



Pathways to Scale and Sustainability

City-Led Health Programming Begins With Financial Commitment

A Key Factor in TCI's Demand-Driven Approach to Sustainable Scale-Up



TCI's PASS Learning Series #3

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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 Up 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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Financial Commitment Key to TCI's Demand-Driven Approach

Built on the demonstrated success of the Bill & Melinda Gates Foundation's Urban Reproductive Health Initiative (URHI), The Challenge Initiative (TCI) represents an exciting approach to rapidly and sustainably scale up proven reproductive health and family planning solutions, including adolescent and youth sexual and reproductive health (AYSRH) services, in poor urban areas of low- and middle-income countries.

TCI defines **sustainable scale up** in terms of both depth (systems-level changes resulting from institutionalization of proven health interventions and strengthening capacity to implement them) and breadth (increasing the number of geographies implementing effective programs, thus reaching more people).¹

TCI's Theory of Change (Figure 1) shows how it envisions achieving sustained impact at scale. Local governments self-select and lead implementation while committing their own political and financial resources. TCI, in turn, supports local governments through financial assistance from its "Challenge Fund;" face-to-face and virtual coaching support; and access to learning resources, tools and a community of practice through its online platform (TCI University). TCI also supports local implementers in continuously adapting and scaling proven interventions based on the latest data. With TCI coaching support, local governments improve their ability to coordinate with partners and other investments in family planning to successfully implement their own programs, ultimately leading to the desired outcomes at scale.

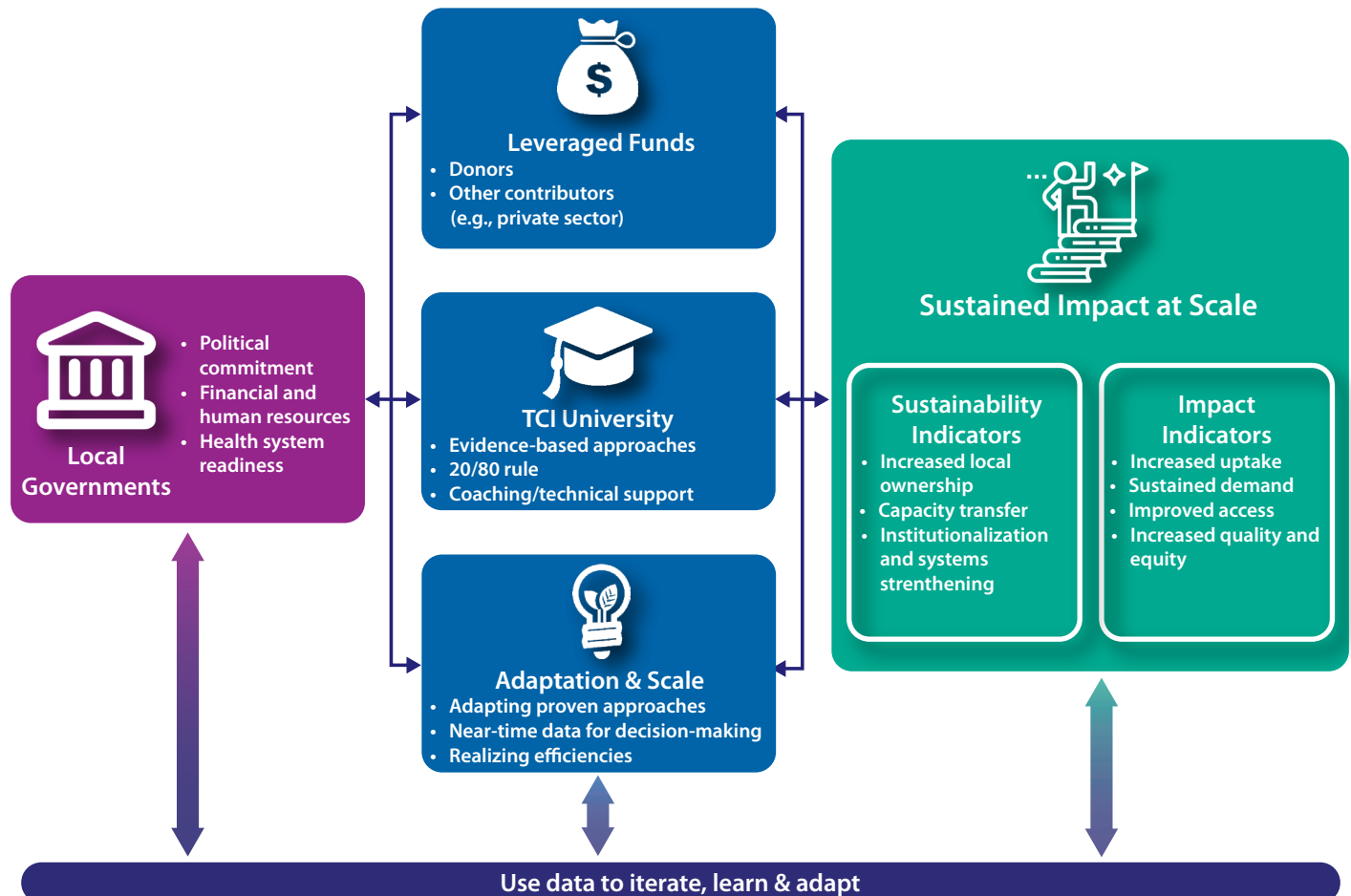


Figure 1: TCI Theory of Change

Over time, local governments' financial commitments increase while TCI funding through its Challenge Fund decreases. Stage 1 of TCI's demand-driven approach (Figure 2) starts with an **expression of interest**, which is designed to harness the benefits of local city ownership and builds in the explicit expectation that cities will commit their own financial and human resources to carry out TCI proven interventions. The four stages are intended to prime local government ownership at the outset while simultaneously transferring capacity and ultimately increasing self-reliance and eventual graduation from TCI support.



Figure 2: TCI's four-stage demand-driven approach.

This third edition of the **Pathways to Scale and Sustainability: TCI's PASS Learning Series** focuses on the foundational principle of TCI's scale and sustainability approach – that is, implementing demand-driven programs by engaging with cities that opt in, commit their own political and financial resources, and select and implement interventions. Specifically, it showcases strategies that TCI's regional hubs in East Africa, Francophone West Africa, India and Nigeria have employed to garner local government leadership, advocate for the commitment of financial resources to family planning programs and operationalize release of those committed funds.

Engaging Self-Selected Local Governments Fosters Ownership

It is well-known and documented that political commitment strengthens the enabling environment and facilitates scale, or at a minimum eliminates barriers to scale-up.^{2,3,4,5} As a result, TCI aims to transform political will into local ownership and leadership in the design and implementation of family planning efforts. This starts with TCI regional hubs communicating TCI's added value as an acceleration platform, coordination mechanism and capacity strengthening partner to local governments at existing gatherings, such as mayors/governors forums and national family planning conferences. TCI then follows up with those interested in learning more about TCI to establish shared expectations about roles and responsibilities and convey TCI's six guiding principles (Figure 3) and what their role would be if they were to join TCI.

Following these communication and advocacy efforts, cities submit **expressions of interest (EOIs)**, which are scored against predefined selection criteria to choose among candidate cities and ensure eligibility for the Challenge Fund. The predefined selection criteria include political commitment, resource contribution, system readiness, size for potential impact and composition of the program design and implementation team. Within each of the five criteria, TCI can adjust weighting based on the on-the-ground realities. To ensure consistency and reduce subjectivity or bias in scoring, TCI evaluates EOIs on the selection criteria by scoring each criteria a numerical value from 0 to the maximum points possible for each criteria. Criteria are not all evenly weighted, as some are more important than others, with resource contribution being the most important along with size for potential impact. Each applicant receives a cumulative score. The maximum cumulative score possible is 70 points.

Those candidate cities with the highest scores are invited to Stage Two, the program design phase. TCI strategically offers data, provides technical assistance and coaching to the selected local governments, setting the stage for effective city decision-making and **program designs**. TCI support ensures that the gaps identified by the local governments are prioritized and mapped to TCI proven approaches showcased online in **TCI University**.

Local governments that submitted EOIs that do not meet the eligibility criteria still receive feedback and coaching to come up with a plan to address the areas of weakness. As a result, these local governments often resubmit EOIs during future rounds of calls for EOIs and some have been approved to join TCI as it expands.



Figure 3: TCI's six guiding principles.

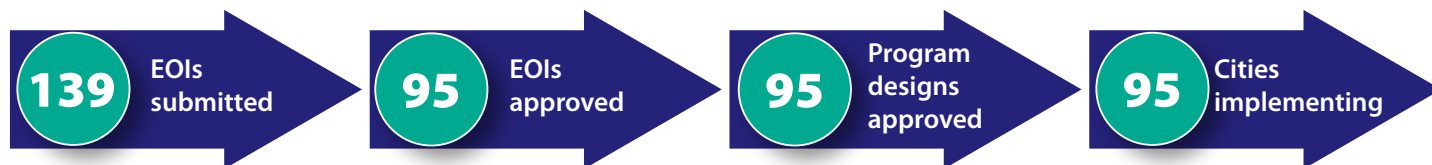


Figure 4: EOIs submitted and approved as of December 2019.

For example, TCI was originally marketed to all Nigerian states during the 4th National Family Planning Conference in 2016. Although Abia State's governor expressed interest at that time, Abia's EOI did not meet the criteria. After coaching from TCI, Abia strengthened and resubmitted its EOI and was approved to join TCI in July 2018.



TCI Chief of Party Victor Igharo (left) presents a letter of commitment to Dr. John Ahukanna, Commissioner for Health Abia State, while Olusina Olulana (second from left), Deputy Portfolio Director NURHI/TCI, and Moses Ayanwusi (right), Portfolio Director Finance and Administration, look on.

Adaptations in India to TCI's Standard Self-Selection Process

During the initial rollout of The Challenge Initiative for Healthy Cities (TCIHC), as the project is known in India, five cities interested in partnering with TCIHC were selected by the state government of Uttar Pradesh (UP). They did not formally go through the EOI or program design stages during this initial rollout. Instead, the state government selected the cities to participate and the city's annual **Program Implementation Plan** (PIP) and the Record of Proceeding (RoP) – the national planning and budgeting processes of the National Health Mission (NHM) in India – were considered to be the approved commitment letters and program designs given that the rollout of TCIHC did not align with the budget cycle.

During phase two, the TCIHC team worked with the state governments of UP and Madhya Pradesh (MP) to issue directives clearly stating the purpose of expansion of TCIHC; the EOI template, the selection criteria and date for submission were included in those directives. As a result, EOIs were submitted by 20 cities out of 75 in UP and 15 cities out of 54 in MP. During the review and selection process, a relative weight was given to each EOI criteria. For example, mayoral commitment, a large slum population and a functional municipal corporation were weighted more heavily than other criteria. This helped in prioritizing and finalizing city selection. Based on the weighted scores, 15 cities in UP and 4 in MP made it to phase two. The involvement of the NHM Mission Director and Director of Family Welfare at this review meeting helped to ensure quick and transparent decisions on city selection. The selected cities were then notified through the state governments to start preparing their program designs with the support of the TCIHC team.

Strengthening Financial Capacity and Mobilizing Local Funding

From the very beginning of TCI's interactions with local governments, discussions around sustainability and the local government's ability to own its family planning program and mobilize the required financial and human resources are at the forefront. In addition, expectations related to the funding available through the Challenge Fund are made apparent. In the case of India, city governments are not authorized to request monetary support from external agencies (such as the Challenge Fund). However, they can seek technical assistance and program implementation support through NGOs. As a result, TCIHC has strengthened local government stakeholders' capacity to adequately budget for the funding that they need to implement proven-to-work family planning solutions to meet the needs of their most vulnerable and under-served populations in urban areas.

Inclusion of TCI Proven Interventions within Government Budgets in India

TCIHC “unlocks” Government of India monies from three accounts – urban health, family planning and maternal and child health – as well as other underutilized funds such as **“Rogi Kalyan Samiti” (RKS) to meet TCI’s goal to sustainably scale up proven urban reproductive health solutions.** Before TCIHC, cities had limited understanding of the budgeting process for family planning interventions through the NHM's Program Implementation Plan (PIP). They also had limited knowledge of evidence-based family planning approaches and lacked access to health program funding from the state for services. Since the National Urban Health Mission (NUHM) is still a new program, cities often had not secured funds for urban health services or experienced low expenditures prior to TCIHC's engagement. As part of its support for scaling up TCI proven approaches, TCIHC staff support a PIP orientation for city and district health officers coupled with data-driven planning on evidence-based family planning and maternal and child health approaches. Through this orientation, TCIHC ensures officials understand the procedures for requesting funds for expanding family planning services. As a result of these efforts, 31 TCIHC-supported cities have unlocked more than \$89 million to support TCI proven approaches at the community and facility levels. As of December 2019, 70% of these funds have been spent.

Local governments that demonstrate their willingness, readiness and ability to address their family planning and reproductive health challenges receive capacity strengthening support from TCI. These cities typically have adequate infrastructure but may have weak programming and limited coordination of existing resources.

TCI's technical coaching support, as opposed to technical “doing,” increases city confidence and technical know-how on implementing sustainable family planning and AYSRH interventions and drives a mindset shift that promotes ownership, long-term effectiveness and sustainability of these interventions. TCI's coaching approach is founded on the premise that not only are individuals and teams capable of generating their own solutions, but that solutions are more sustainable when local governments take the lead – especially when coaches supply supportive, experience- and discovery-based frameworks to guide solution generation.

TCI employs a number of strategies to build and strengthen financial management capacity to ensure release and effective spending and monitoring of committed funds. One of the first strategies employed across all hubs was advocacy efforts to ensure that local governments now have a family planning budget line item instead of it being part of a composite reproductive health and maternal child health line item. Beyond this common advocacy effort, each hub employed different strategies specific to its contexts to mobilize financial resources while simultaneously strengthening budgeting and financial management capacity.

In East Africa, TCI – Tupange Pamoja as it is known locally – engages local governments directly in a contractual relationship referred to as a fixed amount sub-award to disburse the Challenge Fund to them. In Francophone West Africa, TCI helps local governments to establish commercial bank accounts where both TCI's Challenge Fund and local contribution amounts are housed and monitored. In Nigeria, TCI does not give Challenge Fund money directly to the states, but works with them to establish a statewide family planning workplan and leverage funding from a variety of sources.

Building Financial Management and Budget Procedure/Monitoring Capacity in East Africa by Engaging Geographies in Sub-awards with TCI

Local governments in East Africa interested in engaging with TCI are required to provide a letter of financial commitment. This letter specifies a definite amount that the geography has committed to family planning in the fiscal year. Then, TCI East Africa engages the local government in a program design process that results in the development of a costed workplan. TCI then develops a sub-award based on the workplan, highlighting the funds that the geography has committed toward certain activities and the funds that TCI will provide the geography based on the remaining activities and desired outcomes. This helps unlock money from the government as well as enhances their accountability by requiring the geography to track its expenditures for release of TCI funds via the Challenge Fund. TCI requires geographies in East Africa to use the following tools to track expenditures:

- **Monthly reports:** Monthly reports from geographies have a finance section indicating what has been spent from TCI and the geography
- **Microsoft Excel tracker:** Serves as a cashbook, helping geography finances to capture cash transactions agreed upon to implement TCI proven approaches
- **Bank statements:** Some geographies share extracts of their bank transaction as evidence of expenditure.

Local governments in East Africa have committed nearly US\$6 million and released 36% toward proven family planning solutions as of December 2019.

“When TCI came in three years ago with business unusual model, it turned things round. TCI built our capacity through various approaches of coaching. The Tupange Pamoja team trained us through the planning processes: planning, situation analysis, problem identification, target setting, formulation of activities, resource determination, budgeting, implementation and monitoring and evaluation. ... After TCI Tupange Pamoja, there are so many changes from planning to results. We the government staff are now involved in planning, budgeting, monitoring, documenting and evaluation. By doing so, most priority activities come from the local government, which is always on the driver's seat. Right now, planning is done at both facility and municipal levels. Through TCI, there are so many improvements and our activity and budget plans are SMART [specific, measurable, achievable, realistic and time-bound]. Most of challenges we used to face have been minimized. The local government knows the community needs and we now have a sense of ownership and we aim at sustaining it. This project [TCI] was given to us and we are implementing in collaboration with the partners. We feel empowered that is why we have been able to develop our own implementation plan and budget.”



– Dr. Project Mtsigwa
District Health Planning Officer
Temeke, Dar-es-Salaam

Working with Local Governments in Francophone West Africa to Establish Commercial Bank Accounts

By the end December 2019, the 11 geographies supported by TCI in Francophone West Africa had disbursed \$114,380 in locally contributed funding. Although this may sound modest, it is quite significant both because the health budgets for this region are often lower than in other LMICs and because local mayor-level contributions are exceedingly rare, as opposed to national-level allocations. The hub builds local governments' financial management capacity by requesting that they contribute their funds in a separate commercial account* along with TCI's contribution. TCI then works with the geographies' accountants to monitor commitments and release as they plan and implement activities receiving Challenge Fund support. Another novel and promising example of growing local government contributions can be seen in the Union of Zou Municipalities (UCOZ), where between 2018 and 2019, its number of communes contributing funds for family planning activities has gone from none to nine out of nine.

*Senegal and Bouake, Côte d'Ivoire, are exceptions in that the local governments have set up sub-accounts within their local treasury account, as required by local law and an expectation of transparent governance for public funds.

TCI Helps Nigerian States Advocate and Leverage Funds for Family Planning

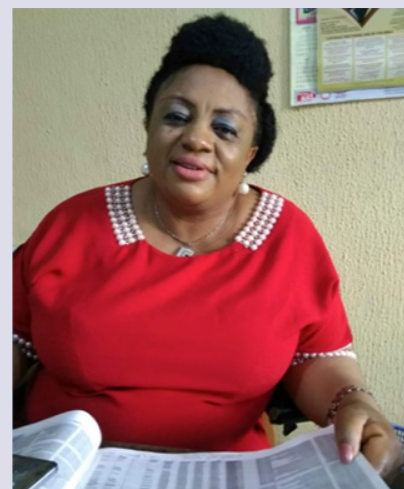
In Nigeria, governments across the 11 TCI-supported states have committed \$3.3 million in cash contributions, of which 52% had been spent as of December 2019. To accomplish this, TCI engages states in a number of **resource mobilization strategies** to ensure their political and financial commitment. One particularly helpful strategy is to establish new Advocacy Core Groups (ACGs) or strengthen existing ones. These groups are independent from government and serve as policy watchdogs. ACGs help:

- Increase funding for family planning by advocating for a family planning-specific budget line
- Ensure accountability for timely release of budget commitments
- Serve as a financial mechanism for good stewardship of resources

Working with state counterparts, TCI helped to establish ACGs in Abia, Anambra, Delta and Taraba, using the **Guide to Setting Up and Managing Family Planning Advocacy Working Groups**. This guide also includes direction on how to run ACGs. In addition, TCI provides technical support to the ACG by facilitating the **SMART Advocacy Training**, providing budget monitoring trainings and assisting the ACG in becoming registered as a civil society organization (CSO). In addition, TCI is working with the ACGs to develop policy briefs and position papers to help them better make their case to a variety of stakeholders.

As a result, all 11 TCI-supported states now have dedicated budget lines for family planning at the Ministry of Health. TCI's advocacy efforts led the Abia State government to budget 200 million Naira (US\$560,000) for family planning interventions in its 2019 budget – the first time in its history that the state dedicated funds to family planning. Prior to the TCI partnership with Abia State in June 2018, family planning was not considered a high priority, partner support for family planning was negligible when compared with other reproductive health issues and the state's Family Planning Unit planned activities depended totally on partner funds. A similar **story unfolded in Anambra State**.

TCI also encourages states to look for other potential sources of funding that can be leveraged. The **Primary Health Care Development Agency's** family planning budget, which is a parastatal of Nigeria's Federal Ministry of Health, was a major source of domestic funding for TCI activities this past year. In addition, many states leveraged other funding sources, including the Nigerian government-supported **Saving One Million Lives (SOML) initiative** and the Nigerian State Health Investment Project (NSHIP) supported by the World Bank, as well as allocations/derivations from internally generated revenue. For example, in **Rivers State**, the 2019 SOML budget for implementing family planning interventions increased by 129% compared to the 2018 SOML budget, while 4.3 million Naira (about US\$12,000) was allocated for family planning under the State Primary Healthcare Board through the 5% LGA derivation fund in 2019.



Edith Nwachukwu – the head of Planning, Research and Statistics in the Anambra State Ministry of Health – was mandated by the Commissioner for Health to ensure a dedicated budget line for family planning in the 2019 budget.

Innovation Spotlight:

Nigeria's Performance-Based Tracker Instills Competition

In Nigeria, TCI assists states with mapping different sources of funds available to the state – such as SOML and the Global Financing Facility (GFF) – and shows how TCI funding contributes to this mix. Moving away from partner-focused and siloed planning and financing streams, TCI encourages and assists the government with developing a state-wide family planning workplan and consolidated budget in which every implementing partner in that state recognizes its role and contributions. This plan and budget is not a TCI budget but rather a consolidated state-wide family planning budget based on the state's Costed Implementation Plan (CIP), which serves as a recognized framework by all partners. As a result, TCI has supported states to create an environment of transparent and accountable program management such that, regardless of funding source, there is a clear pathway of family planning investments. In partner states, workplan activities are implemented by states with either direct funding from the Challenge Fund, co-funding by one or more other partners, or sole funding by states for specific activities.

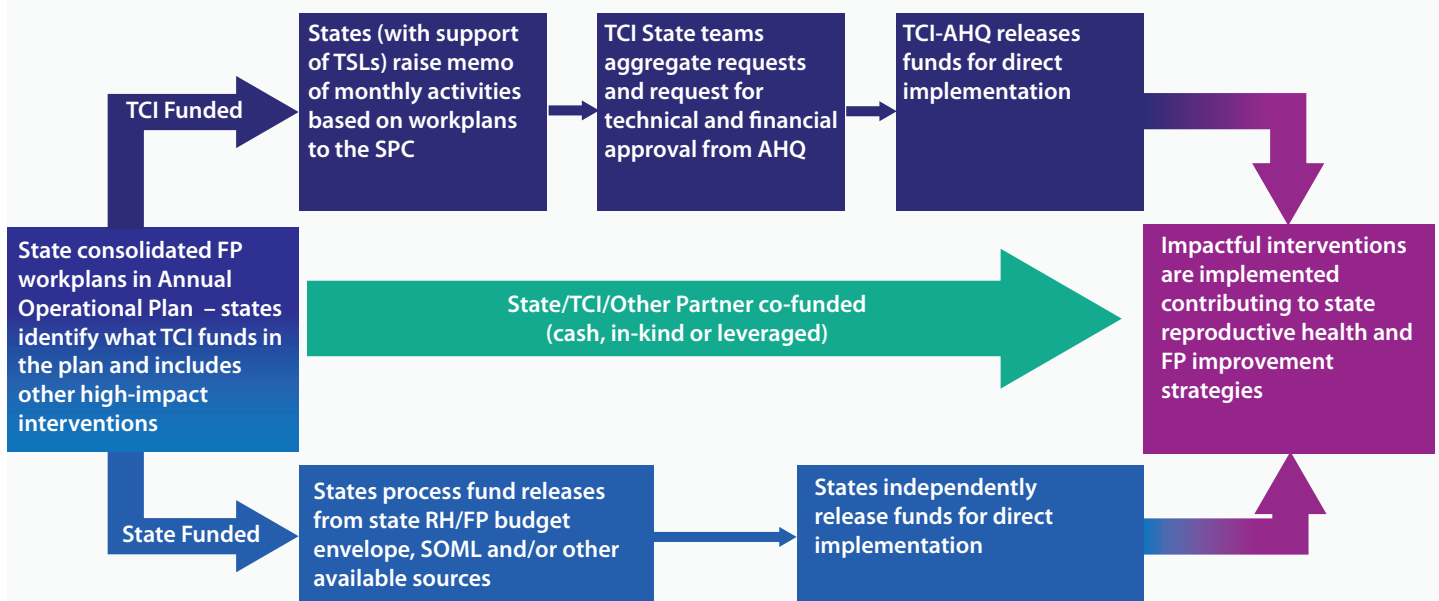


Figure 5: Funding pathways for TCI proven approaches in Nigeria

TCI does not give money directly to states; the state draws down funds from the Challenge Fund based on interventions in the state-wide workplan, developing a memo that is reviewed and approved after which funds are released for direct implementation. TCI helps states understand internal processes to make sure memos are competitive because the state needs to do a similar process to get government funds approved by the governor's office.

In addition, TCI has set up a competitive financing model to encourage states to unlock funds from its Challenge Fund pool (all donor funds for TCI are in same pool) through their achievement of performance indicators in the current year (see [TCI Publications](#) for more on the co-financing model). These indicators are clustered by progress in implementing the proven approaches (program performance), what they bring to the table (matching financing performance), and their need based on program complexity and geographic scope. Essentially, states are competing to unlock a limited pool of additional resources from the Challenge Fund the following year based on their achievement of performance indicators the previous year.

Confirmation of funding release at the beginning of the program year is often not a requirement for states to access the Challenge Fund; however, it is often required that the matching commitment of the state governments as a proportion of total budget aligns with the performance-based framework. The goal is for their contributions to

increase incrementally by year until TCI's gradual withdrawal in the fourth year of engagement. The TCI performance framework requires that partner states meet a minimum of 25% (1:3 matching ratio) at the end of the first year, 33% (1:2 matching ratio) at the end of the second year, and 50% (1:1 matching ratio) at the end of the third year. The performance of the states is assessed against the requirement for the year under review, which informs funding for the subsequent year. In the fourth year, partner states transition into graduation mode. It is expected that state funding should have improved with strengthened accountability and governance mechanisms, increased fiscal responsiveness and improved program management competencies. For states that exceed (or fall short of) the minimum expected matching ratio, the excess or deficit is computed as additional funding rolled over into (or deducted from) the Challenge Fund available in the subsequent year. Below are examples of states' performance along with their financing contributions to show how they are meeting financing expectations and their progress in terms of performance.

Plateau State



The overall outlook for Plateau State showed a positive and consistent trend for long-acting reversible contraceptives (LARCs) and short-acting method uptake with a massive increase of about three times in number of LARC acceptors since joining TCI in July 2018. TCI has contributed to a 46% increase in annual family planning client volume when comparing the 12-month period leading up to December 2019 (January 2019-December 2019) to the 12-month period leading up to the baseline (July 2017-June 2018), accounting for a reversal of negative trends (See Figure 6). This is a 12,577 increase in the annual number of family planning clients. In terms of financial commitment, Plateau State remains a clear leader – consistently exceeding expectations both in terms of matching funds (currently contributing 65% of total funding as compared to its 25% benchmark) and state leadership in adapting TCI's high-impact interventions. For facility data reporting, about 94% of health facilities in the health management information system (HMIS) are now reporting key data elements of different program areas, including family planning, compared to 72% at baseline.

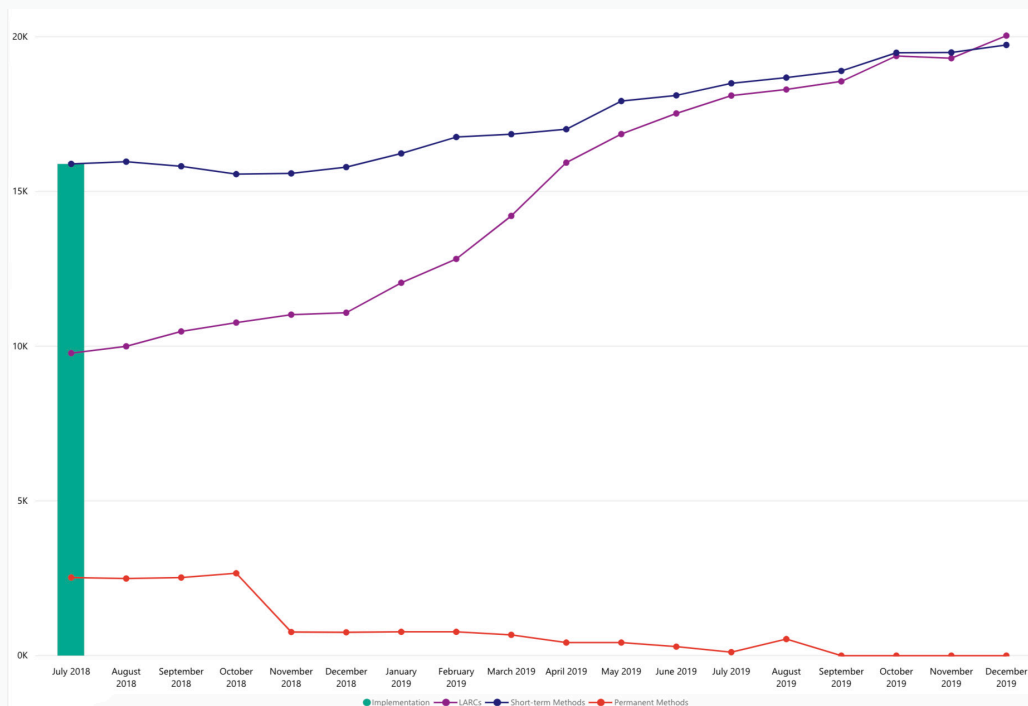


Figure 6: Trend of FP Acceptors In Plateau State

Ogun State

Percentage increase in
annual FP client volume



90%

Increase in number of
annual FP clients



22,662

Facilities reporting



80%

A 90% increase in client volume is seen in Ogun, when comparing the 12-month period leading up to December 2019 (January 2019-December 2019) to the 12-month period leading to the baseline (September 2016-October 2017) (Figure 7). This accounts for a 22,662 increase in the number of clients that accessed contraception. The number of facilities reporting in the HMIS increased by 19% during this time period as well.

Although Ogun State started strong at the beginning of the partnership, counterpart funding has plateaued, making the state fall short of the expected benchmark in 2019. Process indicators such as intensity of interventions have remained consistent, contributing to the reversal of negative trends.

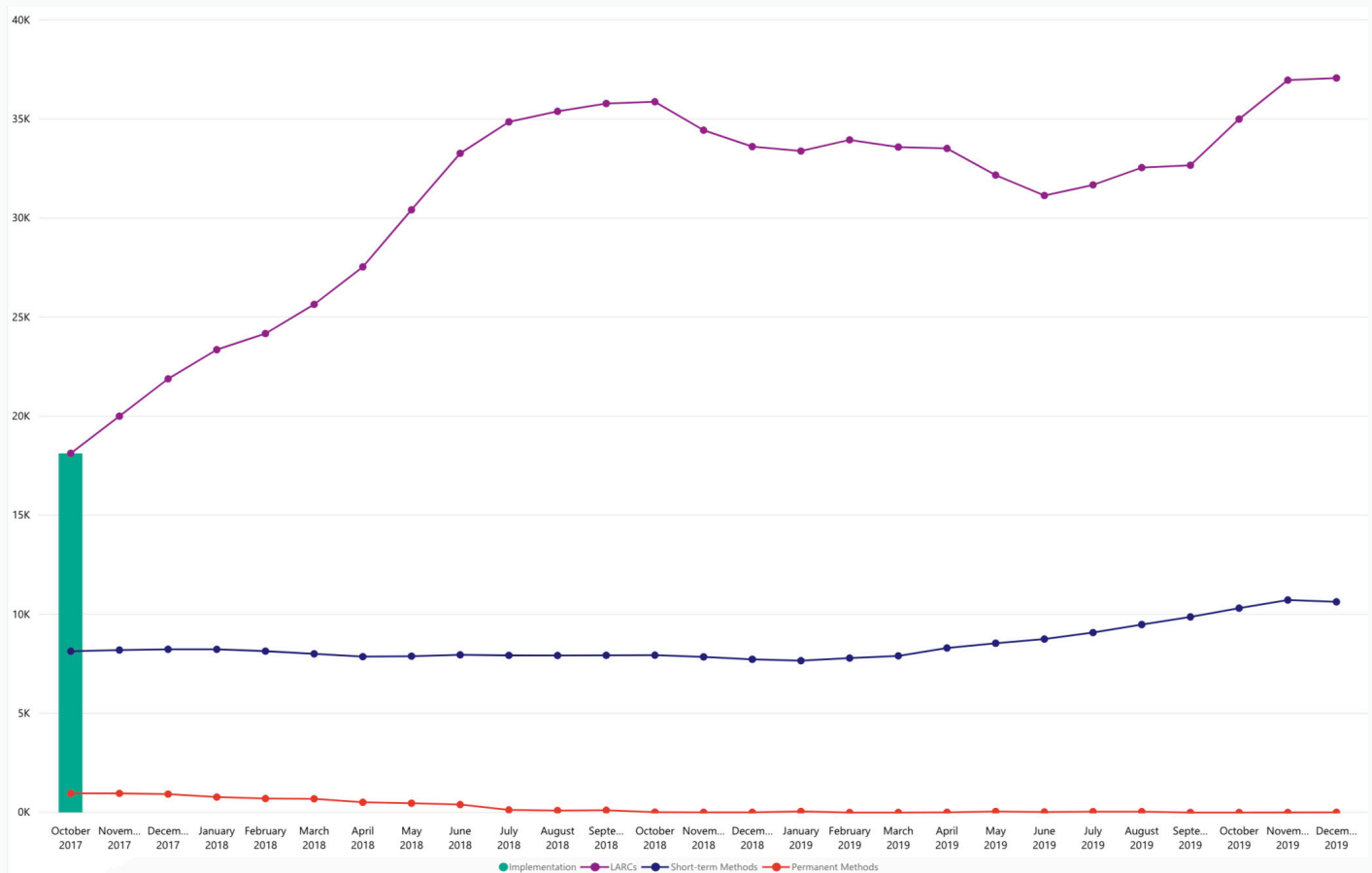


Figure 7: Trend of FP Acceptors In Ogun State

Niger State



The trend for Niger's LARC acceptors witnessed a tremendous rise while uptake of short-acting methods increased marginally since implementation commenced in December 2017. TCI has contributed to 117% increase in client volume when comparing the 12-month period leading up to December 2019 (January 2019-December 2019) to the 12-month period leading up to the baseline (January 2017-December 2017 (See Figure 8). This accounts for 20,226 more clients that accessed contraception.

While Niger State has made slow progress in terms of funding as a measure of financial commitment with consistent shortfall in counterpart benchmark in the last two years, the state remains progressive in terms of program-related indicators (such as family planning service uptake and routine data management) as well as comparative increment in family planning-related expenditure.

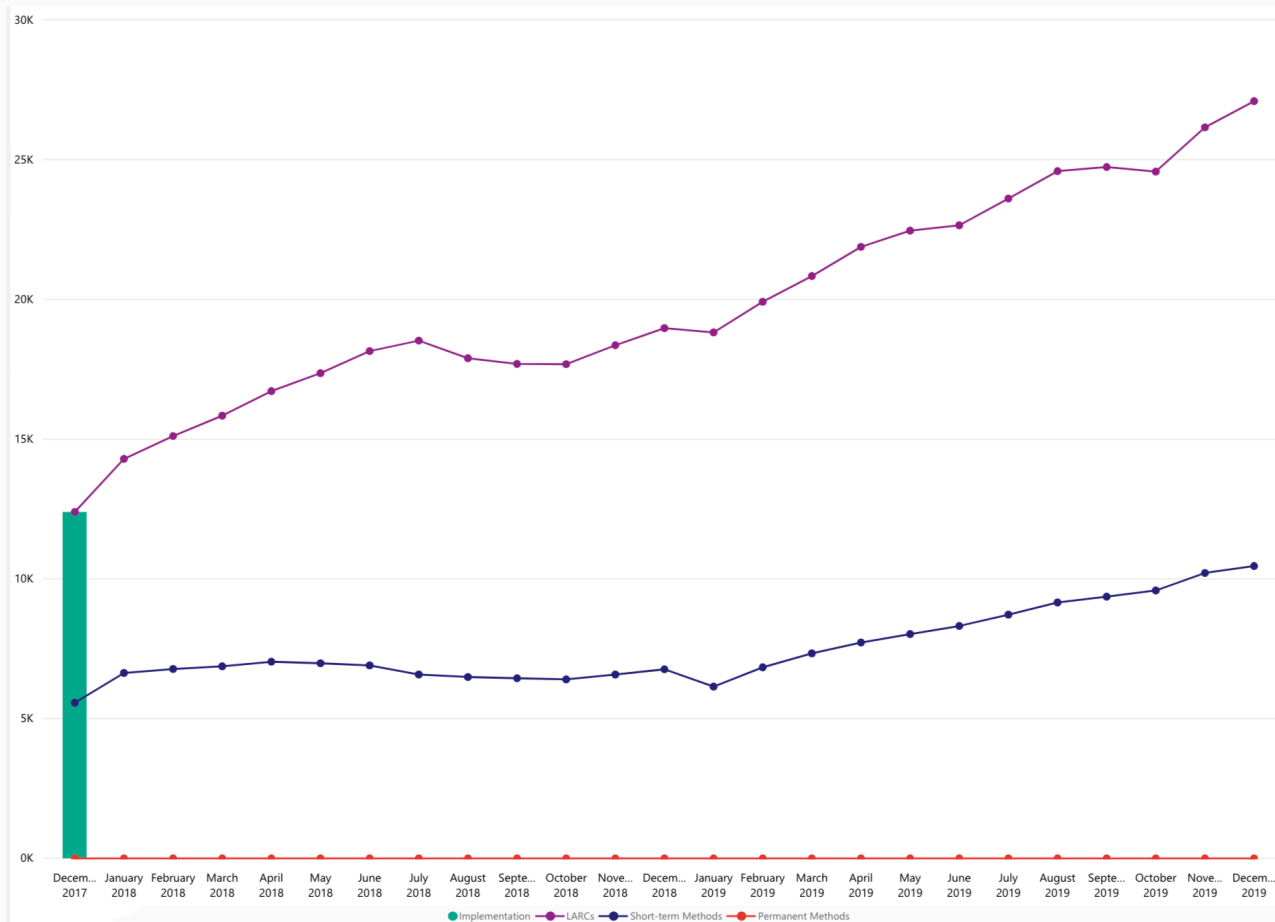


Figure 8: Trend of FP Acceptors in Niger State

Local Government Commitments and Impact Under TCI

Between 2016 and 2019, 95 cities across Africa and India joined the TCI partnership to implement proven family planning and AYSRH approaches. TCI has contributed US\$12.2 million to these family planning and AYSRH programs via its Challenge Fund grants, while local government contributions have surpassed TCI contributions by nearly eight times at \$99.3 million. This varies by hub and by city, with India being the predominate contributor at 90%. After only two quarters, 67% of committed funds have been released and spent, compared with 76% released and spent at the end of last year.

As of December 2019, donor contributions from private philanthropists, Comic Relief and the United States Agency for International Development (excluding TCI Challenge Fund contributions from the Bill & Melinda Gates Foundation) has increased to \$12 million. In contrast, local government contributions rose dramatically by 231%, to more than \$99 million. The total population covered by TCI-supported programs during this time frame rose 67% to 85 million people.

At the same time, TCI has contributed to a 47% increase in annual family planning client volume in its supported cities relative to baseline, which translates to about 684,835 more clients, according to data from country health management information systems (see Figure 9).

These results strongly demonstrate TCI's effectiveness at multiple levels consistent with its Theory of Change and the effectiveness of its demand-driven model of city engagement, which starts with local government ownership and financing to pave the path forward for strengthened capacity and institutionalization of TCI proven approaches.

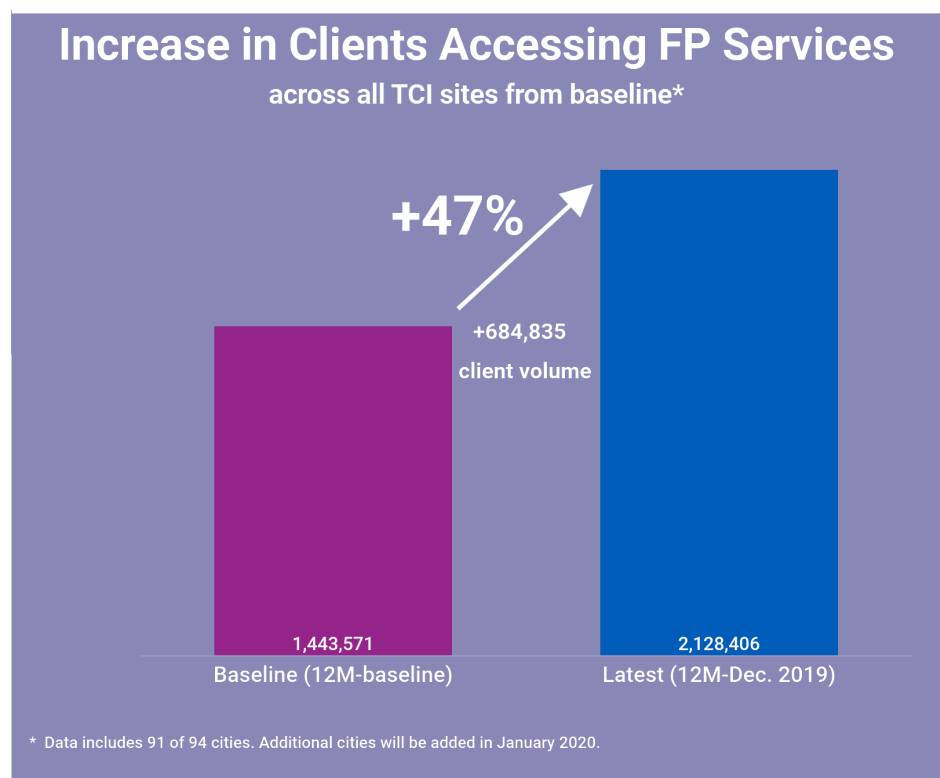


Figure 9: Increase in client accessing family planning services across all TCI sites from baseline.

Conclusion

Ninety-five cities have self-selected to participate in TCI and demonstrated political commitment by contributing \$99.3 million of their own funding. TCI continues to advocate for increased family planning funding and timely release of funds committed for TCI activities, employing a number of strategies.

Interviews with local government leaders showed that local ownership was a strong incentive to participate. Local government leaders were excited by TCI's model that let cities lead and own their family planning and AYSRH programs with a clear path to scale and sustainability. While offering TCI's technical coaching and access to the Challenge Fund were additional incentives at the outset, local leaders became even more motivated after seeing results from delivering the high-impact solutions to their communities.

TCI's Challenge Fund is used both to support local governments in implementing their family planning programs and to motivate them to bring their own resources to the table. The hubs, in turn, have used different strategies to not only release the Challenge Fund money to encourage local governments to commit their own resources but also strengthen local government's financial management capacity to more effectively budget and monitor spending of committed and released funds toward family planning programs.

The following learnings are key:

- **Leverage existing platforms.** For example, TCI observed that state and county review meetings were a platform where cities report their achievements, but they often struggle to do so. As a result, TCI introduced itself during these forums and presented its model as a way to improve family planning and maternal health indicators. TCI's results helped them shine in these evaluation meetings.
- **Align communication and advocacy efforts with local priorities.** During discussions with city officials, TCIHC aligned its model with the Government of India's 'smart city' scheme, which also includes a demand-driven selection process.
- **Communicate early and explicitly mutual expectations regarding increased and sustained local financing.** It is critical to set expectations with key government officials prior to their official involvement in TCI – and to continuously engage them once involved so they do not return to 'business as usual', expecting TCI to implement or fully finance. In supporting cities to move toward graduation by growing their financial commitments for family planning, TCI communicates that the Challenge Fund is conditioned on continued local government commitments and disbursements, with defined probation processes and clear, stepped metrics, as is the practice in FWA.

TCI's demand-driven city engagement, coupled with its coaching to strengthening the existing system, will lead to sustained desirable impacts. TCI beneficiaries share a similar belief as articulated by the Executive Secretary of Plateau State Health Care Development Board:

"... as someone working with the governor ... I looked at the model and realized that it was something quite practical and interesting because of the business unusual aspect ... the idea of the whole thing is the flexibility and the fact that the government is driving the process at all times. And, with TCI, I also realized that there is capacity building, which is key. Because when you build capacity of the workers, even if TCI folds up today, the knowledge remains with them – which is something that is very, very key. When I came on board, there were some partners on the ground doing whatever they wanted to do, but in this case [with TCI], we are sitting down together to define our parts, based on what we have on the ground, with the workplan of the state and the annual operational plan."

Endnotes

- 1 The Challenge Initiative. How to sustainably scale up global health programs and measure progress. TCI's Pathways to Scale and Sustainability (PASS) Learning Series No. 2. Baltimore, MD: Bill & Melinda Gates Institute for Population and Reproductive Health; 2019.
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