

Logical framework and Activity matrix (annex E3d)

Project: Restoring quality health care services in Zawya and Ghat District of Libya

| | Results chain | Indicator | Baseline (value & reference year) | Target (value & reference year) | Current value* (reference year) (* to be included in interim and final reports) | Source and mean of verification | Assumptions |
|-----------------------------------|--|--|---|--|---|---|-----------------------|
| Impact (Overall objective) | Overall objective: Improve living conditions for the most vulnerable communities, including migrants, refugees, and their host communities by enhancing access to basic health services in Municipalities where these needs are most pressing. | Enhanced Zawya (Center, South and West) and Ghat/Tahala Municipalities' capacity to deliver basic health services to communities and vulnerable groups, including migrants, in a context of institutional fragmentation and shortage of resources. | The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made. | 75% access to health facilities | The latest available value of the indicator(s) at the time of reporting | Ministry of Health statistics, SARA assessment WHO data | <i>Not applicable</i> |

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| Outcome (s) (Specific objective(s)) | Outcomes: | The value of the indicator(s) prior to the intervention against which progress can be assessed or comparisons made. | The intended final value of the indicator(s). | The latest available value of the indicator(s) at the time of reporting | Ministry Health statistics of WHO |
|--|--|--|---|---|-----------------------------------|
| <p>Specific objective: Access to appropriate quality health services is guaranteed for the population of the municipalities of Zawya and Ghat/Tahala, for the displaced and migrants.</p> | <p>1) Access to basic, quality and inclusive health care services provided in the Health facilities of Zawya and Ghat/Tahala;</p> <p>2) Improved local health personnel capacity to provide healthcare assistance, case management, operations and maintenance of the upgraded health facilities;</p> <p>3) Libyan population, IDPs and migrants are more aware on the improved access to health services in the target areas.</p> | <p>People have access to healthcare workers with adequate skills and at all level of healthcare</p> <p>People have access to essential medicine and medical device that are safe, effective and of assured quality (Sphere standard)</p> | <p>>75%</p> <p>>80%</p> | | |

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| R1 – 7 Health care facilities refurbished, upgraded and equipped in Zawya and Ghat district | <p><u>Outputs</u></p> <p>% of population that can access primary healthcare within one hour's walk from dwelling</p> <p>% of healthcare facilities that deliver prioritized health services</p> <p>Nr of inpatients beds (excluding maternity beds) per 10,000 people (SPHERE standard)</p> <p>Storage: Medicines should be safely stored throughout the drug supply cycle.</p> <p>(well ventilated, with fire protection), controlled substances (with added security) and products requiring</p> <p>Number of days essential medicines are not available</p> <p>Percentage of health facilities with essential medicines</p> | | <p>>80% in 2020</p> <p>>80% in 2020</p> <p>At least 18 bed/10000 people available in 2020</p> <p>25% Improved drugs store capacity</p> <p>50% improved cold chain or temperature control management</p> <p>Target: 2 Hospital Health Center in Zawya; 3 Health Centers in Ghat)</p> <p>Maximum 4 days out of 30 days</p> <p>Minimum 80 per cent</p> | <p>Zawya and Ghat District Medical Office data</p> <p>WHO</p> <p>Internal report</p> <p>Routine Health Centers and Ghat Zawya Hospital (HMIS)</p> | <p>Availability of building construction company in the area</p> <p>Access to the health facilities</p> <p>Accessibility of new equipment in the area</p> <p>Health personnel willing/allowed</p> |
|---|--|--|---|---|---|
| | | | | | |

*Other Outcomes (*where relevant)

HELPCODE_logframe

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|--|--|---|---|------------------------|--|--|---------------------------|
| | | N° of health care workers (nurses, midwives) and doctors trained on emergency and paediatric skills | 0 | 20 nurses and midwives | | | to attend training abroad |
|--|--|---|---|------------------------|--|--|---------------------------|

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|--|--|---|---|--|
| R2 - Knowledge in provision of quality healthcare assistance for selected health personnel is improved | <p><u>Outputs</u></p> <p>Tracking staff levels per 1000 people by function and place of employment</p> <p>Train staff according to national standard or international guidelines</p> <p>Supply adequate IPC and PPE to carry out staff duties</p> <p>Adapt or use standardise protocols for health care, case management and ration drugs use</p> <p>Use of national standard, including essential medicine lists, and adapt to the emergency context</p> <p>All health staff performing clinical work have receive training in clinical protocols and case management</p> | <p>Baseline: 25% in 2019</p> <p>N° of health care workers (nurses and midwives) trained on the IMCI (Integrated Management of Childhood Illness)</p> <p>N ° trained and supervised staff on neonatal resuscitation techniques at Hospital</p> <p><50%</p> <p>No protocol in use</p> <p>Under essential medicine available</p> <p>50%</p> | <p>target: increase knowledge of 75%</p> <p>>60%</p> <p>At least 1 protocol in 2 HF by 2020</p> <p>At least 70% essential medicine available in HF</p> | <p>Zawya and Ghat District Medical Office data</p> <p>WHO</p> <p>Internal report</p> |
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|---|---|--|--|---|---------------------------|---|
| R3 – Awareness on inclusive access to health services for Libyan population, IDPs and migrants improved | Support the lead actor to compile, analyse, interpret and disseminate health Include coverage and utilisation of health services, and analysis and interpretation of epidemiological data Percentage of complete Early Warning, Alert and Response (EWAR)/surveillance reports submitted on time Health management information systems (HMIS) or routine reporting use health information generated from healthcare facilities to assess healthcare | No baseline indicator introduced and monitored) No reliable baseline indicator introduced and monitored) Under EWAR 25% information generated from healthcare facilities to assess healthcare available | reliable (this will be introduced and monitored) reliable (this will be introduced and monitored) 50% health information generated from facilities to assess healthcare available | target: 2000 people receive radio message, information and screening HMIS data collected in at least 3 H Above EWAR 60% 35% health information generated from healthcare facilities to assess healthcare available | 35% at the end of project | Zawya and Ghat District Medical Office data WHO Internal report |
|---|---|--|--|---|---------------------------|---|

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| Means | What are the political, technical, financial, human and material resources required to implement these activities, e.g. staff, equipment, supplies, operational facilities, etc. | Assumptions |
|--|---|---|
| A1.1. Technical assessment in Zawya and Ghat district in the selected facilities | International staff | Factors outside project management's control that may impact on the activities-outputs linkage. |
| A1.2. Provision of light rehabilitation and maintenance works; | Local staff, equipment, supplies, operational facilities | Violence in Libya continues to have a devastating impact |
| A1.3. Purchase emergency health supply/drugs and equipment's. | offices | Humanitarian Access: Security risks for staff operating in Libya. |
| A 2.1 Identification of health personnel capacity gaps; | vehicles | |
| A 2.2 Training plan with Gasini Hospital; | | |
| A 2.3 Capacity building provided to health staff complementary to the rehabilitation and supply of equipment; | | |
| A 2.4 – HMIS strengthen; | | |
| A.3.1 Radio message, information and screening and communication activities to increase awareness among the communities; | | |
| A.3.2 Communication Plan | | |
| | Costs <i>What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i> | |
| - | 1. Human Resources | 473.900 euro |
| - | 2 Travel | 37.900 euro |
| - | 3. Equipment and supplies | 779.060 euro |
| - | 3.1 Purchase of rent of vehicles | |
| - | 3.2 Furniture, computer equipment | |
| - | 3.3 Machines, tools... | |
| - | 3.4 Spare parts/equipment for machines, tools | |
| - | 3.5 Health Facilities Rehabilitation, Equipment | |
| - | 3.5.3.1 Medical supplies + drugs | |
| - | 3.5.4.1 Training to Health personnel for Hospital | 104.400 euro |
| - | 4. Local office | 184.179 euro |
| - | 5. Other costs, services | 110.561 euro |
| - | 8. Indirect costs 7% | |