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Assessing the Sindh Government's Responsiveness to Family Planning Interventions Using the Challenge Initiative (TCI)'s Innovative Reflection and Action Tool

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Abstract

Background: The Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) tool is a management framework incorporating a responsive feedback (RF) mechanism to assess and strengthen government self-reliance in delivering high-impact interventions. It comprises six domains aligned with the World Health Organization's (WHO) Six Building Blocks of Health Systems.

Methodology: This study, conducted from September 2022 to December 2024 in eight urban districts of Sindh, involved seven assessment cycles. The RAISE tool was adapted to the local context and applied to four domains: Political and Financial Commitment, Capacity Strengthening, Institutionalization of Proven Approaches, and Sustained Demand. A structured multiphase process guided the assessment, including pre-workshop reviews, small-group evaluations, large-group discussions, action plan formulation, and follow-up monitoring in collaboration with local government and stakeholders.

Results: At baseline, all districts were at Stage 1, with an average score of 30%. Across seven assessment rounds, substantial improvements were recorded across health system building blocks, with notable gains in leadership, governance, commitment, and financial systems. Persistent challenges were identified in supervision and community engagement. By the end, all districts progressed to the Stage 3 (Expanding phase), surpassing 70 percent indicating improved sustainability in family planning programs.

Conclusion: The RAISE tool effectively enhanced family planning interventions and government responsiveness in Sindh, promoting continuous improvement and evidence-based decision-making. Future efforts should address persistent service delivery gaps and explore the tool's scalability to other regions.

Keywords: Family planning interventions; Reflection and Action; RAISE tool

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Introduction

The Challenge Initiative (TCI) is a global platform currently active in 13 countries across Africa and Asia, centrally-managed by the Johns Hopkins Bloomberg School of Public Health (1–4). In Pakistan, Greenstar Social Marketing has been leading the implementation of high-impact interventions (HIIs) since June 2022. The selected HIIs focus on enhancing service delivery, demand generation, and advocacy for modern family planning. Under service delivery, Pakistan has adopted seven key HIIs: 1: Integrated In-reaches – Facility-based days dedicated to providing family planning services. 2: Integrated Out-reaches – Contraceptive services offered through outreach vans and satellite camps. 3: Family Planning Integration – Incorporating modern family planning services into other healthcare areas such as vaccination or disease prevention. 4: Postpartum Family Planning – Providing contraception to women following childbirth. 5: On-the-Job Training – Senior medical professionals providing hands-on training to field staff in contraceptive counseling and services. 6: Whole Site Orientation – Facility-wide training for all staff, including support

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personnel, on modern family planning methods to improve client assistance. 7: Facility Makeover – Renovation of healthcare facilities, financially supported by TCI.

For demand generation, the primary HII is the involvement of Community Health Workers—either by training government health workers in social mobilization for modern contraception or recruiting community health volunteers (CHVs) for the same purpose.

TCI's three-year implementation in Sindh began in September 2022, districts Hyderabad and seven districts of Karachi (Central, East, South, West, Korangi, and Malir) initiated implementation of HIIs, followed by Keamari in May 2023, after its designation as a separate district in March 2023 (5).

TCI partners with the Department of Health (DoH) and the Population Welfare Department (PWD) in Sindh to support achievement of FP2030 commitments by sustainably scaling up high-impact interventions. TCI has been actively working to strengthen family planning interventions in Pakistan, among which the Reflection and Action to Improve Self-reliance and Effectiveness (RAISE) tool is one of its key initiatives, structured to evaluate the responsiveness of government and self-reliance in the implementation of Family Planning interventions (6,7).

This study aims to assess the Sindh government's responsiveness to Family Planning interventions using The Challenge Initiative's innovative reflection and action tool by analyzing data from seven rounds of assessments. By reviewing the effectiveness of the RAISE tool, the study has identified the family planning program improvements for sustainability in service delivery. This study will give insights into how local government can help improve reproductive health strategies and make an impact.

RAISE Tool:

RAISE is a management and organization tool that utilizes a responsive feedback (RF) mechanism to review and enhance the government's self-reliance in implementing and institutionalizing high-impact interventions (6,7). Akin to the Delphi method, the RF mechanism banks on a framework that integrates feedback, continuous learning, and engagement of key stakeholders for reviewing programs to improve performance (7,8). With the incorporation of these principles, the initial RAISE tool having 31 indicators was based on four key pillars representing the four key domains of measurement: 1) Political and Financial Commitment, 2) Capacity Strengthening, 3) Institutionalization of Proven Approaches, and 4) Sustained Demand. This tool was rolled out on quarterly basis covering five rounds from September 2022 to December 2023. However, as to make the tool more robust, comprehensive rounds of technical discussions were held which were participated by all six hubs of TCI global implementation. Resultantly, the tool was linked to six building blocks of Health System Strengthening (HSS), it was made more compact and was shortened to 19 indicators, as some of the indicators got merged to reduce any redundancy. The six building blocks of HSS are as under: 1) Leadership and Governance, 2) Financing, 3) Supplies, 4) Health Information System, 5) Health Workforce, 6) Service Delivery as shown in Figure 1.

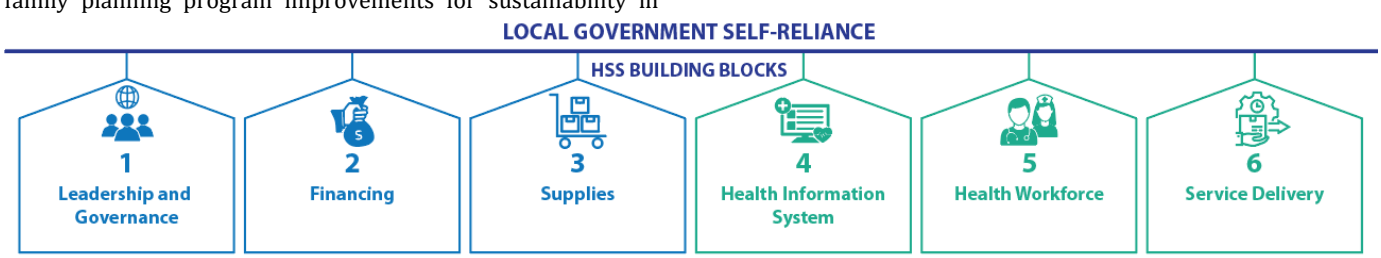

Figure 1: RAISE HSS Building Block (7)

In the revised RAISE tool, each HSS building block is operationalized as below:

The first HSS block of Leadership & Governance consists of five indicators that covers leadership, advocacy, public private partnership, community engagement and youth engagement in family planning and implementation. This first building block is given a weightage of 17.5 percent in the calculation of the RAISE score. The second HSS building block is Financing which consists of four indicators that focuses on financial commitments, spending, financial management and costed implementation plan. The second building block is given a weightage of 17.5 percent in the calculation of the RAISE score. The third HSS building block is Supplies which covers only one indicator of commodity security with 10 percent weightage in the calculation of the RAISE score. The fourth HSS building block is Health Information System which consists of four indicators focused on Health Management Information System data completeness and timeliness, data review meetings and usage of data to inform decision-making. This building block is given a weightage of 17.5 percent in the calculation of the RAISE score. Fifth HSS building block is Health Workforce which consists of four indicators and focused on trained family planning health workforce, quality of coaching, utilization of TCI resources, and supportive supervision for government staff. This building block is given a weightage of 17.5 percent in the calculation of the RAISE score. Sixth HSS building block is Service Delivery which consists of four indicators and that covers TCI HIIs' adaptation and implementation. This building block is given a weightage of 20 percent in the calculation of the RAISE score.

Each indicator is assessed on a scale of one to four with one being the minimum score and four being the maximum score, and an average score is calculated for each building block/domain. The average score for each building block/domain is subsequently multiplied by the assigned weightage to obtain a weighted average score. Lastly, an overall percentage RAISE score is extracted by calculating the average of the weighted averages for each building block/domain.

The interpretation of the overall score RAISE is shown below in Figure 2. RAISE scores of 54 percent and below are categorized as "Beginning" indicating that the local government is in the earliest stages of self-reliance with the development needed for government systems and processes (6,7). Scores in the range of 55 to 69 percent are categorized as "Developing" indicating that development is ongoing with there being certain areas of improvement in each domain (6,7). Scores in the range of 70 to 84 percent are categorized as "Expanding" indicating the government's responsiveness and potential for sustaining high-impact family planning interventions (6,7). Furthermore, scores in the range of 85 to 100 percent are categorized as "Mature" indicating the government's well-developed systems and resources for family planning programming (6,7).

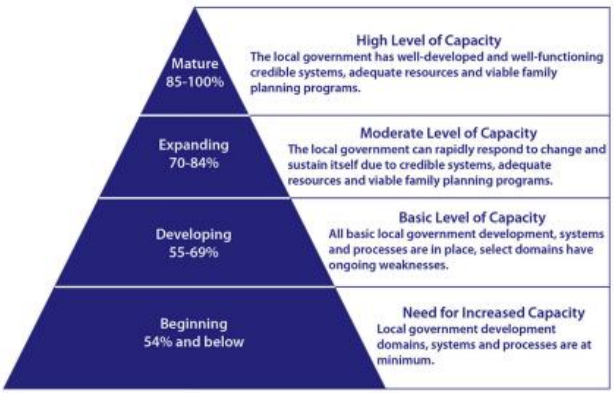

Figure 2: RAISE Ranking Levels (6,7)

Methodology

This study was conducted in Sindh to assess the effectiveness of the RAISE tool and was implemented from September 2022 to December 2024 completing seven rounds of RAISE assessments. The tool alongside the TCI intervention was implemented in eight districts of Sindh, namely, Karachi Central, Karachi East, Karachi West, Karachi South, Malir, Korangi, Keamari, and Hyderabad. Since TCI program is focused on urban districts, the eight districts with the highest urban population were selected for implementation.

Table 1: RAISE Participant and Sessions July 2022 to Dec 2024

		First Assessment	Second Assessment	Third Assessment	Fourth Assessment	Fifth Assessment	Sixth Assessment	Seventh Assessment
#	Cadres	Jul - Sep '22	Oct - Dec '22	Jan - Mar '23	Apr - Jun '23	Jul - Dec '23	Jan - Jun '24	Jul - Dec '24
1	DHOs	3	3	3	8	4	3	4
2	DDHOs – RMNCH	7	7	7	8	8	8	8
3	DDHOs	7	7	7	8	8	8	10
4	DHIS Person	7	7	7	8	8	8	8
5	Focal person of FP	7	7	7	8	8	8	8
6	WMOs	7	10	10	12	8	16	18
7	LHVs	0	0	2	2	2	2	8
8	Admin	0	0	0	3	5	5	8
9	Finance	0	0	0	5	4	1	2
10	DPWOs	0	0	0	0	0	8	8
11	FWCs	0	0	0	0	0	16	24
12	cLMIS person	0	0	0	0	0	8	8
Total		38	41	43	62	55	91	114

Seven rounds of assessments were conducted periodically to track progress on the RAISE tool. The frequency of assessments was quarterly in the initial phase and then shifted to biannual in 2024. The number of participants gradually increased throughout the seven assessment sessions, reflecting better engagement from stakeholders. This study used a structured and multistep approach in collaboration with local government and other stakeholders including District Health Officers (DHO), Deputy District Health Officers (DDHO), District Health Information System (DHIS), Woman Medical Officer (WMO), Lady Health Visitor (LHVs), District Population Welfare Officers (DPWOs), Family Welfare Counsellor (FWCs), family planning coordinators, financial leads overseeing health sector budgets, community representatives, representatives for the contraceptive Logistics Management Information Systems (cLMIS) and technical leads alongside project implementation teams. Details of participants are given in Table 1.

The RAISE tool was adapted for the local context of Sindh to make it contextually relevant. The tool consisted of six building blocks, and the score was calculated on a scale of four, where one shows minimal and four shows full integration into the government system. The assessment process was divided

into five phases; pre-workshop review, small group assessment, group workshop, action plan development, and implementation and follow-up monitoring (6,9).

Pre-workshop Review:

Before the assessment cycle, participants review the RAISE checklist, RAISE scores, and relevant documents regarding district-level health indicators and service delivery. They are asked to check the district's previous assessment scores, identify improvements, current gaps and share their observation with actionable solutions. All new participants in subsequent assessment sessions receive orientation on the tool before the session. This phase ensures that all the stakeholders are on the same page at the start of the formal assessment process.

Small Group Assessment:

In this phase, participants are divided into small groups and are asked to evaluate the specific building blocks/domains of the RAISE tool. These indicators are scored on the RAISE tool as described in Figure 2. The groups review the district-level health system data and field reports and then assign the scores after evidence-based discussion.

Group Workshop:

In this phase, the small groups are merged into a larger group to develop consensus. They discuss their findings, justify their scoring, and decide the final RAISE score for their district. This phase promotes transparency and contributes to minimizing bias during the evaluation process.

Action Plan Development:

During this phase, local government teams develop a strategy to address identified gaps. They work collaboratively to devise action plans for improvements, outline solutions, and modify them according to problems. They also delegate tasks along with deadlines to responsible individuals.

Implementation and Follow-Up:

The responsibility for monitoring and follow-up is assigned to the district leadership and specifically to the designated family planning personnel. The district leadership is assigned to execute these plans and ensure accountability in subsequent assessments. They review any unresolved issues from previous assessments and integrate them into upcoming assessments.

Data Analysis:

Descriptive statistics were used to analyze the data from the seven RAISE assessments.

Results

Performance Trend in the RAISE Assessment Tool:

TCI in collaboration with the district government departments of Health employed the RAISE assessment tool across all eight districts of Sindh. Seven assessment rounds were carried out from September 2022 to December 2024 to observe Family Planning interventions and the government's responsiveness over time. The gradual improvements in the overall performance through the assessments of seven rounds can be seen in Table 2. A baseline assessment conducted in September 2022 revealed that all districts were at Stage 1 (Beginning stage) with an average score of 30 percent. Among all districts Karachi West scored the lowest at 31 percent. This low score indicated significant gaps in political and financial commitment. Areas of improvement were identified for healthcare workforce capacity, HMIS reporting, service delivery, supply chain mechanisms, and institutional support for a functional system of supportive supervision. These results demonstrated that in order to increase government ownership and program maturity, the system level continuation of the interventions is required.

Table 2: Trends in District's Performance from 1st to 7th Rounds

Districts	1st Round	2nd Round	3rd Round	4th Round	5th Round	6th Round	7th Round
Karachi	37%	41%	47%	50%	65%	63%	75%
Karachi Central	33%	43%	40%	50%	65%	68%	78%
Karachi West	31%	44%	47%	50%	63%	63%	75%
Karachi South	39%	42%	48%	49%	61%	61%	72%
Malir	36%	44%	45%	45%	64%	63%	75%
Korangi	40%	44%	46%	42%	60%	57%	69%
Hyderabad	37%	56%	60%	59%	70%	69%	79%
Keamari	Not Assessed			32%	58%	60%	70%

Significant improvements were found in building blocks/domains after successive rounds of assessment, feedback, and targeted interventions particularly from December 2022 to December 2024, and improvements were observed in all building blocks/domains of the RAISE tool. The major changes observed during the assessments were:

- Increased Government and Financial commitment which is critical to programmatic sustainability.
- Capacity-building initiatives improved the quality-of-service delivery and access to contraceptives.
- Enhanced community outreach increased demand for family planning services.
- Supportive supervision and feedback system were strengthened to allow for better tracking of family planning indicators.

The local government departments picked up the momentum of the health system by the fifth assessment round that took place in December 2023, they filled identified gaps and by addressing the deficiencies to have system level improvements. It was observed that all districts progressed from the beginning phase with significant improvements in policy implementation, leadership commitment to the family planning program, rigorous advocacy, capacity enhancement, and more focus on HMIS reporting. This gradual increase in performance is

compared between the first assessment and the seventh assessment (Table 2). Significant improvement is observed in all building blocks/domains over time. Karachi West, which was initially at the lowest score, showed steady improvement, especially in the areas of governance, spending, capacity, and knowledge, but service delivery and supply chain mechanisms showed persistent barriers. All districts have shown notable progress in Leadership, Governance commitments and financial system. Districts Karachi East and Malir reported a score of 90 percent in this domain and Hyderabad improved remarkably as well from 14 percent to 90 percent. Karachi Central showed significant improvement in coaching and capacity building, it reached a score of 88 percent through exceptional capacity strengthening. Keamari, which became district at the time of the fourth assessment, also managed to score 60 percent from the initial score of 32 percent showing overall improvement by the end of the 5th assessment. Similarly, district Hyderabad reached a score of 70 percent, highest among all districts by the end of the 5th round of assessment. However, the system of supportive supervision and community involvement in family planning program remained on the lower side for all districts.

The sixth round of assessment showed consolidation of the progress noted in the previous assessments while in the seventh assessment all eight TCI districts attained scores higher than 70 percent and reached the "Expanding" phase.

Discussion

The objective of this study was to evaluate the effectiveness of the RAISE tool to improve the implementation and sustainability of family planning interventions across eight urban districts in Sindh. Findings from this study identified significant gaps and provided crucial insights into the development of government ownership and program stability in family planning services for urban districts. According to the September 2022 baseline assessment, all districts had an average score of 30 percent, placing them at Stage 1. By the end of the final assessment, conducted in December 2024, seven districts advanced to Stage 3, showing rapid response to change and improvements in leadership & governance, spending, health information system, capacity enhancement, supplies along with service delivery. A similar study conducted in TCI's Francophone West Africa hub found similar results with countries Benin and Niger also transitioning to Stage 2 from the beginning phase as districts from Sindh (10). District Hyderabad showed remarkable improvement in the HMIS, focused capacity of the workforce, spending and service delivery. Similarly, Karachi Central has achieved 78 percent followed by Karachi East, Karachi West, Malir scoring 75 percent and Karachi South 72 percent. This indicates significant improvements in political commitment to the program, which led to increased budget allocations and enhanced capacity building, thereby promoting long-term sustainability and improved resource mobilization for family planning services. Initiatives to increase the capacity of District Health Officers (DHO) and Family Planning focal persons along with service delivery staff have enhanced the accessibility and quality of services. Improved community involvement initiatives greatly increased demand and awareness for contraceptive services, which in turn encouraged increased use. However, community engagement and youth engagement in the family planning program, costed implementation plan and utilization of TCI are the areas of continuous attention for the districts of Sindh. These findings align with the assessment of Nigeria which also emphasized leadership and resource allocation as crucial factors for program success (9). Among Nigerian states, four transitioned to Developing Stage while eight reached the expanding stage similar to this study's findings and one reached to maturity proving the importance of government self-reliance (9).

While there is limited evidence on the application of the RAISE tool, there is evidence from large-scale reviews of organizational assessment tools that highlight the importance of contextualizing organizational assessment tools (11,12). The effectiveness of RAISE tool in improving systematic performance assessment can partially be attributed to the indicator-level contextualization of the tool (11,12).

Challenges

Despite the effectiveness several challenges were encountered during the process. Participants reported that completing the RAISE tool, building consensus, finalizing the score, and reviewing the action plan was a day-long activity, which sometimes delayed other set priorities. Moreover, frequent leadership turnover due to rotation and promotion of government official impeded the continuity and also required repeated orientation and capacity building efforts.

Measures Taken

To overcome these challenges, The Challenge Initiative's team along with government officials took some strategic measures, including optimization of the RAISE tool by reducing the indicators from 31 to 19 simplifying the assessment process. City managers were provided orientation and training to the optimized version in March 2024, which was piloted in District East with 15 participants, all of the participants expressed interest in the shorter version, highlighting practical applicability. After these modifications districts showed improved performance in the final assessment session held in December 2024, where seven out of the eight districts have climbed to the expansion stage. This is making local ownership of family planning programs strong and evidence-based by implementing high-impact interventions. They also provided training on long-acting contraceptive methods for staff and addressed the gaps to ensure the accuracy and reliability of health information. The revised version of the tool expands on the activities, challenges, and adaptations related to the implementation of the RAISE tool, highlighting the efforts made by TCI Pakistan and local governments to improve family planning services and health system performance.

Limitations and Recommendations:

The study was conducted in urban districts of Sindh which limits its generalizability, and it may not reflect the challenges faced in other areas. Due to the small sample size and insufficient subject-to-variables ratio, this study could not undertake a scale validation exercise to validate the RAISE tool using factor analytic techniques. Future studies should focus on scale validation potentially using RAISE assessment data from different TCI hubs.

Conclusion

This study demonstrates the effectiveness of the RAISE tool in improving family planning interventions across urban districts of Sindh, emphasizing the role of political and financial commitment and capacity building in achieving sustainable outcomes. The assessment showed significant progress in all building blocks/domains as compared to the baseline assessment, particularly in the building block of leadership & governance, which reflects improved commitment and resource mobilization**.**

Despite, there have been challenges, time constraints, and frequent rotation of healthcare managers the TCI team has managed the successful implementation of the RAISE assessment. The RAISE tool has proven to be an effective tool for the engagement of district managers and leaders to address and resolve issues strategically.

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Ethical Approval:

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

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Data Availability: Data supporting the findings are available upon reasonable request.

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Conflict of interest: None declared.

Authors' Contribution:

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

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