

COMMUNITY HEALTH FINANCING (CHF) ASSESSMENT TOOLKIT

Version 1.0.

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As of October 2024, this toolkit is in the pilot phase and an updated version will be released that incorporates feedback from various pilots. We invite partners to utilize the Community Health Financing (CHF) toolkit and collaboratively help bridge the funding gap for community health in Sub-Saharan Africa.

Background

In Sub-Saharan Africa, community health systems form an integral part of the broader healthcare landscape serving as the first line of defense in safeguarding public health. Despite their critical role, these systems grapple with chronic underfunding and inefficiencies stemming from a reliance on traditional donor-led financing and limited domestic resources. These traditional funding sources often tend to be transient, disease-specific, and often, insufficiently aligned with the long-term health priorities of the region.

The scarcity of funds is further exacerbated by the fragmented nature of community health programs, which results in duplication of efforts and hinders the progress toward a strong and sustainable health system. Additionally, the lack of a transparent and coherent financial framework complicates the identification and execution of investments that could lead to meaningful advances in community health.

As Governments and stakeholders make efforts to address these multifaceted challenges, there is a need for a collaborative strategy to diversify the funding for community health. These include enhancing the capacity of Ministries of Health and engaging a broader spectrum of stakeholders, including the private sector, to ensure a more effective allocation and use of resources. Embracing innovative financing models such as co-financing and catalytic investments and mobilizing new channels of funding could pave the way for a sustainable and resilient health financing ecosystem.

Introduction: CHF Assessment Toolkit

The proposed toolkit emerges as a resource that aims to equip governments and stakeholders with the means to comprehensively assess, strategize, and optimize their financing mechanisms for community health. The Community Health Financing Strategy Toolkit is crafted to provide government officials (including MoH, MoF, MoP officials), funders, implementing partners and other stakeholders with a framework and questionnaire to build and optimise financial strategies and resource mobilisation plans to support community health. Recognizing the limitations of traditional funding sources and the potential of alternative financing solutions, this toolkit extends its utility to a variety of community health programs that are increasingly looking beyond traditional funding to sustain and scale their impact. It is developed on the premise that every community has unique health financing needs and capabilities, and thus requires a unique approach to fund its health initiatives.

It focuses on four key aspects:

- **Assessment:** Systematically evaluates current financing needs, gaps, and the effectiveness of revenue streams. Includes context assessment, integration within the health system, stakeholder coordination, and gender considerations.
- **Innovative Financing:** Outlines a structured approach to explore new funding streams, reducing reliance on external aid. Emphasizes partnerships with the private sector and innovative mechanisms.
- **Strategy Development:** Assists in crafting evidence-based financing strategies aligned with regional needs and long-term health objectives. Integrates assessment findings for tailored, sustainable outcomes.
- **Stakeholder Engagement:** Facilitates multi-stakeholder dialogue to harness synergies and promote shared responsibilities in financing community health. Encourages collaboration among diverse stakeholders.

CHF Assessment Toolkit Components

The Community Health Financing Strategy Toolkit comprises of **three sections** focusing on key aspects:

Context Assessment (Section 1):

This section focuses on assessing the context of the community health program including alignment with local needs, coverage levels, integration into the broader health system, governance, service delivery, coordination among stakeholders, and also specifically the gender aspects of the CHW program to ensure equity and inclusivity. By analyzing these factors, stakeholders can gain insights into the program's strengths, weaknesses, and areas for improvement, ultimately guiding evidence-based decision-making and resource allocation.

Revenue Raising Analysis (Section 2):

Section 2 delves into evaluating the financial aspects of the community health program, specifically examining program costs, funding sufficiency, and identifying barriers to sustainable financing. Additionally, it assesses the stability and diversity of funding sources, as well as strategies for overcoming challenges associated with external aid dependency. Through this analysis, stakeholders can gain a comprehensive understanding of the program's financial landscape and devise strategies to enhance financial sustainability and resilience.

Innovative Financing Analysis (Section 3):

This section is dedicated to reviewing innovative financing mechanisms aimed at addressing funding gaps and ensuring the long-term sustainability of the community health program. It explores opportunities for diversifying funding sources and fostering partnerships with various stakeholders, including the private sector. By analyzing innovative financing options, stakeholders can identify novel approaches to resource mobilization and leverage strategic partnerships to strengthen the program's financial foundation.

Summary of Key Issues and Recommendations:

Each section concludes with a separate segment summarizing key issues and actionable recommendations derived from the assessment. These summaries provide stakeholders with a concise overview of critical insights and evidence-based financing strategies, serving as a basis for informed decision-making and the development of resilient community health initiatives. While the summaries are automatically generated based on global best practices and learnings, they are fully editable to align with the specific context and priorities of the community health program.

User Guide for the Toolkit

1. What the Toolkit Contains:

The Community Health Financing Strategy Toolkit is designed to assist governments and stakeholders in comprehensively assessing, strategizing, and optimizing financing mechanisms for community health programs. It includes:

- Assessment sections covering various aspects of community health financing.
- Guidance on innovative financing approaches.
- Identified key issues and recommendations for strategy development.

2. Settings for Toolkit Usage:

This toolkit is best used in settings where government officials, technical advisors, and relevant stakeholders come together to discuss and agree upon strategies for community health financing. It is recommended to utilize the toolkit in meetings or workshops facilitated by technical experts.

3. How to Answer Assessments/Sections:

Each section of the toolkit contains assessments and questions aimed at evaluating different aspects of community health financing. Users should carefully read and respond to each question based on their knowledge, expertise, and context. While it is possible to skip assessments that may not seem relevant, the most comprehensive results are obtained when all sections are answered.

4. Toolkit Usage in the Presence of Technical Advisor/Expert:

It is recommended to use this toolkit in the presence of a technical advisor or expert who can provide guidance and clarification on complex issues related to community health financing. Questions can be discussed and answered collaboratively after government groups, partners, or relevant stakeholders have come together to agree on the most suitable responses.

5. Display of Relevant Issues and Recommendations:

When an option is selected for a question, the relevant and most suitable issue and recommendation will be displayed at the end of the respective section in specific boxes. These recommendations serve as starting points and can be further edited to align with the context and specific analysis of the users.

6. Saving the Document and Data Privacy:

Once the analysis is completed, users should ensure to save and download the document for future reference and implementation of the recommended strategies. This allows for easy access to data and facilitates tracking progress when implementing any proposed solutions. User data entered into the toolkit is treated with confidentiality and privacy. Personally identifiable information will not be used for external purposes without explicit user consent.

7. Considerations:

The automated recommendations provided are a framework for guidance and may not always be fully accurate or aligned with specific contexts. Technical expertise or advice is crucial for effective implementation. Users should consider local nuances and community-specific factors when interpreting and applying recommendations.

Feedback Section:

Once you have completed the assessment using the Community Health Financing Assessment Toolkit, we value your feedback to continuously improve the toolkit's usability and effectiveness. Please take a few moments to provide your feedback on the following aspects:

1. Overall Experience:

- Rate your overall experience with using the toolkit.

Excellent

Average

Good

Poor

2. Assessment Clarity:

- How clear and understandable were the assessment questions and instructions?

Very clear

Somewhat clear

Clear

Unclear

3. Helpfulness of Assessments:

- Did the assessments help in identifying strengths, weaknesses, and opportunities for improvement in community health financing strategies?

Yes, significantly

Not really

Yes, to some extent

Not at all

4. Areas of Improvement:

- Please provide any specific areas where you think the toolkit could be improved or enhanced.

5. Suggestions for Enhancement:

- Do you have any suggestions for additional features or functionalities that you would like to see in future versions of the toolkit?

6. Any Other Comments:

- Please share any additional comments or thoughts you have regarding your experience with the toolkit.

COMMUNITY HEALTH FINANCING (CHF) ASSESSMENT TOOLKIT

Section 1: Assessing the context

Country/region
name

Name of the
initiative/program

Key participant(s)

Date of
assessment

Section 1. Indicative questions to assess the context of Community Health Program

To understand the landscape of community health program(s), their alignment with health outcomes, coverage, and integration

A. Alignment with local health needs, coverage and accessibility to services

Question 1.1. What are the specific health needs in the local context that the program aims to address?

Malaria	TB	WASH (Water, Sanitation, and Hygiene)	Other pandemic / epidemic prone diseases
RMNCH	HIV and AIDS	Nutrition	
iCCM	Adolescent health	Covid-19	

Specify (if applicable):

Question 1.2. Who are the primary intended beneficiaries of the program?

Women	Elderly
Under five-children	Specific vulnerable groups

Specify (if applicable):

Question 1.3. What is the level of community involvement in identifying local health needs?

[Choose one option]

Question 1.4. What is the current reach of the community health program/ compared to the target population?

[Insert range/
value] %

Question 1.5. What is the ratio of CHWs to the population or households?

[Insert Value] One CHW per households

Question 1.6. How accessible are services to remote or hard to reach areas?

[Choose one option]

Question 1.7. Describe the basis for entitlement.

Mandatory

Voluntary

Automatically enrolled

Other

Question 1.8. Are there any co-payments or user fees for accessing health services?

[Choose an option]

Full

Partial

Minimal

No copayment

B. Integration with broader health systems, adequacy of a policy and legal framework

Question 2.1. How well integrated are community health services within the national health system?

[Choose an option]

Question 2.2. Does the planning and budgeting process for the health sector include community health programs? Is there a specific budget line designated for these programs within the overall budget framework?

[Choose an option]

Question 2.3. Are there integrated financial information systems (e.g., CHIS, HMIS, HRIS etc.) that facilitates seamless financial data exchange and analysis?

[Choose an option]

Question 2.4. Is there a costed operational plan / annual / multi-year planning document for the program?

[Choose an option]

Yes

No

Other

Question 2.5. Is there a legal framework and/or broader HRH planning, health sector development and other plans like PPR where CHWs are recognized?

[Choose an option]

Comprehensive legal framework - National legislation clearly defining the roles, rights, and responsibilities, fair compensation & protection for CHWs

Emerging legal recognition - Initial steps taken / ongoing discussions towards recognizing CHWs in policy documents or regional guidelines

No explicit framework - CHWs may operate based on general health regulations without dedicated provisions

Other

C. Effectiveness of governance structures

Question 3.1. How is the financing for the community health program governed?

[Choose an option]

Highly centralized with limited decentralization

Decentralized with local authorities driving financing decisions

Decision-making at the national, regional and local level

Question 3.2. Who are the stakeholders involved and what role do they play?

	Ministry of Health (MoH)	Ministry of Finance (MoF)	Health facilities	CHW(s)	Funders	NGOs	Community leaders / reps
Deliver health services, health education and link community with health system							
Sets policies, provides leadership, and oversees planning for program.							
Allocates funds, and supports financial planning for program							
Provide infrastructure, supervision and engage with CHWs for service delivery.							
Provide financial support for implementing and sustaining program through partnership with government							
Implement & support community health initiatives							
Mobilize community resources and advocate for local health needs							

Other stakeholders and roles (if any):

Question 3.3. Is there an investment case for community health that is being utilized?

[Choose an option]

Yes

No

C. Effectiveness of governance structures

Question 3.4. How well coordinated are different funders and stakeholders?

[Choose an option]

Highly coordinated

Moderately coordinated

Limited coordination

Other

Question 3.5. What are the decision-making processes?

[Select all that apply]

Participatory decision-making

Multi-stakeholder collaboration

Strategic planning committee

Top-down decision making

Data-driven decision-making

Question 3.7. What are the monitoring and accountability mechanisms?

[Select all that apply]

Oversight committees

Reporting of CHW data by national and sub-national offices

One monitoring & accountability framework for all partners

Other

Question 3.8. How is financial information / data used to inform decision-making for resource allocation?

[Choose an option]

Question 3.9. How is financial data related to community health programs collected and managed?

[Select all that apply]

Through a centralized government reporting system

Combination of government reporting and private sector involvement

Utilizing digital health platforms or real-time reporting

Financial data is not systematically collected

Annual audits of community health program expenditures

D. Training, supervision, compensation, retention and linkage to the Health System

Question 4.1. How is training provided to CHWs?

[Choose an option]

Question 4.2. What is the ratio of supervisor to CHW?

One supervisor per CHWs

Specify (if applicable)

Question 4.3. How are CHWs compensated?

[Select all that apply]

Fixed salary by national authorities

Training and professional development opportunities

Performance-based compensation

Other

Fee-for-service basis

Question 4.4. What are the factors are contributing to the retention of CHWs?

[Select all that apply]

Adequate compensation

Recognition and incentives

In-kind incentives

Supportive work-environment

Fixed stipend from funder / donor

Other

Question 4.5. Is the referral system well-integrated with the health facilities for all services?

[Choose an option]

Question 4.6. How many CHW cadres deliver the same services? Has that led to duplication of services?

different cadres

Yes, services duplicated

No duplication

Not applicable

Specify (if applicable)

E. Gender analysis

<p>Question 5.1. What is the gender distribution among active CHWs in the country or region?</p>	<p>Majority are female</p> <p>Majority are male</p>	<p>Roughly equal distribution</p> <p>Unclear</p>
<p>Question 5.2. What age group do the majority of female CHWs belong to?</p>	<p>Mostly young (18-30)</p> <p>Mixed age range</p>	<p>Age range (30-45)</p> <p>Mostly older (45+)</p>
<p>Question 5.3. Are CHW roles clearly defined within the program?</p>		
<p>Question 5.4. Do CHWs have formal contracts outlining working conditions, remuneration, and rights?</p>		
<p>Question 5.5. Are female CHWs represented in leadership and supervisory positions within the program?</p>	<p>Yes, female CHWs hold leadership and supervisory roles.</p> <p>Some female CHWs hold such roles, but not many.</p> <p>No, female CHWs are not represented in leadership or supervision roles.</p>	
<p>Question 5.6. Are CHWs regularly consulted regarding the adequacy of their incentives or salary?</p>		
<p>Question 5.7. What are the typical working hours per day for CHWs, and how are majority of CHWs currently engaged?</p>	<p>Majority are full-time</p>	<p>Majority are part-time</p> <p>Majority work varied hours</p>
<p>Question 5.8. Is there gender parity in the salary scale for CHWs, or are there discrepancies based on gender?</p>	<p>Equal pay for equal work regardless of gender.</p> <p>Different pay scales for male and female CHWs.</p> <p>Pay scales vary based on factors other than gender.</p>	
<p>Question 5.9. Does the program provide avenues for career progression or CHWs?</p>		

Identified key issues and proposed recommendations from the Section 1 assessment

1. Level of community involvement



2. Coverage and accessibility



3. Co-payments and user fees



4. Integration of services with the health system



5. Integration into national plans / strategies / budget



6. Integrated financial information systems



7. Costed operational plan



8. Investment case for Community Health



9. Legal framework recognizing Community Health Workers (CHWs)



10. Governance structures for financing community health



I



II



III



IV



11. Role of stakeholders



12. Level of coordination between funders and stakeholders



13. Training and supervision of CHWs



|



||



14. Compensation of CHWs



15. Retention of CHWs



16. Linkage to the health system / referrals



17. Duplication of services and multiple CHW cadres



18. Gender analysis



18. Gender analysis



COMMUNITY HEALTH FINANCING (CHF) ASSESSMENT TOOLKIT

Section 2: Assess revenue raising aspects

Section 2. Indicative questions to assess revenue raising aspects

To analyze the diversity, stability, and sufficiency of current funding streams for the community health program

A. Costing of the program and sufficiency of funding

Question 1.1. Are there mechanisms (i.e., budgeting processes, financial planning tools, strategies, M&E systems, stakeholder group) in place to cost and scale the program?

Robust and well-defined mechanisms are established for both costing and scaling

Some mechanisms exist, but there are gaps in either costing or scaling

Basic mechanisms are in place, but they lack detail or effectiveness

There are no established processes or tools for either costing or scaling

The presence or effectiveness of mechanisms is ambiguous / not well-documented

Question 1.2. What are the costs, available funding and funding gap of the program?

Year	Costs	Scale-up costs	Available funding
1			
2			
3			
4			
5			
	Total costs	Available funding	Total funding gap

Question 1.3. What were the 3 main cost drivers for the program?

Salaries / Incentives

Training and supervision

Commodities

Overhead

Equipment

Other

Question 1.4. Is the current funding considered sufficient to meet the ongoing needs of community health program?

Adequate funding - sufficient to meet the ongoing needs of the program, allowing for effective and sustained operations

Slightly insufficient - while the program can function, there are some challenges or limitations due to a slight insufficiency in funding

Moderately insufficient - leading to notable challenges in meeting all ongoing program needs

Significantly insufficient - funding falls significantly short of meeting the ongoing needs

Varies across components - sufficiency varies across different components of the program, with some areas adequately funded while others face challenges

B. Diversification, stability and predictability of funding sources

Question 2.1. What are the main sources of funding for community health programs?

African Development Bank Loans	Grants (Other)	Tax (Income & profit)
Blended Financing	Grants (World Bank – IDA)	Voluntary Contributions
Debt financing & reduction	Private Provider Financing	World Bank Loans
Global Fund - Debt2Health	Securities & Derivatives	Results-, Output- & Performance-Based Mechanisms
Grants (African Development Fund (ADF))	Social Impact Bonds (SIBs)	
Grants (Gavi)	Tax (Goods & Services)	

Please specify (if other):

Question 2.2. How stable and predictable are each funding source for the program over a number of years?

Long-term commitments from stable government budgets or reliable consistent multi-year agreements with major donors

Funding sources exhibit some degree of stability / predictability, with multi-year commitments from various donors and government allocations

Sources show variability, with periods of stability and unpredictability, influenced by changes in government priorities or donor contributions

Funding largely dependent on annual budget allocations, leading to uncertainties in long-term planning

Funding sources lack consistent patterns, making it challenging to anticipate financial support over multiple years

Question 2.3. Does your country have debt-capacity?

Yes, the country has sufficient debt capacity to support health programs

Moderate debt capacity, with some limitations on additional borrowing

Limited debt capacity, requiring careful consideration for any new financial commitments

No, the country's debt capacity is exhausted, and additional borrowing is not feasible

C. Effective pooling of funds at different levels

Question 3.1. How are each of these funds pooled at different levels (national, regional, or local)? [Select all that apply]

Funds centrally managed at the national level

Allocation based on regional needs, managed regionally

Local pooling with community involvement and oversight

Combination of national, regional, and local pooling

Decentralized pooling with a focus on community-driven initiatives

Comments:

D. Fragmentation and coordination

Question 4.1. How is coordination ensured with other community health programs to prevent fragmentation and duplication of efforts?

Regular inter-program meetings / coordination committees

Limited coordination, mostly at the partner / national level

No specific coordination mechanisms in place

Ad hoc coordination based on program priorities

Question 4.2. Are there mechanisms for collaborative financial planning and resource allocation between programs to avoid redundancy?

Yes, there is a structured collaborative financial planning process

Some informal discussions but no formal mechanisms

Limited collaboration leading to potential redundancy

No evidence of collaborative financial planning

Question 4.3. Is there evidence of joint fundraising initiatives or pooled financing to address common health priorities and maximize financial resources?

F. Barriers to adequate funding

Question 5.1. What are the barriers preventing adequate funding?

Lack of government commitment and changing priorities

Limited donor support and external funding

Lack of strong inter-ministerial coordination

Other

Poor documentation of program impact and outcomes

Lack of data and information systems

Barriers are not clearly identified or documented

Question 5.2. Is there a system in place to mitigate these barriers to financing? E.g., TWG, data collection systems.

Well-established systems, including Technical Working Groups (TWGs)

Some efforts, but no comprehensive system in place

Limited mitigation strategies; reliance on ad hoc solutions

No evidence of systematic efforts to address funding barriers

Summary of key identified issues and recommendations based on the assessment section 2

1. Costing of the program



I



II



2. Sufficiency of funding



3. Diversification, stability and predictability of funding sources



4. Debt capacity



5. Effective pooling of funds at different levels



6. Fragmentation and Coordination



7. Barriers to adequate funding



COMMUNITY HEALTH FINANCING (CHF) **ASSESSMENT TOOLKIT**

Section 3: Innovative Financing Analysis

Section 3. Innovative Financing Analysis

Review and evaluate innovative financing mechanisms for applicability, feasibility, alignment with program goals

A. Financing goals

Question 1.1. What are the goals of financing mix for the program in the short and the long term?

Reduce reliance on external aid

Increased and more optimized allocation of funding

Increase domestic financing for community and primary healthcare

Achieve a balanced mix of public and private funding

Country meets their Abuja commitments for domestic financing

Other

B. Review of current innovative financing mechanisms

Question 2.1. What are the innovative financing mechanisms currently in use or have been used (if any)? [Skip question if none]

Blended Financing

Grants

Debt financing & reduction

Private-Provider Financing

Voluntary Contributions

Results-, Output-, and

Securities and Derivatives

Performance-Based Mechanisms

Please specify
(if possible)

Question 2.2. How well have previous innovative financing mechanisms performed in terms of increasing funding for community health program? **[if Question 2.1. was answered]**

Question 2.3. What are the **proposed** innovative financing mechanisms based on the assessment? [Tick the category and specify by selecting from the list]

Blended Financing

Debt financing & debt reduction

Grants

Private-Provider Financing

Voluntary Contributions

Results-, Output-, and Performance-Based Mechanisms

Securities and Derivatives

[Select only the most suitable option from each box]

Question 2.4. Approximately how much funding can **proposed** mechanism(s) make available per year to the program? (avg. funding size/length of funding)

Average funding size <\$2.5 million annually

Average funding size between \$2.5 to \$25 million annually

Average funding size >\$25 million annually

Other comments

Question 2.5. Is the program eligible for the proposed instrument?

Highly eligible, meeting all criteria and requirements

Moderately eligible, meeting some conditions

Limited eligibility, contingent on specific conditions or requirements

Not eligible, as it does not meet essential criteria

Question 2.6. How does it align with the funding gaps for the program?

C. Applicability of mechanisms to the local context

Question 3.1. How relevant is each innovative financing mechanism to the political and economic context of the region?

Question 3.2. How well do potential innovative financing mechanisms align with the specific needs of the program?

Question 3.3. How likely is it that this funding can be used for Community Health (CH)?

CH could theoretically be in scope of funding but health system strengthening is not a stated funding stream or priority, funding has never been used for CH

Health system strengthening or core CH interventions (e.g., iCCM) are a specific funding stream or stated priority, however, funding source has rarely been used for nationalized CH cadres

Health system strengthening or core CH interventions (e.g., iCCM) are a specific funding stream, and funding source has been used multiple times to support nationalized CH cadres in the past and/or CH is an explicit priority

D. Political and technical feasibility

Question 4.1. How is political will for the adoption of innovative financing mechanisms?

Question 4.2. How easy is it to access this funding? (Ability to apply proactively, clarity/transparency of process, transaction costs associated with applying, etc.)

Easy access with a straightforward transparent application process, moderate transaction costs with limited alignment from MoH

Moderate ease of access; some complexities in the application; moderate alignment from MoH

Difficult access with unclear processes and high transaction costs; needs significant inter-ministerial and MoH alignment

Cannot apply / very difficult access; the process is not transparent or well-defined

Question 4.3. What stakeholder buy-in is necessary for successful implementation?

Comprehensive stakeholder buy-in required, including strong support from MoH, governmental bodies, NGOs, and community representatives

Moderate stakeholder buy-in needed, involving collaboration from MoH and some key partners

Limited stakeholder buy-in required, primarily focused on obtaining

Minimal stakeholder buy-in necessary; successful implementation feasible with the support of MoH alone

E. Shortlist of suitable financing options

Question 5.1. Based on the assessment, which are the most promising innovative financing mechanisms for the community health program?

Question 5.2. What are the resources needed to implement these mechanisms?

Question 5.3. Are there other considerations / dependencies?

F. Proposed impact and risks

Question 6.1. What is the projected impact of the proposed financing mechanisms on community health outcomes?

Significant improvement in preventive and curative services, leading to a substantial boost in community health outcomes

Expected enhancement in the accessibility and quality of services, resulting in a moderate positive impact on community health

Limited improvement in community health outcomes, with potential advancements in specific areas but overall impact constrained

Uncertain impact; dependent on factors like successful implementation, community engagement, and external influence

Question 6.2. What are the potential risks of the proposed financing mechanisms on community health outcomes?

Financial risks, such as budget constraints or funding uncertainties

Regulatory risks, including compliance challenges with health regulations

Political risks, such as changes in government priorities affecting community health programs

Implementation risks, potentially hindering effective execution of planned interventions

Other:

(Specify any additional risks specific to the context)

Summary of key identified issues and recommendation based on Section 3 assessment

1. Financing goals for the community health program



2. Review of current innovative financing mechanisms



3. Proposed innovative financing mechanisms



4. Eligibility and applicability of mechanisms to the local context



5. Political and technical feasibility



6. Shortlist of suitable financing options



7. Proposed impact and risks

