NIGERIA

The Challenge Initiative Nigeria
Coaching and Technical Assistance Framework

Revised December 2019

BACKGROUND

Context

The Challenge Initiative (TCI) works with states, communities and local institutions to rapidly and sustainably scale up proven-to-work reproductive health interventions to improve the lives and well-being of urban populations in Nigeria. TCI adopts a demand-driven model where new states, local government and partners with political and financial commitment self-select to join TCI and are in the driver's seat to design their own family planning (FP) and adolescents and youth sexual and reproductive health (AYSRH) programs. In return, they receive technical and financial assistance in designing and implementing successful reproductive health programming (with FP & AYSRH as entry points) to match their own investments.

By employing a "Business Unusual" approach (see Figure 1), TCI supports geographies to rapidly and sustainably scale up high impact interventions (HII) that will help them to increase Nigeria's contraceptive prevalence rate (CPR) and meet its FP2020 goals. The "proof of concept" from the Nigerian Urban Reproductive Health Initiative (NURHI) provides sufficient evidence on what works, where, how and why, leading to the development of a new approach that maximizes investments for scale-up and sustainability. Since local decision makers determine priorities, secure resources and solidify stakeholder support, TCI's approach is to embed the Initiative and the capacity to implement the evidence-based interventions within the state health structure which catalyzes a mindset shift, demonstrates efficiencies, and ensures sustained impact.

Demand driven
Cities self-select to join TCI, bringing their own financial and human resources.

Local ownership and system readiness
Cities must be ready willing and able to address their challenges.

Right-fitting best-practice interventions
TCI simplifies proven interventions so it is easier and faster to implement, reaching more people, more places to have the same (or greater) impact.

Leveraging existing platforms
TCI works within existing government-led systems to harmonize strategies, funding and technical assistance, leading to cost-efficiencies with scale.

Coaching and TCI University
TCI uses a "Lead, Assist, Observe" coaching model to transfer capacity using TCI University, an online learning platform.

Near-time, real-time data for decision-making
TCI strengthens capacity to use data for problem solving and better decision-making.

Figure 1: TCI is guided by six principles.

Like the NURHI model, TCI relies on thoughtful programming that deliberately targets advocacy, demand generation and service delivery with research, monitoring and evaluation underpinning everything. Under the TCI partnership, **states opt-in to receive technical and funding support**, while TCI fosters local ownership by:

1.) **helping to stimulate states to tap into its resources** by matching state investment with a catalytic grant,
2.) **mentoring and coaching state managers and implementers** to identify and implement the most impactful interventions, tested and implemented through the NURHI model and
3.) **using data to drive decision-making** and evidence-based implementation.

The Business *Un*usual Model

TCI implements an innovative, demand-driven approach where participating states have access to **coaching and technical assistance (TA) support** along with seed funding to complement their own financial resources to design, implement and monitor high-impact FP & AYSRH interventions in their respective geographies. TCI's coaching and TA support increases confidence and technical know-how on implementing sustainable FP & AYSRH interventions and drives a mind-set shift that promotes long-term effectiveness, sustainability and ownership of these interventions.

Coaching is the act of transferring capacity to coachees by unlocking the coachee's existing know-how. At times, a coach will also serve as a teacher and trainer to help address knowledge and skill gaps that a coachee may have. A coach is a trained or skilled FP expert who helps a coachee to improve their job performance by ensuring the coachee has the required capacity to provide quality FP services. A coach may be a trained government staff (program manager or health provider), partner staff or a lecturer or teacher in a health institution.

Technical Assistance is the collection of technical mentoring and coaching received by state implementers and managers to facilitate the design, delivery and tracking progress of health programs.

To address the gaps in leadership and technical capacity to govern and manage FP programs effectively, TCI applies a capacity development approach that is comprised of coaching and TA methods. TCI Nigeria's coaching and TA approach consists of a blend of facilitation and demonstration techniques, on-site and virtual technical coaching and mentoring, and leadership and coordination support. The aim of the blended methodology is to:
- Galvanize learning and experience sharing related to the adaptation of what works,
- Facilitate evidence-driven implementation and decision-making,
- Enable community engagement, participation and ownership,
- Ensure better coordination of reproductive, maternal, newborn and child health (RMNCH) and FP programs through relevant mechanisms, and
- Leverage and mobilize resources for effective and sustainable scale-up of HIIs.

STRATEGIC FRAMEWORK FOR SUSTAINABLE IMPACT AT SCALE

The results framework underpinning TCI's strategic work is built on the need to institutionalize FP acceptance and use among adolescents, youth and women of reproductive age. TCI aims to achieve this by enabling state and local governments to prioritize, adapt and scale-up proven-to-work HIIs.

The pathway to sustainability requires states to be adaptive in implementation and demonstrate efficiency, harness its resources, and lead in coordinating the activities of partners and donors through a unified state workplan where they can leverage on resources and opportunities towards a common goal. It is, therefore, expected that once a state has successfully demonstrated capacity to continually coordinate and drive implementation based on specified milestones, that state will graduate and become a learning center for other TCI-supported states as well as other geographies outside of the TCI partnership.
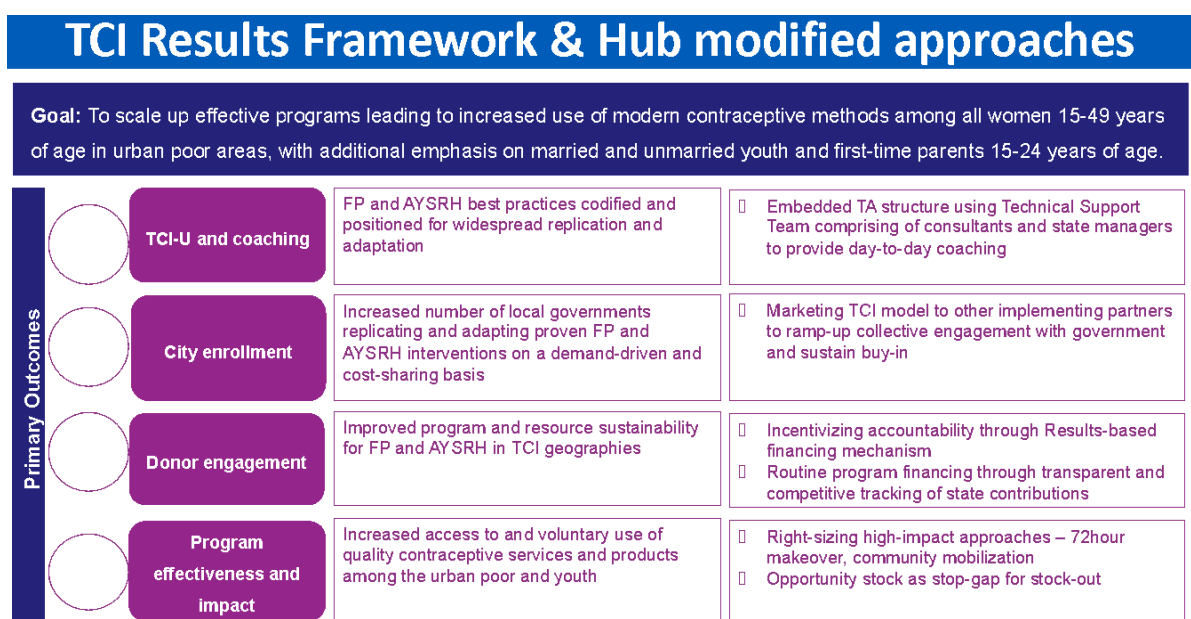

TCI Results Framework & Hub modified approaches

Goal: To scale up effective programs leading to increased use of modern contraceptive methods among all women 15-49 years of age in urban poor areas, with additional emphasis on married and unmarried youth and first-time parents 15-24 years of age.

Primary Outcomes			
TCI-U and coaching	FP and AYSRH best practices codified and positioned for widespread replication and adaptation	□	Embedded TA structure using Technical Support Team comprising of consultants and state managers to provide day-to-day coaching
City enrollment	Increased number of local governments replicating and adapting proven FP and AYSRH interventions on a demand-driven and cost-sharing basis	□	Marketing TCI model to other implementing partners to ramp-up collective engagement with government and sustain buy-in
Donor engagement	Improved program and resource sustainability for FP and AYSRH in TCI geographies	□ □	Incentivizing accountability through Results-based financing mechanism Routine program financing through transparent and competitive tracking of state contributions
Program effectiveness and impact	Increased access to and voluntary use of quality contraceptive services and products among the urban poor and youth	□ □	Right-sizing high-impact approaches – 72hour makeover, community mobilization Opportunity stock as stop-gap for stock-out

Figure 2: TCI results framework

TCI employs a variety of approaches to ensure sustainable impact at scale, including:

- **Codification of and coaching related to HIIs for widespread replication:** TCI embeds a technical support team of experts in the relevant health ministries, departments or agencies across TCI-supported geographies to provide coaching on the codified HIIs as well as to aid in adapting them to the local context. The technical support team provides technical assistance to the state to implement the HIIs and coach the state teams to ensure the sustainability and replication of the interventions beyond TCI partnership.
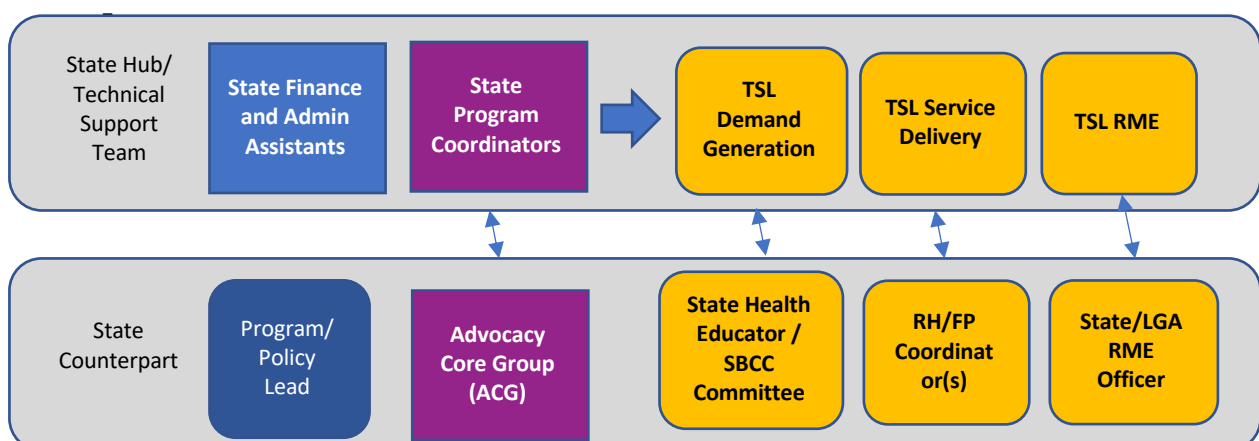
- **Advocacy and marketing:** To accelerate the replication and adaptation of the TCI model and HIIs within other Nigerian cities and projects, TCI actively markets the results from the HIIs to donors, implementing partners and government counterparts.
- **Resource sustainability**: TCI holds states accountable to their funding commitments by using a result-based financing framework and dashboard, which tracks state governments' commitments and performance on a monthly basis along with TCI resources available to states as a result of meeting their commitments and performance targets and what can be unlocked if they exceed both.
- **Program effectiveness:** TCI works to ensure access to FP services and products in supported states using a combination of advocacy, demand generation and service delivery approaches with cross-cutting monitoring and evaluation. TCI ensures that the states have an enabling environment where FP policies and interventions can thrive; drive uptake of FP services by creating demand for those services through social mobilization; ensure a conducive environment where service providers can provide FP services confidently and clients are assured quality services that are provided with privacy, confidentiality and self-respect at the forefront.

Determinants of Adaptive Learning Impact

Scheirer & Dearing (2011) have observed that, "Sustainability is the continued use of program components and activities for the continued achievement of desirable program and population outcomes." This signals the need for plans to be in place for the continued use of the business unusual model to implement cost-effective yet high impact interventions, beyond TCI funding period, for improved health outcomes. TCI nurtures a social learning environment that thrives on learning by doing and learning for action.

TCI operates at three different levels—the local city or state, in the case of Nigeria, the national or regional hub, and the global level—to cultivate a culture of local ownership, learning and continuous improvement to scale up FP approaches, and to do so in a sustainable manner. The global level, as custodian of the TCI model, provides a platform for learning and sharing across the geographic regions and with the broader global health community. At the national/regional level, TCI works through "Accelerator Hubs"—led by Jhpiego in East Africa, IntraHealth International in Francophone West Africa, Center for Communication Programs (CCP) in Nigeria and Population Services International (PSI) in India—with a core group of staff who has technical expertise in the proven FP and AYSRH approaches. These Hubs are the local champions of the TCI model, providing support to state managers and implementers as they design, implement and scale up the proven interventions.

Figure 3 below shows the learning and action relationships between all TCI stakeholders and how the cycle of learning impacts all levels to inform continued improvements of the model. As a result of learning during program implementation, Hub staff and coaches gather learnings, report and act on improvements to program implementation via coaching and Hub-level processes and operations. These learnings are then reported to TCI Global and are synthesized across all Hubs so that the TCI model can be improved, thereby affecting actions and improvements across the Hubs and geographies.

Figure 3: The TCI cycle of adaptive learning

In recognizing that different states are at different levels of health system maturity based on their on-the-ground realities, some states are making improvements by simply adopting the "business unusual" mindset, making the required system changes to enable an effective partnership with TCI and starting to secure financial commitment for FP. Other states can be termed as pioneering as they have seen the impact of the HIIs. These pioneer states rapidly transform their mindset, make financial commitment and leverage other funding opportunities to implement the HIIs and embrace and tweak the HIIs to transform their FP programs and the overall primary health care system. This translates to improved confidence and technical know-how and increased technical resources and ownership of state FP programs with other implementing partners seen as contributors, not drivers.

The interlinking of advocacy, demand generation and service delivery, supported by monitoring and evaluation, is the secret sauce that has proven very effective in implementing the business unusual model. In most states, the collaboration between thematic areas has been strengthened and is increasing the results being experienced, strengthening a basis for adopting the HIIs offered by the TCI platform. Doyin Oniyitan, State Initiative Manager of the Program Support Unit of Ogun State Primary Health Care Development Board, Abeokuta, Ogun State, recognizes the impact of TCI's unified advocacy, demand generation and service delivery outlook in driving family planning interventions in Ogun State:

> *Prior to TCI intervention in Ogun State, coordination was done in silos. Demand generation was very low, the impact of advocacy was not felt, and we had a lot of misconceptions [about family planning] in the community that nobody could go and demystify. What we were doing before was just a little bit of supplies of commodities. However, with TCI's holistic approach in terms of service delivery, the coordination, demand generation, and everything has been helpful. Now when you are looking at the service delivery, you are also looking at demand generation; you are looking at what the data is saying; advocacy, what the people are saying and how to get people to uptake family planning in the State. The holistic approach of TCI really changed things! Even us from the coordination office of the State, Reproductive Health Unit and PSU [Program Support Unit] now have a sense of duty that this thing must work. The entire TCI team, especially those that are here in the State, are*

ready to come to the level of the State and help us to shift from where we used to be into what should be. We are now seeing it that way. The technical assistance that we have been able to get from them is encouraging, so that is really appreciated.

It has also activated inter-agency and multi-disciplinary collaboration as states have seen the value of mapping and bringing relevant stakeholders on board to resolve health issues. Also, the states are increasingly appreciating the value of evidence to drive implementation with regular data-use sessions which has resulted in even service providers at facilities to chart simple uptake charts and carry out trend analysis on contraceptive uptake over time.

TCI NIGERIA'S PATHWAY TO SUSTAINABILITY

The TCI Nigeria pathway to sustainability was developed as an attempt to answer some of the key learning questions below:

- Is sustainability possible or even desirable by state and local governments?
- Is the business unusual model flexible enough to metamorphose and still deliver sustained impact at scale?
- What are the predictors of success for sustainability in TCI?
- What will be the rate of adaptation and replication of some or all of the HIIs?

Due to the uniqueness of TCI Nigeria-supported states, it may be of utmost importance to define what sustainability means to each state, determine the predictors of success for sustainability and support them to achieve the type of sustainability achievable and needed to meet their context specific needs.

Figure 4 below shows the evolution in TCI Nigeria's Coaching and TA role as well as anticipated level of FP program sustainability along the continuum of partnership with supported states. See page 10 for more details as to the phased approach.
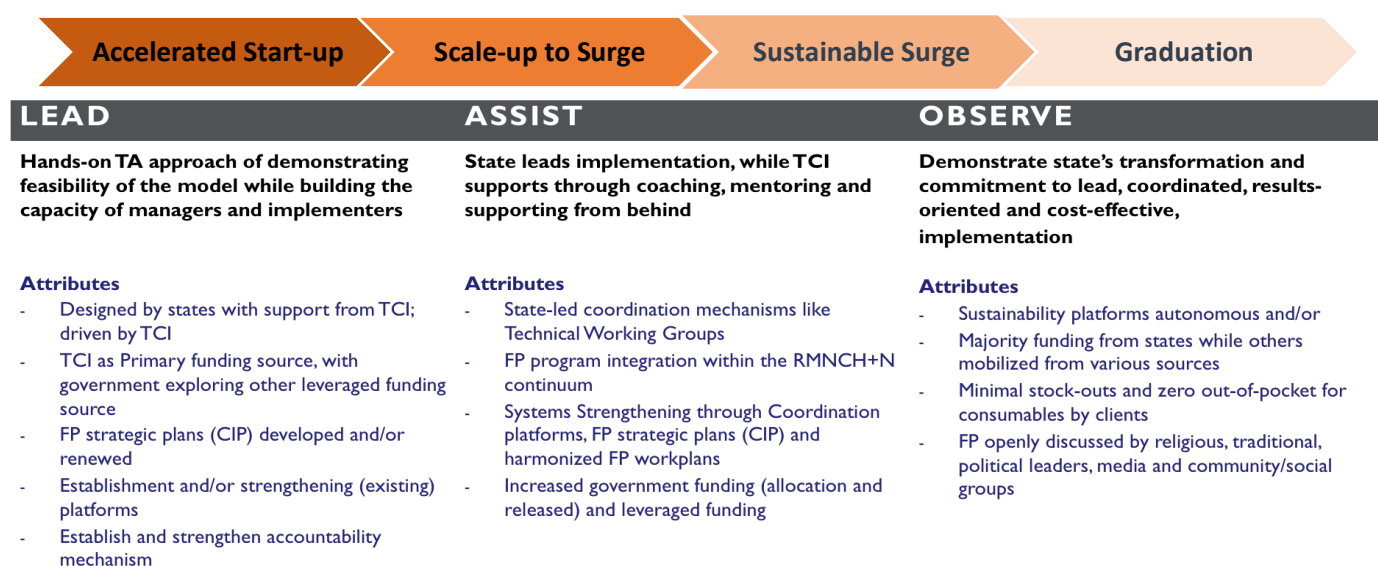
Accelerated Start-up	Scale-up to Surge	Sustainable Surge	Graduation
LEAD	**ASSIST**	**OBSERVE**	
Hands-on TA approach of demonstrating feasibility of the model while building the capacity of managers and implementers	State leads implementation, while TCI supports through coaching, mentoring and supporting from behind	Demonstrate state's transformation and commitment to lead, coordinated, results-oriented and cost-effective, implementation	
Attributes	**Attributes**	**Attributes**	
- Designed by states with support from TCI; driven by TCI	- State-led coordination mechanisms like Technical Working Groups	- Sustainability platforms autonomous and/or	
- TCI as Primary funding source, with government exploring other leveraged funding source	- FP program integration within the RMNCH+N continuum	- Majority funding from states while others mobilized from various sources	
- FP strategic plans (CIP) developed and/or renewed	- Systems Strengthening through Coordination platforms, FP strategic plans (CIP) and harmonized FP workplans	- Minimal stock-outs and zero out-of-pocket for consumables by clients	
- Establishment and/or strengthening (existing) platforms	- Increased government funding (allocation and released) and leveraged funding	- FP openly discussed by religious, traditional, political leaders, media and community/social groups	
- Establish and strengthen accountability mechanism			

Figure 4: Snapshot of TCI Nigeria Lead, Assist, Observe Phased Coachinng Model

Defining the Nexus Between Coaching and Sustainable Technical Assistance

Using a TA approach, TCI Nigeria supports states over a 3-stage process of expression of interest, program design and program implementation. Coaching begins across the three stages and whether it is on-demand or proactive depends on the peculiarities of the state. The first two stages are usually characterized by proactive coaching, while variations begin to occur at the third stage of program implementation. The state teams are proactively coached at the initial stage and with intensive capacity building, the coachees progress and become coaches themselves. Transfer of capacity within the states starts from cascade trainings to on-the-job support.

The TCI implementation process progresses from the initial phase of **Start-up** typically characterized by a proactive demonstration approach of **Lead** while consistently building the capacity of state managers and implementers to ensure their readiness to move onto the next phase of **Scale-up** / **Surge** where TA takes the form of **Assist** where the state leads the process with TCI coaching, mentoring and supporting from behind. The **Sustainability** phase is like a litmus test for how the state carries out implementation of the model with minimal TCI TA support, which allows for TCI to **Observe**, while still available to support from behind based on demand. This phase tests and uncovers the extent to which the states mindset changes and commitment to cost-effective, well-coordinated and results-oriented programming has been ingrained. While TCI coaching methodology is targeted at improving knowledge, skills and capacity of coachees to perform their roles in FP program implementation, TA is provided to the state government team to effectively drive implementation of FP programs using these trained coachees.

Determinants of Readiness for Successful Transition to Country Ownership

To move along the continuum of start-up to scale-up/surge to ownership and sustainability, it is vital to apply evidence and theory in order to measure if a state is ripe for graduation from TCI's TA and financial support. Graduated states would always have access to TCI University and still be part of the larger TCI community of practice. However, more active support will wane as TCI expands into other geographies. As a result, TCI Nigeria plans to adapt and use the Quality & Sustainability Assessment Tool (QSAT) developed by the East Africa Hub to assess supported geographies towards graduation. The QSAT is a new and reliable instrument for assessing the capacity for program sustainability of various public health and other programs to better understand what factors can promote long-term program sustainability.

Transition and Sustainability Plan

Depending on the leadership and health system dynamics which differ from state to state, varying levels of maturity can be observed in implementation. It is important, therefore, for state managers and policy makers to chart their transition domains based on their unique realities, expectations and achievements as well as the sustainability markers in their overall health system.

For the state implementers as well as every other sustainability platform that has been identified, strengthened and active across thematic areas, it is important to ask questions like:
- What does movement or progress mean to us?
- How do we know we are moving in the right direction?
- What institutional homes are we connected to that should be involved?
- How will results be achieved and/or how will resources be mobilized?
- How do we measure quantum and quality of movement? How can the movement be sustained?

The above considerations can be examined under four broad domains critical for sustainability: Political & Financial Commitment, Capacity Strengthening, Institutionalization of Proven Approaches, and

Sustained Impact. The table below provides more information about what the broad transitions mean to TCI Nigeria.

Transition Domain	Components
Increased Political & Financial Commitment	- Mission Statement for Values - Policy and Advocacy - Financial Commitments - Financial Spending - Financial Management and Documentation of Funds
Capacity Strengthening	- Leadership for FP Interventions - Strategies and Approaches for FP Program - Costed Operational Plan & Coordination - Continuous Quality Improvement - Health Management Information Systems (HMIS) for FP - Use of Information for Decision Making - Referral Systems for FP - Supportive Supervision of Interventions - Feedback and Sharing of FP Data and Reports
Institutionalization of TCI Proven Approaches at All Levels of Health System	- Access and Utilization of TCI University - Coaching on FP - Continuous Adaptation of FP HIIs - Implementation of Approaches According to Quality Standards - Diffusion of HIIs - FP Methods Mix - Integration of FP with other Health Services - Contraceptive Procurement & Logistics Management - Public Private Partnerships - Community Involvement in FP
Service delivery	The State takes full responsibility for the logistics of service delivery, including human resources, on-job and refresher trainings, supportive supervision, accurate data entry and reporting, commodity distribution, consumables procurement, community mobilization, facility In-reach, Adolescents and Youth friendly FP service provision and other elements related to the program services itself.

TCI Nigeria Lead, Assist, Observe Phased Coaching Model

Project start-up phase	Scale up and Surge phase	Sustainability phase
Lead - TCI leads program implementation while providing TA and hand-holding to states to learn.	**Assist** - States begin to lead program implementation while TCI provides TA to ensure quality	**Observe** - States fully take the lead while TCI observes, and only provide on-demand TA if required.
- Implementation and primary funding is majorly driven by TCI with minimal state contribution and leveraged funds - Proactive coaching of State FP Program Managers on proven to work FP strategies & HIIs by TCI State hub - Introduction to TCI-U and other learning resources to state government team - Inauguration and/or strengthening of already existing sustainability platforms like ACG, SBCC, QIT teams - TCI driving integrated FP workplan development - Partner-led and funded media campaign – from design to procurement and monitoring - Trainings facilitated by TCI team and TCI engaged Master Trainers - TCI driving the use of data for decision making for states with TA to state M&E staff - FP demand generation activities led by TCI with TA to state government - Weak CLMS with recurrent & occasional commodity stock-outs	- Implementation and primary funding is shared by TCI and state government - State FP Program Managers cascade coaching to FP Implementers across facilities & communities - State Government team begin to use TCI-U as a resource for mentoring and coaching - Functional relevant structures like ACG, SBCC and QIT driving program delivery - Government-led workplan development - Government-led and funded media campaign with TA and minimal financial support from partners - Trainings facilitated by Government Master Trainers with support from partners - State government team driving data management process including D4D - State Health Education and Promotion units of the government driving DG activities - Improved CLMS with a near zero reports of FP commodity stock outs	- Implementation and primary funding is majorly driven by state government - State FP Program Managers have become Coaches and are facilitating trainings and coaching sessions - Domestication of TCI-U approaches and tools by the states - Fully institutionalized structures and systems at the state and local government levels - FP workplan fully integrated into state AOP - Fully funded media campaign (design and implementation) by government with only on-demand TA from partners - Government has expanded pool of Master Trainers facilitating FP trainings in the states - Routine use of D4D by State government team including policy makers - Sustained demand for FP services achieved by government - Strong CLMS with zero stock out of FP commodities reported

ANNEX 1

Audience Map for TCI Coaching

The audience for coaching across TCI geographies varies from FP program implementers to program managers and implementing partners. Some of the coachees eventually become coaches following successful transfer of capacity and skills required for coaching on the design and implementation of the HIIs. While the majority of the policy makers and top level stakeholders are engaged through mentorship and mindset change towards FP buy-in, coaching is targeted at middle-level program managers and other stakeholders shown in the table below.

State Ministry of Health	Director of Public Health
	Director, Planning Research & Statistics
	Reproductive Health Coordinator
	Family Planning Coordinator
	LMCU Coordinator
	Adolescent Health Desk Officer
	Director, Nursing Services
	Director, Hospital Services
	SOML Program Manager
	State M&E Officer
	State Health Educator
	State Logistics Officer
	State Gender Officer
	MCH Coordinator
State Primary Health Care Development Agency	Executive Secretary
	Director Medical Services
	FP Desk officer/FP Coordinator
	Director, Community Health Services
	Director, Planning Research & Statistics
	Adolescent Desk Officers
Other Ministries, Departments & Agencies	Director, Ministry of Budget & Economic Planning
	Director, Ministry of Finance
	Director, Ministry of Information
	Director, Ministry of chieftaincy affairs
	Director, Ministry of Social Welfare
	Director, Ministry of Education
	Director, National Orientation Agency
	Director, Ministry of Youths & Sports
	Chairman, House Committee on Health
	State Accountant General
	Media Practitioners
Local Government	Medical Officer of Health/ PHC Coordinator
	Head of Local Government
	Supervisory Councilor for Health
	LGA Chairman
	LGA M&E Officer
	LGA FP Supervisor
	LGA Health Educator
	LGA Mobilization officers

Health Facility	Medical Director/PHC Officer in charge
	Chief Matron
	Hospital Secretary
	Service Providers
	M&E/Records Officer
Community	PPMVs, Community Pharmacies
	Community Based Distributors
	Civil Society Organizations
	Community Leaders
	Traditional Leaders
	WDC Chairman
	Social Mobilizers
Groups and Institutions	Technical Working Groups
	Advocacy Core Groups
	SBCC Committee
	Ward Development Committee
	Logistics Management Coordination Unit (LMCU)
	Quality Improvement Team
	Federation of Muslim Women's Association in Nigeria (FOMWAN)
	Christian Association of Nigeria (CAN)
	FP Implementing Partners
	Community Development Committee (CDC)
	Interfaith forum
	Budget Task Team
	Media Group
	School of Health Technology
	School of Nursing
	Community Health Practitioners Registration Board

ANNEX 2

Mode and Processes Involved in TCI Coaching

Coaching takes many formats and modes depending on the peculiarities of a particular context. The table below outlines the most frequently used approaches.

Individual and Group	Description	Coaching Mode
Individual	Coaching is provided proactively or based on need to an individual who requires it. Individual coaching focuses on areas that the individual has identified as being problematic.	Face to face (F2F): Coach and coachee plan together and meet for the coaching services. This usually works for FP providers through supportive supervision or mentoring and coaching visits to the facilities. This is also applicable to the program managers across relevant MDAs
Group	Group coaching targets groups of people with similar need. This includes persons working in the same department or people undertaking similar tasks. This form of coaching allows for more interactions and shared learnings. Examples include coaching during periodic updates, training etc.	Virtual: Coach provides coaching to coachees via different platforms including WhatsApp, Skype, Zoom, Blue jeans, TCI University etc. This is particularly useful for coaches and coachees that are far apart.

Before Coaching and Technical Assistance: The coach works with the coachee to identify the problem or the area in which the coachee requires coaching. The coach also collects and documents basic information on the coachee including location, field of work, skills possessed and availability of the coachee for the planned coaching exercise. The coach subsequently uses all of this information to plan the coaching session and decide with the coachee whether it will be virtual or F2F, individual or group depending on whether or not there are colleagues or peers of the coachee requiring coaching in the same area. A convenient time for coaching is then agreed upon.

During Coaching and Technical Assistance: The coach shares FP resources required to address the coachee's problem, task or desired skills building and takes the coachee through the use of the resources, when appropriate. The coach allows the coachee time to go through the resources in order to properly reflect upon them and return with questions for better understanding. For F2F coaching, the coach provides direct support and supervision to the coachee on the use of the resources and assesses the coachee's understanding of what was taught. The coach and the coachee agree on a time for continuation of the coaching session or follow up. The coach keeps records of resources shared and discussions with the coachee for future reflections and follow up.

After Coaching and Technical Assistance: The coach checks in with the coachee to ensure that resources shared are being utilized while also prompting the coachee to ask questions or clarifications that may help for full understanding of the lessons learned. The coach reminds the coachee of the planned follow up coaching appointment ahead of time and makes himself or herself available for the coaching session. The coach documents all of the follow up engagements to the point when the coachee is satisfied with the coaching experience and confirms that he or she has successfully achieved their goal. The coach will go on to assess what the coachee has learned to ensure that learning has taken place and the coachee's skills have improved.

ANNEX 3

Monitoring and Assessment of TCI Coaching

Documentation is a critical component of the TCI Coaching Strategy to allow for effective monitoring and evaluation of coaching. Monitoring cuts across all levels of coaching from before coaching to during and after the coaching has been provided. It is also imperative to gauge the quality of coaching and link it to TCI outcomes. As a result, assessing coaching is a standing agenda item at all review meetings with implementation teams at the state level. Review meetings reveal the status of implementation and the data that is being generated so that discussions can center on:

- What are the most significant achievements at each TCI stage that can be attributed to coaching?
- What worked well?
- What hasn't worked as well?
- In what areas, is additional coaching (technical support) required from TCI to see continued improvements in the targets/indicators?

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