

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.

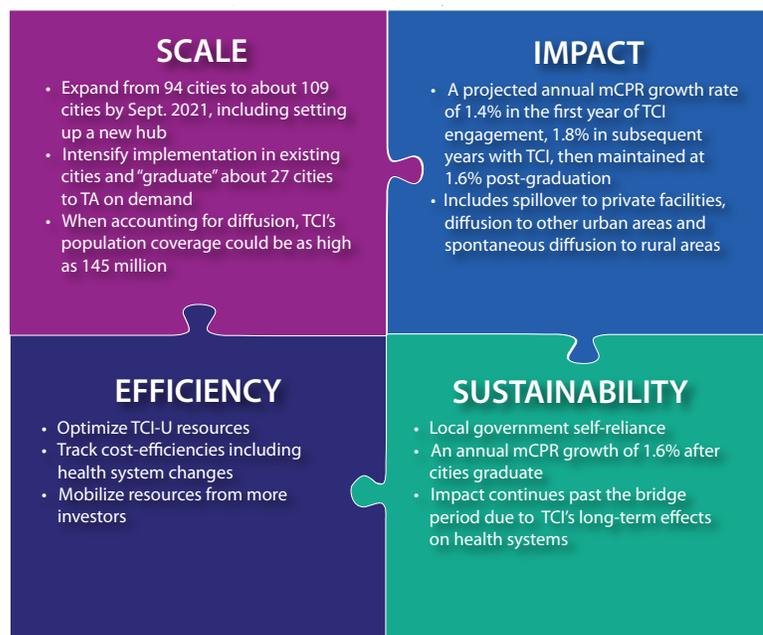
TCI’s demand-driven model is premised on a shared mindset and commitment to having local players lead, make change and achieve high impact at scale. Other ingredients for success – including political and financial commitment, consensus around which evidence-based interventions to scale, and capacity 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 August 2020.

SUSTAINABLE PROVISION OF QUALITY FAMILY PLANNING SERVICES IN POOR, URBAN AREAS

Scale, impact, cost-efficiency and sustainability are the four interlocking tenets that characterize The Challenge Initiative (TCI). At the heart of TCI’s philosophy is the belief that scaling global health interventions without impact is empty scale; that impact at scale without simultaneously increasing cost-efficiencies is not viable; and that cost-efficient impact at scale that is not sustained will not produce lasting change. TCI delivers on all four tenets, understanding that one without the other three is inadequate to achieve enduring progress.



TCI defines sustainable scale up in terms of both depth and breadth. Depth refers to systems-level changes as a result of the institutionalization of high-impact health interventions while breadth encompasses increasing numbers of geographies implementing effective programs, thus reaching more people.

While the overarching purpose of the TCI platform is to rapidly meet women’s and couples’ unmet need for modern contraception, it aims to affect changes in the health system along the way to ensure the results are sustainable, even after a city **graduates** from TCI. Therefore, in addition to measuring scale up in the traditional sense of number of cities and population reached, TCI has identified four key pillars to measure its progress toward sustainable scale up of high-quality family planning programming and outcomes:

1. Increased political and financial commitment for family planning among local government
2. Capacity strengthening of local government stakeholders at the systems, organizational and individual levels
3. Institutionalization of TCI high-impact interventions and processes
4. Sustained demand for family planning services, including increased agency of women and supportive community norms

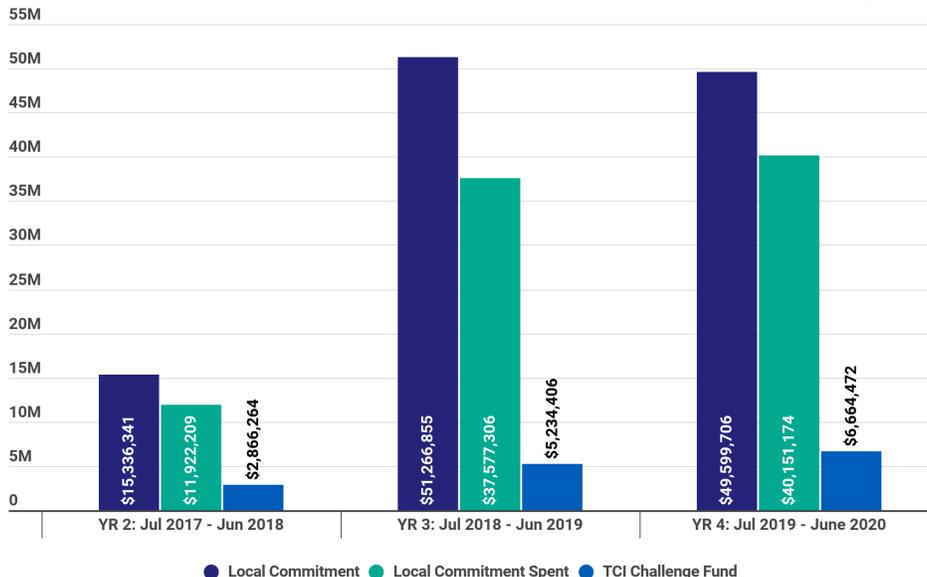
These four pillars provide predictors that local governments' implementation of TCI interventions and results, including new ways of thinking, will have lasting impact.



INCREASED POLITICAL AND FINANCIAL COMMITMENT

TCI's first sustainability pillar is grounded in its **demand-driven city engagement** approach. Cities self-select to join TCI and commit financial and human resources up front to implement TCI high-impact family planning and AYSRRH best practices. As of June 2020, 94 cities have contributed more than \$116 million (\$105 million of that from India) in commitments to implement TCI's best-practice approaches, nearly eight times the amount contributed to them by TCI's Challenge Fund (\$14.8 million). Overall, 81% of the committed government funds were spent in Year 4 across the four hubs, with Nigeria (88%) and India (80%) leading the way. Overall spending by local governments for Years 2, 3 and 4 now stands at 77%.

Local government commitments versus local commitments spent, compared with TCI Challenge Fund, by year.



In addition to tracking budget allocations, release and spending, TCI examines public statements made by political leaders as well as other influential leaders in the community as a measure of political commitment.

“Initiatives like that of TCI are hard to come by, the TCI model acted like a trigger for the county government to continue investing in youth and in particular reproductive health programs targeting them. We know TCI will not last forever and this calls for us as government to sustain the programs thus increased budget allocations. Over the years, we have increased our allocation to FP and AYSRH, for instance, we increased AYSRH resources by over 100% from the last financial year. The department of health now has a dedicated staff to coordinate AYSRH interventions across the County.”

– Hon. Gideon Saburi
Deputy Governor
Kilifi County, Kenya



PILLAR 2

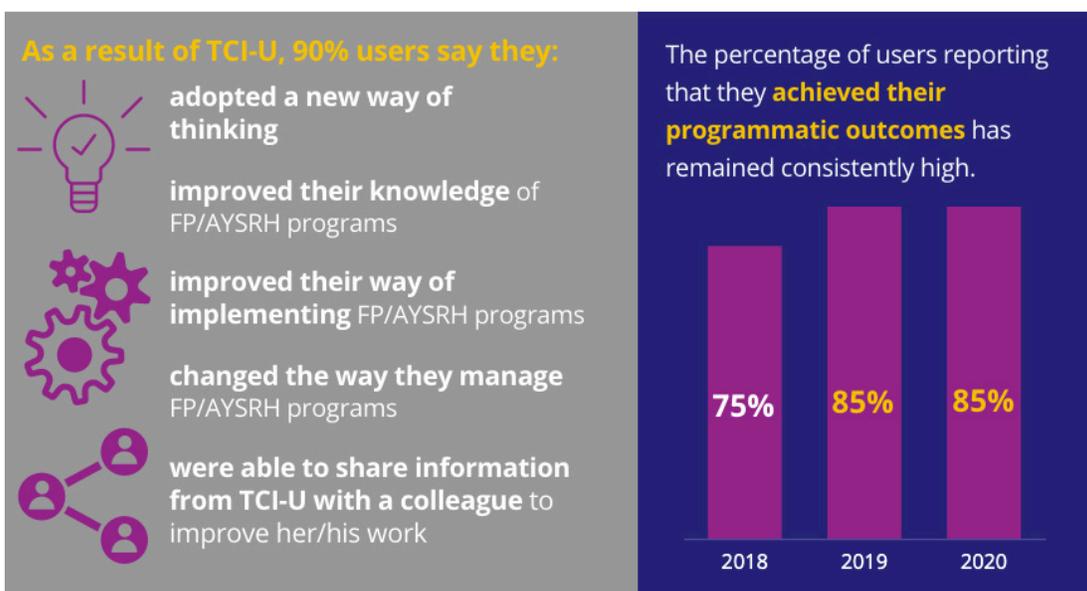
STRENGTHENED CAPACITY

Capacity strengthening is the process that improves the ability of a person, group, organization or system to meet its objectives or perform better. TCI aims to strengthen local government capacity at the systems, organizational and individual levels through embedded coaching systems within existing local structures. TCI's regional hubs – based in East Africa, Francophone West Africa, India and Nigeria – provide coaching to increase the confidence and capacity of staff from the public sector, NGOs and civil society organizations (CSOs) to adapt, manage, implement and lead family planning and AYSRH programs that meet the needs of people in their particular contexts and that are more coordinated, results-driven, smartly resourced and sustainable.

TCI's coaching approach reimagines technical assistance so it is grounded in a commitment to sustainability:

- TCI does not implement interventions. Rather, it serves as a catalyst to activate the existing system and strengthen the capacity of local government staff in the system to implement high-quality family planning programs and interventions.
- Coaching is designed to start intensively and then taper off based on coachees' and institutions' readiness and achievements. In addition, TCI develops coaches within the local system so that the capacity is retained and can be further cascaded to other levels of the health system.
- TCI's coaching has evolved to not only strengthen technical capacity to implement the high-impact family planning and AYSRH interventions but also improve program management, planning, coordination, budgeting and use of data to inform decisions – all of which ensures sustainability of program implementation beyond TCI's support.

According to the 2020 annual **TCI University** registered user survey, 85% of respondents who received TCI coaching agreed or strongly agreed that TCI-U resources and tools helped them perform their jobs.



“The reason why we decided to hold this partners coordination meeting is because a lot of things were happening in the state. There was no coordination among partners working in FP in the state. ... TCI provided a platform for us to see reasons for all partners to come together under one umbrella so that we could move to make things happen better and quicker with less stress but greater impact. There is synergy now...”

– Hajara Yahaya
Family Planning Coordinator, Primary Healthcare Development Agency
Bauchi State, Nigeria



With TCI support, local governments are also institutionalizing management and coordination mechanisms that enhance the quality and availability of family planning and AYSRH services over the longer term. In each of the regional hub contexts, TCI fosters multi-stakeholder engagement in the planning, budgeting and implementation of the high-impact interventions. For example, in East Africa, a program implementation team (PIT) composed of a variety of local government, community and private-sector stakeholders meets monthly to review implementation progress and to plan for the next month and quarter. In Francophone West Africa, a Steering Committee, composed of health system representatives and political leaders, oversees the implementation of family planning and AYSRH programs. In India, multi-stakeholder City Coordination Committees led by the chief medical officer were formed in the 31 TCI-supported cities in Uttar Pradesh, Madhya Pradesh and Odisha to have a system within government to discuss and decide on appropriate interventions to fill specific gaps in family planning demand, supply and system strengthening. In Nigeria, TCI supports states to convene all implementing partners and family planning and AYSRH stakeholders to determine a statewide family planning workplan that is costed and regularly monitored.



INSTITUTIONALIZATION OF TCI'S HIGH-IMPACT INTERVENTIONS

Institutionalization is the integration of a program or intervention within an organization and is considered an important indicator of long-term sustainability. Sometimes referred to as “vertical” scale-up, institutionalization in the TCI context ensures that the financing, management and implementation

of TCI high-impact family planning and AYSRH interventions are integrated within the health system as part of annual operational plans, workplans, strategy documents, costed implementation plans and government budgeting system, such as the **Program Implementation Plan (PIP)** of the National Health Mission in India.

Institutionalization of the **fixed day static services (FDS)** intervention from The Challenge Initiative for Healthy Cities (TCIHC), as TCI is known in India, for instance, requires processes to be laid out in manuals, staff appointed to deliver the services, permanent finances dedicated to the intervention and monitoring and evaluation systems in place.

To measure institutionalization, TCI considers the following indicators:

TCI high-impact interventions are incorporated into host cities' policies, workplans, national guidelines and standards, which helps to support an enabling environment for sustainability of evidence-based programming. In the example of FDS services in India, TCIHC worked with government counterparts to station auxiliary nurse-midwives at UPHCs on FDS days to ease the patient load on the staff nurse. This change eventually

“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 the case of FDS. This is now part of the UPHC (urban primary health center) 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 sustain but evolve further as we bring new contraceptives to these facilities as well.”

– **Chief Medical Officer**
Kanpur, India

“TCI ... is here to stay because now we have knowledgeable and skilled providers able to implement the TCI high-impact interventions, supportive leadership in all our geographies and local government budget line which is increasing every year for FP and AYSRH.”

– **Regional Medical Officer**
Dar es Salaam, Tanzania

led to incorporation of this duty into the [auxiliary nurse-midwives' official job description](#), helping to ensure sustainability of the staffing structure. In [Benin](#) and Senegal, tools created under TCI to facilitate the [universal referral approach](#) have been adopted nationally.

TCI high-impact interventions are implemented according to quality standards.

Quality improvement or assurance (QA) is a high-impact service delivery approach across all four regional hubs that has had great impact. For example, TCIHC coached the City Health Department in Berhampur, Odisha, to implement the [QA approach](#) in all seven of its UPHCs. These UPHCs received national recognition, earning the Kayakalp award, a prestigious national award that recognizes public health facilities that demonstrate cleanliness, hygiene and proper infection-control practices. As a result of these impressive achievements made in Berhampur, Odisha state government adopted the QA approach and rolled it out across all 16 UPHCs in the state.

“Success of FDS was evident by the fact that government had to make budgetary provisions for FDS in cities supported by TCIHC. But now, this has been expanded in the form of ‘Antral Diwas’ to all rural and urban PHCs across all 75 districts, which further illustrates not only the impact of the approach but government’s commitment to its sustainability.”

– Dr. Narendra Agarwal
Chief Medical Officer
Lucknow, Uttar Pradesh

High-impact interventions diffuse spontaneously to other areas, suggesting that the tipping point in the innovation adoption curve has been reached and the high-impact interventions have been accepted as the norm. For example, after demonstrating the success of FDS in improving access to and use of family planning, including long-acting reversible contraceptives, in 20 cities of Uttar Pradesh (UP), the state of UP issued a directive to dedicate one day of the week to “Antral Diwas” (Spacing Day) to ensure quality family planning services are available at facilities. Therefore, the FDS intervention is now being diffused to 75 districts among both urban and rural populations in the state.

In Nigeria, TCI engages the state for advocacy and demand generation activities and then works more intensely with a selection of local government areas (LGAs) to demonstrate service delivery approaches. As a result of the successful demonstration of Nigeria’s high-impact interventions, 72-hour makeovers, in-reaches and quality improvement approaches have been diffused throughout entire states, with states committing resources for statewide implementation. For example, the [72-hour clinic makeover](#) was adopted by [Gombe State](#), a Nigerian state that does not receive support from TCI, as well as in [Uganda](#). In Anambra State, Nigeria, family planning outcomes improved after TCI partnered with the State Ministry of Health to implement [in-reaches](#) – whereby community mobilizers encourage potential clients to visit a particular facility, usually a primary health center, on designated days of the week – over a period of 18 months in the seven LGAs supported by TCI. Impressed by the results, the state ministry adopted the in-reach approach across all 21 LGAs in the state.

Based on the success of the [Jeunes leaders transformationnels \(Transformational Youth Leaders-JLT\)](#) approach for youth engagement in Senegal, the Organization for Service and Life (OSV/Jordan), a local NGO in Benin, has replicated the approach. The organization was able to mobilize 26,235,570 CFA francs from the United Nations Population Fund (UNFPA) to set up 11 communal JLT committees in four health zones in the country including Abomey-Calavi. TCI provided technical support to this organization to ensure fidelity to the approach.

In Kenya, Tanzania and Uganda, successful scale up of TCI high-impact interventions in family planning are encouraging their diffusion to non-TCI supported facilities and being adapted and diffused to other technical health areas. For example, [in-reaches](#) and [integrated outreaches](#) have been diffused to non-TCI supported facilities throughout East Africa and the [champions advocacy approach](#) has been adopted by a sanitation program in Uganda and an HIV program in Kenya and Tanzania.

Other health areas, beyond family planning, are layered onto the TCI platform. TCI has successfully layered on AYSRH and other primary health care priorities besides family planning because the holistic platform of interventions in service delivery, demand generation and advocacy provides a comprehensive approach that is applicable to work in a wide range of health areas. Twenty-six cities are now implementing TCI’s AYSRH interventions with 24 of those layering it onto an existing TCI family planning program. Promising results show that overall in the first 15 cities where AYSRH was layered (i.e. layered AYSRH between August-December 2018), the mCPR for WRA is higher (2.80%) than in the TCI family planning-only sites (2.23%) as shown in the table below.

	No. of cities	Total additional users, 15-49 (Jan 2019 - Jun 2020)	WRA 15-49	Annualized mCPR growth
AYSRH layered on TCI's "classic" FP program	15	188,604	4,485,959	2.80%
No layering of AYSRH on TCI classic	54	505,963	15,128,514	2.23%

Note: Among cities that implemented TCI Classic before Aug 2018, AYSRH was layered on Classic between August-December 2018 in these cities.

Government responsiveness and community accountability are enhanced. TCI has helped to activate and/or strengthen several accountability mechanisms. For example, in Nigeria, **LPAY Ambassadors** – youth ambassadors between the ages of 15 and 35 years old – serve on state and local governance structures, such as quality improvement teams, state-level Social and Behavioral Change Communication (SBCC) committees and Advocacy Core Groups. Their participation ensures youth perspectives and experiences are heard by government leaders and implementers. In East Africa, with TCI encouragement, local government PITs have incorporated not only regular youth participation but also private-sector membership in their monthly meetings. In Francophone West Africa, TCI is working with geographies to introduce a citizen score card at all levels of engagement with the health system to increase accountability to the community. In India, the City Coordination Committees regularly meet to monitor progress toward the city health plan.

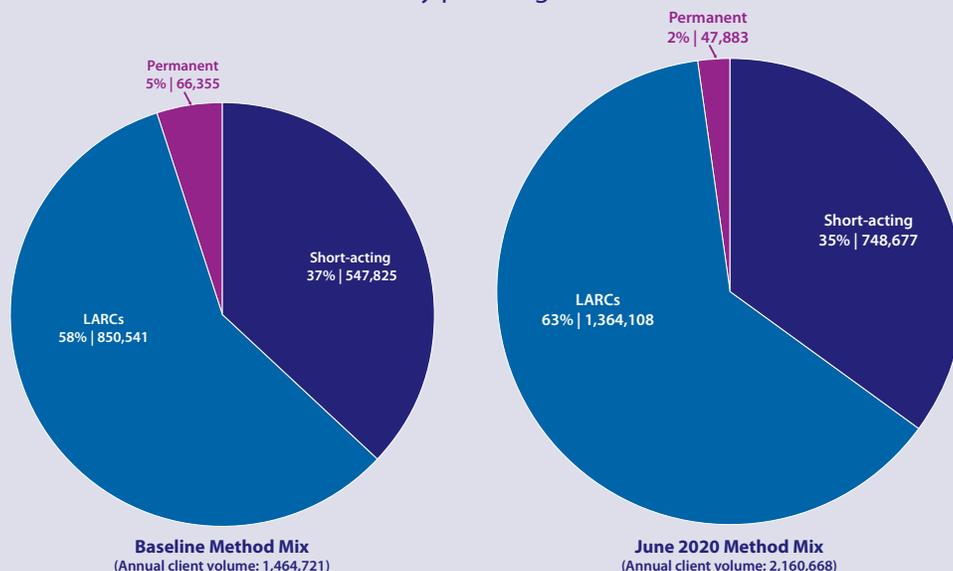


SUSTAINED DEMAND

TCI's final pillar for sustainability is that of women's and communities' sustained support for family planning. Persistence of demand for modern methods suggests that acceptability and use of modern methods have become normalized in the local context, leading in turn to increases in modern contraceptive method uptake. TCI's coaching support that encourages local governments to implement a combination of interventions in demand generation, advocacy and access to quality services fosters an enabling environment for sustained demand.

An Increasing Proportion of LARC Users

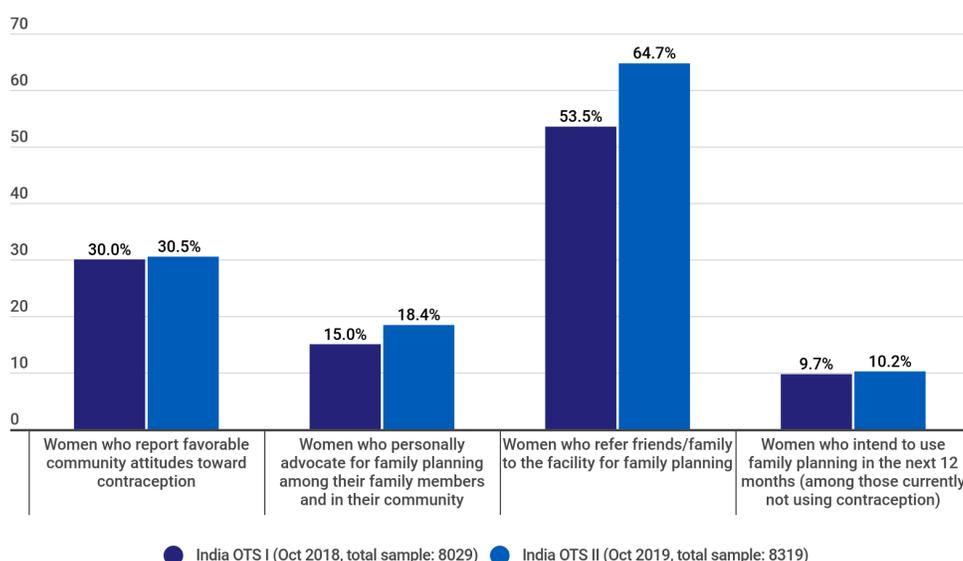
TCI has contributed to improved method mix across all four hubs with an increased uptake of LARCs in the context of voluntary, informed choice family planning counseling. TCI has contributed to an increased proportion of LARC users among women accessing contraception in health facilities reporting to HMIS, from 58% (850,541 annual client volume) to 63% (1,364,108 annual client volume) of annual clients using LARCs comparing baseline to June 2020. This is significant because the shift from less effective to more effective contraceptive methods highlights a predictor of sustained demand and behavior for family planning.



TCI uses four key indicators as proxies for sustained demand for modern contraceptive methods:

- **Women and men report favorable community attitudes toward contraception**, revealing perceptions of growing social acceptance of family planning.
- **Women and men personally advocate for family planning among their family members and in their community**, suggesting they do not fear negative backlash, and thus this indicator also serves as a proxy for positive community norms about family planning.
- **Women and men refer friends/family to the facility for family planning**, indicating not only their support for family planning, which helps change social norms around family planning, but also their perceptions that the facility provides quality services.
- **Women and men intend to use family planning in the next 12 months**. An analysis of data from 27 Demographic and Health Surveys conducted between 1993 and 1996 found that for each 1% increase in women’s intention to use contraception, there was nearly a 1% rise in contraceptive adoption (Ross & Winfrey 2001).

The figure below shows data from two rounds of local tracking surveys (OTS) in India. Only one round has been conducted for Nigeria and East Africa to date so no trends can be reported yet.



In addition to surveys, TCI uses the countries’ health management information system (HMIS) data, triangulated with qualitative data, to provide rich accounts of TCI’s impact on sustained demand and provide actionable insights.

“Working with TCI has proved that we can run our own programs. The ownership that TCI has conferred to us has enabled us to realize our weaknesses and gaps and then work real time on bridging them. We hope to extend this method to other sectors since we now have evidence that... mothers are giving family planning satisfaction testimonies”

– Kenyan Political Leader

THE WAY FORWARD

Rapid scale up and sustainability can sometimes seem at odds with each other. However, TCI has shown that the local health system can effectively be activated and leveraged to provide quality family planning services by facilitating local governments’ ability to implement interventions that work. There are, and will continue to be, broader societal

and systems challenges that TCI cannot “fix” quickly, including those related to complex administrative systems, health care worker strikes, upcoming political elections and the uncertainty that they bring and national supply chain management issues. However, TCI has found ways to make inroads even within these challenging environments because it works with local governments that want to make a difference in the lives of women and men in their communities. TCI’s principle of being demand-driven is what makes all the difference. Instead of local governments saying “We can’t do something,” they begin to ask, “What can we do?”

TCI has shown that institutionalization and diffusion of TCI high-impact interventions are possible when working hand-in-hand with local governments to strengthen their capacity and demonstrate the impact of the interventions. This is also evidenced by the fact that more than six geographies in East Africa are in the process of graduating. TCI will continue to triangulate its multiple data sources to further monitor progress toward achieving the indicators laid out in the sustainability pillars.



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

