



Utilizing the Logical Framework Approach(LFA) to Improve Health System Performance

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Abstract

That's what separates our health services which can have not just a gap, but a huge gap. This research aimed to illuminate the statistical indicators used in the assessment of health system performance and utilize the Logical Framework Approach(LFA) to improve health system performance by relying on one of the indicators is the Children under five years mortality rate.

It was adopted the logical framework phases that include analysis of stakeholders, analyze the problem (problem tree), analysis of objectives (objectives tree), analyzing strategies, the logical framework matrix, schedule of activities and resources. A work strategy has been presented that can be used by the relevant health authorities.

Keywords: Indicators - health system performance - Logical Framework Approach(LFA) - Children under five years mortality rate

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Introduction:

Logical Framework Approach

Logical Framework Approach (LFA) – Originally developed in the 1970s, this planning process is required by many donors, such as U.S. Agency for International Development (USAID); it places as much emphasis on management, monitoring and evaluation of a project as it does on design.^[1]

In 1970 and 1971, USAID implemented the method in 30 country assistance programs under the guidance of Practical Concepts Incorporated, founded by Rosenberg.^[2]

The Logical Framework Approach (LFA) is a methodology mainly used for designing, monitoring, and evaluating international development projects.

The Logical Framework Approach (LFA) is an open set of tools – for project design and management.^[3]

It is a clear and concise visual presentation of all the key components of a plan and a basis for monitoring.^[4, 5]

How the project will work

What it is going to achieve

What factors relate to its success

How progress will be measured

The LFA's value includes its summation of ideas on one document to facilitate transparency, communication and collaboration with stakeholders.^[6, 7]

LFA's purpose is to provide a clear and rational framework for planning envisioned activities and determine how to measure a project's success, while taking external factors into account

Logic models are common in public health, although many organizations outside of public health have adapted this approach. Program logic models track program efforts from beginning to end.

LFA ensures the relevance, feasibility and sustainability of a project.

LFA ensures that fundamental questions are asked and weaknesses are analysed

LFA identifies measurements/indicators of the project's achievements. The LFA includes some best practices for project management such as management by objective, participatory planning, management by exception and backward planning. [8, 9] 'Management by objective' is a disciplined decision-making process that describes what changes are needed and why, and decides what activities and resources are required before any action occurs. It defends against the common quality improvement mistake of selecting solutions before defining problems.^[10]

The LFA includes an evaluation plan for tracking a project's progress along its continuum from design and resource acquisition to achievement of desired results. This allows project managers to identify problems early and implement interventions to keep the project on course.

The evaluation plan follows the 'management by exception' principle which focuses on a limited set of indicators that can signal an emerging problem and seeks a smaller quantity of higher quality data.^[11]

Measuring health system performance:^[12-14]

what separates our health services which can have not just a gap, but a huge gap .

Sources of information on health system performance:

systems responsiveness to the legitimate needs of population statistical indicators used to assess health systems:

- Annual health-related data obtained by the Organization to its these indicators represent together a comprehensive summary of the current status of the national health and health systems in the following nine areas:

1. mortality and disease burden	2. Mortality and morbidity resulting from specific reasons	3. Selected infectious diseases
4. health service coverage	5. Risk factors	6. The health workforce, infrastructure, and basic medicines
7. spending on health	8. Inequities in health;	9. Demographic.

Mortality and burden of Palmer:

- newborn mortality rate per 1000 live births
- infant mortality: the probability of dying between birth and one year of age per 1000 live births
- mortality: the probability of dying by age 5 per 1000 live births
- adult mortality: the probability of dying between 15 to 60 years per 1000 inhabitants.

deaths and bitter burden:

- the coverage of care in pregnancy
- births attended by skilled health workers
- caesarean
- newborn immunized at birth of neonatal tetanus
- immunization coverage among children in the first year of life
- children in the age group 6-59 months who received supplemental doses of vitamin A

Health expenditure ratios:

- total health expenditure as percentage of GDP
- General Government expenditure on health as percentage of total health expenditure
- private expenditure on health as percentage of total health expenditure
- General Government expenditure on health as percentage of total government expenditure
- external resources for health as percentage of total health expenditure
- social security expenditure on health as percentage of General Government expenditure on health
- pocket expenditure as percentage of private expenditure on health
- Special plans for advance payments as percentage of private expenditure on health

per capita expenditure on health:

- per capita total expenditure on health as the average us dollar

exchange rate

- per capita expenditure on health by the average us dollar exchange rate

- per capita expenditure on health by the international dollar

injustices in the health field:

- births attended by skilled health workers
- the coverage of measles vaccine among children ages
- mortality the probability of dying before five per 1000 live births
- family health survey:

Central Statistics Office of the Syrian Arabic Republic family health survey in cooperation with the Ministry of health and the State Planning Commission in coordination with the Pan-Arab project for family health – view:

- provide detailed health, social, economic and environmental impact on family members, contribute to building a national database and regional Arab
- identify the prevalence of chronic diseases and disabilities and those associated with pregnancy and birth and childhood diseases, diagnosis, identify the availability of services And quality health care

family health survey objectives:

- development of Arab information base on family health and reproductive health
- provide ministries of health and Social Affairs and the National Council for childhood and motherhood, research centers and local and international NGOs and relevant to modern and accurate information for planning purposes And implementation and monitoring and evaluation of programmers'
- contribute to identify the prevalence rates of chronic diseases
- extent mothers and children health care quality
- provide a set of indicators on the health status of the population including equity in access to health services and availability

A few important points of family health survey findings:

- infant and child mortality.
- the inability to reduce the mortality rate of infant children enough in recent years. Estimating child mortality in five cohorts prior to scanning for every 1000 live births

Years before the survey	newborn	After the newborn	Infants	Children 1-4	Children under five
(2009-2005)4-0	12.9	5.0	17.9	3.5	21.4
(2004-2000)9-5	13.1	5.8	18.9	3.4	22.3
(1999-1995)14-10	12.5	6.9	19.4	4.1	23.5
(1994-1990)19-15	13.8	11.2	25	5.2	30.1
(1989-1985)24-20	14.8	12.3	27.2	6.7	33.7

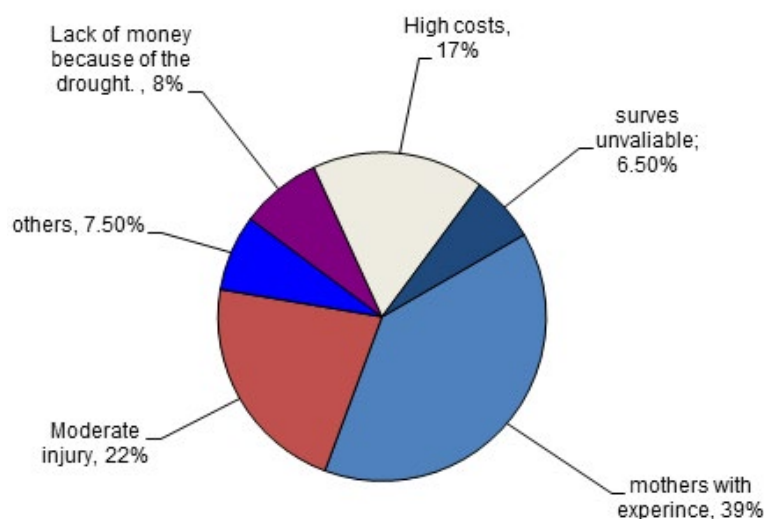
Estimating infant mortality under five years (per 1000 live births) during the previous five years, according to the results of the survey on family health survey of 2001 and the multiple indicator cluster survey in 2006 : [\[15,16\]](#)

The source	Infant mortality rate	Children under five mortality rate	The reference period
Multiple indicators survey	18.5	22.5	2005-2001
Maternal and child health survey	18.1	20.2	2000-1996

Sources of advice for treatment:

Shows that children who are suspected of having contracted pneumonia during the two weeks preceding the survey and who sought medical consultation amounted to 85.7% 62.2% have your doctor check and public health institutions% 18.5 and 19.5% pharmacists the rest had

reviewed other private institutions or other sources but 14.3% did not Refer to any party, the following chart illustrates: the relative distribution of children under five years of age who are likely to have pneumonia during the two weeks prior to the survey and who did not seek consultation by reason:



Research goal:

- illuminate the statistical indicators used in the assessment of health system performance and view the logical framework method to improve health system performance by relying on one of the indicators is the mortality rate by applying logical framework analysis included all phases of Palm owners Vested interest, analyze the problem (problem tree), analysis of objectives (objectives tree), analyzing strategies, the logical framework matrix, schedule of activities and resources.

Solving problems with the logical framework:

- stakeholder analysis problem analysis (problem tree)
- analyze objectives (objectives tree)
- strategies analysis logical framework matrix
- calendar of activities
- resource table.

The problem:

-child mortality under five years 21% per 1000 live births

stakeholder analysis:

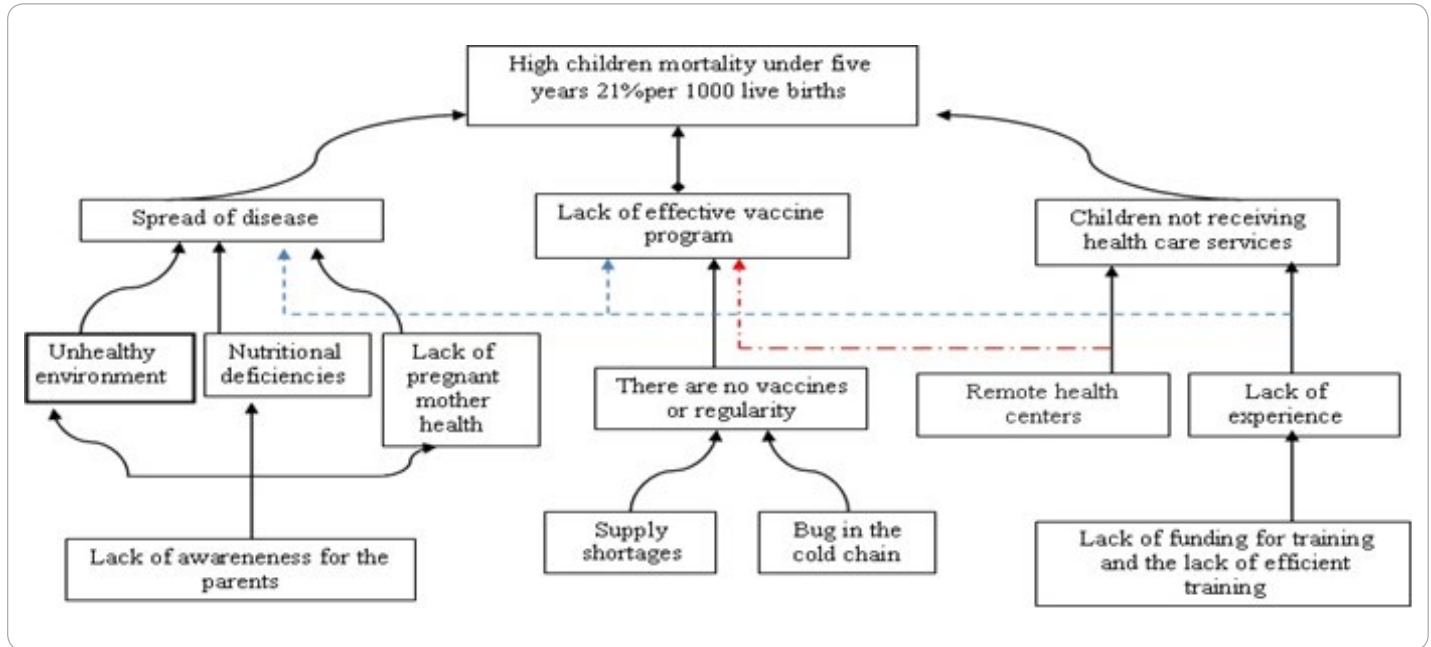
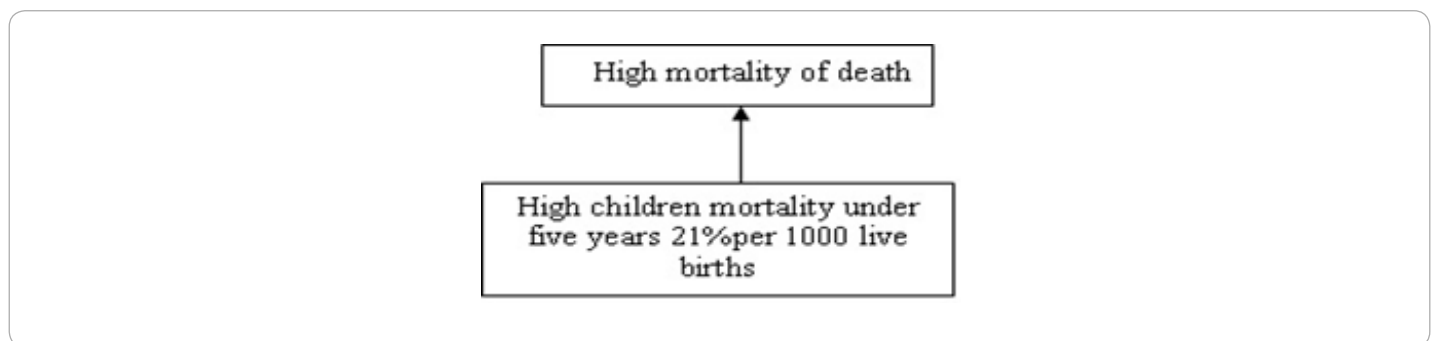
Responsible parts	Classification	Attention	The initial impact
The ministry of classification	Main	Planning	Positive
Department of health	Main	Target/planning	Positive
Mothers	Essential	Beneficiary	Positive
Local administration	Secondary	Target/managing	Positive
Trade union/organization	Secondary	Support department	Positive
Healthy sector hospital (special/private clinics)	Essential	competitor	Negative
Family	Essential	Beneficiary	Positive/negative
Local leadership (large community)	Essential	Supports	Positive/negative
Health organization	Essential	Supports	Positive

Identifying stakeholders:

Attention		The ability to influence
Little	Great	
Eager to please him to consult – trade unions – local leadership (Sheikh – leader)	Actor/Ministry of health partnership – directorates – province – global health organizations	Great effect
The slightest exertion/follow – pharmaceutical companies – private hospitals/clinics	The eagerness of the notification/ Charities	Little effect

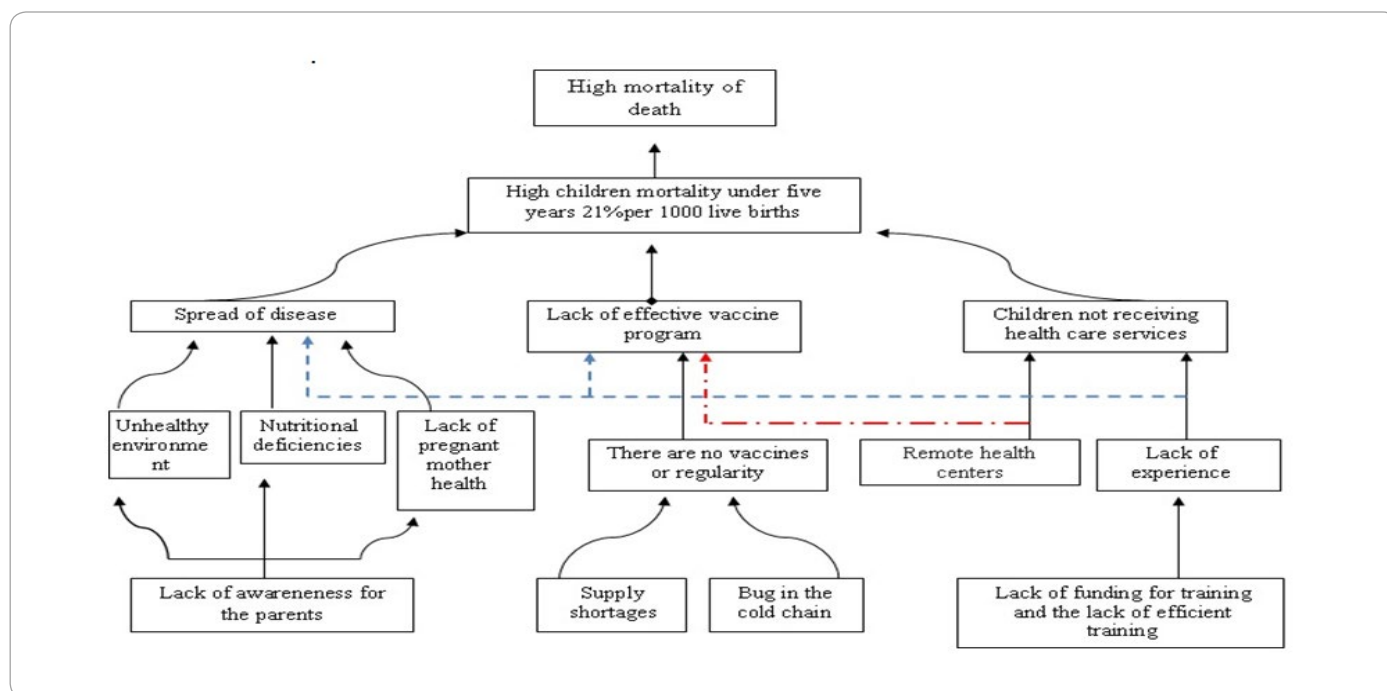
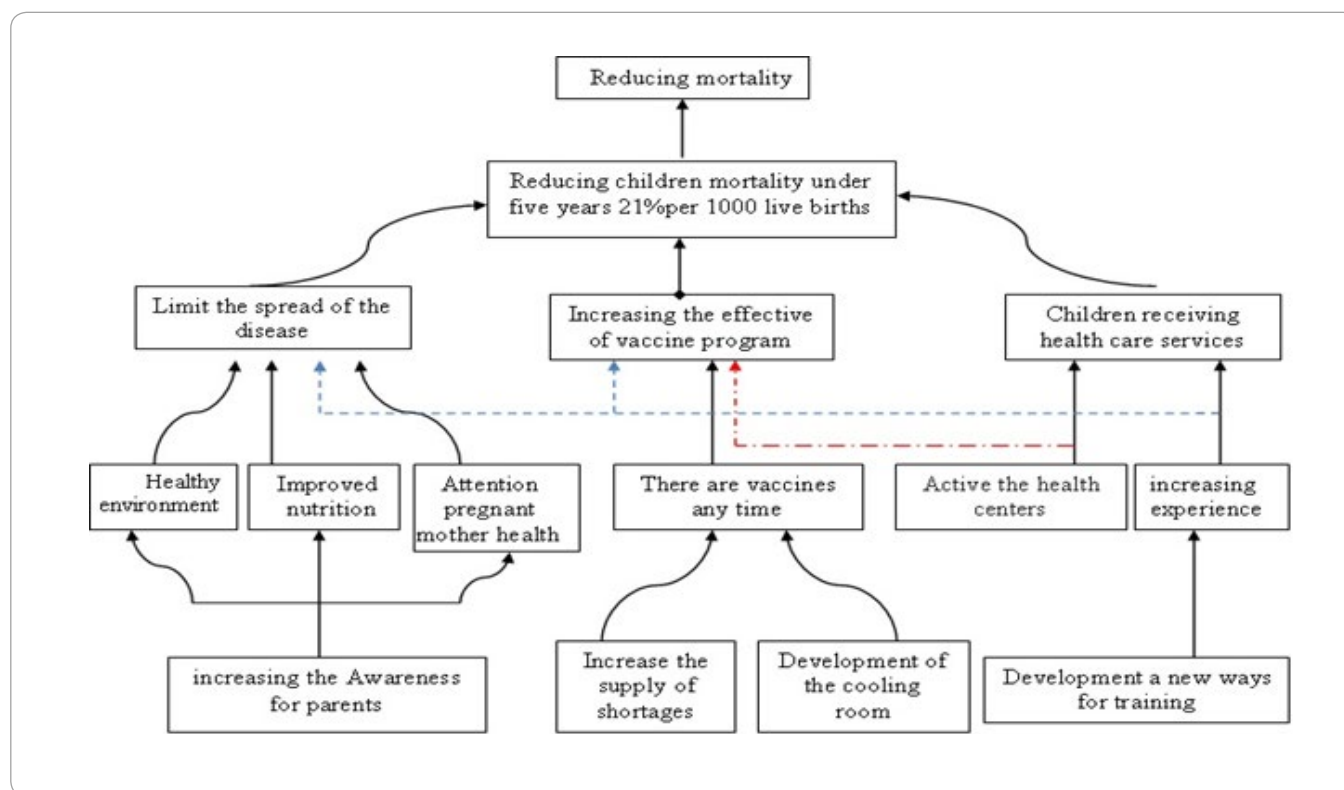
Collaboration with stakeholders:

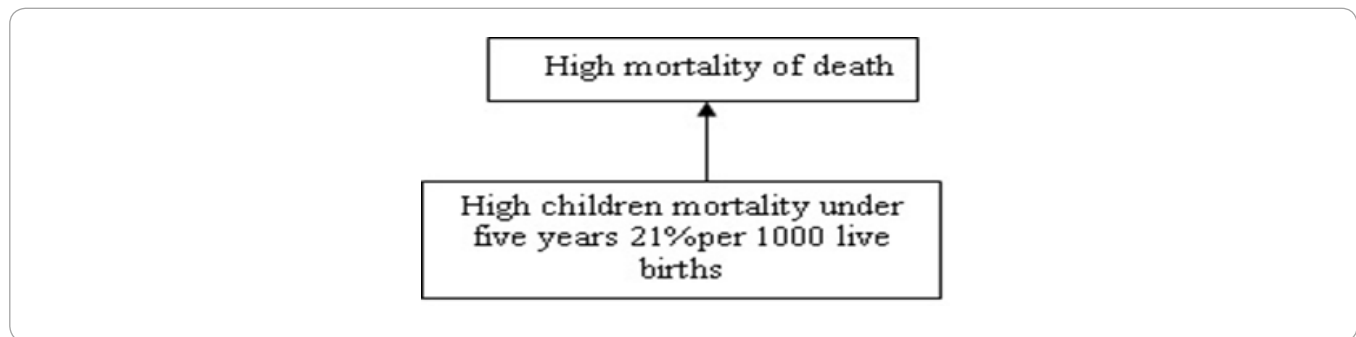
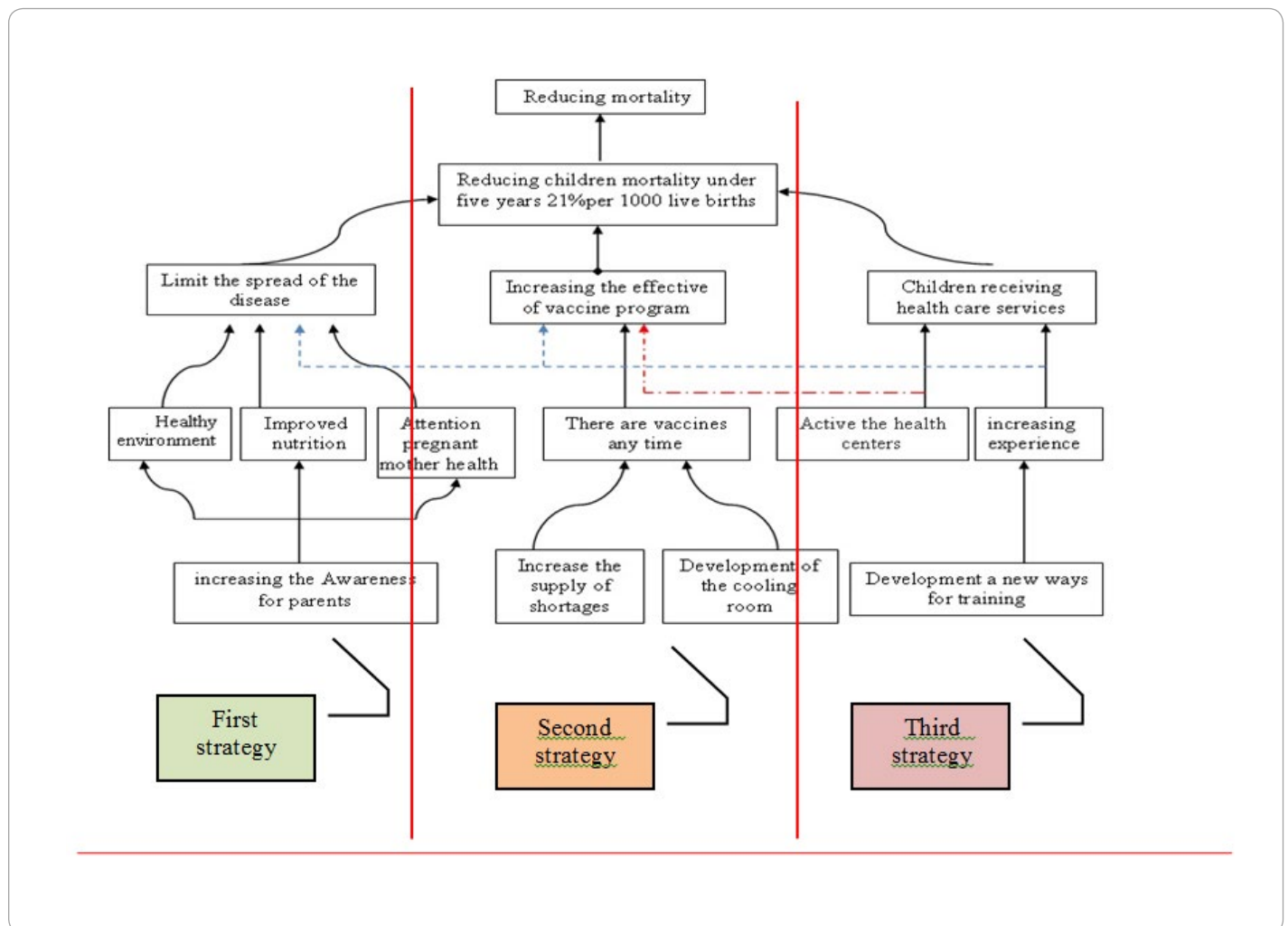
Attention		The ability to influence
Little	Great	
Counseling = Invitation to meetings and conferences	Partnership = full participation in all phases of the project	Great effect
Follow-up = brochures	Notification = Email - Correspondence	Little effect

Causes of the problem**Determine the outcome of the problem:**

Problem tree:

1. The problem is raised
2. Causes of the problem
3. Results of the problem.

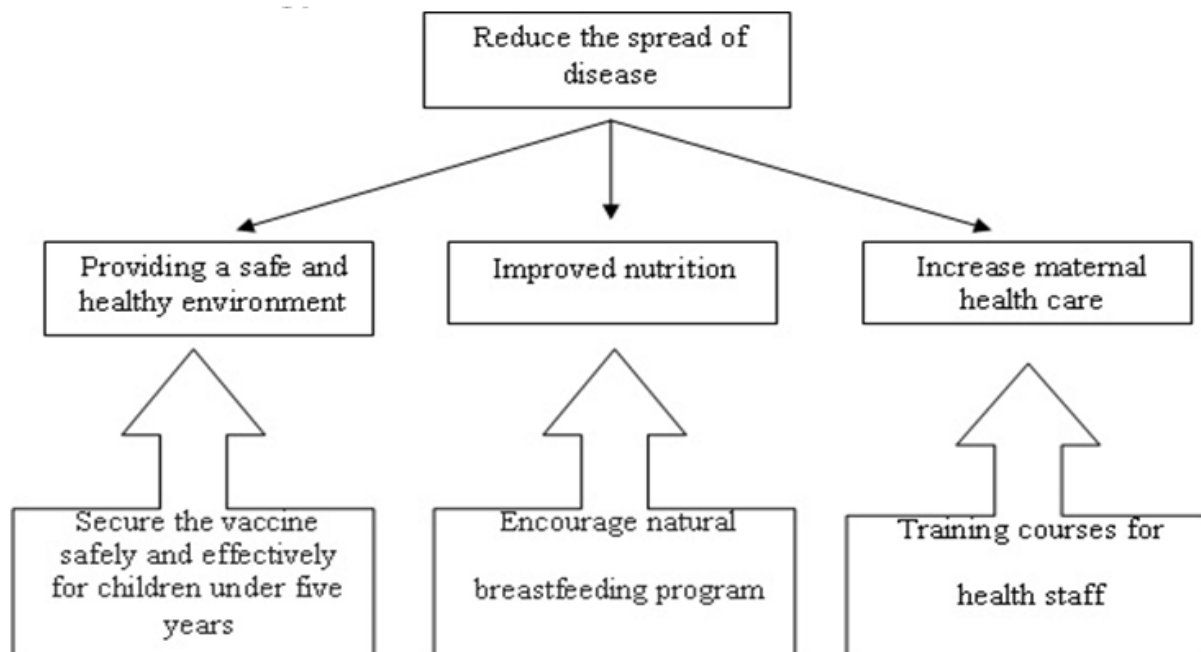
**Goal tree:**

Determine the outcome of the problem:**Possible strategy:**

Choosing the best strategy:

Reduce the spread of disease	vaccine disease reduction program	Increasing children's access to health services more effective		
society, families, children under five years of age	society, families, -Volunteer workers	children under five years of age	Target group	
MOH, community references	MOH, communal authorities WHO	World Health Organization, Ministry of health, MOH, UNICEF who	The relevant authorities	
5	5	5	Resources (Input)	Benchmark comparison
5	4	5	The priority of health policy	
5	4	4	Feasibility	
4	2	1	Feasibility	
19	15	15	Total	

The strategy:



Logical Framework Matrix:

Hypotheses	Sources of verification	Verifiable indicators	
	Death records in the National Register of Statistics	The overall mortality rate decreased from 30% per 1000 to 25% per 1000 within five years	Overall Objective Lower overall mortality
<ul style="list-style-type: none"> Continued support of senior management. Mother's experiences. Continued stakeholder support. 	Mortality records	The mortality rate for children under 5 years of age decreased from 21% per 1000 births to 15% per 1000 births	Target: Low mortality rate for children under five years of age
Accepting parents to follow infection prevention methods	Infectious disease reports in centers and hospitals. Disease file .	Reduce the proportion of children with infectious diseases to 60%	Outputs Reducing the spread of diseases: 1 - Increase the care of the health of the pregnant mother. 2. Improved nutrition. 3. Provide a healthy and safe environment for children under 5 years .
Continued availability of resources. *Experiences of the population with the education program. *Provide nutritionists and materials. *Necessary for the clinic .	Costs	Sources	Activities - Health education of the mother lectures and public meetings. - Training courses for health medical staff. Activation of nutrition clinics in health centers.

Activity 1-a-mother health education lectures and public meetings:

Administrator	WEEK 8	WEEK 7	WEEK 6	WEEK 5	WEEK 4	WEEK 3	WEEK 2	WEEK 1	Mother health education lectures and public meetings	Activity number
Project manager									Sub-activity 1: Cooperation with care companies	1-A-A
Public Relations Officer									Mission 1: Agreement with milk companies to sponsor the event	1-A-A-a
Public Relations Officer									Mission 2: Visit the informal community leaders to cover the event	1-A-A-b
Public Relations Officer									Mission 3: Visit the Medical Syndicate	1-A-A-c
A doctor									Mission 4: Preparation of lectures and activities program	1-A-A-d
Project manager									Sub-activity 2: Reservation of the cultural center hall	1-A-B
Project manager									Mission 1: Determine the location of lectures and chairs	1-A-B-a
Associate									Mission 2: Processing of projectors and sound	1-A-B-b
Associate									Mission 3: Arrange and clean the showroom	1-A-B-c
Associate									Sub-Activity 3: Advertising	1-A-C
Associate									Mission 1: Print publications and road advertisements	1-A-C-a
Associate									Mission 2: Distribution of publications in neighborhood and neighborhood	1-A-C-b
Associate									Mission 3: Provide the cultural center with a number of posters	1-A-C-c
The lecturers									Sub-activity 4: Educational week to care for pregnant mother	1-A-D

Activity 1 - B - Training courses for health medical staff:

While vaccinating									Training courses for health medical staff	Activity number
Administrator	Week 8	Week 7	Week 6	Week 5	Week 4	Week 3	Week 2	Week 1		
Project manager									Sub-activity 1: Cooperation with Sponsors	1-A-1
Project Manager and Associate									Mission 1: Agree with pharmaceutical companies to take care of the event	1-A-1-a
Project Manager and Associate									Mission 2: Visit the governor and his consent and call for the care of the assembly	1-A-1-b
Project Manager and Associate									Mission 3: Visit the Medical Association and coordinate with them	1-A-1-c
Project Manager and Associate									Mission 4: Coordination with the National Program for Continuing Professional Development	1-A-1-d
Associate									Mission 5: Coordination with the buffet	1-A-1-e
Associate									Sub-Activity II: Reservation of the Medical Syndicate Hall	1-B-B
Associate									Mission 1: Locate the projector	1-B-B-a
Associate									Mission 2: Supply of projectors, sound and lighting	1-B-B-b
Associate									Mission 3: Arrange and clean the showroom	1-B-B-c
Project Manager and Associate									Sub-Activity 3: Advertising	1-B-C
Associate									Mission 1: Print publications and attendance certificates	1-B-C-a
Associate									Mission 2: Distribution of publications in hospitals, centers and health events	1-B-C-b
Associate									Mission 3: Advertising by public means (television - radio)	1-B-C-c
Associate									Sub-activity 4: The scientific week for the care of the pregnant mother	1-B-D

Activities 1 - A - Health education for mother lectures and public meetings:

				Quantity per day	units		
5	4	3	2	1		Sources	
						Educate mother	1-A
1000	1000	1000	1000	1000		Lecture hall costs	
100	100	100	100	200		fresheners	
100	100	100	200	200		Cleaning agents	
300	300	300	300	300		announcements	
5000	5000	5000	5000	5000		The lectures	
1500	1500	1500	1500	1500		Manager and associate	

Estimated cost						Cost per session								
							Funding source			Cost of each unit				
	5	4	3	2	1	sponsors					Sources			
											Educate mother			
10000										5000	Lecture hall costs			
1200										600	Fresheners			
1300										600	Cleaning agents			
50000										1500	announcements			
9000										25000	The lectures			
74500											Total			

Activity 1 - B - Training courses for health medical staff:

Estimated cost					Cost per session											
						Funding source	Cost of each unit						Quantity per day	Unit		Sources
	5	4	3	2	1	Sponsors		5	4	3	2	1				Educate staff
																Lecture Hall Fees
10000							5000	1000	1000	1000	1000	1000				Detergents and fresheners
1200							600	100	100	100	100	200				Cleaning agents
1300							600	100	100	100	200	200				Publications and announcements
3000							1500	300	300	300	300	300				The lecturers
50000							25000	5000	5000	5000	5000	5000				Director and Associate
9000							1500	1500	1500	1500	1500	1500				Educate staff
74500																

Activity 2 - A- activation of nutrition clinics in the centers:

2-A-A	Activity number	Activation of nutrition clinic	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Administrator
2-A-A-a		Sub-activity 1: Work on medical staff									Lecturers
2-A-A-b		Mission 1: Training courses for nursing staff									
2-A-A-c		Mission 2: How to measure baby length									
2-A-A-d		Mission 3: How to measure a child's weight									
2-A-A-e		Mission 4: How to measure the mid-human circumference									
2-A-A-f		Mission 5: How to work on growth charts									
2-A-B		Sub-Activity 2: Community Action									Volunteers
2-A-B-a		Mission 1: Promote parental breastfeeding									
2-A-B-b		Advertisements and publications									
2-A-B-c		Health visits									
2-A-B-d		Mobile teams									
2-A-B-e		Radio and television									
2-A-C		Sub-Activity 3: Training Courses for Medical Staff									Lecturers
2-A-C-a		Mission 1: Preventive treatment for malnutrition									
2-A-C-b		Mission 2: Give proper nutrition compounds									
2-A-C-d		Mission 3: Treatment of anemia									
2-A-D		Sub-activity 3: Link feeding clinic with vaccination campaigns									Program officer

Activity 2-B: Encourage childbirth (natural):

Administrator	Week 8	Week 7	Week 6	Week 5	Week 4	Week 3	Week 2	Week 1	Encouraging breastfeeding (natural)	Activity number
Project manager									Sub-activity 1: Cooperation with relevant authorities	Activity 2-b-a
									Task 1: Agreement with UNICEF to support the event	Mission 2-b-a-a
									Mission 2: Visit the Women's Union	Mission 2-b-a-b
									Mission 3: Preparation of lectures and activities program	Mission 2-b-a-c
Facilitator									Sub-activity 2: Reservation and preparation of halls for seminars and workshops	Activity 2-b-b
									Task 1: Book an appointment in the lecture hall at the Health Directorate of the workshops	Mission 2-b-b-a
									Mission 2: Book an appointment in the auditorium of the National Hospital for Workshops	Mission 2-b-b-b
									Mission 3: Book an appointment in the lecture hall of the cultural centers of the seminars	Mission 2-b-b-c
									Task 4: Configure the halls of the piping and cleaning equipment	Mission 2-b-b-d
Facilitator									Sub-Activity 3: Advertising and Advertising	Activity 2-b-c
									Task 1: print posters to hang in seminars	Mission 2-b-c-a
									Mission 2: Provide the Cultural Center with a number of them	Mission 2-b-c-b
Trainers									Sub-Activity 4: Health Educating Workshops	Activity 2-b-d
									Task 1: The first workshop (two days)	Mission 2-b-d-a
									Task 2: Establishment of the second workshop (two days)	Mission 2-b-d-b
									Task 3: The third workshop (two days)	Mission 2-b-d-c

Resources for activity 2-A-activate nutrition clinics centers:

Estimated cost	Cost per year					Funding source	Cost each unit	Quantity per year					Unit	Sources
	5	4	3	2	1			5	4	3	2	1		
210000	60000	60000	30000	30000	30000	who	2500	2	2	1	1	1		Nutritionist
57600	14400	14400	9600	9600	9600		200	6	6	4	4	4		Nurses
8400	2400	2400	1200	1200	1200		100	2	2	1	1	1		Cleaner
600	120	120	120	120	120		10	1	1	1	1	1		Size length of weight
510000	60000	90000	120000	120000	120000		100	50	75	100	100	100		Nutrition compounds
7200	1800	1800	1200	1200	1200		10	15	15	10	10	10		Paperwork
793800														

Activity resources 2-B. Encouraging breastfeeding (natural):

Estimated cost	Cost per year					Funding source	cost each unit	Quantity per year					Unit	Encouraging breastfeeding
	5	4	3	2	1			5	4	3	2	1		
						WHO								Sources
180000		45000	45000	45000	45000		15000	3	3	3	3	3		trainer (3 days)
1800000		450000	450000	450000	450000		10000	45	45	45	45	45		Midwives (3 days)
144000		36000	36000	36000	36000		12000	3	3	3	3	3		Responsible Nutrition
180000		45000	45000	45000	45000		15000	3	3	3	3	3		Compensation to project owners
194400		48600	48600	48600	48600		900	54	54	54	54	54		Stationery
324000		81000	81000	81000	81000		1500	54	54	54	54	54		Services
72000		18000	18000	18000	18000		300	60	60	60	60	60		Ads-Brochures
2894400														

Activity 3-A: Secure a safe nursery for children nearby:

responsible	Week 9	Week 8	Week 7	Week 6	Week 5	Week 4	Week 3	Week 2	Week 1	Activity : ensuring kindergarteners safe around	activity number
manger										first activity: locate the project	3-A-A
Director + Assistant										task 1: exploratory research	3-A-A-a
Assistant										task 2: Exploration Visit Search	3-A-A-b
Assistant										task 3: licensing and approval procedures	3-A-A-c
Director + Assistant2										Activity II: secure supplies kindergarten	3-A-B
Director + Assistant2										task 1: lock the kitchen equipment and food and drink	3-A-B-a
Director + Assistant2										Task 2: lock fittings and furniture for directors	3-A-B-b
Director + Assistant2										Task 3: securing equipment and classroom furniture	3-A-B-c
Director + Assistant2										Task 4: ensure classroom games	3-A-B-d
Director + Assistant2										Task 5: secure garden games and swings and sand	3-A-B-e
Director + Assistant2										Task 6: ensure air conditioners & Miac	3-A-B-f
Director + Assistant2										sub activity 3: secure bus transportation	3-A-C
Director + Assistant										sub activity 4: insurance employees	3-A-D
Director + Assistant										Task 1: securing a cleaner number 1	3-A-D-a
Director + Assistant										Task 2: secure Admin row number 4	3-A-D-b
Director + Assistant										Task 3: Lockdown morning Manager	3-A-D-c
manger										Sub activity 5: advertising	3-A-E
worker										Task 1: print brochures and advertisements	3-A-E-a
worker										Task 2: distributing brochures	3-A-E-b

Activity 3-b vaccine safely:

responsible	Week 9	Week 8	Week 7	Week 5	Week 4	Week 3	Week 2	Week 1	Give vaccines safely	Activity number
WHO									Sub-activity 1: Verification of the cooling chain	3-A-A
Infection control officer at the Center.									Task 1: Use of trimmers and thermometers	3-A-A
Infection control officer at the Center.									Task 2: Complete separation between work and storage areas	3-A-A
Infection control officer at the Center.									Task 3: Physical separation using walls	3-A-A
The vaccine Division									Mission 4: Transfer the vaccine to the clinic's premises safely	3-A-A
President of the vaccine									Sub-activity II: Safe injection	3-A-A
Vaccine nurse									Task 1: Locate the injection	3-A-A
Vaccine nurse									Mission 2: Wash your hands	3-A-A
Vaccine nurse									Task 3: Choose the right placement for the injection.	3-A-A
Vaccine nurse									Task 4: Clean the place with a piece of cotton wet with alcohol and a legacy to dry	3-A-A
Vaccine nurse									Task 5: Take out the syringe without touching its mouth	3-A-A
Vaccine nurse									Task 6: Introduce the syringe in the needle.	3-A-A
Vaccine nurse									Task 7: Insert the needle into the nozzle of the pollen bottle	3-A-A
Vaccine nurse									Task 8: Liquid injection at pre-defined location.	3-A-A
Vaccine nurse									Task 9: Dispose of the syringe and needle in the container designated for this	3-A-A
Vaccine nurse									Task 10: Wash the obese	3-A-A
writer									Task 11: Complete the registration	3-A-A

Activity Resources 3-a: Secure a safe nursery for children nearby:

Estimated cost	Cost per year					Funding source	Each unit cost	Quantity per year					Unit	Resources
	5	4	3	2	1			5	4	3	2	1		
210000	60000	60000	30000	30000	30000	collective	2500	2	2	1	1	1		Director
57600	14400	14400	9600	9600	9600		200	6	6	4	4	4		Admin row
8400	2400	2400	1200	1200	1200		100	2	2	1	1	1		cleaner
4400	1000	1000	800	800	800									Electricity
600	120	120	120	120	120		10	1	1	1	1	1		waters
16800	4800	4800	2400	2400	2400		100	2	2	1	1	1		Bus
7200	1800	1800	1200	1200	1200		10	15	15	10	10	10		Stationery
305000														

Activity resources 3-b. Give vaccines safely:

Estimated cost	Cost per year					Funding source	Each unit cost	Quantity per year					Unit	
	5	4	3	2	1	WHO		5	4	3	2	1		
300000	60000	60000	60000	60000	60000		5000	1	1	1	1	1		Head of the Centre
270000	54000	54000	54000	54000	54000		4500	1	1	1	1	1		Led settings administrator
792000	180000	180000	144000	144000	144000		3000	5	5	4	4	4		Fertilized
240000	48000	48000	48000	48000	48000		2000	2	2	2	2	2		A writer
216000	43200	43200	43200	43200	43200		1800	2	2	2	2	2		User Cleaners & Sterilizers
48000	9600	9600	9600	9600	9600		400	2	2	2	2	2		Electricity and water
6000	1200	1200	1200	1200	1200		100	1	1	1	1	1		Head of the Centre
1872000														

Logical Framework Matrix:

Hypotheses	Sources of verification	Verifiable indicators	
	Death records in the National Register of Statistics	The overall mortality rate decreased from 30% per 1000 to 25% per 1000	Overall Objective Lower overall mortality
<ul style="list-style-type: none"> Continued support of senior management. Mother's experiences. Continued stakeholder support. 	Death Records in Al Jadida Governorate	The mortality rate for children under five years of age decreased from 22% per 1,000 births in 2018 to 15% per 1000 births	<u>Target</u> Low mortality rate for children under five years of age
Accepting parents to follow infection prevention methods	<ul style="list-style-type: none"> Infectious disease reports in centers and hospitals. Disease files. 	Reduce the proportion of children with infectious diseases to 60%	<u>Outputs</u> Reducing the spread of diseases: 1 - Increase the care of the health of the pregnant mother. 2. Improved nutrition. 3. Provide a healthy and safe environment for children under 5 years
<ul style="list-style-type: none"> Continued availability of resources Population experiences with the education program Availability of nutritionists and materials necessary for the clinic. 	The cost Total Cost + 5% = 6014200 + 300710 = 6314910	<u>Resources</u> Human resources + operating resources + services + reservations + advertisements + materials + stationery	<u>Activities</u> 1-a. Health education of the mother lectures and public meetings. 1-b. Training courses for medical health staff. 2-a. Activate nutrition clinics in health centers. 2-b. Encouraging the breastfeeding program. 3-a. Secure kindergarten for children under 5 years. 3-b. Secure the vaccines safely and continuously for children under 5 years

Conclusion:

In this research, an important method was applied, which is the concept of the logical framework to study the scale of performance of the regimens, which is the Children under five years mortality rate. It was adopted the logical framework phases that include analysis of stakeholders, analyze the problem (problem tree), analysis of objectives (objectives tree), analyzing strategies, the logical framework matrix, schedule of activities and resources. A work strategy has been presented that can be used by the relevant health authorities.

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