**Answer to the questions:** What would your first 2-3 weeks look like? What actions would you prioritize? How would you ensure technical changes are adopted and institutionalized rather than resisted or abandoned?

In the first 2-3 weeks of supporting the Local Health Bureau(LHB) in Ethiopia to institutionalize a weekly health bulletin system, my priority would be increasing collaboration with key staff, understanding how the manual system of the bulletins is produced, understanding the data structures and sources (DHIS2 or Excel data), capacity building, and trust-building to ensure sustainable adoption.

My first action points **within 3 weeks and afterwards** are classified as follows:

My first immediate action point would begin by meeting key health bureau staff and data officers to map the current manual bulletin workflow, from data collection to bulletin finalization. This helps identify challenges and data sources such as DHIS2, Excel files, or other local reports. By openly discussing challenges and respecting their expertise, I would build trust and clarify that proposed improvements aim to ease workloads, not impose changes. Then I would show them some existing standardized workflow using automation and its benefits to reduce duplication and confusion. Introducing an accessible shared data repository (such as a cloud folder or local server) would centralize bulletin data.

Then I would provide hands-on training on data management and automation basics using R, focusing on how automation saves time and improves quality. Some demonstrations of automated scripts generating routine tables or charts would help staff see immediate benefits, easing concerns about shifting responsibilities.

Working closely with staff, I would standardize or adopt these workflow templates and clearly define roles. Then conduct a pilot test with selected data and staff will reveal practical issues for quick resolution. By conducting collaborative workshops refine the template produced, clarify processes, and build confidence with new tools. I would develop manuals documenting steps and ownership to institutionalize the process.

Finally, by engaging the leaderships, get feedback and address challenges and demonstrate tangible benefits like reduced manual workload and better data visibility within existing routines. Then by providing capacity-building training and practical support, the LHB would be equipped to transition smoothly to an efficient, sustainable weekly health bulletin system owned by the team.