

<p>STANDARD SECTOR INDICATOR CODE: HE-138</p>	<p>Individuals with Fever Who Received Antimalarial Treatment According to National Policy: Number of individuals (children, pregnant mothers and the general population) with fever in the last two weeks who received anti-malarial treatment in accordance with the national policy AND within one day of the onset of fever.</p>	
<p>Health Sector</p>	<p>Sector Schematic Alignment Project Area: Maternal, Neonatal, and Child Health Project Activity Area/Training Package: Malaria Prevention and Control</p>	
<p>Type: Outcome</p>	<p>Unit of Measure: Individuals Self Report</p>	<p>Disaggregation: Sex: Male, Female Age: 0-4, 5-17, 18+ Pregnancy Status: Pregnant, Non-pregnant or of unknown pregnancy status</p>

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

1. The individual must have had the episode of fever in the 2 weeks prior to being interviewed **and**
2. The individual must have sought care within 24 hours of first noticing fever **and**
3. The individual must have been tested for malaria by a health care provider and tested negative

OR

1. The individual must have sought care within 24 hours of first noticing fever **and**
2. The individual tested positive for malaria **and**
3. Received medication in accordance with national protocol **and**
4. Correctly took the entire course of medication.

Definitions:

Fever: Is defined as a temperature of over 100 degrees F or 37.8 degrees C as measured using an oral mercury thermometer OR as strong enough to be detected by a lay person without thermometer. An underarm or axillary temperature is usually 0.5 to 1 degree F lower than an oral temperature.

Within one day of onset: is defined as within 24 hours of first noticing fever.

Rationale: People who receive care within 24 hours of onset of symptoms are at significantly lower risk of severe malaria, anemia, and death.

Measurement Notes:

Sample Tools and/or Possible Methods (for Peace Corps staff use): Household surveys of treatment seeking behavior have significant challenges, the key among these being recall bias. For this reason, interviewees should always be asked whether they sought care for a fever episode that happened in the two weeks prior to being interviewed (as opposed to a more ambiguous question like ‘do you seek care when you get fever’). In cases where it takes multiple days to complete a survey, the respondents should all be asked about their treatment seeking **in the two weeks before the interview takes place** NOT the two weeks before the entire survey started.

As recall of dates and times may be difficult it helps to time the interview to a known weekly anchor such as a weekly market or religious day. For example you might conduct all interviews on the day of a weekly market and ask, “Have you had fever since 2 markets ago?”

For data on individuals below the age at which they can reliably respond themselves, their care giver should be interviewed.

Treatment seeking behavior can be combined with other malaria indicators such as Net Use and with non-malaria indicators such as Latrine Use in a single household survey.

Activity-Level Baseline Data Collection: The number of people correctly seeking treatment should be gathered in a baseline survey and then reassessed annually.

Frequency of Reporting: Because of seasonal variations in malaria 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 individuals receiving treatment at the Volunteer’s baseline and the percentage of individuals receiving treatment as reported in 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 individuals out of the community members who had a fever in the prior 2 week period who correctly received treatment.

The denominator for this indicator is the total number of individuals in the community who had a fever in the 2 weeks prior to the survey.

For communities larger than is reasonable to conduct a census in, the Volunteer should choose a representative sample and extrapolate out to their community. For example if the volunteer found 5 individuals received proper treatment out of 10 individuals who had fever in a sample of 40 (50% of individuals with fever) in a community of 2000, then for this indicator the volunteer should report 250 as the numerator and 500 as the denominator (see below).

	Sample	Community	
Population	40	2000	
Fevers	10	500	← Denominator
Treated	5	250	← Numerator

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 individuals were correctly treated and a “Mid-Service Survey” in June of 2014 in which 55% of individuals were correctly treated, we would say that correct treatment has increased 30 percentage points over that year.

Reporting on Disaggregated Data in the VRF: This indicator is disaggregated by “Age”, “Sex. And “Pregnancy Status”.

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: Reduced Malaria