



# The Challenge Initiative:

## Stories of Scale and Sustainability in Family Planning and Beyond

June 2019



# About This Collection

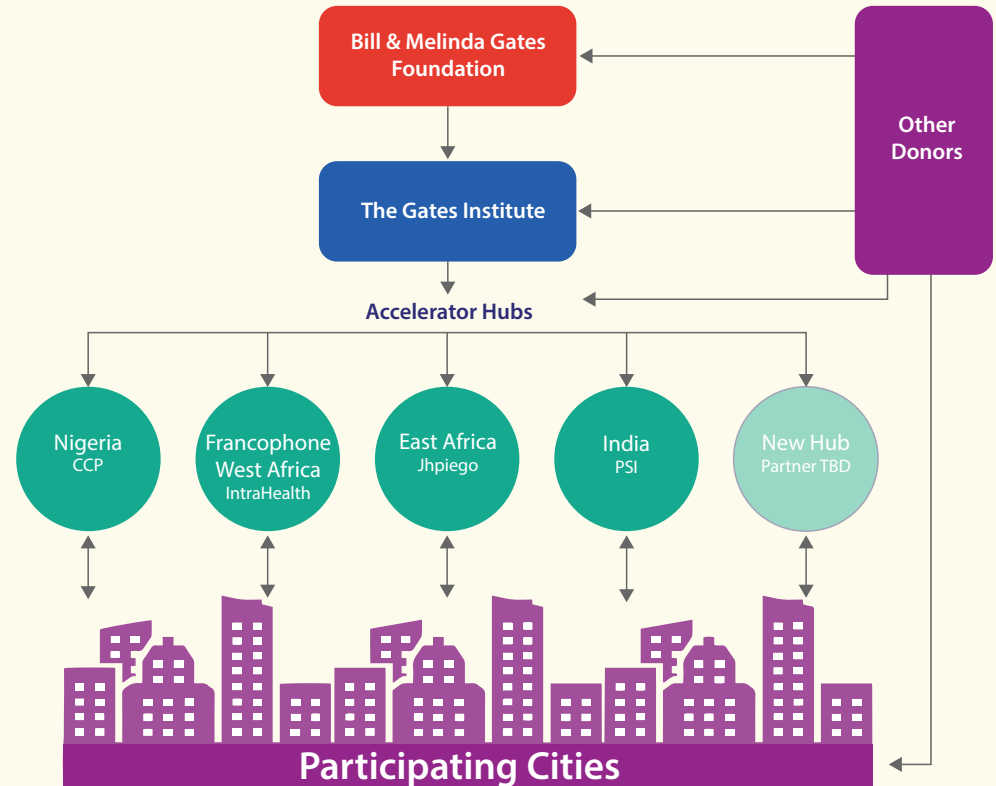
The Challenge Initiative (TCI) represents an exciting new approach to rapidly and sustainably scale up proven reproductive health solutions in poor urban areas of low-and middle-income countries.

TCI works through four regional Accelerator Hubs in **East Africa, Francophone West Africa, Nigeria and India** that support learning and continuous improvement at three levels—the city, the national/regional hub, and the global platform—and with multiple stakeholders. To facilitate this learning, TCI has put in place robust monitoring and evaluation systems, using a mixed-methods approach that leverages both quantitative and qualitative data.

The photos and stories included in this collection, drawn from TCI's primary qualitative method called the Most Significant Change (MSC) technique, illustrate the impact that the initiative is having on:

- **Knowledge, mindsets and practices** of program stakeholders
- **Political and financial commitments** of government officials and community and religious leaders
- **Health systems**, including local ownership of programs, institutionalization of proven family planning and adolescent and youth sexual and reproductive health approaches, and data use for decision making
- **Access to and quality** of services

The stories were collected between October 2018 and March 2019 and were ultimately selected by the global-level TCI selection committee as demonstrating sustainable scale-up potential.



# What Is the Most Significant Change Technique?

The **Most Significant Change** (MSC) technique is a participatory monitoring and evaluation technique used in the implementation science field to make sense of complex program impacts in dynamic contexts; capture differences in outcomes across sites and time as well as different perspectives on the same outcomes; and foster double-loop learning and adaptive management.

TCI has implemented MSC using 4 basic steps:

- 1 Collect stories** every quarter about significant changes experienced by TCI stakeholders, including why the change was significant to them.
- 2 Select the most significant stories** by stakeholder selection committees at different levels of the initiative (e.g., country, regional hub, global). The selection process helps to (1) condense a potentially large volume of locally important stories to a smaller number of more widely valued and applicable stories, and (2) engage stakeholders in dialogue and surface values about what is important.
- 3 Feed back** the selected stories to all stakeholders to promote ongoing dialogue and learning.
- 4 Use the stories** to improve programs. Because stories are collected at regular intervals, the method helps to track changes as they are emerging, rather than waiting until the end of the program cycle when it may be too late to make improvements.



Mothers with their babies gather for postpartum care and education at the Kibaoni Health Center in Ifakara, Tanzania.

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A group of women and their babies are gathered in a room with light blue walls. They are sitting on wooden benches. The women are dressed in traditional African clothing, including colorful patterned dresses and headwraps. Some are holding their babies, who are wrapped in colorful cloths. The scene is a postpartum care and education session at the Kibaoni Health Center in Ifakara, Tanzania.

## Passionate Hospital Security Guard in Tanzania Champions Family Planning

Amina Juma Hassan, a single mother of six children, has been guarding Sinza Hospital in Tanzania for many years. Recently, she had an opportunity to attend a TCI-supported Whole Site Orientation—one of TCI’s proven family planning programming approaches in which both clinical and non-clinical staff at a health facility receive orientation on family planning—at Sinza Hospital, after which her mindset about family planning radically changed. She is now a strong advocate of family planning and supports clients at her hospital to access family planning services. Amina explains her role in promoting family planning services:

*All clients who come to this hospital must enter through the main gate for security check-up. Most of them are women who are new to the hospital. They always inquire from me first. Where can I get family planning services? Which building? Because of whole site orientation, I am confident and knowledgeable with basic information about family planning services and the location where the service is obtained. I accompany them to the family planning room and I inform nurses in charge that I have brought a client.*

During her interactions with the clients, they confide in her, share their experiences about family planning and ask her many questions.

*Most of the women are afraid of implant insertion thinking that it hurts. Most of them ask me, “Have you ever used family planning?” My answer to them is always yes I have, I have done BTL [bilateral tubal ligation] for 5 years now and I am totally fine. Every week, I refer 20 women for family planning services. Since January 2019, I have referred over 60 clients from the main security gate for family planning services.*

Amina enjoys newfound respect in her community as a result of the knowledge she has gained about family planning and her willingness to talk with others in her community to dispel myths and misconceptions about modern contraceptive methods—and people believe in her messages.

*I am now famous in my street, Mwananyamala, because almost everybody who lives around knows that I work for Sinza Hospital and they believe that I know much about family planning. So women who go to the hospital always ask for Afande [a title of respect] Amina. I really feel empowered!*

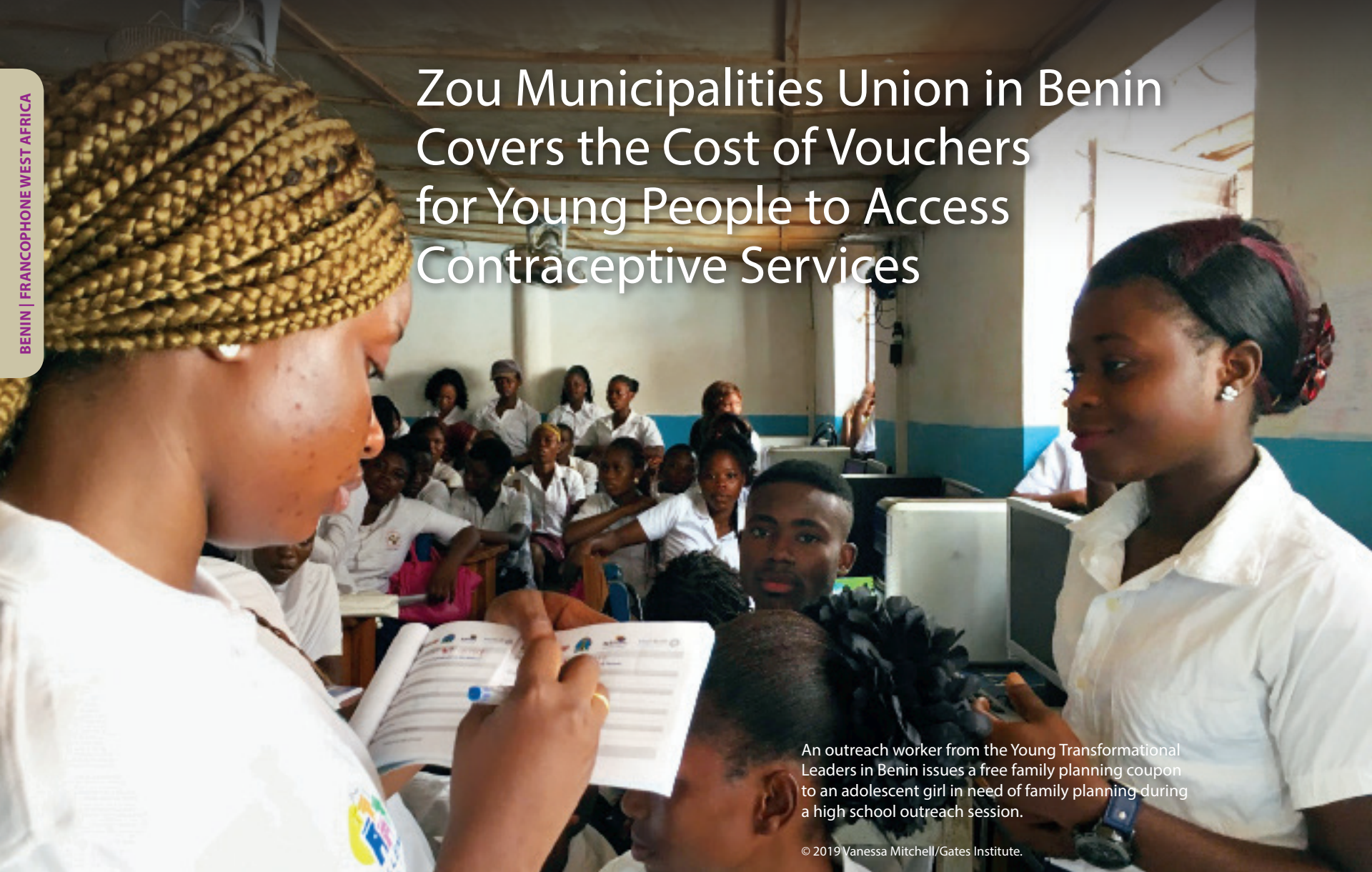
Amina has vowed to continue sensitizing her community about family planning wherever and whenever possible to improve their knowledge about family planning and increase their access to services.

## Why This Story Is Significant

- It demonstrates that family planning champions don’t necessarily have to be health care providers or program managers.
- It reveals how family planning champions at the facility level can also become champions in their own communities.
- It highlights how Whole Site Orientation, which engages *all* staff at a facility, has the potential to have high impact.



# Zou Municipalities Union in Benin Covers the Cost of Vouchers for Young People to Access Contraceptive Services



An outreach worker from the Young Transformational Leaders in Benin issues a free family planning coupon to an adolescent girl in need of family planning during a high school outreach session.

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According to statistics from the Beninese Ministry of Secondary Education, the Zou department has the second highest school pregnancy rates among all departments, with 427 cases during the 2016–2017 school year. After becoming aware of this situation, the Young Transformational Leaders, a group of young leaders of youth-led associations committed to empowering adolescents and young people and to improving their access to sexual and reproductive health services, took action. During meetings with youth seamstress and hairdresser apprentices to raise awareness about the benefits of family planning and provide information on available contraceptive methods, the Young Transformational Leaders started referring girls for contraceptive services to health centers. However, they realized that most referred youth still left the health center without adopting a contraceptive method because they did not have the means to pay the fees. One of Bohicon city's apprentice hairdressers said:

*It's hard for me to find money for food. How can I find nearly 2,000 XOF [West African Francs] every three months to do the planning?*

Having received advocacy coaching support, the Young Transformational Leaders undertook an advocacy campaign targeting the president of the Union of the Zou Municipalities (UCOZ) to mobilize resources that would subsidize the costs of contraceptive services for teenage girls and young people in the department. The Young Transformational Leaders' advocacy campaign convinced the president to allocate US\$4,000 for coupons (also known as vouchers) to cover the cost of family planning services for 2,000 teenage girls and young people in the UCOZ area.

The Young Transformational Leaders and other local groups now distribute the coupons to youth during community mobilization activities. Any youth with a coupon who visits a public or private health facility in the UCOZ area will receive free contraceptive services, thus diminishing the cost barrier and improving their access and uptake.

## Why This Story Is Significant

- Youth access to sexual and reproductive health services is a high priority.
- Youth themselves advocated with government officials for their financial commitment to improve young people's access to contraceptive services.
- The local government made a political and financial commitment to improve young people's access to contraceptive services.
- Providing free services is an important approach to addressing cost barriers.



# Mapping and Listing Approach Helps Indore, India, More Accurately Allocate Health Resources

A young mother with her newborn twins accessing reproductive health care in Bihar, India.

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Dr. Pravin Jadia, District Immunization Officer of Indore, located in the state of Madhya Pradesh (MP), was charged with reaching 100% immunization coverage, but the city's rapid population growth prevented stakeholders from knowing exactly how many children were in need of services. Jadia explained:

*We realized that for maximum coverage, we need to list down the complete slum population residing in the urban areas. The urban settings are entirely different from rural settings ... It becomes difficult to assess the accurate urban boundaries.*

The Challenge Initiative for Healthy Cities (TCIHC) faced a similar issue in working with the in-charges of urban primary health centers (UPHCs); they often were uncertain of the population coverage of their catchment areas. TCIHC, therefore, teamed up with Jadia to implement TCI's proven mapping and listing approach, which found approximately 230,000 people living in Indore's slums. The mapping exercise also determined that meeting the health needs of this previously unaccounted for slum population would require an additional 13 auxiliary-nurse midwives (ANMs), 400 Accredited Social Health Activists (ASHAs) and 14 UPHCs. These data prompted India's Chief Medical Officer of Health to move some UPHCs closer to the population. Staff from dormant facilities were shifted to functional facilities and medical officers were to monitor outreach activities and provide technical support to frontline workers.

Jadia said for the first time in Indore, all health facilities have been mapped with a defined catchment area, helping to uncover underserved areas.

*Now, we will be able to cover the entire slum population as all the facilities have equal distribution of population. ... This model is strengthening all aspects of reporting, services and supplies and it is giving magical results, as there is an 18% rise in MP immunization data during this four-month duration.*

The mapping and listing exercise of Indore has also been publicly recognized by city officials. Dr. Asha Pandit, Indore's district health officer, said:


*The shifting and distribution of responsibilities within existing service providers has enhanced outreach and service quality. In February 2018, there were merely 82 family planning users. After area segregation, it increased to 1,014 in August 2018. Today, we have baseline data where we can start any program like tuberculosis, malaria, etc.*

Indore's mapping and listing exercise defined a clear roadmap for how to replicate this exercise in other cities. Bhopal, another MP city, recently adopted this strategy and found more than 50% of its slum population had been left out of previous estimates.

## Why This Story Is Significant

- It demonstrates the importance of using data to scale up programs.
- It shows diffusion of impact to other technical health areas besides family planning.
- The mapping exercise did not require additional resources but rather a reallocation of existing resources for greater and more equitable impact.

# A Major Policy Win: Family Planning Service Fees Removed in Anambra State, Nigeria



TCI supports social mobilization efforts in Anambra State, Nigeria, to educate communities about the benefits of family planning, dispel myths and misconceptions, and provide referrals for quality family planning services.

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Family planning service provision costs are one of the major barriers to family planning uptake throughout Nigeria, including in Anambra State. Through a net-mapping exercise, TCI worked with state counterparts and community members to identify those with influence in Anambra State who could be candidates for the Advocacy Core Group (ACG). TCI helped the state establish this watchdog group independent from the government following established guidelines based on national policy. TCI works to establish and/or strengthen ACGs to ensure sustainability of resource mobilization and an enabling environment for family planning services.

With TCI's support, the Anambra State ACG played a major role in eliminating fees for family planning services. The advocacy group made several visits to the Chairman of the Anambra State House of Assembly Committee on Health, the Special Advisor on Health to the Governor and the Anambra State Commissioner of Health to advocate the removal of user fees, explaining that service delivery fees are a deterrent to family planning uptake.

After sharing advocacy briefs with the Commissioner for Health in November 2018, the commissioner promised to present the issue to the state governor. By January 2019, the governor issued an official policy statement directing that user fees for family planning and immunization services be removed.

Women in Anambra state can now access family planning services without paying a service fee. The State Primary Health Care Development Agency and Local Government Area heads of health departments are currently monitoring the situation to ensure full compliance with the directive.

According to the officer in-charge of a maternal and child health center in the town of Ogibi:

*Since the removal of user fees, there has been remarkable increase in the turnout of clients for family planning and other integrated services rendered in the facility. Monthly data show an increase from 40 clients to about 70 or more.*

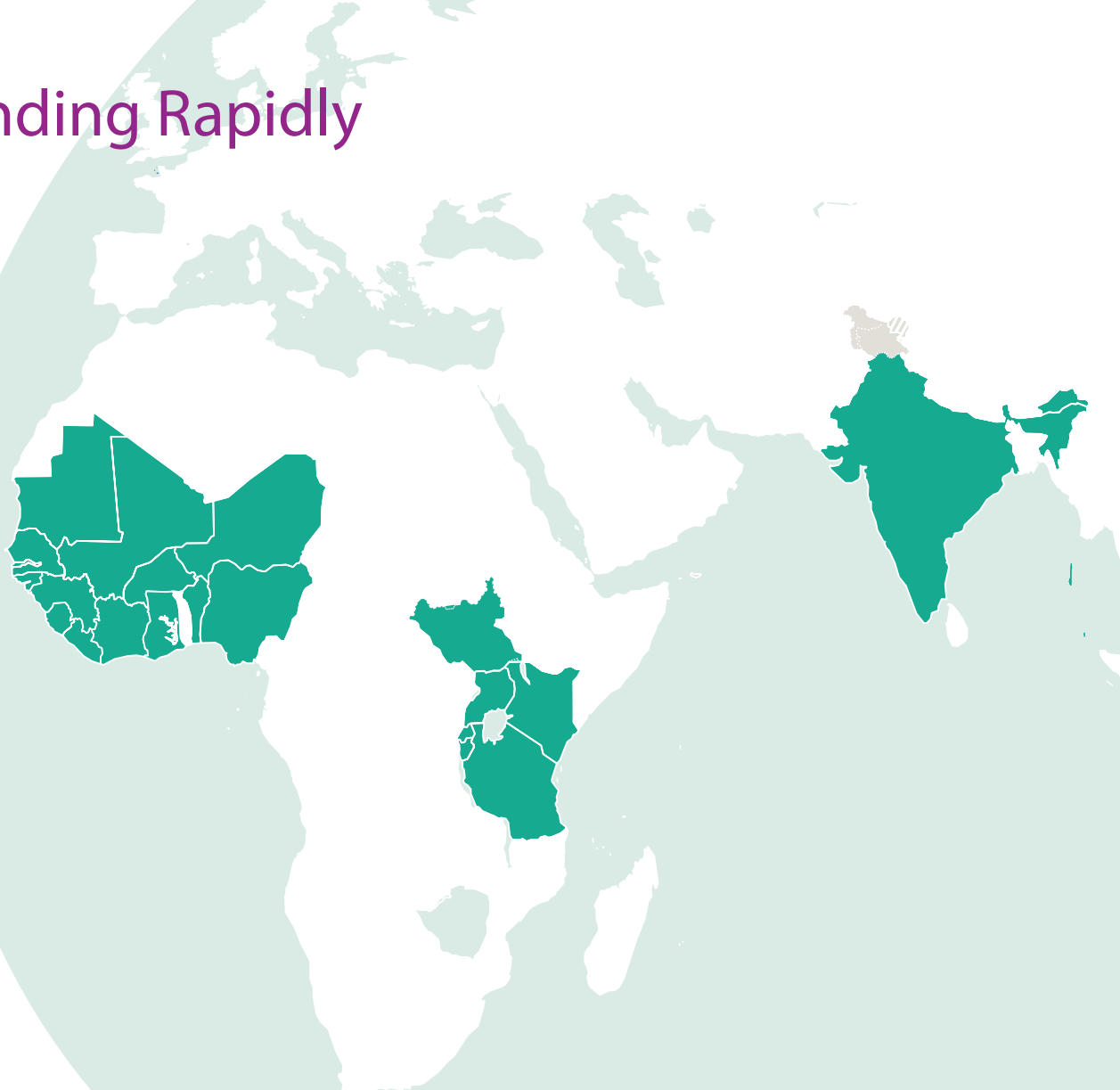
## Why This Story Is Significant

- Eliminating family planning fees removes barriers to family planning uptake for community members.
- The local government is absorbing the costs, improving the likelihood of sustainability.
- This advocacy effort had impact beyond family planning as it also achieved removal of fees for immunization services.

# Reach of TCI Expanding Rapidly

TCI implementation began in September 2017 in 3 cities in East Africa and has expanded, through April 2019, to include a total of:

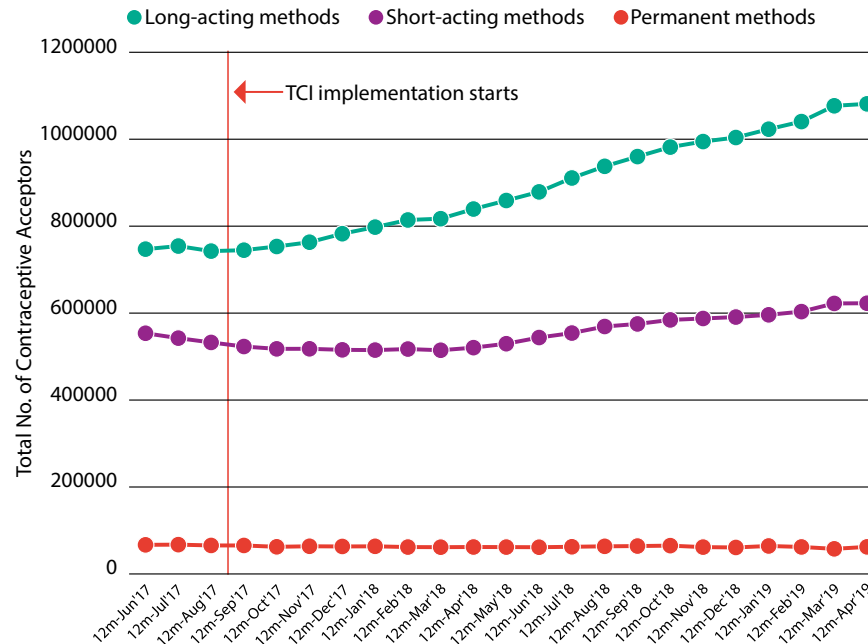
- 31 cities in India
- 10 states (78 local government areas) in Nigeria
- 38 cities in East Africa
- 10 cities in Francophone West Africa





# Use of Long-Acting Methods Steadily Rising in TCI-Supported Urban Areas

Service delivery data in most TCI sites are showing positive increases in contraceptive uptake, especially long-acting reversible contraceptives, as women and couples are empowered and enabled to decide freely whether and when to have children, and how many.



Data are from health management information systems of 85 TCI-supported geographies, and each data point includes 12 months of data, which helps adjust for any differences in seasonality.

Short-acting methods have been adjusted using standard couple-years of protection (CYP) values to account for revisits within a year.



The total number of women accessing family planning services across all four TCI hubs rose to 1.8 million for the 12-month period ending in April 2019, 24% higher than the previous 12-month period ending in April 2018.

# TCI Is Delivering Scale, Impact and Sustainability

Scaling without impact is empty scale. Similarly, impact without sustainability is empty impact. These three interlocking tenets—scale, impact and sustainability—are needed to achieve enduring progress.

The stories of scale, impact and sustainability included in this collection are just the tip of the iceberg. TCI is sparking an urban family planning revolution whereby local health systems are being effectively activated and leveraged to provide quality family planning services—and the results are diffusing into other technical health areas and urban areas not directly supported by TCI. Even within challenging environments, TCI has shown that rapid and sustainable progress can be made by working hand-in-hand with local governments that want to make a lasting difference in the lives of women and men in their communities. As one family planning stakeholder in Dar es Salaam, Tanzania, explained about the mindset change that TCI has helped instill in her, “We can do a lot of things without money; it didn’t take TCI money to get results.”

For example:

- State governments in both Uttar Pradesh and Madhya Pradesh, India, have officially endorsed nine TCI proven approaches, meaning that all cities in both of these states will now be using these approaches. This amounts to an additional 55 cities in Uttar Pradesh and 39 cities in Madhya Pradesh not supported by TCI.
- In Nigeria, TCI has been successfully scaling up the 72-hour makeover approach, a process whereby facilities are renovated, refurbished and equipped for optimal family planning service provision over a three-day weekend resulting in a restoration of the community’s confidence in the facility and its services. The approach is expanding into Gombe State, a state not supported by TCI, after Planned Parenthood Federation of Nigeria conducted a learning visit to TCI-supported makeover sites in Bauchi state.
- In Kenya and Uganda, successful scale up of TCI approaches in family planning are encouraging their diffusion to other technical health areas. For example, the champions advocacy approach has been adopted by a sanitation program in Uganda and an HIV program in Kenya. In addition, TCI’s whole site orientation and integrated family planning outreach approaches are now being implemented in non-TCI supported facilities in Kenya.
- In Senegal, through TCI’s participation in national-level family planning tool review workshops, TCI’s tools for implementing the universal referral approach have been institutionalized nationally and are now part of the set of standardized tools that all facilities in the country are expected to use.





The Challenge Initiative is led by the Bill & Melinda Gates Institute for Population and Reproductive Health in the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. TCI's regional hubs are led by IntraHealth International in Francophone West Africa, the Johns Hopkins Center for Communication Programs (CCP) in Nigeria, Jhpiego in East Africa and Population Services International (PSI) in India.

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