



PROPEL Adapt

Financing for Resilience Benchmarking Tool User's Guide

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About PROPEL Adapt

The USAID PROPEL Adapt project is a five-year cooperative agreement made possible by the support of the American people through the United States Agency for International Development (USAID) under cooperative agreement No. 7200AA22CA0003 I. PROPEL Adapt is led by Action Against Hunger-USA in collaboration with Amref Health Africa, Pathfinder International, Action Against Hunger-Canada, Acción contra el Hambre-Spain, and Action contre la Faim-France.

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Background

About the PHC Financing for Resilience Benchmarking Tool

The Primary Health care (PHC) Financing for Resilience Benchmarking Tool (The Benchmarking Tool) is PROPEL Adapt’s standardized qualitative approach to assessing country health financing systems for health system resilience in the context of a country’s political context and public financial management (PFM). The Benchmarking Tool evaluates a country’s health financing arrangements incorporating governance and political economy lens at a specific point in time based on a set of benchmarks, represented by twelve (12) themes (with 32 affiliated sub-themes).

Although broad in scope, the assessments focus on key aspects of the health financing system relevant for resilient PHC financing, relying on accessible information and analyses. As such, Tool serves as a complement to existing efforts, integrating various policies and technical documents into a framework that brings together conceptual insights with country-led opportunities for resilience improvement to support operationalization of various policies, strategic plans and guidelines.

The development of The Benchmarking Tool was motivated by an existing tool called the Health Priority Setting and Resource Allocation Benchmarking (HePRA) tool which was jointly developed by the Joint Learning Network (JLN) and World Bank technical facilitators for the Efficiency Collaborative on Universal Health Coverage. The HePRA Tool maps the pathway of government funding for national health systems from allocation to expenditure in relation to set priorities was a good point of departure in diagnosis barriers in PHC financing in low- and middle-income countries that typically passes through top-down allocation processes and multilayered, complicated pathways. These processes can lead to misalignment of health priorities and funding, delays in funding, interference with and/or funds, and limited flexibility for primary health care facilities to agilely respond to community health issues.

The Benchmarking Tool operationalizes the PHC Financing Framework for Resilient Health System (link to The Framework here) summarized in Figure 1 below.



Target audience for the PHC Financing for Resilience Benchmarking Tool

The primary target audiences for The Benchmarking Tool of the framework are national and subnational health financing actors, both technocrats and policy makers and local, regional and global technical partners in strengthening health systems, including WHO, organizations of the United Nations system, donors, nongovernmental organizations and other technical agencies. The tool provided an avenue to analyze and gather information on opportunities for improving the resilience of PHC financing and its related governance systems within the country's political context and public financial management (PFM).

Development process

The Benchmarking Tool and its elements and sub-elements were designed based on the results from an extensive literature review on PHC health systems, health financing arrangements, PFM objectives and health system resilience, reviewing lessons learned from the HePRA tool's application across Africa and Southeast Asia, consultations with the HePRA tool's users, and a co-design and validation process with the Malawian Ministry of Health.

Literature review

The desk review followed a rapid literature review methodology and was designed to identify key evidence, research, and resources at the interaction of PHC financing, shocks and stressors, and political economy, with key thematic focus areas on PHC, resilience of PHC financing, health financing governance and political economy.

Information was captured from a global perspective with a geographical focus on Malawi. Resources for generating evidence were identified through targeted, purposive searches using Google Scholar and the general Google search engine as well as access to publicly available government documents and reports. A total of 57 documents have been reviewed including 1 HePRA toolkit, 21 peer review papers, 26 reports and 9 policies, strategies and guidelines in Malawi.

Analysis of these materials captured evidence on several themes which shaped the thinking of The Framework (and associated Benchmarking Tool) including flexibility of budget structure, role of contingency funds, direct access to funding, resource diversification, strategic purchasing and progressive provider payment arrangements, meaningful engagement, effective coordination, power balance and critical players and their interests and influence

Lessons from HePRA tool development and application

The desk research was complemented by key informant interviews with key personnel that were involved in the development of the HePRA tool from Ghana, Ethiopia, Kenya and Nigeria. The interviews examined whether (and how) the HePRA tool was administered and its impact and utility in supporting public financial management reforms in their countries. It also provided a platform for identifying limitations and gaps in the development and administration of the tool. This was meant to inform recommendations for improving the PHC Financing for Resilient

Benchmarking Tool's effectiveness, adaptation elements to include analysis of resilience of PHC resources and enhancing its broader applicability in driving resilient health financing reforms

Analysis of information gathered from these interviews indicated three major themes i) availability and timeliness of contingency funds, ii) evidence-based advocacy iii) good governance cannot be under rated and iv) role of political economy

Allocation of contingency funds alone is insufficient, it is essential to ensure that these funds are both adequate, timely and ring-fenced

"The national budget makes provision for contingency funds, but the challenge is the adequacy of it to deal with emergencies. The budget has contingency funds which any of the ministries departments can follow if there is a need...but the health sector does not have a contingency fund on its own" Ghana KII participant

Effective advocacy and bargaining approaches using concrete evidence is essential for conveying the specific needs of the health sector

"...only assessing the system via HePRA tool and telling them where we are, wouldn't change more. I think it requires some additional bargaining and negotiations and creating exposure of the needs of the health sector and how it is struggling to improve efficiency..."Ethiopia KII participant

Governance structure & political economy is imperative for the operationalization and implementation of health financing strategies

"... In prioritizing the resources, we have to quickly look at the structural arrangement of governance in the entire landscape, because this has a great impact on the healthcare financing ...

" Nigeria KII participant

More and more, bringing on board political figures and communication of needs in a way that it aligns with their interests is fundamental

"Working closely with them we enable them to understand the context of the health sector and enable them to contribute more to the financing aspect...and that is the way we can win the political economy aspect in health financing...having accurate and concrete evidence which can tell what it means for them and identify challenges where they can act upon in a way that makes sense for them..."Ethiopia KII participant

"...the work we did, the main failure was at decision-making point. If I were to do a bit more depth, I would focus on political economy analysis. That could be strengthened so that the decision becomes faster identifiable early on in the process and they become empowered enough to make the decision..."Kenya KII participant

Co-creation With Malawi Ministry of Health

The development of the Benchmarking Tool was a collaborative effort, with the Malawi's Ministry of Health playing a central role in its co-creation. Through a participatory process, the Ministry provided critical insights into the unique challenges and opportunities within the health sector in path towards health system resilience, ensuring the Tool's relevance and practicality.

Their involvement helped align the benchmarking themes and sub-themes to national priorities and existing policies, fostering ownership and promoting integration into ongoing initiatives. This co-creation process not only enhanced the Benchmarking Tool's credibility but also strengthened its potential for sustainable implementation to advancing health system resilience. Using Malawi as the validation country, it stood as a compelling choice for shaping the Benchmarking Tool elements and sub-elements and using them to strategize on opportunities to strengthening a country's health system resilience. Malawi's frequent exposure to climate-related hazards, including floods, droughts, and rising temperatures, has placed growing pressure on the country's health systems to adapt and respond effectively. Leveraging its existing commitment to climate adaptation and health system reform, piloting in Malawi provides an opportunity to develop innovative, scalable solutions that address the intersection of climate change and public health, while generating valuable lessons for similar settings worldwide.

Engaging the Joint Learning Network (JLN) and World Bank technical facilitators for the Efficiency Collaborative on Universal Health Coverage

The Joint Learning Network (JLN) and World Bank technical facilitators for the Efficiency Collaborative on Universal Health Coverage who initially developed the Health Priority Setting and Resource Allocation Benchmarking (HePRA) tool were engaged throughout the idea formation, adaptation attempts, final development and review of PHC Financing for Resilience Benchmarking Tool.

The Benchmarking Tool Contents

The Benchmarking Tool is designed for electronic use via Microsoft Excel using Office Suite 2021 or higher. It is downloadable and can be used offline. The Tool is divided into i) Home section, ii) The Benchmarks section, and three key sections which forms the backbone of The Tool that is iii) Health Financing, iv) Health Financing Governance, and v) Political Economy

All sections are accessible from the Home section or directly through the worksheet tabs located at the bottom of each spreadsheet.

Figure 2: Home Page of The PHC Financing for Resilience Benchmarking Tool



Primary Healthcare Financing for Resilience Benchmarking Tool

The Primary Health care (PHC) Financing for Resilient Benchmarking Tool is a PROPEL Adapt's standardized qualitative approach to assessing country health financing systems for health system resilience in the context of a country's political context and public financial management (PFM). The evaluation of the country's health financing arrangement is done at a specific point in time based on a set of benchmarks, represented by twelve (12) themes (with 32 affiliated sub-themes).

The Tool uses a traffic light benchmarking approach to evaluate and compare established metrics (benchmarking questions) against predefined benchmarks (standards) using a color-coded system resembling traffic lights. Each color represents a performance category, allowing for quick visual assessment.

How to navigate the PHC Financing for Resilient Benchmarking Tool

The Benchmarks

Health Financing

This section outlines questions and benchmarks of four PHC financing themes resource mobilization, resource planning & budgeting, resource allocation and resource utilization & tracking

Health Financing Governance

This section outlines questions and benchmarks of four major PHC governance themes namely effective & participatory leadership, coordination & collaboration, learning & adaptation and information & communication

Political Economy

This section outlines questions and benchmarks of four political economy analysis themes namely beneficiary politics, interest groups' politics, budget & bureaucratic politics and external actors' politics

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Home

The Benchmarks

Health Financing

Health Financing Governance

Political Economy

+

HOME

The Home worksheet is the first tab of The Benchmarking Tool, providing a brief description of the Tool and offers a snapshot of the other four sections, including direct links and short descriptions of each section's contents. It also contains essential contact information to ensure that users have easy access to support or assistance if they encounter any issues or have questions while using the tool.

THE BENCHMARKS

This section provides the summary of the benchmarks populated in the three key sections that is health financing, health financing governance and political economy. Users will only view this worksheet as benchmarks are automatically populated and use it for quick visualization of the state of health resilience related to PHC financing in their context.

HEALTH FINANCING

This section outlines questions and benchmarks of four PHC financing themes resource mobilization, resource planning & budgeting, resource allocation and resource utilization & tracking. The four themes have 17 sub-themes and 24 benchmarking questions.

Informed by evidence from secondary or primary sources, User's will select most appropriate benchmarking options that better reflects the context situation for each of the benchmarking questions.

HEALTH FINANCING GOVERNANCE

This section outlines questions and benchmarks of four major PHC governance themes namely effective & participatory leadership, coordination & collaboration, learning & adaptation and information & communication. The four themes have 12 sub-themes and 14 benchmarking questions.

Informed by evidence from secondary or primary sources, User's will select most appropriate benchmarking options that better reflects the context situation for each of the benchmarking questions.

POLITICAL ECONOMY

This section outlines questions and benchmarks of four political economy analysis themes namely beneficiary politics, interest groups' politics, budget & bureaucratic politics and external actors' politics. The four themes have 5 sub-themes and 10 benchmarking questions.

Informed by evidence from secondary or primary sources, User's will select most appropriate benchmarking options that better reflects the context situation for each of the benchmarking questions.

How to Use The Benchmarking Tool

A. Planning Phase

Assigning a Lead User

There may be several entry points for the implementation the PHC Financing for Resilient Benchmarking Tool but in all cases, the country's Ministry of Health (MoH) should take the lead in the coordination of the multiple stakeholders involved. In most cases, a Principal evaluator should be hired to lead the completion of the assessment and should be recognized health financing expert with a deep knowledge of the country's health system.

PROPEL Adapt acted as the Principal Evaluator on the application of the Benchmarking Tool in Malawi. Led by the MoH focal person the following array of stakeholder were identified and involved in the information gathering for the Tool.

1. Department of Planning and Policy development at the Ministry of Health
2. Ministry of Justice
3. National Local Governance Finance Committee
4. District Commissioner
5. Director of Health Services (DHS) at District level
6. Accountant at District level
7. Health Facility In-charges
8. Partners (WHO, World Bank, Implementing partners)

Stakeholder Mapping

To ensure the success of the process, we encourage a high degree of engagement with multiple stakeholders and suggest incorporating stakeholders such as representatives from the Ministry of Finance and Planning, Emergency Preparedness and Response (EPR) agencies, policy-making organizations at the national and sub-national level, key international organizations (including the United Nations [UN] entities), and national civil society organizations. Due to the diverse nature of stakeholders involved, the Principal evaluator in collaboration with the Ministry of Health should ideally conduct a thorough stakeholder mapping to ensure that all players are included.

Adapting the Tool

Though made very generic, different countries could have different needs and priorities in the path towards a resilient health system. Prior to collecting detailed data, stakeholders led by the Principal evaluator should review all the questions in light of the priorities, issues, and questions that stakeholders want assessed in relation to health system resilience.

In addition, the Benchmarking Tool's generic terminology should be compared to equivalent terms used by the different health financing agents. Edit terms as needed to fit your country's context so you are speaking the same language and describing benchmarks consistently among the in-country health financing actors.

The initial thinking of the benchmarking tool was more on towards focusing on the primary healthcare level of the health system, including an analysis of the resilience of PHC resources and incorporate a political economy analysis lens.

However, the Malawi team added the whole section of health financing governance being imperative in their context with justification that good governance is imperative for the operationalization and successful implementation of health financing strategies without which there will be resource misallocation, financial waste, and adverse effects on health service accessibility and utilization

Information Gathering

a. Secondary sources

Conducting a country's PHC financing for resilience assessment involves reviewing and summarizing secondary information sources. As part of information gathering exercise, the Principal evaluator in collaboration with the MoH focal person should collect active national and sub-national level policies, strategies and guidelines both published and gray literature. The information should pertain various aspects of PHC and its financing arrangements, EPR, PFM and health financing governance when relevant

b. Primary sources

There may, in some cases, - as we observed in information related to political economy in Malawi - be insufficient information to assess certain questions, but this itself is important information, and provides an agenda for discussions on future priorities for analytical and technical work. In these instances, the Principal evaluator guided by the MoH focal person should conduct key informant interviews and expert focused group discussions as an approach to gather more information.

In Malawi we gathered in small FGDs with homogeneous groups to discuss themes and sub-themes related to specific section. Homogeneous focus groups are valuable for fostering comfort, openness, and focused discussions among participants with shared experiences or backgrounds. They minimize power dynamics, provide targeted insights, and facilitate efficient analysis, making them ideal for exploring specific issues in depth.



This exercise is pertinent and should be conducted before interacting with the Benchmarking Tool so that choices made are evidence base. PROPEL Adapt recommends that such information be captured and packaged in an information repository following The Benchmarking Tool parts, themes and sub-themes. A black information gathering word document is provided as part of the suite of resources [Resource 1: Information Gathering Document]

Figure 3: Information Gathering Document for The Benchmarking Tool

SECTION A	HEALTH FINANCING
Theme	Resource mobilization
<p>Domestic resources</p> <p>1. How would you categorize the health system financing structures?</p>	<p><i>Text</i></p> <p><i>Text</i></p> <p><i>Text</i></p>
<p>2. What is the % of total government budget allocated to the health sector?</p>	<p>Example:</p> <p>The 2023/24 health sector budget constitutes 8.7% of the total government budget and translates into a per capita allocation of about US\$14, which is significantly short of the US\$78.7 target in the Third Health Sector Strategic Plan (HSSP III).</p> <p>As a share of GDP, the current allocation of 2.2% which falls below the target of 5% committed by Southern African Development Community (SADC) Countries to allocate to the health sector.</p> <p>For the past 5 years Malawi has consistently missed the Abuja Declaration target for African States to allocate 15% of their total budgets to the health sector and the WHO benchmark for low-income countries (LICs) for allocating at least 5% of GDP to funding the health sector to ensure financial protection and achieve UHC*</p> <p><small>* UNICEF. Health Budget Brief 2023/24. Building a Resilient and Sustainably Financed Health System in Malawi</small></p>
<p>• External resources</p> <p>3. How would you categorize the partner landscape in terms of financial contributions to health?</p>	<p>Example:</p> <p>Donor funding is significantly off budget and is channeled using parallel systems outside of government systems. Activity implementation is largely done by implementing partners who are currently receiving and utilizing approximately 41% of the donor funds*. Previously, districts used to receive basket funding from donors; pooled funds for the health sector as part of the Sector Wide Approach (SWAP). These funds were channeled to districts through MoH. This funding mechanism collapsed in 2013 due to governance and accountability issues.</p> <p>As part of the implementation of HSSP III, the MoH aspires to implement 'One Plan, One Budget and One Report' framework as the overall guiding principle for aid coordination. Most donors in 2024 submitted their activities</p>

NOTE: As noted above, multiple stakeholders are involved to inform health financing requirements for a resilient health system. Careful consideration of several factors including biases, context, overlaps and interdependencies will ensure that information gathering is thorough, balanced, and conducive to actionable insights.

B. Using the Tool

Entering Benchmarks

The Tool's benchmarking questions are written as multiple choice questions to which the Tool's users selected the most appropriate answer as supported by the information gathered.

To complete entering benchmarks for each of the three parts, the Tool, users should begin by working on the section/worksheets, starting with 'Health Financing' and concluding with 'Political Economy'. Within each section's worksheet, users should take the following steps:

TIP: When gathering information from multisectoral informants, it's essential to watch for the following:

Consistency of Information: Look for alignment or discrepancies between data and perspectives provided by different sectors, as these can highlight gaps or miscommunications.

Biases and Interests: Be mindful of sectoral or institutional biases that may influence the framing of information or priorities.

Language and Terminology: Ensure clear communication, as different sectors may use specialized terminology or jargon that could cause misunderstandings.

Inclusivity: Ensure representation from all relevant sectors, particularly those that may be less traditionally involved but hold critical insights.

Interdependencies: Pay attention to how issues in one sector impact or interact with others, highlighting opportunities for integrated solutions.

Contextual Nuances: Recognize sector-specific constraints, such as resource limitations or policy environments, which may shape the information provided.

Conflict or Overlaps: Be aware of competing priorities or overlapping responsibilities that might affect the willingness to share information or collaborate.

1. Begin by reading through each benchmarking question (found in Column D) listed under that section's themes and affiliated subthemes.

2. For each benchmarking question, the user should select the most appropriate/accurate answer to the question from the answer options given in Column E, 'Select the most applicable answer to the question'. Selection should be informed by evidence as documented in the Information Gathering Document.

Note: In the Tool, the responses to each benchmarking question will generate a benchmark score for that question of green, yellow, or red. Green indicates meeting or exceeding benchmarks, yellow for approaching but not yet meeting benchmarks, and red for falling significantly below benchmarks

3. Once all of the benchmarking questions in column D have been answered on that section's page, the user should proceed to the next section and repeat these steps until all three sections' (Health Financing, Health Financing Governance, and Political Economy) benchmarking questions are addressed.

Visualizing and Interpreting Benchmarks

Upon completing each thematic area within a section, the Tool will automatically generate summary benchmarks for all the three parts on the score for that thematic area on the ‘The Benchmarks’ page.

SECTION A: HEALTH FINANCING		
RESOURCE MOBILIZATION		
Domestic resources	Financing structures	Yellow
	Health budgets	Yellow
External resources	On budget support	Red
	Legal regulatory basis	Yellow
	Alignment to priorities	Yellow
RESOURCE PLANNING & BUDGETTING		
Budget structure & plans	Budget structure	Yellow
	ERP plans on budgets	Yellow
Contingency funds		Red
Budget flexibility		Yellow
Budget decentralization		Yellow
Budget repurposing	Legal regulatory basis	Green
RESOURCE ALLOCATION		
PHC funds flow	Direct facility financing	Red
	Supporting service integration	Yellow
	Legal regulatory basis	Yellow
Resource adequacy		Red
Allocation agility	Rapid flow to PHC level	Red
Reallocation		Red
RESOURCE ALLOCATION & TRACKING		
Disbursements	Full budget disbursements	Yellow
	Timely budget disbursements	Yellow
Utilization rates		Green
Utilization flexibility		Red
Provider payment		Red
Resource tracking		Yellow

SECTION A: HEALTH FINANCING				
Theme: RESOURCE MOBILIZATION				
Sub-theme: Budget structure and plans				
Benchmark question: How is the overall health budget structured?				
Benchmark options	Description	Traffic lights	Interpretation	Actions
Program based budgeting	Program-based budgeting links funding to measurable health outcomes and builds flexibility for health systems to adopt to shocks. It supports investments in preparedness, risk mitigation and equity which are central to resilience	Green	An option in support of PHC financing resilience	Continue current practice
Hybrid (mix of program and input-based budgeting)	A hybrid budgeting system ties funding to measurable health outcomes while maintaining input-level controls to ensure accountability. This balances the flexibility needed for resilience and equity with the fiscal discipline required for sound resource management.	Yellow	An option in partial support of PHC financing resilience	Identify improvement opportunities
Input-based budgeting	Input-based budgeting may hinder health system resilience since it focuses on controlling specific expenditure rather than outcomes or system adaptability	Red	An option which is a bottleneck to PHC financing resilience	Develop corrective strategies

A benchmark score of green indicates that the country in question should continue current practices in regard to the topic covered by a specific benchmarking question, while yellow indicates that the country should identify improvement opportunities in regard to that topic, and red indicates that the country should develop and prioritize corrective actions in regard to that topic.

Benchmark Reviews and Strategies Identification

a. Benchmark reviews

Once the information repository and The Benchmarking Tool is completed the MoH is required to lead the first review process to strengthen both the quality and objectivity of the assessment. Participants for this review are ideally a group of experts who have not been closely involved in the assessment but ideally have knowledge of the country and its health financing system.

We recommend three groups according to specific expertise on the areas of health financing, governance and political economy. Each group independently reviews each section of the assessment, including validation of documents reviewed, additional documents which may have been missed and benchmarks provided.

In Malawi three groups reviewed preliminary results of the three sections and provided inputs.



The Principal Evaluator and rapporteurs for each group presents the results of each section for discussion and the group then jointly agree a consensus score for each question after which the final benchmarks are entered into The Benchmarking Tool.

b. Strategies Identification

The groups then reconvene to brainstorm and identify opportunities and potential strategies that the country might take up in an effort to move the benchmarks towards more resilient. PHC financing. Strategies are then presented in a plenary session to allow whole group discussion with the Principal Investigator taking notes to finalize key messages.

In Malawi, potential strategies for consideration fell into six functional domains with illustrative activities within each of the domains with the aim of enhancing Malawi's ability to prepare for, manage, and learn from shocks and stressors while ensuring the provision of essential health services. An example of such strategies is presented below

Direct Facility Financing

Currently, the lowest spending entities are district councils, meaning that funds flow from the Ministry of Finance, and the National Local Government Finance Committee is responsible for allocating the drug budget and other recurrent transactions to districts. District councils then distribute their budgets in kind across hospitals and health centers. As a result, health facilities do not receive direct funding for the provision of health services. This arrangement has led to funding delays and a lack of autonomy for facilities to effectively respond to emerging needs, especially during health emergencies.

Malawi recently approved the implementation of direct facility financing (DFF), allowing funds to be directly channeled from district councils to health center accounts. However, under the approved DFF guidelines, health centers are still not recognized as cost centers. At the time of this assessment, the government has committed to rolling out DFF in only 13 districts in Malawi, with support from donors.

Illustrative activities at MOH

- Scaling up DFF to all districts in Malawi to provide them with autonomy to spend according to their local and emerging priorities and needs.
- Implement public financial management reforms to allow health facilities cost centers to promote flexibility and responsiveness to emergencies
- Capacity build health providers (including having low level accountants at facility hubs to carry out appropriate financial management, accounting, procurement and administrative roles for effective DFF implementation
- Strengthening the legal framework and enforce the allocation of resources to subnational (PHC) levels.

Where possible the Principal Investigators should liaise closely with the Ministry of Health nominated focal person to present benchmarking results and proposed strategies to relevant fora such as a Health Financing Technical Working Group

C. Benchmarking Tool Finalized – What Next?

Second Level Review and Prioritization of Strategies

As the next step after reviewing the information gathered in a word document and the benchmarks entered into the visualization tool, the MoH should organize a high-level meeting with decision makers in key ministries ideally MoH, Ministry of Finance and Planning and Ministry of Local Government to verify the interpretation of a country's performance relative to the progress levels for each question.

Such a verification meeting is essential to ensure alignment and accuracy in assessing the country's health system resilience. This collaborative effort allows decision makers to identify gaps and integrate diverse perspectives and strategies for a comprehensive approach.

It is expected that the strategies identified in the earlier stages could result in a wide range of options or an extensive wish list. This stage also serves as an avenue for prioritization aligning with government needs and resources.

PROPEL Adapt was involved in the planning meeting with the MoH before the MoH presented the strategies to potential donors for funding. Through the prioritization process, the MoH identified 3 out of six domains proposed in the review workshop.

As a final step, the MoH should ideally facilitate the next steps which could include finalizing the action plan, allocating resources, and establishing clear timelines to strengthen the health system preparedness for current and future challenges. Where resources are scarce, advocacy plans should be set up where the results of The Benchmarking Tool along with the improvement priorities identified are used to raise funds from potential donors.

Conclusion

The purpose of the benchmark is to visualize areas where systems and process are supportive of PHC financing resilience so these can be maintained, areas which are working progress so that further efforts can be exerted and areas which serve as bottle necks so that deliberate actions can be planned

This is an ongoing process; counties are expected to re-apply The Tool periodically preferably annually to track process towards more resilience PHC financing.



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