Does The Challenge Initiative (TCI) offer a model for catalyzing the sustainable scale-up of proven family planning (FP) interventions?

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THE CHALLENGE

There are many high impact practices (HIPs) and high impact interventions (HIIs) for FP, but scaling these up and sustainably reaching the most vulnerable populations remains a challenge.

PROGRAM AIMS

TCI is a catalytic "business unusual" model that builds local governments' (LGs') capacity to rapidly, sustainably, and cost-effectively scale up HIIs/HIPs for the poor.

THE MODEL

LGs/cities self-select to be part of TCI. By doing so, they gain access to a digital platform offering toolkits and guidance, as well as coaching and training in leadership, management, coordination, and health governance; and they are linked to a network for professionals working in FP.

In some countries, LGs can also access the TCI Challenge Fund - financial assistance that supplements LGs' local contributions.

Toolkits **Networks** **Coaching** **Funding**

AIMS OF THE DEEP DIVE STUDY

In 2024–25, Itad conducted a process evaluation to examine the extent to which the TCI model is contributing to the sustainable delivery of HIIs/HIPs. We focused on six questions:

Scale: Have HIIs/HIPs been effectively scaled up in TCI-supported LGs, including horizontal scale (coverage) and vertical scale (institutionalization)?

Capacity: In what ways has capacity to adopt and deliver HIIs/HIPs in TCI-supported LGs improved? To what extent has TCI/TCI-University (TCI-U) contributed to building the capacity of TCI-supported LGs to deliver HIIs/HIPs?

Sustainability: How sustainable are the HIIs/HIPs in graduated LGs?

Quality:* What is the quality of HII/HIP implementation (extent to which they have been implemented as intended, and any adaptations needed)?

Self-reliance: To what extent are TCI-supported LGs self-reliant in the adoption and delivery of HIIs/HIPs? To what extent has TCI/TCI-U contributed to the self-reliance of TCI-supported LGs to deliver HIIs/HIPs?

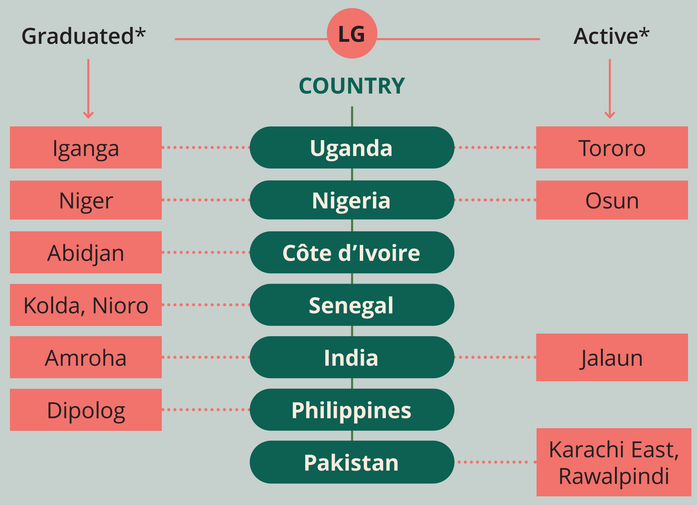
Value add: What is the value add of TCI/TCI-U in supporting sustainable scale-up of HIIs/HIPs?

*Findings on quality are not included in the poster, owing to space constraints.

METHODOLOGY

Between January and May 2025, **deep dive case studies** were conducted in 12 TCI-supported LGs across seven countries, representing a mix of active (n=5) and graduated LGs (n=7). This included:

- Data and document review.
- Key informant interviews (KIIs) with TCI staff across the seven countries (n=~18) and LG-level stakeholders (n=163), including health sector stakeholders, non-health sector government stakeholders, facility workers, and TCI master coaches.
- KII transcripts coded and analyzed in Dedoose across all cities and at the individual LG level.

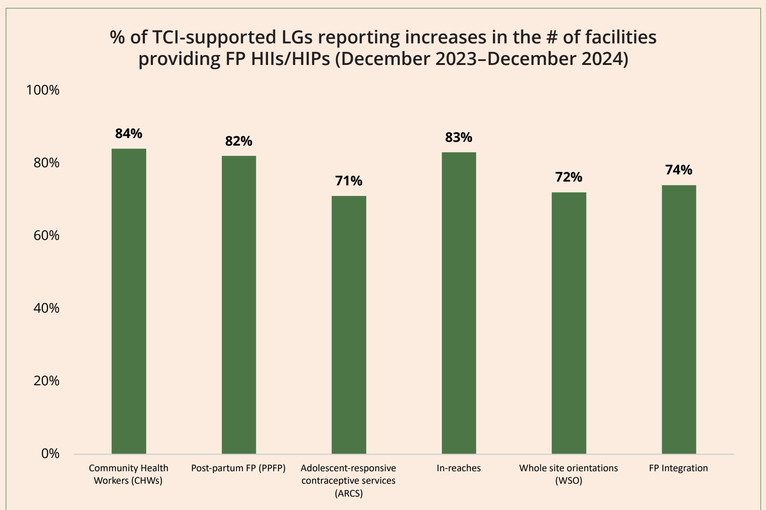


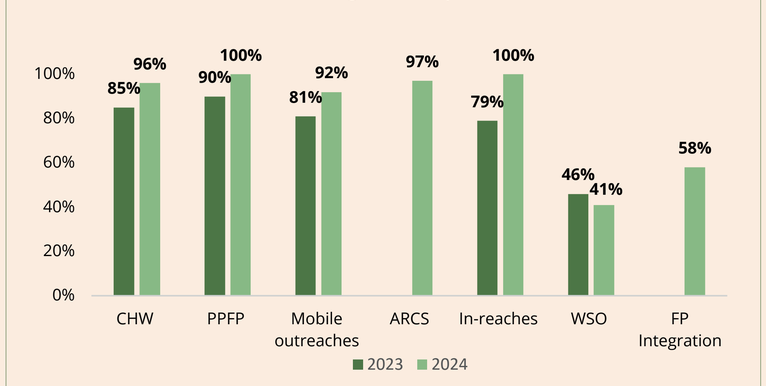
*LG status at the time of data collection

FINDINGS

Scale

With TCI support, coverage and institutionalization of FP HIIs/HIPs have increased, although extent of scale varies by intervention. However, integration of HII/HIPs in policies and budgets does not always guarantee funding for implementation.





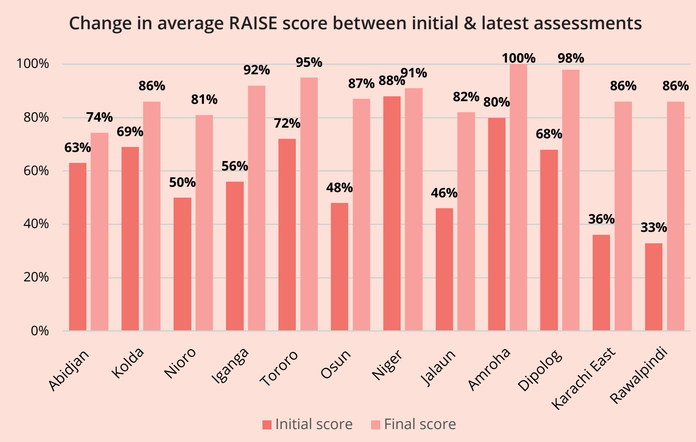
Source: TCI HII/HIP records, as reported by TCI in their 2024 results tracker. Covers all TCI-supported LGs, not just those included in the deep dives.

> Horizontal scale-up happened through targeted interventions like satellite camps, Family Health Days, and outreach services. These helped increase reach, particularly in underserved urban areas. For instance, areas without prior service presence saw new counseling and contraceptive access via mobile teams - this kind of expansion would not have been possible through fixed facility-based models alone.
>
> **Health official, Rawalpindi (active LG), Pakistan**

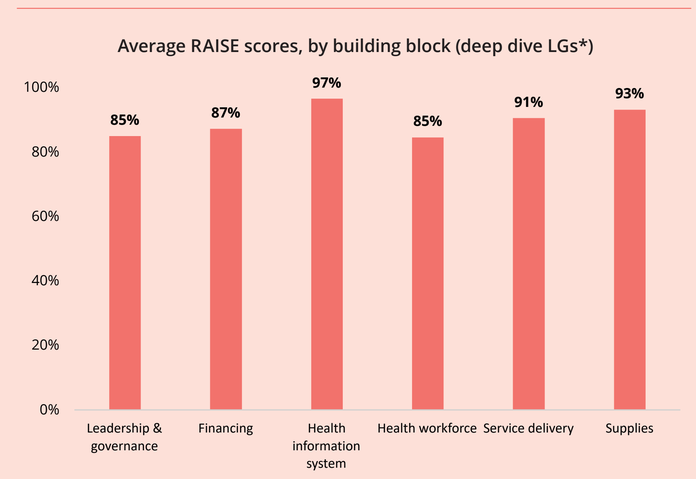
> The inclusion of these activities in the AOP [Annual Operational Plan] means implementation needs to be funded. The funding has been poor.
>
> **Health official, Osun (active LG), Nigeria**

Self-reliance in the implementation of HIIs/HIPs

Self-reliance in the implementation of HIIs/HIPs has increased across all TCI-supported geographies, but progress is uneven, and some stakeholders report that more support from TCI is needed to become fully self-reliant. Self-reliance is strongest in the building block areas of service delivery and supplies, but weakest in leadership and governance, health workforce, and financing.



Source: Source: Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) tool: results provided by TCI in August 2025



Source: RAISE results provided by TCI in August 2025.
Calculated by averaging the latest scores across all deep dive LGs.
*Excluding Abidjan, for which no data was available.

> Not fully [self-reliant], but we are getting there. Some more support will help us become fully independent [...] We need to hold on to skilled staff to sustain services.
>
> **Health worker, Jalaun (active LG), India**

> We are mostly self-reliant and continuing activities even if some staff drop out, although there could be a difference in quality or quantity.
>
> **Health worker, Amroha (graduated LG), India**

> Local governments have significantly improved in self-reliance, particularly due to TCI's strategy of allowing the state to lead implementation efforts. However, continuous state support will be necessary.
>
> **Health official, Niger (graduated LG), Nigeria**

Value add of TCI model

Most stakeholders view TCI's approach as different from other support they have received for FP. TCI's focus on local ownership is seen by stakeholders as one of the most important and unique features of TCI's model. LG stakeholders stated that TCI's support is different because it is integrated into existing structures, enhancing sustainability and local ownership.

> TCI approach is different. They don't choose or force interventions/activities on you, there's an engagement process where the state jointly sit with TCI's to develop a work plan that is in alignment with what the state wants.
>
> **Health official, Osun (active LG), Nigeria**

> TCI's approach is different because it empowers us to take full ownership of our family planning programs. Unlike other support that is often donor-led and temporary, TCI strengthens our existing systems by providing technical coaching, promoting the use of high impact interventions, and encouraging the use of local resources. TCI also supports us in implementing key local policies, such as the Ordinance on the Prevention of Adolescent Pregnancy in Quezon City, by enhancing multisectoral collaboration and ensuring sustainability through capacity building and institutionalization.
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> **Health worker, Amroha (graduated LG), India**

> It is we who drive it; it is the district which drives it. TCI can give some push, some money and technical assistance, but all the things are done by we the people, the health workers, the ones who are doing.
>
> **LG official, Iganga (graduated LG), Uganda**

Capacity gains and the role of TCI

TCI's coaching is viewed by stakeholders as having effectively built individual and LG capacity to deliver FP best practices across health system building block areas, although support is seen as less effective in improving financing for FP.

Health providers in Iganga, Uganda, and Jalaun, India reported progressing from basic contraceptive provision to conducting complex procedures such as intra-uterine device (IUD) insertion and removal.

In Niger, Nigeria, health officials and health workers highlighted improvements in their capacity to deliver long-acting and reversible contraceptives (LARCs).

In Tororo, Uganda, one health worker described how TCI support had supported attitudinal changes among providers with regard to youth-friendly approaches for adolescents.

A health official in Osun, Nigeria, noted that they see a positive difference at the facility level in how health workers attend to patients and in the provision of adolescent services.

In the Philippines, one health official reported that TCI had played an important role in building capacity with regard to monitoring and evaluation, which has previously been underfunded.

Key informants in Niger (Nigeria), Jalaun (India), and East Karachi (Pakistan) saw improvements among non-clinical staff in areas such as communication, management, data use, and monitoring and evaluation.

Sustainability of HIIs/HIPs in TCI-supported LGs

Most stakeholders in TCI active and graduated LGs are optimistic that implementation of most HIIs/HIPs will continue over the long term. However, some graduated LGs report discontinuation or reduction in scope for some HIIs/HIPs—particularly those that are most resource-intensive, such as those that rely on stipends for community mobilizers.

> They gave us the knowledge, we have the human resources trained, skilled, competent, we have the systems [...] We have the political commitment, our leadership and the local government leadership is behind this, in support of this. We involve them, we engage them. The data is ours; we can run the data. [TCI] have empowered us. We have the skills so what else is needed for sustainability? We have it all.
>
> **Health official, Tororo (active LG), Uganda**

Enablers

- Commitment among political leadership, including engagement of key government officials and relevant departments
- Strong foundation of comprehensive capacity building, including capacity for resource mobilization
- Funded plan for continuous training and mentorship to maintain built capacity
- Institutionalization of HIIs/HIPs in local policies and budgets, especially a line item for FP in the budget
- Local ownership for FP, including embedding local mentorship through the master coach model
- Integration of relevant HIIs/HIPs into other routine service delivery and community engagement initiatives

Threats

- High turnover of political leadership, requiring continuous advocacy efforts to sensitize new leaders
- Insufficient funding allocated for HII/HIP implementation at desired intensity and frequency, including lack of funding for community engagement (e.g. stipends for mobilizers and CHWs)
- Irregular disbursement of allocated funding
- High turnover among health workers, and lack of training opportunities, refresher training, coaching, and supervision to maintain built capacity
- Commodity insecurity

REFLECTIONS

TCI's "business unusual" model, with its provision of continuous capacity building and emphasis on local ownership, appears to be effective at building a foundation for LGs' self-reliance in the sustainable implementation and scale-up of FP HIIs/HIPs.

However, as with other health programs, the gains made under TCI are threatened by chronic health system challenges, such as financial constraints, turnover and relocation of health workers, and regular changes in leadership.

There are, nonetheless, positive signs of sustainability, with most HIIs/HIPs being implemented in post-graduation LGs, and confidence among stakeholders that they have the knowledge and skills to continue to deliver FP HIIs/HIPs in their LGs in the long term.

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