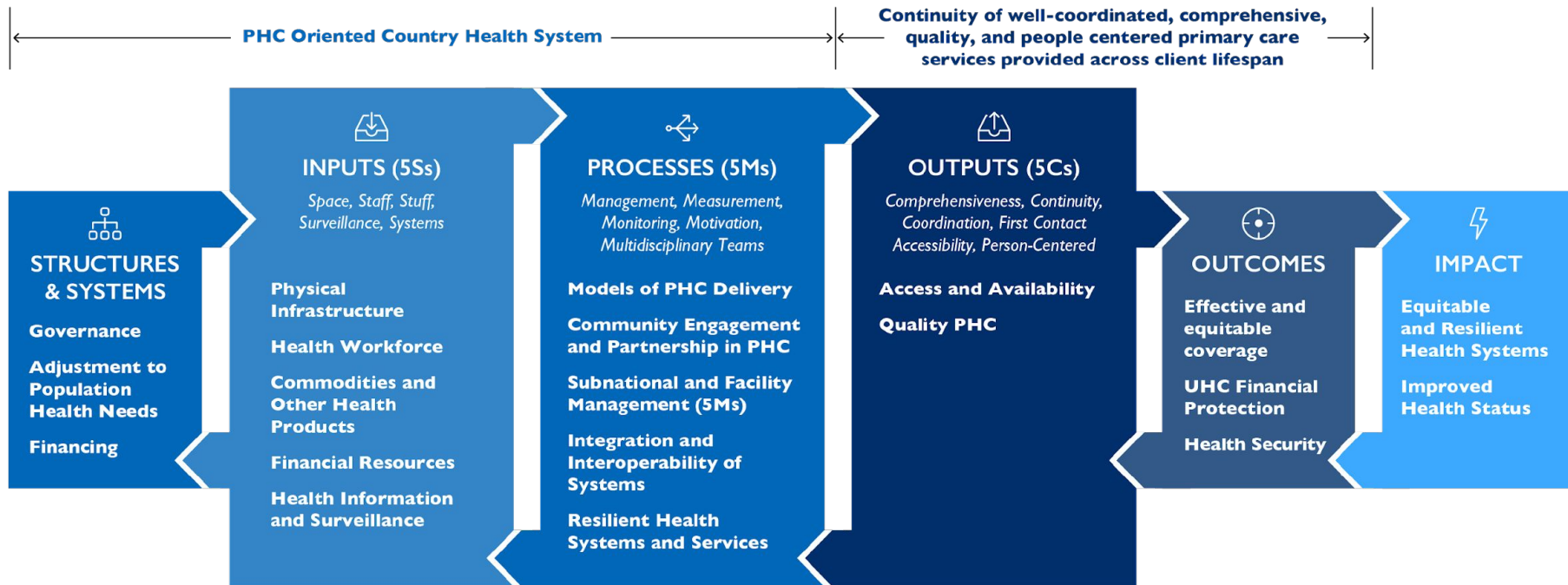
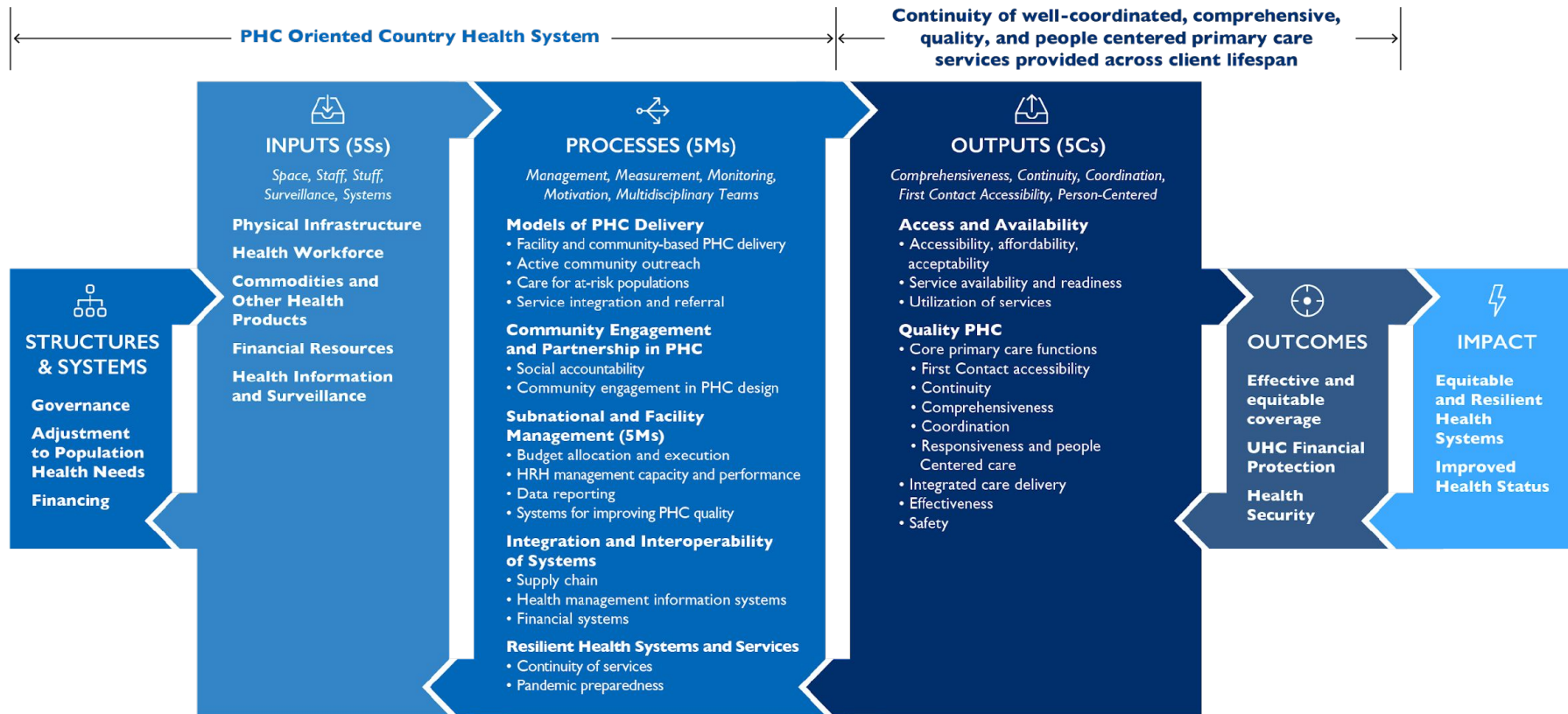


Primary Impact M4A Framework - Categories and Domains



The Measurement for Action (M4A) Framework - Domains and Subdomains



The Five Process Domains

1

Effective Models of PHC Delivery

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

2

Community Engagement & Partnership

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

3

Sub-National & Facility Management

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

4

System Integration & Interoperability

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

5

Resilient Health Systems & Services

Subnational units and facility systems effectively respond and adapt to public health and other emergencies, and maintain continuity of essential PHC service provision

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

Frequency	Measurement group	Facility	Subnational	National	Total
Baseline + endline	PHC foundations Areas critical for PHC governance, design, and delivery, but not easily changed or directly targeted by USAID's PHC work	2	1	1	4
	Measuring for Impact* Longer-term outcomes and impacts representing the main goals of USAID's PHC work		1	3	4
Baseline + endline + Recommended every 6 months	Monitoring for change Areas USAID can directly or indirectly strengthen for timely change within 3 months to a year	21	2	0	23
	Total	23	4	4	31*

Tools

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.

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

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

*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

Recommended core indicators (1 of 2)

Domain	Subdomain	Short Indicator Name	F	SNU	N
Physical Infrastructure		Facilities meet core physical infrastructure requirements	M4C		
Health Workforce		Health worker vacancy rates	M4C		
Commodities and Other Health Products		Availability of essential medicines	M4C		
		Availability of priority medical equipment and other medical devices (national standards)	M4C		
Models of PHC Delivery	Facility and community-based PHC delivery	Existence of formal Community Health Worker program			PHC-F
	Active community outreach	Proactive population outreach occurring	M4C		
		Existence of an Empanelment System which assigns patients to providers and is used for active population outreach	PHC-F		
Community Engagement and Partnership in PHC	Social accountability	Extent to which subnational units and facilities ensure social accountability of PHC to the community served	M4C	M4C	
Subnational and Facility Management (5Ms)	Budget allocation and execution	Existence of facility budgets and expenditures meeting criteria	M4C		
	HRH—management capacity and performance	A. Supportive supervision routinely conducted	M4C		
		B. Provider availability (absence rate)	M4C		
		<i>Facility and district management capability and leadership</i>	M4C	M4C	
	Systems for improving PHC quality	Performance measurement and management for PHC quality improvement	M4C		
Facilities have systems to support quality improvement and safety		M4C			

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)

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

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

Acknowledgements and Contacts

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