RAPID RESULTS APPROACH TO DEVELOPMENT IN AFRICA: RWANDA'S EXPERIENCE

From the African Community of Practice on Managing for Development Result at the African Capacity Building Foundation (ACBF)

Case study
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SYNOPSIS

This knowledge product presents a case study about Rwanda's experience on implementing Rapid Result Approach (RRA). The objective is to share knowledge among the Africa Community of Practice Members (AfCoP) in efforts to advace result agenda in Africa. The study was based on documentary survey and analysis. Findings show that the RRA developed by Schaffer Consulting, has been used to transform service delivery and decentralized development initiatives in several countries in Africa. In the aftermath of the genocide, Rwanda sought an approach which could hasten behaviour change within the public service and economic recovery for political and social stability. It learnt about the RRA from Kenya and Madagascar experinces, then launched it in one of the areas with the highest rates of poverty in the country. After a few months, big improvements were recorded in the areas of health, adult literacy, assets acquisition and wealth creation. In this paper, Rwanda's success is attributed to the commitment for results by top leadership, the existence of a robust and implementable policy framework, readiness to learn and creation of a learning environment, recognition and use of local resources, skills, information systems and institutions and eagerness of the targeted groups to embrace change. Based on these findings, the paper recommends to institutions playing key roles in Africa's capacity development like the World Bank (WB), African Development Bank (AfDB), and the African Capacity Building Foundation (ACBF) to support comparative studies on how the approach worked, where and with what results and why some countries benefited from it more than others. It also recommends to such institutions to establish partnership between the RRI and some of the African institutes dealing with project development and management such as East and Southern African Management Institute (ESAMI), West African Management Development Institutes Network (WAEMI), The Microeconomic and Financial Management Institute of Eastern and Southern Africa (MEFMI), The African Institute for Economic Development and Planning (IDEP) or any higher education partner of the ACBF for capacity building and support to train trainers in African tertiary education institutions and popularize and institutionalize the use of RRA. Moreover, there is need for African regional economic communities to explore alternative approaches to project implementation and facilitate exchanges of experiences within and across Africa.

1. Introduction

1.1 Rapid Results Approaches as a Different Approach to Project Implementation

In this section the key elements of the rapid results approach and its difference from conventional development approaches are analysed. A literature survey of its application in a selected few countries in Africa is used to show how it has been applied and with what results. The objectives of this paper is to analyse the Rapid Results Approach to development and highlighting its main elements and how it was used in Rwanda to increase efficiency in service delivery in some of the poorest areas of the country. The study was based on documentary survey and analysis.

1.2 The Novelty of the Rapid Results Approach

African countries have experienced various approaches to development planning and poverty reduction. These range from colonialism which sought to open up the African continent and connect it to the western world as a subordinate partner. In addition, socialism and state planning in those countries that allied themselves to the East and capitalism for those that were to the west during the cold war, have been adopted. In recent times Africa has experimented with structural adjustment after cold war strategies failed and now globalization through liberalization and marketization of Africa's economies is being implemented. During these phases, economic structures, social relations and systems of political and administrative governance have changed but there are many structures, social relations and governance systems that have not been amenable to change. These include the structure, form, objective and use of knowledge. Notwithstanding ideological alignment during and even after the cold war, since colonialism and within globalization, knowledge that is expected to move developing countries from poverty and deprivation is assumed to be universal and scientific. Universal knowledge is construed to be that knowledge which is recognized, registered, published, licenced or patented. Informal or indigenous knowledge is not recognized as 'knowledge'. Salih and Mihyo (2012: 230) noted that, 'If we accept that 'knowledge' relates to the constructs , assumptions and beliefs by which people understand and interpret the world around them, the global knowledge architecture continues to function as an instrument for justifying hierarchical relations between individuals, institutions and states as well as the spaces within the states. Nowhere has this been more evident than in project and programme implementation.

The scientific method, which is rooted in the western tradition, is based on hierarchies of knowledge, specialization and compartmentalization of interventions and initiatives aimed at development. In the hierarchy of knowledge, people empowered to make or implement decisions are assumed to be the ones knowledgeable and those at the bottom of the recognized knowledge pyramid are expected to support them to apply that knowledge. The second aspect is that the knowledge and knowledge systems have been so fragmented and compartmentalized that in the application of such knowledge, projects and programmes have also become fragmented even though the problems they address are not fragmented or compartmentalized. This has deprived most development initiatives of an opportunity to use the knowledge of people who, in conventional terms, are deemed not to be knowledgeable. It has made most initiatives more programme and less problem-oriented. It has legitimized fragmentation of problems into programme specializations or compartments based on the knowledge limitations of the implementing experts, side-lining or ignoring local expertise. Jeffrey Harrod (1986:2007) argued that specialization deprives development thinking of acceptability once it is predicated upon specialization of knowledge. This explains why its viability and capability to support its proclaimed development objectives, is questioned.

Criticizing this approach, Kane (1990: 60) noted, 'When we are faced with the alien poverty, stupefying cultural customs, strange languages, mulish ingratitude and suspicious drinking water of the Third World, it is psychologically gratifying to have one fixed immutable certainty: the programme. It does one no end of good, particularly when hot, sticky and insecure, to pull out one's programme and start applying it'. This attitude has led to development failure resulting in the problem solving process becoming a sacred domain of only those who crafted the programme and know its dynamics. People who are the target of the process are not participants in the planning or implementation of the programme. They only comprise the 'support team'. Kane sums up the relations between development experts and target communities in the following words, 'Development 'shoemakers' stick to their lasts, failing to consider that what the customer may really need is a coat or that he does not have feet at all. As a result the Third World recipient has to cut his coat to fit the doctor's cloth, tailoring his needs to the compartmentalized world of experts' (Ibid). The

dominance of the scientific method, the focus on programmes rather than problems, the hierarchy of knowledge under which the people in authority are deemed to be the only ones who know and deserve credit for success, has produced poor outcomes and failed to address the problems of the target populations.

1.3   What is rapid result approach?

The term 'rapid' is used in development practice and community oriented research. In research, there are many 'rapid' approaches. Examples in environmental sciences include rapid bio-assessment used in the appraisal of water and other natural resources (EPA Victoria 2003). In other natural sciences, especially medical and health research, Rapid Cycle Evaluation is used to undertake rapid appraisal of interventions in order to provide decision makers with evidence of the outcomes of their interventions and to help in the development of innovation models (Gold 2013, Miscier and Boyer 2014). In social sciences research, it has been used in Rapid Assessment (RA), Rapid Rural Appraisal (RRA) or Participatory Rapid Rural Appraisal (PRRA) which aim at rapid and participatory research. In spite of the common use of the term 'rapid' Rapid Results differs from these research methods. Rapid Rural Appraisal and Participatory Rapid Rural Appraisal are both based on activist and anthropological approaches and traditions (Chambers 1992, 1994). They are mainly rural focused and apply mainly to agricultural and rural development activities.

Rapid Results Approach developed by Schaffer Consulting, a US firm is a tool for participatory planning, implementation, monitoring and evaluation of projects. It is more comprehensive than other brands of rapid approaches. In the rapid research methodology, data are collected by researchers and communities participate either in sharing the information and knowledge generated and owning the outcomes (Chambers 1994). In Rapid Results, outsiders train community actors and leaders from government on how to generate the knowledge, use it in planning, implementation, monitoring and evaluation. Therefore, in Rapid

Results, the communities become fully involved in all stages.

Another distinguishing factor is that Rapid Results is not a research methodology but a business-based approach to development and focuses on outcomes or results. Explaining how it works, its founder Robert Schaffer (2015) noted that most change dreamers design change plans without involving everyone and expect results. According to Schaffer, Rapid Results actors seeking to bring about change, take big objectives and tackle them on a small scale involving all actors with the aim of achieving measurable results in a hundred days. Interpreted simply, Rapid Results is a chunking strategy that breaks down big projects into small scale projects and creates grassroots capacity to bring about large scale changes through these small but connected parts of a large scale problem or project. The expectation is that once people have acquired the capacity to tackle problems in small ways, they use that capacity and capability to deal with larger projects with bigger results. In a complete departure from the 'programme approach' Rapid Results adopts a 'problem approach' and distances itself from the scientific method and hierarchy of knowledge by ensuring that teams of people, otherwise deemed less knowledgeable, are mobilized into teams that acquire skills and generate knowledge required to solve their own problems. Rapid Results as a tool, has been used in several African countries with excellent results.It seeks to improve capacity for service delivery without using conventional methods.

1.4   The best conditions for Rapid Results to be effective

The Rapid Results Approach has been successfully used in Eritrea, Kenya, Ghana, Mozambique, Rwanda, Sierra Leone, Tanzania and Uganda. Before we focus on the impact it had in Rwanda, it is useful to identify the conditions that support the successful application of this approach.

First, Rapid Results is not a research methodology and should not be confused with participatory rapid rural appraisal or action research. It is a

business-based approach that emphasizes community engagement in the formulation of strategies to solve an identified problem. In its application, engagement is holistic, starting with the identification of the problem, planning solutions, implementing the agreed strategies, monitoring, evaluation and reporting.

Second, it approaches big problems or projects by dividing them into small projects and creating capacity for implementation at the grassroots. This capacity can be used to tackle larger programmes or projects, using the same approach. According to Schaffer (2015) rapid results come from 'breaking a problem into smaller pieces to achieve a larger goal'.

The third element is that RRA is a results-focused learning process. As observed earlier, the conventional scientific method recognises experts, entitling them to think and supervise work without allowing non-experts to apply their knowledge and experience to the design of strategies and implementation of projects. This 'hierarchy of knowledge' elevates the knowledge of experts and denies recognition to local knowledge or the capacity of members of the communities to acquire new knowledge and experts to learn from them. RRA emphasizes the enhancement of learning and implementation capacity for all actors. The experts learn about conditions on the ground and the communities learn problem solving techniques that they can apply to their problems. Obong'o (2007) a key member of the RRA team in Kenya, emphasized the key components of success as clarity of the problem and its various components, expected results, their measurability and achievability, knowledge creation and sharing, motivation and empowerment of actors, innovation and accountability.

The fourth element is that RRA is not easily applicable in long term projects. Kenya adopted results-based management in 2004 and embarked on long terms reforms some of which relied on RRA in critical sectors such as water and transport. The reforms succeeded only where short term goals for increasing efficiency within one hundred days were set. Although the application of RRA

supported changes in the delivery of services, reforms stagnated where goals were long term. This occurred because where the system is not adjusted to RRA, a long term project suffers from transfer of key personnel, change of ministers and advisors and loss of momentum by key champions of the approach as happened in Kenya (Majid 2012, Kanyinga and Long 2012).

Fifth, to make RRA successful there has to be behaviour change. The Kenyan case indicates that civil servants did not adopt new approaches to their ways of doing things. Information sharing was a problem and inter-departmental networking was difficult because the budget and accountability systems were not adjusted to internal networking and joint departmental accountability. There was too much mobility of civil servants, denying the process predictability.

The sixth important condition for success is support from the top. In Kenya this support was evident at the beginning when President Mwai Kibaki took office. He had campaigned on the platform of change and reforms. He immediately assembled a high level team of local experts to lead the reforms. However, within two years his enthusiasm and support waned (Majid ibid.). In contrast, in Rwanda, the continued support of ministers and the head of state, underpinned the success that was achieved through RRA in Rwanda.

The seventh element is voluntarism. The culture of perks and allowances has become a serious impediment to effective service delivery and project implementation as shown by a study in Ethiopia, Malawi and Tanzania by NORAD (2012). In organizations or countries where this culture has been entrenched, projects are not implemented unless allowances are paid, in addition to salaries. Rapid Results relies on voluntarism within targeted communities and this has worked very well in Ghana. For many years people in Ghana were manipulated by politicians and public servants who spent large proportions of development project funds on transport and sitting allowances and benefits. When the Rapid Results Institute (RRI) visited Ghana to provide support to projects on health and education, they explained from the

outset that the RRA was based on voluntarism. According to RRI, once the people in the community were convinced that the projects were for their benefit and that voluntarism challenged them to contribute to change, they embraced it with such zeal and enthusiasm that local chiefs got directly involved in performing basic chores such as brick making (RRI 2007).

The eighth element of RRA is that it builds itself on the culture of the host communities. African communities have a collective and cooperative culture for production and distribution. This is evident in the cooperative ventures and societies such as the Iqqub of Ethiopia, essusu in Nigeria and Ghana, tontines in Cameroon and several West African countries from Cameroon to Senegal, harambee and udugu in Kenya and upatu in Tanzania. Promoting voluntarism and teamwork involving people in the communities generated a lot of enthusiasm among the local people leading to positive results. In Ghana the challenge of a hundred days was built upon the culture of rejecting failure which is very strong among many rural people in Ghana. Success in one community triggered off eagerness to learn in other communities. According to RRI (ibid.), projects which used to be completed in nine months to a year, were completed in less than one hundred days. They included four houses for nurses in Anyimabrim Area, a two unit classroom block with an office and store in Ongwa Area Council, a three unit classroom with an office and store in six other area councils (RRI ibid:8) Such achievements were unprecedented in Ghana.. The key was mobilization; the catalyst was the culture of voluntarism and the guiding spirit was that the development was for the benefit of the communities themselves.

The ninth element is the duration of the project. The hundred days duration in RRA has a logic. When projects have a scheduled period within which they have to be completed, actors commit very easily and they struggle to reach their goals within that time. If the goal is realistic and achievable and if people are working in teams, no team wants to fail. The 100 days limit enhances achievement drive. What helps is that in small projects the focus is on results. Long term projects tend to be dogged by loss of focus and enthusiasm. Team spirit may wane and personality problems may develop. These problems might be aggravated by mobility and transfer of key actors as happened in Kenya. Resistance to change is likely to be weaker in small scale projects of shorter duration.

Finally, the issue of sustainability of reforms may arise. Kayizzi-Mugerwa (2003) noted that reforms can best be sustained where there is genuine local ownership and incentives for implementing them.In several countries that used RRA to change behaviour and enhance efficiency in public service delivery, the zeal and enthusiasm did not survive the withdrawal of support from individuals who were committed to change. In others, projects stopped when funding ended. In Kenya, when the key actors who were devoted to the reforms were transferred or changed jobs, the momentums of change was lost. Similarly, while efficiency was enhanced, real behaviour change through increased accountability did not take place (Wa Githinji and Holmquist, 2011; Kivuva, 2013).

2.   Rapid Results in Rwanda

In 1994, the Rwanda Patriotic Front (RPF) took over power in Rwanda and found high levels of poverty, aggravated by bad governance and the prolonged internal strife. Food insecurity was prevalent and medicines and medical personnel were in short supply. Refugees were returning and needed resettlement and infrastructure which had been neglected or destroyed - needed restoration. People who had lost their friends and family members through genocide were still in shock and grief. The country was at a standstill.

2.1   The search for a strategy for effective service delivery

In order to achieve its vision of a new Rwanda, the government established a structure of governance suited to its goals of rapid recovery, peace and stability (Government of Rwanda 2012). First, it

established a decentralized system through RPF district and grassroots committees which helped to organize elections and handle land and resettlement issues. The system developed as the liberation of the country advanced. By the time the government took over the whole country, the system was already established. To assure the populace peace and security, the RPF had designed a system through which it set up a political systems which coordinated governance, popular participation, peace and security in the areas it took over. The system that was established can serve as a model for post conflict re-construction. To address the problems of service delivery and human development, the government launched a number of policies the most important of which is Rwanda Vision 2020 (ibid.).

Between 2002 and 2005 the Public Sector Capacity Building Secretariat worked closely with the National University of Rwanda, the Kigali Institute of Science and Technology and other tertiary education bodies, to enhance the capacity of public servants to accelerate poverty reduction through efficient service delivery. However, after three years of such efforts, capacity building through conventional methods based on seminars and workshops, was not generating the desired results. The government approached the WB which supported it to launch a Multi-Sector Capacity Building Programme and introduced the Rwanda government to the Rapid Results Institute (RRI). Under this programme, the Human Resources and Institutional Development Agency and the Public Sector Capacity Building Secretariat with the technical assistance of RRI, developed a programme for experiential learning under which a team was sent to Madagascar to learn how after a devastating typhoon had reduced Madagascar to near famine. Madagascar had used the RRA, to reverse trends and secure substantial increases in food production over a very short time (Majeed 2012:4; Nair et.al 2007).

Madagascar was chosen because it had successfully used RRA to turn around a declining economy and an agricultural sector that had been devastated by two powerful cyclones in 2004, which caused injuries and health hazards across the country (Friedman 2012). Before the cyclone, Madagascar already faced an economic crisis. When President Marc Ravolamanana took office in 2002, the GDP had gone down by 13%, poverty had risen from 69% in 2001 to 80% and some public services had been suspended (WB 2008). In March 2004 typhoon Gaflo hit the island killing 172 people and destroying the entire rice crop, pushing the country to near starvation (Friedman ibid.). The government responded by launching the Leadership and Management Programme (LAMP) and with the help of the World Bank Institute, several cabinet retreats were held on how to improve service delivery. Madagascar sought a strategy that would revive production and restore services through participatory, decentralized, efficient service delivery, poverty reduction and capacity building based on learning by doing (Matta and Morgan 2011).

A holistic approach was adopted in which agricultural recovery would be accompanied by capacity building for effective service delivery in health and other sectors. The government opted for the Rapid Results Approach with support from the Rapid Results Institute and the World Bank. It rallied all its departments to work in equal partnership with civil society and the private sector, focusing on 'common goods'. The Madagascar experience was worth learning from because the results were immediate. Rice production had risen up from 2.5 tons per hectare to 4 tons in less than one year. Community involvement had helped to ensure local ownership, partnership and participation. Success in one sector led to attempts and success in other sectors. Therefore the RRA in Madagascar had a catalytic effect. Lawrence (2008) noted that when success

occurred in one district, other districts launched similar initiatives successfully. In addition, apart from the revival of rice production, RRA was applied to health and mining sectors with significant success.

After learning from the experience of Madagascar and Kenya, the Rwanda government adopted the RR to improve service delivery starting with two Ministries: Health and Local Government. The government had realized that despite its success at controlling of HIV/AIDS in many districts, maternal health was still a challenge among the poorest communities. According to the Rapid Results Institute (2009), the government had tried to increase incentives for workers to improve performance through a pay for performance programme, but the results were not commensurate with the investments. Old habits persisted with pregnant mothers failing to attend antenatal care clinics and most of them delivering without professional assistance. The government decided to increasing efforts to curb the spread of HIV/AIDS, and use RRA to change the behaviour of the people and public servants delivering service to them. It chose the Gashaki Sector in Musanze District, one of the poorest areas in Rwanda, for interventions using RRA. The choice was made under the Rwanda Vision 2020 Umurenge Policy (Republic of Rwanda 2007), a comprehensive local development strategy emphasizing poverty reduction with particular focus on the poorest groups, many of them resident in Musanze District. The RRI was supported by the World Bank to provide training and support for the initiative It trained four local consultants who later trained coaches and other service providers who implemented the project on the ground.

2.2 Operationalization of RRA in Gashaki

Before the RRA was launched in Gashakai, people use to travel an average of ten kilometres to the nearest clinic (Majeed 2012). Three interventions were planned: public works for income generation, reducing un-assisted births and HIV/AIDS control. Public works aimed at providing opportunities for earning incomes which would be invested in assets such as farming, animal rearing and other economic activities. Before the consultants and coaches started team formation, they consulted the mayor and local leadership. They were warned not to concentrate on public works only because people desired activities that would lift them out of poverty. According to Imurara (2015) this helped the RRI and the consultants to adopt a holistic approach under which they planned to provide training about wealth creation and assets building so that the incomes earned from public works would be invested in agriculture, cooperatives and animal husbandry. They also used health education to enhance the working and earning capacity of the people in the communities.

The knowledge gathered from these consultations helped them to develop a comprehensive approach, including child and adult education, family planning, health insurance, modern agriculture, voluntary HIV/AIDS testing, good hygiene, assisted child births and banking (Imurara, ibid.). After the teams were formed and trained, each team was attached to a coach and all teams used focused group discussions to support groups to develop projects, define their goals, set targets to be achieved within one hundred days and develop indicators for measuring results and division of tasks. Each team was tripartite, comprising people from local government, community leaders and local NGOs focusing on the issues the teams had chosen. The goal was to engage 1074 of the poorest in the Gashaki Sector.

The guiding policy was Vision 2020 and the Umerenge Vision Policy which aimed to lift citizens out of poverty.

On the issues of assisted births, two health centres were selected in the Gashaki area, namely, the. Kizingumuro Health Centre, whose team set themselves a target of raising the number of assisted births from an average of 1.4 mothers to 4 a week within 120 days and the Gokomero Health Centre whose team committed to raise the numbers from an average of 4.7 to 8 mothers a week within 120 days. The RRI (ibid) reported that within the period set, the Gikomero health Centre achieved an average of 7.64 assisted births per week or a total of 130 within 120 days, while the Kizungumuro Health Centre achieved an average of 11.23 assisted births per week or 191 mothers within 120 days. While Gikomero fell short of the target, the Kizungumuro Centre exceeded its target. In the area of maternal health, the project exceeded its objectives. The RRI (ibid) reported that The Gikomero Health Centre achieved 94% of its target while the Kizungumuro Centre achieved 280% of its target. The results in the areas of economic empowerment were equally impressive as indicated in table one.

Table 1: results in the areas of economic empowerment

Activity	Number of people benefitting
Eligible people engaged in public works	882
Targeted beneficiaries who opened accounts	All
People who voluntarily tested for HIV/AIDS	446
Households that were practicing better hygiene	267
Homes constructed for homeless people	19
Animals acquired for rearing	257
Fuel saving stoves constructed	145

Activity	Number of people benefitting
Beneficiaries who were attending literacy classes	119
Beneficiaries and families that had purchased health insurance	2819

Source: Compiled from the Report of the Rapid Results Institute (RRI 2009)

In addition, over 500 farmers formed a cooperative credit society and raised over 11 million Rwanda Francs (Mukombozi, 2008) which they used to develop economic activities some of which are indicated in the table above.

3. Lessons learnt on RRA application in Rwanda

As several countries attempt to apply rapid results approaches, some have tried but did not achieve the results comparable to those in Rwanda, it is important to identify the critical factors that contributed to Rwanda's success. An analysis of the reports and articles on RRA in Rwanda (Majid, 2012, Imurara 2015, RRI 2007 and 2009) indicates ten factors which contributed to the success of the RRA experience in Rwanda.

3.1 Mobilization and continuity of top level support is critical. In the case of Kenya, loss of enthusiasm for reforms by the top leadership and removal of key champions from leadership of the reform process reduced the momentum of reforms and negatively affected results.

3.2 In Rwanda RRA was implemented within the framework of the long term growth strategy known as Vision 2020, in which one pillar was poverty eradication. The targeted communities were earmarked for priority attention in the policy.

3.3 The RRA consultants relied on local knowledge. When the RRA consultants and experts went

to Gishaka, they focused on public works and other activities were treated as auxiliary. According to the RRI (Ibid), they organized meetings with the support of the mayor, and listened to and took stock of local knowledge. Through this they learned that people wanted employment, skills and knowledge that could help them to help themselves. The RRA consultants then developed a multi-pronged strategy embracing health, education and economic empowerment.

3.4 The RRA consultants recognised and respected local authority and leadership. Sometimes, experts who are supported by big donors do not respect and work closely with local authorities. According to RRI, recognition of and working closely with the local leadership such as the mayor and others, gave credibility and legitimacy to the activities of the interventions.

3.5 Working with local NGOs who usually have grassroots connections and credibility within the communities and among donors, is important. According to the RRI report (ibid.) in Gashaki, the Kizungumuro team forged links with a local NGO which raised two million francs to organize radio and other campaigns related to hygiene and assisted births. In addition, the teams used local systems and solutions. The two health centres engaged the town criers to remind pregnant women of scheduled appointments using lists provided to them by the health centres.

3.6 The sixth factor is constant knowledge gathering and its use for innovation through working with local leaders and institutions. This was done by all teams and they used the results to fill gaps. Normally, project implementers wait for mid project or end of project evaluations to decide whether to adjust, innovate and improvise on their strategies. Often, it is too late to innovate or improvise in the middle or at the end of a project.

3.7 The seventh factor is inclusiveness. Maternal health issues usually affect women. However, in the project men were involved in awareness creation activities so that they could encourage pregnant mothers to attend ante natal clinics as required. Seminars were organized exclusively for men.

3.8 The eighth factor is the importance of learning. The Rwanda government, through the Human Resources and Institutional Development Agency (HIDA), undertook an assessment of the capacity development activities and outcomes and decided to change its strategy. It then contacted the World Bank for support which was availed through funding the Rapid Results Institute to send experts to work with the government. Once the human and financial resources to launch the programme had been secured, it undertook surveys of how the rapid results approach had been applied and with what results in other countries, particularly in Madagascar. After gaining the necessary information, the local consultants and the teams were properly trained and guided by the RRI experts and when the activities were launched, every actor was adequately prepared. The main lesson is that in order to acquire knowledge and apply it appropriately, there is need to create institutions and capacity for such knowledge acquisition and application.

3.9 The ninth element is localization of RRA strategies. The RRA initiatives were embedded in the Umurenge (social safety net) component of the Poverty Reduction Strategy which was itself part of the set of policies to implement Vision 2020. Localization of RRA was facilitated through placing emphasis on community engagement, local participation, leadership, ownership, efficiency and results. These values were also embodied in Vision 2020.

3.10 Tenth was professionalization and de-politicization of the project. Implementation of any policy is problematic when political parties or actors put more weight on their

party or personal interests than national development. Professionalization and de-politicization are a function of a leadership which is not partisan or dominated by interest groups. A comparative study of leadership development in several African countries by the WB (Andrews et. al 2010: 36) has attributed Rwanda's success to inter-ministerial coordination and cooperation among the government departments involved, and the commitment of the head of state to securing results. In this study Rwanda was said to have had a leadership that 'brought people together' and the leadership was said to have had a 'big impact on the transformational, transactional and relational aspects' of implementation of RRA (Andrews ibid: 42).

3.11 Elenthenth and most crucial is acceptance of change by the targeted communities. In the whole East African region, the people of Rwanda are leading in the acceptance of measures that they perceive to be likely to bring change. Measures such as 'umuganda' through which communities engage in the cleaning of their surroundings every first Saturday of the month, 'umudugudu/imidugudu' through which village committees handle land disputes, the 'abunzi' system for community mediation of local disputes and mutual health insurance, involving community funding and risk sharing, have been embraced and are functioning well in the transformation of livelihoods in Rwanda (Rwirahira and Ngamije 2012). In the same manner, RRA was embraced with enthusiasm as soon as people noticed that it could transform their lives. Therefore buy in is very essential and people buy into programmes which promise to improve their livelihoods.

4. Conclusion and recommendations

The Government of Rwanda has restored peace, security and stability. It has raised living standards and reduced the percentage of people living below the poverty line. The Gross Enrolment Ratio for primary education has gone up substantially and life expectancy had gone up to 63 which is the highest in East Africa. Statistics of the National Institute of Statistics of Rwanda indicate that income gaps have been narrowed, participation in farming and off farm activities and health care delivery has improved significantly and the gender gap in participation and income were reduced. While the efforts of the government and the readiness and eagerness of people to use all available resources to change their country have contributed significantly to these successes, development support from the WB, the AfDB and European Union, has also played a pivotal role in making the change possible and sustainable. The success of RRA in Rwanda shows that with a clear focus, committed leadership, de-politicized policy and project implementation and genuine community engagement, new project implementation strategies which adopt a problem rather than a programme approach, can transform countries emerging from conflict or natural disasters. In addition, integrated and holistic project implementation methods based on recognition, respect and reciprocity between experts and targeted communities, can produce significant results through small teams with modest investments.

Given the success of RRA in Rwanda it is therefore recommended to the ACBF, the AfDB and the WB to:

- Undertake a comparative study of how RRA was used to implement change in African countries and to indicate which countries succeeded most and the factors behind that success.

- Identify countries which adopted the Rapid Results Approach and continued to apply it without depending on support

from the WB. There is need to identify the mechanisms that were developed by these countries to ensure the sustainability of the RRA approach.

- Establish partnership between the RRI and some of the African institutes dealing with project development and management such as East and Southern African Management Institute (ESAMI), West African Management Development Institutes Network (WAEMI), The Microeconomic and Financial Management Institute of Eastern and Southern Africa (MEFMI), The African Institute for Economic Development and Planning (IDEP) or any higher education partner of the ACBF for capacity building and support to train trainers in African tertiary education institutions and popularize and institutionalize the use of RRA.

It is further recommended to the Regional Economic Communities to:

- Seek ways of sharing information on project management and implementation techniques that support efficiency, ownership, measurable results and impact in the shortest time.

- Organize the compilation of experiences of countries that have used RRA i.e. Eritrea (2003), Kenya (2004), Ghana (2005), Madagascar (2004), Rwanda, Sierra Leone (2004), Uganda (2001) and Tanzania (The Big Results Now Programme) and share their experiences to establish whether it provides new avenues for improved, efficient and effective project and programme implementation.

These recommendations are based on the belief that the RRA has not been accorded the attention it deserves and in some cases it has been confused with research methods such as Rural Rapid Appraisal or Participatory Action Research.

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