



PROPEL Adapt

Primary Healthcare Financing for Resilience Benchmarking Tool

**Assessment of Health System Financing Capacity
for Climate Resilience & Emergency Response**

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Overall Assessment Summary

This summary presents aggregated benchmark scores across all three sections of the PHC Financing for Resilience assessment. Scores range from 0 (Weak) to 1 (Strong), with 0.5 indicating Moderate performance.

Section	Questions	Avg Score	Rating
SECTION A: HEALTH FINANCING	23	0.33	WEAK
SECTION B: HEALTH FINANCING GOVERNANCE	17	0.47	WEAK
SECTION C: POLITICAL ECONOMY	10	0.35	WEAK

SECTION A: HEALTH FINANCING

Resource mobilization, planning & allocation

Thematic Area Summary

Thematic Area	Avg Score	Rating	# Questions
RESOURCE MOBILIZATION	0.40	WEAK	5
RESOURCE PLANNING AND BUDGETING	0.42	WEAK	6
RESOURCE ALLOCATION	0.19	WEAK	8
RESOURCE UTILIZATION AND TRACKING	0.38	WEAK	4

#	Benchmarking Question	Current State / Response	Score	Rating
RESOURCE MOBILIZATION				
■ <i>Domestic resources</i>				
1	How would you categorize the health system financing structures?	Mixed (domestic, external and private)	0.5	MODERATE
■ <i>Domestic resources</i>				
2	What is the percentage (%) of total government budget allocated to the health sector?	10% < x < 15%	0.5	MODERATE
■ <i>External resources</i>				
3	How would you categorize the partner landscape in terms of financial contributions to health?	Most donor funding off budget	0.0	WEAK
■ <i>External resources</i>				
4	Is there a legal, regulatory, or policy basis guiding the allocation of external resources to priorities?	Laws and regulations present but partially enforced/ not current/ not comprehensive	0.5	MODERATE
■ <i>External resources</i>				
5	Are external resources aligned to government priorities including those related to emergency preparedness and response?	Coordination exists but poor alignment	0.5	MODERATE
RESOURCE PLANNING AND BUDGETING				
■ <i>Budget structure and plans</i>				
6	How is the overall health budget structured?	Hybrid	0.5	MODERATE
■ <i>Budget structure and plans</i>				
7	Are there national or sub-national emergency preparedness and response plans guiding resource planning and budgeting?	National or sub-national plans are available and sub-national plans partially aligned to national plans	0.5	MODERATE

■ Contingency funds				
8	Is there budget earmarked for the health-related Ministries/agencies to finance urgent needs?	No contingency budgets	0.0	WEAK
■ Budget flexibility				
9	How flexible is the budgeting modalities to rapid reprogramming/inter-budget reallocation?	No flexibility to allow rapid response during acute shocks/emergency	0.0	WEAK
■ Budget decentralization				
10	What is the jurisdiction of local government/sub-national level in health budgets implementation?	Partial fiscal decentralization	0.5	MODERATE
■ Legal/ regulatory/ policy basis				
11	Is there a legal or regulatory basis for budget structure and/or flexibility in budget repurposing?	Laws and regulations mandated and enforced	1.0	STRONG
RESOURCE ALLOCATION				
■ Allocation to PHC				
12	Do funds flow directly to PHC facilities?	There is no PHC facilities direct fund flow	0.0	WEAK
■ Allocation to PHC				
13	Is resource allocation to PHC support integrated service delivery?	Resource allocation structured to partly supports integrated health delivery and vertical disease programs.	0.5	MODERATE
■ Legal/ regulatory/ policy basis				
14	Is there a legal or regulatory basis guiding resource flow to lower administrative levels (decentralization)	Laws and regulations on resource decentralization available but partially enforced/ not current/ not comprehensive	0.5	MODERATE
■ Allocation adequacy				
15	How adequate are the allocated resources?	Allocations are not sufficient	0.0	WEAK
■ Allocation agility				
16	To what extent would funds rapidly flow to sub-national entities in the event of an emergency?	Unlikely, no flexibility with PFM systems of approvals and authorizations as a barrier	0.0	WEAK
■ Reallocation				
17	Who receives emergency response funds? Do they have flexibility to reallocate funds according to need?	Largely national level and fund relocation are not flexible (i.e., hard earmarks, strict rules on reallocation)	0.0	WEAK
■ Disbursement				
18	How likely is the full PHC budget disbursed to address population needs, including emergency response?	Partial and/or somewhat predictable amount disbursed	0.5	MODERATE

■ Disbursement				
19	How timely is the PHC budget disbursed to address population needs, including emergency response?	Always delayed disbursement/disbursement often off schedule	0.0	WEAK
RESOURCE UTILIZATION AND TRACKING				
■ Utilization rate				
20	How likely are disbursed PHC funds utilized to address population needs, including emergency response?	Utilization rates of >75%	1.0	STRONG
■ Utilization flexibility				
21	Do resource utilization processes support flexible service delivery models	PHC facilities have no autonomy and utilization decision made by designated authorities	0.0	WEAK
■ Payment Mechanisms				
22	How are funded priorities paid for?	Providers paid based on inputs	0.0	WEAK
■ Assessment				
23	How are funding flows tracked against priorities?	Expenditure is tracked against line items only	0.5	MODERATE

SECTION B: HEALTH FINANCING GOVERNANCE

Leadership, coordination & learning

Thematic Area Summary

Thematic Area	Avg Score	Rating	# Questions
EFFECTIVE AND PARTICIPATORY LEADERSHIP	0.33	WEAK	6
COORDINATION AND COLLABORATION	0.50	MODERATE	5
LEARNING AND ADAPTATION	0.50	MODERATE	3
INFORMATION AND COMMUNICATION	0.67	MODERATE	3

#	Benchmarking Question	Current State / Response	Score	Rating
EFFECTIVE AND PARTICIPATORY LEADERSHIP				
■ <i>Leadership capacity</i>				
24	How is the leadership capacity and availability of tools to execute their mandate?	Leaders at all levels have mandate but lacks capacity and necessary tools for effective leadership	0.5	MODERATE
■ <i>Legal/ regulatory/ policy basis</i>				
25	Are there health policies, strategies, and guidelines addressing climate change and other emerging threats?	Health policies, strategies and guidelines present but not operationalized	0.5	MODERATE
■ <i>Stakeholder (including public) participation and engagement</i>				
26	How often, and who is involved, in need identification, prioritization, resource budgeting to include resilience attributes?	Less frequent consultations with limited involvement of relevant stakeholders including the public	0.5	MODERATE
■ <i>Citizens views and organisation</i>				
27	Are citizen capacitated and able to organize petition for leaders?	Citizens are unorganized and unable to petition leaders for policy reforms	0.0	WEAK
■ <i>Community empowerment</i>				
28	Is the community empowered to grasp their role in mitigating climate-related and other emerging threats?	The community is not empowered	0.0	WEAK
■ <i>Accountability</i>				
29	Is there mutual accountability between government and civil society organizations (CSOs)?	One party (government or CSOs) can hold the other (CSOs or government) accountable	0.5	MODERATE
COORDINATION AND COLLABORATION				
■ <i>Coordination</i>				

30	Are there designated climate change and health focal points within the health ministry?	Engagement and collaboration exist but are not well structured or functional	0.5	MODERATE
■ Collaboration				
31	Is there intra-ministerial department collaboration in priority setting?	Focal points exist but not operational	0.5	MODERATE
■ Collaboration				
32	Is there inter-ministerial (health and other sectors) collaboration in priority setting?	Engagement and collaboration exist but not well structured or functional	0.5	MODERATE
■ Collaboration				
33	Is there state and non-state actors (including the private sector) collaboration in priority setting, budgeting, implementation and monitoring at all levels?	Engagement and collaboration exist but not well structured or functional	0.5	MODERATE
■ Collaboration				
34	Is there collaboration between PHC and other health care delivery levels in priority setting, budgeting, implementation and monitoring ?	Engagement and collaboration exist but not well structured or functional	0.5	MODERATE
LEARNING AND ADAPTATION				
■ Surveillance systems				
35	Are there Early Warning and Response System (EWARS) (including relevant data) for climate sensitive health hazards and other public health emerging threats?	EWARS under development (data availability limited) and/or minimal functionality	0.5	MODERATE
■ Surveillance systems				
36	Does the EWARS support integration between disease surveillance and climate change surveillance?	There is no integration between disease surveillance and climate change surveillance	0.0	WEAK
■ Learning culture				
37	Does the health ministry and other relevant ministries organize structured timely forums for preparedness knowledge sharing including risk analysis, surveillance, resources requirements and post recovery planning?	Structured timely forums organized regularly with clear follow up actions	1.0	STRONG
INFORMATION AND COMMUNICATION				
■ Information systems				
38	Are there effective systems of sharing critical information with stakeholders?	There is a clear flow of information, data sharing systems and timely dissemination of guidelines and protocols	1.0	STRONG
■ Communication				

39	To what extent is the communication to the public transparent and trustworthy during public health emergencies?	Government and related agencies communicate untimely and unclearly and/or use inaccessible communication channels	0.5	MODERATE
■ <i>Communication</i>				
40	Are different community structures and platforms involved in strategies to tackle emergencies or their aftermath?	Community structures involvement is minimal, and community led strategies often not incorporated	0.5	MODERATE

SECTION C: POLITICAL ECONOMY

Political dynamics & accountability

Thematic Area Summary

Thematic Area	Avg Score	Rating	# Questions
POLITICAL ECONOMY	0.35	WEAK	10

#	Benchmarking Question	Current State / Response	Score	Rating
POLITICAL ECONOMY				
■ <i>Beneficiary politics</i>				
41	Is public participation provided for in the law?	Public engagement is provided for by the law but is not well structured	0.5	MODERATE
■ <i>Beneficiary politics</i>				
42	How does public participation happen?	There is no public participation	0.0	WEAK
■ <i>Interest group politics</i>				
43	How do key actors use their positions to influence policy (private sector, parties, CSOs)?	Both formal and informal approaches exist	0.5	MODERATE
■ <i>Interest group politics</i>				
44	Who are the reform champions? Are they organized, enough to drive reform?	Reform champions exist but are not well organized enough to drive reforms	0.5	MODERATE
■ <i>Interest group politics</i>				
45	Are reform champions empowered and influential enough to drive reforms?	Reform champions are not empowered	0.0	WEAK
■ <i>Budget politics</i>				
46	How influential is the Ministry of Health in the budget making process?	The MoH recommendations do not receive significant considerations	0.5	MODERATE
■ <i>Bureaucratic politics</i>				
47	What is the power balance between the different levels of government?	National level determines policy and implementation for all levels	0.0	WEAK
■ <i>Bureaucratic politics</i>				
48	What's the power balance between government Ministries?	MoH seeks clearance for resources for health response in shocks/emergencies	0.5	MODERATE
■ <i>External actors' politics</i>				
49	Is the international community active in driving reforms?	The international community is not vocal but is influential in driving reforms	0.5	MODERATE
■ <i>External actors' politics</i>				
50	Precedence in international community priorities	When there is no significant alignment, there is a compromise in MoH priorities and international community priorities	0.5	MODERATE



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