



TCI Nigeria Coaching Report May 2021

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Foreword

Over the past years, many countries including Nigeria have relied on financial assistance in the form of development aid delivered through international and sometimes local implementing partners. While some programs implemented through development assistance and have incorporated a few sustainability approaches, not much success has been recorded in transitioning financial and technical ownership to government. This presents a unique opportunity for Implementing partners and funders to explore novel approaches to sustainability that is government-led and embedded within the existing health system.

The Challenge Initiative (TCI) is a platform that enables state governments in Nigeria to scale up high-impact family planning best practices for the urban poor. The initiative presents a highly innovative approach to development aid, strengthening government-led programming to achieve scale, impact, efficiency, and sustainability. TCI's goal is to support government to achieve greater self-reliance in taking family planning best practices to scale to sustain improvements in urban health systems and increase use of contraceptives among the urban poor.

Since 2017, fourteen states have partnered with TCI, drawing upon its coaching and technical assistance support to effectively lead and drive implementation of primary health care programs. Engagement with follows four phases including start-up, surge, pre-graduation and graduation. TCI uses a "Lead, Assist and Observe" coaching model to build and strengthen the capacity of state government teams to assist in the start-up phase while TCI leads, lead in the surge phase while TCI assists, and fully drive program implementation in the pre-graduation and graduation phases while TCI observes.

This study was borne out of the importance of coaching as a fulcrum for TCI's capacity building strategy. It presented an opportunity for TCI to assess the impact of its coaching model in improving the skills of state and local government area (LGA) teams to deliver quality family planning services. The findings highlight the experiences of state and LGA program managers and implementers in accessing and utilizing TCI's coaching approach. What we have found is that their capacity has significantly improved so that they can effectively manage their family planning programs, meaning they can manage, implement, and monitor the high-impact family planning best practices, and cascade that knowledge and capacity to facility and community providers. Health providers at the facility and community levels shared similar insights around how the coaching model has improved their capacity and service delivery as a whole.

It is pertinent that the findings from this report be used to improve TCI's coaching model and programming for existing and new geographies in Nigeria and contribute to expanding the body of work and learning on how to foster government self-reliance and sustainability of development programs overall.

We would like to extend appreciation to our key government stakeholders and respondents from Ogun, Niger, Plateau, Rivers and Taraba states, and all members of the TCI family who were part of the study and for your unrelenting efforts to ensure women, children and their families have access to optimal reproductive health services.

Happy Reading!

Victor Igharo



Abbreviations and Acronyms

NGCC	Niger Government Coach Coaches
RGCC	Rivers Government Coach Coaches
PGCC	Plateau Government Coach Coaches
OGCC	Ogun Government Coach Coaches
TGCC	Taraba Government Coach Coaches
TCI	The Challenge Initiative
NSM	Niger Social Mobilizers
RSM	Rivers Social Mobilizers
PSM	Plateau Social Mobilizers
OSM	Ogun Social Mobilizers
TSM	Taraba Social Mobilizers
NSP	Niger Service Provider
RSP	Rivers Service Provider
PSP	Plateau Service Provider
OSP	Ogun Service Provider
TSP	Taraba Service Provider
NTCIS	Niger The Challenge Initiative Staff
RTCIS	Rivers The Challenge Initiative Staff
PTCIS	Plateau The Challenge Initiative Staff
OTCIS	Ogun The Challenge Initiative Staff
TTCIS	Taraba The Challenge Initiative Staff

Executive Summary

The Challenge Initiative (TCI) supports subnational governments to rapidly and sustainably scale-up proven reproductive health solutions to ensure equitable access to health services among the urban poor. 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 abilities to address needs; solve problems; take on new challenges; improve individual performance; and achieve individual, team and organizational objectives. TCI's approach to coaching in Nigeria follows a systematic yet flexible process to bring about long-term, sustainable transformation in health system performance, particularly for family planning (FP) and adolescent and youth sexual and reproductive health (AYSRH) programs. TCI's coaching approach is designed to build the confidence and capacity of local institutions and public sector and NGO/CSO staff to adapt, manage and implement coordinated, results-driven, well-resourced, and sustainable programs based on [TCI's high-impact interventions](#). It aims to strengthen the system by the implementation of high-impact interventions and sustainability of the interventions by state health management teams. As a result, the coaching study assessed how capacity has been built around technical and management coaching.

The study aimed to unpack and understand the implementation of TCI's coaching methodology, best practices, and lessons learned to inform future programming for TCI and others who desire to use coaching as a capacity strengthening or technical assistance approach. The main objectives of the study are to:

- Document the intensity and focus of TCI coaching to-date;
- Explore how local governments and service providers perceive the TCI coaching model in Nigeria;
- Understand whether TCI's coaching has led to health systems strengthening and improvements related to family planning and AYSRH;
- Document the ways in which TCI's coaching has worked well and, perhaps, not worked as planned to develop recommendations to strengthen TCI's coaching model; and
- Understand how the TCI coaching model can be sustained by TCI-supported geographies even after states graduate from TCI.

TCI staff conducted in-depth interviews with sixty-six respondents who were based in five states – Ogun, Rivers, Plateau, Niger, Taraba – and the Federal Capital Territory (FCT). Study respondents represented four categories of participants: TCI staff, state government staff coaches, coachees/LGA leadership who manage or coordinate at the LGA or facility-level and coachees/client-facing leadership comprised of service providers and social mobilizers. The interviews and FGDs explored topics such as the coaching model, coaching topics, benefit of being a coach and coachee, how coaching has changed over time, strengths of existing coaching model and recommended refinements to the TCI coaching strategy.

Results from the study found that the main areas within which government officials receive coaching include leadership skills, program management, coordination, planning, budgeting, and the use of data to make informed decisions to ensure the sustainability of FP and AYSRH implementation. In general, government coaches have experienced significant improvements in report writing, service delivery, annual operational plans, the use of a prioritization matrix and the ability to seek feedback. Through the coaching approach, the coaches learn from their coachees. TCI coaching has helped build the capacity of the coaches and has enabled them to be conversant with happenings in interpersonal communication (IPC) management skills, FP/AYSRH program coordination and implementation, improved confidence and other soft skills, which have increased their efficiency and productivity. A reoccurring suggestion for improving the coaching approach that was made by government staff included making learning materials available offline so that more providers could access them, especially when out of data subscription.

Results from the analysis highlighted that healthcare providers and social mobilizers have received support from the TCI team, on coaching, one-on-one mentoring, training, troubleshooting problem-solving skills, and knowledge on approaches for reaching the family planning target population across the supported states and facilities. It is pertinent that social mobilization should be one of the core strategies that must consistently be employed to ensure that there is demand for quality family planning services. From this group of respondents, we received suggestions to improve TCI University (TCI-U) by adding more interactive materials like animations and videos for better visualization to make coaching easier and more effective.

Every TCI staff aims to clone themselves in their coachees to ensure the sustainability of the implementation of TCI high-impact interventions even after TCI leaves a state. As a result, the suggestions to improve TCI coaching, which range from offering offline learning materials, training of more individuals and stakeholders, expansion of LGAs covered and provision of customized family planning services, are critically important as TCI seeks to further expand into new states and countries.

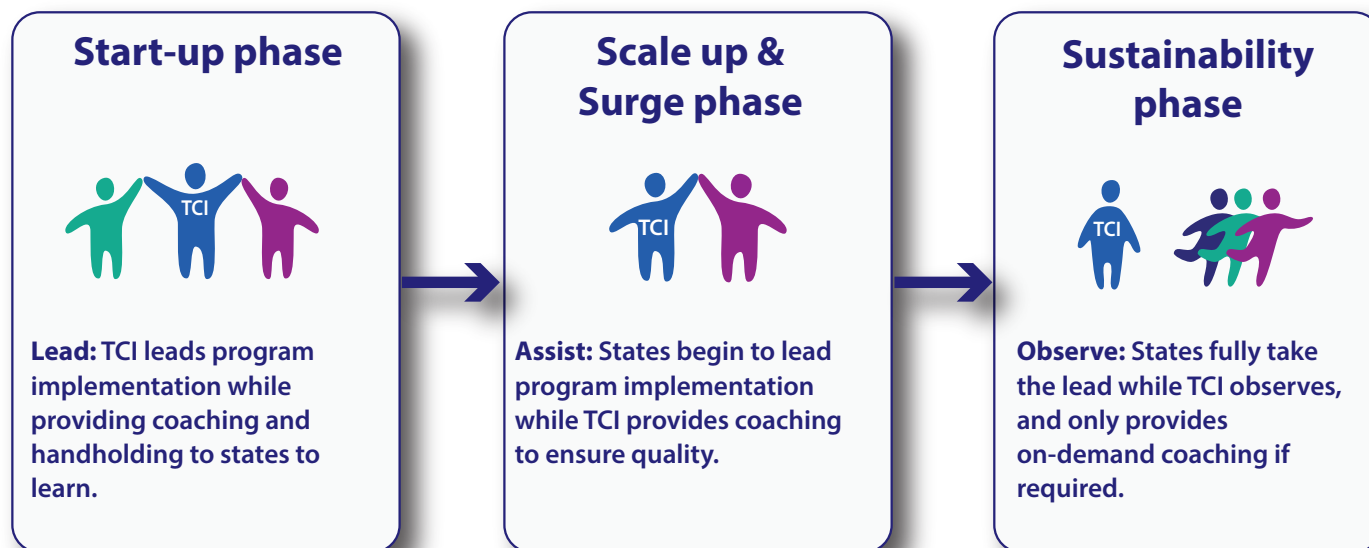
I. Background

The Challenge Initiative (TCI) supports subnational governments to rapidly and sustainably scale-up proven reproductive health solutions to ensure equitable access to health services among the urban poor. TCI builds on the demonstrated success of the Bill & Melinda Gates Foundation's Urban Reproductive Health Initiative (URHI). State governments in Nigeria self-select to partner with TCI by submitting expressions of interest and completing program designs in partnership with the TCI team. State governments bring staff and financial resources to the table, and, in return, receive coaching and access to codified intervention guidance via TCI University (TCI-U) and TCI's "Challenge Fund."

TCI defines coaching as the act of transferring capacity to coachees by unlocking the coachees' existing expertise. Coaches serve as teachers and trainers to help address knowledge and skill gaps that a coachee may have. A coach is a trained or skilled public health implementer and manager who helps a coachee to improve his/her job performance by ensuring the coachee has the required capacity to provide quality family planning (FP) services. A coach may be a trained government staff (program manager or health provider), partner staff or a lecturer or teacher at a health institution.

TCI's approach to coaching in Nigeria follows a systematic yet flexible process to bring about long-term, sustainable transformation in the performance of the health system, particularly related to FP and AYSRH programs. TCI's coaching approach is designed to build the confidence and capacity of local institutions and public sector and NGO/CSO staff to adapt, manage and implement coordinated, results-driven, well-resourced and sustainable programs based on [TCI's high-impact interventions](#). See below the systematic and flexible "Lead, Assist and Observe" coaching model employed by TCI.

Lead, Assist, Observe Phased Coaching Model



Coaching is highly tailored to the needs of the individuals and groups that are coached and the dynamic systems within which they work. Although TCI's initial coaching approach focused primarily on strengthening capacity to scale up TCI proven interventions, today coaching support just as often includes strengthening leadership skills, program management, coordination, planning, budgeting and use of data to inform decisions to ensure sustainability of implementation beyond TCI's support.

II. Methodology and Study Design

Study Objectives

The main objectives of the study are to:

1. Document the intensity and focus of TCI coaching to-date, including which high-impact interventions (HII) governments most commonly request coaching support for, how often and what the coaching impact has been.
2. Explore how local governments and service providers perceive the TCI coaching model, including whether they believe it has been beneficial, and if so, how.
3. Understand if TCI's coaching has led to system strengthening and improvements in the health system both related to FP and AYSRH service delivery but also beyond to other primary health care areas. Additionally, document which system strengthening elements of coaching are most appreciated by TCI stakeholders.
4. Document the ways in which TCI's coaching has worked well and, perhaps, not worked as planned. Use this information to develop recommendations for how TCI can strengthen its coaching model.
5. Understand how TCI's coaching model can be sustained by TCI-supported geographies even after a state 'graduates' from TCI (i.e., achieves program success and certain milestones, indicating the state no longer needs TCI's direct support) and the extent to which the model has been replicated.

Study Design

The coaching study employed a qualitative study technique using in-depth interviews. A total of sixty-six respondents were selected using a purposive sampling procedure and were interviewed by TCI staff members in October and November 2020. Respondents were selected across five implementing states – Ogun, Rivers, Plateau, Niger, Taraba – and the FCT where the head office in Nigeria is located. To minimize bias to the extent possible within the limitations of this study, TCI staff members who were trained as interviewers were assigned respondents from geographies that they do not work directly with. For example, a Niger state interviewer conducted interviews with Rivers state coach and coachees, Bauchi conducted interviews with Taraba coach and coachees, and etc.

Given COVID-19 safety precautions, all interviews were conducted and recorded using Zoom or Microsoft Teams platforms. All interviews were transcribed for further analysis. A codebook was developed, and transcribed interviews were analyzed for key themes based on the codes developed and further refined during the analysis.

Respondent Profiles

A total of sixty-six respondents participated in the study, representing three categories of participants.

Respondent Category	Number interviewed
Government staff coaches (State and LGAs)	28
Coachees - Client-facing (service providers & social mobilizers)	27
TCI Staff	11
Total	66

Categories of Study Participants

Government staff Coaches: Government staff at state and local government levels serve as coaches for LGA, facility and community staff within the coaching cascade. **Government staff at state level** category represent State leadership in health in positions such as: FP or RH Coordinators, State Health Educators, Heads of Program Support Units, Directors Hospital Services, State Monitoring and Evaluation Officers, and State Adolescent Health Desk Officers. **Government staff at LGA levels** represent health system functions such as: FP Logistics Officers, LGA M&E Officers, chair of the Adolescent Health Working Group, LGA FP/RH Coordinators or Supervisors, LGA Health Educators, Life Planning for Adolescent and Youth Ambassadors, SBCC Committee member media representative. They receive coaching from state coaches and engage in peer-to-peer coaching. All government staff coaches deliver coaching to facility- and community-level actors such as facility providers and staff or social mobilizers.

Coachees—Client-facing leadership: This category is comprised of service providers and social mobilizers. Staff in this category have responsibilities to provide direct services, conduct interpersonal communication (mobilization) activities and events, coordinate service delivery or social mobilization activities, or serve as youth ambassadors.

TCI staff: State Program Coordinators and Technical Support Leads, who work in Niger, Ogun, Plateau, Rivers and Taraba states, as well as Abuja-based staff. TCI staff serve as coaches to government staff at state, LGA and facility levels. They receive coaching from peers and Abuja headquarters team.

Data Analysis

Interview transcripts were analyzed using a thematic content analysis approach. Thematic analysis is an approach that is used to identify, organize, and report patterns in rich detail in qualitative datasets. Familiarization with transcription and notes generated from the in-depth interviews was done to prepare the team for coding. Identification of themes was conducted thereafter with various accounts compared. Transcripts were coded (data fragmentation) to generate a coding framework that was used to document emerging themes. Subsequently, the themes were organized to connect patterns and data relationships across the five states. Quotes, stories and/or observations served as analytic documentation. From this analysis, five key themes emerged:

1. Overview of TCI's Coaching Support
2. Changes in Job Skills and Confidence as a Result of Coaching Received
3. Coaching Benefits and Impacts Among Coaches
4. Sustainability of TCI's Coaching Approach
5. Recommendations to Improve TCI University and TCI's Coaching Approach and Support

The results section has been organized according to these themes and by category of study participant after providing an overview or summary of the findings.

III. Results

Summary of Findings

The result of the analysis revealed that the coaching supports received have significant impacts on adapting, managing, and implementing more coordinated, results-driven, well-resourced, and sustainable family planning (FP) and adolescent and youth sexual and reproductive health (AYSRH) programs. The implementation of TCI's coaching model has improved family planning awareness, knowledge, and service delivery across the various states selected for this study. It is imperative to note that the frequency of coaching sessions for the government staff varies from daily to weekly, monthly, and even quarterly, based on the individual's coaching request or the identified gap noted by TCI. The government coaches (GC), service providers (SP) and social mobilizers (SM) agreed that the support received from TCI has changed their coaching strategies and has helped in building their capacity in coaching, service delivery as well as public speaking skills. The study showed that the GC, SP and SM typically use and refer to coaching materials and tools in hard copy as well as soft copy formats and the most frequently referred to materials include the flip chart, leaflets, GO cards, posters, fliers, and checklists among others.

Furthermore, the interview respondents reported that TCI coaching has enabled them to provide family planning services in different areas and advocate for support for FP/AYSRH services and programs. Some respondents specifically noted how TCI coaching has helped them to learn patience, resilience, and readiness to carry out different tasks in a structured and logical manner. TCI high-impact interventions were reported by many as game changers in implementing the family planning especially in terms of service delivery. TCI's coaching model has not only affected the coaches and coachees but has also created a network system where the coaches, service providers and social mobilizers provide support to each other, as requested, and deemed necessary, which strengthens the linkages between service delivery, demand generation and advocacy and ensures a more coordinated approach to health service delivery.

To ensure sustained impact of the FP and AYSRH programs, TCI's coaching model is active; from the community level to the state government level, it provides an avenue to reach as many people as possible to strengthen and activate the system. However, it was recommended by numerous respondents that program coordination and the feedback system should be strengthened. Also, TCI should expand its mode of operation to other LGAs that are not currently being supported to foster collaboration and create more awareness at the community level.

Additional recommendations made across the states about how to improve TCI's coaching model included:

- TCI should offer more offline learning materials to ensure service providers can access them, especially when out of data subscription or internet coverage.
- TCI should liaise with the state government to ensure that the coaching approach is transparent enough such that the state government will focus more on technical assistance than the funds.
- Training of more individuals and stakeholders should be intensified to have competent successors to take over when the current coaches and other trained personnel relocate or move to other opportunities as time passes.
 - TCI should expand to other facilities than just the demonstrated sites to enable them to reach more users and increase the uptake of family planning across the states.
 - TCI should interface with all LGAs directly as well as train more social mobilizers instead of having demonstration LGAs.

Results from the Government Coach Perspective

Theme 1: Overview of TCI's Coaching Support

TCI coaching empowers state and local government officials on FP and AYSRH capacities to make positive changes in their internal motivation, knowledge, skills, and ability to address pressing needs; solve problems; take on new challenges; improve individual performance and achieve individual, team and organizational objectives.

TCI's initial coaching approach focused mainly on strengthening the capacity of coaches to scale up TCI interventions, however, the coaching support received by these government officials now includes strengthening leadership skills, program management, coordination, planning, budgeting and use of data to informed decisions to ensure the sustainability of implementation beyond TCI's support.

Sub-theme 1.1: TCI Coaching and Session

Previously, TCI's initial coaching approach focused on strengthening the capacity of coaches to scale up TCI high-impact interventions; however, the coaching support received by these government officials now includes strengthening leadership skills, program management, coordination, planning, budgeting and use of data to informed decisions to ensure the sustainability of implementation beyond TCI's support. Likewise, the coaching supports received is expected to have significant impacts in adapting, managing, and implementing more coordinated, results-driven, well-resourced and sustainable FP and AYSRH programs.

Typically, the period of a coaching session for government staff varies from daily to weekly, several times a month (two to fifteen times) and quarterly across the five states. This variation is based on the identified need or gap, the magnitude of the gap, proximity to the coach and availability of the coach and any other relevant resource person(s). A **Plateau State Coach** said: "We initiate them [coaching sessions] based on the gaps," which is similar to what a **Rivers State Coach** reported: "From the data captured on the TCI platform, we always review and when you have some issues popping up from the platform then it calls for supervision." In terms of frequency, an **Ogun State Coach** reported "depending on the magnitude of the coaching you are talking about. There is this quarterly review meeting during which we have coaching as well in the cause [course] of that meet[ing] [to see if] you understand."

In terms of format and availability of resource person(s), the **Ogun State Coach** shared:

"So the coaching that I received is in two forms, one is on the WhatsApp group, the national WhatsApp group for helping Ambassadors where we had coaching sessions on different topics and that sometimes is every 2 weeks or every month depending on how often we can get facilitators to take those coaching sessions but one-on-one, I mean on-site training of coaching sessions are monthly when we meet together in the TCI office in Ogun State."

Another **Ogun State Coach** established that proximity to a coach influences the coaching session:

"I receive coaching every time I need it you know because their office is the same floor with (as) us with my office. And any time I need support on coaching I just work (walk) into their office but there are times that they will have activities that I will be involved in you know. Basically, I will say there is no time that I need coaching or training that I will not get even over the phone, they will attend to me."

Sub-theme 1.2: Government Coaching Cascade

The transfer of knowledge from government staff about the FP and AYSRH high-impact interventions is stepped down to different departments, medical personnel and individuals who form an integral part of the sexual and reproductive health community (Figure 1).

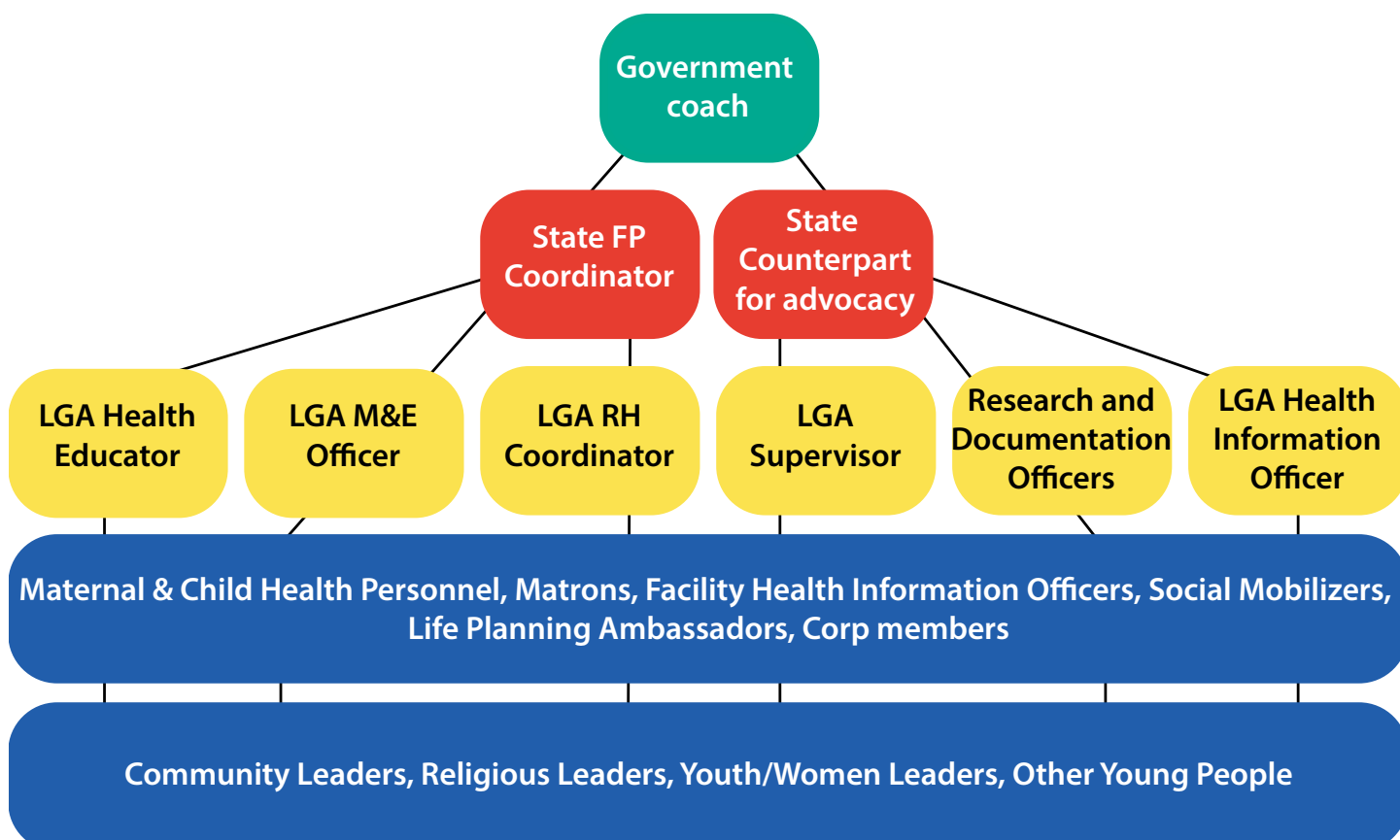


Figure 1. Government Staff Trainees

Different approaches and strategies are used by government staff to cascade family planning messages and the HII guidance. The frequency of coaching overseen by the government officials ranges from once a month to 15 times a month. The telephone is the second most reported medium for coaching by government staff after physical meetings. A Niger State coach with the most recorded coaching sessions per month shared: *"I do a lot of coaching on phone more even the physical because my line is always busy trying to get across to my providers at the facility. So, if we are going to add the phone and that of the physical, I would say like 15 in a month."* In addition, government staff use online and virtual platforms, such as Zoom and WhatsApp, class or hall settings, supportive supervision visits, observations, on-the-job trainings, group discussions, practical sessions, and neighborhood campaigns for coaching sessions. A Taraba participant said *"...before the coming of the TCI, we don't used to go out for supportive supervision. We don't even used (use) to have this on-the-job training. The TCI team came and brought that orientation...we used (use)to have them all quarterly and monthly and we used to coach monthly..."*

Results from the Government Coach Perspective

Theme 2: Changes in Job Skills and Confidence as a Result of Coaching Received

Across the five TCI-supported states, the support received by the government staff from TCI encompasses coaching and mentoring, advocacy, capacity development, fundraising/welfare, and technical supports. Respondents shared: “So TCI, we receive support, fundraising support, cos the state couldn’t come up with an event to commemorate the international...” When faced with a challenge, a Niger State coach said: “...And where we have challenges such as the technical aspect and how to write report, how to go out and perform some activities, at least we had support from TCI to put us through...”

An Ogun state coach also said:

“what I personally have gained from them is that they have organized series of training workshops to build our capacity that is my own capacity and err we have... through TCI, I’ve been able to put this training that I have received as well into practice, what do I mean? During the cause of my interaction with the community and the mobilizer as well I have been able to impact most of this knowledge into the community as well so by and large TCI has helped in a great way to improve my own knowledge and at the same time improve family planning information and uptake in ...”

The synergy between the government staff and TCI staff cannot be overemphasized. In Niger, a coach said “...in terms of coaching here, with TCI, we have been working as a family.”

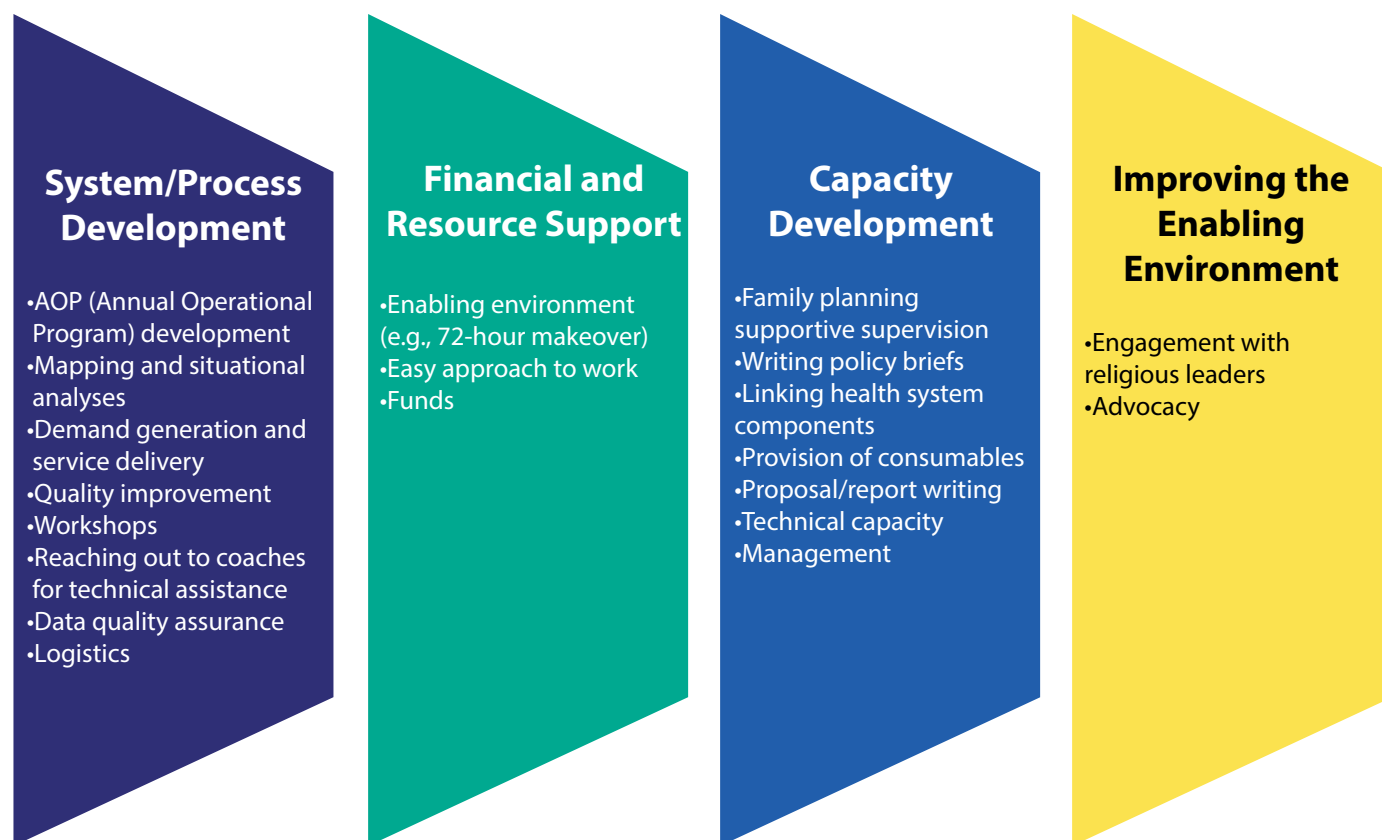


Figure 2. Supports Received from TCI

The government coaches agreed that the support received from TCI has changed their approach to their jobs and confidence levels in performing their jobs. TCI's support has helped in building the confidence of the government staff and have positively influenced FP and AYSRH service delivery. One coach shared: *"TCI has really improved our capacity especially in the area of family planning services and AYSRH services."*

In addition, respondents shared how TCI's coaching support improved even their personal lives in terms of new and practiced soft skills acquisition. Three coaches shared:

- *"TCI came with methodology that erm it's, how will I put it, it's easy, very easy to learn, to adapt, anybody can, anybody that is, that has received such training will be able to improve his or her knowledge, you understand."*
- *"100% change, I told someone that I am a born-again coordinator, and the person was laughing at me, you know, when you do things that you don't know, it is different from the things that you know, you know, initially, the whole idea about coaching was not there."*
- *"...I can't but with the coming of TCI, I was able to face people, talk to people, explain to them and coach them on how to go about on the reproductive health needs because is not only family planning, we talk about, we also talk on STI..."*

On a coaching confidence scale of 1-10, most government staff ranked themselves nine, followed by eight while very few respondents ranked themselves seven and none ranked themselves below seven. The bigger the circle, the larger the number of respondents ranking themselves with the number written on it.

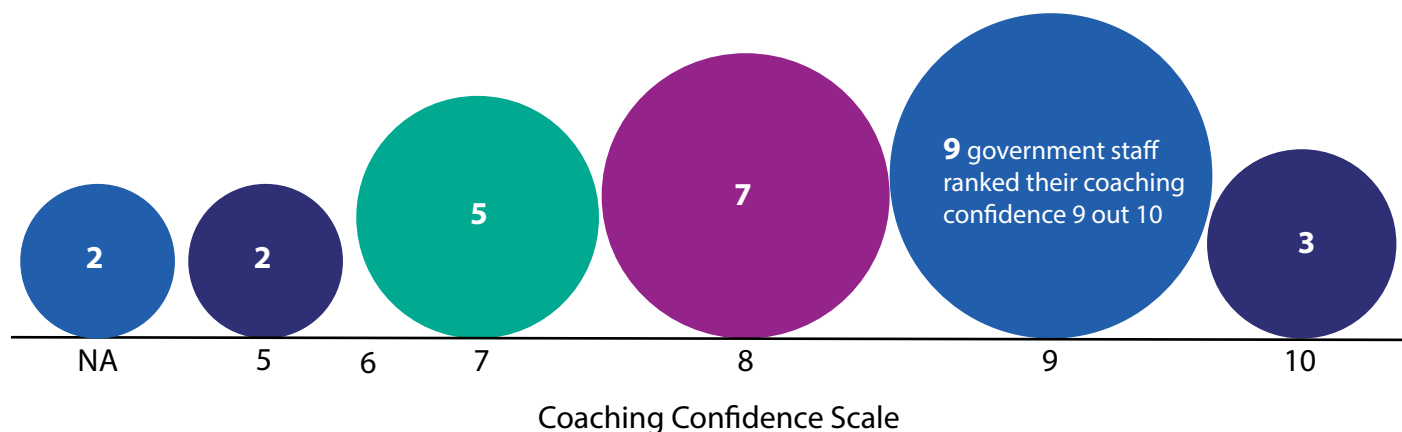


Figure 3. Self-reported Coaching Confidence of Government Staff

Results from the Government Coach Perspective

Sub-theme 2.1: Changes in Coaching Strategies

Government coaches have experienced significant changes in their coaching strategies. Through open discussions, the coach has learned from their coachees. Also, improvement in report writing, service delivery, annual operational plans, annual operational plans, using the prioritization matrix and getting feedbacks have been acknowledged by one of the participants.

A government coach from Niger state acknowledged that through open discussion with the coachees as they share their experiences, the coach also learns in the process. Another government coach from Plateau state shared on he is more proactive and able to leverage his platforms to provide on-the-job coaching. Another government coach in Plateau shared how they have been able to institutionalize TCI approaches, such as the Performance Improvement Assessment and Plan because TCI has made them quite simple and easy to adopt. Other government coaches shared how paired government coaches have been trained to take responsibilities to perform tasks, which has allowed them to perform share duties as well as take on other duties, such as in coordinating logistics management staff to ensure commodity security in the facilities. Government coaches in Rivers state reported how they have been able to tackle issues around SRHR and family planning with media engagement. In addition, we heard from numerous government coach respondents that they have observed improvements in their own interpersonal communication (IPC) and management skills, which has enhanced their efficiency. Additional skills mentioned included significant changes in research skills and the ability to write proper proposals and at the same time advocate for young people's reproductive health. For example, in Niger, one of the government staff shared an encounter with a particular man that was against youth taking up family planning services at the beginning of the state's engagement with TCI, the respondent reported: "At the end of our implementation, advocacy and paying them wages and every other thing, even the packages we got, this man himself came that he wants all his wives to pick up one service or the other."

Some notable quotes include:

"I believe when you consider my knowledge by 2017 to 2020 I will tell you I have achieved a lot in areas of coaching done by TCI, most especially in the areas of IPC - interpersonal communication. I have learned new things in the area of interpersonal communication in terms of management skills and others, so my knowledge are as coaching since the commencement of TCI has been so commendable and it – and it has as per... influence and enhanced my efficiency as well this can be measured by quality of job done by the mobilizers which I equally coach or my LGA team members which I equally coach as well."

"...The coaching style has changed in the sense that I have trained the pair coaches who I can delegate to take responsibilities to perform task in other areas, and I can work also with the logistics management coordinating unit staff so that we can Ensure commodity security in our Facilities and I can also work with the family planning technical working group, AY technical working group to help promote The uptake of services in the family planning space at any time And also I have I now can't walk with other coordinators in other local governments you know given that using the TCI approach to those LGA that have not can an now I give them the form of knowledge and quality services..."

“It has improved because of the tools that I use are available and I go step by step. Integration is very key is not that I will just say FP, but we do other things too plus the used (use) of your balance and strategic guides there is a plus there. HIV aid so we also we encourage people to do their HIV test I coach people on that so they will not just say FP it is just FP no you make sure other things are being given to them. That way, they will be able to manage their clients well. Timing for clients coming to the facility can be managed well when they come to the facility, they can also get different services at same time and same day and if I don’t have the right coaching, I may not be able to get all these. So am encouraging other to get these so to pass it to others.”

“Okay, I said we also learn to put in place the partner coordination forum, that all of us, all the partners can be on the same page and still when we are working. So, we work as friends and not as enemies pursuing just what we are called to pursue”. Another participant shared his success story on the uptake of services for adolescents and youths in Plateau said “especially the data that was generated from the AY sites from the Family planning registers we have seen that the uptake of services for AY have really improved as a result of this Service delivery approaches we see the age 15 to 19, 20 to 24 and above, The uptake of services have really improved based on data from the facilities and so we have presented this data to the management, for them to really see and support in resource allocation so that we have more resources that Are needed to support these facilities providers based on equipment, and data tools and also the providers to have enough providers to cover the family plan in space so that these group of people Will have access to family planning activities at all times that — Data I really have really helped us to advocate to the management so that they will see reasons to AY-FP activities in the facilities especially the TCI site.”

Sub-theme 2.2: Coaching Materials and Suggestions for New TCI Coaches

TCI staff used hard or soft copies of learning materials in training government staff to become coaches. TCI staff used flip charts, leaflets, packaged books, posters, fliers, standard operating procedure (SOP) manuals, GO cards, IEC materials, pictures, videos, advocacy briefs, the FAQs, checklists and TCI University (TCI-U). However, despite the value of the materials available on TCI-U, government coaches experienced technical issues in registering and logging onto the platform.

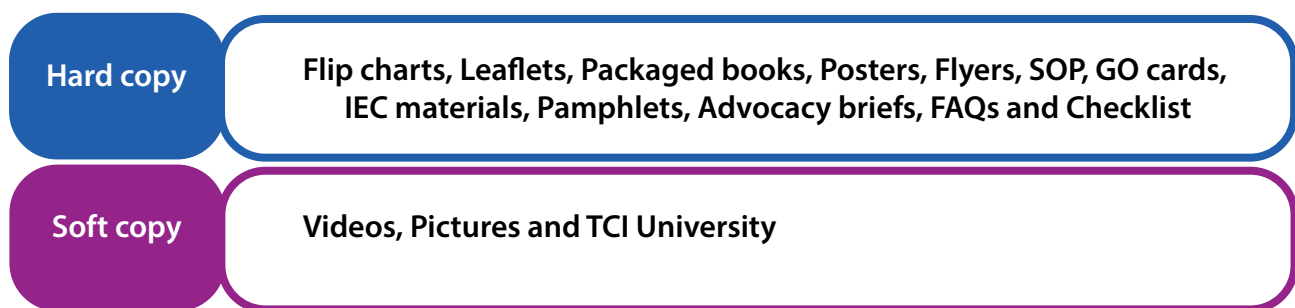


Figure 4. Coaching Materials

Results from the Government Coach Perspective

The government coaches made the following suggestions for new TCI coaches.

Categories	Suggestions to New TCI Coaches
Communication	<ul style="list-style-type: none"> •Give constructive feedback to the coachees •Endeavour to interact with those implementing the FP or AYSRH programs to know their challenges and educate them on what to do
Support	<ul style="list-style-type: none"> •Establish coach and coachees relationship •Support the coachees and build their confidence •Ensure to impact the coachees at the earliest time •At the local government especially, there is a need for continuous training and tracking •Advocate TCI approaches to government •Be patient, inquisitive, and dedicated
Coaching Approach	<ul style="list-style-type: none"> •Use the OJT manuals when coaching and virtual platforms like Zoom, WhatsApp, and TCI University •Understand the local nuances and work peculiarities of the state •Do not assume coachees comprehend at the same pace •Do not assume coachees “should know”, teach them what they need to know •Assess the coachees with classwork or assignments to know how well they understand a topic or concept •Always prepare ahead of the coaching session •When asked questions you do not know, do not give a wrong answer; instead, research and get back to the coachees •Plan and know the target audience •Ensure materials are readily available •Coach others to reduce work stress

One of the government coaches recommended that coaching be done one-on-one instead of combining all the coachees. The respondent argued that lumping the coachees in the same hall is not usually productive because when they get to the field, they find it difficult to apply what they learned in class.

“Yes I will recommend one on one coaching instead of lumping everybody together in the same hall and you are thinking that you are providing, you are building capacity when in fact is only few persons that are really grabbing that are really getting what is being said there, but if you do, then at the end of the day when you go back to the field you see that learning was not done. Like when you go to the field and you meet these people on the job like you are providing this mentoring on the job I think it is okay.”

Theme 3: Coaching Benefits and Impacts Among Coaches

TCI coaching has helped build the capacity of the coaches and enabled them to be conversant with happenings around interpersonal communication (IPC) management skills, which has helped the participants to be more efficient and productive.

The coaching has helped a coach in Niger state in areas of FP/AYSRH program coordination and implementation. Coaches in Niger, Plateau and Rivers states stated that coaching has helped improve their confidence which has propelled them to increase their knowledge and at the same time coach others. Plateau and Ogun State coaches shared insights that the coaching has helped in capacity development which enables them to provide services using different strategies and advocate for FP/AYSRH programs. Furthermore, some of the personnel have learned patience, resilience, and readiness to carry forward job-related tasks. In areas of management, an Ogun State coach established that TCI coaching has enabled them to be conversant with happenings around IPC skills, which has helped them to be more efficient and productive.

More specifically, a Taraba coach reported how TCI's coaching has helped to strengthen mobilization at the Local Government Area (LGA) level and commodity supply to LGAs. Another Coach in Ogun State reported that she has benefits from TCI coaching as she is now considered the go-to person on FP/AYSRH issues, having spoken on numerous radio and live programs on the Internet. The same coach elucidates how coaching helped her to advocate for FP/AYSRH with church leaders and community leaders. Another Ogun state coach explained that TCI's coaching has changed the participant's mindset that it is his responsibility as well as others in government to own the program, design activities that can benefit the program and write memos and proposal for funds to support the activities:

"The benefits that I have seen is that they have changed the way I see things because formally, it is project, programs and partners will come and you know but this one makes me to own the program you know. That coaching makes me to run my program and appreciate it that even when no partner is there, I can stand with the state fun. This coaching has helped so much that I can come up with activities that I know can benefit my program and I will write proposals and with the availability of budgets and they will release it and we will made (make) use of it."

Sub-theme 3.1: Coaching Intervention

On high-impact interventions being led by LGA or facility leader, a coach from Niger state stated that this is happening, and he has been able to confirm this during supportive supervision visits. Another Niger state coach made it known that in Niger state, the high-impact interventions are like laws. For example, the participant is expected to relay all knowledge gathered in a workshop to other colleagues. Other Niger state coaches corroborated this and established that there are high-impact interventions being implemented within the LGAs in Niger state.

Results from the Government Coach Perspective

A Plateau coach shared that TCI coaching as well as the performance improvement assessment, performance improvement plan and whole side orientation were the high-impact interventions that have helped in scaling up from three LGAs to seventeen LGAs in Plateau state. Another Plateau coach made it known that the high-impact interventions have helped build capacity because within their LGA, they can do certain things they were not able to do themselves before. For instance, in Plateau, the RH coordinator will now go and mobilize the community with the mobilizers and, as a result, so much more has been achieved. In Rivers, coaches identified tutelage as one of the high-impact interventions, the participant impacts different facilities through reviewing data in health facilities as well as correcting mistakes in their approaches. Although the government coaches have witnessed significant improvements at the LGA level, a Rivers coach noted a persistent challenge that most state face at the LGA level face: “...they’ve also improved, if not for the personnel issue like in my own LGA now, you see a situation where one person is doing five persons’ jobs, so most time they are exhausted...”

In addition, Ogun State coaches made it clear that high-impact interventions were being implemented at the LGA level in Ogun state even without financial support from TCI most of the time. While in Taraba, it was reported that Taraba state has always led implementation of the high-impact interventions.

Theme 4: Recommendations to Improve TCI University and TCI’s Coaching Approach and Support

TCI should have TCI learning materials available offline so that more providers can access, even when out of data subscription.

The majority of the government staff coaches were satisfied with TCI contents; however, they did identify some gaps and suggestions for improving TCI University (TCI-U). For instance, an Ogun state coach opined that if there can be a menu that gives insights on how to navigate TCI-U for newbies that would make the platform more accessible. Other coaches suggested that there should be regular updates on current platform issues and the incorporation of innovative technology. For example, they noted delays in receiving confirmation messages from the platform. A coach stated that the website should be made simpler to navigate and use. In addition, it was suggested that TCI should have TCI learning materials available offline so that more providers can access, even when out of data subscription.

In terms of suggestions for how to improve coaching, A coach opined that TCI should train more people, so that the current coaches have good and competent successors to fill the gaps that could occur when the coaches and other trained personnel relocate or move to other opportunities as the tide changes. A Niger state coach suggested that more be done on program coordination and introducing a feedback system. Other coach from Niger opined that there should be continuous support and advocacy to the state since TCI funding has reduced drastically in Niger state, and this should be closely monitored to avoid leaving the state in a lurch when graduating it. An Ogun State coach acknowledged that TCI did a wonderful job in supporting Ogun state; however, in terms of an area for improvement, he noted that the stipends given to the social mobilizers are negligible compared to the service they render, so suggested an increase in remuneration. Coaches in Ogun and Niger states suggested that TCI offer more opportunities for training and capacity-building activities for government staff. Plateau state suggested that TCI should spread its tentacles to all the LGAs to ensure the knowledge and expertise about the high-impact interventions gets to the LGAs directly as well as train more mobilizers for greater population coverage.

Below are some selected quotations on how government coaches suggest improving TCI coaching:

"Let the learning materials be off-line so that more providers can have access you know the data issues there is no data."

"TCI funding this day has gone down, it has gone down seriously, seriously, seriously not really feeling TCI has much as before, I can come down, so they should improve on that so that they..."

"...Well, to support us we have been telling the TCI that we need more coaching, it is never enough, and it is never too much, because they say learning is from... you stop to learn when you die, learning continues that err and science is changing every day for us to be abreast of what is happening globally we believe we constant coaching we have told them severally and I believe they say they are working on it they are working I believe they are working on it so we need more coaching in Ogun State...."

"TCI-U exactly have looked at it and I think it can be more direct in the issue of website where it takes because if you don't really understand a neutral person may not be able to access it even the coaching because have been coached on the usage but for the content am not too sure because have not really search on it because anything am looking for, I find there so approach can be simpler and very direct."

"Well perhaps I want us to know that TCI has opened up Ogun state in terms of family planning TCI has done a wonderful job and I commend their representative in Ogun state for a job well done err of note I want to – the people that worked for us as our mobilizers the stipend they are paying them is too small compared to the work they do, they pay them thousand naira per month and between me and you we know that for somebody to say for this thing I do I am been paid three thousand naira the remuneration is rather too small so if the remuneration can please go up a little bit at least for them to justify the activities the work they are putting in putting on you know once the money is more they tend to work more but if the money is small how much am I getting there will be a party they are not motivated so to say so if it's possible and err originally we are having like 20 mobilizers working for us in a month but perhaps because of funds it was reduced to 10 now we are working with 10 and we are still getting the result to say but the load of 20 people is now on 10 people so if possible if TCI is still very much around I would advocate for the going back of these 20 people and more remuneration for them now I have not talked about remuneration for myself but for the people that we are – for the foot soldiers because these mobilizers are the foot soldiers they are the one that actually does the thing that does the show it is not we just – I think you understand what I am saying (yeah) so these foot soldiers should be well remuneration that's all..."

Results from the Service Provider and Social Mobilizer (SP/SM) Perspective

Theme 1: Overview of TCI's Coaching Support

The implementation of the family planning coaching program involves many stakeholders and individuals who form an integral part of the program, including service providers and social mobilizers (SP/SM). It is noteworthy that the implementation of the coaching program has significantly improved family planning awareness, knowledge, and service delivery, among other aspects of program delivery, across the five states selected for this study.

The providers and social mobilizers stated that several supports have been received from the TCI team which includes but is not limited to coaching, one-on-one mentoring, training, etc.

The service providers and social mobilizers who were interviewed are experienced individuals with at least five years of experience working in the health sector, particularly in family planning and sexual and reproductive health. Their experiences play a significant role in the implementation of family planning services and programming and is why they received TCI coaching to ensure strengthened capacity and health system strengthening. The providers and social mobilizers stated that support has been received from the TCI team on coaching, one-on-one mentoring, and training, among others. All these have sharpened the problem-solving skills, issue identification and overall approach of reaching target populations for family planning services across the supported states and facilities.

Sub-theme 1.1: Coaching Support, Request and Tools

The support system given by the TCI team to the SP/SM cannot be overemphasized in the implementation of the family planning and adolescent and youth sexual and reproductive health (AYSRH) program across the selected states. It is imperative to note that significant progress has been made in AYSRH in the area of community mobilization, awareness-raising and acceptance of the sexual and reproductive health needs of adolescents and youth in all TCI-supported facilities. In Ogun, a social mobilizer and service provider shared, respectively:

"They [TCI] have been useful especially the implementation in making progress in adolescent and youth reproductive health and concerning the advocacy."

"TCI has done a lot of work on mobilization which has actually increased our CPR and acceptance in the local government. So, there was orientation in our facility, which I was mentored on and also did. We actually did for TCI facilities. Then after their mentoring, I was able to do this exactly in all our facilities."

The turnaround time between making the coaching request and receiving coaching is one of the major factors that keep service providers and social mobilizers motivated about the program since the coaches are always there to address their questions and concerns. Hence, this made them feel supported and motivated them to take ownership of the program. Providers often made requests for coaching based on their need or knowledge gap in a particular area of the program, and this has improved their experience in terms of human relations and program collaboration across implementers of service delivery, demand generation activities and advocacy efforts.

"...No, it did not waste time. Because if I could recall back, I made that request like on a Thursday, and the following morning on Friday, he is in the facility for the assistance. And he gives it to me..."

"...Immediately, before 24 hours..."

"They don't waste time to respond, in fact they treat us like egg, that's how they treat us, because they give us their time at any time we call, they pick up, whenever we have small challenges, they always pick their call..."

The result of the analysis revealed that response time and coaching support are inseparable and determine the success rate of the program. Although the social mobilizers and service providers reported a positive experience in this regard, they recommended that this tempo be maintained to ensure the impact and excellent outcome of the program. Furthermore, the variety of coaching strategies and tools employed are also critical to the overall coaching process. These useful coaching strategies and tools were recognized and repeated across those interviewed in this study, regardless of category.

Theme 2: Changes in Job Skills and Confidence as a Result of Coaching Received

It is the conscious effort of the coaching team that has a direct impact on the acceptance rate and awareness of women's autonomy in the area of family planning use.

Coaching sessions and trainings have been instrumental in the implementation of the family planning and AYSRH programs across the five states included in this study. These capacity strengthening efforts have provided service providers and social mobilizers with opportunities to identify new strategies and approaches to addressing program implementation challenges at various levels of the socio-ecological framework at individual, community, facility, and system level. Similarly, their own knowledge has been significantly improved to the point of being able to instruct and guide others. It is the conscious effort of the coaching team that has directly impacted acceptance rate and awareness of women's autonomy in decision making related to family planning. For instance, it is commendable to note that men are now comfortable joining their wives to facility visits to receive counseling and determine the most suitable method for them. A social mobilizer from Ogun state explained:

"...Very very useful because it was during that time, we were able to identify the challenges that these young ladies are having in choosing methods... very essential as part of the advantages is to reduce mortality rate among the child bearing age is to reduce the rate of criminal abortions they engage in, by the most ladies and even those that are still schooling, when they adopt this family planning the rate of unwanted pregnancies is greatly reduced and thereby reduce the maternal mortality rate..."

"It brings about improvement now the men are coming with their wives..."

The coaching approach has positively improved the coordination of the family planning program at the facility level, enabling social mobilizers to feel their impact in referring community members to services. A service provider in Taraba state reported that *"...coaching in this group has helped me in improving my quality of services in the community and the facility..."* In conjunction with coordination and service delivery, the facilities have experienced a high turnout of clients who are more aware of the benefits of family planning and interested to know more about methods and their respective usage. Another service provider in Taraba state explained:

Results from the Service Provider and Social Mobilizer (SP/SM) Perspective

"...It has influenced the coordination of activity because it has increased the flow of clients in the facility and even in the community because of the advocacy and the sensitization, it has created awareness in the community..."

Furthermore, the coaching approach has increased the confidence of service providers and social mobilizers on family planning issues. In addition, it provided a platform for them to develop various soft skills ranging from public speaking, persuasion, and negotiation, etc. Before the coaching approach was deployed, mobilizers had little to no confidence to coach others; however, this narrative has changed as a result of TCI coaching support.

"...sometimes I used to have fear; my heart used to beat. But due to the coaching that I've been receiving, I have more self-confidence and I've improved in many aspects of my job, including inserting implants and counseling..."

"It has really helped build my confidence. I can even talk in groups other than in the facility. I can talk about the services that are available..."

"...the coaching has actually given me confidence to interact with clients or group of people without fear or shaking, and also from coaching, I have been able to have experience on skills..."

Sub-theme 2.1: Transferable Coaching Skills

The service providers and social mobilizers reported being well-equipped through coaching so that they are now capable of coaching others. This is a network approach that the TCI team adopted to reach additional stakeholders and individuals who are not directly under the program but can be beneficiaries of the coaching sessions to increase the awareness and uptake of family planning services. It was also a means of bridging the knowledge gap that exists in the family planning and AYSRH programming space.

"I have been able to coach like four of them on how to implement and interact with the local government and how to achieve our deliverable which has increased very well with little of my support on the field..."

"...Yes, then the community I've coached more than 300 sir, ... I coach CHEWs and nurses and the community at large. I coach them on counseling [and] benefit of family planning..."

"...As I said, I am now competent because I can coach. I'm coaching others and I have coached others..."

Furthermore, the ability of the providers and mobilizers to coach other people demonstrates the effectiveness of TCI's coaching approach.

Theme 3: Recommendations to Improve TCI's Coaching Approach and Support

Social mobilization should be one of the core strategies that must consistently be employed to reach individuals and communities on the importance of family planning.

The sustainability of TCI's coaching approach depends solely on the cooperation and collaboration of the State Government, Ministry of Health, facility directors, family planning stakeholders and individuals involved. It is noteworthy that taken ownership of the coaching approach has been stepped down by the appropriate stakeholders to ensure the continuity of the family planning and AYSRH program. This will not only provide a

stable system of care to users but will also give direction to those that will continue the implementation of the program. This then means that all the stakeholders concerned will need to actively participate in the coaching process and implementation as a whole.

The SP/SM interviewees provided useful insights and strategies to improve the overall coaching approach. A respondent suggested that social mobilization should be one of the core strategies that must consistently be employed to reach individuals and communities on the importance of family planning. A social mobilizer from Plateau state shared:

"...I have gained experience with my work as a social mobilizer. People in my community now see me as their mentor. Whenever they don't understand some things, they'll ask me, and I will explain it to them. So, the coaching on social mobilization I have received has changed my life, and with the knowledge that I have gained has changed not only me but that of my community members. I have to appreciate that, and hoping that the coaching will continue..."

Surprisingly, a respondent recommended that TCI coaching be extended to enable them to reach other facilities that are not currently being supported by TCI. Although this was an idea that was proposed by a service provider in Plateau, it shows that the impact of the coaching approach is greatly appreciated, and the people desire its continuity.

"...I wish TCI to extend their project period to enable to escalate up to non-TCI facility because there are facilities that are not TCI [demonstration sites], so I wish they could extend to non- TCI facility..."

On the provision of services to various categories of users, it was recommended that separate Go Cards be provided for unmarried youth compared to married women. This is in support of the reality that the AYSRH program is targeting youth. Hence, it is expected that more customized family planning services should be provided for the various categories of potential users. Another social mobilizer in Plateau state reported:

"...what I want TCI to do for us is to provide a separate go-card for youth, instead of them using the ones meant for mothers, in order to avoid embarrassments..."

In addition, SMs requested that government should review and increase the stipends given to social mobilizers. Many respondents noted that the stipend provided is small compared to the services social mobilizers render. This recommendation implies that effective coaching is tied to funding as SMs may not be motivated to implement knowledge received from coaching.

Results from the TCI Staff Perspective

Theme 1: Overview of TCI's Coaching Support

TCI staff provide coaching on leadership, management, coordination, planning, communications, counseling, commodity and logistics management, service delivery, data collection and data use for decision-making related to family planning and AYSRH programming.

TCI staff aim to clone themselves in their coachees to ensure the sustainability of TCI approaches even when TCI leaves a state.

Sub-theme 1.1: Goal of TCI Coach

TCI staff in Niger state shared similar opinions about the goal of TCI coaches to clone themselves into coaches at all levels of the health system so that when TCI leaves people can effortlessly continue to finance, manage, implement, and monitor the high-impact interventions. TCI staff in Ogun state explained the goal is to transfer skills and knowledge to one's counterpart at the state level to enhance their capacity to deliver upon the high-impact interventions, from planning to implementation, monitoring and evaluation as well as using data for decision-making. As a TCI coach, the goal is to build trainees' capacity and to ensure that they are strengthened and sustained to meet the demand of their official or technical duty. In Plateau state, TCI staff emphasized that the goal of a TCI coach is to improve government capacity to be able to drive programs, beginning with family planning, and respond to the programs effectively. It involves building and strengthening health system and community capacity and then also helping the state, organizations, and community members to run the program. The goal is one of sustainability; that is, the capacity will be built and remain within the health system and community that it serves.

"Okay, for me I ultimately, I want to see an improved capacity of the state people that I coached, this is what I want to do my improving their skills, improving their knowledge, increasing their knowledge, I also want to see we have them be more confident in discharging their duties, I want to see them to be able to have them identify, adapt and even scale-up our high interventions, I want to see them internalized all those high impact interventions, so, that they can become more efficient and effective I the roll-out of their jobs."

"My goal as a TCI coach is to be able to, we use this word "cloning", it's to be able replicate the skill and capacity I have to be able to reproduce multiple of myself in that state and I feel that's the more sustainable way to live all this impact and everything we have so I think the best way to improve on the human resources of the state, when it comes to health sector so for me, my goal is to be able to replicate myself in the state."

Sub-theme 1.2: Coaching Session and Tools

Across the board, the coaching sessions in the five selected states were either structured (schedule) or unstructured (demanded), these sessions are held to discuss technical issues, operations and management issues on family planning/AYSRH programs. Coaching is usually held on burning issues or challenges and the staff gets feedback on the implementation of programs across LGAs and States. Job aids such as Z-card, C-cards, FAQs, TCI university, smart advocacy tool and budget tracking tools are examples of coaching tools used by TCI staff.

Coaching session varies among TCI staff. In Plateau, coaching is done with the technical leads as well as the state program coordinators; the technical leads are coached on service delivery while the state program coordinator is trained on operations and management. However, the coaching session could be structured or unstructured, one-on-one or via telephone based on the demand of the stakeholder, coaching topic and plan or agenda of the coach. Coaching has a feedback mechanism where the coach and coachee(s) work together to ensure that there is an optimum outcome, and the session is in such a way that it is being broken into stages. For example, the first stage highlights the topic, the second stage encompasses more technical concepts where the program/activity is discussed in its entirety so that the coachee can conduct the program/activity independently. The third stage is where feedback is received from the coachee, and the final stage is the implementation by the coachee. Feedback is also shared at this stage for improvement in service delivery as well.

Taraba State TCI Coaches distinguished between formal and informal coaching sessions. Formal coaching involves the coach and the coachee reaching a consensus about meeting a burning issue, while informal coaching takes place impromptu usually demanded by the coachee. Rivers state TCI coaches explained that a coaching plan is designed based on identified pertinent issues, after which the coachee's capacity at the state and LGA are built to tackle the burning issues and roll out the coaching plan to various facilities and staffs.

"So, for me coaching session usually begins with identifying a need. A deeper coaching session is either a face-to-face contact or a phone call. So, how it all starts is usually based on the demand of the stakeholders I'm engaging with or if I have something like an agenda or a coaching plan that I wished to cascade down to the state."

"After identifying the various issues, we develop a coaching plan targeting each and then we map out various health facilities based on their geographies and their distance. Then, we identify coaches at the states level and at the LGA level after which we build their capacity. Then, we took them to facility to demonstrate their learnings so after which we now roll out the coaching plan to the various facility and the various staff and facility and at the LGA level."

Niger state TCI staff explained that job aids such as Go-card, C-cards and FAQs are used at the LGA level during community mobilization, demand generation and advocacy activities. They also emphasized that there are national guidelines and job aids for family planning. These tools are used during supportive supervision and on-the-job training.

In Niger and Plateau states, TCI coaches explained that TCI University (TCI-U) is used as a reference to update knowledge. However, Niger coaches shared a sad story about how coachees in Niger state are typically happy to register with TCI-U but they do not go back to the platform. This may be a result of lacking access to devices or the Internet. However, even among those who have access, they still do not explore TCI-U on their own. In Ogun state, TCI staff have established the use of TCI-U by engaging coachees via the community of practice and showing them where they can find or sending them links to the SMART advocacy tool, budget tracking tool and other tools. Similarly, in Plateau state, a TCI staff person reported establishing the use of TCI-U by referring to tools and job aids on TCI-U as a resource point during coaching sessions.

Results from the TCI Staff Perspective

In Niger state, WhatsApp is used as sharing platform where peer-to-peer knowledge and skill transfer is done. WhatsApp is used to discuss and address any identified issues. In Plateau state, various tools and policy documents are used to address the issues or challenges that are shared during coaching sessions. For example, TCI staff refer to costed implementation plans, CHIPS strategy document and National Health Communication Plan, to name a few examples.

"...we use various tools, document, be it policy document, could be used anything that just support us to finding the solution to the challenge that we want to address. Sometimes, we refer to TCI University; other times, we could use our job aids. We use our SPC [TCI state program coordinator] materials, we could refer to our costed implementation plan, we could refer to chip strategy document, we could refer to the National Health Communication Plan and all of that."

Theme 2: Coaching Benefits and Impacts

On average, TCI staff holds about ten to twelve coaching sessions monthly. Also, transitions take about three to six months but depend on factors such as individual capacity, time spent on coaching, residual knowledge, and so on.

Sub-theme 2.1: Coaching Frequency, Style, and Transition Time

Niger and Ogun State TCI coaches reported that they hold about eight to ten coaching sessions a month, on average, however during intense periods a higher number of coaching sessions are provided - about three to five a week. However, they noted that most of the coachees are now like coaches, so they provide more of mentoring. Plateau State TCI coaches shared a similar observation that coaching sessions have reduced drastically. They were averaging about 10 to 12 coaching sessions a month where 6 - 10 were scheduled and self-initiated or as a follow up on coaching sessions that had happened beforehand. However, coaching has reduced to about four coaching sessions per month because team members now understand the approach and they focus more on management coaching than technical coaching. In Rivers, TCI coachees reported about 12 coaching sessions a month, with 1 or 2 being structured coaching sessions while others were on-demand (unstructured). They reported that formal coaching was about on average two to three times a week. They said:

"...Okay! I'll say we have like 2 to 3, let me say 3 in a week, so on an average we have like 10 to 12 in a month..."

"Oh, well before now, it was quite a number, but I think it's really reduced drastically. So, averagely I can say on a monthly basis, it would have not been less than 10 coaching sessions to 12 coaching session before now, but it reduced to maybe if maybe about four coaching sessions per month because of because most of it..."

Niger state coaches explained that transition depends on several factors, one of which is the topic or intervention the coachee is being coached on, existing capacity and time of exposure. Regardless, they felt that it takes about three to six months to achieve the coaching plan, if on the average, the coach interacts with the person one to two hours a week, and the intervention in question is a simple one to conduct. They explained that transitioning varies from coachee to coachee and depends on factors such as the educational level, the position of the coachee and their availability, and other factors. In Ogun State, TCI Coachees stated that coaching is not a one-size fits all situation. It varies and is dependent on the coachee and their baseline knowledge and understanding before the coaching session. They broke down the three stages of the TCI “Lead, Assist and Observe” coaching model into percentages, explaining that from lead to assist may take between 50-60% of time because the coach is not only providing technical guidance and skills transfer but also needs to deal with the required mindset shifts. Then, Assist is about 25% and Observe 15%. In Plateau State, TCI coaches suggested that from assist stage to the observed stage could be three to six months, but it is dependent on the individual’s availability and implementation processes or approaches that are to be used.

“But no matter what, no matter what, I think that within three months to six months should be good, If on the average, you interact with the person, on the average of two hours a week, or one hour per week, and the intervention in question is a simple one to carry out, for example, whole site orientation QIT, that one you will see that Niger state people have started running with that one because it’s easier.”

“... So, for me, it’s easier for me to say between six to one month, we should have gotten stakeholders from the lead to the assist stage, and then move from the assist stage to the observe stage in the next six months, but for other thematic areas like service delivery, I know it might take longer, because it involves a lot more technicalities, and even the advocacy components might take longer too, because you have to get all stakeholders involved...”

Sub-theme 2.2: Coaching Impact, Intervention and Changes

TCI staff interviewed reported that the coaching approaches has helped their respective states and LGAs to prioritize activities to implement to address their contextualized family planning and AYSRH issues. In Niger, TCI coaches opined that coaching has driven the process of state to LGAs to use data available to determine the kind of activity they should implement. Also, the quality of data has across states improved over time because of coaching. Across all five states in this study, there have been recorded successes because of the high-impact interventions, as more LGAs are being reached.

“At the state level, significant change has occurred due to coaching because data is used regularly to make decisions, all the approaches are scientific in nature.”

Results from the TCI Staff Perspective

For instance, in Niger, at first, only ten LGAs were coached by TCI. But as a result of the coaching cascade, coaching has expanded to all LGAs in the state. Furthermore, in Ogun state, coaching has increased from covering eight LGAs to eleven, and even before the scale-up, the social behavior communication committee (SBCC) was already covering all 20 LGAs in Ogun state.

"...yes have seen increase in the number of LGAs receiving coaching since the intervention and there is something good about TCI approach even though we started implementations in (8 LGAs which eventually scaled up to 11 LGAs however prior to even the scale up the social behavior communication committee we have all the LGAs the twenty (20) LGAs of Ogun state and this interaction with the stakeholders helped them because we use interactions meetings with the committee to blow their capacity on high impact intervention..."

"...Yes, definitely. Definitely. I think it was just them, okay was year for a PR, that's what we'll have it tomorrow, so put though together it was obvious that our coaching efforts is yielding Significant impact because it was clear and the extent to which governments team have been able to replicate such high impact interventions received coaching for. In other local government and other supported health facilities and I mean you'll be seen those numbers tomorrow..."

Niger state TCI Coaches reported that when it comes to health system strengthening in the state family planning is simply a point of entry, which is appreciated and understood by the state. In addition, TCI staff have witnessed improvements in job performance by state level staff and greater confidence that they have in transferring this skill or knowledge or implementing to the LGA and facility level. They reported seeing state level and LGA level staff more confident in taking the lead. By demonstrating the impact of the interventions, TCI has been able to convince program managers and technocrats as to what they should prioritize amid unduly funding and they were able to do this. TCI coaching has also strengthened coordination mechanisms in Niger state.

Ogun state TCI Coach revealed that there has been a lot of changes in Ogun as a result of TCI's coaching. Demand generation activities became strong and is changing the narrative of family planning uptake in the state because the state now has a better understanding about the concepts of ideation and how to address them in their activities. They emphasized that the TCI coaching provided to the coachees who are now coaches have translated into a positive improvement in the FP and AYRSH space as they are now able to manage and coordinate well and they have been able to see the needs for implementing high impact activities rather than carrying out a myriad of activities without achieving results.

"...it has changed because, now we use data regularly to, decisions, we plan properly on implementation before it's been carried out, all our approaches are scientific in nature, meaning that there is always a reason for a particular thing to be done and that thing is done. So, all these have really influenced Implementation as regards to AYSRH and family planning, where we notice gaps of coordination, we came up and supported the state with a coordinating body, for example, there was nothing like adolescent technical Working Group before TCI came, but now it's happening and they are they are meetings quarterly, where data is being presented to everybody..."

“...So, the coaching the TCI coaching provided to these coachees who are now coaches you know are translated into positive improvement in the FP and AYRSH and they have been able to manage well and coordinate well and they have been able to see the needs for implementing high impact activities rather than just having a hole lots of activities not achieving the achievable results...So, the coaching has really helped it has built the capacity of the drivers of FP and AYRSH program in the state...”

Sub-theme 2.3: Adoption and Adaptation of Family Planning / AYSRH

Due to the strength of the coaching, some policies have been captured in the quality-of-care strategy for RMNCH+A.

Niger state TCI Coaches revealed most of the high-impact interventions introduced by TCI have been included in the annual operation plan in Niger state. Furthermore, they revealed that due to the strength of the coaching, some policies have been captured in the quality-of-care strategy for RMNCH+A. Ogun state TCI Coaches revealed that health educators and RH coordinators conducted some demand generation activities because their colleagues in the TCI demonstration site have been provided them with TCI guidance, therefore defusing the activities into other LGAs across Ogun state.

Plateau state TCI Coaches reported that different state government teams have their annual operational plans, costed implementation plans and integrated family planning work plans and are incorporating the high-impact interventions into them. For example, they reported that they have been informed of other organizations including the 72-hour clinic makeover in their work plans. They believe that all high-impact interventions that were presented to the state have been bought into and can be seen everywhere. For example, whole-site orientation is what is being done across all facilities that provide family planning services in Plateau state as is the performance improvement assessment and plan. They also reported that demand generation activities, such as community mobilization, neighborhood campaigns and routine mobilization are incorporated across all facilities.

Theme 3: Sustainability of TCI's Coaching Approach

The capacities that have been built cannot be taken away from the state and range from demand generation and improved local government health educators' capacity to the drama groups that have been supported on how to draft convincing stories and scripts on health issues to the capacity of monitoring and evaluation personnel built across the state from the LGA level down.

Niger and Ogun States shared similar examples of TCI's legacy in terms of sustainability, which includes program structures that support the coordination of interventions and the adoption of the makeover approach by other facilities and facility units beyond the family planning unit. Both states also shared insights on the human resources that have been built, the coaches have managed to clone themselves and have established a culture within the states to transfer knowledge and capacity. TCI's coaching support enables states to plan and implement interventions to fill the gaps and at the same time, monitor and assess the effectiveness of the interventions without direct implementation.

Results from the TCI Staff Perspective

"...TCI will be remembered for introducing some program structures that supported coordination of intervention...So a whole lot. TCI will not be going with that knowledge and something, so it's there in the states to keep the program running. And we've started seeing the change and the improvement, there are signs of the sustainability even right now..."

"..TCI for me is leaving behind coaches, they have coaches in all thematic areas, they have resource persons in all thematic areas that are got two persons within the existing system within let us say health promotion units and different units so we have TCI will be leaving that behind...TCI will be leaving behind maximization of resources, whatever resources the state have finding best way to make use of it and making it right around. And in times of institutionalization, the good thing is that TCI have been working with existing structure in the state and at the LGAs level..."

Theme 4: Recommendations to Improve TCI University and TCI's Coaching Approach and Support

Niger state TCI Coaches stated the TCI-U should have more national job aid and tools on the platform. It should also have more interactive materials, such as animations and videos for better visualization. Niger and Ogun States reported that the platform has no content missing. They opined that in managing the disparities between the technical and management personnel, data should be made available for officers in the lower technical cadres to see the holistic picture of happenings at the technical level and summaries with insights at the managerial level, such as the Directors and the Permanent Secretaries, to facilitate better decision making. They emphasized transparency, he stated that some of the state personnel have been in the game of tokenism, so in as much as one preaches mindset change, mindset growth, it is pertinent not to hide budgets from the state people: *"once you can get their buy-in when it comes to openness with finances, you can do anything."*

On coaching improvement, Niger state TCI Coaches suggested that the TCI should keep advocating to the states to be willing to do the needful in expanding their family planning and AYSRH program. Plateau state TCI Coaches suggested that TCI staff should continuously coach the coachees on how to provide quality services and the relevant approaches. A Niger state TCI Coach shared that there is a need to be more transparent in the approach, that the state should shift more of the focus on technical assistance than the funds.

"...In one particular thing is do not hide budgets from state people, The day you hide budget from them, because the truth of the matter, yes, you are talking about mindset change, mindset growth, you want them to change their minds, they want them to do these or that, I tell you some of them have been in the game of tokenism for the past 30 years so it's difficult to change over, the first impression they have about you is that you are chopping one money, and you are not letting them know, So you need to make sure that you do not hide your budgets from them when there is any form of intervention let it be clear to them that this is the budget and this is how we will have to go about it, Let's do it this way for us to get a result, it is very, very important, once you can get their buying when it comes to openness with finances, you can do anything. So that is very, very, very keyed (key), don't be partisan as we've also said, and let them see you as someone that wants the best for them, don't be dubious, so that's simple..."

IV. Implications for Future Strategy and Programming

In the future, family planning program implementers should prioritize coaching as a sustainable means to build capacity and reinforce best practices as evidence has shown that the high-impact interventions deployed to the states can be sustained through continuous coaching efforts.

Even though other methods of capacity transfer like didactic trainings might still be relevant for specialized service delivery interventions/activities, coaching should replace trainings wherever possible for longer term impact in addition to its improved cost-efficiencies.

This study revealed the need for program implementers to have a shared coaching plan with the government team providing the coaching and integrate coaching into all program activities. Furthermore, there is an urgent need to strengthen coaching monitoring and reporting mechanisms to accurately measure the impact of coaching and develop action plans related to pending gaps identified. Health promotion implementers can adopt this model for sustainable health programs in Nigeria, thus the need to build a larger pool of coaches across the states and expand beyond family planning and AYSRH. As suggested by interview respondents, coaching will be more efficient if learning materials are made available offline so implementers that do not have stable access to the internet can reference these materials. This should be factored into the coaching plan during states workplan development. Continuous cross-learning and sharing of best practices through communities of practice via WhatsApp or TCI-U and peer-to-peer engagements help to build interactions between coaches and coachees and further diffuse capacity strengthening related to the high-impact interventions.

V. Conclusion

This coaching study highlighted the different coaching methodologies adopted in TCI implementing geographies and succinctly described best practices and lessons learned across three key categories of stakeholders – government trained coaches, service providers and social mobilizers, and TCI staff – from across five states. The study affirmed that TCI's coaching model and approach has led to health system strengthening and improved coordination of high-impact family planning and AYSRH interventions across assessed states. The study has clearly demonstrated the role of coaching in ensuring sustained impact of the family planning and AYSRH interventions by embedding the capacity to manage, implement and monitor them within the system. In addition, recommendations to improve coaching were provided, ranging from offline learning materials, training of more individuals and stakeholders, expansion of LGAs covered and provision of customized family planning materials and services.

Annexes

The Challenge Initiative Consent Form

PI Name: Oying Rimon [Co-PI: Maheen Malik])
Study Title: The Challenge Initiative's approach to city engagement – coaching case study
IRB No.:
PI Version/Date: Version 1 / June 2020

Introduction

Hello. My name is <insert your name>. I am part of The Challenge Initiative (TCI) team at the Johns Hopkins Bloomberg School of Public.

The Challenge Initiative seeks to facilitate knowledge sharing and learning among our TCI stakeholders, working to promote, design and implement evidence-based family planning and reproductive health approaches in urban environments. We are interested in better understanding the effect of The Challenge Initiative's TCI University (which consists of the TCI Global Toolkit of family planning high impact practices, a training and coaching strategy, and communities of practice) on the knowledge, attitudes and practices of TCI audiences: TCI Regional Accelerator Hubs, TCI Program Managers, and TCI Program Implementers.

TCI is collecting stories from various stakeholders to help us better understand what TCI is accomplishing and how we can replicate successes and improve the project and our support to you. You have been chosen as one of our storytellers because of your involvement in TCI. We would like to ask you some questions about any significant change you have witnessed or experienced in urban reproductive health programs. Change can be positive and contribute to sustainability or scale up of reproductive health programs or it can be negative and perhaps even hinder the sustainability and scale up of reproductive health programs. We simply want to know more from your perspective.

What you should know about this study

- You are being asked to join a research study.
- This consent form explains the purpose of the research study and your part in it.
- You are a volunteer. You can choose not to participate or suspend your participation at any time. There will be no penalty if you decide not to participate or quit at any time.

Purpose

This research is being done to:

- Document the intensity and focus of TCI coaching to-date, including which high-impact approaches governments most commonly request coaching for, how often, and what their impact has been.
- Explore how local governments and service providers perceive the TCI coaching model, including, whether they believe it has been beneficial, and if so, how.
- Understand if TCI's coaching has led to system strengthening and improvements in the healthcare system both related to family planning and AYSRH service delivery, but also beyond. Additionally, document which system strengthening elements of coaching are most notable to TCI beneficiaries.
- Document the ways in which TCI's coaching has worked well and, perhaps, not worked as planned. Use this information to develop recommendations for how TCI can strengthen its coaching model.
- Understand how the TCI coaching model can be sustained by TCI supported geographies even after a city 'graduates' from TCI (i.e., achieves program success and certain milestones, indicating the city no longer needs TCI's support)

The Challenge Initiative Consent Form, continued

Procedures

The interviews will take approximately 45 minutes, and the focus group discussions (FGDs) will take approximately 2 hours. We would like to record each interview and FGD for note taking purposes. If it happens that there are questions that you do not feel comfortable answering, you can refuse to answer those questions. You are kindly requested to share your opinions, both negative and positive. When answering Most Significant Change questions, please be as detailed as possible even if you think I may know the background of your story. Since we intend to share these stories with public health professionals globally, please provide as much detail as possible about your context so that others can have a clear understanding of your story. It is okay if you are unable to answer every question.

Risks/discomforts

There are no physical risks related to participating in this study. I will only ask you questions related to your experience with TCI and TCI University.

Benefits

There are no direct personal benefits from participating in the assessment. What we learn help us find ways to continue to improve the reach and use of TCI University's content and resources for practitioners like you.

Payment

There is no payment for participation.

Protecting data confidentiality

Your responses to the survey will remain anonymous. Your name will only be collected to participate in an in-depth interview (by phone or Skype) or focus group in the coming months. Your name and contact information will not be attached to any of your survey responses. If you consent to an in-depth interview, your name, your image or likeness, and organization may be associated with your Most Significant Change story. The information collected will be stored in a password-protected space and destroyed after data analysis and report dissemination.

Who do I call if I have questions or problems?

Jose "Oying" Rimon II

Director, Bill & Melinda Gates Institute for Population and Reproductive Health

Senior Scientist, Population Family and Reproductive Health

Johns Hopkins Bloomberg School of Public Health

Email: jrimon@jhu.edu

Phone: +1 410-955-2101 (office)

May I begin?

If collecting Most Significant Change Story:

Do you consent to:

- | | | |
|--|-----|----|
| • Having your name and organization associated with the story? | YES | NO |
| • Allowing an audio recording of your story/this interview? | YES | NO |

Annexes

Questionnaires

Government Staff Coaches (State and LGAs)

Coaching History & Support

1. Have you attended any session/ training on coaching methodologies in the past?
 - If yes, who conducted the training?
 - If no, do you feel a need to attend such a course?
2. How confident are you coaching (on a scale of 1-10)? What would make you feel more confident in your coaching ability?
3. How frequently do you request coaching from TCI? (Weekly; Monthly; Quarterly)
4. What do you think is needed to build a good relationship between a coach and coachee? What reactions/ responses do you receive from those you coach?

Current Coaching Experience

5. What areas do you coach on? (Technical / (HIA); Management; Others)
6. Who do you coach?
7. On average, how many coaching sessions do you conduct per month?
 - Of those, how many were scheduled, on demand, ad hoc?
 - And of those, what proportion are on Technical/HIA and what proportion are on management skills or other areas?
8. Which area of coaching do you find of most value (technical, management, other)? And, why?
9. How have you built the capacity of the City Health Coach/Service Provider?
10. How has your coaching changed overtime?
11. What has worked better for your coaching sessions, classroom or on-the-job supervision and coaching?
12. What benefit have you seen by being coached by TCI staff?
13. How confident are you to trickle down the coaching sessions?
14. From where do you receive coaching requests? Do you receive interdepartmental requests on coaching?

Assess Technical Coaching

15. What is the effect of TCI coaching on TCI program implementers' family planning/AYSRH knowledge, attitudes, and practices?
16. Does use of support supervisor sheet help with assessing quality of HIA implementation?
17. When are job aids used/referred to vs the detailed approach guidance on TCI U?
18. How frequently do you refer to TCI U and for what primary reasons?
19. With step-down coaching, how to you monitor its quality and impact?
20. How can coaching with select groups influence diffusion to the entire city and beyond?
21. Do you feel confident that you have acquired all skills needed to implement TCI HIAs?
 - Which HIAs or other areas do you still find challenging?
22. Have you had an opportunity to coach staff from other non-TCI supported health facilities on TCI's HIA?
 - If so, were they able to understand the approach?
 - Have you had contact with them since the coaching session?
 - Did you refer them to TCI U?
23. What is the difference between coaching provided to TCI-supported health facility (HF) vs non-TCI HF?
24. In your experience, how long did it take you to move between the different stages of Lead – Assist – Observe?

Questionnaires, continued

Government Staff Coaches (State and LGAs)

Coaching on Effective Management

25. How do we ensure that health system technocrats can be self-starters and self-directing (ensuring that they come up with their own creative solutions)?
26. How is coaching integrated in the daily work life of TCI staff and geography staff?
27. How has TCI coaching built/strengthened the health system beyond just HIA?
28. What content are we missing on TCI_U that would help you as a coach?
29. Do you feel confident that you can now lead resource allocation?
30. How has TCI helped you in your interactions with political leadership?
31. Do you participate in the PIT (Project Implementation Team) meetings (or any other monthly program review meeting started under TCI)?
32. Do you talk about coaching at those sessions?
33. What is different in the geography now because of TCI, compared to when we started? Probe: What hasn't changed?
34. What makes certain geographies quick to adopt and implement TCI? Why do you think others take more time?
35. Are there areas that need more attention/ focus than others, what are they?

Recommendations for Improving Coaching & Sustainability

36. What role does coaching play to ensure operations and the gains experienced under TCI will live beyond TCI?
37. How can we improve TCI coaching so that you can confidently transition from program startup, implementation/ surge, pre-graduation, and post- graduation?
38. If we were to leave tomorrow, could you carry on without TCI or would you require more support? If more support is needed, in what specific areas would you require more support?

Annexes

Questionnaires, continued

Service Providers and Social Mobilizers

Coaching History & Support

1. Have you been coached on any family planning interventions? Probe: If yes, what interventions have you been coached on?
2. Did you find the coaching useful? Probe: what was useful? What wasn't?
3. Are you aware of TCI University? Did your coach refer you to TCI University?
4. Have you ever requested coaching? And, to whom have you requested it from? Probe: How long did it take for the coach to respond to your request?
5. What has changed in your routine tasks since you received coaching?

Current Coaching Experience

6. Do you coach? If yes, what areas do you coach on? (Technical / (HIA); Management; Others) If no, skip question 6-10
7. How confident are you coaching (on a scale of 1-10)? What would make you feel more confident in your coaching ability?
8. What do you think is needed to build a good relationship between a coach and coachee? What reactions/responses do you receive from those you coach?
9. On average, how many coaching sessions do you conduct per month?
 - Of those, how many were scheduled, on demand, ad hoc?
 - And of those, how many are on Technical/HIA, how many on management skills or other?
10. Which area of coaching do you find of most value (technical, management, other)?
11. How has your coaching changed overtime?
12. What has worked better for your coaching sessions, classroom or on-the-job supervision and coaching?
13. What benefit have you seen by being coached by TCI staff?

Assess Technical Coaching

14. What are the effects of TCI coaching? How has it changed your family planning knowledge, attitudes, and practices? Probe: Have you seen a reduction in provider bias?
15. Does use of support supervisor sheet help with assessing quality of HIA implementation?
16. When are job aids used/referred to vs detailed approach guidance on TCI U?
17. How frequently do you refer to TCI U and for what primary reasons?
18. With step-down coaching, how do you monitor its quality and impact?
19. How can coaching with select groups influence diffusion to the entire city and beyond?
20. Do you feel confident that you have acquired all skills needed to implement TCI HIA?
 - Which HIAs or other areas do you still find challenging?
21. Have you had an opportunity to coach staff from other health facilities on TCI's HIA?
22. If so, were they able to understand the approach?
23. Have you had contact with them since the coaching session?
24. Did you refer them to TCI U?

Questionnaires, continued

Service Providers and Social Mobilizers

Coaching on Effective Management

25. How is coaching integrated into your daily work life?
26. How has TCI coaching built/strengthened the health system beyond just HIA?
27. How has TCI helped you in your interactions with political leadership?
28. Do you participate in the PIT (Project Implementation Team) meetings (or any other monthly program review meeting started under TCI)?
 - Do you talk about coaching at those sessions?
29. What is different in your geography (or facility) now because of TCI, compared to when we started?
Probe: What hasn't changed?
 - Are there areas that need more attention/focus than others, what are they?

Recommendations for Improving Coaching & Sustainability

30. What role does coaching play to ensure operations and the gains experienced under TCI will live beyond TCI?
31. If we were to leave tomorrow, could you carry on without TCI or would you require more support? If more support is needed, in what specific areas would you require more support?

TCI Staff

Coaching History & Support

1. Have you attended any session/ training on coaching methodologies in the past?
 - If yes, who conducted the training?
 - If no, do you feel a need to attend such a course?
2. How confident are you coaching (on a scale of 1-10)? What would make you feel more confident in your coaching ability?
3. [For City Manager] Do you receive guidance from Hub on how to coach? If yes, how often? (Weekly; Monthly; Quarterly)
4. [For Hub] What is your experience of coaching you receive from GI/ Global TCI team?
 - Which aspects of your work has this coaching improved?
 - Is it coaching on HIA, management, data analysis or other technical areas, please explain?
 - Do you feel you need more support from Global? If so, what type of support?
 - What cross hub learnings, if any, have changed the way you coach or work in general?
 - In what ways, if any, has Global helped in your professional development?
 - Does Global add value to technical areas of your work? If it does, can you please provide an example?
5. What do you think is needed to build a good relationship between a coach and coachee? What reactions/responses do you receive from those you coach?

Annexes

Questionnaires, continued

TCI Staff

Current Coaching Experience

6. Since you were hired to today, what areas do you coach on? (Technical / (HIA); Management; Others)
7. Who do you coach?
8. On average, how many coaching sessions do you conduct per month?
 - Of those, how many were scheduled, on demand, ad hoc?
 - And of those, what proportion are on Technical/HIA and what proportion are on management skills or other areas?
9. Which area of coaching do you find of most value (technical, management, other)? And, why?
10. How have you built the capacity of local geography staff?
11. How has your coaching changed overtime?
12. What has worked best for your coaching sessions: classroom or on-the-job supervision and coaching?

Assess Technical Coaching

13. What is your experience coaching technical vs. non-technical staff?
14. In your opinion, did you see an increase in the TCI program managers and program implementers family planning knowledge, attitudes, and practices following your coaching session?
15. Was that knowledge/skill retained over any extended period of time?
16. Have you seen an increase in HIA conducted by LG following your coaching support?
17. In your experience, how long did it take to move between different stages – Lead, Assist, Observe for coaching city staff?
18. Have you seen an increase in the number of local governments receiving “observational” coaching for the city’s primary best practice interventions following your coaching support?
19. How is coaching different from advocacy efforts you do with political leadership?
20. Have you seen adoption and adaptation of family planning/AYSRH HIA incorporated into local policies, workplans, guidelines or standards following your coaching? Please provide examples.
21. Does the use of a support supervisor sheet help with assessing the quality of HIA implementation?
22. When are job aids used/referred to vs the detailed approach guidance on TCI U?
23. How frequently do coaches refer to TCI-U and for what primary reasons?
24. With step-down coaching, how do we monitor its quality and impact?
25. How can coaching with a select group influence diffusion to the entire city and beyond? Please provide an example, if you have one.

Questionnaires, continued

TCI Staff

Coaching on Effective Management

26. How do we ensure that health system technocrats can be self-starters and self-directing (ensuring that they come up with their own creative solutions)?
27. In your opinion, have LG/DHD demonstrated greater FP/AYSRH coordination following your coaching? If so, was this sustained?
28. Have you seen an increase in the LG/DHD conducting quarterly RAISE assessments following your coaching? If so, has this been sustained?
29. Does the LG include more private sector partners in quarterly program implementation team meetings following your coaching?
30. Have you seen an increase in LG using data for decision-making to support FP/AYSRH implementation, following your coaching? Has this been consistent?
31. What is different in the geographies now because of TCI, compared to when we started? Probe: What hasn't changed?
32. How has TCI coaching built/strengthened the health system beyond just HII?
33. What content are we missing on TCI_U that would help you as a coach?
34. How is coaching integrated in the daily work life of TCI staff and geography staff?
35. In your opinion, what makes certain geographies quick to adopt and implement TCI? Why do you think others take more time?

Recommendations for Improving Coaching & Sustainability

36. Are there areas that need more attention/ focus than others, what are they?
37. In your opinion, what can be done to improve TCI coaching so that geographies can confidently transition from Lead Assist Observe (Startup, implement/ surge, pre-graduation, and post- graduation)?
38. What is the effect of TCI coaching on 4 pillars of sustainability -leadership, ownership, family planning commitments, demand, service, access, integration, and quality?
39. What role does coaching play to ensure operations and the gains experienced under TCI will live beyond TCI?



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