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Monitoring, learning, and evaluation partnership with The Challenge Initiative:

Executive Summary

February 2026

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Contributors

This summative report was co-authored by Karen Hardee (Evaluation Team Leader), David Jodrell (Impact Evaluation Lead), Meghan Bishop (Process Evaluation Lead), Scott Moreland (CEA-CBA Lead), and Gillian Eva (Monitoring Support Lead). Importantly, it draws on data from reports authored by a number of other members of the evaluation team, both past and present, to whom we owe our gratitude and acknowledgment that this report would not have been possible without all of their efforts. Of special note is the late Bob Magnani, an expert on data from health management information systems, who collaborated with David Jodrell on indicators for the impact evaluation.

Evaluation team

Sam McPherson – Project Director
Karen Hardee – Team Leader
Mary Lagaay – Deputy Team Leader
David Jodrell – Impact Evaluation Lead
Meghan Bishop – Process Evaluation Lead
Scott Moreland – CEA-CBA Lead
Gillian Eva – Monitoring Support Lead
Borja Marti – Quantitative Evaluator
Anna Hazelwood – Qualitative Evaluator
Callum Taylor – Monitoring Support Evaluator
Judit Montenegro – Research Analyst
Maddie Stewart – Research Analyst
Sarah Lamb – Project Manager

With thanks to former members of the evaluation team, who provided invaluable contributions over the course of the evaluation: Stefanie Wallach, Izzie Quilter, Olivia Burr, and Abbie Wraige.

Regional evaluation team

Cheikh Moussa Camara – Co-Investigator and Evaluation Lead for Côte d'Ivoire and Senegal

Morenike Oluwatoyin Folayan – Co-Investigator and Evaluation Lead for Nigeria

Samia Hashim – Co-Investigator and Evaluation Lead for Pakistan

Vicente Jurlano – Co-Investigator and Evaluation Lead, the Philippines

Abhishek Kumar – Co-Investigator and Evaluation Lead for India

Jerry Okal – Co-Investigator and Evaluation Lead for Uganda

Zainab Dawood – Country research assistant for Pakistan

Achille Kouhon – Country research assistant for Côte d'Ivoire

Femi James Medayese – Country research assistant for Nigeria

Steven Charles Teguzibirwa Mulimi – Country research assistant for Uganda and Tanzania

Soda Ndiaye – Country research assistant for Senegal

Jsydney Pascual – Country research assistant for the Philippines

Maira Tauqeer Pasha – Country research assistant for Pakistan

Anchal Purbey – Country research assistant for India

Shreya Singhal – Country research assistant for India

Ndeyegamo Tounkara – Country research assistant for Côte d'Ivoire and Senegal

Expert advisory group

With thanks to all members of our expert advisory group, who reviewed and endorsed metrics for monitoring and evaluation.

Ethical approval

Ethical approval was sought from relevant international, national and regional bodies for all relevant components of the evaluation.

Disclaimer

The views expressed in this report are those of the evaluators. They do not represent those of TCI or of any of the individuals and organizations referred to in the report.

List of acronyms

CBA	Cost-Benefit Analysis
CEA	Cost-Efficiency Analysis
CHW	Community Health Worker
CI	Confidence Interval
CU	Contraceptive Uptake
DHIS	District Health Information System
DQA	Data Quality Assessment
EA	East Africa
FP	Family Planning
GI	Gates Institute
HII	High-Impact Intervention
HIP	High-Impact Practice
HIS	Health Information Systems
HMIS	Health Management Information Systems
HSS	Health Systems Strengthening
ICFP	International Conference on Family Planning
IE	Impact Evaluation
IO	Intermediate Outcome
IUD	Intrauterine Device
ITS	Interrupted Time Series
KII	Key Informant Interview
LARC	Long-Acting Reversible Contraceptive
LG	Local Government
M&E	Monitoring and Evaluation
mCPR	Modern Contraceptive Prevalence Rate
MLE	Monitoring, Learning, and Evaluation
NAC	Net Accumulated Clients
NCU	Net Contraceptive Uptake
NGO	Non-Governmental Organization
PE	Process Evaluation
PO	Primary Outcome
RAISE	Reflection and Action to Improve Self-Reliance and Effectiveness
RF	Results Framework
RFRT	Results Framework and Results Tracker
ROI	Return on Investment
RT	Results Tracker
SBA	Skilled Birth Attendance
SOP	Standard Operating Procedure
TCI	The Challenge Initiative
TCI-U	TCI University
ToC	Theory of Change
WRA	Women of Reproductive Age

Executive summary

Six key takeaways from this evaluation

Moderate-to-strong evidence for TCI impact: found overall by the impact evaluation

Positive rates of return on TCI's investment: results of the cost benefit analysis for Phase I and NextGen hubs included in the analysis show overall positive rates of return

The TCI "business unusual" model adds value: by establishing a strong foundation for local governments self-reliance and long-term program sustainability

Context matters: both the impact evaluation and process evaluation highlight that context and the availability of supplies are critical for TCI's success

Data for decision making has been a strength of TCI: accurate and timely health management information systems (HMIS) data is vital for programming and for measuring progress and impact

TCI's success can be judged on more than CU impact: we found positive effects on the enabling environment for service delivery and long-term financial returns to local governments

Introducing TCI and the evaluation

Launched in 2016 as a "business unusual" platform, The Challenge Initiative (TCI) addresses a critical development challenge: how to sustainably scale up high-impact family planning interventions (HIIs) and high-impact practices (HIPs) in family planning (FP) that have been shown to be effective in similar geographies.

It is led through the William H. Gates Sr. Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, with funding from the Bill and Melinda Gates Foundation. By 2021, through Phase I, TCI had scaled to 109 cities, also referred to as local governments (LGs), in 11 countries, to cover a total population of 110 million.

TCI's second phase, known as TCI NextGen, started in 2021 and runs through 2025, with funding added from Bayer Pharmaceutical. It involves 13 countries and is supported through TCI's six hubs: East Africa (EA), Francophone West Africa (FWA), Nigeria, India, Pakistan, and the Philippines. By 2024, the third year of NextGen, TCI had expanded to 214 cities, reaching a total population of 285 million people.

During the program design, LGs commit their own funds to support implementation of their Family Planning (FP) program activities. TCI also commits a Challenge Fund (seed

funding) designed to demonstrate and catalyze implementation. LGs can avail themselves of the seed funding and technical assistance to support implementation of HIIs and HIPs.

Technical assistance is packaged by TCI into toolkits and guidance, available through the digital platform TCI University (TCI-U), along with technical and management 'coaching', considered the cornerstone of TCI support, and access to communities of practice.

By leveraging existing systems, TCI has prioritized sustainability and self-reliance of LGs to lead and own programs that have an impact on the health of their communities even after TCI support ends.

This report presents the findings from Itad's external monitoring, learning, and evaluation (MLE) partnership with TCI, wherein Itad's remit was to:

- collaborate on a Theory of Change (ToC) and Results Framework that reflect TCI NextGen and provide robust measures for tracking outcomes and measuring impact
- design and carry out a package of independent evaluations to test TCI's ToC
- review and offer recommendations for strengthening TCI's monitoring processes, tools and data
- undertake a learning agenda with products for TCI and other audiences that reflect key aspects of our work as the MLE Partner.

Our evaluation, comprising an impact evaluation (IE), a process evaluation (PE) and a cost-efficiency analysis was designed to address the three primary outcomes (POs) in the ToC: increased voluntary uptake of modern contraceptive methods (PO1); greater LG self-reliance in the effective implementation of FP HIIs/HIPs (PO2); and improved efficiency of the TCI platform to provide support to LGs in achieving sustainable impact at scale (PO3).

Key findings from the evaluation

Impact evaluation

Methodology: For the IE, Itad employed a rigorous approach that included cleaning health management information systems (HMIS) data and selecting TCI-supported LGs with the highest data quality. This was followed by conducting standard interrupted time series (ITS) analyses on HMIS data from 40 LGs and applying controlled ITS when suitable controls could be matched. ITS analyses was undertaken for each LG and combined using random-effects meta-analysis. Results were also interpreted in light of controls and contextual factors to assess confidence in attribution.

Our key measure of impact (in addition to other measures) was net contraceptive uptake (NCU), defined as the average monthly clients per 1,000 women of reproductive age (WRA) attributable to TCI.

Overall, the IE found moderate-to-strong evidence for TCI impact on contraceptive uptake.

- **Impact on NCU. On average, across the 40 TCI-supported LGs included in the IE, there was additional contraceptive uptake.** The statistically significant pooled effect from a meta-analysis indicated a positive NCU of 1.52 per 1,000 WRA. However, findings showed variability both within and between hubs highlighting that local context is critical.
  When looking at findings across the two phases of TCI:
  - Phase I of TCI showed a statistically significant pooled NCU of 1.69 additional clients per 1,000 WRA.
  - NextGen showed a smaller, non-significant NCU 0.32 additional clients per 1,000 WRA.
  - NextGen's pooled results are attenuated through inclusion of Pakistan. Within India and East Africa, which implemented both phases, impact among NextGen LGs is comparable to Phase I despite NextGen LGs having fewer months of engagement with TCI at the time of analysis.
- TCI's results are comparable to evaluations of the Urban Reproductive Health Initiative, TCI's predecessor program, and favorable compared to the 2021 Mathematica and Avenir Health Program Review of TCI phase I.
- **LG level impact. At the LG level, 31 of 40 (78%) demonstrated impact** through: significant gains (60%) or potential impact with inconclusive statistical evidence (18%), while 22% showed no detectable change in NCU. Overall, in 24 of 40 LG's (60%) we attributed increase in contraceptive uptake to TCI with moderate or high confidence.
- **Additional clients: Across the 40 LGs that were included in the IE, Itad estimates that 633,056 additional FP clients could be attributed to TCI.**
- **Sustainability. Data quality and impact constraints limited post-graduation assessment to India, which demonstrated sustainability across all 13 graduate LGs evaluated, generating 130,816 additional clients over the post-graduation period.**

Process evaluation

Methodology: The PE employed a combination of qualitative and quantitative methods, including: a desk-based review of relevant and available program data; key informant interviews (KIIs) with 3–4 staff from each of the six hubs; 12 field-based deep dive case studies in active and graduated TCI-supported LGs across seven countries, including 165 KIIs with country-level and LG-level stakeholders; and an online survey of TCI master coaches, disseminated to 2,848 master coaches available to be contacted in all 201 TCI-supported LGs across 12 countries.

Overall, the PE found that key enablers of sustainability include political commitment, strong capacity for HII/HIP implementation, HII/HIP institutionalization, and local ownership for FP. Key threats include high turnover of political leadership and staff, weak financial execution, and commodity insecurity.

In line with the evaluation questions linked to the ToC, the PE addressed scale, quality, capacity, self-reliance, sustainability, and value add of the TCI platform.

- **Scale: Coverage of HIIs/HIPs increased in TCI-supported geographies, although the extent of scale varies by HII/HIP.** Institutionalization of HIIs/HIPs is widespread, but although HIIs/HIPs may be integrated in policies and budgets, this does not always guarantee funding

for implementation. TCI's capacity building model was perceived by stakeholders as being instrumental in increasing coverage and institutionalization of HIIs/HIPs.

- **Quality: Across NextGen LGs, most TCI-supported facilities met quality standards for HII/HIP implementation.** For the most common HIIs/HIPs, quality has improved over time, with the exception of mobile outreaches. Quality of HII/HIP implementation was weakest in Senegal and Togo, where fewer than one-third of facilities met quality standards. Reflection and Action to Improve Self-Reliance and Effectiveness (RAISE) scorecard data indicated that most LGs had systems in place to ensure provider compliance with FP guidelines and standards, but health workers and health officials in some LGs were unaware of any formal documentation. Stakeholders described a range of adaptations made to HIIs/HIPs to fit their local contexts, and how TCI supported them to do this.
- **Capacity: TCI offered a wide range of support to LGs to build their capacity across the health system building block areas.** Stakeholders perceived that this support has been effective in: improving leadership capacity; strengthening governance systems; improving capacity for tracking FP budgets and for resource mobilization; improving quality of HMIS reporting, and increasing use of data for decision making; strengthening health workers' and health officials' knowledge and the clinical and non-clinical skills needed for HII/HIP implementation; and improving supply chain capacity.
- **TCI's support for helping LGs to achieve improved financial outcomes in relation to FP was perceived as relatively less effective than support in other health system building block areas.**
- **Self-reliance: Overall, TCI-supported geographies made progress toward becoming self-reliant in HII/HIP implementation.** While improvements were perceived across the WHO health systems building blocks, stakeholders perceived particular progress with regard to self-reliance in the delivery of effective, safe, quality FP interventions to those who need them, when and where they are needed. This is perhaps unsurprising, given that TCI capacity building is largely focused on service delivery interventions.
- **However, countries' progress toward self-reliance in relation to the health system building block on leadership, governance, and financing was weaker, and stakeholders raised persistent challenges with regards to the building block on health workforce.** In this context, some LGs will not be fully self-reliant until these issues are addressed.
- **Sustainability: Stakeholders in graduated deep-dive LGs reported that most HIIs/HIPs continued post-TCI engagement, but some discontinuation or scaling down was reported in some LGs mainly due to financial constraints.** Among active LGs, stakeholders were optimistic that HIIs/HIPs would continue to be implemented after graduation.
- **Satisfaction: Stakeholders across TCI-supported geographies were satisfied with TCI's support, including post-graduation support. However, satisfaction with financial resources provided by TCI was relatively lower than satisfaction with other types of support.** TCI hubs have no formal mechanism for routinely assessing stakeholder satisfaction; rather, they use a range of informal means to gauge this.
- **Value add of TCI: Stakeholders consistently viewed TCI's support as uniquely valuable in FP programming. Master coaches[1] highlighted its distinct approach compared to other program models, particularly its emphasis on local ownership, continuous and customized capacity building, and coaching.**
- **The model was praised for strengthening LGs' ability to use data for decision making,**

[1] Coaching is TCI's main strategy for building capacity in local governments and partner organizations to implement HIIs/HIPs. The coaching program focuses on sustainability by embedding coaching within local systems, strengthening skills at individual, organizational, and system levels, and promoting local ownership of family planning (FP) programs. Local and regional master coaches lead this approach, cascading training and guidance to staff within local health systems to ensure programs continue beyond TCI's support

providing funding to demonstrate FP interventions, and fostering multistakeholder collaboration.

- **Key stakeholders considered the integration into existing structures and TCI's approach to strengthening multi-sectoral collaboration in FP programming as further enhancing sustainability and local leadership in identifying and addressing gaps.**

Cost-efficiency analysis (CEA) and cost-benefit analysis (CBA)

Methodology: To understand the effectiveness and long-term benefits of the TCI platform, Itad conducted a CEA linking TCI's costs with net contraceptive users attributable to TCI. For the CEA, we relied on estimates of additional new clients attributable to TCI, as calculated by the parallel IE and TCI financial data, including funding from the donors, the Gates Institute (GI)/TCI, and from TCI's Challenge Fund to measure costs.

We also conducted a CBA, or return on investment (ROI), of the TCI program in Phase I and in NextGen, with downstream benefits focused on the savings or averted expenditures on primary education, early childhood immunizations, safe motherhood, and use of bed nets to avoid malaria.

- **CEA: This showed that the cost per additional contraceptive user attributable to TCI varied across the six hubs and between phases within the hubs analyzed.** For the 30 Phase I LGs, CEA ratios ranged from $8.4 to $951 per new client attributable to TCI, and for the 10 LGs included in the NextGen analysis, ratios ranged from $6.8 to $166.
- **In comparison, CEAs calculated for the 2021 Mathematica and Avenir Health Program Review were generally higher than Itad's CEAs, while The TCI/GI estimated annual cost-effectiveness ratios for all hubs and both phases of the TCI program were generally lower than Itad's current estimates**. This is to be expected because TCI's estimates of increased contraceptive use were based on the absolute increase in the number of FP clients during the calendar year, which implicitly attributes all increase in uptake to TCI. In contrast, our CEA attributed increase based on the IE.
- **Factoring in the post-graduation period, the Phase I CEA average for 30 LGs was $26, the average was $28 for the 10 NextGen LGs included in the analysis.**
- **ROI: Results of the CBA for the Phase I and NextGen hubs, and for countries for which the CBA was performed, showed positive rates of return on TCI's investment.** Aggregating across the LGs and phases in the analysis, estimates indicated that total TCI expenditures of $41.45 million resulted in cost savings for the LGs of $50.20 million, meaning that the TCI project paid for itself in those LGs. Primary schooling costs were the largest averted cost component, and they varied across countries because of individual country commitments to education spending in combination with the level of per capita GDP. Safe motherhood and early child vaccination costs also contributed to the averted benefits.

Key actions and outcomes from Itad's monitoring support

Methodology: Our remit for monitoring support was to identify ways in which TCI could tailor and adapt their current MLE activities to more effectively and efficiently evaluate and monitor their work. As MLE Partner, we provided this support through: reviews of indicators for monitoring and evaluation (M&E) systems, processes, and tools; analysis of program data; and data quality assessments (DQAs). Additionally we interviewed TCI/GI and hubs on monitoring tools, processes and data use.

- **Revising HMIS indicators for M&E. Endorsement, by an expert advisory group, of Itad and TCI's joint recommendations for HMIS metrics for TCI's monitoring and for Itad's evaluation resulted in eight refinements to the metrics.** The 2021 program review by Mathematica and Avenir Health concluded that TCI's HMIS-based metrics provided a feasible, sustainable alternative to population-based surveys, but it recommended refinements to ensure scientific defensibility. Given the program review's observations, and the importance of HMIS-derived metrics to TCI's monitoring, in collaboration with TCI we undertook a systematic assessment of the methodology used in TCI Phase I; with eight refinements recommended, that TCI started applying at the beginning in 2023.
- **Refining TCI's monitoring systems, processes, and tools. Itad's two rounds of DQAs contributed to increased standardization of indicators, more consistency of program data reporting by hubs, and automation of reporting and data cleaning.** In response to our recommendations and the previous program review and their own internal assessments, TCI made a number of changes to their monitoring systems, tools and processes:
  - **Based in part on our DQA, TCI updated its body of monitoring tools in 2023–24 to align with its ToC.** Development and roll-out of these tools was done in collaboration with the hub teams. The new tools included greater standardization of both indicators and templates.
  - **In line with our recommendation to develop an MLE plan, TCI issued a guidance document** in 2023 describing the proposed monitoring revisions and indicators, including the core set of indicators for each tool.
- **TCI provided support to hubs in rolling out the tools, solicited hub feedback on use of the tools, and has documented its reflections on the revised tools, and further ideas for improvement in 2025 and beyond.**
- **Overall feedback from interviews with TCI/GI and hubs on the monitoring tools, processes and data use was positive**. Participants particularly valued the usefulness of the data collected to inform decision-making, and the collaborative approach in which indicators, tools and processes were designed and rolled out. Most participants commented that there is a lot of data and that collection and analysis is time-consuming. Some expressed that they would benefit from a single M&E Plan that clearly defined the indicators collected.

Conclusions

While our IE focused on CU for impact, it is important to note that TCI's overall success should be judged on more than gains in modern contraceptive use among women aged 15–49. Based on the LG's included in the evaluation, we found positive effects on the enabling environment for service delivery and long-term financial returns to LGs.

The following pages we present a set of eight overarching conclusions.

Conclusion 1:

Overall, the IE found moderate-to-strong evidence for TCI impact.

On average across the 40 TCI-supported LGs included in the IE, there was additional contraceptive uptake. The pooled effect from the meta-analysis of the LGs was statistically significant, indicating a positive NCU of 1.52 additional clients per 1,000 WRA (95% CI: 1.00–2.05). However, high differences in effects both within and between hubs indicates that local context is critical and there is no single underlying TCI effect.

Thirty-one of 40 LGs (78%) demonstrated impact or potential impact. Specifically, **60% showed significant gains, 18% inconclusive statistical evidence**, and (22%, n=9) showed no detectable change in NCU**.** Among the 31 LGs with evidence of impact, 24 (77%) met criteria for high or moderate confidence in attribution of observed gains in NAC to TCI.

Phase I of TCI showed a statistically significant pooled NCU of 1.69 additional clients per 1,000 WRA ($p < 0.001$), whereas NextGen showed a smaller, non-significant NCU of 0.32 per 1,000 ($p = 0.13$). Within India and EA, which implemented both phases, NextGen impact is broadly comparable to Phase I, despite shorter LG exposure periods, suggesting that NextGen results are comparable in Hubs which implement both phases.

Across the 40 LGs in the IE, from summing additional clients from LG-level ITS results, we estimate that 633,056 additional FP clients could be attributed to TCI.

Data quality and time-series constraints limited post-graduation sustainability assessment to India, which demonstrated robust sustainability across graduate LGs, generating 130,816 additional clients over the post-graduation period. Comparing against pre-TCI counterfactuals revealed that seven LGs (54%) maintained levels of net accumulated clients (NAC) achieved during TCI, and six LGs (46%) demonstrated continued growth post-graduation.

Conclusion 2

Stakeholder-perceived sustainability of programs does not always translate to impact on NAC or to sustained impact post-graduation.

Whether TCI is considered sustainable in individual LGs depends on which metric of sustainability is considered. Stakeholders in the four deep-dive LGs that overlapped with LGs in the attributional IE (Abidjan, Côte d'Ivoire; Nioro, Senegal; Iganga, Uganda; and Amroha, India) were generally positive about sustained implementation. However, only one of the four overlapping LGs (Amroha, India); could be evaluated post- graduation robustly in the IE; showing continued growth post TCI.

As both the IE and PE findings showed, context matters for impact and sustainability. Health systems constraints and other disruptors pose ongoing challenges. The more mixed findings in the IE show strong implementation does not always translate into NAC gains, with disruptors in context (e.g., natural disasters, elections, service disruptions) appearing as critical determinants of this gap. For the IE, Itad carefully considered co-events and disruptors that could affect results, including through limiting demand, access, and supply. Among the disruptors, supply challenges were dominant.

The PE found that HII/HIP implementation has largely continued in graduated LGs, although often at reduced scope and with some discontinuation of resource-intensive interventions. Sustained implementation is enabled by political commitment, local ownership, strong capacity, and policy/budget integration, and TCI is subject to the same health system weaknesses as other programs. High turnover of political leadership and health system staff, weak financial execution, and commodity insecurity – all chronic health systems challenges confronting any program – pose key threats to maintaining gains.

Conclusion 3

Although TCI does not work directly in the health building block area of supplies, both the IE and PE found that supplies are critical for TCI's success.

Among the disruptors affecting IE results, commodity supply disruptions proved most consequential, because they often cascaded from other disruption types, and the effects varied. Disruption magnitude and timing matter: for example, chronic weak supply chains in Côte d'Ivoire and post-flood supply chain issues in Pakistan constrained impact more than acute shortages. The effects of acute shortages can be moderated by contraceptive method mix, overall supply chain resilience, and the timing of disruption.

Disruptions mostly operate at levels outside of TCI's direct influence. As a result, TCI's impact depends significantly on higher-level (e.g., state or province) health system contexts beyond its primary areas of operation, namely, LG-level health policymakers and workers, and HIP implementation. Examples include Côte d'Ivoire's national funding failure, India's national stockouts, Pakistan's province-wide long-acting reversible contraceptive (LARC) shortages, and policy constraints on FP in Tanzania between 2015 and 2021. Some national investments, such as Tanzania's enhanced FP commodity funding from 2017 and the Yeksi Naa distribution system in Senegal, supported TCI effectiveness even in the face of other disruptions.

A 179% difference in NCU between neighboring contexts with similar TCI implementation underscores supply chain infrastructure as a critical moderator of how disruptions translate into NCU, and an essential determinant of NCU in its own right. In Francophone West Africa (FWA), the failure of the government of Côte d'Ivoire in 2021 to release its FP2030 counterpart pledged funding resulted in a collapse of the supply chain that directly attenuated NCU (0.47 across Bouaké and Abidjan, reflecting declining NCU in the capital) despite concurrent TCI and partner interventions. In contrast, Senegal's Yeksi Naa distribution system (which was introduced in 2017) virtually eliminated stockouts, enabling sustained NCU gains (1.31 in Nioro) despite a range of other challenges, including disruptions, strikes, floods, COVID-19, and political instability.

The strength of the supply chain affects resilience. Stakeholders in the PE considered that TCI's support for better data management, reporting, and utilization was linked to improved supply chain management. Stakeholders saw this support as having helped to improve commodity needs forecasting, thereby reducing stockouts. Health workers and officials across the deep-dive LGs in India, the Philippines, Pakistan, and Nigeria reported improvements in contraceptive procurement and logistics management with regard to commodity forecasting and to requisition and distribution of supplies, strongly linked to improvements in health information systems (HIS) and data use.

Still, some LGs still see commodity security as a challenge, and thus commodity insecurity is noted as being among the threats to sustainability of the TCI model in LGs. For example, although stakeholders in Karachi East, Pakistan, credited TCI's capacity building in knowing the steps for requesting products from district-level officials, they also highlighted commodity stockouts as an ongoing challenge. Similarly, stakeholders in Abidjan, Côte d'Ivoire, noted that contraceptive procurement and logistics management was a significant challenge, which reinforces the IE findings of the effect of supplies as a primary disruptor of impact.

Conclusion 4

Amid the challenges, the PE found that the TCI "business unusual" model has added value in building a foundation for LG's self-reliance and program sustainability.

Stakeholders interviewed in the PE perceived TCI's "business unusual" model as distinctive from other support they have received. TCI's emphasis on genuine local ownership for both design and implementation of programming to meet locally determined needs was seen as particularly valuable. TCI's continuous coaching model for capacity building, including the master coach model, was also seen as unique and having the potential to support sustainability, with knowledge and skills embedded in the health system. The focus on data use for decision making at the LG level was also viewed as a distinct feature of TCI.

Stakeholders across LGs are, for the most part, confident that they have the knowledge and skills to continue to deliver FP HIIs/HIPs in their LGs in the long term. The master coach model, embedded within the local health systems, may help mitigate threats to sustainable implementation by providing an ongoing mechanism for capacitating staff.

Although financing for HII/HIP implementation was noted as an area of weakness (relative to other health system building blocks as shown in Figure 9), stakeholders in the PE gave examples of progress during their engagement with TCI. For example, an Advocacy Working Group in place in Niger, Nigeria, has reportedly been successful in increasing the overall funding included in the state-level basket fund. In Iganga, Uganda, one health official credited TCI with catalyzing local resource mobilization, with facilities and districts now able to identify and allocate their own funds to support ongoing activities.

Conclusion 5

Data for decision making has been a strength of TCI, with the recognition that accurate and timely HMIS data is vital for programming and for measuring progress and impact.

TCI's emphasis in the health systems building block of HIS included building capacity to improve HMIS reporting and to use data for decision making and problem solving.

Stakeholders in the PE, including 96% of master coaches in the online survey, noted the contributions TCI has made to improvements in HMIS data quality and reporting. Key informants in deep-dive LGs described improvements in data quality and data reporting, with a focus on record keeping and data transfer.

Nearly all master coaches in the online survey agreed or strongly agreed that TCI supported them/their LGs to increase the use of FP data for problem solving and decision making. Key informants in deep-dive LGs shared examples of how capacity built through TCI translated into data utilization practice. These examples included: increased ability of providers and district teams to interpret and act on service data; increased capacity for data analytics and visualization enabling real-time monitoring; and support on data for decision making leading to increased ownership of the data. In interviews with hubs on data use carried out under Itad's monitoring support, several hub participants also described how useful the data was for reporting to, and discussions with, LGs and technical working groups.

Conclusion 6

TCI has focused a lot of attention on monitoring tools and indicators in the Results Framework and Results Tracker (RFRT), with a focus on measuring TCI activities rather than local ownership of monitoring tools and indicators.

Recognizing that TCI's monitoring approach understandably evolved over the course of Phase I and NextGen and that tools developed by TCI were not intended for LG use, there is nevertheless no single source for all information about the monitoring process, tools and indicators. Itad's initial review of TCI processes and tools highlighted the need for an M&E or MLE plan that could be updated as needed.

Hubs reiterated the need for a unified M&E plan for the TCI platform. During interviews with hubs in 2025, staff expressed that they would benefit from a single M&E plan that clearly defines all indicators in one place – ideally one that had been established from the outset. Several participants suggested that such a plan would be a valuable resource both internally within TCI (at the global and hub levels) and for LGs. Given their involvement in completing data collection tools with hubs, LGs would benefit from understanding the tools and required data through a single M&E plan.

In its review, Itad noted the challenge of reporting indicators compiled from disparate sources and with different definitions, adding the importance of acknowledging differences across hubs when such disparate information is compiled into global indicators. Recognizing the need of LGs to monitor and track their activities and results in a context-appropriate and sustainable way, at the same time, TCI requires a set of key standard indicators across hubs to track progress and success. Hub staff agreed that a single source defining each indicator would be especially useful, because the indicators are not standardized across hubs.

With the determination by TCI/GI in 2023 that the RAISE tool, completed by LG stakeholders, is a program tool rather than a monitoring tool, TCI/GI's M&E team, working with hubs, has developed new tools used by TCI to measure process, including HII/HIP quality implementation and HSS checklists developed by TCI to address measurement gaps in the RFRT and ToC and launched in the second quarter of 2024.

Hubs agreed that simplifying tools to reduce burdens at hub, LG and health facility levels – some suggested condensing them into a single checklist – would be helpful for TCI moving forward. TCI GI program team also noted that the large quantity of data can make triangulation and timely use of the data challenging.

Hubs shared that appreciation for data for tracking and decision making, including reporting at regular city/district/state technical working group meetings, was heightened

among LG stakeholders. At the same time, hubs recognized that the lack of alignment between TCI's and LG's tools and indicators has resulted in running parallel systems. One exception is the RAISE tool and process, which many participants mentioned was well supported by governments.

Nonetheless, hub respondents, corroborated by LG stakeholders in the deep-dives and by master coaches in the online survey, highlighted that TCI has fostered a culture of using data for decision making. Hubs and LG stakeholders expressed confidence that LGs would continue valuing data, using indicators that are embedded in LG systems, to chart progress and make course corrections.

Conclusion 7

Curated rather than automated HMIS is needed for evaluation.

We spent considerable time and effort cleaning HMIS data beyond the significant attention TCI had already directed to strengthening HMIS for monitoring purposes.

Overall, we noted that automated IE using HMIS data is an attractive option for cost-effective evaluation, but concluded, based on data cleaning and comparison to our gold standard curated analysis, that automated analysis is not suitable for rigorous impact evaluation. This finding was shared in a poster at the 2025 International Conference on Family Planning (ICFP). The poster shared analysis undertaken as part of the IE that compared using automated techniques for ITS with curated techniques used in this IE.

Conclusion 8

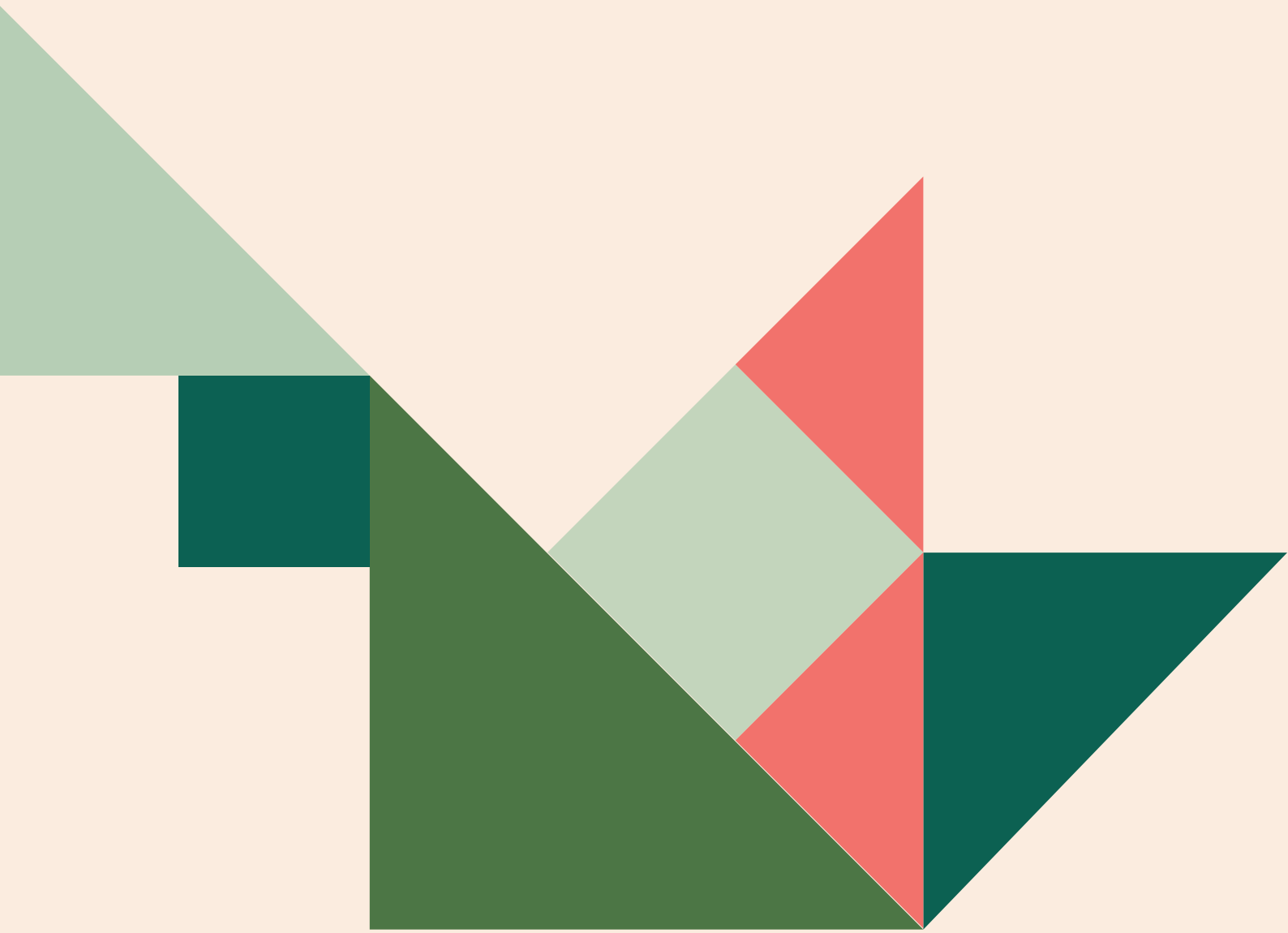
Although costs per additional contraceptive user attributable to TCI varied by hub and LG, positive ROI was shown across all geographies.

The CEA results of cost per additional contraceptive user attributable to TCI showed differences between TCI's six hubs and between the phases for the hubs that were analyzed. The CEA ratios for 30 Phase I LG CEAs ranged from $8.4 to $951 for new clients attributable to the project, and NextGen CEAs for the 10 included LGs ranged from $6.8 to $166.

Strikingly, averages for the LGs analyzed were nearly the same: the Phase I average was $29 during the pre-graduation period and $26 when clients in the post-graduation period were accounted for. For NextGen, the 10 LG average was $28.

Our CEAs are lower than those calculated for the 2021 Mathematica and Avenir Health Program Review and higher than the TCI/GI estimated annual cost-effectiveness ratios for all hubs and both phases of the TCI program. That our estimates are higher than TCI's is to be expected because TCI's estimates of increased contraceptive use are based on the absolute increase in the number of FP clients during the calendar year, which implicitly attributes all increases in uptake to TCI. In contrast our CEA attributes increases based on Itad's IE results.

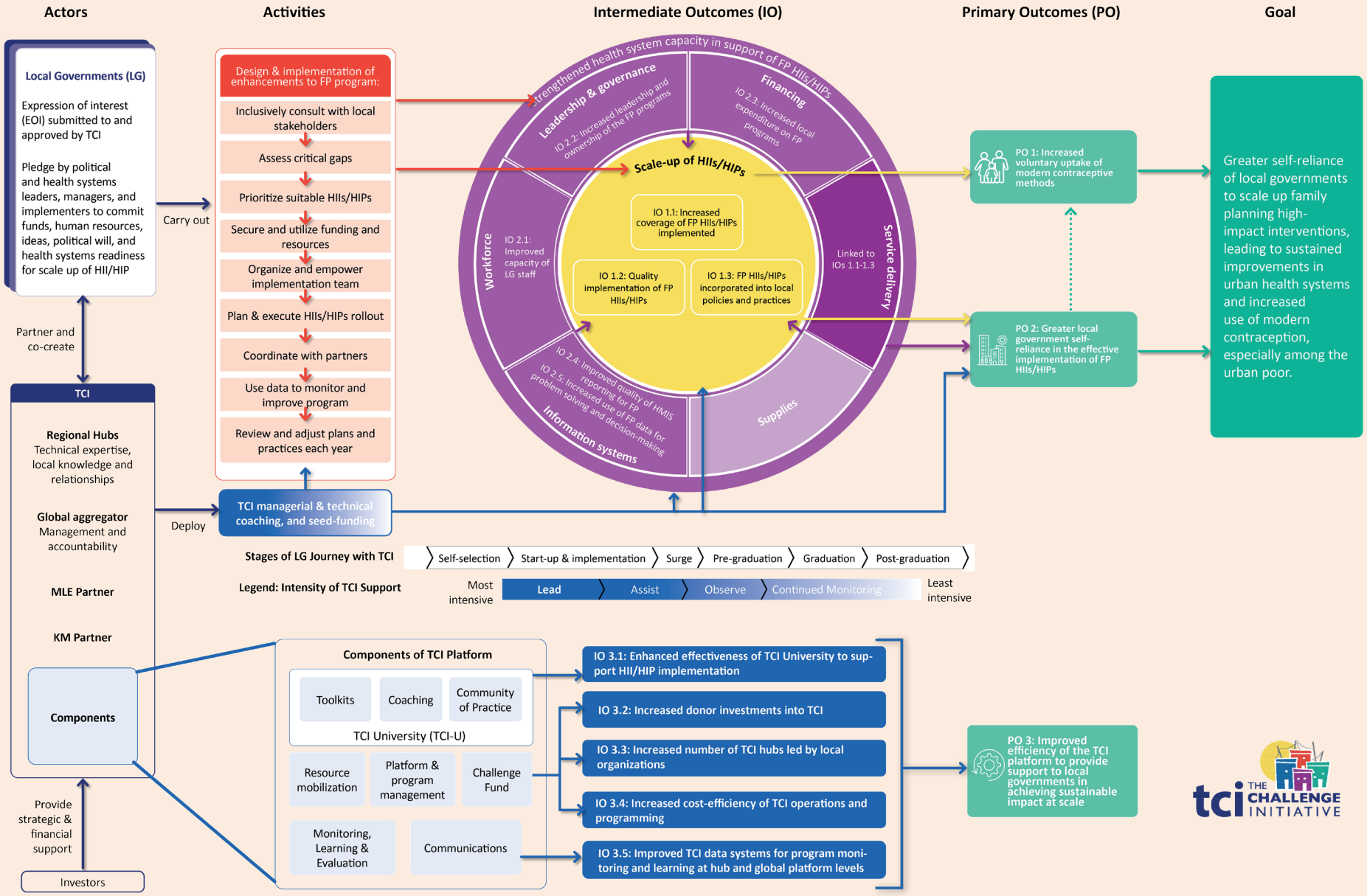
Aggregating across the LGs and phases in the analysis estimates that total TCI expenditures of $41.45 million result in cost savings for the LGs of $50.2 million, meaning that the TCI project has paid for itself in those LGs. In other words, results of the CBA for the Phase I and NextGen hubs and countries for which the CBA was performed showed positive rates of return on TCI's investment. Benefit-cost ratios for Phase I ranged between 0.33 and 1.96; NextGen ratios were similar (between 0.44 and 2.00). Primary schooling costs were the largest averted cost component, varying across countries because of individual country commitments to education spending in combination with the level of per capita GDP. Safe motherhood and early child vaccination costs also contributed to the averted benefits. Applying the CBA ratios to the expenditures made during the analysis period showed positive returns in all geographies, even



Annex 1. TCI ToC

TCI NextGen's Theory of Change:

Local Governments' Journey with TCI and the Platform's Path to Greater Efficiency



Annex 2. TCI NextGen RF

TCI NextGen Results Framework

Goal statement:

Greater self-reliance of local governments to scale up family planning (FP) high-impact interventions/high-impact practices (HIIs/HIPs), leading to sustained improvements in urban health systems and increased use of modern contraception, especially among the urban poor.

Primary Outcomes	Intermediate Outcomes	Investment Outputs
1. Increased voluntary uptake of modern contraceptive methods*	**1.1.** Increased coverage of FP HIIs/HIPs implemented by local governments (HII/HIP coverage, also HSS: service delivery) **1.2.** Quality implementation of FP HIIs/HIPs by TCI-supported local governments (quality HII/HIP implementation, also HSS: service delivery) **1.3.** FP HIIs/HIPs incorporated into local policies and practices of TCI-supported local governments (HII/HIP institutionalization, also HSS: service delivery)	**1.1.1.** Local governments partner with TCI on a demand-driven and cost-sharing basis to implement FP HIIs/HIPs **1.1.2.** TCI-supported local governments roll out and scale up FP HIIs/HIPs with technical coaching and seed funding from TCI **1.1.3.** Other local governments, without direct support from TCI, adopt or adapt FP HIIs/HIPs after learning about TCI and its interventions **1.2.1.** TCI-supported local governments follow TCI's guidelines for quality implementation of FP HIIs/HIPs **1.3.1.** TCI-supported local governments implement FP HIIs/HIPs beyond their active engagement with TCI
2. Greater local government self-reliance in the effective implementation of FP HIIs/HIPs*	**2.1.** Improved capacity of local government staff in implementing FP HIIs/HIPs in TCI-supported local governments (HSS: workforce) **2.2.** Increased leadership and ownership of the FP program in TCI-supported local governments (HSS: leadership & governance) **2.3.** Increased local expenditure on FP program in TCI-supported local governments (HSS: financing) **2.4.** Improved quality of HMIS reporting for FP in TCI-supported local governments (HSS: information systems, HMIS reporting) **2.5.** Increased use of FP data for problem solving and decision-making in TCI-supported local governments (HSS: information systems, data use)	**2.2.1.** TCI-supported local governments receive ancillary coaching from TCI on the managerial and strategic aspects of implementing their FP programs **2.3.1.** TCI-supported local governments receive ancillary coaching from TCI on approaches to allocate and utilize funds for their FP programs **2.4.1.** TCI-supported local governments receive ancillary coaching from TCI on data quality assurance procedures for FP **2.5.1.** TCI-supported local governments receive coaching from TCI on tactics to increase demand for and use of FP data

Primary Outcomes	Intermediate Outcomes	Investment Outputs
3. Improved efficiency of the TCI platform to provide support to local governments in achieving sustainable impact at scale	**3.1.** Enhanced effectiveness of TCI University to support HII/ HIP implementation (TCI-U enhancement) **3.2.** Increased donor investments into TCI (resource mobilization) **3.3.** Increased number of TCI hubs led by local organizations (localization) **3.4.** Increased cost-efficiency of TCI operations and programming (cost-efficiency) **3.5.** Improved TCI data systems for program monitoring and learning at hub and global platform levels (data systems)	**3.1.1.** Improvements made to TCI-U coaching curriculum and materials **3.1.2.** Gender lens incorporated in HIIs/HIPs within TCI-U **3.2.1.** Resource mobilization strategy developed **3.3.1.** Plan for transitioning hubs from international NGOs (INGOs) to local organizations developed **3.4.1.** Right-sized TCI staffing at the hub and global aggregator levels **3.4.2.** Alternative models for supporting local governments with a slimmer package of interventions and a shorter duration of engagement tested (Rapid Scale Initiative) **3.5.1.** MLE partner engaged to conduct a review of TCI's monitoring and learning processes and tools and an independent evaluation of TCI **3.5.2.** TCI's learnings on scaling HIIs/ HIPs shared with the global health and development community

* To gauge sustainability, relevant indicators will also be measured for TCI alumni local governments (where possible) in the Results Tracker.

Note: AYSRH is integrated within FP programming.

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itad.com | @ItadLtd | in Itad | mail@itad.com

Itad Ltd
International House
Queens Road
Brighton, BN1 3XE
United Kingdom
Tel: +44 (0)1273 765250

Itad Inc
c/o Open Gov Hub
1100 13th St NW, Suite 800
Washington, DC, 20005
United States

Itad Kenya
1870/610 The Westwood Building
Vale Close
Westlands, Nairobi
Kenya