



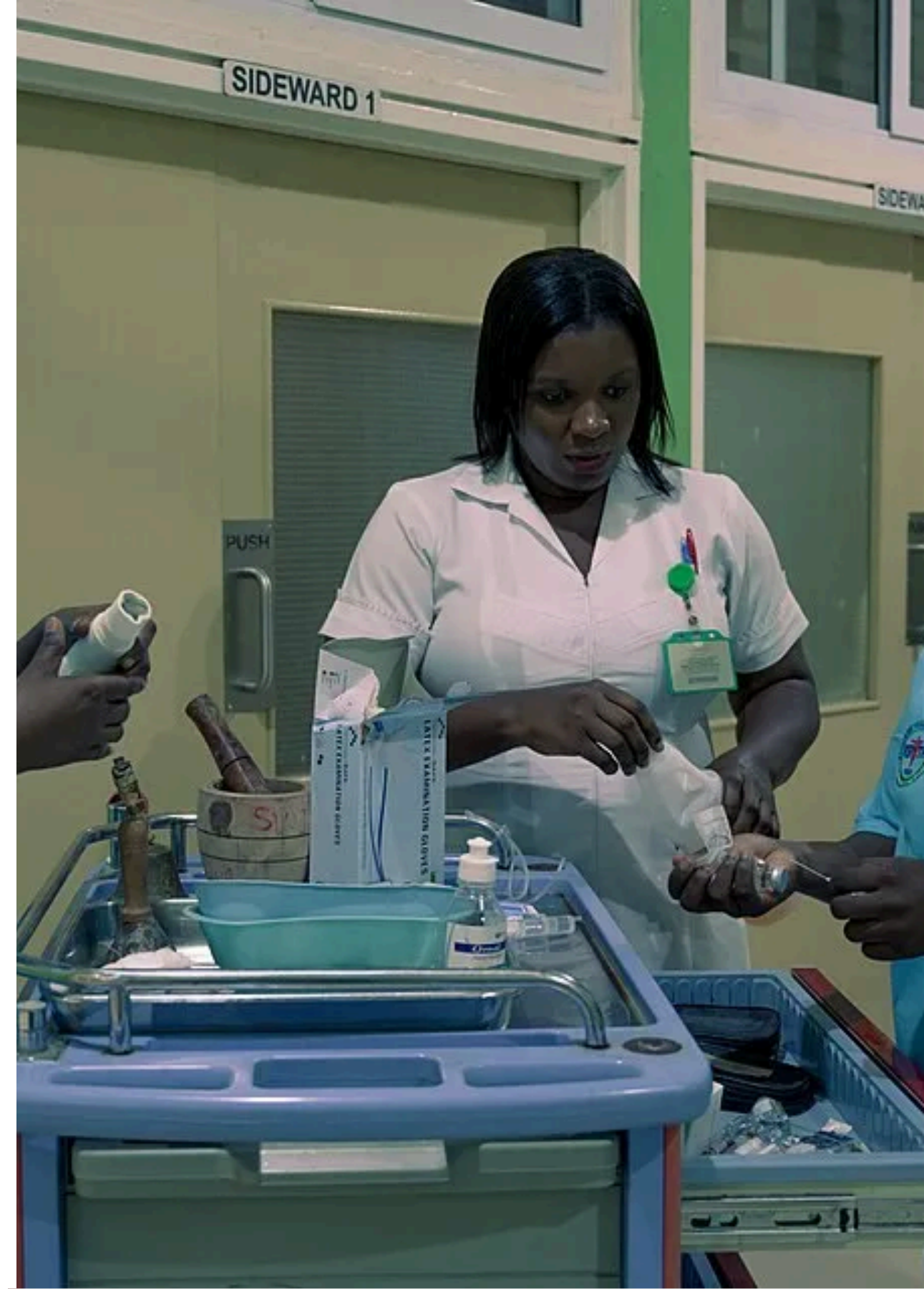
Concept note • Version 1.0 • October 2026

The PBHI Health System Strengthening Monitoring, Evaluation and Learning Framework

PBHI HSS-MEL

A capability-based approach to assessing and improving
district primary health care in sub-Saharan Africa

Developed and owned by Powered by Health Initiative



01

The problem

WHAT IS USUALLY COUNTED

Health workers trained

Facilities built

Consultations recorded



WHAT IT DOES NOT SHOW

Can people reach care?

Is the care good quality?

Do people stay in care?

Are they protected from financial hardship?

New facilities change little if they lack staff, essential medicines, electricity or referral links.



02

What the framework does

1

Measurement

Establish the current state and performance of a health system.

2

Evaluation

Determine whether, how and why capabilities and outcomes change.

3

Decision support

Turn findings into priorities, resource allocation, corrective action and accountability.



03

Where we start

District-level primary health care in sub-Saharan Africa, where PBHI already works with communities, facilities and health authorities.

EXISTING FRAMEWORKS IT BUILDS ON

- ✓ WHO health system building blocks¹
- ✓ WHO health system performance assessment^{2,3}
- ✓ WHO and UNICEF primary health care measurement⁴
- ✓ PHCPI Vital Signs Profiles⁵
- ✓ OECD DAC evaluation criteria⁶
- ✓ Systems thinking for health systems⁷



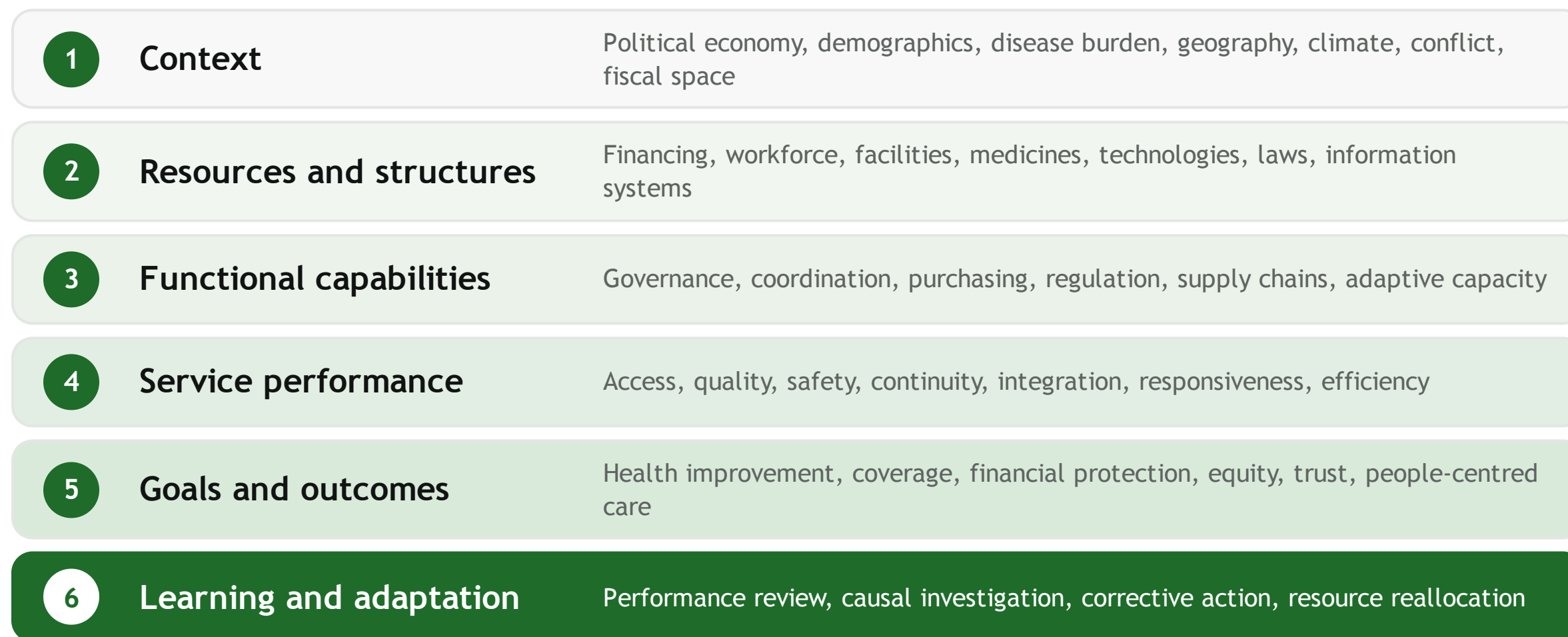
04 • Intended contribution

Linking the measurement of system capabilities with the diagnosis of bottlenecks and the mechanisms behind them.

Whether this adds value beyond existing tools will be tested through a structured review before any claim of novelty is made.

05

The six-layer model



CROSS-CUTTING

Equity

Resilience

Sustainability

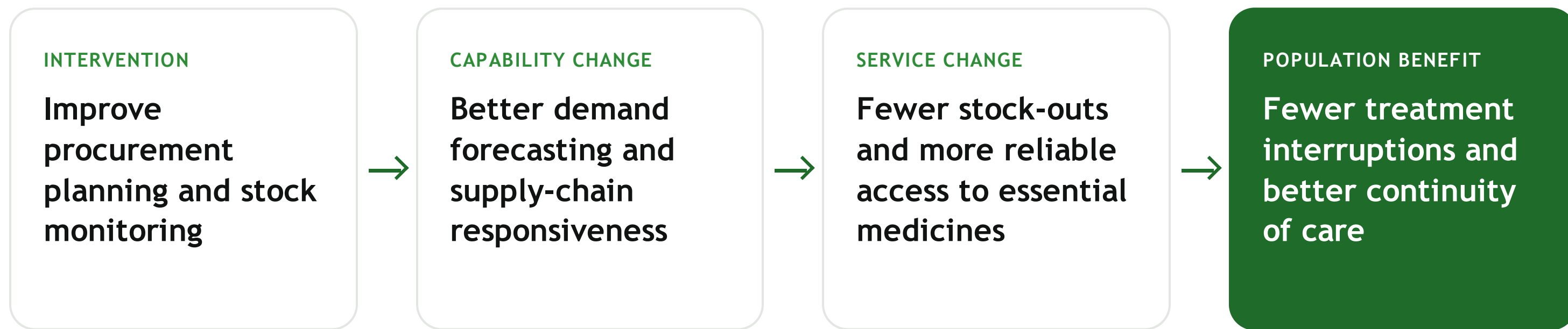
Accountability

Integration

The links between layers are hypotheses to be tested, not fixed pathways that every system follows.

06

Example: essential medicines



THE PATHWAY DEPENDS ON



07

Eight core domains

D1

**Governance and
accountability**

D2

**Financing and
financial protection**

D3

Health workforce

D4

**Service delivery and
quality**

D5

**Medicines and health
technologies**

D6

**Health information
and digital systems**

D7

**Infrastructure and
operational readiness**

D8

**Resilience and
community
engagement**

08

Four tiers of indicators

Tier 1 **Core**
A small, standardised set for comparison

Tier 2 **Domain**
Detailed measures for programme management

Tier 3 **Context-specific**
Measures adapted to local priorities

Tier 4 **Diagnostic and research**
Mechanisms, interactions and causal pathways

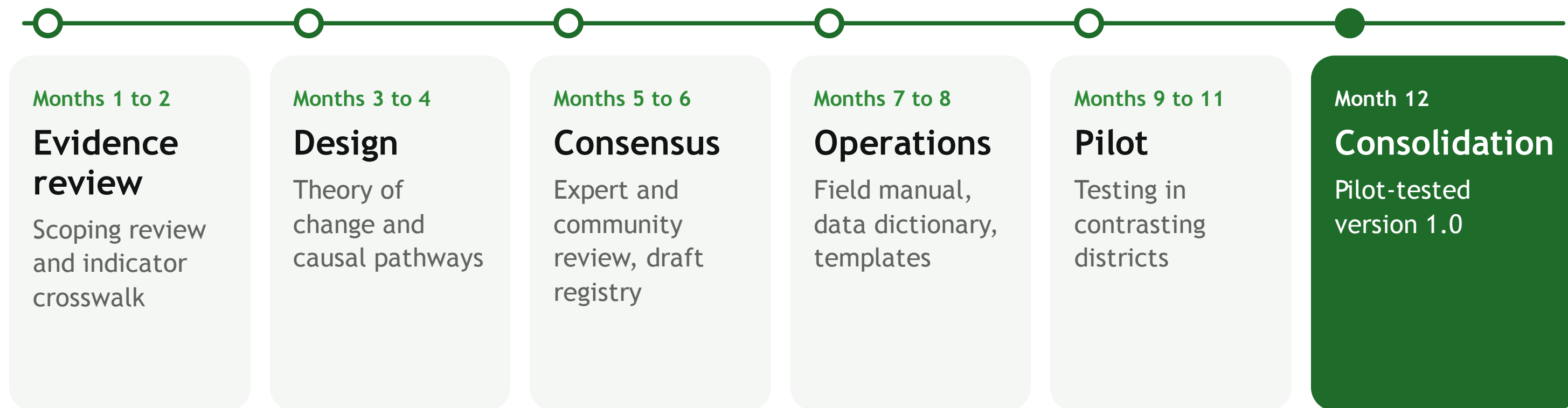
EACH INDICATOR SPECIFIES

- ✓ Definition and rationale
- ✓ Data source and frequency
- ✓ Disaggregation for equity
- ✓ Quality requirements and limitations
- ✓ The action a result should trigger

Existing data such as DHIS2 and facility and household surveys are reused wherever possible.

09

12-month development plan



Full validation across settings will take longer and will depend on partners, data access and funding.

10

How results will be reported

LEVEL 1

Indicator values, trends and data quality

LEVEL 2

Domain profiles, bottlenecks and inequalities

LEVEL 3

A whole-system profile and priority actions

RESULTS WILL BE PRESENTED AS PROFILES, NOT A SINGLE SCORE, SO THAT

✓ strong results in one area do not hide failure in another

✓ averages do not hide inequality

✓ better data do not make a system look worse

The framework is for learning and improvement, not for penalising under-resourced systems.

11

Expected outputs

Technical framework

Conceptual model, indicator registry and data dictionary

Field toolkit

Assessment manual, collection tools and decision-support templates

Validation protocol

Pilot methods, adaptation rules and version control

FOUR PLANNED PAPERS

PAPER 1

Scoping review of existing frameworks

PAPER 2

Framework development study

PAPER 3

Pilot and validation study

PAPER 4

Applied evaluation

12

Work with us

PBHI leads and maintains the framework. We would like to work with ministries, district health teams, research partners, funders and implementing organisations to develop and test it. Contributions will be acknowledged in all outputs.

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Sources

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