Seyoum Atlie's Learning & Reflection Session on A360 and RISE

Reflections from Seyoum Atlie, RISE/PSI Ethiopia Director
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Seyoum is responsible for overseeing operations, adaptations, integration and scale up of the A360 AMP/RISE activities in Ethiopia. Seyoum has 19 years of experience in the development sector across the areas of sexual and reproductive health (SRH), HIV and AIDS, community development, and economic empowerment.

Can you tell me about PSI Ethiopia's efforts in the context of the Adolescents 360 (A360) program?

Seyoum's reflections

A360 started in 2016 with three different African countries - Nigeria, Tanzania and Ethiopia who worked to come up with SRH solutions for adolescents and youth (especially young girls), guided by the philosophy of human centered design (HCD). Our task was to go and work with communities. **So we worked within the ecology of the girls and we put them at the center of the process and listened to them**. We recruited young designers to help interview young girls, community leaders, health providers, health leadership, and so on.

We were supported by the IDEO.org team. During this process, we learnt that HCD was an iterative process with different phases. For example phases to gather insights, synthesis them, prototype and live prototyping. So this gave me a unique experience I did not have any prior knowledge or experience of HCD. HCD paved a way to go and deepen our understanding of insights or 'consumer insights' in the PSI language. We create archetypes of our consumers. For example, we might create an archetype of who an adolescent girl is. We call this archetype Sarah and within the organization we all refer to an adolescent girl by a name and in a more personal manner to constantly remember her as a human being. For men we might call them Sammy.

The formative research, the synthesis, everything is done with the community and in the community. I led the coordination in the field, and was trained as an HCD team member. I interviewed people and participated in the synthesis processes. Post that, I led prototyping in the community. We piloted in certain areas across different regions. It was my responsibility to check on those pilots. In the middle of the pilot, I joined as a full time lead in the Smart Start solution creation and operation. Smart Start was designed and piloted and then taken to scale in several contexts to properly implement.

Finally by the end of 2019, it turned out to be one of the highest performing solutions in this country, and the Ministry of Health decided to adopt it as part of its primary health care system. That is what has led to the birth of A360 AMP/ RISE. The objective of RISE is to integrate Smart Start across Ethiopia. That means that Smart Start will be integrated as part of the curriculum for extension workers, who are the rural community based healthcare providers, and it is part of the strategy for reaching adolescent users. We have a health sector transformation plan for Smart Start to be implicitly and explicitly embedded into relevant MoH strategic documents. Briefly, that is the journey of Smart Start that has now resulted in the birth of RISE.

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Have you found there to be a difference in the way that A360 used HCD to design the Smart Start solution versus now, how HCD is being used in RISE to actually scale that solution or embed it in other contexts within the country?

Seyoum's reflections on Smart Start

I believe that Smart Start has been realized, because of human centered design. Otherwise to my knowledge at least, there were no such large-scale efforts using HCD in Ethiopia. So it is the first time that we used HCD to design this kind of solution. Previously projects and programmes were designed by experts who sit down on a table as a team or individually, review documents, conduct primary research, and then turn that into a project proposal.

Smart Start has been designed very differently because we went out and see the ecology of the girls. How do they live? What does the community look like? How are they benefiting from existing interventions, public services, private services, whether those are really up to their needs or not? What do they need and how have they been served? Are they getting the service in the way they want to or is that how providers or other people think they need to get services? **A lot of learning questions were there and HCD helps, as you know, to think of the problem differently and put the girls at the center.** We are not deciding on behalf of the girls, we feel the girls are experts in understanding their problem. Not only that, HCD also encourages engagement with people around young girls such as the in-laws, husbands, relatives, peers, friends, providers, health programmers, religious people, clan leaders etc. All the influencers were important, but the girl is in the center. **By that I mean it is crucial to understand her exact feelings and needs, the way she wants to receive services.**

Smart Start has tremendously changed the way we think about what a solution can be. Under Smart Start of every four girls we counseled three of them, which is 75 percent were able to decide to uptake a contraceptive method of their choices. That is what impressed the government of Ethiopia to adopt Smart Start as something very productive that works for public health.

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> **Adaptive implementation; when you are talking about scale means that as you move to different contexts which have different languages, cultures, geography and infrastructure, you need to adapt your solutions to fit to those contexts.**

Seyoum's reflections on RISE

RISE is the scaling up of Smart Start and within this the **role of HCD is adaptive implementation**, **learning and design**. Adaptive implementation in the context of scaling means that as you move to different contexts which have different languages, cultures, geography and infrastructure, you need to adapt your solutions to fit to those contexts. For example, agrarian and pastoral communities are not the same. We therefore created Smart Start to work properly in the agrarian community but we cannot take that as it is to a girl from a pastoralist community because her lived context is different. So adapting Smart Start to create a pastoral version using HCD has taken almost two years (COVID) but now we have managed to come up with a new product, which is called family circle for the pastoral girls.

Using HCD to design MNCH solutions

We are also using HCD to design MNCH solutions for maternal newborn child health, because about 30% of the married adolescent girls we met through Smart Start were found to be pregnant at the time we talked to them. So we needed to consider designing a solution that supports pregnant girls being able to understand the benefits of attending antenatal care, clinical delivery and postnatal care, these are these girls understood, knew about and were aware of during their first pregnancy. Beyond that we were also looking at how they might like to access these services etc.

Using HCD to engage communities

We are also looking at community engagement as there are a lot of influential groups in the community. How might we change that attitude towards supporting girls? or like creating an enabling environment for the girls to freely access services on family planning and so on. Through HCD we have also built a community engagement tool, and that is almost in its final stage.

Using HCD for girls economic empowerment

We have also used HCD for economic empowerment for girls. **Smart Start uses financial counseling before talking about contraceptives**. The economy in the country is depressing right now and most of the girls come from families that are not well off but they are married and the probability of getting a child is very high. **So we sought to find a solution where economic opportunities could be leveraged within communities.** Those can be provided by the government, like the micro and small scale businesses or by NGOs who are working on livelihoods. We also tried to support girls around topics like saving, investing, and so on. Beyond that we looked at their environment to identify with them what can be changed into an economic opportunity in their given context - either as a group or as a couple or as an individual household.
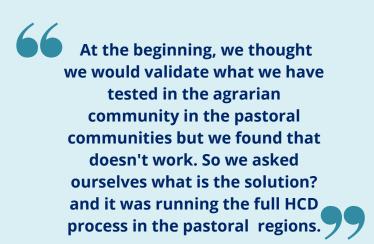
When you look at the aspect of scale, what parts of the Smart Start model do you take as is, versus what are parts that are contextualized to the area you are scaling in? What are these adaptations dependent on and how is HCD applied for scaling purposes?

Seyoum's reflections

Scaling is a little bit dynamic.

Moving from Agrarian to Pastoral
As I was mentioning, in the agrarian and the pastoral regions, the solution follows the full journey of HCD, because adapting to a completely different context requires that. At the beginning, we thought we would validate what we have tested in the agrarian community in the pastoral communities but we found that doesn't work. So we asked ourselves what is the solution? and it was running the full HCD process in the pastoral regions. We did that and we came up with a new product, a different version of Smart Start. In agrarian regions the entry point for this market is financial counseling. But in the context of the pastoral region, the entry point is maternal health and risks associated with pregnancy and birth which is key in decision making for the adolescents in pastoral regions. So there are different solutions, but they are both directly focused on addressing the needs of adolescent married girls. The visuals, the text and the messaging for each region is also different and we consider this scaling. During the Smart Start solution development phase we did not have pastoral regions included but now under RISE we have pastoral regions as part of these scaling efforts. What we have found is that it needs a new product, and so we created one. Now we are piloting the solution which is a Family Circle and taking the proof of concept to those regions, pastoral.

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Seyoum's reflections

Challenge #1 Government buy-in

HCD takes time and is an iterative process and also you go to the community several times to constantly check whether the insights gathered are really correct or not, if there are additional insights that need to be captured. At the same time the government were really keen to go into implementation because they were not aware of the nature of HCD and the process. They were looking at it from the perspective of a conventional project. By conventional project I mean expert driven where experts can write and then an approval process happens and then you kick off and start activities. HCD is just not that way. It needs an iterative process until you can confirm that the idea and solution is fitting into the minds and the hearts of the people that you are planning to support and help. It was very challenging for us to create understanding with the government.

Challenge #2 Community barriers

Community Barriers when trying to reach girls.
Some of the girls were not able to attend meetings, because they are under the control of the in-laws. The mother-in-law doesn't allow you to talk to the girl, because her interest is in having the girl give birth as soon as possible. She wants to see a baby. So, in those cases, that community barrier has been really very challenging for us.

Challenge #3 Stakeholder skepticism

Skepticism across stakeholders about whether Smart Start will work or not. Even after a product has been developed, some people feel that this may not be something of interest or may not work. When we first designed Smart Start, many people were not happy with it. The feeling was that we were wasting money. However, this perception has really changed after we started generating numbers. Health facilities who used to report 0 for the age group 15 to 19 years old married adolescents, after Smart Start kicked off they started generating numbers. That has been almost a miracle. That is really when people started to pay attention to Smart Start and how it works. They started realizing that it was because it was designed by the girls for the girls.

Seyoum's reflections

Under Smart Start, we had a lot of support from IDEO.org. That was a big platform which has technically supported us to properly understand and adapt HCD in our context. We also had a technical person from the USA, who was assigned to our team and she was the lead of the design, elearning and adaptation pieces of our work. Her name is Mary Phillips. She was leading HCD and other processes at PSI Ethiopia. Her support has been incredible to socialize HCD at PSIE.

Now, as we stand currently we are all Ethiopians in the team. I would say we have developed that expertise but need support if available. We have a dynamic team and a unit under the AYSRH team called the design, learning and adaptation unit, in which we have about four people who have a background in design, and also they were involved in HCD training and processes during the IDEO interactions. Under IDEO the evaluation was highly technical and that was substantially assisted by the IDEO people, and now the evaluation is a kind of remote. We still have a connection with IDEO. They are supporting us on the MNCH design piece. And last week there were like four people in Ethiopia who came from Kenya since IDEO has a regional office there. They are also involved remotely, and are working closely with us.

We are good at it now and and moving to digitizing HCD products and turning Smart Start into a digital platform to take it to the girls to read and understand the messaging through audio visual mediums by themselves, and then decide what contraceptive methods they desire. So, I think I see very great progress, and also feel that we are almost experts in this country as well.

I understand that you are working with the MoH in RISE. As part of RISE, how are you engaging with the Ministry of Health in transitioning Smart Start to them?

Seyoum's reflections

The government has shown interest to adapt Smart Start into its primary health care system. We agreed and CIFF our donor are also happy because that was the aim of the project. At this point, the position of PSI becomes more of a technical partner to MoH who then becomes the primary implementer. CIFF in this case is supporting both technically in an advisory role and financially.

What has been your favorite moment or experience as part of the Smart Start or RISE Project, that has had a significant impact on you?

Seyoum's reflections

Fortunately, I have the experience of working in projects both with and without HCD. **So for me now, nothing will be successful without HCD.** I am a strong champion and advocate of HCD. I do encourage and recommend that it be used not only in the fields of SRHR but also in other development and humanitarian spaces. It is valuable to adapt and apply HCD and its tools that, according to me, really help identify the real problem, and come up with relevant solutions by putting people at the center. I have a simple thing to say to other ASRH practitioners - use HCD, apply HCD, and see for yourself what HCD can do in action.

What has been your favorite moment or experience as part of the Smart Start or RISE Project, that has had a significant impact on you?

Seyoum's reflections

The moment I won't forget is the first time that I was at the workshop that brought all three countries together with young people and adults (close to 50 people). The adult- youth partnership that took place was exciting moment for me. Adults usually feel that we are experienced, qualified and know everything.in age. In fact we felt that young people are experts for anything that concerns them. Young people felt that adults have experiences and alot to offer. So bringing these two groups together has the potential to create something very different and productive. We saw our interaction as something where we could support each other, and together bringing change to the community. Yeah, that workshop was a fundamental moment that brought us together. And after that, we started openly working together, discussing together, thinking together, and we also valued each other.

Lastly, a memorable moment for me is when we were naming Smart Start. I was the one of the people who proposed the name for Smart Start in other local languages, and that has been accepted. Now it has become prominent in the biggest region of the country. Its called Jalqabbii Gaarii in Afan Oromo. So, when I see that, I feel this is my effort. I feel that I have made a big contribution to this. Not only that, I am also one of the persons who has taken the adaptation of Smart Start in another country in Africa, which is Mozambique. Mary Phillips and I have gone to Mozambique to help the team to adapt Smart Start in that context and it's really working out.