was given to AIDS in terms of sector planning, budgets and M&E.
- Dialogue and consultations were held with the Ministry of Health and the Ministry of Finance and Economic Planning on the methodology for mainstreaming AIDS to ensure alignment with national planning and budgeting activities. Support was provided to establish the cross-cutting issues (CCI) cluster, and the methodology of the four key entry points as an approach to addressing cross-cutting issues in the EDPRS formulation process was shared. AIDS was addressed as a health issue as well as a cross-cutting issue in the EDPRS.
- A stakeholder meeting was held with representatives from CSOs, CNLS (national and districts), umbrella groups, sectors, development partners, and the Ministry of Finance and Economic Planning to brief participants on the process of mainstreaming AIDS and to share experiences of other countries. During the workshop, participants also gave their views and inputs on the checklist that had been developed to assist sectors in integrating AIDS in their planning. The inputs from the meeting were also subsequently incorporated into the sector specific concept notes.
- The Joint Programme supported a meeting of the National Partnership Forum (NPF) organized by the CNLS (in January 2007) to get feedback from stakeholders on the progress of mainstreaming AIDS in the EDPRS. The NPF provides coordination and monitoring support for AIDS activities, including the NSP and the PRSP. It is composed of 15 umbrella organizations representing PLHIV, CSOs, FBOs, media, women, youth, the disabled, the private sector, and all partners involved in the AIDS response.
- The AIDS-related and cross-cutting issues were presented at a Development Partners meeting to ensure a participatory process.
- The task team participated in monthly HIV and AIDS Cluster group meetings to update stakeholders and stimulate harmonization of national planning and implementation of AIDS activities. (The HIV and AIDS Cluster is a group established in an earlier initiative to enhance donor/ government coordination of AIDS support in Rwanda).

### *Diagnostic Studies and Analysis*

- The CFA planned a review of existing impact studies in relation to each sector to identify gaps and guide the formulation of the EDPRS. However, the initial review by consultants was of poor quality and the activity is yet to be completed. The CFA also planned for the development of guidelines for conducting poverty vulnerability analysis to help inform plans of action and orient sectors to use the guidelines. However this activity was not carried out and instead, the checklist and concept notes were used to guide the sectors.

### *Policies, Strategies and Resources*

- The CFA Task Team developed guidelines and a checklist to assist sectors in evaluating their previous performance in relation to AIDS and to stimulate sectors to start considering AIDS as a cross-cutting issue early in the process.
- The CFA Task Team also developed a checklist and sector specific concept notes in accordance with the requirements of the CCI working group to assist sectors in incorporating AIDS into their planning. The checklist and concept notes were aligned with the NSP.

- The checklist and the concept notes were communicated to each of the 12 sectors during 11 three-day training sessions on logical frameworks (arranged by the Ministry of Finance and Economic Development). The task team worked with the sectors during the training sessions to support them in integrating AIDS into their planning, and will continue to work with sectors as they finalize their logical frameworks in their internal meetings.
- The CFA plan to develop guidelines for sectors to cost AIDS priorities in their plan of action faced several challenges due to the complexity of the exercise. Meanwhile, the concept notes and checklist were used to assist sectors in setting indicators and costing activities.
- The task team was trained in costing HIV and AIDS in sectors (arranged by UNAIDS), and members of the task team then participated in the costing exercise organized by the Ministry of Finance and Economic Development to support sectors in costing HIV and AIDS activities.
- A video conference was organized with counterparts in Tanzania to exchange experiences in AIDS mainstreaming. Of particular interest to Rwanda was the Tanzanian experience of integrating AIDS in sector budgets and tracking AIDS expenditures through a specific budget code. (Rwanda's experience in decentralization, increasing participation in the PRSP process and enhancing national ownership and commitment was of interest to Tanzanian counterparts).

#### *Monitoring and Evaluation*

- Support to the development of the M&E framework of the EDPRS resulted in the inclusion of HIV and AIDS national targets and indicators in the EDPRS, which were linked to universal access targets as well as the NSP. Further support in refining pertinent HIV and AIDS indicators was provided to sectors by the task team.

#### **Key Results and Contributions to the PRSP Process**

- The Ministry of Finance and Economic Development was sensitized to the importance of mainstreaming cross cutting issues in general, and AIDS in particular, into the EDPRS. Cross cutting issues are now part of the EDPRS policy and process.
- The CFA methodology, based on the four key entry points in the PRSP process, enabled AIDS to be effectively addressed as a cross-cutting issue for all sectors. The methodology was shared with the cross-cutting Issues working group (HIV and AIDS, Gender, Environment, and Social Inclusion).
- AIDS activities are now integrated in all sector logical frameworks (logframes).
- The CNLS was provided with additional capacities (financial, human resources and technical advice) to participate in the EDPRS process and bring AIDS issues to the debate.
- Sectors were given support to improve their understanding of the impact of AIDS on their objectives, and were provided with tools to conduct an assessment and develop targets and indicators.
- HIV and AIDS national targets and indicators linked to universal access targets as well as the NSP are now included in the EDPRS.
- The targets and indicators are also part of the sectors' national strategic framework and can ensure further work with the sectors on AIDS during the implementation of the EDPRS in the coming five years.

### Challenges and Constraints

The CFA progress reports, follow up mission report, and presentations by the CNLS and CFA Team highlight the following challenges and constraints in mainstreaming AIDS in the EDPRS:

- Some sectors have been successful in mainstreaming AIDS and other cross-cutting issues, while other sectors' involvement in and understanding of mainstreaming AIDS remains weak. Even in cases where there is interest in mainstreaming, there is a lack of know-how in mainstreaming AIDS.
- There is a lack of knowledge of the magnitude of AIDS issues impacting sectors, and a lack of HIV and AIDS baseline information and vulnerability data to inform sector strategies, targets and indicators for HIV and AIDS. While the planned review of HIV and poverty studies was intended to address this issue, the analysis was incomplete and was not finalized. International indicators are not properly exploited.
- As the time frame is narrow, sectors struggle to finalize all parts of their planning, including cross-cutting issues. Sectors sometimes have difficulty in prioritizing cross-cutting issues, as they sometimes lack staff and capacities to fully engage in the planning process of the EDPRS. Cross-cutting issues are not perceived as core business of sectors, and sector working groups have other competing agendas and areas of focus. Sector working groups may experience an overload of information from various stakeholders who try to influence the process, and there is a risk that AIDS issues are 'drowned' in all the information.

Constraints in implementation of the CFA included:

- The entire EDPRS process was delayed and many of the activities planned by the Ministry of Finance and Economic Planning were extended into 2007. The ministry is pushing ahead with the agenda but the time constraint acts negatively on AIDS issues, as not much time is made available for cross-cutting issues. Hence, while there is interest from sectors to plan for cross-cutting issues, they have little time to understand the issues and plan for them.
- The costing model proposed by a consultant was complicated and costing the HIV and AIDS aspects of sector plans was difficult without baseline data. Challenges were also experienced in identifying appropriate national expertise to carry out good quality impact studies.

### Lessons Learned and Good Practices

- The strong working relationship with the Ministry of Finance and Economic Planning was a critical factor in advocating and influencing the mainstreaming methodology, as well as securing entry points and building mainstreaming activities into the ongoing EDPRS formulation activities and agenda.
- Particular attention was given to the alignment of AIDS mainstreaming within national planning and budgeting processes. This was achieved through dialogue with the Ministry of Health and the Ministry of Finance and Economic Planning; regular participation of the task team in the HIV and AIDS Cluster group meetings; CNLS technical support in the development of sector logframes; ensuring the mainstreamed AIDS activities are developed to function within the new decentralized government structure; aligning the sector checklists and concept notes for mainstreaming AIDS with the NSP; participating in the national stakeholders' workshop; and collaborating with the NPF.

- An important entry point for advocating and providing input for mainstreaming AIDS with sectors is when sectors are developing their PRSP logframe. The follow-up mission report illustrates this with the example of the one-day workshop organized by the Ministry of Education to elaborate its EDPRS logframe. No representatives from the CNLS or other bodies concerned with AIDS participated in the workshop, and as a result there was a near absence of references to AIDS in the education sector logframe.
- The modalities for the poverty impact study should have been different. A vulnerability and risk mapping exercise should have been carried out to provide baseline data and strategic information for the sectors. This would also inform the M&E mechanisms.
- The lesson learnt from the sector self evaluation exercise is that it is crucial for AIDS to be part of the EDPRS (AIDS was given little attention in the first PRSP of Rwanda, and hence participation by sectors in AIDS mainstreaming was subsequently weak).
- More participation of civil society and NGOs is needed in the EDPRS formulation process.
- More advocacy is needed for AIDS to be mainstreamed, and more work needs to be done with sectors to develop mainstreaming capacities. More technical support is needed to support sectors in 1) determining sector-specific targets and indicators for HIV and AIDS, 2) costing of activities, 3) establishing M&E mechanisms, and 4) continually updating logframes.
- The success of the CFA will to a great extent depend on continued support to the EDPRS process, as the AIDS content achieved in the EDPRS to date is not guaranteed to remain part of the document without continued advocacy and technical support.
- A key issue during implementation of the EDPRS will be who will be championing delivery on cross-cutting issues, and who will have the authority to monitor progress.
- Support from the UNDP Regional Service Centre and the UNAIDS Technical Support Facility in mobilizing expertise was quick and effective when requested. The lesson learned was to rely on referrals of 'tried and tested' expertise that is available within the region.

### The Way Forward

The country Team (composed of representatives from the National AIDS Control Commission, Ministry of Finance and Economic Planning, Faith Based Organizations Network, and UNDP) proposed the following activities to be implemented in 2007:

- conducting stakeholder validation workshop;
- consulting civil society to ensure greater participation in the EDPRS process;
- finalizing the poverty and HIV sector-vulnerability study;
- adapting the HIV and AIDS costing model to current prices;
- supporting districts to elaborate AIDS sensitive development plans;
- reviewing targets and indicators according to the latest Integrated Living Conditions Survey (EICV) and Demographic and Health Survey (DHS) results;
- documenting the Rwanda experience and sharing best practices; and
- developing monitoring mechanisms and supporting sectors in implementation of AIDS activities in the EDPRS.

In terms of management arrangements, the Rwanda country team made the following recommendations:

- continue CFA support (human and financial resources) in the EDPRS implementation phase;
- continue UNDP HQ and regional centres' support in sourcing qualified consultants;
- clarify division of responsibilities among members of the joint team; and
- review CFA execution modalities.

#### **Resources and Tools**

- Latest version of the 'Economic Development for Poverty Reduction Strategy' (EDPRS)
- Workshop Proceedings of the Stakeholders' Workshop on the Integration of HIV/AIDS into the EDPRS (including stakeholder review of mainstreaming checklist for sectors).
- Checklist for sector self-evaluation of AIDS mainstreaming
- Checklist to support sector mainstreaming of AIDS
- Concept notes for sectors on mainstreaming AIDS
- TOR for CNLS Focal Point to facilitate integration of AIDS into the Economic Development and Poverty Reduction Strategy (EDPRS)
- TOR for UNDP Focal Point to facilitate integration of AIDS into the EDPRS.
- TOR for costing training by UNAIDS (Technical Support Facility)

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### 3.5 SENEGAL

#### Strengthening Capacity for Integrating AIDS into the PRSP

##### The Issues

In Senegal, the PRSP (DSRP) preparation process was well underway (a draft had already been prepared) at the time of the CFA commencement, and was due to be completed early 2006. The timing of the Joint Programme would allow the CFA to link into the PRSP process at the revision stage of the draft DSRP. The main issues highlighted by the issues paper at the time were: 1) inadequate influence of civil society in the first PRSP; 2) weak mainstreaming of AIDS in the previous PRSP; 3) insufficient data on AIDS and poverty; 4) limited data on vulnerable populations to inform the design of programs for key populations at higher risk; and 5) lack of expenditure details on AIDS interventions at the national level.

##### Summary of Activities

The main objectives of the CFA were to a) mainstream AIDS in the DSRP II and b) to establish the socioeconomic links and dynamics between poverty and the risk of an expanded HIV epidemic. Four activities were planned within the CFA: 1) establishing a thematic working group to follow up the mainstreaming of AIDS in the DSRP II; 2) organizing a workshop on mainstreaming AIDS; 3) carrying out a review of existing data on HIV/AIDS and poverty; and 4) conducting HIV vulnerability studies and AIDS impact studies. Of these activities, a thematic working group was created, which participated in and influenced the PRSP process, and a stakeholders' workshop was organized. An analysis of the AIDS mainstreaming gaps in the DSRP II was carried out, and inputs were provided in the national DSRP II validation workshop to address these gaps.

##### Details of Activities

###### *CFA Management Arrangements*

- The UNDP focal point for AIDS undertook the programme management role for the CFA.
- A thematic working group was established under the Ministry of Economy and Finance (MEF) to support AIDS mainstreaming in the DSRP II. The thematic working group comprised representatives from the Poverty Reduction Unit (CSPLP) of the Ministry of Economy and Finance, the Secretariat of the National AIDS Commission, the Ministry of Planning, Ministry of Health, the Civil Society Commission for the DSRP, the national network of PLHIV, UNDP and the World Bank. The thematic working group was supported by a consultant.

###### *Country Follow-Up Activities*

- A stakeholders' workshop was held to review the AIDS content of the PRSP II and collate views from various stakeholders for inclusion into the ongoing PRSP development process. Around 60 representatives from civil society, the public sector and the private sector took part in the workshop.

The workshop raised awareness about the need to integrate AIDS in poverty reduction programmes.

A methodology for integrating AIDS into the strategic axes of the DSRP was agreed upon and adopted.

The workshop provided space for stakeholders representing populations at higher risk of HIV exposure to make recommendations and inputs into various aspects of the PRSP process. Some of the issues raised included men having sex with men in prison, AIDS in the military, and condom availability for prisoners.

Workshop participants also initiated discussions on the harmonization of monitoring and evaluation indicators between the NAC and the MEF.

- Discussions on the importance of integrating AIDS in the DSRP II were held to advocate AIDS content in the DSRP II. Gaps in the AIDS content of the draft DSRP II were identified. These gaps were filled in light of the inputs provided by the thematic working group.
- A workshop was organized by UNDP/UNAIDS with the NAC and the Poverty Reduction Unit of the Ministry of Economy and Finance to reinforce group skills in AIDS mainstreaming.
- Inputs were provided on the AIDS content of the DSRP II in the National Validation Workshop.

#### Key Results and Contributions to the PRSP Process in Senegal

- AIDS was effectively integrated into the DSRP II across its strategic axes. The DSRP II was validated by the government in July 2006.
- The stakeholders' workshop resulted in enhanced understanding by various parties of the necessity to mainstream AIDS in the DSRP process.
- The HIV and AIDS Thematic Working Group participated in and influenced the national PRSP process as follows:
  - advocating AIDS mainstreaming across development issues;
  - making contributions that were incorporated in the draft DSRP II;
  - participating in all the joint meetings of the DSRP clusters; and
  - supporting the social protection cluster in costing the HIV and AIDS components of the DSRP II during the validation process in July 2006.
- The mainstreaming methodology used by the HIV and AIDS Thematic Working Group was adopted by the other thematic groups (Energy, Gender, Transport and Environment).
- As a result of the CFA, the parties responsible for AIDS planning and those responsible for the DSRP came together. The people responsible for the DSRP II also participated in the formulation of the National Strategic Plan (2007–2011).

#### Challenges and Constraints

- While AIDS has been mainstreamed in the DSRP the challenge is now to integrate AIDS in the operational documents of the DSRP II (sector operational plans, and regional and district operational plans).
- Studies are needed on the links and inter-relationships between AIDS and poverty.
- NGOs are leading the AIDS response and have funding to do so, but in many cases these NGOs are focused on AIDS interventions rather than on the underlying poverty.
- A national working group will need to function optimally to support the ongoing DSRP II processes.
- Additional resources will need to be mobilized.

### Lessons Learned and Good Practices

- The formation of a multisectoral thematic working group is an effective arrangement to support the integration of AIDS in the PRSP.
- The HIV and AIDS Thematic Working Group was able to influence the participatory process at the national level by:
  - developing convincing arguments for the integration of AIDS into poverty reduction strategies;
  - bringing together people working on the DSRP and those in charge of the AIDS response (these groups previously worked separately and in parallel);
  - formalizing the role of the thematic working group members with terms of reference developed for each member of the group, which resulted in the group's achievement of its objectives; and
  - holding monthly meetings of the group.
- Although some members of the thematic working group changed during the year, it was possible to maintain continuity and effectiveness of the group through the transfer of information to new members.
- Documenting the national workshop on integrating AIDS into the DSRP was a good practice.

### The Way Forward

AIDS has been integrated into the DSRP II, and in the next stage the CFA team plans to provide support in operationalizing the DSRP II at a level "as close as possible to the people" (through districts, NGOs etc.). The CFA plan for 2007 includes the following activities:

- integrating AIDS in the operational documents and instruments of the DSRP II (operational plans of sectors, regions and districts);
- conducting studies on the links between poverty and AIDS;
- establishing a mechanism for HIV and AIDS monitoring and evaluation in the DSRP II in line with the NSP;
- analysing macroeconomic policies from the perspective of HIV and poverty; and
- supporting NGOs, medical regions, health districts, and all other parties involved in integrating AIDS and poverty reduction in their planning processes.

### Resources and Tools

- Document Stratégique de Réduction de la Pauvreté II (DSRP II) (PRSP II)
- National Strategic Plan 2007–2011
- Report on the Workshop on Integrating HIV and AIDS in the DSRP
- Vulnerability maps
- Strategic summary of mapping
- Epidemiological Bulletin
- Demographic and health survey (EDS 4)
- Results of national surveillance
- TOR for multisectoral thematic working group
- Minutes of the HIV and AIDS Thematic Working Group meeting

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### 3.6 TANZANIA (MAINLAND)

#### Supporting AIDS Mainstreaming During PRSP Implementation

*Participatory planning for PRSP implementation; sector planning, budgeting and monitoring in line with the PRSP; monitoring and evaluation strategy and guidelines.*

#### The Issues

In Tanzania (Mainland) the preparation of the second generation PRSP—the National Strategy for Growth and Reduction of Poverty (NSGRP, or MKUKUTA in Kiswahili) (2006–2010) —had been completed in June 2005, and the NSGRP/MKUKUTA was at the implementation stage at the start of the CFA in December 2006. Issues and weaknesses in the implementation of the first PRSP included: 1) insufficient participation of all stakeholders in NSGRP implementation; 2) the need for further mainstreaming of AIDS in all sectors and at the local level; 3) the need for greater commitment and leadership at all levels of government and in all sectors; 4) insufficient absorptive capacity for rapidly increasing financial flows for AIDS; and 5) challenges in ensuring that CSOs follow PRSP monitoring plans for HIV and AIDS. At the start of the CFA, the capacity of various partners to actively engage in the implementation of the NSGRP/MKUKUTA was still limited, and involvement of partners and stakeholders at all levels was a prerequisite to a successful national response.

#### Summary of Activities

The CFA in Tanzania (Mainland) aimed to address some of the weaknesses in implementation of the AIDS aspects of the NSGRP. The activities were integrated into broader national processes, and additional World Bank MAP funds were mobilized to implement AIDS mainstreaming activities. Activities were implemented to 1) strengthen participation of all stakeholders (including PLHIV, CSOs, the private sector, MDA and parliament) in the implementation of the HIV and AIDS cluster strategies of the NSGRP/ MKUKUTA; 2) synthesize existing data and studies on the impact of AIDS on poverty; 3) strengthen capacities of MDA in planning, budgeting and monitoring for HIV and AIDS, and 4) support the development of an M&E strategy and guidelines for HIV and AIDS.

#### Details of Activities

##### *CFA Management Arrangements*

- The UNDP Focal Point for AIDS in Tanzania undertook the programme management role for the CFA. The Tanzania Commission for AIDS (TACAIDS) was also actively engaged in the management of the CFA.

##### *Participatory Process*

- A three-day national technical workshop was organized in collaboration with the Tanzania Commission for AIDS (TACAIDS) as part of the joint review of the National Multisectoral Strategic Framework (NMSF). All stakeholders participated in the workshop including ministries, departments and agencies (MDA), the media, private sector representatives, civil society organizations, faith-based organizations, and PLHIV. A comprehensive review of the AIDS response was carried out and milestones for stakeholders were also agreed upon to guide follow-up actions and facilitate stakeholders' effective engagement in the process of integrating AIDS into the PRSP process.

- Skills-building workshops were conducted for MDA, the private sector (with support from the AIDS Business Council of Tanzania), CSOs, government leaders, parliamentarians, the media, and PLHIV.
- A national CSO workshop was held under an umbrella CSO Policy Forum to review the implementation of the AIDS strategy under the framework of the NSGRP/MKUKUTA. Action plans were developed by each participating CSO to roll out integration of AIDS activities within their respective areas. This was followed by a national workshop for CSOs to discuss the implementation of action plans, successes and challenges.
- The AIDS Business Coalition of Tanzania (ABCT) was recruited to engage business companies in Mwanza and Arusha and assess their responses to AIDS. As a result, 26 additional companies endorsed ABCT and will be supported in implementing workplace programmes. (By the end of 2006, a total of 76 companies had workplace programmes, compared to 50 companies at the end of 2005.)
- A seminar for members of Parliament (MPs) was conducted in collaboration with the Tanzania Commission for AIDS (TACAIDS), during a meeting of the House for the budget session. The MPs discussed mainstreaming of AIDS in the NSGRP/MKUKUTA and the first year of implementation. They also discussed the AIDS Public Expenditure Review and the AIDS MTEF presented by TACAIDS. MPs agreed to establish accountability mechanisms for MDA and local government authorities (LGAs) and to place tracking of resources allocated to MDA and LGAs high on the agenda of the Tanzania Parliamentarians Coalition against AIDS (TAPAC) to ensure that communities benefit from the support. They also agreed to participate in all AIDS deliberations in their respective local councils and constituencies in their capacity as counsellors, and to hold special sessions with PLHIV and young people to listen to their concerns.
- UNDP supported a roundtable that brought together parliamentarians, representatives of PLHIV and young people to discuss AIDS and the implementation of NSGRP/MKUKUTA. Thirty members of Parliament and sixty representatives of PLHIV and youth groups participated. Issues of concern that were raised included representation in national policy forums, stigma and discrimination against PLHIV, lack of resources for out-of-school youth to participate in gainful self-employment activities, and parliamentary oversight and accountability in the allocation and use of AIDS funds by the government.
- UNDP also provided support to the TAPAC (Tanzania Parliamentarians Coalition against AIDS) to review and revise their three-year action plan, addressing the issues raised during the roundtable.

#### *Diagnostic Studies and Analysis*

- An assessment study on the impact of AIDS on the workforce in the health sector was conducted.
- An assessment of HIV infection among substance users and sex workers was conducted. The study revealed a high level of sexual risk factors among drug users and sex workers. As a result of the study, action plans to respond to the crisis have been developed.
- An analysis of the magnitude of vulnerability to HIV has been completed with a focus on orphans and vulnerable children (OVC).
- A review of existing AIDS impact studies on various sectors was prepared.

*Policies, Strategies and Resources*

- A three-day workshop was conducted for MDA on the use of the guidelines for planning and budgeting for HIV and AIDS activities appropriate to their core mandates and workplace programmes. The timing of this activity was accelerated at the beginning of the year in order to enable MDA to contribute to the MTEF process as per the timing of the planning/budget cycle, so that HIV and AIDS activities are included in the 2006–07 national budget. As a result, all MDA have budgeted for HIV and AIDS activities and integrated them in the MTEF in accordance with national budgetary guidelines. (In Tanzania, a special 'A-Code' has been provided specifically for AIDS activities to assist in allocation and tracking of expenditures related to AIDS for all MDA so as to meet the NSGRP/ MKUKUTA goals and targets. All MDA are required to comply with the system.)
- Two skills-building workshops were conducted with senior government officials in the Ministry of Home Affairs and Ministry of Public Safety and Security. The workshops were followed by formulation of sector strategies and action plans on AIDS, to be integrated in the MTEF the following year.
- Local government authorities were oriented in the AIDS aspects of the NSGRP/ MKUKUTA to ensure that they integrate HIV and AIDS into the annual budgets and use the HIV/AIDS code (objective A) during budgeting.
- The national budget guidelines were revised to integrate HIV and AIDS based on the NSGRP/ MKUKUTA targets and interventions.
- The budget code 'A' for tracking HIV and AIDS in the MTEF, which was introduced three years ago, was used to identify areas that require more resources for HIV and AIDS.
- A Public Expenditure Review on AIDS, which is now conducted every year to assess utilization of funds for AIDS, provided recommendations on improving the national AIDS response.

*Monitoring and Evaluation*

- The CFA provided support (with technical assistance from the Global AIDS Monitoring and Evaluation Team [GAMET]) to facilitate a capacity needs assessment and the development of an M&E strategy. A monitoring and evaluation roadmap, operational plan, and guidelines for Tanzania's output monitoring system for non-medical HIV and AIDS interventions (TOMSHA) were developed.
- A review of the NSGRP/MKUKUTA monitoring indicators related to HIV and AIDS was carried out.
- National indicators for monitoring HIV and AIDS and reporting were aligned to the poverty monitoring system of the NSGRP/MKUKUTA. This was achieved by a technical working group with contributions from discussions with stakeholders.
- Training of key actors from MDA and LGAs on M&E indicators and on collection of data and reporting on HIV and AIDS is ongoing.

**Key Results and Contributions to the PRSP Process**

- The AIDS response has been mainstreamed in the national budgetary processes. National budget guidelines have been revised to integrate AIDS based on the NSGRP/ MKUKUTA. All MDA have budgeted for HIV and AIDS and integrated HIV and AIDS in the MTEF in accordance with the national budget guidelines.

- There has been heightened understanding related to the allocation and effective use of resources allocated through the MTEF process and other channels to support AIDS responses. Accountability systems are being strengthened at all levels, including the oversight function of members of Parliament.
- The new parliament gave high priority to discussions of AIDS in its budget session. Members of Parliament are now actively involved in and understand their roles in the AIDS response.
- Active participation of stakeholders in the national development process (NSGRP/MKUKUTA) and the national response to AIDS has increased and continues to grow. Members of Parliament, religious leaders, PLHIV, women and youth organizations, LGAs, civil society organizations, private companies and businesses are coming forward with issues and recommendations.
- Action plans were developed by each participating CSO to roll out integration of AIDS activities within their respective areas, and CSO project proposals were reviewed to see that they are in line with the NSGRP/MKUKUTA and the NMSF.
- The HIV and AIDS Working Group of the NGO Policy Forum reported several positive developments as a result of the CFA, including:
  - increased collaboration between CSOs and government (CSOs have been invited to participate in Public Expenditure Review group meetings, to review draft reports, and to review the NMSF.);
  - increased public private partnership between government, CSOs, the private sector and media; and
  - the creation of a forum for CSOs to hold the government accountable in the fulfilment of its commitments.
- Twenty-six additional companies have endorsed the AIDS Business Council of Tanzania (bringing the total number of companies to 76) and will implement workplace programmes.
- The monitoring and evaluation framework for HIV and AIDS linked to the poverty monitoring master plan has been established.
- The impact of AIDS on human resources for health (HRH) has been documented, which provides data for policy and planning.

### Challenges and Constraints

The main challenges in mainstreaming AIDS in Tanzania (Mainland) are as follows:

- the unpredictable long-term financing of the national AIDS response beyond 2008;
- the human resources crisis and capacity issues that are limiting the scaling up and sustainability of development programmes;
- mainstreaming AIDS throughout the national systems may affect absorption capacity; and
- the NGO Policy Forum highlighted the challenge that some CSOs are viewed as activists and not as government development partners.

The main constraints in implementing the CFA in 2006 were:

- A new fourth phase government came on board early in 2006 and with it came a re-structuring of the institutions, ministries, departments and agencies. Orientation of the new government took priority over other critical assignments, causing some delays in implementation.
- Demands on the ground exceeded what was budgeted for during the planning process; hence, additional funding was mobilized locally.

### Lessons Learned and Good Practices

- The mapping of vulnerability and impact assessment studies require elaborate methodologies and take time to be completed.
- Budgeting through the MTEF requires the coordination of various stakeholders even during implementation.
- The institutionalization of the Public Expenditure Review (PER) has enabled mapping of funding sources and tracking of expenditures for AIDS.
- The CFA could have focused on enhancement of existing activities rather than initiating new activities.

Other good practices shared by the Tanzania country team:

- The government and partners have introduced a pooled funding mechanism for AIDS in which the government is to prioritize areas of funding for AIDS.
- An inter-ministerial committee of permanent secretaries on HIV and AIDS has been established and is promoting the scaling up of prevention measures.
- The Development Partners' Group on AIDS and the government have formalized regular (quarterly) meetings on AIDS.
- The HIV and AIDS budget accounts for 10% of the national budget, and donor funds account for 90% of the annual budget on HIV and AIDS.

### The Way Forward

The CFA country team (including representatives from the Tanzania Commission for AIDS, the Ministry of Planning, Economy and Empowerment, Concern Worldwide, and UNDP) has prioritized the need to enhance the mainstreaming of AIDS in local government authorities and CSOs and to strengthen their capacity to plan and budget for priority interventions. To achieve this aim, the country team proposed the following activities for 2007:

- conducting an analysis of CSOs and private sector engagement with LGAs in mainstreaming AIDS as addressed in the NSGRP/ MKUKUTA and the NMSF;
- enhancing district capacity in the absorption of and accountability for AIDS resources (planning, prioritizing, costing and implementing activities to address AIDS); and
- scaling up the private sector response and strengthening the newly established Tanzania AIDS Forum Secretariat for CSOs.

### Resources and Tools

- National Strategy for Growth and Reduction of Poverty (NSGRP/ MKUKUTA)
- Selected sector strategies for HIV and AIDS
- Study on the impact of AIDS on human resources in the health sector
- Vulnerability study with a focus on orphans and vulnerable children.
- ‘Social and Economic Impacts of HIV and AIDS in Tanzania: Inventory of Studies’
- Budget Guidelines
- MTEF Training Guide
- The Medium-Term Expenditure Framework (MTEF) of TACAIDS
- Public Expenditure Review (for AIDS)
- Procurement plan for all sectors (including AIDS related services)
- Monitoring and evaluation roadmap
- M&E operational plan
- Guidelines for Tanzania’s output monitoring system for non-medical HIV and AIDS interventions (TOMSHA)
- Joint UN Programme of Support
- Training reports

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### 3.7 TANZANIA (ZANZIBAR)

#### Strengthening Capacity for Integrating AIDS into the PRSP through the Four Key Entry Points

*Stakeholder participation; HIV prevalence studies; sector planning and budgeting in line with the PRSP; integrating M&E indicators in the poverty monitoring framework and M&E training.*

#### The Issues

At the time of commencement of the Joint Programme, Tanzania (Zanzibar) was in the process of developing its second PRSP, the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP). Key mainstreaming issues at the start of the CFA were: 1) weak mainstreaming and inadequate capacity to mainstream AIDS into national development instruments (PRSPs, sector plans and MTEFs); 2) inadequate involvement of stakeholders in the PRSP review and development process; 3) lack of integration of the national HIV and AIDS strategy with the first PRSP; 4) limited financial resources to adequately address AIDS issues in the framework of the PRSP; 5) the need to strengthen capacities of MDA in AIDS planning, budgeting and monitoring; 6) inadequate decentralization of the AIDS response; 7) lack of analysis on the impact of AIDS policy on the poor, and low awareness among partners and actors of the inter-connection between poverty and AIDS; 8) inadequate capacity to mainstream the gender aspects of AIDS in the PRSP; 9) inadequate mainstreaming of AIDS in poverty monitoring processes; and 10) inadequate coordination among implementers of AIDS interventions, and poor tracking of donor resources for AIDS.

#### Summary of Activities

The CFA included a range of activities addressing the multi-dimensional issues and challenges in mainstreaming AIDS at all stages of the PRSP process. The activities were integrated into broader national processes, and additional World Bank MAP funds were mobilized to implement AIDS mainstreaming activities. Activities were implemented to 1) facilitate the participation of stakeholders in reviewing the previous PRSP and in mainstreaming AIDS in the ZSGRP; 2) conduct HIV vulnerability and AIDS impact assessments to enable use of the data in the planning process; 3) strengthen capacity of MDA in AIDS planning, budgeting and monitoring; and 4) integrate monitoring and evaluation of HIV and AIDS into the monitoring process of the ZSGRP, and that of MDA and LGAs.

#### Details of Activities

##### *CFA Management Arrangements*

- Management and oversight of the CFA was undertaken by the UNDP HIV/AIDS Focal Point in Tanzania.

##### *Participatory Process*

- Consultation meetings were organized between stakeholders (including members of the House of Representatives, media, MDA, private sector, CSOs, FBOs, women, PLHIV, and key populations at higher risk of exposure to HIV) and the ZSGRP drafting team to review the first PRSP and support integration of AIDS in the ZSGRP. Stakeholders provided their inputs in relation to AIDS and poverty.
- Technical working groups and a drafting team were established to facilitate the review process and to consolidate stakeholders' inputs for integration into the ZSGRP.

- AIDS issues for integration into the three main cluster strategies of the ZSGRP were identified through special working sessions with the MDA and the drafting team.
- The Joint Programme supported the establishment of the Zanzibar AIDS Business Coalition which is now in the process of being registered as an NGO linking the private sector and government in the AIDS response. Thirty-five companies came forward and agreed on the constitution and strategic plan of the AIDS Business Coalition.
- A high-level workshop on leadership and mainstreaming of AIDS in development processes was conducted and attended by key government leaders, including ministers and members of the House of Representatives. The workshop resulted in the finalization and approval of the Zanzibar Policy on HIV and AIDS and the Advocacy and Communication Strategy. It also resulted in a recommendation to address substance and drug use by developing action plans to be mainstreamed and implemented under the new ZSGRP.

#### *Diagnostic Studies and Analysis*

- A study on HIV prevalence among substance users was completed with support from the UN Office on Drugs and Crime (UNODC). The study found that HIV prevalence amongst substance users in general was 13%; whilst amongst injecting drug users specifically, the HIV prevalence was 26%. The findings of this study have been used to design a strategic plan to address HIV among substance users, which will be implemented within the framework of the ZSGRP.
- An assessment of the magnitude of vulnerability among orphans and vulnerable children, and risk behaviours in other groups (including size estimation of key populations at increased risk of exposure to HIV) is ongoing.
- AIDS impact studies are currently being conducted in two sectors (Education and Tourism) in collaboration with the respective government sectors. The results of these studies will be utilized to design evidence-informed interventions to address the challenges in these two sectors.

#### *Policies, Strategies and Resources*

- A training workshop was organized for MDA on planning and budgeting for HIV and AIDS activities in line with the ZSGRP, their core mandates and workplace programme. All MDA have budgeted for HIV and AIDS activities and integrated them into the 2006–2007 MTEF in accordance with Tanzania (Zanzibar) budgetary guidelines.
- A PER for AIDS (involving all partners including CSOs, NGOs and development partners) was undertaken to assess the status of resources and expenditures on AIDS.
- Costing of the HIV and AIDS strategy within the health sector was finalised and provides a clear picture of the required resources to scale up health related prevention, care, treatment and support services

#### *Monitoring and Evaluation*

- The national HIV and AIDS M&E system was made operational with technical support from GAMET. Key actors from MDA and CSOs were trained on monitoring and evaluation.
- Support was provided to strengthen the technical capacity of the Zanzibar AIDS Commission in overseeing the monitoring and evaluation of the AIDS response.
- The process of designing a poverty monitoring framework has started and HIV indicators for inclusion in the poverty monitoring master plan have been identified.

### Key Results and Contributions to the PRSP Process

- AIDS has been fully mainstreamed into the ZSGRP.
- While sectors did previously have AIDS components within their sector plans, the CFA helped to reorient and realign these plans to the ZSGRP content.
- All MDA have budgeted for HIV and AIDS activities and integrated them in the 2006–2007 MTEF.
- The findings of the HIV prevalence study among substance users have been used to design interventions that will be implemented within the framework of ZSGRP.
- The process for developing the new ZSGRP was participatory and inclusive of all stakeholders, thus providing room for broader ownership of the process and results.
- The enhanced understanding of the links between AIDS and poverty resulted in greater acceptance of the AIDS mainstreaming approach among key actors in MDA.
- There has been keen interest among the new leadership in AIDS and a change in views on preventive measures, especially on condom use. A request has been made to the UN system to support a special seminar for senior government officials and for the members of the House of Representatives.
- The project has helped to harmonize donor support and reporting (through the Joint UN Programme of Support). The Development Partners' Group on AIDS and the government have formalized quarterly consultations on HIV and AIDS, which did not happen in the past.
- The PER shows the status of funding of the national AIDS response in Tanzania (Zanzibar) and provides recommendations on the way forward.

### Challenges and Constraints

#### Challenges in mainstreaming AIDS

- While significant progress has been made in mainstreaming AIDS in the ZSGRP and the ZSGRP is now rich in AIDS content, the process to enhance capacity of key actors has to continue to ensure effective implementation, monitoring and evaluation.

#### Constraints in implementation of country follow-up activities (CFA)

- Most activities were under-budgeted and demands on the ground exceeded the CFA budget.
- Additional funding was provided from UN country support and the World Bank MAP.
- Vulnerability mapping and assessment require elaborate methodologies and will take time to be completed.

### Lessons Learned and Good Practices

- More technical and financial support is needed to facilitate implementation of agreed AIDS interventions in the context of the ZSGRP.
- Involving stakeholders at all levels of the PRSP process is important in facilitating broader ownership of the process and results.
- Timely interventions are important in facilitating effective mainstreaming of AIDS into the PRSP.
- The diagnostic of AIDS and poverty should be carried out early in order to inform the PRSP formulation process.

- The technical assistance provided was instrumental in terms of enhancing understanding among key actors of the linkages between AIDS and poverty. The technical assistance also resulted in enhanced capacity for AIDS mainstreaming.
- Mainstreaming AIDS into the ZSGRP has created room for an expanded response, including increased allocation of resources for AIDS interventions through the MTEF.
- The project has helped in harmonizing donor support and reporting (Joint UN Programme of Support to the AIDS response in Zanzibar).

### The Way Forward

The country team of Tanzania (Zanzibar) (including representatives from the Zanzibar AIDS Commission; the Ministry of Planning, Economy and Empowerment; Concern Worldwide; and UNDP) identified the following CFA to be implemented in 2007:

- training of MDA and LGAs on planning and budgeting in the MTEF (in 2006 the focus of training was on budgeting for workplace programmes, whereas in 2007 the focus will be on budgeting for both internal and external AIDS responses);
- orienting stakeholders, including CSOs, on the AIDS content of the ZSGRP;
- developing advocacy materials on AIDS and the ZSGRP; and
- documenting processes and lessons learned in implementing the CFA.

### Resources and Tools

- Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP)
- Consultancy report on mainstreaming AIDS into the ZSGRP
- Proceedings of the Training Workshop for the ZSGRP Drafting Team on Mainstreaming AIDS into the ZSGRP
- Zanzibar AIDS Business Coalition—Constitution
- Zanzibar AIDS Business Coalition—Strategic Plan
- Study on HIV prevalence among substance users, ‘HIV and Substance Use: The Dual Epidemics Challenging Zanzibar’.
- Study on HIV vulnerability among orphans and vulnerable children
- Public Expenditure Review for AIDS (completed March 2007)
- Guidelines for Zanzibar’s HIV and AIDS Programme Monitoring System (ZHAPMoS)
- Zanzibar National Multisectoral HIV Monitoring and Evaluation System – Operational Framework (2005/6 – 2008/9)
- HIV and AIDS indicators selected for inclusion in the poverty monitoring master plan
- Draft poverty monitoring master plan
- Joint UN Programme of Support

### Joint Programme/Knowledge Management Focal Point

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### 3.8 ZAMBIA

#### Strengthening Capacity for Integrating AIDS into the PRSP through the Four Key Entry Points

*Enhancing stakeholder participation; improving poverty diagnostics; supporting sector and district planning; and consolidating HIV and AIDS monitoring indicators.*

#### The Issues

At the time of commencement of the Joint Programme, Zambia was in the process of developing its Fifth National Development Plan (FNDP) 2006–2010, into which the PRSP is subsumed. A draft National Strategic Framework (2006–2010) had been prepared and was nearing completion. The main challenges and limiting factors in integrating AIDS into the poverty reduction strategy at the time were: 1) the AIDS response was handled primarily as a health sector issue in the previous PRSP, with limited ownership and coordination for a multisectoral response at all levels; 2) lack of rigorous analysis of the impact of HIV and AIDS on other sectors in the first PRSP; 3) uneven progress in mainstreaming AIDS; 4) limited capacity to identify AIDS-related problems, set priorities, and establish accountable systems; 5) challenges in coordinating donor support; 6) the need for stronger coordination mechanisms and greater clarity on division of responsibilities among stakeholders from the national to the provincial and district levels; 7) the need to strengthen and harmonize the various monitoring and evaluation systems, and track resources for better planning of interventions; and 8) the need for NAC leadership in proliferating M&E practices.

#### Summary of Activities

The CFA in Zambia focused on providing support to prioritize AIDS within the FNDP by improving stakeholder participation at all stages of the FNDP, improving poverty diagnostics to inform the FNDP formulation process, developing case studies to support sectors in integrating AIDS into sector plans, and consolidating data from various monitoring systems.

#### Details of Activities

##### *CFA Management Arrangements*

- The CFA were jointly managed by the NAC and the UNDP HIV/AIDS Focal Point in Zambia. The CFA were integrated into the existing national mainstreaming processes as described below.

##### *Participatory Process*

- Technical assistance was provided to the NAC for inputs into the final version of the HIV and AIDS chapter of the FNDP.
- A review of HIV and AIDS and gender mainstreaming in provincial and district plans was carried out using a checklist developed by the Ministry of Finance and National Planning (MoFNP) and the National AIDS Council (NAC).
- Guidelines for integrating AIDS into district and provincial development plans were communicated to the sub-national levels to ensure that the final document integrates AIDS with a bottom up approach to planning.
- Sector advisory groups were formed for the formulation of the FNDP, including one advisory group on gender and HIV and AIDS. These advisory groups included representatives from NGOs, development partners, and government sectors.

- FNDP consultants and sector advisory group members were trained by the NAC to ensure they have AIDS knowledge when undertaking the sector work for the FNDP.
- A national consultative workshop was conducted with participants from government, CSOs, multilateral and bilateral cooperating partners, to finalize the National Strategic Framework.
- A stakeholder meeting to finalize the FNDP draft was held in July 2006, with participation of district, provincial and national level stakeholders. Comments on the HIV and AIDS content of the FNDP were sought for incorporation in the final FNDP.

#### *Diagnostic Studies and Analysis*

- Technical assistance was provided to support the review of existing data and information on poverty in Zambia with a special focus on the relationship between poverty and AIDS. A report, 'Poverty Diagnostics: Responding to the Challenges of Poverty and HIV/AIDS in Zambia', was developed. The report made recommendations on how existing gaps in the knowledge base should be addressed as part of the national response to AIDS.
- During the national consultative workshop to review the draft National Strategic Framework (described above under the participatory process activities), input was provided to include poverty diagnostics in the National Strategic Framework.
- Case studies on sector mainstreaming of AIDS were completed for the Agriculture, Transport, Mining, Education, and Tourism sectors.

#### *Policies, Strategies and Resources*

- A review of sector performance on HIV and AIDS was completed and sector case studies and guidelines were developed to support sectors in mainstreaming AIDS in the FNDP. All sectors were sensitized on AIDS issues.
- Various costing scenarios for integrating AIDS funding into the FNDP were developed. Two alternative costing scenarios were considered: 1) all HIV and AIDS costs to be included in the HIV and AIDS chapter of the FNDP, and 2) HIV and AIDS costs to be budgeted within sector plans, and a budget allocated to the NAC for coordination. The second scenario was selected, and the FNDP reflects HIV and AIDS resource allocations for the duration of the FNDP accordingly.

#### *Monitoring and Evaluation*

- Monitoring indicators for the National Strategic Framework and FNDP were developed with support from UNAIDS. An HIV and AIDS M&E framework was developed for the NSF.
- Monitoring and evaluation guidelines for implementation of the FNDP were prepared, and activities to strengthen the capacity of various sectors on M&E are ongoing.
- The synthesis of data emanating from various monitoring systems is ongoing.

#### **Key Results and Contributions to the PRSP Process**

- AIDS was mainstreamed into the FNDP across sectors, in addition to a separate chapter on HIV and AIDS.
- Resource allocations made by sectors for HIV and AIDS in the FNDP were increased.
- The FNDP provides an operational framework for mainstreaming AIDS into the district development plans and sectors, a departure from the first Zambian PRSP, 2001–2005, in which AIDS was treated as an 'add-on; in each sector, and the decentralization of the response was a low priority.

- The CFA facilitated the alignment of the National Strategic Framework, the FNDP and the sector, district, and provincial development plans.
- The CFA also enabled stakeholders to clarify issues within the National Strategic Framework through the consultative process of various players, and ownership of the National Strategic Framework by partners has been strengthened.

### Challenges and Constraints

The main challenges in implementation of the CFA in Zambia were:

- the differing interpretations among stakeholders of whether mainstreaming AIDS leads to reduced poverty, prevalence and suffering;
- the competing demands on the time of different actors who were in the process of managing several processes (elections, FDNP, Vision 2030, sector, provincial and district development plans, National Strategic Framework and NAC strategic plan, United Nations Development Assistance Framework);
- the shifting deadlines for the completion and launch of the FNDP;
- developing budgeting scenarios in the FNDP; and
- undertaking resource tracking.

### Lessons Learned and Good Practices

- The involvement of various stakeholders at all levels in the FNDP process, as well as the wide consultation process, has been important in facilitating broader national ownership of the process and results.
- The fact that the NAC provided technical backstopping proved instrumental in terms of increasing the understanding of the links between AIDS and poverty. The technical backstopping also enhanced the capacity to mainstream AIDS in development processes.
- Mainstreaming of AIDS into the FNDP has created an enabling environment for the multisectoral response, including increased resource allocations for HIV and AIDS made by sectors in the FNDP.
- The formation of a Gender and HIV and AIDS advisory group to participate in the development of the FNDP was an effective approach in ensuring AIDS is mainstreamed in the FNDP.
- The CFA fit into the existing national mainstreaming processes, including the Joint United Nations Programme of Support on HIV and AIDS, and facilitated the alignment of national planning instruments (the National Strategic Framework FNDP; Joint UN Programme of Support; sector, district and provincial plans; and annual workplans and budgets).
- Many development partners are interested in the mainstreaming agenda, and hence it was possible to leverage additional resources to finance the CFA.

### The Way Forward

The country team from Zambia (including representatives from the NAC, MoFNP, Public Service Management Division of the Cabinet Office, the Zambia Interfaith Networking Group on HIV and AIDS, and UNDP) identified the following activities to be continued in 2007:

- providing support to FNDP implementation using toolkits, handbook, and guidelines at sector and decentralized level;

- preparing advocacy materials on the links between poverty and AIDS;
- holding lobbying meetings with new MPs (elected in September 2006) and traditional religious leaders using electronic and print media (radio, TV, pamphlets, flyers and posters);
- tracking funds and technical assistance flowing into the country; and
- providing support to continuously develop the capacity of various actors on M&E in order to further refine pertinent HIV and AIDS indicators across sectors.

### Resources and Tools

- Fifth National Development Plan (2006–2010)
- National Strategic Framework (2006–2010)
- 2007 Zambia Human Development Report: Enhancing Household Capacity to Respond to HIV and AIDS
- ‘Poverty Diagnostics: Responding to the Challenges of Poverty and HIV and AIDS in Zambia’
- AIDS Vulnerability Study (supported by the World Bank)
- Mainstreaming AIDS Case Studies: Agriculture, Transport, Mining, Education, and Tourism sectors.
- Strategic Plan for Public Service Management Division (2006–2010)
- Zambia Interfaith Networking Group on HIV and AIDS (ZINGO) Strategic Plan 2006–2011
- Joint UN Programme of Support
- Organizational Capacity Assessment

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## 4. Overview of Country Issues, Activities, Results and Lessons Learned

### 4.1 Overview of Key Issues

An analysis of the issues papers of the seven countries participating in the first round of the Joint Programme reveals common concerns, limiting factors and challenges in integrating AIDS into poverty reduction strategies at the time of the launch of the Joint Programme. The main issues can be broadly grouped under the four key entry points<sup>8</sup> as follows<sup>9</sup>:

- *Participatory Process*: insufficient participation in PRSP formulation by local government, the private sector, CSOs, and PLHIV; the need for enhanced coordination of and support to AIDS mainstreaming efforts by the national AIDS coordinating authority; the need for greater commitment to AIDS mainstreaming at all levels of government; weak participation in and coordination of implementation efforts; insufficient decentralization of the AIDS response; and limited community ownership and mobilization.
- *Diagnostic Studies and Analysis*: limited analysis of the impact of AIDS on macroeconomic development and poverty reduction, and at the level of sectors, regions and households; limited availability of vulnerability studies to prioritize and inform strategies for populations at higher risk of exposure to HIV and the impact of AIDS.
- *Policies, Strategies and Resources*: inadequate factoring of AIDS into macroeconomic policy; weak prioritization of AIDS in the PRSP and in sectoral plans; the need for greater alignment of PRSPs, National Strategic Plans (NSP), sector strategies and government budgets; the need for costing AIDS strategies in the PRSP; health sector constraints; and challenges in harmonization and tracking of donor funds and activities.
- *Monitoring and Evaluation*: weakness of HIV and AIDS indicators in PRSPs; inadequate coverage of HIV and AIDS in poverty monitoring processes; challenges in making national HIV and AIDS M&E plans operational; lack of harmonization of multiple HIV and AIDS M&E systems and data sources; inadequate baseline data and indicators; the need for leadership and increased human resources within the national AIDS coordinating authority and the PRSP technical units to strengthen monitoring and evaluation.

Activities planned to address the above issues were structured within the framework of the four key entry points of the PRSP process, and in accordance with the stage countries had reached in the development or implementation of their PRSP. Most activities were designed to build on and complement ongoing PRSP processes at the country level to strengthen AIDS mainstreaming capacities of relevant actors, and to address existing gaps throughout the poverty reduction strategy processes as identified in the issues papers.

8. The four key entry points are based on the main processes involved in the preparation of PRSPs, each of which needs to reflect the adequate integration of HIV and AIDS. Issues related to the implementation of poverty reduction strategies have also been grouped under these four keys according to the nature of the issues and the type of activity that can address the issue. In future cycles of the Joint Programme, a 'fifth key' may be used to reflect issues and activities related to the implementation of poverty reduction strategies separately.

9. Mainstreaming issues identified in the country issues papers have been grouped in broad categories under the 'four keys' for the purpose of providing a cross-country overview of the common challenges in integrating AIDS into poverty reduction strategies. However it should be noted that the precise nature and context of the issues varies among countries, and the individual country reviews (Section 3) and issues papers should be referred to for further country-specific details.

Some country teams selectively focused their CFA on prioritized issues (Ethiopia, Ghana), whereas others (Rwanda, Tanzania, Zambia) addressed a broader spectrum of issues by linking into the PRSP process across the four key entry points. The table below provides an overview of the main issues identified in the issues papers and highlights the issues for which CFA were implemented in 2006.

	Issue identified in the country issues paper (grouped under the four key entry points)
•	CFA implemented to address this issue

TABLE 2. MAIN ISSUES IN MAINSTREAMING AIDS, AND AREAS OF CFA IMPLEMENTATION								
Main Issues in Mainstreaming AIDS (Grouped under the four key entry points)	Ethiopia	Ghana	Mali	Rwanda	Senegal	Tanzania (Mainland)	Tanzania (Zanzibar)	Zambia
<b>Participatory Process</b>								
Insufficient participation in PRSP formulation			•	•	•		•	•
Need for enhanced NAC coordination of and support to mainstreaming efforts	•	•	•	•	•		•	•
Need for greater commitment to mainstreaming at all levels of government		•				•	•	
Weak participation in, ownership and coordination of implementation efforts	•	•				•	•	•
Insufficient decentralization of the AIDS response		•	•	•		•	•	•
Limited community ownership and mobilization	•					•	•	
<b>Diagnostic Studies and Analysis</b>								
Limited analysis of the impact of AIDS on: the macro economy, poverty reduction, sectors, regions, households				•		•	•	•
Limited vulnerability studies to prioritize and inform strategies for populations at higher risk of exposure to HIV and the impact of AIDS						•	•	
<b>Resources and macroeconomic policies</b>								
Inadequate factoring of AIDS into macroeconomic policy		•						•
Weak sector mainstreaming and prioritization of AIDS in the PRSP			•	•	•		•	•
Need for alignment of the PRSP, sector strategies, MTEF, government budgets		•				•	•	•
Limited alignment of the PRSP and NSP		•	•	•	•			•
Need for costing HIV and AIDS aspects of the PRSP				•	•		•	•
Health sector constraints						•		
Challenges in harmonization and tracking of donor funds and activities	•						•	

TABLE 2. MAIN ISSUES IN MAINSTREAMING AIDS, AND AREAS OF CFA IMPLEMENTATION								
Main Issues in Mainstreaming AIDS (Grouped under the four key entry points)	Ethiopia	Ghana	Mali	Rwanda	Senegal	Tanzania (Mainland)	Tanzania (Zanzibar)	Zambia
<b>Monitoring and evaluation</b>								
Weakness of HIV and AIDS indicators in PRSPs			•	•				•
Inadequate coverage of HIV and AIDS in poverty monitoring processes						•	•	
Challenges in making national HIV and AIDS M&E plans operational	•					•	•	•
Lack of harmonization of multiple M&E systems and data sources	•							•
Inadequate baseline data and indicators								
Need for leadership/ human resources for M&E (NAC and PRSP technical unit)	•							•

## 4.2 Overview of Activities and Results

Country follow-up activities and technical support were in several areas, including: process facilitation with the National AIDS Commission or Council, ministries of finance and planning and other actors; consultative meetings and workshops with diverse stakeholders; PRSP review workshops; vulnerability studies and AIDS impact-assessments; workshops and technical support to facilitate and build capacity of sectors and districts in strategic planning and budgeting for AIDS; development of monitoring and evaluation tools and frameworks; monitoring and evaluation workshops; and process facilitation and workshops for stakeholders to plan and coordinate the implementation of the AIDS-related aspects of the PRSP.

An overview of the progress achieved by the first seven countries participating in the Joint Programme is provided below. The key results in integrating AIDS into poverty reduction strategies are highlighted, followed by a brief description of the activities that contributed to the result<sup>10</sup>.

### 1. Enhanced participation of stakeholders in PRSP formulation

Of the first seven countries participating in the Joint Programme, **Mali, Rwanda, Senegal, Zambia** and **Tanzania (Zanzibar)** were in the process of formulating their second generation PRSPs at the time of the CFA in 2006. In all these countries, the Joint Programme resulted in increased participation and contributions by stakeholders to the PRSP formulation process. This not only contributed to enhanced content and broader ownership of the PRSP, but was also an important step towards strengthening capacity for implementing the AIDS-related aspects of the PRSP at the decentralized level.

Participation in AIDS mainstreaming meetings and workshops included CSOs, vulnerable groups, and PLHIV in **Mali**; CSOs, development partners, and umbrella organizations represent-

10. As highlighted in Section 3 of the report, in many instances the CFA were not stand-alone activities, but were integrated into ongoing national planning processes to facilitate and develop capacities for the integration of AIDS into poverty reduction strategies. Hence, mainstreaming progress and results reported here have been contributed to by multiple country level actors and processes, as well as funding from additional sources.

ing PLHIV, CSOs, FBOs, media, women, youth, and the private sector in **Rwanda**; civil society, the public sector and the private sector in **Senegal**; members of the House of Representatives, the media, private sector, CSOs, FBOs, women, PLHIV and key populations at higher risk of exposure to HIV in **Tanzania (Zanzibar)**; and district, provincial and national level stakeholders in **Zambia**.

The enhanced participation of stakeholders was achieved through several activities including:

- workshops to strengthen capacity of stakeholders in evaluating the extent of AIDS mainstreaming in the PRSP;
- consultation meetings between stakeholder groups and the PRSP drafting team to review the first draft of the PRSP;
- stakeholder workshops to review the AIDS content of the draft PRSP and collate views for inclusion in the PRSP;
- stakeholder meeting to brief participants on the mainstreaming process and seek their inputs on checklists to support sectors in mainstreaming AIDS in the PRSP;
- support to meetings of the National Partnership Forum to seek feedback from stakeholders on mainstreaming AIDS in the PRSP; and
- participation in meetings of development partners and of the national HIV and AIDS Cluster to update stakeholders and stimulate harmonization of planning and implementation efforts.

## 2. Enhanced Integration of AIDS in PRSPs

In all countries that were preparing their second generation PRSP in 2006 (**Mali, Rwanda, Senegal, Tanzania [Zanzibar], and Zambia**), the Joint Programme activities resulted in enhanced integration of AIDS into the PRSPs.

In **Rwanda**, the first PRSP had limited coverage of AIDS issues outside the health sector, whereas AIDS-related activities are now integrated across all sector strategies and logframes of the second PRSP. In **Zambia**, HIV and AIDS had been handled primarily as a health sector issue in the previous PRSP, whereas in the new FNDP, in addition to the separate chapter on HIV and AIDS, HIV and AIDS have been mainstreamed across sectors, and resource allocations by sectors for HIV and AIDS have been increased. In **Tanzania (Zanzibar)**, where AIDS had been weakly mainstreamed in the previous PRSP, AIDS has now been mainstreamed across the three main cluster strategies of the second PRSP; and as a result, increased resource allocations have been made for HIV and AIDS interventions through the MTEF. In **Mali**, the first PRSP had included only one HIV indicator, whereas the second PRSP now includes 14 HIV and AIDS activities and 13 indicators. In **Senegal**, AIDS was only weakly mainstreamed in the previous PRSP, whereas AIDS has been more effectively integrated in the second PRSP.

The enhancement of AIDS integration and content in the above PRSPs was achieved through a combination of Joint Programme activities linked into the ongoing PRSP formulation processes. These activities included:

- advocating AIDS mainstreaming among stakeholders;
- sensitizing ministries of finance and planning to the importance of mainstreaming AIDS in the PRSP;
- establishing a task team (comprising representatives from the NAC, UNDP and UNAIDS) or a multisectoral thematic working group (including representatives of all key partners) to advocate, support and guide the mainstreaming process;

- developing and sharing mainstreaming methodologies and tools to guide sectors in integrating AIDS in their sector strategies within the PRSP;
- strengthening NAC capacity to lead, participate in and provide technical support for the mainstreaming process;
- reviewing the previous PRSP to identify gaps and shortcomings that could be addressed in the second PRSP;
- developing checklists, guidelines and concept notes to support sectors in mainstreaming AIDS in their sector strategies within the PRSP;
- strengthening the capacity of stakeholders to participate in the PRSP review process through workshops;
- organizing consultation meetings between stakeholder groups and the PRSP drafting team;
- special working sessions with MDA and the PRSP drafting team to identify AIDS issues for integration in the PRSP;
- organizing stakeholder workshops to review the AIDS content of the PRSP and to collate views and recommendations; and
- reviewing the draft PRSP and providing recommendations.

### 3. Enhanced role and capacity of the NAC in leading and supporting AIDS mainstreaming

In all participating countries, the NAC took a leading or at least an active role in CFA implementation. The Joint Programme also contributed to the development of NAC capacities in supporting AIDS mainstreaming through technical assistance, financial support, and workshops.

In **Ethiopia**, the NAC (HAPCO) took the lead in all activities of the Joint Programme (which were integrated into HAPCO's action plan of) and in coordinating and harmonizing efforts of multiple partners. In **Ghana**, where the CFA were reflected in the Annual Plan of Work of the NAC (GAC), the NAC worked closely with the National Development Planning Commission to ensure integration of AIDS in sector medium-term development plans in line with the PRSP. In **Rwanda**, the NAC (CNLS) was provided with capacities (financial, additional human resources and technical advice) to participate in the PRSP formulation process and ensure the integration of AIDS in the PRSP. In **Zambia**, technical support was provided to the NAC in reviewing the final version of the HIV and AIDS chapter of the FNDP; and the NAC trained FNDP consultants and sector advisory group members on mainstreaming AIDS, and provided technical support to the process. In **Mali**, the CFA Facilitator supported the NAC (CNLS) in making proposals to improve the AIDS content of the PRSP draft. In **Senegal**, a workshop was organized with the NAC (CNLS) and the Poverty Reduction Unit of the Ministry of Economy and Finance to reinforce group skills in AIDS mainstreaming.

### 4. Increased understanding of the links between poverty and AIDS, and the impact of AIDS

In **Mali**, a series of workshops for stakeholders resulted in a better understanding of the links between AIDS and poverty. In **Tanzania (Zanzibar)**, increased understanding of the inter-linkages between AIDS and poverty enhanced the acceptance of the AIDS mainstreaming approach among key actors in MDA. In **Zambia**, technical assistance was provided to support the review of existing data and information on poverty in Zambia, with a special focus on the relationship between poverty and AIDS. A report on 'Poverty Diagnostics: Responding to the Challenges of Poverty and HIV/AIDS in Zambia' was produced.

In **Tanzania (Zanzibar)**, AIDS impact analysis studies are being conducted in the education and tourism sectors. In **Tanzania (Mainland)**, a review of existing AIDS studies in various sectors was prepared. In **Rwanda**, a review of existing impact studies on sectors was initiated.

In **Tanzania (Mainland and Zanzibar)**, an HIV prevalence study was conducted among substance users and was used to design interventions within the framework of the PRSP. An analysis of the magnitude of vulnerability to HIV was also completed with a focus on orphans and vulnerable children.

### 5. Alignment of the PRSP and the National Strategic Plan

In countries where formulation of the National Strategic Plan and the second generation PRSP were taking place in parallel during 2005 and 2006 (**Mali, Senegal and Zambia**), the CFA resulted in increased linkages between the PRSP and AIDS planning processes, as well as alignment of HIV and AIDS targets and monitoring indicators in the PRSP and the NSP. In all countries, involvement of the NAC in the CFA mainstreaming activities resulted in closer alignment of PRSP planning processes with national AIDS priorities.

In **Senegal**, as a result of the Joint Programme, the parties responsible for HIV and those responsible for the PRSP (DSRP) came together, and the people responsible for the DSRP also participated in the formulation of the NSP (2007–2011). In **Mali**, the Joint Programme resulted in stronger partnerships between structures responsible for the PRSP (CSLP) and those responsible for the AIDS response. In **Zambia**, the Joint Programme facilitated the alignment of the National Strategic Framework and the FNDP, and enabled stakeholders to clarify issues within the National Strategic Framework.

In **Rwanda**, sector checklists and concept notes for mainstreaming AIDS were aligned with the NSP, and NAC (CNLS) technical support in the development of sector logframes helped ensure alignment of sector plans with the national AIDS response. HIV and AIDS targets and indicators in the Rwanda PRSP (EDPRS) were also linked to universal access targets and the NSP.

In **Ghana**, close collaboration between the National Development Planning Commission and the Ghana AIDS Commission in supporting district planning ensured that AIDS activities are in line with the national AIDS response. In **Ethiopia**, the Joint Programme focused on developing harmonization initiatives that would connect the NSP with the PRSP (PASDEP) and universal access targets.

In **Tanzania (Mainland)**, the monitoring and evaluation framework for HIV and AIDS was linked to the Poverty Monitoring Master Plan to facilitate the coverage of HIV and AIDS in poverty monitoring processes. In **Tanzania (Zanzibar)**, HIV and AIDS indicators for inclusion in the Poverty Monitoring Master Plan were identified.

### 6. Alignment of the PRSP, sector plans, MTEFs and government budgets

In **Ghana and Tanzania (Mainland and Zanzibar)**, the CFA resulted in better alignment of sector strategies, MTEFs and government budgets with the AIDS content of the PRSP, and influenced the integration of AIDS in national budget guidelines based on the PRSP.

In **Ghana**, the CFA ensured that AIDS was integrated in sector medium-term development plans, the MTEF and annual budgets of MDA in line with the PRSP. This was achieved through working closely with the National Development Planning Commission to integrate AIDS in sector planning guidelines and train MDA on integrating AIDS in their medium-term development plans.

In **Tanzania (Mainland and Zanzibar)**, MDA were trained on planning and budgeting for AIDS activities in line with the PRSP (ZSGRP), their core mandates and workplace programmes. All MDA have realigned their sector plans to the AIDS content of the PRSP, budgeted for HIV and AIDS, and integrated them in the 2006–2007 MTEF.

To support sectors in budgeting AIDS-related aspects of the PRSP, the Joint Programme Task Team in **Rwanda** was trained on costing HIV and AIDS in sectors, and members of the task team then supported sectors in HIV and AIDS costing during the PRSP costing exercise of the Ministry of Finance and Economic Development. In **Senegal**, the Thematic Working Group of the Joint Programme supported the social protection cluster in costing the HIV and AIDS components of the PRSP (DSRP) during the PRSP validation process. In **Zambia**, the Joint Programme provided support in developing alternative costing/ budgeting scenarios for integrating AIDS into the FNDP. In **Tanzania (Zanzibar)**, costing of the HIV and AIDS strategy in the health sector was finalized.

### 7. Enhanced planning and coordination for implementation of the AIDS-related aspects of the PRSP

In **Tanzania (Mainland)**, where the PRSP had just been completed at the start of the Joint Programme, the CFA resulted in the active participation of stakeholders in planning for implementation of the national AIDS response and the AIDS aspects of the PRSP. This was achieved through:

- a national CSO workshop under the umbrella of the CSO Policy Forum in which CSOs developed action plans integrating AIDS in line with the PRSP and NMSF (NSP);
- engagement of 26 additional companies in the AIDS response through the AIDS Business Coalition of Tanzania;
- a seminar with members of Parliament (MPs), and a roundtable with parliamentarians, PLHIV and young people, which resulted in greater understanding and involvement by MPs in the AIDS response; and
- skills-building workshops for MDA, the private sector, CSOs, government leaders, parliamentarians, the media, and PLHIV.

In **Tanzania (Zanzibar)**, a high level workshop on leadership and mainstreaming resulted in greater interest and involvement of leaders in mainstreaming AIDS in development. In addition, the Zanzibar AIDS Business Coalition was established as a first step in enhancing participation of the private sector in the AIDS response.

In **Zambia**, a review of AIDS mainstreaming in provincial and district plans was carried out using a checklist, and guidelines for the integration of AIDS into district and provincial development plans were communicated to the sub-national levels to ensure that the final FNDP integrates AIDS with a bottom-up approach. The FNDP now provides an operational framework for mainstreaming AIDS into the district development plans, in contrast to the first Zambian PRSP, in which the decentralization of the response was a low priority.

In **Tanzania (Mainland)**, local government authorities were oriented in the AIDS aspects of the PRSP (NSGRP) to ensure that they plan for and integrate AIDS in the annual budgets and use the AIDS budget code.

In **Ethiopia**, a meeting was held under the auspices of the National Partnership Forum to strengthen stakeholder involvement in the PRSP implementation programme. The Joint Programme in Ethiopia also focused on coordinating and harmonizing various elements and partners in the national AIDS response. Partners were brought together through technical work-

ing groups and agreement was reached on the way forward in coordinating key elements of the national response in line with the PRSP and NSP. The Joint Programme resulted in an initiative by the NAC (HAPCO) to develop a single plan of action, or 'roadmap', incorporating the objectives of the NSP and the PRSP, and the universal access targets to guide the implementation of the national response.

In **Ethiopia** the Joint Programme also resulted in agreement among stakeholders on adopting the National AIDS Spending Assessment as the appropriate approach to track HIV and AIDS expenditures. In **Tanzania (Mainland and Zanzibar)**, annual Public Expenditure Reviews on AIDS have been adopted as a means to track AIDS funding and expenditures, and provide recommendations for the implementation of the national response.

#### 8. Enhanced coordination of donor support and reporting

In **Zambia**, the Joint Programme facilitated the alignment of planning instruments including the Joint UN Programme of Support on HIV and AIDS. In **Tanzania (Mainland and Zanzibar)** the Joint Programme helped in coordinating donor support and reporting. The Development Partners' Group on AIDS and the government formalized quarterly consultations on HIV and AIDS, which was not the case previously. In **Rwanda**, the Task Team of the Joint Programme participated in the monthly HIV and AIDS Cluster meeting to update stakeholders and stimulate harmonization of national planning and implementation of AIDS activities.

#### 9. Enhanced capacity for implementation of monitoring and evaluation plans

In **Tanzania (Mainland)**, a capacity needs assessment was carried out and an M&E strategy was developed, with a roadmap, operational plan and guidelines. In **Tanzania (Zanzibar)** the national HIV and AIDS monitoring and evaluation system was made operational. In **Tanzania (Mainland and Zanzibar)**, key actors from MDA and CSOs are being trained on monitoring and evaluation. In **Zambia**, monitoring and evaluation guidelines for implementation of the FNDP were prepared, and capacity building of various sectors on monitoring and evaluation is ongoing. The synthesis of data emanating from various monitoring systems in **Zambia** is also ongoing.

## 5. Lessons Learned and Critical Factors

The lessons learned and critical factors in integrating AIDS in poverty reduction strategies as reported by the seven country teams and discussed during the Joint Programme review workshop (Nairobi, 26–28 February 2007), are summarized below.

### 5.1 Participatory Process

- Involving stakeholders at all stages of the PRSP process broadens ownership of the mainstreaming process and results (**Rwanda, Zambia, Tanzania [Zanzibar], Mali**). Involvement should go beyond consultation, to include agreement on roles and responsibilities. (**Ethiopia**).
- The NAC needs to play a leading role in mobilizing key actors, including political leadership, ministries of planning and finance, the private sector, civil society, populations at higher risk of HIV exposure, and local level actors. (**Ethiopia, Mali**)
- Involvement and technical input of the NAC in the PRSP process ensures better alignment of PRSP planning and budgeting processes with the NSP, and enhances capacity to mainstream AIDS. (**Rwanda, Ghana, Zambia, Mali, Senegal**)
- A national partnership forum can be a mechanism to coordinate broad non-government stakeholder involvement (**Ethiopia, Rwanda**), but the capacity of the NPF may need to be strengthened. (**Ethiopia**)
- An AIDS Business Coalition can be an effective mechanism in engaging the private sector in the AIDS response. (**Tanzania [Mainland and Zanzibar]**)
- A national CSO forum can be a suitable mechanism to engage CSOs in the PRSP process and in aligning their action plans with the PRSP. (**Tanzania [Mainland]**)
- In some cases, NGOs are leading the AIDS response and have the funding to do so, but they are focused on AIDS rather than on addressing the underlying issues of poverty (**Senegal**). Involvement of all stakeholders, including development actors (not just AIDS-specific stakeholders), can help to address this issue. (**Workshop discussions, Nairobi 26–28 February 2007**)

### 5.2 Diagnostic Studies and Analysis

- Mainstreaming in the PRSP does not mean everyone does everything. Impact assessments and vulnerability studies are needed to provide strategic information to support the mainstreaming of AIDS in PRSPs and sector plans (Tanzania [Mainland], Rwanda, Mali). Diagnostic studies and evidence-informed national strategic plans form the basis for the AIDS content of the PRSP.
- Carrying out studies of the linkages between HIV, poverty and other vulnerability factors require elaborate methodologies, which take time and are often problematic. (**Rwanda, Tanzania [Mainland]**). Such studies need to be carried out early in order to inform the PRSP formulation process. (**Tanzania [Zanzibar]**)

### 5.3 Policies, Strategies and Resources

- An important entry point for advocating and providing input for mainstreaming AIDS with sectors is when sectors are developing their PRSP logframes. The absence of advocacy and technical support at this stage can lead to the omission of AIDS references in the sector logframes even in priority sectors. **(Rwanda)**
- Costing prioritized HIV and AIDS interventions in PRSPs is critical, but can be problematic **(Rwanda)**. It is important that qualified personnel with relevant experience in costing HIV and AIDS are recruited to provide technical assistance.
- Mainstreaming support, when fitted into the existing national mainstreaming processes, facilitates the alignment of national planning and budgeting instruments (the NSP, PRSP, Joint UN Programme of Support, sector plans, MTEFs, district and provincial plans, and annual workplans and budgets). **(Zambia, Rwanda, Ghana)**.
- Alignment and re-alignment between the NSP, PRSP and sectoral plans and logframes is essential. **(Ghana, Tanzania [Zanzibar], Rwanda)**
- Mainstreaming tools and methodologies are needed for integrating AIDS in the PRSP and in development plans at the regional, district and community levels. Developing and disseminating mainstreaming tools to the decentralized level is needed but can be difficult. **(Mali)**
- Continued involvement is needed throughout the PRSP formulation and validation process to contribute to the successive review rounds. **(Rwanda, Mali)**
- Mainstreaming of AIDS into the PRSP creates an enabling environment for the multisectoral response including increased resource allocations for HIV and AIDS by sectors (in the PRSP, annual budgets, and MTEFs). **(Zambia, Tanzania [Zanzibar], Rwanda)**

### 5.4 Monitoring and Evaluation

- Harmonization of HIV and AIDS targets and indicators of planning instruments (NSP, PRSP, universal access targets) in one plan is critical (reflecting the “Three Ones” within the AIDS mainstreaming process). **(Ethiopia)**
- Ongoing support is needed to develop the capacity of sectors in establishing monitoring and evaluation mechanisms and determining sector-specific targets and indicators for HIV and AIDS. **(Rwanda)**

### 5.5 Planning and Coordination for PRSP Implementation

- Actual implementation of the AIDS-related aspects of PRSPs remains the main challenge ahead. There is evidence from other countries that even when sectors have mainstreamed AIDS in the PRSP and their planning process, and funds have been allocated accordingly, they are not implementing the AIDS-related activities as they feel AIDS is not within their capacity and/ or mandate **(Workshop discussions, Nairobi, 26–28 February 2007)**. Adequate implementation tools and ongoing support are needed to build capacity and support implementation by key actors at the sectoral and district levels. **(Mali, Rwanda, Senegal, Tanzania [Zanzibar], Zambia)**
- Anchoring implementation of CFA in the overall planning process of the government is vital in sustaining the integration of AIDS into sector plans. **(Ghana)**

- Beyond mainstreaming AIDS in the PRSP, the process to strengthen capacity of key actors has to continue to ensure effective implementation, monitoring and evaluation of agreed HIV and AIDS interventions in the context of the PRSP. (**Tanzania [Zanzibar]**)
- National planning commissions and ministries of finance have important leverage to mobilize sectors (**Ghana, Rwanda**). However, a split between a ‘core’ AIDS response by the NAC funded by AIDS specific donor funding, and a ‘multisectoral’ response funded by government, must be avoided. (**Workshop discussions, Nairobi 26–28 February 2007**)
- It is the responsibility of the NACs, under the “Three Ones” principles, to coordinate the contributions of all stakeholders to the implementation of a harmonized AIDS response by brokering agreement on the roles and responsibilities of different actors, based on their comparative advantage. As the epidemic is continuously changing, this is an ongoing process. Operational plans for implementation, based on NSP and PRSPs, can be an appropriate mechanism to guide and coordinate implementation efforts. (**Ethiopia**)
- Mainstreaming activities should focus on building capacities and systems, and contribute to capacity building by ensuring the coordination and leadership role of the NAC. (**Ethiopia**)
- Mainstreaming activities can contribute to harmonization of donor support and reporting. (**Tanzania [Mainland and Zanzibar], Rwanda, Zambia**)
- Budgeting through the MTEF requires the coordination of various stakeholders even during implementation. (**Tanzania [Mainland]**)
- The institutionalization of the Public Expenditure Review on AIDS has enabled mapping of funding sources and tracking of expenditures for AIDS. (**Tanzania [Mainland]**). National AIDS Spending Assessments have been developed as a specific methodology for tracking AIDS expenditures.

### 5.6 Institutional Mechanisms and Management of the CFA

- Anchoring the CFA within the PRSP formulation process and aligning the PRSP with the NSP and sector planning and budgeting processes is critical. By being closer to national planning processes, the interface between the ministries of finance, planning and the NAC is strengthened, the institutional mechanism is set up, confidence is built, and the political will is created for mainstreaming (e.g. **Ghana**). However, the next challenge is how to move forward and decide the roles and responsibilities of different actors based on their comparative advantage. Furthermore, as the epidemic is continuously changing, this is an ongoing process. (**Workshop discussions, Nairobi, 26-28 February 2007**).
- Integration of the CFA into the action plan of the NAC (rather than being developed as a separate stand-alone project), ensures sustainability of ongoing activities and alignment with the NSP. (**Ethiopia, Ghana**)
- It is critical that CFA complement and are embedded in existing national processes. Mainstreaming AIDS in the PRSP is about creating and seizing opportunities (Workshop discussions, Nairobi, 26–28 February 2007) and the appropriate timing of Joint Programme interventions is crucial. (**Tanzania [Zanzibar]**)
- Existing collaboration between UNDP and the ministries of finance and planning facilitates partnership to support mainstreaming activities in PRSP formulation processes and national planning activities. (**Rwanda, Ghana**)

- Adequate coordination and project management arrangements need to be put in place at the start of the project. Overall, joint CFA management by the UNDP HIV/AIDS Focal Point and the relevant government agency is an appropriate CFA management model (**Ethiopia, Ghana, Tanzania, Zambia**). Additionally, facilitators have been mobilized as appropriate (**Rwanda, Mali**). The programme should be more proactive in assisting country actors to identify appropriate support.
- Various mechanisms can be established to guide mainstreaming AIDS activities in the PRSP formulation process. In **Senegal**, a multisectoral thematic working group was established to advocate and guide the integration of AIDS into the PRSP and to bring together the parties working on the PRSP and the AIDS response. In **Rwanda**, a steering committee composed of representatives from the NAC, development partners and academia was established to ensure effective follow-up and accountability of the CFA process, and a CFA task team composed of representatives from the NAC (CNLS), UNAIDS and UNDP was established to facilitate coordination and communication. In **Ethiopia**, the NAC (HAPCO) established technical working groups including representatives from the NPF, UNAIDS and UNDP for specific AIDS mainstreaming initiatives.
- The **Ethiopia** country team found that the CFA should focus on a few prioritized and critical interventions. The **Tanzania** country team found that the CFA could have focused on enhancement of existing activities rather than initiating new activities.
- Many development partners are interested in the mainstreaming agenda and funding for AIDS mainstreaming activities can be mobilized from other sources. (**Zambia**)
- Referral of known consultants at the national and regional levels helps ensure quality of consultants. The UNDP Regional Service Centre (Johannesburg) and the UNAIDS Technical Support Facility (Nairobi) can provide assistance in identifying suitable expertise. (See Annex 3, Sources of Technical Support Services)
- Sharing of experiences between and within countries, e.g. by videoconference and documenting experiences, can help in exploring and planning of next steps in the mainstreaming process. (Tanzania [Mainland], Rwanda)

## 6. List of Reviewed Documents

### Ethiopia

- Draft Report on Mission to Ethiopia (10–14 October 2005)
- Ethiopia Issues Paper
- Ethiopia Joint Programme Country Follow-Up Activities (CFA)/ Project Document
- 1st Quarter Activity and Financial Report (Progress Report)
- 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- Report on Follow-Up Mission to Ethiopia (18–21 December 2006)
- PowerPoint presentation, Integrating HIV and AIDS in PRSPs – The Ethiopian Experience. (Presentation by the Ethiopia Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007)

### Ghana

- Ghana Mission Report (24–28 October 2005)
- Ghana Issues Paper
- Ghana Inception Report (August 2006)
- 1st and 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- Report on Follow-Up Mission to Ghana (4–8 December 2006)
- PowerPoint presentation by the Ghana Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007

### Mali

- Mali Mission Report (24–28 October 2005)
- Mali Issues Paper
- Mali Joint Programme CFA/ Project Document (December 2005)
- 1st Quarter Activity and Financial Report
- 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- 4th Quarter Activity and Financial Report
- Report on Follow-Up Mission to Mali (14–15 December 2006)
- PowerPoint presentation by the Mali Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007

### Rwanda

- Rwanda Mission Summary (2005)
- Rwanda Issues Paper
- Rwanda Joint Programme CFA/ Project Document
- 1st Quarter Activity and Financial Report
- 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- 4th Quarter Activity and Financial Report
- Report on Follow-Up Mission to Rwanda (November 2006)
- PowerPoint presentation, Integrating HIV and AIDS in the EDPRS – Rwanda Experience (Presentation by the Commission National de Lutte contre le SIDA (CNLS), the National AIDS Commission of Rwanda, at the PCB Meeting, Zambia 6–8 December 2006)
- PowerPoint presentation, The Impact of Rwanda CFA on Integrating HIV in PRSP II (Presentation by the Rwanda Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007)

### Senegal

- Report on Senegal Mission
- Senegal Issues Paper
- Senegal Joint Programme CFA/ Project Document
- 1st Quarter Activity and Financial Report (Translation)
- 2nd and 3rd Quarter Activity and Financial Report (Translation)
- PowerPoint presentation, The Integration of HIV and AIDS in the DSRP – Technical Review (Presentation by the Senegal Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007)

### Tanzania (Mainland)

- Tanzania Mission Report (17–21 October 2005)
- Tanzania Issues Paper (Part I: Mainland Tanzania)
- Tanzania Joint Programme CFA/ Project Document
- 1st Quarter Activity and Financial Report
- 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- 4th Quarter Activity and Financial Report
- PowerPoint presentation, HIV and AIDS in NSGRP: Tanzania Civil Society Experience in Implementation of NSGRP. (Presentation by the HIV and AIDS Working Group of the Tanzania NGO Policy Forum at the PCB Meeting, Zambia 6–8 December 2006).
- PowerPoint presentation by the Tanzania Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007

### Tanzania (Zanzibar)

- Tanzania Mission Report (17–21 October 2005)
- Tanzania Issues Paper (Part II: Zanzibar)
- Tanzania Joint Programme CFA/ Project Document
- 1st Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- 4th Quarter Activity and Financial Report
- PowerPoint presentation, Integrating HIV/AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP). (PCB Meeting, Zambia 6–8 December 2006).
- PowerPoint presentation, Integrating HIV and AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP) (Presentation by the Tanzania Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007)

### Zambia

- Comments on Draft Report on Mission to Zambia (3–7 October 2005)
- Zambia Issues Paper
- Zambia Joint Programme CFA/ Project Document
- 1st Quarter Activity and Financial Report
- 2nd Quarter Activity and Financial Report
- 3rd Quarter Activity and Financial Report
- 4th Quarter Activity and Financial Report
- PowerPoint presentation by the Zambia Country Team at the Joint Programme Review Workshop, Nairobi, 26–28 February 2007

UNDP (2006). *Synthesis of CFA implementation reports for the 1st and 2nd quarters: December 2005 – July 2006*. New York, UNDP.

UNDP (2007). *Rapid review of programme management approach for the joint UNDP/UNAIDS/World Bank initiative on integrating HIV and AIDS into PRSPs*. New York, UNDP.

World Bank (2005). *Integrating HIV and AIDS into poverty reduction strategies*. Workshop Report (Johannesburg, South Africa, 28 November – 2 December 2005).

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UNAIDS/ World Bank (2001). *AIDS, poverty reduction and debt relief: a toolkit for mainstreaming HIV/AIDS programmes into development instruments.*

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UNDP – Evaluation Office (2006). *Evaluation of UNDP's role and contributions in the HIV/AIDS response in southern Africa and Ethiopia.* New York, UNDP.

UNICEF, World Bank (December 2004). *Poverty reduction strategy papers: do they matter for children and young people made vulnerable by HIV/AIDS?*

## Annex I: Progress Review of Outputs and Activities of Participating Countries<sup>11,12</sup>

ETHIOPIA			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Stakeholders familiarized with PRSP II with particular emphasis on AIDS. <b>Achieved</b></p> <p>Harmonization and coordination of development partners and program implementers strengthened <b>Initiated</b></p>	<p>Stakeholder comments sought on AIDS component of PRSP II for incorporation.</p> <p>Stakeholder meeting held on HIV and AIDS component of PRSP II to strengthen stakeholder involvement in the PRS process.</p> <p>Capacity assessment undertaken of national and regional Partnership Forums including four federal level sub-forums and ten regional forums.</p> <p>Technical working group established to guide the development of the National Plan of Action to implement AIDS aspects of PRSP II.</p> <p>Additional activity: Support provided to HAPCO in initiating the development of a national plan of action/ roadmap (based on PASDEP, the NSP, and universal access targets)</p>	<p>Strengthening the National Partnership Forum:</p> <ul style="list-style-type: none"> <li>- National consultative workshop with NPF.</li> <li>- Preparation of NPF plan of action for 2007.</li> </ul>
Poverty Diagnostics	None planned		
Resources and Macroeconomic Policies	<p>HIV and AIDS budget expenditure analysis initiated and total budget spent on HIV and AIDS tracked. <b>Initiated</b></p>	<p>Preliminary discussions held and agreement reached to conduct a UNAIDS National AIDS Spending Assessment (NASA) as the appropriate approach to resource tracking.</p> <p>Technical working group established and plan of action developed for the NASA.</p> <p>Training of trainers on NASA conducted.</p>	Completion of expenditure tracking.
Monitoring and Evaluation	<p>Functional M&amp;E system established. <b>Initiated</b></p>	<p>Consultancy undertaken to advise on structure of the new M&amp;E department of HAPCO.</p>	<p>Strengthen the monitoring and evaluation system, including diagnosis and design of the system, and training of stakeholders on M&amp;E manuals and guidelines.</p>

11. The generic term "PRSP II" is used for all countries (rather than the country-specific acronym) for the purpose of the Annex.

12. Activities and outputs that were not originally planned or specified within the country follow-up activities (CFA) at the start of the Joint Programme are noted as 'additional activities' or 'additional outputs'.

GHANA			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	None Planned		
Poverty Diagnostics	None planned		
Resources and Macroeconomic Policies	HIV and AIDS integrated into sector medium term development plans. <b>Achieved</b>	<p>Guidelines for the preparation of district medium-term development plans issued.</p> <p>Collaboration with the National Development Planning Commission to assist districts and MDA to effectively integrate HIV and AIDS into their medium-term development plans and budgets as follows:</p> <ul style="list-style-type: none"> <li>- Workshop held to integrate AIDS into Guidelines for the preparation of sector medium-term development plans.</li> <li>- Pre-testing workshop held to assess user-friendliness of planning guidelines.</li> <li>- Orientation workshops held for 240 members of Sector Plan Preparation Teams of MDA, including guidance on integrating AIDS sector medium-term development plans.</li> </ul> <p>Technical assistance provided to NDPC to equip it to support the MDA, districts, the private sector and civil society in preparing the SMTDPs for 2007–2009 (support provided by UNDP Country Office under its existing Annual Programme of Work)</p>	Supervise the institutions (MDA, districts, the private sector and civil society organizations) engaged in process of preparing SMTDPs
Monitoring and Evaluation			Initiate M&E of activities under the annual work plan for the NDPC

MALI			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Participatory process and quality improvement by CSO, private sectors and PLHIV. <b>Achieved</b></p> <p><i>Additional output:</i> Mainstreaming tools. <b>Achieved</b></p> <p>Participatory process by decentralized structures. <b>Not achieved</b></p> <p>Document on AIDS mainstreaming into PRSP. <b>Not achieved</b></p>	<p>Workshop held for CSOs, vulnerable groups and PLHIV on integrating AIDS into PRSPII.</p> <p>Workshop held to sensitize the private sector on AIDS mainstreaming.</p> <p>Project facilitator participated in review workshop of PRSPII draft.</p> <p>Workshop held to develop mainstreaming tools.</p>	<p>Support for regional consultations on integration of AIDS.</p> <p>Provide report on integration of AIDS into PRSP</p>
Poverty Diagnostics	<p>Diagnostic of AIDS and poverty to improve the quality of the PRS <b>Not achieved</b></p>		<p>Undertake studies (sectoral and macroeconomic); workshop on constraints and bottlenecks; analysis of the macroeconomic framework and its sectoral impact.</p>
Resources and Macroeconomic Policies	None planned		
Monitoring and Evaluation	<p>Improved quality of M&amp;E Mechanisms <b>Not achieved</b></p>		<p>Workshop on harmonizing monitoring and evaluation framework and indicators</p>

RWANDA (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Create a functional guiding team. <b>Achieved</b></p> <p>Create a mechanism to guide integration process of AIDS and PRSP. <b>Achieved</b></p> <p><i>Additional output:</i> HIV and AIDS integrated in all sector logframes. <b>Achieved</b></p>	<p>Steering committee established and CFA Task Team created.</p> <p>Support provided to develop methodology for incorporating cross-cutting issues (including AIDS) in PRSP II formulation process.</p> <p>Support provided to CNLS (NAC) to participate in PRSP II process to influence AIDS content.</p> <p>Sector self-evaluation guidelines and checklist sent out to sectors to stimulate review of performance in relation to AIDS under previous PRSP.</p> <p>Stakeholder meeting held to seek inputs for sector checklist and concept notes to assist sectors in integrating AIDS into their planning.</p> <p>Checklist and concept notes developed by task team to support sectors in incorporating AIDS in their planning processes.</p> <p>Support provided to sectors in integrating AIDS into sector plans and budgets through PRSP II training sessions, logframe exercise, sectors' working group meetings, and costing exercise.</p> <p>Support provided to CNLS in organizing a meeting of the National HIV and AIDS Partnership Forum to seek stakeholders' feedback on the progress of integrating AIDS into the PRSP.</p>	
Poverty Diagnostics	<p>Review of existing impact studies to identify gaps and generate messages for PRSP II. <b>Initiated</b></p>	<p>Review of existing studies in relation to each sector to identify gaps: a) Studies on poverty; b) studies on HIV and AIDS; c) vulnerability analyses. Review of existing impact studies (Ongoing, as first review by consultants was of poor quality).</p>	<p>Develop guidelines for conducting poverty vulnerability analysis to inform plans of actions, and orient sectors to use guidelines. (Sector checklists and concept notes used instead).</p>

RWANDA (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Resources and Macroeconomic Policies	Sectors enabled to prioritize and cost HIV and AIDS activities. <b>Partially Achieved</b>	<p>The sector concept notes and checklist were provided to support sectors in planning and costing HIV and AIDS priorities in their plans of action.</p> <p>The CFA Task Team was trained on HIV and AIDS costing and participated in the costing exercise of PRSP II to support sectors in costing HIV and AIDS.</p> <p>A video conference was held with Tanzania counterparts to learn about the Tanzanian experience of national and sector specific budget integration of AIDS.</p> <p>Support Ministry of Finance and Economic Planning to identify scenarios and mechanisms for integrating AIDS funding into the national budget. (Ongoing)</p>	Develop guidelines for sectors to cost HIV and AIDS priorities in their plans of action (Checklists and concept notes used instead).
Monitoring and Evaluation	<p>HIV and AIDS indicators established that flow into PRSP annual progress report <b>Partially achieved</b></p> <p><i>Additional output:</i> HIV and AIDS indicators of PRSP II linked to NSP and universal access target. <b>Achieved</b></p>	<p>HIV and AIDS national targets and indicators were included in the PRSP II, linked to universal access targets and M&amp;E plan of the National HIV and AIDS Strategic Plan.</p> <p>Sectors supported in selecting appropriate indicators.</p>	Develop proposal for HIV and AIDS data collection and data flows into the PRSP annual progress report.

SENEGAL			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>AIDS to be taken into account in all programs of development, especially the revised version of the PRSP.</p> <p><b>Achieved</b></p> <p><i>Additional output:</i> Linkage in PRSP II and NSP formulation.</p> <p><b>Achieved</b></p>	<p>Multisectoral PRSP-AIDS Thematic Working Group established. The thematic working group actively participated in the PRSP II formulation to support AIDS mainstreaming.</p> <p>Stakeholder workshop held to review PRSP II draft and collate views for inclusion.</p> <p>Workshop for NAC and Poverty Reduction Unit held to reinforce AIDS mainstreaming skills.</p> <p>Gaps in the AIDS content of the draft PRSP II were identified. The gaps were filled in light of arguments developed by the Thematic Working Group.</p> <p>Inputs provided on the AIDS content of the PRSP II in the national validation workshop.</p> <p><i>Additional activity:</i> Formulation of PRSP II and National HIV and AIDS Strategic Plan linked through participation of PRSP team in NSP formulation.</p>	
Poverty Diagnostics	<p>Diagnosis of existing data on AIDS and poverty.</p> <p><b>Not achieved</b></p> <p>Analysis to improve targeting of vulnerable groups and the implementation of the strategy.</p> <p><b>Not achieved</b></p>		<p>Review available studies on AIDS and poverty</p> <p>Conduct HIV vulnerability studies.</p>
Resources and Macroeconomic Policies	None planned		
Monitoring and Evaluation	None planned		

TANZANIA (MAINLAND) (1 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Participation of all stakeholders in implementation of HIV and AIDS cluster strategies in NSGRP strengthened. <b>Achieved</b></p> <p><i>Additional output:</i> High priority given to HIV and AIDS by new parliament. <b>Achieved</b></p> <p><i>Additional outputs:</i> CSO action plans in line with PRSP II and National Multisectoral HIV and AIDS Strategic Framework. <b>Achieved</b></p> <p>26 additional companies to implement workplace programmes. <b>Achieved</b></p> <p>CSOs implementation of AIDS strategies in NSGRP assessed. <b>Not achieved</b></p>	<p>National technical workshop held for stakeholders to facilitate their active engagement in integrating AIDS into PRSP II implementation.</p> <p>Skills-building workshops held for MDA, private sector, CSOs, media, parliamentarians and PLHIV.</p> <p>Seminar held for MPs on mainstreaming AIDS, the AIDS Public Expenditure Review, and the AIDS MTEF. Decisions made for further action and follow up.</p> <p>Roundtable organized to bring together parliamentarians, PLHIV and young people to discuss implementation of AIDS aspects of the PRSP II.</p> <p>Support provided to Parliamentarians Coalition against AIDS to revise their three-year action plan, taking on board the issues raised during the roundtable.</p> <p>Additional activities: National CSO workshop organized under umbrella CSO Policy Forum. CSOs developed action plans to roll out integration of AIDS in their activities.</p> <p>The AIDS Business Coalition of Tanzania (ABCT) was recruited to engage businesses in the AIDS response.</p>	<p>Conduct analysis and develop a framework to engage the private sector and CSOs with LGAs in planning and implementing AIDS strategies.</p> <p>Develop a system for capturing HIV and AIDS data from private sector and CSOs in line with national M&amp;E strategy for HIV and AIDS and Poverty Monitoring Master Plan.</p>
Poverty Diagnostics	<p>Synthesis of existing data and studies on impact of AIDS on poverty. <b>Achieved</b></p> <p><i>Additional output:</i> HIV prevalence and vulnerability studies. <b>Achieved</b></p>	<p>Review carried out of existing studies on the impact of AIDS on various sectors.</p> <p>Additional activities: Assessment study conducted on the impact of AIDS on the workforce in the health sector.</p> <p>Study carried out on HIV prevalence among substance users and sex workers.</p> <p>Analysis of vulnerability to HIV, with a focus on orphans and vulnerable children, carried out.</p>	

TANZANIA (MAINLAND) (2 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Resources and Macroeconomic Policies	<p>Capacities of MDA in planning, budgeting and monitoring for AIDS strengthened.</p> <p><b>Achieved</b></p> <p><i>Additional output:</i> AIDS mainstreamed in the national budgetary processes (national budget guidelines, MTEF).</p> <p><b>Achieved</b></p>	<p>Workshop held for MDA on use of guidelines for planning and budgeting for HIV and AIDS activities appropriate to their core mandates and workplace programmes. All MDA have budgeted for HIV and AIDS activities and integrated them into the MTEF in accordance with national budget guidelines.</p> <p>Additional activities: Two skills-building workshops held for senior government officials in Ministry of Home Affairs and Ministry of Public Safety and Security. Workshops were followed by formulation of sector strategies and action plans on HIV and AIDS, to be integrated into the next MTEF.</p> <p>LGAs oriented in AIDS aspects of PRSP II, to help ensure they plan and budget for HIV and AIDS in the annual budgets and use the HIV and AIDS budget code during budgeting.</p> <p>National budget guidelines revised to integrate HIV and AIDS based on the NSGRP.</p> <p>Annual Public Expenditure Review on AIDS provided recommendations on national AIDS response.</p>	

TANZANIA (MAINLAND) (3 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Monitoring and Evaluation	<p>Capacity of MDA and LGAs for integrated M&amp;E of HIV and AIDS and poverty in line with NSGRP and MDGs strengthened.</p> <p><b>Partially achieved</b></p> <p><i>Additional Output:</i> Monitoring and evaluation framework of HIV and AIDS aligned to the poverty monitoring system of the PRSP II.</p> <p><b>Achieved</b></p>	<p>Training conducted for focal points from MDA and LGA on M&amp;E indicators, collection and reporting for HIV and AIDS under the NSGRP. (Ongoing)</p> <p>Support provided to facilitate development of the M&amp;E strategy for HIV and AIDS (with technical assistance from the Global AIDS M&amp;E Team – GAMET).</p> <p>Needs assessment conducted to identify M&amp;E needs and capacity weaknesses.</p> <p>M&amp;E Tools developed as follows:</p> <ul style="list-style-type: none"> <li>• Monitoring and Evaluation Roadmap.</li> <li>• M&amp;E Operational Plan</li> <li>• Guidelines for Tanzania's output monitoring system for non-medical HIV and AIDS interventions (TOMSHA)</li> </ul> <p>PRSP II monitoring indicators related to HIV and AIDS were reviewed.</p> <p>National HIV and AIDS indicators were aligned to the poverty monitoring system of the NSGRP.</p>	<p>Review HIV, AIDS and poverty monitoring and evaluation of MDA and LGA and linkages to the NSGRP and MDGs.</p>

TANZANIA (ZANZIBAR) (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Capacity of MDA, private sector, and CSOs strengthened for integrating AIDS into the PRSP I review process and formulation of PRSPII.</p> <p><b>Achieved</b></p> <p><i>Additional outputs:</i> AIDS mainstreamed in PRSPII.</p> <p><b>Achieved</b></p> <p>Increased interest among new leadership in mainstreaming AIDS.</p> <p><b>Achieved</b></p>	<p>Consultation meetings organized between stakeholders and the PRSPII drafting team to review PRSPI and support integration of AIDS in PRSPII.</p> <p>Special working sessions held with MDA and drafting team to identify AIDS issues for PRSPII.</p> <p>Support provided to the establishment of the Zanzibar AIDS Business Coalition (ZABC). ZABC is now registered as an NGO linking private sector and government in the AIDS response.</p> <p>Additional activity: High-level workshop held on leadership and mainstreaming AIDS in the development process. This resulted in the recommendation to include plans to address drug and substance use in PRSPII.</p>	
Poverty Diagnostics	<p>Assess vulnerability of communities to HIV and the impact of AIDS</p> <p><b>Partially achieved</b></p>	<p>Study conducted on HIV prevalence among IDUs and sex workers.</p> <p>Assessment of HIV vulnerability among orphans and vulnerable children. (Ongoing)</p> <p>AIDS impact analysis in the tourism, education, health and agricultural sectors. (Ongoing)</p>	
Resources and Macroeconomic Policies	<p>Strengthen capacities of MDA in HIV and AIDS planning, budgeting and monitoring.</p> <p><b>Achieved</b></p>	<p>Workshop held for MDA on planning and budgeting for HIV and AIDS in line with the PRSPII, their core mandate and workplace programmes. All MDA have budgeted for HIV and AIDS activities and integrated them in the 2006/2007 MTEF.</p> <p>Additional activities: Support provided to Public Expenditure Review on AIDS.</p> <p>Costing of AIDS strategy within the health sector carried out.</p>	

TANZANIA (ZANZIBAR) (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Monitoring and Evaluation	M&E of HIV and AIDS integrated into PRSP II monitoring process, and that of MDA and LGAs. <b>Partially achieved</b>	Operationalization of the national HIV and AIDS M&E system. (Initiated)  Key actors from MDA and CSOs were trained on M&E.  Review of M&E indicators for MDA and LGAs on HIV and AIDS, and harmonization with PRSP II. (Ongoing).  Additional activities:  Design of poverty monitoring framework initiated, and HIV and AIDS indicators identified for inclusion in the poverty monitoring master plan.  Support provided to strengthen the technical capacity of the NAC to oversee M&E of HIV and AIDS.	

ZAMBIA (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Participatory process	<p>Specific chapter on HIV and AIDS included in the FNDP.</p> <p><b>Achieved</b></p> <p>All sector and district chapters of the FNDP have HIV and AIDS component.</p> <p><b>Achieved</b></p> <p><i>Additional outputs:</i> Increased resource allocations made by sectors for HIV and AIDS in the FNDP.</p> <p><b>Achieved</b></p> <p>Alignment of FNDP with NSF, and sector, district and provincial development plans.</p> <p><b>Achieved</b></p>	<p>Technical assistance provided to NAC to support inputs to the final version of the AIDS chapter of the FNDP.</p> <p>Stakeholder review meeting held for the final draft of FNDP with participation of district, provincial and national level stakeholders.</p> <p>Sector performance on AIDS reviewed.</p> <p>Guidelines and case studies developed on mainstreaming AIDS in transport, tourism, mining and agriculture sectors—to support sectors in mainstreaming AIDS in the FNDP.</p> <p>Review of HIV, AIDS and gender content of district plans for FNDP conducted. Steps for integrating AIDS communicated to sub-national levels.</p> <p>National consultative workshop held for stakeholders to review FNDP and finalize the National HIV and AIDS Strategic Framework.</p>	
Poverty Diagnostics	<p>Improved poverty diagnostics and link with AIDS response.</p> <p><b>Achieved</b></p> <p>Advocacy activities conducted.</p> <p><b>Not achieved</b></p>	<p>Review carried out of existing data and information on poverty with a special focus on the relationship between poverty and AIDS. Report produced on: 'Poverty Diagnostics: Responding to the Challenges of Poverty and HIV/AIDS in Zambia.'</p> <p>National consultative workshop held to review draft National HIV and AIDS Strategic Framework and poverty diagnostics in the NSF. (as above)</p>	<p>Hire consultant to analyse and consolidate data from various poverty diagnostics, and review existing impact studies to identify gaps</p> <p>Hire consultant to prepare advocacy materials on links between poverty and AIDS.</p> <p>Lobbying meeting with MPs, traditional religious leaders.</p> <p>Using electronic and print media (radio, TV, pamphlets, flyers and posters).</p>
Resources and Macroeconomic Policies	<p>AIDS funding integrated into the national budget.</p> <p><b>Achieved</b></p> <p>Sectors reinforced to cost priority HIV and AIDS activities.</p> <p><b>Not achieved</b></p>	<p>Support provided to NAC and MOFNP in identifying costing scenarios for integrating AIDS funding into the FNDP and national budget. The FNDP reflects HIV and AIDS resource allocation for the duration of the FNDP.</p>	<p>TA support and capacity building to sectors to cost priority domains of activities.</p>

ZAMBIA (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2006	Activities Planned but Not Implemented in 2006
Monitoring and Evaluation	<p>Briefing meeting <b>Achieved</b></p> <p>Operational manual to guide implementation of HIV and AIDS in FNDP developed. <b>Achieved</b></p> <p>Monitoring and evaluation improved including resource tracking for better targeting. <b>Partially achieved</b></p> <p><i>Additional output:</i> Alignment of HIV and AIDS indicators in FNDP and NSF. <b>Achieved</b></p> <p>Established HIV and AIDS data flows into the FNDP annual progress report. <b>Initiated</b></p> <p>Stakeholder meetings <b>Achieved</b></p>	<p>Meeting held with expanded AIDS and PRSP Country Team to report on the outcomes of the Johannesburg workshop to map the way forward.</p> <p>Guidelines for M&amp;E of the FNDP prepared and validated. Workshop held to validate guidelines.</p> <p>Monitoring indicators for the FNDP and the National HIV and AIDS Strategic Framework developed with support from UNAIDS.</p> <p>Pertinent HIV and AIDS indicators refined across sectors to track poverty reduction. (Ongoing)</p> <p>HIV and AIDS M&amp;E Framework developed for the National HIV and AIDS Strategic Framework.</p> <p>Data from various monitoring systems synthesised. (Ongoing)</p> <p>Capacity building of various actors on M&amp;E (Ongoing)</p> <p>Tracking of funds, technical assistance etc. coming into the country. (Ongoing)</p> <p>A proposal for HIV and AIDS data collection and data flows into the annual PRSP progress report is being developed. (Ongoing)</p> <p>Meeting held to consolidate of all reviews including poverty diagnostics into the National HIV and AIDS Strategic Framework, and to establish mechanisms for systematic analysis and sharing of data.</p>	

## Annex 2: List of Tools and Resources from Participating Countries

### Poverty Reduction Strategy Papers

- Ethiopia: Policy matrix of the Plan for Accelerated and Sustained Development to End Poverty (PASDEP)
- Ghana: Growth and Poverty Reduction Strategy (GPRS II) (2006–2009)
- Mali:
  - Cadre Stratégique de Lutte Contre la Pauvreté (CSLP) (PRSP) 2003–2004
  - Latest version of CSLP II (PRSP II) (including 14 HIV and AIDS related activities, and 13 indicators in the process of being validated)
- Rwanda: Latest version of the Economic Development for Poverty Reduction Strategy (EDPRS)
- Senegal : Document Stratégique de Réduction de la Pauvreté II (DSRP II) (PRSP II)
- Tanzania (Mainland): National Strategy for Growth and Reduction of Poverty (NSGRP/ MKUKUTA)
- Tanzania (Zanzibar): Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP)
- Zambia - Fifth National Development Plan (2006–2010)

### National Strategic Plans

- Mali: National Strategic Framework (Volume I and Volume II)
- Senegal: National Strategic Plan 2007–2011
- Zambia: National Strategic Framework (2006–2010)

### Diagnostic Studies

- Senegal:
  - Vulnerability maps
  - Strategic summary of mapping
  - Epidemiological Bulletin
  - Demographic and health survey (EDS 4)
  - Results of national surveillance
- Tanzania (Mainland):
  - Study on the impact of AIDS on human resources in the health sector
  - Vulnerability study with a focus on orphans and vulnerable children.
  - ‘Social and Economic Impacts of HIV and AIDS in Tanzania: Inventory of Studies’

- Tanzania (Zanzibar):
  - Study on HIV prevalence among substance users: 'HIV and Substance Use: The Dual Epidemics Challenging Zanzibar'.
  - Study on HIV vulnerability among orphans and vulnerable children
- Zambia:
  - 'Poverty Diagnostics: Responding to the Challenges of Poverty and HIV and AIDS in Zambia'
  - AIDS Vulnerability Study (supported by the World Bank)

### AIDS Mainstreaming Workshops

- Rwanda: Proceedings of the Stakeholders' Workshop on the Integration of HIV/AIDS into the EDPRS (including stakeholder review of mainstreaming checklist for sectors).
- Senegal: Report on the Workshop on Integrating HIV and AIDS in the DSRP
- Tanzania (Zanzibar): Proceedings of the Training Workshop for the ZSGRP Drafting Team on Mainstreaming AIDS into the ZSGRP

### Sector and District Mainstreaming

#### Sector reviews/case studies/ tools/ guidelines

- Rwanda:
  - Checklist for sector self-evaluation of AIDS mainstreaming
  - Checklist to support sector mainstreaming of AIDS
  - Concept notes for sectors on mainstreaming AIDS
- Zambia:
  - Mainstreaming AIDS Case Studies: Agriculture, Transport, Mining, Education, and Tourism sectors.
- Ghana:
  - Guidelines for the Preparation of Sector Medium Term Development Plans Under the Growth and Poverty Reduction Strategy (2006-2009)
  - District Planning Guidelines

#### Sector plans

- Tanzania (Mainland):
  - Selected sector strategies for AIDS
  - Procurement plan for all sectors (including HIV and AIDS related services)
- Zambia: Strategic Plan for Public Service Management Division (2006-2010)

## Financial Instruments and Tools

### Costing/budgeting/MTEF

- Ghana:
  - National Budget 2007
  - MTEF 2007–2009 for National Development Planning Commission
  - Extracts of MTEFs reflecting HIV and AIDS activities and budget lines
- Rwanda: TOR for costing training by UNAIDS (Technical Support Facility)
- Tanzania (Mainland):
  - Budget Guidelines
  - MTEF Training Guide
  - The Medium-Term Expenditure Framework (MTEF) of TACAIDS

### Expenditure tracking

- Ethiopia:
  - Concept Note for National AIDS Spending Assessment (NASA) Plan of Action for NASA (draft)
  - TOR for NASA
  - Detailed budget for NASA
- Tanzania (Mainland): Public Expenditure Review for AIDS
- Tanzania (Zanzibar): Public Expenditure Review for AIDS (March 2007)

## Monitoring and Evaluation

- Tanzania (Mainland):
  - Monitoring and Evaluation roadmap
  - M&E operational plan
  - Guidelines for Tanzania's output monitoring system for non-medical HIV and AIDS interventions (TOMSHA)
- Tanzania (Zanzibar):
  - Guidelines for Zanzibar's HIV and AIDS Programme Monitoring System (ZHAPMoS)
  - Zanzibar National Multisectoral HIV Monitoring and Evaluation System – Operational Framework (2005/6 – 2008/9)
  - HIV and AIDS indicators selected for inclusion in the poverty monitoring master plan
  - Draft poverty monitoring master plan

## Joint UN Programme of Support

- Tanzania (Mainland): Joint UN Programme of Support
- Tanzania (Zanzibar): Joint UN Programme of Support
- Zambia: Joint UN Programme of Support

### CSO, FBO and Private Sector Response

- Ethiopia: National Partnership Forum Assessment Report
- Tanzania (Zanzibar):
  - AIDS Business Coalition - Constitution
  - AIDS Business Coalition - Strategic Plan
- Zambia Interfaith Networking Group on HIV and AIDS (ZINGO) Strategic Plan 2006–2011

### Coordination of PRSP Implementation

- Ethiopia: Terms of Reference (TOR) for a national plan of action to implement the AIDS aspects of PASDEP (in line with the National Strategic Plan and universal access targets).

### Facilitation of AIDS mainstreaming in the PRSP

- Ghana: National Development Planning Commission (NDPC) Annual Work Plan 2007
- Rwanda:
  - TOR for CNLS Focal Point to facilitate integration of AIDS into the Economic Development and Poverty Reduction Strategy (EDPRS)
  - TOR for UNDP Focal Point to facilitate integration of AIDS into the EDPRS
- Senegal:
  - TOR for multisectoral thematic working group
  - Minutes of thematic working group meeting
- Tanzania (Zanzibar): Consultancy report on mainstreaming AIDS into the ZSGRP

### Human Development Reports on HIV and AIDS

- Zambia: 2007 Zambia Human Development Report: Enhancing Household Capacity to Respond to HIV and AIDS

### Terms of Reference

- Rwanda:
  - TOR for costing training by UNAIDS (Technical Support Facility)
  - TOR for CNLS Focal Point to facilitate integration of AIDS into the Economic Development and Poverty Reduction Strategy (EDPRS)
  - TOR for UNDP Focal Point to facilitate integration of AIDS into the EDPRS
- Ethiopia:
  - TOR for the National AIDS Spending Assessment
  - TOR for a national plan of action to implement the HIV and AIDS aspects of PASDEP (in line with the NSP and universal access targets).
- Senegal: TOR for multisectoral thematic working group

## Annex 3: Technical Support Services

TECHNICAL SUPPORT RESOURCE	WHAT IS IT?	WHAT SERVICES ARE PROVIDED?	WHO CAN USE THESE RESOURCES?	HOW CAN THESE RESOURCES BE ACCESSED?
<p>UNAIDS Technical Support Facilities (TSF)</p> <p>Southern Africa TSF: Johannesburg, South Africa  <a href="http://www.tsfsouthernafrica.com">http://www.tsfsouthernafrica.com</a></p> <p>Eastern Africa TSF: Nairobi, Kenya  <a href="http://www.amref.org/index.asp?PageID=444">http://www.amref.org/index.asp?PageID=444</a></p> <p>West &amp; Central Africa: Ouagadougou, Burkina Faso  <a href="http://www.tsfwca.org">http://www.tsfwca.org</a></p>	<p>The TSFs have been established to respond to the growing demand for high quality technical support to scale up national AIDS responses.</p>	<p>The TSFs provide support in finding quality assured regional and international consultants at competitive rates by sourcing them from their databases and networks.</p> <p>The TSFs contract the consultants and actively manage and monitor their performance on behalf of clients.</p> <p>The TSFs can be accessed for technical support in any of the following areas:</p> <ul style="list-style-type: none"> <li>• Mainstreaming</li> <li>• Monitoring and evaluation</li> <li>• Resource tracking</li> <li>• Strategic and operational planning</li> <li>• Costing and budgeting</li> <li>• Management, including financial management</li> <li>• Organizational development</li> <li>• Partnership development</li> <li>• Gender and equity issues</li> <li>• Prevention</li> </ul>	<p>TSF services are available to National AIDS Coordinating Authorities, health and other ministries, donor and UN Agencies, NGOs and the private sector, as well as other stakeholders engaged in AIDS programming.</p> <p>TSFs have a Technical Assistance Fund to subsidize services to clients without own funding resources (e.g. national NGOs)</p>	<p>Requests for TSF services can be made through</p> <ol style="list-style-type: none"> <li>i. UNAIDS country offices</li> <li>ii. by contacting the TSFs directly (see contacts below)</li> </ol> <p>Southern Africa (Johannesburg):            Tel: +27 11 8807554            Fax : +27 11 8806694            Email: rdunn@tsfsouthernafrica.com</p> <p>Eastern Africa (Nairobi):            Tel: +254-20-6993000            Fax: +254-20-609518            Email: tsfeasternafrica@amrefhq.org</p> <p>Western &amp; Central Africa (Ouagadougou):            Tel: (+226) 50 31 35 73/            50 31 35 78            Fax: (+226) 50 31 60 64            E-mail: tsfwca@tsfwca.org</p>

TECHNICAL SUPPORT RESOURCE	WHAT IS IT?	WHAT SERVICES ARE PROVIDED?	WHO CAN USE THESE RESOURCES?	HOW CAN THESE RESOURCES BE ACCESSED?
<p>UNDP Regional Service Centre (RSC) for Eastern and Southern Africa</p> <p>Johannesburg, South Africa</p> <p><a href="http://www.undprsc.org.za">www.undprsc.org.za</a></p>	<p>UNDP Regional Service Centres provide policy advice delivered by UNDP regional specialists and technical advisors. They also source national, regional and international consultants from their databases and networks.</p>	<p>The UNDP Regional Service Center in Johannesburg, South Africa, has an AIDS team of five professional staff (three of whom are French-speaking) who can provide short-term technical assistance in the following main areas of work:</p> <ul style="list-style-type: none"> <li>• Mainstreaming in PRSPs, MDGs, NDI, sectors, tertiary education</li> <li>• Planning, costing, budgeting, and expenditure tracking</li> <li>• Mainstreaming in conflict, post conflict situation</li> <li>• Bulk procurement, trade and TRIPs</li> <li>• Leadership development</li> <li>• Community mobilization</li> <li>• Impact studies, NHDRs</li> </ul> <p>The RSC in Johannesburg also maintains a roster of national, regional and international consultants and provides a referral service.</p>	<p>National partners and stakeholders engaged in AIDS programming can access RSC resources through the UNDP Country Office.</p> <p>RSC services are provided free of charge.</p>	<p>Requests for advisory services and consultant referrals by the RSC can be made through UNDP country offices by contacting the RSC directly (see contacts below)</p> <p>Dr Roland Msiska, Director  <a href="mailto:Roland.msiska@undp.org">Roland.msiska@undp.org</a></p> <p>Jean.gatali@undp.org  <a href="mailto:Jackie.nzisabira@undp.org">Jackie.nzisabira@undp.org</a>  <a href="mailto:Lemma.merid@undp.org">Lemma.merid@undp.org</a></p> <p>Tel: +27-11-603-5000            Fax: +27-11-603-5071</p>

TECHNICAL SUPPORT RESOURCE	WHAT IS IT?	WHAT SERVICES ARE PROVIDED?	WHO CAN USE THESE RESOURCES?	HOW CAN THESE RESOURCES BE ACCESSED?
<p><b>AIDS Strategy &amp; Action Plan (ASAP)</b> World Bank <a href="http://www.worldbank.org/asap">www.worldbank.org/asap</a></p>	<p>The AIDS Strategy &amp; Action Plan (ASAP), an initiative of UNAIDS located at the World Bank, is a global technical assistance service that responds to country requests for support in developing national AIDS strategies and action plans.</p>	<p>The services provided by ASAP are:</p> <ul style="list-style-type: none"> <li>• Peer review of draft strategies in which ASAP assembles a group of experts to provide comments to countries on a confidential basis</li> <li>• Technical and financial support for strategy development</li> <li>• Assistance in focused areas such as review of previous strategies, results orientation, prioritization and costing of new strategies and facilitation of the participatory process</li> <li>• Comprehensive support from early strategy planning to assistance during the strategy development</li> <li>• Tools and guidelines: ASAP has developed a scorecard-style Self Assessment Tool (with guidelines) that countries can use to assess their strategies, as well as a Strategy Planning Checklist.</li> <li>• Capacity building programme.</li> </ul>	<p>Countries at any level of national AIDS strategy planning can request assistance as well as peer reviews from ASAP.</p> <p>ASAP services are provided free of charge.</p>	<p>ASAP resources can be accessed by contacting Jonathan Brown: <a href="mailto:jbrown3@worldbank.org">jbrown3@worldbank.org</a></p>

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<p><b>Global Monitoring and Evaluation Team (GAMET)</b> World Bank</p>	<p>The Global Monitoring and Evaluation Team (GAMET), set up by UNAIDS and located at the World Bank, provides support to countries in improving the quality of HIV and AIDS monitoring and evaluation and building national capacity to support the achievement of the third “One” (one country-led and country-owned monitoring and evaluation system). GAMET works with UNAIDS and other global partners.</p>	<p>GAMET and partners provide support to national AIDS authorities in all regions by providing rapid, flexible, practical and expert hands-on M&amp;E support.</p>	<p>National AIDS authorities.</p>	<p>GAMET Coordinator, Jody Zall Kusek jkusek@worldbank.org</p>



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