





William H. Gates Sr. Institute for Population and Reproductive Health





Title: Impact of The Challenge Initiative (TCI) on Increasing Additional Clients for Modern Family Planning across 15 Urban Districts in Pakistan

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Background

12.7 million

Annual Pregnancies

25%

Modern Contraceptive Prevalence Rate 3.8 million

Annual Abortions

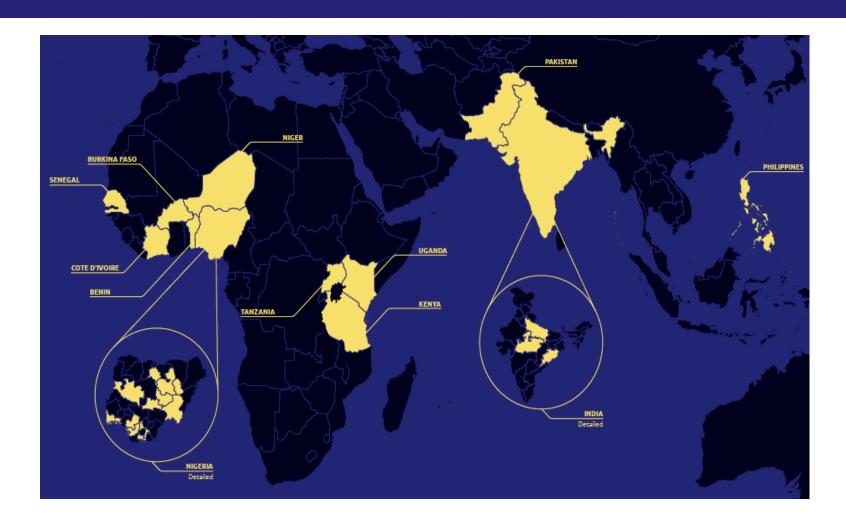
122

Unintended Births and Miscarriages

6 million Unintended Pregnancies

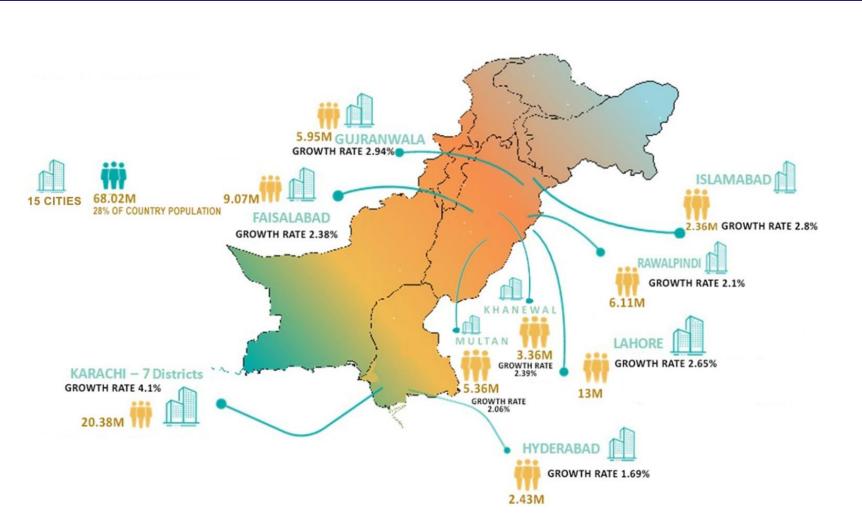
The Challenge Initiative (TCI) Global

- A global platform for scale
- Supports local governments to scale up proven highimpact interventions (HIIs) in urban slums
- Works through existing government and community systems to institutionalize HIIs
- Facilitates self-reliance and sustainability, while achieving impact
- A tool to support FP 2030 targets





TCI Pakistan Implementation Cities and Timeline



| tci TCI Interventions | Implementation Date |
|-----------------------|---------------------|
| Faisalabad | June 2022 |
| Gujranwala | June 2022 |
| Lahore | June 2022 |
| Rawalpindi | June 2022 |
| Hyderabad | September 2022 |
| Karachi Central | September 2022 |
| Karachi East | September 2022 |
| Karachi South | September 2022 |
| Karachi West | September 2022 |
| Korangi | September 2022 |
| Malir | September 2022 |
| Islamabad | December 2022 |
| Keamari | May 2023 |
| Multan | October 2023 |
| Khanewal | October 2023 |



TCI High Impact Interventions

Priority Themes selected by the Governments

Universal access to RH and FP

Contraceptive Commodity Security

Advocacy and Communications High Impact Practice/
High Impact Interventions

Service Delivery

- · Integrated In-Reaches
- Integrated Out-Reaches
- Family Planning Integration
- Postpartum Family Planning
- Post Abortion Family Planning
- On-the-Job Training
- Whole Site Orientation
- Facility Makeover

Demand Generation

- Community Health Workers
- Social Mobilization
- Mass Media

Advocacy

- Advocacy at Sub-National Level
- Advocacy with FP Champions
- Advocacy and Media

TCI model banks on enhancing government's capacity to deliver high-impact interventions and ensures sustainable impact by increasing government's self-reliance to implement HIIs over the course of a three-year partnership with each local government.

Government partners include Provincial Departments of Population Welfare and Health, IRMNCH, and PPHI



Study Objectives

• To assess the impact of The Challenge Initiative's (TCI) High-Impact Intervention (HII) on Uptake of Short-Acting Methods (SAM), Long-acting Reversible Contraception (LARCs), and Permanent Methods (PM) in 15 districts of Urban Sindh, Pakistan

 To estimate the number of Additional Family Planning Clients generated by TCI

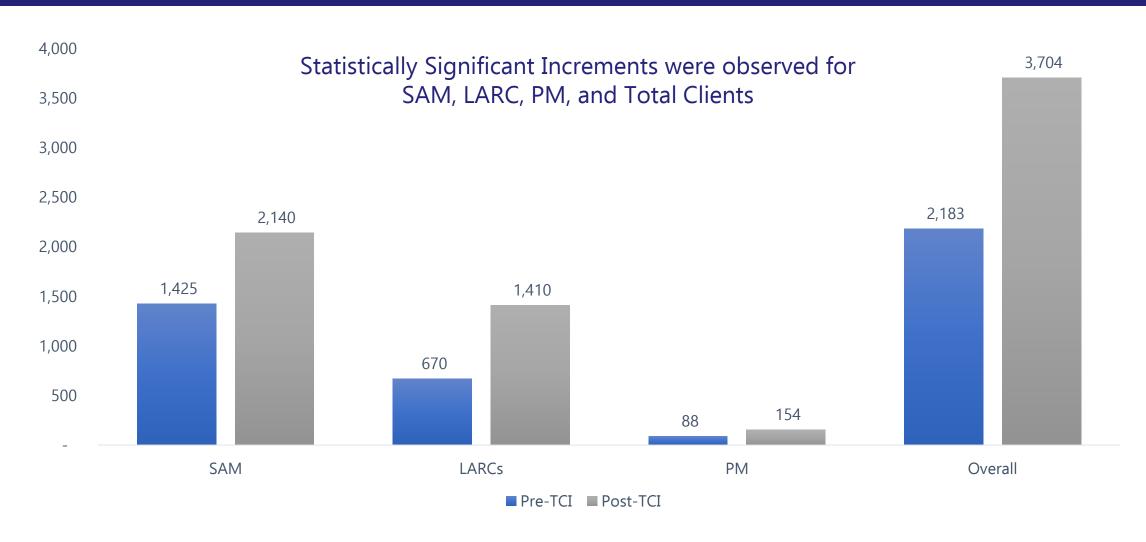


Methods

- Contraceptive Logistics Management Information System (cLMIS) was used to obtain monthly contraceptive performance data for PWD, DoH, and PPHI facilities
- Data were obtained from June 2020 to September 2024
 - June 2020 to May 2022 (Pre-TCI Intervention Period)
 - June 2022 to September 2024 (Post-TCI Intervention Period)
- Two sample t-test was used to compare overall monthly contraceptive performance and for SAM, LARCs, and PM between Pre-TCI and Post-TCI periods
- Additional clients were estimated by deducting current family planning users from total family planning users at baseline



Results Overall – Comparison





Results District-level Comparison – Short-Acting Methods (SAM)

| City | Pre-TCI | Post-TCI | Difference |
|-----------------|---------|-----------------|------------|
| Faisalabad | 2,389 | 3,042 | 654** |
| Gujranwala | 1,050 | 1,734 | 684*** |
| Hyderabad | 1,327 | 1,880 | 552*** |
| Islamabad | 651 | 1,856 | 1,205*** |
| Karachi Central | 719 | 895 | 176* |
| Karachi East | 926 | 950 | 24 |
| Karachi Keamari | - | 486 | 486 |
| Karachi South | 973 | 959 | -15 |
| Karachi West | 932 | 1,082 | 150 |
| Khanewal | 1,287 | 2,026 | 740** |
| Karachi Korangi | 805 | 817 | 13 |
| Lahore | 3,436 | 4,636 | 1,200*** |
| Karachi Malir | 664 | 1,081 | 417 |
| Multan | 3,379 | 5,130 | 1,751** |
| Rawalpindi | 2,923 | 5,676 | 2,753*** |

Statistically Significant Increments were observed for Faisalabad, Gujranwala, Hyderabad, Islamabad, Karachi Central, Khanewal, Lahore, Multan, and Rawalpindi

No Statistically Significant Differences were observed for Karachi East, Karachi South, Karachi West, Karachi Korangi, and Karachi Malir



Results

District-level Comparison – Long-acting Reversible Contraception (LARCs)

| City | Pre-TCI | Post-TCI | Difference |
|-----------------|---------|-----------------|------------|
| Faisalabad | 860 | 2,654 | 1,794*** |
| Gujranwala | 501 | 2,059 | 1,558*** |
| Hyderabad | 729 | 985 | 256** |
| Islamabad | 663 | 1,224 | 561*** |
| Karachi Central | 244 | 328 | 84** |
| Karachi East | 183 | 338 | 155** |
| Karachi Keamari | - | 316 | 316 |
| Karachi South | 471 | 582 | 111* |
| Karachi West | 323 | 419 | 96 |
| Khanewal | 752 | 1,761 | 1,009*** |
| Karachi Korangi | 219 | 299 | 80* |
| Lahore | 1,472 | 3,240 | 1,768*** |
| Karachi Malir | 144 | 472 | 329** |
| Multan | 1,740 | 3,551 | 1,811*** |
| Rawalpindi | 1,586 | 3,184 | 1,597** |

Statistically Significant Increments were observed for all Intervention districts except for Karachi West



Results District-level Comparison – Permanent Methods (PM)

| City | Pre-TCI | Post-TCI | Difference |
|-------------------------------|---------|----------|------------|
| Faisalabad | 174 | 442 | 268*** |
| Gujranwala | 81 | 184 | 103*** |
| Hyderabad | 171 | 248 | 77** |
| Islamabad | 27 | 0 | -27*** |
| Karachi Central | 76 | 74 | -2 |
| Karachi East | 5 | 7 | 1 |
| Karachi Keamari | - | 4 | 4 |
| Karachi South | 235 | 304 | 69** |
| Karachi West | 26 | 20 | -6 |
| Khanewal | 134 | 143 | 10 |
| Karachi Korangi | 16 | 13 | -4 |
| Lahore | 78 | 159 | 81*** |
| Karachi Malir | 26 | 46 | 21** |
| Multan | 98 | 137 | 39 |
| Rawalpindi | 197 | 380 | 183*** |
| *p<0.05, **p<0.01, ***p<0.001 | | | |

Statistically Significant Increments were observed for Faisalabad, Gujranwala, Hyderabad, Karachi South, Lahore, Karachi Malir, and Rawalpindi

No Statistically Significant Differences were observed for Islamabad, Karachi Central, Karachi East, Karachi West, Khanewal, Karachi Korangi, and Multan



Results District-level Comparison – Total Clients

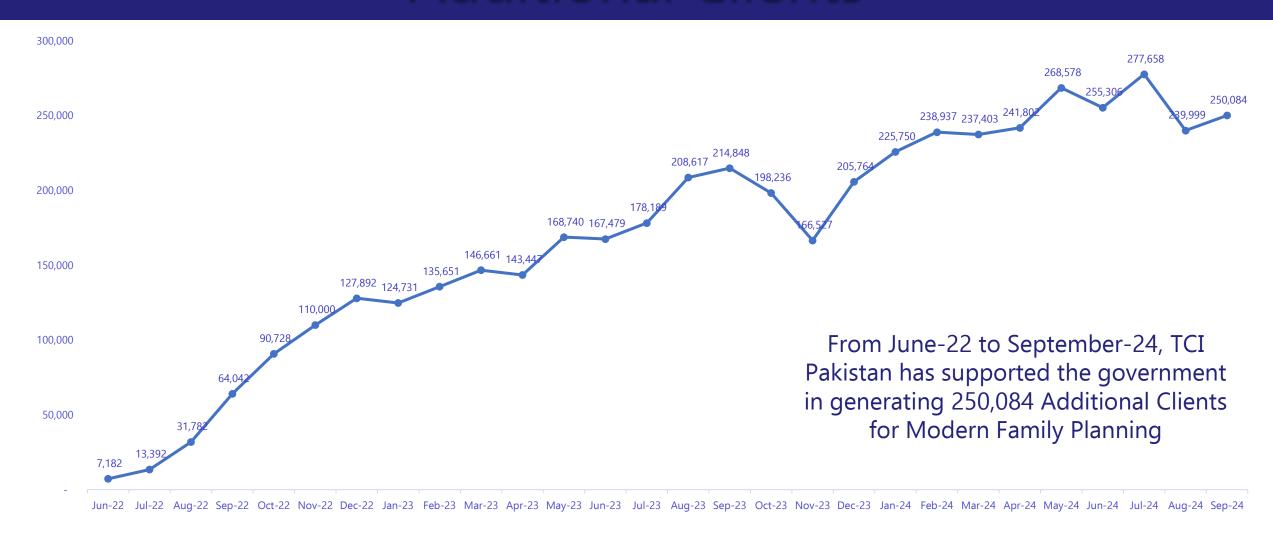
| City | Pre-TCI | Post-TCI | Difference |
|-------------------------------|---------|----------|------------|
| Faisalabad | 3,422 | 6,138 | 2,716*** |
| Gujranwala | 1,632 | 3,977 | 2,345*** |
| Hyderabad | 2,227 | 3,112 | 885*** |
| Islamabad | 1,341 | 3,079 | 1,739*** |
| Karachi Central | 1,039 | 1,297 | 257** |
| Karachi East | 1,114 | 1,295 | 181 |
| Karachi Keamari | - | 806 | 806 |
| Karachi South | 1,680 | 1,845 | 165 |
| Karachi West | 1,282 | 1,522 | 240 |
| Khanewal | 2,172 | 3,930 | 1,759** |
| Karachi Korangi | 1,040 | 1,129 | 89 |
| Lahore | 4,987 | 8,036 | 3,049*** |
| Karachi Malir | 833 | 1,599 | 766** |
| Multan | 5,217 | 8,818 | 3,601** |
| Rawalpindi | 4,707 | 9,240 | 4,533*** |
| *p<0.05, **p<0.01, ***p<0.001 | | | |

Statistically Significant Increments were observed for Faisalabad, Gujranwala, Hyderabad, Islamabad, Karachi Central, Khanewal, Lahore, Karachi Malir, Multan, and Rawalpindi

No Statistically Significant Differences were observed for Karachi East, Karachi South, Karachi West, and Karachi Korangi



Results Additional Clients





Discussion

- Lack of commodity security, specifically for short-acting methods, hampers service provision
- TCI High-Impact Interventions have significantly increased the uptake of LARCs in the 15 intervention districts
- Additional clients generated contribute towards the FP2030 target of reaching 50% Contraceptive Prevalence Rate by 2025
- A more robust analysis will be conducted next year by comparing client volumes of TCI intervention districts with control districts



Recommendations

 Institutionalization of TCI High-Impact Interventions is imperative to sustain this impact in the long-run

The TCI model can be adapted in other health areas

• Improving commodity security is critical for increasing gains in SAM clients and retaining gains in LARCs





Thank you

Questions?