STANDARD SECTOR INDICATOR CODE: HE-134	**Pregnant Women Who Received Intermittent Preventive Treatment According to National Policy:** Number of pregnant women who received intermittent preventive treatment according to national policy at antenatal care visits during their last pregnancy.	
Health Sector	**Sector Schematic Alignment** **Project Area:** Maternal, Neonatal, and Child Health **Project Activity Area/Training Package:** Malaria Prevention and Control	
Type: Outcome	**Unit of Measure**: Pregnant Women	**Disaggregation:** **Age:** 10-17, 18-24, 25+

To be counted for this indicator all of the following criteria must be met:

- The woman gave birth in the 12 months prior to being surveyed.
- The woman had correctly taken her entire IPTp regimen as recommended.
    - **Recommended:** According to national policy. In most countries national policy includes 2-4 curative doses of IPTp at least a month apart starting after quickening during the 2nd trimester. Volunteers should confirm the national policy with their program manager.

Definitions:

IPTp: is defined as Intermittent Preventive Treatment in pregnancy (IPTP). It is also known as Intermittent Presumptive Therapy or Intermittent Protective Treatment in pregnancy. It involves the administration of a single curative dose of an efficacious anti-malarial drug at least twice during pregnancy – regardless whether or not the woman is infected with malaria, for example Sulphadoxine-pyremethemine (Fansidar) or other treatment as prescribed by national policy (SP) at specific intervals. The recently updated (spring 2013) WHO recommendation is for pregnant women in malarious zones to receive IPTp at each antenatal clinic visit starting at quickening provided those visits are at least a month apart. This translates to as many as 5 doses per pregnancy but national policies vary.

Rationale: Women who correctly follow national policy in taking 2-4 curative doses of IPTp beginning at quickening and continuing until delivery have a significantly lower chance of having malaria during pregnancy. Taking IPTp also reduces malaria related complications such as the prevalence of maternal anemia at term, intrauterine growth retardation (IUGR) and prematurity of infants and thereby significantly reduces neonatal and maternal mortality and improves birth outcomes of infants.

Measurement Notes:

Sample Tools and/or Possible Methods (for Peace Corps staff use): This outcome indicator should be measured by surveying the group of pregnant women the Volunteer will be working with on an annual basis (the baseline survey is year zero). IPTP data is often gathered in conjunction with other pregnancy related indicators in a single survey.

One specific challenge is that women may not know what drug they were given – whether it was IPTp or something else like paracetamol. To address this issue the Volunteer can bring examples of each drug (including paracetamol as a control) and ask the woman to visually identify the drug. Many countries also use a "Pregnancy Card" where health workers record drugs given to the woman at the ANC. These Pregnancy Cards can be used during baseline surveying to confirm which drugs were given.

NOTE: *In some countries, asking to see a Pregnancy Card is culturally insensitive and may be illegal in countries*

with strong patient confidentiality laws. Check with your local representative of the MoH before using Pregnancy Cards as a data source.

Activity-Level Baseline Data Collection: Initial IPTp use rates should be captured in a baseline survey at the beginning of volunteer's work in their community or with a specific group.

Frequency of Reporting: Because of seasonal variations in pregnancy rates, data should be gathered annually and at the same time each year. Data should be reported to Post on the next reporting date after the data is gathered (preferably quarterly) and data will be officially reported from the post to HQ annually at the end of the fiscal year with preliminary data made available to technical experts in HQ on a rolling basis.

Definition of Change: For this indicator change is the difference in the percentage of pregnant women taking IPTp at the volunteers baseline and the percentage of pregnant women taking IPTp at subsequent surveys.

General Reporting in the VRF: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of pregnant women who received intermittent preventive treatment according to national policy at antenatal care visits during their last pregnancy.

If you are in a community of less than 1,000 people, your denominator is all women from the community who gave birth in the 12 months prior to the survey (this should be between 20-45 per 1000 in Africa)

IF you are in a community of greater than 1,000 people your denominator is all women in your intervention zone (quartier, borough, etc.) as defined by your APCD who gave birth in the 12 months prior to the survey

Volunteers SHOULD NOT combine the reporting of this indicator with the reporting of output indicators. They should instead create an activity with the word "Survey" somewhere in the activity title and use this activity to report all survey results.

The start and end dates for this activity should correspond to the start and end dates of the survey itself, NOT when the Volunteer conducted interventions.

Change will be measured by comparing these activities. For example, if the Volunteer inputs a "Baseline Survey" activity in June 2013 in which 25% of pregnant women received IPTp and a "Mid-Service Survey" in June of 2014 in which 55% of pregnant women are receiving IPTp, we would say that IPTp usage has increased 30 percentage points over that year.

Reporting on Disaggregated Data in the VRF: This indicator is disaggregated by "Age".

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator:
1. REDUCED MATERNAL AND INFANT MORBIDITY AND MORTALITY
2. REDUCED MALARIA