

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.

WHAT IS TCI UNIVERSITY

TCI University (TCI-U) is The Challenge Initiative’s key mechanism for rapidly scaling up evidence-based family planning and adolescent and youth sexual and reproductive health (AYSRH) interventions that have been proven to work in urban poor settings in East Africa (Kenya, Tanzania and Uganda), Francophone West Africa (Benin, Burkina Faso, Côte d’Ivoire, Niger and Senegal), India and Nigeria.

TCI-U provides the framework and tools through which program managers and implementers design, implement and monitor effective family planning and AYSRH programs, using data to inform adaptations and right-fitting a minimum package of proven interventions. TCI’s regional hubs in East Africa, Francophone West Africa, Nigeria and India provide cities with coaching and technical support about proven interventions that meet the local needs, constraints and opportunities of their particular context.

City implementers, as well as coaches, receive additional support from TCI-U’s online platform, which serves as an open “university without walls,” providing a continuous learning environment for an unlimited number of city teams as demand for the model rises over time.

“And, with TCI, I also realized that there is capacity building, which is key. Because when you build capacity of the workers, even if TCI folds up today, the knowledge remains with them – which is something that is very very key.”

– Executive Secretary
Health Care Development Board
Plateau State, Nigeria

WHAT COMPRISES TCI-U?

The three main components of TCI-U are Coaching, Toolkits and a Community of Practice (CoP).

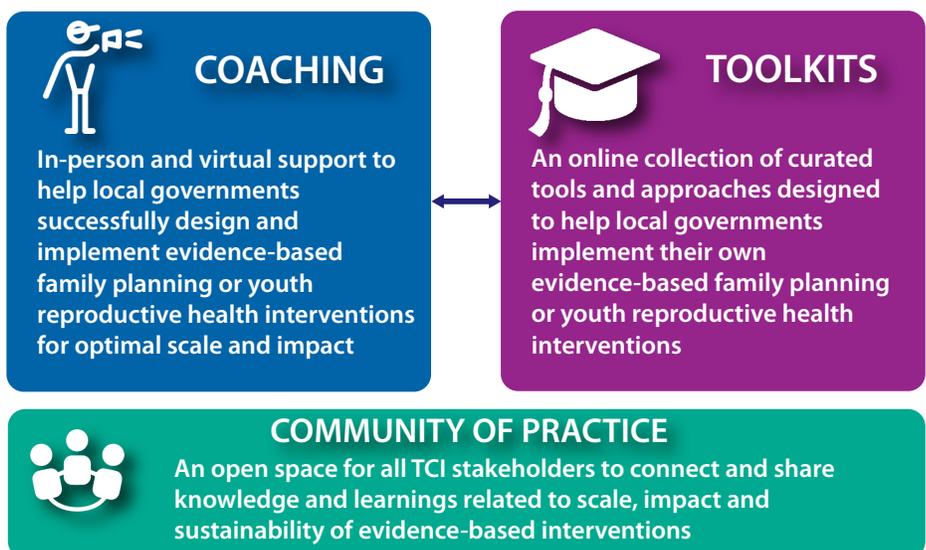


Figure 1: The three components of TCI-U.

COACHING

TCI's **coaching** starts with the expectation setting established by its hubs' during their first interaction with local government about the critical role of local leadership and commitments. Coaching centers on helping local government counterparts – program managers and implementers – to expand their view and proactively lead: to shift from seeing only problems that need to be solved, to recognizing that obstacles can be opportunities. Planned and on-demand support is provided by TCI hubs and those trained as master coaches who have expertise in designing, adapting and implementing the proven urban family planning and AYSRH interventions.

As coaches, the regional hubs act as knowledge brokers – connecting city and health system decision-makers and implementers to the critical tools, information and expertise they need to design and carry out a successful program. TCI's coaching model is another cue about the mindset shift needed when partnering with TCI. TCI coaches do not implement programs; rather, they serve as resources and advisors to help city teams solve problems as they strengthen advocacy efforts, improve service delivery, generate demand for family planning services, minimize supply-side barriers and leverage crucial resources.

Coaching typically starts out at high intensity, but city implementers expect this to gradually taper off as implementation progresses and city teams gain confidence — referred to as the “Lead-Assist-Observe” coaching model (Figure 2). Coaches increasingly structure their work with cities through the use of TCI's **Reflection and Action to Improve Self-reliance and Effectiveness** (RAISE) tool, a participatory and eventually city-administered assessment process that helps cities and Hubs identify areas of progress and where to focus coaching.

TCI-trained coaches work hand-in-hand with cities as they examine their data to determine their most pressing reproductive health needs, adapt proven approaches to meet them and then implement and monitor accordingly. The coaching process is designed to be flexible, accounting for factors in the local context including:

TCI defines coaching as:

A structured, yet flexible process by which coachees are empowered to make positive changes in their internal motivation, knowledge, skills, and ability to address needs, solve problems, take on new challenges, improve individual performance, and achieve individual, team and organizational objectives.

In Taraba State, TCI created a WhatsApp Group to provide constant mentorship and coaching to Family Planning/Reproductive Health (FP/RH) Coordinators, ranging in age (from 30 to 55-years old) and experience, on all aspects of family planning. The purpose of the WhatsApp Group was to stimulate real-time sharing of reports, facilitate exchange of best practices among the FP/RH Coordinators and provide problem-solving support by responding to challenges faced by the FP/RH Coordinators in record time. This **technical brief** outlines how WhatsApp is being used for continuous coaching, the steps that were taken to setup the WhatsApp Group, tips for sustaining use of the platform and results from its use.



Figure 2: TCI's lead-assist-observe model.

- Needs of the individual coachee(s) and/or teams being coached
- Coachee's existing knowledge, skills and confidence in identifying, adapting and applying solutions
- Specific complexities of the challenge, task(s) or problems at hand

In addition to in-person meetings, coaching takes place through a variety of virtual tools, including TCI-U, phone calls and WhatsApp Groups – that were already in existence locally or are newly established as a result of engagement with TCI.

TOOLKITS

The **Global Family Planning Toolkit**, **AYSRH Toolkit**, and **hub-specific toolkits** are collections of highly synthesized how-to guidance and tools to help cities design and implement the proven interventions. Evaluations of four urban reproductive health initiatives found programming that deliberately targeted Services & Supply, Demand Generation and Advocacy – and ensured they were interconnected – led to significant increases in contraceptive prevalence.¹ As a result, the toolkits are organized around these three program areas, as well as Essentials (such as effective leadership and data for decision-making), which are core competencies every family planning programmer should exercise. The Global Family Planning Toolkit and AYSRH Toolkit provide standardized information and tools, which can be customized and tailored to meet city program needs.

The hub-specific toolkits (East Africa, Francophone West Africa, India and Nigeria) contain locally developed interventions along with contextualized information and tools – some of which were adapted from the global evidence base, while others are based on TCI's experience from implementation in other hub locations. TCI-U users can take a quick assessment after perusing each intervention to earn certificates and badges that accumulate to inform other TCI-U users of their level of knowledge related to the proven approaches.

TCI's goal is not simply to replicate the proven intervention but also simplify them by finding the right mix of features so they are easier and faster to implement while reaching more people, more places and, most importantly, having the same (or greater) impact. As a result, these adaptations and improvements are constantly being fed back into the guidance in TCI-U Toolkits and used during coaching sessions.

COMMUNITY OF PRACTICE

TCI-U's **Community of Practice** (CoP) is a shared space for seeking advice and sharing knowledge with fellow coaches and implementers of TCI's proven interventions. Users can also earn badges and certificates through engagement with TCI-U by posting a question, replying to a post, taking an assessment, or by passing an assessment or scoring 100%. This 'gamification' incentivizes use of TCI-U as well as provides recognition for users.

TCI-U uses an open-access approach to learning, where participants are inspired and driven by their desire for results. Learning from each other is the only way for us to ensure impact. The online CoP has grown to encompass not only TCI-trained coaches and local government counterparts, but also people from around the world who are not directly involved in TCI but

“The poor performance of our outreaches prompted us to request for coaching on Outreaches from Tupange Pamoja [Tupange Pamoja is the name TCI is referred to locally in East Africa]. We were paired with two sisi-kwa-sisi coaches who coached us on how to conduct high yielding integrated FP outreaches. We were all registered in TCI-U and coached on how to navigate it. We were also coached on the integrated FP outreach and demand creation using the TCI-U toolkit. The project implementation team members participated in this coaching since all of them take part in planning for the outreaches.”

**- Miss Pauline Ochola
Embakasi East Sub-County
Nairobi, Kenya**

“It [TCI University] creates a type of family, and the geographic barriers are removed by TCI because we have become a big TCI family, the Francophones. But also, there's India, we have other countries ... there is really this cohesion, this shared life where really when we meet at conferences, sometimes we meet again, it is TCI who really got us together. and well, it's a big family.”

**- TCI University registered user
Senegal**

¹ View [baseline and endline reports from the Measurement, Learning & Evaluation Project](#) of the Urban Reproductive Health Initiative on the [TCI University Resource Collection](#). (Filter by Program Area: Research, Monitoring & Evaluation and Tool Type: Research.)

interested in its proven approaches.

These three components of TCI-U are designed to meet the needs of TCI city stakeholders throughout the **different stages** of TCI – from expression of interest to program design to implementation to eventually self-reliance, when they become a TCI-U alumni.

HOW IS TCI-U OPERATIONALIZED?

Local government program managers collaborating with TCI begin intensive engagement with TCI-U after they have submitted their expression of interest and during program design. Local governments selected to join TCI receive coaching support from TCI hubs as they develop their **program designs**. This ensures that gaps identified by the local government are prioritized and mapped to TCI proven interventions in TCI-U's online platform. TCI's approach to coaching is informed by the Pareto Principle – where 80% of results are produced by 20% of the activities. Coaching aims to help both hubs and local governments discipline themselves and only select and implement the proven urban family planning interventions that would provide the greatest impact for their limited family planning funds. TCI-supported cities are coached on the 20/80 rule when designing their programs and select a limited number of proven family planning interventions in service delivery, demand generation and advocacy.

Thus far, demand from cities to partner with TCI has exceeded TCI's capacity to respond. Representatives from other cities who are not (or not yet) officially participating in TCI can also access the information on TCI-U's online platform and receive virtual support from hubs to get them ready to join TCI.

Given the different levels of health system maturity of the contexts where TCI operates, each hub has adapted its coaching structure to best support its cities.

In Nigeria, coaching support centers around engaging all state counterparts – not just those within TCI-sponsored local government areas (LGAs) – as well as working with existing community structures to ensure state ownership, adaptation and sustainability of the proven interventions. Within the embedded coaching and technical assistance structure, a TCI State Program Coordinator and Technical Support Leads (TSLs) are co-located with government staff in their respective units. This allows for day-to-day mentoring of not just individual state-level employees but capacity strengthening of existing state and LGA platforms with the ultimate goal of strengthening the primary health care system. TCI's state technical support team not only coach the state counterparts to implement the proven interventions but also to ensure the sustainability and replication of the interventions beyond TCI partnership. This approach institutionalizes local capacity transfer to lower levels – from State coordinators to LGA coordinators and supervisors.

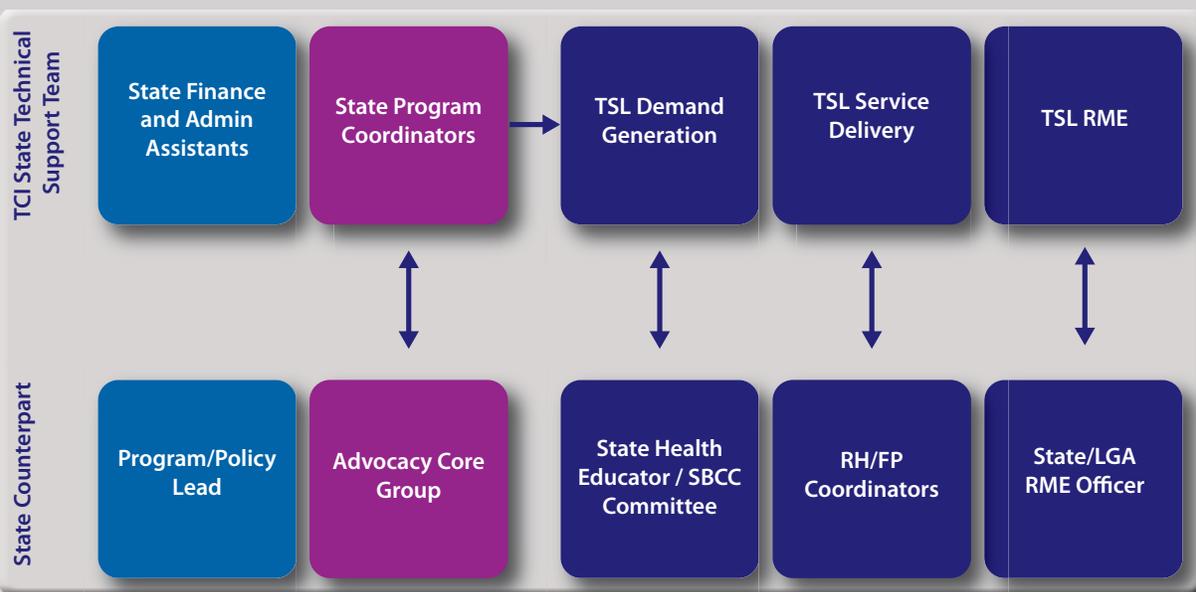


Figure 3: TCI's Nigeria hub engages all state counterparts.

WHAT HAS BEEN LEARNED?

Demand for TCI-U's online platform, as well as engagement with and use of it, is great. As of December 2019, TCI-U had:

- 4,413 registered users
- More than 690 family planning and AYSRH tools available to adapt to the local context
- 6,662 TCI-U approach assessments successfully completed by 661 registered users
- 1,744 posts made to the CoP by 178 unique users
- Received and responded to 210 online coaching requests

Given the significant mobile use of TCI-U, a mobile app was launched in November 2018 and now has more than 2,000 users. On the ground, TCI has trained 1,154 coaches and held 2,199 coaching sessions.

Findings from the 2019 TCI-U user survey and in-depth interviews with coaches and coachees reveal that TCI's coaching approach is effective in transferring capacity to local counterparts.

Among the characteristics of effective coaches that were identified by TCI-U users and coachees (see box, right) are listening and communication skills, as well as the ability to give constructive feedback and use data to right-fit the proven interventions. In its next phase, TCI will be mindful of this feedback and work to instill these characteristics in future coaching sessions and in TCI-U.

When TCI-U launched in September 2017 at a Master Training of Coaches & Trainers in Dar es Salaam, Tanzania, a more on-demand coaching approach was envisioned. TCI quickly learned that local government stakeholders required more capacity strengthening than initially assumed. As a result, it adopted the "[Lead-Assist-Observe](#)" **coaching model**, which the India hub had tested as part of its low-dose, high-frequency capacity strengthening engagement with Accredited Social Health Activists (ASHAs).

“That resource [TCI-U] is great. I have been struggling with demand generation [activities] in my organization [Living Goods] but when I started reading in TCI-U, it all became clear how certain interventions are actually sustainable and easy to adopt. It was an answer to my challenges. I needed my team to have good reference where they can access proven interventions. I have introduced TCI-U to six of my fellow staff, of which, three are my direct supervisees and three are fellow peers/senior managers. My approach to FP programming has changed. I am emphasizing value for money courtesy of TCI-U. The materials are structured in an easy to read and understandable manner and I do not have to explain to my supervisees. They read and we discuss. I will make great use of this university going forward. Thank you for introducing TCI-U to us!”

– Senior Manager
Field Operations Effectiveness
Living Goods, Uganda

7 Characteristics of an Effective Coach

1. Technical knowledge
2. Listening skills to empathize and identify needs
3. Communication skills to explain complex ideas in simple terms
4. Ability to follow-up and give constructive feedback
5. Flexibility and openness to any situation
6. Using data to adapt evidence-based approaches
7. Willingness to learn and keep up-to-date with current developments

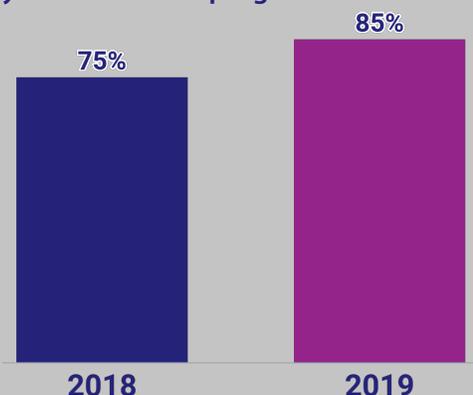
As a result of TCI-U:

90% of users improved their knowledge of family planning

90% of users improved their way of implementing programs

85% of users adopted a new way of thinking

Increase in the percentage of users reporting that they achieved their programmatic outcomes.



Technical coaching coupled with easy-to-use, adaptable proven interventions under TCI-U was a key mechanism for scale. What TCI has learned about coaching continues to inform its approach, including the following:

- Coaching is required at all levels of the health system – from participating in policy review meetings and city technical working groups to disseminating government tools and training community health workers on them. As a result, coaches must have an in-depth knowledge of the local health system and political environment.
- Cities require program and financial management capacity strengthening, not just technical capacity strengthening related to the proven approaches.
- Aligning coaching with government system and structures enables government to more effectively lead and sustain interventions.

WHAT IS NEXT FOR TCI-U?

TCI will continue to codify best practices, in particular those related to effective management to help strengthen coaches' and coachees' competencies in this area. In addition, TCI will continue to "right-fit" based on the Goldilocks' challenge – meaning finding just the right features for success – proven interventions so they can easily be scaled up and sustained.

TCI will also begin triangulating data from its various sources – health management information system (HMIS), survey data, RAISE and qualitative data collection approaches to assess a city's progress and readiness for graduation, which means that capacity has been strengthened to the point where a city can continue implementing TCI proven approaches with impact and therefore require limited, on-demand to no coaching support. RAISE will increasingly structure the design of TCI coaching content and intensity.

Finally, TCI is exploring what aspects of TCI-U can be monetized to provide a stream of income to sustain it for the future.



Bill & Melinda Gates Institute for
Population *and* Reproductive Health

