Primary Impact M4A Framework - Categories and Domains

PHC Oriented Country Health System

**INPUTS (5Ss)**
- Physical Infrastructure
- Health Workforce
- Commodities and Other Health Products
- Financial Resources
- Health Information and Surveillance

**PROCESSES (5Ms)**
- Models of PHC Delivery
- Community Engagement and Partnership in PHC
- Subnational and Facility Management (5Ms)
- Integration and Interoperability of Systems
- Resilient Health Systems and Services

**OUTPUTS (5Cs)**
- Comprehensiveness
- Continuity
- Coordination
- First Contact Accessibility
- Person-Centered Access and Availability
- Quality PHC

**OUTCOMES**
- Effective and equitable coverage
- UHC Financial Protection
- Health Security

**IMPACT**
- Equitable and Resilient Health Systems
- Improved Health Status

Continuity of well-coordinated, comprehensive, quality, and people centered primary care services provided across client lifespan.
The Measurement for Action (M4A) Framework - Domains and Subdomains

**PHC Oriented Country Health System**

**INPUTS (5Ss)**
- Space, Staff, Stuff, Surveillance, Systems
- Physical Infrastructure
- Health Workforce
- Commodities and Other Health Products
- Financial Resources
- Health Information and Surveillance

**PROCESSES (5Ms)**
- Management, Measurement, Monitoring, Motivation, Multidisciplinary Teams
- Models of PHC Delivery
  - Facility and community-based PHC delivery
  - Active community outreach
  - Care for at-risk populations
  - Service integration and referral
- Community Engagement and Partnership in PHC
  - Social accountability
  - Community engagement in PHC design
- Subnational and Facility Management (5Ms)
  - Budget allocation and execution
  - HRH management capacity and performance
  - Data reporting
  - Systems for improving PHC quality
- Integration and Interoperability of Systems
  - Supply chain
  - Health management information systems
  - Financial systems
- Resilient Health Systems and Services
  - Continuity of services
  - Pandemic preparedness

**OUTPUTS (5Cs)**
- Comprehensiveness, Continuity, Coordination, First Contact Accessibility, Person-Centered
- Access and Availability
  - Accessibility, affordability, acceptability
  - Service availability and readiness
  - Utilization of services
- Quality PHC
  - Core primary care functions
  - First Contact accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Responsiveness and people-centered care
- Integrated care delivery
- Effectiveness
- Safety

**OUTCOMES**
- Effective and equitable coverage
- UHC Financial Protection
- Health Security

**IMPACT**
- Equitable and Resilient Health Systems
- Improved Health Status

**Continuity of well-coordinated, comprehensive, quality, and people centered primary care services provided across client lifespan**
Models of care are optimally structured and implemented to deliver integrated and well-coordinated patient-centered services within communities, including community-based care and use of empanelment.

Effectively empowered communities with established governance structures engage in planning and provide feedback related to PHC service delivery, including in setting local priorities.

Optimal management within subnational units and in facilities effectively manages budget allocation and execution, health workforce planning and performance, quality improvement and assurance systems, and PHC service delivery.

Supply chain, laboratory, and information systems are integrated and interoperable, increasing efficiencies and further enabling patient-centered care.

Subnational units and facility systems effectively respond and adapt to public health and other emergencies, and maintain continuity of essential PHC service provision.
We will emphasize a light-lift approach to additional data collection at the facility and subnational level, by leveraging data that is already being collected and supplementing existing data collection efforts with a checklist-based approach.

As we test and learn from the framework, initial core indicators will capture PHC status across three levels of the health system.

### Measurement group

<table>
<thead>
<tr>
<th>Frequency</th>
<th>PHC foundations</th>
<th>Measuring for Impact*</th>
<th>Monitoring for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline + endline</td>
<td>Areas critical for PHC governance, design, and delivery, but not easily changed or directly targeted by USAID's PHC work</td>
<td>Longer-term outcomes and impacts representing the main goals of USAID's PHC work</td>
<td>Areas USAID can directly or indirectly strengthen for timely change within 3 months to a year</td>
</tr>
<tr>
<td>Baseline + endline + Recommended every 6 months</td>
<td>2</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>

*These indicators align with the GH Common Indicators and will be collected by that team

**28 unique indicators; 3 are collected at more than one level, and have been counted at each level

### Tools

- **Facility Checklist**
  - inclusive of Client Exit Survey
  - Service readiness (staffed and stocked)
  - Service Integration
  - Quality of Care
  - Recommend every 6 months

- **Subnational Checklist**
  - Capacity & Performance Review
  - Looks at management capacities and how data are used for SNU management
  - Includes coverage estimates for SCI
  - Done at baseline, endline

- **National Checklist**
  - Desk review and checklist
  - Focused on key systems, structures, or policies that need to be in place or need to be considered, including financing
  - Done at baseline
# Recommended core indicators (1 of 2)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomain</th>
<th>Short Indicator Name</th>
<th>F</th>
<th>SNU</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Infrastructure</td>
<td></td>
<td><strong>Facilities meet core physical infrastructure requirements</strong></td>
<td><a href="#">M4C</a></td>
<td></td>
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<tr>
<td>Health Workforce</td>
<td></td>
<td><strong>Health worker vacancy rates</strong></td>
<td><a href="#">M4C</a></td>
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<tr>
<td>Commodities and Other Health Products</td>
<td></td>
<td><strong>Availability of essential medicines</strong></td>
<td><a href="#">M4C</a></td>
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<td></td>
<td></td>
<td><strong>Availability of priority medical equipment and other medical devices (national standards)</strong></td>
<td><a href="#">M4C</a></td>
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</tr>
<tr>
<td>Models of PHC Delivery</td>
<td>Facility and community-based PHC delivery</td>
<td><strong>Existence of formal Community Health Worker program</strong></td>
<td><a href="#">M4C</a></td>
<td></td>
<td><strong>PHC-F</strong></td>
</tr>
<tr>
<td></td>
<td>Active community outreach</td>
<td><strong>Proactive population outreach occurring</strong></td>
<td><a href="#">M4C</a></td>
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<tr>
<td></td>
<td></td>
<td><strong>Existence of an Empanelment System which assigns patients to providers and is used for active population outreach</strong></td>
<td><a href="#">PHC-F</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Engagement and Partnership in PHC</td>
<td>Social accountability</td>
<td><strong>Extent to which subnational units and facilities ensure social accountability of PHC to the community served</strong></td>
<td><a href="#">M4C</a> <a href="#">M4C</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subnational and Facility Management (SMs)</td>
<td>Budget allocation and execution</td>
<td><strong>Existence of facility budgets and expenditures meeting criteria</strong></td>
<td><a href="#">M4C</a></td>
<td></td>
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<td></td>
<td>HRH—management capacity and performance</td>
<td><strong>A. Supportive supervision routinely conducted</strong></td>
<td><a href="#">M4C</a></td>
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<td></td>
<td></td>
<td><strong>B. Provider availability (absence rate)</strong></td>
<td><a href="#">M4C</a></td>
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<td></td>
<td></td>
<td><strong>Facility and district management capability and leadership</strong></td>
<td>[M4C] <a href="#">M4C</a></td>
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<tr>
<td></td>
<td>Systems for improving PHC quality</td>
<td><strong>Performance measurement and management for PHC quality improvement</strong></td>
<td><a href="#">M4C</a></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Facilities have systems to support quality improvement and safety</strong></td>
<td><a href="#">M4C</a></td>
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</tbody>
</table>

Indicators in **bold** map to PHCMFI; indicators in *italics* map to other data collection efforts (such as PMA, DHS/MICS, UN IGME).
## Recommended core indicators (2 of 2)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomain</th>
<th>Short Indicator Name</th>
<th>F</th>
<th>SNU</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access and Availability</strong></td>
<td>Accessibility, affordability, acceptability</td>
<td>Geographical access to PHC services</td>
<td>PHC-F</td>
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<tr>
<td><strong>Quality PHC</strong></td>
<td></td>
<td><strong>First-contact accessibility</strong></td>
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<td></td>
<td></td>
<td>Patient-reported experience of first-contact accessibility</td>
<td>M4C</td>
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<td></td>
<td><strong>Continuity</strong></td>
<td>Service gaps between ANC1-ANC4, DPT1/Penta1-DPT3/Penta3</td>
<td>M4C</td>
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<tr>
<td></td>
<td></td>
<td>Patient-reported experience of service continuity</td>
<td>M4C</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Existence of referral completion tracking system (facility)</td>
<td>PHC-F</td>
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<td></td>
<td><strong>Comprehensiveness</strong></td>
<td>Patient-reported experience of comprehensiveness</td>
<td>M4C</td>
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<td></td>
<td><strong>Coordination</strong></td>
<td>Completion of referral loops</td>
<td>M4C</td>
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<tr>
<td></td>
<td></td>
<td>Patient-reported experience of coordination</td>
<td>M4C</td>
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<tr>
<td></td>
<td><strong>Responsive and people-centered care</strong></td>
<td>Patient-reported experience of responsiveness and trust in care</td>
<td>M4C</td>
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<td></td>
<td></td>
<td>Facilities have mechanism for patient complaints and feedback</td>
<td>M4C</td>
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<tr>
<td></td>
<td><strong>Integrated care delivery</strong></td>
<td>Composite indicator for integrated service delivery</td>
<td>M4C</td>
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<tr>
<td><strong>Effective and Equitable</strong></td>
<td><strong>Coverage</strong></td>
<td><em>Health Service Coverage Index</em></td>
<td>M4I</td>
<td>M4I</td>
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<tr>
<td><strong>Improved Health Status</strong></td>
<td>Child and maternal deaths prevented</td>
<td>Preventable Mortality Index (All-cause U5 mortality rate)</td>
<td>M4I</td>
<td></td>
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<tr>
<td><strong>Improved Health Status</strong></td>
<td></td>
<td>Preventable Mortality Index (Women’s mortality (15-49))</td>
<td>M4I</td>
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Acknowledgements and Contacts

For questions, please contact the USAID/GH Primary Impact Leads <GHAPHCLeads@usaid.gov>

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