

**Supplemental Table 2.** Alignment of relevant roles and responsibilities of the Ethiopian Health Extension Programme (HEP) and *Andilaye* Trial

Stakeholder	Relevant HEP roles and responsibilities <sup>a</sup>	Alignment with <i>Andilaye</i> Trial
The Federal Ministry of Health	<b>Design:</b> Determine overall program concept, standards, and implementation guidelines and provide communication tools and materials	✓ Engaged during formative research and intervention design
	<b>Implementation (National-level):</b> Mobilize national and international resources	✗ National implementation and reporting roles and responsibilities were not included as rolling out a government-sponsored program in a select number of areas was both politically and logistically infeasible
	<b>Reporting:</b> Establish the health management information system	
The Regional Health Bureaus/Zonal Health Departments	<b>Design:</b> Adapt implementation guidelines to local conditions and communication tools; and adapt materials into local languages and distributes them to woredas	✓ Engaged during formative research and intervention design
	<b>Implementation (Regional/Zonal-level):</b> Provide technical and administrative support to <i>Woreda</i> Health Offices	✗ Regional/Zonal implementation and reporting roles and responsibilities were performed by the Ethiopian-based study team
	<b>Reporting:</b> Obtain reports from <i>Woreda</i> Health Offices and provide information to the Ministry of Health	
The <i>Woreda</i> Health Office	<b>Design:</b> Adapt communication tools and materials	✓ Engaged during formative research and intervention design
	<b>Implementation (District-level):</b> Provide technical, administrative, and financial support to health centers and health posts; and plan and provide in-service training to HEWs and <i>Woreda</i> Health Office staff	✓ While financial and overall technical support was provided by the <i>Andilaye</i> team, the <i>Woreda</i> Health Office was designed as the key stakeholder in implementing all district-level activities
	<b>Supportive supervision:</b> Provide supportive supervision of HEWs and the overall management of health centers and health posts	✓ Supportive supervision and on-the-job-training of HEWs were designed to be completed by HEWs Supervisors via an <i>Andilaye</i> -specific checklist
	<b>Reporting:</b> Obtain reports from health posts and health centers and provide information to Regional Health Bureaus or Zonal Health Departments	✓ While detailed process data was collected by the Ethiopian-based study team, program monitoring mechanisms were included in the design and district-level action planning tool
Health Extension Workers (HEWs)	<b>Implementation (Community-level):</b> Manage operations of health posts; and identify, train, and collaborate with WDALs teams	✓ While overall technical support was provided by the Ethiopian-based study team, the HEW was designed as the key stakeholder in implementing all community-level activities and engaging additional community change agents for group-level and household-level activities
	<b>Implementation (Group-level):</b> Communicate health messages by involving the community social	✓ Over-extension of HEWs was addressed through the engagement of additional community change agents for group-level

	networks, associations, religious institutions, and government structures	activities (i.e., community conversation facilitators) and household-level activities (i.e., WDALs)
	<b>Implementation (Household-level):</b> Conduct home visits and outreach services to promote preventive actions; and prioritize households with low performance in implementing the package and support them in all the Health Extension Packages that are relevant to them	
	<b>Supportive supervision:</b> Provide supportive supervision and evaluation of WDAL teams; and conduct biweekly meetings to evaluate the performance of the development teams	✓ Supportive supervision and on-the-job-training of WDALs was designed to be completed by HEWs via an <i>Andilaye</i> -specific checklist
	<b>Reporting:</b> Provide reports to <i>Woreda</i> Health Offices	✓ While detailed process data was collected by the Ethiopian-based study team, program monitoring mechanisms were included in the design and community-level action planning tool
<b>Women's Development Army Leaders (WDALs)</b>	<b>Implementation (Community, group, and household-level):</b> Volunteers not institutionalized into the health system; they are regarded as community representatives and reflect government efforts to devolve responsibilities for health to individuals and local communities by mobilizing the population and supporting HEWs	✓ In addition to supporting community and group-level activities, WDALs were trained to provide inter-personal counseling with caregivers by conducting <i>Andilaye</i> household counseling visits with each household in her catchment area

<sup>a</sup> Workie, N.W. and R., Gandham NV, 2013. Ethiopia - The health extension program in Ethiopia, Universal Health Coverage (UNICO) studies series. World Bank, Washington, DC.