

Providing Locally Owned Reproductive Health Solutions to the Rapidly Growing Urban Slums of Africa and Asia

Current UN projections show 70% of the world's population will be urban by 2050, with 90% of that urbanization in Africa and Asia. Global challenges such as urban poverty, gender inequity, maternal and child mortality, and climate change will only worsen if cities continue to grow at the same rate as they are today. **The Challenge Initiative for Healthy Cities (TCIHC)** provides cities in Africa and Asia with a bold approach to rapidly and sustainably scale high-impact family planning and adolescent and youth sexual and reproductive health (AYSRH) solutions for women and girls – both married and unmarried 15-24 year-olds – living in urban poverty.



BACKGROUND: TCIHC was designed to build on the successful six-year Urban Reproductive Health Initiative (URHI), which was extensively evaluated and led to a substantial boost in the number of women accessing modern contraception in cities in Kenya, Nigeria, Senegal and India. TCIHC adapted and packaged URHI's best practices within an online platform called **TCI University (TCI-U)** so local governments and stakeholders – with technical coaching and some funding from TCIHC – can use their own resources to implement them for impact and sustainability at scale. TCIHC's platform is designed to deliver on four interlocking tenets – scale, impact, cost-efficiency and sustainability – because it believes scaling without impact is empty scale; impact at scale without increasing cost-efficiencies is not viable; and cost-efficient impact at scale that is not sustained will not produce lasting change.

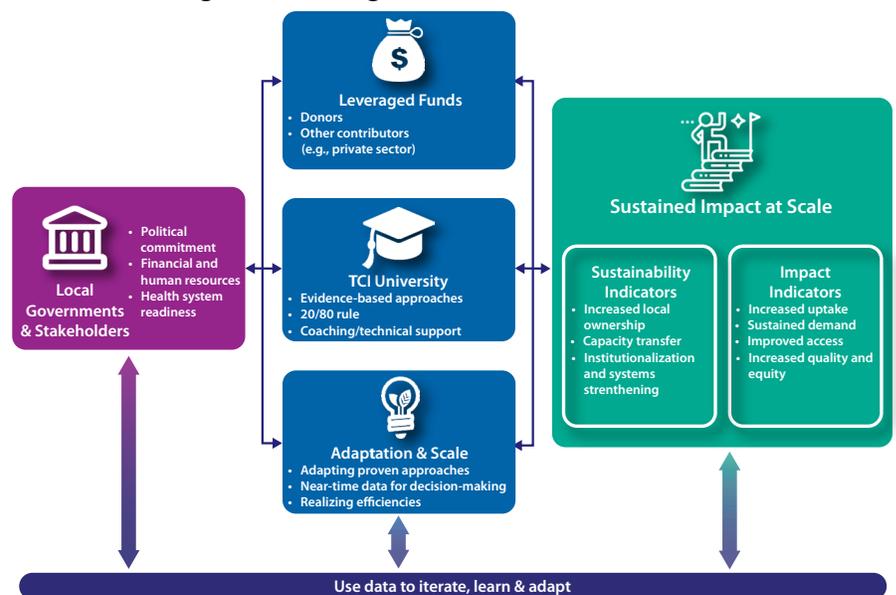
HOW IT WORKS: TCIHC's demand-driven model lets cities self-select to participate while bringing their own political commitment, financial and human resources, and ideas to the table. This positions them to eventually own the family planning solutions they implement. In return, TCIHC offers access to its Challenge Fund and technical "coaching" so cities can successfully select, adapt and implement TCIHC's family planning solutions. After about three years of engagement, TCIHC moves cities towards self-reliance using its "graduation" process by scaling back its technical coaching and Challenge Fund contribution. Since TCIHC launched in 2016, **93 cities** have signed up, contributing significant cash resources to implement TCIHC's solutions in **10 countries** across four regional hubs (East Africa, Francophone West Africa, India and Nigeria), primarily in urban slum areas.

TCIHC is guided by a set of five guiding principles that are central to its success. The principles emphasize the demand-driven model, right-fitting high-impact solutions within the local context, using a "Lead, Assist, Observe" coaching model, and using near-time, real-time data for decision-making.

TCIHC's Theory of Change (right) shows how it envisions achieving sustained impact at scale. Local governments and



TCIHC Guiding Principles.



TCIHC's Theory of Change.

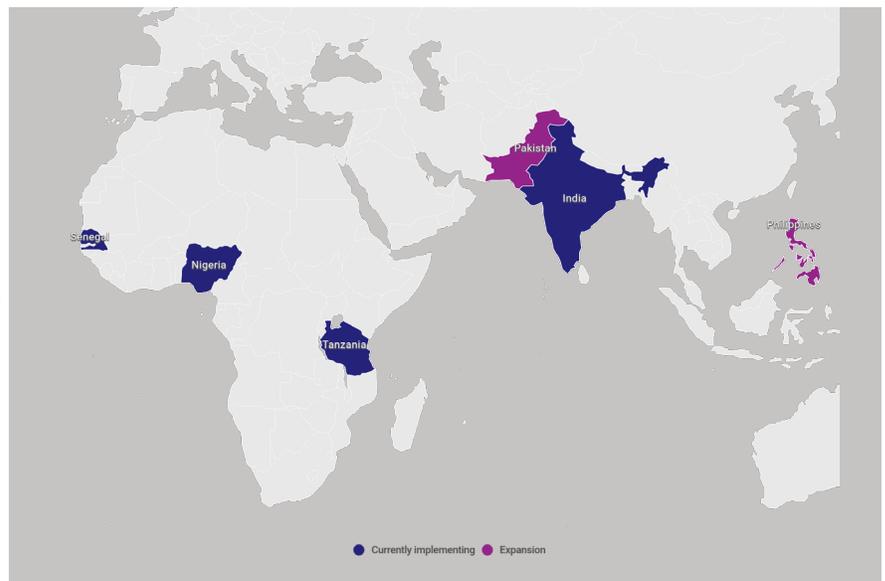
stakeholders self-select and lead implementation while committing their own political and financial resources. TCIHC, in turn, provides support from its Challenge Fund and access to TCI-U (online and face-to-face), as well as collaborates with local implementers to continuously adapt and scale the proven interventions. With TCIHC support, cities improve their ability to coordinate with partners and other investments in family planning to successfully implement their own programs, ultimately leading to the desired sustainable outcomes at scale. The use of data to iterate, learn and adapt underpins this Theory of Change. TCIHC has developed a learning agenda that envisions its platform as a global social good that will live beyond the life of the project and will be capable of working in health areas other than family planning and AYSRH. This assumption is being tested with the addition of maternal and neonatal health (MNH) and tuberculosis (TB) in India and primary health care in Nigeria.

TRACKING TCIHC'S PROGRESS: TCIHC collects and collates data from a variety of quantitative and qualitative data sources, including project record data, service statistics from local health management information systems (HMIS), local tracking surveys and interactive qualitative techniques such as the [Most Significant Change](#) approach. Key informant interviews and focus group discussions are conducted as needed. TCIHC analyzes and synthesizes the data from all its various sources to continually inform its stakeholders about what is going well as well as challenges that need to be addressed.

WHAT THE DATA SHOW: As of December 2019, data from local HMIS in 91 reporting cities show that TCIHC contributed to a 47% overall increase in annual family planning client volume compared to a baseline period prior to TCIHC implementation. This boost translates to nearly 700,000 more women benefiting from access to family planning methods and services in TCIHC cities.

THE TCIHC TEAM: The team is made up of some of the leading international and national NGOs working in global health, including the [Bill and Melinda Gates Institute for Population and Reproductive Health](#) (lead), [Population Services International](#) (India), [Jhpiego](#) (East Africa), [Johns Hopkins Center for Communication Programs](#) (Nigeria), [IntraHealth International](#) (Francophone West Africa). New partners include the [Zuellig Family Foundation](#) (Philippines) and the [International Youth Alliance for Family Planning](#) (youth). The platform has support from private donors, such as the Bill & Melinda Gates Foundation, Comic Relief and private philanthropists.

A SMART INVESTMENT: An additional investment of \$1-\$10 million in TCIHC will provide the resources needed to expand into additional urban centers across six countries (India, Nigeria, Pakistan, The Philippines, Senegal, Tanzania) where urban poor women and girls report the greatest need for family planning. These six countries are among the highest in terms of numbers of unintended births, high unsatisfied demand for modern contraceptives and largest projected growth of urban centers.



- For **\$1 million**, TCIHC can expand to **one city** and reach **30,000 to 45,000 women and girls** with modern contraceptives over a three- to five-year period
- Investing **\$5 million** in TCIHC leads to economies of scale, with expansion to **6-7 new cities**, reaching **160,000 to 250,000 women and girls** of reproductive age
- Economies of scale are greater with a **\$10-million investment** as TCIHC can expand to **13-15 new cities** and reach **350,000 to 500,000 women and girls**