

Turbocharging the National HIV/AIDS Strategic Plan in Eritrea: The Rapid Results Approach

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Summary: An innovative approach to enhancing client capacity and accelerating project implementation of an HIV/AIDS Strategic Plan was launched in Asmara, Eritrea on February 24-25, 2003. At the conclusion of the workshop, specific 100-day goals were agreed upon, operational, self selected teams were assembled, leadership and resource structures of support and accountability were established, and work is progressing. There also important lessons for building a monitoring & evaluation (M&E) system from the ground up, and using M&E as a driver for decision making.

But something else happened – a sense of excitement and a boost of confidence were generated (and sustained so far). The Rapid Results (RR) approach that fueled this process enabled leadership groups and implementation teams to begin to tackle an inherently complex multi-sector challenge. The focus of the process was less on “what” to do, and more on getting it done. The approach also helped participants make a subtle shift in their approach to implementation: from focusing on activities to focusing on results. It also helped the leadership group create a sense of urgency around achieving initial results within the next 100 days!

This note is a “living” document designed to capture events as they unfold and to understand what may be “really” going on, to continually frame questions about replicability, sustainability, and scalability. It includes a discussion of roles of the various players, both in the country and among the team. An update is planned for June upon completion of a second mission.

The Challenge: Committed leadership groups in client countries tasked with implementing complex, multi-sectoral strategic plans typically ask themselves the following questions:

- How can even the best crafted Strategic Plans be carried out given the limited capacity to implement and the inadequate mix of human and technical resources?
- How to prioritize among all the possible goals and objectives prescribed in a plan?
- How do we keep track of progress and ascertain whether a particular intervention had the intended effect? How do we operationalize strategic plans, with efficiency and effectiveness that cause a difference to beneficiary stakeholders, especially the poor?
- How do we get all concerned committed and accountable to various parts of the plan? And how do we mobilize and organize them for action?

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- How do we coordinate with all the relevant stakeholders and external partners and mobilize their energies and resources in support of the plan?

In the Spring of 2001, Eritrea launched a \$50 million World Bank financed HAMSET control project, an acronym for HIV/AIDS, Malaria, Sexually Transmitted disease, and Tuberculosis. HAMSET is a multi-sectoral program designed to address the devastating impact of this group of communicable diseases. Project implementation focused on three complementary approaches: involve multiple sectors; create and sustain a two-way communication system from national level to zoba district and sub-zoba levels; and promote community managed response. Partnering with the government were NGOs and external partners.

In January 2003, the Ministry of Health prepared a National Strategic Plan on HIV/AIDS for 2003-2007. It called for 12 ministries and all Local Governments to participate in the implementation, under the overall direction of the Ministry of Health. The plan is technically robust and comprehensive, and like many Strategic Plans, contains several (10) objectives that were broken down into goals and targets -- in total there are 60 specific objectives and over 142 indicators to be monitored.

Eva Jarawan, TTL for HAMSET, was concerned over the slow progress in the Community Managed Response (CMR) component and was eager to see results. Having heard of the Nicaragua experience, she enrolled the Government into exploring the RR approach to accelerate the number of community projects. Once the government agreed, a team was assembled with support from the Global HIV/AIDS M&E Team (GAMET) and the Multi-sector Team Learning initiative. Nadim Matta, the consultant in the Nicaragua effort, was asked to support the TTL in infusing a results-orientation in the project. Ronnie Hammad focused on strengthening the M&E component, of particular interest to GAMET, to explore lessons to share with other MAP countries.. Godwin Hlatshwayo supported the team learning at the workshop and throughout the process.

On February 24, 2003, the team visited Asmara and conducted a two-day workshop. Since the timing coincided with the release of the Strategic Plan, it was agreed to shift the focus of the workshop to implementation of the Strategic Plan.

Stakeholder Involvement: At the conclusion of the two day workshop in Asmara, 70 participants collectively agreed to focus on 4 areas for initial action: Voluntary Counseling and testing, School Prevention, Behavioral change, and Home Based Care. In each area, they formed teams and subsequently launched one or more 100-day initiatives aimed at achieving specific, ambitious, and results-oriented goals. Each of these initiatives was referred to as a “rapid-results initiative” (RRI) – see attached concept note for more details on the rationale and approach. The goals included:

1. **Voluntary Counseling and Testing (VCT):** By the last two weeks of June 2003, achieve 25% increase in the number of users of VCT services, using the weekly average number of users in March 2003 as a baseline, and get a rating of at least 8 on

a scale from 1-10 in terms of satisfaction of users with the quality of service -- measured through exit surveys).

2. **School Prevention:** In the month of June 2003, out of 600 randomly chosen students in Barka, Red Sea, Halia, Samardat, IsakTM, and Asmara Comprehensive Schools, ensure that no more than 10 students aged 14-16 will start sexual activity (one third of those expected to start). And for 600 randomly selected students aged 17-18 (from same schools), convert 90% of sexually active non-condom users into condom users. Measure through anonymous and confidential surveys
3. **Commercial Sex Workers:** During the month of June 2003, out of the 90 CSW's in Kidane Mhirat, ensure that the 20 "occasional" safe sex practitioners consistently practice safe sex, and that 25 of the others adopt and consistently use safe sex practices. Measure through self reporting at weekly meetings.
4. **Truck Drivers:** By July 15, 2003, convert 50 sexually active "vulnerable" (non condom users) truck drivers who pass through Meneheria station to consistent condom users. Measure through confidential survey that will be conducted in the period July 1-15
5. **Home-Base Care:** Ensure that 25% of People Living With HIV/AIDS (PLWHA's) and their affected family members in Aba-shawl, and Edaga-Arby will be provided with holistic home based care, by June 30, 2003.

Workshop participants were drawn from the central Zoba, key ministries², associations³, religious organizations⁴, external partners⁵, and groups dealing with HIV/AIDS. We referred to the whole group as the "Extended Leadership Group" – even though they had no formal decision making role.

The Minister of Health, who had opened the workshop and put a great deal of leadership effort behind this effort, asked the participants at the conclusion of the workshop to add another rapid result initiative in the area of Safe Transfusion of Blood at the national referral hospital in Asmara. A day after the workshop, the team composed of doctors and administrators of Halibut hospital and the MoH developed a sixth RRI:

6. **Safe Injections:** During June 2003, eliminate all unprotected exposures among care givers in the Halibut hospital in Asmara due to needle pricks, sharp object injuries, and contaminated materials.

A paradigm shift: In addition to clear goals, structures of support and accountability, reporting mechanisms, and timetable, something else happened. Direct feedback and anecdotal evidence suggest a fundamental shift, best expressed by Dr. Eskinder Woldehaimanot of the National AIDS Control (NAC) office, "Infectious fever...everybody is excited. Looks kind of contagious. Every body is excited about the possibility of actually seeing real results in 100 day initiatives."

² Ministries of Health, Education, Labor, Tourism, Transport, and Information.

³ Associations representing Women, Workers, Youth, Students, Religious organizations, People Living with HIV/AIDS (BIDO) as well as facilitators from the community managed response program.

⁴ Catholic, Orthodox and Protestant Churches as well as representatives from the Mufti's office

⁵ UNAIDS, USAID, UNICEF, UNDP, and the World Bank.

Dr. Mesfin Warade, head of the Central Zoba and in whose district the RRI were being launched put it another way, “It is very systematic...we have strategic leader, team leader, facilitators – it will organize our activities... know who is accountable --- who is really doing work properly, who is not doing work properly – very simple tools to supervise. If we move like this, our 5-year strategy will be fulfilled.”

At the heart of this paradigm shift was a deeper understanding of “results” and “accountability.” The excitement is attributed to the pursuit of challenging yet clear goals -- goals directly tied to the overall strategic objectives. It is this enthusiasm that the RR approach is designed to generate to overcome organizational inertia.

The Locus of Leadership and Accountability. Extensive pre-workshop consultations enabled the team to discover the locus of leadership energy to drive this process. The Minister’s commitment and passion were critical. It provided the political cover and sent a powerful signal that this was important. But it was not enough. The passion had to filter down to the technical leadership level. This “line ownership” resided in Dr. Warade, the head of the Central Zoba. There were other important players, such as the head of the community managed response of the HAMSET project, but reinforcing the existing “line accountability” was, in our view, critical to progress being made.

Dr. Warade opened the workshop and introduced the Minister. This sent the signal that this was *the Central Zoba’s* workshop. It was not the HAMSET workshop, nor the Bank’s workshop, nor even the Ministry’s Central Planners workshop. We were there to support *them*. It was clear that they were “on the hook” to make this a success.

The goals generated were those of the participants and of the Central Zoba’s leadership. The process engaged the “extended stakeholder (or leadership) group in collective prioritization, and it enabled them to zero in on the goals. The process also provided a framework for pushing the chain of accountability further down in the system: to “Strategic Leaders” and further down to “Team Leaders”. The web of accountabilities was thus being built and reinforced.

The team leader’s role is straight forward. These are individuals in the trenches who have prime accountability for delivering the 100-day results. The “strategic leader” ensures the continued linkage between the 100-day initiative and the long-term strategic plan, and they are accountable for scaling up the successful RRIs.

Champions of Change: It is clear that Dr. Warade had the passion to make an impact on HIV/AIDS at the Central Zoba. But he emerged out of this effort equally passionate about using short-term results to fuel longer-term progress.

The process provided him a way to tackle the huge challenge in small manageable bites, while ensuring that each bite is a meaningful result. He could demand performance and results, and inspire others to go beyond what they think they can achieve.

This “dual’ passion among people with influence for the subject matter as well as the process, may be a critical element to examine as the effort gets underway: how it emerges; how to stimulate and reinforce it; and how to spread it widely.

Initial conditions: Key players expressed healthy skepticism about the approach. Minister Meky and his staff were intrigued by the concept of rapid results, but they were not sure how it would unfold. Their concerns are reflected at the beginning of this note: Where to start? How is this different from setting goals and clarifying indicators? How to handle weak capacity? How do we organize ourselves? How do we prioritize?

External partners, who were brought in early into the planning of the workshop, had their own concerns: will the World Bank again upstage their hard worked efforts? Will this be an add-on to an already overworked staff? Will this interfere with the development and communication of the Strategic Plan?

Finally, many members of the extended stakeholder group had their own worries. Eritrea’s per capita income of \$160 makes it one of the poorest countries in Africa. Its HIV/AIDS prevalence rate of 2.8 percent in 2001 is below the 8.4 percent average for the sub-continent. And while workshop participants were clearly committed to fighting this disease, it was equally clear that more basic concerns gripped their daily lives.

The paradigm shift is worth reinforcing: the 100-day initiatives became the means to launch the strategic plan versus an add-on activity. The process enabled the core leadership to quickly organize teams to pursue meaningful near-term results, while building accountability for longer-term objectives. And participants found the energy to contribute to the process in spite of the “daily grind.”

Implications for M&E: The Strategic Plan includes 142 indicators to be monitored. If each indicator requires an entire M&E system⁶, the feasibility of implementing and sustaining such a complex and expensive system had not yet been fully analyzed. Officials were grappling with various survey results, often conflicting, and had yet to incorporate them into an effective decision making system.

The RR approach provides useful lessons on building an M&E system from the ground up. As noted, each RR was developed by the implementation teams. Each result is by definition an indicator and therefore the driver of decision making. The focus on monitoring results, as opposed to activities, became a powerful motivator and source of empowerment for teams.

The M&E specialists focused on two areas: 1) linking the RRI to a national M&E system, and 2) developing baseline surveys, tracking systems, and in certain instances more measurable goals. By testing the efficacy of these indicators (and the results) in the central Zoba, Strategic leaders could ascertain their scalability. Clearly, however,

⁶ Each indicator would require a baseline survey, targets, data collection strategy (source, methodology, frequency, validation, verification, etc.) data analysis plans, reporting plans, dissemination strategy, etc.

additional support is required not only for the teams, but for linking this to a national effort to use information for making decisions.

Role of the Team. The consultant provided the overall architecture of the process and guidance on execution. While the methodology was clear, it was critical to relate this to the challenges that the Minister and his team were facing: operationalizing the strategic plan and linking it to community based projects. The team’s ability to continuously incorporate feedback from the Minister and his staff and adapt the process to their perspectives and aspirations were critical to the buy-in and local ownership that emerged.

The team consulted extensively with the core leadership group which elevated their comfort level to put their reputation behind this high profile launch, even though they could not fully visualize how it would unfold. The consultant stimulated new thinking among participants at the workshop, using exercises, stories and other techniques. M&E was seamlessly incorporated into workshop, not as a conceptual or fiduciary obligation, but as an integral part of achieving results. So participants were primed and “in the zone” as they got to work on prioritizing, setting goals, and developing plans.

The Role of the TTL. The workshop took place in the context of a solid foundation of trust and mutual respect that the TTL had built with the MOH over the years. This is a critical building block. The TTL set a tone for the team, one that emphasized team work, broad consultation, and continuous reflection on how best to support the client. A strong rapport had developed between the Minister, key officials and the TTL which allowed for frank exchange of views. The TTL had seen in the Nicaragua RR experience in Agriculture a possibility for Eritrea in HIV/AIDS. And while the client was clearly driving the process, it was clear they felt that the TTL was “on their side” and was highly respected for her abilities and judgment. Regular briefings and informal consultations with the Minister and key staff allowed for managing concerns. Equally important was getting the team to involve key external partners such that they fully owned the process.

Community Managed Response: A key concern of Bank management was the low number of projects approved under the Community Managed Response (CMR) component of HAMSET. In the Central Zoba, only 7 out of 50 projects approved had disbursed. An initial bottleneck was the small amount of funds (\$1.5 million) under the Special Account, an issue resolved in January 2003.

The Bank team approached the Minister and the head of the CMR about having as a goal full coverage of all communities in the Central Zoba in 100 days. While this was more of an activity/output than a result, it would help identify the constraints associated with project approval, low disbursement, and the challenges of scaling-up nation-wide. The Bank team proposed simplifying review procedures for approving grants, and reducing the amount of individual grants to make the proposal more appealing.

Despite the strong push, the Minister was uncomfortable with it. His main concern was the appearance of “throwing” money at the community. The Bank team respected the Minister’s concern and backed off the proposal.

Interestingly, the way some 100-day initiatives are being approached may help achieve the same goal, but in a more leveraged way. For example, instead of one team focusing on commercial sex workers and one on truck drivers, the strategic leader launched 20 teams for each of these vulnerable groups. Each team will receive a HAMSET community response grant to finance their meetings, promotional materials, etc.

Progress to date: Six weeks since the workshop, it appears that significant progress had been made. Each of the RRI's was launched, some with multiple teams. Each reported having completed its action plans and started implementation.

In the case of VCT access, the central Zoba has already opened two new VCT centers and is renovating a third, working very hard to meet the 100 day deadline. The UNAIDS rep observed at a recent video conference “normally one VCT would not be done in 300 days!”

In home-based care, more than 40 health workers have been trained and equipped with care kits, and they have started to provide coverage in targeted areas (under the guidance of the Orthodox and Catholic churches, and soon the Mufti's office and the Evangelical Church.

In School based prevention, 6 teams in 6 high schools were established. 120 out of the 1200 students surveyed had been selected for life skills training to influence their peers.

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. Despite our advice to be more realistic, the team continues to insist on delivering on the near impossible goal of *complete elimination* of accidental injections in the month of June!

Next Steps: The Bank team is in continuous communication with key officials, both to provide a forum to talk about progress and about the process, and also to try and feed in best practice documents and M&E support. The most immediate challenge is in providing local support to the teams. Next, we need to focus on helping strategic leaders prepare for scale-up and the next round of 100-day initiatives. A mission and series of workshops are planned for June 2003, to help structure the next phase of work.

Beyond HIV/AIDS in Eritrea: The jury is still out on whether the results will be achieved and the momentum sustained beyond the initial 100-days. But given the path the client teams are on and the results achieved in Nicaragua it might be worth exploring how the Bank might incorporate this approach into the way we do business.