



**CITIES TRANSFORMED**

# **Reflections on Family Planning Progress in Poor Urban Settings**

**AUGUST 2020**



## PREFACE

# The Challenge of a Generation

**Few demographic trends have had more societal and economic impact in the 21st century than the global rise of urbanization. By 2050, the United Nations projects that some 70% of the world's population will be living in urban settings, 90% of which will be concentrated in Africa and Asia.**

At the same time, the largest population of young people in history – the vast majority of which already reside in cities – is now of reproductive age.

With these seismic demographic shifts, we face the challenge of a generation – to ensure that leadership in the world's poorest cities are equipped to meet the reproductive needs of their rapidly growing populations.

The Challenge Initiative (TCI) provides cities in Africa and Asia with a bold approach to quickly and sustainably scale high-impact family planning solutions for women, girls and couples living in urban poverty. At the heart is right-fitting evidence-based family planning programs that are designed, driven and monitored by local governments.

This is the essence of TCI's "business unusual" model, which seeks to incentivize cities to be fully engaged in and committed to fulfilling the reproductive health needs of their citizens. Through a four-step process, cities express interest in joining TCI, design and implement a program based on high-impact solutions available on TCI University, and ultimately transition from TCI coaching support to self-reliance. Once a city "graduates" from TCI, they become part of a robust alumni network and can serve as advisors to newly engaged TCI cities.



TCI'S BUSINESS UNUSUAL MODEL



Working through its implementing partners in East Africa, Francophone West Africa, India and Nigeria, TCI believes that expanding access to family planning can mitigate several pressing social issues and save millions of lives.

Beyond reproductive health, the innovations spearheaded by TCI are a launchpad for improved quality service delivery for primary health care as a whole, as they are geared towards health systems strengthening and fostering connections between the community and facility and an overall enabling environment for health-seeking behaviors.

Because the contexts where TCI operates are complex and dynamic, and measures of success multifaceted, static metrics do not tell a complete story. For this reason, TCI adopted the Most Significant Change (MSC) technique, a participatory form of monitoring and evaluation that collects qualitative data to support adaptive management by tracking and incorporating changes as they occur – rather than at the end of the program cycle.



MSC supports local implementers and governments in assessing and adjusting programs for maximum impact – in as close to real time as possible. From July 2018 to March 2020, TCI staff interviewed more than 165 stakeholders to evaluate the program's impact on their work and lives, their observations about the most significant changes that have resulted from involvement in TCI and what challenges they experienced.

The collection of testimonials that follows offers snapshots of the powerful impact that TCI is having in 94 cities across East Africa, Francophone West Africa, Nigeria and India. Together, these voices of TCI paint a rich tapestry of how this novel, entrepreneurial model is creating sustainable, transformational change in some of the world's poorest urban settings and blazing a trail for how to effectively scale up evidence-based health interventions.





**SOLUTIONS THAT WORK**

# Strengthening Access and Quality for Improved Uptake of Family Planning



**It is a straightforward premise: in order for people to fully realize their reproductive intentions and live the lives they desire, they must be able to choose, access and use high-quality modern contraception whenever and wherever they want. Yet, in practice, increasing uptake of family planning is riddled with complexity and nuance.**

TCI recognizes that there is no silver bullet, but rather an entire ecosystem of variables that must work synchronously in order to bring about the desired changes. Ultimately, designing and implementing solutions that work requires a comprehensive assessment of barriers to access of contraception as well as what it will take to improve the quality of service delivery. Beyond that, it takes an understanding of social norms, deeply ingrained beliefs and behaviors, and other factors that may inhibit demand.

Working shoulder-to-shoulder with local governments and implementers, TCI brings high-impact, evidence-based solutions to strengthen all aspects of this ecosystem of change.

The approach is grounded in four tenets: **scale, impact, efficiency** and **sustainability**. Scaling without impact is empty scale; impact at scale without increasing cost efficiencies is not viable; and cost-efficient impact at scale that is not sustainable will not produce lasting change. TCI is working to deliver on all of these tenets – recognizing that all four are necessary to achieve enduring progress.

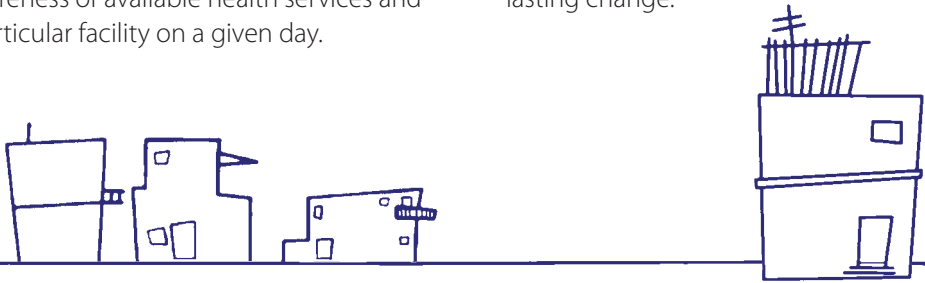
TCI's proven interventions are demonstrating their value in increasing uptake of family planning services. During facility-based “in-reaches” in Nigeria and East Africa and “fixed day static (FDS)” service in India, community mobilizers and frontline health workers help create awareness of available health services and supplies at a particular facility on a given day.

Not only do the in-reaches and FDS days drive client turnout, they have been shown to strengthen relationships between community members and health care providers, and ultimately lead to more women being able to use a contraceptive method of her choosing. The same is true for TCI's proven community-based service delivery interventions, including “integrated outreaches” in Nigeria and East Africa and “FP Special Days” in Francophone West Africa.

Other high-impact solutions, such as “whole site orientation” and “quality improvement coaching” have demonstrated their effectiveness across all TCI sites by providing opportunities for providers as well as other facility staff to increase their knowledge, skills and awareness of common myths and misconceptions.

Overall, TCI has seen positive increases in contraceptive uptake in most sites, especially for long-acting reversible contraceptives (LARCs). As of February 2020, TCI's efforts had contributed to a 54% increase in annual family planning client volume across 90 reporting cities since baseline. This is approximately 1.17 million additional family planning users since TCI began implementation in each city.

The following testimonials demonstrate how an array of innovative approaches are increasing uptake by strengthening access and quality – and thus how urban communities are seeing a ripple effect of real and lasting change.





WHAT BUSINESS UNUSUAL SOUNDS LIKE:

# The Voices of TCI

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We used to have very few clients come to access condoms and a few injectables, but since demand generation activities began after our social behavior change communication training, we now have a good number of women coming for [LARCs] on a daily basis. Most women who accessed family planning services after attending our sensitization activities have been telling others to also come in.

**JOSEPHINE OFOR**, Social Mobilizer and Family Planning Provider, Umuhu Primary Health Center, Abia, Nigeria

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**“Before TCI started supporting this facility [Rongo Sub-county Hospital], none of the clinical staff was trained in postpartum family planning (PPFP) and the services were not being offered here.**

There were missed opportunities for contraceptive services, resulting in more women reporting unintended pregnancies. When TCI came on board, they supported us [to] train 16 nurses and clinical staff on PPFP. Following the training, PPFP services were introduced in [the] maternity department.

As a result, 30 out of an average of 100 women who deliver at this hospital on a monthly basis are now started on either implants or intrauterine contraceptive devices (IUCD). This has increased the overall percentage of women seeking long-acting reversible contraceptives services in the county.”

**PAMELA OKUMU**, Subcounty Reproductive Health Coordinator for Rongo, Migori County, Kenya



**Before [TCI’s 72-hour clinic makeover], I used to feel shy to come for my monthly injection because there was only one waiting room for everyone, including men and women, and I didn’t feel comfortable about it.** But, when I came today, the new place is very comfortable; the waiting room is big; and I feel like I am being protected. I no longer have anything to fear.

**AISHA ABDULAH**, repeat client at Wuntin Dada, Primary Health Center, Bauchi State, Nigeria

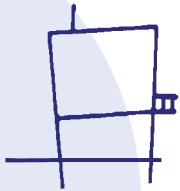
**“... Data was entered in [the] maternity register and shared as integrated data with family planning to be reported in DHIS2.** This has improved on the facility integration data from maternity, and increased the number of mothers that take up PPFP. If most clients in Mehta take PPFP, then we shall have addressed the gap and reduced the frequency of mothers getting pregnant. Thus, it will improve on quality of life in the urban setting.”

**NAGAYI SYLVIA**, Enrolled Midwife, Mehta Scoul Hospital, Buikwe, Uganda

**54% INCREASE**

**in annual family planning client volume compared to baseline; about 1.17 million additional family planning users, from baseline until February 2020.\***

*\*Across 90 reporting cities*





# BEFORE AND AFTER

VIEW OF MAIDUBU PRIMARY HEALTH CENTER

“Part of Maidubu [primary health center] was occupied by bats, leaving the whole building with an awful smell. Clients and staff couldn’t stay five minutes in the clinic. With this renovation, we are sure there will be a scale up of health services, especially family planning services. The clinic has lost clients ... but with the renovation, women are already coming to check when the clinic will be ready for patients.”

KUDIRAT UNUSA, Family Planning Coordinator, Kontagora Local Government Area (LGA), Niger State, Nigeria



100%  
OF FACILITIES

providing family planning services across 31 TCIHC\* cities in India were certified by the District Quality Assurance Committee.

“I am still amazed how a simple quality assurance checklist [introduced by TCI] became the reason we improved the quality indicators of urban facilities. Quality improvement is not a static concept; hence, we intend to continue these processes to improve the quality of health care as it is essential for increasing the client’s trust and satisfaction.”

DR. RAJSHREE PANDEY, Assistant Program Manager, Bhopal, Madhya Pradesh, India

“I am happy that I can avail family planning services of my choice from nearby Zakir colony urban primary health center. A few months back when I visited the district hospital for the same, I had to return without availing services due to high client load. Even the district hospital is quite far from my place. Now whenever I meet any woman of my area interested in family planning, I tell her about our nearby facility.”

ZAHIDA PARVEEN, 24-year-old mother of three, Meerut, Uttar Pradesh, India

“During Mission March, all accredited social health activists (ASHAs), auxiliary nurse midwives (ANMs) and Anganwadi workers (AWWs) worked as a team to reach out to more men and women with family planning messages. Getting more family planning clients was our prime mission. [The] TCI team and medical officers of urban primary health centers (UPHC) guided us on how to improve our efficiencies. Now, family planning is a part of my daily counseling. Even medical officers are interested to know how many family planning clients ASHAs are referring to UPHCs.”

KUSUM LATA KASHYAP, Urban ASHA, Lucknow, Uttar Pradesh, India

\*TCI is referred to as The Challenge Initiative for Healthy Cities (TCHIC) in India.

### TCI'S Guiding Principles

- 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.
- Scaling proven interventions**  
TCI offers evidence-based interventions related to service delivery, demand generation and advocacy.
- Coaching and TCI University**  
TCI uses a "Lead, Assist, Observe" coaching model capacity using TCI University, an online learning
- Near-time, real-time data decision-making**  
Cities use data for planning and decision-making

“We were used to doing outreaches where we spent so much time on mobilization and few people received family planning services. But with the in-reaches, more women and men are now aware of family planning and we spend less time on mobilization since this happens right here in our facility. Now, in the whole of Aba south LGA, there is no facility that cannot provide LARC services. This has increased new acceptors in the LGA and we are grateful to TCI for providing us with the necessary technical assistance in terms of training, mentorship and showing best approaches that can help increase our State contraceptive prevalence rate.”

IFENDU NDIYA, Family Planning Supervisor and Senior Nursing Officer, Maternal and Child Health Clinic, Aba south LGA, Abia State, Nigeria

“Today, with *identification systématique des besoins*, [TCI’s high-impact universal referral approach], women are informed about family planning the first time they interact with a service provider. He/she identifies her need and refers her to the appropriate unit or provides the service. With TCI it has become a habit at the level of all points of service... It has become a daily routine to generate demand ... for us to get more clients. This approach has enabled us to improve our [family planning] indicators in the city of Bouaké.”

DR. FATOUMATA TOURÉ BAMBA, Regional Health Director, Bouaké, Côte d'Ivoire



311%  
INCREASE

in annual family planning client volume in 20 TCIHC\* cities in Uttar Pradesh as a result of Mission March, when comparing March 2019 to March 2018 HMIS data

Source: HMIS for UPHCs only







## SOLUTIONS THAT WORK

# Building Sustainability Through Partnership and Local Ownership

**Partnership and local ownership are essential components for scaling sustainably with impact. When cities demonstrate their political and financial commitment, have the necessary capacity and training and are equipped with the right data, they are unstoppable.**

TCI understands that local governments are the ones that best understand their contexts – they are the ones empowered to make the necessary adjustments or investments to bring about durable progress. To that end, TCI works to cultivate local ownership while at the same time bringing to bear global and geographic-specific **best practices, evidence** and **learning** in service delivery, demand generation and advocacy.

For example, local city managers and implementers in the four regional hubs have access to a global coaching network of urban reproductive health experts led by Jhpiego in East Africa, IntraHealth International in Francophone West Africa, Johns Hopkins Center for Communication Programs in Nigeria and Population Services International in India.

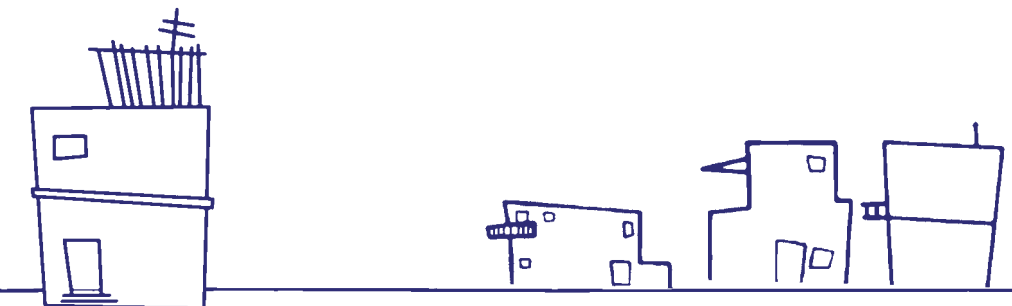
For TCI, when local governments start with political and financial commitment, local ownership and accountability are not far behind. To date, some 139 cities have expressed interest in joining TCI. Of these, 94 local governments have gone on to implement TCI- proven solutions. The total government contribution among these implementing cities is more than US\$116 million, nearly nine times the amount TCI's Challenge Fund contributes (\$12.5 million). The platform has also attracted other donor funding – \$27.6 million from private philanthropists, Bayer AG, U.K.-based Comic Relief and USAID.

One TCI approach employed in Nigeria, called the 72-hour makeover, seeks to make family planning services more inviting by, not only addressing facilities' dilapidated infrastructure, but also instilling a mindset shift among facility staff and communities in the catchment areas. In India, the "mapping and listing" approach fosters ownership and sustainability by empowering local officials, ASHAs and ANMs to enumerate urban areas – uncovering the "hidden" populations that are often most vulnerable – and ensure services are adequately available to them.

Further, the male engagement approach seeks to counter deeply-rooted myths and misconceptions related to non-scalpel vasectomy in order to recalibrate couples' conversations and decision-making around family planning.

Another high-impact best practice in Francophone West Africa, the universal referral approach, builds the capacity of providers to counsel and then refer or offer a method to every woman of reproductive age.

These are just a few ways in which TCI's proven solutions are driving powerful shifts that ensure that the local government and communities drive durable change for years to come. This is partnership and local ownership in action.





WHAT BUSINESS UNUSUAL SOUNDS LIKE:

# The Voices of TCI

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This 72-hour makeover is very effective. Before, putting women, men and children in a small place discouraged some women from coming here, but now the place is already crowded. The community is very happy with this. Now that the facility has been renovated, the community is working to bring a doctor who will be resident in the facility here and treat cases. We are going to implement that.

HASSAN ADAMU, Chairman of Wuntin Dada Village Development Committee, Bauchi State, Nigeria

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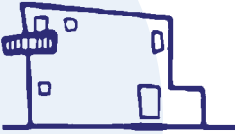
“In the five facilities I monitored in Katagum LGA [Bauchi], the work began after close of work on Friday, the artisans were mobilized to the sites, bricklayers started with clearing the site ... and the construction began before sunset that same Friday. [By Sunday], the work became even more interesting, with a renewed commitment from the community representatives and the staff including the artisans themselves. In fact, you can see clearly from their faces because they have that impression of owning the process, it is their facility, it is their families who are the direct beneficiaries. By Monday morning, all sites have been completed ... and the entire facility became new and ready for Inauguration. The 72-hour makeover is a success story – in fact the level of commitment by the team is unprecedented.”

YUSUF A. WABI, PPFN Northeast Regional Coordinator, Nigeria



Traditional ruler, Alhaji Abdulkadir Umar – Yariman Gombe, flanked by PPFN's Advocacy Director and other PPFN staff at the commissioning of three facilities in Gombe State

37 FACILITIES



in a non-TCI supported state, Gombe State, have now adopted the 72-hour clinic makeover.

“What motivated me to use the TCI model to build a maternity ward for the community was, firstly, I was impressed with your activities. If you people are able to bring such a change within 72 hours, I can equally join you to do something that will help my communities. With that kind of model, one can be able to do a lot within [a] short time with less resources ... Our usual way of doing things is usually slow and ambiguous. I did not know that using artisans and buying all your resources within the community can be this cost-effective and time-efficient. I was surprised that all the artisans were very excited, working for their community. This was made easy because every resource and need was gotten within the community. All the long processes I feared were shortened.”

YUSUF GARBA, Local Government Area Chairman, Bauchi State, Nigeria



The new maternity ward donated by the LGA Chairman in PHC Gwaram, Bauchi State



116% INCREASE

in annual family planning client volume in Bauchi State, comparing November 2017 to February 2020





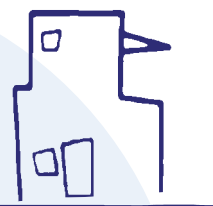
**“The shifting and distribution of responsibilities within existing service providers has enhanced outreach and service quality.** In February 2018, there were merely 82 family planning users. And, after area segregation, it increased to 1,014 in August 2018. Today, we have baseline data where we can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

**DR. ASHA PANDIT**, District Health Officer, Indore, Madhya Pradesh, India

**245%**  
**ANNUAL INCREASE**

in non-scalpel vasectomy acceptors from April-June 2018 compared to April-June 2019 in Kanpur, Uttar Pradesh, India.

Just seven months after its roll out, the male engagement strategy is now functional in 20 TCIHC-supported cities across Uttar Pradesh.



**“For the first time in Indore, all health facilities are mapped with a defined catchment area. This has helped in mapping out the left out and underserved areas, which were perhaps going without service for many years. Now, we will be able to cover the entire slum population as all the facilities have equal distribution of population.**

Now, each ward has one facility and each facility has one Medical Officer In-Charge and ANM. We have initiated monitoring of ASHAs and ANMs for outreach activities. This model is strengthening all aspects of reporting, services supplies and it is giving magical results as there is an 18% rise in Madhya Pradesh (MP) immunization data in this four-month duration. MP is in the second position at the national level.”

**DR. PRAVIN JADIA**, Chief Medical and Health Officer, Indore, Madhya Pradesh, India



**“After an evaluation of our indicators in the Kaolack medical region, we can see an improvement in our indicators compared to the other three districts ...** We are lucky that the TCI project supports us. ... Nioro is fortunate to have a project that only focuses on family planning... I think the new action plan which is being developed will allow us to sustain this momentum... It will improve the indicators and it will have an impact on the population we work with because family planning is the first pillar to fight against maternal and neonatal mortality.”

**SADIO BAYE MBAYE**, Reproductive Health Coordinator, Nioro, Senegal



**“Bouaké has something that makes it different from other geographies. Before TCI, there was good cooperation between the geography and the Regional Health Directorate. Together, we piloted a project to refurbish and equip some facilities in the city. So we used to work together and TCI has contributed to strengthening our collaboration.** On this project, the town hall had no technical capacity. We transferred a midwife to the Social Department of the town hall. This midwife is from the region and is the interface between the town hall and the Health [system]. She is involved in all meetings and supervisory activities we conduct in the region.”

**DR. FATOUMATA TOURÉ BAMBA**, Regional Health Director, Bouaké, Côte d'Ivoire

**“When TCI oriented us on commodity and supplies management, the end result was good practices like opening up and maintaining stock cards for family planning commodities at the facility. Monitoring of family planning supplies and commodities is now easier.** I now know that making orders and accounting for family planning commodities is as important as for other supplies. This has also helped me to minimize stock outs at Nawandala HC III. ... As a key person in family planning, I even took it upon myself to ensure redistribution of items nearing expiry or even those that may not be utilized by the facility so that others who are in need of them are given.”

**NAIWUMBWE MARGARET**, Nurse at Nawandala Health Center III, Iganga District, Uganda

**14%**  
**INCREASE**

in annual family planning client volume in Nioro, Senegal, in December 2019, up from its lowest point in March 2019

Source: HMIS



**“We in government don’t expect things to be quick. Things often move a bit slow. But, when we find out that something good and workable produces results quickly we take it into the system – which is what we have done in case of [fixed-day status service]. This is now part of the UPHC Charter and going to sustain forever.** The system works, not individuals. So, when something is introduced or added into the system, no one needs to worry about its sustainability. This is not only going to be sustained but to evolve further as we bring new contraceptives to these facilities as well.”

**DR. ASHOK SHUKLA**, Chief Medical Officer, Kanpur, Uttar Pradesh, India



ACKNOWLEDGMENTS

This collection of testimonials would not be possible without our implementing partners, IntraHealth International in Francophone West Africa, Jhpiego in East Africa, Population Services International (PSI) in India and the Johns Hopkins Center for Communication Programs (CCP) in Nigeria.

TCI is deeply inspired by the commitment of the 94 cities that partner with us in the quest for a more equitable world. We are thankful to the numerous storytellers, story collectors and photographers who are committed to expanding access to voluntary, rights-based family planning. And we are appreciative of the continued support of the Bill & Melinda Gates Foundation, private philanthropists, Bayer AG, U.K.-based Comic Relief and USAID for making all this work possible.

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ABOUT THE CHALLENGE INITIATIVE

The Challenge Initiative (TCI) is an exciting new “business unusual” approach to financing, scaling up and sustaining high-impact family planning solutions for the urban poor. TCI represents a substantial effort to mobilize and diversify resources to scale up family planning approaches already successfully implemented in urban areas of Kenya, India, Nigeria and Senegal. A strategic shift away from the traditional model of development, TCI is demand-driven – local governments self-select to participate and demonstrate political commitment by bringing their own financial, material and human resources to the table. In return, TCI provides technical expertise as well as support from its Challenge Fund. TCI leverages funding support from other sources too, such as bilateral and multilateral donors as well as foundations and the private sector. Working through its implementing partners in East Africa, Francophone West Africa, India and Nigeria, TCI believes that expanding access to family planning can mitigate several pressing social issues and save millions of lives. TCI 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.





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