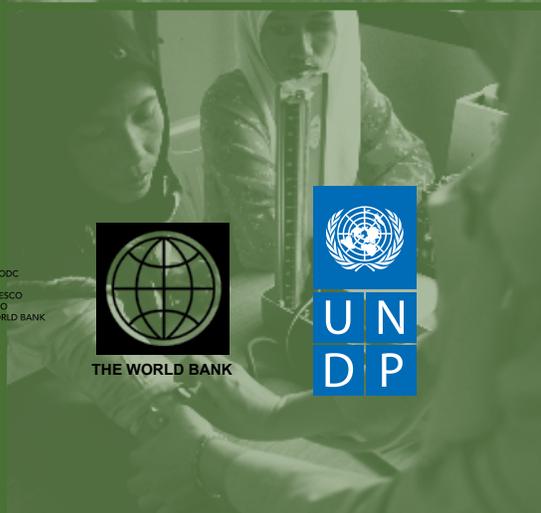


# UNDP/WORLD BANK/UNAIDS PROGRAMME ON MAINSTREAMING AIDS INTO NATIONAL DEVELOPMENT PLANS AND PROCESSES

## ROUNDS 1 AND 2

A REVIEW OF EXPERIENCES (2007-2008)

JULY 2009



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

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## Acknowledgments

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## Foreword

For many years, countries have been encouraged to understand and respond to AIDS as a ‘multisectoral’ issue – a pandemic influenced by social, economic and political dynamics that has consequences not only on health outcomes but on human development and security and that requires action in the governmental health sector and also in other line ministries, as well as by private and civil society partners. To what degree are AIDS responses around the world actually multisectoral? What insights have been gained to ensure that such multisectoral responses are strategic and effective in different epidemic and social contexts? What tools can be used to improve the quality of multisectoral responses?

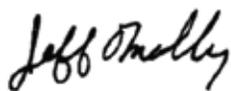
In order to answer these questions, UNDP, the World Bank and the UNAIDS Secretariat decided to establish the ‘Programme on Mainstreaming and AIDS in National Development Plans and Processes with particular emphasis on strengthening the capacity of countries to better integrate AIDS into Poverty Reduction Strategy Papers (PRSPs) and National Development Plans (NDPs).

The first round of countries began implementing Mainstreaming Programme activities at the end of 2005; a second round of countries followed in 2006, a third round in 2007 and a fourth round in 2009. The experiences of the first two rounds of countries have been compiled in this progress report – the second in a series of publications that documents the experiences of countries participating in the Mainstreaming Programme.

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

The experiences of round one and round two countries reflect the dynamic nature of the PRSP/NDP process and the importance of anchoring well-timed capacity-development initiatives in existing national-planning efforts. They also highlight the challenges of identifying and addressing complex interactions between AIDS and diverse development issues, as well as the ongoing challenge of moving beyond integration to ensuring implementation of the AIDS-related aspects of the PRSPs and NDPs.

The country experiences shared in this report provide strategies and possibilities for engagement aimed at strengthening the integration of AIDS at various stages of the PRSP and the NDP process. They also highlight the practical issues and challenges faced by country teams and the lessons learned in addressing some of these issues. Further, these experiences show how forging strategic links between AIDS and poverty-alleviation initiatives also contributes to valuable lessons in terms of implementing programs at the country level that tackle multiple Millennium Development Goals simultaneously. We hope this report provides development practitioners with ideas, information and resources to support their work in developing national capacities that more effectively integrate AIDS into national development processes.



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## Acronyms and Abbreviations

ACU	AIDS Control Unit (Kenya)
AIDS	Acquired Immunodeficiency Syndrome
AMICAALL	The Alliance of Mayors Initiative for Community Action on AIDS at the Local Level
ART	Anti Retroviral Therapy
CDLS	Comité de District de Lutte Contre le SIDA (District AIDS Control Committee) (Rwanda)
CFA	Country Follow Up Activities
CML	Comité Ministériel de Lutte Contre les IST et le SIDA (Ministerial Committee for STIs and AIDS Control) (Burkina Faso)
CNLS	Commission Nationale de Lutte Contre le SIDA (National AIDS Control Commission) (Rwanda, Senegal)
CSLP	Cadre Stratégique de Lutte Contre la Pauvreté (PRSP) (Mali, Burkina Faso, Burundi)
CSLS	Cadre Stratégique de Lutte Contre le VIH/SIDA (National HIV/AIDS Strategic Framework) (Mali, Burkina Faso)
CSRLP	Cadre Stratégique Régional de Lutte Contre la Pauvreté (regional PRSP) (Burkina Faso)
CSO	Civil Society Organization
DfID	Department for International Development (of the United Kingdom)
DSRP	Document Stratégique de Réduction de la Pauvreté (PRSP) (Senegal)
EDPRS	Economic Development and Poverty Reduction Strategy (Rwanda)
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation (Kenya)
FBO	Faith-Based Organization
FNDP	Fifth National Development Plan (Zambia)
GAC	Ghana AIDS Commission
GAMET	Global AIDS Monitoring and Evaluation Team
GPRS	Growth and Poverty Reduction Strategy (Ghana)
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)
HCNLS	Haut Conseil pour la Lutte Contre le SIDA (National AIDS Council) (Mali)
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
JAPR	Joint HIV and AIDS Programme Review (Kenya)
KANCO	Kenya AIDS NGOs Consortium
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MAP	Madagascar Action Plan (PRSP)
MAP	Multi-Country HIV/AIDS Program for Africa (World Bank)
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals

MGDS	Malawi Growth and Development Strategy (PRSP)
MKUKUTA	Kiswahili acronym for ‘National Strategy for Growth and Reduction of Poverty’ (Tanzania [Mainland])
MKUZA	Kiswahili acronym for ‘Zanzibar Strategy for Growth and Reduction of Poverty’
MoFED	Ministry of Finance and Economic Development (Ethiopia)
MoFPED	Ministry of Finance, Planning and Economic Development (Uganda)
MLGRDE	Ministry of Local Government, Rural Development and Environment (Ghana)
MPND	Ministry of Planning and National Development (Kenya)
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Coordinating Authority (or Council/ Commission)
NACC	National AIDS Control Council (Kenya)
NASA	National AIDS Spending Assessment
NAF	National HIV and AIDS Framework (Malawi)
NASF	National AIDS Strategic Framework (Zambia)
NDP	National Development Plan
NDPC	National Development Planning Commission (Ghana)
NGO	Non-Governmental Organization
NPF	National Partnership Forum for HIV and AIDS
NSF	National Strategic Framework
NSP	National Strategic Plan
NSGRP	National Strategy for Growth and Reduction of Poverty (Tanzania [Mainland])
PAMAC	Programme d’Appui au Monde Associatif et Communautaire (Assistance Programme for the Associative and Community Sphere) (Burkina Faso)
PARPA	Programa para a Redução da Pobreza Absoluta (National Plan for Absolute Poverty Reduction) (PRSP) (Mozambique)
PASDEP	Plan for Accelerated and Sustained Development to End Poverty (Ethiopia)
PEPFAR	(US) President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SE/CNLS	Secrétariat Exécutif du Conseil National de Lutte Contre le SIDA (Executive Secretariat of the National AIDS Council) (Madagascar)
SE/HCNLS	Secrétariat Exécutif du Haut Conseil National de Lutte Contre le SIDA (Executive Secretariat of the National AIDS Council) (Mali)
SEP/CNLS	Secrétariat Exécutif Permanent du Conseil National de Lutte Contre le SIDA (Permanent Executive Secretariat of the National AIDS Council) (Burundi)
SP/CNLS	Secrétariat Permanent du Conseil National de Lutte Contre le SIDA (Permanent Secretariat of the National AIDS Council) (Burkina Faso)
STI	Sexually Transmitted Infection
TACAIDS	Tanzania Commission for AIDS

TOMSHA	Tanzania Output Monitoring System for non-medical HIV and AIDS Interventions
TOR	Terms of Reference
UAC	Uganda AIDS Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
USAID	United States Agency for International Development
WHO	World Health Organisation
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

# Executive Summary

## Introduction

This report is the second progress review of the UNDP/World Bank/UNAIDS Programme on Mainstreaming AIDS into National Development Plans and Processes (referred to as the 'Mainstreaming Programme' in this report). It reviews the experience of 14 countries taking part in the first and second rounds of the programme during 2007 and 2008<sup>1</sup>. Round 1 countries are: Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia. Round 2 countries are: Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda.

The purpose of this report is to document the progress made by countries participating in the Mainstreaming Programme in the second and third years of the programme. It is intended as a knowledge-sharing document to facilitate the exchange of practical experiences in HIV mainstreaming, as well as a programming report to facilitate monitoring and future evaluations of the Mainstreaming Programme. It also aims to provide a consolidated progress report to enable sponsors of the programme to track progress, analyze trends and draw some conclusions concerning the future direction for providing technical support to HIV mainstreaming.

The report is based on information provided by country teams managing the Mainstreaming Programme. It is therefore not an independent evaluation or critical assessment of the Mainstreaming Programme, but a synthesis and overview of progress and experiences as shared by country teams.

The report is intended as a reference document for multiple audiences whereby different readers can refer to different sections depending on their particular interests and requirements. It is structured into five sections as well as the Executive Summary. Section 1 is an introduction to the report and the Mainstreaming Programme, and section 2 provides an overview of the PRSP status and HIV prevalence in Round 1 and 2 countries. Sections 3 and 4 provide individual country reviews that summarize the activities, key results, challenges, lessons learned and the proposed next steps in each country. Section 5 provides a cross-country overview of all the activities and results, challenges and lessons learned in Round 1 and 2 countries in 2007 and 2008. The annexes provide reference tables summarizing the activities and outputs in each country, as well as a list of the HIV mainstreaming tools and resources developed in participating countries.

## Background of the Mainstreaming Programme

The UNDP/World Bank/UNAIDS Programme on Mainstreaming AIDS into National Development Plans and Processes was launched as a global programme in August 2005. It provides technical assistance and seed funding to participating countries to strengthen capacity for mainstreaming AIDS into development-planning instruments and processes.

The Mainstreaming Programme has been operating in annual 'rounds' with a group of countries joining the programme each year. The programmatic approach of each round comprises several stages as follows:

- Identifying the main challenges in mainstreaming HIV in national development and Poverty Reduction Strategy processes.

1. Round 1 countries started programme implementation in 2006, and Round 2 countries started in 2007. The progress made by Round 1 countries in 2006 is documented in the first progress review: 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1', UNDP 2007.

- Forming multisectoral country teams (comprising members from national AIDS coordinating authorities, ministries and agencies responsible for finance and planning, other key sectors, civil society organizations, the private sector and UNDP/ UNAIDS) to plan and implement programme activities.
- Planning 'Country Follow-Up Activities' (CFA) to support country-led HIV-mainstreaming efforts through key entry points to national development planning processes from policymaking to budgeting, implementation and monitoring.
- Implementing the Country Follow-Up Activities with seed funding of around \$80,000 per country.
- Monitoring progress and learning from experiences through progress review workshops with other participating countries.

### Overview of Activities and Results (2007–2008)

During 2007 and 2008 country teams in Round 1 and 2 countries implemented a range of complementary actions to address mainstreaming issues at central and decentralized levels and with a wide range of institutions and actors.

As most Round 1 and 2 countries were in the implementation phase of the PRSP in 2007 and 2008 (with only Rwanda, Kenya and Uganda preparing or beginning to prepare their new PRSP or its equivalent), most activities in the reporting period focused on building capacity to ensure that HIV commitments made in the PRSP were translated into the policies, strategies programmes, budgets and actions of government and nongovernment stakeholders from the national to local levels. In addition, in the three countries that were formulating or beginning to formulate their new PRSP/National Development Plan (Rwanda, Kenya and Uganda), CFA activities were undertaken to support the integration of HIV in the PRSP/National Development Plan.

A summary of the results that CFA activities contributed to in Round 1 and 2 countries in 2007 and 2008 is provided below. As many of the CFA activities were built into existing institutional structures and planning processes, and leveraged existing partnerships and HIV-mainstreaming initiatives, many of the results are not solely attributable to the CFA but were achieved through collaborative efforts of several national institutions and organizations as well as other development partners.

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

Of the 14 countries participating in the Mainstreaming Programme in 2007, Rwanda, Kenya and Uganda were in the process of drafting or beginning to draft their new PRSP/Vision or National Development Plan. In all three countries the CFA resulted in broadened participation and increased contributions of HIV stakeholders in the drafting process. Stakeholders were engaged through various approaches including preparing a concept paper/Issues Paper to guide the HIV content of the new vision/National Development Plan and reviewing and validating the PRSP as it was being formulated.

#### 2. Enhanced integration of HIV in the PRSP/National Development Plan

Among the three countries that were formulating or beginning to formulate their new PRSP/National Development Plan during the reporting period (Rwanda, Kenya and Uganda), the CFA resulted in HIV being integrated into all sector plans in Rwanda's EDPRS (PRSP) and contributed to HIV being a key component in Kenya's Vision 2030 as well as being factored into each sector strategy in its Medium Term Development Plan. In Uganda, where the formulation process was still ongoing at the time of reporting, the CFA is expected to contribute to enhanced integration of HIV into the new National Development Plan (NDP). CFA support of the integration of HIV

into the PRSP/Vision/ NDP included guiding and supporting sector working groups in the formulation process, engaging stakeholders in the PRSP review and validation process, and supporting the preparation of a concept paper/Issues Paper by multisectoral stakeholders to guide the integration of HIV in the Vision/NDP.

### **3. Improved understanding of the links between poverty and HIV, and of the vulnerability to HIV and the impact of AIDS in different sectors**

In several countries the CFA supported studies and reviews to assess the impact of AIDS and vulnerability to HIV in various sectors in order to guide and refine HIV-mainstreaming efforts (Rwanda, Tanzania [Zanzibar], Burkina Faso, Madagascar, Uganda). In addition, the CFA in Burundi and Malawi supported analysis of the links between poverty and HIV.

### **4. Strengthened capacity for integrating HIV in sector and district plans and budgets in line with National Development Plans**

A major area of CFA support during the reporting period was the strengthening of the capacities of sectors and decentralized authorities to integrate HIV into their planning and budgeting processes. This was achieved by developing appropriate guidelines and tools (Ghana, Rwanda, Tanzania [Mainland], Madagascar, Uganda), and providing training for ministries, departments and local authorities for integrating HIV into their plans and budgets in line with the PRSP (Ghana, Rwanda, Tanzania [Mainland], Zambia, Burundi, Kenya, Mozambique, Uganda). These capacity-strengthening activities resulted in HIV-related responses being better integrated into the national planning and budgeting processes (including sector and district plans and budgets, the MTEF and national budgets) in several countries. (Ghana, Rwanda, Burkina Faso, Kenya, Mozambique, Uganda).

### **5. Enhanced awareness and understanding by stakeholders of their roles in implementing mainstreamed HIV responses**

During the reporting period, the CFA in most countries supported activities to help meet the challenge of translating the HIV-related commitments made in the national planning instruments into the policies, programmes and actions of government and non-government stakeholders at the national and local levels. These CFA activities helped to enhance stakeholders' awareness of their roles in implementing mainstreamed HIV responses and improve their understanding of how to go about it.

The CFA activities included developing multisectoral action plans to guide stakeholders in the implementation of a mainstreamed HIV response (Ethiopia, Malawi, Uganda), undertaking capacity assessments to identify the implementation challenges and capacity-development needs of government and nongovernmental stakeholders (Ethiopia, Rwanda, Burkina Faso), holding workshops to sensitize, engage and guide stakeholders in the implementation of a mainstreamed HIV response (Ethiopia, Mali, Rwanda, Burkina Faso, Burundi, Malawi, Zambia) and developing tools and guidance materials to guide stakeholders' actions (Ethiopia, Mali, Tanzania [Mainland], Tanzania [Zanzibar], Zambia, Burundi, Malawi, Mozambique).

### **6. Enhanced capacity for monitoring HIV and poverty-related issues**

The CFA in several countries provided support to activities aimed at strengthening capacities for national monitoring of HIV and poverty-related issues. This was mainly through the development and alignment of HIV and poverty indicators to monitor the mainstreamed HIV response within the framework of the PRSP (Rwanda, Zambia, Burkina Faso, Burundi, Kenya) and training on monitoring and evaluation of the HIV response (Ghana, Zambia, Burkina Faso, Burundi, Madagascar).

## 7. HIV Mainstreaming Action Plans (CFA) integrated into the workplans of the NAC and the Joint UN Programme of Support on AIDS

In most Round 1 countries and in some Round 2 countries, the CFA outputs and activities have been incorporated in the workplans of the national AIDS coordinating authority and the Joint UN Programme of Support on AIDS (Ethiopia, Ghana, Mali, Rwanda, Tanzania [Mainland], Zambia, Kenya, Malawi, Uganda). This has facilitated the coordination and implementation of support to HIV mainstreaming and in several cases has resulted in additional resources being mobilized for HIV-mainstreaming efforts. It is also part of the in-built sustainability strategy of the CFA to ensure that the CFA is part of the national agenda and that the continuity and scaling up of support is maintained after the completion of the CFA.

### Overview of Challenges in Mainstreaming HIV (2007–2008)

Country teams of the Mainstreaming Programme reported a range of challenges for national HIV-mainstreaming efforts generally, as well as challenges they experienced in implementing CFA activities more specifically. The challenges highlighted by country teams reflect experiences in varying contexts, different prevalence settings and stages of mainstreaming, with countries facing different challenges to varying degrees. In some countries, some of the challenges that arose at the early stage of mainstreaming had already been identified and addressed; in others, they were in the process of being addressed. Some country teams also highlighted broader governance challenges affecting the national AIDS response and HIV-mainstreaming efforts. While some of these challenges were beyond the scope of the Mainstreaming Programme, which is not intended to solve systemic governance issues, they are included in this report in order to reflect the complex and challenging environment in which the CFAs often take place.

#### 1. Most common challenges in HIV mainstreaming

The most common challenges in HIV mainstreaming reported by country teams in 2007 and 2008 (those reported by three or more country teams) were: a) *High turnover and limited influence of HIV Focal Points*: The high turnover of government HIV Focal Points makes it difficult to build and sustain capacity for HIV mainstreaming; even when capacity is built, Focal Points often lack the time and influence to fulfill their roles. b) *Competing priorities for limited resources*: Sectors and districts have competing demands for limited resources and often do not consider HIV mainstreaming a priority in the allocation of resources. Even in countries where resource allocations are made for sector and district HIV activities, competing priorities in sector budgets put pressure on HIV budget allocations. c) *Weak coordination of stakeholders at the local level*: Coordination of a mainstreamed decentralized HIV response is a challenge due to the weak mechanisms for coordinating stakeholders at the local level. c) *Lack of indicators and data to monitor HIV mainstreaming*: There is a lack of reliable indicators and insufficient data to measure the extent and effectiveness of HIV mainstreaming. e) *Weak adherence to the 'Three Ones' principles*: Development partners are not sufficiently adhering to the 'Three Ones' principles, and the weak accountability and transparency among some donors and implementers is a challenge to HIV-mainstreaming efforts.

#### 2. Challenges experienced in the implementation of the CFA

Some country teams reported practical challenges in implementing their CFAs, including: a) delays in some CFA activities due to unforeseen external factors, b) financial constraints including the unpredictability of CFA funding from year to year and the need for additional CFA

funding, c) difficulty in sourcing technical experts in some areas, d) inadequate staffing to support and follow up the CFA, e) timing of the CFA coinciding with other government priorities, f) challenges in implementing multiple workshops and engaging a large number of stakeholders, g) complexity in the initial coordination and start-up of the CFA due to the multidisciplinary composition of the CFA-mainstreaming team.

## OVERVIEW OF LESSONS LEARNED

Through programme experience in a variety of contexts, country teams reported a range of insights and lessons learned in relation to HIV mainstreaming in general and, more specifically, in relation to supporting HIV-mainstreaming efforts through the Mainstreaming Programme. These are highlighted below:

### 1. Lessons learned in mainstreaming HIV in national planning processes:

- Planning processes need to constantly adapt to the dynamics of the epidemic and the changing country context. (Ethiopia, Kenya, Mozambique, Tanzania [Mainland], Uganda, Zambia)
- Aligning national planning processes (including the PRSP, NSP and UNDAF) facilitates HIV mainstreaming. (Mali, Tanzania [Mainland])
- Political commitment is important in driving HIV-mainstreaming efforts. (Mali, Rwanda, Tanzania [Mainland])
- The NAC needs to take the lead in HIV mainstreaming, and the role of the Ministry of Finance is critical in driving HIV mainstreaming by sectors. (Ethiopia, Kenya, Mali, Zambia)
- Involving stakeholders in the process of mainstreaming HIV into the PRSP improves planning and enhances ownership of the PRSP (Burkina Faso, Burundi, Ghana, Malawi, Mali, Rwanda, Tanzania [Zanzibar]). It can also positively contribute to other planning processes such as the national HIV response, the MTEF, and Public Expenditure Reviews. (Burundi, Tanzania [Mainland])
- More in-depth studies, analysis, tools and capacity building are needed to guide sectors and districts on how to mainstream HIV (Malawi, Mali, Rwanda) and mainstreaming tools need to be tailored to different stakeholder needs (e.g. sectors, local government and CSOs). (Mali, Tanzania [Mainland])
- Incorporating HIV into national planning and budgeting guidelines facilitates HIV mainstreaming in sector and district plans and budgets. (Ghana)
- Ongoing support is needed to ensure that the HIV-mainstreaming commitments made in national plans are translated into sector and district policies, programmes, budgets and actions. (Ethiopia, Rwanda, Zambia)
- Capacity building for government HIV Focal Points is a continuous process since Focal Points change frequently and capacity-development efforts can be easily lost. (Burundi, Mozambique, Rwanda, Tanzania [Mainland])
- Effective mainstreaming of HIV in the PRSP will become even more important as the approach to global AIDS funding changes and some donors move toward direct budget support, sector-wide approaches and alignment to Aid Effectiveness principles. (Feedback from CSO representatives)
- Funding mechanisms and capacity development are essential to enable the involvement of CSOs in the HIV response. (Ghana, CSO representatives)
- Stakeholders at the decentralized level need to be sensitized to their role in mainstreaming HIV, and appropriate actions are needed to strengthen their capacities accordingly. (Malawi, Mali, Burkina Faso, Tanzania [Zanzibar])
- Collaboration at all levels (among ministries, sectors, civil society and all other stakeholders) is required to plan and implement a mainstreamed HIV response. (Ghana, Malawi, CSO representatives)
- Mainstreaming actors should work with existing networks and associations of stakeholders in order to reach multiple partners. (CSO representatives)

- Well organized local leadership, such as the Alliance of Mayors, can be catalytic in implementing a local-level multisectoral response. (Zambia)
- Improved indicators are needed to measure progress in mainstreaming HIV and to measure the impact of HIV and AIDS on poverty. (Burundi, Ethiopia, Kenya Malawi, Mali, CSO representatives)

## **2. Lessons learned in CFA implementation:**

- Strategic selection of the CFA country team and careful planning of CFA activities are key to providing effective support. (Ethiopia, Tanzania [Mainland])
- CFA support during the PRSP drafting process needs to be sustained and consistent in order to ensure that HIV is integrated in draft after draft of sector plans in the PRSP. (Rwanda)
- The Mainstreaming Programme has a key role to play in enabling and expanding civil society engagement in HIV mainstreaming and in building trust and cooperation between ministries, sectors and civil society. (CSO representatives)
- CFA seed funding can have a catalytic effect and help to mobilize additional partners and funds for HIV mainstreaming. (Burundi, Rwanda (Tanzania [Mainland], Zambia)
- The CFA is most effective when it is designed to complement and fit into existing country-led HIV-mainstreaming efforts. (Zambia)

# 1. Introduction and Background

## 1.1 Introduction

This report is the second progress review of the UNDP, World Bank and UNAIDS Programme on Integrating HIV and AIDS into Poverty Reduction Strategy Processes (referred to as the 'Mainstreaming Programme' in this report). It reviews the experience of 14 countries taking part in the first and second rounds of the programme during 2007 and 2008. Round 1 countries are: Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia. Round 2 countries are: Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda.

For Round 1 countries, which started programme implementation in 2006, this report is a review of the second and third years of programme implementation. It follows on from the first progress report 'Joint Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1,' which documents the progress made in 2006<sup>2</sup>. In Round 2 countries, programme implementation started at the beginning of 2007, hence this report covers the first and second years of programme implementation in those countries.

The purpose of this report is to document the progress made by countries participating in the Mainstreaming Programme in the second and third years of the programme. It is intended as a knowledge-sharing document to facilitate the exchange of practical experiences in HIV mainstreaming, as well as a programming report to facilitate monitoring and future evaluations of the Mainstreaming Programme. It also aims to provide a consolidated progress report to enable sponsors of the programme to track progress, analyze trends and draw some conclusions concerning the future direction for providing technical support to HIV mainstreaming.

The report is based on information provided by country teams managing the Mainstreaming Programme. It is therefore not an independent evaluation or critical assessment of the Mainstreaming Programme but a synthesis and overview of progress and experiences as shared by country teams (see section 1.3 Structure and Methodology of the Report).

## 1.2 Background of the Mainstreaming Programme

The UNDP, World Bank and UNAIDS Programme on Integrating AIDS into Poverty Reduction Strategy Processes was launched as a global programme in August 2005<sup>3</sup>. It provides technical assistance and seed funding to participating countries to strengthen capacity for mainstreaming HIV and AIDS into development planning instruments and processes.

The Mainstreaming Programme has been operating in annual 'rounds' with a new group of countries joining the programme each year. To date 25 countries in Africa, the Caribbean, Asia and Eastern Europe have joined the programme in three successive rounds launched in 2005, 2006 and 2007 as shown below.

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2. 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1', UNDP 2007

3. The programme was launched in response to Recommendation 1.2 of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors – Final Report 14 June 2005. UNAIDS, Geneva.

ROUND 1	ROUND 2	ROUND 3	
LAUNCHED IN 2005, IMPLEMENTATION STARTED IN 2006	LAUNCHED IN 2006, IMPLEMENTATION STARTED IN 2007	LAUNCHED IN 2007, IMPLEMENTATION STARTED IN 2008	
1. Ethiopia	1. Burkina Faso	1. Armenia	8. Liberia
2. Ghana	2. Burundi	2. Benin	9. Nepal
3. Mali	3. Kenya	3. Cameroon	10. Nigeria
4. Rwanda	4. Madagascar	4. Gambia	11. Tajikistan
5. Senegal	5. Malawi	5. Grenada	
6. Tanzania	6. Mozambique	6. Guinea	
7. Zambia	7. Uganda	7. Haiti	

The programmatic approach of each round of the Mainstreaming Programme comprises several stages, as follows:

*Identifying the challenges and issues in HIV mainstreaming:* At the start of each round, preliminary assessments are undertaken in each of the participating countries to identify the main challenges and issues confronting the mainstreaming of HIV into national development and Poverty Reduction Strategy processes. Country stakeholders prepare an Issues Paper identifying priority issues that need to be addressed in order to strengthen capacity for HIV mainstreaming.

*Forming a multisectoral country team to support HIV mainstreaming:* Each country forms a 'country team' that includes members from national AIDS coordinating authorities, ministries and agencies responsible for finance and planning, other key sectors and civil society organizations. Country teams also include a representative from UNDP and/or UNAIDS and in some cases the World Bank country office. The composition of the country team is critical to the success of the programme as it ensures a country-led, multisectoral approach and includes members from key national authorities and organizations that are able to drive HIV-mainstreaming efforts.

*Planning country follow-up activities to support HIV mainstreaming:* Country teams participate in a Mainstreaming Programme capacity-building workshop<sup>4</sup>. During the workshops, and based on the evidence in the Issues Papers, the country teams prepare action plans known as 'Country Follow-up Activities' (CFA)<sup>5</sup> that layout actions to be implemented to support HIV mainstreaming over the following year.

Country Follow-up Activities are planned according to the stage a country is in when preparing or implementing their Poverty Reduction Strategy or National Development Plan. They are designed to be built into and complement existing national planning processes and HIV-mainstreaming efforts. Based on country-specific issues and contexts, Country Follow-up Activities are planned around four key entry points to mainstreaming HIV into development planning processes from policymaking to budgeting, implementation and monitoring. The four key entry points (or 'four keys') are:

**Key 1. Participatory process:** Increasing the participation and representation of all relevant segments of the population in designing and implementing HIV responses within the framework of the PRSP.

4. The Round 1 capacity building workshop was held in Johannesburg in November 2005. The Round 2 workshop was held in Maputo in October 2006. The Round 3 workshop was held in Tunis in December 2007.

5. The acronym 'CFA' is often used interchangeably with the 'Mainstreaming Programme' hence Mainstreaming Programme activities are sometimes referred to as 'CFA activities'.

**Key 2. Diagnostic studies and analysis:** Providing evidence for integrating HIV into development planning processes through analysis of the linkages between HIV, poverty, gender, income and other inequalities, and other factors of HIV vulnerability and AIDS impact.

**Key 3. Policies, strategies and resources:** Taking account of HIV and AIDS in macroeconomic, structural and sectoral policies and ensuring there are funds and budgets for these.

**Key 4. Implementation, and monitoring and evaluation (M&E):** Implementing the HIV-related strategies that have been mainstreamed in the PRSP and other planning instruments and monitoring their implementation as part of the overall M&E framework of the poverty-reduction strategy.

*Funding country follow-up activities:* The Mainstreaming Programme provides seed funding of around \$80,000 per country to support the implementation of Country Follow-up Activities planned by the country teams over one year. In addition, country teams are expected to mobilize additional funds and partnerships to support the implementation of the CFA.

*Implementing Country Follow-up Activities:* CFA implementation is coordinated by UNDP country offices in collaboration with the national AIDS coordinating authority and other national actors and development partners. In many cases Country Follow-up Activities are integrated into the action plan of the national AIDS coordinating authority, which ensures sustainability of the programme and its alignment with the National Strategic Plan.

Various mechanisms are put in place to guide and provide technical input into the CFA process. Some countries assign a project facilitator to manage the country follow-up activities and provide technical input. In many countries steering committees, task teams and technical working groups are set up that include members from the national AIDS coordinating authority, planning and finance ministries/agencies, key sectors, development partners, academia and NGO forums.

Monitoring progress and learning from experience: Country teams prepare regular progress reports to monitor progress in implementing their CFAs. At the end of one year of implementation, country teams come together in a workshop to review progress and share their experiences and lessons learned in mainstreaming HIV<sup>6</sup>. Building on the progress made and insights from the previous year, country teams then finalize action plans for the next year.

### 1.3 Structure and methodology of the report

The report has been designed as a reference document for multiple audiences, whereby different readers can refer to different sections depending on their interests and requirements. It is structured into four sections as well as an Executive Summary.

Section 1 is an introduction to the report and the Mainstreaming Programme. Section 2 provides a brief overview of the PRSP status and HIV prevalence in the 14 countries participating in the first and second rounds of the Mainstreaming Programme. Section 3 provides *individual country reviews*, which summarize the HIV-mainstreaming issues, the Country Follow-up Activities, key results, challenges, lessons learned and the proposed next steps in each country. Section 4 draws together the country experiences and provides a *cross-country overview* of the issues, activities and results, challenges and lessons learned in Round 1 and 2 countries in the two-year period from 2007 to 2008.

Annex 1 lists the documents reviewed for this report. Annexes 2 and 3 provide reference tables summarizing the activities and outputs in Round 1 and Round 2 countries respectively. Annex 4 lists the available tools and resources developed and applied in the participating countries to support HIV-mainstreaming processes.

6. The Round 1 progress review workshop was held in Nairobi in February 2007. The Round 2 progress review workshop was held in Johannesburg in July 2008.

The report documents the second and third years of implementation for Round 1 countries and the first and second year of implementation for Round 2 countries. Hence, for the purpose of continuity, the individual country reports of Round 1 countries also include a brief summary of activities implemented in 2006. Further details of the programme implementation in Round 1 countries in 2006 can be found in the first progress report 'Joint Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1'. In addition, a checklist of all the HIV-mainstreaming results contributed to by the CFA in Round 1 and 2 countries in the three-year period from 2006 to 2008 is included on page 106.

The methodology used in preparing this report was as follows:

- A desk review of all Mainstreaming Programme documentation related to the 14 participating countries was carried out to prepare the first draft of the report. Programme documentation included Preparatory Mission Reports, Issues Papers, Country Follow-Up Activities (CFA), project documents, the Round 2 Capacity-Building Workshop Report (Maputo, October 2006), Quarterly Progress Reports, the Round 1 and 2 synthesis report and the first progress report for Round 1 countries for 2006<sup>7</sup>.
- Additional information presented and discussed by Round 1 and 2 country teams at the Progress Review Workshop held in Johannesburg in July 2008 was included in the report. This included a joint presentation made by civil society representatives from all participating Round 1 and 2 countries.
- Country teams reviewed the first draft of the individual country reports to confirm the information and provide additional input according to their direct experience and contextual knowledge.
- The Mainstreaming Programme management team (UNDP, UNAIDS and the World Bank) and consultants reviewed the final draft and provided further inputs.

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7. See Annex 1 for a list of all reviewed documents

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

### 2.1 Status of PRSP development and implementation

The 14 Round 1 and 2 countries joined the Mainstreaming Programme at different stages of the development and implementation of their PRSPs/National Development Plans, and the activities planned in the CFAs were designed accordingly.

During the period covered by this report (2007–2008), three countries (Rwanda, Kenya and Uganda) were in the process of drafting or beginning to draft their new PRSP or National Development Plan (NDP). In Rwanda the preparation of the PRSP, which started in 2006, continued into 2007. In Kenya the Vision 2030 and the Medium Term Plan (2008–2012) was due to be launched in 2008, and in Uganda the development of the new National Development Plan was due to start in 2008. In all other Round 1 and 2 countries (Ethiopia, Ghana, Mali, Tanzania [Mainland and Zanzibar], Senegal, Zambia, Burkina Faso, Burundi, Madagascar, Malawi and Mozambique), the PRSP had just been completed or was in the implementation phase by the beginning of 2007.

Tables 1(a) and 1(b) below show the year in which the PRSP was launched and the years in which CFA activities were implemented in Round 1 and 2 countries.

TABLE 1(A): TIMING OF PRSP LAUNCH AND CFA ACTIVITIES IN ROUND 1 COUNTRIES					
ROUND 1					
	2004	2005	2006 CFA	2007 CFA	2008
Ethiopia			PRSP-II (May)		
Ghana		PRSP-II			
Mali				PRSP-II	
Rwanda				PRSP-II (Nov.)	
Senegal			PRSP-II (Sept.)		
Tanzania (Mainland)		PRSP-II			
Tanzania (Zanzibar)			PRSP-II (Sept.)		
Zambia			PRSP-II (Dec.)		

TABLE 1(B): TIMING OF PRSP LAUNCH AND CFA ACTIVITIES IN ROUND 2 COUNTRIES					
ROUND 2					
	2004	2005	2006	2007 CFA	2008 CFA
Burkina Faso	PRSP-II				
Burundi			PRSP		
Kenya	PRSP				Vision 2030 (Jun)
Madagascar				PRSP-II (Feb.)	
Malawi			PRSP-II		
Mozambique			PRSP-II		
Uganda		PRSP-II			Start of NDP preparation

## 2.2 HIV and Human Development Indicators in Participating Countries

HIV prevalence varied significantly in the 14 countries of the first two rounds of the Mainstreaming Programme. The highest prevalence settings were in Zambia, Malawi and Mozambique, where adult HIV prevalence was more than 10 per cent, while adult HIV prevalence in Burkina Faso, Ghana, Mali, Senegal, Madagascar and Tanzania (Zanzibar) was less than two per cent. In half of the participating countries, the estimated number of adults and children living with HIV is more than 900,000 (Mozambique, Tanzania [Mainland], Kenya, Zambia, Ethiopia, Uganda and Malawi). Table 2 below shows the different prevalence settings in Round 1 and 2 countries, and Table 3 provides further details of the estimated number of adults and children living with HIV, the adult HIV prevalence and the Human Development Index rank in the 14 countries.

**TABLE 2: ADULT HIV PREVALENCE RANGE IN ROUND 1 AND 2 COUNTRIES**

ADULT HIV PREVALENCE			
<2%	2–5%	5–10%	>10%
Madagascar	Burundi	Kenya	Malawi
Burkina Faso	Ethiopia	Uganda	Mozambique
Ghana	Rwanda	Tanzania (Mainland)	Zambia
Mali			
Senegal			
Tanzania (Zanzibar)			

**TABLE 3: HIV AND HUMAN DEVELOPMENT INDICATORS IN ROUND 1 AND 2 COUNTRIES**

Round 1 Countries	Estimated number of adults and children living with HIV (2007)	Adult (age 15–49) prevalence per cent (2007)	Human Development Index (HDI) Rank 2007
Ethiopia	977,394 <sup>1</sup>	2.1 <sup>1</sup>	169
Ghana	264,481 <sup>2</sup>	1.9 <sup>2</sup>	135
Mali	100,000	1.3 <sup>3</sup>	173
Rwanda	150,000	2.8	161
Senegal	67,000	1.0	156
Tanzania (Mainland)	2,246,341 <sup>4</sup>	5.8 <sup>4</sup>	159
Tanzania (Zanzibar)	-	0.6 <sup>4</sup>	
Zambia	1,565,053 <sup>5</sup>	14 <sup>5</sup>	165

Round 2 Countries	Estimated number of adults and children living with HIV (2007)	Adult (age 15–49) prevalence per cent (2007)	Human Development Index (HDI) Rank 2007
Burkina Faso	130,000	1.6	176
Burundi	159,890 <sup>6</sup>	3.46 <sup>6</sup>	167
Kenya	1,100,000 <sup>7</sup>	6.1 <sup>2</sup>	148
Malawi	930,000	11.9	164
Madagascar	14,000	0.1	143
Mozambique	1,500,000	12.5	172
Uganda	940,000	5.4	154

Sources: UNAIDS 2008 Report on the Global AIDS Epidemic  
UNDP Human Development Report 2007/2008

Data provided by country teams:

1. Ethiopia: Single point estimate HAPCO (2007)
2. Ghana: Quarterly Technical Bulletin on HIV/AIDS-STIs in Ghana – NACP/GHS Vol. 5, No. 2
3. Mali: Demographic and Health Survey 2006
4. Tanzania (Mainland and Zanzibar): 2nd Tanzania HIV/AIDS Indicator Survey (Preliminary results 2008)
5. Zambia: ZDHS Preliminary Report 2007/08, Zambia UNGASS Report 2008
6. Data provided by the Burundi Country Team
7. Data provided by the Kenya Country Team

## Country Reviews – Round 1

### 3.1 ETHIOPIA

#### Coordinating the implementation of a mainstreamed HIV response in line with the PRSP

##### Progress in Previous Year (2006)<sup>8</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	2.1%
<b>PLHIV<sup>1</sup>:</b>	977,394
<b>PRSP:</b>	The Plan for Accelerated and Sustained Development to End Poverty (PASDEP) 2006–2010.
<b>NSP:</b>	Ethiopian Strategic Plan for Intensifying the Multisectoral HIV/AIDS Response (2004–2008).
<b>CFA duration:</b>	2006–2007

1. Source: Single point estimate HAPCO (2007)

At the start of the CFA in 2006, Ethiopia had just prepared its second generation PRSP, the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) 2006–2010. The PASDEP recognized AIDS as a serious threat to the socioeconomic development of the country and gave it priority as a health issue as well as integrated it into the plans of other sectors. Hence, the CFA focused on supporting three main initiatives to facilitate the mainstreaming of HIV programmes in all government and nongovernment sectors as called for by the PASDEP. These initiatives were: 1) developing a multisectoral plan of action based on the HIV targets of various planning instruments, including the national strategic plan and the PASDEP, to guide all sectors and stakeholders in mainstreaming HIV, 2) tracking HIV resources through a National AIDS Spending Assessment (NASA), and 3) strengthening the National Partnership Forum (NPF) to mobilize and coordinate stakeholders in the national HIV response.

##### Summary of Activities (2007)

In 2007 the CFA in Ethiopia continued to build on the three initiatives began in the first year of the CFA as follows: 1) the Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007–2010<sup>9</sup> was developed and launched, 2) a capacity assessment of the National Partnership Forum was completed and guidelines for establishing and strengthening partnership forms were drafted, and 3) steps were taken to begin the NASA.

##### Details of Activities

###### CFA Management Arrangements

- The CFA was coordinated and led by the HIV/AIDS Prevention and Control Office (HAPCO) with the support of the UNDP Focal Person.
- Two Technical Working Groups (one for the Multisectoral Plan of Action and another for the National AIDS Spending Assessment) were established. The Technical Working Groups were led by HAPCO and comprised representatives from the National Partnership Forum, UNAIDS and UNDP.

8. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

9. Referred to as the 'Multisectoral Plan of Action' in this review.

- The CFA was integrated in HAPCO's plan of action (July 2007–June 2008) and in the workplan of the Joint UN Programme of Support on AIDS.

### Policies, Strategies and Resources

#### *National AIDS Spending Assessment*

- The CFA continued to support HAPCO with preparing to undertake a National AIDS Spending Assessment (NASA) for Ethiopia. A detailed workplan and budget were prepared and a memorandum of understanding was signed between the various parties involved. In addition, part of the financial resources required for the NASA was mobilized.
- In preparation for the data collection for the NASA, a one-day introduction to the NASA was held for Regional HAPCO heads, monitoring and evaluation (M&E) officers and professionals from the regional health bureaus. During the workshop a plan of action for the regional data collection was prepared by participants. Following the workshop the regional offices started to collect information on the number and type of public, private and nongovernmental organizations working on HIV in their regions. This mapping exercise will provide the preliminary information for the NASA.

### Implementation and M&E

#### *Preparing a Multisectoral Plan of Action*

- Based on preparatory work carried out in 2006, a Multisectoral Plan of Action was developed to bring together and harmonize the HIV strategies and targets set by various national planning instruments, including the PRSP and the NSP, and aligning them with the universal access targets. The Multisectoral Plan of Action was developed in a highly participatory process as described below.
- The draft Multisectoral Plan of Action was electronically circulated to all major stakeholders in the public, private and civil society sectors for their review and inputs.
- At the same time as the electronic circulation of the draft, a federal-level consultation workshop was held in May 2007, and the draft Multisectoral Plan of Action was revised according to the inputs from the workshop.
- The draft Multisectoral Plan of Action was then presented to the first national validation workshop held in July 2007. The two-day workshop was attended by more than 100 participants from all regions of the country as well as federal-level implementers, youth, women, associations of people living with HIV, civil society, faith based organizations and the private sector.
- Comments from the workshop and feedback from the electronic circulation of the draft were reviewed by four ad-hoc technical review Task Teams (including members from HAPCO, the National Partnership Forum, the UN and PEPFAR). The document was then cross-checked for consistency with other planning documents and merged with the previously developed universal access targets.
- In the fourth quarter of 2007, the final version of the Multisectoral Plan of Action was printed and launched under the title: Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007–2010.
- The Multisectoral Plan of Action, which is consistent with the strategies and targets of the PASDEP and NSP, presents cost estimations for all programmatic areas as well as a resource gap analysis. It also provides a package/list of interventions based on the Multisectoral Plan of Action to help guide sectors and stakeholders in implementing appropriate HIV responses.

### *Strengthening the National Partnership Forum*

- The CFA in Ethiopia continued to support efforts to strengthen the National Partnership Forum (NPF), a body that brings together and coordinates all stakeholders in Ethiopia's national response to HIV in the public, private and civil society sectors. The capacity assessment of the National Partnership Forum (which started in 2006 with CFA support) was completed in 2007. The results of the assessment were discussed at a national consultative workshop, and recommendations were made for strengthening the Forum.
- The Terms of Reference of the National Partnership Forum were revised and restructuring of the NPF began according to the recommendations of the capacity assessment and the validation workshop.
- A Technical Working Group established under the coordination of HAPCO developed draft guidelines for establishing and strengthening partnership forums and subforums at the federal, regional and subregional levels.

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

- A Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007–2010 was developed and launched. The multisectoral plan is fully aligned with the Ethiopian Strategic Plan for Intensifying the Multisectoral HIV/AIDS Response (2004–2008) and is consistent with the strategies, targets and indicators of the PASDEP. Hence, it provides a common reference of the HIV-related targets of the PASDEP that are to be achieved and a common platform from which to proceed with implementation.
- The HIV and AIDS targets of the PASDEP were widely discussed during the consultative process of developing the Multisectoral Plan of Action. This provided an opportunity to disseminate and advocate the PASDEP among HIV stakeholders. The consultative process also created a sense of ownership of the Multisectoral Plan of Action by all stakeholders involved.
- Implementation tools, including a package/list of interventions based on the Multisectoral Plan of Action, were developed in order to facilitate implementation.
- Implementation of the Multisectoral Plan of Action started while the document was still in its draft stage, with the regional HIV/AIDS Prevention and Control Offices using it as a template for the current Ethiopian fiscal year planning in August 2007. The plan was also subsequently used by sectors, regions and woredas (districts) in their planning processes.
- The Multisectoral Plan of Action was used as a reference for the first joint annual review of the national HIV and AIDS response.
- The CFA initiative to support the National Partnership Forum generated renewed interest from HAPCO as well as the constituent members of the Forum.

### **Challenges and Constraints**

#### *Challenges in HIV mainstreaming:*

- While the Multisectoral Plan of Action will provide guidance to sectors in integrating HIV into their plans, the support of the Ministry of Finance and Economic Development (MoFED) is needed to drive HIV mainstreaming by sectors particularly in relation to implementation. However since most HIV funds are channelled through HAPCO, the engagement and coordination of sectors in the HIV response has been left to HAPCO with limited participation of the Ministry of Finance and Economic Development.

- Although sectors participated in developing the Multisectoral Plan of Action, the participation of major sectors, such as the agriculture sector, in finalizing and implementing the Plan has so far been limited.
- There have been varying levels of interest by donors in the Multisectoral Plan of Action as some donors give more focus to the Health Sector Road Map for HIV/AIDS prevention, treatment and care.

*Challenges in implementing the CFA:*

- The NASA process was the most challenging exercise under the CFA. The main reason for this was the novelty and the highly technical nature of the methodology, which had not been applied in the country before. Hence, it was difficult to identify institutions with the required level of expertise to which the NASA could be subcontracted. In addition, the administrative procedures and requirements for subcontracting an institution caused further complications and delays.
- The limited availability of technical experts was also a challenge in costing the Multisectoral Plan of Action and the NASA.
- Delays in the completion of important processes such as HAPCO's Business Process Reengineering also slowed implementation of the CFA.

#### LESSONS LEARNED

***Lessons learned in HIV mainstreaming:***

Even after HIV has been mainstreamed into the PRSP, intense and sustained efforts are needed to ensure that sectors develop and implement their plans in line with the HIV content of the PRSP. The first consultative meeting on the Multisectoral Plan of Action revealed a wide gap in terms of the engagement of different sectors in the response to HIV. In spite of the various efforts made over the past several years to mainstream HIV in all sectors, it was observed that only the health sector had a well-developed national plan, whereas the education sector was at the initial stages of developing one. Other sectors including agriculture, transport and industry were yet to start developing their plans in line with the PASDEP.

Planning for HIV is a continuous process that requires constant realignment with the dynamics of the epidemic and the changing national development context. The process of developing the Multisectoral Plan of Action over a period of two years demonstrated the importance of constantly adapting the national HIV response and revising the objectives, targets and indicators to reflect the latest developments and trends. This process is believed to have made the document relevant and appropriate to the current situation and, at the same time, made it a live document that requires constant periodic review to remain useful.

***Lessons learned in CFA implementation:***

Plan comprehensive interventions to support mainstreaming efforts. For example, in Ethiopia high-level advocacy with sectors through the Ministry of Finance and Economic Development was needed.

Ensure that there is a detailed plan for the implementation of CFA/mainstreaming activities. For example, in Ethiopia a plan was needed to ensure the early identification of sources of technical support for the NASA.

Prepare alternative plans to address unforeseen problems. For example, when it was found that the restructuring of the National Partnership Forum was not progressing as well as planned, it would have been helpful to consider an alternative approach.

Develop a method to measure HIV-mainstreaming efforts. Currently indicators such as 'the number of ministries that have mainstreamed HIV' are available, but the question that needs to be asked is 'how many of these have been effective?'

### The Way Forward

The Ethiopia country team identified the following priorities for the CFA:

- Expedite the launch of the NASA exercise.
- Complete the process of strengthening the National Partnership Forum by finalizing its reorganization and conducting a general assembly meeting.

Once the above activities have been completed, the CFA will end and the ongoing support to HIV mainstreaming will be sustained through:

- CFA activities being incorporated into the plans of HAPCO and other partners.
- The Multisectoral Plan of Action, which has been accepted by all stakeholders being the 'one agreed national plan' for the HIV response.

Priority areas for continued support to HIV mainstreaming will be to:

- Strengthen technical assistance to sectors on HIV mainstreaming.
- Support enhanced participation of civil society organizations (CSOs) in HIV-mainstreaming efforts.
- Facilitate implementation of the Multisectoral Plan of Action with the support of the HIV/AIDS Governance pooled fund, which is a fund established by several donors to enhance governance of the AIDS response in Ethiopia. The fund's support to HIV mainstreaming will be mainly through support to the parliament.

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## 3.2 GHANA

### Aligning sector and district development plans and budgets with the PRSP

#### Progress in Previous Year (2006)<sup>10</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	1.9 %
<b>PLHIV<sup>1</sup>:</b>	264,481
<b>PRSP:</b>	The Growth and Poverty Reduction Strategy (GPRS II) 2006–2009.
<b>NSP:</b>	The National Strategic Framework (2006–2010).
<b>CFA duration:</b>	2006–2007

1. Source : Quarterly Technical Bulletin on HIV/AIDS-STIs in Ghana – NACP/GHS Vol. 5, No. 2

At the start of the CFA in 2006, Ghana's second generation PRSP, the Growth and Poverty Reduction Strategy (GPRS II) 2006–2009, had just been completed. Hence, the CFA focused on supporting the integration of HIV in sector and district plans and budgets in line with the GPRS II. With CFA support, HIV was incorporated in the Planning Guidelines for the preparation of District and Sector Medium Term Development Plans under the GPRS II, and plan preparation teams were trained in the use of the guidelines. As a result, HIV was integrated into sector plans and resource allocations were made for HIV in the 2007–2009 Medium Term Expenditure Framework (MTEF) and in the 2007 National Annual Budget.

#### Summary of Activities (2007)

Building on the progress made the previous year, the CFA in Ghana in 2007 continued to support and develop the capacity of sectors and districts in ensuring that HIV is an integral part of their Medium Term Development Plans under the GPRS II. In addition, guidelines, workshops and technical assistance were provided to develop district-level capacities for monitoring and evaluating the implementation of District Medium Term Development Plans.

#### Details of Activities

##### CFA Management Arrangements

The CFA is managed by the National Development Planning Commission (NDPC) with the support of the UNDP Focal Point and with technical support and participation of the Ghana AIDS Commission (GAC), the Ministry of Finance and Economic Planning, UNAIDS and NGOs.

The NDPC is responsible for the GPRS and for guiding sectors and districts in their development planning in line with the GPRS. Hence, the CFA was integrated into the existing sector and district planning structures and processes that are coordinated and guided by the NDPC.

The CFA was reflected in the Annual Plan of Work of the Ghana AIDS Commission and in the Joint UN Programme of Support on AIDS.

##### Policies, Strategies and Resources

##### *Strengthening capacity in integrating HIV in sector development plans*

- In February 2007, around 85 participants from ministries and sector agencies were trained in the use of the Sector Planning Guidelines for the preparation of Sector Medium Term Development Plans.

10. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

opment Plans that reflect HIV and AIDS. The training included guidance on integrating HIV into sector budgets (as reported in the first progress review for Round 1 countries<sup>11</sup>).

- An Inter-Sectoral Technical Review Workshop was then held in May 2007 to assess the status of plan preparation by sectors. The workshop, organized by the NDPC, was attended by 94 participants from ministries and sector agencies.
- Following the Technical Review Workshop, the NDPC in collaboration with the Ghana AIDS Commission and the Environmental Protection Agency provided technical support to 33 selected Ministries, Departments and Sector Agencies (MDAs) in formulating their Sector Medium Term Development Plans.

#### *Strengthening capacity in integrating HIV into district development plans*

- District Assemblies throughout the country had been provided with guidelines on preparing District Medium Term Development Plans under the GPRS II in 2006. The guidelines included guidance on reflecting HIV in the district development plans. Draft District Medium Term Development Plans were submitted by 134 out of 138 District Assemblies to the NDPC. These were reviewed in relation to national development goals, and feedback was provided to the District Assemblies to refine the plans for approval.

#### **Implementation and M&E**

##### *Developing capacity for monitoring and evaluation<sup>12</sup>*

- From March to June 2007, the NDPC organized orientation workshops for 1,780 members of the Regional Coordinating Councils and District Assemblies on the use of District Monitoring and Evaluation Guidelines. The M&E guidelines included guidance on monitoring and reflecting HIV in Annual Progress Reports in line with the GPRS II.
- All 138 District Assemblies were requested by the NDPC to produce District M&E Plans reflecting HIV according to the GPRS II. The NDPC in collaboration with the Regional Coordinating Councils provided technical assistance to District Assemblies in preparing the M&E Plans.

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

- The planning guidelines and training of plan preparation teams influenced the integration of HIV into the Sector and District Medium Term Development Plans (2006–2009).
- The integration of HIV in sector and district plans resulted in budget allocations being made for HIV in sector and district budgets and in the national budget.
- The capacity for district-level monitoring and evaluation in line with the GPRS was developed.

#### **Challenges and Constraints**

##### *Challenges in HIV mainstreaming:*

- The Ghana AIDS Commission (GAC) and the National Development Planning Commission (NDPC) have parallel planning and implementation structures set up at all levels (national, district and local levels). These parallel structures have caused duplications and challenges in

11. 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1', UNDP 2007

12. NDPC is supported by UNDP, UNICEF and the World Bank in coordinating and harmonizing monitoring activities. UNDP supported the formulation of the GPRS II and the District and Sector Planning Guidelines, while UNICEF and the World Bank support the M&E activities.

integrating HIV planning, coordination and monitoring into broader development processes. To help address this challenge at the district level, the NDPC and GAC have signed a memorandum of understanding in which it was agreed that the GAC will use existing planning structures of the District Planning Coordinating Units. For example, if the GAC has an AIDS Focal Person in a particular district, that person will join the District Planning Coordinating Unit.

- There are weak linkages between the NDPC and the GAC in implementation of the HIV response. For example, the NDPC is not on any of the GAC committees.
- Local Government Authorities report to the Ministry of Local Government, Rural Development and Environment (MLGRDE), however, the existing partnership between the GAC and the MLGRDE to support the national HIV response at the decentralized level is weak. The division of labour and the reporting structures need to be reviewed.
- Some District Assemblies do not consider HIV to be a top priority and, hence, do not provide timely access to the funds that are earmarked for HIV (by law, five per cent of the total budget goes to District Assembly Common Funds, and within that amount one per cent should be allocated to HIV).
- Some development partners operate outside the national planning and budgeting processes for HIV. This has resulted in a lack of predictability of funding and in multiple funding modalities.
- The multiple monitoring and evaluation systems that are in place have created several challenges. However, there is now consensus on the way to address this.

#### LESSONS LEARNED

##### *Lessons learned in HIV mainstreaming:*

- HIV mainstreaming is a continuous process that needs to be taken into account throughout the PRSP cycle.
- The development and use of planning guidelines facilitates the process of integrating HIV into sector and district plans and the process of reflecting HIV in the Annual Progress Reports at the national, sector and district levels.
- The integration of HIV in sector and district plans provides the means to influence budget allocations for HIV in the district and national budgets.
- Sector and district ownership of the processes and actions for HIV mainstreaming (through programming, implementation and monitoring processes) is vital.
- Support to CSOs is critical to help enhance CSO participation. In Ghana an allocation for CSOs has been included in budgets.
- Public-private collaboration and the involvement of CSOs in the HIV response are strengthened through advocating HIV mainstreaming, building capacities and allocating resources to nongovernment actors. This enhanced collaboration is believed to have contributed to the stabilization of the HIV epidemic in Ghana.
- Stakeholders at the decentralized level need to be respected and brought on board. For example in Ghana the District Assemblies, District Coordinating Units, District Health Committees and District AIDS Committees need to harmonize their activities.
- The allocation of one per cent of District Assembly Common Funds to HIV programmes has been a positive innovation despite the constraints in the timely release of funds in some districts.

### The Way Forward

The Ghana country team identified the following priorities for continued support to HIV mainstreaming:

- Strengthen District Planning Coordinating Units of the District Assemblies to handle HIV activities at the district level as stipulated in the memorandum of understanding between the NDPC, GAC and MLGRDE.
- Strengthen and support planning and monitoring systems at all levels.
- Clarify and strengthen the tripartite responsibilities of GAC, NDPC, MLGRDE at the regional and district levels to ensure clear delineation of roles and responsibilities in responding to the epidemic at the decentralized level.
- Strengthen capacity of CSOs to be deeply involved in planning, implementing and monitoring HIV programmes.
- Prepare manuals and provide training on the development of sector and district plans under the National Long-Term Development Plan (2008–2015), which is currently being formulated.
- Development partners to function more in line with the commitments made under the Paris Declaration.

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### 3.3 MALI

#### Developing mainstreaming tools and training stakeholders in their use

##### Progress in Previous Year (2006)<sup>13</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	1.3 %
<b>PRSP:</b>	The Poverty Reduction Strategic Framework 2007–2011 (Cadre Stratégique de Lutte Contre la Pauvreté – CSLP II)
<b>NSP:</b>	The National HIV/AIDS Strategic Framework 2006–2010 (Cadre Stratégique de Lutte Contre le VIH /SIDA – CSLS)
<b>CFA duration:</b>	2006–2007

1. Source : EDSM-IV (Demographic and Health Survey) 2006

Mali's second generation PRSP, the Poverty Reduction Strategic Framework 2007–2011 (Cadre Stratégique de Lutte Contre la Pauvreté – CSLP II) was in the process of being developed when the CFA started in 2006. The CFA supported a workshop on mainstreaming HIV in the CSLP II for representatives of civil society, populations at higher risk of HIV exposure, and PLHIV. The CFA Project Facilitator also participated in the national validation workshop of the CSLP II and influenced the integration of 13 HIV indicators in the final version of the document.

##### Summary of Activities (2007)

In 2007 the CFA in Mali focused on developing HIV-mainstreaming tools to help ensure that HIV is an integral part of the CSLP and that it is integrated in development plans at the regional, district and community levels. Stakeholders from central and regional government, the private sector and CSOs were trained in the use of the guidelines.

##### Details of Activities

###### CFA Management Arrangements

- The SE/HCNLS14 (NAC) assumed the management role of the CFA together with UNDP, and a SE/HCNLS-UNDP Project Facilitator was recruited for this purpose.

###### Participatory Process

###### *Engaging the private sector*

- An orientation workshop was held for the private sector in February 2007 (as reported in the first progress review for Round 1 countries<sup>15</sup>). The objective of the workshop was to raise awareness in the private sector of the integration of HIV into the CSLP and to discuss the role of the private sector in ensuring that HIV is integrated into the formulation, implementation and monitoring of the CSLP II. More than 45 people participated in the workshop.

###### *Developing HIV mainstreaming tools and building capacities in their uses*

- A workshop was held in February 2007 to develop tools for mainstreaming HIV and to strengthen the capacities of various actors in the public and private sectors and civil society for applying appropriate methodologies for mainstreaming HIV (as reported in the first progress review for Round 1 countries).

13. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

14. French acronym for 'Secrétariat Exécutif du Haut Conseil National de Lutte Contre le SIDA' (Executive Secretariat of the National AIDS Council)

15. 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1', UNDP 2007

- The HIV-mainstreaming guidelines and tools were then developed further by a team from the NAC (SE/HCNLS), the CSLP Technical Unit and the National Development Planning Directorate, together with the CFA Project Facilitator. The purpose of the tools is to help ensure that HIV is an integral part of the CSLP and that it is integrated in the Social, Economic and Cultural Development Plans (PDSEC) at the regional, district and community levels.
- The mainstreaming tools were subsequently reviewed and validated in a meeting in June 2007 with representatives of key technical units of 16 ministries and partners engaged in the HIV response. Feedback and inputs from the meeting were incorporated in the tools. Meeting participants also recommended that a national workshop be held in August 2007 to validate and disseminate the tools.
- A two-day national workshop was held in August 2007 to further validate the tools and build regional capacities in their uses. The workshop was attended by 80 participants from different regions. Its main objective was to develop a critical mass of competent trainers who have mastered the HIV-mainstreaming guidelines and tools and are able to disseminate them. The workshop participants confirmed the importance of the proposed tools and their usefulness in supporting HIV mainstreaming in regional and local planning and recommended that efforts to disseminate the tools should continue. The workshop also provided a forum for dialogue among different stakeholders in the process of integrating HIV into the social, economic and cultural development plans.

#### *Review of the CSLP II*

- The CFA Project Facilitator participated in the national workshop for the second review of the CSLP II in June 2007. This provided an opportunity to include the progress made in integrating HIV in the CSLP in the review report.

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

- The CFA resulted in increased commitment and engagement of the authorities in pursuing the integration of HIV in the CSLP II.
- HIV-mainstreaming tools were developed and stakeholders from central and regional government, the private sector and CSOs were trained in their uses.
- The workshops and work done on the mainstreaming tools led to a better understanding of mainstreaming processes by different stakeholders.

#### **Challenges and Constraints**

##### *Challenges in mainstreaming HIV:*

- Institutional capacity at all levels is limited.
- Although very good documents and tools have been developed to support HIV mainstreaming, it is a challenge to mobilize decentralized institutions to implement mainstreamed HIV responses because actors at the decentralized level have so many other competing priorities.
- At the operational level ministries find it easy to mainstream HIV in terms of implementing awareness-raising and HIV-screening activities. However, they find it more difficult to integrate HIV into sector policies, strategies and activities aimed at reducing vulnerability to HIV within their sectors. For example, it is not clear to the economic, finance and transport sectors what they need to do. Several studies were conducted with the support of UNDP and other partners that were helpful in advocating HIV mainstreaming in some sectors, and further vulnerability studies are being planned for key sectors to help guide their responses.

- Vulnerability studies are complex to conduct.
- There is limited commitment to integrating HIV in the MTEF.
- Harmonizing and aligning the support of all partners is a challenge.
- The monitoring and evaluation system is inadequate.
- The security situation in Northern Mali has made it impossible to carry out monitoring and evaluation in the first half of 2008, and the challenge of sustaining the response in such circumstances is of particular concern.
- Vulnerability studies are complex to conduct.
- There is limited commitment to integrating HIV in the MTEF.
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- The security situation in Northern Mali has made it impossible to carry out monitoring and evaluation in the first half of 2008, and the challenge of sustaining the response in such circumstances is of particular concern.

#### LESSONS LEARNED

##### *Lessons learned in mainstreaming HIV:*

- Political commitment has an important impact on the national HIV response and HIV-mainstreaming efforts.
- Improved definition and understanding of the practical means of mainstreaming HIV are needed.
- Studies and simplified tools are needed to support HIV mainstreaming.
- Mainstreaming tools need to be tailor-made for particular levels of decentralization. However, it is a challenge to devise specific tools for all levels and actors.
- A critical mass of capacity in HIV mainstreaming needs to be built.
- The participation of all actors (from the public and private sectors as well as CSOs) is an asset in HIV mainstreaming.
- Synchronizing the processes of various planning instruments (e.g. the PRSP, NSP, and the United Nations Development Assistance Framework – UNDAF) facilitates the integration of HIV into these instruments.
- It is important to actively involve the Ministry of Economy and Finance and the Joint UN Programme of Support on AIDS as funding and budgets for HIV mainstreaming need to be taken into account.
- Reliable indicators need to be developed to measure progress in mainstreaming HIV. Currently indicators are mainly for the health sector.

#### The Way Forward

The CFA has been integrated into the Operational Plan of the HCNSL (NAC). This will ensure the continuity of activities and enable the activities to be supported by additional sources of funds. The country team identified the following priority activities in the next phase of support to HIV mainstreaming in Mali:

- Produce and disseminate the available mainstreaming tools.
- Accelerate training of local planning actors on the uses of the mainstreaming tools.
- Conduct vulnerability studies to guide the HIV response in key sectors.

- Continue to support the integration of HIV into the national budget and the Joint UN Programme of Support on AIDS.
- Support the integration of HIV in the Medium-Term Expenditure Framework (MTEF).
- Work with the Partnership Forum to strengthen the national response and its monitoring and evaluation system.

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## 3.4 RWANDA

### Integrating HIV in the PRSP and developing capacities for implementation

#### Progress in Previous Year (2006)<sup>16</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	2.8 %
<b>PLHIV<sup>1</sup>:</b>	150,000
<b>PRSP:</b>	Rwanda's Economic Development and Poverty Reduction Strategy (2008–2012) (launched in November 2007).
<b>NSP:</b>	The National Strategic Multisectoral Plan for HIV and AIDS (2005–2009).
<b>CFA duration:</b>	2006–mid 2008

1. Source : UNAIDS 2008 Report on the Global AIDS Epidemic

The CFA in Rwanda started at the same time as the PRSP preparation process in 2006. This provided the ideal circumstances for the CFA activities to be built into the PRSP formulation process and resulted in HIV-related activities being incorporated in the draft plans of all sectors within the new PRSP (the Economic Development and Poverty Reduction Strategy 2008–2012 – EDPRS). This was achieved through the following main activities: 1) guiding the overall process of mainstreaming HIV in the EDPRS, 2) developing a checklist for sectors to self-evaluate their sector performance in relation to HIV, 3) developing sector-specific concept notes on the impact of HIV and a checklist to guide sectors on integrating HIV in their plans, 4) holding a stakeholder meeting to explain the EDPRS process and validate the HIV-integration process and tools, 5) supporting sectors in integrating appropriate HIV outputs, activities and indicators in their EDPRS logical frameworks (logframes).

#### Summary of Activities (2007–2008)

In 2007 and 2008 the CFA country team in Rwanda continued to actively support sector working groups in mainstreaming HIV into their sector plans within the EDPRS. As the EDPRS neared completion, the CFA extended support to sectors and districts to begin planning for the implementation of the HIV-related aspects of the EDPRS. At the sector level, capacity assessments were conducted to determine the challenges and support needed by sectors to implement their HIV-related commitments. At the district level, district planners were sensitized to the HIV contents of the EDPRS and were supported in incorporating HIV into their district development plans in line with the EDPRS.

#### Details of Activities

##### CFA Management Arrangements

- A technical Task Team composed of representatives from the CNLS<sup>17</sup> (National AIDS Control Commission), UNAIDS and UNDP was established to lead the overall process of integrating HIV into the EDPRS.
- A Steering Committee composed of CNLS, UNAIDS, UNDP, USAID and Tulane University provided guidance to the Task Team.
- A full time EDPRS Focal Point at the CNLS and a full-time UNDP Project Manager at UNDP managed the project, liaised with partners and provided the technical support to sectors throughout the EDPRS process.

16. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

17. French acronym for : 'Commission Nationale de Lutte Contre le SIDA'

### Participatory Process

- In January 2007, a National Partnership Forum meeting was held focusing on the progress made in integrating HIV into the EDPRS.
- In May 2008 a stakeholders' meeting was held to launch the EDPRS HIV priorities.

### Diagnostic Studies and Analysis

- The report on 'The Impact of AIDS and Poverty in Sectors: Desk Review of Rwanda and Experiences from Other Countries' (which was started in 2006) was finalized in the last quarter of 2007. The review proved to be a very helpful tool for sectors in preparing their HIV action plans.

### Policies, Strategies and Resources

#### *Supporting sectors in integrating HIV into the EDPRS*

- In the first half of 2007, the CFA team continued to actively engage in the EDPRS formulation process to support Sector Working Groups in integrating appropriate HIV outputs, activities and indicators in their five-year logical frameworks. Consistent advocacy, follow up and guidance was needed to ensure that the progress made in integrating HIV activities was not lost in subsequent drafts of the logical frameworks. In addition, direct support was given to certain sectors that had not adequately integrated HIV into their plans. As a result, HIV was integrated into the logical frameworks of all 12 sectors of the EDPRS.
- As the sector logical frameworks were nearing completion, the Task Team drafted a strategy statement summarizing the HIV actions in all sector logical frameworks (as requested by the EDPRS drafting team), and the draft strategy statement was reviewed by stakeholders.
- The HIV strategy statement was submitted to the Ministry of Finance and Economic Planning (MINECOFIN) and the CFA project manager successfully advocated that the sectors' HIV activities be fully integrated into the EDPRS text as opposed to being placed in a separate section on HIV. The project manager also distributed the evolving EDPRS drafts to stakeholders for their review and comments, and worked with the drafting team to ensure that HIV was correctly represented and integrated in the document.

#### *Ensuring EDPRS HIV actions are integrated into development plans at the district level*

- In May 2007, as the sectors began to finalize their logical frameworks, the Task Team extended its support to the district level to help ensure that the HIV actions written into the EDPRS were incorporated into the five-year District Development Plans. With Rwanda's decentralized government structure, it was vital that districts incorporate EDPRS HIV activities and indicators into their planning process because it is at this level that most of the activities are implemented.
- The Task Team organized a workshop for staff of the District AIDS Control Committee (CDLS<sup>18</sup>) on integrating the EDPRS activities into District Development Plans. During the workshop, the Task Team also worked with the CDLS staff to draft a District Checklist to guide district planners on integrating EDPRS HIV activities into District Development Plans.
- Two people from the CFA team joined the staff of the Ministry of Finance and Economic Planning in visits to 30 districts to inform district staff about HIV in the EDPRS and to distribute the District HIV Checklist.

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18. French acronym for 'Comité de District de Lutte Contre le SIDA'

- Following the submission of the District Development Plans by 27 of the 30 districts to the Ministry of Finance and Economic Planning, the CFA Focal Point reviewed the plans and provided feedback to help ensure that the EDPRS HIV activities are incorporated in the district plans.

### Implementation and M&E

#### *Preparing for EDPRS Implementation*

- In the lead up to and following the validation of the EDPRS by Cabinet in September 2007 and its official launch in November 2007, efforts were made to plan and prepare for the implementation phase of the EDPRS as follows:
- A sector capacity-assessment tool was developed and sector capacity assessments were conducted to determine the ability of each sector to fulfil its EDPRS HIV commitments. At the same time a CHAT (Country Harmonization and Alignment Tool) assessment was also conducted separately with UNAIDS support. The assessments drew attention to the many challenges that will be faced in the EDPRS implementation phase and provided valuable information about what the support sectors will need to implement their HIV commitments.
- Based on the findings of the capacity assessments, a 2008 action plan was developed to provide support to sectors in translating HIV-related commitments in the EDPRS into actions.
- Following the sector assessments, the Focal Point worked with sectors to develop their HIV action plans. Additional costing support was also provided to sectors that had not completed the costing exercise during the EDPRS development process.
- In late 2007 and early 2008 the Ministry of Finance and Economic Planning requested a summary checklist and policy matrix on HIV and Cross-Cutting Issues to be incorporated into the extended EDPRS Version II. The HIV checklist was prepared by the CFA Focal Point and Project Manager by compiling a summary of all HIV actions and indicators from all nonhealth sectors. The policy matrix for HIV was drafted by the Task Team, and a stakeholders meeting was held to review and validate the matrix. This information was then integrated into the health sector policy matrix and validated by all health sector stakeholders at the Ministry of Health.
- New Terms of Reference were drafted for the Sector Working Groups and the Cross-Cutting Issues Group, which will continue to function to support the implementation of the EDPRS.

#### *Aligning M&E systems with the EDPRS*

- All ministries are aligning their monitoring and evaluation systems with the EDPRS, including its HIV-related contents.
- The NAC and Task Team are reviewing the national HIV National Strategic Plan and the HIV Monitoring and Evaluation Framework to realign them with the HIV priorities defined in the EDPRS.

### Documenting Rwanda's experience in mainstreaming HIV

- A publication on 'Integrating HIV into the Economic Development and Poverty Reduction Strategy 2008–2012 – Rwanda's Experience' was produced. The publication has two main objectives: 1) to share information with stakeholders within Rwanda and to stand as a record of the HIV commitments made by each sector, and 2) to share Rwanda's experiences with other countries engaged in similar HIV-mainstreaming processes.

### Key Results and Contributions to the PRSP Process

- HIV has been integrated across all sectors in the EDPRS.
- The sector capacity assessments resulted in better understanding of the challenges faced and support needed by sectors to implement the EDPRS HIV actions they committed to in their logical frameworks.
- District planners have been sensitized to the HIV aspects of the EDPRS, and support (including a District Checklist) has been provided to help ensure that the EDPRS HIV activities are incorporated into district development plans.
- Ownership of the EDPRS and its HIV aspects by community-level organizations was enhanced by engaging umbrella organizations in the HIV/EDPRS validation process and workshops.

### Challenges and Constraints

#### *Challenges in mainstreaming HIV:*

- Every ministry para-statal has an HIV Focal Point, however the Focal Points are often overwhelmed with other responsibilities and do not have the time, HIV knowledge or commitment to fulfil their roles. Plans are being made to address this by bringing Focal Points together to develop terms of reference, an accountability framework and actions to be taken.
- Staff turnover in sectors and ministries means that the advocacy and capacity-building efforts have to be repeated whenever new staff members come on board.
- Key officials often have too many meetings and competing priorities, making it difficult to meet them in relation to HIV mainstreaming.

#### *Challenges in implementing the CFA:*

- The role of the Regional Service Centre was unclear. Initially the Regional Service Centre provided useful technical support through an advisory mission to Rwanda. Subsequently, however, the Country Team worked more with the HIV Group at UNDP headquarters.
- The role of the World Bank was unclear as there was no World Bank involvement at the country level.
- The unpredictability in Mainstreaming Programme funding from one year to the next caused some challenges in managing the project. For example, the project lost its first UNDP Focal Point due to the interruption in funding between the first and second year of implementation.
- Rwanda is a pilot country in the UN 'Delivering as One' reforms (in which each UN agency undertakes roles within its areas of comparative advantage), and UNDP's role in HIV was unclear among some partners since UNDP is the lead agency on governance and environment.
- As Mainstreaming Programme funding in Rwanda has ended, there will no longer be a full-time Focal Point at UNDP for HIV mainstreaming.

## LESSONS LEARNED

### *Lessons learned in mainstreaming HIV:*

- Political commitment to integrating Cross-Cutting Issues, including HIV, in the PRSP was crucial. A key step was the institutionalization of a Cross-Cutting Issues Group, which was co-chaired by both the Ministry of Finance and Economic Development and a development partner (DfID). This gave weight to the cross-cutting issues and increased accountability among sectors to integrate cross-cutting issues into their logical frameworks.
- Engagement of umbrella organizations in the EDPRS validation process and workshops helped to enhance community-level ownership of the process.
- Sector planners and officials often had limited knowledge of how HIV impacted their sectors, so it was important first to show sectors how HIV can undermine their efforts. This was done through concept notes on the impact of HIV on each sector. Support was then provided to sectors on how to mainstream HIV using the checklist of priority commitments and actions, and through advocacy, guidance and training during the Sector Working Group meetings.
- Simplified tools made it easier for decision-makers at the sectoral and district levels to include HIV actions into their plans and logical frameworks. The lengthy process of the EDPRS formulation meant that the Sector Working Groups needed to be continually engaged to integrate HIV in draft after draft of the sector logical frameworks and the EDPRS paper. In order to facilitate the process, HIV activities and indicators were specifically tailored to fit directly into sector logical frameworks, and these suggestions were proposed to and discussed with the Sector Working Groups. This made it easier for sectors to integrate appropriate HIV actions and indicators, and led to all sectors including some HIV actions. The same approach was subsequently used to ensure the integration of EDPRS HIV actions at the district level.
- Continued efforts are needed to ensure that sectors own and stand behind the HIV commitments made in their plans in the EDPRS and that HIV is integrated into sector strategic plans, the MTEF and annual workplans and budgets. This was apparent in Rwanda as all sectors had integrated HIV into their logical frameworks in the EDPRS, yet this did not necessarily translate into the sectors' 2008 annual workplans and budgets (this was partly due to the fact that the 2008 budget process took place before the EDPRS was completed, and many sectors did not include EDPRS activities in their budgets for 2008).
- Sectors need to be shown how resources for implementation of the HIV-related plans in the EDPRS can be mobilized, otherwise they tend to leave them out of their annual workplans due to other competing priorities.
- Implementation support is critical, particularly for sectors that are not familiar with HIV actions and need support to implement them. Deep sector analysis may be necessary in some sectors as a basis for an evidence-informed approach. In addition, continued capacity building is required to ensure that sectors and districts have the means to effectively implement HIV actions. Sectors' participation in existing HIV technical and coordination groups also needs to be increased.

### *Lessons learned and good practices in CFA implementation:*

- A key factor of success and good practice in managing the CFA was the 'push factor' achieved by having two full-time professionals (a CNLS EDPRS Focal Point and UNDP Project Manager) to consistently advocate, provide technical assistance and build capacity for mainstreaming HIV into the EDPRS. In addition, having a technical Task Team to back up the full-time staff and provide additional technical support and guidance throughout the project proved to be a good practice in ensuring adequate support for the integration of HIV in the EDPRS.
- Although Mainstreaming Programme funding was limited, it was used to provide strategic high-level support and therefore had a significant catalytic effect.
- When additional technical capacity was needed the UN was able to provide it through the Joint UN Programme of Support on AIDS.
- The timing of the Mainstreaming Programme fit perfectly with the timing of the national and UN programming cycles, thus providing an ideal opportunity to build CFA activities into the national development planning processes and to enlist the support and participation of other partners.

### The Way Forward

The Mainstreaming Programme funding in Rwanda ended in 2008, so the next phase of activities to support the implementation of the HIV-related aspects of the EDPRS has been integrated in the Joint UN Programme of Support on AIDS and in the UN Country Operations Document. In addition, the activities have been integrated into a new UNDP project to support the NAC in the following areas:

- Provide technical assistance to sectors and districts for implementing and monitoring the EDPRS HIV actions.
- Provide technical assistance to key priority sectors (education, social protection, agriculture and infrastructure).
- Conduct a study on HIV in the agriculture sector to guide an evidence-informed response in the sector.
- Conduct annual planning meetings and workshops with sectors and district stakeholders to integrate HIV into sector and district annual plans.
- Conduct a baseline study (with gender disaggregated data) to support target setting and develop a monitoring and evaluation framework for HIV-related actions within the EDPRS.
- Develop a progress report on the HIV aspects of the EDPRS and hold an annual meeting on progress and lessons learned.
- Conduct annual visits to the District AIDS Control Committee (CDLS) to monitor reporting on M&E indicators.

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### 3.5 SENEGAL

#### Reviewing the extent to which HIV has been mainstreamed in national development frameworks and sectoral policies

##### Progress in Previous Year (2006)<sup>19</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	1%
<b>PLHIV<sup>1</sup>:</b>	67,000
<b>PRSP:</b>	The Poverty Reduction Strategy Paper 2006–2010 (Document Stratégique de Réduction de la Pauvreté – DSRP II)
<b>NSP:</b>	The National Strategic Plan 2007–2011 (Le Plan Stratégique de Lutte Contre le Sida)
<b>CFA duration:</b>	2006–2009

1. Source : UNAIDS 2008 Report on the Global AIDS Epidemic

In Senegal, the Poverty Reduction Strategy Paper 2006–2010 (Document Stratégique de Réduction de la Pauvreté – DSRP II) had been drafted and was being revised when the CFA started in 2006. The CFA established a Thematic Working Group that participated in the DSRP II revision process and helped to strengthen the integration of HIV in the new DSRP. In addition a stakeholders' workshop was held to review the HIV content of the DSRP II and to collate views from various stakeholders. An analysis of the HIV mainstreaming gaps in the DSRP II was carried out, and inputs were provided in the national DSRP II validation workshop to address these gaps.

##### Summary of Activities (2007–2008)

In 2008 the CFA team in Senegal mobilized funds from the UNDP Country Office for a desk review of the HIV content in national development frameworks and sectoral policies. The review provided an analysis of the extent to which HIV has been mainstreamed in national development frameworks (including the DSRP II and the National Plan for Local Development), key sectoral plans and in private sector and civil society plans. The review also identified the weaknesses and challenges in mainstreaming HIV and made recommendations to help address these challenges.

##### The Way Forward

In 2009, the Mainstreaming Programme will continue to support HIV mainstreaming activities in Senegal, including holding a workshop to share the findings of the above review with the Ministry of Economy and Finance and with civil society organisations.

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19. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

### 3.6 TANZANIA (MAINLAND)

#### Developing capacities for HIV mainstreaming at the decentralized level

##### Progress in Previous Year (2006)<sup>20</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	5.8%
<b>Estimated PLHIV:</b>	2,246,341
<b>PRSP:</b>	The National Strategy for Growth and Reduction of Poverty (NSGRP) 2006–2010, or the Kiswahili acronym 'MKUKUTA'.
<b>NSP:</b>	The Tanzania National Strategic Plan 2003–2007, and the National Multi-Sectoral Framework for HIV and AIDS 2008–2012.
<b>CFA duration:</b>	2006–mid 2008

1. Source : 2<sup>nd</sup> Tanzania HIV/AIDS Indicator Survey (Preliminary Results 2008)

At the start of the CFA in Tanzania, HIV had been mainstreamed into the National Strategy for Growth and Reduction of Poverty (NSGRP or MKUKUTA) 2006–2010. So in 2006, the CFA in Tanzania (Mainland) focused on supporting the implementation of the HIV aspects of the NSGRP/MKUKUTA through the following main activities: 1) holding consultative and skills- building workshops for a wide range of stakeholders on the HIV response in the framework of the NSGRP/MKUKUTA, 2) synthesizing existing data and studies on the impact of HIV on various sectors, 3) strengthening the capacity of Ministries, Departments and Agencies (MDAs) in planning, budgeting and monitoring HIV activities in line with the NSGRP/MKUKUTA, and 4) supporting the development of an M&E strategy and guidelines for HIV.

##### Summary of Activities (2007–2008)

In 2007 and 2008 the CFA focused on developing capacities for HIV mainstreaming at the decentralized level. An Implementation Guide for the Minimum Essential Package for AIDS Interventions was developed for local government authorities (LGAs) and implementing partners at the local level. In addition new Planning and Budgeting Guidelines were developed incorporating HIV, and training on the use of the guidelines was provided to Regional Secretariats, LGAs and CSOs.

##### Details of Activities

###### CFA Management Arrangements

- The Tanzania Commission for AIDS (TACAIDS) and the UNDP Focal Person manage and coordinate the CFA, which is integrated into TACAIDS's annual workplan.
- The CFA country team/steering committee includes representatives from TACAIDS, the Ministry of Planning, Economy and Empowerment, Concern Worldwide and UNDP.

###### Policies, Strategies and Resources

- An Implementation Guide for the Minimum Essential Package for HIV Interventions for Local Government Authorities (LGAs) was developed by TACAIDS with CFA support. The guide is intended to enable LGAs and implementing partners at the local level to develop comprehensive plans for HIV interventions in line with the Medium Term Expenditure Framework (MTEF). The guide was shared with 133 local government authorities.

20. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

- New Planning and Budgeting Guidelines including guidance on planning and budgeting for HIV were developed for Ministries and LGAs by TACAIDS in collaboration with the Ministry of Finance.
- TACAIDS in collaboration with the Ministry of Finance and with CFA support, conducted training on the use of the planning, costing and budgeting guidelines. The training involved Regional Secretariats, local government authorities as well as CSOs. The training of 134 LGAs and 21 Regional Secretariats was ongoing at the time of reporting.

#### Other National HIV-Mainstreaming Activities

In Tanzania most HIV mainstreaming activities are supported by the World Bank Multi-Country HIV/AIDS Program for Africa (MAP), and the CFA seed funds were used to complement and further leverage some of these mainstreaming activities. So in addition to the CFA-funded activities described above, several other mainstreaming activities, which were implemented by other partners in 2007, are highlighted below. Although these activities were not funded by the CFA, the Mainstreaming Programme country team helped guide the choice of activities, methodologies and tools.

- The National Strategic Plan (2003–2007) targets were harmonized with the NSGRP/MKUKUTA targets for HIV, and the results were used to inform the new National Strategic Plan for 2008–2012.
- Sectoral situational analysis was conducted for 21 ministries, departments and agencies.
- The annual multisector HIV/AIDS public-expenditure review (PER) was conducted again in 2007, providing key information about the national HIV response.
- Focal persons from MDAs and LGAs were trained on M&E indicators, data collection and reporting for HIV and AIDS under the NSGRP/MKUKUTA. In total 1581 participants were trained in Tanzania's output-monitoring system for nonmedical HIV and AIDS interventions (TOMSHA).

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

- An Implementation Guide for the Minimum Essential Package for HIV Interventions was developed for Local Government Authorities (LGAs) and implementing partners at the local level.
- New Planning and Budgeting guidelines were developed incorporating HIV, and training on the use of the guidelines was provided to Regional Secretariats, LGAs and CSOs.
- The Guide for Essential Minimum Package for HIV/AIDS and the new Planning and Budgeting Guidelines will help Local Councils to plan and have secure financial resources for community responses to HIV.
- Parliament passed the HIV and AIDS (Prevention and Control) Law, 2007. The earlier 2006 CFA activity of engaging parliament in seminars on the HIV response and the NSGRP/MKUKUTA is thought to have contributed to the priority given to HIV by the parliament.

#### Challenges and Constraints

##### *Challenges in mainstreaming HIV:*

- The weak accountability and transparency among some donors and implementers is a challenge in the implementation of the HIV aspects of the NSGRP/MKUKUTA.

*Challenges in implementing the CFA:*

- The delay in CFA funding caused the start of activities to be delayed until the end of 2007 and activities had to be carried forward into 2008.
- The training of 134 LGAs and 21 Regional Secretariats used more financial resources than was anticipated. It has therefore been agreed that the training of CSOs originally planned under the CFA will now be funded by the Joint UN Programme of Support on AIDS.

**LESSONS LEARNED AND GOOD PRACTICES*****Lessons learned in mainstreaming HIV:***

- The alignment of the HIV aspects of national strategies made implementation easier and prevented duplication.
- Mainstreaming AIDS into Budget Guidelines led to an improved public sector response.
- The active participation of MPs, PLHIV, the media, women and youth organizations, LGAs, CSOs and private sector companies in mainstreaming HIV in the NSGRP/MKUKUTA has enabled them to contribute to and ask questions about the mainstreaming process.
- Stakeholders now actively participate in national development processes including the national response to HIV, the MTEF, the Public Expenditure Review and the Poverty Reduction Budget Support reviews.
- Sectors, local governments and CSOs (international, national, community based, large and small) have different capacity-development needs, so mainstreaming guidelines should have taken these into account.
- Government Focal Points who are assigned to deal with HIV often move, and capacity-development efforts can be easily lost. Due to this mobility, mainstreaming is not a one-time event but a continuous process.
- With the support of the CFA, the M&E system for HIV has been linked to the poverty-monitoring system so as to monitor HIV and AIDS targets within the framework of poverty reduction.

***Lessons learned in CFA implementation:***

- The strategic selection of members of the CFA country team helped in the implementation of CFA objectives.
- The use of CFA seed funding was effective in attracting other supporters for national HIV-mainstreaming efforts.

**The Way Forward**

The Tanzania country team highlighted the following priority areas for strengthening implementation of a mainstreamed HIV response:

- Conduct a national socioeconomic impact study of HIV in order to establish the burden of the epidemic on national development and to determine appropriate responses.
- Conduct a study on the drivers of the epidemic in order to determine the different factors driving the epidemic in different regions and districts of the country where HIV prevalence varies significantly.
- Establish a national AIDS Trust Fund to be managed by the private sector in collaboration with the government. The purpose of the Trust Fund will be to enable the government to more effectively mobilize and manage its own funds for HIV (currently 95 per cent of funds come from international donors and there are concerns about the predictability and sustainability of such funding). A concept note for the establishment of the Trust Fund has been prepared.
- Strengthen the capacity of the Tanzania AIDS Forum in working with CSOs.

- Strengthen the established M&E system for HIV through the TOMSHA.
- Document and disseminate lessons learned and best practices of integrating HIV in the NSGRP/MKUKUTA in Tanzania.

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### 3.7 TANZANIA (ZANZIBAR)

#### Conducting sector analysis to guide sector responses to HIV

##### Progress in Previous Year (2006)<sup>21</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	0.67% (2007/08)
<b>PRSP:</b>	The Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP) (2007–2010), or the Kiswahili acronym 'MKUZA'.
<b>NSP:</b>	The Zanzibar National HIV and AIDS Strategic Plan (ZNSP) 2004–2009.
<b>CFA duration:</b>	2006–mid 2007

1. Source: 2<sup>nd</sup> Tanzania HIV/AIDS Indicator Survey (Preliminary Results 2008)

At the start of the CFA in 2006, Tanzania (Zanzibar) was in the process of developing its second PRSP, the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP) 2007–2010. The CFA supported several activities in the PRSP drafting process that contributed to HIV being mainstreamed into the ZSGRP. These activities included consultations with a broad range of stakeholders; developing the capacity of the drafting team in mainstreaming HIV; holding working sessions with Ministries, Departments and Agencies (MDAs) to identify HIV issues to be integrated in the ZSGRP; and aligning the ZSGRP with the Zanzibar National HIV and AIDS Strategic Plan (ZNSP). In addition, the CFA contributed to several other activities including: conducting HIV vulnerability and AIDS-impact assessments to guide the planning process; strengthening the capacity of MDAs in HIV planning, budgeting and monitoring; orienting stakeholders on the HIV content of the ZSGRP; and integrating HIV indicators into the poverty-monitoring master plan of the ZSGRP.

##### Summary of Activities (2007)

Most country follow up activities in Tanzania (Zanzibar) were completed in 2006. In 2007 the HIV situation and response analyses in the Education and Tourism sectors were finalized.

##### Details of Activities

###### CFA Management Arrangements

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

###### Diagnostic Studies and Analysis

- Situation and impact analyses of HIV in the Education and Tourism sectors were finalized in 2007. Situation and impact analyses in the Agriculture and Transport sectors are now in the pipeline.

###### Other National HIV-Mainstreaming Activities

The country team highlighted several other HIV-mainstreaming initiatives that were funded and implemented by other partners in 2007. Although these activities were not funded by the CFA, the Mainstreaming Programme country team helped guide the choice of activities, methodologies and tools.

21. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

- A user-friendly booklet was produced to facilitate the dissemination and understanding of the HIV content of the ZSGRP/ MKUZA.
- A two-day stakeholder forum was held to orient stakeholders on the HIV content of the ZSGRP/MKUZA.
- A manual to guide sectors on HIV mainstreaming was developed.
- A Joint Midterm Review of the Zanzibar National Strategic Plan (ZNSP) was undertaken to assess the national response. Funds for the Joint Review were mobilized from the World Bank and UN Agencies.
- The government launched the Strategic Plan for the Control of Drug Abuse in Zanzibar. The Strategic Plan was based on the findings of a study on HIV prevalence among substance users that was supported by the CFA in 2006 in collaboration with the UN Office for Drug Control (UNODC).
- The Tanzania (Zanzibar) experience in mainstreaming HIV and AIDS in the ZSGRP/ MKUZA was documented in a publication entitled 'Lessons Learnt, Achievements and Challenges in Mainstreaming HIV and AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP/MKUZA)'.

### Challenges and Constraints

#### Challenges in implementing the HIV priorities and activities of the ZSGRP/MKUZA:

- *Weak coordination of activities at the subnational levels.* At the subnational levels, there is still a need to strengthen planning, monitoring and coordination of stakeholders' HIV-mainstreaming activities.
- *Lack of stakeholder accountability for ZSGRP/MKUZA HIV-mainstreaming obligations.* So far, the CSOs, ministries and districts and all other stakeholders that are implementing ZSGRP/ MKUZA HIV activities are doing so based on goodwill and commitment, as there is no formal obligation to do so.
- *Inadequate leadership support to mainstreaming HIV in the ZSGRP/MKUZA.* Not all heads of various MDAs, CSOs and private sector companies are on board and ready to provide leadership support for HIV mainstreaming activities.
- *Shortage or lack of critical ZSGRP/MKUZA documents, guidelines and simplified versions.* There is a shortage of appropriate documents to guide stakeholders (especially within the districts, CSOs and in the private sectors) in planning, setting targets, implementing and reporting on ZSGRP/ MKUZA HIV-mainstreaming activities.
- *Inadequate stakeholder knowledge, skills, appreciation and ownership of the ZSGRP/MKUZA.* It has been observed that even after stakeholders are familiarized with the ZSGRP/MKUZA, this is not always internalized. Furthermore, there are some HIV personnel who are unclear about their personal and institutional roles in relation to the ZSGRP/MKUZA targets and misconceive the ZSGRP/MKUZA to be a national document that should be implemented by line ministries.

**LESSONS LEARNED*****Lessons learned in mainstreaming HIV:***

- Involvement of all stakeholders in developing the PRSP and mainstreaming HIV in the document facilitates broader ownership of the PRSP.
- Enhancing capacity of all implementers including mentorship and supportive supervision in mainstreaming HIV is a good practice.
- Popularization of the PRSP and its HIV content (through the simplified booklet) facilitates its implementation.
- Distribution of the PRSP to all stakeholders is effective in increasing the awareness, understanding and involvement of stakeholders.
- Technical support is instrumental in enhancing understanding amongst key actors of the linkages between HIV and poverty and in enhancing capacity for mainstreaming HIV.

**The Way Forward**

The Tanzania (Zanzibar) country team highlighted the following priority activities for strengthening implementation of a mainstreamed HIV response:

- Complete the HIV-impact studies in the agriculture, fisheries and transport sectors, and among key populations at higher risk of exposure to HIV and then share the results.
- Develop the capacities of all stakeholders in mainstreaming HIV and gender into their development plans.
- Co-finance ZSGRP/MKUZA HIV activities through other sources.
- Continue mainstreaming HIV into the MTEF.
- Focus on key populations at higher risk of exposure to HIV in planning HIV and poverty-reduction interventions.
- Include CSOs, the private sector and key populations at higher risk of exposure to HIV in the implementation of the HIV-related aspects of the MKUZA.
- Include ZSGRP/MKUZA mainstreaming responsibilities in the functions of HIV organs, committees and Focal Points.
- Support harmonization of HIV data in the ZSGRP/MKUZA, Health Management Information System (HMIS) and the National HIV and AIDS framework.

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## 3.8 ZAMBIA

### Developing capacity for implementation of a mainstreamed HIV response

#### Progress in Previous Year (2006)<sup>22</sup>

<b>Adult HIV Prevalence<sup>1</sup>:</b>	14%
<b>PLHIV<sup>2</sup>:</b>	1,565,053
<b>PRSP:</b>	Fifth National Development Plan (FNDP) 2006–2010.
<b>NSP:</b>	The National HIV/AIDS/TB/STI Strategic Framework (NASF) 2006–2010.
<b>CFA duration:</b>	2006–mid 2008

1. Source: 2<sup>nd</sup> Tanzania HIV/AIDS Indicator Survey (Preliminary Results 2008)

2. Source: Zambia UNGASS Report 2008)

At the start of the CFA in Zambia in 2006, the formulation of the Fifth National Development Plan (FNDP) 2006–2010 was underway. Hence the CFA focused on supporting the integration of HIV in all sectors of the FNDP through the following main activities: 1) supporting a broad consultative process around the HIV content of the FNDP and complementing efforts to align the FNDP with the National HIV and AIDS Strategic Framework, 2) supporting studies on the linkages between poverty and HIV in the agriculture, mining, education, transport and tourism sectors, which helped to guide HIV mainstreaming by sectors, and 3) conducting a review of sector performance on HIV and developing guidelines to support sectors in mainstreaming HIV in the FNDP. These activities contributed to HIV being integrated across sectors in the FNDP and to increased resource allocations being made for HIV by sectors in the FNDP.

#### Summary of Activities (2007–2008)

In 2007 and 2008 the CFA focused on providing support to facilitate the implementation of the HIV-related aspects of the FNDP. This included 1) developing a mainstreaming toolkit and mainstreaming handbook, 2) training trainers at the national, provincial and district levels in using the toolkit and handbook, 3) developing a Strategic Framework Operational Manual, which provides a menu of activities from which all partners can select HIV activities to implement, 4) supporting the development of a Resource Management Strategy to guide the establishment of a national HIV and AIDS Trust Fund, and 5) selecting indicators to track HIV aspects of the FNDP.

#### Details of Activities

##### CFA Management Arrangements

- The CFA was jointly managed by the NAC and the UNDP HIV/AIDS Focal Point, and was integrated into the workplans of the NAC and the Joint UN Programme of Support on AIDS.

##### Policies, Strategies and Resources

###### *Supporting HIV mainstreaming at the sector and district levels*

- The CFA supported the NAC in developing a mainstreaming toolkit and mainstreaming handbook (funded by Irish Aid). At the beginning of 2008, a three-day retreat was organized to fine-tune the mainstreaming toolkit and handbook prior to the documents being sent to print. The mainstreaming toolkit is also being used to advocate the mainstreaming agenda among all partners and stakeholders.

22. See the 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' (2007) for further details.

- The mainstreaming toolkit and handbook were used to train trainers at the national, provincial and district levels (with financial support from Irish Aid and technical support from several national and international organizations).
- The training of trainers at the provincial level is ongoing, with the aim of covering all nine provinces. The CFA played a catalytic role in implementation of the above activities through leveraging the additional resources.
- The CFA supported the NAC in developing an Operational Manual for the National HIV/AIDS/TB/STI Strategic Framework's (NASF). The Operational Manual provides insights into the implementation of the NASF and includes a menu of activities from which all partners from district to national levels can select activities to implement. The guidance in the manual is linked with the planning process led by the Ministry of Finance and National Planning.
- The CFA supported a workshop on the multisectoral response to HIV organized by the NAC. The workshop was attended by representatives from government, civil society and the private sector at the subnational (provincial and district) level, and one of its main objectives was to build consensus on the HIV-mainstreaming framework in Zambia.

#### Resource management

- The CFA funded the development of a Resource Management Strategy to guide the establishment of a national HIV and AIDS Trust Fund. The purpose of the Fund is to enable the government to more effectively mobilize and manage its own resources in order to ensure more predictable and sustainable financing of the national HIV response.

#### Monitoring and evaluation

- Outcome and impact indicators to track implementation of the HIV components of the FNDP were selected from a monitoring and evaluation framework developed by the NAC. Five HIV indicators in the FNDP are being reported on regularly and used by the Ministry of Finance and National Planning.
- The training of trainers using the mainstreaming handbook and toolkit included training on monitoring and evaluation. Furthermore, mainstreaming indicators for District AIDS Taskforces were developed in a consultative manner and shared with the mainstreaming theme group. A sample of the indicators contained in the compendium include the following:

#### Internal Mainstreaming Indicators

- Number of institutions with integrated HIV and AIDS budget lines;
- Comprehensive HIV and AIDS care and support services in sector institutions in existence;
- Number of local authorities supporting the establishment of functional HIV and AIDS district and subdistrict structures;
- Number of private sector institutions integrated into the district multisectoral coordination and reporting system; and
- Percentage of approved district plans having HIV, gender and human rights mainstreamed.

#### External Mainstreaming Indicators

- Number of youth reached with life skills including peer education (community mobilization, youth friendly corners, etc.);

- Number of sectors with mainstreamed community HIV and AIDS programmes;
- Percentage of schools with teachers trained in life-skill education and experience teaching it in the last academic year;
- Existence of comprehensive HIV and AIDS care and support services in sector institutions;
- Percentage of districts implementing HIV and AIDS programmes for high-risk groups (uniformed staff, CWS, prisoners etc.); and
- Percentage of sectors with mainstreamed HIV and AIDS policies inclusive of employee family members.

### Key Results and Contributions to the PRSP Process

- The CFA leveraged resources leading to the development of a mainstreaming toolkit and mainstreaming handbook.
- The CFA resources enabled the NAC to develop an Operational Manual for the National HIV/AIDS/TB/STI Strategic Framework 2006–2010. The operational manual for the NASF is being used to help guide the roll-out of training and other capacity enhancement initiatives in HIV mainstreaming at the subnational level (through AMICAALL<sup>23</sup> in partnership with the SHARe<sup>24</sup>, the Joint UN Team and Irish Aid).
- The CFA supported the development of a Resource Management Strategy in support of the establishment of the envisaged HIV and AIDS Trust Fund.
- Using the mainstreaming toolkit and handbook, capacity for HIV mainstreaming was built into all sectors and at all governance levels (national, provincial and district).
- Indicators to track implementation of the HIV components of the FNDP were developed and adopted. In addition, a compendium of HIV mainstreaming indicators for District AIDS Taskforces was developed in a consultative process.

### Challenges and Constraints

#### *Challenges in mainstreaming HIV:*

- The NAC was established to coordinate, monitor, evaluate and mobilize resources for the national HIV response using existing institutional structures and coordination mechanisms. However, there is a dual system of administration at the decentralized level. Coordination is anchored in the District Administration structure while social and economic development planning is managed by the locally elected Local Authorities and centrally appointed District Administration. This poses a challenge to the NAC in coordinating a mainstreamed HIV response at the district level.
- Fiscal decentralization has not yet been attained and public resources are largely centrally controlled. This is a further challenge in the implementation of a mainstreamed HIV response at the decentralized level.
- Tracking of different funding sources and mechanisms is difficult.
- While the national response requires the involvement of multiple partners and sectors including the private sector, HIV is not considered a key area of accountability within the mandates of the various sectors.

23. The Alliance of Mayors Initiative for Community Action on AIDS at the Local Level

24. 'Support to the HIV/AIDS Response' programme in Zambia

**LESSONS LEARNED*****Lessons learned in mainstreaming HIV:***

- Mainstreaming of HIV into sector policies, programmes and plans is a long-term process that requires a concerted effort as well as sustained leadership and resources.
- Well-organized local leadership with the right capacities can be catalytic in a well-coordinated, local-level multisectoral response. In Zambia, working with the Alliance of Mayors has been very helpful in coordinating the response at the local level.
- Organized groups and associations of partners that meet regularly make it easier to organize partners around a strategy and agreed activities. In Zambia the AIDS Partnership Forum, the Joint UN Programme of Support on AIDS, Technical Working Groups and organized CSO groups made it easier to reach multiple partners in the mainstreaming efforts.
- One of the issues hindering HIV mainstreaming at the decentralized level is that government is working through vertical structures rather than local level structures. In order to ensure participation of CSOs, local level structures need to be supported to participate towards universal access.
- NACs need to take the lead in the mainstreaming response.
- The NAC has been able to play its oversight role well because it has not entangled itself in the challenge of developing fiduciary capacity to manage and disburse financial resources to various implementing agencies. The disbursement and management of funds is carried out by several NAC partners who have the relevant expertise. The Ministry of Finance disburses funds to government institutions, the Faith Based Organisations (FBO) Association disburses to FBOs and congregations, and the Zambia National AIDS Network (ZNAV) disburses to CSOs and the private sector. In addition, the NAC provides funds directly to the Ministry of Health for the health sector response. This has enabled the NAC to coordinate the process without having to track and follow up resource use. The NAC provides oversight and advice on the use of funds based on a costed annual workplan in which partners have committed to implementing particular activities.
- Although the national HIV prevalence in Zambia has declined from 16 per cent in 2001 to 14 per cent in 2007, there are many 'localized epidemics' with their own dynamics in different geographical areas, sectors and population groups. Hence programming must take these variations into account through sound analysis and understanding of the drivers of the epidemic in different population groups, between genders and in different age cohorts.
- In order to develop capacities for mainstreaming HIV, it is important to know the existing capacities, and for this purpose capacity assessments can be done.

***Lessons learned in CFA implementation:***

- The CFA can be used to leverage other resources within a well-thought-out process. In Zambia where the NASF had already been developed and the process for developing the Fifth National Development Plan was underway, the CFA was implemented in a conducive environment and was effectively used to complement the national agenda. The CFA helped demonstrate the value of HIV mainstreaming, which resulted in partners coming forward to support and fund further mainstreaming efforts.
- The CFA is complementary to the processes that already exist within countries. The CFA therefore needs to find the best fit within existing processes. This is also part of the sustainability strategy of the CFA.

### The Way Forward

The CFA activities in Zambia have been completed, and the country team has been exploring ways to ensure the continuity of support for HIV mainstreaming through other partners. The envisaged activities in the next phase of support include the following:

- Review the progress made through the NASF and FNDP.
- Continue to support the decentralized response and ensure that development plans at all levels integrate HIV.
- Disseminate the mainstreaming toolkit and handbook and roll out the training to remaining constituencies.
- Continue to stimulate the monthly meeting of the thematic group on decentralization and mainstreaming, as well as the AIDS partnership and Sector Advisory Groups.
- Provide technical support to the Ministry of Finance and National Planning for integrating HIV into the macroeconomic framework and the Medium Term Expenditure Framework.
- Strengthen the capacity of various actors in monitoring and evaluating the HIV response.

Within the broader national context, the country team highlighted the priorities that need to be pursued to further strengthen HIV mainstreaming in Zambia. They are as follows:

- Make further investments in understanding the epidemic for informed and strategic programming.
- Increase accountability for the mainstreamed HIV response. (In order to increase accountability among the multiple partners and implementers in the mainstreamed HIV response, the government is taking a leading role in ensuring that HIV becomes a key accountability area within the public sector mandates. Hence sectors will be asked to account for what they are doing as part of their HIV response.)
- Improve harmonization of donor support around the prioritized areas of the FNDP.
- Institutionalize the HIV resource-tracking system. This may be done through the development of a legal framework to ensure that all partners report through a NASA reporting mechanism.

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## Country Reviews – Round 2

### 4.1 BURKINA FASO

<b>Adult HIV Prevalence<sup>1</sup>:</b>	1.6%
<b>PLHIV<sup>1</sup>:</b>	130,000
<b>PRSP:</b>	The Poverty Reduction Strategic Framework 2005–2010 (Cadre Stratégique de Lutte Contre la Pauvreté – CSLP II). There are also regional PRSPs (CSRLPs) in the 13 regions of Burkina Faso.
<b>NSP:</b>	National Strategic Framework for HIV and AIDS 2006–2010 (Cadre Stratégique de Lutte Contre le SIDA – CSLS).
<b>CFA duration:</b>	2007

1. Source: UNAIDS 2008 Report on the Global AIDS Epidemic

At the start of the CFA in 2007, Burkina Faso was in the implementation phase of its second generation PRSP, the Poverty Reduction Strategic Framework 2005–2010 (Cadre Stratégique de Lutte Contre la Pauvreté, CSLP II). While the CSLP II had identified HIV as one of nine priority action areas under the CSLP, several weaknesses and gaps were hindering progress in planning and implementing mainstreamed HIV activities at the central and regional levels. These issues included: a) the weak participation of stakeholders (including youth, PLHIV and women) in the formulation and revision of the CSLP, b) weak capacity of actors at the central and decentralized levels in HIV mainstreaming strategies, c) insufficient analysis of the relationship between HIV and poverty to help guide appropriate responses, d) weakness in the tracking of financial flows for HIV, particularly resource allocations for the poor and key populations at higher risk of HIV exposure, and e) challenges in monitoring the implementation of the HIV aspects of the CSLP.

#### Summary of Activities (2007)

The CFA in Burkina Faso focused on several activities aimed at guiding and supporting implementation of a mainstreamed HIV response. These initiatives were: 1) engaging stakeholders of 13 regions in the Poverty Reduction Strategic Framework (CLSP) by doing a situation analysis of the roles of stakeholders and holding stakeholder workshops in all the regions, 2) supporting the integration of HIV in sectoral programmes through a study on strategies to mainstream HIV in five key sectors, 3) supporting efforts to monitor the implementation of the HIV response within the framework of the CSLP, and 4) building capacity of the NAC in the preparation of the Medium Term Expenditure Framework (MTEF).

#### Details of Activities

##### CFA Management Arrangements

A multidisciplinary team comprising members from the NAC (Commission Nationale de Lutte Contre le SIDA – CNLS), Ministry of Economy and Finance, Ministerial Committees for STIs and AIDS Control (CMLS), the national HIV network<sup>25</sup> (PAMAC), UNDP and UNAIDS was formed to manage and implement the CFA. The team held five working sessions in the course of the year.

25. French acronym for 'Programme d'Appui au Monde Associatif et Communautaire' (Assistance Programme for the Associative Community Sphere)

## Participatory Process

### *Engaging stakeholders of 13 regions in the Poverty Reduction Strategic Framework*

- A situation analysis was carried out to identify the role of regional stakeholders in the National Poverty Reduction Strategy Framework (CSLP) and the Regional Poverty Reduction Strategy Frameworks (CSRLPs).
- Regional workshops were then organized in each of the 13 regions of the country to reach consensus around stakeholders' participation in the response to HIV and sexually transmitted infections (STI) within the CSRLP processes. The workshops were coordinated by the governorates and facilitated by the CFA technical team in collaboration with the Regional Directors of the Economy and Development (DRED). In total, one thousand people from decentralized ministry departments, civil society, projects and programmes, and the private sector participated in the workshops. By the end of the workshops, the roles, level of involvement and capacity development needs of key stakeholders in the HIV and STI response were identified.

## Policies, Strategies and Resources

### *Supporting the integration of HIV in sectoral programme*

- A study was conducted and a report is being finalized on strategies to integrate HIV in the sectoral programmes of seven ministries. The selected ministries cover the following five sectors: production, production support, social, infrastructure and equipment.
- The CFA team advocated the integration of HIV in development projects and programmes.

### *Resource tracking for HIV*

- *MTEF*: SP/CNLS (NAC) staff was trained on how the Medium Term Expenditure Framework is formulated. The CFA technical team also prepared a module on the Heavily Indebted Poor Countries (HIPC/ PPTE) initiative so that the MTEF will take the new HIPC strategy into account. A draft of the sector level MTEF for HIV is being prepared.
- *National Health Accounts for HIV*: The CFA contributed to the preparation of the National Health Accounts for HIV for 2006. The report, as in previous years, shows the resources mobilized for HIV. The variables analyzed were: sources of finance, financing agents, service providers, interventions and activities in relation to the HIV and STI response, beneficiaries, and the purpose of expenditures.

## Monitoring and Evaluation

### *Monitoring results of CSLP (PRSP) and CSLS (NSF) implementation*

- Support was provided to the National Institute of Statistics and Demography (INSD) in the use and analysis of indicators for monitoring the HIV response. Four groups of HIV indicators were selected from a list of indicators produced by the Central Unit for Planning, Follow Up and Evaluation. The indicators were calculated based on the results of the Annual Household Survey. Four of the indicators were integrated in the 2007 report on implementation of the National Strategic Framework for HIV and AIDS.
- A thematic working group on HIV was established to monitor the performance of the HIV response within the framework of the CSLP (PRSP). The committee is chaired by the SP/CNLS and is composed of members of the CFA team, technical resource people from the SP/CNLS, the Ministry of Economy and Finance, and UNDP.

### Key Results and Contributions to the PRSP Process

- A situation analysis helped to identify the roles of stakeholders in the CSLP and CSRLP (regional PRSP) processes. Regional actors were sensitized to their roles, and actions were proposed to strengthen the capacities of key actors in mainstreaming HIV.
- Stakeholder workshops held in 13 regions helped to boost the process of mainstreaming HIV in the revision of the CSRLPs. The involvement of civil society and PLHIV in these workshops proved to be vital in planning actions on the ground.
- A study on strategies to mainstream HIV and STIs in key sectors is being finalized and is expected to support seven ministries in taking HIV and STIs into account in their planning and programming for poverty reduction.
- HIV-related indicators were selected to facilitate the coordination of multiple actors in monitoring the HIV response.
- SP/CNLS staff was trained in the preparation of the MTEF, and the sector level MTEF for HIV is being prepared.
- The SP/CNLS and Ministry of Economy and Finance made concrete efforts in their activities to strengthen HIV mainstreaming through monitoring and revising the CSLP.
- Overall the CFA project was well received and provided solutions to the issues identified at the start of the project.

### Challenges and Constraints

#### *Challenges in mainstreaming HIV:*

- While commitment to mainstream HIV has been built at the sectoral and decentralized levels, the challenge now is to develop capacities to ensure that those responsible will follow through with implementation.
- Coordination and monitoring structures are in place at all levels, including structures of the Ministry of Finance and Economy, the CNLS, and those of the private sector and civil society. However, the coordination of these parallel and multiple structures is particularly challenging.
- Coordination of a mainstreamed HIV response at the decentralized level is a challenge. Although many meetings were held to encourage participation at the regional and district levels there is often not enough data to guide the response, and even when regional and district strategies take HIV into account, the people who are implementing programmes have no ownership of the strategies.
- The issue of developing a common system of monitoring and evaluation for pooled funds needs to be addressed.

#### *Challenges in implementing the CFA:*

- As the CFA team was a multidisciplinary group (comprising members from the SP/CNLS (NAC), Ministry of Economy and Finance, CMLS, PAMAC, UNDP and UNAIDS), the multidisciplinary complexities caused some delays in the initial coordination process and start-up of the project.
- The implementation of the regional workshops was a challenge. All stakeholders of the different regions and governorates, in addition to the regional departments of the Ministry of Economy and Finance, were called upon to facilitate the work and ensure success.

### **The Way Forward**

The country team identified the following priority activities for the next phase of support to HIV mainstreaming efforts in Burkina Faso:

- Organize workshops for sectoral actors to reflect on strengthening HIV mainstreaming in their programmes.
- Conduct situation analysis and sectoral impact studies.
- Strengthen advocacy at the national level to sensitize and engage all actors.
- Put in place a thematic working group to monitor the HIV aspects of the CSLP.
- In addition, the country team made the following recommendations in relation to the broader Mainstreaming Programme:
  - Pursue the implementation of key activities of the CFA, including strengthening the capacity of stakeholders.
  - Strengthen funding for project implementation in the medium and long term.
  - Prepare an orientation guide on the methodology of facilitating and strengthening capacities for HIV mainstreaming.

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## 4.2 BURUNDI

### Developing capacity for the implementation of a mainstreamed HIV response

#### The Issues

<b>Adult HIV Prevalence:</b>	2.0 % (2007)
<b>PLHIV:</b>	159,890
<b>PRSP:</b>	The Poverty Reduction Strategy Paper (2006–2011) (Cadre Stratégique de Lutte Contre la Pauvreté – CSLP II).
<b>NSP:</b>	National Strategic Plan 2007–2011.
<b>CFA duration:</b>	2007

1. Source: UNAIDS 2008 Report on the Global AIDS Epidemic

When the CFA started in Burundi in 2007, the Poverty Reduction Strategic Framework 2006–2011 (Cadre Stratégique de Lutte Contre la Pauvreté CSLP) had just been developed. The CSLP identified HIV as ‘one of the factors stifling Burundi’s development’, and HIV was included as one of its four strategic objectives. The cross-cutting impact of HIV, especially critical in a country weakened by war, was widely recognized in Burundi. However, several key issues were hampering implementation of a mainstreamed HIV response at the sectoral and decentralized levels. The main issues identified at the start of the CFA were as follows: a) the lack of budget allocations made to ministries for HIV, despite ministries being required to address HIV within their plans, b) human resource constraints in the implementation of HIV programmes, c) direct parallel financing of HIV programmes by donors causing difficulties in harmonization and coordination of the HIV response, d) lack of trained personnel to collect and analyze data and lack of research on the HIV/poverty problem, and e) weak coordination of monitoring and evaluation, despite the existence of a national plan for monitoring and evaluation, and f) lack of specific targets and indicators for HIV in the CSLP (PRSP).

#### Summary of Activities (2007–2008)

The CFA in Burundi focused on the following activities: 1) engaging stakeholders in HIV mainstreaming, 2) developing capacities for HIV mainstreaming at the central and regional levels, 3) developing a research plan on HIV and poverty, and 4) identifying key indicators that will constitute the basis for monitoring the issues of HIV and poverty.

#### Details of Activities

##### *CFA management arrangements*

- The CFA is managed by the SEP/CNLS<sup>26</sup> (NAC) and a steering committee comprising the country team members who attended the Mainstreaming Programme workshop in Maputo in 2006.
- The CFA is being implemented in collaboration with civil society organizations, UN agencies and the Secretariat of Economic and Social Reforms.

##### Participatory Process

##### *Engaging stakeholders in HIV mainstreaming*

- A training kit for parliamentarians on responding to HIV was produced and disseminated as a means of advocating HIV mainstreaming.

26. French acronym for ‘Secrétariat Exécutif Permanent du Conseil National de Lutte Contre le SIDA’

- A workshop on mainstreaming HIV in business enterprises was organized by the Association of Employers of Burundi, and a tripartite planning meeting between Government, Employers and Workers was held with the support of BIT.

#### Diagnostic Studies and Analysis

- A research plan on the problem of poverty and HIV in Burundi was developed. The plan identifies eight studies to be conducted with a view to supporting effective integration of HIV in the CSLP (see also Monitoring and Evaluation).

#### Policies, Strategies and Resources

##### *Developing capacity to integrate HIV into sectoral and decentralized planning:*

- Workshops on mainstreaming HIV were organized at the central and provincial level. As a result of the workshops, senators and members of government were able to engage in integrating HIV into sectoral plans. In addition, local actors (locally elected officials, members of the Provincial AIDS Committees<sup>27</sup> and District AIDS Committees<sup>28</sup>, health care providers, civil society representatives) were able to understand the necessity of integrating HIV into sectoral and local planning.
- Training on techniques for the analysis and use of funds was provided to partners.

##### *Harmonizing donors*

- A protocol/memorandum of understanding to facilitate the harmonization of donors was drafted and is ready for validation.

#### Monitoring and Evaluation

- A study was conducted to identify indicators that will constitute the basis for monitoring the problem of HIV and poverty. These included indicators for poverty, health, education, HIV and those linked to new areas of research.
- Workshops on monitoring the implementation of the CSLP were held at the provincial and local level.

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

- The understanding and capacity of government and local actors in the integration of HIV in sectoral and local planning was enhanced.
- The awareness of parliamentarians and business owners/managers on the issue of HIV mainstreaming was raised.
- A research plan on HIV and poverty was developed with the aim of helping to improve the integration of HIV in the CSLP and guiding an effective HIV response in the framework of the CSLP.
- Workshops on monitoring the implementation of the CSLP were held at the provincial and local levels.
- Key indicators were identified to monitor HIV and poverty.

27. Comités Provinciaux de Lutte Contre le SIDA (CPLS)

28. Comités Communaux de Lutte Contre le SIDA (COCOLS)

## Challenges and Constraints

### *Challenges in mainstreaming HIV:*

- The planning cycles of the CSLP and PSN (PRSP and NSP) are not fully harmonized.
- Resources are insufficient compared to the needs.
- Advocacy to integrate the resource requirements for HIV in the national and sectoral budgets is not strong enough.
- HIV is insufficiently integrated in the plans and budgets of development partners.
- Development partners are not sufficiently supporting/adhering to the ‘Three Ones’ principles.
- The involvement of the private sector is weak.
- Sectoral Focal Points change frequently making it difficult to build and sustain capacity for HIV mainstreaming.
- More effective multisectoral decentralization and more efficient management of resources are needed.

### LESSONS LEARNED

- There is growing awareness among different partners of the need to take HIV into account in poverty-reduction efforts.
- Many activities to support HIV mainstreaming can be undertaken with limited resources.
- Ownership of the processes by national actors is vital.
- The involvement of social sector partners through HIV mainstreaming efforts is an opportunity to be capitalized on in the HIV response.
- The allocation of a national budget line for HIV under the Highly Indebted Poor Countries Initiative provides an entry point to advocate the integration of HIV in sectoral budgets.
- Indicators of progress in mainstreaming HIV need to be defined.

## The Way Forward

The country team identified the following priority activities and next steps in the support of HIV mainstreaming in Burundi:

- Harmonize planning cycles of the CSLP and NSP (the next CSLP cycle will be 2011–2015).
- Strengthen capacities of actors at the local level.
- Prioritize, mobilize funds for and implement the studies on HIV and poverty that were identified in the research plan.
- Continue advocating and mobilizing partners to effectively integrate HIV in sectoral budgets.
- All partners to strengthen adherence to and support of the implementation of the ‘Three Ones’ principles.
- Strengthen the capacity of CSOs in mainstreaming HIV.
- Support the initiative to put in place a national private sector coalition on HIV.
- Take into account the impact of repatriation of refugees on the responsibilities and structures for the provision of care.
- Hold regular monitoring and evaluation meetings with different actors.

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## 4.3 KENYA

### Developing capacity for integrating HIV priorities in planning, budgeting and resource-allocation processes at the national and decentralized level

#### The Issues

<b>Adult HIV Prevalence:</b>	6.1 % (2006)
<b>PLHIV:</b>	1,100,000
<b>PRSP:</b>	Kenya's Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003–2007. Kenya's Vision 2030 and Medium Term Plan 2008–2012 were launched in June 2008.
<b>NSP:</b>	The Kenya National AIDS Strategic Plan (KNASP) 2005/06–2010/11.
<b>CFA duration:</b>	mid 2007–mid 2008

At the start of the CFA in 2007, Kenya was in the final year of its Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003–2007. Although HIV had been one of the priorities of the ERSWEC and had been mainstreamed in national planning, MTEF and budgeting processes, several key issues continued to limit progress in HIV mainstreaming at the national and decentralized levels. The main issues were: a) the significant challenge of harmonizing and coordinating the HIV response in an environment with multiple implementers financed by extra-budgetary donor funds, b) the limited public sector capacity in planning and budgeting for HIV and lack of guidelines to guide ministries in doing so, c) the inadequate capacity and leverage of AIDS Control Units (ACUs) within ministries to influence resource allocations and mobilize support for mainstreaming HIV into the core functions of ministries, d) the disconnect between the ACUs and the Central Planning and Monitoring Units (CPMUs) within ministries, e) the limited engagement of nonstate actors, including CSOs and the private sector, in national planning and MTEF processes (due to capacity constraints, the over-reliance on donor-funding, as well as inadequate information on the budgeting processes).

#### Summary of Activities (2007–2008)

The CFA in Kenya focused on three key activities: 1) supporting the integration of HIV in Kenya's new Vision 2030 and the Medium Term Plan 2008–2012, 2) bringing together public sector officials (including the AIDS, planning, economic and finance officials in all ministries) and training them on integrating HIV into planning, budgeting and resource-allocation processes, 3) training District Development Officers on integrating HIV in District Development Plans.

#### Details of Activities

##### CFA Management Arrangements

- CFA implementation is coordinated by the Ministry of Planning and National Development (MPND) with the National AIDS Control Council (NACC) and supported by the Joint UN Team on AIDS.
- The HIV and Development Programme Advisor (seconded by USAID) in the MPND is the Focal Point in the coordination and management of the CFA.
- A Steering Committee and a Project Management Team, chaired by the Economic Planning Secretary of the MPND, were established to oversee the implementation of the CFA.

- The main collaborating partners are the MPND, the NACC, the Ministry of Finance, the Office of the President, Ministry of State for Special Programmes, Kenya Private Sector Alliance (KEPSA), Public Sector Reform and Development Secretariat, Cabinet Office, Kenya AIDS NGOs Consortium (KANCO), Kenya Institute of Administration, NGO Coordination Bureau, and the Network of People Living with HIV in Kenya.
- The activities planned under the CFA were integrated into the NACC workplan and the Joint UN Programme of Support on AIDS 2007–2012.

### Participatory Process

#### *Integrating HIV into Kenya's Vision 2030*

- A stakeholder consultative workshop was held with the NACC and other partners to prepare a concept paper about integrating HIV into the 'Kenya Vision 2030' and its Medium Term Plans (MTPs). The concept paper was submitted to the Vision 2030 development secretariat and resulted in the acknowledgement of the AIDS epidemic as a potential threat to the achievement of targets under Vision 2030 and the inclusion in the Vision 2030 document of a section on HIV and AIDS.

### Policies, Strategies and Resources

#### *Integrating HIV into Kenya's National Planning and Budgeting Framework*

- The CFA coordinator (the HIV and AIDS Advisor in the MPND) was a member of the Technical Committee that prepared the Medium Term Plan for 2008–2012. During the preparation of the Medium Term Plan, the MPND worked closely with the NACC and all sectors through the AIDS Control Units (ACUs) and the Central Planning and Monitoring Units in each Ministry to factor HIV into their sector strategies for economic growth. As a result, the Medium Term Plan (2008–2012), which was launched in June 2008, presents strategies for each sector to address the AIDS epidemic based on the sector's comparative advantage.
- HIV was also captured as a priority area by all Sector Working Groups in the Medium Term Expenditure Framework. Each ministry has been mandated to allocate significant resources for HIV, and HIV is a line item in all ministries' budget allocations.

#### *Developing capacity for integrating HIV into planning, budgeting and resource-allocation processes at the sectoral, provincial and district levels*

- Guidelines for mainstreaming HIV into planning and budgeting processes were developed at the national and district levels.
- Training was conducted for Chief Economists, Heads of Central Planning Monitoring Units (CPMUs), Chief Finance Officers (CFOs) and Heads of AIDS Control Units in all ministries. The joint training ensured that there was a common agenda and understanding on the issue of integrating HIV into budgets and allocating the required resources for HIV-related activities according to each sector's comparative advantage.
- Eighty technical and midlevel officers of the MPND were trained on HIV workplace policy reform and impact mitigation. As a result of the workplace component, some officers of the ministry went for Voluntary Counselling and Testing and visited ARV service delivery points to be better informed about planning for a strengthened HIV response across sectors.
- Eight Provincial Planning Officers (PPOs) and 175 District Development Officers (DDOs) and Assistant DDOs from all districts in Kenya were trained on integrating HIV into District Development Plans. The four-day training was organized by the MPND in collaboration with

the NACC, and guided by the Economic Planning Secretary. The training enabled economists responsible for planning at the district level to develop skills and capacity in leading and supporting the integration of HIV and AIDS in district plans. The workshop was jointly funded by the MPND, UNDP and the UK Department for International Development (DfID).

#### Monitoring and Evaluation

- HIV and AIDS indicators were developed and included in the National Integrated Monitoring and Evaluation System (NIMES) by the MPND.

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

- HIV is now firmly in the framework for planning and development at the central and sub-national levels including Kenya's Vision 2030, the Medium Term Plan 2008–2012 and District Development Plans.
- Heads of AIDS Control Units and Central Planning and Monitoring Units as well as the Chief Economists and Chief Financial Officers in all ministries have been sensitized and trained on integrating HIV in the planning, budgeting and resource-allocation process. As a result, HIV and AIDS have received greater national attention in planning and budgeting processes.
- District Development Officers were trained on mainstreaming HIV and this resulted in HIV being captured in the District Development Plans for 2008/09–2010/11.
- Partnerships to scale up the scope of HIV mainstreaming processes have been developed.
- HIV and AIDS indicators have been incorporated in the National Integrated Monitoring and Evaluation System (NIMES).

#### Challenges and Constraints

##### *Challenges in mainstreaming HIV:*

- Governance of the national HIV response is emerging as a major challenge with the increasing number of actors, multiple projects and multiple layers of coordination under the NACC. This challenge was exacerbated by the splitting of the Ministry of Health into the Ministry of Medical Services and the Ministry of Public Health and the creation of new districts (the number of districts increased from 70 to 148 in 2007).
- The Inter-Agency Coordination Committee (ICC) has somewhat reduced the risk of duplication and wastage but this progress is only visible at the central level. There is a lot to be done at the district level where partners' implementing activities do not have organized systems of coordination through meetings and dialogue. There is also a lack of clear, well-coordinated decentralization policies, and fiscal decentralization is an issue.
- Implementation of the 'Three Ones' principles is still a major challenge for the NACC. However, steps have been taken to make consultation between development partners and government more systematic and programme funding based on priorities. This is mainly being undertaken through the annual Joint HIV and AIDS Programme Review (JAPR) process, which starts at the district level and ends with a National JAPR workshop for all partners.
- Competing priorities in sector budgets put pressure on budget allocations for HIV. This was particularly the case following the post-election crisis when there was renewed demand for resources across sectors and a budget review was undertaken to accommodate reconstruction after the post-election damages.

- Further capacity development is needed for public officers to sustain the level and scope of integration of HIV into the national development planning and budgeting framework. Despite the increased resource allocations for HIV through the MTEF process, the challenge is how to ensure that: a) these resources are used for the intended purpose in each sector, b) the necessary capacity is built to lead implementation, c) there is adequate positioning of the HIV agenda in ministries, and d) there is adequate linkage with the planning and budgeting, monitoring and reporting organs.
- On their part, the MPND and the Ministry of Finance will continue to keep the HIV agenda in the planning, budgeting and resource-allocation processes, and will engage all partners of development programmes and projects to ensure there is an HIV component in all negotiations.
- The engendering of the national response has been inadequate despite the higher risk of HIV among women and girls.

*Challenges in implementing the CFA:*

- Implementation of the programme was slowed due to the post-election crisis in December 2007.
- The planned civil society component of the CFA is dependent on partnerships with civil society and umbrella organizations, including KANCO, that work under the NACC. As the NACC has been reorganizing the CSO portfolio in order to align its work with the Kenya National Strategic Plan, the planned CFA activities with CSOs were delayed.
- Inadequate staffing to assist in CFA follow up and logistical management has been a constraint. The MPND is suggesting the need for at least two United Nations Volunteers to overcome this challenge.
- There were inadequate resources for full implementation of the programme, as well as some delays in the release of funds.

#### LESSONS LEARNED

Capacity development in the public sector at the national and subnational levels leads to greater understanding of HIV as a development issue.

An analytical assessment of indicators for HIV mainstreaming is needed to assess the value of these indicators in measuring the effectiveness of mainstreaming.

#### The Way Forward

The MPND will continue to seek support from UNDP and other development partners to sustain and continue the progress made in mainstreaming HIV. A significant amount of public resources have been earmarked for HIV mainstreaming, and this will require urgent capacity development including working with sector clusters to ensure that HIV continues to be integrated into the MTEF process. Priority activities planned for the next phase of support to HIV mainstreaming are as follows:

- Continue implementation of pending HIV mainstreaming activities.
- Conduct studies on the socioeconomic impact of HIV and AIDS on various sectors.
- Develop sector-specific mainstreaming guidelines and tools.
- Support continuous capacity development for public officers on mainstreaming HIV.

- Support capacity development through study tours for key officers in the MPND to countries with strategic leadership and good practices in the context of the PRSP and development planning.
- Strengthen strategic partnerships with key stakeholders.

#### **Mainstreaming Programme/Knowledge Management Focal Point**

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## 4.4 MADAGASCAR

### Developing capacity for HIV mainstreaming in key ministries

#### The Issues

<b>Adult HIV Prevalence<sup>1</sup>:</b>	0.1 % (2007)
<b>PLHIV<sup>1</sup>:</b>	14,000
<b>PRSP:</b>	The DSRP (Madagascar Action Plan, MAP) 2007–2012.
<b>NSP:</b>	The National Strategic Plan (2007–2012).
<b>CFA duration:</b>	December 2007–2008

Source: UNAIDS 2008 Report on the Global AIDS Epidemic

At the time that Madagascar joined the Mainstreaming Programme, its PRSP, the Madagascar Action Plan (MAP) 2007–2012, had just been developed and HIV had been included as a priority in one of its eight areas of commitment (Health, Family Planning and HIV/AIDS). In addition, the National Strategic Plan (2007–2012) had been aligned with the MAP, and one of its objectives was to mainstream HIV in all ministries by 2012. There was also a high level of political commitment to the national HIV response, and significant donor resources had been mobilized for it. On the other hand, it had been difficult to engage stakeholders in the multisectoral response because the low HIV prevalence meant that the potential impact of HIV was generally not recognized.

#### Summary of Activities (2007–2008)

Initiatives were taken to advocate and strengthen HIV mainstreaming in 14 key ministries, in line with the NSP objective of mainstreaming HIV into all ministries by 2012. This included: 1) undertaking a study on vulnerability and poverty due to AIDS in key sectors, 2) advocating HIV mainstreaming among ministry decision-makers, 3) identifying and sensitizing HIV Focal Points in 14 key ministries, 4) drafting a guide on the multisectoral HIV response, 5) preparing a guide on monitoring and evaluation and training planning staff at the central and decentralised levels in monitoring and evaluating the HIV response. The initial goal of the CFA was to support the integration of HIV in the General State Policy for 2008, covering 14 key ministries. However, due to delays in the start-up of the CFA activities, the project was extended through 2008 with the aim of integrating HIV into the General State Policy for 2009.

#### Details of Activities (2007–2008)

##### CFA Management Arrangements

- The SE/CNLS<sup>29</sup> (NAC) is responsible for implementing the project. Other partners include the Ministry of Interior and Decentralization, the Ministry of Finance and Budget and other key ministries.
- A Project Manager and an Assistant were appointed in November 2007 to manage the project.
- An orientation meeting was held to share the Mainstreaming Programme with stakeholders and seek their support for effective implementation.
- Activities planned in the CFA were reviewed in order to avoid duplication and to ensure complementarities with the World Bank's support to 'Sectoral Integration of AIDS'.

29. French acronym for 'Secrétariat Exécutif du Conseil National de Lutte Contre le SIDA'

The project was linked to parallel initiatives being undertaken by the NAC and other development partners in order to ensure activities complemented and reinforced each other and to strengthen the catalytic role of the CFA.

#### Diagnostic Studies and Analysis

- A study on vulnerability and poverty due to AIDS in key sectors was undertaken and launched in 2008 to help advocate and guide HIV mainstreaming among ministries.

#### Policies, Strategies and Resources

- HIV mainstreaming was advocated among the political and financial decision-makers of the 14 ministries (including Ministers, Secretary Generals and Directors) in 2007 and 2008, with the aim of influencing the integration of HIV into the General State Policy for 2009.
- The project team identified an HIV Focal Point, together with a substitute, for each of the key 14 ministries. In some ministries, Focal Points had already been designated, while in others new Focal Points needed to be identified.
- Terms of reference for the Focal Points were formulated and validated.
- A memorandum of understanding was drafted and signed by the SE/CNLS and the 14 ministries.
- A workshop was held to provide an overview of the Regional AIDS Mainstreaming workshop, which some of the Focal Points had attended in Maputo (the regional training-of-trainers workshop on 'AIDS Mainstreaming' had been organized by the UNDP Regional Service Centre and the Southern African Development Community – SADC in Maputo in May 2007).
- A workshop on mainstreaming HIV was organized for Focal Points of the key ministries.
- An orientation guide for ministries on planning a multisectoral response to HIV was prepared and launched in 2008.

#### Monitoring and Evaluation

- A guide on monitoring and evaluating the multisectoral HIV response is being prepared.
- A training workshop on monitoring and evaluating the HIV response was held for HIV Focal Points and planning officials of ministries.
- Two regional workshops on monitoring and evaluating the HIV response were held for Regional Directors in October 2008.

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

- A study on vulnerability and poverty due to AIDS in key sectors was undertaken.
- A guide on planning a multisectoral response to HIV was prepared, and HIV mainstreaming was advocated among decision-makers of 14 ministries.
- HIV Focal Points from 14 key ministries were nominated and sensitized to mainstreaming HIV in the PRSP and the General State Policy.
- A memorandum of understanding was drafted and signed by the SE/CNLS and the 14 ministries.
- A guide on monitoring and evaluating the multisectoral HIV response was prepared, and planning staff members at the central and decentralized level were trained in monitoring and evaluating the HIV response.

## Challenges and Constraints

### *Challenges in mainstreaming HIV:*

- With a low HIV prevalence of 0.13%, people are not convinced that there is an AIDS problem and do not recognize the impact of HIV.
- More resources are needed to ensure adequate human resources are available to support the integration of HIV at the sectoral and decentralized levels.
- More data is required to enable improved monitoring and evaluation of the sector responses to HIV. The project intends to utilize the monitoring and evaluation data being collected by the NAC with technical support from UNAIDS/WHO/USAID/Global AIDS Monitoring and Evaluation Team (GAMET) of the World Bank, to help strengthen its role in supporting the integration of HIV in the sectoral response.
- Engaging other stakeholders at the local level is a challenge.

## The Way Forward

- Further activities planned by the Madagascar country team at the time of reporting were as follows:
- Disseminate the guide on planning a multisectoral response to ministries.
- Train planning staff of key ministries on mainstreaming HIV at the central and decentralized levels.
- Provide technical support to ministries in formulating action plans for mainstreaming HIV.
- Organize a workshop on HIV mainstreaming for those responsible for planning in the 22 regions.
- Provide training and technical support to regional planners on translating the General State Policy to the regional level.

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## 4.5 MALAWI

### Guiding the implementation of a mainstreamed HIV response

#### The Issues

<b>Adult HIV Prevalence<sup>1</sup>:</b>	11.9%
<b>PLHIV<sup>1</sup>:</b>	930,000
<b>PRSP:</b>	The Malawi Growth and Development Strategy (MGDS) 2006–2011.
<b>NSP:</b>	The Malawi National HIV and AIDS Framework (NAF) 2005–2009.
<b>CFA duration:</b>	Mid 2007 – mid 2008

1. Source: UNAIDS 2008 Report on the Global AIDS Epidemic

At the start of the CFA in Malawi, the second generation PRSP, the Malawi Growth and Development Strategy (MGDS) 2006–2011, was being finalized. The HIV content of the MGDS was guided by the National AIDS Framework (NAF) 2005–2009, and HIV was addressed under the MGDS' thematic area of 'Prevention and Management of Nutrition Disorders, HIV and AIDS' (one of six thematic areas).

Although HIV was given prominence in the MGDS and there is high-level political commitment to mainstreaming HIV, several issues and constraints in the implementation of the HIV response were identified at the start of the CFA. The main issues included: a) limited participation of stakeholders in developing the HIV content of the MGDS, which meant the HIV response within the MGDS was not comprehensive, b) limited use of poverty and vulnerability analysis in Nutrition, HIV and AIDS planning, c) limited sector capacity in mainstreaming HIV, d) weak absorption capacity in implementing agencies and lack of monitoring and resource tracking, which often resulted in HIV budget allocations (two per cent of ministries' recurrent budgets) being diverted to other needs, e) the private sector's limited understanding of its role in the HIV response, f) CSOs' capacity constraints, which hamper their effective participation, g) limited capacity to conduct analysis for evidence-informed interventions, and lack of data sources for some of the MGDS indicators, and h) lack of harmonization of donor procedures.

#### Summary of Activities (2007–2008)

In 2007 and 2008 the CFA provided support to three main initiatives aimed at guiding the implementation of HIV mainstreaming efforts as follows: 1) developing a National Business Plan for Nutrition, HIV and AIDS to guide and coordinate the implementation of national strategies, policies and programmes on nutrition, HIV and AIDS, including those in the MGDS, 2) producing mainstreaming guidelines to guide the implementation of HIV workplace programmes in the public sector, and 3) preparing a preliminary synthesis study on the relationship between poverty, HIV and key areas of people's welfare.

#### Details of Activities

##### CFA Management Arrangements

- The CFA was integrated into the activities of the Department of Nutrition, HIV and AIDS and the National AIDS Commission (NAC) in the Office of the President and Cabinet (OPC).

##### Diagnostic Studies and Analysis

- The CFA provided support to the Department of Nutrition, HIV and AIDS in conducting a synthesis of data on the relationship between poverty and HIV. A draft report was prepared based

on consultations with stakeholders and a desk review of relevant documents. The report and data will be used to draw out key correlations between poverty and HIV and to analyze the impact of HIV on key indicators related to people's welfare.

### Support to Implementation

#### *Business Plan outlining the roles of stakeholders in the national HIV and AIDS response*

- The Department of Nutrition, HIV and AIDS, with the support of the CFA, updated and finalized the National Business Plan for Nutrition, HIV and AIDS. The purpose of the Business Plan is to broaden and guide the participation of multiple stakeholders in the implementation of national strategies, policies and programmes on nutrition, HIV and AIDS. The Business Plan identifies the key stakeholders among civil society organizations, the private sector, academic institutions, and development partners, and describes their key roles and responsibilities in promoting nutrition and responding to HIV and AIDS. The business plan was developed through a consultative process with various stakeholders and is based on the priority areas defined in Malawi Growth and Development Strategy (MGDS), the National HIV and AIDS Policy, the National Action Framework for HIV and AIDS, and other related sectoral policies and programmes.
- The Department of Nutrition, HIV and AIDS organized two stakeholder working sessions in December 2007 and March 2008 to update and finalize the Business Plan.
- Based on Cabinet recommendations, the Business Plan is being integrated into the National Nutrition Policy together with other documents (Strategic Plan, Communication Plan and Policy Guidelines).

#### *Guidelines for mainstreaming HIV within the public sector*

- The CFA supported an initiative of the National Mainstreaming Task Force to develop mainstreaming guidelines for the implementation of HIV workplace programmes in the public sector. The guidelines were developed following a government directive stipulating that at least two per cent of 'Other Recurrent Transactions' (ORT) should be allocated to workplace programmes for the civil service. They provide guidance and a standardized approach on a minimum package of interventions to be implemented by all departments using the allocated resources. The interventions aim to promote prevention and behaviour change in the civil service, mitigate the impact of HIV on delivery of services in the public sector and provide care, support and treatment for civil servants and their immediate dependants who have been infected and affected by HIV. The recommended package of interventions was developed through a process of wide consultation and lessons learnt from other HIV prevention, mitigation and nutrition care and support programmes.
- The finalized guidelines and accompanying information materials are being disseminated to stakeholders through sessions at the national and regional levels. The guidelines were also disseminated to the nongovernmental and private sectors following requests from these sectors to use the guidelines.

### Key Results and Contributions to the PRSP Process

- A preliminary synthesis study on the relationship between poverty, HIV, and key areas of people's welfare was prepared.
- A National Business Plan for Nutrition, HIV and AIDS was prepared in order to guide and coordinate the participation of multiple stakeholders in the implementation of national strategies, policies and programmes on nutrition, HIV and AIDS, including the MGDS.

- Mainstreaming guidelines were produced to guide the standardized implementation of HIV workplace programmes in the public sector.
- The above results will help improve management of the national response to Nutrition, HIV and AIDS by clearly defining stakeholders' roles and the responsibilities to which they will be accountable, and through the use of the poverty and HIV analysis to guide the appropriate responses.

### Challenges and Constraints

#### *Challenges in implementing the CFA:*

- The completion of the synthesis report on the relationship between poverty and HIV was delayed due to delays in receiving data from some districts.
- There is a lack of consensus on the definition of poverty and the magnitude of the impact of HIV.
- Bringing all stakeholders together and ensuring their consistent participation and involvement in activities was a challenge. Some sessions had to be held in several phases in order to accommodate the availability of stakeholders and to allow more time for specific sectors to contribute.
- There were delays in receiving stakeholder comments on documents circulated for their review and input.
- Some processes were affected by inadequate funding.

#### LESSONS LEARNED

- Capacity development is needed most at the decentralized level. Even if the NSP and PRSP are aligned at the central and local level, this will not lead to the expected results unless there are people with the right capacity, skills and expertise to implement the strategies where communities need it most.
- If there is to be significant impact in the implementation of the government agenda, there has to be collaboration at all levels to avoid duplication of efforts and to maximize the limited available resources.
- Effective involvement of civil society and PLHIV in the preparation of the CSLP through regional workshops is vital in planning actions on the ground.
- Indicators are needed to assess the effect of HIV and AIDS on poverty levels of communities.

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## 4.6 MOZAMBIQUE

### Developing capacity for integrating HIV in sectoral planning, costing and budgeting at the central and provincial levels

#### The Issues

<b>Adult HIV Prevalence<sup>1</sup>:</b>	12.5%
<b>PLHIV<sup>1</sup>:</b>	1,500,000
<b>PRSP:</b>	The National Plan for Absolute Poverty Reduction (PARPA II) 2005–2009
<b>NSP:</b>	The National AIDS Strategic Plan (PEN II) 2005–2009.
<b>CFA duration:</b>	Mid 2007 – mid 2008

1. Source: UNAIDS 2008 Report on the Global AIDS Epidemic

At the start of the CFA in 2007, Mozambique's PRSP, the National Plan for Absolute Poverty Reduction (PARPA II) 2005–2009 had just been approved. The PARPA II considered the AIDS epidemic a national emergency and integrated HIV as a cross-cutting issue in the three pillars of the PRSP (Governance, Human Capital and Economic Development). However, efforts to integrate HIV issues into the planning process from ministries down to local levels were still weak. Reasons for this included: a) the limited sensitivity to questions of HIV especially at local levels, b) weak coordination mechanisms at local levels between Ministries and CSOs, c) weak sectoral prioritization of HIV activities, d) weak public sector capacity in planning, costing and budgeting for mainstreamed HIV activities at the decentralized level, and d) limited information and analysis on the linkages between poverty and HIV.

#### Summary of Activities (2007–2008)

CFA activities in Mozambique focused on supporting existing efforts to develop national capacity in the implementation of mainstreamed HIV activities and the CFA team mobilized funds from the UNDP Country Office. These activities included 1) training 250 government Focal Points and 10 trainers in several sectors at the central and provincial level on HIV mainstreaming, and 2) producing manuals and guidelines to provide guidance to the public sector, civil society and private sector on planning and implementing the multisectoral HIV response.

#### Details of Activities

##### CFA management arrangements

- The NAC, Ministry of Planning and Development and UNDP are jointly responsible for managing the CFA including coordinating, planning, implementing and monitoring its activities.

##### Policies, Strategies and Resources

*Developing capacities for integrating HIV in sectoral planning, costing and budgeting at the central and provincial levels*

- Ten technical staff members at the central and provincial levels in several ministries and sectors were trained as trainers on planning, costing and budgeting HIV activities.
- Two hundred and fifty government Focal Points at the central and provincial levels were trained on planning, costing, budgeting and prioritizing HIV interventions.

- A national facilitator network was created.
- Sectoral plans integrating HIV and gender issues were developed in 80 per cent of public institutions at the provincial level. Sectoral plans were submitted to the provincial NACs for approval.
- The following guidelines and a manual were produced by the NAC with UNDP support to provide guidance on the multisectoral AIDS response: a) guidelines for the selection of AIDS-related activities in public sector, civil society and private sector plans, b) operational manual, and c) guidelines on financial procedures and implementing agencies.

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

- Focal Points and trainers from priority sectors were trained on HIV mainstreaming at the central and provincial levels. This is expected to contribute to strengthening the capacity of public sector employees in planning, costing and budgeting for HIV activities in sector plans at the provincial level.
- Guidelines and a manual were produced to guide the public sector, civil society and private sector on planning and implementing the multisectoral AIDS response.

#### **Challenges and Constraints**

- Coordination and knowledge sharing among stakeholders including CSOs was a challenge due to the absence of an internal coordination/working group to involve all partners.
- The high turnover of government staff is a challenge in developing human resource capacities within government. Staff members are also overstretched and have competing priorities.

#### **The Way Forward**

- The focus of the next phase of support to HIV mainstreaming will be on providing training to stakeholders at the district level.

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## 4.7 UGANDA

### Integrating HIV in national, sectoral and district policies, plans and budgets

#### The Issues

<b>Adult HIV Prevalence<sup>1</sup>:</b>	5.4%
<b>PLHIV<sup>1</sup>:</b>	940,000
<b>PRSP:</b>	The Poverty Eradication Action Plan (PEAP) 2004/05–2007/08. (To be followed by the National Development Plan, which is being prepared in 2008).
<b>NSP:</b>	National HIV and AIDS Strategic Plan 2007/08–2011/12.
<b>CFA duration:</b>	2007–2008

1. Source: UNAIDS 2008 Report on the Global AIDS Epidemic

Uganda was in the implementation phase of its Poverty Eradication Action Plan (PEAP) 2004/05–2007/8 when it enrolled in the Mainstreaming Programme. The PEAP had incorporated HIV under the Human Development pillar (one of the five pillars of the PEAP) and recognized HIV as a cross-cutting priority to be mainstreamed across all sectors. On the other hand, HIV had not been sufficiently included in all sectors under the PEAP, and the PEAP had come short of outlining how the mainstreaming process would be put into place, budgeted for and monitored. HIV was subsequently only peripherally addressed in the Medium Term Expenditure Framework, and other than the health sector, HIV rarely featured in sectors' Budget Framework Papers (BFPs).

One of the major hurdles to HIV mainstreaming that was identified at the start of the CFA was the existence of parallel donor structures and funding streams, which resulted in sectors not prioritizing HIV expenditures due to the perception that there are other sources of funds filling this gap. A further concern raised at the start of the Mainstreaming Programme was that the large inflow of donor funding into local CSOs complicates monetary policy and could impact macroeconomic stability and hamper efforts to eradicate poverty.

#### Summary of Activities (2007–2008)

The CFA in Uganda established a multisectoral Technical Working Group led by the Ministry of Finance, Planning and Economic Development (MoFPED), which actively supported several HIV-mainstreaming initiatives as follows: 1) an Issues Paper was drafted on integrating HIV and AIDS in the new National Development Plan, 2) input was provided for the development of a National Policy on Mainstreaming HIV and AIDS, 3) guidelines on integrating HIV into planning and budgeting processes were developed, 4) capacity for HIV mainstreaming was enhanced at the sector and district levels, and 5) HIV was incorporated into the National Budget Framework Paper for sectors and districts.

#### Details of Activities

##### CFA Management Arrangements

- A multisectoral Technical Working Group (the National Mainstreaming Group) was established to provide guidance and oversight in the implementation of the CFA. The Technical Working Group is chaired by the Ministry of Finance, Planning and Economic Development and co-chaired by the Ministry of Local Government. The NAC is the secretariat of the working group, and members include the Ministry of Health, Ministry of Gender, Labour and Social Development, Ministry of Education, the National Planning Authority, as well as CSO, private sector and development partner representatives.

- Technical Working Group meetings are held on a regular basis, and the group actively engages in, facilitates and provides technical input to mainstreaming activities being implemented by the government.
- The CFA was integrated in the Joint UN Programme of Support on AIDS.

### Participatory Process

#### *Formulation of the National Development Plan*

- The CFA Technical Working Group participated in the Poverty Eradication Action Plan (PEAP) review meetings. The group's comments in relation to HIV were incorporated in the review report, which will inform the formulation of the National Development Plan.
- In the first quarter of 2008, the technical group developed a draft Issues Paper on integrating HIV in the National Development Plan.

### Policies, Strategies and Resources

#### *National policy on HIV and AIDS mainstreaming*

- The Technical Working Group provided inputs to the Uganda AIDS Commission (UAC) in developing a National Policy on Mainstreaming HIV and AIDS that will provide clarity and guidance on HIV mainstreaming and help coordinate mainstreaming efforts. The draft National Policy on Mainstreaming has been shared with stakeholders for their review and input, and a consensus meeting was planned to bring in wider stakeholder participation and buy-in.

#### *Supporting the integration of HIV in sector and district plans and budgets*

- The UAC commissioned the CFA Technical Working Group to support Sector Working Groups with incorporating HIV into sector and district plans and budgets for the 2007-2008 financial year. Guidelines for mainstreaming HIV and AIDS in planning and budgeting were developed and published for this purpose. The mainstreaming guidelines were disseminated, and ministries and districts were oriented about the guidelines. (The orientation of districts was carried out during local government workshops on the Budget Framework Papers; hence, it was built into existing national activities and did not require additional resources.)
- In order to involve decentralized staff in integrating HIV into district plans, staff were selected from districts and trained to integrate HIV into planning and budgeting processes in order to create a critical mass of individuals able to support the HIV-mainstreaming work at the district level. The training will be extended to cover more topics and bring more district staff on board.
- The Technical Working Group participated in the National Budget Conference and regional budget conferences for district leaders. The Technical Working Group also held sector meetings on integrating HIV into sector plans and budgets. As a result of the Technical Working Group's activities, HIV was incorporated in the National Budget Framework Paper for sectors and districts.
- In December 2008, the UAC, with the support of the CFA, formed a multisectoral team to facilitate the mainstreaming of HIV in Local Government Budget Framework Papers for 2009/10. Members of the team participated in a total of 16 workshops organized by the Ministry of Finance for the preparation of Local Government Budget Framework Papers and provided guidance on mainstreaming HIV in the budget framework papers.

#### *National Strategic Plan for HIV and AIDS*

- The Technical Working Group participated in the development of the National Strategic Plan (NSP) for HIV and AIDS (2007/08–2011/12). The CFA outputs and activities were incorporated in the NSP and its monitoring and evaluation plan. The NSP is a guide for HIV and

AIDS strategic planning in sectors, local government, CSOs and the private sector, and is the basis for resource mobilization for HIV. It is also a key document for mainstreaming HIV in the National Development Plan.

#### Diagnostic Studies and Analysis

- The Technical Working Group provided technical oversight to national HIV mainstreaming efforts, including the ongoing macroeconomic assessment of the impact of AIDS in Uganda. The assessment is looking at the impact of AIDS on specific sectors including labour, agriculture, education and the private sector.

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

- A functional National Mainstreaming Group/Technical Working Group was established led by the Ministry of Finance, Planning and Economic Development.
- A draft National Policy on Mainstreaming was developed.
- The PEAP was reviewed in relation to its HIV content, and a draft Issues Paper for integrating HIV into the National Development Plan was developed.
- Guidelines on integrating HIV into planning and budgeting processes were developed.
- Ministries and districts were oriented on the HIV-mainstreaming guidelines and on integrating HIV into Budget Framework Papers.
- A toolkit for HIV mainstreaming was drafted.
- HIV was incorporated into the National Budget Framework Paper, and a budget line for HIV was established to enable sectors and districts to budget for HIV.
- The CFA outputs and activities were incorporated in the National Strategic Plan for HIV and AIDS, as well as the Joint UN Programme of Support on AIDS. This resulted in additional resources being earmarked by development partners for mainstreaming efforts and will contribute to the longer-term sustainability of activities to support HIV mainstreaming.

#### Challenges and Constraints

##### *Challenges in mainstreaming HIV:*

- There is limited understanding of HIV mainstreaming concepts by many key stakeholders since it is often difficult to reach budget decision-makers for training and capacity development (and those who do participate in training are usually not making budget decisions).
- The inadequate human capacity in sectors and the competing priorities in sector budgets further constrain HIV-mainstreaming efforts.
- The creation of new administrative units (including new districts) poses challenges to implementing HIV-mainstreaming plans.
- Harmonization of sector targets (e.g. those of the Health Sector Strategic Plan) with the NSP targets is a challenge.

##### *Challenges in implementing the CFA:*

- The main challenge to implementing the CFA was that the timeline for the CFA at the beginning of the year coincided with the budgeting cycle of the government. This delayed the implementation of most activities as most government departments were involved in planning and budgeting.

- A delay in the completion and dissemination of the HIV-mainstreaming policy and guidelines resulted in the workshops for sectors and districts being delayed until 2008.
- Participation in the development of the National Strategic Plan for HIV and AIDS was time-consuming and involved. On the other hand, it provided an opportunity to integrate CFA outcomes into the NSP, thereby supporting the long-term sustainability of mainstreaming efforts.
- The delay in development of the National Development Plan meant that activities aimed at incorporating HIV indicators into the monitoring and evaluation plan of the NDP were also delayed.

#### LESSONS LEARNED AND GOOD PRACTICES

- Clear capacity assessments need to be carried out for districts. In order to strengthen strategic planning, districts need to be assessed to understand what the issues are and what is hindering mainstreaming. Gaps can then be identified and capacity development can proceed accordingly.
- Civil society is a very important partner in general and for HIV in particular, but it is difficult for civil society to access funds. In Uganda the civil society fund has been established to address this issue, and some donors have already provided funds. Forty large NGOs have already received funding, and district-level NGOs are now being reviewed to see which will receive funds.
- Resource tracking, through a National AIDS Spending Assessment, for example, is a critical issue for many countries (where the Ministry of Finance may say there is too much funding for HIV and inadequate information on how it is used).
- NSP and PRSP indicators need to be harmonized.

#### The Way Forward

The Uganda country team identified the following priorities in the next phase of support to HIV mainstreaming:

- Finalize the draft Issues Paper and toolkit on HIV mainstreaming, which are needed to feed into the NDP.
- Engage in and support the NDP formulation process.
- Engage in the implementation of the Programme for Recovery and Development in the Northern Region.
- Further develop the capacity of sector focal persons and planners at the national and decentralized levels.
- Build the capacity of CSOs in HIV mainstreaming.
- Institutionalize the National AIDS Spending Assessment as a means of tracking HIV resources.
- Support sectors and local governments in developing strategic plans in line with the NSP and NDP.
- Review Budget Framework Papers to assess the extent of HIV mainstreaming in budgets.
- Finalize the study on the macroeconomic impact of AIDS.

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## Cross-Country Overview

### 5.1 OVERVIEW OF KEY ISSUES IN ROUND 2 COUNTRIES

At the start of each round of the Mainstreaming Programme, country stakeholders prepare an Issues Paper to identify the main issues and challenges hampering HIV mainstreaming in national development planning processes. For Round 1 countries, the issues identified prior to the start of the CFA in 2006 are summarized in the 2006 progress report<sup>30</sup>. For Round 2 countries (Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda), the main issues identified in their Issues Papers prior to the start of the CFA in 2007 are summarized below under the four keys:

**Participatory process:** a) weak participation of stakeholders in developing and revising the PRSP (Burkina Faso, Malawi) resulting in inadequate HIV content and limited ownership of the PRSP (Malawi), b) limited engagement of nonstate actors, including CSOs and the private sector, in national planning and MTEF processes (Kenya).

**Diagnostic studies and analysis:** a) insufficient information and analysis of the relationship between HIV and poverty to help guide appropriate responses (Burkina Faso, Burundi, Malawi, and Mozambique), b) limited capacity to collect data and conduct analysis for evidence-informed interventions (Burundi, Malawi).

**Policies, strategies and resources:** a) insufficient inclusion of HIV in sector plans and budgets under the PRSP (Uganda), b) weak sectoral prioritization of HIV activities (Madagascar, Mozambique, Uganda), c) limited public sector capacity in planning and budgeting for HIV (Kenya, Malawi, Mozambique), d) limited leverage of AIDS control units in ministries (Kenya), e) lack of budget allocations made to ministries for HIV (Burundi), f) insufficient inclusion of HIV in the MTEF and in sectors' Budget Framework Papers (Uganda), g) diversion of budgets allocated for HIV to other needs (Malawi), h) weakness in the tracking of HIV resources (Burkina Faso, Malawi), i) extra-budgetary financing of HIV programmes by donors causing difficulties in harmonizing and coordinating the HIV response and in securing sector commitment to HIV mainstreaming (Burundi, Kenya, Uganda), j) potential negative impact of large inflows of donor funding into local CSOs on macroeconomic stability (Uganda)

**Implementation and M&E:** a) limited sensitivity to questions of HIV especially at local levels (Mozambique), b) weak coordination mechanisms at local levels between Ministries and CSOs (Mozambique), c) human resource constraints and weak capacity of actors at the central and decentralized levels (including CSOs and the private sector) in implementing HIV-mainstreaming strategies (Burkina Faso, Burundi, Malawi), d) challenges in implementing and monitoring the HIV aspects of the PRSP (Burkina Faso), e) lack of specific targets and indicators for HIV in the PRSP (Burundi), g) lack of data sources for some PRSP indicators (Malawi), f) weak coordination of monitoring and evaluation (Burundi), h) lack of harmonization of donor procedures (Malawi).

Overall the most common issues reported by Round 2 countries in 2006 prior to the start of their CFA (those reported in the Issues Paper of at least three countries) were: a) the insufficient information and analysis of the relationship between HIV and poverty, b) weak sectoral prioritization of HIV activities, c) limited public sector capacity in planning and budgeting for HIV, d) extra-budgetary financing of HIV programmes by donors causing difficulties in harmonizing and coordinating the HIV response, and e) human resource constraints and weak capacity of actors at the central and decentralized level (including CSOs and the private sector) in implementing HIV-mainstreaming strategies. Apart from the issue of donor harmonization and coordination, these were also the most common areas in which countries implemented CFA activities in Round 2 countries. Further details of the activities and results in both Rounds 1 and 2 in 2007 are provided in section 4.2 below.

30. 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1' UNDP, 2007

The table below provides an overview of the main issues identified in the Issues Papers of Round 2 countries and the areas in which CFA activities were implemented.

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

MAIN ISSUES IN MAINSTREAMING HIV IN ROUND 2 COUNTRIES							
Main Issues in Mainstreaming HIV	Burkina Faso	Burundi	Kenya	Madagascar	Malawi	Mozambique	Uganda
<b>Participatory Process</b>							
Weak participation of stakeholders in developing and revising the PRSP	•		•				•
Limited engagement of nonstate actors in national planning processes		•	•		•		•
<b>Diagnostic Studies and Analysis</b>							
Insufficient information and analysis of the relationship between HIV and poverty	•	•		•	•		•
Limited capacity to collect data and conduct analysis for evidence-informed interventions	•	•			•		
<b>Policies, Strategies and Resources</b>							
Insufficient inclusion of HIV in sector plans and budgets under the PRSP		•					•
Weak sectoral prioritization of HIV activities		•	•	•		•	•
Limited public sector capacity in planning and budgeting for HIV	•	•	•	•	•	•	•
Limited leverage of AIDS control units in ministries			•				
Lack of budget allocations made to ministries for HIV							
Insufficient inclusion of HIV in the Medium Term Expenditure Framework and in sectors' Budget Framework Papers	•		•				•
Diversion of budgets allocated for HIV to other needs							
Weakness in the tracking of HIV resources	•	•					
Extra-budgetary financing of HIV programmes by donors causes difficulties in harmonizing and coordinating the HIV response		•					
Potential negative impact of large inflows of donor funding on macroeconomic stability							
<b>Implementation and M&amp;E</b>							
Limited sensitivity to questions of HIV especially at local levels						•	
Weak coordination mechanisms at local levels between Ministries and CSOs	•				•		
Human resource constraints and weak capacity of actors at the central and decentralized level in implementing HIV-mainstreaming strategies	•	•			•	•	•
Lack of specific targets and indicators for HIV in the PRSP		•	•				

MAIN ISSUES IN MAINSTREAMING HIV IN ROUND 2 COUNTRIES							
Main Issues in Mainstreaming HIV	Burkina Faso	Burundi	Kenya	Madagascar	Malawi	Mozambique	Uganda
Challenges in implementing and monitoring the HIV aspects of the PRSP	•	•		•			
Lack of data sources for some PRSP indicators		•					
Weak coordination of monitoring and evaluation	•	•	•				
Lack of harmonisation of donor procedures		•					

## 5.2 OVERVIEW OF ACTIVITIES AND RESULTS

During 2007 and 2008 country teams in Round 1 and 2 countries implemented a range of complementary actions to support HIV-mainstreaming efforts at central and decentralized levels and with a wide range of institutions and actors. Activities were built into existing institutional structures and planning processes, and, where possible, leveraged existing partnerships and HIV-mainstreaming initiatives.

As most Round 1 and 2 countries were in the implementation phase of the PRSP in 2007 and 2008 (with only Rwanda, Kenya and Uganda preparing or beginning to prepare their new PRSP or its equivalent), most activities in the reporting period focused on building capacity to ensure that HIV commitments made in the PRSP are translated into the policies, strategies programmes, budgets and actions of government and nongovernment stakeholders from the national to local levels. In addition, in the three countries that were formulating or beginning to formulate their new PRSP/ National Development Plan (Rwanda, Kenya and Uganda), CFA activities were undertaken to support the integration of HIV in the PRSP/National Development Plan.

Most country teams focused on around five or six main elements in their support to HIV mainstreaming. These included supporting and funding specific capacity building activities and outputs (such as workshops and training, guidelines and manuals, capacity assessments and diagnostic studies), as well as providing 'soft' support (such as advocacy, facilitating collaboration, and mobilizing partners and resources).

A summary of the key result areas that CFA activities contributed to in Round 1 and 2 countries in 2007 and 2008 is provided below. Further details can be found in the individual country reviews (chapter 2), and a checklist of all results contributed to by the Mainstreaming Programme in Round 1 and 2 since the start of CFA activities in 2006 is included on page 106 for quick reference.

In reviewing the results of the Mainstreaming Programme, it is important to note that many of the results were achieved through the collaborative efforts of several national institutions and organizations as well as other development partners. This is a reflection of the nature and purpose of CFA activities which are designed to be implemented through existing institutional structures and national processes, and the fact that CFA seed funding was in many instances used to complement and leverage ongoing HIV- mainstreaming initiatives and partnerships. Hence in many cases the results outlined below are not solely attributable to the CFA but were contributed to by several institutions, partners and funding sources to varying extents.

### **Key result areas and the CFA activities that contributed to these results – Round 1 and Round 2 countries (2007–2008):**

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

During the reporting period, **Rwanda, Kenya and Uganda** were in the process of drafting or beginning to draft their new PRSP or National Development Plan. In all three countries the CFA resulted in broadened participation and increased contributions of HIV stakeholders in the formulation process.

Stakeholders were engaged in the PRSP formulation process through various approaches. In **Rwanda** the CFA team engaged stakeholders in the drafting process by circulating EDPRS (PRSP) drafts for their feedback and by engaging umbrella organizations in the EDPRS workshops and validation process. This contributed to enhanced ownership of the EDPRS (PRSP) by community-level organizations. In **Kenya** a stakeholders' consultative workshop was held to prepare a concept paper on integrating HIV in the new 'Kenya Vision 2030' and its Medium Term Plans. The concept paper contributed to HIV being a key component of the Vision 2030 that was launched in June 2008. In **Uganda** the CFA formed a multisectoral Technical Working Group comprising representatives from government, CSOs, the private sector and development partners to support HIV- mainstreaming efforts. The Technical Working Group participated in the review of the PEAP (the previous PRSP) and developed a draft Issues Paper to guide the HIV content of the new National Development Plan that was being prepared in 2008.

## 2. Enhanced integration of HIV in the PRSP

In the three countries that were formulating or beginning to formulate their new PRSP/National Development Plan during the reporting period (**Rwanda, Kenya and Uganda**) the CFA contributed to strengthening the integration of HIV in the development plans. In **Rwanda** the CFA resulted in HIV activities being integrated into the EDPRS (PRSP) text and in all sector plans within the EDPRS. In **Kenya** the CFA contributed to AIDS being acknowledged as a potential threat to the achievement of development targets in the Vision 2030 document and resulted in HIV being factored into each sector strategy in the Medium Term Development Plan. In **Uganda** where the formulation process was still ongoing at the time of reporting, the CFA is expected to contribute to enhanced integration of HIV in the new National Development Plan.

Several approaches were used in these countries to support the integration of HIV in the PRSP/vision/NDP. In **Rwanda** the CFA developed tools and worked closely with the drafting team and sector working groups throughout the EDPRS drafting process (2006–2007) to guide and support sectors in integrating HIV activities in their plans and logical frameworks. The CFA team also engaged broader HIV stakeholders in the EDPRS formulation and validation process. In **Kenya** a stakeholders' consultative workshop was held to prepare a concept paper on integrating HIV into Kenya's Vision 2030 and its Medium Term Development Plans. The concept paper was a key input that resulted in HIV being featured as a major component of the Vision 2030. The CFA coordinator also worked closely with all sectors to factor HIV into their sector strategies of the Medium Term Development Plan (2008–2012). In **Uganda** the CFA formed a multisectoral Technical Working Group that participated in the review meetings of the PEAP (the previous PRSP) and developed a draft Issues Paper on integrating HIV in the new National Development Plan. This is expected to contribute to enhanced integration of HIV in Uganda's new National Development Plan.

## 3. Improved understanding of the links between poverty and HIV, and of the vulnerability to HIV and the impact of AIDS in different sectors

*Impact and vulnerability studies:* In several countries the CFA supported studies and reviews to assess the impact of AIDS and vulnerability to HIV in various sectors in order to guide and refine HIV mainstreaming efforts (**Rwanda, Tanzania [Zanzibar], Burkina Faso, Uganda, Madagascar**). In **Rwanda** a report on 'The Impact of AIDS and Poverty in Sectors: Desk Review of Rwanda and Experiences from Other Countries' was completed and helped to guide sectors in preparing their HIV action plans in the EDPRS (PRSP). In **Tanzania (Zanzibar)** situation and impact analyses of HIV in the Education and Tourism sectors were finalized in 2007. In **Uganda** the CFA Technical Working Group provided technical oversight to an assessment of the macroeconomic impact of HIV in Uganda. In **Burkina Faso** a study on strategies to mainstream HIV and STIs in key sectors is being finalized and is expected to support seven ministries in taking HIV and STIs into account in their planning and programming for poverty reduction. In **Madagascar** a study on vulnerability and poverty due to AIDS in key sectors was undertaken to advocate and guide HIV mainstreaming by ministries.

*Analysis of the links between poverty and HIV:* The CFA in Malawi and Burundi supported analysis of the links between poverty and HIV. In **Malawi** a synthesis of data on the relationship between poverty and HIV was prepared based on a desk review and consultations with stakeholders. In **Burundi** a research plan on the problem of poverty and HIV was prepared that identified eight studies to be conducted with a view to improving the integration of HIV in the CSLP (PRSP) and guiding an effective HIV response in the framework of the CSLP.

## 4. Strengthened capacity for integrating HIV in sector and district plans and budgets in line with National Development Plans

A major area of CFA support during the reporting period was the strengthening of capacities of sectors and decentralized authorities in integrating HIV to their planning and budgeting processes. This was achieved through developing appropriate guidelines and tools (**Ghana, Rwanda, Tanzania [Mainland], Uganda and Madagascar**), and providing training for ministries, departments and local authorities on integrating HIV into their plans and budgets in line with the PRSP (**Ghana, Kenya, Uganda, Mozambique, Rwanda, Tanzania [Mainland], Burundi, and Zambia**). These capacity-strengthening activities resulted in HIV-related responses being better integrated into the national planning and budgeting processes (including sector and district plans and budgets, the MTEF and national budgets) in several countries (**Ghana, Kenya, Rwanda, Mozambique, Uganda and Burkina Faso**).

- In **Ghana** guidance on HIV mainstreaming was integrated into the sector and district planning guidelines in 2006. Training and technical assistance was then provided to Ministries, Departments and Agencies and District Assemblies in preparing their medium term development plans in line with the GPRS (PRSP) and its HIV content. The planning guidelines and training resulted in HIV being integrated into sector and district plans and budgets, which in turn led to budget allocations being made for HIV in sector and district budgets in the national budget.
- In **Kenya** training on planning and budgeting for HIV was conducted for Chief Economists, Heads of Central Planning and Monitoring Units, Chief Financial Officers and Heads of AIDS Control Units in all ministries. This contributed to HIV being captured as a priority area by all Sector Working Groups in the Medium Term Expenditure Framework (MTEF). Training was also provided to District Development Officers, which resulted in HIV being integrated into the District Development Plans for 2008/09–2010/11.
- In **Uganda** guidelines for mainstreaming HIV in sector and district plans and budgets were prepared, and ministries and districts were oriented on the use of the guidelines. The HIV-mainstreaming Technical Working Group also held meetings with sectors on integrating HIV into sector plans and budgets, and selected district-level staff members were trained on the integration of HIV in planning and budgeting processes. The Technical Working Group also participated in the National Budget Conference and the Regional Budget Conferences for district leaders. This resulted in HIV being incorporated in the National Budget Framework Paper for sectors and districts.
- In **Mozambique** ten technical staff members at the central and provincial levels in several ministries were trained as trainers on planning, costing and budgeting for HIV activities. In addition, 250 government Focal Points at the central and provincial levels were trained on HIV mainstreaming. This is expected to have strengthened the capacity of public sector employees in planning, costing and budgeting for HIV activities in sector plans at the provincial level. As a result, HIV was integrated into 80 per cent of sectoral plans developed in public institutions at the provincial level.
- In **Tanzania (Mainland)** new Planning and Budgeting Guidelines that incorporate HIV were developed, and Regional Secretariats, Local Government Authorities and CSOs were trained on planning, costing and budgeting for HIV using the new guidelines. In addition an Implementation Guide for the Minimum Essential Package for HIV Interventions for Local Government Authorities was developed with CFA support and shared with 133 local government authorities. The guide is intended to enable local authorities to plan their HIV interventions in line with the MTEF.
- In **Rwanda** a workshop was held for District AIDS Control Commission staff on integrating EDPRS (PRSP) activities into District Development Plans, and a District HIV Checklist was developed to guide district planners in integrating EDPRS HIV activities into District Development Plans. District staff were then sensitized to the HIV-related content of the EDPRS and guided in the use of the District HIV Checklist. The District Development Plans of 27 districts were reviewed and feedback was provided for incorporating EDPRS HIV activities into the plans. Hence the CFA tools, training and guidance contributed to HIV being incorporated in district development plans.
- In **Burundi** the understanding and capacity of government and local actors in the integration of HIV in sectoral and local planning was enhanced through workshops for government, health care providers and civil society at the central and decentralized levels.
- In **Burkina Faso** the SP/CNLS (NAC) staff were trained on preparing the Medium Term Expenditure Framework (MTEF). A module on the Heavily Indebted Poor Countries (HIPC) initiative was also developed so that the MTEF will take the new HIPC strategy into account.
- In **Zambia** trainers at the national, provincial and district levels were trained on HIV mainstreaming using the mainstreaming toolkit and handbook developed with CFA support.
- In **Madagascar** where acceptance of the multisectoral dimensions of HIV has been slow due to its low prevalence, the CFA team advocated HIV mainstreaming among the political and financial decision-makers of 14 key ministries, and two HIV-mainstreaming workshops were held for the HIV Focal Points of these ministries. A guide to planning a multisectoral response to HIV was prepared and will be used to provide training to staff of ministries as well as regional and district authorities on integrating HIV into planning and budgeting processes.

### 5. Enhanced awareness and understanding by stakeholders of their roles in implementing mainstreamed HIV responses

During the reporting period, the CFA in most countries supported activities to help meet the challenge of translating the HIV-related commitments made in the national planning instruments into the policies, programmes and actions of government and nongovernment stakeholders from the national to local levels. These CFA activities helped to enhance stakeholders' awareness of their roles in implementing mainstreamed HIV responses and to improve their understanding of how to go about it.

The CFA activities included developing multisectoral action plans to guide stakeholders, (**Ethiopia, Malawi, Uganda**), undertaking capacity assessments to identify the implementation challenges and capacity-development needs of stakeholders (**Rwanda, Ethiopia, Burkina Faso**), holding workshops to sensitize, engage and guide stakeholders in the implementation of a mainstreamed HIV response (**Rwanda, Ethiopia, Malawi, Burkina Faso, Zambia, Burundi, Mali**), and developing tools and guidance materials to guide stakeholders' actions (**Ethiopia, Mali, Tanzania [Mainland], Tanzania [Zanzibar], Zambia, Mozambique, Malawi, Burundi**). These activities and their outputs are described further below.

*Action plans:* In **Ethiopia** and **Malawi** action plans were developed to harmonize the HIV targets of various strategic planning documents including the PRSP and NSP, and to engage and guide all stakeholders (including the public and private sectors, CSOs and development partners) in implementing a coordinated mainstreamed national HIV response. The action plans identify all concerned stakeholders and provide a common platform from which to proceed with implementation of the harmonized HIV-targets, including those of the PRSP. In Ethiopia the action plan is the 'Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007-2010' and in Malawi it is the 'National Business Plan for Nutrition, HIV and AIDS'. In Ethiopia the Multisectoral Plan of Action is now being used by HAPCO (the NAC) as well as sectors, regions and woredas (districts) in their annual planning processes. In **Uganda** a draft 'National Policy on Mainstreaming HIV and AIDS' was developed to provide clarity and guidance on HIV mainstreaming and to help coordinate mainstreaming efforts. The draft has been shared with stakeholders for their input, and a consensus meeting will be held to bring in wider stakeholder participation.

*Capacity assessments:* In **Rwanda**, a sector capacity assessment tool was developed, and capacity assessments were conducted to determine the capacity of each sector to fulfil its EDPRS (PRSP) HIV commitments. Based on the capacity assessment, a 2008 action plan was developed to provide support to sectors in translating HIV priorities in the EDPRS into actual actions. In **Ethiopia** a capacity assessment of the National Partnership Forum was completed to help strengthen its role of coordinating the implementation of the national HIV response by nongovernmental stakeholders. In **Burkina Faso** the capacity development needs of key stakeholders in the HIV response were identified during workshops held in 13 regions for decentralized government, civil society and the private sector (see below).

*Workshops and training:* In **Burkina Faso** a situation analysis was carried out to identify the roles of regional stakeholders in the CSLP (PRSP) and CSRLPs (Regional PRSPs). Workshops were then held in each of the country's 13 regions to help reach consensus around stakeholders' roles in the HIV response in the framework of the CSRLPs. Around one thousand people from decentralized government, civil society and the private sector participated in the workshops. By the end of the workshops, the roles, level of involvement and capacity development needs of key stakeholders in the HIV response were identified. In **Zambia** a workshop on the multisectoral HIV response was organized for government, civil society and the private sector at the decentralized level to help build consensus on the HIV mainstreaming framework. In **Rwanda**, a stakeholders' meeting was held to launch the HIV priorities of the new EDPRS (PRSP), and district planners were sensitized to the HIV contents of the EDPRS through presentations made by the CFA team. In **Ethiopia** the HIV targets of the PASDEP (PRSP) were widely disseminated and discussed during the consultative process of developing a Multisectoral Plan of Action that incorporates the targets of the PASDEP and the NSP. In **Malawi** two stakeholder working sessions were held to update and finalize the 'National Business Plan for Nutrition, HIV and AIDS', which identifies the roles of stakeholders in implementing a mainstreamed HIV response in line with the MGDS (PRSP) and NSP. In **Burundi** and **Mali** workshops were held for businesses to raise awareness of HIV mainstreaming in the private sector.

*Tools and guidelines:* In **Ethiopia** implementation tools including a package/list of interventions from which stakeholders can select and plan their activities were developed as part of the Multisectoral Plan of Action. In **Mali** HIV-mainstreaming tools were developed for the public sector (central and regional levels), the private sector and CSOs. In **Tanzania (Mainland)** an Implementation Guide for the Minimum Essential Package for HIV Interventions was developed for local government authorities (LGAs) and implementing partners at the local level. In **Zambia** a Mainstreaming Toolkit and Mainstreaming Handbook were developed and used to advocate HIV mainstreaming among partners and stakeholders. In addition an Operational Manual for the National HIV/AIDS/TB/STI Strategic Framework was developed to provide a menu of activities from which partners at the national and decentralized levels can select HIV activities to implement. In **Mozambique** guidelines and operational manuals were produced to guide the public sector, civil society and private sector in selecting, planning and implementing HIV-related activities. In **Malawi** internal mainstreaming guidelines were produced to guide the public sector in implementing workplace HIV programmes. In **Tanzania (Zanzibar)** a user-friendly and illustrated summary of the HIV contents of the ZSGRP/ MKUZA (PRSP) was produced to facilitate the dissemination and understanding of the mainstreamed HIV contents of the ZSGRP/MKUZA. In **Burundi** a training kit for parliamentarians on responding to HIV was produced and disseminated.

#### **6. Enhanced capacity for monitoring HIV and poverty related issues**

The CFA in several countries provided support to activities aimed at strengthening capacities for national monitoring of HIV and poverty related issues. This was mainly through the development and alignment of HIV and poverty indicators (**Zambia, Burundi, Burkina-Faso, Rwanda and Kenya**) and training on monitoring and evaluation (**Ghana, Burundi, Zambia, Burkina Faso, Madagascar**).

*Developing and aligning HIV indicators:* In **Zambia** indicators were developed to track implementation of the HIV components of the Fifth National Development Plan (FNDP) and the HIV indicators are being reported on regularly and used by the Ministry of Finance and National Planning. In addition, a compendium of mainstreaming indicators for District AIDS Taskforces was developed in a consultative process. In **Burundi** a study was conducted to identify indicators to monitor HIV and poverty. In **Burkina Faso** HIV-related indicators were selected to facilitate the coordination of multiple actors in monitoring the HIV response. In **Rwanda** all ministries are aligning their monitoring and evaluation systems with the EDPRS including its HIV related components, and the National Strategic Plan and the HIV Monitoring and Evaluation Framework are being reviewed to realign them with the HIV priorities defined in the EDPRS (PRSP). In **Kenya** HIV and AIDS indicators were developed and included in the National Integrated Monitoring and Evaluation System (NIMES).

*Support and training on HIV monitoring and evaluation:* In **Ghana** the capacity of district authorities in HIV monitoring and evaluation in line with the GPRS was developed through orientations in the use of M&E guidelines and technical assistance in preparing M&E plans reflecting HIV. In **Burundi** workshops were held at the provincial and local levels on monitoring the implementation of the CSLP (PRSP). In **Zambia** trainers were trained on monitoring and evaluating the HIV response during the training of trainers on HIV mainstreaming at the national, provincial and district levels. In **Burkina Faso** a Thematic Working Group on HIV was established to monitor the HIV response within the framework of the CSLP, and support was provided to the National Institute of Statistics and Demography (INSD) in the use and analysis of HIV indicators for monitoring the HIV response. In **Madagascar** a guide on monitoring and evaluating the multisectoral HIV response was prepared and planning staff at the central and decentralised levels were trained in monitoring and evaluating the HIV response.

#### **7. HIV Mainstreaming Action Plans (CFA) integrated into the workplans of the NAC and the Joint UN Programme of Support on AIDS**

In most Round 1 countries and in some Round 2 countries, the CFA outputs and activities have been incorporated into the workplans of the national AIDS coordinating authority and the Joint UN Programme of Support on AIDS (**Ethiopia, Ghana, Mali, Rwanda, Tanzania [Mainland], Zambia, Kenya, Malawi, Uganda**). This has facilitated the coordination and implementation of support to HIV mainstreaming and in several cases has resulted in additional resources being earmarked by development partners for HIV mainstreaming efforts. It is also part of the in-built sustainability strategy of the CFA to ensure that the CFA is part of the national agenda and that the continuity and scaling up of support is maintained after the completion of the CFA. In **Uganda** the CFA outputs and activities were also incorporated in the National Strategic Plan.

CHECKLIST OF KEY RESULT AREAS CONTRIBUTED TO BY THE CFA IN ROUND 1 AND 2 COUNTRIES (2006–2008)															
Key result areas contributed to by the CFA <sup>31</sup>	Round 1 (2006-2008)							Round 2 (2007-2008)							
	Ethiopia	Ghana	Mali	Rwanda	Senegal	Tanzania (Mainland)	Tanzania (Zanzibar)	Zambia	Burkina Faso	Burundi	Kenya	Madagascar	Malawi	Mozambique	Uganda
<b>Participatory Process</b>															
Enhanced participation of stakeholders in the PRSP formulation process		✓	✓	✓	✓	✓	✓	✓			✓				✓
Enhanced integration of HIV in the PRSP/National Development Plan		✓	✓	✓	✓		✓	✓			✓				
<b>Diagnostic Studies and Analysis</b>															
Improved understanding of the links between poverty and HIV, and of the vulnerability to HIV and the impact of AIDS in different sectors				✓		✓	✓	✓		✓		✓	✓		✓
<b>Policies, Strategies and Resources</b>															
Strengthened capacity for integrating HIV in sector and district plans and budgets in line with the PRSP/National Development Plans		✓		✓		✓	✓	✓		✓	✓	✓			✓
<b>Implementation and M&amp;E</b>															
Enhanced stakeholder awareness and understanding of their roles in implementing a mainstreamed HIV response	✓		✓	✓		✓	✓	✓		✓			✓	✓	✓
Enhanced capacity for monitoring HIV and poverty related issues		✓		✓		✓	✓	✓		✓	✓	✓			
HIV mainstreaming action plans (CFA) integrated into the workplans of the NAC and Joint UN Programme of Support on AIDS	✓	✓	✓	✓		✓	✓	✓			✓		✓		✓

31. For details of the specific 2007 and 2008 outputs and activities that contributed to the key result areas in Round 1 and Round 2 countries, refer to individual country reviews in chapter 3 or the cross-country overview of activities and results in section 4.2 above. For further details of 2006 outputs and activities in Round 1 countries refer to the brief summary of 2006 activities in the individual country reviews in this report (chapter 3), or for full details refer to the first progress report: 'Mainstreaming Programme on Integrating AIDS into PRSPs – A Review of Experiences – Round 1'.

### 5.3 OVERVIEW OF CHALLENGES

Country teams of the Mainstreaming Programme reported a range of challenges facing national HIV-mainstreaming efforts generally, as well as challenges they experienced in implementing CFA activities more specifically. The challenges reported by first and second round country teams in their 2007 and 2008 progress reports as well as those discussed during the Mainstreaming Programme Progress Review Workshop (Johannesburg, July 2008) are summarized below.

In reviewing the challenges reported below, it should be noted that they reflect HIV mainstreaming experiences in a variety of contexts and stages of mainstreaming. For example, countries such as Kenya, Tanzania and Uganda were at relatively advanced stages of mainstreaming HIV in their national planning and budgeting processes, while other, mostly low prevalence countries, such as Mali and Madagascar were still at the early stages of mainstreaming HIV. Therefore different countries faced different types of challenges, and some of the challenges that arose in some countries at the early stage of mainstreaming had already been identified and addressed, or are in the process of being addressed, in others.

Some country teams also highlighted the broader governance challenges affecting the national AIDS response and HIV-mainstreaming efforts. While some of these challenges are beyond the scope of the Mainstreaming Programme, which is not intended to solve systemic governance issues, they are highlighted below in order to reflect the complex and challenging environment in which the CFAs often takes place.

#### 1. Challenges in mainstreaming HIV in the policies, strategies, programmes and actions of sectors, districts and other stakeholders

*Limited knowledge about how to mainstream HIV:* There is limited knowledge within ministries of how HIV impacts their sectors and limited capacity to plan and implement activities aimed at reducing vulnerability to HIV within sectors (Mali, Rwanda). While ministries find it easy to mainstream HIV in terms of sensitization and screening, they find it more difficult to include HIV concerns within their core sector activities. For example, it is not clear to the economic, finance and transport sectors what they need to do (Mali). The ability to mainstream HIV within sector policies and programmes is further undermined by the limited evidence-base to guide sector planning (Mali, Rwanda), and the lack of consensus on the magnitude of the impact of HIV (Malawi). Impact and vulnerability studies within sectors are helpful in advocating and guiding HIV mainstreaming by sectors (Mali, Rwanda), however, vulnerability studies are complex to conduct. (Mali)

*Lack of accountability and leadership support for the implementation of a mainstreamed HIV response:* The national HIV response requires the involvement of multiple partners and sectors including the private sector, however, HIV is not considered a key area of accountability within the mandates of the various sectors (Zambia). Not all heads of ministries, departments and agencies, CSOs and private sector companies are on board and ready to provide leadership support for HIV mainstreaming activities, and so far, the CSOs, ministries, districts and other stakeholders that are implementing HIV activities in line with the PRSP are doing so based on goodwill and commitment, as there is no formal obligation to do so. (Tanzania [Zanzibar])

*Lack of clarity on mainstreaming roles:* In Tanzania (Zanzibar) it was observed that there is inadequate stakeholder knowledge, appreciation and ownership of the PRSP, and even after stakeholders are familiarized with the PRSP, this is not always internalized. Furthermore there are some HIV personnel who are unclear about their personal and institutional roles in relation to the PRSP targets and misconceive the PRSP to be a national document that should be implemented by line ministries.

*High turnover and limited influence of HIV Focal Points:* Government 'Focal Points' established at the central and decentralized levels to facilitate the HIV response change frequently, making it difficult to build and sustain capacity for HIV mainstreaming (Burundi, Mozambique, Rwanda, Tanzania [Mainland]). Even when Focal Points are trained, they often do not have the time for the additional HIV mainstreaming tasks (Mozambique, Rwanda), and their positions lack influence and adequate linkage with the planning, budgeting, monitoring and reporting organs within their institution/ministry. (Kenya)

*Limited capacity to implement mainstreaming commitments:* Even when commitment to mainstreaming HIV has been built at the sectoral and decentralized levels, the challenge is how to develop capacities further to ensure that those responsible will follow through with implementation (Burkina Faso, Kenya). In Kenya further capacity development is needed to sustain

the level and scope of integration of HIV in the national development planning and budgeting framework. Even though increased resource allocations have been made for HIV through the MTEF process, the challenge is how to make sure these resources are used for the intended purpose in each sector and the necessary capacity is built to lead implementation.

*Difficulty in reaching decision-makers:* Efforts to build capacity in mainstreaming HIV within sectors are often constrained by the fact that it is difficult to reach budget decision-makers for training and capacity development, and those who do participate in training are usually not responsible for budget decisions (Uganda). Key officials often have too many meetings and competing priorities, making it difficult to meet them in relation to HIV mainstreaming. (Rwanda)

*Limited integration of HIV in the MTEF and national budget:* While HIV has been integrated in the MTEF, national budget and sector budgets in several countries (e.g. Ghana, Kenya, Tanzania, Uganda), other countries have yet to integrate the multisectoral HIV resource needs in their budgeting processes. In Burundi advocacy to integrate the resource requirements for HIV in the national and sectoral budgets is not strong enough, and in Mali there is limited commitment to HIV in the MTEF.

*Competing priorities for limited resources:* Sectors and districts have competing demands for limited resources and often do not consider HIV mainstreaming a priority in the allocation of resources. In Rwanda the source of funds for sectors to implement HIV activities was unclear as the sectors themselves had too many other competing priorities. In Mali it is a challenge to mobilize decentralized institutions to implement a mainstreamed HIV response because actors at the decentralized level have so many other competing priorities. Even in countries where resource allocations are made for sector and district HIV activities, competing priorities in sector budgets put pressure on HIV budget allocations (Kenya, Uganda). This was particularly the case in Kenya following the post-election crisis when there was renewed demand for resources across sectors. In Ghana some District Assemblies do not consider HIV to be a top priority and hence do not provide timely access to the funds that are earmarked for HIV.

*Weak coordination of stakeholders at the local level:* Coordination of a mainstreamed HIV response at the decentralized level is a challenge reported by several countries (Kenya, Madagascar, Mozambique, Tanzania [Zanzibar]). In Kenya partners implementing activities at the district level do not have organized systems of coordination through meetings and dialogue. Similarly in Mozambique, coordination and knowledge sharing among stakeholders, including CSOs, is a challenge due to the absence of an internal coordination/working group to involve all partners. In Tanzania (Zanzibar) there is a need to strengthen planning, monitoring and coordination of the HIV mainstreaming activities of stakeholders at the local level. There is also a shortage of appropriate documents to guide stakeholders (especially within districts, CSOs and the private sector) in planning, setting targets, implementing and reporting in line with the HIV targets of the PRSP. In Madagascar involvement of stakeholders at the local level is a challenge.

*Inadequate consideration of gender issues:* The Kenya country team reported that the national HIV response has not adequately taken gender issues into account despite the higher risk of HIV among women and girls.

*Difficulty in tracking HIV resources and spending:* Tracking of different funding sources and mechanisms is difficult (Zambia), and the introduction of new methodologies such as the National AIDS Spending Assessment (NASA) can be challenging due to the lack of sufficient technical expertise to implement it (Ethiopia). Resource tracking is a critical issue for many countries where there may be concerns that there is too much funding for HIV and inadequate information on how it is used. (Uganda)

*Difficulty in harmonizing HIV targets of multiple planning instruments:* Harmonization of sector targets (e.g. those of the Health Sector Strategic Plan) with the NSP targets is a challenge. (Uganda)

*Lack of indicators and data to monitor HIV mainstreaming:* Reliable indicators to measure HIV mainstreaming need to be developed (Burundi, Ethiopia, Mali), and more data is required to enable improved monitoring and evaluation of sector responses to HIV. (Madagascar)

*Multiple monitoring and evaluation systems:* The multiple monitoring and evaluation systems that are in place have created several challenges (Ghana). A common system of monitoring and evaluation for pooled funds needs to be established. (Burkina Faso)

*Limited engagement of the Ministry of Finance in driving sector mainstreaming:* The support of the Ministry of Finance is needed to drive HIV mainstreaming by sectors particularly in relation to implementation. In Ethiopia this has been a challenge since most HIV funds are channelled through HAPCO (the NAC), so the engagement and coordination of sectors in the HIV response has been left to HAPCO with limited participation of the Ministry of Finance and Economic Development. On the other hand, Kenya is an example where the Ministry of Finance and the Ministry of Planning and National Development are engaged in keeping the HIV agenda in the planning, budgeting and resource allocation processes, and will engage all partners of development programmes and projects in ensuring there is an HIV component in all negotiations.

*Weak linkages and partnerships between the NAC and key national development authorities:* In Ghana there are weak linkages between the GAC (NAC) and key national development authorities for the implementation of the HIV response. For example the National Development Planning Commission (NDPC) is not on any of the Committees of the GAC. In addition, the existing partnership between the GAC and the Ministry of Local Government, Rural Development and Environment (MLGRDE) to support the national HIV response at the decentralized level is weak. The division of labour and the reporting structures need to be reviewed.

*Parallel governance structures:* Planning and implementation structures have been set up at all levels (national, district and local levels) by the national AIDS coordinating authority in parallel with the national governance structures. These parallel structures have caused duplications and challenges in integrating HIV planning, coordination and monitoring into broader development processes. (Ghana, Burkina Faso).

*Parallel planning and coordination structures at the local level:* In Zambia where the NAC is using existing institutional structures and coordination mechanisms to coordinate the HIV response, there is a dual system of administration at the decentralized level. Coordination is anchored in the District Administration structure while social and economic development planning is managed by the locally elected Local Authorities and centrally appointed District Administration. This poses a challenge to the NAC in coordinating a mainstreamed HIV response at the district level.

*Increasing number of actors and layers of coordination:* In Kenya governance of the national HIV response is emerging as a major challenge with the increasing number of actors, multiple projects and multiple layers of coordination under the National AIDS Control Council. This was exacerbated by the splitting of the Ministry of Health into the Ministry of Medical Services and the Ministry of Public Health, and the creation of new districts (the number of districts increased from 70 to 148 in 2007). Similarly in Uganda, the creation of new administrative units (including new districts) is posing challenges in implementing HIV-mainstreaming plans.

*Weak decentralization:* Several countries reported the need for more effective decentralization to enable HIV mainstreaming at the decentralized level (Burkina Faso, Burundi and Kenya). In Burkina Faso although many meetings were held to encourage participation at the regional and district levels, there is often not enough data to guide the response, and even when regional and district strategies take HIV into account, the people who are implementing programmes have no ownership of the strategies. Fiscal decentralization is a further challenge in the implementation of a mainstreamed HIV response in several countries. (Burundi, Kenya, Zambia)

*Weak donor harmonization:* Several countries reported that weak donor harmonization creates challenges in coordinating and funding efforts to mainstream HIV in development processes due to the following factors:

- *Weak adherence to the 'Three Ones' principles:* Development partners are not sufficiently adhering to the 'Three Ones' principles (Burundi, Kenya, Mali). In Kenya steps have been taken to address this by making consultation between development partners and government more systematic and basing programme funding on priorities.
- *Weak integration of HIV in donor plans and budgets:* HIV is insufficiently integrated in the plans and budgets of development partners. (Burundi)
- *Weak accountability and transparency:* The weak accountability and transparency among some donors and implementers is a challenge in the implementation of the HIV aspects of the PRSP. (Tanzania [Mainland])
- *Lack of predictability of donor funding:* Some development partners operate outside the national planning and budgeting processes for HIV. This has resulted in a lack of predictability of funding and in multiple funding modalities. (Ghana)

## 2. Challenges experienced in the implementation of the CFA

*Complexity in the initial coordination and start up of the CFA:* In Burkina Faso the initial coordination process and start-up of the project experienced some delays due to the complexity of setting up and coordinating a multidisciplinary group with representatives from multiple organizations for HIV mainstreaming.

*Challenges in implementing capacity building workshops and engaging stakeholders:* In Burkina Faso the implementation of the regional workshops was a challenge. All stakeholders of the different regions and governorates in addition to the regional departments of the Ministry of Economy and Finance were called upon to facilitate the work and ensure their success. In Malawi bringing all stakeholders together and ensuring their consistent participation and involvement in activities was a challenge. Some sessions had to be held in several phases in order to accommodate the availability of stakeholders and to allow more time for specific sectors to contribute. There were also delays in receiving stakeholder inputs to documents circulated for their review.

*Delays in implementation of some CFA activities due to external factors:* As most CFA activities are designed to be integrated into and/or complement ongoing national processes, in some instances CFA activities were delayed due to delays in other pre-requisite activities and/or processes (Ethiopia, Kenya, Uganda). In Kenya, implementation of the CFA was also slowed in the run-up to and in the aftermath of the post-election crisis in December 2007.

*Financial constraints:* Some country teams experienced financial constraints in the implementation of the CFA. In Rwanda the unpredictability in Mainstreaming Programme funding from one year to the next caused some challenges in managing the project. Some countries experienced delays in the release of CFA funding, which caused delays in the start of activities in 2007 (Kenya, Tanzania [Mainland]). Some countries needed more CFA resources than anticipated (Kenya, Malawi, Tanzania [Mainland]), and some require additional funding to continue activities (Mozambique, Rwanda, Uganda).

*Limited availability of technical experts:* In Ethiopia the limited availability of technical experts was a challenge in costing the Multisectoral Plan of Action and conducting the National AIDS Spending Assessment.

*Inadequate staffing to support and follow up the CFA:* In Kenya inadequate staffing to assist in CFA follow up and logistical management has been a constraint.

*Unclear role of the World Bank and UNDP Regional Service Centre:* In Rwanda the role of the World Bank was unclear, as there was no World Bank involvement at the country level. The role of the UNDP Regional Service Centre was also unclear in 2007, as the Country Team worked mostly with the HIV Group at UNDP headquarters.

*Timing of the CFA:* In Uganda the main challenge in implementing the CFA was that the timeline for the CFA at the beginning of the year coincided with the budgeting cycle of the government. This delayed the implementation of most activities as most government departments were involved in planning and budgeting.

#### 5.4 OVERVIEW OF LESSONS LEARNED

Through programme experience in a variety of contexts, country teams reported a range of insights and lessons learned in mainstreaming HIV in national planning processes. The lessons learned reflect what was learned in relation to HIV mainstreaming in general, and in relation to supporting HIV mainstreaming efforts through the Mainstreaming Programme more specifically. The lessons learned also point to factors of success in HIV mainstreaming and include recommendations for making support to HIV mainstreaming more effective.

An overview of the lessons learned is provided below. These are drawn from the Round 1 and 2 progress reports of 2007 and 2008, and from discussions and presentations during the Mainstreaming Programme Progress Review workshop (Johannesburg, July 2008), which included a joint presentation made by CSO representatives from all participating countries<sup>32</sup>.

##### 1. Lessons learned in mainstreaming HIV in national planning processes

*Planning processes need to constantly adapt to the dynamics of the epidemic and the changing country context:* Any response to HIV and AIDS needs to constantly adapt to the dynamics of the epidemic and to the changing development context in each country. HIV programming must take into account the many variations in the dynamics of the epidemic through sound analysis and understanding of its drivers in different geographical areas, in different sectors, between different population groups (such as those that are vulnerable and displaced), between genders and in different age cohorts (Kenya, Mozambique, Tanzania [Mainland], Uganda and Zambia). Consequently, the objectives, targets, and indicators of planning instruments require constant periodic review to remain relevant and appropriate. (Ethiopia)

*Aligning national planning processes facilitates HIV mainstreaming:* Synchronizing planning processes (including the PRSP, NSP and UNDAF) facilitates the integration of HIV in these instruments (Mali), and aligning the HIV targets of various national strategies makes implementation easier and prevents duplication. (Tanzania [Mainland])

*Political commitment is important in driving HIV mainstreaming efforts:* Political commitment has an important impact on the national HIV response and efforts to mainstream HIV in the PRSP. (Mali, Rwanda, Tanzania [Mainland])

*The NAC needs to take the lead in HIV mainstreaming and the role of the Ministry of Finance is critical:* National AIDS coordinating authorities need to take the lead in the mainstreaming response (Zambia) with the support of the Ministry of Finance. The Ministry of Finance plays a key role in driving HIV mainstreaming by keeping HIV on the agenda in the planning, budgeting and resource-allocation processes and by engaging all partners of development programmes in ensuring there is an HIV component in all negotiations. (Ethiopia, Kenya, Mali)

*Involving stakeholders in the process of mainstreaming HIV in the PRSP improves planning and enhances ownership of the PRSP:* Involvement of stakeholders (including the public and private sectors as well as CSOs and their umbrella organizations) in developing the PRSP is a vital asset in mainstreaming HIV (Mali) and in planning actions on the ground (Burkina Faso, Malawi). Stakeholder participation also helps to enhance sector, district and community-level ownership of the processes and actions for HIV mainstreaming. (Burundi, Ghana, Rwanda, Tanzania [Zanzibar])

*Engaging stakeholders in mainstreaming HIV in the PRSP can positively contribute to other planning processes:* The involvement of stakeholders in mainstreaming HIV in the PRSP can lead to stakeholders actively participating in other national planning and budgeting processes such as the national HIV response, the MTEF, the Public Expenditure Review, and Poverty Reduction Budget Support (PRBS) reviews. (Tanzania [Mainland]). The engagement of social sector partners through HIV-mainstreaming efforts is thus an opportunity to be capitalized on in the national HIV response. (Burundi)

*More in-depth studies and analysis are needed to guide HIV mainstreaming by sectors:* Deep sector analysis is needed in some sectors to improve understanding of how HIV impacts particular sectors and to provide an evidence base to guide HIV mainstreaming (Malawi, Mali, Rwanda). Impact and vulnerability studies within sectors are helpful in advocating HIV mainstreaming and guiding sectors in devising more effective policies and strategies to address HIV concerns. (Mali, Rwanda)

32. PowerPoint presentation by civil society representatives at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15-17 July 2008: 'Civil Society Participation in AIDS Mainstreaming: Lessons Learned and Looking Ahead – Strategies and Priorities'

*More information, tools and capacity building are needed to guide sectors and districts on how to mainstream HIV:* Improved definition and understanding of the practical means of mainstreaming HIV as well as studies and simplified tools are needed to guide HIV mainstreaming and build capacity. (Mali, Rwanda)

Mainstreaming tools need to be tailored to different stakeholder needs: Sectors, local government, CSOs (international, national, CBOs, large and small) have different capacity-development needs, so mainstreaming tools need to be tailor-made accordingly (Mali, Tanzania [Mainland]). However, it is a challenge to devise specific tools for all actors at all levels of decentralization. (Mali)

Ongoing support is needed to ensure HIV mainstreaming commitments made in national plans are translated into sector and district policies, programmes, budgets and actions: Even when sectors have integrated HIV in the PRSP, intense and sustained efforts are needed to ensure that the HIV commitments made in the PRSP are translated into the plans, budgets and actions of sectors and districts. This is a long term process that requires concerted effort as well as sustained leadership, resources and capacity development to ensure that sectors and districts own and stand behind the HIV-related commitments included in the PRSP and that they have the means to effectively implement them (Ethiopia, Rwanda, Zambia). Implementation support is critical, particularly for sectors that are not familiar with HIV actions, and sectors also need to be shown how resources for HIV-mainstreaming activities can be mobilized. (Rwanda)

*Incorporating HIV into national planning and budgeting guidelines facilitates HIV mainstreaming in sector and district plans and budgets:* Incorporating HIV in national budget guidelines and in planning guidelines facilitates the process of integrating HIV into sector and district plans and leads to an improved public sector response (Ghana, Tanzania [Mainland]). The integration of HIV in sector and district plans in turn provides the means to influence budget allocations for HIV in the district and national budgets. (Ghana)

*Capacity building for government HIV Focal Points is a continuous process:* Government 'Focal Points' assigned to act as catalysts for a mainstreamed HIV response at the central and decentralized levels change frequently, and capacity-development efforts can be easily lost. This means capacity building for HIV mainstreaming needs to be a continuous process and not a one-time event. (Burundi, Mozambique, Rwanda, Tanzania [Mainland])

*Effective mainstreaming of HIV in the PRSP will become even more important as the approach to global AIDS funding changes:* As the environment for the global AIDS response is changing, with some donors moving towards direct budget support, sector-wide approaches and alignment to Aid Effectiveness principles, a well-resourced HIV response will increasingly be determined by how well HIV is mainstreamed into the PRSP and how well HIV is addressed as a multisectoral issue in the NSP. Hence, the gains that are made now in mainstreaming HIV in the PRSP will become even more important in order to be sure that AIDS is concretely in the multisectoral response that will receive funding through government. (Feedback from CSO representatives)

*Funding mechanisms are needed to ensure CSOs are able to access funds for HIV mainstreaming:* Civil society is a very important partner in general and for HIV in particular, but civil society organizations need to be able to access funds. This can be addressed through allocations for CSOs being made within government budgets (Ghana), and through the establishment of a civil society fund to receive HIV funds from donors and disburse the funds to CSOs at the national and district levels (Uganda). The PRSP and NSP should incorporate CSO service provision activities as well as a CSO budget line to be managed by national CSOs. This will be increasingly important as some donors move to budget support and the multisectoral response will receive more funding through government. (Feedback from CSO representatives)

*Stakeholders at the decentralized level need to be sensitized to their role in mainstreaming HIV:* Stakeholders at the decentralized level need to be sensitized to their roles in the response to HIV and appropriate actions are needed to strengthen their capacities accordingly (Burkina Faso, Tanzania [Zanzibar]). In Tanzania (Zanzibar) distribution of the PRSP to all stakeholders and popularization of the PRSP and its HIV content through a simplified booklet helped to increase the awareness, understanding and involvement of stakeholders.

*Capacity development is critical at the decentralized level:* Even if the NSP and PRSP are aligned at the central and local levels, this will not lead to the expected results unless there are people with the right capacity, skills and expertise to implement the strategies where communities need it most (Malawi). A critical mass of capacity in HIV mainstreaming needs to be built

(Mali), and it is important to develop the capacity of all implementers through various means including mentorship and supportive supervision (Tanzania [Zanzibar]). Capacity assessments can be carried out to guide capacity- development efforts. (Uganda, Zambia)

*Collaboration at all levels is required to plan and implement a mainstreamed HIV response:* If there is to be significant impact in the implementation of the government agenda, there has to be collaboration at all levels to avoid duplication of efforts and to maximize the limited available resources (Malawi). Ministries, sectors, civil society and all other stakeholders need to plan and strategize better together (feedback from CSO representatives, Ghana). Progress can be undermined by mistrust between key players, ministries and civil society. (Feedback from CSO representatives)

*Mainstreaming actors should work with existing networks and associations of stakeholders:* Mainstreaming actors should work with and build upon the key national NGO networks for coordinating, funding programmes, and reporting results through a central M&E framework (feedback from CSO representatives). Organized groups and associations of stakeholders that meet regularly make it easier to organize partners around a strategy and agreed activities. In Zambia for example, the AIDS Partnership Forum, the Joint UN Programme of Support on AIDS, Technical Working Groups and organized CSO groups made it easier to reach multiple partners in the HIV-mainstreaming efforts.

*Funding and capacity development is essential to enable the involvement of CSOs in the HIV response:* Sustainable funding and capacity building for civil society in the HIV response is essential (feedback from CSO representatives). In Ghana for example, government collaboration with CSOs and the private sector was strengthened through advocacy, capacity development and resource allocations, and this is believed to have been key to the stabilization of the epidemic.

*Well-organized local leadership can be catalytic in implementing a local-level response:* Well-organized local leadership with the right capacities can be catalytic in a well- coordinated local-level multisectoral response. For example in Zambia, working with the Alliance of Mayors has been very helpful in coordinating the response at the local level.

*Improved indicators are needed to measure progress in mainstreaming HIV:* Indicators to measure progress in mainstreaming HIV need to be defined (Ethiopia, Burundi, Mali), as currently HIV indicators are mainly for the health sector (Mali). In countries where indicators for HIV mainstreaming do exist, an analytical assessment is needed to assess the value of these indicators in measuring the effectiveness of mainstreaming (Ethiopia, Kenya). There needs to be a method to measure HIV-mainstreaming efforts, not only in terms of 'the number of ministries that have mainstreamed HIV', but also in terms of how effective the mainstreaming has been (Ethiopia). Success in HIV mainstreaming also needs to be measured in terms of increased service provision towards universal access, particularly for those most vulnerable, poor and stigmatized. Hence, mainstreaming indicators should be aligned with universal-access indicators. (Feedback from CSO representatives)

*Indicators are needed to measure the impact of HIV and AIDS on poverty:* Indicators need to be developed to monitor the effect of HIV and AIDS on poverty levels of communities (Malawi). In addition, NSP and PRSP indicators need to be harmonized (Uganda), and the M&E system for HIV needs to be linked to the poverty-monitoring system. (Tanzania [Mainland])

## **2. Lessons learned in CFA implementation and supporting national HIV-mainstreaming efforts**

*Strategic selection of the CFA country team and careful planning of CFA activities are key to providing effective HIV-mainstreaming support:* The CFA country team needs to be strategically selected to ensure the CFA objectives are achieved (Tanzania [Mainland]). In addition, activities to support national mainstreaming efforts need to be planned comprehensively with a detailed strategy for implementation of activities. Alternative plans also need to be prepared in case of unforeseen problems with the original plan. (Ethiopia)

*CFA support during the PRSP drafting process needs to be sustained and consistent:* During a lengthy PRSP formulation process, support to sectors in the drafting process needs to be sustained in order to ensure that HIV is integrated in draft after draft of sector plans in the PRSP. Having full-time professionals to consistently advocate, provide technical assistance and build capacity in HIV mainstreaming provides a 'push factor' that can be critical to effectively supporting the integration of HIV in the PRSP. In addition, having a technical team to back up the full-time professionals when needed is also a good practice. The Joint UN Programme of Support on AIDS can provide additional technical capacity to support HIV mainstreaming when needed. (Rwanda)

*The Mainstreaming Programme has a key role to play in enabling and expanding civil society engagement in HIV mainstreaming:* The Mainstreaming Programme has a key role to play in building trust and cooperation between ministries, sectors and civil society. Civil society engagement in HIV mainstreaming in Mainstreaming Programme countries has been variable but essential, and the Mainstreaming Programme should continue to support the capacity building and 'space' for CSO ongoing involvement in PRSP and NSP planning and implementation. The Mainstreaming Programme should support civil society organizations' role in budget tracking, governance and accountability. (Feedback of CSO representatives)

*CFA seed funding can have a catalytic effect and help to mobilize additional partners and funds to support HIV mainstreaming:* Many activities to support HIV mainstreaming can have a significant catalytic effect and, hence, can be undertaken with limited financial resources (Burundi, Rwanda). CFA seed funding can be used to leverage additional resources and attract other supporters for HIV mainstreaming within a well-thought-out process (Tanzania [Mainland], Zambia). In Zambia the CFA helped demonstrate the value of HIV mainstreaming and resulted in partners coming forward to support and fund further mainstreaming efforts.

*The CFA is most effective when it is designed to complement and fit into existing country-led HIV mainstreaming efforts:* The CFA is complementary to the processes that already exist within countries. The CFA therefore needs to complement the national agenda and find the best fit within existing processes. This is also part of the sustainability strategy of the CFA. (Zambia)

## Annex 1: List of Reviewed Documents

### Round 1 Countries:

#### Ethiopia

- Ethiopia CFA Plan of Action 2007
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007 (Progress Report)
- 3<sup>rd</sup> Quarter Activity and Financial Report 2007
- 4<sup>th</sup> Quarter Activity and Financial Report 2007
- PowerPoint presentation by the Ethiopia Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

#### Ghana

- Ghana CFA Annual Workplan 2007
- 1<sup>st</sup> and 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- 3<sup>rd</sup> and 4<sup>th</sup> Quarter Activity and Financial Report 2007
- PowerPoint presentation by the Ghana Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

#### Mali

- Mali CFA Plan of Action 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2007
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- 3<sup>rd</sup> Quarter Activity and Financial Report 2007
- PowerPoint presentation by the Mali Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

#### Rwanda

- Rwanda CFA Plan of Action 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2007
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- 3<sup>rd</sup> Quarter Activity and Financial Report 2007
- 4<sup>th</sup> Quarter Activity and Financial Report 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2008
- PowerPoint presentation by the Rwanda Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008
- Case study on 'Integrating HIV in the Economic Development and Poverty Reduction Strategy 2008–2012 – Rwanda's Experience'

### Senegal

- Workplan of the Thematic Group on HIV/AIDS and the PRSP (DSRP)  
March 2007 – March 2008

### Tanzania (Mainland)

- Tanzania (Mainland) CFA Annual Workplan 2007 (presentation)
- 1<sup>st</sup> Quarter Activity and Financial Report 2007
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- 3<sup>rd</sup> Quarter Activity and Financial Report 2007
- 4<sup>th</sup> Quarter Activity and Financial Report 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2008
- PowerPoint presentation by the Tanzania (Mainland) Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### Tanzania (Zanzibar)

- Tanzania (Zanzibar) CFA Annual Workplan 2007 (presentation)
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- PowerPoint presentation by the Tanzania (Zanzibar) Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008
- Case study on 'Lessons Learnt, Achievements and Challenges in mainstreaming HIV and AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP/MKUZA)'.

### Zambia

- Zambia CFA for 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2007
- 2<sup>nd</sup> Quarter Activity and Financial Report 2007
- 1<sup>st</sup> Quarter Activity and Financial Report 2008
- PowerPoint presentation by the Zambia Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

## Round 2 Countries:

### Burkina Faso

- Burkina Faso Issues Paper (French)
- Burkina Faso CFA/ Project Document 2007
- 1st and 2nd Quarter Activity and Financial Report 2007 (French)
- 4th Quarter Activity and Financial Report 2007 (French)
- PowerPoint presentation by the Burkina Faso Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### Burundi

- Burundi CFA/ Project Document 2007
- PowerPoint presentation by the Burkina Faso Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### Kenya

- Kenya Issues Paper
- Kenya CFA/ Project Document 2007
- 3rd Quarter Activity and Financial Report 2007
- 4th Quarter 2007 and 1st Quarter 2008 Activity and Financial Report
- PowerPoint presentation by the Kenya Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### Madagascar

- Madagascar CFA Annual Workplan 2008
- 2nd Quarter Activity and Financial Report 2007
- 4th Quarter Activity and Financial Report 2007
- 2nd Quarter Activity and Financial Report 2008
- 3rd Quarter Activity and Financial Report 2008
- PowerPoint presentation by the Madagascar Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### Malawi

- Malawi Issues Paper
- Malawi CFA/ Project Document 2007
- December 2007–April 2008 Activity and Financial Report
- PowerPoint presentation by the Malawi Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### **Mozambique**

- Mozambique Mission Report (July 2006)
- Mozambique CFA/ Project Document 2007
- PowerPoint presentation by the Mozambique Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### **Uganda**

- Uganda Issues Paper
- Uganda CFA/ Project Document 2007
- 2nd Quarter Activity and Financial Report 2007
- 3rd Quarter Activity and Financial Report 2007
- 4th Quarter Activity and Financial Report 2007
- 1st Quarter Activity and Financial Report 2008
- PowerPoint presentation by the Uganda Country Team at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008

### **Other Presentations:**

- PowerPoint presentation by civil society representatives at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008: ‘Civil Society Participation in AIDS Mainstreaming: Lessons Learned and Looking Ahead – Strategies and Priorities’
- PowerPoint presentations summarizing results and key points at the Second Review Workshop of the Mainstreaming Programme, Johannesburg, 15–17 July 2008. Bob Verbruggen, UNAIDS.

### **Other Mainstreaming Programme Reports:**

- UNDP (July 2007). Matrix on AIDS Contents in Country PRSPs/ NDPs: pre and post their enrollment in the Mainstreaming Programme
- UNDP (July 2007). Mainstreaming Programme on Strengthening National Capacity for Integrating AIDS into Poverty Reduction Strategy Processes – Round 1 & 2 Synthesis Report (April 2007 – April 2008). Isaac Thompson, UNDP

## Annex 2: Table of Outputs and Activities – Round 1 Countries<sup>33</sup>

ETHIOPIA (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process		The Multisectoral Plan of Action was developed through a participatory process that included the dissemination and discussion of the HIV and AIDS targets of the PASDEP (PRSP). (See 'Implementation and M&E' below).	
Poverty Diagnostics	None planned		
Policies, Strategies and Resources	HIV and AIDS budget expenditure analysis initiated and total budget spent on HIV and AIDS tracked. <b>Initiated</b>	Preparatory steps for the National AIDS Spending Assessment (NASA) were taken, including preparation of a detailed workplan and budget, signing of a memorandum of understanding between concerned parties and mobilizing part of the required resources.  A one-day orientation on the NASA was held and a plan of action for data collection at the regional level was prepared. Preliminary information on the number and type of organizations working on HIV was collected by regional HAPCO (NAC) offices.	Completion of expenditure tracking.
Implementation and M&E	Roadmap for the HIV and AIDS response 2007–2010 prepared. <b>Achieved</b>  Harmonization and coordination of development partners and program implementers strengthened. <b>Planned activities achieved</b>	The Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007–2010 was developed. The Plan of Action harmonizes the HIV and AIDS targets of various national planning instruments including the National Strategy for the Multisectoral Response to HIV/AIDS and the PASDEP, and aligns them with the universal access targets.	Development of resource mobilization strategy.  System identification and analysis.  Procurement and system installation.  Computerization and networking.

33. Activities and outputs that were not originally planned/specified in the Country Follow-up Activities (CFAs) at the start of the Mainstreaming Programme are noted as 'additional activities' or 'additional outputs'.

ETHIOPIA (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Implementation and M&E (continued)	Functional M&E system established. <b>Not achieved</b>	<p>The Multisectoral Plan of Action was costed, a planning format was developed, and implementation tools including a list of HIV interventions were developed to facilitate implementation of the Plan of Action by stakeholders.</p> <p>The draft Multisectoral Plan of Action was electronically circulated to all major stakeholders in the public, private and civil society sectors, and two consultation and validation workshops were held to engage stakeholders in the development of the plan.</p> <p>A capacity assessment of the National Partnership Forum was completed.</p> <p>The results of the assessment were discussed at a national consultative workshop.</p> <p>The Terms of Reference of the National Partnership Forum were revised, and restructuring of the Forum was started.</p>	

GHANA			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	None planned		
Poverty Diagnostics	None planned		
Policies, Strategies and Resources	Capacity of MDAs strengthened to develop and implement MDG-based development frameworks. <b>Achieved</b>	<p>Training was held for 85 participants from ministries and sector agencies on the use of the Sector Planning Guidelines to develop Medium Term Development Plans including HIV.</p> <p>An Inter-Sectoral Technical Review workshop was held to assess the status of plan preparation by sectors. The workshop was attended by 94 participants from ministries and sector agencies.</p> <p>Technical support was provided to selected Ministries, Departments and Agencies in the preparation of their Sector Medium Term Development Plans.</p> <p>The draft District Medium Term Development Plans were reviewed in relation to national development goals, and feedback was provided to the District Assemblies.</p>	Sensitize Ministers, Deputy Ministers, Chief Directors and Traditional Authorities on the MDGs/ HIV.
Implementation and M&E	<b>Additional output:</b> Capacity for monitoring and evaluation developed at the district level. <b>Initiated</b>	<b>Additional activities:</b> Orientation workshops were held for Regional Coordinating Councils and District Assemblies on the use of District Monitoring and Evaluation Guidelines.  Technical assistance was provided to District Assemblies in preparing their M&E plans.	

MALI			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	Improved participation of decentralized groups/organizations. <b>Achieved</b>	<p>A workshop was held to develop tools for mainstreaming HIV in the CSLP II (PRSP). (February 2007)</p> <p>The mainstreaming tools were reviewed and validated in a meeting with representatives of 16 ministries, and partners engaged in the HIV response. (June 2007)</p> <p>A two-day national workshop was held in August 2007 to further validate the tools and build regional capacities in their uses. The workshop was attended by 80 participants from the public sector, private sector and CSOs from different regions.</p> <p><i>Additional activities:</i></p> <p>An orientation workshop was held to sensitize the private sector to HIV mainstreaming. (February 2007)</p> <p>The Project Facilitator participated in a review workshop of the CSLP II draft.</p>	<p>Participation of members of the Working Group on HIV Mainstreaming in the CSLP II review exercise at the regional level in order to sensitize decentralized organizations.</p> <p>Organize three regional workshops (grouping regions within the same geographical zones) to disseminate the mainstreaming tools.</p>
Poverty Diagnostics	Improved quality of the CSLP II through diagnostic studies of HIV and poverty. <b>Not achieved</b>		Undertake AIDS impact and HIV vulnerability studies among households, emerging vulnerable groups and key growth sectors (Agriculture, Transport, Mines).
Policies, Strategies and Resources	None planned.		Sensitize Ministers, Deputy Ministers, Chief Directors and Traditional Authorities on the MDGs/ HIV.
Implementation and M&E	Improved quality of the M&E system. <b>Not achieved</b>		Organize two workshop son harmonizing the sectoral monitoring systems of the CSLP II and the National Multisectoral Plan.
CFA Management	Working Group on Mainstreaming HIV in the CSLP II established. <b>Initiated</b>		<p>Formalize the Working Group on Mainstreaming HIV.</p> <p>Organize six meetings of the Working Group.</p> <p>Orient and train members of the Working Group on HIV mainstreaming.</p> <p>Develop the capacity of implementers working with emerging vulnerable groups.</p>

RWANDA (1 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	<p><b>Additional output:</b> Stakeholders engaged in integrating HIV into the EDPRS. <b>Achieved</b></p>	<p><b>Additional activities:</b> A National Partnership Forum meeting was held focusing on progress made in integrating HIV into the EDPRS.  Drafts of the EDPRS were circulated to stakeholders for their review and comments.  Umbrella organizations were engaged in the HIV/ EDPRS validation process and workshops.  A stakeholders' meeting was held to launch the EDPRS HIV priorities (May 2008).</p>	
Poverty Diagnostics	<p>Review of existing impact studies to identify gaps and guide planning. <b>Achieved</b></p>	<p>A report on 'The Impact of AIDS and Poverty in Sectors: Desk Review of Rwanda and Experiences from Other Countries' (started in 2006) was completed. The report helped to guide sectors in preparing their HIV action plans.</p>	
Policies, Strategies and Resources	<p>HIV integrated in all sector logical frameworks in the EDPRS. <b>Achieved</b></p> <p>Ministries include HIV activities defined in EDPRS in the 2008 budget. <b>Partially achieved</b></p> <p><b>Additional output:</b> Districts supported in integrating EDPRS HIV activities in District Development Plans. <b>Achieved</b></p>	<p>HIV mainstreaming was advocated throughout the EDPRS drafting process. In addition guidance and direct support was provided to Sector Working Groups in integrating HIV in their logical frameworks within the EDPRS and ensuring that the HIV content remains in the final version of the EDPRS.</p> <p>An HIV strategy statement summarizing the HIV actions in all sector logical frameworks was drafted and reviewed by stakeholders for inclusion in the EDPRS.</p> <p>A summary checklist and policy matrix on HIV in the EDPRS was prepared, including all HIV actions and indicators from nonhealth sectors. The matrix was integrated into the health sector policy matrix and validated by health sector stakeholders.</p>	

RWANDA (2 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Policies, Strategies and Resources (continued)		<p>Support was provided to sectors to develop their HIV action plans. Additional costing support was also provided to sectors where needed.</p> <p>(N.B. The 2008 budget process took place before the EDPRS was completed hence most sectors did not include EDPRS activities in their 2008 budgets.)</p> <p>A workshop was held for District AIDS Control Commission staff on integrating EDPRS activities in District Development Plans.</p> <p>A District HIV Checklist was developed to guide district planners in integrating EDPRS HIV activities into District Development Plans.</p> <p>Thirty districts were visited to inform district staff about HIV in the EDPRS and to distribute the District HIV Checklist.</p> <p>The District Development Plans of 27 districts were reviewed and feedback was provided on incorporating EDPRS HIV activities in the plans.</p>	
Implementation and M&E	<p>Sectors Implement the HIV interventions outlined in the EDPRS. <b>Initiated</b></p> <p>HIV M&amp;E indicators developed. <b>Initiated</b></p>	<p>A sector-capacity assessment tool was developed and sector capacity assessments were conducted to determine the capacity of each sector to fulfil its EDPRS HIV commitments.</p> <p>Based on the capacity assessment, a 2008 action plan was developed to support sectors in translating HIV priorities in the EDPRS into actual actions.</p>	<p>Facilitate and coordinate all activities to implement the integration of HIV into the EDPRS.</p> <p>Stakeholder Implementation Strategy Workshop: to discuss results of the assessment and strategize on how best to build capacity.</p> <p>Guidelines and tool development: develop tools to support ministries at national and district levels to implement activities.</p>

RWANDA (3 OF 3)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Implementation and M&E		<p>(N.B The delay in the launch of the EDPRS until December 2007 meant that activities planned to support implementation and monitoring of HIV/EDPRS activities also had to be moved forward to 2008.)</p> <p>All ministries are aligning their monitoring and evaluation system with the EDPRS, including its HIV related components.</p> <p>The HIV National Strategic Plan and the HIV Monitoring and Evaluation Framework are being reviewed by the NAC and the Task Team to realign them with the HIV priorities defined in the EDPRS.</p>	<p>Capacity building training: provide national-and-district-level training based on the needs identified in the assessment.</p> <p>Conduct baseline study: during stakeholder implementation meeting, decide on contents of the baseline study to support indicator development and impact of integrating HIV across all sectors and procure consultant to conduct study.</p> <p>Develop M&amp;E indicator guidelines and annual target development: hold two-day workshop outside Kigali with stakeholders to reach consensus on appropriate indicators and targets.</p> <p>Monitor impact of implementation: including the impact of funding HIV actions through integrating HIV activities across all sectors in the EDPRS.</p>
Other	<p><b>Additional output:</b> Rwanda's experience in integrating HIV into the EDPRS documented. <b>Achieved</b></p>	<p><b>Additional activity:</b> A publication on 'Integrating HIV into the Economic Development and Poverty Reduction Strategy 2002–2012 – Rwanda's Experience' was produced.</p>	

SENEGAL			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	None planned.		
Poverty Diagnostics	Analysis of the link between poverty and HIV conducted. <b>Not achieved</b> Results of the study validated and disseminated. <b>Not achieved</b>		Develop TOR for the studies, and recruit consultants.  Conduct a study on the link between poverty and HIV.  Hold a workshop on the findings of the study.
Policies, Strategies and Resources	Analysis of national planning frameworks conducted. <b>Achieved</b>	An analysis of the HIV content in the PRSP and sector policies was undertaken. (The CFA team mobilized resources for this activity from the UNDP Country Office.)	
Implementation and M&E	HIV integrated in the instruments for operationalizing the DSRP (PRSP) (MTEF, POR, POS). <b>Not achieved</b>  HIV indicators of the DSRP and NSP harmonized and integrated in the DSRP. <b>Not achieved</b>		Train members of the HIV/DSRP Thematic Group on integrating HIV in the MTEF.  Retreat/training of the Thematic Group on the guide for mainstreaming HIV in policies, projects and programmes.  Develop arguments for advocating the integration of HIV in the MTEF, POR and POS.  Training/sensitization of commissions, multisectoral working groups and budget technicians.  Advocate HIV mainstreaming with the Ministry of Finance and Budget, Health, USAID/ GTZ/CCM.  Hold a workshop to harmonize the DSRP and NSP indicators.  Monitoring mission by the Thematic Group to relevant actors.  Monitor the integration of HIV in the POS of non-CDM sectors and the PORS of the 11 regions of Senegal.

TANZANIA (MAINLAND)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	None planned.		
Poverty Diagnostics	None planned.		
Policies, Strategies and Resources	Capacities of LGAs and CSOs in planning and budgeting for priority HIV interventions strengthened. <b>Achieved</b>	An Implementation Guide for the Minimum Essential Package for HIV Interventions for Local Government Authorities (LGAs) was developed and shared with 133 LGAs.  New Planning and Budgeting Guidelines including guidance on planning, costing and budgeting for HIV were developed for Ministries and LGAs.  Training on the use of the planning, costing and budgeting guidelines was provided to Regional Secretariats, LGAs and CSOs.	
Implementation and M&E	Mainstreaming of HIV by LGAs, the private sector and CSOs enhanced. <b>Not Achieved</b>	N.B. This component of the CFA will be funded by the Joint UN Programme of Support on AIDS, as the training of LGAs (above) required more CFA funds than anticipated.	Conduct analysis of CSOs and private sector engagement with LGAs in mainstreaming HIV as addressed in the NSGRP/MKUKUTA (PRSP).  Scale up private sector responses and strengthen the newly established Tanzania AIDS Forum Secretariat for CSOs.  Build capacity of CSOs on project cycle management.  Build capacity of CSOs in policy engagement.

TANZANIA (ZANZIBAR)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	Stakeholders including CSOs oriented on the HIV content in the ZSGRP.  Partially achieved by other partners	A two-day stakeholder forum was held to orient stakeholders on the HIV content of the ZSGRP. (Implemented by other partners.)  A simplified and illustrated summary of the ZSGRP and its HIV content was published.  (Implemented by other partners.)	Conduct two workshops for stakeholders.  Document the processes and lessons learned in implementing the CFA.
Poverty Diagnostics	Impact of HIV on selected sectors assessed. <b>Achieved</b>	Studies on the HIV situation and response in the Education and Tourism sectors (started in 2006) were finalized.	
Policies, Strategies and Resources	Capacity of MDAs and LGAs enhanced to better plan and budget for HIV interventions in the context of the ZSGRP.  Partially achieved by other partners	A manual to guide sectors on HIV mainstreaming was developed. (Implemented by other partners.)	Training on planning and budgeting for HIV in the MTEF for MDAs and LGAs (two workshops).
Implementation and M&E	None planned.		

ZAMBIA			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process		A workshop on the multisectoral response to HIV was held for government, civil society and the private sector. One of the main objectives of the workshop was to build consensus on the HIV- mainstreaming framework.	
Poverty Diagnostics	Advocacy materials on the links between poverty and HIV prepared, and advocacy undertaken with MPs, religious leaders and traditional leaders. <b>Partially achieved</b>	The Mainstreaming Toolkit (see details below) was used to advocate HIV mainstreaming among all partners and stakeholders.	
Policies, Strategies and Resources	Resource tracking system installed and operational. <b>Not achieved</b>	<b>Additional activity:</b> A Resource Management Strategy to support the establishment of a national AIDS Trust Fund was developed.	Undertake resource tracking of funds, technical assistance, etc., flowing into the country.
Implementation and M&E	Capacity of sectors and districts developed for implementation of a mainstreamed HIV response. <b>Achieved</b>  Capacity of various actors on M&E developed. <b>Achieved</b>  HIV and AIDS mainstreaming indicators captured. <b>Achieved</b>	A Mainstreaming Toolkit and Mainstreaming Handbook were developed.  Trainers at the national, provincial and district levels were trained in the use of the Mainstreaming Toolkit and Handbook. (With the support of Irish Aid and several national and international organizations).  A Strategic Framework Operational Manual was developed to provide a menu of activities from which partners at the district and national levels can select HIV activities to implement.  Monitoring and evaluation was included in the training of trainers using the Mainstreaming Toolkit and Handbook.  Indicators were selected to track implementation of the HIV components of the Fifth National Development Plan (FNDP). The HIV indicators in the FNDP are being reported on regularly and used by the Ministry of Finance and National Planning.  Mainstreaming indicators for District AIDS Taskforces were finalized and shared with the mainstreaming theme group.	Implementation support using toolkits and handbooks at the sector and decentralized levels.

## Annex 3: Table of Outputs and Activities – Round 2 Countries<sup>34</sup>

BURKINA FASO			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process	Involve stakeholders of 13 regions in the CSLP (PRSP) and CSRLP (regional PRSP) processes. <b>Achieved</b>	A situation analysis was carried out on the involvement of stakeholders in the CSLP (PRSP) and CSRLP (Regional PRSP) processes.  Regional workshops were organized in each of the 13 regions of the country to reach consensus on stakeholders' participation in the HIV response within the CSRLP processes.	
Poverty Diagnostics			
Policies, Strategies and Resources	Ensure at least five sectors have integrated HIV into their sectoral programmes.  Planned activities achieved  Ensure the tracking of financial resources for HIV for the period up to the end of 2007. <b>Partially achieved</b>	A study was conducted on strategies to integrate HIV in the sectoral programmes of seven ministries (covering five sectors: production, production support, social, infrastructure and equipment).  The CFA team advocated the integration of HIV in development projects and programmes.  SP/CNLS (NAC) staff members were trained to prepare the Medium Term Expenditure Framework, and a draft of the sector level MTEF for HIV is being prepared.  A module on the Heavily Indebted Poor Countries (HIPC) initiative was developed so that the MTEF takes the new HIPC strategy into account.  The CFA contributed to the preparation of the National Health Accounts for HIV for 2006.	Put in place a committee on monitoring resource mobilization for the HIV response to oversee centralization and coordination of the financial flows.  Prepare a midterm financial summary of implementation of the common basket.
Implementation and M&E	Make the results of implementation of the CSLP and CSLS (NSP) available. <b>Partially achieved</b>	Support was provided to the National Institute of Statistics and Demography (INSD) in the use and analysis of HIV indicators for monitoring the HIV response.  A Thematic Working Group on HIV was established to monitor the performance of the HIV response within the framework of the CSLP.	Organize meetings to review the extent to which sectors are taking HIV into account.  Regularly disseminate the monitoring results.

34. Activities and outputs that were not originally planned/specified in the Country Follow up Activities (CFAs) at the start of the Mainstreaming Programme are noted as 'additional activities' or 'additional outputs'.

BURUNDI			
Key Entry Point	Intended Outputs	Activities Implemented in 2007	Activities Planned but Not Implemented in 2007
Participatory process		<p><b>Additional activities:</b></p> <p>A training kit for parliamentarians on responding to HIV was produced and disseminated.</p> <p>A workshop on mainstreaming HIV in business was organized for the private sector by the Association of Employers of Burundi.</p> <p>A tripartite planning meeting between government, employers and workers was held.</p>	
Poverty Diagnostics	Capacities for diagnostic analysis on poverty and HIV enhanced. <b>Planned activity achieved</b>	A research plan on the problem of poverty and HIV was prepared. The plan identified eight studies to be conducted with a view to guiding HIV mainstreaming.	
Policies, Strategies and Resources	Mechanism put in place to coordinate the HIV aspects of the CSLP (PRSP) at the central level and in all 17 provinces. <b>Partially achieved</b>	Workshops on integrating HIV into sectoral and decentralized planning were held at the central and provincial level for government, health care providers and civil society.  <b>Additional activities:</b> Implementing partners were trained on techniques for the analysis and use of funds.	Put in place coordinating committees at all levels for poverty reduction that takes HIV into account.
Implementation and M&E	Coordination and M&E framework for the HIV response strengthened. <b>Partially achieved</b>	<p>A study was conducted to identify indicators that will constitute the basis for monitoring HIV and poverty.</p> <p>Workshops were held at the provincial and local levels on monitoring the implementation of the CSLP.</p> <p>A protocol/memorandum of understanding was drafted to facilitate the harmonization of donors.</p>	<p>Organize reviews and joint planning of activities in the HIV response.</p> <p>Organize a workshop to draw up a memorandum of understanding between the implementers and the national coordination structure for the implementation of the AIDS National Plan of Action.</p> <p>Organize meetings to follow up the implementation of the memoranda of understanding.</p>

KENYA (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Participatory process	HIV and AIDS integrated into Kenya Vision 2030. <b>Achieved</b>	A stakeholder consultative workshop was held to prepare a concept paper on the integration of HIV into the Kenya Vision 2030. The concept paper was submitted to the Vision 2030 development secretariat and contributed to HIV being integrated into the Vision.	
Poverty Diagnostics	None planned.		
Policies, Strategies and Resources	200 public sector officials including staff of AIDS Control Units trained on HIV and AIDS integration in the PRS and MTEF by December 2007. <b>Achieved</b>	<p>The CFA supported the integration of HIV in the sector strategies of the Medium Term Development Plan (2008–2012).</p> <p>HIV was captured as a priority area by all Sector Working Groups in the MTEF.</p> <p>Guidelines for mainstreaming HIV in planning and budgeting processes were developed at the national and district levels.</p> <p>Training on planning and budgeting for HIV was conducted for Chief Economists, Heads of Central Planning and Monitoring Units, Chief Financial Officers and Heads of AIDS Control Units in all ministries.</p> <p>Eighty staff members at the Ministry of Planning and National Development (MPND) were trained on HIV workplace policy reform and impact mitigation.</p> <p>183 public officials at the provincial and district level were trained on integrating HIV into district development plans.</p>	<p>Develop institutional anchoring with Kenya Institute of Administration (a public sector institution).</p> <p>Train 20 trainers.</p>

KENYA (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Implementation and M&E	Establish a mechanism to facilitate effective participation of nonstate actors in the planning and implementation of the HIV and AIDS in the PRS. <b>Not achieved</b>	<b>Additional activities:</b> HIV and AIDS indicators were developed and included in the National Integrated Monitoring and Evaluation System (NIMES) of the MPND.	Two consultative forums to review factors inhibiting the participation of nonstate actors. Develop a strategy and an action plan for engagement. Capacity building for nonstate actors. Develop induction materials. Training on mainstreaming of activities in planning and M&E process. Short-term technical assistance for engagement.

MADAGASCAR (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008 <sup>35</sup>	Activities Planned but Not Implemented in 2007-2008
Participatory process	None planned.		
Poverty Diagnostics	Vulnerability and poverty studies conducted for key ministries. <b>Achieved</b>	A study on vulnerability and poverty due to AIDS in key sectors was undertaken (2008).	Organize a workshop for 20 people to present the findings of the studies to the political and financial decision-makers of ministries.
Policies, Strategies and Resources	<p>Focal Points put in place and sensitised to HIV mainstreaming in key ministries (Health, Education, Security, Transport/ Infrastructure/ Tourism, Population/Youth, Labour, Communication, Rural Development). <b>Achieved</b></p> <p>Advocacy with political and financial decision-makers of each ministry on the integration of HIV in their General State Policy (PGE) and in their planning. <b>Achieved</b></p> <p>Capacity of ministries developed in integrating HIV in sectoral planning and budgeting. <b>Initiated</b></p> <p>Advocacy with regional actors on HIV mainstreaming. <b>Initiated</b></p> <p>HIV mainstreaming achieved in 22 regions. <b>Not achieved</b></p> <p>Budgeted plans at the regional level. <b>Not achieved</b></p> <p>Planning process for the General State Policy (PGE) 2009 started. <b>Not achieved</b></p>	<p>A Focal Point was identified for each of 14 key ministries.</p> <p>Terms of reference for the Focal Points were formulated and validated.</p> <p>A memorandum of understanding was drafted and signed by the SE/CNLS (NAC) and the 14 ministries.</p> <p>Two workshops on HIV mainstreaming were organized for Focal Points of the key ministries.</p> <p>HIV mainstreaming was advocated among the political and financial decision-makers of the 14 ministries.</p> <p>An orientation guide on planning a multisectoral HIV response was drafted for ministries.</p> <p>(See monitoring and evaluation below).</p>	<p>Organize a sensitization/ training workshop for 15 people from the Coordinating Committee for HIV Mainstreaming.</p> <p>Organize training for planning and budget personnel of ministries.</p> <p>Support ministries in preparing plans for mainstreaming HIV.</p> <p>Advocacy with regional actors on HIV mainstreaming.</p> <p>Organize a workshop on HIV mainstreaming for those responsible for planning and for supporting decentralized structures</p> <p>Organize a workshop on HIV mainstreaming for those responsible for planning in the 22 regions.</p> <p>Provide technical support to regions in the translation of the General State Policy and budgeting of activities to the regional level.</p>

35. In Madagascar the plan of activities was extended through 2008 due to delays in the start-up of the CFA.

MADAGASCAR (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Policies, Strategies and Resources (continued)			
Implementation and M&E Evaluation	Capacity of those responsible for planning and budgeting in each ministry strengthened in monitoring and evaluating mainstreaming processes. <b>Partially achieved</b>	A guide on monitoring and evaluating the multisectoral HIV response was prepared. (2008)  Three workshops on monitoring and evaluating the HIV response were organized for planning staff at the central and decentralized levels. (2008)	

MALAWI			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Participatory process	Thematic area in MGDS (PRSP) on Nutrition, HIV and AIDS finalized.		Conduct a national stakeholders meeting (30).  Finalize the thematic area on Nutrition, HIV and AIDS in the MGDS.
Poverty Diagnostics	Synthesis report of poverty and vulnerability data developed and disseminated. <b>Partially achieved</b>	A synthesis of data on the relationship between poverty and HIV was prepared based on a desk review and consultations with stakeholders.	Disseminate synthesised results to stakeholders and other potential users (100).  Conduct training in poverty vulnerability analysis (40).
Policies, Strategies and Resources	Guidelines for integrating HIV in development planning and budgeting developed and disseminated. <b>Not Achieved</b>  <i>Additional output:</i> Guidelines for mainstreaming HIV within the public sector developed. <b>Achieved</b>	Additional activities:  Guidelines for implementing HIV workplace programmes in the public sector were developed and disseminated.  The guidelines were also disseminated to the nongovernmental and private sectors based on requests from these sectors to use the guidelines.	Conduct training sessions on HIV and poverty reduction (100).  Develop guidelines for integrating HIV into development planning and budgeting.
Implementation and M&E	Capacity of the Department of Nutrition, HIV and AIDS (Office of the President and Cabinet) to provide leadership and policy guidance developed through the finalization of a Business Plan for the Department. <b>Achieved</b>	The National Business Plan for Nutrition, HIV and AIDS was finalized. The Business Plan describes the roles and responsibilities of each stakeholder in the HIV response in line with the MGDS (PRSP) and the National Action Framework for HIV and AIDS (NSP).  Two stakeholder working sessions were held (December 2007 and March 2008) to update and finalize the business plan.	

MOZAMBIQUE			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Participatory process	None planned.		
Poverty Diagnostics	None planned.		
Policies, Strategies and Resources	<p>Develop local capacity in mainstreaming HIV, AIDS and Gender in sectoral provincial plans, budgets and monitoring processes. (Key sectors: Health, Education and Culture, Women and Social Action, Agriculture, Youth and Sports, Labour, DPPFs, NPCCs, Commands and Army Barracks).</p> <p><b>Achieved</b></p>	<p>Two hundred and fifty government Focal Points at the central and provincial levels were trained on HIV mainstreaming.</p> <p>Ten technical staff members at the central and provincial levels in several ministries were trained as trainers in planning, costing and budgeting for HIV activities.</p> <p>A national facilitator network was created.</p> <p>Sectoral plans integrating HIV issues were developed in 80 per cent of provincial-level public institutions. Sectoral plans were submitted to the provincial NACs for approval.</p> <p>Manuals and guidelines were produced to provide guidance on the multisectoral HIV response: a) guidelines for the selection of AIDS related activities in the public sector, b) operational manual, and c) guidelines for on financial procedures and implementing agencies.</p>	Dissemination of best practices to other provinces.
Implementation and M&E	None planned.		

UGANDA (1 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Participatory process	<p>Key stakeholders debriefed. <b>Achieved</b></p> <p><b>Additional output:</b> Input on mainstreaming HIV in the new National Development Plan provided.</p>	<p>Stakeholders were debriefed on the CFA.</p> <p><b>Additional activities:</b> The Technical Working Group participated in the Poverty Eradication Action Plan (PEAP) review meetings, which will inform the National Development Plan being developed in 2008.</p> <p>The Technical Working Group developed a draft Issues paper on integrating HIV into the NDP.</p>	
Poverty Diagnostics		<p><b>Additional activities:</b> The Technical Working Group provided technical oversight to the ongoing assessment of the macroeconomic impact of HIV in Uganda.</p>	
Policies, Strategies and Resources	<p>Guidelines for integrating HIV into sector and district plans and budgets was developed/ completed. <b>Achieved</b></p> <p>Stakeholders sensitized on the need to integrate HIV into sector plans and budgets. <b>Achieved</b></p> <p>Trained sector working groups and planners. <b>Initiated</b></p> <p>Decentralized HIV- mainstreaming guidelines developed. <b>Achieved</b></p>	<p>Guidelines for mainstreaming HIV and AIDS in sector and district planning and budgeting were developed.</p> <p>The Guidelines were disseminated and ministries and districts were oriented on the guidelines and on mainstreaming HIV into Budget Framework Papers.</p> <p>The Technical Working Group held sector meetings on integrating HIV into sector plans and budgets.</p> <p>Selected district-level staff members were trained on HIV mainstreaming and the integration of HIV into the planning and budgeting processes. Districts were also oriented on mainstreaming HIV into Local Government Budget Framework Papers during workshops organized by the Ministry of Finance.</p> <p><b>Additional Activities:</b> The Technical Working Group provided input to the development of the National Policy on Mainstreaming HIV and AIDS that will provide guidance on HIV mainstreaming.</p>	

UGANDA (2 OF 2)			
Key Entry Point	Intended Outputs	Activities Implemented in 2007-2008	Activities Planned but Not Implemented in 2007-2008
Policies, Strategies and Resources (continued)		<p>The Technical Working Group participated in the National Budget Conference and the regional budget conferences for district leaders. HIV was incorporated in the National Budget Framework Paper for sectors and districts.</p> <p>The Technical Working Group participated in the development of the National Strategic Plan for HIV and AIDS (2007/08–2011/12). The NSP is a key document for mainstreaming HIV in the NDP. The CFA outputs and activities were incorporated in the NSP and its M&amp;E plan.</p>	
Implementation and M&E	Core HIV indicators integrated in Annualized PEAP Matrix. <b>Not achieved</b>		<p>Develop proposal for harmonization and integration of HIV indicators in PEAP M&amp;E Matrix.</p> <p>Hold consultative workshop for key stakeholders to agree on proposal (UAC, MoFPED, OPM, line Ministries etc).</p>
CFA Management	Coordinated and supervised implementation of main-streaming process. <b>Achieved</b>	<p>A Technical Working Group was established to provide guidance and oversight in the implementation of the CFA. The Technical Working Group is chaired by the Ministry of Finance, Planning and Economic Development and co-chaired by the Ministry of Local Government.</p> <p>Technical Working Group meetings were held on a regular basis, and the group actively engaged in and facilitated national mainstreaming activities.</p>	

## Annex 4: List of Country Resources and Tools

### Round 1 Countries:

#### Ethiopia

- The Multisectoral Plan of Action for Universal Access to Prevention, Treatment, Care and Support in Ethiopia 2007–2010.
- PASDEP Policy Matrix – Sector/Theme: Economic Growth and Poverty Reduction
- TOR for Technical Assistance for Development of Strategic Plan of Action for the National HIV/AIDS Response
- Strategic Plan for Intensifying the Multisectoral AIDS Response (2004–2008)
- Guideline for Partnership Forums against HIV and AIDS in Ethiopia – Draft (January 2008)
- Assessment of the National Partnership Forum Against HIV/AIDS (May 2007)
- NASA Plan of Action 2007 (draft)
- Concept Note for National AIDS Spending Assessment (NASA)
- NASA Detailed Budget
- Terms of Reference for Undertaking National AIDS Spending Assessment in Ethiopia
- The Joint UN Programme of Support on AIDS in Ethiopia (2007–2011)
- Ethiopia 2007 Mapping Matrix

#### Ghana

- Integrating HIV and AIDS into Poverty Reduction Strategy Papers (PRSPs): Ghana's Experience (August 2008)
- National HIV/AIDS Strategic Framework 2001–2005 (Ghana AIDS Commission)
- National HIV/AIDS Strategic Framework II 2006–2010 (Ghana AIDS Commission)
- Guidelines for the Preparation of District Medium Term Development Plans Under the Growth and Poverty Reduction Strategy II (2006–2009)
- Guidelines for the Preparation of Sector Medium Term Development Plans Under the Growth and Poverty Reduction Strategy II (2006–2009)
- Extracts of the Medium Term Expenditure Framework (MTEF) for 2007–2009 and Annual Estimates for 2007 of Selected Ministries Departments and Agencies Reflecting HIV and AIDS Activities and Budget Lines
- Ghana National Budget 2007
- Ghana 2007 Mapping Matrix

### Mali

- Joint UN Programme of Support on AIDS in Mali (2008–2012)
- Mali 2007 Mapping Matrix
- Training Guide: Tools for AIDS Mainstreaming into Second Generation Poverty Reduction Strategy Papers (PRSPs-II) (February 2007) (French)

### Rwanda

- Integrating HIV into the Economic Development and Poverty Reduction Strategy 2008–2012 – Rwanda's Experience
- Common Performance Assessment Framework (CPAF) – EDPRS HIV Results & Policy Matrix
- Rwanda National Multisectoral Strategic Plan for the Integration of HIV (2005–2009) (CNLS) (French)
- Rwanda National HIV Care and Treatment Plan (2005–2009)
- The Impact of AIDS and Poverty in Sectors: Desk Review of Rwanda and Experiences from Other Countries (2007)
- Assessment of the Impact of AIDS on the Education Sector (2003)
- Contextualizing HIV/AIDS in Educational Planning and Management: a Training Needs Assessment for Educational Planners and Managers in Rwanda (2005)
- Integration of HIV and AIDS into the Work of Sectoral Strategies for the EDPRS
- Checklist of Priority Commitments and Actions
- Checklist for Supporting HIV/AIDS Mainstreaming into District Development Plans
- Stakeholders' Workshop on the Integration of HIV/AIDS into the EDPRS – Report of Workshop Proceedings – CNLS/UNDP (September 2006)
- Terms of Reference for Third HIV Partnership Forum 2008 – Partnership and Decentralization
- Terms of Reference for CNLS Focal Point for AIDS Mainstreaming into the EDPRS
- Terms of Reference HIV/AIDS EDPRS/UNDP Focal Point – HIV/EDPRS Project Manager – Justice, HIV/AIDS and Gender Unit
- Terms of Reference for Training Trainers on Costing HIV and AIDS Mainstreaming Activities into EDPRS
- Rwanda UNDP HIV Project Integrated WP 2008
- Rwanda 2007 Mapping Matrix

### Senegal

- Desk Review of AIDS Mainstreaming into the National Development Frameworks and Sectoral Plans – UNDP/CNLS (September 2008)
- Senegal 2007 Mapping Matrix
- Tanzania (Mainland)
- National Multisectoral Framework for HIV and AIDS (NMSF) 2008–2012

- Assessment of the Human and Financial Resources for the Revised HIV/AIDS National Multisectoral Strategic Framework (NMSF) (March 2007)
- Tanzania Mainland Gender Report – Revision of National Multisectoral Framework for HIV and AIDS
- Implementation Guide for the Essential Minimum Package for AIDS Interventions by Local Government Authorities
- MoU Government and Development Partners (NMSF 2008–2012)
- Minimum package on HIV and AIDS for Local Government Authorities
- Guidelines for Regional Secretariats in Coordinating and Implementing of HIV/AIDS Activities in Local Government Authorities (November 2007)
- Guidelines for the Preparation of Medium Term Plan and Budget Framework for 2008/9 – 2010/11 (March 2008)
- Objective 'A': Detailed Request on Allocations to Improve Services and Reduce HIV Infections (2006/07)
- Guidelines for the Preparation of Medium Term Plan and Budget Framework for 2008/9–2010/11 Part II
- Budget allocation for the FY 2007–08 for Ministries, Departments and Agencies
- Tanzania Public Expenditure Review for AIDS (2007)
- Sectoral Situational Analysis for 21 Ministries, Departments and Agencies.
- Tanzania Social and Economic Impacts of HIV and AIDS in Tanzania: Inventory of Studies (March 2007)
- Impact of HIV/AIDS on Human Resources for Health in Tanzania (July 2006)
- Agriculture Sector Strategy for HIV/AIDS and Other Chronic Diseases (November 2006)
- Strategic Plan for HIV and AIDS Prevention for Ministry of Lands and Human Settlements
- Workshop on HIV/AIDS Mainstreaming in the Ministries of Home Affairs/Public Safety and Security (December 2006)
- Workshop Report on Accelerating the Education Sector Response to HIV/AIDS in Tanzania and Zanzibar (March 2006)
- University of Dar es Salaam HIV/AIDS Policy (June 2006)
- Operations Plans for Tanzania Multisectoral Monitoring and Evaluation System (August 2006)
- Tanzania Mainland 2007 Mapping Matrix

#### **Tanzania (Zanzibar)**

- Mainstreaming HIV and AIDS in the Zanzibar Strategy for Growth and the Reduction of Poverty (ZSGRP/MKUZA) (October 2006)
- Milestones for the HIV Response in Zanzibar in 2007/2008/2009
- Terms of Reference for the Joint Review of the HIV Response in Zanzibar (Zanzibar AIDS Commission)
- HIV and Substance Abuse: The Dual Epidemics Challenging Zanzibar (2006)

- Rapid Vulnerability Assessment of Households Affected by HIV/AIDS (May–June 2006)
- Health Sector HIV/AIDS Strategic Plan 2005–2008 (February 2005)
- A Situation Analysis of HIV/AIDS in the Education Sector in Zanzibar (March 2007)
- Situation and Impact Analysis of HIV/AIDS on the Tourism Sector in Zanzibar (May 2007)
- Medium Term Expenditure Framework Ministry of Labour, Youth, Women and Children's Development 2006/07–2808/09 (March 2006)
- Public Expenditure Review for HIV/AIDS (Zanzibar AIDS Commission) (January 2006)
- Report of the Technical Workshop to Mainstream HIV/AIDS Issues in RGZ'S MTEFS (April 2006)
- Report on Training Workshop for ZPRP Drafting Team on Mainstreaming HIV/AIDS into ZPRP) (January 2006)
- The Constitution of AIDS Business Coalition of Zanzibar
- Zanzibar AIDS Business Coalition (ABCZ) Strategic Plan 2006–2009
- Guidelines for Zanzibar's HIV and AIDS Programme Monitoring System (ZHAPMoS), Zanzibar National Multisectoral HIV Monitoring and Evaluation System (Zanzibar AIDS Commission) (May 2006)
- Operational Framework 2006–Volume 1 2005/06–2008/09, Zanzibar National Multisectoral HIV Monitoring and Evaluation System (Zanzibar AIDS Commission) (May 2006)
- Zanzibar 2007 Mapping Matrix
- Lessons Learnt, Achievements and Challenges in Mainstreaming HIV and AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP/MKUZA)
- Mainstreaming HIV and AIDS into the Zanzibar Strategy for Growth and Reduction of Poverty – Popular Abridged Version (March 2008)
- Manual to guide sectors in HIV mainstreaming

### Zambia

- Zambia National Strategic Framework 2006–2010
- Zambia National Development Plan 2006–2010
- Zambia National HIV/AIDS/STI/TB Policy (MOH) (January 2005)
- Poverty and Vulnerability Assessment (August 2007)
- Mainstreaming HIV/AIDS Case Studies (January 2006)
- HIV and AIDS Mainstreaming – A Handbook for Sectors, Organizations and Programmes (National AIDS Council)
- Joint AIDS Programme Review (JAPR) 2006 Advocacy Report on the Zambia National Strategic Framework 2006–2010 (July 2007)
- Zambia Interfaith Network Group on HIV/AIDS (ZINGO) Strategic Plan 2006–2011 (July 2006)
- Zambia Poverty Vulnerability Assessment (August 2007)
- Joint UN Programme of Support on AIDS 2007–2010

- Zambia 2007 Mapping Matrix Operational Manual for the National HIV/AIDS/TB/STI Strategic Framework (2008)
- Compendium of HIV Mainstreaming Indicators 2007/08
- Support to the HIV/AIDS Response in Zambia (SHARe) Mainstreaming Tool
- Baseline Assessment of HIV and AIDS Mainstreaming Among Line Ministries

## Round 2 Countries:

### Burkina Faso

- Report on the Selection of HIV Indicators
- Report on Strategies to Integrate HIV in the Sectoral Programmes of Seven Ministries

### Burundi

- Methodological Workshop Report on M&E and Strategies of AIDS Integration into NAC (French) (2007)
- Report on the Research Plan on the Poverty/AIDS Problem (French) (2007)
- Training Kit for Parliamentarians on Responding to HIV

### Kenya

- Guidelines for Mainstreaming HIV in Planning and Budgeting Processes
- HIV Indicators Included in the National Integrated Monitoring and Evaluation System (NIMES) by MPND

### Madagascar

- Terms of Reference of HIV Focal Points
- Memorandum of Understanding Between Ministries and the NAC
- Guide on Planning a Multisectoral Response to HIV

### Malawi

- Nutrition, HIV and AIDS Business Plan
- Guidelines on the Utilisation of the Two Percent of Other Recurrent Transactions (ORT) Budget Commitment Towards HIV and AIDS Work Place Programme

### Mozambique

- Guidelines for the Selection of AIDS Related Activities in Public Sector, Civil Society and Private Sector Plans

## Uganda

- Guidelines for Mainstreaming of HIV and AIDS in Planning and Budgeting Process at National and District Level (September 2007)
- National Policy on Mainstreaming HIV and AIDS in Uganda (Uganda National AIDS Commission) (April 2008)
- Review Report of Mainstreaming of Integration and Mainstreaming of HIV and AIDS in Planning and Budgeting Process at National and District Level (August 2007)
- Assessing the Macroeconomic Impact of HIV/AIDS in Uganda – Summary Report (Ministry of Finance, Planning and Economic Development/UNDP)







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