The Challenge Initiative (TCI) is making great strides towards its goal of scaling up programs to increase access to and demand for family planning among the urban poor since its launch in July 2016. The Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University leads TCI and supports four implementing “hubs” in India, Nigeria, East Africa (Kenya, Tanzania and Uganda) and Francophone West Africa (Ouagadougou Partnership countries).

TCI builds on the success of the original Urban Reproductive Health Initiative (URHI) projects to rapidly scale up high-impact family planning approaches through a highly leveraged challenge fund mechanism. Cities self-select to be part of TCI and lead the implementation of its proven approaches. In turn, TCI provides support from its challenge fund, access to its proven approaches and technical coaching to support implementation.

Leveraging Political Commitment and Financial Resources

To date, TCI has seen the following successes:

- **74 cities** implementing TCI approaches committed more than **$40 million** of their own funds, while TCI’s challenge fund contributed just a fourth of that amount to leverage these commitments. By the end of 2018, local government contributions will top **$50 million**.

- TCI attracted **$11 million** in investments from other donors and bilateral agencies: a private philanthropist pledged $2 million to support TCI in three hubs; Comic Relief contributed $3 million to expand TCI programs in Nigeria and Uganda; and the U.S. Agency for International Development (USAID) contributed $6 million in India.

- In addition to direct cash support, TCI has also leveraged – through co-programming – several USAID-funded projects in Francophone Africa and Nigeria.

TCIUrbanHealth.org
Young people living in urban slums are particularly vulnerable to health and social problems, including sexually transmitted infections and unplanned pregnancies. Institutions responsible for provision of services are often weak or non-existent.

Inadequate sexual and reproductive health can negatively impact the life trajectories of young people, and that of their children, causing intergenerational impacts on educational attainment and career achievement. Collectively, young people have urgent and vast needs for improved sexual and reproductive health policies and programs that include improved sexual and reproductive health in cities.

In August 2018, TCI secured funding to heighten its focus on scaling evidence-based interventions that support adolescent and youth access to contraceptives. With these funds, TCI aims to scale adolescent and youth sexual and reproductive health (AYSRH) approaches to 46 cities by 2021. The AYSRH program is off to a strong start. Six cities (5 in India and 1 in Benin) are already implementing AYSRH approaches; 12 more are expected to begin AYSRH activities by the end of 2018; and an additional 22 have submitted expressions of interest (EOIs) to participate in TCI’s AYSRH program.

**Supported Evidence-based AYSRH Interventions**

The diagram below represents the evidence-based interventions available on TCI-U that are typically prioritized by local governments implementing TCI’s AYSRH programs.

For more on the AYSRH toolkit, visit: tciurbanhealth.org/adolescent-youth-sexual-reproductive-health-toolkit/
East Africa

In Kenya, Tanzania and Uganda, 29 cities are implementing TCI approaches. The two main interventions taking place are integrated outreaches – where contraceptives are brought to the community and clients are referred to health facilities for long-acting and permanent methods – and whole-site orientations – where clinical and non-clinical facility staff learn about available family planning services. AYSRH implementation is expected to begin soon in Kenya, Tanzania and Uganda. Jhpiego is TCI’s implementing partner in East Africa.

Local Governments Implementing

Interventions Used

- Whole-site orientations
- Integrated outreaches
- Community health workers
- Onsite mentorship
- Family planning champions

Implementing Partner

For more information on East Africa, visit: tciurbanhealth.org/where-we-work/east-africa/
implementation has begun in six Francophone West Africa cities across four countries: Senegal (Nioro and Kolda), Burkina Faso (Ouagadougou and Koudougou), Cote d’Ivoire (Bouake) and Benin (UCOZ). The key intervention for this hub is the universal referral approach, where every woman of reproductive age that comes to a health facility is systematically counseled on family planning and referred to the family planning room, regardless of the health service that brought her to the facility. UCOZ is the first city in Francophone West Africa to start implementing AYSRH activities. IntraHealth International is TCI’s implementing partner in Francophone West Africa.

For more information on Francophone West Africa, visit: tciurbanhealth.org/where-we-work/francophone-west-africa/
In Nigeria, TCI is implementing in nine states: Ogun, Delta, Kano, Niger, Bauchi, Abia, Anambra, Plateau and Rivers. Key demand generation interventions in Nigeria include mass media and social mobilization activities. These and other interventions help lay the groundwork for Nigeria’s signature 72-hour health facility makeovers. Envisioned to create a true Family Planning movement in Nigeria, TCI adopts a demand-driven model where new states, governments and partners ask for technical and financial assistance in implementing successful family planning programming to match their own investments. TCI’s implementing partner in Nigeria is the Johns Hopkins Center for Communications Programs.

Local Governments Implementing

Interventions Used

- 72-hour makeovers
- Mass media
- Social mobilization
- Whole-site orientation
- Family planning champions

Implementing Partner

For more information on Nigeria, visit: tciurbanhealth.org/where-we-work/nigeria/
In India, 30 local governments are implementing The Challenge Initiative for Healthy Cities (TCIHC) across three states: Uttar Pradesh, Madhya Pradesh and Odisha. The main intervention is the fixed-day static (FDS) services approach, where trained staff, equipment, supplies and commodities are made available on a pre-announced day and time at urban primary health centers (UPHCs). TCIHC also works at the community level through accredited social health activists (ASHAs) and women’s groups known as Mahila Arogya Samiti (MAS). Five cities in Uttar Pradesh have started AYSRH implementation: Gorakhpur, Varanasi, Saharanpur, Allahabad and Firozabad. TCI’s implementing partner in India is Population Services International.

For more information on India, visit: tciurbanhealth.org/where-we-work/india/