

An Independent Evaluation of The Challenge Initiative's FP Platform Results on Impact, Sustainability, and Value

Webinar: February 26, 2026

Questions & Answers

1. Does the analysis explain the widely different performance (added CUs) across hubs?

Yes. The Impact Evaluation (IE) explored variation across TCI hubs. Key drivers included disruptions such as COVID-19, supply shocks, and political events, as well as commodity availability and contextual factors like method mix and private sector dynamics. These factors are discussed in detail in the IE report, which is available to the TCI team for further use.

Notably, the country-level variation observed in this evaluation is broadly consistent with findings from the evaluation of TCI's precursor program, the Urban Reproductive Health Initiative (URHI).

2. How was supply evaluated, how does TCI respond to shortages, and which country experienced the most significant supply disruptions?

Supply constraints were documented through hub reporting of key events and co-interventions. Each local government's Interrupted Time Series (ITS) model was reviewed in light of these events, and results were discussed directly with the hubs to support interpretation.

For example, Côte d'Ivoire experienced weak supply followed by severe disruptions due to a government funding shortfall. These supply constraints were taken into account when interpreting the limited contraceptive uptake gains observed in the country.

TCI is not designed to directly fund commodities. However, TCI has successfully advocated with and supported national and sub-national stakeholders during supply shortages, including helping resolve the stock-out situation in Côte d'Ivoire. In addition, TCI administers a quarterly Supplies Checklist in active cities to identify issues and inform advocacy and coaching efforts.

3. Given TCI's emphasis on sustainability, will TCI continue providing funding to these local governments? Will there be a long-term follow-up evaluation?

In graduated cities, TCI continues to provide managerial and technical coaching. The TCI model is designed so that local governments commit and allocate their own resources for family planning, and TCI continues to advocate for sustained local investment after graduation.

At present, there is no funding secured for a long-term independent follow-up evaluation. However, TCI continues to monitor contraceptive uptake trends on a monthly basis across both active and graduated cities. Each year, TCI also assesses the continued implementation of family planning interventions and the strength of the enabling environment.

4. Why was the return on investment lower than some global estimates, which cite returns of \$26.80 or even \$120 per dollar invested?

The difference stems largely from methodological choices in the analysis.

Some studies that report returns as high as \$120 per dollar include a wide range of long-term economic and social benefits. In contrast, this cost-benefit analysis deliberately focused on a smaller set of shorter-term benefits, such as primary schooling, childhood vaccination, safe motherhood, and bed nets for malaria prevention. This approach was chosen because shorter-term returns are often more practical and persuasive for family planning advocacy.

Additionally, the cost inputs used in the analysis were higher than typical service delivery costs. While standard service delivery costs often range from \$5–\$10 per client, the evaluation calculated costs at approximately \$25–\$30 per client. This reflects the comprehensive nature of the TCI program. Although the impact evaluation focused on contraceptive uptake, the program supports broader health system strengthening.

Finally, the benefit calculations included only clients attributable to the project based on the ITS analysis, rather than total clients served during the period.

5. Do you have data on sex and age disaggregation among new users?

For most countries, sex and age disaggregation for new contraceptive clients is not available. HMIS systems typically do not routinely collect contraceptive distribution data by these characteristics, although there are some exceptions, such as Tanzania.

6. Did the evaluation examine changes in community attitudes or demand for family planning?

Changes in attitudes or demand-side dynamics were not included in the scope of the impact evaluation.

7. Is the automated data-cleaning pipeline available to external researchers? What validation and anomaly detection methods were used?

The automated data-cleaning pipeline developed for this evaluation is not currently packaged as a publicly available tool, although the methodology is documented in the evaluation report held by TCI. The system was designed specifically for TCI's HMIS data architecture, so applying it in other contexts would require adaptation, though the core logic is transferable.

The most critical validation and anomaly detection steps fell into two categories.

First were issues that could not be addressed retrospectively and therefore determined whether a local government could be included in the analysis. These included insufficient reporting completeness (for example, SDP reporting below required thresholds), large volumes of missing data that could not be retrieved, and fundamental access problems. For instance, TCI was unable to access national government-verified HMIS data in the Philippines, which resulted in that hub being removed from the impact analysis sample.

Second were issues that could be addressed through analysis or contextual verification. These included detecting outliers (both positive and negative spikes inconsistent with underlying trends), identifying

structural breaks unrelated to program activity (such as facility closures or reporting system changes), and addressing shorter periods of missing data. Determining whether anomalies reflected real events or reporting errors informed whether issues were resolved through data correction (such as imputation or data reassessment) or handled analytically (for example, incorporating covariates into the ITS model).

8. How can the quality of HMIS data be validated, particularly regarding missing data, incompleteness, or potential falsification?

Data quality validation in this evaluation operated at several levels.

Local governments with data characteristics that could not be addressed retrospectively were excluded from the analysis. For example, SDP reporting coverage below 80 percent cannot be corrected historically and therefore resulted in exclusion. For missing data, periods shorter than approximately three months could sometimes be addressed through imputation or retrieval; longer gaps typically resulted in exclusion if data could not be recovered.

At the country level, the evaluation screened for structural issues such as widespread missing data or reporting system changes that would make time-series analysis unreliable. At the local government level, researchers conducted reviews using dashboards and data quality assessment results to identify facility-level reporting gaps, implausible values, and event-related anomalies requiring contextual verification.

Detecting falsification through desk-based review alone is difficult. Questions about potential over- or under-reporting were therefore included in discussions with TCI hubs as part of the inclusion criteria. The evaluation also benefited from TCI's existing data quality systems, which include routine HMIS data validation, periodic data quality audits (quarterly in most hubs), on-site technical support for data entry and analysis, and tools and training for data quality improvement such as the D4D tools and the RAISE tool.

Two additional resources are useful for those interested in HMIS data quality: the WHO Data Quality Assurance (DQA) Toolkit and the Track20 SS-to-EMU Tool (Avenir Health, 2020), which applies a similar data review approach adapted for family planning service statistics.

9. Can HMIS data be used to identify and target the most vulnerable populations, consistent with the goal of “leaving no one behind”?

Targeting at the individual level is challenging because HMIS data are typically collected at service delivery points and often record commodities distributed rather than individual-level information.

However, spatial targeting remains feasible. Several hubs focused on urban poor populations through their local government partners. For example, in India the analysis focused specifically on Urban Primary Health Centres and District Health Centres where TCI interventions were implemented, enabling greater focus on urban poor populations than would have been possible using whole-district data.

Disaggregation to the service delivery point level is possible in many HMIS systems, although accessing data at that level of granularity requires strong data-sharing relationships. TCI already had these relationships in place, allowing Itad to access and analyze the data.

10. Did the evaluation find any correlation between leadership and sustained results in graduated cities?

Leadership and staff transitions were not directly examined in the impact evaluation. However, the process evaluation identified effective leadership as one of the key drivers of success in participating cities.

Although staff turnover was not formally studied, the TCI model is designed to prepare multiple stakeholders in each city to serve as master coaches, helping ensure continuity and sustainability. TCI has also documented examples of champions who moved to other cities and applied what they learned through TCI, helping spread best practices beyond TCI-supported areas.

11. Where can I learn more about the analytical methods used to attribute impacts to TCI?

More information on the impact evaluation is available in the executive summary, which can be accessed online. TCI also has the full evaluation report available with additional methodological details.

12. How can we ensure year-round availability of family planning commodities?

As noted in Question 2, TCI does not directly fund commodities. However, TCI actively advocates with national and sub-national stakeholders during supply shortages and has supported efforts to resolve stock-out situations, including in Côte d'Ivoire.

TCI also administers a quarterly Supplies Checklist in active cities to identify supply challenges early and inform targeted advocacy and coaching.