IMPACT AREA: EXPAND CAPACITY TO DELIVER CARE

PRIORITY METRIC

Percent Change in the Volume of Product-Supported Health Services Delivered

DESCRIPTION AND PURPOSE

This metric captures changes in the volume of a defined product-supported health service delivered during a reporting. It leverages existing service records and tracking consultations, treatments, tests, or procedures completed. Additional information adds context and indicates how reach and range of care were affected due to adding additional locations, more service days, or more care delivered within existing schedule

WHY THIS MATTERS

Medical product donations create value when they enable care. Tracking service volume helps partners understand how product support translates into care delivered and can inform decisions about sustaining or expanding services. It provides practical evidence of service activity within the broader picture of capacity to deliver care.

WHAT THIS HELPS DIFFERENT ACTORS UNDERSTAND

CORPORATE DONORS

how donated products contribute to service-delivery capability, patterns, range or availability when combined with complementary support. This information can help guide future donations, investments and inform partnerships around service priorities.

NGOS/DISTRIBUTORS/INTERMEDIARIES

where product donations with complementary support can sustain or expand services across partners and what patterns say about context and future needs. This understanding informs sourcing strategies, allocation management and coordination of products and support.

LOCAL PARTNERS

demonstrate how product and other support strengthen capacity for services and at which levels. This understanding leverages mechanism to demonstrate success through partnership and make the case for appropriate next steps – whether in-kind support, complementary support or procurement otherwise

KEY QUESTIONS

- How has the volume of defined product-supported health service delivery changed over time? maintained, restored, expanded, or newly available services?
- Did the change involve additional locations, more service days, or more care delivered within existing schedules?
- How did donated products and complementary support contribute?
- What other factors influenced service volume, including patient demand or interruptions?\
- What support is needed to sustain, restore, or expand services?

RECOMMENDED FOR

- Produce-to-Give
- Recurring Excess Product Donations

TYPICAL DATA SOURCES

INFORMATION NEEDED	TYPICAL SOURCES
Core: Number of services delivered	Consultation registers, treatment logs, diagnostic records, procedure records, routine facility or program reports
Context: Locations and service days	Facility lists, clinic schedules, outreach calendars, operating logs
Context: Products and partnership contributions	Donation receipt and use records, partner reports, program records, brief discussions with service providers
Optional: Unique patients served	Patient registers or clinical records that allow repeat visits to be identified

CALCULATION GUIDANCE

- Define the health service (product-supported), the relevant service-delivery points or program, and the reporting periods.
- The service should be consistent and comparable across reporting periods. Specify the product-supported service, include locations, and reporting periods. Calculate separately for distinct services.
- Select the counting unit: consultations completed, treatments administered, diagnostic tests performed, or procedures completed. Use the same unit across locations and reporting periods. Calculate separately for distinct services.
- Count services delivered in each period. Use existing records to establish the prior-period and current-period totals. Where several locations are included, add their service counts, ensuring each service event is counted once.
- Calculate percentage change.
- Percent change = [(current-period service volume − prior-period service volume) ÷ prior-period service volume] × 100
- Report both period totals, the numerical change, and the percentage change.
- If no services were delivered in the prior period, report the current count and explain whether service delivery is newly established or restored. A percentage change cannot be calculated from zero. Missing baseline data should be reported as unknown.
- Report maintained, restored, newly available, and expanded service availability as counts or status descriptors alongside the percentage where they add useful context. Explain the change. Report changes in locations, service days or hours, and services delivered per day, where already recorded. Include patients served or encounters delivered as accompanying information.
- Check comparability. Use equal-length periods and consistent service definitions, counting units, and reporting coverage. Do not use the percentage-change calculation where the service itself or the reporting scope has changed substantially enough that the periods are not comparable.

Calculation examples

RECORDED CHANGE	PRIOR PERIOD	CURRENT PERIOD	RESULT
More consultations delivered	200 consultations	300 consultations	100 additional consultations; 50% increase
Treatment activity maintained	200 treatments	200 treatments	0% change

RECORDED CHANGE	PRIOR PERIOD	CURRENT PERIOD	RESULT
Fewer procedures delivered	200 procedures	150 procedures	50 fewer procedures; 25% decrease
Service newly established or restored	0 tests	120 tests	120 tests delivered; percentage change cannot be calculated

Use accompanying information to explain what contributed to each result. Maintaining service activity during a period of pressure may be an important achievement.

DATA COLLECTION AND FREQUENCY

Establish a historical or prospective baseline using existing records, then collect totals at a consistent interval (quarterly, annually or other suited to the program). Use the same defined service defintion. For newly available services, begin tracking from launch and report them as newly available rather than calculating percentage change from zero.

ADDITIONAL METRIC INFORMATION

UNIT OF MEASURE	Percent change in the volume of a defined product-supported health service delivered across comparable reporting periods. Use a consistent unit, such as consultations completed, treatments administered, tests performed, or procedures completed.
NUMERATOR	Current-period service volume minus prior-period service volume, summed across included service-delivery points.
DENOMINATOR	Prior-period service volume within the same defined reporting scope.
CALCULATION	[(Current-period service volume − prior-period service volume) ÷ prior-period service volume] × 100. Report both service counts alongside the percentage.
ZERO BASELINE	Where prior-period service volume is zero, report the current count and explain whether service delivery is newly established or restored. A percentage change cannot be calculated.
DIRECTION	An increase indicates more of the defined service was delivered. Maintaining or restoring service delivery can also represent important results. Interpret changes alongside patient demand and other conditions affecting delivery.
REPORTING FREQUENCY	Typically quarterly or annually, using equal-length reporting periods, a defined baseline, and a consistent measurement approach.
USEFUL DISAGGREGATION	Facility/site; geography; relevant product type; patient group, where routinely recorded and relevant. Calculate separately for distinct service types or counting units.
SUPPORTING INFORMATION	Use existing information on locations, service days or hours, service interruptions, patient demand, and product and partnership support to explain changes in care delivered. Report unique patients separately from service encounters where reliable data are available.

INTERPRETATION	Service volume shows care delivered. It provides evidence relevant to capacity to deliver care, while available or unused capacity requires separate measurement.

ASSUMPTIONS

- Results are most useful when reported consistently over time using the same defined counting unit, reporting scope and measuring methods across equal periods.
- A percentage-change figure requires a baseline and at least two comparable reporting periods.
- Existing service records are complete enough to establish a baseline and current-period count (if not, focusing on adequate records will build capacity for future metrics).
- Unique patients and service encounters are counted separately; one patient may receive several services.
- New service types are reported separately using their own counting units. Where prior-period service volume is zero, report the current count and establish a baseline for future comparison.
- Missing data remain visible. Identify incomplete records and explain their effect on the comparison.

INTERPRETATION AND LIMITATIONS

- Service volume is measuring care delivered.
- A donated product-supported health service is one whose effective delivery depends in whole or in part on the donated product; losing the product would meaningfully diminish the volume or quality of care.
- The metric should not imply that growth is always the desired outcome. Maintaining an essential service under pressure may be a significant result.
- Maintaining or restoring a product-supported service can be a positive result; growth is not the only meaningful direction of change.
- This priority indicator measures change in volume of that product-supported service across service-delivery points (facilities, days, etc).
- Interpret change as contribution, not attribution; workforce, infrastructure, financing, diagnostics, referral systems, public supply, and other factors also influence service availability.
- Service Availability Context: These descriptions provide context; they do not determine the percentage change in service volume.

SERVICE STATUS	EXAMPLE
Newly available	Service was not available in the prior period and is now available at one or more service-delivery points. Report as newly available; do not calculate % change from zero.
Maintained	Service remained available at the same service-delivery points across periods.
Restored	Service had previously become unavailable and is available again.
Expanded	Service is now available at more service-delivery points than in the prior period.
Reduced/lost	Service is available at fewer service-delivery points, or is no longer available.

This table connects some concepts of dimensions of service delivery for this purpose of establishing

DIMENSION	MEASURE	ROLE
Where care is available	Service-delivery points	Context
How often care is available	Service days or hours	Context

DIMENSION	MEASURE	ROLE
How much care was delivered	Completed consultations, treatments, tests, or procedures	Core measure

DECISIONS THIS EVIDENCE CAN INFORM

- Where donated products, along with complementary support, directly enable or protect services?
- Whether to invest in additional locations, more service days or hours, or greater treatment capacity?
- Which services or sites may need additional product or complementary support
- Where expansion to additional service-delivery points is feasible and where maintaining existing service availability is the priority
- Where product supply or complementary support needs strengthening to sustain or expand service delivery
- How partners can coordinate support to sustain capacity and respond to local priorities for service.

WHAT THIS EVIDENCE HELPS YOU SHOW

How much of defined product-supported service was delivered and how that changed over time. Supporting information helps explain whether changes involved additional locations, more service days, or greater activity within existing schedules, and how products and partnerships contributed. Together, this evidence informs the broader understanding of capacity to deliver care.

WHERE TO GO NEXT

AMI Metrics Catalogue →
Every output and outcome metric PQMD has catalogued, and where health and quality outcomes sit.

Gathering Stories and Understanding Results →
Tool 4: the human and program context that explains what this result means.

Key Terms →
The controlled definitions behind the words this card uses.

ACKNOWLEDGEMENTS