*Note: This PIRS reflects a Priority Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Priority 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 select 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 that Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator:** Women ever tested for HIV and received test results |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  HIV Testing- Women |
| **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 who have ever had an HIV test and received their results  The percentage of women age 15-49 who had an HIV test and received their results. In a population-based survey, after assuring respondents that the interviewer does not want to know their HIV status, respondents are asked if they have been tested for HIV and if they know the results of the test (<https://www.who.int/hiv/data/UA2011_indicator_guide_en.pdf>). For young people age 15 to 24, they first may be asked if they have had sexual intercourse in the last 12 months. Those replying affirmatively are then asked whether they were tested in the last 12 months, and, if yes, whether they know the results of their HIV test (<http://data.unaids.org/pub/basedocument/2009/20090305_additionalrecommendedindicators_finalprintversio_en.pdf)>. Those replying affirmatively to the above questions are counted in the numerator. For additional information on this and closely related indicators see PEPFAR (https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-6-indicators-1/PEPFAR Indicator Reference Guidance.doc/view); UNAIDS (<http://data.unaids.org/pub/basedocument/2009/20090305_additionalrecommendedindicators_finalprintversio_en.pdf>); WHO/UNICEF/UNAIDS (<https://www.who.int/hiv/data/UA2011_indicator_guide_en.pdf>).  Calculated:   * Numerator: Number of women who have been tested for HIV in the past 12 months and received the result of their most recent HIV test (women: v828 = 1 & v826a in 0:11;) * Denominator: Women interviewed   Variables: IR file, MR file.   |  |  | | --- | --- | | v781 | Ever been tested for HIV (women) | | v783 | Know a place to get HIV test (women) | | v826a | Months ago most recent HIV test (women) | | v828 | Received result from last HIV test (women) | |
| **Unit of Measure:** Percentage of women |
| **Data Type:** Percentage |
| **Disaggregated by:** |
| **Rationale for Indicator** *(optional):*This indicator measures progress in implementing HIV testing and counseling services. For persons who know their HIV status, the indicator serves as a proxy for their having received counseling. In order to protect themselves against HIV and to avoid infecting others, people should know their HIV status. A person’s knowledge of their HIV status is also critical in making the decision to seek treatment (<https://www.who.int/hiv/data/UA2011_indicator_guide_en.pdf>).  This indicator provides a measure of the effectiveness of interventions that promote HIV testing and counseling, which is important where people (especially young people) may feel that there are barriers to accessing services related to issues around sexuality (<http://data.unaids.org/pub/basedocument/2009/20090305_additionalrecommendedindicators_finalprintversio_en.pdf>).  Factors that may influence whether or not a person accesses HIV testing and counseling services include: the location of services; the availability and cost of transport to reach these services; perception of the confidentiality of the testing process and test results; and the perceived attitude of the staff. The indicator is restricted to HIV tests performed in the last 12 months so that program managers can compare with previous years to assess changes over time. It can be useful to explore patterns in testing, for example whether there were more tests conducted in a particular season or month when there were campaigns, or whether many more people are being tested in particular health facilities or in the communities ( https://www.who.int/hiv/data/UA2011\_indicator\_guide\_en.pdf). This indicator can also be helpful for projecting programmatic needs, such as test kits and other staffing resources, however, because this indicator is intended to count individuals and not tests, data would need further interpretation for use in commodities planning ([https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-6-indicators-1/PEPFAR Indicator Reference Guidance.doc/view)](https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-6-indicators-1/PEPFAR%20Indicator%20Reference%20Guidance.doc/view)). |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: HA\_CPHT\_W\_ETR. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Data from DHS and other secondary sources such as Multiple Indicator Cluster Survey (MICS) may also be accessed. |
| **Method of Data Collection and Construction:** DHSHousehold survey, Household 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 (DQA) and Name(s) of Reviewer(s):** |
| **Date of Future Data Quality Assessments** *(optional)****:*** |
| **Known Data Limitations:**  Validity: This indicator does not provide information to distinguish whether the number of people having an HIV test is limited by the availability of testing services or whether the testing services are underutilized and why. While knowing their HIV status is a proxy for persons having received counseling, the indicator does not provide information on the quality of the counseling and whether clients were referred for and received follow-up services (https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-6-indicators-1/PEPFAR%20Indicator%20Reference%20Guidance.doc/view). Where scaling up of testing and counseling is happening quickly, population-based surveys conducted every few years will not capture annual progress.  Validity and Reliability: The validity of the data may be affected by reporting bias because some respondents may not want to admit to having taken an HIV test since this may be regarded as an admission that they may have engaged in sexual or other high-risk behaviors. Conversely, in settings where getting tested for HIV has been heavily promoted as a responsible thing to do, some people may say they have been tested when in fact they have not. The conditions under which respondents are interviewed are likely to affect reporting bias, particularly if data are collected in the presence of other people rather than in strict privacy. Repeat testing is common practice among most HIV testing and counseling programs, and it is important to interpret the aggregated data with caution (https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-6-indicators-1/PEPFAR%20Indicator%20Reference%20Guidance.doc/view). Despite these possible biases, this indicator gives an idea of the percentage of people who are likely to know their HIV status (<http://data.unaids.org/pub/basedocument/2009/20090305_additionalrecommendedindicators_finalprintversio_en.pdf>).  Validity and Reliability: In settings where HIV prevalence is higher among more mobile or difficult to reach populations, these groups may be missed in population-based surveys. In some countries, a significant proportion of testing and counseling services are provided by community-based organizations or unregistered organizations, which often may not be included as part of national statistics. These organizations should be encouraged to register with national authorities so all data on testing and counseling can be reflected in the national statistics (<https://www.who.int/hiv/data/UA2011_indicator_guide_en.pdf)>. In low-level and concentrated epidemics, this indicator may yield extremely low percentages if measured in the general population. In such settings, this indicator may be more helpful if applied to measure HIV testing and awareness of HIV status among specific sub-populations at higher risk of infection. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:**  **Sources:**  <https://www.measureevaluation.org/prh/rh_indicators/womens-health/stis-hiv-aids/percent-of-men-and-women-aged-15-49-who-received>  <https://www.measureevaluation.org/prh/rh_indicators/womens-health/stis-hiv-aids/percent-of-men-and-women-aged-15-49-who-received> |
| **This Sheet Last Updated On:** October 7, 2019 |