Original Article

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Sustainable Integration of The Challenge Initiative's High-Impact Interventions and Practices by Local Governments in Sindh, Pakistan

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Abstract

Background: The Challenge Initiative (TCI) is an innovative platform designed to scale up family planning (FP) and reproductive health services in urban slums through the leadership of local governments. This study examines the institutional and socio-cultural factors influencing the sustainable continuation of high-impact interventions within Sindh's local health system.

Methodology: This qualitative study adopted an explanatory design, conducting in-depth interviews with district government officials—including District Health Officers, Population Welfare Officers—and TCI team members. Data collection focused on themes related to FP sustainability, institutionalization, and service delivery challenges.

Results: TCI interventions commenced in eight districts of Sindh in September 2022. Findings indicate that district governments require technical assistance to embed evidence-based FP strategies into existing healthcare frameworks. Key enablers of sustainability include strong local leadership, dedicated budget allocations, and integration of FP services within the health system.

Conclusion: TCI has enhanced district government capacity, increased FP service utilization, and strengthened health systems. The model supports service expansion, community engagement, and long-term sustainability without dependence on external funding. To achieve Pakistan's FP2030 commitments, local governments must prioritize ownership, institutional integration, and policy alignment.

Keywords: Family planning; sustainability; high-impact interventions

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Introduction

Integration of family planning interventions is essential not only to address challenges of rapid population growth but also to improve maternal and child health outcomes along with sustainable development (1). However, ensuring universal access to quality family planning services continues to face barriers, particularly in low-middle-income countries (LMICs). Pakistan was among the few LMICs to establish a nationwide family planning program in the early 1960s, but progress has been slow with a national Contraceptive Prevalence Rate (CPR) of 34 percent which has remained stagnant for a long period (2,3). To accelerate the progress, Pakistan has committed to the FP2030 agenda to raise the national CPR to 50 percentage points by the end of 2030 (4,5).

While several evidence-based interventions have proven to be effective in improving family planning uptake, scaling and sustaining these approaches remains limited in Pakistan. Critical barriers include low political will, policy issues, inadequate local government ownership and inconsistent application, leading to disruption in service delivery once the external funding ends (2). These challenges particularly hamper progress in urban areas experiencing rapid population growth and increased demand for reproductive health services (6).

The Challenge Initiative (TCI) represents an ambitious platform to sustainably scale up family planning interventions in low-resource urban settings (7) . It originated from the Urban

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Reproductive Health Initiative (URHI), a project funded by the Bill and Melinda Gates Foundation, implemented from 2010 to 2015 in India, Kenya, Nigeria, and Senegal (7).

TCI operates on a demand-driven model emphasizing on sustainable approaches for scaling High-impact practices (HIPs) endorsed by global experts for effective family planning programs including service delivery, social and behavior change, and enabling environment to institutionalize best practices within existing health systems (7–9). It empowers local governments to prioritize, finance, and implement family planning programs through capacity building, coaching, and technical support (7,10,11).

In Pakistan, TCI works in collaboration with the Department of Health (DoH) and Population Welfare Department (PWD) at the provincial and district levels across Sindh, Punjab, and Islamabad Capital Territory. In Sindh, TCI has partnered with the local government in eight districts, since September 2022, focusing on expanding access to quality family planning services and embedding these interventions within district health system to ensure long-term sustainability of these programs through training and capacity building (7,10,11). The program uses key strategies including working within existing programs, promoting sustainability and local ownership, using a coaching model to empower local stakeholders, and applying evidence-based high-impact interventions in service provision, integration, advocacy, and communications (11).

Despite increasing adoption of high-impact family planning interventions, the processes by which local government particularly in the context of complex political and socio-cultural environments integrate and sustain these interventions is underexplored (12). This gap is particularly relevant for Pakistan's decentralized health system, where provincial and district governments are responsible for service delivery and they often lack the technical capacity to sustain these initiatives independently (13).

This study aims to explore how local governments in Sindh, have integrated TCI's high-impact interventions and practices into their health system and to ascertain the sustainability of these efforts. By analyzing the factors that enable or hinder the institutionalization of high-impact interventions, this study contributes to the broader vision of reaching the FP2030 goals and advancing Pakistan's progress toward health-related Sustainable Developmental Goals (SDGs). The findings will inform policymakers on strategies to promote locally owned, sustainable family planning service delivery, particularly in resource-constrained settings like Sindh.

Methodology

Study Design

This study used an explanatory qualitative design to explore the implementation of TCI's high-impact interventions in eight districts of Sindh. Data were collected using In-Depth Interviews (IDIs). 16 IDIs were conducted across eight districts in Karachi and Hyderabad, ensuring diverse geographical representation. Data were collected until the point of saturation. This study was approved by the Research Ethics Committee of Research and Development Solutions (Ref: No. RADS/IRB-GSM/26-11-2024/067).

Study Population

The participants were selected purposively based on their roles in the implementation of TCI interventions. The study sample consisted of Directors of Health Services, District Health Officers (DHOs), District Population Welfare Officers (DPWOs), and City Managers of TCI teams from the selected districts ensuring adequate representation of stakeholders' perspectives.

Data Collection Tools

Semi-structured interview guides were made for each participant category. These guides were first created in English and then translated into the local language i.e., Urdu. Before starting data collection, these guides were pre-tested and necessary adjustments were made to ensure the tools used were culturally relevant and easy to understand for study participants.

Alongside general information, key thematic areas covered were high-impact interventions, social behavior change strategies, and sustainability of family planning interventions.

To assess this, six questions were posed to all district DHOs and DPWOs regarding the institutionalization of high-impact interventions, their sustainability, and their influence on social behavior change.

Data collection

Interviews were conducted from September 2024 to December 2024 by trained City Managers having extensive experience in family planning programs. The duration of each interview was approximately 20-30 minutes, in which predetermined questions were asked in a set order with necessary probing. Interviews were recorded at the health facilities and district offices of the selected districts.

Data Analysis

The recorded interviews were transcribed in the local language and then translated into English. Data analysis followed the approach of thematic content analysis which was done manually. Themes, sub-themes, and codes were identified from the responses by reading them multiple times. The analysis focused on six key questions related to the institutionalization of high-impact interventions, integration of social behaviour changes strategies, shifting social and gender norms, sustainability of investment, supply chain management, and impact of family planning interventions. It was reviewed by the research team for bias minimization and ensuring reliability.

Table 1: Themes and Sub-Themes from Thematic Analysis of Stakeholder Interviews

#	Themes	Sub-themes
1	High Impact Interventions Aligned with Global Goals	• Alignment with SDGs • Supporting FP2030 agenda • Service delivery system strengthening
2	Social Behavior Change	• Community engagement • Capacity building • Focused messaging • Services integration, Stakeholder's ownership
3	Shifting of Social and Gender Norms	• Male involvement • Enhanced women's access • Community ownership • Youth involvement • Policy focused advocacy
4	Sustainability of Family Planning Expenditures	• Stakeholders' ownership • Policy integration • Capacity strengthening • Budget prioritization • Evidence focused advocacy
5	Management of Supply Chain	• Strengthened systems • Decentralized operations • Coordination • Streamlined stock management • Ensuring sustainability.
6	Impact of Urban Reproductive Health and Family Planning Programs	• Focused strategies • Coordinated services • Easy access • Evidence backed planning

Ethical Consideration

The study protocol was reviewed and approved by Research Ethics Committee of Research and Development Solutions (RADS) (Ref: No. RADS/IRB-GSM/26-11-2024/067). Informed consent was obtained from all the participants.

Results

High-Impact Interventions

High impact interventions model was highlighted as a major factor that has improved the planning, coordination and implementation of different family planning interventions. Although government was carrying out family planning through conventional service delivery model, the arrival of High impact interventions model has actually managed to bring the evidence-based family planning interventions to the forefront. The high impact interventions that are being implemented are globally tested and assessed.

"High impact interventions are evidence backed, in initial training and meetings we were a bit concerned if this model will work out or it's too idealistic. However, as the time passed and we received more and more information and training, we witnessed that these high impact interventions can contribute to improvement in different important indicators related to family planning and health." – District Health Officer, Karachi

This new approach has managed to enhance the prioritization of family planning in implementing districts. These high impact interventions are in line with important agendas like sustainable development goals and FP2030. Health system strengthening is the key focus in these interventions.

"High impact interventions model supports the national agendas like SDGs and FP 2030. Along with many other reasons, this is why this model is well received at policy level. At one end you are contributing in health system strengthening and at the other end this work is helping the governments to achieve targets related to SDGs and FP 2030 agendas." – Director Health Services, Sindh

Social Behaviour Change

Participants shared that social and behavior change related to family planning is being contributed by high impact interventions. These changes are happening at multiple levels including district administration, service providers and community. Although these changes are subtle and initial level but their contribution is providing basis for achievement of some highly valuable social and behavior change goals.

"We always thought about the social and behavior change as something that is needed for the community, for the first time through this collaboration we have understood that this process is equally important for all planning and implementing staff." – District Health Officer, Karachi

Community engagement, capacity building of master coaches and service providers, focused messages and ownership of different stakeholders are a few key points that are contributing in this change.

"In Pakistan, family planning is a challenging topic to work on. Stakeholders involved are diverse and they represent different groups of society. The dynamics involved are to be understood and addressed through a well conceptualized social and behavior change campaign. TCI and government collaboration has achieved some important milestones during this journey". – District Population Welfare Officer, Karachi

Transformation of Gender and Social Norms

All TCI activities interventions were being implemented in a gender intentional manner. Participants shared that gender intentionality is being focused because they have been capacitated on gender intentional implementation of the family planning high impact interventions. Involving males in the family planning programs was deemed significant by the participants as it will eventually enhance the access of women to family planning. Gender intentional implementation ensures that all major social actors are on board and will lead to greater ownership from the community.

"Such detailed attention to gender intentionality is something that we have never experienced before, I mean, we had a bit of understanding of the concept but to understand how this effects family planning and its related decisions was something that has benefitted us a lot." – District Health Officer, Karachi

"Male involvement for family planning is crucial, the current

project highlighted this need in a wholistic manner, they capacitated district administration and relevant staff on gender intentionality." – District Health Officer, Karachi

Sustainability of Family Planning Expenditures

Participants shared that to sustain the current results, it will be necessary to enhance the ownership of all involved stakeholders. Budgetary provisions for family planning activities must also be ensured in a well streamlined manner. To achieve this step, capacity building, budget prioritization and evidence-based advocacy are going to be instrumental strategies. Overlooking these strategies might be detrimental to the results and achievements in future.

"Expenditure for family planning services has increased significantly and this provision has surely contributed in the system strengthening." – Director Health Services, Karachi

"Since the family planning expenditure trends are good, we should be cautious for future because once the TCI period is over, the graduated cities are not going to receive reminder etc. The government teams would have to build a solid advocacy plan around the family planning expenditure." – District Health Officer, Hyderabad

Management of Supply Chain

Although participants mostly shared that local governments have started to prioritize family planning but they also shared some challenges, one of the major identified challenges is to ensure the supply chain of commodities. Short term goals related to supply chain management are being dealt with mostly but to secure a secure a long term budgetary and policy commitment would be a major challenge to tackle with. TCI is mandated with the provision of technical assistance only, hence, the long-term sustainability of supply chain and all other relative issues are to be dealt through the ownership of local government.

"Local governments are showing seriousness in prioritizing the family planning. Supply chain has been a major challenge in the past. TCI and local government collaboration have streamlined the supply chain to quite a good level. However, it will still be an uphill task to sustain supply chain effectively after the completion of TCI." – District Health Officer, Karachi

"Districts had difficulty in filling the commodity forms which created supply chain issues for everyone, TCI team identified this challenge and addressed it by organizing a capacity building event to fill the CLR6 form properly. Now stocks are maintained properly." – District Population Welfare Officer, Krachi

"As graduation approaches, the prime responsibility that needs to be focused is to secure the long-term finances for undisrupted supply of commodities. This challenge should be dealt with proactive strategies and advocacy." – Director Health Services, Karachi

Impact of Urban Reproductive Health and Family Planning Programs

TCI is being implemented in the urban slums and through its interventions, the platform has provided technical support to local governments to significantly increase family planning services uptake in implementing cities. Over the time, TCI has created impact in the focused cities and their respective urban areas. This impact needs to be sustained in the phase where TCI will mark these cities as the graduated cities. Coordinated efforts, ownership and planning can ensure that the created impact in the utilization of family planning services in the urban slums sustains.

"With the The Challenge Initiative's support, our District has managed to achieve a significant rise in utilization of family planning service. Now, it's up to us to sustain this progress and ensure long-term impact." – District Health Officer, Hyderabad

"Access to family planning in urban slums has improved as a result of TCI and Government collaboration. Going forward, health systems should strategize to sustain these services." – Director Health Services, Karachi

Discussion

The findings highlight the significance of integrating family planning services into the local health system to achieve sustainability. Previous studies have highlighted that external funding alone is never going to ensure a sustained and strengthened health system; rather, local ownership, policy and institutional support are critical to ensure long-term impact (10,14).

The Challenge Initiative model has demonstrated effectiveness in increasing family planning service provision while underlining potential challenges in the operational scalability. One of the key components to ensure service delivery without disruption is to address financial constraints and strengthening the policy frameworks. Going forward, strategies should be in place to create an enabling environment for multi-sectoral coordination, mobilization of local resources, and enhancement of the supply chain mechanisms to maintain family planning interventions beyond external financial support. Furthermore, national and provincial level advocacy is pivotal to integrate family planning within wider public health initiatives to ensure alignment with FP2030 goals.

Expected Challenges for Institutionalization:

Several systemic challenges hinder the effective implementation and sustainability of health initiatives at the district level. District health departments often operate with limited financial autonomy, restricting their ability to respond to local needs efficiently. Additionally, conservative segments of society pose significant social resistance, particularly in the uptake of family planning services. Logistical constraints in the commodities supply chain frequently result in stockouts, disrupting service continuity (15). The ongoing need for training and capacity building among healthcare providers further complicates efforts to maintain service quality and uptake. Moreover, inconsistencies in policy enforcement and variations in family planning integration across districts create a fragmented service delivery landscape, undermining the overall impact of health programs.

Conclusion

TCI Pakistan has successfully enhanced family planning service delivery and institutionalization in Sindh, Pakistan. The initiative has played a critical role in enhancing service providers' technical capacities, increasing uptake of contraceptive, and supporting policy integration efforts. However, sustainability of this improvement remains a critical challenge which needs strong policy integration, budgetary commitment, and capacity building.

FP2030 agenda is a critical motivator for the government departments to leverage on the improvements made through TCI support. Furthermore, it is important for local governments to start showing more and systemic ownership for long-term service provision without reliance on external funding. Further studies should explore the role played by specific policy reforms, scalable financing models, and community-led initiatives in ensuring sustainable family planning service integration. Monitoring and evaluation mechanism should also be strengthened to track progress and to ensure continuous improvement in health service delivery system.

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Ethical Approval:

The study protocol was reviewed and approved by the Research Ethics Committee of Research and Development Solutions (RADS)

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Authors' Contribution:

All Authors: Design, analysis, writing of the manuscript, final review

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