*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:** Advice or treatment for fever sought from a health facility or provider |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**Caregivers seek prompt and appropriate care for symptoms of malaria |
| **Is This a Performance Plan and Report Indicator?** No[x]  Yes[ ]  for Reporting Year(s)\_\_\_\_ **If yes, link to Foreign Assistance Framework:**  |
| **DESCRIPTION** |
| **Precise Definition(s):** Among children under age five with fever in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or providerCalculated:* Numerator: Number of children for whom advice or treatment was sought from a health facility or provider
* Denominator: Total number of children under age five with fever in the two weeks preceding the survey
 |
| **Unit of Measure:** Percentage of children |
| **Data Type:** Percentage |
| **Disaggregated by:**  |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/malaria_care>). Prompt diagnosis and appropriate care for malaria could prevent over 300,000 deaths of children under five each year (<http://www.who.int/malaria/media/world-malaria-report-2015/en/>). This is an occasional, often seasonal, behavior that needs to be practiced within 24 to 48 hours of the onset of suspected symptoms. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), including the Malaria Indicator Survey (MIS) and DHS survey, indicator ID: CH\_FEVT\_C\_ADV. 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 5 years |
| **Individual(s) Responsible at USAID:**  |
| **TARGETS AND BASELINE** |
| **Baseline Timeframe:** |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessment and Name(s) of Reviewer(s):**  |
| **Date of Future Data Quality Assessments** *(optional)****:***  |
| **Known Data Limitations:** Reliability: Not all cases of fever will be detected by caregivers to comprise the denominator, and thus results may be an underestimate of the population with a possible malaria infection (denominator). Validity: Many illnesses besides malaria can cause fever. The denominator of those with fever in the past two weeks will overestimate the population with possible malaria infection, as it also captures those with other etiologies. Timeliness: DHS and MIS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS Program 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  |