Performance Monitoring Plan
2002-2005

Madagascar Green Healthy Communities Project
(MGHC, Grant n°2001-18055)

Monitoring and Evaluation of Health-Population-Environment Programmes

Submitted by: Dr Yvette RIBAIRA
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ANNEX A : M&E Indicators time frame ...........................................................................
List of Acronyms

ANC  Antenatal care  
ARI  Acute Respiratory Infection  
BCC  Behavior Change Communication  
CBD  Community Based Distributor  
CBDW  Community Based Distributor Workers  
DHS  Demographic and Health Survey  
FP  Family planning  
GOM  Government Of Madagascar  
IEC  Information Education and Communication  
JSI  John Snow Incorporated  
LDI  Landscape Development Interventions  
MGHC  Madagascar Green Healthy Communities  
MINAGRI  Ministry of Agriculture (Ministère de l’Agriculture)  
MINEEF  Ministry of Environment, Water and Forest (Ministère de l’Environnement, des eaux et Forêts)  
MINSAN  Ministry of Health (Ministère de la Santé)  
M&E  Monitoring and Evaluation  
NHIS  National Health Information System (SISG)  
STI  Sexually Transmitted Infections
I. Background

Several demographic pressures and ecological problems threaten the rich biodiversity of Madagascar where 80% of species are endemic: a high population growth (2.8%) linked with a multitude of family health problems, a high rate of deforestation, poor forest exploitation, unsustainable resource extraction and other factors.

In connection with the Voahary Salama Integrated Programs initiative, the Madagascar Green Healthy Communities (MGHC) project was initiated in 2002 to address these issues in some key intervention areas along the corridor forests of two provinces: Toamasina and Fianarantsoa. Additional areas are situated close to the Andoahela Park, the dry forest in Toliary province, and preserved coastal zones in Antsiranana. The MGHC project is funded by David and Lucile Packard Foundation and implemented by JSI Research and Training Inc. together with national and international partners of Voahary Salama, Chemonics Inc. and rural associations participating in integrated activities on the community level.

To fulfill its goal, that is a healthy and well-nourished population living in a healthy environment based on rational management of natural resources at the community level, the MGHC Project has developed an integrated approach incorporating innovated activities and adapting existing health and environmental intervention measures of partner organizations. It is expected that this integrated population-environment approach should lead to the stabilization and eventual reduction of high population growth, and contribute to improved management of natural resources for conservation and economic development of rural populations living in and near the endangered intervention areas. In addition, after two or three year experiences, the project will be called to extend its activities in the other intervention areas.
II. Challenges facing the MGHC project

Since 1975, the population densities of the Toamasina and Fianarantsoa provinces have increased dramatically from 18 hab/km² to over 30 hab/km² in year 2000. By the year 2020, it is projected that the population density of these two provinces will double. The increasing population stress can be attributed to the following major factors:

- the influx of immigrants in the two regions,
- the lack of family planning knowledge and access to family planning,
- and the low literacy rate of the regions.

In addition, the high population growth rate is also linked with several health problems that are resulting to childhood malnutrition, increasing infant mortality (over 100 infants per 1000 in 2000 for the two provinces), increasing maternal mortality and high incidence rate of tropical diseases such as Acute Respiratory Infections, diarrheic diseases, malaria, chronic malnutrition and emerging sexually transmitted infections.

Similar to the national trend, most farmers, which represent over 80% of the population, in the two regions utilize traditional methods of farming: slash and burn farming, cultivation and irrigation. Besides, very little is done in strategies that increase reforested areas: In 1995 less than 2% of the total surface area cultivated by slash and burn were reforested. It is predicted that the remaining forest will disappear within 20 years if no concrete actions have been made.

According to the national environmental charter (Law N°90-033 as of December 21, 1990), the environment takes into account all conditions surrounding human activities that are biological (human, biodiversity), physical (biological balance, natural resources, climate, soil), socio-cultural, and the interaction of every element cited above. Therefore, environmental degradation is also linked to community health problems.
III. Proposed Programme

The above challenges highlight the need to reduce the demographic pressures in conservation areas, or areas of high biological diversity, that will contribute to the conservation and sustainable use of natural resources.

The proposed program is intended to address issues around the health and environment of communities that are leaving near key conservation areas in Madagascar. The goal and objectives of the program during the period 2002 to 2005 will be as indicated below:

**Goal:**
Promote integrated health, population, and environment strategies and activities.

**Strategic Objective:**
To increase the community capacity to improve their health status and food security using practices that also protect the environment.

**Specific Objectives:**
- To improve the living conditions for the target population.
- To ensure a rational management of natural resources within areas of high biological diversity.

A series of integrated, multi disciplinary activities and a social marketing strategy in targeted communities will be used to achieve the above objectives. The program implementation includes the following activities:
  - Work with local farmers’ associations and health communities volunteers
  - Community mobilization
  - Use of selected material inputs
  - Income generation activities
  - Promote rural radio systems
- Capacity building (improving quality of care and services, community forest management, agricultural techniques,…).

**IV. Monitoring and Evaluation (M&E) Plan**

At the initial phase of the project, the existing monitoring and evaluation structures of the ECHO/Environmental Health Project and the University of Michigan Impact Assessment project were adapted and used for the MGHC Project integrated activities in terms of behavior change and communication or tracking the best practices. The proposed M&E system consists of the following components:

- Conceptual framework;
- Strategic framework;
- Logical framework; and
- List of corresponding indicators.

The conceptual framework (see Appendix A) broadly focuses on the proximate and non-proximate determinants of community health and environmental issues. The strategic framework consists of one strategic objective (SO) and four intermediate results (IR) as shown below:

**Strategic Objective 1**: increase the community capacity to improve their health status and food security using practices that also protect the environment.

**IR1.1**: Increase the use of modern contraception

**IR1.2**: Improve natural resource management

**IR1.3**: Increase farmers’ incomes and food security

**IR1.4**: Improve health status of local populations.
Four logical frameworks have been developed; one for each intermediate result. The indicators will be used to track the performance of the program, including the expected effect of each specific intervention.

V. Data sources for Monitoring and Evaluation

1. Quick investigation of quality (QIQ):
   - Exit interviews
   - Observation
   - Health facility surveys

2. Population based surveys:
   - Household surveys
   - Demographic and Health Surveys

3. Routine data collection and Health Systems:
   - National Health Information System (NHIS)
   - Routine reports
   - Landscape Management reports and records
   - Official documents

4. Rapid Rural Appraisal (RRA):
   - Focus group discussions
   - Mini-household surveys
   - Environmental M&E tools
   - Reports on best practices within communities

The quick investigation of quality (QIQ) methodology is going to be used to collect data on quality of care. The methodology entails conducting exit interviews and observations. Meanwhile, Rapid Rural Appraisal techniques will be used to evaluate progress on environmental or community natural resource management activities. Also, observations will be conducted to check the use of appropriate techniques (bee-keeping, fish cultivation, ecologic ginger cultivation, SRI/SRA, …)
Conceptual Framework for integrated Health, Population, and Environment Program

**Degradation of the Environment and Problems of Family Health**

**Health Factors**
- High prevalence of malnutrition, ARI, diarrhea, malaria, and STIs
- Low antenatal care rates, and low use of IMCI services
- Low quality care and services of IMCI
- Low accessibility to contraception and essential medicines especially in the rural areas
- Low access to condoms
- Lack of knowledge about effective preventative measures
- Lack of knowledge of chronic illnesses
- Low access to social services or referral services
- Accessibility to health services

**Political Factors**
- Bad governance
- Lack or insufficient application of existing legislation
- Insufficient basic new strategies
- Chronic poverty

**Social and Cultural Factors**
- Traditional practices and traditional practitioners
- Ignorance of basic environment and conservation principals
- Lack of knowledge/negligence of basic hygiene
- Resistance to modern agricultural techniques and social innovations
- Birth spacing and breastfeeding practices not prioritized
- Bad health practice of child illness and pregnant women

**Social and Economic Factors**
- Production system of ‘tavy’
- Poverty leading to the exploitation of natural resources
- Decline of energy sources
- Low yield and insufficient financial resources
- Low level or rural revenue
- Resistance to social innovations
- Low access to work and employment
- Rural migration and exodus of manual laborers
- Lack of food security
- Misunderstanding of good practices

**Structural Factors**
- Equilibrium between demographic and economic growth
- Demographic pressures
- Exploitation of land and natural resources
- Public Health problems
- Insecurities between the rural zones and isolated villages
- Radical Changes in public administration
- Inadequacy at public administration structures

---

**Degradation of the Structural Factors**

- Equilibrium between demographic and economic growth
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- Accessibility to health services
Strategic framework

GOAL
Promote integrated health, population, and environment strategies and activities

Sit 1
Increase the community capacity to improve their health status and food security using practices that also protect the environment

IR 1.1
Increasing use of modern contraception
- IR 1.1.1: Establish network system of Community Service Agents
- IR 1.1.2: Increase awareness of family planning methods
- IR 1.1.3: Make contraceptive products available to the community

IR 1.2
Improving natural resource management
- IR 1.2.1: Increase awareness of new production alternatives
- IR 1.2.2: Expose communities to environmental conservation techniques
- IR 1.2.3: Implement new environmental management tech.

IR 1.3
Increasing farmers’ incomes and food security
- IR 1.3.1: Establish rural financial system for agricultural production
- IR 1.3.2: Initiate income generating activities
- IR 1.3.3: Initiate intensive agriculture technique

IR 1.4
Improving health status of local population
- IR 1.4.1: Increase community awareness on vaccination programs
- IR 1.4.2: Prevent pathological epidemics
- IR 1.4.3: Improve community access to quality of health care
Logical frameworks

IR 1.1 Increasing use of modern contraception

**INPUTS**
- Financial resources
- Human resources
- Training and BCC materials
- GOM Institutions:
  - Political leaders
  - Community leaders
  - Religious leaders
  - Local NGOs
  - Local Authorities
- Health and Environmental Data (local & national research)
- Technical expertise
- Equipment
- Advocacy teams

**PROCESSES**
- Champion Communities program (integrated community mobilization efforts, use of IEC materials, community leaders involvement, festival)
- School to community program (guide and protocols development and agreement, training, festival)
- Logistic and contraceptive or vaccination safety
- CBDW training
- Implementing CBD
- Mass media campaign
- Improving quality of services in BHC referral

**OUTPUTS**
- # of ASBC trained and operational
- # of effective IEC campaigns
- # of regular users of FP per method
- # of reference cases to the FP centers
- Contraceptive Coverage Rate (TCC)

**EFFECTS**
- CYP
- # of new and continuing contraceptive users
- # of cases referred to secondary and tertiary facilities appropriately, or outcome

**OUTCOME**
- CPR
IR 1.2 Improving natural resource management

**INPUTS**
- Stakeholders
- NGOs
- Government Departments
- Partner and Donors
- Funds
- Human Resources
- Transport/Vehicles
- Equipment
- Agricultural supplies

**PROCESSES**
- Rice intensification in lowlands through SRI, SRA, rice-fish production
- Hillside perennial cash crop production (fruit trees, coffee, spices, biomass banks…)
- Production of potatoes, beans, vegetables, rice, corn and other crops in lowland
- Ecological plantations (ginger,…)
- Public education for conservation and sustainable resource management
- Sustainable extraction and use of forest products
- Implementation of resource management agreements (dina, GCF, GELOSE)
- Mass media campaign
- Farmer to farmer approach
- Endangered species inventory

**OUTPUTS**
- # Households involved in new agricultural techniques
- # Hectares placed under crop production, fish or perennial cash crops
- # kg/hectare crops, fish or perennial cash crops produced
- # perennial cash crops planted
- # of groups associated with the community management of the forests, specific coastal zones
- # of official commitments to the projects
- # of endangered species left
- # functional supply centres

**EFFECTS**
- # of new production practices implemented
- # of new environmental conservation techniques established in communities

**OUTCOMES**
- Adoption rate of new production practices
- Adoption rate of new techniques
- Yield per hectare rate
- Preserved species rate
IR 1.3 Increasing farmers’ incomes and food security

**INPUTS**
- Human resources
- Transport/vehicles
- Finance
- Training materials
- Contraceptive stocks
- Equipment
- Health facilities
- Agricultural supply centers
- Stakeholders
  - Clients
  - NGOs
  - Public sector
  - Private sector
  - Donors
  - Farmers associations
- Building materials

**PROCESSES**
- Community-based distribution of Sur’Eau and contraceptives
- Small animal husbandry (fish, duck, rabbits, chickens, pigs, bees…)
- Conservation enterprise development (Vetiver growing, essential oils, organics spices…)
- Farmer to farmer programs
- Mass media campaign

**OUTPUTS**
- # conservation-enterprise activities developed
- Amount of additional income generated through supplemental income generation activities
- # credit beneficiary
- # small animals raised
- # households adopting new agricultural techniques

**EFFECTS**
- Additional household revenues
- Increase of agricultural output
- Adoption of new agricultural techniques

**OUTCOME**
- Implementation rate of new production activities
IR 1.4 Improving health status of local population

INPUTS
- Human resources
- Transport/vehicles
- Finance
- Training and BBC materials
- Contraceptive/vaccines/essential drugs stocks
- Equipment
- Health facilities
- Stakeholders
  - Clients
  - NGOs
  - Public sector
  - Private sector
  - Donors
  - Community volunteers
- Building materials
- IEC materials
- Cold chain

PROCESSES
- Champion Community programs
- School to community programs
- Widespread use of child health cards
- Utilization of Sur’Eau
- Construction of village water protection and/or treatment systems, pumps, wells
- Identification of referral sites
- Counseling of “high risk” women
- Exclusive breast feeding
- Appropriate weaning foods
- Vitamin A supplementation
- Use of anti-malarial drugs

OUTPUTS
- % of households with young children purchasing and actively using child health and mother cards
- # Litres of Sur’Eau sold
- # village water systems or latrines built
- # of cases referred to secondary and tertiary facilities appropriately, or outcome
- % of women exclusively breastfeeding for 6 months
- # Vitamin A distributed
- # bed nets sold
- # condoms sold
- # ANC visits
- # vaccination diplomas distributed

EFFECTS
- Infants exclusively breastfed
- Nutrition status
- Mother and infant’s health
- Vitamin A coverage rate
- Diarrhoea diseases prevalence
- ARI prevalence
- STI prevalence

OUTCOME
- Immunization rates
- Infant mortality rates
- Maternal mortality rate
List of Indicators

**SO 1**: Increase the community capacity to improve their health status and food security using practices that also promote the environment

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<th>Indicators</th>
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<td>IR 1.1</td>
<td>Increase the use of modern contraception</td>
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<tr>
<td>1.1.a</td>
<td>Contraceptive prevalence rate for modern FP methods (effective coverage)</td>
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<td>1.1.b</td>
<td>Couple years of protection at district levels (utilization rate)</td>
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<tr>
<td>1.1.c</td>
<td>Method Mix</td>
<td></td>
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<td>1.1.d</td>
<td>Contraceptive coverage rate (utilization rate)</td>
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<td>1.1.e</td>
<td>Number of CBDW trained and operational (availability rate)</td>
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<tr>
<td>1.1.f</td>
<td>Number of new and continuing contraceptive users (utilization rate)</td>
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<tr>
<td>1.1.g</td>
<td>Number of appropriate referred cases</td>
<td></td>
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<tr>
<td>1.1.h</td>
<td>% of health facilities offering wide range of family planning methods (adequate coverage)</td>
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<tr>
<td>1.1.i</td>
<td>% of population within 5 km radius of a functional health facilities offering FP services (accessibility rate)</td>
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<td>IR 1.2</td>
<td>Improve natural resource management</td>
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<td>1.2.a</td>
<td>Adoption rate of new production practices</td>
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<td>1.2.b</td>
<td>Adoption rate of new agricultural techniques</td>
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<td>1.2.c</td>
<td>% of preserved species</td>
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<td>1.2.d</td>
<td>% of cultivated areas</td>
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<td>1.2.e</td>
<td>Yield rate per hectare</td>
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<td>1.2.f</td>
<td>Total surface area cultivated by slash and burn by district</td>
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<td>1.2.g</td>
<td>Number of functional centers for agricultural supplies</td>
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<tr>
<td>1.2.h</td>
<td>Number of new production practices implemented</td>
<td></td>
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<tr>
<td>1.2.i</td>
<td>Number of households adopting new environmental conservation techniques</td>
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<td>1.2.j</td>
<td>Rate of deforestation</td>
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<td>1.2.k</td>
<td>Total reforested surfaces</td>
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<td>IR 1.3</td>
<td>Increase farmer’s incomes and food security</td>
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<tr>
<td>1.3.a</td>
<td>% of households with additional income</td>
<td></td>
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<td>1.3.b</td>
<td>% of households with additional agricultural production</td>
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<td>1.3.c</td>
<td>Childhood malnutrition: under 5 stunting (&lt; 2SD)</td>
<td></td>
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<td>1.3.d</td>
<td>% of alive birth less than 2.5 kg</td>
<td></td>
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<td>1.3.e</td>
<td>Total amount of credits distributed to households</td>
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<td>IR 1.4</td>
<td>Improve the health status of local populations</td>
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<tr>
<td>1.4.a</td>
<td>Childhood mortality rate</td>
<td></td>
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<tr>
<td>1.4.b</td>
<td>Maternal mortality rate</td>
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<tr>
<td>1.4.c</td>
<td>Prevalence of diarrhea</td>
<td></td>
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<tr>
<td>1.4.d</td>
<td>Prevalence of ARI</td>
<td></td>
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<tr>
<td>1.4.e</td>
<td>% Fully immunized infants (12-23 months)</td>
<td></td>
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<tr>
<td>1.4.f</td>
<td>% Infant (12-23 months) with full vaccination diploma</td>
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<td>1.4.g</td>
<td>TT2+ immunization</td>
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<tr>
<td>1.4.h</td>
<td>Prevalence of STI</td>
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<tr>
<td>1.4.i</td>
<td>Main causes of morbidity</td>
<td></td>
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<tr>
<td>1.4.j</td>
<td>% of infant 6-59 months receiving Vitamin A capsule within last 6 months</td>
<td></td>
</tr>
<tr>
<td>1.4.k</td>
<td>% infants exclusively breastfed</td>
<td></td>
</tr>
<tr>
<td>1.4.l</td>
<td>% of delivery assisted by a qualified personnel</td>
<td></td>
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<tr>
<td>1.4.m</td>
<td>Access to potable water</td>
<td></td>
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<tr>
<td>1.4.n</td>
<td>% of HH with young children using a health card</td>
<td></td>
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<tr>
<td>1.4.o</td>
<td>Bed nets coverage</td>
<td></td>
</tr>
<tr>
<td>1.4.p</td>
<td>Access to latrine</td>
<td></td>
</tr>
</tbody>
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## Performance Monitoring Indicator System

<table>
<thead>
<tr>
<th>Result/Component</th>
<th>Indicator(s)</th>
<th>Definition</th>
<th>Value</th>
<th>Data Source</th>
<th>Frequency</th>
<th>Implementation responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a. CPR</td>
<td>$CPR = \frac{\text{No of women using a contraceptive method at a given point in time}}{\text{No of women of reproductive age}}$</td>
<td>(2000) (2005)</td>
<td>DHS</td>
<td>Every 5 years</td>
<td>MINSAN</td>
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<tr>
<td>1.b. CYP</td>
<td>Quantity of each method distributed x conversion factor</td>
<td>NA</td>
<td>NHIS</td>
<td>Quarterly</td>
<td>M&amp;E Unit</td>
<td></td>
</tr>
<tr>
<td>1.c. Method Mix</td>
<td>% distribution of contraceptive users by method • Pill • IUD • Injections • Spermicides • Condoms • Female sterilization • Male sterilization • Norplant</td>
<td>(2000) (2005)</td>
<td>NHIS</td>
<td>Monthly</td>
<td>MINSAN</td>
<td></td>
</tr>
<tr>
<td>1.1.d. Contraception coverage rate</td>
<td>$\frac{\text{No of regular users}}{\text{Women in reproductive age 15 - 49}} \times 100%$</td>
<td>NA</td>
<td>NHIS</td>
<td>Monthly</td>
<td>MINSAN</td>
<td></td>
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<tr>
<td>1.1.e CBDW training</td>
<td>Number of CBDW trained and operational</td>
<td>(2002) 0 (2005)</td>
<td>Workshop reports</td>
<td>Quarterly</td>
<td>LDI</td>
<td></td>
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<tr>
<td>1.1.f No of contraceptive users</td>
<td>Number of new and regular modern contraceptive methods users</td>
<td>(2002) 0 (2005)</td>
<td>NHIS</td>
<td>Monthly</td>
<td>MINSAN</td>
<td></td>
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<tr>
<td>1.1.g No appropriate referred cases</td>
<td>Number of cases referred to secondary and tertiary facilities appropriately</td>
<td>(2002) 0 (2005)</td>
<td>Workshop reports</td>
<td>Monthly</td>
<td>M&amp;E Unit</td>
<td></td>
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<tr>
<td>1.1.h Wide range of FP methods</td>
<td>$\frac{\text{No of health facilities with wide range of FP methods}}{\text{No of FP health centers}} \times 100$</td>
<td>(2002) 0 (2005)</td>
<td>NHIS</td>
<td>Quarterly</td>
<td>M&amp;E Unit</td>
<td></td>
</tr>
<tr>
<td>1.1.i Access to FP centers</td>
<td>No of facilities offering FP services ÷ No of population within 5 km radius of a functional FP health center x 100</td>
<td>(2002) 0 (2005)</td>
<td>NHIS</td>
<td>Quarterly</td>
<td>M&amp;E Unit</td>
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1 Values are the consolidation of the total intervention areas (Moramanga, Beforona and Ikongo,…)
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<td></td>
<td>Baseline</td>
<td>Target</td>
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</tr>
<tr>
<td>1.2.a % New production practices</td>
<td>Number of HH with new production practices divided by total number of Households x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>HH survey</td>
<td>Quarterly/annually</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.2.b % New techniques</td>
<td>Number of HH with new techniques divided by total number of Households x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>HH survey</td>
<td>Quarterly/annually</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.2.c % of preserved species</td>
<td>Number of type of preserved species divided by total number of type of species in the areas x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>Report/Records</td>
<td>Annually</td>
<td>LDI, Env. Offices</td>
</tr>
<tr>
<td>1.2.d % of cultivated areas</td>
<td>Surface cultivated divided by total surface in the region x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>Report/Records</td>
<td>Annually</td>
<td>LDI, Env. Offices</td>
</tr>
<tr>
<td>1.2.e Yield rate per hectare</td>
<td>Tons of production divided by total cultivable area (ha) x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>Report/Records</td>
<td>Annually</td>
<td>MINAGRI</td>
</tr>
<tr>
<td>1.2.f % Slash and burn</td>
<td>Total surface area cultivated by slash and burn by district divided by total cultivable areas x 100</td>
<td>NA</td>
<td>(2005)</td>
<td>Activity reports</td>
<td>Annually</td>
<td>MINAGRI</td>
</tr>
<tr>
<td>1.2.g No of Agricultural suppliers</td>
<td>Number of functional centers for agricultural supplies by district</td>
<td>NA</td>
<td>(2005)</td>
<td>Field reports</td>
<td>Annually</td>
<td>MINAGRI</td>
</tr>
<tr>
<td>1.2.h Adoption of new prod. Practices</td>
<td>Number of Households adopting new conservation techniques</td>
<td>NA</td>
<td>(2005)</td>
<td>Production records</td>
<td>Reviewed quarterly</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.2.i No of new conservation techniques</td>
<td>Number of new environmental conservation techniques established in the communities by district</td>
<td>NA</td>
<td>(2005)</td>
<td>Training reports</td>
<td>Annually</td>
<td>IEC Unit, Training Unit, LA</td>
</tr>
<tr>
<td>1.2.j Rate of deforestation</td>
<td>Surface of deforestation divided by total surface in the region x 100</td>
<td>(2000)</td>
<td>(2005)</td>
<td>Report/Records</td>
<td>Annually</td>
<td>MINEF</td>
</tr>
<tr>
<td>1.2.k Rate of reforestation</td>
<td>Surface of reforestation divided by total area of deforestation x 100</td>
<td>(2000)</td>
<td>(2005)</td>
<td>Report/Records</td>
<td>Reviewed quarterly</td>
<td>M&amp;E Unit, MINEF</td>
</tr>
<tr>
<td>1.3.a % HH with additional income</td>
<td>Number of HH with additional income divided by total number of Households x 100</td>
<td>(2000)</td>
<td>(2005)</td>
<td>HH survey</td>
<td>Every two years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>Result/Component</td>
<td>Indicator(s)</td>
<td>Definition</td>
<td>Value</td>
<td>Data Source</td>
<td>Frequency</td>
<td>Implementation responsibility</td>
</tr>
<tr>
<td>------------------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td><strong>IR 1.3</strong></td>
<td>1.3.b % HH with additional agricultural production</td>
<td>No of HH with additional agricultural production x 100 / Total number of Households</td>
<td>(2000)</td>
<td>HH survey</td>
<td>Every two years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>1.3.c Childhhood malnutrition</td>
<td>% of children under 5 that are stunted (Height/Age: &lt;-2SD)</td>
<td>(2000)</td>
<td>HH survey</td>
<td>Every two years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td></td>
<td>1.3.d % of alive birth less than 2.5 kg</td>
<td>No of birth less than 2.5 kg x 100% / Total number of births</td>
<td>(2000)</td>
<td>NHIS</td>
<td>Monthly</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.3.e Amount of credits to households</td>
<td>Total amount of credits distributed to households</td>
<td>NA</td>
<td>Review report/records</td>
<td>Reviewed quarterly</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td><strong>IR 1.4</strong></td>
<td>1.4.a Infant mortality rate</td>
<td>No of dead children &lt; 12 months x 100 / Total number of births</td>
<td>(2000)</td>
<td>NHIS, DHS</td>
<td>Annually</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.4.b Maternal mortality rate</td>
<td>No of dead children &lt; 12 months x 100 / Total number of births</td>
<td></td>
<td>NHIS, DHS</td>
<td>Annually</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.4.c Prevalence of diarrhea</td>
<td>No of children &lt; 5 with diarrhea episodes x 100 / Total number of children &lt; 5</td>
<td></td>
<td>NHIS, DHS</td>
<td>Annually</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.4.d Prevalence of IRA</td>
<td>No of children &lt; 5 with IRA x 100 / Total number of children &lt; 5</td>
<td></td>
<td>NHIS, DHS</td>
<td>Annually</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.4.e % fully immunized infants</td>
<td>No of children (12 - 23 months) fully immunized x 100 / Total number of children 12 - 23 months</td>
<td></td>
<td>NHIS, DHS</td>
<td>Annually</td>
<td>MINSAN</td>
</tr>
<tr>
<td></td>
<td>1.4.f % Infant with full vaccination diploma</td>
<td>No of children (12 - 23 months) with vac diploma x 100 / Total number of children 12 - 23 months</td>
<td>(2000)</td>
<td>Activity reports</td>
<td>Annually</td>
<td>LA, LMR</td>
</tr>
<tr>
<td></td>
<td>1.4.g TT2+ immunization</td>
<td>No of pregnant women immunized (TT2+) x 100 / Total number of pregnant women</td>
<td></td>
<td>NHIS</td>
<td>Annually</td>
<td>M&amp;E Unit, MINSAN</td>
</tr>
<tr>
<td>Result/Component</td>
<td>Indicator(s)</td>
<td>Definition</td>
<td>Value[^1]</td>
<td>Data Source</td>
<td>Frequency</td>
<td>Implementation Responsibility</td>
</tr>
<tr>
<td>------------------</td>
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<td>------------------------------</td>
</tr>
<tr>
<td>1.4.h Prevalence of STI</td>
<td>No STI cases / Total number of clinical consultations x 100</td>
<td></td>
<td></td>
<td>NHIS</td>
<td>Annually</td>
<td>M&amp;E Unit, MINSAN</td>
</tr>
<tr>
<td>1.4.i Main causes of morbidity</td>
<td>% of morbidity causes for all clinical consultations ♦ Diarrhea ♦ ARI ♦ Malaria ♦ …</td>
<td></td>
<td></td>
<td>NHIS</td>
<td>Annually</td>
<td>M&amp;E Unit, MINSAN</td>
</tr>
<tr>
<td>1.4.j Vit. A coverage</td>
<td>No of infant 6-59 months receiving Vitamin A capsule within last 6 months / Total number of infant 6-59 months</td>
<td></td>
<td></td>
<td>NHIS</td>
<td>Annually</td>
<td>M&amp;E Unit, MINSAN</td>
</tr>
<tr>
<td>1.4.k Exclusive breastfeeding</td>
<td>Nb of infants (0-6 months) exclusively breastfed / total number of infant 0-6 months</td>
<td></td>
<td></td>
<td>Special HH survey</td>
<td>Every 2 years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.4.l % of assisted delivery</td>
<td>No of delivery assisted by a qualified personnel / Total estimated number of delivery x 100</td>
<td></td>
<td></td>
<td>NHIS</td>
<td>Annually</td>
<td>M&amp;E Unit, MINSAN</td>
</tr>
<tr>
<td>1.4.m Access to potable water</td>
<td>No of HH with potable drinking water / Total No of HH x 100</td>
<td></td>
<td></td>
<td>Special HH survey</td>
<td>Every 2 years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.4.n Use of health card</td>
<td>No of HH with young children using a health card / Total No of HH x 100</td>
<td></td>
<td></td>
<td>Special HH survey</td>
<td>Every 2 years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.4.o Bed nets coverage</td>
<td>No of HH using Bed Nets / Total No of HH x 100</td>
<td></td>
<td></td>
<td>Special HH survey</td>
<td>Every 2 years</td>
<td>M&amp;E Unit</td>
</tr>
<tr>
<td>1.4.p Access to latrine</td>
<td>No of HH using latrine / Total No of HH x 100</td>
<td></td>
<td></td>
<td>Special HH survey</td>
<td>Every 2 years</td>
<td>M&amp;E Unit</td>
</tr>
</tbody>
</table>

**NA**: Data Not Available

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DHS: Demographic and Health Survey
HFS: Health Facility Survey
HH: Household
HR: Human Resources
LMR: Logistic Management Reference
NHIS: National Health Information System