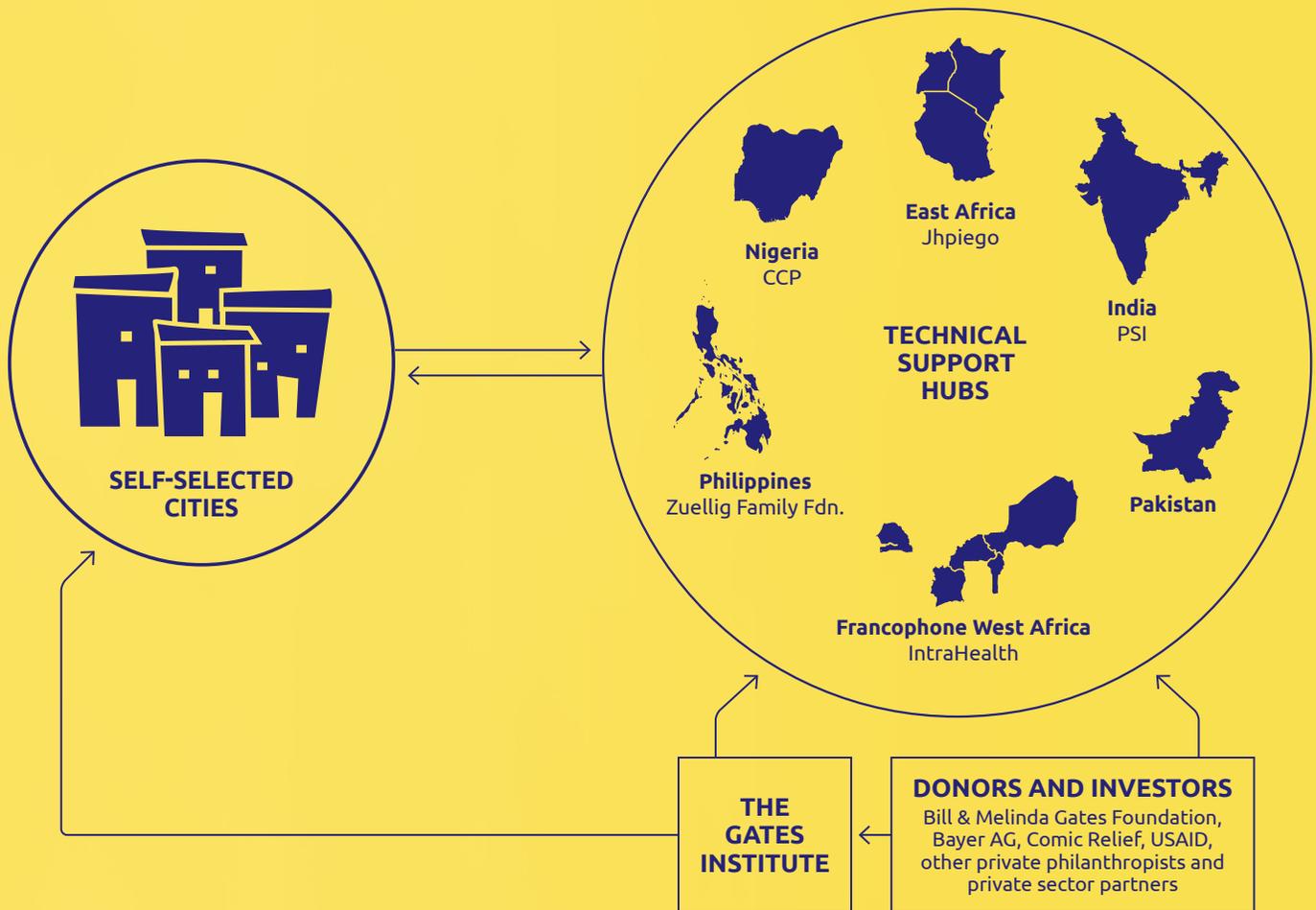


The Challenge Initiative

A Blueprint for Cities Seeking
to Scale Up Sustainable
High-Impact Interventions for
Healthier Communities



tci THE
CHALLENGE
INITIATIVE



A Global Platform for Scale

The Challenge Initiative (TCI) is a global platform that supports local governments in urban areas to scale up high-impact interventions that have been proven successful. By working through existing government and community systems and institutionalizing these practices, we facilitate self-reliance and sustainability, while achieving impact.

Our current work focuses on family planning and adolescent and youth sexual and reproductive health (AYSRH) programming, but the TCI model could be applied to any health area related to maternal, newborn and child health.

Led by the Bill & Melinda Gates Institute for Population and Reproductive Health (based at Johns Hopkins Bloomberg School of Public Health), TCI has six regional partners or “hubs” in East Africa, Francophone West Africa, India, Nigeria, Pakistan

and the Philippines. Those partners are, respectively, Jhpiego, IntraHealth International, Population Services International India, Johns Hopkins Center for Communication Programs, Greenstar Social Marketing and the Zuellig Family Foundation.

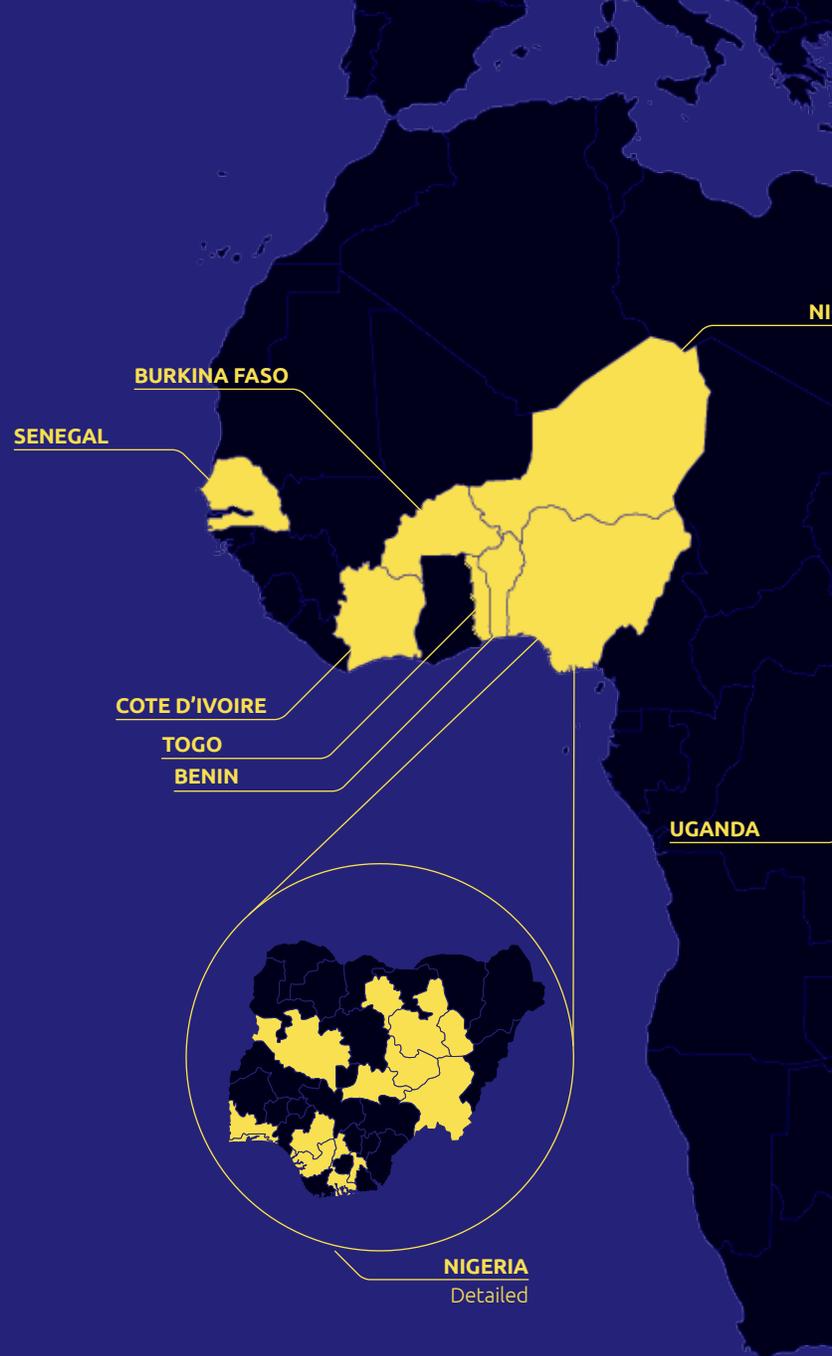
OUR PREDECESSOR

We build on the learnings and evidence-based approaches of the highly successful Urban Reproductive Health Initiative (URHI), a set of four rigorously evaluated projects implemented in Nigeria, Senegal, India and Kenya between 2010 and 2015. Lessons from what worked under URHI led to TCI’s collection of high-impact interventions. Unlike URHI, we were designed from the outset to facilitate local governments in sustainably scaling up these high-impact interventions.

Since launching in 2016, we have engaged **176 local governments** in urban areas across **13 countries**: Benin, Burkina Faso, Côte d'Ivoire, India, Niger, Kenya, Nigeria, Pakistan, Philippines, Senegal, Tanzania, Togo and Uganda.

We focus on urban areas, particularly poor settlements/slums, because the world's population is increasingly urban. The United Nations predicts that by 2050, nearly 70% of the world's population will live in cities. And 90% of that growth is expected in Africa and Asia, primarily in poor urban settlements. While many donor dollars have been invested in rural areas, poor urban women have considerably worse health outcomes when compared to their wealthier urban counterparts and rural women.

To date, we have attracted investments totaling \$170 million to support our work. We are currently supported by the Bill & Melinda Gates Foundation, Bayer AG and U.K.-based Comic Relief. Past donors include the U.S. Agency for International Development and private philanthropists. Our overall goal is to support the greater self-reliance of local governments to scale up family planning and AYSRH high-impact interventions, leading to sustained improvements in urban health systems and increased use of modern contraception, especially among the urban poor.

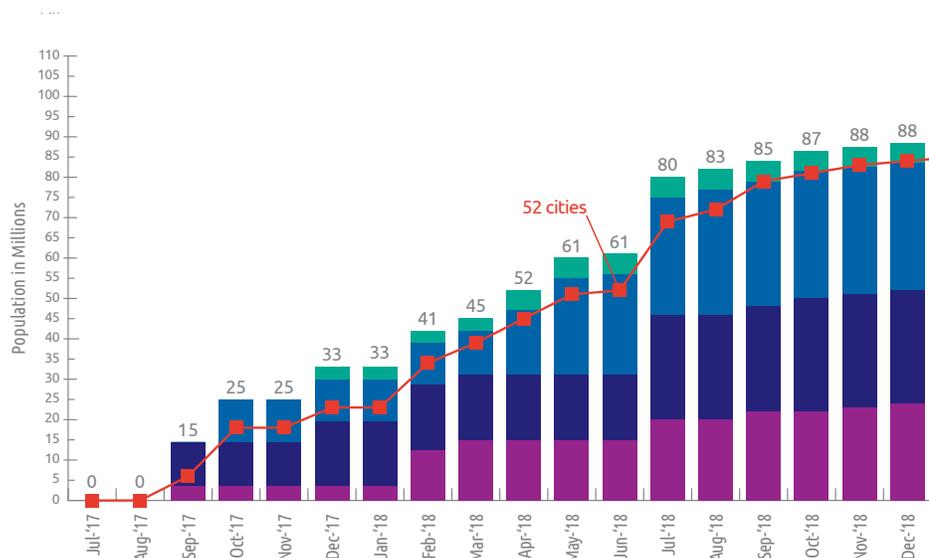


SCALE-UP OF TCI*

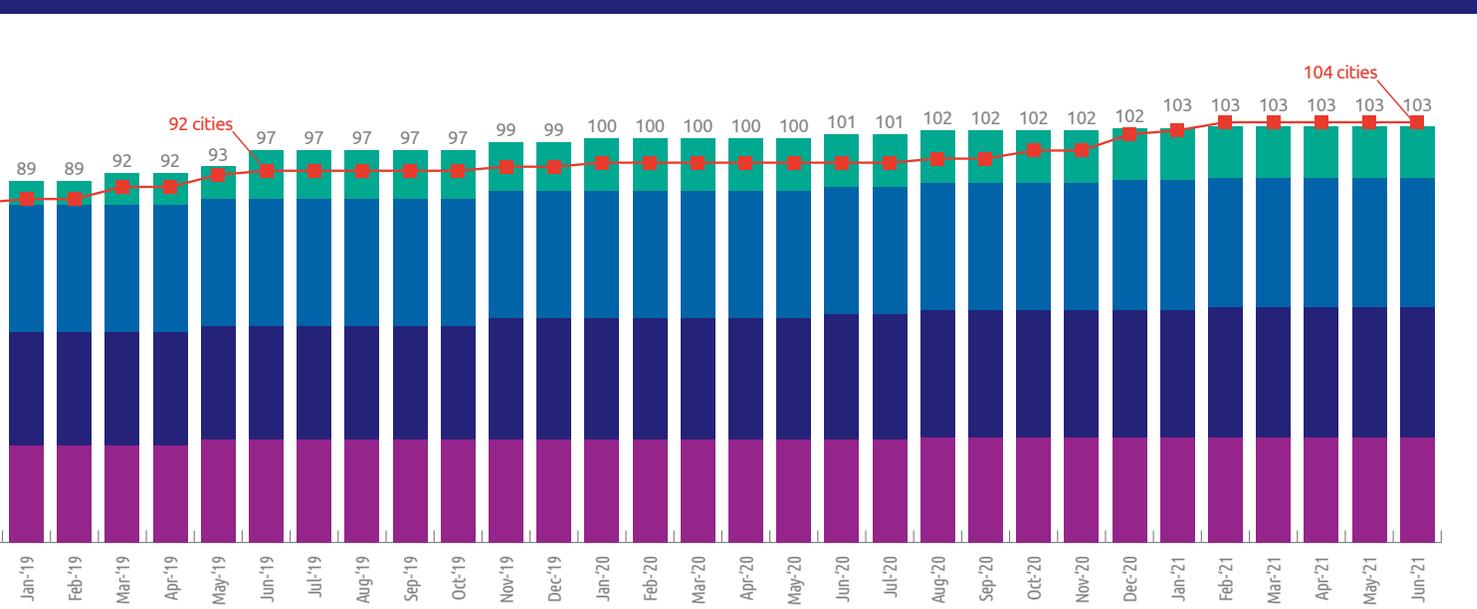
Population footprint by hub (bars, in millions) and cumulative number of cities (line).

GRAPH KEY

- East Africa population footprint
- Nigeria population footprint
- India population footprint
- FWA population footprint
- Total number of TCI cities



* TCI's two newest hubs – The Philippines and Pakistan – are not included in this graphic. The Philippines launched in late 2020 and Pakistan in late 2021.



How We Work

We support local governments in leading – and owning – their family planning and AYSRH programs by strengthening their capacity and self-reliance. We do not implement programs. Under TCI, cities self-select to be part of our team, demonstrate their commitment by bringing their own resources to the table and then lead the implementation of high-impact interventions. In return, local governments can access our Challenge Fund and coaching to support the implementation of high-impact interventions that we have packaged into easy-to-use toolkits with implementation guidance on [TCI University](#), an online learning experience that serves as TCI’s key mechanism for scale (see page 10).

Once a program is up and running, we monitor a number of family planning and contraceptive use indicators while conducting regular quarterly assessments using a TCI tool called RAISE ([Reflection and Action to Improve Self-Reliance and Effectiveness](#)) to track capacity and health systems strengthening indicators. Our period of direct engagement with a local government is usually about three and a half years. As the end of direct engagement nears, TCI coaching and Challenge Fund support declines as a local government prepares for “graduation.” Once graduated, the local government is on the path to self-reliance while still having access to TCI University and coaching on demand while TCI continues to monitor for sustained impact.



TCI VALUES

Passionate and committed

Passionate about our work and committed to supporting local governments to scale up impact while achieving self-reliance



Devoted and humble

Devoted to improving the lives of those in urban poor communities and humbled by our task





Focused and flexible

Focused on evidence-based, high-impact interventions yet flexible in tailoring them to local realities



Bold and always learning

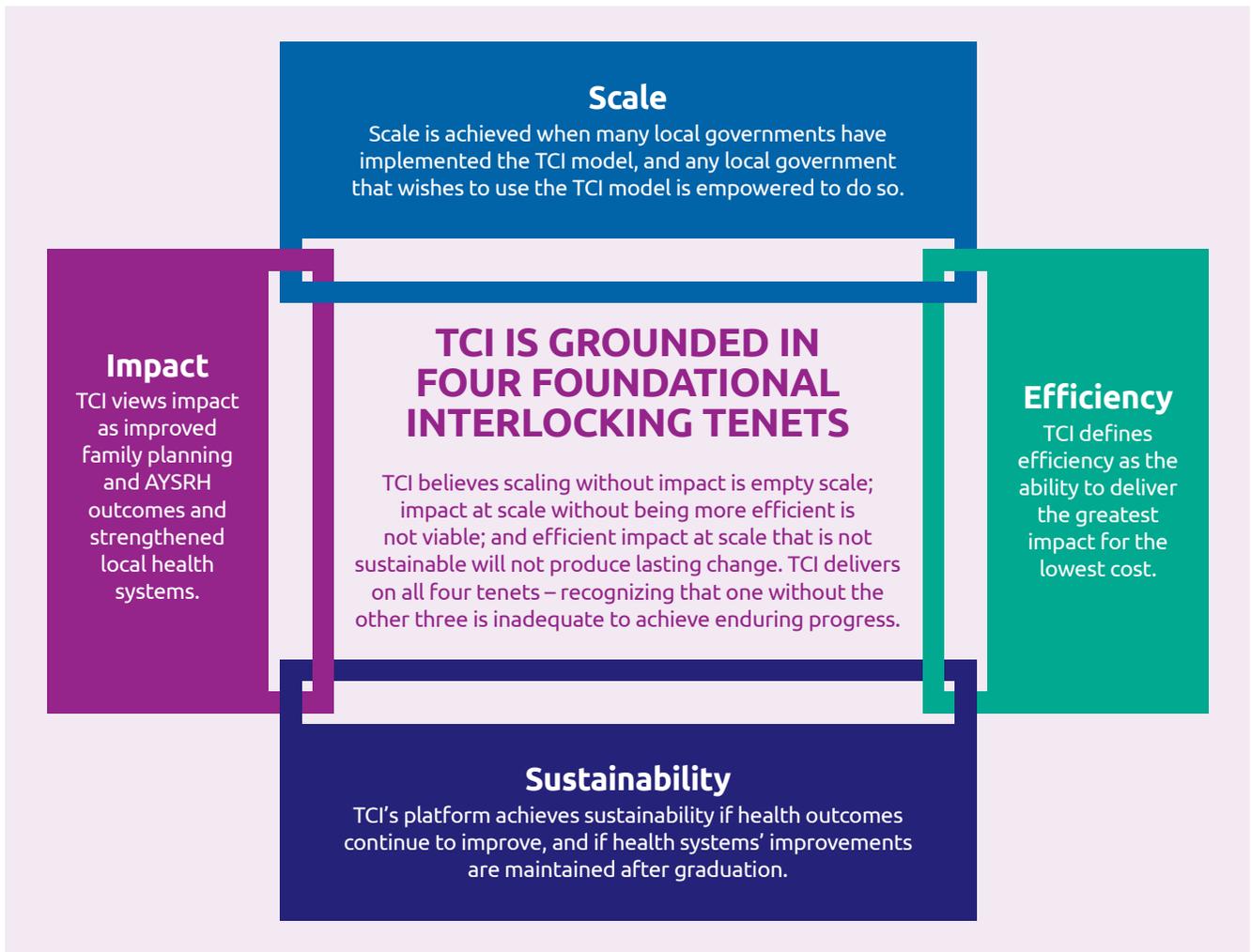
Bold in seeking efficient impact, scale and sustainability and sharing what we learn along the way



Dedicated and driven

Dedicated to innovation, creativity and adaptation, but driven by data and evidence





What Sets Us Apart

Our seasoned teams of family planning and AYSRH experts within each hub embody TCI values when engaging with local government staff and other stakeholders. They are guided by our “Business Unusual” approach, which sets us apart from typical global development projects.

TCI does not select cities for engagement. Local governments express interest in partnering with TCI and demonstrate political will as well as financial commitment to improving their health systems and health program implementation.

The local government “owns” and drives implementation instead of the hub staff from international non-governmental organizations. This ensures government buy-in and ownership from the outset.

From day one, TCI facilitates local government self-reliance with strengthened capacity and health systems. This ensures that improvements in family planning/AYSRH indicators will be sustained so local governments do not continue to depend on external funding.

Using the Pareto Principle, **TCI helps local governments choose only the interventions that contribute the most to impact**, i.e., 20% of the interventions provide 80% of



the results. Instead of a “kitchen sink” approach, each local government selects the interventions most likely to accelerate health impact and then “right-fits” them for their specific context.

TCI’s “Lead-Assist-Observe” coaching model strengthens capacity by using TCI University, an online learning platform that transfers capacity with easy-to-use guides and tools.

Rather than working outside of existing systems – which can lead to duplication, waste and missed opportunities – **TCI leverages existing government- and community-led systems to harmonize strategies**, plans, funding and technical coaching.

TCI supports the use of near-time, real-time data and strengthens local capacity to use it for problem solving and better decision-making.



TCI UNIVERSITY

We developed TCI University (TCI-U) as a key mechanism to build capacity and strengthen health systems by supporting local governments in scaling up evidence-based urban high-impact interventions. TCI-U includes toolkits with guidance and steps for implementing and monitoring the interventions, as well as toolkits for strengthening capacity in leadership and program management and coordination. It also offers Communities of Practice (CoPs) and in-person and virtual coaching support. TCI-U launched in 2017 with a series of regional master trainings that produced a cadre of master coaches and trainers, who

have since cascaded down knowledge and skills to health system personnel to strengthen local health systems and scale high-impact interventions as well as serve as coaches within their respective health systems and communities. Described by an external evaluation as a “global good,” TCI-U is a dynamic, online learning platform centered on the hub-local government relationship for learning, adaptation, dissemination and coaching. While its usage extends beyond TCI-supported countries, the overwhelming majority of registered users are based in countries supported by TCI.

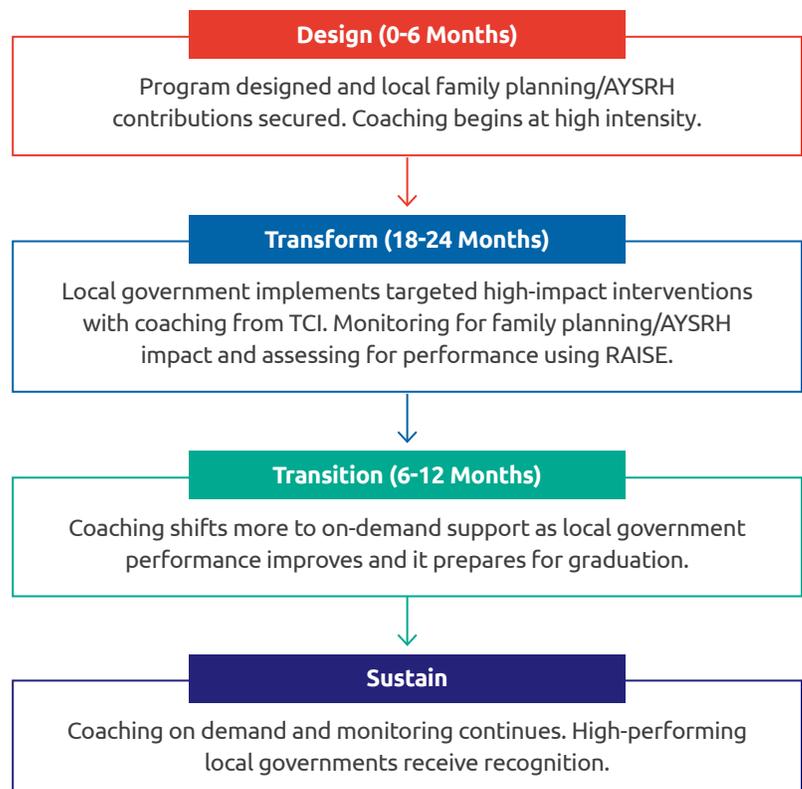


Engaging with TCI

It all begins when our hub teams market and conduct advocacy activities to introduce the platform and its benefits to local government staff wanting to improve the health and well-being of their communities. Once a local government decides it would like to be part of TCI, it submits an [expression of interest](#) (EOI).

The EOI contains four key criteria: evidence of political commitment, a certain level of health systems' readiness that can be built upon, size of potential population impact and a pledge of local resources to contribute to implementation. We review each EOI, decide to approve it based on the criteria and then proceed to program design. Or TCI may provide the local government with feedback to help address some of its gaps before joining the TCI platform.

We only work with local governments that have basic infrastructure already in place to allow for lasting change and impact. The following sections detail what happens in each phase of engagement with TCI after the EOI is approved.



Design (0 - 6 Months)

TCI:

- Introduce TCI-U
- Assist local government in program design
- Coach at high intensity (Lead)
- Establish program implementation teams

Local Government:

- Conduct landscaping and gap analysis
- Choose interventions and design program
- Make funding commitment
- Learn TCI-U

M&E:

- RAISE assessment introduced



After an EOI is approved, we work together with the local government staff to develop a program design to implement TCI’s high-impact interventions for family planning and AYSRH programs. Coaching begins at this stage at high intensity (Lead) as our coaches familiarize the local government staff with TCI-U and the high-impact interventions. A landscaping and gap analysis is conducted before the program design workshop to reveal the most pressing family planning and/or AYSRH issues to address.

At the workshop, TCI coaches provide relevant data and technical support to help local government staff prioritize their issues and select from TCI-U the minimum package of interventions needed – in line with the Pareto Principle. The interventions available in TCI-U address issues related to service delivery, demand generation, advocacy and management and coordination of the program itself. At this time, the local government will be asked to make a funding commitment to implement their program while we contribute seed funding from our Challenge Fund. This process encourages local governments to institutionalize dedicated budget lines for family planning and/or AYSRH going forward – beyond the period of TCI support.

The amount of local financial commitment varies as local governments determine the amount based on the availability of funds for family planning and the local cost of implementing the high-impact interventions selected in the program design. It is worth noting that our Challenge Fund does not match the amount committed by the local government.

We continually advocate for a local government to increase not only its commitment each year but also increase the percentage of that commitment it spends annually. We have systems in place to monitor the amount spent each quarter by the local government, but those systems vary by hub. Linking the amount available from the Challenge Fund based on local spending is one way to incentivize local governments to spend a higher percentage of the committed funds.

In this stage, program implementation teams (PITs) or steering committees are established at the local level to coordinate family planning and AYSRH activities. The teams comprise 10-15 local government staff from relevant backgrounds, who hold some position of authority on health policy, strategy and implementation in the city or region and other health stakeholders from the private sector and community-based organizations.

Also at this stage, local governments are made aware of the expectation that they will graduate from our support in about three years and the RAISE tool is introduced for monitoring progress on a quarterly basis. Other logistical tasks (workplans developed, bank accounts set up, etc.) are completed over the next few months before the next stage – Transform – begins.

WHAT IS THE RAISE TOOL?

The Reflection and Action to Improve Self-Reliance and Effectiveness (RAISE) tool is used by local governments – with TCI support – to self-assess progress towards self-reliance. Each quarter, a city’s key health personnel evaluate the quality and effectiveness of their activities and implementation strength to make necessary course corrections.

At RAISE assessment workshops, participants review relevant external data to validate their scoring. As participants work to reach consensus on scores, they provide evidence in the form of policy documents, program reports, budgets and expenditure reports. A score of 85% or better indicates a high-level of capacity (70%-84% is a moderate level of capacity, 55%-69% is a basic level and anything below 54% shows a need for increased capacity).

Both local health management teams and TCI use RAISE results to track the level of city readiness toward graduation along a three-year continuum, influencing actions required at each stage to achieve performance milestones. RAISE covers four domains: political and financial commitment, capacity strengthening, institutionalization and sustained demand.

Transform (18 - 24 Months)

TCI:

- Coach at high intensity (Lead) but taper off (Assist) based on progress
- Track local government commitments
- Monitor data

Local Government:

- Implement interventions
- Take greater ownership of program
- Intensify implementation for scale

M&E:

- Conduct RAISE assessments quarterly
- Use HMIS for near-time, real-time D4D
- Track interventions through project records





TCI drives the adoption and scale up of high-impact interventions by strengthening the capacity of local governments and health systems to effectively implement these interventions.

Our core package of 10 key interventions for service delivery, demand generation and advocacy (see box below) are adapted by each hub for the local context and housed in hub-specific toolkits on TCI-U. But more importantly, **TCI strengthens capacity in what it calls Essentials**, which are the skills – such as Leadership and Management – all successful program implementers should possess.

During this stage, local governments begin implementing the high-impact interventions from the program designed in the previous stage. This stage lasts from 18 -24 months. We provide technical support through coaching, which starts out at a fairly high intensity as capacity and health systems are strengthened at the local level.

TCI'S CORE PACKAGE OF HIGH-IMPACT INTERVENTIONS

Representing an effective, efficient and scalable mix of service, demand and advocacy interventions that local governments can effectively implement and monitor.

- * Advocating for increased family planning and AYSRH resources at the sub-national level
 - * Ensuring an enabling environment for family planning and AYSRH with community gatekeepers
 - * Strengthening community health worker capacity to reach more youth and women with family planning information and services
 - * Using mass media to promote family planning
 - * Ensuring quality family planning counseling with skilled providers
 - * Providing adolescent and youth-friendly health services (AYFHS)
 - * Holding whole-site orientations for family planning and AYFHS
 - * Adopting a fixed-day service approach for family planning services
 - * Offering immediate post-partum family planning counseling and services
 - * Integrating family planning with post-abortion care
 - * Conducting integrated community outreaches for women and youth
- #### TCI ESSENTIALS

 - * Leadership and scaling mindset
 - * Program design, management and coordination
 - * Resource mobilization
 - * Financial management and monitoring
 - * Adaptation
 - * Data for decision-making



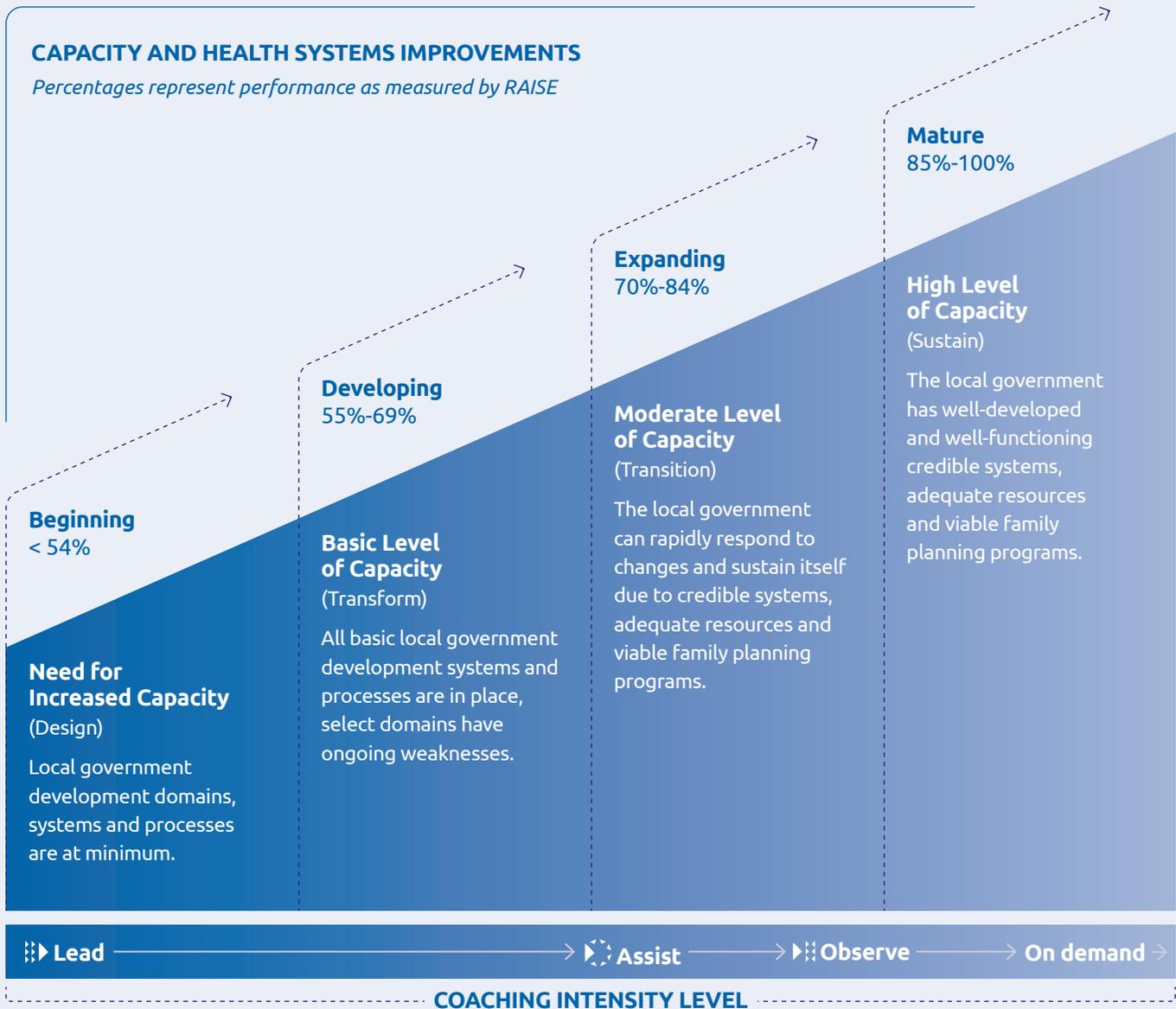
In addition to implementation coaching, we also provide local governments with coaching support to strengthen their leadership, management and coordination skills.

During this stage, coaching is cascaded down by master coaches in an effort to strengthen the health system, local health management teams engage political leadership to strengthen their capacity on advocacy, and demand generation activities are scaled up to ensure sustainability.

On a quarterly basis, RAISE assessments are used to track progress and provide immediate feedback on what is working well and what needs improving through additional coaching. After about two quarters, local governments typically take on full leadership of the use of RAISE in monitoring their progress. Local governments are also introduced to TCI's data-for-decision-making (D4D) approach with the local Health Management Information System (HMIS) used to collect near-time, real-time data.

Based on progress – as measured by RAISE – coaching begins to taper off as the local government's capacity builds and implementation moves into high gear in what is referred to as an implementation "surge." The local government hopefully begins to see positive signals related to the uptake in family planning methods by tracking its own data (i.e., HMIS) to further inform and adapt its programming.





OUR APPROACH TO COACHING

TCI uses a locally owned and implemented model of coaching with a systematic yet flexible process to bring about long-term, sustainable transformation. Our coaching approach helps cities achieve increased commitment, capacity, decision-making and action by stakeholders in TCI-supported local governments. TCI coaches help local government counterparts adapt, apply, scale and sustain the high-impact interventions.

Coaching typically starts at high intensity, but gradually tapers off as implementation progresses and local governments gain confidence and skills – what TCI refers to as its “Lead-Assist-Observe” coaching model. After about three years, a local government “graduates” to a coaching-on-demand model with less financial support from TCI based on performance, which is assessed throughout their engagement with TCI using the RAISE tool.

LEAD
 TCI hubs initially – and briefly – take the **lead** in supporting local governments in family planning intervention design, management and implementation by working hand-in-hand with government counterparts to demonstrate how to implement a high-impact intervention.

ASSIST
 Through this learning-by-doing coaching guidance, local government counterparts soon start to lead implementation as TCI hubs **assist** when requested by the government or when they identify a gap.

OBSERVE
 The ultimate coaching goal is for TCI hubs to **observe** – that is, to serve solely in an observational or supportive supervision role.

Transition (6-12 Months)

TCI:

- Coach at low intensity (Observe)
- Advocate for continued family planning and AYSRH funding
- Engage potential new local governments

Local Government:

- Institutionalize interventions
- Develop transition plan
- Secure family planning and AYSRH budget line items

M&E:

- Conduct RAISE assessments quarterly
- Use HMIS for near-time, real-time D4D
- Track interventions through project records





Local governments advance into this stage as their capacity matures and health systems are strengthened. TCI shifts to a more observational form of coaching as local ownership increases and capacity is transferred. In addition to monitoring and tracking conducted in the previous stage, TCI monitors the institutionalization and diffusion of our high-impact interventions.

In this stage, we work with local governments to develop a transition plan for graduation while gradually reducing coaching and Challenge Fund support. Advocacy is ongoing to ensure continued local government investment in family planning and AYSRH. Also, we work with local governments to ensure interventions are institutionalized into local government annual work plans and budgets are available for these activities.

If the local government needs longer than anticipated to achieve a desired level of capacity, TCI will put together a plan based on identified gaps and challenges to better prepare the city for graduation. The results from RAISE and other monitoring methods are used to tailor continued funding needs for a city poised for graduation. Regular RAISE assessments are crucial at this point for determining readiness or graduation.

As TCI support declines for one local government, the hub teams begin to engage new local governments – or local governments who submitted an EOI at an earlier stage – through marketing and advocacy to continue scaling up in the region.



Sustain

TCI:

- Coach on demand
- Decrease Challenge Fund

Local Government:

- Take control of program implementation, request coaching if need arises

M&E:

- Continue to monitor through HMIS and RAISE





Our direct involvement with a local government typically takes place over a three-year period, with TCI coaching and support tapering off over time as the local program implementation teams become increasingly self-reliant in implementing high-impact interventions. Based on triangulated data from the RAISE tool and other sources, TCI monitors progress together with the local government towards self-reliance and determines readiness for graduation.

Post-graduation, TCI will continue to access data and engage with the local government to ensure it can sustain the family planning and AYSRH interventions and achieve impact without direct support from us. TCI coaching is still available but “on-demand” only as technical assistance is shifted to other participating local governments. TCI and graduated local governments continue to review and use data for decision-making.

Graduated cities also receive preferential consideration for future opportunities with us (if funding becomes available for other health areas for example) because of their alumnus status, systems maturity and network of TCI coaches and champions. Well-performing graduates are identified and incentivized (i.e., “outstanding alumni”) and we celebrate their success. We work closely with graduated local government staff to ensure high-impact interventions continue to be included in upcoming budget cycles and high-performing cities are marketed as model cities and demonstration sites to guide and coach new cities. Graduated cities that encounter setbacks will be re-engaged and offered support, as appropriate.

Investing in TCI

We are a solid performing platform delivering results – not a time-bound project – and can accommodate and deliver for other health sectors in addition to family planning and AYSRH, while attracting investment from multiple sources. Investing in TCI is easy as evidenced by the \$68.9 million raised thus far from a diverse set of donors, including Bayer AG, USAID, Comic Relief and private philanthropists. Their investment along with support from the Bill & Melinda Gates Foundation allowed TCI to rapidly scale in five years to 111 cities across 12 countries. Donors are attracted to TCI because it delivers results while also leveraging their support to increase their return on investment.

We also successfully raised \$28.65 million from local governments for family planning and AYSRH programs. Those contributions lead to sustainable programs as these dedicated dollars for family planning and AYSRH become embedded in local budgets. To continue our current momentum, we have prioritized resource mobilization between now and 2030.

We need support from partners like you to continue to make an impact in the communities we serve. Join us and help improve the health and well-being of those living in urban slum communities across the world.

To learn more, contact a member of our team at info@tciurbanhealth.org.







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