THE CHALLENGE INITIATIVE

RAISE

Reflection and Action to Improve Self-reliance and Effectiveness

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

JULY 2020

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ACRONYMS

AYSRH	Adolescent and Youth Sexual and Reproductive Health
BMGF	Bill & Melinda Gates Foundation
CoP	Community of Practice
FP	Family Planning
HMIS	Health Management Information System
LARC	Long-acting Reversible Contraception
LG	Local government/s
MoH	Ministry of Health
MSC	Most Significant Change
PIT	Project Implementation Team
RAISE	Reflection and Action to Improve Self-reliance and Effectiveness
TCI	The Challenge Initiative
TCI-U	TCI University

BACKGROUND

The Challenge Initiative (TCI), is a "business unusual" approach to financing, scaling up and sustaining reproductive health solutions among women 15-49 years of age in urban poor areas, with a recent additional emphasis on adolescents and youth, newlyweds and first-time parents 15-24 years of age.

TCI builds off evidence from the Bill & Melinda Gates Foundation's $150-million 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 must bring their own resources and political will to the table to access funds from TCI.

TCI does not implement, but rather it works through regional "accelerator hubs" to provide ongoing coaching and technical guidance (Figure 1) to the cities and states as they implement proven interventions found on TCI University – an online platform for codifying, adapting, learning and sharing TCI's proven approaches.

TCI partners with four hubs – Jhpiego in East Africa, IntraHealth in Francophone West Africa, Johns Hopkins Center for Communication Program (CCP) in Nigeria, and Population Services International (PSI) in India – to support the 94 local governments currently implementing. 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 sustain their family planning programs

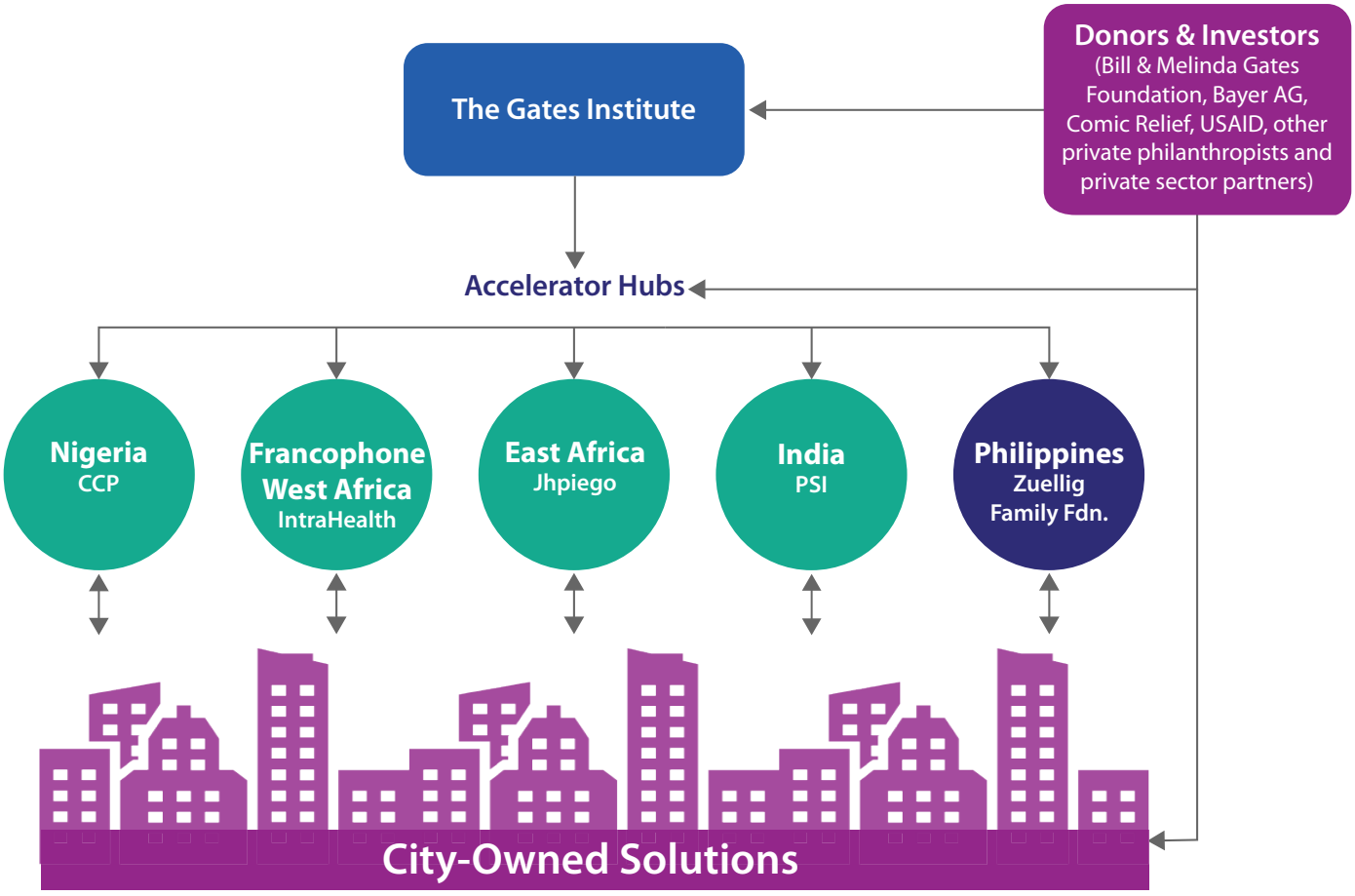

Figure 1: TCI's structure

TCI supports:

- Local government buy-in and leadership and ownership of the program (including dedicated financial resources)
- Targeted technical assistance to the government to develop a program design for family planning with proven solutions, utilizing TCI-U
- Coaching of local government officials in program design and implementation for geographies to scale up tested family planning interventions

RAISE TOOL OVERVIEW

The Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) tool was developed by TCI's East Africa hub to assess the quality and sustainability of TCI's high-impact family planning interventions in each implementing city. Since TCI provides technical coaching to governments as they implement the high-impact approaches found on TCI University, the tool is meant to be used directly by government staff, in partnership with TCI.

Activities key to TCI's success in each city include measuring the intensity of 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. RAISE utilizes a standard set of indicators that consider all these elements and help governments reflect on their implementation progress in four main areas identified in TCI's Sustainable Scale-Up Pillars (Figure 2).

Figure 2: TCI's four sustainability pillars.

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 and government family planning programs

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 family planning program interventions in a standardized manner and to recommend changes.

RAISE is meant to be adaptable to other health areas outside of family planning 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 family planning, however, TCI plans to adapt the tool to be used by governments to assess its adolescent and youth sexual and reproductive health (AYSRH) interventions.

LOCAL GOVERNMENT CAPACITY ASSESSMENT PROCESS

PROSPECTIVE AUDIENCE

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

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. For governments already implementing TCI approaches, it will help TCI gauge how the high-impact approaches have influenced the local government over time and the likelihood for sustainability when TCI's support (i.e., financial and coaching support) is eventually phased out. This will also help TCI to rank, recognize and reward governments, including eventually phasing-out or shifting its technical assistance from high-performing governments to those that may need more support.

RAISE is intended to be used by program managers within the Ministry of Health (MoH)/ Department of Health that are responsible for implementing family planning 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. At the very least, the following persons are recommended to participate in the assessment process:

- Politicians representing the health sector
- Technical head of the Health Department
- Family planning focal persons
- Health Management Information System (HMIS) focal person
- Finance person handling health sector budgets
- Community focal person
- Members of family planning technical working group or its equivalent (e.g., project implementation team)

STRUCTURE

The RAISE self-assessment tool is meant to be used during an eight-hour workshop that can either occur in one-day (9 am–5 pm), or over 2 half days. However, there is also pre-workshop preparation to make sure that the in-person meeting is productive and a post-workshop action plan with specified deliverables and timelines (Figure 3).

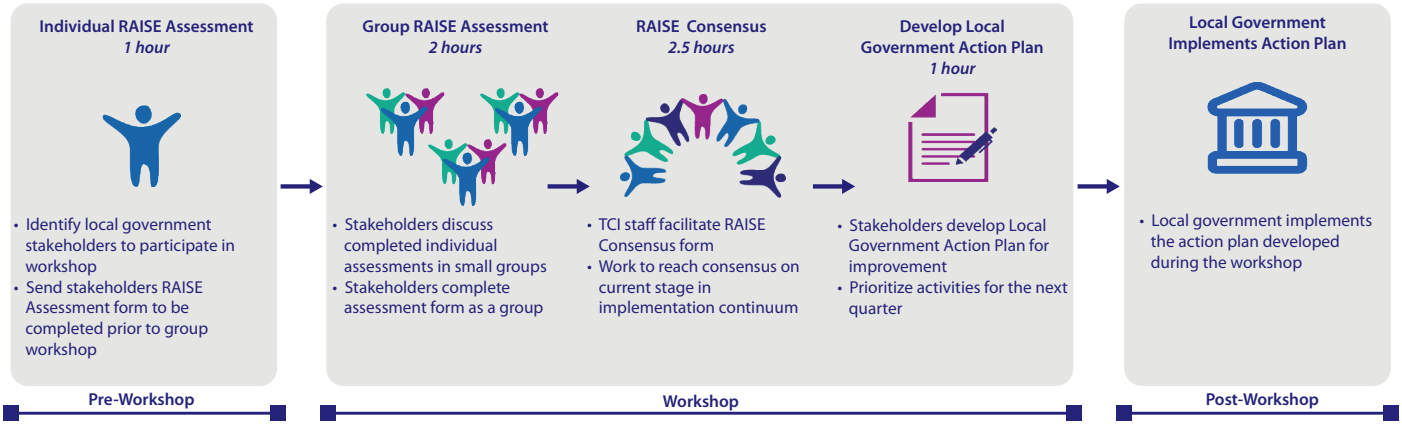

Figure 3: The process for conducting a TCI RAISE Assessment.

1. **Pre-workshop: Individual RAISE assessment**
   In this step, the stakeholders in each local government needed to participate are identified and provided with the RAISE Form (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 staff with the tool, encourage self-reflection and ensure that attendees come prepared to the workshop.
2. **Workshop: Group RAISE consensus assessment**
   The one-day workshop (typically held quarterly) 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 (page 23).
   - 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 – Stakeholders then develop a Local Government Action Plan (page 32) for improvement over the last hour to prioritize activities for the next quarter
3. **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 improvements and develop a clear action plan for the next quarter. As cities 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 own the process and their assessment scores increase.

CRITERIA

This tool assesses capacity based on TCI's Sustainable Scale-Up Pillars (Figure 2) – focusing mainly on the first three pillars. Within each pillar, TCI utilizes the following criteria to assess local government capacity in family planning, while the criteria for the fourth pillar is mainly assessed through other TCI data collection efforts.

I. 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

II. Capacity (Knowledge) Transfer of Family Planning Skills

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

III. Institutionalization of TCI's Proven Approaches at All Levels of the Health System

1. Access and utilization of TCI University
2. Coaching on FP
3. Continuous adaptation of FP high-impact approaches
4. Implementation of approaches according to quality standards
5. Diffusion of high-impact approaches
6. FP method mix
7. Integration of FP with other health services
8. Contraceptive procurement and logistics management
9. Public-private partnership
10. Community involvement in FP

IV. Sustained Demand through Improved Attitudes and Behaviors towards FP

1. Women (and men) report favorable community attitudes toward contraception
2. Women (and men) personally advocate for FP in their family and community
3. Women (and men) refer relatives/ friends to facility for FP
4. Women (and men) intend to use FP in next 12 months
5. Proportion of modern method users shift toward LARC users from short-term methods users
6. Critical mass signifying demand for FP
7. FP outcomes sustained

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 seven 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 (Table 1) 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 page 12). 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.

Table 1: Calculating the level of implementation progress

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 score *(total divided by 4)*	

The number in the purple box is the overall score and the local government is ranked according the levels in Figure 4 below. Local governments that score 85-100% will be eligible for consideration to graduate since they have a high likelihood for long-term sustainability when TCI 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.

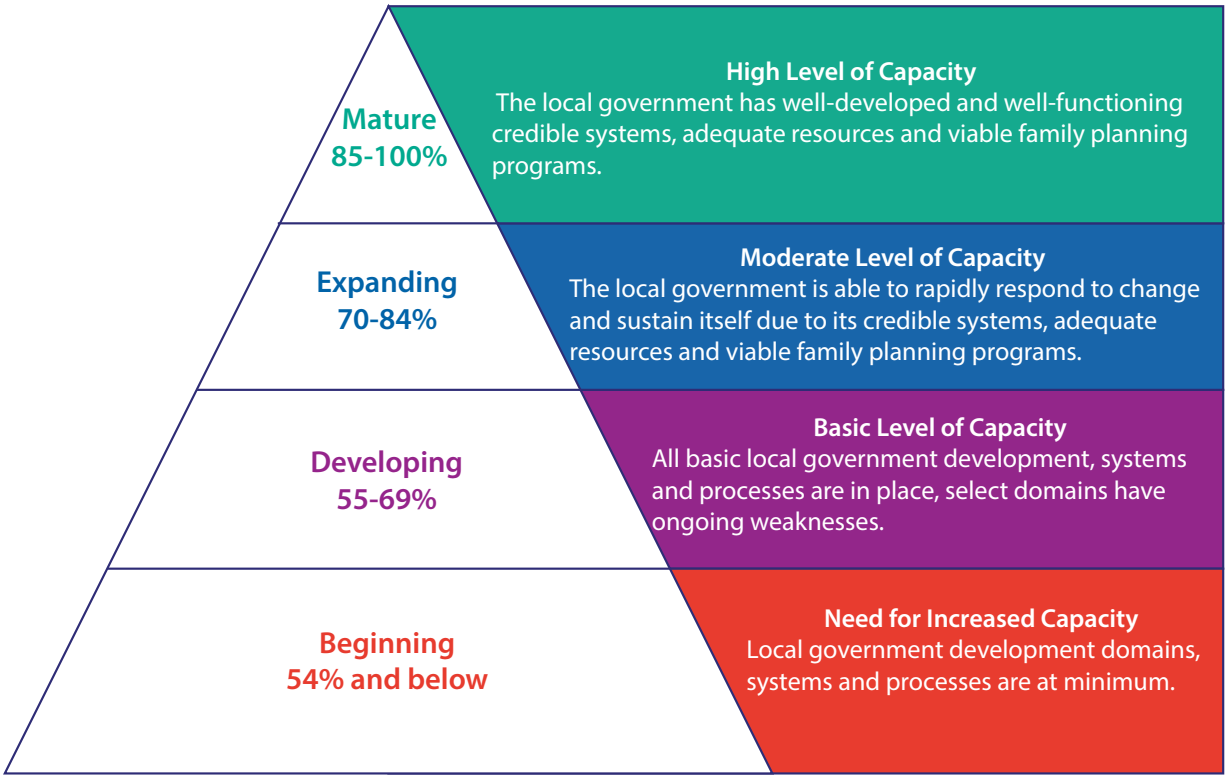

Figure 4: Four levels of performance are possible during the assessment.

HELPFUL TIPS

- Local government leadership should be involved from the very beginning. Meet with necessary government officials early on to update them on the 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 process. To ensure 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.
- RAISE is meant to be adaptable. If certain criteria are not applicable to a government or program, that remove or adapt it so that it makes sense.
- Agree with the relevant stakeholders on a list of participants, venue and date.
- Share an overview of the tool and the individual assessment form before the workshop with the proposed list of participants.
- 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 geographies that may need more intensive coaching and those that may need coaching to shift.
- Since this is work in progress, 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 meantime.
- Be sure to tell participants that this assessment is not an end in itself, but, rather, 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

1. RAISE Form (completed both individually prior to the workshop and as a small group during the workshop)
2. RAISE Consensus Form
3. Local Government Action Plan Form

RAISE FORM

Individual exercise

Each participant should be provided with the form in advance (either electronically or in hard copy) to familiarize themselves with the form and self-assess the local government based on their individual understanding from their experience and available evidence. The form should be completed prior to coming to the meeting. The duration for this exercise is an hour.

Instructions:

- Please use the form to conduct an individual assessment of the local government's readiness to implement the family planning program
- Choose a rating of 1 to 4 based on the criteria listed and circle it
- If you are unsure of or not involved in a component, please leave it blank and discuss it later during group work at the workshop
- Please list evidence for the rating you select
- Bring your individual assessment to the workshop for the next step of group work

Small group consensus exercise

The form will be completed during the meeting by small groups. The duration for this exercise is about two hours. For each capacity domain, group members should come to consensus on the level of development that best describes the local government, citing the evidence that all group members agree supports their decision. Record these in the far-right column of the table.

Instructions:

- Divide workshop participants into three groups per local government. Each small group should nominate one person to take notes on the RAISE Form as the other members discuss.
- Each group should identify the level of development for each capacity domain of their local government while providing examples from their experience, as evidence to support their assessment.
- Members of each group should discuss each capacity domain in turn, exploring any differences in their perceptions.
- Remember that everyone's viewpoint is equally valid because it represents that person's individual experience.
- 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 an earlier stage.
- Circle the current level that best represents the status in your local government and indicate the evidence for that level.

RAISE FORM

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
Domain 1	**Political and Financial Commitment for FP Intervention**					
1.1	**Local Government Mission Statement**[1] *Review the mission statement, its availability, knowledge by staff, reference and how FP/AYSRH programs contribute towards it.*	Mission statement is not available or, if there is one, it is not posted where staff and/or visitors see it regularly (i.e., notice boards, strategic places and walls, etc.)	1			
		Mission statement is posted where staff and/or visitors see it regularly	2			
		Mission statement is known by staff and stakeholders at all levels of health service delivery	3			
		Mission statement is, known and frequently referred to in government materials (i.e., handbooks, strategic and operational plans, etc.) and FP programs contribute to it.	4			
1.2	**Local Government values** *Review the values, availability, knowledge, reference and adherence by staff.*	Values are not posted where staff and/or visitors see them regularly (i.e., notice boards, strategic places and walls, etc.)	1			
		Values are posted where staff and/or visitors see them regularly,	2			
		Values are known and frequently cited by staff and stakeholders at all levels of health service delivery	3			
		Staff are held accountable for adhering to the values	4			
1.3	**Advocacy for FP/** AYSRH *Assess the extent of advocacy and engagement of policy makers to advance the FP needs of the population.*	High-level government officials and other influential leaders are passively, or not advocating for FP/AYSRH in the community.	1	1		
		High-level government officials and other influential leaders are actively advocating for FP/AYSRH in the community	2	2		
		High-level government officials and other influential leaders are making public statements at forums, in media, public events, etc., and visibility is high.	3	3		
		FP/AYSRH issues and priority needs of the community are included in the agenda of high-level LG meetings. LG has adopted and/ or supported policies (laws, regulations, budgets, etc.) that advance FP/AYSRH needs of the community	4	4		

[1] LG Mission Statement may include the mission statement of the Local Authority or the Health Department

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
1.4	**LG financial commitments to FP/ AYSRH intervention** *Determine if the LG commits funds for FP/ AYSRH interventions and this commitment increases each following financial year*	LG inconsistently, or does not, commit and budget funds for FP/AYSRH interventions every financial year.	1	1		
		LG consistently commits and budgets funds for FP/AYSRH interventions every financial year.	2	2		
		LG financial commitment for FP/AYSRH interventions consistently increases every financial year.	3	3		
		LG financial commitment for FP/AYSRH interventions consistently increases every financial year and is in line with community needs .	4	4		
1.5	**Financial spending of LGs on FP/AYSRH interventions** *Determine if LG spends its budgeted allocations for FP/AYSRH interventions, timely avails funds and tracks expenditure*	LG does not release its committed funds for planned FP/ AYSRH activities (for current or most recent FY) on schedule.	1			
		LG releases some of its own committed funds (less than 80% for planned FP/AYSRH activities on schedule as planned.	2			
		LG spends more than 80% of own budgeted allocation for planned FP/AYSRH activities.	3			
		LG spends more than 80% of own budgeted allocation for planned FP/AYSRH activities. Expenditure reports are readily available to the relevant staff implementing FP/AYSRH activities.	4			
1.6	**Financial documentation of FP/ AYSRH funds** *Assess if record keeping is adequate and if financial files are audit ready*	Limited or no written financial documentation procedures for budgeted FP/AYSRH funds.	1	1		
		LG has financial documentation procedures and complete and appropriate financial documentation health activities' funds (including FP/AYSRH)	2	2		
		LG staff involved in implementation of FP/AYSRH activities understand the financial documentation procedures and consistently adhere to them.	3	3		
		Criteria for scores 2 and 3 are fulfilled. In addition, financial documentation files for health activities' funds (including FP/ AYSRH) are regularly updated, stored in a secure location and audited internally.	4	4		

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
1.7	**Financial management system of FP/AYSRH funds** *Assess if financial management system is accurate and reliable*	LG has limited or no designate finance system and staff for managing health sector funds, including FP/AYSRH.	1	1		
		LG has a designate finance system and staff for managing health sector funds, including FP/AYSRH.	2	2		
		The finance system for managing FP/AYSRH funds is consistently adhered to, known and understood by all relevant finance staff.	3	3		
		The LG finance system managing FP/AYSRH funds presents an accurate, complete picture of expenditures, revenue, and cash flow in relation to FP/AYSRH program outputs and services.	4	4		
Average score: Total the ratings for all 7 components for FP and 4 components for AYSRH and divide by 7 (FP) and 4 (AYSRH)			TOTAL	TOTAL	Domain Average score: (FP Average plus AY Average) divide by 2	

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
Domain 2	**Capacity (Knowledge and Skills) Transfer**					
2.1	**Leadership[2] for FP/ AYSRH interventions** *Determine the capacity of the LG's management to lead in the areas of FP/AYSRH*	LG has limited or no identified leadership, or committed members, for FP/AYSRH issues.	1			
		The LG has an identified leadership, or members, with a commitment to FP/AYSRH issues, and leadership members represent key departments.	2			
		The leadership, or committed members, is/are strong with sufficient understanding of their roles and FP/AYSRH issues.	3			
		The leadership, or committed members, is/are providing strategic thinking and direction, planning, implementing and monitoring FP/AYSRH interventions.	4			
2.2	**Strategies/ approaches for FP/ AYSRH program** Assess the ownership and design of FP/AYSRH implementation strategies/ approaches	LG has limited or no defined and documented FP/AYSRH strategies or approaches.	1	1		
		LG has defined and documented FP/AYSRH strategies or approaches that were developed with full participation of all stakeholders, including private sector and community.	2	2		
		LG FP/AYSRH strategies or approaches address the minimum basic package according to national and international requirements, including access and quality of FP services.	3	3		
		LG FP/AYSRH strategies or approaches follow the "20/80 rule[3]" and demonstrate how supply, demand and advocacy reinforce each other.	4	4		
2.3	**Costed implementation plan for FP/AYSRH interventions** *Assess the LG's capacity to effectively implement its costed implementation plans for FP/AYSRH*	The LG operates informally with no clear annual workplan or budget for FP/AYSRH interventions.	1	1		
		The LG has an annual workplan that lists key activities for all program areas, including FP/AYSRH and there is a budget to support the workplan.	2	2		
		The FP/AYSRH workplan and budget were developed with involvement of relevant program staff.	3	3		
		The FP/AYSRH workplans and budgets are reviewed periodically (quarterly/ annually).	4	4		

[2] Leadership includes Project Implementation Team (PIT), Technical Working Groups, etc.
[3] The 20/80 rule" asserts that by focusing on the 20% of work that matters most to your clients, will produce 80% of the project results.

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
2.4a	**Health Management Information Systems (HMIS) for FP** *Completeness: In the last 12 months, what was the **highest** reporting rate? Specify which month it occurred.*	Less than 50% of facilities reported data on FP	1			
		50-70% of facilities reported data on FP	2			
		70-90% of facilities reported data on FP	3			
		More than 90% of facilities reported data on FP	4			
2.4b	**Health Management Information Systems (HMIS) for FP** *Completeness: In the last 12 months, what was the **lowest** reporting rate? Specify which month it occurred.*	Less than 50% of facilities reported data on FP	1			
		50-70% of facilities reported data on FP	2			
		70-90% of facilities reported data on FP	3			
		More than 90% of facilities reported data on FP	4			
2.4c	**Health Management Information Systems (HMIS) for FP** *Timeliness: What was the reporting rate in the reporting month prior to this assessment?*	Less than 50% of facilities reported data on FP	1			
		50-70% of facilities reported data on FP	2			
		70-90% of facilities reported data on FP	3			
		More than 90% of facilities reported data on FP	4			
2.4d	**Health Management Information Systems (HMIS) for FP** *Accuracy: Did HMIS Data Quality Audits (DQAs) take place as scheduled?*	There were no FP DQA efforts	1			
		FP DQA efforts were ad hoc	2			
		FP DQAs were regularly scheduled but not always conducted	3			
		FP DQAs were regularly scheduled and conducted	4			

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
2.5a	**Conduct of FP data review meetings** *Assess the existence of mechanisms for evidence-based problem/ opportunities identification and decision making (e.g., performance review meetings) in the LG*	No meetings were held to review FP data and program progress	1			
		Meetings to review FP data and program progress were held on an ad hoc basis	2			
		Meetings to review FP data and program progress were regularly scheduled but not always held	3			
		Meetings to review FP data and program progress were regularly scheduled and held	4			
2.5b	**Representation in FP data review meetings** *In the performance review meetings conducted in the LG, was there a broad representation of people who produce and utilize data, including key decision-makers?*	No meetings were held to review FP data and program progress	1			
		In meetings held, participants were mainly data producers and limited representation of data users	2			
		In meetings held, there was good representation of participants from both data producers and data users, but not key decision-makers	3			
		In meetings held, there was good representation of participants from both data producers and data users, including key decision-makers	4			
2.5c	**Quality of FP data review meetings** *In the performance review meetings conducted in the LG, were programmatic implications adequately discussed?*	No meetings were held to review FP data and program progress	1			
		In meetings held, programmatic implications were not discussed	2			
		In meetings held, programmatic implications were discussed, but not adequately	3			
		In meetings held, programmatic implications were adequately discussed	4			

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
2.6	**Usage of data to inform decision-making** *Assess the extent to which data is utilized in decision-making processes*	Important decisions on FP/AYSRH were *almost always* made without first reviewing the relevant data	1	1		
		Important decisions on FP/AYSRH were *usually* made without first reviewing the relevant data	2	2		
		Important decisions on FP/AYSRH were *sometimes* made without first reviewing the relevant data	3	3		
		Important decisions on FP/AYSRH were *rarely made* without first reviewing the relevant data	4	4		
2.7	**Facility-to-Facility Referral systems for FP/AYSRH** *Assess the LG's ability to ensure provision of comprehensive FP/AYSRH services to clients through effective facility-to-facility referral systems*	The LG has no documented inter-facility[4] referral systems for FP/AYSRH services available at all health service delivery points (health facilities and community)	1	1		
		The LG has functional FP referral systems for both community-to-facility, and inter-facility referrals.	2	2		
		LG Staff and volunteers (where applicable) have been trained on how to make effective referrals and relevant tools are available in adequate quantities.	3	3		
		The LG periodically evaluates/ verifies that services were received and collects any feedback from clients. The approach is documented and updated and can be shared as a model/ resource.	4	4		
2.8	**Supportive supervision of FP/AYSRH interventions** *Establish the effectiveness of the FP/AYSRH support supervision structure.*	There is limited or no supervisory plan and structure for FP/AYSRH implementation.	1			
		A supervisory plan, structure and process exists for FP/AYSRH implementation that include regular (monthly or quarterly) supervisory visits for commodities/logistics, health promotion/ community mobilization, and service delivery.	2			
		FP/AYSRH supervisory tools are available in adequate quantities and supervisors are trained on their use.	3			
		LG conducts regular supportive supervision and recommendations from the supervision are used to improve FP/AYSRH services.	4			

[4] Inter-facility referral system connects clients to a broad range of FP services not offered by some health facilities.

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
2.9	**Access and utilization of TCI University** *Determine the level of access and utilization of TCI University by LG staff*	Less than 15% of the total expected [5] LG staff are registered in TCI-U and most have completed less than five online courses on TCI-U FP/AYSRH proven approaches and received a certificate.	1			
		More than 50% of the total expected LG staff are registered in TCI-U, and have completed at least five online courses on TCI-U FP/AYSRH proven approaches and received a certificate; staff submit an average of 3-5 posts per month on TCI-U COP.	2			
		Less than 50% of expected LG staff can name at least 5 FP/AYSRH proven approaches and accompanying activities; Staff submit an average of 5+ posts per month on TCI-U COP.	3			
		More than 50% of expected LG staff can name at least 5 FP/AYSRH proven approaches and accompanying activities; Aware of the 3 components of a successful FP/AYSRH program (service delivery, demand generation, and advocacy/enabling environment).	4			
2.10	**Coaching on FP/AYSRH** *Assess the relevance and effectiveness of coaching conducted by the LG*	The LG has limited, or no trained coaches with appropriate technical expertise to conduct coaching on FP/AYSRH.	1	1		
		The LG has trained coaches with appropriate technical expertise and skills who conduct coaching and mentoring of staff and volunteers on FP/AYSRH based on work plan (for planned coaching), or coaching request from staff (on-demand coaching). Guidelines and IEC materials are availed to coachees during coaching sessions.	2	2		
		Coachees' acquisition of new skills is reinforced after the coaching session has ended and areas of further support identified through action planning, and setting of measures of progress.	3	3		
		Coachings are periodically evaluated for their relevance and effectiveness and curricular or tools are updated based on findings and identified additional learning needs.	4	4		
Average score: Total the ratings for all 15 components for FP and 5 components for AYSRH and divide by 15 (FP) and 5 (AYSRH)			TOTAL	TOTAL	Domain Average score: (FP Average plus AY Average) divide by 2	

[5] Expected users of TCI-U at LG include staff at all levels (community, sub-county, district, county, regional) involved in implementation of the TCI program at the LG

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
Domain 3	**Institutionalization of TCI Proven Approaches at All Levels of the Health System**					
3.1	**Adaptation and adoption of FP/AYSRH proven high impact approaches** *Determine whether the LG has adapted FP/AYSRH proven high impact approaches*	FP/AYSRH proven high impact approaches have not been incorporated into the LG policies, or workplans, guidelines and standards.	1	1		
		At least 1 to 2 FP/AYSRH proven high impact approaches have been incorporated into the LG policies, or workplans, guidelines and standards.	2	2		
		At least 3-5 FP/AYSRH proven high impact approaches have been incorporated into the LG policies, or workplans, guidelines and standards.	3	3		
		More than 5 FP/AYSRH proven high impact approaches have been incorporated into the LG policies, or workplans, guidelines and standards and reflect data-informed priorities in advocacy, service delivery, or demand generation.	4	4		
3.2	**Implementation of FP/AYSRH proven high impact approaches according to quality standards** *Determine if FP/AYSRH proven high impact approaches are implemented according to quality standards and guidelines*	The LG has no guiding manual of FP/AYSRH services, or uses a manual that is out-of-date, or is not up to international evidence-based standards.	1	1		
		LG has an up-to-date guiding manual for FP/AYSRH services that is consistent to the extent possible with national and international evidence-based standards.	2	2		
		FP/AYSRH service providers, including volunteers, have been oriented to the FP/AYSRH guidelines and copies have been made available.	3	3		
		A system exists to verify providers' compliance with the guidelines and to provide targeted on-site knowledge and skill updates as needed. Compliance monitoring reports are available.	4	4		
3.3	**Scale up and diffusion of FP/AYSRH proven high-impact approaches** *Determine existence of diffusion and scale up of FP/AYSRH proven high impact approaches*	FP/AYSRH proven high impact approaches are not implemented by non-TCI directly supported health facilites and communities.	1	1		
		FP/AYSRH proven high impact approaches are implemented by health facilities and communities not directly supported by TCI-funded program.	2	2		
		FP/AYSRH proven high impact approaches are implemented by LG implementing partners not directly supported by TCI-funded program.	3	3		
		FP/AYSRH proven high impact approaches are implemented by other neighboring LGs not directly supported by TCI-funded program.	4	4		

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
3.4	**Integration of FP with other health services** *Determine if service providers integrate FP services with other health services*	None of the supported health facilities provide FP/AYSRH services integrated with at least one other health service (e.g. immunization, HIV/ AIDS, etc.).	1	1		
		In addition to the designated FP service points, FP services are provided together with at least one other health service (e.g. immunization, HIV/AIDS, etc.) delivered at a non FP designated service point in the health facilities.	2	2		
		Providers at all service delivery points integrating FP services have been trained to offer FP services (information and counselling).	3	3		
		50% or more supported health facilities provide FP services integrated with at least one other health service (e.g. immunization, HIV/ AIDS, etc.).	4	4		
3.5	**Contraceptive procurement and logistics management** *Determine that the LG follows effective procurement and logistics procedures for FP/AYSRH*	LG has a basic or no system for procuring, storing and distributing contraceptives.	1			
		LG has an established procurement and logistics management system that adequately plans for and forecasts current and future commodity needs.	2			
		Contraceptive supplies are stored in safe, secure places, protected from excessive heat, cold, and humidity. A functioning inventory system exists that records all incoming and outgoing stock. Staff have been trained to use the system.	3			
		Trained staff consistently use the supply system to forecast future requirements, reduce gaps, keep all service delivery points adequately supplied and prevent stock outs. Less than 10% of health facilities providing FP services reporting stock outs of contraceptives.	4			
3.6	**Public-private partnership** *Determine if the LG has a mechanism for involving both the public and private sectors in FP/AYSRH program planning, implementation and monitoring*	Public-private sector meetings held irregularly or not at all.	1			
		Public-private sector meetings held regularly as scheduled, and all relevant private sector members are represented in these meetings.	2			
		During meetings, members share plans and review performance data, and use data to inform their decision-making.	3			
		All members feel ownership in taking action to advance FP/ AYSRH activities, including advocating for FP/AYSRH in the community and there is coordination of efforts.	4			

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
3.7	**Adolescent & Youth Friendly Services** *Determine if the LG regularly assesses the quality of AYSRH services provided at the facility-level*	The LG does not have an adolescent and youth friendly services (AYFS) checklist to monitor the quality of services provided at health facilities		1		
		The LG has a youth-friendly services checklist based on national or global AYFS standards		2		
		The LG uses the youth-friendly services checklist to assess health facilities on a pre-determined basis (quarterly, bi-annually, annually) and has determined which facilities can be considered AYFS. Government has a goal for the number of health facilities designated AYFS and has shown commitment to reaching this goal.		3		
		The LG continually reaches or exceeds its target for the number of health facilities designated as AYFS. Government uses the AYFS checklist and age-disaggregated data to prioritize quality improvement interventions in low-performing facilities and the sharing of knowledge/best practices from high-performing facilities.		4		
Average score: Total the ratings for all 6 components for FP and 5 components for AYSRH and divide by 6 (FP) and 5 (AYSRH)			TOTAL	TOTAL	Domain Average score: (FP Average plus AY Average) divide by 2	

Domain	Component	Criteria	Rating		Evidence	
			FP	AY	FP Evidence	AY Evidence
Domain 4	**Sustained Impact through Improved Attitudes and Behaviors towards FP**					
4.1	**FP method mix** *Determine that the LG provides comprehensive quality FP services to clients, including method mix*	The LG has limited, or no staff or volunteers trained to provide FP method mix.	**1**	**1**		
		The LG has sufficient staff and/or volunteers trained to provide FP method mix that is client-centered and confidential.	**2**	**2**		
		Trained staff and/or volunteers present accurate information about a broad range of FP choices, and help clients make free and voluntary decisions about the available contraceptive options. The trained FP service providers use visual aids (flipchart, brochures, contraceptive samples, etc.) where available.	**3**	**3**		
		A supportive supervision system exists to verify providers' compliance with guidelines and to provide targeted on-site knowledge and skill updates as needed. Most (90%) FP facilities offer a method mix (3-5 methods).	**4**	**4**		
4.2	**Community involvement in FP/ AYSRH** *Determine the extent to which the LG's FP/ AYSRH programs reflect community needs and values, ensuring systematic demand generation*	The LG provides limited or no opportunities for the community to participate in its FP/AYSRH activities.	**1**	**1**		
		The LG informs the community about its FP/AYSRH interventions.	**2**	**2**		
		The LG involves community volunteers in FP/AYSRH program activities.	**3**	**3**		
		The LG seeks community involvement and feedback in shaping FP/AYSRH program activities.	**4**	**4**		
Average score: Total the ratings for both components for FP and both components for AYSRH and divide each by 2.			TOTAL	TOTAL	Domain Average score: (FP Average plus AY Average) divide by 2	

Domain	Score	Weighted score	Total Score	Grading
Domain 1				85-100% = Mature 70-84% = Expanding 55 - 69% = Developing <54% = Beginning
Domain 2				
Domain 3				
Domain 4				
Total				

RAISE CONSENSUS FORM

This form is completed in-person during the meeting. The duration for this exercise is 2.5 hours. For each capacity domain, the workshop members should come to consensus on the level of development that best describes the local government, citing the evidence that all workshop members agree supports their decision. Record these in the far-right column of the table

Instructions:

1. Place all workshop participants into one group representing their local government after they have completed their small group assessment.
2. The local government group should nominate one person to take notes on the RAISE Consensus Form as the members of each small group state the level of development they chose for each capacity area, along with the evidence for that decision.
3. Use the central section of the form, under each group number, record the level of development that group selected.
4. In the larger white space beneath the group numbers and individual levels, summarize the evidence presented by all groups.
5. For each capacity domain, local government staff should come to consensus on the level of development that best describes their geography, citing one or two pieces of evidence that all members agree supports their decision. Record these in the far right column of the table.

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.1 Local Government Mission Statement				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.2 Local Government values				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.3 Advocacy for FP				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.4 LG financial commitments to FP interventions				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.5 Financial spending of LGs on FP interventions				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.6 Financial documentation of FP funds				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
1.7 Financial management system of FP funds				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.1 Leadership for FP interventions				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.2 Strategies/ approaches for FP/ program				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.3 Costed implementation plan for FP interventions				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.4 Health Management Information Systems (HMIS) for FP				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.5 Use of information for decision-making				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.6 Supportive supervision of FP interventions				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.7 Feedback and sharing of FP data and reports				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.8 Access and utilization of TCI University				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
2.9 Coaching on FP				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.1 Adaptation and adoption of FP proven high impact approaches				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.2 Implementation of FP proven high impact approaches according to quality standards				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.3 Scale up and diffusion of FP proven high impact approaches				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.4 Integration of FP with other health services				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.5 Contraceptive Procurement and Logistics Management				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.6 Public-Private Partnership				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
3.7 Community involvement in FP				
	Small Group Evidence			Consensus Evidence

Component	Group 1	Group 2	Group 3	LG Consensus
	Small Group Level Selected			Consensus Level
4.1 FP method mix				
	Small Group Evidence			Consensus Evidence

LOCAL GOVERNMENT ACTION PLAN FORM

Using this form, the group identifies the gaps identified during the assessment (preference given to components that received a score of 1 or 2).

Instructions:

1. Make as many copies of this form as are needed to encompass all the improvement objectives in the action plan.
2. Local government members sit together in one group. Using the findings in the RAISE Consensus Form, they identify areas that need strengthening or further development.
3. The information for the first three columns should be copied from the LG RAISE Consensus Form.
4. Local government members should develop objectives that will lead to improvement of their performance, as well as relevant activities.
5. A responsible focal point person should be identified and assigned to each objective
6. All activities should have a timeline for implementation
7. If the local government requires support from TCI staff, it should be clearly indicated in the form.
8. The local government focal person for TCI should ensure that the action plan developed is implemented before the next assessment

Sub-component	Consensus Current Level	Current Gaps	Improvement Activities	Support Needed from TCI	LG Staff Responsible	Timeline											
						Quarter 1			Quarter 2			Quarter 3			Quarter 4		
						1	2	3	4	5	6	7	8	9	10	11	12

Sub-component	Consensus Current Level	Current Gaps	Improvement Activities	Support Needed from TCI	LG Staff Responsible	Timeline											
						Quarter 1			Quarter 2			Quarter 3			Quarter 4		
						1	2	3	4	5	6	7	8	9	10	11	12

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