The Challenge Initiative

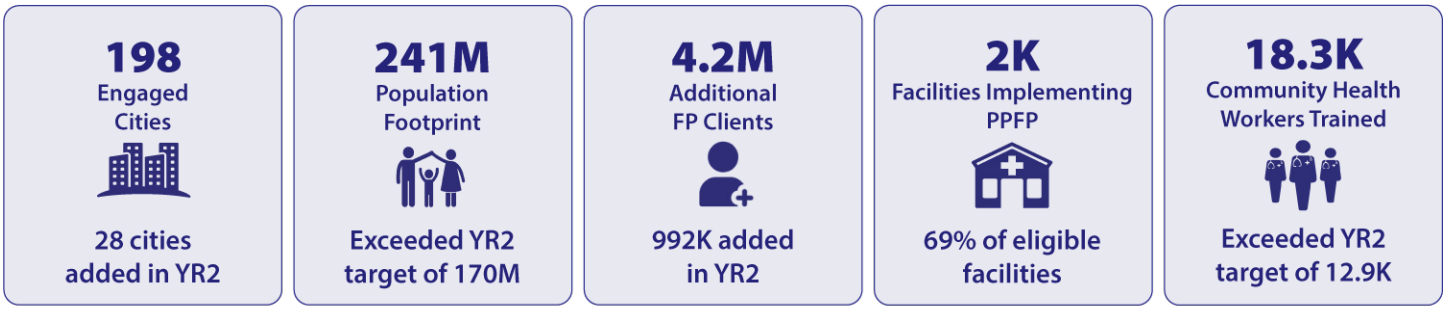
Supporting Local Governments to Expand Access to Family Planning

2023 Annual Report

EXECUTIVE SUMMARY

TCI Contributes to 992,000 Additional FP Clients in Year 2 across 198 Engaged LGs

The Challenge Initiative (TCI) continues to successfully scale up high-impact family planning (FP) and adolescent and youth sexual and reproductive health (AYSRH) programs for the urban poor in East Africa, Francophone West Africa (FWA), India, Nigeria, Pakistan, and Philippines. By the end of December 2023, TCI added 28 new local governments in NextGen Year 2 for a cumulative total of **198 local governments** engaged across 13 countries with a population footprint of **241 million**. Twenty-eight (28) new cities were added in 2023, 11 of which came from the Philippines' engagement of highly populated cities and another 10 came from Rapid Scale Initiative (RSI) cities. Ninety-seven local governments have graduated from TCI's direct support but are being monitored and provided with coaching to ensure sustainable impact.



Across all 198 engaged cities, TCI made a substantial impact, contributing to **991,688 additional family planning clients**[1,2] in Year 2 and exceeding its target for the year by 115%. Since TCI began implementing in September 2017, the cumulative impact in its partner cities stands at an impressive **4.2 million additional family planning clients** reached by December 2023, more than 864,000 of which were coming from cities after their graduation from TCI. This corresponds to an average net contraceptive uptake (NCU) of 37.4 additional clients per 1,000 women of reproductive age (WRA) across TCI cities, since TCI implementation. TCI made great progress in supporting local governments to scale up high-impact practices and other interventions (HIPs & HIIs) that contributed to this observed increase in family planning clients. For example, postpartum family planning (PPFP)[3] is now being implemented in about **2,000 facilities** across TCI-supported cities (69% of eligible facilities), facilitated by about **4,600 service providers trained** in PPFP by TCI coaches. It was promising that 93% of reporting TCI-supported local governments have already incorporated PPFP into their national/local policy. PPFP provides an opportunity for postpartum women who intend to use family planning to access services more readily, and TCI is investigating these relationships further with available data. Early signals from Nigeria, East Africa, and Pakistan show increases in the number of PPFP clients. (See section on Global HIP Spotlight: PPFP).

Regarding the implementation of other HIPs & HIIs in eligible health facilities, TCI successfully met its Year 2 targets for facility coverage across all three service delivery interventions analyzed for this report. (See

[1] TCI's existing methodology for calculating additional family planning clients adjusts for seasonality, repeat visits for short-acting methods, and drop-outs for long-acting reversible contraceptive methods (LARCs). NCU calculations account for these adjustments plus the relative WRA sizes in each geography. TCI also conducts additional analysis that compares the results in TCI cities to national/regional trends; and that investigates the effect of changes in reporting rates (not shown in this report).

[2] Data for Senegal was excluded from the analysis throughout the report. The nationwide strikes have significantly affected HMIS data reporting since the last quarter of 2022. TCI plans to re-include the Senegal LGs once the strike is over and data completeness and quality has improved. TCI also excluded data from one city in the Philippines (Cagayan de Oro) that is undergoing data validation efforts.

[3] Throughout this report, "PPFP" refers to both immediate PPFP and extended PPFP. Certain hubs (India and FWA) have a more intentional focus on immediate PPFP, but also provide it up to one year after delivery.

Primary Outcome 1 for more details). Notably, family planning in-reaches are being implemented in 98% of eligible facilities. Moreover, TCI coaches provided more than **18,000 community health workers** (CHWs) with necessary skills and knowledge in Year 2, amplifying its reach and impact within communities. TCI also made notable progress in two measures used to assess the quality of health systems strengthening (HSS): leadership and ownership and HMIS data quality processes.

Local governments (LGs) spent an average of nearly **85% of the $15 million in funds** that were ring-fenced for family planning in their budgets across the six TCI hubs in Year 2. (Calculated using each hub's last complete fiscal year. See Primary Outcome 2 for more details). Nigeria's 11 active states performed the best with 161% of committed local funds spent for family planning activities.

TCI University (TCI-U) – TCI's key mechanism for scaling HIPs &HIIs – was updated throughout Year 2 with new content and adaptations based on learnings to improve program impact (see Primary Outcome 3 for details). Several hubs also added content to make their HIPs & HIIs more gender intentional. At the end of Year 2, TCI-U had more than **16,000 registered users** that earned more than **50,000 certificates** for successfully completing knowledge assessments. TCI trained more than **5,800 additional coaches** in Year 2, which when combined with coaches trained in Year 1 and TCI's first phase amounts to nearly 11,000 coaches trained since 2017.

Other Key Achievements

+ **PPFP:** The implementation of PPFP and PAFP across TCI hubs witnessed significant momentum in Year 2, but activities and progress vary to reflect regional contexts and challenges. In Nigeria, TCI is enhancing documentation, training, and advocacy efforts, resulting in increased intentional PPFP services despite persistent challenges like commodity stock-outs and training gaps. East Africa's efforts focus on advocacy, capacity building, and community awareness campaigns, leading to a notable increase in PPFP uptake, though challenges like provider skills gaps and commodity insecurity persist. The FWA hub achieved comprehensive coverage of immediate PPFP across supported cities, emphasizing advocacy and training, while also integrating late PPFP into their approach. Institutionalization efforts further solidified PPFP as a key component of reproductive health policies in the region. India is seeing significant progress in PPFP scale-up through strategic coaching and engagement with health officials, resulting in active implementation across eligible facilities. Pakistan's efforts show promising trends in PPFP client increase, although challenges such as data collection issues and commodity stockouts persist. The Philippines are focusing on provider training, system improvements, and policy institutionalization to address challenges like stockouts and procurement delays, although aligning demand generation with supply remains a concern. Overall, while substantial progress has been made in scaling up PPFP and PAFP, persistent challenges such as commodity stockouts, data collection issues, and training gaps are ongoing.

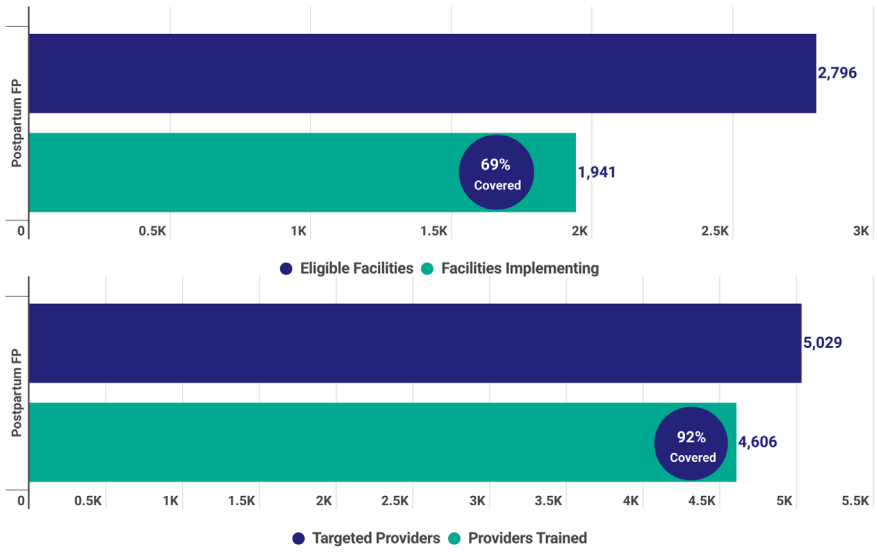


Figure 1: Progress made in implementing PPFP in Year 2.

+ **RSI:** The Rapid Scale Initiative (RSI) – an innovative model based on learnings from TCI's earlier years supported by Bayer's opportunity fund – was rolled out in Year 2. RSI's aim is to see if it can achieve the same results in a shorter time (two years) for TCI's two lead KPIs of additional users and local government self-reliance in implementation of HIPs & HIIs for sustainability. TCI engaged 10 RSI cities across four hubs in Year 2, including four cities in India (Bhubaneshwar, Odisha; Satna, Morena and Ratlam, Madhya Pradesh), one state in Nigeria (Jigawa), three cities in East Africa (Hoima, Uganda; Homabay, Kenya; Geita DC, Tanzania), and two cities in Pakistan (Multan and Khanewal). TCI already observed **33,307 additional clients** coming from RSI cities since start of TCI engagement until December 2023. In Year 2, India's RSI cities saw initial success with expedited IUCD training and fixed-day static services implementation, in addition to contributing to Madhya Pradesh's Program Implementation Plan. In East Africa, the RSI team focused their efforts on advocacy for adoption in the upcoming financial year as well as conducting the essential start-up activities such as coaching on HIPs & HIIs. And in Pakistan, the team engaged the LGs' family planning leadership from the health and population welfare departments to design a program design after a gap analysis, initiate RAISE assessments, prioritize HIPs & HIIs and develop master coaches.

Social mobilization activities with women in the Yankwashi LGA in Jigawa State, Nigeria's RSI site.

+ **Gender:** After completing a gender strategy in Year 1, TCI mapped and organized 60 existing gender-intentional HIPs & HIIs from the hub toolkits within a new Gender Essentials Mini-Course developed for TCI-U in Year 2. The course highlights why integrating gender into HIPs & HIIs is essential to program success, provides an overview of TCI's gender strategy and gender-intentional interventions, and includes content on data and measurement considerations, as well as tools and resources. A technical brief on gender was also developed. TCI also incorporated gender-disaggregation of providers trained on HIPs & HIIs within its new monitoring tools.
+ In the past year, TCI successfully developed, refined, piloted, and rolled-out its monitoring tools that more comprehensively tracks progress on scale-up of HIP & HII (coverage, institutionalization, quality), HSS building blocks, contraceptive uptake, and local government self-reliance. TCI continued to collaborate closely with Itad to finalize its MLE Plan. TCI and Itad also successfully engaged an External Advisory Group (EAG) in Year 2.
+ TCI continued to share its learnings regarding the scaling of HIPs & HIIs throughout Year 2, with six articles published in scientific journals. Four appeared in the journal *Global Health: Science and Practice (GHSP)* while the other two appeared in Frontiers in Women's Global Health. TCI made further progress on an upcoming special supplement in GHSP with a total of five articles published and another four now in peer review. The GHSP supplement is expected to be finalized by the second quarter of 2024. Other articles on coaching and TCI University are being drafted and planned for publication in Year 3. TCI also submitted abstracts to relevant international, regional and local conferences, including the International Conference on Urban Health, and held learning opportunities, such as webinars, study tours, and mini-universities at the hub level. TCI reviewed its existing learning agenda and is in the process of refining it until March 2024.

INTRODUCTION

TCI was awarded two grants in October 2021 totaling $71.3 million – $36.3 million from Bayer and $35 million from the foundation – to fund TCI "NextGen" through December 2025. This progress report covers the second year of TCI NextGen, a 12-month period beginning January 1, 2023, and ending December 31, 2023.

Background

An Efficient Platform Designed for Rapid Scale with Sustainable Impact

TCI is led by The William H. Gates Sr. Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health (Gates Institute) with six regional hubs directly interfacing with local governments for marketing, advocacy, program design, coaching and implementation. The hub partners are Jhpiego in East Africa, IntraHealth International in Francophone West Africa, PSI India in India, Johns Hopkins Center for Communication Programs (CCP) in Nigeria, Greenstar Social Marketing in Pakistan and the Zuellig Family Foundation (ZFF) in the Philippines. Local governments self-select to be a part of TCI, demonstrate their commitment by bringing their own financial and human resources to the table and then lead the implementation of HIPs & HIIs. In return, these local governments can avail themselves of TCI's Challenge Fund and technical assistance "coaching" to support implementation of HIPs & HIIs, which TCI has packaged into easy-to-use toolkits that provide guidance and other support through the innovative TCI-U digital platform. From the outset of engagement, TCI prioritizes sustainability and self-reliance of local governments to lead and own programs that impact the health of their communities – even after TCI support ends. TCI's RAISE assessment tool monitors local government progress across four sustainability domains during active implementation and after TCI's direct support ends.

To achieve its goal – the greater self-reliance of local governments to scale up family planning and AYSRH high-impact interventions, leading to sustained improvements in urban health systems and increased use of modern contraception, especially among the urban poor – TCI grounds its work in four foundational interlocking tenets: scale, impact, efficiency and sustainability. TCI believes scaling without impact is empty scale; impact at scale without being more efficient is not viable; and efficient impact at scale that is not sustainable will not produce lasting change. TCI delivers on all four tenets – recognizing that one without the other three is inadequate to achieve enduring progress.

Global Spotlight: TCI Scales Up Postpartum and Post-Abortion Family Planning

PPFP and PAFP implementation efforts intensified during the first two years of TCI NextGen as this HIP became more of a global priority. The following summarizes TCI's activities related to PPFP and PAFP by hub in Year 2.

Nigeria: Before TCI, providers were not intentional about PPFP provision in the immediate postpartum period and they lacked knowledge of PPFP and post-abortion family planning (PAFP). Post-abortion care (PAC) services were documented, but PAFP services were not, even when provided. PPFP also suffered from inadequate documentation at the facility level – for example providers were not consistent when completing "type of client" for postpartum women – and an absence of certain PPFP methods on monthly summary forms. TCI provides technical assistance to states to incorporate PPFP and PAFP into their annual operational plans, strengthens provider capacity, provides PPFP counseling during social mobilization events, and assists with the redesign of referral systems. TCI has also worked towards the inclusion of PPFP/PAFP as an agenda item at various RH meetings. Progress has been made with 349 TCI-supported facilities providing intentional PPFP services this year. The uptake of PPFP increased by 29% from 2022 to 2023. Challenges persist, including commodity stock-outs, training gaps, poor documentation, and

lack of monitoring and evaluation tools.

East Africa: At the onset of TCI's engagement, several gaps in PPFP and PAFP were identified in East Africa, such as a lack of skilled providers, provider bias, poor data documentation, weak communication between departments, equipment shortages, myths and misconceptions, and capacity gaps at various levels. TCI has implemented the following activities to effectively scale up PPFP and PAFP: advocacy at the sub-national level, development of a national iPPFP roadmap in Uganda, mobile-social learning platforms, mentorship programs for healthcare providers, a push for high quality data, coaching on contraceptive commodity management, and community awareness campaigns. TCI also contributed to policy shifts that accelerated PPFP/PAFP, including the Uganda roadmap, advocacy efforts, a national PPFP training package, and revising documentation tools to include PPFP. Positive trends in PPFP uptake have been observed, with a 46% increase in clients in the last year, although PAFP is still evolving with only a marginal increase. Ongoing challenges include weak provider skills, commodity insecurity, equipment shortages, poor documentation, inadequate reporting tools, and the lack of disaggregated data from HMIS.

FWA: The FWA hub has made significant strides in promoting PPFP across supported cities. Since December 2019, immediate PPFP (iPPFP) has been implemented in all 21 TCI-supported cities, covering 691 health facilities. Additionally, efforts have extended to late PPFP through the universal referral (ISBC) approach, ensuring PPFP coverage in all health facilities. In 2023, the hub intensified its efforts by conducting advocacy and training sessions in PPFP for stakeholders, including master coaches, managers, and service providers, totaling 1,456 participants. These participants represent 40% of the total number of people coached by TCI FWA in 2023, highlighting the importance placed on PFPP. TCI coaching has emphasized PPFP throughout pregnancy and beyond, using the integrated universal referral approach to facilitate access to services. Regarding institutionalization, a systematic review of Budgeted National Family Planning Action Plans was undertaken in Benin, Burkina Faso, Côte d'Ivoire, Niger, Togo, and Senegal. PPFP has been integrated into the national policies of these countries as a key component of the overall reproductive health policy, aimed at reducing maternal and neonatal mortality by strengthening access to family planning. These efforts exemplify the regional commitment to improving maternal and newborn health through expanded access to and integration of PPFP into health systems. Despite progress, challenges persist, including equipment shortages, reporting discrepancies, CHW training needs, and commodity stockouts.

India: PPFP and PAFP were not prioritized in India before TCI support began. This resulted in underreported clients and a dearth of review and feedback mechanisms within facilities and at the city level. Additionally, facility-based counseling during antenatal care, labor, postpartum, and intrapartum services was deficient, compounded by inadequately trained staff who often deviated from established guidelines. The India team initiated the scaling up of PPFP/PAFP in Uttar Pradesh in 2020, expanding this endeavor to Bihar and Jharkhand states by 2023. The intervention extended to higher-order facilities, district levels, and medical colleges across cities, with a strategic focus on engaging women during key interactions with the healthcare system. Coaching efforts concentrated on enhancing counseling quality, conducting refresher training for service providers, and analyzing data in various review meetings. Whole site orientation has emerged as the most effective strategy for PPFP scale up in India. Comprehensive sessions were conducted for all medical, paramedical, and support staff in higher-order public facilities across Uttar Pradesh, Bihar, and Jharkhand. Moreover, coaching extended to state and district health officials to underscore the considerable unmet need during the postpartum period. Regular dialogues with Chief Medical Superintendents (CMS) of District Women's Hospitals and periodic reviews of PPFP and PAFP data during relevant meetings further reinforced program objectives. Currently, all 48 eligible district-level facilities for PPFP are actively implementing PPFP, marking significant progress in addressing the gaps and advancing PPFP services in India.

Pakistan: When TCI first engaged local governments in Pakistan, it found that PPFP and PAFP were not prioritized in government service delivery, a lack of focus and sensitization of service providers, and inadequate data collection.

TCI has since implemented several activities to scale up PPFP and PAFP, including managerial and technical coaching, capacity strengthening of service providers through on-the-job training, and advocacy efforts targeting decision-makers. These activities contributed to policy shifts that accelerated PPFP/PAFP efforts in TCI-support cities. TCI's PPFP and PAFP interventions began in January 2023, with 292 facilities offering services as of September 30, 2023. Data indicates a positive trend, with an average increase of 49% in PPFP clients since the start of the interventions, as reflected in DHIS2 data. Despite progress, several threats and challenges hinder the effective scale of PPFP/PAFP, including ongoing data collection issues, staff values clarification, commodity stockouts, service providers' capacity, societal myths and misconceptions, and abortion stigma that inhibits PAFP data collection.

Philippines: In the Philippines, PPFP is a key focus in TCI-supported cities with interventions such as training health providers, introducing PPFP to adolescent postpartum mothers, and addressing gaps in service provision, particularly in the first 48 hours and within a year postpartum. While challenges persist, such as limited provider training and gaps in service availability at barangay health centers, TCI is actively addressing these through training initiatives and system improvements. Management coaching ensures efficient stock management and reimbursement for services provided, while technical support is provided to enhance referral systems and institutionalize policies. Efforts in Manila to upgrade the health information system aim to streamline data sharing and improve decision-making, indirectly benefiting PPFP scale-up nationwide. Despite progress, challenges such as stockouts and procurement delays hinder service delivery. Demand generation efforts need better alignment with supply, and national-level support for commodity inventory systems is lacking, further complicating the situation.

ACHIEVING TCI'S PRIMARY OUTCOMES

TCI saw strong performance in Year 2 in achieving its primary and intermediate outcomes. Figure 2 illustrates TCI NextGen's goal as well as three primary outcomes (POs) with revised intermediate outcomes (IOs). The POs and IOs were refined and finalized in Year 2 as part of TCI's revised results framework along with the updated MLE plan. These updates were made in coordination with Itad and with input and guidance from both Bayer and BMGF.

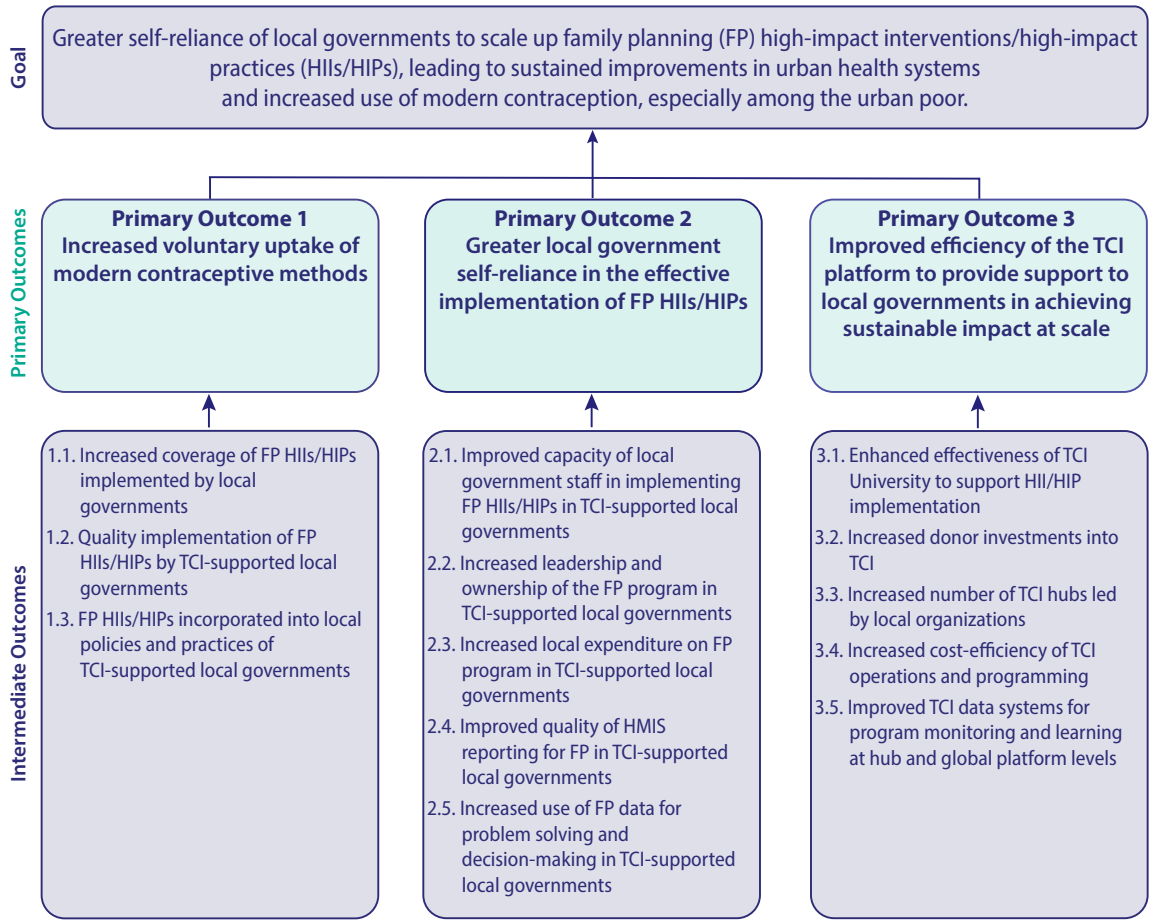


Figure 2: TCI NextGen's goal with primary and intermediate outcomes.

In the following sections, TCI will detail its achievements against these POs and IOs in Year 2.

PO 1: Increased voluntary uptake of modern contraceptive methods

Nearly 200 LGs Scaling HIPs & HIIs with Close to One Million Additional FP Clients in Year 2

Across 198 local governments, TCI tracks its indicators on PO1 (increased contraceptive uptake) and its corresponding intermediate outcomes focusing on the various dimensions of scaling up HIPs & HIIs (horizontal scale, vertical scale, and quality of implementation). TCI engaged 28 new local governments in Year 2, 11 of which came from the Philippines hub's surge in 2023 and another 10 from RSI sites. In total, 97 local governments have graduated from TCI's full support.

TCI observed an overall increase in additional family planning clients since implementation began in 2017 until December 2023 (as shown in Figure 3). TCI cities recorded 4,185,451 additional clients since the start of TCI engagement. TCI exceeded its 860,000 expected level of achievement (ELA) set for Year 2 with 991,688 additional FP clients seen from January to December 2023 (115% ELA). General increasing trend

was observed for all three method types (short-acting methods/SAM, long-acting reversible contraceptives/ LARC, and permanent methods/PM). TCI tracks this information by country and city to inform programmatic decisions. These numbers have been updated with December 2023 numbers since the submission of the 2023 Lead KPI Report to Bayer and BMGF in January 2024 (previous report only ended with November 2023 figures).

HUB	ACTIVE	RSI SITES	GRADUATED	TOTAL ENGAGED
Nigeria	10	1	11	**22**
FWA	10	n/a	11	**21**
East Africa	16	3	44	**63**
Pakistan	13	2	0	**15**
India	21	4	31	**57**
Philippines	21	n/a	0	**21**
TOTAL	**91**	**10**	**97**	**198**

It is also important to note that as TCI engages with new geographies, they begin to contribute to the number of additional clients. However, they will only positively contribute to the overall trend if they are showing more family planning clients since TCI engagement compared to their levels prior to TCI (i.e., more cities do not always equal higher trends if the new cities show declines in family planning clients since TCI engagement).

TCI collaborated with Itad to develop and test a refined methodology of calculating additional clients from the Health Management Information System (HMIS). Annex B describes these refinements, and the spotlight at the end of this section shows the overall comparisons of the existing and refined methodology. It was previously agreed that the Year 2 annual report will continue to use TCI's existing calculation methodology. TCI is conducting ongoing discussions with donors, Itad, and other partners to finalize the way forward.

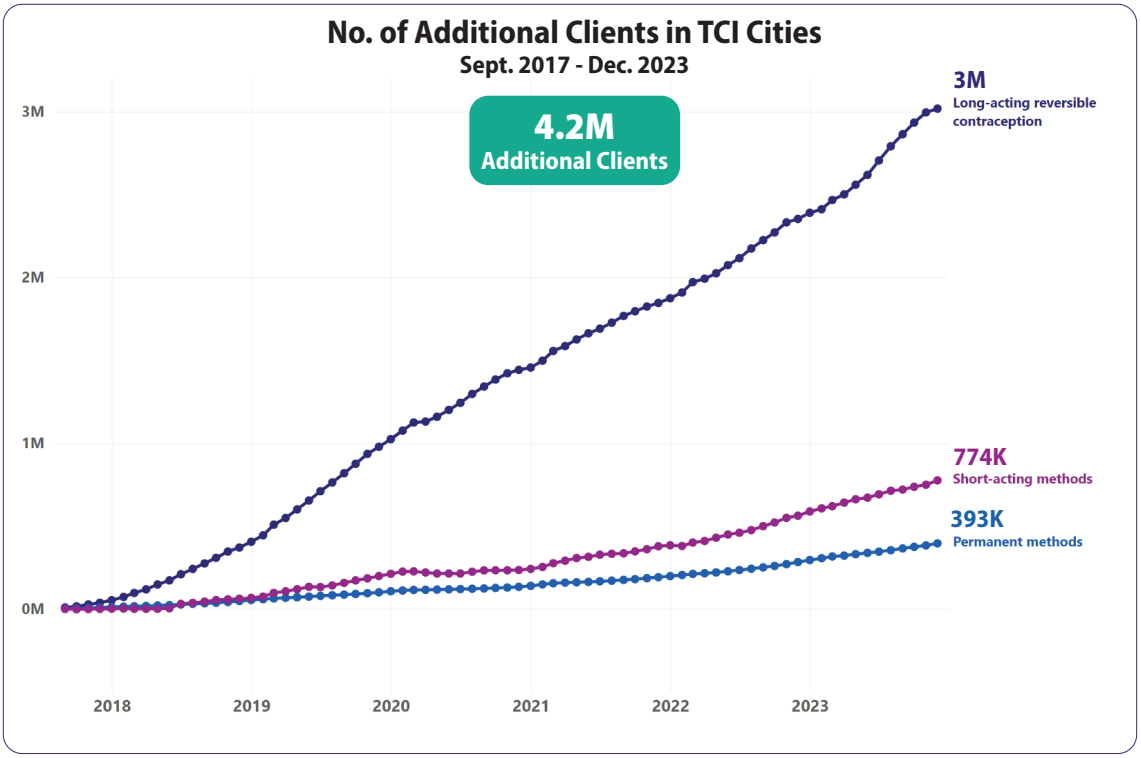


Figure 3: Additional family planning clients, by method type.

TCI also calculated an average net contraceptive uptake (NCU) of 37.4 additional clients per 1,000 WRA since TCI implementation until December 2023, across all TCI cities. Annex A shows the disaggregation of additional clients and NCU data by hub.

Diffusion to Non-TCI States and Local Governments

Aside from supporting local governments directly, TCI also disseminates information on its model, HIPs & HIIs, and results to non-TCI geographies. In some cases, these leads to non-TCI local governments endorsing HIPs & HIIs or implementing them without direct funding or coaching support from TCI. TCI calls this diffusion. TCI has been tracking the results of diffusion since 2020 and the inputs, outputs, and outcomes are detailed In Annex C.

Table 2 shows how TCI's actual findings on additional FP clients from TCI cities and diffusion areas compared to the targets set for NextGen. Overall, by the end of Year 2, TCI met its targets around additional FP clients incorporating TCI cities, diffusion cities and estimates from the private sector engagement (3.41 million actual data versus 3.17 million target).

Table 2. Additional clients from diffusion and private sector estimates.

Diffusion Category	Targets		Actual	
	Public sector	Modeled spillover to private sector*	Public sector	Modeled spillover to private sector**
TCI cities, Jul 2020 – Dec 2023	2,298,125	459,625	2,657,280	461,038
Diffusion beyond TCI cities to urban areas	229,813 *(10% of impact in TCI cities)*	45,963	91,773 *(3.5% of impact in TCI cities)*	15,923
Diffusion beyond TCI cities to rural areas	114,906 *(5% of impact in TCI cities)*	22,981	86,602 *(3.3% of impact in TCI cities)*	15,025
State-level endorsement (not assignable to specific urban or rural areas)	-	-	74,034 *(2.7% of impact in TCI cities)*	12,588
Sub-total	**2,642,844**	**528,569**	**2,908,206**	**504,574**
Totals	**3,171,413**		**3,412,780 (107.6% of target)**	

**Modeled using 20% of impact in public sector. Based on bridge period assumptions.*

***Modeled using 17.35% of impact in public sector. Based on regression analysis using latest DHS data from 30 countries in Asia and Africa.*

****Used imputed data for Madhya Pradesh and Odisha (state totals and TCI cities) beginning October 2020 and March 2020, respectively.*

*****Niger and Senegal were excluded from the diffusion analysis due to ongoing data quality issues.*

TCI is working to improve its estimation of results from private sector engagement given limited data visibility from the private sector. Currently, only East Africa and Nigeria have private hospitals and clinics reporting to DHIS2, and the data completeness and accuracy vary. Other hubs (e.g., India) collect data from private facilities directly to improve visibility. None of TCI's supported countries currently have robust DHIS2 information from pharmacies, though TCI is conducting some special efforts in select hubs (e.g., East Africa) to collect this data and advocate for reporting to DHIS2. Annex D shows TCI's initial analysis of data coming from private sector in TCI cities in India.

Comparisons to National and Regional Trends

TCI also investigated how the results in additional clients from TCI cities compare to the national and regional trends. This analysis was done for three hubs (five countries) with available country/regional HMIS data (Fig. 4).

- In all five countries, TCI cities (in aggregate) are seeing higher contraceptive uptake (standardized by population) compared to what would have happened if each city followed the national trend.
- The relative difference in performance is markedly higher in Nigeria and Uttar Pradesh in India. The difference has widened over time for both, although in Uttar Pradesh this widening pattern has somewhat abated in 2023.
- In East Africa, it looks like the difference in recent periods is stable in Tanzania, perhaps growing just a bit in Kenya, while in Uganda the difference has narrowed considerably.

TCI will conduct further analysis on this, including looking at data from all TCI countries, calculating pre-TCI trends and NCU, and comparing with Track20 national trends.

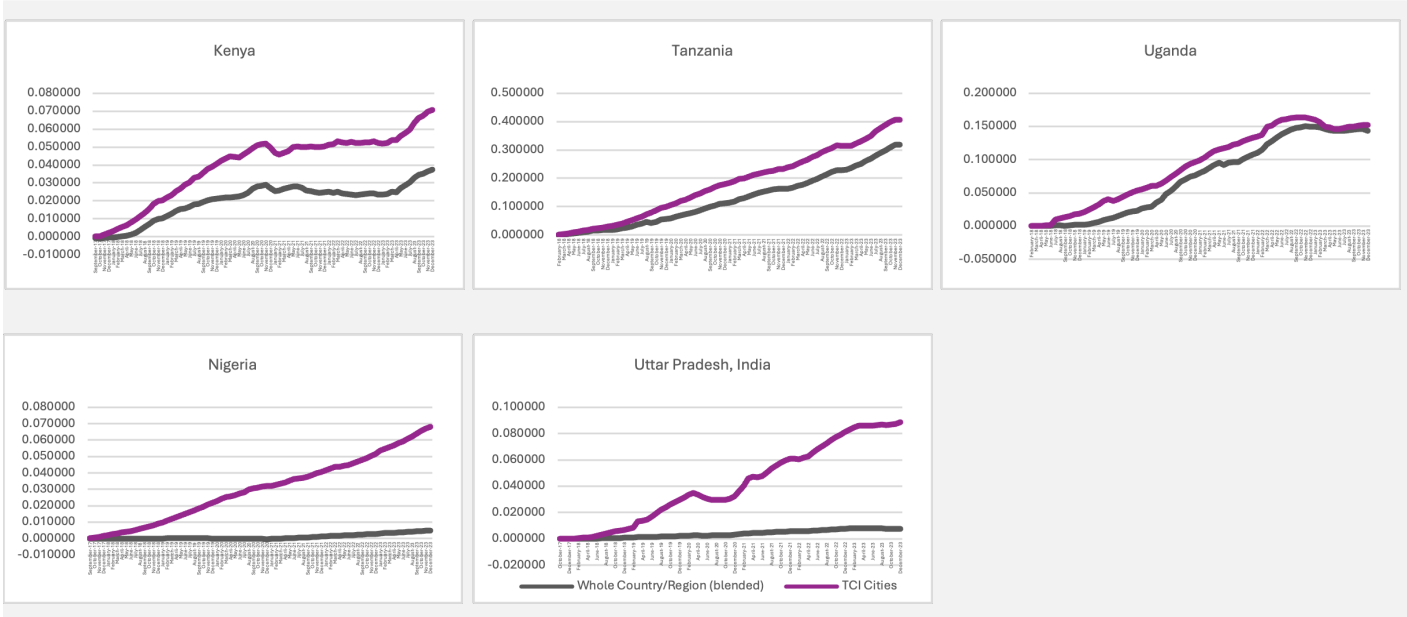


Figure 4: Trends in additional clients (standardized by population) comparing TCI cities and the whole country/region (blended).

1.1: Increased coverage of FP HIPs & HIIs implemented by local governments

TCI Achieves its Target of 60% of Eligible Facilities Implementing Service Delivery HIPs & HIIs

TCI coaches local governments to strengthen their implementation of family planning HIPs & HIIs[4] to increase the coverage of implementation (i.e., horizontal scale). Results of the refined monitoring tools showed that overall, TCI achieved its ELAs across most of the HIPs & HIIs. Results in this section focus on preliminary data[5] among a number of service delivery HIPs & HIIs, but TCI also collects data for all HIPs & HIIs including those that focus on demand generation and advocacy.

Figure 5: Percentage of eligible facilities implementing PPFP, in-reaches and WSO.

Figure 5 shows that about 69% of eligible facilities are implementing PPFP, 98% are conducting in-

[4] Hubs developed HIIs that are relevant to the countries they are supporting. All hubs have corresponding HIIs for CHW and PPFP. Five of six hubs have HIIs for in-reaches (excluding Philippines) and mobile outreaches (excluding India). Only half of the hubs have HIIs for WSO (excluding India, Philippines, and Francophone West Africa). Thus, TCI only collected data for the HIP & HII relevant to each hub.

[5] TCI processed the data available by the end of December 2023. However, since these are newer monitoring tools only rolled out in the last quarter of the year, TCI expects improvements in data accuracy and completeness from cities and hubs in future reporting periods.

reaches, and 65% completed whole site orientation (WSO). In this aggregate across all reporting cities, TCI achieved its ELA of 60% by the end of 2023. However, there is more work to be done for PPFP and WSO to eventually achieve TCI's target of 80% by the end of 2025.

TCI also supported the capacity strengthening of community health workers and service providers in the implementation of HIPs & HIIs. In Year 2, TCI coaches trained 18,339 CHWs,[6] exceeding its target of 12,935 for the year. In addition, providers received coaching in the implementation of PPFP, mobile outreaches, in-reaches and whole-site orientation (Fig. 6). Similar to the facility coverage shown above, the aggregated number of providers trained in each of these HIPs & HIIs exceeded TCI's Year 2 target of 60%.

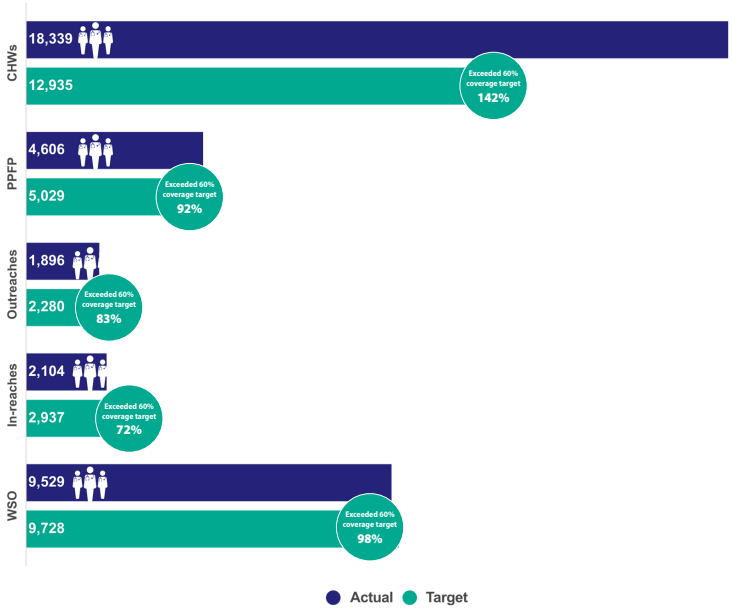


Figure 6: Number of providers trained vs. Year 2 targets.

TCI's gender strategy, developed in Year 1, laid out its commitment to and vision for gender mainstreaming and integration. It included actionable steps for operationalization as well as accountability structures. One of those steps was to collect information about the gender distribution of providers coached by TCI to implement HIPs & HIIs. TCI collected gender-disaggregated information on providers trained, showing a much higher percentage of women (74%-93%) trained to implement HIPs & HIIs than men (7%-26%). (Fig. 7). Female service providers are more common, which could be positive given they understand the family planning needs of the predominantly female family planning clients. However, it is also important to consider what the ideal gender balance is given that there are some male engagement strategies that could benefit from having trained male providers. This underscores the importance of ensuring more men are coached in family planning HIPs & HIIs, as well as engaged in family planning discussions.

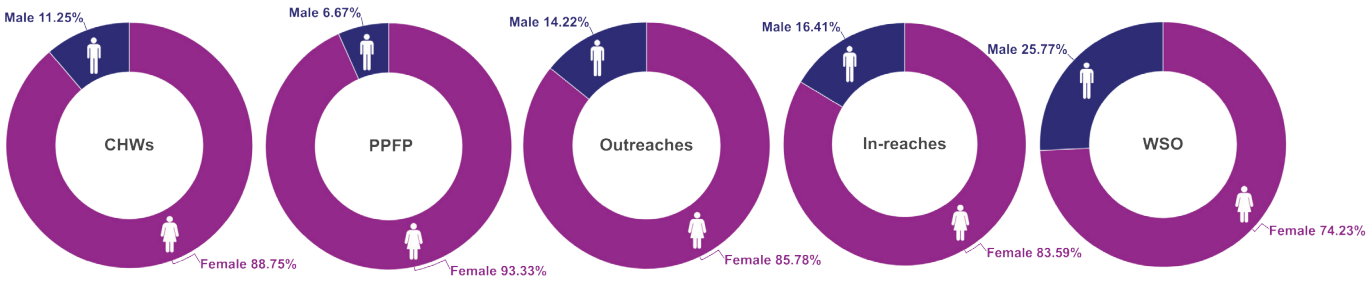


Figure 7: Gender disaggregated data on TCI-coached CHWs and providers.

In fact, TCI has documented cases of male involvement improving family planning acceptance, including a male social mobilizer in Nigeria who engages husbands when promoting family planning and a Lady Health Worker in Pakistan who brings her brother along to counseling sessions to overcome cultural sensitivities there.

TCI does not only look at the aggregate results across the platform but also investigated how each local government progressed towards the Year 2 target of 60% of eligible facilities implementing each HIP

[6] Other names for CHWs include Barangay Health Workers (Philippines), Lady Health Workers (Pakistan), Village Health Teams (East Africa), the Community Health Influencers, Promoters and Services (CHIPS) Program or, at times, Social Mobilizers (Nigeria), and Accredited Social Health Activists (India).

& HII, and 60% of targeted providers trained on the relevant interventions. Figures 8 and 9 shows what percentage of local governments achieved these targets for each HIP & HII. TCI expected that 75% of local governments will achieve this target. This was indeed the case except for facilities conducting WSOs and providers trained for in-reaches. However, TCI is seeing encouraging signals for both HIIs and expect to catch up by 2024.

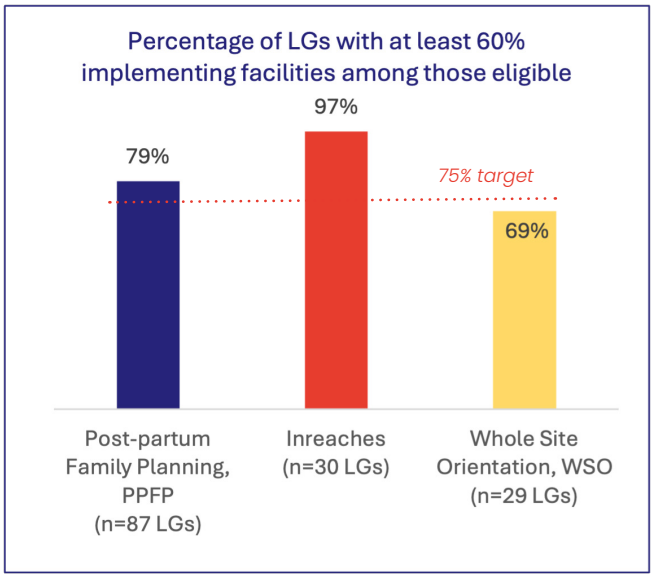


Figure 8: Percentage of LGs with at least 60% of eligible facilities implementing HIPs & HIIs.

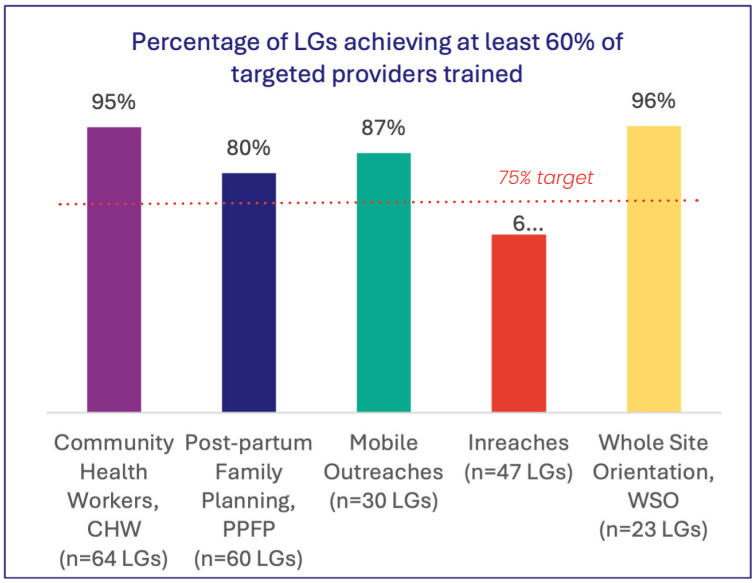


Figure 9: Percentage of LGs achieving at least 60% of targeted providers trained.

In the Philippines alone, 8,412 Barangay Health Workers were trained in Year 2. The transformative power of these HIPs & HIIs are vividly demonstrated through firsthand experiences observed across TCI hubs, such as in Pakistan where Lady Health Workers mobilized women to attend Family Health Days (in-reaches) and in Uganda where a dedicated volunteer village health team member fights myths and misconceptions.

It is important to note that TCI refined its monitoring tools in the second half of 2023. Thus, TCI is still in the process of consolidating and validating all the additional information being collected for each HIP & HII. TCI expects improved data quality (completeness, timeliness, accuracy) of all HIPs & HIIs in subsequent reporting periods.

1.2: Quality implementation of FP HIPs & HIIs by TCI-supported local governments

More than Half of LGs Demonstrating Quality Implementation of WSO, Outreaches, and CHW

Aside from supporting local governments in increasing coverage of facilities and providers trained for each HII/HIP, TCI also coaches local governments and facilities to improve the quality of implementation of each relevant HII/HIP.

In the last quarter of Year 2, TCI rolled out the quality implementation (QI) checklists for CHW, PPFP, and two other service delivery HIIs that varied per hub. While the goal was to conduct these checklists for all 91 active and 10 RSI cities, TCI had limited roll-out given competing priorities at the end of the year. For example, CHW and PPFP (i.e., HIPs conducted by all hubs) QI checklists, were rolled-out for 46 and 54 LGs respectively. TCI aims to have a more complete picture of this information by the first two quarters of 2024.

In the meantime, the data shows us varying levels of local governments that reached a passing score in the QI checklist (Fig. 10). This ranged from a lower percentage for in-reaches (42%) and PPFP (48%).

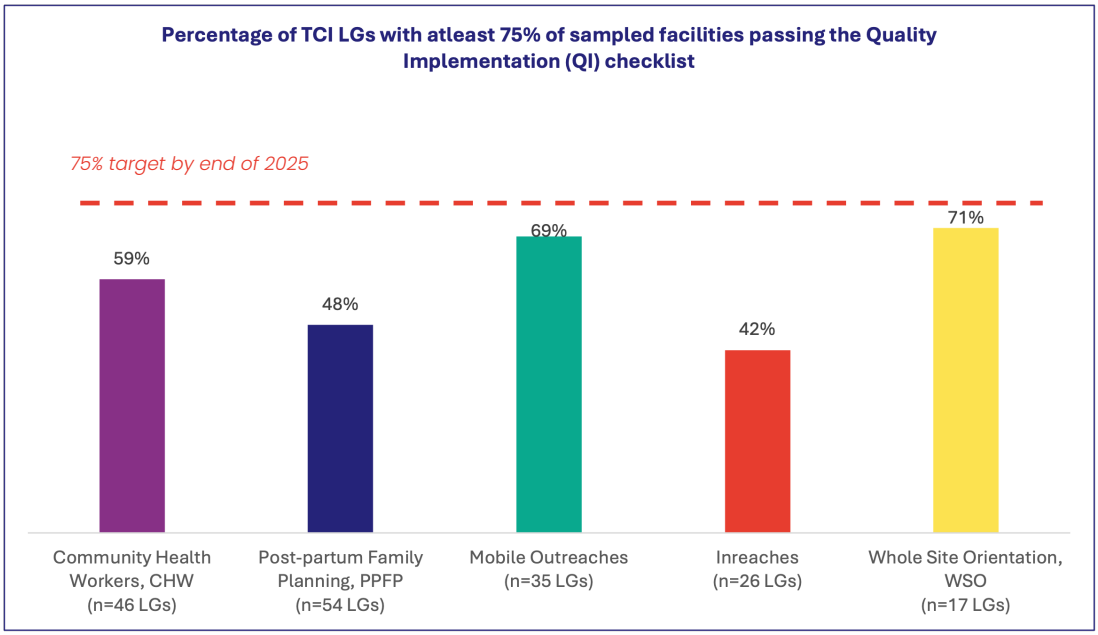


Figure 10. Percentage of TCI LGs with at least 75% of sampled facilities passing the Quality Implementation (QI) checklist.

Meanwhile, WSO (71%), mobile outreaches (69%), and CHWs (59%) are showing higher percentages and are closer to reaching TCI's target of 75% of LGs with quality implementation of each HII/HIP.

Often these interventions work together to produce a quality outcome, as in Bareilly, India, where PPFP and PAFP services were underutilized at a busy District Women's Hospital (DWH). But after a TCI-supported whole-site orientation (WSO) was conducted to minimize missed opportunities, the use of both services improved. In fact, the percentage of women accepting a family planning method at the Bareilly DWH after an abortion grew from 33% in 2020 to 83% in 2022.

1.3: FP HIPs & HIIs incorporated into local policies and practices of TCI-supported local governments

Signals of Institutionalization Observed for CHW, PPFP, Outreaches, and In-reaches

TCI also supports local governments in institutionalizing the different HIPs & HIIs. TCI global and hubs determined the three aspects of institutionalization that is relevant in this context. This includes (1) incorporating family planning HIPs & HIIs into local policies, (2) incorporating them into budgeted workplans, and (3) the actual implementation (or budget utilization) of each HIP & HII. While this is mostly a linear process, there may be some instances were a HIP or HII is included in budgeted workplans even if national or local policies are not yet present, or a HIP or HII was implemented even if it was not originally part of the annual workplan.

> *"We are satisfied with the TCI model because, despite TCI's financial withdrawal, interventions continue, and this is possible because the mayor's office has taken the lead and understood the need to support the health system. This is a clear sign of ownership by the players involved, reflecting the institutionalization and sustainability of the TCI model."*
>
> – Sylvain Soubeiga
> District's Chief Medical Officer
> Koudougou, Burkina Faso

TCI began tracking this information in the last quarter of NextGen Year 2. Figure 11 summarizes the information among the local governments that incorporated each intervention into their program design with TCI, and how the corresponding institutionalization indicators look like. Results varied by country, but the overall ELA for TCI is for 75% of local governments to institutionalize each relevant HIP & HII by the end of 2025.

TCI has reached this ELA for most of the service delivery HIPs & HIIs (CHW, PPFP, mobile outreaches, in-

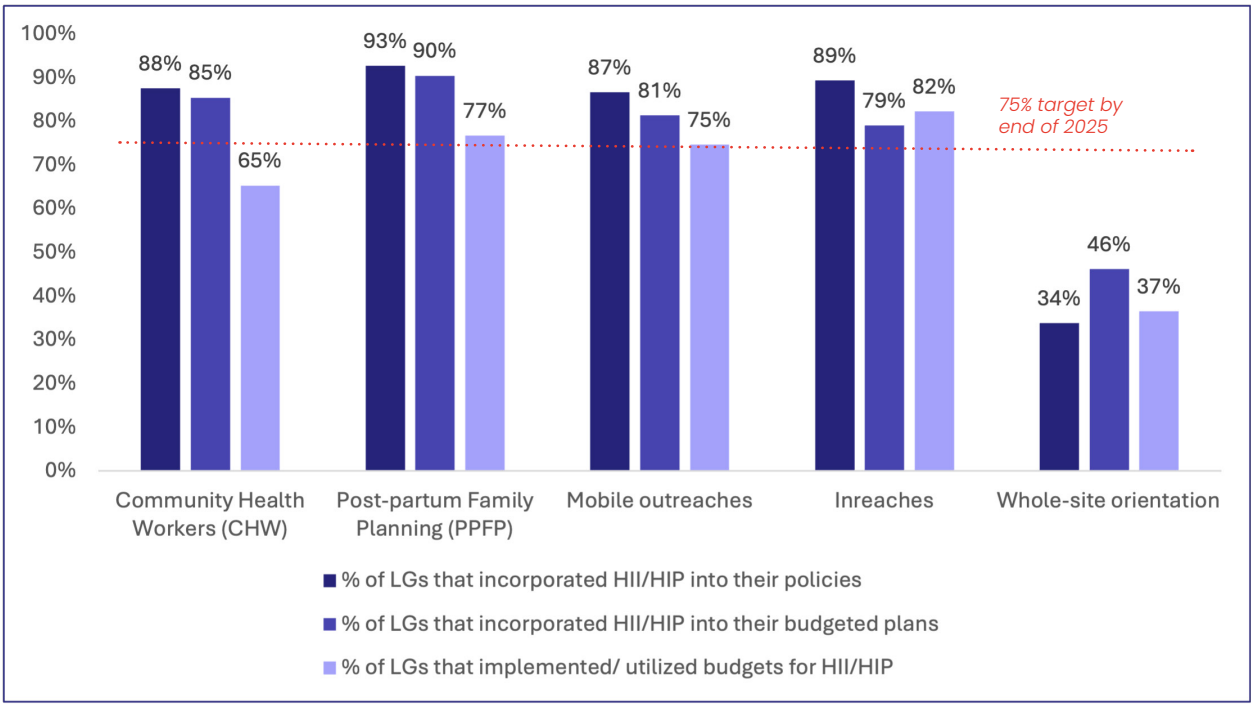


Figure 11. Percentage of local governments demonstrating various aspects of institutionalization

reaches). However, there is room for more local governments to implement or demonstrate spending of CHW-related activities (68%). Many local governments have not yet institutionalized whole site orientation (WSO), one of TCI's HIIs in four of the hubs, that has shown positive signals on increasing client volume. TCI will continue supporting local governments in incorporating WSO into their policies and budgets.

Read related story: ***Uttar Pradesh Cities Are Destinations for Those Wanting to Learn about Sustainable Family Planning Programs***

MLE SPOTLIGHT: TCI's refined methodology of calculating additional family planning clients

TCI developed its own analytic methodology to calculate additional family planning clients in 2018. This methodology incorporates various adjustments – seasonality, revisits for short-acting methods, couple years of protection (CYP) – to make sense of the data coming from each country's Health Management Information System (HMIS). TCI made decisions early on to simplify assumptions/adjustments that will make the analysis straightforward and replicable for its regional teams and supported local governments. This has allowed TCI to regularly monitor how the cities are performing in terms of the lead KPI; and provided local governments an opportunity to track their progress using a fairly simple approach.

TCI continuously learned from the experience of using this calculation and were documenting ideas to further strengthen the methodology. Between 2021-2022, TCI also received helpful feedback from an external program review team (Mathematica) and its external evaluation partner (Itad) about ways to further refine this calculation methodology. In 2022, it was agreed with Bayer that TCI will continue to use its existing methodology for its official reporting for 2022-2023. However, by the end of NextGen Year 2, TCI will conduct a "parallel run" using both methodologies and decide a way forward for future reports.

The refinements applied on additional clients can be summarized in Table 3 below.

Table 3. Refinements to calculating additional family planning clients.

Refinement	Existing calculation or analysis	Proposed change in calculation or analysis	Implication
Rename **additional users** as **additional clients**	No bearing	No bearing	Use new term to refer to Indicator 2. - Done
Discontinue built-in seasonality adjustment for SAMs	Track changes in ***average*** no. of CYPs from SAMs **in last 12 months**	Track changes in no. of clients using SAMs **in last month***	Treatment of SAMs will be consistent with treatment of LAPMs. - Done
Use variant-specific CYPs and discontinuation rates	a. Methods with multiple variants use the **same CYP** b. CYP **not applied** to clients using sterilization	c. Methods with multiple variants use **relevant CYP** d. CYP **applied** to clients using sterilization	Estimates will be more precise; see next slide for more details. - Done
Address data quality issues	Changes in no. of reporting facilities tracked but **not incorporated in calculations**; separate analysis of overall "discount factor" conducted from time to time	To account for changes in no. of reporting facilities, calculate **adjusted versions of 3 indicators**; *unclear to what extent used in regular reporting vs. impact analysis*	Further study needed to understand validity of assumptions behind proposed adjustment. – Study to be conducted in 2024

TCI compared the results using the existing methodology to the results using the refined methodology. In the aggregate, the overall result calculated using the refined methodology is lower than when using the existing methodology as shown in Figure 12 (316,540 fewer for the full TCI engagement period). However, this varied across hubs as shown in Annex B, with some hubs being more affected by the refinement than others. When looking at the full period with Bayer support, the results for LARCs were higher using the refined methodology compared to the existing methodology. However, the relative increase was overshadowed by relative decreases in the number of clients using short-acting and permanent methods (see Annex B). The largest change can be traced to how the refined methodology accounts for the CYP of permanent methods; such an adjustment was not incorporated in the existing methodology. TCI plans to adopt this refined methodology beginning in 2024, pending final discussions with various partners. Note that TCI is also ready to apply dynamic population numbers by the Year 3 Quarter 1 report to donors.

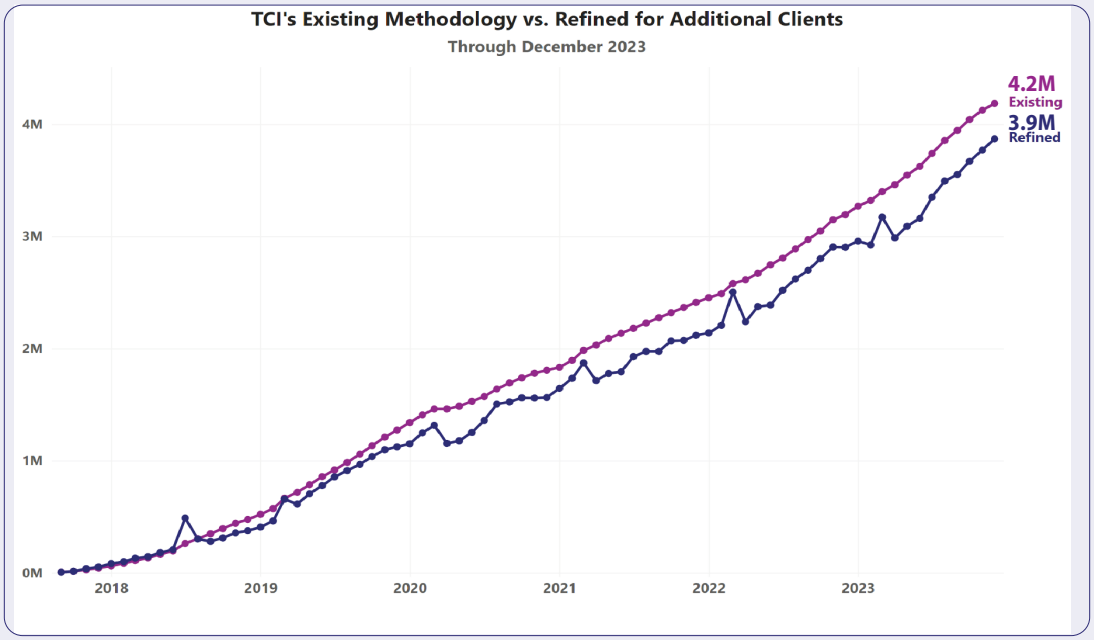


Figure 12: Additional family planning clients, comparing results using existing and refined methodology.

PO 2: Greater local government self-reliance in the effective implementation of FP HIPs & HIIs

Graduated Cities Showing Continued Increases in Contraceptive Uptake

Ultimately, TCI aims for local governments to demonstrate greater self-reliance in the effective scale up of HIPs & HIIs. Ninety-seven (97) local governments have already graduated from TCI's full support and are now receiving coaching as needed. Among these graduated cities, the median number months of TCI engagement is 40 months and the median number of months since graduation is 21 months. Overall, **864,313** additional FP clients are coming from the graduated cities as of December 2023. Table 4 shows the breakdown by hub and their achievement of the ELAs.[7]

Table 4: Additional family planning clients in graduated cities.

TCI hubs	Number of Graduated Cities	Additional FP clients since TCI graduation	ELA	Percentage Achieved
East Africa	44	393,046	242,716	161.9%
FWA	8	48,825	57,904	84.3%
India	31	183,265	310,992	58.9%
Nigeria	11	239,177	276,872	86.4%
All hubs	**94**[8]	**864,313**	**888,484**	**97.3%**

TCI also aims that at least 75% of the graduated cities will still have a positive trend of additional family planning clients since graduation from TCI. The team investigated data from a subset of 52 cities with a minimum of 12 months of graduation by March 2023. Figure 13 shows that India and Nigeria have achieved this target by the end of 2023, while East Africa is on track to achieving this with a 74% outcome. The results from both Table 4 and Figure 13 show that overall, TCI is continuing to see positive outcomes on contraceptive uptake after cities graduate from TCI support.

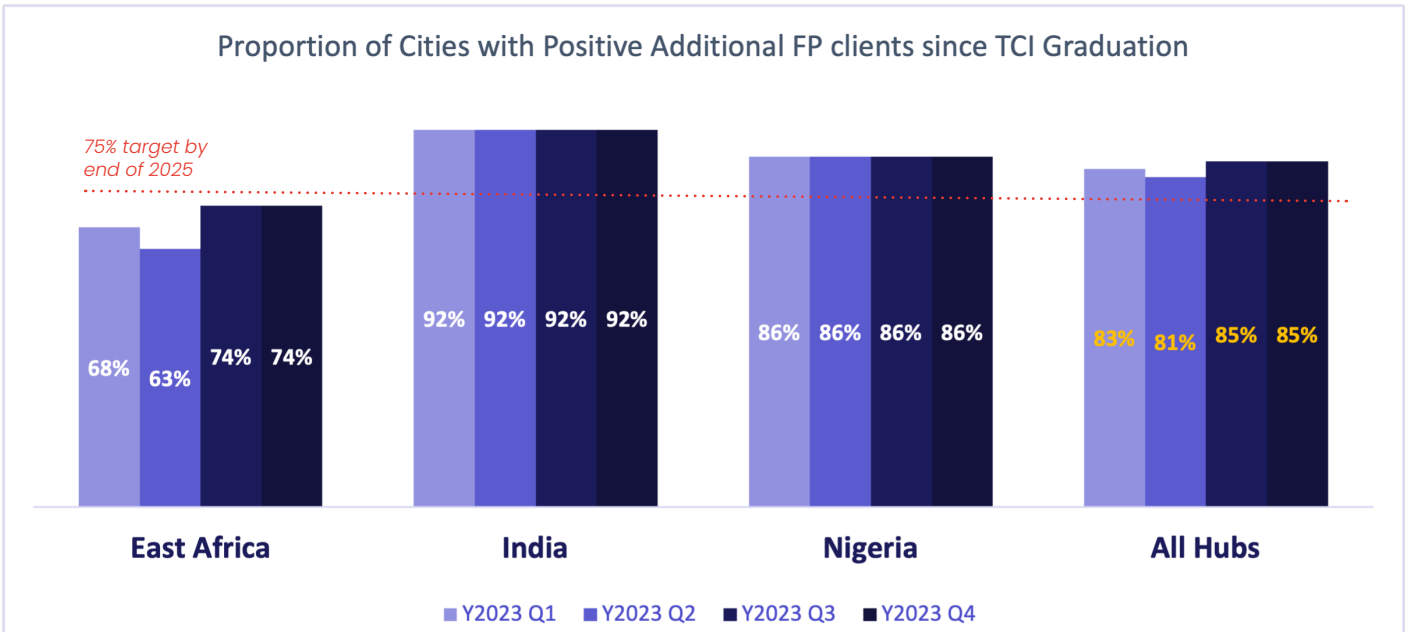


Figure 13: Proportion of cities with positive additional FP clients since TCI graduation.

[7] These ELAs were calculated by assuming that graduated cities will demonstrate an NCU of 1.6%. This was then multiplied by the population footprint of each graduated city.
[8] Data from graduated cities in Senegal was also included in this analysis due to the nationwide strikes affecting data quality.

Graduation Spotlight: Kano State's Transformational Journey to Self-Reliance

Kano State's partnership with TCI began in September 2017 and reached a pivotal milestone in September 2021, when the state graduated from TCI after making significant progress towards self-reliance. Before graduating, TCI supported Kano State in strengthening its health systems and competently implementing HIPs & HIIs promoting childbirth spacing (CBS) and family planning. After graduation, Kano State's government continued to drive CBS (i.e., family planning) program, leveraging existing structures and influencers to create demand and empower communities with high-impact service delivery interventions, while also overcoming challenges and nurturing success geared towards impact and sustainability. From TCI engagement in September 2017 until December 2023, Kano State recorded 201,247 additional family planning clients. Of this, 59,701 additional clients were recorded since Kano graduated from TCI in September 2021. Kano State's sustained success can be attributed to a series of strategic interventions, including engaging religious and traditional leaders, along with community influencers to champion CBS by aligning it with cultural values and norms in ways that stimulate discussions and subsequently change behavior.

To achieve self-reliance, TCI supports local governments in strengthening the various **health systems building blocks** that support implementation of family planning HIPs & HIIs. In Year 2, TCI developed the HSS checklists, new monitoring tools that could more objectively assess each city's progress in each HSS building block. Two of these tools (leadership and ownership, and data quality) were rolled out in the last quarter of 2023, and the rest are expected to be rolled out by the first half of 2024. The following sections show promising signals across the different intermediate outcomes of the local government's journey towards greater self-reliance.

2.1: Improved capacity of local government staff in implementing FP HIPs & HIIs in TCI-supported local governments

Nearly 5,800 Coaches Trained by TCI in Year 2 to Sustainably Strengthen Local Government Capacity

TCI's managerial and technical coaching is fundamental for strengthening capacity and sustaining HIPs & HIIs implementation once local governments graduate and TCI support ends. TCI coaching is conducted by local and regional master coaches who cascade the training and guidance to municipal health personnel and managers embedded within local health systems. Initially, TCI hub staff serve as master coaches but transfer this role to local implementers with strong family planning and AYSRH experience.

Figure 14 shows that in Year 2, more than 5,800 coaches were trained, which when combined with the 1,757 coaches trained in Year 1 (7,581 total in NextGen) and the 3,293 coaches trained in Phase 1 amounts to nearly 11,000 coaches trained by TCI since 2017.

Figure 14: Number of coaches trained by TCI.

Highlights of coaching activities undertaken by all six hubs to strengthen local capacity in Year 2 can be found below in Table 5.

Table 5: Coaching highlights from TCI hubs.

EAST AFRICA: Master coaches continued their efforts to strengthen capacity in FP/AYSRH programming within their East Africa geographies. Through a step-down cascade coaching approach, the number of Sisi-kwa-Sisi coaches has increased to 1,089 with the addition of 113 new coaches in Year 2. Having a stable pool of coaches is instrumental to improving access to quality FP/AYSRH services. More than 9,000 coaching sessions were conducted focusing on FP program management as cities transitioned through the various stages of implementation. Coaches within the local governments no longer receiving direct TCI support engaged in performance review meetings with the goal of sharing HIPs & HIIs implementation and reporting updates and peer-to-peer knowledge exchange. The meetings also offered an opportunity to address coaching gaps and develop action plans to resolve the same. At the start of the year, 15 hub staff underwent training on SMART advocacy and resource mobilization. This training boosted competency on this more effective advocacy approach, which were also shared with the coaches during the review meetings.

FWA: In Year 2, TCI significantly intensified and scaled up technical and managerial coaching in FWA with a cascaded approach led by master coaches in all active cities. As a result, the hub exceeded its annual target for coaches coached on HIPs & HIIs by 447% by coaching 3,655 new coaches. Seventy-eight percent represent new technical coaches trained to cover all 519 TCI supported facilities in new cities, while 22% represent city stakeholders reached through managerial coaching sessions as well as on-demand managerial coaching delivered in the following graduated cities: Koudougou (Burkina Faso), Nioro and Ziguinchor (Senegal) and Abidjan and Bouaké (Côte d'Ivoire). The focus of the on-demand coaching for graduates was on resource mobilization with Advocacy Core Group (ACG) members and M&E-related challenges. This achievement is the result of FWA's revised coaching strategy that was built on best practices and lessons learned, and through engaged master coaches cascading down technical coaching. This increased number of coaches will help scale up implementation of eight of FWA's key interventions – including universal referral, immediate postpartum FP, FP Special Days, community health workers and adolescent and youth-friendly services – in all 10 active NextGen cities and two advocacy interventions – religious leaders and youth champions – in a few cities. Implementation of advocacy interventions will continue through Year 3.

INDIA: In India, TCI's coaching efforts – including first-time coaching efforts and real-time coaching sessions given to government stakeholders – are being tracked for the first time through the hub's coaching log, which is being completed by all TCI-supported cities on a regular basis. The log shows that almost 79% were planned sessions while the others were on demand. TCI's coaching process is appreciated by the local government, and it benefits program implementation as well. The log helps understand and improve the overall coaching process adopted by the hub. For example, it prompted a discussion among TCI's internal coaches on the need to streamline coaching materials and tools. The hub's master database shows that 681 local government staff (in the city, district and UPHC) engaged in family planning related activities are available for coaching in India's 21 active cities. Of the 681, 577 were coached for the first time on the TCI model in Year 2. First-time coaching is more frequent at the city level due to frequent transitions or transfers of staff at this level. This year, a total of 3,115 refresher coaching sessions were conducted in 21 active cities. An average of 12 coaching sessions were conducted each month in each city, which are mostly planned sessions. Technical sessions were predominant in 16 new cities in the first half of Year 2, but gradually the technical sessions declined as managerial sessions increased. About 40 sessions were conducted on planning, budgeting and financial management, while 1,365 sessions were conducted on HMIS data quality and record maintenance in the 21 cities. One limitation of the coaching log is that activities of TCI master coaches are only discussed in master coach meetings, and not tracked by the log.

NIGERIA: In Year 2, TCI's Nigeria coaching strategy was used as a cost-efficient means of building confidence, strengthening capacity and reinforcing learning for government program officers and policymakers across all engaged geographies. TCI-trained coaches supported states to be self-sufficient and empowered to deal with

issues as they emerge, even after graduation from TCI. A total of 2,367 coachees (government program managers, officers, and policymakers) received coaching from 574 coaches across the different HIPs & HIIs during 894 coaching sessions held within the reporting year. Technical sessions included, but were not limited to, integrated social mobilization, gender integration, postpartum FP, supportive supervision, commodity security, data documentation, reporting on DHIS and data management, and navigating TCI U. In contrast, management sessions were tailored towards program coordination, FP financing and resource mobilization. Coachees were drawn from policymakers, technocrats and stakeholders, and the sessions were both proactive and on-demand, mostly provided through a face-to-face approach. The hub further revised its coaching logbook to address concerns around gender inclusion and the need to capture and document group coaching sessions. Additionally, 63% of the individuals being coached requested planned and structured coaching sessions. In contrast, 7% opted for ad hoc sessions, often limited to one-time or infrequent requests. The remaining 30% specifically sought on-demand coaching. The coaching sessions were centered around technical or management areas, with a predominant focus of 93% on technical aspects. The remaining 7% of sessions specifically addressed management-related areas. The hub has continued to use coaching strategies to build a human resource base and reinforce learning through the implementation phases (start-up, scale-up/surge, pre-graduation) and post-graduation. Also, TCI partner states employ coaching to improve and sustain staff capacity and transfer capacity as part of succession planning in cases of personnel retirement.

PAKISTAN: Coaching remains the foundation of the TCI model in Pakistan to ensure effective scale up and sustainability of HIPs & HIIs for family planning. During Year 2, 591 master coaches were trained, bringing the total number of master coaches in the hub to 662. The capacity of 19,819 coachees has been strengthened on how to implement different HIPs & HIIs through 4,189 coaching sessions. Additionally, through 184 on-the-job training (OJT) sessions, 220 providers strengthened their capacity for hands-on service delivery (FP) particularly for long-acting reversible contraceptives. The Pakistan team has been instrumental in building the capacity of local government staff to implement prioritized HIPs & HIIs as per TCI guidelines and standards. The hub has developed master coaches in all target LGs from the health and population welfare departments' managerial, service delivery and outreach cadres. The purpose is to strengthen the system's capacity for scaling up FP HIPs & HIIs and withstand any LG leadership changes. Coaching sessions included HIPs & HIIs implementation, data entry, completeness and validation. Moreover, 582 postpartum FP coaching sessions were conducted, supporting 3,644 FP service delivery staff.

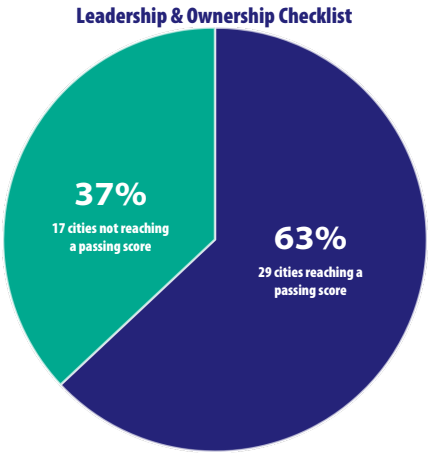
PHILIPPINES: In the Philippines, 105 master coaches were trained in Year 2 and cascaded their training down to another 300 coaches. More than 500 coaching sessions were held. With the advent of universal health coverage (UHC), all facilities in the Philippines will be eligible to receive financial reimbursement from the Philippine National Health Insurance Corporation (PhilHealth) for service packages rendered based on the number of accredited facilities and patient volume. This includes select family planning services. This development prompted TCI to expand and intensify engagement with the national agencies in charge, the Department of Health (DOH) and PhilHealth, along with the local government. With technical guidance from DOH and coaching from TCI, all 21 engaged LGs have prioritized post-pregnancy FP and leadership interventions, by expanding the number of PhilHealth-accredited health centers and increasing their pool of trained healthcare workers in FP competency-based training (FPCBT): a necessary training for FP counselling and commodity provision, as well as an accreditation requirement for PhilHealth. By increasing the service delivery points for FP, the LGs are expected to report increased insurance reimbursement claims for FP services, thus ensuring an additional funding source for FP supplies and services. In Year 2 alone, the hub was able to fast-track the training of 1,465 healthcare workers in FPCBT and have effectively expanded FP coverage to 60-80% of all health facilities in the LGs. The LGs have also taken note, with many city mayors expressing increased support for funding FP programs and linking with PhilHealth for FP reimbursement.

Read related story: *Empowering Communities: Health Promoters Advocate for Family Planning in Narok County, Kenya*

2.2: Increased leadership and ownership of the FP program in TCI-supported local governments

More than 60% of 46 Assessed LGs Demonstrate Leadership & Ownership of their Local FP Program

TCI also coaches local governments to improve their leadership and ownership of the local family planning program. TCI works with political leaders, health officials, and providers to strengthen their partnership and in turn improve the local family planning interventions and outcomes.



In the last quarter of Year 2, TCI rolled out the HSS checklists as part of its new monitoring tools, these will allow TCI to assess the local government's progress towards various HSS building blocks. One of those is the leadership & ownership checklist. While the goal was to conduct this checklist for all 91 active and 10 RSI cities, TCI had limited roll-out given competing priorities at the end of the year. As of this report, the leadership and ownership checklist was conducted in 46 actively implementing cities. TCI aims to have a more complete picture of this information by the first two quarters of 2024.

Results showed that about 63% (29 cities) reached the passing score for the checklist – meaning these cities adequately demonstrated the local program implementation teams' ability to meet regularly, coordinate with partners, identify programmatic gaps, create action steps, and follow through their plans. After the assessment, TCI staff work with local coaches to identify gaps and determine action steps for improvement. TCI is on track to achieve its ELA for at least 75% of cities to reach the passing score by 2025. The preliminary results varied by hub as shown in Table 6 and TCI will continue to track as the checklist is conducted for all cities.

Table 6. Number of cities meeting the passing score in leadership and ownership checklist.

	Number of cities meeting the passing score in Leadership & Ownership checklist	Number of cities assessed	% of cities demonstrating quality leadership & ownership
East Africa	2	2	100%
FWA	4	6	67%
India	10	10	100%
Nigeria	8	10	80%
Pakistan	2	13	15%
Philippines	3	5	60%
All Hubs	**29**	**46**	**63%**

Read related story: *Togo Mayor Describes TCI's Transformative Impact on His Municipality*

2.3: Increased local expenditure on FP program in TCI-supported local governments

An Average of 85% of Funds Committed for FP Programs Spent by LGs in Year 2

Because of TCI advocacy efforts, local governments in East Africa, Francophone West Africa, India, Nigeria, Pakistan and the Philippines committed $15 million[9] in Year 2 to implement their FP/AYSRH

[9] This data focuses on the family planning component of local commitments. In some cases, it is feasible to get the commitment for the whole urban health portion of the funding. For example, in Pakistan, looking at the whole urban health data instead of just family planning would increase the July 2022 - June 2023 commitment to $60 million (compared to $4 million for FP), but would also decrease percentage spent to 48% (compared to 77% for FP).

programs with TCI's support. TCI's model requires local governments to make a financial commitment upfront to participate in TCI so those funds are set aside – i.e., "ring-fenced" – in their budgets to be spent only for family planning activities. Of that, an average of 85% has been spent – roughly $11 million (Fig. 15).[10] Typically, organizations tracking expenditures for family planning at the national level show a range of between 20%-50%. For example, a 2021 report[11] showed Tanzania spent just 36% of what it had committed for family planning. TCI's commitment and spending figures align with each hub's latest complete fiscal year. For greater accuracy, TCI updated the way it presents local government commitment and spending in Year 2 to shift to the commitment made within the hub's current fiscal year and the corresponding spending against that commitment. Note that East Africa, India and Pakistan's fiscal years do not align with TCI's reporting year (Jan. 2023- Dec. 2023).

Looking across the hubs, five of them showed increase percentage spending from the previous year to the latest completed fiscal year. Nigeria experienced an overall decline in percentage spending, but their expenditures already exceeded commitments in both years.

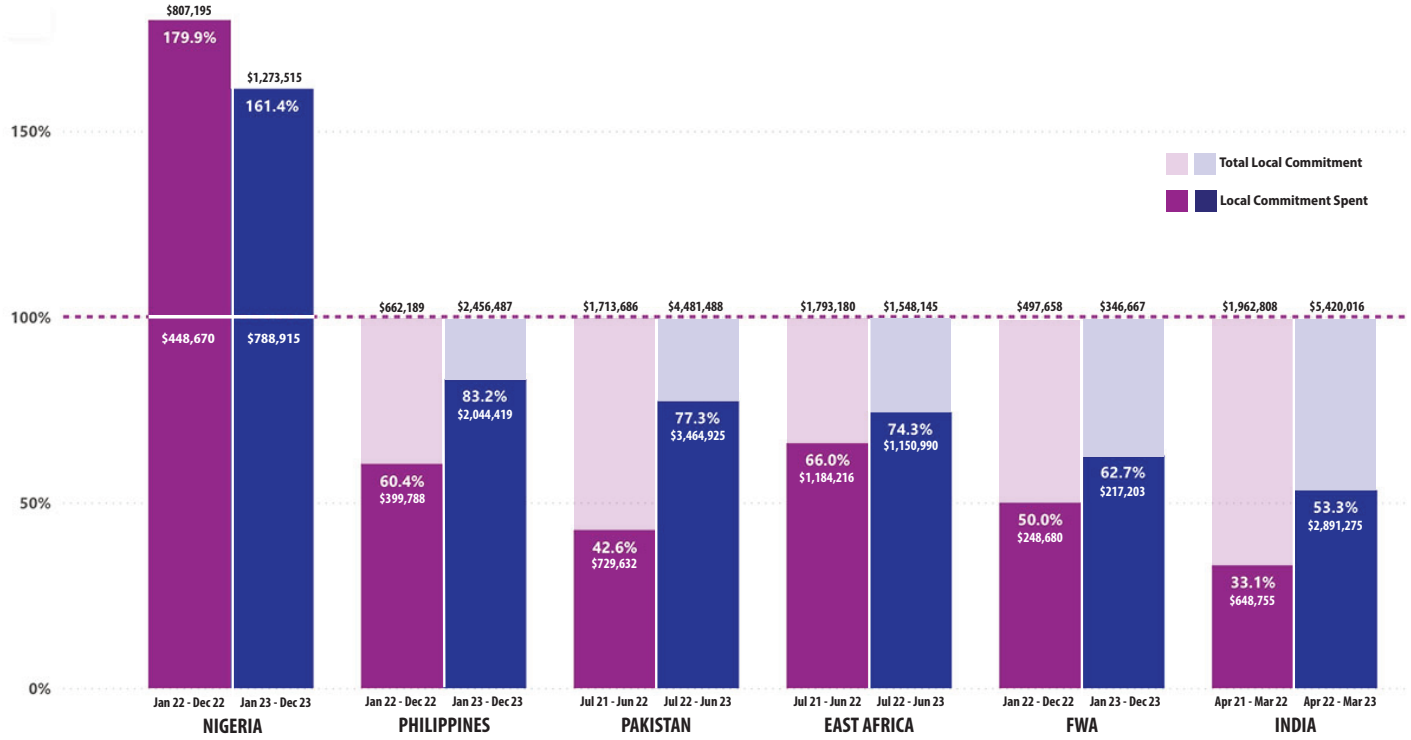


Figure 15: Comparing hub financial commitments and spending for the latest completed fiscal year with previous fiscal year.

Nigeria saw strong performance in local government spending with more than 161% of the amount committed spent. More than half of Nigeria's funds (63%) were contributed by Nasarawa, Osun, and Lagos states and channeled towards procuring commodities and consumables, scaling up HIPs & HIIs, facility renovations and FP equipment supplies. The Philippines shows more than 83% spent, while more than 77% of committed funds were spent in Pakistan and more than 74% were spent in East Africa. The East Africa team held financial clinics to coach its LGs on resource mobilization and expenditure tracking. During the year, a total of 17 sessions of financial reviews and clinics were conducted. The leaders made a commitment to continually increase resource allocation, promoting awareness of RMNCAH-N interventions, ensuring increased viability of department successes, and ensuring effective

[10] TCI is facing some challenges in continuing to collect local government commitment and spending data from graduated cities. Available data as of the December 2023 reporting period was included in this report, but TCI is working to increase data visibility for this indicator among graduated cities.

[11] Advocating for Government Spending on Family Planning, Population Action International, 2021

resource development. Recognizing the significance of family planning as a community leader, given its direct correlation with the overall health of the population, involves creating budget lines and overseeing the implementation of impactful practices. This approach not only addresses immediate challenges but also fosters a holistic approach to community well-being.

FWA spending improved in Year 2 to nearly 63% due to the hub's managerial coaching that helped resolve bottlenecks identified in the mobilization of local financial resources by local governments.

"Recognizing the significance of family planning as a community leader, given its direct correlation with the overall health of the population, involves creating budget lines and overseeing the implementation of impactful practices. This approach not only addresses immediate challenges but also fosters a holistic approach to community well-being."

– Mayor Amadou Diarra
Pikine-Nord, Senegal

Half of India's commitments (53%) were spent by the end April 2023 (the end of its Year 2 fiscal year). In the past, the program implementation plan (PIP) process covered one year however the government of India (GOI) decided to move forward with a two-year PIP (22-23 and 23-24). This process took more time than anticipated. The state also underwent assembly elections in between planning process which delayed the issuance of approvals on the record of proceeding (ROP) from the GOI, until mid August 2022. Further development and approvals on the Development of District Health Action Plan (DHAP) took time and cities received their formally approved DHAPs almost in middle of the fiscal year's third quarter. Because of these delays and new processes, cities had less than six months to spend therefore less expenditure was seen in this latest full fiscal year for India.

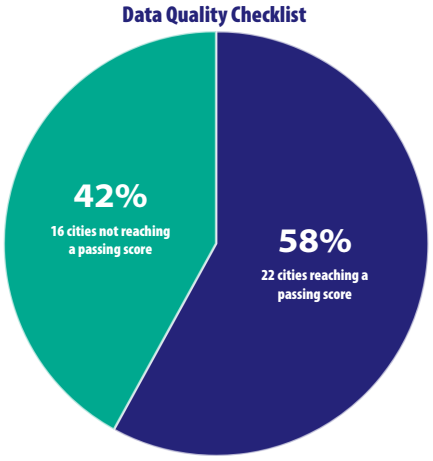
Pakistan has been facing political instability for the last two to three years, resulting in multiple changes in the government at the federal level and in Punjab. Currently, Pakistan is governed through a caretaker setup. Due to interim governments at the federal and provincial levels, the annual budget was not announced for 2023-2024. The government has been working through an interim budget arrangement for seven months. Compiling expenditures is a long and complicated process involving multiple data-gathering steps, verifications, and approvals. However, the trend shows increased spending by the LGs against the allocated budget. In spite of these challenges, local governments in Pakistan spent 77% ($3.5 million) of the budget committed in the fiscal year (July 2022- June 2023).

Read related story: *After Graduating from TCI, Ogun State Continues to Sustain Family Planning Interventions and Financing*

2.4: Improved quality of HMIS reporting for FP in TCI-supported local governments

Almost 60% of 38 Assessed LGs Demonstrated Quality HMIS Data & Recording/Reporting Processes

TCI also works with supported cities to improve the quality of HMIS data – the primary data source for TCI's lead key performance indicator. These includes supporting local governments in conducting data audits and validation to improve the three aspects of data quality: timeliness, completeness, and accuracy of HMIS data recorded in facilities and reported to the DHIS-2 system.



Along with the leadership and ownership checklist, TCI rolled out the data quality checklist in the last quarter of Year 2. TCI sampled a number of facilities in a select number of cities (with the eventual goal of sampling 10% of facilities in each active TCI city). While the aim was to conduct these checklists for all 91 active and 10 RSI cities, TCI had limited roll-out given competing priorities at the end of the year. As

of this report, the data quality checklist was conducted in 38 actively implementing cities. TCI aims to have a more complete picture of this information by the first two quarters of 2024.

Results showed that about 58% (22 cities) had at least 75% of assessed facilities that reached the passing score for the checklist. TCI is on track to achieve its ELA for at least 75% of cities to reach the passing score by 2025. The preliminary results varied by hub as shown in Table 7. TCI expects a fuller roll-out of this checklist to all active cities in the subsequent months.

> *"The data reflects where we are and where we are not doing well. We will ensure we crystallize this information and make use of it appropriately for better FP outcomes in Kwara State. I particularly like where data showed a reduction in teenage pregnancies and abortion among young people."*
>
> – Dr Oluwatosin Fakayode
> Director of Public Health
> Kwara State Ministry of Health

Table 7. Number of cities meeting the passing score in HSS checklist.

	Number of cities meeting the passing score in Data Quality checklist	Number of cities assessed	% of cities demonstrating quality HMIS data processes
East Africa	1	3	33%
FWA	0	2	0%
India	9	10	90%
Nigeria	9	10	90%
Pakistan	3	13	23%
Philippines	Not yet conducted	Not yet conducted	n/a
All Hubs	22	38	58%

Read related story: *Inspired by TCI, Iniobong Emmanson's Journey Unlocks a New Era in Data Quality and Reporting in Akwa Ibom State, Nigeria*

2.5: Increased use of FP data for problem-solving and decision-making in TCI-supported local governments

More Local Governments Using Data for Decision-Making in Advance of Checklist Rollout

TCI is currently developing the HSS checklist for data for decision-making (D4D) that will be rolled out in the first half of 2024. In the meantime, we summarized the key activities and findings from the D4D efforts of the hubs from the past year.

In **East Africa**, TCI conducted data triangulation workshops to enhance decision-making and guide strategy review for Year 3. Some key findings included:

+ It takes a location 32 months to mature based on RAISE.
+ FP integrated outreaches are now cost effective and largely implemented as expected. The following locations reported reduced cost per FP client served during the integrated outreach: Mbarara, Mbale, and Bungoma while Nyamira, Tororo, Kabarole, and Bungoma reported reduced cost per client served during in-reaches.
+ Most locations reporting increased FP client volume also reported a reduction in the number of pregnant teenagers.
+ Locations in Tanzania reported a reduction in client volumes – a direct consequence of reduced method mix among drug shops due to a government directive.

East Africa also conducted regular meetings with graduated locations to share learnings on program

implementation and strategize on how best to enhance FP/AYSRH programs. Active geographies conduct regular performance review meetings and use the data in FP programming, including the inclusion of HIPs & HIIs in annual work plans, an indication of institutionalization.

> *"By gathering us here as members of the health committee to share evidence-based outcomes and actionable information, like the resources allocated in family planning, we can help to ensure that more women and families are supported by policy environments that enable their access to and use of family planning."*
>
> – Hon. Njuguna Mwaura
> Chair, Health Committee
> Nakuru County, Kenya

In **FWA**, local facilitators have been identified and coached to carry out RAISE to ensure its sustainability. However, the regularity of RAISE implementation needs to be improved by city stakeholders. To strengthen the leadership and sustainability of FP programs in cities, the hub coached 292 local elected officials and technical agents in Thiès, Mbour, Pikine and Bobo-Dioulasso on the importance of FP in local development. This orientation of elected officials made it possible to mobilize more local resources and to include the FP budget line in city budgets. In the fourth quarter, the hub deployed the various checklists in collaboration with the cities. Seven out of 11 active cities were evaluated. Action plans have been drawn up for each service point visited, and implementation is being monitored by the city master coaches.

In **India**, all 21 active cities successfully organized at least one NUHM meeting each quarter. Notably, in Uttar Pradesh, these meetings occurred regularly in nine cities and local governments conducted data reviews consistently throughout all quarters. RAISE scores for four consecutive quarters indicated a steady improvement in the review meetings held in UP. The scores of Bihar and Jharkhand suggested a need for coaching to facilitate further improvement.

In **Nigeria**, TCI supported active and graduated states by conducting quarterly and bi-annual RAISE assessments and implementing action plans to address identified gaps. State governments also demonstrated leadership in the institutionalization of HIPs & HIIs in health plans, annual operational plans (AOPs), and FP costed implementation plans across the active states. In Year 2, the hub supported the integration of some HIPs & HIIs into the AOPs in Lagos, Osun, and Edo states, which were implemented in public and private health facilities. Some interventions included social mobilizations, PPFP coaching, supportive supervision visits, data review meetings, and LARC/AYFHS training. In addition, Nigeria strengthened the capacity of state officers in FP commodity logistics management across all active states amidst a national FP commodities stock-out. The effort aimed to ensure the effective distribution and redistribution of available supply and prevent stock expiration, a recurring factor across some facilities. Additionally, the hub's work on the domestication of the national FP commodity procurement guideline yielded results in three states: Gombe and Lagos, which successfully domesticated and launched their guidelines, and Kano (graduated State), currently finalizing the development of its guideline. Continuous support is being provided to both graduated and active states, and the hub anticipates more states will domesticate and operationalize FP commodity procurement guidelines in Year 3.

In **Pakistan**, TCI successfully advocated for regular data-for-decision-making meetings in all active LGs, where it stressed the importance of data completeness, timeliness, validation, and review for all decision-making, especially regarding family planning. These meetings allow service providers to interact directly with LG management and leadership. Facility data – including FP data, commodity stock status, HMIS data reporting, completeness, and validation – is presented, issues are identified, solutions are discussed, and decisions are made on the spot. These regular meetings have led to marked improvement in the FP performance of the health department facilities. Due to increased demand for FP services, there have been commodity stockouts at the Department of Health facilities in Gujranwala and Faisalabad. The issues were raised and documented in the D4D meetings, while FP commodities were borrowed from PWD in a few cases. The issue was seriously raised at the LGs leadership forum and the matter was

escalated to the provincial level. TCI's Pakistan team also presented the commodity stockout issues in the LGs. The provincial health authorities assured the provision of FP commodities to the LGs. Meanwhile, at the LG level, the commodity inventory records were focused on real-time to have the updated facility-level commodity situation in D4D meetings. A total of 96 D4D meetings were conducted in the last two quarters of the reporting year, and the LGs acknowledged the importance of these meetings, which have become a regular feature of their monthly plans.

The **Philippines** has consistently stressed the importance of reliable and near-real-time data. During Year 2, TCI provided coaching assistance to many cities on how to ensure the validity and quality of their data. Data Quality Checks (DQC) workshops were also conducted across cities. Cities are beginning to report DQC data, which is very helpful for feedback loops and decision-making processes of health managers and local executives.

Read related story: *Improving Data Systems in Sindh Province, Pakistan, Avoids Stock-outs and Strengthens Health System*

PO 3: Improved efficiency of the TCI platform to provide support to local governments in achieving sustainable impact at scale

Optimizing an Efficient Global Platform to Support Six Country and Regional Hubs

While originally designed to scale Urban Reproductive Health Initiative (URHI) interventions, TCI NextGen evolved into a platform for scaling global HIPs and other interventions that are housed in TCI-U. As part of the global platform, TCI-U is constantly being updated with learnings and additional content. The global platform is also responsible for resource mobilization and sharing TCI learnings with a wider audience.

MLE is also a big part of the global platform's responsibilities. TCI continued to partner with Itad on the NextGen MLE plan. TCI global and hubs successfully developed and roll out new/revised monitoring tools in the latter half of 2023. TCI is in the process of revising its learning agenda (anticipated to be completed by March 2024) and is engaging with Itad on finalizing and operationalizing the evaluation approaches and activities.

3.1: Enhance effectiveness of TCI University to support HIP & HII implementation

More than 16,000 Registered Users Earn More than 50,000 Certificates on Knowledge Tests

TCI-U is a dynamic online university that adapts interventions based on the local context and learnings from TCI-supported implementation of HIPs & HIIs. In Year 2, 3,670 users registered for TCI-U for an overall total of 16,526 registered users (Fig. 16). In addition, 11,137 assessments were successfully completed in Year 2, with users earning certificates for each one passed. This level of engagement can be attributed to the fact that TCI-U is frequently updated, and its users find its content relevant and useful.

> *"When I went through TCI-U, I accessed several tools that opened up my eyes and my mind. I used that knowledge and best practices to coach all health care providers around me."*
>
> – Dr. Maguzu Nganga
> Gynecologist, META Hospital
> Mbeya, Tanzania

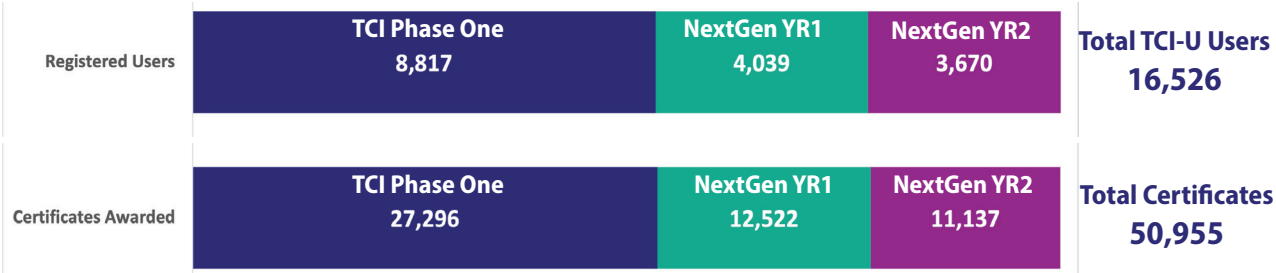
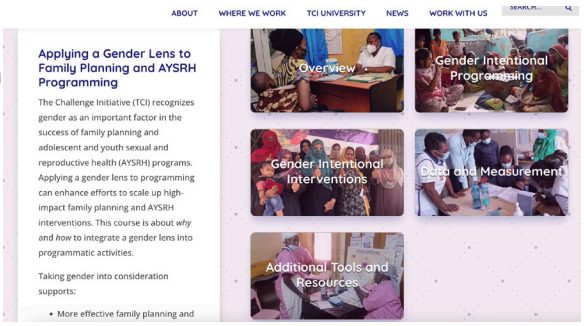


Figure 16: TCI-U registered users and certificates awarded since 2017.

Gender Essentials Mini-Course

A significant achievement related to TCI-U in Year 2 was the development of the Gender Essentials Mini-Course, which includes five practical lessons for considering gender when implementing TCI's HIPs & HIIs. The Overview lesson explains why gender is important and introduces TCI's gender strategy and gender-responsive approaches. The Gender Intentional Programming lesson introduces practical and specific guidance on how to integrate gender into TCI's stages of engagement. The Gender Intentional Interventions lesson showcases various gender-focused TCI interventions organized by service delivery, demand generation and advocacy. The Data and Measurement lesson emphasizes the importance of using data for decision-making and covers various considerations for selecting and monitoring gender indicators. Finally, an Additional Tools and Resources lesson highlights three specific tools and resources for gender-intentional programming – such as the Gender Analysis Matrix, the RAISE tool and Community of Practice – along with other useful resources.



A Gender Equality page was also developed on the TCI website as well as an accompanying Technical Brief presenting key issues and other details to help TCI audiences understand and apply critical components from the Gender Essentials Mini-Course. Both the mini-course and technical brief were translated into French.

In Year 1, TCI conducted a comprehensive mapping and audit exercise of all TCI-U toolkits to identify aligned HIPs to create TCI's core package of interventions. In Year 2, interventions within each hub toolkit were tagged as either a high-impact practice or gender intentional, or both. To qualify as gender-intentional, the intervention should either improve a potential client's access to family planning information or services or make family planning more acceptable in a community. Examples of gender-intentional interventions include those that integrate family planning with other health services (improve access), encourage male engagement, foster intergenerational dialogues or conduct whole-site orientations in facilities to reduce bias.

TCI's Executive Director Kojo Lokko represented TCI at a meeting in Nepal in October 2023 coordinated by FP2030 on scaling up postpartum and post-abortion family planning HIPs. His session presented a synthesis of TCI's sub-national scale-up experiences, with highlights from selected countries participating in the FP2030 workshop. TCI also made a presentation about scaling up HIPs to the global HIPs technical advisory group and provided all Gates Institute and hub staff with an orientation on global HIPs. In addition, TCI participated in the global HIPs working group, which includes USAID, BMGF, the Research for Scalable Solutions project (R4S), and the Data for Impact project (D4I), to ensure TCI's programmatic experience is considered as efforts are made to harmonize HIP core components. The working group is hoping to come to a consensus on the final "key" implementation components of at least five HIPs. In Year 2, the working group completed its collective review and agreed to the key implementation components of the following HIPs: Community Health Worker, Immediate Postpartum Family Planning, Mobile Outreach Services, and Pharmacies and Drug Shops. A future meeting is planned to review Mass Media and possibly Postabortion Family Planning and Family Planning and Immunization Integration.

Read Related Story: ***TCI University Inspires Gynecologist in Tanzania's Mbeya Region to Champion Social and Behavior Change***

3.2: Increased donor investments into TCI

Resource Mobilization Efforts Stepped Up in Year 2 with Extensive Outreach Effort

During the NextGen proposal process, the foundation and Bayer encouraged TCI to "crowd in" other investors. As such, TCI developed an aggressive long-term resource mobilization strategy in Year 1 designed to secure additional support for the platform for the remainder of the NextGen period and beyond. The overall goal of the strategy was to initiate discussions with at least four additional donors (country, regional, global) in Year 2, while another six investors will be approached in Years 3 and 4 and beyond to fund activities taking place post-NextGen (Jan. 2026 – Dec. 2030). TCI consultant Global Impact assisted with outreach in Year 2 to more than 70 potential donors at foundations, corporations, bilaterals, and large funding opportunities.

Several potential donors responded to TCI's letter-writing campaign with initial interest to learn more about TCI. Follow-up discussions will take place in Year 3. Moreover, TCI invited about 20 potential donors to attend its annual meeting in Lagos, Nigeria, in December 2023. In addition to BMGF and Bayer, USAID, UNFPA, Well Being Foundation and Merck for Mothers attended the first two days of the annual meeting to learn more about TCI. Follow-up discussions are ongoing with all of them.

TCI applied for Takeda Pharmaceuticals' global corporate social responsibility program's annual request for proposals. TCI is seeking $6.8 million to reduce teen pregnancies in Uganda and the Philippines. Decisions on short-listed proposals are expected in March 2024. TCI also updated its Bold Solutions Network profile, which has attracted interest from at least five donors.

TCI nominated Bayer for a community improvement award from the US Chamber of Commerce Foundation and attended the awards ceremony in D.C. after Bayer was named a finalist. Finally, TCI has submitted an initial query to the Global Innovation Fund seeking $15 million to scale up further.

3.3: Increased number of TCI hubs led by local organizations

Half of TCI Hubs are Led by Locally Based Organizations

Three of TCI's six hubs are led by locally based organizations. Greenstar Social Marketing joined TCI in Year 1 as the Pakistan hub partner. It also has nationwide scope in terms of coverage and engaged three large provinces (Sindh, Punjab and ICT) in Year 1. TCI's India partner is PSI India, a locally based organization. At the start of NextGen, PSI India had transitioned to a fully indigenous organization operating largely autonomously with little support from PSI Washington. TCI's Philippines hub has been led by the locally based Zuellig Family Foundation since the hub launched in November 2020. Throughout NextGen, TCI will document its experiences and learnings in working with both international and local organizations as its regional hubs.

3.4: Increased cost efficiency of TCI operations and programming

Increased cost-efficiency in TCI NextGen compared to the bridge period

In the second year of its NextGen phase, TCI honed its staffing strategies, enhancing efficiency at both hub and global aggregator levels. By identifying and streamlining specific roles, TCI managed to extend its coverage without compromising quality. The average staff level rose to 224.2 full-time equivalents (FTE) across six hubs, a notable increase from 190.9 FTEs across five hubs in the preceding bridge period and 189.4 FTEs across six hubs in Year 1. This expansion aligns with a significant growth in the number and demographic reach of its partner cities, resulting in a refined staffing ratio of approximately 1.0 TCI staff per million in population footprint (refer to Table 8 for additional details).

Capitalizing on economies of scale and providing phased support to more experienced cities enabled

TCI to markedly decrease its monthly per-city cost (standardized by population footprint), from $10,500 during the bridge period to $6,400 in the initial two years of NextGen. This period also saw an expansion in the number of additional FP clients within TCI-supported cities, leading to a notable reduction in the cost per additional FP client from $26 in the bridge period to $18 in Year 2. These trends are consistent across various cost-efficiency metrics by hub.

Looking forward, TCI anticipates further enhancements in these cost-efficiency metrics as it refines its city support strategies through experiential learning. Initiatives include piloting an alternative support model for local governments, characterized by a more streamlined intervention package and a shorter engagement period, funded in part by Bayer AG's Opportunity Fund. The launch of the Rapid Scale Initiative (RSI) in a select group of hubs and cities in Year 2 is a testament to this strategic pivot. Insights gained from RSI are expected to inform ongoing efforts to elevate the cost-efficiency of TCI's operational model.

Table 8: Cost-efficiency markers, aggregate of all hubs and global aggregator by TCI year

	Period	Jul'16-Jun'17	Jul'17-Jun'18	Jul'18-Jun'19	Jul'19-Jun'20	Jul'20-Feb'22	Oct'21-Dec'22	Jan'23-Dec'23
	No. of hubs	4	4	4	4	5	6	6
	No. of months	12	12	12	12	20	15	12
	Additional clients per period		194,453	662,371	671,346	961,059	919,993	991,688
	Ave. no. of geographies		25.8	83.1	93.2	107.3	137.9	181.5
	Average population footprint		32,681,467	88,568,154	99,402,087	117,100,736	158,028,311	225,480,723
	All Hubs	**Y1**	**Y2**	**Y3**	**Y4**	**Bridge**	**NextGen Y1**	**NextGen Y2**
Costs	Expenses per period (includes HQ expenses)	$4,261,080	$11,733,519	$21,382,098	$24,507,451	$24,781,320	$15,051,253	$17,369,659
	Cost per additional FP client	$ -	$60	$32	$37	$26	$16	$18
	Monthly cost per implementing geography	$ -	$37,973	$21,446	$21,921	$11,548	$7,278	$7,975
	Monthly cost per million in population footprint	$ -	$29,919	$20,118	$20,546	$10,581	$6,350	$6,419
FTE	Average no. of staff (FTE)	28.5	62.4	111.4	160.7	190.9	189.4	224.2
	FTE per 100,000 additional FP clients	-	32.1	16.8	23.9	19.9	20.6	22.6
	FTE per implementing geography	-	2.4	1.3	1.7	1.8	1.4	1.2
	FTE per million in population footprint	-	1.9	1.3	1.6	1.6	1.2	1.0

3.5: Improved data systems for program monitoring and learning at hub and global platform levels

New Monitoring Tools Developed while TCI Learnings Widely Shared in Year 2

Program Monitoring

In its second year, TCI determined a clear direction for its program monitoring system and developed this framework that shows how TCI will monitor its intermediate and primary outcomes.

Monitoring Systems	IO 1: Scale-up of HII/HIP IO 2: HSS for HII/HIP			PO1: Contraceptive Uptake (CU)		PO2: Self-Reliance	
Reporting tools	HII/HIP records (coverage, institutionalization)	QI checklist (quality of HII/HIP, HSS)	Hub tracker (city stages, local commitments and spending)	HMIS reporting tool (with CYP variants)	Diffusion tool, Private sector tool	Self-reliance scorecard	Narrative report
Frequency	Quarterly			Quarterly	Semi-Annual	Quarterly	Quarterly
Unit of reporting	Quarterly	Quarterly (random sample of facilities)	Quarterly	Monthly	Monthly (HMIS/CU data) Quarterly	Quarterly	Quarterly

TCI successfully developed new or revised existing monitoring tools. This included:

+ HIP & HII records – monitors horizontal scale (coverage), and vertical scale (institutionalization) of each HIP & HII
+ Quality implementation (QI) checklists – assesses quality of HIP & HII implementation, as well as relevant HSS building blocks (at the city-level or in a sample of facilities, depending on the tool)
+ Hub trackers – tracks city engagement, local government commitment and spending, FTE numbers, etc
+ HMIS reporting tool – revised to incorporated CYP variants which is needed to calculate additional clients data using the refined analytic methodology
+ Self-reliance scorecard – drafted to incorporate data coming from other monitoring tools (to be finalized)

TCI led this process, with some inputs from Itad. TCI hubs have rolled out these tools by Q4 of 2023, some of the results are presented in this report – while more are anticipated to be ready for the subsequent quarterly reports. A number of tools are still under development (pulse checks for graduated cities, private sector tool, remaining QI checklists). TCI plans to finalize tools and begin roll-out by Q2 of 2024.

Aside from the analyses presented in this report, TCI is working on disaggregating results by TCI phases and city stages, synthesizing data across different TCI sources, and triangulating it with signals from other programs/national data. TCI plans to publish blogs, briefers, and other materials in its website to showcase these information and corresponding insights. Further, TCI's MLE staff will support its global, hub, and city teams to maximize the utilization of this data for decision-making, course corrections, and strategy-setting.

Learnings

As for learning, TCI continued to demonstrate thought leadership in the field of scaling HIPs & HIIs in Year 2 through journal manuscript publications, conference presentations and numerous communications activities.

Peer-Reviewed Publications

The East Africa team published two articles in the Frontiers peer-reviewed journal and were entitled as below:

+ Improving access to family planning services through community pharmacies: Experience from The Challenge Initiative in three counties in Kenya
+ Sustainable financing of AYSRH programs by local governments through the TCI model

Two additional articles were published as part of the GHSP supplement (three were published in Year 1) while four remain in the peer-review process:

+ Increasing Contraceptive Use through Free Family Planning Service Days (FPSDs) in Poor Urban Areas in Francophone West Africa

+ Improving Quality Adolescent- and Youth-Friendly Health Service (AYFHS) Through Integrated Supportive Supervision in 4 States in Nigeria

And the Nigeria team published two articles in a GHSP supplement about responsive feedback, documenting their use of RAISE and Pause & Reflect:

+ Improving State Government's Responsiveness to Family Planning Interventions in Nigeria Using an Innovative Reflection and Action Tool
+ How The Challenge Initiative Adapted and Used Pause and Reflect Responsive Feedback Sessions for Adaptive Management in Nigeria

Conference Presentations

TCI participated in several conferences in Year 2, including FIGO, where the East Africa team had five poster presentations, and the International Conference on Urban Health, where TCI's coaching model was presented along with presentations from the India team. Other conferences featuring TCI attendance or presentations include the Ouagadougou Partnership Coordination Unit, Women Deliver and national conferences in Nigeria, Tanzania and Uganda.

Learning Activities

TCI hubs held numerous learning activities to share lessons learned from implementation, including webinars, mini-universities, pause and reflect sessions, and knowledge workshops. TCI participated in a global webinar in October on World Cities Day to explore the importance of urban government health financing for a sustainable future.

In collaboration with the Knowledge SUCCESS project at the Johns Hopkins Center for Communication Programs (CCP), the KM team sponsored a multi-day virtual TCI-tailored KM capacity strengthening workshop in English with simultaneous French interpretation. Over 30 hub staff members attended to meet the following workshop objectives.

+ Explain KM's role in enhancing organizational performance and improving global health outcomes
+ Apply KM to global health programs and TCI's operations using a five-step systematic process
+ Identify the best KM approaches to use to meet TCI's KM needs at the hub and geography level

The KM team also collected about 40 Most Significant Change (MSC) stories from the hubs. Beginning in Year 3, TCI will end its relationship with CCP for knowledge management support, as tasks related to TCI-U have wound down and MSC stories have become less relevant after seven years of implementation.

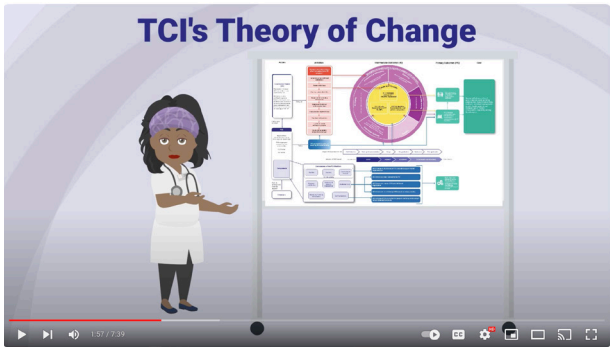
In December, TCI held a five-day annual meeting in Lagos, Nigeria, with more than 50 TCI staff, donors and local government representatives. While the first two days were targeted at donors (as noted above in IO 3.2), the following three days offered an opportunity for TCI hubs and global staff to exchange ideas, share lessons learned and problem solve. The annual meeting followed up on issues and challenges discussed at a July 2023 meeting in Senegal of TCI's chiefs and deputy chiefs of party. Also in July, the chiefs of party for East Africa and India traveled to the Philippines for a week-long Learning Exchange visit to get new team members there off to a good start.

Communications Activities

TCI continued promoting its work across six regional hubs in Year 2 through blogs, videos, newsletters, social media and publications. In Year 2, 64 blogs were posted on TCI's website and 12 newsletters were electronically disseminated (six TCI Insiders for TCI staff and six Business Unusual newsletters for external audiences). TCI published 12 reports, fact sheets and other publications in Year 2:

+ Two Tales of Impact
+ Two Fact Sheets
+ Nasarawa State Chronicles of Sustainable Impact at Scale for Reproductive Health: TCI's Business Unusual Partnership (One in a series from Nigeria on phase 2 graduated states)
+ TCI's Coaching Case Study
+ East Africa's Stories of Scale and Sustainability from Implementation of TCI's Family Planning High-Impact Interventions
+ Three publications in the Pathways to Scale and Sustainability Graduation series (Kano and Niger states in Nigeria and Uttar Pradesh in India)
+ Gender Technical Brief
+ An infographic depicting results from TCI's last survey of TCI-U users

TCI also produced an animated video about its new Theory of Change that premiered at the annual meeting in Lagos, while Nigeria produced a video on Nasarawa State's graduation. The TOC video not only walks viewers through the intricacies of the new Theory of Change, but also explains how TCI coaches local governments to implement HIPs & HIIs. In Year 3, TCI plans to translate the video to French and create one using an Asian character for India, Pakistan and the Philippines.



TCI's Theory of Change is explained in this video.

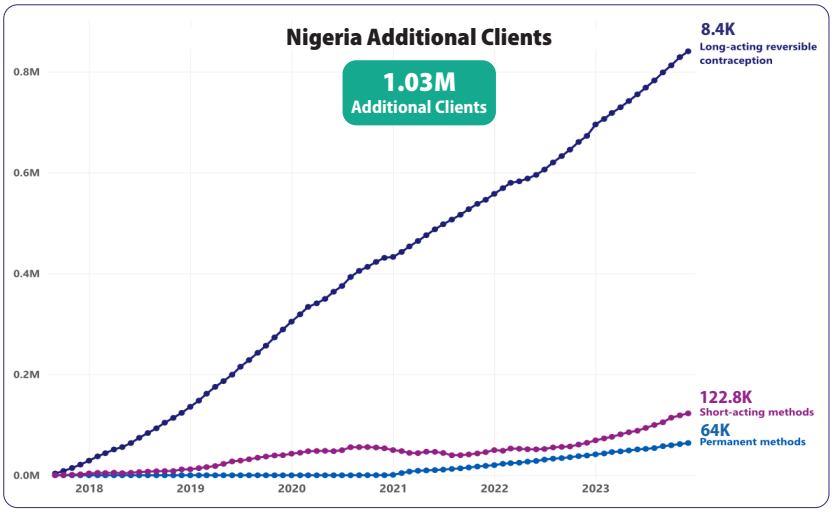
TCI's updated social media strategy yielded improvements in social media followers and engagement with 1,667 Facebook followers, 1,496 X (formerly Twitter) followers, 448 Instagram followers and 438 YouTube subscribers.

HUB SPOTLIGHTS

The following sections present Year 2 highlights from each of TCI six regional hubs, as well as challenges faced.

TCI's Nigeria hub continued to provide leadership, management and coordination coaching and technical assistance (TA) to supported states. Significant Year 2 accomplishments include geographic expansion through intensified scale-up of FP interventions across five new states (Borno, Sokoto, Yobe, Adamawa and Akwa Ibom states), and the onboarding of Jigawa state under the Rapid Scale-up Initiative (RSI) program. The hub continued to provide technical support through on-demand coaching to the 10 states that graduated in Phase 1. Another highlight of the year was Nasarawa's graduation from active implementation, having attained set milestones indicative of its progress towards FP program self-reliance.

Other notable achievements include increased domestic FP and AYSRH financing, improved leadership, ownership and coordination of state FP programs, diffusion of HIPs & HIIs, sustained commitment by state structures such as advocacy core groups (ACG), media forums, interfaith forums to advocate for enabling policies and a responsive fiscal environment for FP/AYSRH, an increased number of skilled providers, improved use of data for decision-making and improved private health sector reporting on DHIS.



About **250,924** additional family planning clients were seen in TCI-supported local governments in Nigeria from January to December 2023. Since the start of TCI implementation, 1,027,335 additional family planning clients were recorded in the hub.

Demand generation efforts reached 984,916 men and women of reproductive age, with 530,335 FP intenders referred and 69% completing referrals using FP services at service delivery points. Various demand generation approaches deployed provided platforms to stimulate discussions on contraceptives and address myths, misconceptions, and other barriers to FP. To expand access to contraceptives, partner states adopted and scaled up HIPs & HIIs such as 72-hour facility makeovers, FP in-reaches, integrated outreaches, family planning supportive supervision (FPSS), traditional FP competency-based training and on-the-job training (OJT), whole site orientations (WSO) on FP/AYSRH etc. Diffusion of some of interventions were recorded such as social mobilization to non-TCI supported local government areas (LGAs), 72-hour makeovers, in-reaches, FPSS and OJT. Specifically, diffusion was documented in 67 LGAs.

The year witnessed a substantial increase in matching funds released from state governments, with nearly $800,000 committed and more than $1.2 million spent (161%). Over half (63%) of the expended funds were contributed by Nasarawa, Osun and Lagos states. They were used to procure commodities and consumables, scale up HIPs & HIIs, renovate health facilities, and install FP equipment supplies. Other states invested funds in developing annual operational plans (AOPs), coordination of RH meetings, FP demand generation activities, LARC training, and printing referral booklets for postpartum FP.

The hub strengthened the capacity of 389 community volunteers, who were trained on community mobilization approaches, and 500 clinical health care workers, who learned LARC methods, PPFP service provision and documentation, hormonal IUD insertion and DMPA SC self-injection. Throughout the year, the service providers received OJT and coaching to sustain skills and improve the quality of FP service provision.

The Nigeria hub developed gender integration toolkits to facilitate a gender-responsive and transformative program and further integrated gender sessions into WSO. The social mobilization referral GO cards were modified to enable mobilizing for and documentation of PPFP. Also, a mini DQA tool was developed and deployed to measure and determine the level of improvement in data quality across health facilities.

Nigeria Challenges

+ Inflation and the removal of government subsidies for gas led to increased costs across the board, including increased program implementation costs. While exchange rates cushioned the impact

of inflation on the government, decision-makers were strategically engaged in improving resource allocation and strengthening primary health care (PHC) program integration to manage the increased costs.

+ A nationwide FP commodity stock-out limited the availability of FP methods and affected community mobilization and uptake. TCI is actively engaging decision-makers to domesticate the national guidelines on FP commodity procurement to complement FP supply from the federal government.
+ The election and aftermath affected social mobilization activities in most communities and facilities in the first quarter of Year 2.
+ The hub experienced occasional difficulty in getting graduated states to report on funds released and HIPs & HIIs implemented as part of efforts to monitor their performance post-graduation. To address this, the hub developed a checklist tool to be completed by the state FP coordinator and other key state FP program counterparts. The hub will conduct biannual supportive supervisory visits to graduated states by March 2024 for deeper data analysis (using a developed checklist) and coaching for results with graduated states. However, the hub will continue monitoring FP data for graduated states through the DHIS2 platform.
+ Using RAISE as a monitoring tool and adhering to its timelines for government staff presented a significant challenge. To overcome this, the hub has shifted the role of RAISE to a diagnostic tool and adjusted its administration frequency to quarterly in active states and biannually in graduated states.

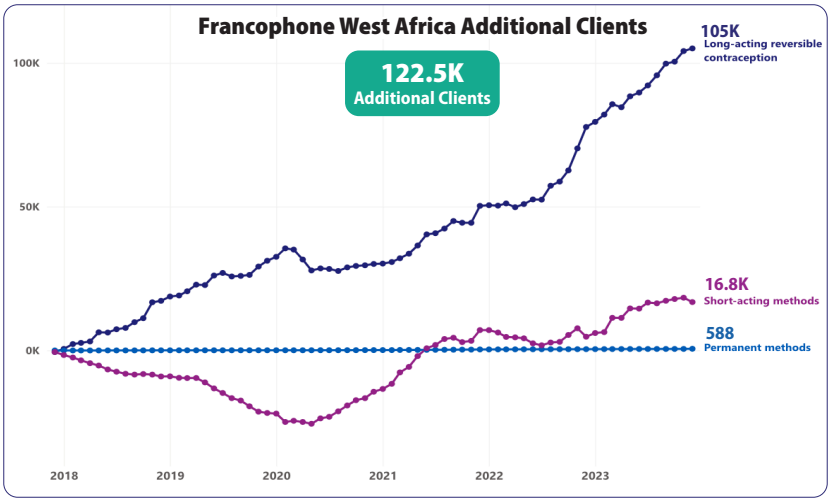
Francophone West Africa

21 LGs Engaged

10 Active | 0 RSI Sites

11 LGs Graduated

TCI's FWA hub has engaged 21 cities, 10 of which are active and 11 graduated, for a total population footprint of 21,673,901. In Year 2, the hub achieved 100.5% coverage of targeted health facilities in NextGen's new cities, equivalent to 519 health facilities enrolled out of the 516 planned. This achievement brings the total number of health facilities enrolled since the start of TCI to 1,469 compared to 1,466 that was planned. Of the 519 facilities, 179 (34%) are private.



About **39,499** additional family planning clients were seen in TCI-supported local governments in FWA from January to December 2023. Since the start of TCI implementation, 122,474 additional family planning clients were recorded in the region. It should be noted that this performance does not include Senegal cities where data was not available due to the withholding of health information strike since October 2022.

By end of 2023, 1,165 health service providers and master coaches (276 males and 889 females) were coached on approaches focused on unmet need (universal referral, immediate postpartum FP, FP special days (FPSD), and adolescent-responsive contraceptive services). TCI coached 1,539 community health workers (CHWs). A total of 3,079 FPSDs were organized, covering 563 facilities. Note that during Year 2, CHWs were involved in the organization of FPSDs. TCI also implemented the mass media approach this year.

The quality of HIPs & HIIs implementation was measured in 99 health facilities across five cities. Results for those that received at least 75% score per intervention are, respectively: community health workers (9%), immediate postpartum FP (35%), universal referral (44%) and FPSDs (42%). Almost all of FWA's interventions have been institutionalized, either in national family planning policy documents or in local governments' annual work plans.

In Year 2, TCI strengthened LG capacity through technical and managerial coaching on high-impact interventions with 1,056 coaching sessions that reached 3,566 coaches and city stakeholders. The hub continued to empower cities to scale up HIPs & HIIs, as measured through the RAISE tool, by coaching stakeholders to hold regular RAISE sessions. Of the 21 cities, 10% are in the start-up phase, 33% in development, 43% in expansion and 14% in maturity.

The assessment of leadership and ownership capacities at the local level was carried out through the HSS Leadership and ownership checklist tool in six FWA cities shows scores that vary from 63% to -100%. Local contribution spending reached 63% ($217,204) compared to Year 1 where it was 50%.

Using the new Gender Essentials mini-course in TCI-U, FWA coached 1,481 stakeholders – 456 males and 1,025 females –on intentionally considering gender in FP/AYSRH programs in TCI supported cities. The stakeholders included TCI program managers, local municipal and health system authorities, members of the Coordination and Management Units (UCG), the Joint Steering Committee (CCP), and RAISE Evaluation Groups, religious and traditional leaders, master coaches and healthcare providers.

FWA Challenges

Despite FWA's progress, the following challenges were noted during Year 2:

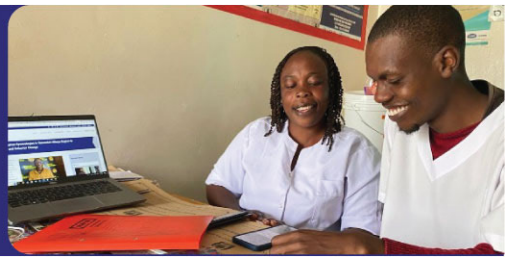
+ HMIS data from Senegal was unavailable due to the withholding of health information by healthcare providers since October 2022. This situation prevents TCI from having a better understanding of its performance in Senegal's cities. Nevertheless, program implementation is proceeding normally, with the availability of FP services, coaching of providers on HIPs & HIIs, and the organization of FPSDs and supervisions. Starting in January 2024, the hub will organize an active collection of the data in all active and graduated cities in Senegal through master coaches and city managers.
+ Despite a slight improvement in the expenditure rate of the local contribution by municipalities between NextGen Year 1 and Year 2, the mobilization of local contribution by FWA municipalities remains a challenge. Advocacy groups, local elected officials and health district teams will be encouraged to step up lobbying efforts to mayors with ongoing coaching from TCI.
+ Weak Advocacy Core Groups persist particularly in Kolda, Cotonou, Koudougou, Abomey-Calavi, Abidjan, Bouaké and Ziguinchor. Irregular meetings and insufficient advocacy activities have resulted in lower disbursement of committed funds in these graduated cities.

East Africa

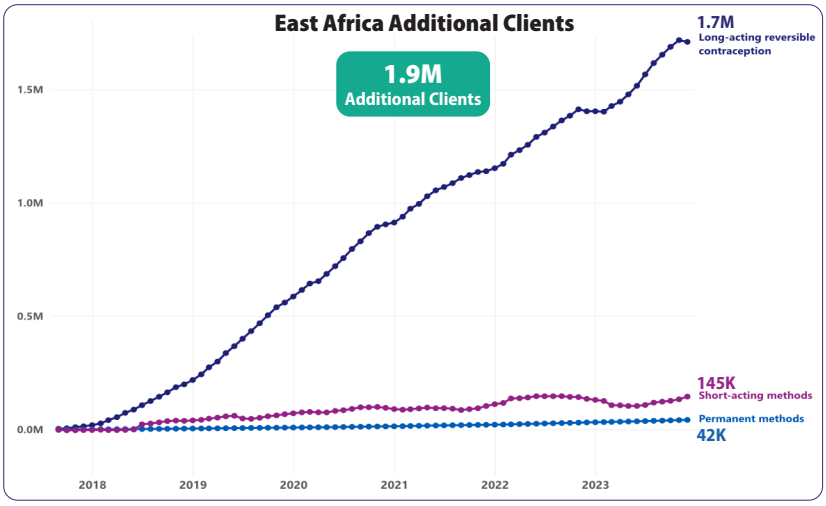
63 LGs Engaged

16 Active | 3 RSI Sites

44 LGs Graduated



TCI continued to perform well in Year 2 in East Africa, where it has engaged 63 local governments. The hub expanded its geographic footprint with the Rapid Scale Initiative, onboarding three local governments in Hoima, Uganda; Homabay, Kenya; and Geita DC, Tanzania.



About **327,237** additional family planning clients were seen in TCI-supported local governments in East Africa from January to December 2023. Since the start of TCI implementation, 1,897,535 additional family planning clients were recorded in the hub.

The hub is actively supporting another 19 local governments that committed a total $1.5 million towards FP/AYSRH activities, which is the result of continuous advocacy for resource allocation and mobilization. The hub also worked to improve the use and management of public financial resources through quarterly financial reviews, feedback sessions and financial clinics. The financial clinics were paramount in strengthening the capacity of health management teams in the key gap areas identified following a financial review and those drawn from findings in the RAISE assessments. These efforts resulted in the release of 79% ($1.2m) of the local government commitment, an overachievement against a target of 75%.

Six geographies graduated by end of year 2, bringing the total in post-graduation phase to 44, with 27 in the immediate post-graduation stage (first two years after graduation) and 17 in the late post-graduation stage (more than two years since graduating). Other noteworthy accomplishments include collaborating with the Kenya national FP program to train 30 national PPFP mentors that are spread across TCI's supported geographies. These mentors will be instrumental in rolling out PPFP and LARC mentorship sessions in Year 3 aimed at improving PPFP service uptake.

TCI updated three interventions on TCI-U to include gender considerations: whole-site orientation, community dialogues and working with community health workers/village health teams. These were disseminated during the coaches review meetings and via existing communities of practice (CoPs).

Following a request on data management by Lwala Community, a local RHMNCAH partner based in Siaya County, TCI coached them on deployment and use of the ODK app/system for data capture and reporting. During the coaching, the team shared data capture tools for FP outreaches and in-reaches with them for their adoption and use. They were also linked to the TCI dashboard for visualization and support data use instances.

TCI collaborated with Bungoma County in hosting 20 health care providers enlisted by Marie Stopes Kenya in their clinics, to share learnings on implementation of outreaches and in reaches. The event also provided an opportunity for TCI to share the Sisi-kwa-Sisi coaching model, LARC mentorship tools and

processes, pharmacy engagement, leadership engagement, and the quality improvement checklists.

A team of 15 local government staff from Mukono, Uganda, visited Kenya with the support of TCI, to participate in a cross-country learning exchange for health leaders and coaches with Nairobi, Nakuru and Bungoma geographies. Key areas discussed included advocacy and funding, FP/AYSRH data management, public-private partnerships and quality FP/AYSRH service delivery.

TCI held a knowledge café organized by Nakuru County, Kenya, that was aimed at providing an avenue for open exchange of ideas and solutions towards domestic resource allocation, mobilization and use between several county government officials drawn from TCI-supported counties. The event also had participation from ThinkWell, a leader in the field of health financing, and a Council of Governors representative to ensure the most up-to-date information and strategies were shared.

East Africa Challenges

+ Commodity stockouts and late release of commitments in some sites slowed HIPs & HIIs implementation. The team was able to support the CHMT to leverage other partners who have access to contraceptives, such as Marie Stopes, within most TCI sites.
+ Leadership changes in most of the TCI sites in Kenya also affected implementation progress post elections. TCI conducted advocacy meetings with the new leadership and constant updates are still ongoing to ensure support for TCI activities does not diminish.
+ Changes in leadership due to transfers and retirements continue to deplete the pool of coaches in graduated sites. For example, the entire leadership of the FP/AYSRH units was transferred in some sites. Still, the team has been able to engage with the leadership and facilitating opportunities for coaching for the new staff using the alumni coaches. Also, engagement with TCI alumni coaches is now facilitated on a quarterly basis for regular updates with geography managers.

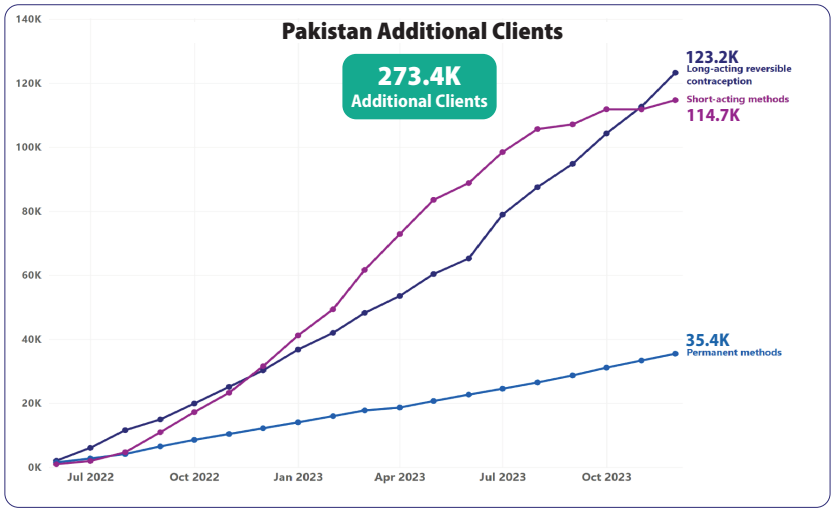
Pakistan

15 LGs Engaged

13 Active | 2 RSI Sites

0 LGs Graduated

After beginning Year 2 with 12 cities implementing HIPs & HIIs, Pakistan ended the year with 15 – 1 additional NextGen city and 2 RSI cities. The hub now has a population footprint of more than 55 million (2019 estimates). In Year 2, 12 cities entered TCI's surge phase and accelerated HIPs & HIIs implementation by successfully mobilizing the health and population welfare departments mandated for family planning services. The government's focus on family planning services includes an expansion of the FP service network by starting mobile clinics (called Clinic on Wheels) and piloting the transformation of single-room urban dispensaries into mother and child health centers that also provide FP



service (an initiative taken by the Department of Health Punjab).

About **199,440** additional family planning clients were seen in TCI-supported local governments in Pakistan from January to December 2023. Since the start of TCI implementation, 273,365 additional family planning clients were recorded in the hub.

During Year 2, TCI focused on scaling up HIPs &HIIs that are part of national policies and costed plans, including community health workers, integrated outreaches, integrated in-reaches, on-the-job training, postpartum FP, facility makeovers, FP champions, and mass media. Advocacy for increased budget allocation at the provincial and district levels to expand implementation of these HIPs & HIIs will continue in Year 3.

TCI assisted the local government in organizing 2,897 integrated in-reaches (FHDs) and 2,205 integrated outreaches. These activities were organized with the support of community health workers and by reaching out to local thought-leaders to mobilize the community to attend family health days (FHDs). A total of 18,956 CHWs were engaged in all Pakistan intervention sites, and postpartum family planning remained a key intervention, with 3,644 healthcare providers and community health workers going coached on PPFP implementation. Facility makeovers and whole site orientation interventions were introduced to LGs and implemented in Year 2. Notably, 20 facility makeovers were completed with the makeover process underway for 50 health facilities in all three regions that is expected to conclude during 2024.

TCI developed a gender strategy for Pakistan, and subsequently, all HIPs & HIIs were revised to make them gender intentional. All cadres of Pakistan LGs were sensitized on gender mainstreaming during the implementation of different HIPs & HIIs. Gender-related indicators are now included in the facility makeover assessment checklist, and IEC material for raising awareness about FP has also been made gender sensitive.

LGs are consistently moving towards self-reliance, as indicated by significant and gradual improvement in their RAISE scores. Four LGs had transitioned to the 'expanding' stage by the end of Year 2.

As a result of the caretaker regime being put in place in Pakistan after the previous administration's term ended, Year 2 saw frequent changes (transfers and postings) inside government systems. These developments created challenges for TCI's initial advocacy and marketing efforts. However, the pool of master coaches developed across leadership and functional tiers of the local government helped develop linkages across systems and capacity enhancements as shock absorbers, ensuring TCI objectives remained afloat. Data availability and validation have remained a challenge and focus in Year 2, as both Punjab and Sindh are developing new HMIS systems. TCI is closely monitoring the situation and is in close contact with relevant officials.

TCI worked in Year 1 to establish a rapport with the government, but rapid transfers and postings since then has resulted in a lack of understanding of TCI financial commitments, leading to committed funds going to the health systems (and not family planning). TCI is working to secure commitments and funding designated exclusively for family planning programs and interventions. Systemic gaps, like a shortage of service providers, continue to hinder LG performance. TCI is supporting and mobilizing LG management to look for alternative arrangements such as optimal utilization of the existing workforce, integration of services with other health areas (nutrition, immunization) and also achieved horizontal scale up in self-select districts.

Pakistan Challenges

+ Service provider shortages resulting from a ban on government recruitment hinders the LGs' ability to perform at an optimal level. As much as 50% of designated positions are vacant in some LGs. TCI's Pakistan team has been supporting and mobilizing the LGs' management to make temporary

arrangements like assigning existing staff to carry out integrated outreaches in nonfunctional areas because of staff scarcity, hiring drivers on daily wages to drive mobile service unit (MSU) vehicles, and making the MSUs more functional.

+ Despite an increasing focus on family planning from decision-makers, overall political and economic instability and financial crisis have resulted in inadequate funding for family planning, which has impacted commodity security and caused stockouts – mostly LARCs (that are imported) –at service delivery points. TCI has been closely engaged and advocating with LGs and relevant provincial authorities to address the issue as a priority. Commodity availability was ensured at the facility level by borrowing from the Population Welfare Department or releasing emergency commodity stocks.
+ This approach of having different government departments with multi-layered functioning bodies makes coordination extremely challenging. TCI is continuously engaged with all relevant departments, trying to navigate sensibly and sensitively.
+ Data-related compliance issues are a continuing challenge. Data entry, accuracy, and completeness issues emerge from facility staff's capacity, work burden and competing priorities. In Sindh, manual data entry at the facility level is entered in cLMIS and DHIS at the LG level at the end of every month. In Punjab, data are entered manually and electronically in facilities. Different staff members are responsible for other parts of data entry, making the process more complex and decreasing compliance. TCI has supported LGs in regularizing D4D meetings to discuss and resolve data issues and increase compliance regularly. Moreover, the TCI team closely monitors the databases, highlights any anomalies and digs more deeply with the relevant data person to resolve the issues.

India

57 LGs Engaged

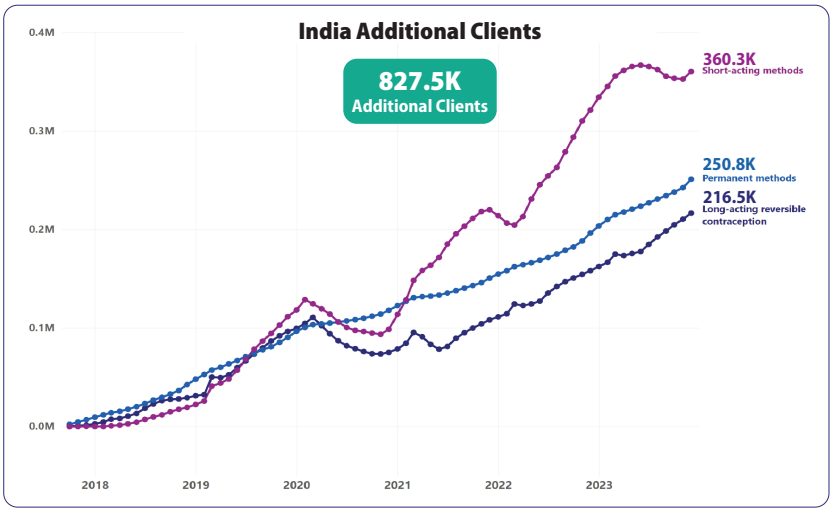
21 Active | 5 RSI Sites

31 LGs Graduated

TCI made remarkable progress in India in Year 2, impacting FP services, data quality and knowledge dissemination, with various achievements highlighting successful integration into government programs, active engagement, and effective strategies.

About **152,188** additional family planning clients were seen in TCI-supported local governments in India from January to December 2023. Since the start of TCI implementation, 827,523 additional family planning clients were recorded in the hub.

The higher percentage of short-term methods (45%) in India's method mix is due to urban health facilities' tendency to favor provision of short-term methods (80-85%). TCI has activated 679 (80% of total coverage) urban health facilities by implementing HIPs & HIIs. Traditionally,



young adults (15-29 years old and first-time-parents), prefer short-term methods (in particular, condoms) but injectables (Antara and Chaaya) are steadily increasing in TCI-supported cities. Young adults typically do not prefer LARCs, because of related myths and misconceptions.

In Year 2, TCI actively supported 217 public health facilities in 21 NextGen cities, with 91% implementing 13 HIPS & HIIs. Fourteen HIP & HIIs were executed, emphasizing data-driven decision-making through regular City Coordination Committee (CCC) and NUHM review meetings. The data reveals positive outcomes in various areas, with eight out of the 14 interventions adopted into the government's Program Implementation Plan (PIP), showcasing a significant achievement in institutionalization.

Coaching emerged as a pivotal strategy, with 681 staff across 21 cities engaged in family planning activities. A total of 3,115 coaching sessions focused on data quality and record keeping, contributing to continuous improvement. The HSS leadership and ownership checklist, commitment of $5,280,331 by 41 local government cities, and successful implementation of HIPs& HIIs further highlight these achievements.

Gender-related elements were seamlessly incorporated into six interventions in TCI-U, providing a comprehensive resource for knowledge dissemination and capacity building. Social media campaigns like 'Baat Karo Plan Karo' and government-driven initiatives, such as 'Anubhav' videos, effectively addressed family planning issues, promoting spousal communication, gender integration and awareness of spacing methods. These activities received positive feedback, showcasing the impact of diverse channels in disseminating crucial family planning information. Mini-university workshops and other support helped orient new cities, including Bhubaneshwar, Satna, Morena, and Ratlam. These efforts also highlight collaborative efforts in cross-state learning and knowledge sharing.

India's private sector strategy focused on Public-Private Interface Engagement (PPIE) meetings and resulted in expansion to 745 private facilities, generating 64,405 additional FP clients since April 2022. Challenges such as personnel shortages and disruptions in data uploading prompted ongoing efforts for improvement.

India's RSI cities witnessed a 31.4% improvement in Total Client Volume, totaling 10,183 additional FP clients by December 2023. The RSI team helped expedite IUCD training, initiate fixed-day static services (FDS) and contribute to Madhya Pradesh's Program Implementation Plan, showcasing a commitment to long-term impact.

India Challenges

+ A shortage of trained personnel in Bihar and Jharkhand led to ongoing recruitment efforts and training programs. Mitigation efforts – through recruitment, task-shifting and training initiatives for auxiliary nurse midwives (ANMs) and staff nurses on IUCD insertions – were initiated through ongoing advocacy efforts.
+ In Bihar, ASHAs lacked diaries needed for effective record-keeping and documentation processes. This hindered their ability to track clients' health information as well as document their community interaction. After advocacy with the Bihar government, the diaries are now part of the budget. The revamping of the HMIS portal impacted the count of additional FP clients in post-graduation cities. Short-acting reversible methods were not fully uploaded into the HMIS portal particularly from outreach and health and wellness centers from the start of fiscal year 2023.
+ The overhaul of the HMIS portal also impacted data uploading from private facilities, causing disruptions in real-time monitoring. Additionally, communication from the Uttar Pradesh government emphasized the importance of data security, leading to restrictions on sharing data with development partners.
+ Delays in releasing state Record of Proceedings affected fund disbursement in Bihar, Jharkhand and

Madhya Pradesh impacting program implementation. In addition, challenges in obtaining Statement of Expenditure (SOE) information were encountered in Jharkhand and Bihar. This posed potential delays in financial reporting, hindering accurate assessment of project expenditures and impacting the efficiency of financial management processes.

+ Frequent leadership changes and vacant district positions were common challenges. At several sites, it disrupted the continuity and stability of operations and posed a threat to decision-making, as well as delays in program implementation.
+ Irregular supply of family planning commodities occurred in some NextGen cities in Year 2. Also, a community health workers' strike in Jharkhand impacted FP commodity reporting.

Philippines

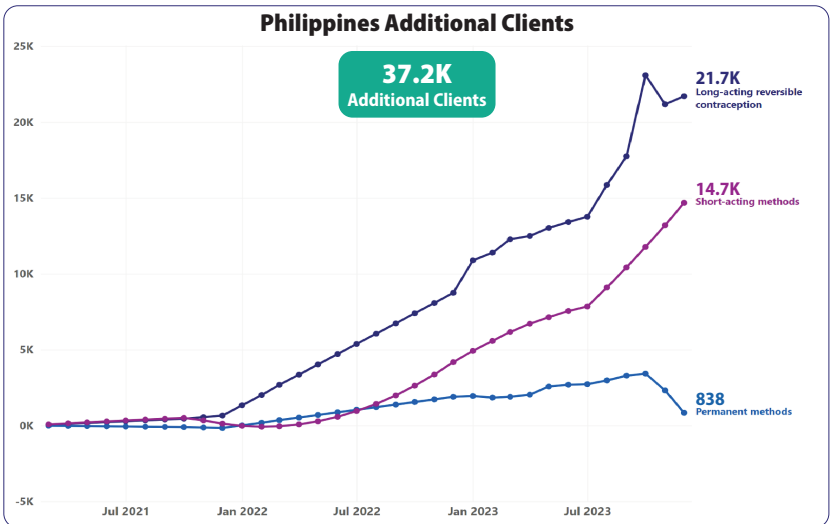
21 LGs Engaged

21 Active | 0 RSI Sites

0 LGs Graduated

TCI's Philippines hub made significant progress in Year 2 with a noticeable increase in both output and outcome indicators. Covering 21 cities, the hub's population footprint reached 11.5 million (2020 census) – almost reaching its 14.2 million footprint end-of-project target.

About **22,400** additional family planning clients were seen in TCI-supported local governments in the Philippines from January to December 2023. Since the start of TCI implementation, 37,216 additional family planning clients were recorded in the hub.



The hub's pace of scale in implementing and institutionalizing HIPs & HIIs in TCI-supported cities was impressive as well. Working together, TCI and local partners were able to facilitate the certification and accreditation of a good number of adolescent-friendly health facilities (AFHF), increasing from 86 at the start of Year 2 to 331 AFHFs. The number of health facilities providing postpartum family planning (PPFP) services significantly increased as well – from 90 at the start of Year 2 to 285 by the end of 2023. TCI-supported cities are now able to prevent more adolescent pregnancies, prevent more second repeat pregnancies, and provide more FP services to adolescents.

Local government spending of funds committed in their program designs also significantly increased, from 49% in Year 1 to 82.5% in Year 2. Of the $ 2.5 million committed in Year 2, more than $2 million was spent, which amounts to more funding for FP/AYSRH programs in their cities than previous years.

Mayor Klarex Uy of Cagayan de Oro is a testament to this commitment. He ensured that $18,181 for AYSRH and $5,454 for FP was included in his city's budget. This was the first time that the city officially allocated separate budget lines for both programs. This development is already a demonstration of TCI's success in a city that has been resistant to FP programming in the years past.

Philippines Challenges

+ Two cities had inactive city leadership teams (CLTs). TCI has since revived and strengthened CLT membership and participation.
+ Changes in CLT membership related to elections and supporting infrastructure also presented a challenge. TCI provided support in creating a data quality check mechanism.
+ Village-level operations and and activities were disrupted due to Barangay elections and turnover of the workforce. In addition, there was internal re-organization of city health offices and city leadership teams (CLT) of various cities therefore TCI city technical leads prioritized strengthening CLT membership and participation and face-to-face coaching sessions to ensure continuity of implementation.
+ City-level data availability and completeness was a challenge as well as paper-based reporting. TCI Philippines contributed to the development of FP/AYSRH dashboards, building on a USAID-supported LGU-managed electronic data management system in Manila, to ensure that data and information will be real-time and accurate. TCI is working with other cities, connecting them to Manila LGs, to scale up and rollout a similar electronic database.

CHALLENGES AND LESSONS LEARNED

Lessons Learned from TCI's Coaching Model

TCI's phased Lead, Assist, Observe, and Monitor coaching model is designed to strengthen local government capacity in scaling up HIPs & HIIs. From day one, TCI ensures local governments are in the driver's seat by effectively coaching them to be better equipped to manage and implement their FP and AYSRH programs. TCI's coaching approach is designed to improve program management, coordination, planning, budgeting, and data use to help inform decision-making and it ensures sustainability beyond the period of TCI's support. The following are some of the lessons learned thus far regarding TCI's approach to coaching:

+ To achieve sustainable programming, FP program implementers should prioritize coaching to strengthen local government capacity and reinforce best practices through continuous coaching efforts. Sustainability is possible with local government ownership and leadership, which TCI promotes through its unified coaching plan.
+ To achieve health systems strengthening, coaching interventions should address both individual capacity and the system as a whole. TCI's coaching model is a valuable tool for improving the skills of local government master coaches and, through cascade coaching, various cadres of public health workers which contributes to systems-level changes that improve FP services. However, training a coach takes considerable time and results vary based on the coach's motivation, interest, and skillset.
+ Evaluating the effectiveness of coaching over time is difficult and coaches need clarity on how to measure success. Developing a more systematic tool to effectively document and measure coaching over time is needed, as well as developing analytical methods to better link coaching to results.

The following are additional lessons learned by each of TCI's six hubs:

East Africa Lessons Learned

+ Using coaches from previously graduated cities has played a crucial role in facilitating a seamless on-boarding process for new cities. Furthermore, exchange visit tours for these coaches have not only provided them with valuable insights but have also served as sources of motivation. Many of these coaches have become staunch advocates for the implementation of HIPs & HIIs, often sharing their experiences by presenting abstracts in conferences.
+ While TCI observed a slight decline in implementation within graduated cities, the presence of graduation champions has been instrumental in addressing this issue. These champions have actively worked to ensure that any decline is promptly addressed, offering coaching on demand whenever necessary to support the cities.
+ Maintaining continuous engagement with local leaders is essential for the sustainability of family planning programs post-graduation. In this regard, local civil society organizations have played a pivotal role by stepping in to implement HIPs & HIIs that prove to be impactful within their respective regions. This collaborative approach not only ensures sustainability but also encourages continued investment in family planning initiatives across different geographies.

FWA Lessons Learned

+ Ensuring greater ownership of the healthcare system in the implementation of family planning programs is crucial for sustainability. It's imperative that healthcare systems are held accountable to the municipalities to guarantee the ongoing success of these programs.
+ Simplifying procedures for accessing TCI's Challenge Fund is essential to streamline implementation within the health system. For instance, utilizing existing bank accounts of the health system rather than creating new ones can significantly ease the process.
+ Mobilizing financial resources from the health system is vital for the sustainability of FP programs. This includes not only contributions from municipalities but also efforts to maximize local government resources allocated to FP initiatives.
+ Enhancing the involvement of central ministries of health in the implementation of the TCI model plays a pivotal role in fostering diffusion and sustainability. Their increased participation provides valuable support and ensures the longevity of FP programs.

India Lessons Learned

India has gained valuable insights regarding the Health Systems Strengthening (HSS) checklist:

+ Communicating the purpose and objectives of the HSS checklist to Chief Medical Officers (CMOs), Assistant Chief Medical Officers (ACMOs), and other leadership is crucial for fostering their understanding and support.
+ The process of engaging with leadership while simultaneously completing the checklist poses a significant challenge for the team, requiring careful coordination and time management.
+ Leadership may not always possess detailed knowledge of everyday activities due to the nature of their roles and work profiles, underscoring the importance of clear communication and collaboration.
+ Verifying records and registers while simultaneously completing the data quality section of the checklist can be a demanding task, requiring thorough attention to detail and efficient time allocation.

Pakistan Lessons Learned

+ Ensuring the seamless integration of HIPs & HIIs into the daily operations of local governments requires consistent follow up and reinforcement.
+ Identifying key personnel at both the LG and provincial levels that hold influence within the government system, is vital for garnering support and traction for the program.
+ While collaboration between health and population welfare departments presents challenges, the resulting synergies from successful coordination significantly enhance the impact of collaborative activities.
+ Implementing a multi-tiered approach that includes coaching and capacity strengthening for second and third-tier LG staff promotes continuity in the implementation of HIPs & HIIs, even amidst changes in leadership.

Philippines Lessons Learned

+ The significance of conducting thorough deep-dive assessments has been underscored, highlighting the need for comprehensive evaluations to inform program strategies effectively.
+ Additionally, integrating inputs from health leadership and governance into program designs has proven instrumental in ensuring alignment with broader health objectives and enhancing program effectiveness.
+ Maintaining continuity in barangay/city-level youth leadership and governance has been identified as crucial for sustaining momentum and community engagement in youth-focused initiatives.
+ Recognizing the impact of forgone reimbursement due to non-accreditation, there's a heightened emphasis on addressing accreditation challenges to optimize financial resources and program sustainability.
+ Lastly, there's a recognition of the importance of investing in the development of a robust pool of local coaches, emphasizing the value of building local capacity to drive program implementation and expansion effectively.

CONCLUSION – LOOKING AHEAD TO YEAR 3

Year 2 offered an opportunity for TCI to exceed its expected level of achievement for its population footprint, number of engaged cities, and additional FP clients. TCI hopes to continue making great progress in Year 3 and achieve its ELAs across all indicators. TCI also looks forward to seeing the results of careful MLE planning in subsequent years as the refined calculation methodology and new monitoring tools take hold.

Additionally, Itad is expected to begin evaluation activities in 2024, with support from TCI. RSI will also start to yield results in Year 3 so TCI can determine if similar results can be achieved in a shorter time period with local governments. TCI hopes to expand and diversify its donor base in Year 3 after building a foundation of potential prospects in Year 2. More investors in the platform will allow even greater scale and impact than TCI NextGen has projected for the next two years – and beyond.

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