

Findings

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Eritrea: Rapid Results Initiative (RRI) on HIV/AIDS

In January 2003, the Eritrean Ministry of Health prepared a National Strategic Plan on HIV/AIDS for 2003–2007. In an effort to boost progress in the Community Managed Response (CMR) component of the plan, the government and the World Bank explored the rapid results approach to accelerate the number of community project proposals. The initiative was launched in Asmara on February 24, 2003 through a two day workshop. Specific 100-day goals were agreed upon, self selected teams were assembled, and leadership and resource structures of support and accountability were established. At the conclusion of the workshop the participants agreed on four major areas to focus their initial actions: (a) voluntary counseling and testing, (b) school prevention, (c) behavioral change, and (d) home-based care.

Background on the RRI

The rapid results initiative (RRI) is a management tool through which small components of larger projects can be geared to achieve set results in 100 days. The RRI was formulated by Robert H. Schaffer & Associates (an independent consulting firm), whose experience in the private and public sectors suggested that a critical instrument for capacity enhancement of clients and teams was to achieve short-term success through quick and meaningful results. This was originally piloted by the Bank in Nicaragua in the agriculture sector to improve agricultural productivity and the income of agricultural producers. Successful implementation of the RRI in Nicaragua prompted the task team leader of the HAMSET project (HIV/AIDS, malaria, sexually transmitted disease, and tuberculosis) to propose its application in Eritrea.

Impact on the ground

- *Voluntary counseling and testing (VCT)*: The original goal was to increase voluntary testing and counseling by 25 percent in Asmara. After the 100 day initiative an increase of 80 percent was achieved, and three new testing and counseling centers were built. Typically, a VCT center would take up to 9 months to build. Commercial sex workers were also given incentives to use the centers.
- *Commercial sex workers*: Another goal was to get 25 out of 100 commercial sex workers to practice safe sex in one district. The result in 100 days was that 76 percent of the commercial sex workers reported using female and male condoms.
- *Sex education for students*: High school students were targeted to practice safe sex and delay sexual activity. One hundred days later new programs were implemented in six schools, targeting 1,200 students. Additionally, 120 out of the 1200 students surveyed had been selected for life skills training to influence their peers.

- *Home-based care*: There was very little happening in this area at the time of the project. The goal was to ensure that 25 percent of people living with HIV/AIDS and their affected family members in certain zones would be provided with holistic home-based care. The result after the initiative was that the Orthodox and Catholic churches launched new programs that reached 120 families, providing nutritional and other care. More than 40 health workers have also been trained and equipped with care kits, and they have started to provide coverage in targeted areas.
- *Minimize exposure to HIV/AIDS in hospitals*: During the workshop, the Minister of Health requested for an additional initiative that would eliminate all unprotected exposures among care givers in the Halibut Hospital in Asmara caused by needle pricks, sharp object injuries, and contaminated materials. At Halibut Hospital new supplies have been procured (e.g., needle disposal bins), and 20 training sessions will be carried out with 600 staff members in April and May.
- *Scaling up*: Since the advent of the initiative, requests have been submitted by Eritrean ministers to scale up the project to other zones.

Success factors and lessons learned

- *Supporting existing government strategies and goals*: The government's strategic plan was already in place and had been developed with 10 pillars and over 100 indicators. Concerted efforts were made to ensure that all goals and strategies for the RRI were derived from the objectives outlined in the strategic plan.
- *Strategic teams and leaders*: These were assembled during the workshop and made responsible for ensuring that each initiative was part of the strategic plan and to oversee the technical quality. Pushing the lines of accountability further down, the whole team is responsible for the results, and each one of them knows exactly what needs to be done. Priority areas were chosen by the teams assembled to implement the HIV/AIDS initiative.
- *Incentives for monitoring and evaluation (M&E)*: Breaking down the goals into initiatives with specific results helped the team put together the M&E system. This exercise moved the process from the abstract to the concrete—the inputs, outputs, and desired outcomes became very clear and focused. Each one of the results is an indicator by itself. And each one of the teams that identified a result established a set of activities that would help them reach that result. Consequently, both activities and results were being monitored.
- *Starting small and scaling up*: By implementing the initiatives over a shorter time period, project issues also surfaced faster and could be dealt with immediately in contrast to normal project cycles (4–5 yrs), where implementation issues may not surface until much later on. This accelerated learning from the actual experiences of the team allowed them to improve and inform the larger strategy of implementing such initiatives country wide.
- *Consulting firms*: These firms provided the overall architecture and guidance on execution. It was critical to relate this to the challenges that the minister and his team faced. The team needed to be coached on a regular basis to be able to incorporate feedback and adapt the process to client perspective and aspirations.
- *Ownership of the results*: The process was truly owned and driven by the local teams, who were able to not only achieve but surpass many of the goals and targets that they had set for themselves. The participatory approach also allowed them to enhance their existing capacity levels as they oversaw and implemented each initiative. Leaders also emerged in the groups as a result of the process.

This Infobrief was excerpted from the Africa Region's Debriefing Program: <http://afr.worldbank.org/debriefing>
References include:

1. *The Eritrea Rapid Results Initiative for HIV/AIDS Debriefing.*
2. *Case study note: "Turbocharging the National HIV/AIDS Strategic Plan in Eritrea: The Rapid Results Approach" by Ronnie Hammad with contributions from Eva Jarawan, Nadim Matta, and Godwin Hlatshwayo.*

Persons accessing the Bank's external website can get more information on **HIV/AIDS** by clicking on **Topics in Development** and then on **AIDS**. Bank staff can access this information from the Bank's Intranet.