THE TECHNICAL ADVISORY COMMITTEE: PROVIDING STEWARDSHIP TO HEALTH PROGRAMS IN ETHIOPIA

In the 1990s, Ethiopia saw a significant influx of international development support, bringing much-needed technical expertise to the country. Among them was Pathfinder International, which first established its country office in 1995 to implement a reproductive health and contraception program. In 1996, the Technical Advisory Committee (TAC) was created in response to a need for coordination among the many new efforts—providing stewardship and oversight of the implementation of reproductive health programs. Consisting of representatives from the Ethiopian government, donors, and nongovernmental organizations (NGOs), today the TAC supports the USAID-funded Integrated Family Health Program (IFHP) which is implemented by Pathfinder International and John Snow, Inc. in collaboration with local partners. TAC members jointly monitor IFHP through quarterly visits to participating communities and facilities to provide strategic guidance on program implementation. This technical update examines how IFHP’s collaboration with the TAC has enhanced stewardship, implementation quality, multisectoral collaboration, and advocacy for family health programs.
Commitment to Improving Health

Ethiopia is a low-income country where the average life expectancy at birth is 59.7 years and 83 percent of its 84 million inhabitants live in rural areas. For the last two decades, after 17 years of military rule, the Ethiopian government, supported by the international community, has worked to rebuild the country’s health system. Large investments from donors have resulted in a complex health service delivery system with many players working towards similar goals. In 1996, the government of Ethiopia expressed a desire to improve the quality and coverage of reproductive health and contraceptive service programs being implemented in the country. In response, under the patronage of USAID’s Ethiopia mission, a coordination mechanism called the Technical Advisory Committee was created, with the goal of supporting the government in providing strategic leadership for the implementation of family planning programs, and managing opportunities and challenges associated with program delivery. The Committee’s founding members included Pathfinder International Ethiopia, the National Office of Population under the Prime Minister’s office and institutions.

Stewardship is one component of health governance; it refers to the “state’s role in carefully and responsibly managing the health and wellbeing of a population, and guiding the health system as a whole.” Whereas, “governance in health systems is about developing effective rules to enable the fulfillment of health objectives. Good health governance rationalizes the role of government: reducing its dominance and sharing roles with non-state actors and creating synergies between government and these actors.”

Today, the TAC continues to engage multiple government and donor stakeholders to ensure transparency, with an expanded mandate to improve governance and provide oversight of IFHP’s implementation of Ethiopia’s Health Sector Development Program, with an emphasis on the Health Extension Program. The Committee is led by the Population Affairs Directorate in the MoFED and MOH, who serve as Chair and Co-chair, respectively. The TAC supports the World Health Organization’s recommendation that governments of low- and middle-income countries receiving support for health programs play a stewardship role in the management of internal and external resources, and toward the fulfillment of policy objectives. See Figure 1 below.

Managing the Delivery of Health Programs

IFHP supports woreda (district) health programs by providing them with technical, financial, and logistical assistance. Thus, through its work with IFHP, the TAC monitors and supports the work of IFHP’s implementation partners, and that of the

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**Figure 1: An Illustrative Functioning of the Technical Advisory Committee**

**Federal Ministries and Institutions**
- Population Affairs Directorate in the Ministry of Finance and Economic Development (Chair)
- Ministry of Health (Co-Chair)
- Ministry of Women, Children, and Youth Affairs (MWYCA)
- Charities and Societies Agency
- Ministry of Education
- HAPCO

**Regional Counterparts**
- Bureau of Finance and Economic Development
- Bureau of Education
- Bureau of Women, Children, and Youth
- Regional HAPCO
- Regional Parliaments (speakers of the house or other appropriate officials)

**Donors**
- USAID
- David and Lucile Packard Foundation*
- Centers for Disease Control and Prevention
- Swedish International Development Cooperation Agency (SIDA)*

**Technical Advisory Committee (TAC)**

**Actions Taken by the TAC**
- Provide oversight of implementing organizations
- Address barriers in the delivery of health programs
- Identify and disseminate emerging practices
- Encourage and motivate to community-based health workers and model households
- Request local government officials to allocate resources to priority issues
- Share information between federal and local levels, across woredas and regions
- Inform federal stakeholders of ongoing family health program implementation

**Outcomes**
- Enhanced stewardship and governance
- Improved accountability
- Country ownership
- Strategic investments in health
- Improved performance of health workers
- Improved service delivery with barriers and bottlenecks addressed
- Need-based allocation of resources
- Use of knowledge from visits to make decisions and influence policy at federal level

*Packard and SIDA supported Pathfinder prior to 2013.
The TAC identifies areas for improved coordination and supports increased efficiency across the program's partners. As part of these efforts, the TAC reviews reports, makes quarterly visits to sites of IFHP operation, and convenes an annual stakeholder meeting to create opportunities for joint analysis and reflection on implementation.

Guided by clear terms of reference, stewardship is operationalized through the TAC's trips to the field, when members visit facilities (hospitals, health centers, and health posts), administrative government bodies (zonal health departments and woreda health offices), communities, and households. The visits entail TAC members' interaction with regional government representatives, as well as zonal and woreda administrators supporting health sector offices, and members of the Ethiopian national and local media. The TAC also meets and engages with community members, including model families; community groups; facility-based health service providers; health extension workers; local implementing partner organizations; and NGOs. All issues highlighted during the visits are discussed in debrief meetings and addressed if they require higher-level decision making. Pending action items are followed up on by the IFHP regional program offices and at federal level by the IFHP country office and respective ministries and institutions.

**Improving horizontal and vertical coordination**

The TAC plays a key role as the steward of and advocate for the family health agenda. As members visit different sites each quarter, they learn of common opportunities and challenges in the field. Equipped with knowledge garnered from the rural destinations they visit, they are able to share lessons across regions, as well as disseminate information about national policies and programs. For example, during a July 2011 site visit in Oromia, TAC members heard direct demands from community groups for improved access to quality emergency obstetric care to address adverse maternal and neonatal outcomes. In response, an MOH TAC member present provided immediate information regarding upcoming accelerated midwifery trainings planned for the region. In this way, TAC visits help to bridge the communication and information-sharing gaps between the various levels of government and communities, enabling improved flow of information, and fostering community-level engagement and confidence in the public health system.

In addition to sharing national decisions with the community, TAC members facilitate the cross-pollination of ideas across regions, to better understand the complexities of implementation and problems in remote areas. An illustrative example of this cross-pollination occurred in 2011, when in two separate trips to SNNPR and Tigray, TAC members learned of increases in institutional deliveries at two facilities. Upon making inquiries to understand potential practices associated with the observed increase, TAC members learned that both facilities had used ambulance stretchers to bring women to the facility for delivery, while also taking steps to accommodate local cultural and traditional practices as part of the birth process. By allowing clients and their families to hold coffee ceremonies and serve traditional foods following the births, facilities had helped to reduce cultural barriers to service uptake. TAC members recognized this as an emerging practice and IFHP shared the strategy for increasing institutional births with health facilities across the program’s implementing regions.

As national representatives, TAC members also act as informal conduits of information, using what they learn during site visits to inform guidelines and strategies for population and family health programs. In an interview, the former Chairperson of the TAC, a reproductive health supporter, shared that she had used her experiences from the TAC to contribute to the revision of national family law in Ethiopia and lobbied parliament to support the exemption of taxes on contraceptive commodities, an initiative that led to a waiver of 2007 import tax on contraceptives. TAC visits have also influenced advocacy with the regional councils (parliament) to allocate government budgets for contraceptives, and improved family planning services.

**Facilitating transparency and oversight**

When the TAC visits implementation sites, members are able to review implementation of district plans, rendering regional governments accountable to the ministries and increasing transparency. This is made possible through the review of reports from the region, interactions with the Woreda Advisory Committee (WAC) (the district counterpart), presentations during the visits by regional health bureaus and officers, conversations with health workers, and facility visits. Through observing and questioning the program and regional counterparts who attend the meetings, TAC members provide oversight and monitor implementation. This collaboration between ministries, departments, and implementers improves coordination through sharing.

**Motivating community-level actors**

In addition to helping address formal challenges, the TAC plays an informal role in its visits to the community. The interaction between TAC members and communities,
members’ readiness to learn about ongoing projects, and the strategy of visiting model households, health extension workers, and other frontline workers have all contributed to improving commitment at the community level. Interviews with regional managers suggest that the recognition of well-performing community-based actors during the TAC visits, in particular, has played a notable role in health worker motivation.

Lessons Learned

Input garnered from interviews and ongoing feedback from TAC members, IFHP staff, regional health bureau staff, health workers, and communities has demonstrated that the TAC has been effective in achieving its goals to improve oversight of implementing organizations supporting health service delivery in Ethiopia. The TAC has also been recognized as improving transparency by building partnerships and ensuring that policy objectives are being met in district-level implementation, thereby improving governance and leadership. Additional benefits of the TAC include: providing guidance on advocacy and policy related to reproductive health and contraception at the federal level, and addressing any barriers that may require federal approval to overcome. Below are several key lessons derived from the TAC’s implementation experience.

Target fewer program implementation areas

IFHP covers over 40 percent of the population of Ethiopia, and a large geographic area. Accommodating quarterly visits to this sizeable catchment area has proven logistically and technically challenging. Therefore, the TAC selects a manageable number of districts to visit each quarter by choosing representative places from both high- and low-performing areas. Although this limits the coverage of program activity oversight, the thorough and focused quarterly visits allow the TAC to provide high-quality feedback and support to the locations they visit.

Continuous representation of stakeholders is necessary

The TAC’s role includes sharing information across sites and vertically at the federal government level. Therefore, it is important that the same representatives attend each meeting, and that the critical issues from each visit are thoroughly documented in meeting minutes and followed up on a quarterly or annual basis. Consistency in attendance facilitates knowledge sharing and use, as well as the comparison of regional variations and experiences, a perceived benefit of the TAC.

Visibility increases responsiveness and supports good governance

The TAC encourages good governance and provides leadership for the health agenda. As federal representatives engage with the regional, zonal, and district governments, as well as the communities they serve, they become aware of issues at the grassroots level and are able to provide stewardship and advocate for family health in their respective positions. This facilitates the national government’s responsiveness to regional- and community-level needs. As the TAC helps monitor IFHP implementation, ensuring consistency across regions, it acts as a steward of health programs—bringing information from the federal level to the community—and shares valuable information across regions. It is hoped that the Ethiopian government will eventually help expand the TAC’s coverage to provide stewardship to family health programs to the rest of the country.

Works Cited

2. Ibid.
7. Interview with former Chairperson of TAC, Genet Mengistu (April, 2013).
8. Interviews with TAC members (April, 2013).

About the Program: The Integrated Family Health Program (IFHP) (2008-2013) is a USAID-funded program working to support the government of Ethiopia’s integrated model to strengthen family planning; reproductive health; and maternal, newborn, and child health services. IFHP assists in the provision of services in 301 woredas of the four major regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and People’s Region (SNNPR), and to a lesser extent in Benishangul Gumuz and Somali regions. The program is jointly implemented by Pathfinder International and John Snow, Inc. (JSI), in collaboration with local implementing partner organizations.