*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator:** SP/Fansidar 2+ doses, at least one during ANC visit |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits |
| **Is This a Performance Plan and Report Indicator?** No  Yes  for Reporting Year(s)\_\_\_\_\_\_  **If yes, link to Foreign Assistance Framework:** |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took **two or more** doses of SP/Fansidar, with at least one dose during an antenatal care visit  Calculated:   * Numerator: Number of women who took 2+ doses of SP/Fansidar, at least one during ANC visit * Denominator: Women age 15-49 with a live birth in the two years preceding the survey |
| **Unit of Measure:** Percentage of women |
| **Data Type:** Percentage |
| **Disaggregated by:** |
| **Rationale for Indicator** *(optional):* This indicator represents a key behavior known to accelerate reduction of maternal and child mortality (<https://acceleratorbehaviors.org/iptp>). Intermittent preventive treatment of malaria in pregnancy reduces incidence of low birth weight by 29%, severe maternal anemia by 38% and neonatal mortality by 31%. This is a periodic behavior that needs to be practiced at every ANC visit (<https://www.pmi.gov/docs/default-source/default-document-library/tools-curricula/malaria-infographic-english-508.pdf?sfvrsn=8>). In areas of stable (high) malaria transmission, IPTp with two to three doses of the recommended antimalarial medicine during pregnancy has been shown to reduce the risk for severe maternal anemia, placental parasitemia and low birth weight significantly, with at least three doses being ideal. Therefore, WHO recommends that all pregnant women in areas of stable malaria transmission receive at least two doses of IPTp after quickening, the first noted movement of the fetus (WHO, 2004). WHO recommends a schedule of four antenatal clinic visits, with three visits after quickening.  IPTp at each scheduled visit after quickening, but not more than monthly, will ensure that a high proportion of women receive at least two doses. Ideally, the doses should be administered under direct observation, although this is not always the case. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: ML\_IPTP\_W\_2SA. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Secondary source: UNICEF Multiple Indicator Cluster Survey (MICS). |
| **Method of Data Collection and Construction:** DHS Household survey, Woman’s Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |
| **Reporting Frequency:** Approximately every 2-5 years |
| **Individual(s) Responsible at USAID:** |
| **TARGETS AND BASELINE** |
| **Baseline Timeframe***:* |
| **Rationale for Targets** *(optional):* |

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| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessments (DQA) and Name(s) of Reviewer(s):** |
| **Date of Future Data Quality Assessments** *(optional)***:** |
| **Known Data Limitations:**  Reliability: Recall bias. A mother may have difficulty correctly recalling medical care received up to two years ago. Thus, this indicator is subject to potential recall bias. This bias is likely to be even greater in populations unaccustomed to remembering and conceptualizing time.  Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:** |
| **This Sheet Last Updated On:** December 22, 2017 |