*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:** Children with ARI taken to a health facility |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Caregivers seek prompt and appropriate care for children with signs and symptoms of acute respiratory infection (ARI) |
| **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 children born in the five years preceding the survey with acute respiratory infection taken to a health facility  Calculated:   * Numerator: Number of children born in the five years preceding the survey with acute respiratory infection taken to a health facility * Denominator: Total number of children under age five with symptoms of ARI 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/pneumonia>). Prompt and appropriate care seeking for ARI could prevent over 900,000 deaths of children under five every year (<http://www.who.int/mediacentre/factsheets/fs331/en/>). This is an occasional behavior that needs to be practiced without hesitation at the onset of infection danger signs. The health benefit of this behavior depends upon the quality of medical diagnosis and treatment at the health facility and personal adherence to prescribed treatment. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source.** Demographic and Health Survey Program (DHS), indicator ID: CH\_ARIS\_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 for at USAID:** |
| **BASELINE AND TARGETS** |
| **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** *(optional)***:**  Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS 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 |