THE CHALLENGE INITIATIVE

PAthways to **S**cale and **S**ustainability

TCI's **PASS** *Learning Series #1*

January 2019

The Goldilocks Challenge: Right-sizing Evidence-based Practices in Family Planning for Scale and Sustainability

Business Unusual at The Challenge Initiative

The Challenge Initiative (TCI) represents an exciting new approach to providing lifesaving reproductive health and family planning information and services, including adolescent and youth sexual and reproductive health (AYSRH) services, to under-served poor communities in urban areas, building on the demonstrated success of the Gates Foundation's Urban Reproductive Health Initiative. The TCI model rapidly scales up and sustains proven family planning and AYSRH solutions by cultivating a culture of local ownership, innovation, learning, exchange and continuous improvement.

Unlike many health and development projects that invest heavily in global staff providing technical assistance – or the "doing" – for local staff, TCI recognizes the need for new ways of thinking to help support local governments to be efficient and effective. Our new approach emphasizes:

- **Demand-driven programs**: Cities with political and financial commitment self-select to join TCI and are in the driver's seat to design their own family planning and AYSRH programs.
- **Coaching to improve knowledge, skills and confidence**: Our regional Accelerator Hubs provide cities with technical support and coaching about proven interventions that meet the local needs, constraints and opportunities of their particular context, including access to tools and resources from TCI University (TCI-U).
- **Local commitment and system readiness:** We engage with cities that demonstrate their willingness, readiness and ability to address their reproductive health challenges. These cities typically have adequate infrastructure and resources but may have weak programming and limited coordination. Gap funding from TCI complements resources that cities contribute themselves.
- **Leveraging resources for maximum impact:** We coordinate our efforts with allied interests of other implementing partners and donors.
- **Utilizing data to solve problems, make decisions and adapt quickly**: As we engage with city partners, we strengthen capacity to use data for problem-solving and better decision-making.

As a result of TCI, more local governments are implementing and adapting proven family planning and AYSRH interventions while at the same time better using their own resources to do so. The expected outcome? Increased use of modern contraceptive methods among women 15 to 49 years of age in poor urban areas as they are empowered and enabled to decide freely whether, when and how many children to have.

TCI's Recipe for Success

The familiar children's story, Goldilocks and the Three Bears, taught children and adults alike about the need for "just the right amount."[1] In the story, a young girl named Goldilocks gets lost in the forest and finds shelter in an empty house belonging to a family of bears. Inside, she struggles to find a chair, a bowl and a bed that are "just right" to meet her own needs. Similarly, many health and development organizations struggle to find programming approaches and interventions that have just the right

[1] See Wikipedia for the range of disciplines that have applied the Goldilocks principle: https://en.wikipedia.org/wiki/Goldilocks_principle. The book, "The Goldilocks Challenge: Right-Fit Evidence for the Social Sector," by Mary Kay Gugerty and Dean Karlan, which inspired this edition of TCI's PASS Learning Series, is particularly relevant for nonprofit organizations looking for the "right fit" in monitoring and evaluation systems.

ingredients to make them sustainable and effective at scale. Some interventions, while effective in one locality, may be "too heavy" and complex to scale more widely. Other interventions may be "too light" with a singular focus and not enough breadth to have impact on core health systems functions.

TCI addresses the Goldilocks challenge in health and development by strengthening local stakeholders' capacity to design and implement holistic, evidence-based programming that incorporates the three necessary ingredients of **supply, demand generation and advocacy**. We then help stakeholders simplify those interventions to the essentials needed for scale and sustainability while leaving out any unnecessary components. We may not get the right mix the first time, but that's okay – sometimes you have to fail first in order to succeed. We make iterative adjustments until we find the right mix of features that allows us to achieve impact at scale.

This series of briefs, ***Pathways to Scale and Sustainability: TCI's PASS Learning Series,*** will document new pathways to achieving scale and sustainability as TCI programs unfold on the ground and are taken to scale. Each brief will be based on a theoretical underpinning and will include case examples of how TCI has put the theory into action. This inaugural edition showcases cases from TCI with the three necessary ingredients of supply, demand and advocacy and demonstrates how TCI found the right mix for scale and sustainability by using the Diffusion of Innovations theory's five characteristics of an innovation or intervention that influence how quickly it spreads:

- **Relative advantage**: The intervention is shown to be more efficient and effective than what is currently being implemented.
- **Compatibility**: The intervention is shown to work in the local health system and context.
- **Simplicity:** The intervention is relatively simple and easy to implement.
- **Trialability:** The intervention is demonstrated in easy ways, sometimes by starting out in a few pilot areas.
- **Observability**: The positive effects of the intervention are demonstrated and shared with others.

By paying attention to these factors, programs can help diffuse evidence-based interventions rapidly in a community – often with little effort on the part of the program.

Demonstrating Results

Using Data in India to Diffuse Fixed-Day Static Family Planning Services

Local governments in India had a deeply ingrained mindset that urban primary health centers (UPHCs) – the lowest level of health service delivery in poor urban areas – were not equipped and faced too many challenges to deliver quality family planning services. In particular, provision of long-acting clinical methods such as intrauterine devices (IUDs) had not been previously available at the UPHC level given the lack of equipment and trained personnel. As a result, women visiting UPHCs were not offered a full range of methods to meet their family planning needs.

The Challenge Initiative for Healthy Cities (TCIHC), as branded in India, developed an innovative coaching approach to demonstrate to local officials that **Fixed-Day Static (FDS)** services could be offered at UPHCs, including the provision of oral contraceptive pills, condoms, IUDs and referrals for female sterilization. FDS is a proven, high-impact approach where trained staff, equipment, supplies and commodities are made available on a pre-announced day and time at the UPHC.

Instead of waiting for an "ideal" facility that already had all of the needed equipment and assurances in place, TCIHC identified ready-to start facilities based on an assessment of all UPHCs in TCIHC cities that it carried out with local government. From this list and in close coordination with the local government, TCIHC identified a few sites in each city that would serve as demonstration sites for FDS – capitalizing on the **trialability** characteristic of successful innovations from the Diffusion of Innovations theory. Then, TCIHC introduced to local government counterparts and facility staff what it coined as the "30-Hour Magic +" coaching approach to prepare the selected UPHCs to provide quality family planning services for FDS.

TCIHC's 30-Hour Magic + coaching approach made it relatively **simple** and easy to ensure the minimum requirements for FDS were in place by organizing the intervention into a 30-hour period – three 10-hour intervals (see table below). The "plus" factor refers to the increased confidence of facility staff, motivation of local government officials, and prioritization of family planning, which in turn inspired community confidence in respectful and quality care.

First 10 hours	Next 10 hours	Final 10 hours
• Inform the Chief Medical Officer, urban health officials, district quality assurance committee (DQAC) and UPHCs of the plans • Issue FDS letter (by government) and circulate to all UPHCs • Convene meetings with Accredited Social Health Activists (ASHAs) to inform them about their role in FDS • Ensure trained manpower, contraceptive supplies and instruments are available by either procuring it from the state or pooling in from nearby UPHCs	• Hold hands-on coaching session with ASHAs on: » How to identify potential clients » How to effectively counsel clients to make an informed choice and provide referrals to services » How to make a 'due list' for FDS days • Publicize FDS in communities through ASHAs • Inform nearby facilities about FDS to accommodate referrals	• Conduct coaching session on facility readiness • Facilitate the setup for registration and the counseling corner • Collect all client lists from ASHAs to help facility prepare for potential volume and review client flow • Facilitate DQAC visit to ensure all selected UPHCs are certified against quality parameters • Launch FDS day

Between February and August 2018, TCIHC activated the 30-Hour Magic + coaching approach to start FDS services in 25 selected UPHCs across seven TCIHC-sponsored cities. During just one FDS day, these 25 facilities served 789 IUD clients, as well as smaller numbers of women who chose to use condoms or oral contraceptive pills or who were referred to a higher level facility for female sterilization. This demonstration of FDS showed that quality family planning services could in fact be provided by UPHCs – that the intervention was **compatible** in their own context.

Upon **observing** results from three demonstration UPHCs in Saharanpur city, TCIHC convinced city

officials to keep a common day for FDS in all facilities in order to maintain uniformity and regularity. The Chief Medical Officer was very much pleased to see family planning indicators moving in the right direction and, as a result, immediately issued a letter to all 17 UPHCs and private accredited facilities to conduct FDS every Thursday.

From that point on, in every government forum, workshop and meeting, Thursday was publicized as "Family Planning Day." Between January and June 2018, the 17 TCIHC-supported UPHCs in Saharanpur conducted 2,274 IUD insertions – almost 80% more insertions compared with the previous year. These results encouraged the FP Nodal Officer to declare Thursday as the "Family Planning Day" in rural areas as well. These are examples of how interventions can sometimes spread virally – almost on their own – due to the **relative advantage** of the intervention and the successful example demonstrated by a project.

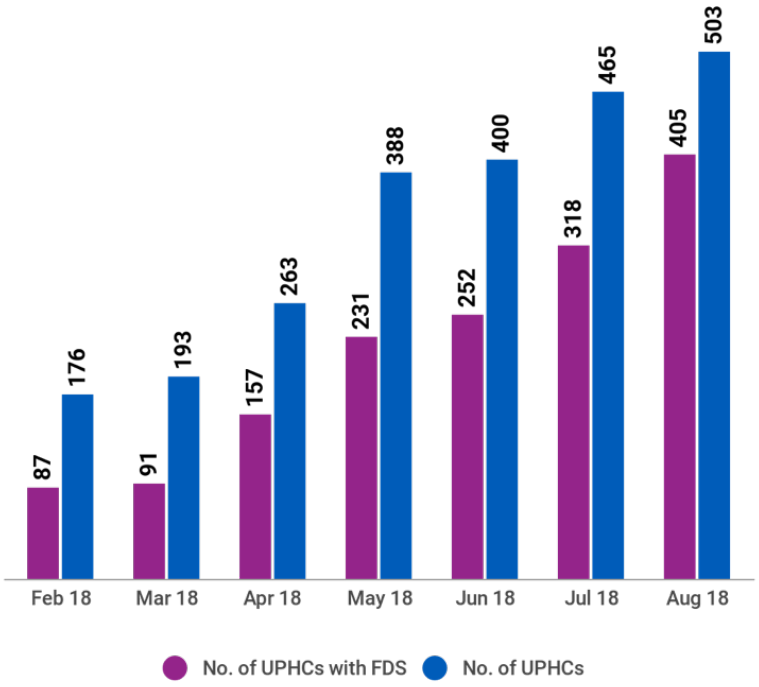

Figure 1: FDS scale-up among TCI-supported facilities in seven cities. Note: The total number of UPHCs supported by TCI increased each month as new cities began TCI implementation of its proven approaches. The seven cities represented in this chart comprise Allahabad, Firozabad, Gorakhpur, Puri, Rourkela, Saharanpur and Varanasi.

Within only six months, TCIHC's 30-Hour Magic + approach had resulted in 80% of all UPHCs (405 of 503) in seven cities (Allahabad, Firozabad, Gorakhpur, Puri, Rourkela, Saharanpur and Varanasi) offering FDS (see Figure 1).

Many other UPHCs and local government officials are interested in these results. In fact, a number of chief medical officers started procuring supplies in anticipation of FDS. In the case of Firozabad city, the FDS approach has now become an integral part of auxiliary nurse midwives' (ANMs) job descriptions (see Figure 2), increasing the provider base for meeting the unmet need for family planning services of the urban poor population and institutionalizing the approach within the health system.

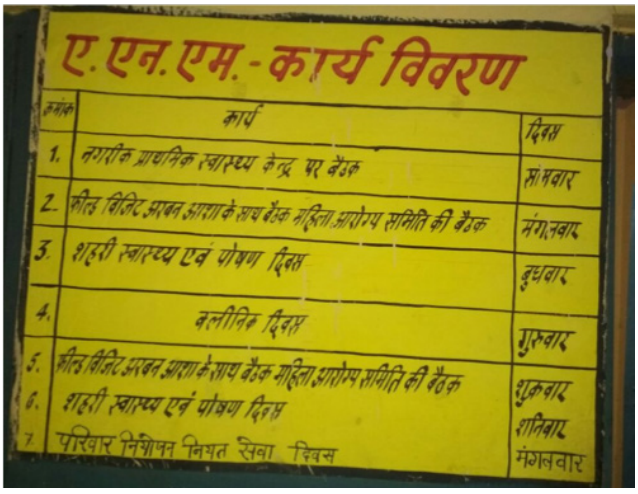

Figure 2: Photo of ANM job description including FDS responsibilities posted on the wall of a UPHC in Firozabad.

Improving Efficiencies

Scaling Up Proven Approaches in Nigeria Like the 72-Hour Makeover

The 72-Hour Facility Makeover, one of TCI's package of approaches that cities can implement whereby the physical environment of facilities is improved over a three-day period, resulted in increased uptake of family planning services under the Nigerian Urban Reproductive Health Initiative (NURHI). The 72-Hour Facility Makeover is not a capital investment; it's a top-up, based on priorities identified as part of an assessment. During the makeover – which occurs over a long weekend in order to minimize disruptions to services – facilities are renovated, refurbished and equipped for optimal family planning service provision (see Figure 3). By engaging the community and local artisans and vendors throughout the makeover process, the physical makeover also becomes a mental makeover, restoring the community's confidence in the facility and its services and gaining local buy-in to advocate for and contribute to continuous maintenance.

NURHI developed a nine-step process for implementing 72-Hour Facility Makeovers and typically rolled out the steps one after the other, often taking four to six months to implement. In order to rapidly scale up this proven approach in a sustainable manner, TCI **simplified** and reduced the time to implement the process to gain efficiencies and ensure local government counterparts maintain momentum to complete the intervention while preserving quality. With TCI's adapted approach, the 72-Hour Facility Makeover package of interventions now takes only four to five weeks to implement. TCI believes the real challenge of scaling an intervention is not *replicating* it to reach more people and more places but rather *adapting* it into a simpler form so it is easier and faster to implement while reaching more people, more places – and, most importantly, having the same (or greater) impact.

Adaptations to NURHI's original nine-step process include:

- Implementing a number of the steps concurrently
- Confirming the date to renovate the facility with key stakeholders at the state level from the beginning and then working backwards in preparation
- Batching facilities by proximity rather than governance area so that nearby sites can be renovated on the same day, thereby minimizing travel time and expenses
- Engaging and leveraging existing state structures and personnel
- Ensuring clear expectations are established up-front with local artisans

TCI's approach of working with key stakeholders and leveraging existing state structures, personnel and platforms as well as local artisans and active community groups ensures local ownership from the very beginning. "Early engagement helped to set the stage for involvement and roles, making the makeover relatively easy in the end because it was led by the QA [Quality Assurance] teams," said a government representative from Ogun state who coordinated one of the makeovers.

Working with local government counterparts, TCI has helped to facilitate 22 makeovers in Delta, Ogun, Kano, and Bauchi states. As a

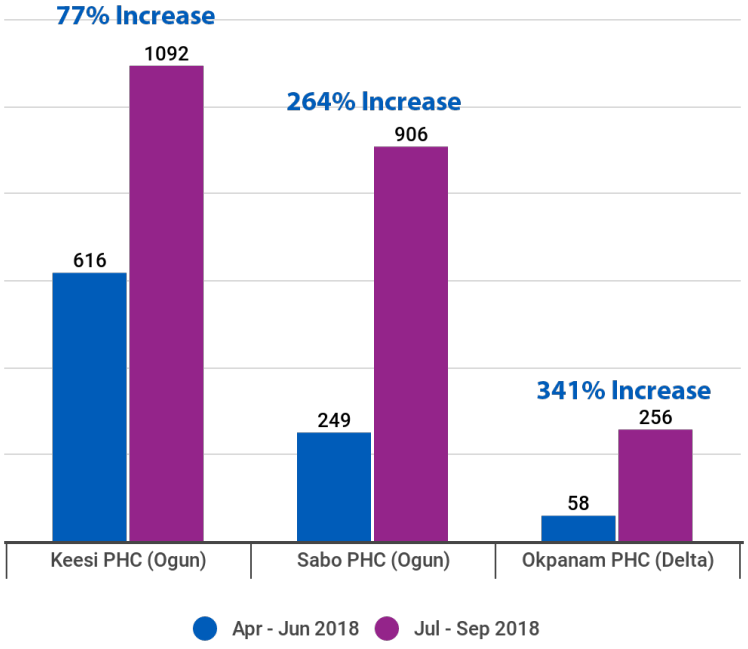

Figure 3: Increase seen in the number of family planning acceptors from before and after 72-hour facility makeovers. PHC= primary health center

result of the makeovers, TCI has witnessed increases in family planning service uptake, ranging from 77% to over 300%.

For an average cost of $5,000, the benefits of 72-Hour Facility Makeover extend beyond increased family planning service uptake. These benefits include overall increases in primary health care service uptake, greater community involvement and action, and catalyzing state government funding to replicate the intervention across additional facilities.

As a result of these findings, TCI is now poised to facilitate more than 50 makeovers across 10 states in Nigeria, with additional makeovers being funded directly by state governments.

Kano State Makeover


Exterior Before


Exterior After


Waiting Room Before


Waiting Room After


Procedure Room Before


Procedure Room After

Simplifying Processes

Program Design with Local Governments Reduced From 6 Months to 3 Weeks

TCI engages cities in a three-stage process, starting with an expression of interest form that cities complete, moving to what was initially called proposal development in which the cities submitted proposals to TCI, and ultimately to program implementation. TCI quickly learned that asking local governments to submit proposals was a tedious process that took at least six months or more of back and forth between local governments and TCI Accelerator Hubs to complete, with the end proposal often lacking focus.

Although local governments appreciated being engaged as leaders and experts in their specific contexts and family planning programs, they needed simple and straightforward guidance to design data-driven and results-oriented family planning programs. TCI took these learnings and adapted its three-stage process to provide local governments what they were asking for. Now, once TCI Accelerator Hubs validate the information presented in the expression of interest based on established criteria, the selected local governments are invited to design their programs instead of writing proposals, using a straightforward guidance template.

The **simple** fill-in-the-blank template instructs local government counterparts to provide key information needed to inform program design, such as demographic data and existing and potential family planning partnerships. It then helps them gain focus in their program design approach by asking them to identify family planning program gaps in service delivery, demand generation and advocacy (see Figure 4) and to prioritize appropriate interventions based on the Pareto Principle (The 80/20 Rule), which suggests that 20% of the inputs (or selected proven interventions, in the case of the TCI program design process) creates 80% of the result (or impact on the modern contraceptive prevalence rate). Ultimately, the completed template results in the selection of three to five gaps for which TCI proven approaches can help address.

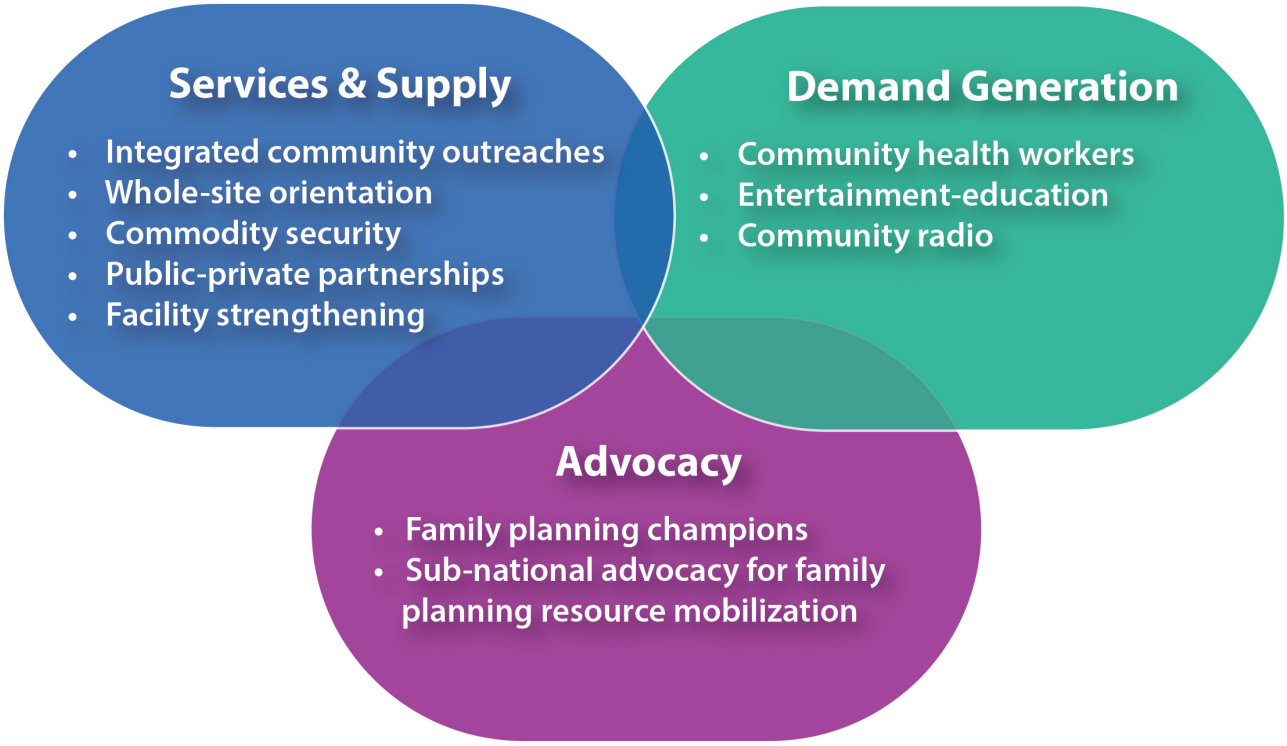

Figure 4: Examples of TCI proven approaches from East Africa – Kenya, Tanzania and Uganda.

The program design stage now takes only about three weeks to finalize compared with six months or more previously. The result? More focused, practical and impactful programs, which local governments are able to start implementing in a matter of weeks instead of months.

Conclusion

The Diffusion of Innovations theory helps explain and predict factors that influence the adoption of innovations, including evidence-based reproductive health interventions. Programs can use these factors to help solve the Goldilocks challenge of finding the intervention that is "just right" for scale and sustainability. For example, programs can simplify interventions and processes to their essential elements to make it easier to adapt and scale up the intervention, as TCI did in Nigeria 72-Hour Facility Makeovers. In addition, demonstrating results of an intervention in selected facilities that share similar characteristics and context can encourage and convince decision makers and providers that they too can do it in their facilities, such as the case in India where selected urban primary health centers demonstrated they could provide IUDs through Fixed Day Static services. For more information about the Diffusion of Innovations theory, see the primers by the **Health Communication Capacity Collaborative** and by the **Knowledge for Health Project**.

About TCI

The Challenge Initiative is led by the Bill & Melinda Gates Institute for Population and Reproductive Health in the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. TCI's regional hubs are led by IntraHealth International in Francophone West Africa, the Johns Hopkins Center for Communication Programs (CCP) in Nigeria, Jhpiego in East Africa and Population Services International (PSI) in India.

Pathways to Scale and Sustainability: TCI's PASS Learning Series will be published periodically as TCI works to rapidly scale up and sustain proven reproductive health solutions for under-served urban poor communities, learns from implementation, and uses that knowledge to evolve its approach and ensure success. Selected content from this series will be written up in more detail for consideration in peer-reviewed journals.

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