From Start-Up to Scale-Up
Rapid-Results in HIV/AIDS in Eritrea

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Turning Leadership Commitment into Action

The Minister of Health of Eritrea, Dr. Saleh Meky, was eager to get going on the country's five year HIV/AIDS strategic plan. His team, with help from many donors, had just completed the draft plan. In normal times, the draft would be shopped around for a few months so it can be finalized, and then its various components would be parceled out to Government entities so they drive implementation.

But these were not normal times. The Minister had been to too many conferences where his colleagues in African Ministries of Health described the way HIV/AIDS had ravaged their countries. And even though the infection rate in Eritrea was less than 3 %, the Minister did not feel he could afford to wait before acting, nor to take the risk of business-as-usual, hit-or-miss, implementation.

So when the World Bank's HAMSET team leader, Eva Jarawan, and Susan Stout of the Bank's Global AIDS Monitoring and Evaluation Team approached him with the idea of using the Rapid-Results approach to jump-start and fuel the implementation process, he was ready to get into action.

Getting Started – Achieving Unlikely Results in the First 100 Days

The first conversation with the Minister and his team on Rapid-Results took place in late February 2003. In March, with help from Eva and her Rapid-Results Consulting team, six Rapid-Results teams were launched in the Central Zoba (Region) of Eritrea. Each team set a truly ambitious goal – a Result that would represent a visible impact on one priority theme in the five-year strategic plan. And each goal had to be achieved in 100 days or less.

One of the *Rapid-Results Initiatives*, for example, focused on increasing the use of Voluntary Counseling and Testing Centers. The 100-day goal was:

> *During the last 2 weeks of June 2003, achieve a 25% increase in the number of users of VCT services, using the first week number of users in March 2003 as a benchmark, and get user satisfaction rating above 80%, measured through user surveys*

One hundred days later, the weekly number of clients had ramped up by *80 percent,* from 220 in early March to 390 in the last week of June! The trend line moved steadily upward

(except for the Easter lent period), and continued to rise beyond the initial 100 days. Moreover, user exit questionnaires (developed as part of the VCT *Rapid-Results Initiative)* showed a consistent a 95 percent level of satisfaction with the quality of the VCT service.

In order to achieve their initial goal, the *Rapid-Results Team* opened 3 new VCT sites, trained 5 additional counselors, distributed Rapid Test kits, procured 1 million nakfas worth of equipment and furniture (videos for waiting rooms, etc.), and put in place a systematic tracking and monitoring system – accomplishments the team confessed they would never have thought possible when they embarked in this effort.

But Was This Sustained?

Was this a "flash in the pan" result, brought about by everyone paying attention to one goal to the exclusion of all other priorities?

Happily in this case, the gains were sustained – and continue to be sustained. In fact, in July 2003, the Medical Director of the Central Zoba (Dr. Musfin Worede) upped the annual goal for VCT use in Asmara from 12,000 to 15,000 users, and by December, the actual number of users was just shy of 20,000!

But Dr. Worede and his Zoba leadership group did not settle for sustaining the initial results they achieved. They attacked other areas that expanded the scope of these results.

After the initial 100-day effort, Dr. Worede challenged new teams to pursue different, more ambitious goals for expanding the use of VCT in his Zoba. He launched three teams simultaneously; each focused on one of the Asmara suburbs, in partnership with youth clubs in the suburbs. The same discipline was followed: challenge local teams to set stretch 100-day goals, empower them to develop their own plans to achieve these goals, support them through centrally managed resources, and increase the visibility and the transparency of their performance through tracking simple result-oriented metrics and through following a disciplined review process.

VCT was only one of the "Results" areas that were tackled in the initial wave of Rapid-Results Initiatives in Asmara. Other Rapid-Results teams delivered equally impressive results. Here are few illustrations:

- The Orthodox and Catholic Churches each started a new home-based care program in Asmara (staffed by trained volunteers), with a total of 117 families in the program at the 100-day mark, while the Evangelical Church added a nutritional care component to its on-going HBC program.

- Of the 100 commercial sex workers who participated in the 100-day peer support program, 72 have become regular users of female condoms, and 34 have stated using VCT services.

- A school-based education program was initiated in 6 schools, targeting 1200 students. The team set a dual 100-day goal for itself: delaying the average onset of sexual activity among the cohort they were targeting and increasing the percentage of condom users among sexually active students.

Scaling Up – and Out…

Despite the initial indicators of success in Asmara, Minister Meky and Dr. Andat (his National HIV/AIDS Director) preferred to wait before signaling their intent to scale-up the effort. All the teams, along with most of the stakeholder group that participated in the initial workshop in March, met for a two-day workshop at the end of the hundred day period. Each team described what they had set out to do, what they accomplished, what they learned, and outlined their initial ideas for what needed to be done to multiply the initial impact by at least a factor of 5.

The results that were achieved and the enthusiasm that was expressed at the wrap-up workshop convinced the Minister and Dr. Andat that the Rapid-Results Approach needed to be deepened and broadened.

They encouraged Dr. Worede to work with the "strategic leaders" of the Asmara Rapid-Results teams to prepare for scaling-up the initial results achieved, and they asked Dr. Ismail, the Medical Director of the Northern Red Sea Zoba to get a similar process underway in his Zoba.

Each Strategic Leader approached the scale-up challenge slightly differently.

Replication Strategy for Commercial Sex Worker RR Teams

In the case of the Commercial Sex Workers, for example, Johannes Malaki, Director at the Ministry of Labor, prepared for a scale-up workshop where five CSW teams were launched simultaneously, each taking on a 100-day goal that involved working with 80 of their peers to achieve anywhere from 40-70% adoption rates of Female Condoms and use of VCT centers. The 5 CSW team leaders helped design the workshop, identifying key issues and challenges that they wanted to discuss at the workshop before their teams set their goals and developed their plans. The team leaders insisted that some of their clients participate in the workshop, as the issues and challenges often involved interaction with clients.

The workshop was an eye-opener for those from the Ministry of Labor and of Health who were involved in the efforts to reduce the transmission risk associated with Commercial Sex Workers. "New" issues were put on the table by the CSWs: How do we ensure that we use female condoms when we, or our clients, are drunk? How do we handle our "protectors" when they insist that we practice unsafe sex with clients because they get a premium price for this? The workshop itself was an opportunity for an honest dialogue between commercial sex workers and government officials about the difficulties CSWs

encounter implementing safe sex behaviors that they hear about in awareness building campaigns.

Johannes Malaki, Director at the Ministry of Labor, captured the essence of the shift that was taking place:

> *"this is new for us, and it is important for us. We've met with CSWs before, but it's always been one way, with us teaching them. This is much better. They are teaching us and themselves. And we see that they know a lot."*

The CSW teams set higher goals, in the aggregate, than what Johannes was aiming for. And over the next 100 days, they exceeded their goals. They fell short, however, on the goal they set for convincing their clients to use male condoms (get 25% of clients to use condoms).

Multiplier Impact of School-Based Prevention Rapid-Results

The School-based education team decided on a wide-scale roll-out of the activities the team had initiated in its first Rapid-Results Initiative. Here's how the impact of their work was reported on by Don Bundy, World Bank education specialist who visited Asmara about nine months after the initial wave of Rapid-Results Initiatives were completed.

> *"Eritrea MoE has $4.7m allocated from the MAP (HAMSET). They have made much progress in strategy, policy, national curriculum and school health programming – but little on promoting positive behavior in schools. Much of the work has been through the central ministry, with the Zobas (provinces) disbursing only around $130,000 per annum for work at the school level. They trained 24 teacher trainers in life skills and behavior promotion, but this did not get to the school level, and the central ministry appeared reluctant to develop a life skills curriculum and supporting materials.*
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> *During the supervision meeting 10 months after the RRI (Rapid-Results Initiative), we found:*
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> - *A school-wide peer education program, based on best practice and absorbing the teacher trainers, was in place in all secondary schools and half the primary schools in Central Zoba.*
> - *This was supported by school environmental improvements, aimed at retaining girls in schools and promoting socialization of youth (gender separate latrines, basic sports facilities).*
> - *A pre-post evaluation of reported behaviors indicated a reduction in sexual activity from 9% to 2% (While we need not have much faith in the*

precision of such figures, a reduction in reported activity is now interpreted as evidence of increased recognition of risk)

- *Central Zoba education/AIDS MAP disbursement increased by 350%*

- *Two out of the remaining four Zobas have now implemented similar programs, using the RRI methodology, and with training from the Central Zoba personnel.*

"What is interesting about all of this is that none of the cast of characters had changed – neither on the Health nor on the education side. Neither on the client nor the World Bank side. The project design did not change either. And yet the trajectory of progress took a quantum leap jump, and the way the work was being carried out had a very different feel to it."

Scaling "Out" to Second Zoba

In October 2003, Minister Meky asked other medical directors to get a similar process underway in their Zobas – starting with the Northern Red Sea. Local coaches from all Zobas were trained, and they participated in the launch of the process in Massawa, the main port City of Eritrea. Priority areas were identified, and 100-day rapid-results teams were launched. The teams faced several difficulties, including slow disbursement. Nevertheless, the teams were able to achieve aggressive results. For example, the use of VCT increased from an average of 50 per month in October 2003 to an average of 120 per month in January 2004 (exceeding their 75% increase goal). The use of VCT continued to rise beyond the 100-day initiatives, and it has reached 170 per month in March.

Initial Signs of Institutionalization…

In February 2004, Zoba Debub got infected with the Rapid-Results bug. This time, though, the process was orchestrated entirely by local coaches, with guidance from Dr. Andat (the National HIV/AIDS Director) and support from the Medical Direcotrs and other who had spearheaded the Rapid-Results work in Massawa and Asmara. The Debub Rapid-Results are underway, and they have high expectations to match the results of their colleagues in the other two Zobas.

Meanwhile, Dr. Worede of the Central Zoba continues to drive results in Asmara: "this is a way of working for us: when we have a challenge to overcome, we attack it with a Rapid-Results team"

It is too early to tell if the process will continue to transform the way work on HIV/AIDS gets accomplished. No doubt, there is much more work that needs to be done to help Minister Meky and his team tackle the challenge of institutionalization. But the initial are promising…

Perhaps most importantly, sero-prevalence tests are reinforcing the positive energy that has been unleashed in this effort. In January 2004, Dr. Andat proudly reported to Minister Meky that infection rates have dropped by about 10% in the latest ante-natal sero tests.

It Is Not Just About Results!

There is much talk these days about the need to focus on "results-on-the-ground" in development efforts. Without doubt, the goals that the Rapid-Results teams in Eritrea pursued – and continue to pursue are of the "results-on-the-ground" variety. But focusing solely on this dimension of these goals, politically correct as this may be, misses the point. Achieving these goals is a leading indicator of a more profound aspiration: enhancing the capacity among key players in the fight for HIV/AIDS in Eritrea for accelerating implementation and making change happen. And this is as much about "how" these results are being achieved and who is achieving them, as it is about "what" is being achieved. In particular, the "how" of the Rapid-Results Approach provides a venue for strengthening three critical "capacity levers":

Lever # 1: Capacity of Leaders to Challenge and to Motivate

By breaking results down to 100-day building blocks, senior people in Government, at various levels, can practice the art of challenging and motivating teams to achieve superior results. The scope is focused and time-bound, and the leaders get the coaching and coaxing to help step into a new role – to make the shift from government bureaucrats to inspiring and demanding leaders. And this happens at multiple levels, as each *Rapid-Results Initiative* has to be anchored in a long-term strategic priority. In fact, after the initial round of RRIs, Dr. Worede encouraged each member of the Zoba's Technical Committee to become a "strategic leader" for a *Rapid-Results Initiative.*

Lever # 2: Local Empowerment and Accountability

People respond to a challenge – particularly when the challenge involves a real impact on their lives. *Rapid-Results Initiatives* are a mechanism for challenging people to take accountability for results that affect their well-being.

For example, behavior change among commercial sex workers is typically a program designed by training and communication experts and delivered through workshops to commercial sex workers (CSWs). *Rapid-Results Initiatives* reverse roles. The CSW *Rapid-Results teams* in Eritrea were comprised of commercial sex workers: they set their goals and developed their plans, and they reached out to the "center" and to the experts to help them deliver on their goal. So people that are being helped are empowered to set their own goals and find their own solutions.

Lever # 3: Capacity for Cross-Institutional Collaboration

Most worthwhile results do not come neatly aligned with Government units. Rather, they require the collaboration of multiple players in diverse institutions, often spanning several

sectors. This was certainly the case for HIV/AIDS in Eritrea. Several Government institutions, including the Ministries of Health, Labor, and Education needed to join forces with each other and with religious groups as well as private citizen groups (e.g. the organization representing people living with HIV/AIDS and youth associations).

By focusing on a single result that they feel jointly accountable for, people from different organizations are able to transcend some of the typical organizational barriers to effective collaboration.

Results Beget Capacity…and Capacity Begets Results

The 100-day implementation cycle of *Rapid-Results Initiatives* provides fast and frequent opportunities for reinforcing the enabling attitudes, skills, and behaviors. With each wave of *Rapid-Results Initiatives*, confidence is built at the leadership and the local levels, and the infection of "collaborating for results" spreads across organizational boundaries. So with each cycle of results achievement, capacity for implementation and for change is strengthened.

The Eritrea Rapid-Results story is a work in progress. There is no guarantee that the outcome will be a replicable model for institutionalizing this virtuous cycle of capacity enhancement and results achievement that has characterized the first 15 months of the experience. In fact, the universal model that we would all like to find may not exist. Strategies and tactics for successfully tackling the HIV/AIDS challenges may have to be uncovered and molded by the leadership group in each country – through engaging and empowering stakeholders at all levels and unleashing their creativity and capacity to make change happen. The experience of Eritrea – if it is continues on its current trajectory – is an example of how the *Rapid-Results Approach* can be leveraged by committed leaders to accomplish this.