THE CHALLENGE INITIATIVE • JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

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HOLDING THE LINE

The first report using frontline data on women's health a year and a half after the global funding cuts:

Observations from 214 locations across Africa and Asia, home to 300 million people.

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

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

tci THE CHALLENGE INITIATIVE

WHAT

When the United States, long the world's largest funder of family planning, dismantled the U.S. Agency for International Development (USAID) in January 2025, it also switched off much of the world's ability to see what happened next. The data collection efforts that would normally survey the damage were defunded, delayed, or diminished.

But in 214 locations across 13 countries in anglophone and francophone Africa and in Asia, the government data systems **The Challenge Initiative (TCI)** at the Johns Hopkins Bloomberg School of Public Health works to strengthen alongside its local government partners kept reporting, every facility, every month. This bulletin is the first at-scale account of the crisis from actual service statistics rather than projections.

SO WHAT

The pace of growth in the estimated number of women using family planning has more than halved, 77 locations are now losing users, and the overall slide has not yet bottomed out. Yet the same numbers show that many locally owned family planning programs can hold the line, and that where they slip, the causes are specific and fixable.

NOW WHAT

This bulletin closes with what it would take, from donors, governments, and partners, to arrest the slide so that it bottoms out and reverses soon, and to keep working systems working.

Key numbers, June 2026

214

TCI-supported locations across 13 countries, with new locations starting in 2 more.

17.9M

Women using modern contraception in these locations (June 2026).

137

Locations still adding users, down from 178 when the funding cuts began.

77

Locations now losing users, home to 22.9 million women of reproductive age

~1.9M → 0.8M

Users added per year before the cuts vs today: the overall pace has more than halved.

About The Challenge Initiative

The Challenge Initiative (TCI) is a global health platform based at the William H. Gates Sr. Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, working as a research-to-execution partner to city and local governments. For nearly a decade, TCI has worked across more than 214 locations in Africa and Asia, blending implementation research with hands-on coaching to build agile, adaptive health systems that sustain impact long after direct investment ends. TCI works with donors, the private sector and development finance institutions to help countries and communities improve women's health at scale.

SECTION 1

A crisis the world can barely measure – except here

In January 2025, the United States, which provided roughly 40% of all donor-government funding for family planning, froze and then dismantled its global health programs. An estimated 85–95% of U.S. family planning and reproductive health assistance was terminated within the year. The consequences were predicted to be severe: models projected tens of millions of additional unintended pregnancies if nothing replaced the funding (see Sources).

Nor is the United States alone: in 2024, for the first time in nine years of tracking, European donors reduced their support to sexual and reproductive health and family planning, and nine European donors have since announced roughly €30 billion in aid cuts over the next four years (see Sources).

What was not discussed as much was how hard it would be to know if anticipated consequences were realized. The Demographic and Health Surveys, the backbone of family planning measurement for four decades, were terminated in the same cuts. They have since been revived with funding from other donors, but at a reduced scale that leaves major gaps. Other major survey programs have yet to publish post-2025 rounds.

Eighteen months in, to our knowledge no location-level analysis of routine service statistics for family planning after January 2025 has been published for the countries in this bulletin. Beyond national statistical abstracts such as Kenya's Economic Survey (see Sources), the public record consists mostly of models, budget trackers and facility surveys.

TCI's vantage point is different. It is a platform for scaling women's health programs (such as maternal, newborn and child health, and family planning) by coaching city and local governments to run these programs better with their own staff and budgets rather than implementing programs for them. A by-product of that model is data: every location that TCI supports strengthens and uses its government's own health management information system (HMIS), reported monthly from every facility.

Across 214 locations (urban and peri-urban areas home to some 74 million women of reproductive age, within a total footprint of roughly 300 million

How TCI Works Today

A critical friend, not an implementer. City and local governments run their family planning programs; TCI coaches them, through regional hubs, to run those programs better with their own staff and budgets.

Coaching that steps back on a schedule. TCI leads intensive coaching at the start, shifts to assessing as local teams take over, and moves to observing once a government graduates from direct support. Most TCI-supported locations have already graduated.

Governance, political leadership, and management, not only clinical practice. Much of the coaching brings political leadership into the center of the program (a governor, mayor or district chief who publicly owns it) and builds the systems that keep it running: securing a family planning line in the budget, getting it allocated and released, managing the program against a plan, and reviewing the data every month to correct course. Where those systems took root, they are what is holding the line now.

What that means for these results. Most of the performance reported here falls after locations graduated, outside TCI's active support period. Graduation began about six years ago in a very different environment, and graduated locations sustained their gains through it (the Itad evaluation documents this for every graduated location it was able to assess). Where graduated locations are struggling today, the cause is the environment they now face, not a failure of the model. TCI's own funding for 2026 was sized to sustain progress in that post-graduation phase; it is limited, and not nearly enough to reverse declines wherever and whenever they appear.

people; in Nigeria alone, the 22 supported locations span 216 local government areas), that reporting has continued without interruption since January 2025.

This bulletin reads those 214 monthly records honestly: where programs are holding, where they are slipping, and what the difference between the two teaches.

SECTION 2

Growth was the norm. Then external money stopped.

The measure used throughout is the estimated number of women using a modern contraceptive method (net accumulated clients, estimated from routine service statistics), tracked monthly. It is deliberately simple: not donor targets, not program baselines, just how many women are being served, and whether that number keeps growing.

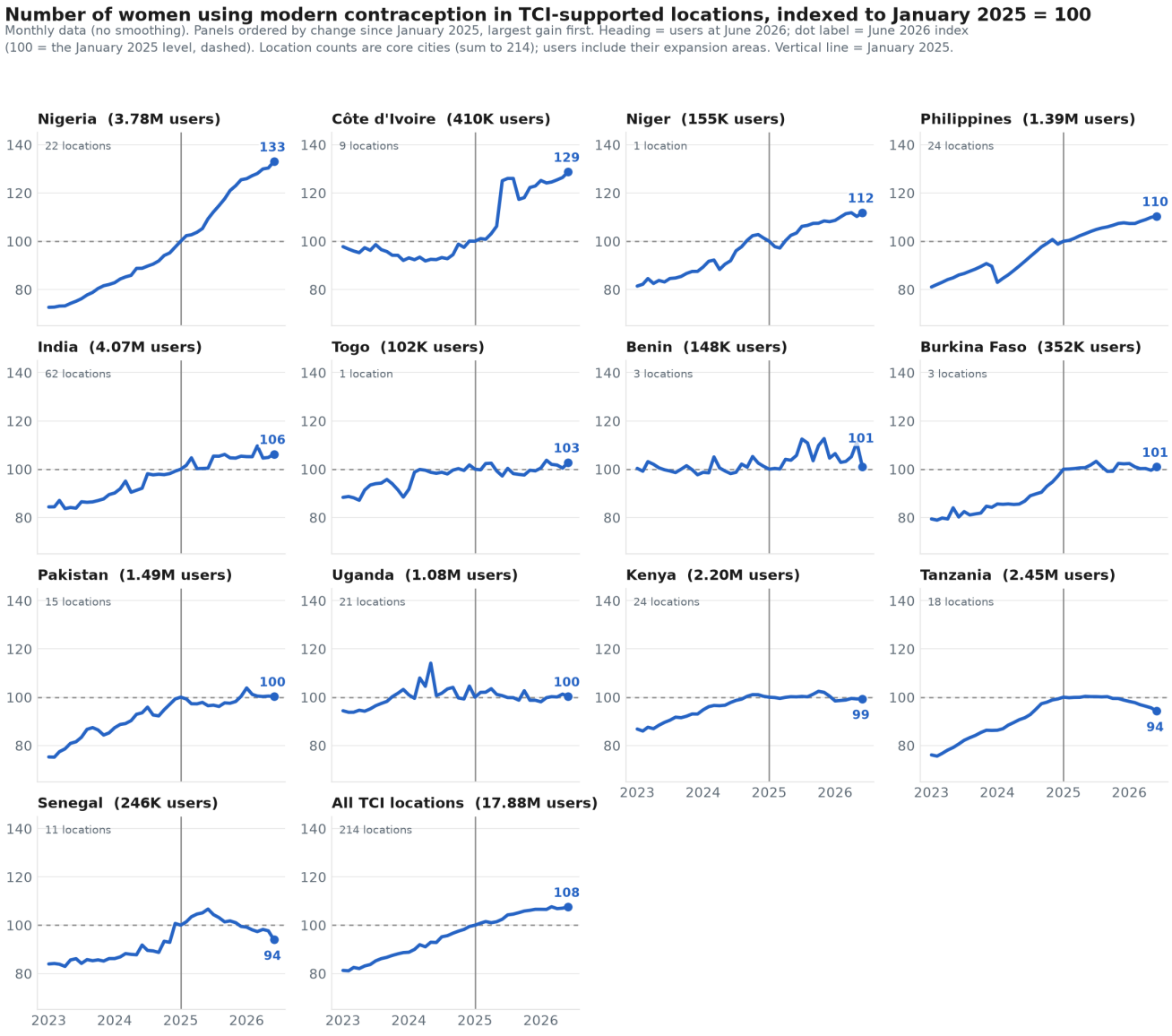


Figure 1. Women using modern contraception in TCI-supported locations, by country, indexed to January 2025 = 100. Panels ordered by change since January 2025, largest gain first; headings show users at June 2026.

Three things stand out:

- **Before January 2025, growth was the norm almost everywhere.** Over the two years the charts trace, locations in ten of TCI's 13 supported countries grew by double digits, from 13% in Togo to 38% in Nigeria, and the network (the 214 locations where TCI coaches city and local governments to run their own programs) added more than 3 million users, entering January 2025 at a pace of **close to 1.9 million a year**. The exceptions are visible in Figure 1: Côte d'Ivoire and Benin were flat, and Uganda grew by just 6%, in fits and starts.
- **Eighteen months later, the overall pace has more than halved** (see final panel of Figure 2). Every gain is now being made against the current.
- **The strain did not land evenly.** Figure 1 reads from the locations furthest ahead of their January 2025 level to those furthest behind. TCI-supported locations in **Nigeria and Côte d'Ivoire have grown by 33% and 29%** since the cuts began, faster than they grew before. Locations in Niger, the Philippines and India are 6–12% above their January 2025 level. Locations in six countries sit **within three points of where they started** (gains made against the current, then partly given back). And locations in **Tanzania and Senegal are 6% below** their January 2025 level.

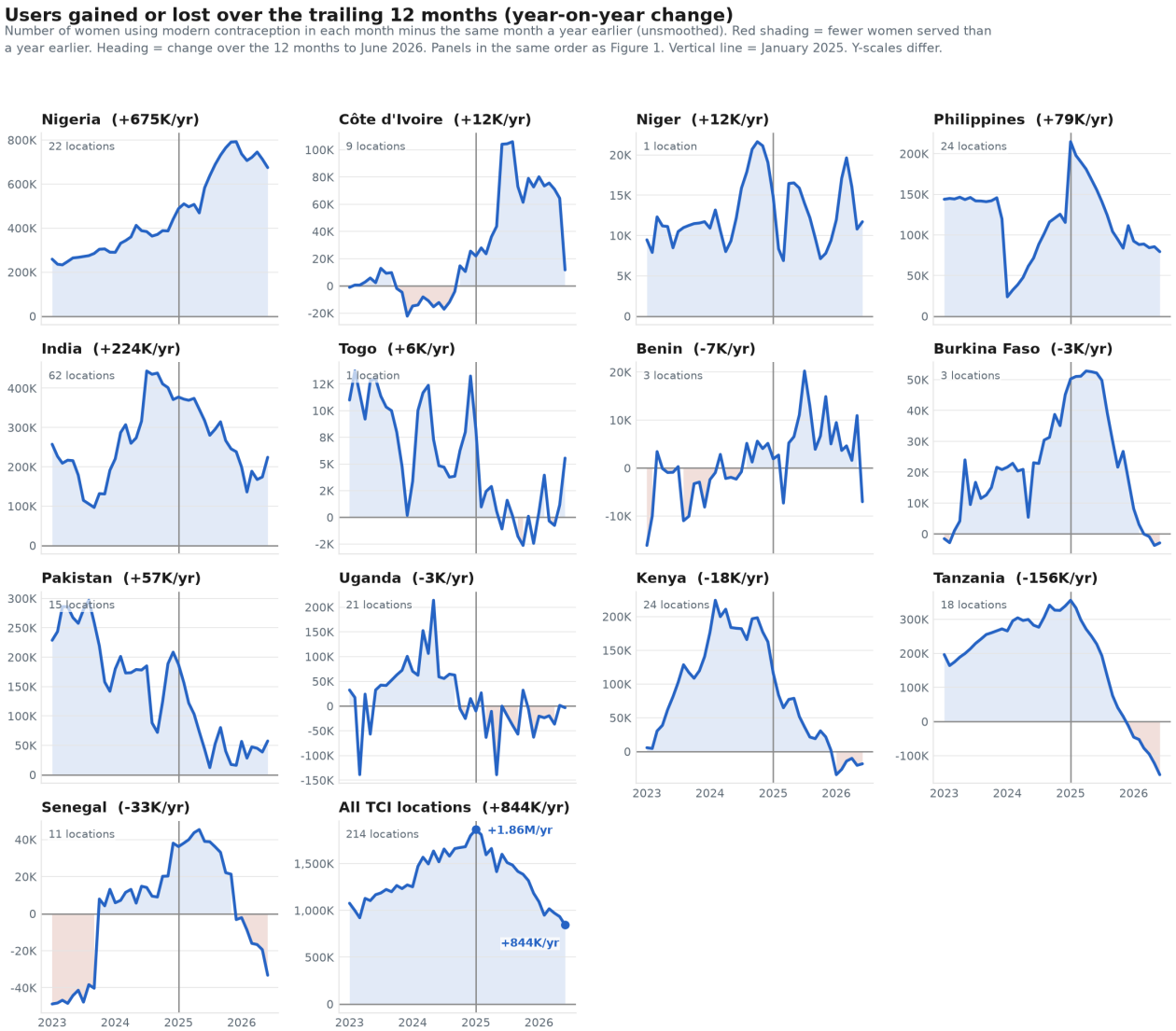


Figure 2. Users gained or lost over the trailing 12 months, by country, in the same order as Figure 1. Shaded red = fewer women served than a year earlier; headings show the 12 months to June 2026. The final panel shows the network total: from +1.86 million/year at the peak (January 2025) to +844,000/year today.

Figure 2 puts the same panels in motion: how many users each country's locations gained or lost over a trailing 12-month window. TCI-supported locations in four countries (**Kenya, Tanzania, Uganda, and Senegal**) **are now losing users**: fewer women served than a year earlier, sustained across the latest quarter. Burkina Faso sits on the line: a decline in one of its three locations just outweighs growth in the other two, and the country remains above its January 2025 level. **The quieter observation is the downshift among the countries still growing.** In the network's three Asian programs, the trailing 12-month gain steps down after January 2025: India is now growing at 49% of its pre-cut pace, the Philippines at 55%, Pakistan at 24%. Together, that is **more than 400,000 fewer users added per year than when the cuts began**: foregone growth that never registers as a loss. The timing is telling: the Philippines was accelerating right up to January 2025, India had just come off a mid-2024 peak, and Pakistan, slowing since 2023, had held level through 2024. In all three, the sustained descent begins at the cuts, in Pakistan's case compounded by the Punjab transition described in Section 4. Togo and Niger show the same downshift in miniature. (Single months dip in and out; Benin's June reading fell to −7,000 year-on-year. This bulletin counts a location or country as losing users only when the loss holds for a full quarter.)

The final panel of Figure 2 is the line this bulletin is about. The network added 1.86 million users in the 12 months to January 2025 and 844,000 in the 12 months to June 2026, and that trailing gain has fallen in 14 of the 17 months since the cuts began. January 2025 is not only the month the USAID cuts began; it is also the month the network's trailing gain peaked, so the turning point is visible in the data itself, not just in the calendar. The slide has not yet bottomed out. Holding the line means arresting it so that it bottoms out and turns back up, soon, before more locations cross into losses.

The reversals are not stories of weak programs. **TCI-supported locations in Tanzania grew 31% in the two years before the cuts (among the fastest in the network) and have swung from adding around 340,000 users a year to losing more than 150,000.** The mechanism is documented: in the year to June 2026, Tanzania's local governments could execute barely half of their family planning budgets amid delayed central-government disbursements, while commodity stockouts persisted across the country. The pattern repeats across East Africa: programs that were working have been knocked off course by reduced external funding, not capability.

None of this should surprise: it is what the funding structure predicted. Analyses published in early 2025, before any impact could be observed, ranked **Senegal (45%), Uganda (41%) and Kenya (22%) among the countries most dependent on US contraceptive procurement**, placed **Uganda and Tanzania in the ten countries most exposed to US health-aid cuts**, and projected Tanzania and Uganda among the largest family planning impacts of a full cessation. The countries the same literature considered insulated (India and the Philippines, which procure contraceptives domestically, and Côte d'Ivoire, where US support was mainly technical assistance) are among those still growing. Even the timing matches: the models expected the full impact to land in 2026, as in-country commodity stocks ran down. **What was predicted from funding dependence has now arrived, on schedule, in service statistics** (see Sources).

SECTION 3

Every location, one picture

Each dot in Figure 3 is one TCI-supported location. Its position shows how the number of women served has changed since January 2025, the same yardstick as Figure 1. Its color adds a second lens, **momentum**: whether the location served more women in the latest quarter than in the same quarter a year earlier, and how that compares with its pace before the cuts.

The two lenses are different on purpose: a location can still be above its January 2025 level while shrinking quarter by quarter, or below it while already recovering. Blues are growing (faster or slower than before the cuts); orange locations were growing before the cuts and are losing users now; red ones were losing users even before. (City names are withheld; country patterns tell the story.)

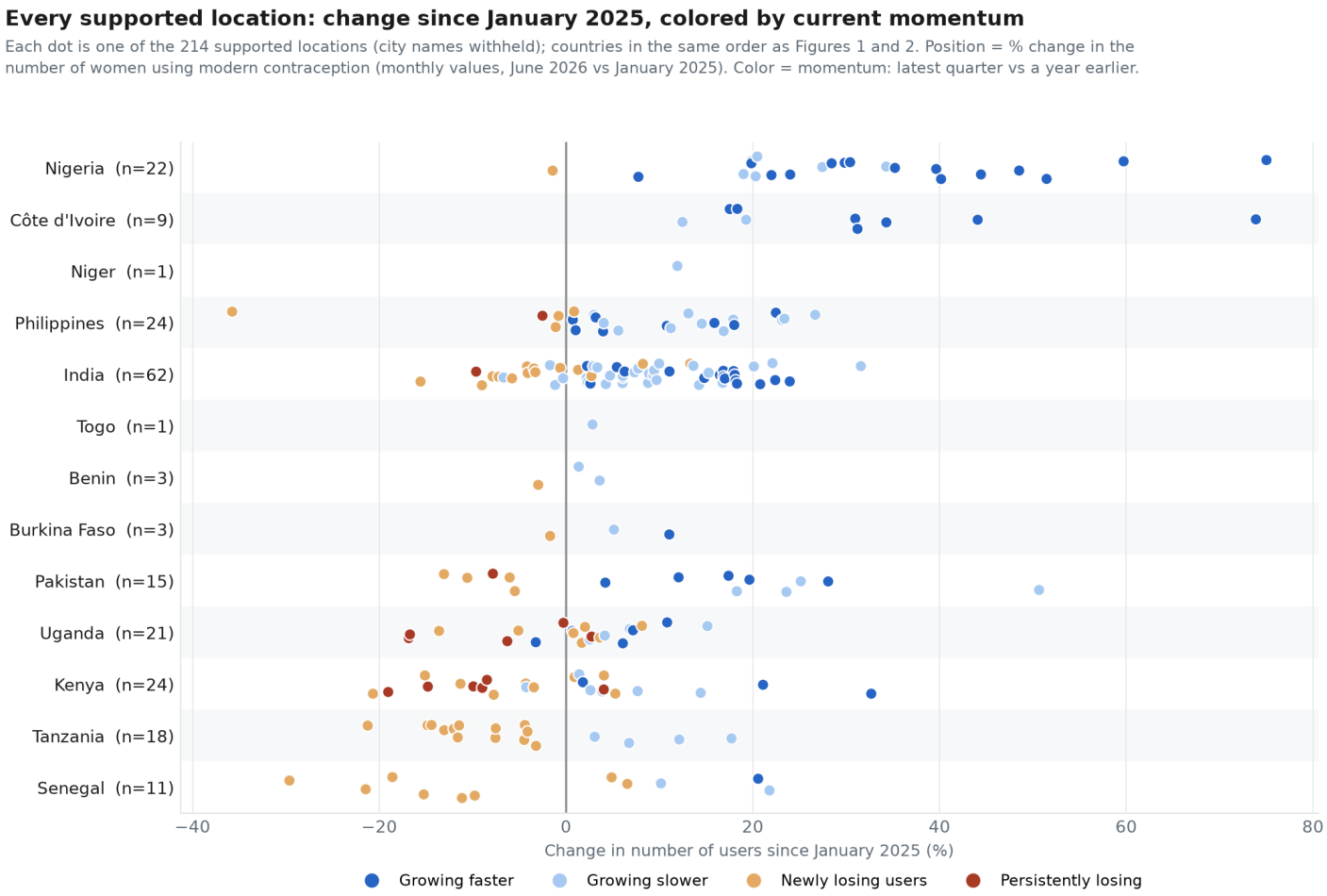


Figure 3. 214 locations: change since January 2025 (position) and current momentum (color). Countries in the same order as Figures 1 and 2.

- **137 locations (64%) are still adding users,** down from 178 (83%) in January 2025.
- **77 locations (36%) are now losing users.** Almost two-thirds of them are in just four countries: Kenya, Tanzania, Uganda and Senegal.
- **Most of the decline is growth interrupted, not systems failing: every one of the 63 newly losing locations was adding users when the cuts began, and 89% had grown by more than 5% over the two preceding years.** Only 36 of 214 locations were losing users when the cuts began.
- **Recovery is real.** Of the 36 locations that were losing users when the cuts began, 22 are adding users again today; several of them recently graduated from TCI support. This suggests that momentum, once restored, compounds.

One number summarizes the gap: the 77 losing locations are together shedding **around 400,000 users a year**. They are home to **22.9 million women of reproductive age**.

SECTION 4

Why some places hold – and why others are struggling

The locations holding the line share a design. TCI does not implement programs; it coaches city and local governments to run their own programs better (securing political leadership for the program, shoring up and shielding their own budget lines, conducting their own data reviews, training their own service providers) and then steps back on a fixed timetable. By June 2026, 202 local governments had graduated from TCI's direct support. The point of that design was always the day the external money — like TCI's own direct funding — stops. That day came for most of the sector at once, when the United States withdrew abruptly in early 2025. Other donors have kept funding family planning, but none at a scale that could absorb the loss.

- **Independent evidence says the model works.** Itad's independent evaluation of TCI (2026), using interrupted time-series analysis of the same HMIS data across 40 supported locations, found moderate-to-strong evidence of impact: in 60% of the locations evaluated, gains in contraceptive uptake were attributed to TCI with moderate or high confidence, and **US$41.45 million of program spend generated US$50.2 million in downstream savings for local governments,** a positive return in every geography analyzed. Its six key takeaways are summarized at the end of this section.
- **Graduated locations keep delivering.** In Nigeria, where every TCI-supported location has now graduated, **half of all the additional family planning clients gained since TCI began (1.25 million of 2.47 million, as of June 2026) were added after graduation,** once direct TCI support had ended. Across the network, more than 75% of graduated local governments continue to run the high-impact practices they adopted.
- **Domestic money is stepping up where advocacy prepared the ground.** One northern Nigerian state approved ₦80 million for contraceptive procurement after seeing its own stockout data; another released funds for family planning commodities after a decade-long gap; one Côte d'Ivoire municipality wrote family planning into its own budget and grew its client base 80% in a year. In Pakistan, one provincial health department has absorbed hundreds of TCI-trained community health volunteers onto the government payroll. This quarter, Tanzania's national government unlocked US$1.84 million for contraceptive commodities, and Pakistani advocates secured the removal of the sales tax on contraceptives in the FY2026–27 federal budget.
- **Domestic financing is the hinge of the story, and the cuts strained it too.** Where years of advocacy had already institutionalized government budget lines (state-led commodity financing in Nigeria, provincial procurement in Pakistan), domestic money cushioned the shock and locations kept growing. Where the withdrawal forced governments to repurpose ring-fenced family planning allocations to plug other health gaps, the fiscal squeeze compounded the donor one: Nigeria's own federal family planning line was cut 97% in 2025 before states began reversing course. The gap between those two paths is what Figure 1 shows.
- **And why others are struggling: TCI is documenting every potential mechanism, and none is a collapse in women's demand.** The detail comes from TCI's monitoring of the situation in each location: routine check-ins, plus more intensive in-person assessments called PULSE checks. *Financing droughts:* East African local governments could execute only about 60% of their family planning budgets in the year to June 2026, Tanzania barely half, on delayed central disbursements. *Commodity stockouts:* Kenya's national supply of its two most-used

methods, pills and injectables, ran dry repeatedly through the first half of 2026, and over half of Francophone West African locations report stockouts, up 12 points in a quarter. For scale, Kenya's national statistics recorded new family planning clients down 11% for injectables and 30% for pills in 2025 (see Sources); TCI-supported Kenyan locations ended June 2026 within 1% of their January 2025 level, a different measure, but a sense of the headwind they held against. *Frontline disruption:* Senegal's health-worker strike is in its sixth month. *System transitions:* in Pakistan's Punjab province, a government-led reorganization of family planning services, completed this June, temporarily disrupted delivery and reporting during the handover; the country's other provinces keep growing. **These are problems with known addresses.**

Côte d'Ivoire is the clearest proof of concept: all nine supported locations have graduated from direct TCI support (the last seven in September 2025, mid-crisis) and have accelerated since, growing at two and a half times their pre-cut pace on the strength of free-service policies and municipal financing.

What Itad's independent evaluation of TCI found

Six key takeaways (February 2026)

1. **Moderate-to-strong evidence of impact.** Additional contraceptive uptake across the 40 locations evaluated (a pooled 1.52 additional clients per month per 1,000 women of reproductive age; about 633,000 additional clients attributable to TCI), with results varying by context.
2. **Positive rates of return.** Total TCI spending of US$41.45 million in the 40 locations evaluated produced US$50.2 million in savings for the local governments, with positive returns in all geographies analyzed.
3. **The "business unusual" model adds value.** Genuine local ownership, continuous coaching (including the master-coach model) and data use build a foundation for self-reliance and sustainability; in India, all 13 graduated local governments evaluated sustained their gains, adding about 131,000 clients after graduation.
4. **Context matters, and supplies most of all.** Commodity supply disruptions were the most consequential threat to results, and they operate at levels above local government, outside TCI's direct influence.
5. **Data for decision-making is a TCI strength.** 96% of surveyed master coaches credited TCI with improving HMIS data quality and reporting; accurate, timely routine data is vital both for programming and for measuring impact.
6. **Success beyond uptake.** The evaluation found positive effects on the enabling environment for service delivery and long-term financial returns to local governments.

SECTION 5

What is at stake

Behind the 400,000-users-a-year loss are women who had contraception last year and cannot get it this year from the same public facilities. Standard estimates used across the field (see Sources) imply that every million women who lose access to modern contraception translates into roughly **360,000 additional unintended pregnancies, 160,000 unplanned births and 110,000**

unsafe abortions. At the losing locations' current rate of loss (some 400,000 users a year), that benchmark implies roughly **144,000 additional unintended pregnancies, 64,000 unplanned births and 44,000 unsafe abortions every year**, and, ultimately, preventable maternal deaths. Family planning is the leading edge: the same facilities, workers and supply chains carry maternal, newborn and child health services, and they are under the same strain.

Two honest qualifications. Some of these women will have found care elsewhere: in several of these markets, private clinics and pharmacies absorb clients when public supply falters, though usually at prices few can sustain (in Pakistan, the private price of an IUD rose roughly twenty-fold when donor subsidies ended). And part of any recorded decline can reflect disruption to reporting systems themselves rather than to services: several of the steepest single-location drops coincide with documented reporting breaks, and we note so wherever that is the case. Both effects are real. Neither comfortably explains losses of this scale and pattern, concentrated precisely where financing constraints, commodity stockouts and health-worker disruptions are independently documented, month by month.

Pascalia's Story

Pascalia (not her real name), a 21-year-old woman from an underserved rural community in Kenya, is what these numbers look like in one life. As the primary breadwinner for a household of nine (her two young children, her parents and four younger siblings), she could not pay the fee a private facility asked when she sought contraceptive services, and she was turned away. Unable to access her preferred method, she became pregnant again, and later attempted, unsuccessfully, to end the pregnancy using local herbs. She is now nine months pregnant, without the financial or physical means to prepare for the birth.



A woman receiving family planning counseling at a clinic in Kenya.

SECTION 6

What it would take: a targeted push

This bulletin is not an appeal to rebuild what was lost. It is a request to finish a push that is already succeeding in most places: targeted, time-limited support to the specific locations experiencing a decline, through the same local-government systems that are demonstrably holding elsewhere. The need is far larger than any one organization: worldwide, an estimated 257 million women who want to avoid pregnancy are not using a safe, modern method of contraception (UNFPA). No single initiative reaches more than a fraction of that need. What follows is the piece TCI's own data makes specific and verifiable, month by month.

In TCI's case, to protect contraceptive access in locations home to 22.9 million women of reproductive age, to stop a loss now running at ~400,000 users a year, and to protect the investments already made in systems, data and human capacity, the fix is manageable, specific and easy to verify:

- **63 locations were growing when the cuts began and are losing users now.** They do not need rebuilding; they need a re-ignition package: commodity bridge financing, coaching visits restored, data reviews and advocacy for domestic budget lines.

- **14 locations are in persistent decline** and warrant intensive re-engagement, comparable to full engagement during TCI's scale-up support phase.
- **73 locations are still growing, but at less than half their previous pace: they need watching, not rescue.** Together they were adding around 900,000 users a year when the cuts began and add around 400,000 today. Continued monitoring in the same monthly data, coaching check-ins and protection of the budget lines they already have is what lets them regain their pace, and keeps them from becoming next quarter's losing locations.

The broader call to action depends on who is reading:

- **Donors and development finance institutions:** mobilize resources to fund the push. Progress is verifiable every month, in the same government data this bulletin is built on. The goal is every dot in Figure 3 blue again: every location adding users.
- **National and local governments:** protect the family planning budget lines your systems fought for, and claim the credit: the growth in Figure 1 belongs to the governments that own these programs. Your partnership and endorsement make the case to every other funder.
- **Implementing partners:** the coaching model, the measurement methods and the diagnostics behind this bulletin are open; we would rather replicate together than compete.

TCI is built as a platform with many investors: a commercial company, philanthropies, corporate foundations, high-net-worth individuals, local governments that put their own budgets behind their programs, and international donors. New investors can join at any scale, from a single location to a country, and see their results in the same monthly data.

SECTION 7

About the data

- **Source:** Routine government HMIS service statistics from all reporting facilities in each supported location, compiled monthly through June 2026. No new data collection; no projections.
- **Measure:** Net accumulated clients, an estimate of the number of women currently using a modern method, built from monthly client volumes using standard method-duration factors. Trends are reliable; absolute totals are approximate, and recent months may revise upward as late reports arrive.
- **Momentum** compares the latest quarter with the same quarter a year earlier, which makes it seasonality-free and robust to single-month reporting noise. "Losing users" means fewer women served than a year ago, sustained across a quarter.
- **Locations** are the 214 core cities and districts TCI supports or has graduated; where a program expanded into surrounding areas, those users are counted with their parent location. City names are withheld in this public edition; country aggregates are unaffected.
- **Honesty notes:** These are public-sector service statistics: where women switch to private providers, that can register here as a loss. A small number of steep single-location declines coincide with documented reporting breaks or facility-system transitions rather than service collapse; they are retained in every count. Donor funding also supported parts of the reporting system itself in several countries, from data-entry staff to DHIS2 maintenance, so some of the recorded change may reflect reporting capacity rather than services. In our analysis, TCI engagement explains roughly a quarter of the variation in uptake across

locations (context explains the rest), so comparisons here are descriptive, not causal claims. (Explaining variation across locations is a different question from the Itad evaluation's attribution of gains within supported locations.)

- **Validation:** The methodology and results have been independently examined: an external evaluation (Itad, 2026) reproduced program impact from the same HMIS data using interrupted time-series methods.

SECTION 8

Sources and further evidence

Measured impacts (actual data):

- Kenya National Bureau of Statistics, Economic Survey 2026 — national declines in new family planning clients in 2025 (injectables −11%, pills −30%).
- IPPF (Dec 2025) — 1,394 health service points closed and ~9 million clients estimated to lose access following the US withdrawal, member-association census.
- MSI Reproductive Choices, "One Year On" (Jan 2026) — 31 country programs report significant impacts on national health systems and access to care; contraceptive supply chains are among the hardest hit, with stocks in Kenya below five months against a 16-month minimum.
- Jacaranda Health (Apr 2025) — rapid survey of health workers across 23 Kenyan counties: 61% reported staff sent home after the stop-work order and 61% saw declining essential supplies, including contraceptives.
- CHAI & Reproductive Health Supplies Coalition, Family Planning Market Impact Memo (Jun 2025) — procurement gap of $167M rising to $210M across 32 countries after US order cancellations.

Modeled projections (not observations):

- Guttmacher Institute (2025) — a full-year loss of US family planning assistance (~$607.5M) leaves 47.6M women and couples unserved: +17.1M unintended pregnancies, +34,000 maternal deaths per year; by Guttmacher's estimate, each $10M cut denies services to about 1M women and couples (362,000 unintended pregnancies, 161,000 unplanned births, 110,000 unsafe abortions).
- Stover et al., The Lancet Global Health (2025) — complete cessation of US support projected to cause 40–55M additional unintended pregnancies across 51 countries by 2030; largest family planning impacts projected for Tanzania, DRC, Uganda and Mozambique.
- Cavalcanti et al., The Lancet (2025) — the 83% USAID program reduction projected to cause >14M additional deaths by 2030 across all health areas.

Who was predicted to be vulnerable (ex-ante analyses):

- CHAI & Reproductive Health Supplies Coalition, Family Planning Market Impact Memo (Jun 2025) — USAID share of contraceptive procurement by country. Center for Global Development (Feb 2025), "26 Countries Are Most Vulnerable to US Global Health Aid Cuts" — US health assistance as a share of government health spending (Uganda 95%, Tanzania 59%, both among the ten most exposed). Discussed in Section 2.

Donor funding context:

- Countdown 2030 Europe, Tracking What Counts 2024–2025 — in 2024, for the first time in nine years of tracking, European donors decreased support to sexual and reproductive health and family planning; European Funding Gap brief (Apr 2025) — nine European donors announced about €30 billion in ODA cuts over four years.
- KFF (Nov 2025), Donor Government Funding for Family Planning in 2024 — donor governments provided US$1.36 billion in 2024, 43% of it from the United States; five donors (Canada, Germany, the Netherlands, Sweden and the UK) cut family planning funding that year and several have signaled further reductions.

Global context:

- UNFPA, State of World Population (2022) — an estimated 257 million women worldwide who want to avoid pregnancy are not using safe, modern methods of contraception.

TCI evidence base:

- Itad (Feb 2026), Monitoring, learning and evaluation partnership with The Challenge Initiative, executive summary — interrupted time-series analysis across 40 locations; gains attributed to TCI with moderate or high confidence in 60% of locations; ~633,000 additional clients; $50.2M downstream savings vs $41.45M spend. Summarized in Gates Institute, "The TCI model works" (Apr 2026).
- TCI Nigeria hub (Sep 2026), graduation analysis of program monitoring data — cumulative additional clients since implementation across all 30 Nigerian program units, split by graduation status (1.25M of 2.47M accrued after graduation as of June 2026).
- TCI results and methodology: tciurbanhealth.org — including the HMIS measurement approach, 2024 results (local governments spent 103% of $19.1M in committed domestic funds), and post-graduation sustainability analyses.

Full citations with links are listed under References at the end of this bulletin; each link was checked on September 8, 2026.

References

Numbered in the order the sources appear in Section 8. Each link was opened and checked against the figure cited on September 8, 2026.

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This bulletin is the first in a quarterly series. The same 214 locations will report again in three months, and we will publish what they show, either way. The next edition will draw on TCI's PULSE Check assessments to report what is happening behind the numbers, location by location: the root causes of losses, what the recoveries have in common, and the stories of the women and health workers living them.