

The Challenge Initiative

Innovators in global development across sectors have been grappling with how to bring programs to transformative scale with sustainable impact. The Challenge Initiative (TCI), funded by the Bill & Melinda Gates Foundation, is a “business unusual” approach that empowers cities to rapidly and sustainably scale best-practice family planning and adolescent and youth sexual and reproductive health (AYSRH) solutions for the urban poor. Scale, impact, cost-efficiency and sustainability are TCI’s four interlocking tenets as TCI believes scale without impact is empty scale; impact at scale without increasing cost-efficiencies is not viable; and cost-efficient impact at scale that is not sustained will not produce lasting change.

TCI’s demand-driven model is premised on a shared mindset and commitment to having local players lead, make change and achieve high impact at scale. Other ingredients for success – including political and financial commitment, consensus around which evidence-based interventions to scale, and capacity to implement and institutionalize those interventions – can then come together to realize that impact.

Local governments in East Africa, Francophone West Africa, India and Nigeria adapt, implement and scale TCI’s best-practice interventions, drawing on coaching and support from its four regional hub partners: Jhpiego, Johns Hopkins Center for Communication Programs (CCP), IntraHealth International, and PSI. TCI is led by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Over the past three years (2016-2019), TCI has demonstrated proof of scale for its demand-driven model, and is active in 94 cities as of February 2020.

TCI’s DEMAND-DRIVEN MODEL

Building on the success of the Urban Reproductive Health Initiative (2010-2016), The Challenge Initiative (TCI) seeks to scale up lifesaving reproductive health and family planning information and services – including adolescent and youth sexual and reproductive health (AYSRH) services – to under-served poor communities in urban areas by putting local government¹ leadership at the center of program design, implementation and monitoring. The starting point of TCI’s “business unusual” approach is cities that want to take control of their futures and see expanding access to and use of contraception as critical to achieving all their other goals as well as important in its own right for women. Local government ownership is foundational – both because local governments can be more directly responsive to the women whom health systems serve, and also because it is a prerequisite for sustained outcomes.²



Demand driven

Cities self-select to join TCI, bringing their own financial and human resources.



Local ownership and system readiness

Cities must be ready willing and able to address their challenges.



Right-fitting best-practice interventions

TCI simplifies proven interventions so it is easier and faster to implement, reaching more people, more places to have the same (or greater) impact.



Leveraging existing platforms

TCI works within existing government-led systems to harmonize strategies, funding and technical assistance, leading to cost-efficiencies with scale.



Coaching and TCI University

TCI uses a “Lead, Assist, Observe” coaching model to transfer capacity using TCI University, an online learning platform.



Near-time, real-time data for decision-making

TCI strengthens capacity to use data for problem solving and better decision-making.

Figure 1: Six principles of TCI’s “business unusual” approach.

TCI is a demand-driven model, meaning that cities self-select to be part of the TCI program and bring their own financing, human resources and ideas to the table. They also prioritize, adapt and implement proven approaches for scale, ultimately achieving sustainable health outcomes in an efficient and cost-effective manner. Local governments demonstrate their demand-driven engagement throughout all four stages of TCI’s model.

The four-stage process (Figure 2, page 2) is intended to prime local government ownership at the outset and preserves the leading role for cities in their application of TCI from **expression of interest** (EOI) and **program design** (PD) to implementation of TCI’s proven solutions and increasing self-reliance and eventual graduation from TCI financial and coaching support.

From their very first encounters with potential new local government partners, TCI’s regional hubs convey the expectation that participating cities will lead.

¹ TCI works with local governments, which take a different name and form in each region where TCI’s hubs work. In Francophone West Africa and India they are cities; in East Africa, districts (Tanzania, Uganda) or counties (Kenya); and in Nigeria, Local Government Areas (LGAs) and states.

² Cooley L, Kohl R. Scaling up: from vision to large-scale change. A management framework for practitioners. Management Systems International; 2012. http://msiworldwidewjzvcctpx.devcloud.acquia-sites.com/sites/default/files/additional-resources/2018-11/ScalingUp_3rdEdition.pdf. Accessed February 2, 2020.

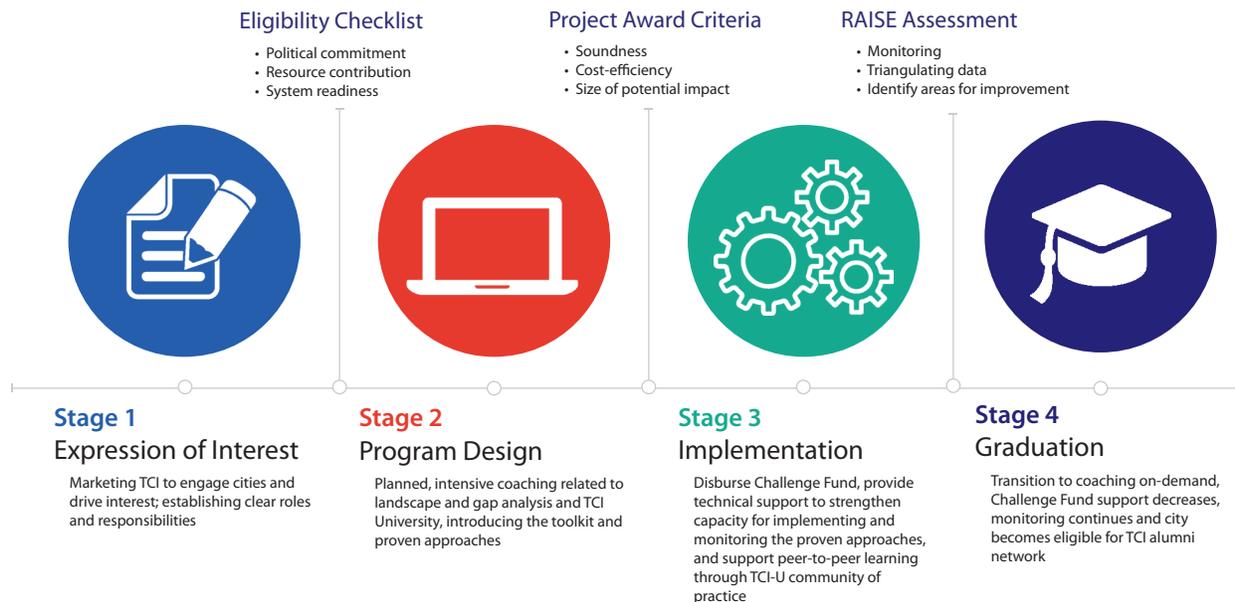


Figure 2: TCI's four-stage demand-driven model.

Based on learnings from cities' engagement with TCI and implementation over the last three years, TCI has streamlined and better defined cities' paths towards increased self-reliance. Figure 3 below shows the TCI stages and the allied intensity of TCI coaching support over a three to four-year period – a route of growing city self-reliance.

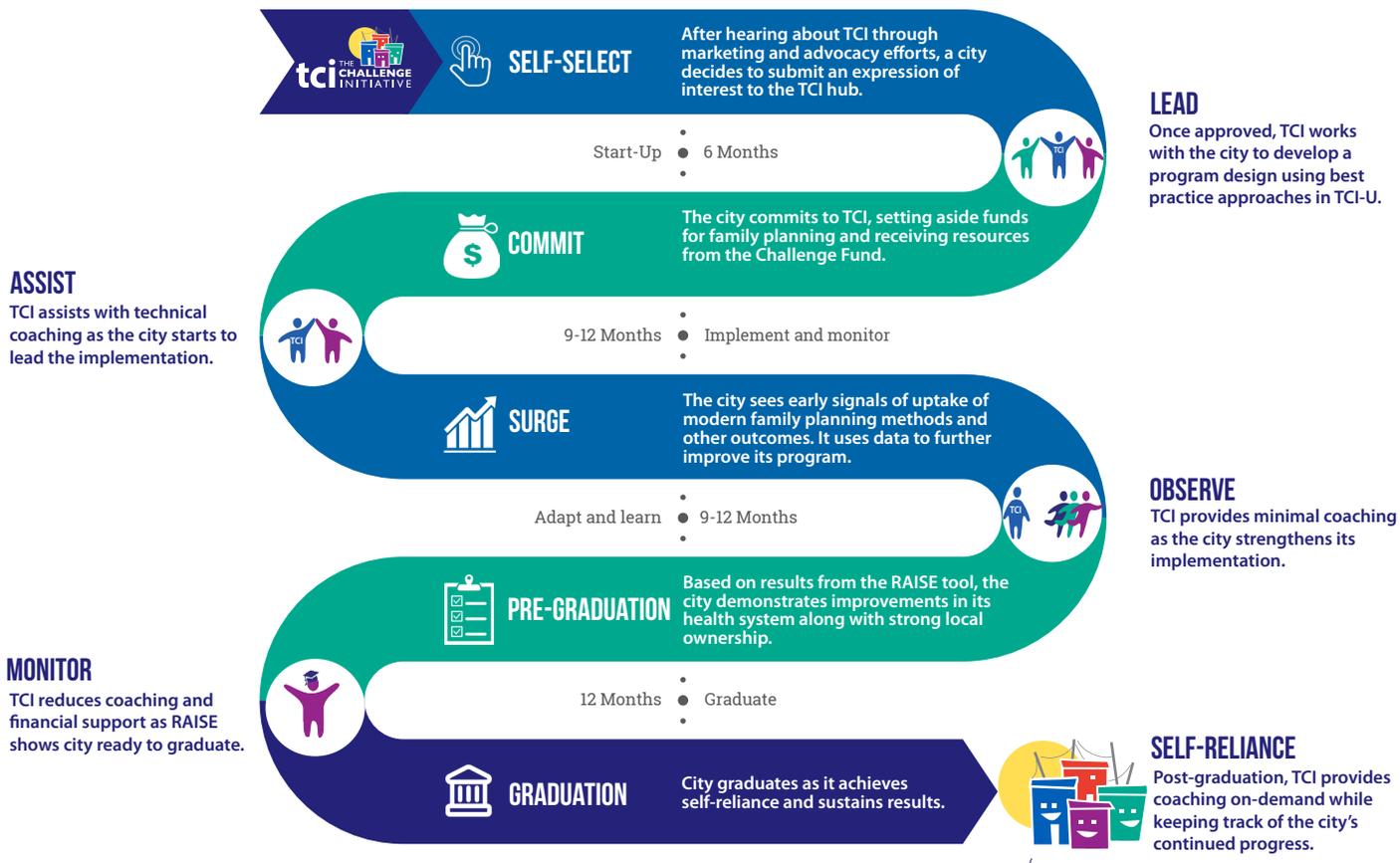


Figure 3: TCI's roadmap to self-reliance.

This technical brief outlines the four stages as they aim to harness the power of city commitment, and describes TCI's learning related to this demand-driven model.

Stage 1: Expression of Interest

TCI's demand-driven model starts with local governments submitting an EOI, which is designed to harness the benefits of local city ownership in carrying out TCI proven interventions.

In their EOIs, local governments signal their willingness, readiness and initial ability to address the challenges of expanding services. They also commit to making policy changes to advance family planning, budgeting and disbursing government funds, allocating human resources and establishing coordination mechanisms. Local governments' EOIs are scored against predefined criteria - political commitment, financial and human resource contribution, health system readiness, 'size for potential impact' (or the population to be served given the proposed investments), and composition of their proposed Program Design & Implementation Team (PIT). Candidate cities with the highest scores are invited to **Stage 2: Program Design**.



Figure 4: TCI progress with 94 cities implementing (as of February 2020).

Stage 2: Program Design

After their EOI is accepted, local governments first conduct **landscape and gap analyses** to help equip them to prioritize from among TCI's evidence-based interventions. TCI hubs strategically offer data and provide technical assistance and coaching to the selected local governments, further equipping them to make effective decisions about program design. The local government then convenes the program design meeting, where TCI hub support ensures that the gaps identified by the local governments are prioritized and mapped to proven approaches showcased in **TCI University's online platform**. The city then commits specific amounts of funding for their newly designed family planning program in order to access the Challenge Fund.

Francophone West Africa Adapts How It Engages with Cities to Enhance their Leadership and Ownership

TCI's Francophone West Africa hub has incorporated learning from other hubs and from its first phase cities into how it now supports city start-up. In preparation for their Program Development meetings, cities now also use the **Reflection and Action to Improve Self-reliance and Effectiveness (RAISE)** tool, with TCI support, to gain a baseline snapshot of their family planning-related capacities and gaps in order to inform program design. TCI also supports local governments in the ongoing quarterly use (and eventual institutionalization) of RAISE. In part due to the bifurcated structures of local government and national health systems in Francophone West Africa:

- Each city and the national health system sign a Memorandum of Understanding where they jointly establish their objectives, roles and responsibilities within the TCI program
- Cities produce annual and quarterly city and district workplans integrating family planning activities
- Cities open commercial bank accounts where they place their financial commitments and TCI's financial contributions
- Cities sign an implementation agreement

Further, the sub-award between the hub and cities now incorporates a six-month probationary period and establishes that the city's financial commitments for implementing TCI proven solutions will increase by 25% in their second and third years with TCI.

Stage 3: Implementation

After program development, cities draw on TCI coaching to both strengthen implementation of TCI’s best-practice approaches (Table 1), as well as to gain various broader management skills. Actual implementation experience has shown that building and sharpening such management skills has been critical for cities in effectively running their family planning programs.

Table 1: Primary TCI best-practice approaches adopted by cities, by hub

	India	East Africa	Nigeria	Francophone West Africa
Service Delivery	<ul style="list-style-type: none"> • Fixed Day Static Services (FDS) • Engaging the Private Sector • Integration of FP in Nutrition Day and Outreach Camps 	<ul style="list-style-type: none"> • Integrated Community Outreaches and In-Reaches • Whole-Site Orientation (WSO) • Post-Pregnancy Family Planning 	<ul style="list-style-type: none"> • 72-hr Makeover Package • In-Reaches • WSO 	<ul style="list-style-type: none"> • Universal Referral + WSO • Special FP Days/FDS • Post-Pregnancy Family Planning
Demand Generation	<ul style="list-style-type: none"> • Urban Accredited Social Health Activists (ASHAs) • Strengthening Women’s Groups • Male Engagement 	<ul style="list-style-type: none"> • Community Health Workers / Village Health Teams • Male Engagement • Community Radio 	<ul style="list-style-type: none"> • Social Mobilization • Entertainment-Education (Radio & TV) • Community Theater 	<ul style="list-style-type: none"> • Community Health Relays/Workers • Workplace Visits • Media
Advocacy	<ul style="list-style-type: none"> • Mapping & Listing • Planning & Budgeting • Utilizing Data Effectively 	<ul style="list-style-type: none"> • Advocacy for Increased Support & Resources • Family Planning Champions 	<ul style="list-style-type: none"> • Advocacy at the Sub-National Level • Family Planning Champions • Interfaith Forums • Media Advocacy 	<ul style="list-style-type: none"> • Advocacy with city mayors • Engaging Religious Leaders

TCI’s coaching approach is founded on the premise that not only are individuals and teams capable of generating their own solutions, but that solutions are more sustainable when local governments take the lead. TCI’s coaching, as opposed to technical “doing,” increases city management and technical know-how on implementing sustainable family planning and AYSRH interventions and is structured to support a mindset shift promoting ownership, long-term effectiveness and sustainability of these interventions.

TCI employs a number of strategies to build and strengthen local governments’ financial management capacity and practice for ensuring release and effective spending and monitoring of committed funds for family planning:

- In East Africa, TCI – or *Tupange Pamoja* as it is known locally – engages local governments directly in a contractual relationship referred to as a fixed-amount sub-award to disburse the Challenge Fund awarded to them.
- In Francophone West Africa, TCI helps local governments establish commercial bank accounts where both TCI Challenge Funds and local contribution amounts are housed and monitored. Further, it establishes the expectation that local governments will provide a 25%

RAISE Tool Domains

- 1. Political and Financial Commitment** (as measured through laws, policies, mission statements as well as financial commitments, disbursements and system capacity)
- 2. Government Family Planning Skills and Capacity** (as measured through leadership and plans quality improvement, information management, referral and other systems)
- 3. Adoption and Institutionalization of Evidence-Based Practices**
- 4. Women’s and Community-Level Support for and Use of Contraception** (as measured through women’s and community attitudes and practices regarding family planning)

match to TCI's Challenge Fund awarded in the second and third years of engagement.

- In Nigeria, TCI does not give Challenge Fund money directly to states, but works with them to establish a statewide family planning workplan and leverage funding from a variety of sources to fund local government areas.

TCI coaches also work with cities to institutionalize their quarterly use of the RAISE tool. After two quarters, cities typically take on full leadership of the use of RAISE in monitoring their progress. Cities and coaches also find RAISE results helpful in identifying where coaches should target their support.

Eventually, the intensity of TCI coaching diminishes as cities start to lead implementation and management. Implementation expands and intensifies as the city sees positive signals related to the uptake in family planning methods and uses its own data to further inform and adapt its programming. When the city shows readiness and increased ownership, TCI then shifts to a more observational form of coaching. [TCI's Technical Brief on TCI University](#) outlines TCI's approach to coaching in more detail, including the central role of city leadership.

Stage 4: Graduation

TCI views city graduation as a process, not an event, as well as a recognition of sustainable progress. The process starts with the pre-graduation phase where the city demonstrates improvements not only in the uptake of family planning methods but also in the strength of its health systems. Once a city is deemed ready to graduate, based on a series of metrics including RAISE results, TCI reduces coaching and financial support.

Post-graduation, cities are expected to sustain outcomes, which TCI will continue to track while also providing coaching on-demand. Ultimately, TCI assists the cities on their trajectory to self-reliance and sustained provision of family planning services to women and their partners. [TCI's Technical Brief on Graduation](#) provides more detail on the process.

What TCI Has Learned about City Engagement and Leadership

Over the past three years, TCI has learned the following key lessons about city self-reliance:

- **Local ownership has been a strong incentive for cities to participate.** TCI's demand-driven model attracted more cities than TCI anticipated or could directly involve. Local government leaders were excited by TCI's model that lets cities design and lead their family planning and AYSRH programs with a clear path to scale and sustainability. Motivation grew after local leaders received TCI's technical coaching and access to the Challenge Fund and saw results from delivering the high impact solutions to their communities. Between 2016 and 2019, 94 cities across Africa and India joined the TCI partnership to implement proven family planning and AYSRH approaches. TCI has contributed \$12.2 million to these family planning and AYSRH programs via its Challenge Funds, while local government contributions of \$99.2 million have surpassed TCI contributions by nearly eight times.
- **Advocacy to strengthen government budget transparency and accountability is key.** The Nigeria hub has strengthened or supported new Advocacy Core Groups – independent watchdog groups with strong civil society representation – to ensure state funds are allocated and disbursed. As a result, all 10 state governments with which TCI works have created family planning budget line items.
- **Existing government platforms should be leveraged.** For example, The Challenge Initiative for Healthy Cities (TCIHC) in India observed that state review meetings in India are a platform where states report on their achievements, but they often struggle to do so. As a result, TCIHC introduced itself and presented its model during these forums as a way to improve upon family planning and maternal health indicators.
- **Communication and advocacy efforts must be aligned with local and national priority strategies.** During discussions with city officials, TCIHC aligned its model with the Government of India's "smart city" scheme, which also includes a demand-driven selection process. And, TCI Nigeria often promotes how TCI can support a local government in achieving its "Under One Roof" initiative and utilizing its Saving One Million Lives funds, which is a performance-based scheme of the government supported by the World Bank.

- **Increased and sustained local financing results from early and explicit communication of mutual expectations.** It is critical to set expectations with key government officials prior to their official involvement in TCI – and to continuously engage them once involved so they do not return to “business as usual,” expecting TCI to implement or fully finance. In supporting cities to move toward graduation by growing their financial commitments for family planning, TCI communicates that Challenge Funds are conditioned on continued local government commitments and disbursements, with defined probation processes and clear, stepped metrics, as is the practice in Francophone West Africa.

Next Steps

Moving forward, TCI will continue to work with local governments so they can more fully harness the power of their own leadership and ownership. TCI research seeks to identify the factors that enable a city’s successful engagement with TCI along with the barriers that hinder a city from progressing through the four stages. TCI also sees room for better leveraging the capacity of strong hub city managers by having them share expertise and techniques with other city managers. Finally, TCI will explore models of amplifying the impacts of high-performing cities as learning labs and of their leaders as ambassadors to bring new cities (“satellite cities”) on board.

“ TCI is working in partnership with the State; and for social mobilization/health education, we are driving the process but gaining the technical support from TCI. By that, I mean that the State creates the platform. We at the State level have what we call the State Social Mobilization Committee - SSMC. But when TCI came in, it became very obvious that we had to expand that committee to become the Social and Behavioral Change Committee. We are almost more than 20-something now in the State and each of them drawn from different strata helping us to carry the message of family planning. We have drawn up our workplan and have a standard workplan for family planning. We able to build family planning into our other programs – Maternal Newborn and Child Health Week (MNCH-W) for example. Now, we are equally trying to see how we will be having quarterly meetings at the LGA level to bring different stakeholders together through the help of TCI. As a result of TCI’s support, we are able to expand more. The entire State 23 Local Government Areas (LGAs) have benefitted, even though TCI is only working in eight LGAs. There’s that relationship and cooperation going on among different stakeholders as a result of TCI.”

Dr. Doris Nria,
State Health Educator/State Counterpart Demand Generation
Rivers State, Nigeria



Bill & Melinda Gates Institute for
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