RAISE

Reflection and Action to Improve Self-reliance and Effectiveness

A tool for assessing implementation of proven high-impact reproductive health interventions

tci THE CHALLENGE INITIATIVE

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Acknowledgments

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Acronyms

AYSRH	*Adolescent and Youth Sexual and Reproductive Health*
BMGF	*Bill & Melinda Gates Foundation*
CCP	*Johns Hopkins Center for Communication Programs*
CoP	*Community of Practice*
CSO	*Civil society organization*
FP	*Family planning*
HIP	*High-impact practices*
HMIS	*Health Management Information System*
LARC	*Long-acting Reversible Contraception*
LG	*Local government/s*
MoH	*Ministry of Health*
NGO	*Non-governmental organization*
PSI	*Population Services International*
RAISE	*Reflection and Action to Improve Self-reliance and Effectiveness*
TCI	*The Challenge Initiative*
TCI-U	*TCI University*
URHI	*Urban Reproductive Health Institute*

Foreword

The Challenge Initiative (TCI) is a five-year-old platform for scaling up high-impact interventions for family planning and adolescent and youth sexual and reproductive health (AYSRH) in urban slums across five regions: East Africa, Francophone West Africa, India, Nigeria and The Philippines. TCI does not implement family planning and AYSRH programs directly, instead allowing local governments to lead – and own – the effort while TCI builds their capacity and self-reliance through its innovative coaching model. A typical engagement period of direct TCI support is about three years. During that time, local governments use the Reflection and Action to Improve Self-Reliance and Effectiveness – or RAISE – tool to self-assess their progress each quarter towards self-reliance. These self-assessments continue even after TCI direct support ends.

I had the privilege of reviewing the RAISE tool recently and found that several elements of current best practice for scaling up sustainable programs are very effectively incorporated in the tool and methodology. I applaud the TCI team for using an evidence-informed "maturity model" and facilitated self-assessment to identify action priorities and to track progress over time. I also appreciate how TCI incorporated within the framework scope for global best practices and for extensive local contextualization, as well as prioritizing the use of near real-time data and treating the tool as a living document that allows for continuous improvement and providing for quarterly iteration.

In addition, the RAISE tool process recognizes the importance of convening a multi-stakeholder group at the municipal level that is led by, but is not limited to, government officials. It relies on local leadership and funding, while moving TCI coaches from the front seat to the back seat at the earliest possible opportunity. Finally, it creates a network of municipalities able to challenge and support one another.

Experience also suggests several challenges the system will need to address in the years ahead if RAISE is to realize its full potential to catalyze sustainable improvements. These include establishing and growing the preference by multiple donors and host country actors to use RAISE as a tool of choice, while ensuring commitment at the municipal level to support change over the 12-15 years it typically takes for improved practices to be fully institutionalized as the "new normal." Addressing fully and directly the policy, budgetary and operational challenges that often inhibit adoption of improved practices at scale is another challenge.

The RAISE tool benefits from, and is a significant contribution to, the evolving global consensus regarding successful scaling practices, and I hope it continues to receive the attention it deserves.

Lawrence Cooley

Lawrence Cooley has been working on the issues of policy implementation, program performance and sustainable scaling for more than three decades. This includes directing USAID's flagship program called Implementing Policy Change for 11 years and leading, for the past seven years, the Global Community of Practice on Scaling Development Outcomes.

Background

The Challenge Initiative (TCI), is a "business unusual" approach to financing, scaling up and sustaining reproductive health solutions. The TCI approach empowers cities to rapidly and sustainably scale best-practice family planning (FP) among women 15-49 years of age in urban poor areas. It also supports cities to develop adolescent and youth sexual and reproductive health (AYSRH) solutions for young women, newlyweds and first-time parents 15-24 years of age.

TCI does not implement FP or other health programs. Instead, it works through regional "accelerator hubs"—Jhpiego in East Africa, IntraHealth in Francophone West Africa, Johns Hopkins Center for Communication Programs (CCP) in Nigeria, Population Services International (PSI) in India, and Zuellig Family Foundation

in Philippines (**see Figure 1**)—to support over 100 local governments across 11 countries currently implementing FP/AYSRH programs. TCI staff serve as resources and advisors to activate existing structures or systems and help local government teams solve problems as the local government teams lead the design, management and implementation of high-impact best practices. It is expected that through technical assistance from TCI and with the local governments taking ownership of implementation, these local governments will be able to successfully sustain their FP/AYSRH programs.

TCI's demand-driven model is premised on a shared mindset and commitment to having local players lead, make change and achieve high impact at scale.
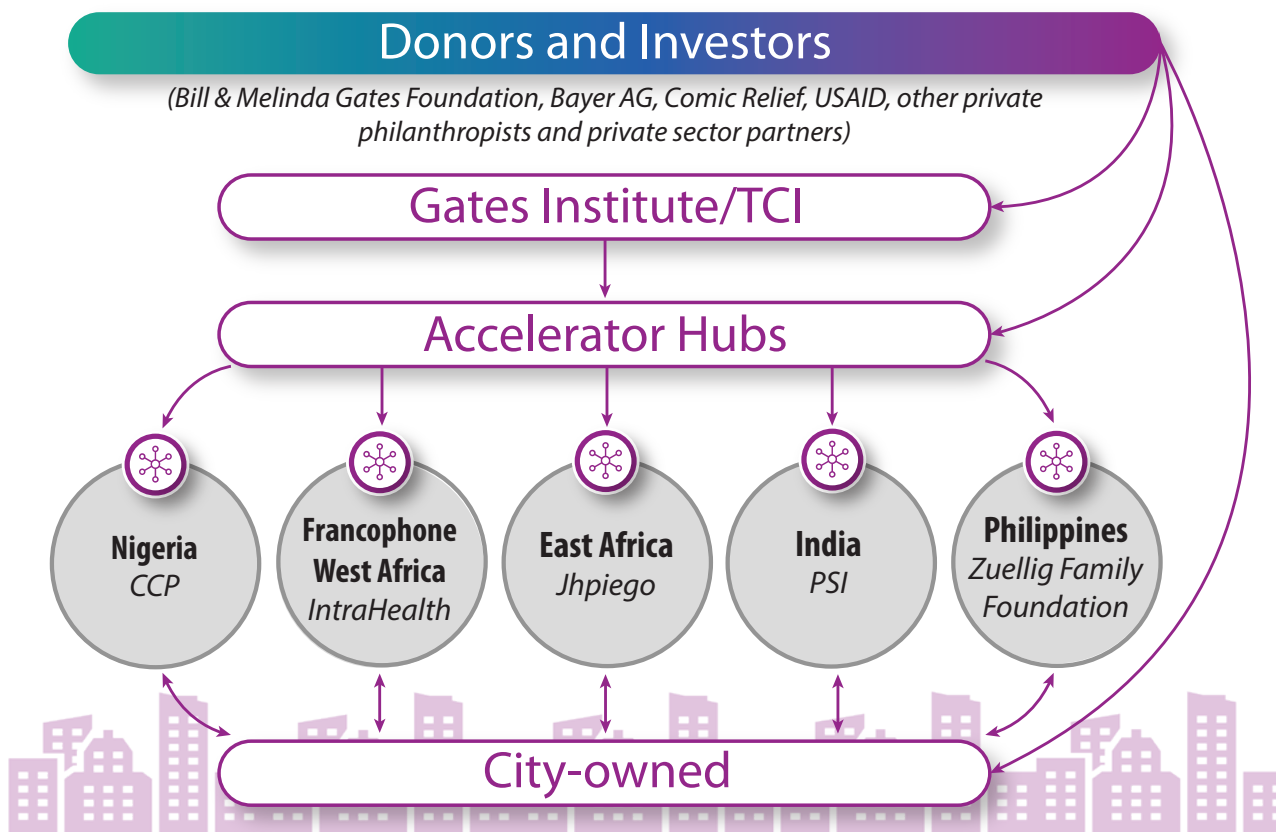

Figure 1: TCI's structure

Other ingredients for success—including political and financial commitment, consensus around which evidence-based interventions to scale, and capacity to implement and institutionalize those interventions—can then come together to realize that impact.

TCI builds off evidence from the Bill & Melinda Gates Foundation's Urban Reproductive Health Initiative (URHI) by using URHI's proven solutions for implementation. It is a departure from the typical aid model because interested cities and states must bring their own resources and political will to the table to access funds from TCI.

TCI Coaching Approaches

TCI defines "coaching" as: a structured yet flexible process by which coachees are empowered to make positive changes in their internal motivation, knowledge, skills and ability to address needs; solve problems; take on new challenges; improve individual performance; achieve individual, team and organizational objectives; and coach others in their geographies.

Coaching is highly tailored to the needs of the individual and group coachees and the dynamic systems within which they work. At times, TCI's coaching support may include different learning and development methods, such as teaching, training and mentorship in addition to coaching. The specific support provided is tailored to the coachees' existing knowledge, capacity and needs, which evolve over time.

Coaching typically starts out at high intensity, but city managers and implementers expect this to gradually

TCI creates an important connection between the health system and the political government, with each partner not only identifying the role they play in successful scale-up, but also how to work together with other partners to make sustainability a reality.

Addressing health systems to produce sustainable results means going beyond technical coaching to implement high-impact interventions, to include coaching on management, leadership and health governance that allows for homegrown solutions executed at an international level of standard.

taper off as implementation progresses and city teams gain confidence – what TCI refers to as the "Lead, Assist, Observe" coaching model (**see Figure 2**). TCI has found that demonstration of the feasibility, acceptability and impact of the proven interventions has strengthened local governments' commitments to TCI's "business unusual" approach, often resulting in additional financial expenditure and further scale up and institutionalization of the proven interventions.

TCI believes that individuals and teams are capable of generating their own solutions, with the coach supplying supportive, experience-based and discovery-based approaches and frameworks. TCI's coaching approach centers on helping others expand their view: to shift from seeing only problems that need to be solved, to recognizing that opportunity is often disguised as obstacles.

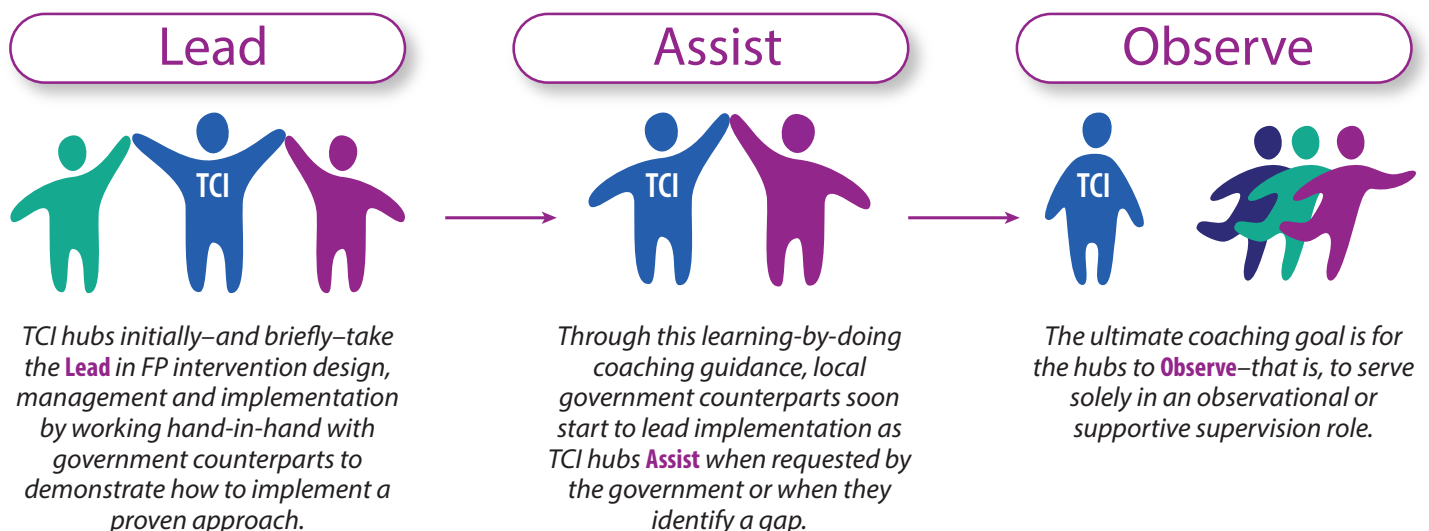| Lead	Assist	Observe
TCI hubs initially–and briefly–take the Lead in FP intervention design, management and implementation by working hand-in-hand with government counterparts to demonstrate how to implement a proven approach.	*Through this learning-by-doing coaching guidance, local government counterparts soon start to lead implementation as TCI hubs Assist when requested by the government or when they identify a gap.*	*The ultimate coaching goal is for the hubs to Observe–that is, to serve solely in an observational or supportive supervision role.*

Figure 2: Lead, Assist, Observe coaching model

Who are the Coaches and Coachees?

TCI provides coaching at the country level with the goal of strengthening capacity of the public sector and non-governmental organizations (NGO) and civil society organization (CSO) staff to sustainably scale up proven interventions.

Individuals with many years of FP and AYSRH program experience serve as TCI coaches to local FP managers and implementers in their respective region, country or city. They provide technical as well as managerial coaching to city-level decision-makers and managers as well as implementers at the facility and community levels. In consultation with TCI, city teams also identify potential managers and implementers to be trained as TCI coaches related to specific proven interventions. These city-level coachees and coaches include:

Political Leaders
Local government leaders who make a political commitment and allocate local resources to strengthen FP and AYSRH programs.
- Most are not FP or AYSRH experts but have come to recognize the development benefits and return on investment of FP and AYSRH. These include mayors, governors and municipal/city/district leaders, among others. Country-level coaches empower political leaders to advocate for funding for FP and AYSRH and the necessary policies to ensure equitable access to quality FP service delivery.

Ministry of Health (MOH) Leadership
Leaders and stakeholders from MOHs and/or health departments, other government departmental units and relevant technical working groups such as those focused on FP, AYSRH, finance/management, health promotion/ health education or primary health care.
- Country-level coaches work with these leaders to ensure policies that promote equitable access to and quality of FP services are translated to lower levels of the health system, especially in poor urban areas, coach them on how to identify untapped resources for proven FP and AYSRH solutions, and how to better coordinate available resources and relevant stakeholders and ensure accountability for political and financial commitments.

Managers
Senior staff with oversight of frontline implementation, including Medical Officers-In-Charge, Nurses-In-Charge/ Matrons, FP/RH Coordinators, FP Nodal Officers, Urban Health Nodal Officers, Health Education Officers, Monitoring and Evaluation Officers and Adolescent Health Officers, among others.
- These coaches lead coordination of efforts across their geographic areas including stepping down coaching to implementers through supportive supervision, master training sessions, on-the-job training sessions and ad-hoc visits. These individuals are not only coached on the proven interventions but also on best practices for managing and monitoring them and how to facilitate diffusion and adaptation of them to non-TCI supported sites.

Implementers
Those at the frontlines of project activities in TCI cities.
- Implementers are likely to be FP, health district, facility-based personnel and even community outreach workers, who need support in adapting and applying TCI proven interventions and tools from TCI-U to implement and strengthen their own urban FP and AYSRH programs.

TCI helps to develop coaches already in the public health system and/or community. They are most often selected by the local government in consultation with TCI. This holistic approach of coaching at all levels has led to the prioritization of FP efforts in TCI-supported cities.

TCI supports:
- Promoting local government buy-in, leadership, and ownership of the program (including dedicated financial resources) in order to move toward sustainability without reliance on external aid

- Providing targeted technical assistance and coaching to local government officials to develop a FP program design and implementation strategy, utilizing the proven approaches on the TCI-U platform to strengthen programs

TCI University: Changing Mindsets, Strengthening Knowledge and Skills

TCI collaborates with the accelerator hubs to provide ongoing coaching and technical guidance to cities and states as they implement proven FP/AYSRH interventions found on TCI University (TCI-U)—an online platform for codifying, adapting, learning and sharing TCI's proven approaches.

TCI-U serves as the key mechanism by which TCI increases the knowledge and skills of the various health system personnel to strengthen local health systems and scale up high-impact best practices. TCI-U does this by supporting the transfer of key knowledge and skills that build on past experiences, and cultivating a culture of learning exchange and iterative improvement. TCI-U is continuous, dynamic learning with the hubs at the center of learning, dissemination and coaching to local government partners.

TCI-U has a global toolkit, an AYSRH toolkit, and a comprehensive toolkit associated with each hub, which is adapted to local context (**see Table 1**). The high-impact interventions included in TCI-U are a combination of what worked under URHI and globally accepted high-impact practices (HIPs) selected by the HIP Partnership of FP2030, IPPF, UNFPA, USAID and WHO.

Coaches use TCI-U's collection of highly synthesized how-to guidance and tools to help cities design and implement the high-impact best practices. Evaluations of URHI found programming that deliberately targeted services and supply, demand generation and advocacy – and ensured they were interconnected – led to significant increases in contraceptive prevalence. As a result, TCI-U toolkits are organized around these three program areas, as well as Essentials (such as effective leadership and governance, and data for decision-making), which are core competencies every FP programmer should know. Other core competencies include health management, coordination, planning and budgeting.

East Africa	Francophone West Africa	India	Nigeria
Hub's key high-impact intervention			
Whole site orientation	*Universal referral*	*Fixed-day static services*	*In-reaches*
High-impact practices			
• *Integrated community outreach* • *Integrated in-reaches* • *Postpartum FP* • *Advocacy for increased support* • *Community health workers* • *Pharmacy engagement*	• *Fixed-day service* • *Demand generation* • *Community health workers* • *Postpartum FP* • *Mass media*	• *Male engagement* • *Urban ASHAs* • *Planning & budgeting* • *Nutrition days and outreach camps*	• *Whole-site orientation* • *72-hour makeovers* • *Advocacy at the sub-national level* • *Mass media* • *Patent & proprietary medicine vendors* • *Social mobilization*

Table 1: TCI high-impact interventions adapted to the local context

RAISE Tool Overview

The Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) Tool was developed to assess the quality and sustainability of TCI's high-impact FP/AYSRH interventions in each implementing city and state. The Tool is meant to be used directly by local government staff, in order to foster ownership and commitment toward sustained, successful FP/AYSRH programs. TCI provides technical coaching to local governments as they move through the RAISE Assessment Process, integrating approaches from TCI-U. Activities key to TCI's success in each city and state include measuring the intensity of FP/AYSRH program implementation, implementing course corrective actions, maintaining quality during rapid scale-up, encouraging local ownership that leads to sustainability, and engaging stakeholders in decision-making in meaningful ways.

The RAISE Tool utilizes a standard set of indicators that consider all these elements and help governments reflect on their implementation progress in four main areas, identified as TCI's Sustainability Scale-Up Pillars (**see Figure 3**).

Local Government Self-Reliance

Pillar 1

Increased Political and Financial Commitment

Illustrative Indicators

Targeted health area funds are committed and budgeted by TCI local governments

Local budget allocations are spent

High-level government officials and other influential leaders make public statements

Dedicated FP budget lines

Pillar 2

Capacity Strengthening (Knowledge and Skills)

Illustrative Indicators

Host city health managers own, design, and implement programs

Host city managers use data for decision-making

Managers and providers implement HIIs with support from TCI-U and coaching

Health personnel implement improved behavior change communication and demand generation activities through TCI-U and coaching

Pillar 3

Institutionalization of HIIs

Illustrative Indicators

TCI's HIIs are incorporated into host city's policies, work plans, national guidelines, and standards

HIIs are implemented according to quality standards

HIIs diffuse to other areas

Pillar 4

Sustained demand

Illustrative Indicators

Community groups and civil society trained in holding government accountable for health expenditures

City annual plans include total market analysis including private sector and NGOs

Community norms support healthy behaviors

Government engages private sector and integrates them into total health systems plan

NGOs/CBOs activities coordinated with government and private sector

Traditional Sustainability Indicators
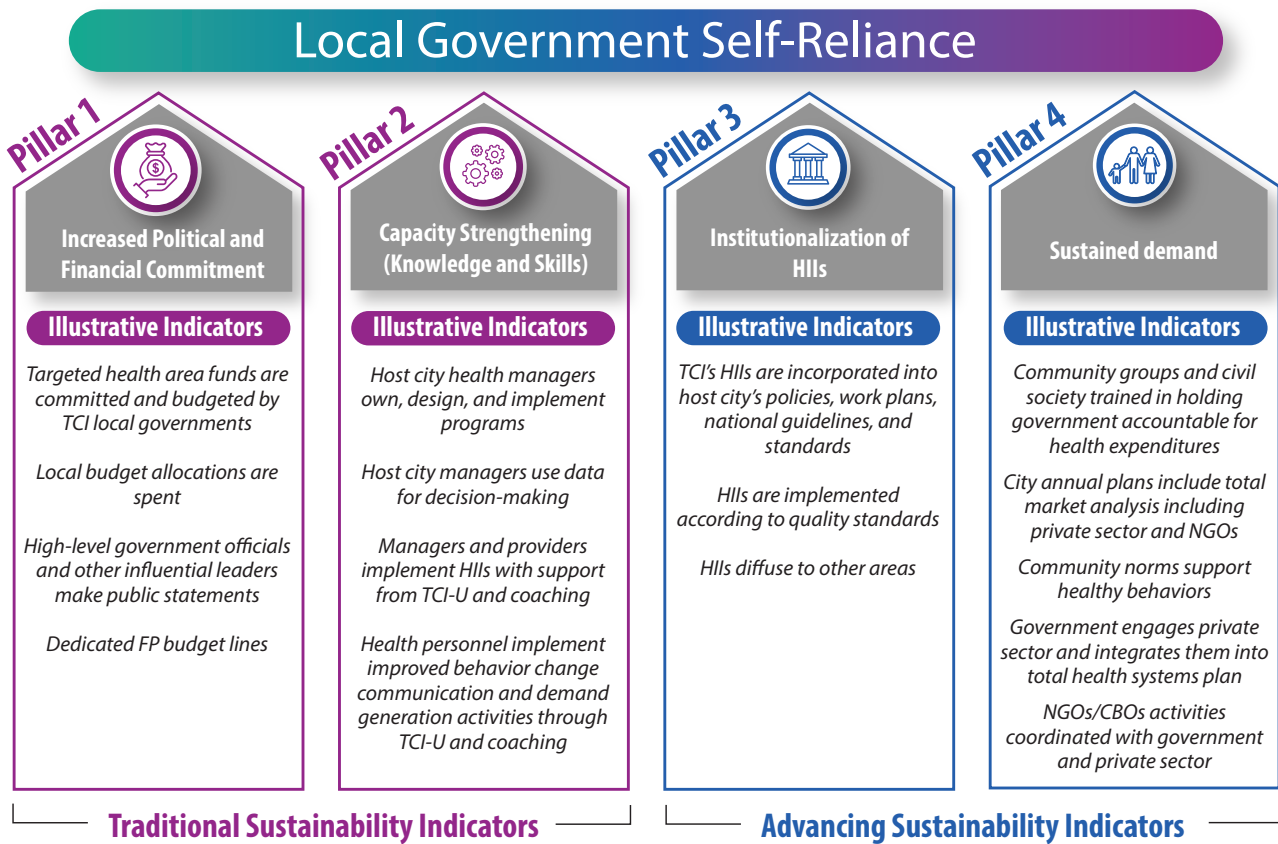
Advancing Sustainability Indicators

Figure 3: TCI's four Sustainability Scale-Up Pillars

Adaptations

RAISE is meant to be adaptable and relevant to other health areas outside of FP/AYSRH and it is encouraged that governments (whether local, state or national) adapt the Tool to their local needs. For instance, this version of RAISE focuses on FP; however, some TCI-supported cities and states have adapted the Tool to be used by governments to assess AYSRH interventions.

Another way that the RAISE Tool can be adapted is through contextualization. Some cities or states that go through the RAISE Process may decide to further develop and contextualize the illustrative indicators under one of the Sustainability Scale-Up Pillars, or add new indicators altogether, based on what is relevant and useful within their health system.

In order to improve audience comprehension and accuracy of the Assessment, cities or states may choose to adapt some of the language in the RAISE Assessment Forms. If translation occurs, teams should review to ensure that translated language maintains the original meaning and can be understood by all participants. TCI country and city program managers should be trained on the adaptation process and oriented to the adaptations made in case other teams within that country decide to implement the RAISE Assessment Process.

The COVID-19 pandemic created the need for teams to adapt to new ways of conducting RAISE Assessments. Teams have used virtual meeting forums to review assessment forms, achieve consensus, and develop action plans. In places where COVID-19-related travel restrictions occurred, coaches/RAISE champions were trained at the county level so they could facilitate assessments instead of waiting for an external facilitator. A virtual RAISE Assessment has some advantages over an in-person meeting, as it is more cost-effective, easier to coordinate, and may fit in to participants' schedules more easily. Teams should review their options and resources and decide whether a virtual or in-person meeting is more appropriate for them.

In mid-2021, the RAISE Assessment forms were adapted into a set of interactive Microsoft Excel worksheets. This will not only make calculating scores easier, it will also make the process of consolidating feedback more efficient. Individual staff can submit their individual assessment Excel form ahead of time to the person/ people responsible for consolidating assessment scores and evidence. They can then produce a summary of the Individual RAISE Assessments prior to the consensus meeting so that meeting can be shortened.

Advantages

RAISE promotes organizational learning, fosters an environment of best-practice sharing and enables local governments to own their improvement plans. By developing and implementing a systemic strategy, it will be easier for local governments to effectively assess and evaluate their FP/AYSRH program interventions in a standardized manner, recommend changes, and take action.

One of the main advantages of the RAISE process is that it bridges governance gaps between municipalities and health systems. Across the 11 countries and 100 local governments that have completed the RAISE process, RAISE has brought together municipal leaders, advisors, and technical agents, as well as health system representatives, youth associations, and religious leaders. Discussions that develop organically through the RAISE process improve coordination and collaboration across stakeholder groups. RAISE helps bring municipality representatives up to speed on what is needed to manage successful FP/AYSRH programs, and simultaneously supports health system representatives to understand the role of the municipality in sustaining FP/AYSRH programs. RAISE gives the opportunity for those who might not normally work together to share their perspectives and learn from each other's experiences. The diversity of representation creates the space for creative thinking, networking, and multi-sectoral support.

For governments new to TCI, RAISE will help TCI determine the commitment of the government, the level of coaching and training needed, and relevant local partners that are integral for program sustainability. For governments already implementing TCI approaches, RAISE will help TCI gauge how the high-impact approaches shared through TCI-U have influenced the local government over time and the likelihood for sustainability when TCI's financial and/or coaching support is eventually phased out. This will also help TCI to rank, recognize, and reward governments, eventually phasing-out or shifting TCI technical assistance from high-performing governments to those that may need more support.

In summary, RAISE helps local governments prioritize what is or is not working, identify where follow-ups are needed, and helps them monitor the success of their FP/AYSRH programs.

How does the RAISE process help local governments?

- It is a critical reminder of what needs to be considered during FP/AYSRH work planning.

- It promotes accountability of various local government staff and leaders.

- It facilitates intentionally planned feedback loops between leader-ship and program management teams.

Feedback from teams that have conducted the RAISE process:

- "The tool helps us to be reminded about what we always forget during work planning and it will help us during work plan review. We have always talked about the importance of some things like mission and values but people never take them seriously. But now that they are captured in the tool, we have assigned a specific person to follow them up."

- "You need to assess yourself on a regular basis and see how far you have gone and what you still need to work on, RAISE helps us to conduct self-analysis that requires reconsideration of who we think we are. RAISE requires us to reassess where we came from and where we are going."

- "I initially thought of the RAISE process as cumbersome, however as we progressed with the assessment seeing the final product, I was very impressed by the expository nature of the findings, they were succinct and empirical, and RAISE is indeed an eye opener."

Local Government Assessment Process

Prospective audience

RAISE was designed to be used by local (e.g. district, city, or state) governments that have: (1) expressed interest in working with TCI, (2) recently started implementing TCI's high-impact approaches, or (3) already been implementing TCI's approaches for a period of time.

Specifically, the RAISE Tool is intended to be used by program managers within the Ministry of Health/Department of Health that are responsible for implementing FP/AYSRH programs. Ideally, the program managers would be part of a larger team working together with staff and leaders from all relevant departments in implementing cities and states. At the very least, the following persons are recommended to participate in the assessment process:

- Officials representing the health sector
- Technical head of the Department of Health
- FP/AYSRH focal persons within the Department of Health
- Health Management Information System focal person
- Finance person handling health sector budgets
- Community focal person
- Members of FP/AYSRH technical working group or project implementation team

Inclusion of lower cadre staff in the development of remediation plans promotes accountability and ownership. Teams planning to go through the RAISE process should be intentional about including representatives from multiple levels of the government. Senior officials should work together with program officers to develop action plans, instead of developing plans at the leadership level and passing them off to program officers for implementation. This is an effective approach because program officers are able to take ownership over the action plans they will be implementing, and enables them to allocate feasible timelines for action plan activities based on their experience. This bottom-up approach increases the likelihood that action plan activities will be adequately resourced and completed according to a realistic timeline.

Structure

The RAISE Self-Assessment Tool is meant to be used during an eight-hour workshop that can either take place over one full working day, or two half days. However, there is pre-workshop preparatory work that should be done to make sure that the workshop is productive and participants are fully engaged. Following the workshop, a post-workshop action plan with specified deliverables and timelines should be implemented and monitored (**see Figure 3**).

Through this reflective Self-Assessment Tool, governments and their stakeholders:

1. Evaluate the quality of TCI-supported interventions
2. Identify key areas in need of strengthening
3. Develop a concrete action plan for improvement
4. Monitor the progress of the action plan
5. Pinpoint program aspects that can serve as models for other TCI cities, states, and government FP/AYSRH programs
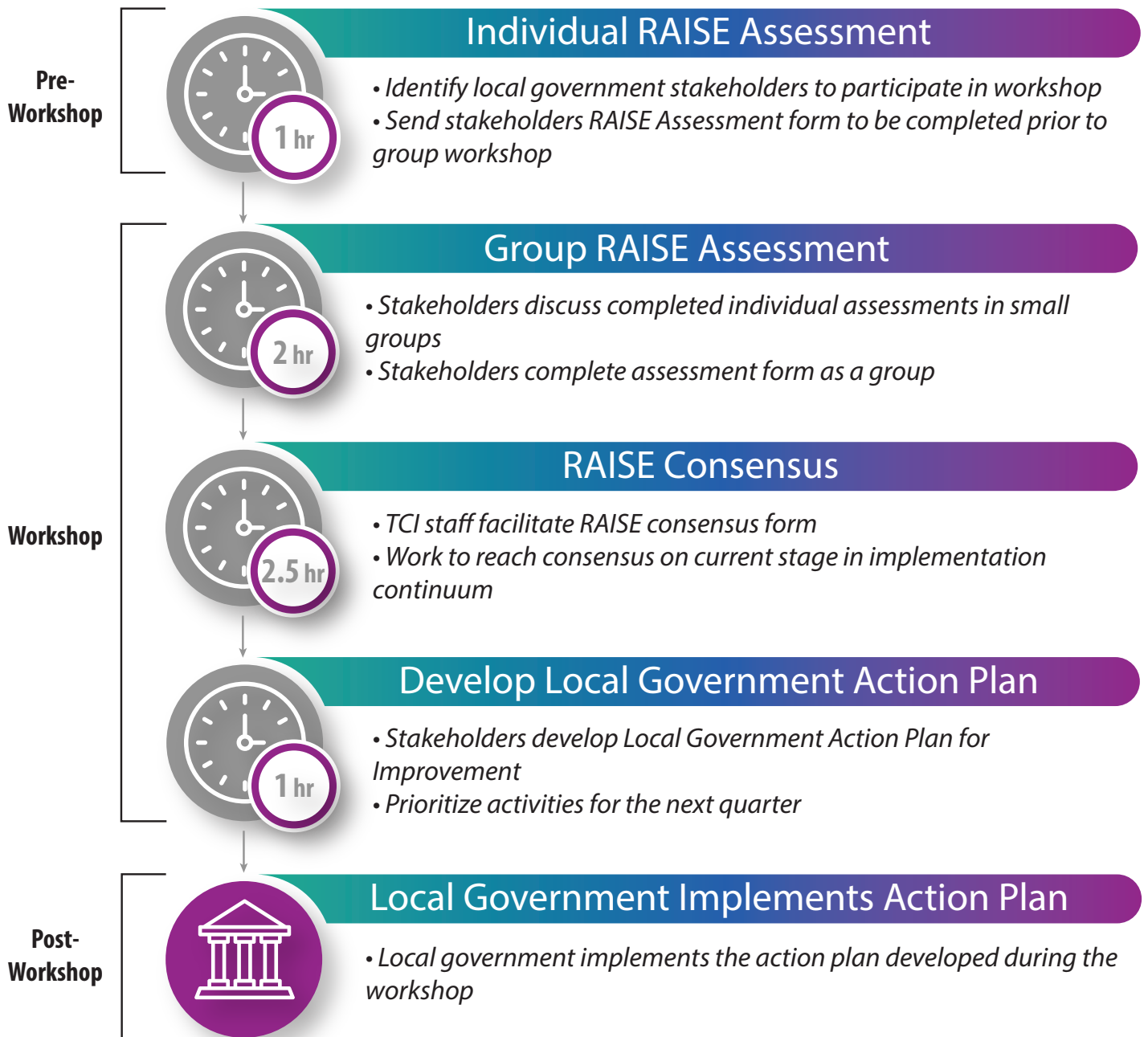
Pre-Workshop

Individual RAISE Assessment
1 hr
- *Identify local government stakeholders to participate in workshop*
- *Send stakeholders RAISE Assessment form to be completed prior to group workshop*

Workshop

Group RAISE Assessment
2 hr
- *Stakeholders discuss completed individual assessments in small groups*
- *Stakeholders complete assessment form as a group*

RAISE Consensus
2.5 hr
- *TCI staff facilitate RAISE consensus form*
- *Work to reach consensus on current stage in implementation continuum*

Develop Local Government Action Plan
1 hr
- *Stakeholders develop Local Government Action Plan for Improvement*
- *Prioritize activities for the next quarter*

Post-Workshop

Local Government Implements Action Plan
- *Local government implements the action plan developed during the workshop*

Figure 3: The process of conducting a TCI RAISE Assessment

Pre-workshop: Individual RAISE Assessment

In this step, the local government stakeholders who need to participate are identified and provided with the RAISE Assessment Form (**see page 12**) to review and complete prior to the group workshop. The form should take no more than one hour to complete. The main purpose of this individual exercise is to familiarize government stakeholders with the tool, encourage self-reflection and ensure that participants come prepared to the workshop.

Workshop: Group RAISE Assessment and Consensus

The one-day workshop is structured into three main activities:

Small group work: Stakeholders first discuss their completed individual assessments in small groups and complete the same assessment form as a small group. This typically takes about two hours. TCI staff help guide the process of completing the RAISE Consensus Form (**see page 12**).

Consensus: The small groups then reconvene for 2.5 hours to reach consensus on what stage they are in along the implementation continuum, noting relevant evidence.

Action planning: Over the last hour, stakeholders develop a Local Government Action Plan for Improvement (**see page 14**) to prioritize activities for the next quarter.

Post-workshop: Implement action plan

After the workshop, the local government implements the action plan developed during the workshop.

Following the initial workshop, it is recommended that the local government organize quarterly workshops of the same format to evaluate progress, identify areas for improvement, and develop a clear action plan for the following quarter. As governments advance in implementation, these meetings may be held on a biannual or as-needed basis. At each subsequent meeting, TCI's role will lessen as government staff owns the process more and more and their assessment scores increase.

Experiences with timing of workshops:

Timing of the RAISE workshops is an important consideration. Experience from one team revealed that combining the RAISE workshops with routinely scheduled meetings improves accountability and facilitates ease of scheduling. Now, their quarterly RAISE workshops take place a day before their quarterly steering committee meetings. This ensures timely conduct of quarterly assessments, best use of stakeholder time, and adequate participation among all stakeholders.

Another issue to consider is that of "RAISE fatigue." By the time multiple rounds of assessments have taken place, there could be noticeable fatigue among the participants. This may mean that assessments are being scheduled too frequently, and teams may not feel that they have sufficient time to address major issues. Some of the issues identified in the assessment process could take several months to address, while the standard is for RAISE assessments to be conducted on a quarterly basis. If this occurs, the frequency of RAISE assessments should be decreased to allow for more time for action plan activities to be completed between assessments and encourage renewed engagement of participants.

While TCI recommends that RAISE assessments be conducted quarterly, it is important to adjust the timing of workshops if that makes sense in your context.

Criteria

The RAISE Tool assesses capacity based on TCI's Sustainable Scale-Up Pillars (**see Figure 2**), focusing mainly on the first three pillars. Within each pillar, TCI utilizes the following criteria to assess local government capacity in FP/AYSRH programs (**see Figure 4**). The criteria for the fourth pillar is mainly assessed through other TCI data collection and monitoring efforts.

Pillar 1

Increased political and financial commitment
1. Mission statement for values
2. Policy and advocacy
3. Financial commitments
4. Financial spending
5. Financial management and documentation of funds

Pillar 2

Capacity (knowledge) transfer of FP/AYSRH skills
1. Leadership for FP/AYSRH interventions
2. Strategies/approaches for FP/AYSRH program
3. Costed operational plan and coordination
4. Continuous quality improvement
5. Health Management Information Systems (HMIS) for FP/AYSRH
6. Use of information for decision-making
7. Referral systems for FP/AYSRH
8. Supportive supervision of interventions
9. Feedback and sharing of FP/AYSRH data and reports

Pillar 3

Institutionalization of TCI's proven approaches at all levels of the health system
1. Access and utilization of TCI-U
2. Coaching on FP/AYSRH
3. Continuous adoption of FP/AYSRH high-impact approaches
4. Implementation of approaches according to quality standards
5. Diffusion of high-impact approaches
6. FP/AYSRH method mix
7. Integration of FP/AYSRH with other health services
8. Contraceptive procurement and logistics management
9. Public-private partnership
10. Community involvement in FP/AYSRH

Pillar 4

Sustained demand through improved attitudes and behaviors towards FP/AYSRH
1. Women (and men) report favorable community attitudes towards contraception
2. Women (and men) personally advocate for FP/AYSRH in their family and community
3. Women (and men) refer relatives/friends to facility for FP/AYSRH
4. Women (and men) intend to use FP in the next 12 months
5. Proportion of modern method users shift from short-acting contraceptive method users to long-acting contraceptive method users
6. Critical mass signifying demand for FP/AYSRH
7. FP/AYSRH outcomes sustained

Figure 4: RAISE Assessment criteria, by pillar/domain

RAISE Assessment Tool

Scoring

After each small group scores all the components under the four domains in the RAISE Form, they will compute the average score for each domain by adding the individual ratings and dividing by the number of components. For example, the first domain has 7 components, so after rating each component from 1 to 4, add those ratings together and divide by 7.

At the end of the assessment, use the Level of Implementation computation form (**see Table 2**) to get the final score. This is determined by weighting each domain and then computing an overall percentage. The criteria for each score are outlined in the tool itself (**see RAISE Assessment Form**).

It is important that supporting evidence is also provided with each score. This may include budgets, monitoring plans, meeting minutes and local government policy documents and reports. Where supporting evidence is not available, the local government entity should provide a justification for the score that they gave.

Capacity Domains	Average Score	Weight	Scoring
	Place your average score for each domain here.	*This signifies the importance, or "weight" assigned to each domain.*	*Multiply the average score by the weight.*
Domain 1		35%	
Domain 2		25%	
Domain 3		25%	
Domain 4		15%	
		TOTAL	
		AVERAGE *(total divided by 4)*	

Table 2: Calculating the level of implementation progress

The number in the purple box above is the average overall score. The local government is ranked according to the levels in **Figure 5** below. Local governments that score between 85-100% will be considered eligible to graduate since they have a high likelihood for long-term FP/AYSRH program sustainability when TCI support is eventually phased out. All local governments evaluated during the assessment period will be ranked based on their scores and the best performing will be rewarded in accordance with TCI's Recognition and Reward Strategy.
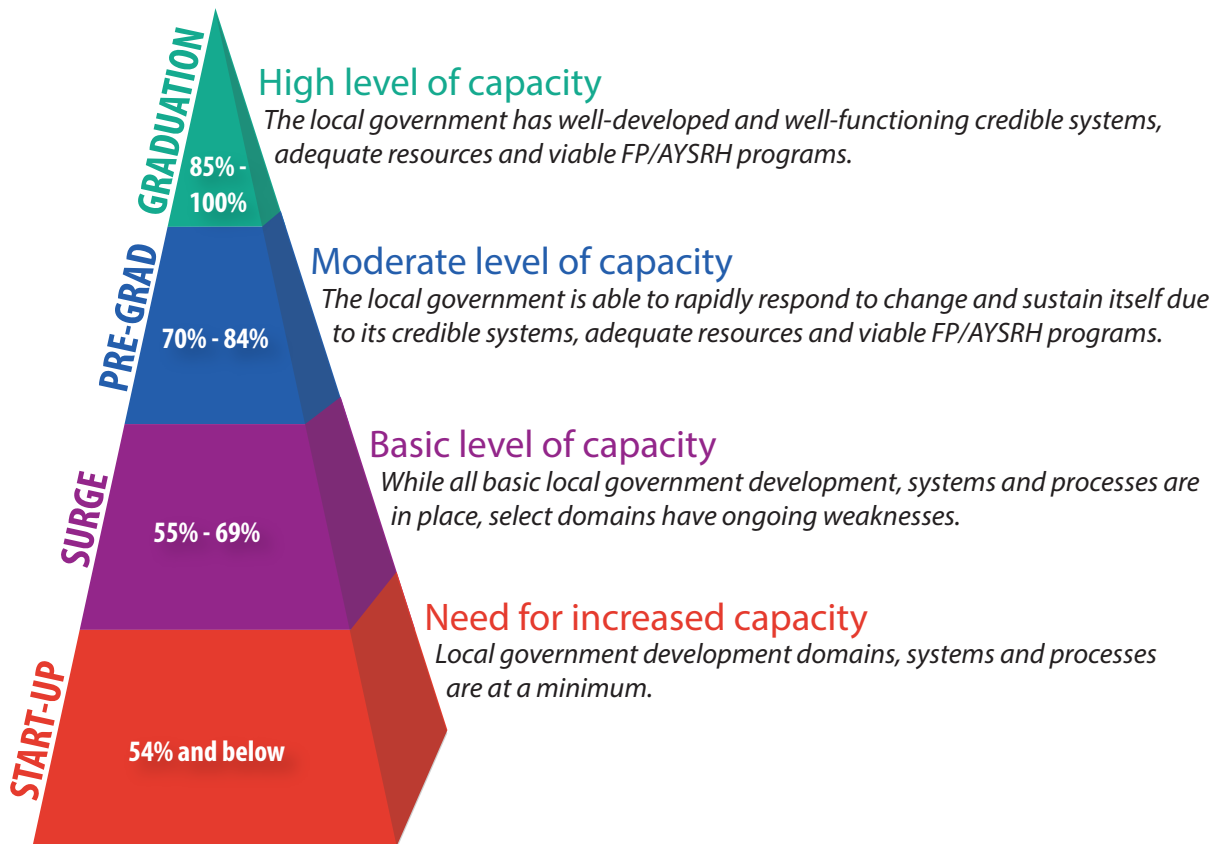
High level of capacity
The local government has well-developed and well-functioning credible systems, adequate resources and viable FP/AYSRH programs.

Moderate level of capacity
The local government is able to rapidly respond to change and sustain itself due to its credible systems, adequate resources and viable FP/AYSRH programs.

Basic level of capacity
While all basic local government development, systems and processes are in place, select domains have ongoing weaknesses.

Need for increased capacity
Local government development domains, systems and processes are at a minimum.

GRADUATION — 85% - 100%
PRE-GRAD — 70% - 84%
SURGE — 55% - 69%
START-UP — 54% and below

Figure 5: Four levels of performance are possible during the RAISE Assessment

Use of RAISE Results

Teams who have gone through the RAISE Assessment process multiple times have reported improvements in stakeholder accountability and overall management of FP/AYSRH programs. Health management teams have said that because of the RAISE process, quality of their FP/AYSRH programs have improved and there is more dedicated focus on health system strengthening, program management, and overcoming coordination barriers.

Strategic dissemination improves use of RAISE by key decision makers. Hub teams have enhanced use of RAISE results through strategic dissemination efforts, supporting cities and states to plan and conduct formal disseminations of their RAISE Assessment report. RAISE results have been escalated to mayors and relevant health sector managers who use findings to make decisions and take timely action.

TCI hub teams have found that systematizing RAISE Assessments has, over time, led to improved buy-in. While initially it was challenging to get all cities and states on board with conducting RAISE Assessments quarterly, it is now becoming a common practice across geographies.

Helpful Tips

- Local government leadership should be involved from the very beginning. Meet with necessary government officials prior to the workshop to update them on the RAISE Assessment Tool's objective. Make sure they are well-aware of the process and give their concurrence to undertake the activity.

- TCI staff should facilitate the initial RAISE Assessment process. To work towards sustainability, TCI staff will progressively transfer facilitation skills to the local government so future assessments are conducted by local government staff with minimal TCI support.

- The RAISE Assessment Tool is meant to be adaptable. If certain criteria are not applicable to your government or in your program context, remove or adapt those criteria so that the tool is relevant and useful.

- Ensure that the relevant stakeholders agree on a list of participants, venue, and date.

- Share an overview of the RAISE Assessment Process and the Individual RAISE Assessment Form before the workshop with the proposed list of participants. Ensure that participants understand that the Individual RAISE Assessment Form should be completed prior to the workshop.

- Facilitators should ask open-ended, probing questions to encourage group discussion during the workshop, and take notes on participant responses. These notes are later used for action planning.

- The final scores are designed to set priorities for the actions and used to judge performance. The local government reviews or adjusts its performance and builds on the suggested actions to define next steps, responsibilities, time frame and possible technical assistance needs.

- TCI can plan its coaching based on which stage a government is in, identifying cities and states that may need more intensive coaching, where coaching needs to shift, and where coaching can start to be phased out.

- The RAISE Assessment Process is iterative and meant to be repeated quarterly. At each workshop, it is important to agree on a time for the next assessment workshop, and to monitor the progress of action items and course corrections in the time between workshops.

- Be sure to tell participants that this assessment is not an end in itself. Rather, it is one step in a significant change process, which requires all staff's commitment to implement the improvements in their day-to-day work.

Workshop Materials and Instructions

Participants will need the following tools for the workshop:

1. RAISE Assessment Form: this will be completed by participants individually prior to the workshop and in small groups during the workshop

2. RAISE Consensus Form

3. Local Government Action Plan Form

RAISE Assessment Form

Individual RAISE Assessment

1 hr

Each participant should be provided with the RAISE Assessment Form prior to the workshop (either electronically or in hard copy).

Instructions for participants:

- Prior to the workshop, you should first familiarize yourself with the Assessment Form so you are prepared to actively participate in the workshop.

- Please complete the Assessment Form individually prior to the workshop, self-assessing the local government's readiness to implement FP programs based on your understanding, experience, and available evidence. The duration for this exercise is 1 hour.

- Review the criteria for each domain and identify what you think is the appropriate rating for the local government, from a scale of 1 to 4. Select your rating of choice from the dropdown menu.

- If you are unsure of the local government's rating for any domain, or you are not involved enough in a domain to give a rating, please leave it blank. You can discuss it with your group during the group work session at the workshop.

- Please list evidence/justification for the rating you select.

- Make sure to bring your individual assessment to the workshop so that you can review it in your group.

Group RAISE Assessment

2 hr

The RAISE Assessment Form will then be completed during the workshop by small groups. Participants review their individual RAISE Assessments as a group, and then complete the RAISE Assessment again as a group. The duration for this exercise is 2 hours.

Instructions for participants:

- Divide workshop participants into three groups based on their local government unit. Each small group should nominate one person to take notes on the RAISE Assessment Form as the other members discuss.

- Your group members should go through your Individual RAISE Assessments, discussing each capacity domain in turn and providing the examples you cited from your personal experience as evidence to support your assessment. Explore any differences in your perceptions, but remember that everyone's viewpoint is equally valid because it represents that person's individual experience.

- After hearing everyone's Assessment scores and evidence for each capacity domain, group members should come to consensus on the level of development that best describes the local government. Select your group's rating of choice from the dropdown menu. All of the characteristics of a given development rating must be present to place the local government at that stage. If any single characteristic is absent, your local government fits into an earlier stage.

- Cite the evidence that all group members agree supports their decision. Record these in the 'Evidence' columns of the table.

RAISE Consensus

2.5 hr

Workshop participants then use the RAISE Consensus Form, working as a group to come to consensus on the level of development that best describes the local government. The duration for this exercise is 2.5 hours. TCI staff will facilitate the consensus process.

Instructions for participants:

- After they have completed their small group assessment, all workshop participants should come together as one group representing their local government.

- The group should nominate one person to take notes on the RAISE Consensus Form.

- Members of each small group (from the previous step, Group RAISE Assessment) state the level of development they chose for each capacity domain. Record the levels chosen under Group 1, Group 2, and Group 3 in the relevant columns.

- In the next column, summarize the evidence presented by all groups.

- Review the levels of development and evidence presented by groups and look for areas of consensus. Record the group's consensus level and consensus evidence in the following columns.

Develop Local Government Action Plan

During this one-hour session, stakeholders develop their Local Government Action Plan for Improvement and prioritize actions for the next quarter.

Instructions for participants:

- Local government members sit together in one group. Using the Local Government Action Plan form, the group reviews the gaps identified during the RAISE Consensus portion of the workshop. These are areas that need strengthening or further development. Pay special attention to components that received a score of 1 or 2.

- The information for the first three columns should be copied from the RAISE Consensus Form.

- In the 'Improvement Activities' column, the group should develop objectives and relevant activities that will address their identified gaps.

- If the local government requires support from TCI staff with the improvement activities, this support should be clearly indicated in the 'Support Needed from TCI' column.

- A responsible focal point person should be identified and assigned to each objective. This person should be noted in the 'LG Staff Responsible' column.

- All activities should have a timeline for implementation. Note the timeline for implementation in the remaining columns.

- The local government focal person for TCI should ensure that the action plan developed is monitored closely and activities proceed according to the timeline. By the time the next RAISE assessment takes place, the TCI focal point should be prepared to share progress on implementation of each of the activities.

References

1. Organizational Capacity Assessment Tool. (2011). Kampala, Uganda: Civil Society Fund.

2. Management and Organizational Sustainability Tool: A Guide for Users and Facilitators, 3rd edition. (2010). Cambridge, MA USA: Management Sciences for Health.

3. New Partners Initiative Technical Assistance (NuPITA) Project. Organizational Capacity Assessment Tool: Facilitator's Copy, For Organizations Funded by USAID. (2009). Boston, MA USA: John Snow, Inc.

4. New Partners Initiative Technical Assistance (NuPITA) Project. Technical Capacity Assessment (TCA) for Family Planning: Participant's Copy. (2014). Boston, MA USA: John Snow, Inc.

5. The Challenge Initiative, TCI University (TCI-U) website. https://tciurbanhealth.org/tci-toolkit-list/.

6. The Challenge Initiative, TCI University (TCI-U) website. How to implement Sisi-kwa-Sisi coaching at the City level. https://tciurbanhealth.org/wp-content/uploads/2017/04/How-to-Implement-Sisi-kwa-Sisi-Coaching-at-the-City-Level.pdf

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