FRAMEWORK FOR THE IMPLEMENTATION OF TECHNICAL ASSISTANCE (TA) FOR THE ROADMAP FOR THE INTEGRATION OF SMART START IN ETHIOPIA (RISE)

Updated April 2024

RISE
ROADMAP FOR INTEGRATING SMART START IN ETHIOPIA

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MINISTRY OF HEALTH·ETHIOPIA

A360

PREAMBLE

The Roadmap for the Integration of Smart Start in Ethiopia (RISE) is a co-funded investment which began in January 2020 and is funded by the Bill and Melinda Gates Foundation, the Children's Investment Fund Foundation, and Ethiopia's Ministry of Health (MOH). This investment is a continuation of an earlier broader investment under the Adolescent's 360 (A360) project, which ran from 2016 to 2020 and was implemented in Ethiopia, Nigeria, and Tanzania.

RISE is part of the follow-on investment of the A360 project. During the earlier investment, A360 designed four unique aspirational adolescent sexual and reproductive health (ASRH) interventions for adolescent girls aged 15-19 years for each of its implementation geographies including *Smart Start* for Ethiopia, *Kuwa Mjanja* for Tanzania, *Matasa Matan Arewa (MMA)* for northern Nigeria, and *9ja Girls* for southern Nigeria. These interventions reached over 600,000 adolescent girls with aspirational program components and girl-friendly services resulting in 420,000 girls voluntarily adopting a modern contraceptive method[1]. Further, a design process was also conducted in Kenya in 2021 and yielded *Binti Shupavu*, an intervention that draws on the intervention components and learnings from A360's initial interventions but is also uniquely suited to the needs of Kenyan adolescent girls.

A360's initial investment demonstrated that A360's interventions increased the relevance of contraception for girls by tapping into their self-defined aspirations and resulted in high uptake of modern contraception[2]. The potential for each of A360's interventions was affirmed by the findings of an external evaluation conducted between 2018-2020. The strategic goals for the current A360 investment, which RISE is part of, are to:

- Adapt A360's interventions for improved effectiveness.
- Institutionalize the interventions within existing government health systems and support government to lead scale to new sites.
- Generate quality evidence and learning to advance the global ASRH sector.

Given the focus on sustainability, RISE was co-created with the Ethiopia MOH as they steward the implementation of the project at all levels while Population Services International (PSI) serves as a technical assistance (TA) partner. Several gains have been made since RISE's inception in 2020, with over 26,000 health extension workers (HEWs) receiving training on Smart Start through the integrated refresher training (IRT), the inclusion of Smart Start in strategic policies at the federal level and MOH curricula, and the implementation of Smart Start through the MOH in five regions since May 2021.

A360 employs an adaptive implementation approach for routine program learning. This approach enables the project to proactively scout for implementation areas or intervention components which would benefit from adaptation, as well as implement and evaluate course corrections. In the second year of RISE implementation, PSI and its stakeholders identified that there were areas in its approach for providing TA to the government to scale Smart Start that needed to be strengthened. Following this feedback, PSI invested in a process to redefine its existing TA model to increase its effectiveness and document it in a way that could be easily understood by RISE stakeholders. This technical brief details the framework that PSI employs to provide TA under RISE, the activities under each component of the TA model, and the

[1] Wilson M, Cutherell M, Musau A et al. Implementing adaptive youth-centered adolescent sexual reproductive health programming: learning from the Adolescents 360 project in Tanzania, Ethiopia, and Nigeria (2016-2020) [version 1; peer review: 2 approved]. Gates Open Res 2022, 6:14 (https://doi.org/10.12688/gatesopenres.13589.1)
[2] Wallach S, Punton M, Lagaay M, Weinberger M, Rosen J, Neuman M, Krug C, A360 Summative Report, (2022). https://www.itad.com/wp-content/uploads/2022/11/A360_SummativeReport.pdf

measures used to determine the success for each of the components. Further, under each component the document highlights areas where the TA model could and will continue to be strengthened.

THEORETICAL UNDERPINNING OF TA

Technical assistance had been defined as a dynamic, capacity-building process for designing or improving the quality, effectiveness, and efficiency of specific programs, research, services, products, or systems[3]. Two main broad constructs of TA have been proposed along the TA continuum[4]. First, a content-driven approach is one whose primary goal is information transfer and referral. The content-driven approach refers to TA which is specific, time-limited, low-intensity, and focused on knowledge increase. This TA construct is well defined and less flexible with standard, pre-defined, tactical strategies directly linked to goals and focused on getting the job done.

Second, there is the relationship-based approach whose main goal is to facilitate behavior and systems change. This construct is employed for TA requests which are expansive, time- and resource-intensive, and focused on change. TA under this approach is dynamic and more strategic as it focuses on planning, articulating the big picture, recognizing patterns and trends, and anticipating issues. Consequently, this TA is customized to the recipient's needs, is developed and implemented jointly, and uses a flexible approach based on recipient feedback and the outcome observed.

TA implementers are expected to employ the right mix of both approaches at any time during the process as a prerequisite of success during implementation.

RISE'S TA FRAMEWORK

PSI Ethiopia has been providing TA across five-layers according to how the health system is organized in Ethiopia. These are the FMOH, Regional Health Bureaus (RHBs), Woreda Health Offices, Primary health Care Units (PHCUs), and Health Posts (HPs). There are specific TA activities which are conducted at each layer to facilitate the systems' capacity to integrate Smart Start fully into activities at each level. These activities are focused on distinct components of the health system. The project adapted the WHO building blocks, to structure how the TA model implemented through RISE is conducted, the activities under each component, and the measures that indicate that each component is contributing to RISE's expected outcomes.

The WHO defines the six core components of the health system that are vital for delivering improved health outcomes[5]. The six components are (i) service delivery, (ii) health workforce, (iii) monitoring and evaluation systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. Although providing TA is a dynamic process, these six blocks form an adaptable structure that can be used to define the critical ingredients that are vital for RISE's success. The WHO framework does not include the people targeted by health interventions as a block. To appreciate the role played by the elements that engage the populations targeted by

[3] West GR, Clapp SP, Averill EM, Cates W Jr. Defining and assessing evidence for the effectiveness of technical assistance in furthering global health. Glob Public Health. 2012;7(9):915-30. doi: 10.1080/17441692.2012.682075. Epub 2012 May 21. PMID: 22606939; PMCID: PMC3479625.
[4] Le, L. T., Anthony, B. J., Bronheim, S. M., Holland, C. M., & Perry, D. F. (2016). A technical assistance model for guiding service and systems change. The journal of behavioral health services & research, 43, 380-395.
[5] WHO (2007), Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. https://apps.who.int/iris/rest/bitstreams/52187/retrieve. Accessed on February 7, 2023

Smart Start, RISE's framework has been expanded to include a seventh block on demand generation.

The adapted RISE TA framework encompassing the seven blocks is summarized in figure 1 below.

Figure 1: RISE's TA Framework (Adapted from the WHO Building Blocks, 2007)

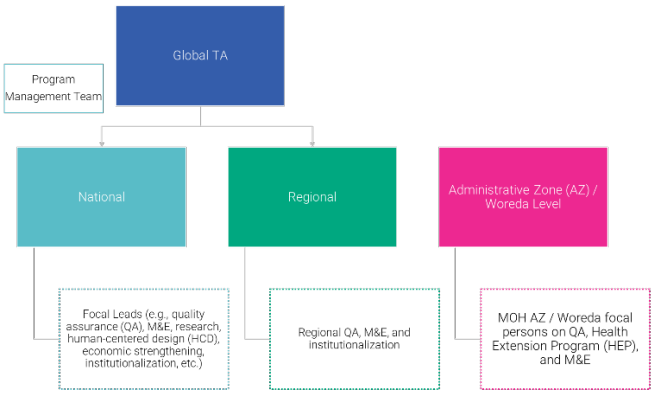

Figure 2: Organization of PSI Technical Personnel

To implement RISE TA, PSI Ethiopia deployed personnel to support national-level activities. These staff are based at PSI's Ethiopia's headquarters in Addis Ababa, as well as at the headquarters of the six RHBs (in Southwest Ethiopia's People's Region (SSNPR), Oromia, Amhara, Sidama, Afar, and Somali) where RISE is currently being implemented (see organizational structure in Figure 2).

Personnel at the RHB level provide support to the RHBs, the administrative zone level, woreda health offices, PHCUs, and HPs. The RHBs are staffed with five technical officers. Personnel based outside of Addis Ababa also provide supervision and technical support to their peers who are based at the regional level. Additionally, PSI Ethiopia receives support from technical leads that sit on the global A360 team in key thematic areas (e.g., institutionalization, ASRH, meaningful adolescent and youth engagement (MAYE), gender, performance monitoring, solution design, social and behavioral change communication, economic strengthening, and research and learning).

THE COMPONENTS OF THE RISE TA FRAMEWORK

This section includes a presentation of the components of the framework used by RISE and the specific activities that are being implemented.

I. SMART START DELIVERY

This component encompasses all TA activities aimed at ensuring high-quality services are delivered to married adolescent girls using the Smart Start approach. This TA aims to support HEWs to deliver sustained, high-quality, timely Smart Start counselling to married adolescents. The short-term outcome of this effort is to reach new and repeat acceptors in line with RISE's project targets. The core activities conducted under this component are quality improvement, quality evaluation, support for documentation, and fidelity.

Table 1 below summarizes the activities, expected measures of success, and data sources to support tracking of the impact resulting from TA.

Table 1: Core and Sub-Activities for Smart Start Service Delivery

Core activity and sub-activities	Frequency / intensity	Measure(s) of success / milestones	Data source	Remarks
Continuous quality improvement for the Smart Start approach				
• Build capacity of woreda and public health center unit (PHCU) officials to conduct monthly supportive supervisory visits (SSVs) to health posts. • Work plan is developed by MOH after monthly data-to-action (D2A) reviews.	15 days every month	• # of relevant MOH at woreda and primary health care unit (PHCU) staff capacitated to conduct monthly health post SSVs. • # of new and repeat acceptors of modern contraceptive methods reported by health posts.	HIMS	• These visits are performance-driven and geared towards supporting health posts with poor performance within a quarter. • A checklist is used to identify issues related to all technical areas (e.g., QA, MERL, SC). • Feedback from activity is relayed to PHCU, woreda administrative office, etc.
Quality of care (QoC) evaluation				
• Build capacity of key staff from the MOH across national and regional levels (who then cascade down to zonal, woreda, PHCU, etc.) to participate in and lead annual QoC audits / evaluations (including planning, reporting, and disseminating results).	Annually and in health posts in selected woredas	• # of relevant MOH staff at national and regional levels trained and participating in QoC audits / evaluations. • # of internal quality evaluations led by the MoH. • # of health posts scoring 70% and above during QoC audits.	Field activity reports (including QoC audit findings)	• According to the national standard, the primary responsibility to manage, support, and build capacity at the health post level sits with PHCUs.

Documentation				
• Train and mentor MOH staff (i.e., PHCU linkage supervisor of catchment HP) so that they can provide ongoing mentorship and on-the-job training for HEWs on data monitoring and reporting.	Monthly	• # of relevant MOH staff (i.e., PHCU linkage supervisor) trained on data management and reporting who cascade training to HEWs. • # of HPs visited and % of HPs capturing data correctly and regularly reporting.	Field activity reports	
Fidelity monitoring				
• Build capacity of MOH (i.e., MNCH, AYH focal persons, etc.) at national and regional levels (to cascade down from regional to PHCU) to monitor whether Smart Start is implemented following the right steps and using Smart Start discussion guide.	Monthly	• # of relevant MOH staff at national and regional levels trained to cascade trainings to lower levels to support HEWs to correctly using the Smart Start guide and tools. • # of HEWs correctly using Smart Start guide and tools.	Field activity reports	• This will initially be led by PSI/E in partnership with the MOH and will be gradually shifted to the MOH.

II. HEALTH WORKFORCE

This component encompasses two focus areas for RISE TA including:

- Staffing, training, and capacity development of the HEWs and members of the Women Development Army (WDA) to deliver Smart Start messaging (i.e., mobilize) and provide voluntary contraceptive counseling and services to married adolescent girls.
- Strengthening (MAYE) through the implementation of RISE.
- Remote technical support for government RISE focal persons at all levels.

The main goal for providing TA is to ensure that reproductive health coordinators at the regional, woreda, and PHCU levels advocate for adequate staffing, as well as support competency development and training for HEWs and members of the WDA to execute their expected roles under RISE.

Under this component, PSI Ethiopia supports the federal and RHB stakeholders to rollout Integrated Refresher Training (IRT) for HEWs using the revised curriculum that encompasses the Smart Start approach. The MOH embedded Smart Start in key national strategies, oversees the implementation, and provides guidance and direction whereas the RHB and lower-level structures lead the execution of the program including the provision of regular support, monitoring, and follow-up. PSI Ethiopia specifically supports the:

- Assessment of training needs based on the scale-up strategy to new woredas.
- Estimation of resources needed to train the determined number of HEWs.

- Development of the plan for training.
- Assembly of training resources.
- Implementation of training rollout.
- MOH to maintain a database of HEWs that have completed the training.

Table 2 summarizes the core and sub-activities, measures of success, data sources, and tools used for this component.

Table 2: Core and Sub-Activities for Health Workforce

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
On-the-job training, mentorship, and coaching of HEWs				
• Conduct visits to health posts jointly with the MOH (e.g., woreda MNCH focal persons and coordinators, etc.) to build skills of supervisors to observe client-provider sessions and provide on-the-job training and feedback to HEWs, coaching, and mentoring.	15 days every month	• # of HPs visited that have been coached and mentored. • # of relevant MOH staff at woreda level carrying out on-the-job training, mentorship, and coaching for HEWs.	Field activity reports	
• Conduct one-on-one refresher training sessions in partnership with MOH (i.e., XXX) to build their skills on infection prevention and control, LARC insertion and removal, medical eligibility criteria (MEC), stock management, etc.	15 days every month	• # of refresher trainings conducted in partnership with the MOH. • # of relevant MOH staff at X and X levels trained to conduct refresher trainings. • Results of QoC audits captured under section above.	Field activity reports	
Training of HEWs				
• Support MOH and RHBs to conduct capacity gap assessments to inform IRT rollout.	Annually	• # of HPs from where HEWs will undergo IRT. • # of HEWs planned for training.	Training needs report	
Support the MOH (i.e., PHCU and Community Engagement Lead Executive Office (LEO)) to: • Facilitate rollout of the IRT training at the regional level. • Identify and prioritize woredas for training. • Schedule and execute IRT sessions.	Annually	• Smart Start curriculum fully integrated into IRT. • # of IRT training sessions conducted compared to # planned. • # of training of trainer (ToT) sessions conducted with relevant MOH at the national and regional levels.	Training reports	
• Support MOH (e.g., State Minister's Office, Strategic Affairs LEO, and PHCU LEO) to	Annually	• Total amount of ETB used for IRT rollout.	Training reports	

mobilize, allocate, and ring fence use of IRT funds.		• # of resources mobilized to support IRT (both monetary and non-monetary).		
• Support the MOH to maintain IRT training database.	Annually	• # of HEWs trained, by regions and per training.	Training reports	This is a tool that is primarily leveraged when IRT trainings occur so is not an ongoing activity.
Strengthen MAYE as part of RISE Implementation				
• Youth Innovation Champions (YICs) work through existing MOH National Youth Council to ensure youth voices are present and AYSRH is at the forefront of the council.	Ongoing	• # of YICs involved in national youth council. • # of national youth council sessions led by youth. • # of national youth council sessions that focus on AYSRH.	National youth council agenda and meeting notes	

III. MONITORING AND EVALUATION SYSTEMS

This component includes activities that support MOH systems to identify the measures of success for the RISE program including sources of data and data capture tools. Additionally, this component supports the institutionalization of the Smart Start indicators into MOH systems and ensure continuous quality improvement for reporting and data quality. The activities implemented by the PSI Ethiopia team are regional data quality audits (RDQAs), program and data review meetings, creation of dashboards, training and support for data management, and support for data use for decision making. The TA support for data use includes data visualization and data for action (D2A) sessions. Details on this component are provided in table 3 below.

Table 3: Core and Sub-Activities for Performance Monitoring and Evaluation

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
Program reviews with MOH, and RHBs, and at the district level				
• Support program and data review meetings at MOH and RHBs and district level.	Semi-annual	• # of actions identified that were corrected or followed up on as documented in meeting reports.	Meeting agenda and reports	
Regional Data Quality Audits (RDQAs)				
• Jointly conduct RDQAs with MOH in selected HPs.	Quarterly	• # of RDQAs conducted jointly with government counterparts.	RDQA reports	
Data collection and management				
• Coach and mentor on Community Health Information System (CHIS), DHIS2 data capture, and recording	Monthly	• # of providers coached or who received mentorship through PSI Ethiopia.	Field activity reports/JSSV reports	Data extraction exercises are also leveraged as a capacity-building

and reporting at the RHB, woreda, PHCU, and HP levels.				platform especially regarding mining data at the facility level.
Training and support for data management				
• Provide mentorship and coaching on data management.	Ongoing	• # of MOH staff who received mentoring and coaching on data management.	Field / JJSSV reports	
• Build skills around a culture of data driven decision making through jointly held D2A sessions while advocating with the MOH to integrate D2A into their performance review platforms.	Monthly	• # D2A sessions convened and held jointly with the MOH.	Notes from data review meetings highlighting action items and decision points taken by leadership based on evidence presented	

IV. SUPPLY CHAIN AND COMMODITIES

Under this component, PSI Ethiopia supports the MOH to forecast and quantify the volume of commodities required to meet the increasing demand for contraceptive methods and other consumables. This is required for the sustained and consistent delivery of the program. In addition, PSI Ethiopia collaborates with other partners to conduct advocacy activities with the MOH to budget and allocate adequate resources to fully meet the costs associated with purchasing commodities, which includes strengthening the relationship and communication between the health delivery system and the Ethiopian Pharmaceutical Supply Services (EPSS). PSI Ethiopia also supports redistribution of commodities to HPs that experience stockouts, identification of gaps, which are then flagged to the government, as well as support to design solutions. At the HP and PHCU levels, PSI Ethiopia supports HEWs and PHCU staff to forecast monthly commodity demands, report consistent and accurate data on commodity needs, and order commodities from the EPSS.

Table 4 summarizes the TA activities under this component.

Table 4: Core and Sub-Activities for Supply Chain and Commodities

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
Tracking commodity levels				
• Support MOH staff at the PHCU level to strengthen and coordinate the supply chain of contraceptive commodities.	Monthly	• # of PHCUs supported to coordinate and strengthen supply chain of commodities. • # of HPs visited that are fully stocked per minimum requirements of contraceptive commodities (1 month). • # of HPs without stockouts.	Field activity and QoC audit reports	• TA provision is focused on supporting PHCUs specifically because they liaise directly with the Ethiopian Pharmaceutical Supply Service (EPSS) hubs and request stock / report to EPSS.

Budgeting and resource estimation				
• Provide technical support on commodity needs estimation and quantification through the FP technical working group (TWG).	Annually	• MOH costed implementation plan (CIP) finalized.	Quantification report	
• Advocate to the MOH to allocate adequate budget to procure commodities.	Ongoing	• # of advocacy sessions / meetings conducted.	Program documents	
Redistribution				
• Support redistribution between HPs collaborating with PHCU management.	Ongoing	• # of HPs benefiting from redistribution to fill stock levels.	JSSV reports	
• Facilitate status updates at regional EPSS hubs and RHBs regarding stockouts.	Ongoing	• # feedback sessions with EPSS hubs.	Feedback reports	

V. LEADERSHIP AND COORDINATION

This component includes activities that:

- Strengthen the federal MOH's capacity to steward the implementation of RISE activities.
- Prioritize and incorporate RISE activities in quarterly, semi-annual, and annual operating plans (AOPs).
- Coordinate all the stakeholders to attain synergy and increase efficiencies.

Similar outcomes are expected at all the layers of the health system including the RHBs, woreda and zonal health offices, and PHCUs. PSI Ethiopia provides TA to government to:

- Facilitate the formation of RISE Steering Committees at all levels.
- Support the activities of FP TWGs.
- Increase government's accountability for RISE (e.g., including Smart Start into strategic policy documents, technical guidelines, and curricula, and seconding staff to the FMOH to increase capacity to coordinate activities, create synergies among partners, etc.).

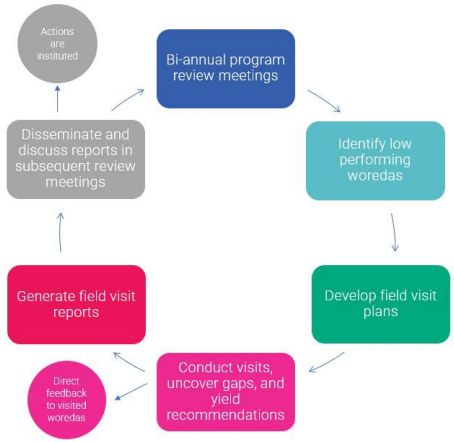

Figure 3: Flow of Activities for the Bi-annual Program Review Meetings

The quarterly steering committee meetings at the national level are chaired by the Minister of Health. The agenda for the steering committee meetings are co-created between PSI and the MOH, and presentations summarizing the progress

attained / implementation issues are generated and shared with the MOH for approval. The key output of the steering committee meetings is minutes with concise actions coupled with assigned responsibilities and roles to specific entities or individuals.

At the RHB level, the Deputy Heads of the RHBs chair the quarterly steering committee meetings, which are attended by RHB leadership and advisors. The key output of these meetings is documented recommendations communicated via a formal letter with clear actions that are relayed to the zones and woredas. The RHB Adolescent Youth Health (AYH) Coordinator is accountable for ensuring recommendations are actioned upon.

In addition, PSI Ethiopia supports bi-annual program review meetings that are attended by federal and regional MOH officials. The outcomes from these review meetings include, for example, generating field visit reports, discussing reports in subsequent review meetings, etc. (more details on the flow of activities are provided in figure 3).

Prior to the recent organization of the MNCH department at the federal level towards the end of 2022, PSI Ethiopia was represented at both the FP and the AYH TWGs. PSI Ethiopia has continued to support the revamped TWG but with a clear mandate for those who represent the interests of the RISE project. Apart from the TWG, PSI Ethiopia convenes quarterly review meetings with the MNCH department that has representation from the FP and AYH teams. Specifically, PSI Ethiopia sets the agenda for the meetings, documents the recommendations, and facilitates sharing of the action plans at the national and regional levels through a ministerial circular.

A summary of these activities is illustrated in table 5.

Table 5: Core and Sub-Activities for Leadership and Coordination

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
Accountability				
• Support activities that build ownership of RISE.	Ongoing	• RISE activities regularly included in MOH performance review and planning meetings.	Reports, meeting minutes, and workplans	
• Advocate for the inclusion of Smart Start in annual work and supervision plans (MOH and RHBs).	Annual	• Smart Start is included in MOH annual workplan.	Approved workplan	
• Conduct advocacy to clearly define roles.	Quarterly	• # of advocacy sessions held.	TWG meeting minutes, annual program reviews, steering committee meeting notes, etc.	Leverage steering committee meetings, TWGs, etc. as part of advocacy sessions.
RISE Steering Committee				

• Support the establishment of steering committees at national, RHB, woreda, and PHCU levels. • Facilitate steering committee activities.	Quarterly	• Regularly scheduled steering committee meetings where MOH and RHB representatives lead meetings.	Meeting minutes	
Policy				
• Support inclusion of Smart Start into strategic policy documents (i.e., AYH and RH strategy and HCTP II plan).	Ongoing	• Smart Start is integrated into strategic documents and implemented accordingly.	Policy documents	Most is this work is done but need to follow up on execution.
Curricula				
• Support inclusion of Smart Start in IRT curriculum for HEWs	Complete			
• Spearhead the inclusion of Smart Start in pre-service training curriculum for HEWs. • Follow the implementation through JSSVs and review meetings. • Develop and provide Smart Start guide to the health science colleges.	Complete			Work with health science colleges will continue. In total, 22 health science colleges have received Smart Start training, some of which have started providing Smart Start as part of the AYH module. While this data isn't being collected, moving forward PSI/E plans on involving representatives from these colleges to review meetings and JSSVs.

VI. DEMAND CREATION

This component includes activities to create visibility of the Smart Start model at the population level with an aim of increasing demand for the services provided by the intervention. The main activities in which PSI Ethiopia supports this component through TA include:

- Planning and coordinating the sensitization of members of the WDA on the Smart Start tools.
- Routinely coaching and providing supportive supervision to the HEWs to support WDA activities.

A summary of the key activities for this component is included in table 6.

Table 6: Core and Sub-Activities for Support for Demand Creation

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
Orientation for WDAs and other community structures				
• Support WHO and PHCU leadership to capacitate HEWs to plan and coordinate the orientation of WDAs and community structures on Smart Start.	At launch of RISE activities	• # of relevant MOH staff at the WHO and PHCU levels supported to capacitate HEWs to plan and coordinate the orientation of WDAs and community structures on Smart Start. • # of WDAs and community structures.	Field report	
• Support WHO and PHCU leadership to coach and supervise HEWs to support WDA mobilization activities.	Monthly	• # of relevant MOH staff at the WHO and PHCU levels supported to coach and supervise HEWs to support WDA mobilization activities. • # of HEWs receiving coaching during JSSVs.	Field report	Conducted by RISE IFI teams.

VII. FINANCING AND SUSTAINABILITY

PSI Ethiopia facilitates the planning of RISE activities, estimating the costs and resources required to operationalize the Smart Start activities in annual workplans at the federal and regional levels, and advocates for adequate allocation and restricting of these resources so that they are available and utilized for RISE activities. This includes efforts to protect the funds from reallocation to other budget areas. PSI Ethiopia supports planning for the IRT including budgeting and field execution, and advocates to government stakeholders to allocate adequate resources for this activity. Planning for financing also includes estimating the resources needed for procuring adequate stocks of contraceptive commodities. Table 7 summarizes the core and sub-activities conducted under this component.

Table 7: Core and Sub-Activities on Financing and Sustainability

Core activity and sub-activities	Frequency / intensity	Measure(s) of success	Data source	Remarks
Costing analysis and resource mobilization				

• Support the MOH and RHBs to include Smart Start activities in annual workplans.	Annually	• # of Smart Start activities/indicators included in federal and RHB annual workplans.	Federal and RHB annual workplans	
• Support the MOH and RHBs to estimate the costs for implementing RISE activities.	Annually	• # ETB invested in RISE activities.	MNCH budgets estimates	
• Advocate for budgeting, allocation, channeling, and use of resources.	Ongoing	• # ETB invested in FP commodities.	MNCH budgets estimates	
Commodity financing				
• Estimate the costs of procuring forecasted commodities.	Annually	• # ETB invested in FP commodities.	MNCH budgets estimates	
Resource pooling				
• Support the MOH to coordinate the work of multiple partners.	Ongoing	• # partners pooling resources to support FP activities at the federal and RHB levels.	TWG meeting minutes	
Transition planning				
• Support conversations on the future of Smart Start programming after the exit of PSI Ethiopia in 2025.	Ongoing	• Developed exit strategy document.	Smart Start program exit strategy document	

IMPORTANT CONSIDERATIONS FOR IMPLEMENTING TA IN THE ETHIOPIAN CONTEXT

The execution of TA under RISE is unique, and the success of providing effective TA is dependent on certain factors. Below are some specific considerations that are unique to the Ethiopian context which influence the provision of TA from PSI under RISE.

1. The decentralized health ecosystem
   The Ethiopia health system is decentralized and power for decision making is independently shared between the FMOH and the RHBs. The ownership of Smart Start at the federal level is not outrightly translated to action at the regional levels. Additional advocacy is necessary at the RHB level, to ensure RISE activities are prioritized. This creates an additional investment of level of effort and resources from PSI Ethiopia.

2. Transitions of leadership at the federal and RHB levels
   Substantial investment is made to ensure that RISE is owned by leadership at all levels. A high sense of ownership of the Smart Start intervention is driven by these individuals. To sustain this ownership, PSI Ethiopia conducts regular engagement meetings with leadership. However, the fluidity of political appointments demands that this engagement is done each time new leaders are appointed. This ensures that leaders view RISE as a government initiative, rather than a time-limited partner-owned initiative which is a mindset deeply entrenched within the government. PSI Ethiopia's efforts in this area are unavoidable yet might not be recognized since ownership is hard to quantify.

3. Accountability for project deliverables/outcomes
   RISE is a donor-funded investment that is tied to specific deliverables/outcomes. PSI Ethiopia is accountable to the funders for these deliverables/outcomes, yet the stewardship of RISE sits with the Ethiopia FMOH. PSI Ethiopia is required to invest substantial resources for direct implementation support to ensure that momentum towards attaining the deliverables / outcomes is sustained.

4. Personnel
   The goal of PSI Ethiopia's TA under RISE is to work closely with the MOH at the national and regional levels to build capacity and create a system whereby those staff members then cascade their skills to lower levels of government including regional, woreda, zonal, PHCU, and finally HP. This includes work at the national and regional levels such as biannual review meetings, annual planning sessions, and annual performance review meetings to develop mechanisms for supervision at the woreda and PHCU levels. JSSVs would then happen periodically at the woreda and PHCU levels (and sometimes at the HP) with MOH leading the process. However, it is important to note that there often can be challenges (e.g., staff and budgetary shortages, etc.) that make it difficult for the system to function in this way. There are instances where TA is needed at lower levels to ensure project goals are met in accordance with donor expectations. When this happens, PSI Ethiopia generates learning that it can then use to implement higher-level changes.

5. Adaptations to Smart Start
   The vision among RISE stakeholders is to make continuous intervention adaptations to Smart Start to increase its ability to holistically address the needs and desires of married adolescent girls. PSI Ethiopia has invested in stewarding key adaptations to Smart Start (e.g., for implementation in pastoralist regions, to strengthen husband and key influencer engagement, to strengthen girls' participation in economic activities and increase economic autonomy, and to deliver MNCH related services). These adaptations could be layered on the existing routine platforms for sustainability. Unfortunately, influencing the government to adopt the adapted

components of Smart Start while advocating for the routinization of the existing SRH-focused government-led model could result in putting too many demands on the government which already has constrained resources.

CONCLUSION

This document lays out the specific activities, objectives, and anticipated milestones associated with PSI Ethiopia's TA to the government to institutionalize and scale Smart Start under RISE. Though the government stewards Smart Start implementation, this TA is a critical factor in whether this government-led intervention is implemented with fidelity and quality. This TA framework is not static – as PSI Ethiopia gains further understanding of how this TA is functioning, this document is updated accordingly.