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| 35 | 2 | International agreed definition | **Antenatal care coverage (at least one visit)** is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care provided by a skilled health personnel (generally doctors, nurses, or midwives) at least once during pregnancy. **Antenatal care coverage (at least four visits)** is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times. Available survey data on this indicator usually do not specify the type of the provider, therefore, in general, receipt of care by ANY health care provider is measured.                             WHO published in 2016 a new ANC Guideline (“WHO recommendations on antenatal care for a positive pregnancy experience” <http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/>). WHO is no longer reporting on antenatal care coverage (at least one visit) but emphasis on the coverage of ANC during the first trimester of pregnancy is in line with the current recommendations. . UNICEF will continue to collect and report on antenatal care coverage (at least one visit) as it captures information on receipt of skilled care during pregnancy.  The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their newborns. WHO recommends a minimum of eight antenatal care contacts based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content of antenatal care contacts, which include: nutritional interventions, maternal and fetal assessments, preventive measures, and health systems interventions to improve the utilization and quality of antenatal care.  Antenatal care coverage (8 or more visits) is the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care eight or more times. Available survey data on this indicator usually do not specify the type of the provider, therefore, in general, receipt of care by ANY health care provider is measured. |
| 35 | 3 | Method of computation | **Antenatal coverage, (at least one visit) ANC1:** The number of women aged 15-49 with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least once during pregnancy, is expressed as a percentage of women aged 15-49 with a live birth in the same period.  **Antenatal coverage (at least four visits) ANC4+:** The number of women aged 15-49 with a live birth in a given time period that received antenatal care by ANY health care provider four or more times during pregnancy, is expressed as a percentage of women aged 15-49 with a live birth in the same period. |
| 35 | 4 | Importance of the indicator in addressing gender issues and its limitation | Having access to antenatal care visits is a key aspect of preserving women's health during pregnancy and for improving health outcomes for her and her newborn. Antenatal care visits are important opportunities to discuss issues related to women's health including prevention and detection of violence against women. Not having access to antenatal care is detrimental to the women and newborns health and wellbeing because serious complications can go undetected resulting in poor health outcomes, and it also represents a lost opportunity to inform and support women about ways they can improve their health, nutrition, and well-being. |
| 35 | 5 | Sources of discrepancies between global and national figures | Discrepancies are possible between data reported from administrative sources and household surveys. Data reported from administrative sources is compiled at the health facility level while data from household surveys is collected at the population level. |
| 35 | 6 | Process of obtaining data | UNICEF maintains antenatal care data for at least one visit and at least four visits, and WHO maintains data for ANC coverage in the trimester and at least four visits.  Both collaborate to ensure the consistency of data sources. National-level household surveys are the main data sources used to collect data for the antenatal care indicators. These surveys include Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Reproductive Health Surveys (RHS) and national surveys based on similar methodologies. These surveys are undertaken every 3 to 5 years. For mainly industrialized countries (where the coverage is high), data sources include routine service statistics.  Before acceptance into the global databases, UNICEF and WHO undergo processes to clarify any questions regarding the data as well as metadata. During this process, reported sources of data are confirmed as well as technical details like the national categories of skilled health personnel for the ANC1 indicator. |
| 35 | 7 | Treatment of missing values | There is no treatment of missing values. When the information needed to calculate the indicator is not available, the indicator is not estimated. |
| 35 | 8 | Data availability and assessment of countries’ capacity | Data for at least one visit are available for 170 countries (2020). Data for at least four visits are available for 151 countries (2020).  National household surveys such as DHS and MICS are generally conducted every three to five years. |
| 35 | 9 | Expected time of release | Data are published annually, in the UNICEF data portal (data.unicef.org), State of the World’s Children publication and WHO’s Global Health Observatory (GHO) (<http://www.who.int/gho/en/>). |
| 35 | 10 | Data source | UNICEF, data portal (data.unicef.org) and State of the World’s Children publication (https://www.unicef.org/reports/state-of-worlds-children)  WHO, Global Health Observatory (<http://www.who.int/gho/en/>) |