Prevention Services

Testing and Counseling		
Indicator code: HTC_TST	**1**	**Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results**
Purpose: This indicator is intended to monitor trends in the uptake of HTC services within a country. The disaggregation by test result provides information about the yield of HTC and the effectiveness of HTC programs in identifying people living with HIV (PLHIV) over time. With the Care and Support indicator (Number of HIV-infected adults and children newly enrolled in clinical care), it contributes to a proxy indicator for linkage. Data from this disaggregation also feeds into an individual-level linkage indicator. The level 1 and 2 disaggregations are intended to monitor access to and uptake of HTC by specific populations, HIV testing yield, HTC setting and modality, and geographic location. The findings can support national governments and programs to determine the coverage and identify gaps in HTC services. This data may also be useful for projecting programmatic needs such as HIV test kits and other staffing resources, although individuals are counted.		
NGI Mapping:	P11.1.D continuing - same indicator with modified disaggregations; no impact on trend analysis	
PEPFAR Support Target/Result Type:	<u>Both Direct Service Delivery (DSD) and Technical Assistance-only (TA-only)</u> targets and results should be reported to HQ	
Numerator:	**1**	Number of individuals who received HTC services and received their test results during the PEPFAR reporting period.
Denominator:	N/A	
Disaggregation(s):	**1**	**Age/Sex**: • **Finer disaggregates:** <1 Males, <1 Females, 1-4 Males, 1-4 Females, 5-9 Males, 5-9 Females, 10-14 Males, 10-14 Females, 15-19 Males, 15-19 Females, 20-24 Males, 20-24 Females, 25-49 Males, 25-49 Females, 50+ Males, 50+ Females • **Aggregated groupings:**[1] <15 Male, 15+ Male, <15 Female, 15+ Female
	1	**Test result:** Positive, Negative
	2	**Service delivery point:** Antenatal Clinic, Labor & Delivery, Under 5 Clinic, Maternal and Child Health Clinic, Tuberculosis, Sexually Transmitted Infections, Outpatient Department, Inpatient, HIV Care and Treatment Clinic, Voluntary Medical Male Circumcision, Voluntary Counseling & Testing co-located, Voluntary Counseling & Testing standalone, Mobile, Home-based, Other
	2	**Geographic area:** District, Region, Province, Other
	3	**Previously tested during the reporting period:** Yes, No

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[1] Operating units are only to report the aggregated groupings when reporting of finer age disaggregates is not yet feasible. Report only one of the two: either the finer age disaggregates or the aggregated groupings. Concurrent collection of these data will be time-limited while capacity is built for collection and reporting of finer age disaggregations.

	3	**Type of counseling/testing:** Individual, Couple*, Index client
	3	**Key population type/Test Result:** Sex worker (positive, negative), Men who have sex with men/ Transgender (positive, negative), People who inject drugs (positive, negative)
Data Source:		Existing HTC registers and reporting forms that are already being used to capture HTC services could be revised to include the disaggregation categories. Examples of data collection forms include client intake forms, activity report forms, or health registers such as Tuberculosis, Antenatal Care, and HIV Testing and Counseling registers, health management information systems registers and non-governmental organization records.
Data Collection Frequency:		Data collection at PEPFAR-funded sites should be ongoing as part of service delivery. Data analysis and review should be done quarterly to monitor progress towards achieving the targets, and to identify and correct any data-quality issue. Data should be collected, analyzed, and aggregated in time for PEPFAR reporting cycles.

Method of Measurement:

Data for the numerator should be generated by counting the total number of individuals who received HTC from any service delivery point during the PEPFAR reporting period. These individuals will include TB patients, pregnant women, men receiving voluntary medical circumcision, HIV-exposed infants, key populations, family members of index patients, etc.

The first priority of data collection and reporting of HTC services among key populations must be to do no harm. These data must be managed with confidentiality to ensure the identities of the individuals are protected to prevent further stigma and discrimination of key populations.

Service delivery settings captures testing of all age groups tested in these respective settings including pediatric and adolescent populations.

The "HIV care and treatment clinic" category within the service delivery point disaggregation is intended to capture HTC services provided to the partners and relatives of PLHIV, as part of the standard package of care. HIV tests conducted at the HIV care and treatment clinics with the purpose of confirming the diagnosis of PLHIV should not be counted under this indicator.

When developing or modifying existing M&E systems and tools to collect and report this indicator, the following information should be considered:
- Demographic- Client's name, sex, age at time of HTC services, and key population
- HIV testing and counseling- HIV test results, date of HIV test, receipt of HIV test results, previously tested during the reporting period, and type of counseling/testing
- Site- site's name, district, region, province, and service delivery point

The EID indicator only captures the HIV virological testing and the serological testing among infants should be counted under the HTC indicator.

*Couple is defined as two persons in an ongoing sexual relationship and each of these persons is referred to as a partner in the relationship. Couple HIV testing and counseling is when two or more partners are counseled, tested and receive their results together. Index client is defined as sexual and needle-sharing partner(s) and other family members of people diagnosed with HIV who are targeted for HTC services due to possible exposure. When couple or index case HIV testing and counseling happens data should be collected for each individual and it should be indicated on the form that this was a couple or index-case session as opposed to an

individual session.

Explanation of Numerator:

The numerator captures the number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results. A minimum provision of the following services is required for adequate data collection for this indicator: counseling, testing, return, and receipt of test results.

Explanation of Denominator:
N/A

Interpretation:

 This indicator is intended to monitor individuals and trends in the uptake of testing and counseling over time. This indicator includes repeat testers and will provide information on the number of times HTC services were delivered, rather than the number of unique individuals who received HTC services. Repeat testing is common practice among most HTC programs and should be aligned with World Health Organization (WHO) guidance on re-testing.[2]

The detailed age disaggregation monitors uptake of HTC services among children and adolescents. HIV test results are critical to monitor yield of HTC services and to estimate the linkage to care indicators. Service delivery point and geographic area monitor access to HTC services by site type and geographic location. Previously tested during the reporting period, type of counseling/testing, and key population are data which are useful to estimate the number of repeat testers, testing among couples/partners and key populations.

The inclusion of test result data may change interpretation of this indicator, as PEPFAR prioritizes consistently high yield from testing programs.

The number of individuals who are expected to be tested and counseled within a country will vary depending on numerous factors such as, the numbers of individuals with previously confirmed positive status, or the number of people who may be perceived at risk of HIV infection, and hence this indicator should be interpreted accordingly.

Given that this indicator is intended to count individuals and not number of tests, data produced through this indicator would need further interpretation for use in commodities planning.

The type and focus of a HTC program for each respective country has an impact on its interpretation. For example, a program that targets key populations or areas with the highest HIV prevalence, may result in a smaller number of people tested, and yet yield a higher identification of HIV infections than a program providing general HTC services.

PEPFAR Direct Support:

Direct Service Delivery
Individuals receiving HTC services will be counted as **directly supported by PEPFAR** when the service receives support that:
1. Is critical to the delivery of the service to the counted individuals. For HTC, examples of critical inputs include:
    o HTC related commodities - HIV Testing related commodities including rapid HIV test kits or

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[2] http://whqlibdoc.who.int/publications/2010/9789241599115_eng.pdf

requisite materials (lancets, capillary tubes), samples and materials for proficiency testing, or other HIV diagnostic commodities.
   o Salaries or in-kind contributions for staffing - salaries towards HTC critical staff including counselors, laboratory technicians, program managers, community health workers.

AND

2. Requires an established presence at and/or routinized, frequent (at least quarterly) support to those services to those individuals at the point of service delivery. For HTC this can include: clinical mentoring/supportive supervision, HTC training, HTC guidance development, infrastructure/renovation of facilities (fixed, mobile, and outreach sites), site level QI/QA, routine support of HTC M&E and reporting, or HIV test kits consumption forecasting and supply management.

Both conditions must be met in order to count individuals as directly supported by PEPFAR.

Technical Assistance-Only Support (TA-only)
Individuals receiving HTC services will be counted as supported by TA-only when the HIV service receives support from PEPFAR that meets the following criterion:

1. Requires an established presence at and/or routinized, frequent (at least quarterly) support by PEPFAR to those services provided to those individuals at the point of service delivery. For HTC this can include: clinical mentoring/supportive supervision, HTC training, HTC guidance development, infrastructure/renovation of facilities (fixed, mobile, and outreach sites), site level QI/QA, routine support of HTC M&E and reporting, or HIV test kits consumption forecasting and supply management.

Additional References:

- 1.5, Global AIDS Response Progress Reporting 2013. Construction of Core Indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS. January 2013.
  (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf)
- Prevention indicator (HIV-P7), The Global Fund to Fight AIDS, Tuberculosis and Malaria Monitoring and Evaluation Toolkit: HIV, Tuberculosis and Malaria and Health Systems Strengthening Part 2: Tools for monitoring programs for HIV, tuberculosis, malaria and health systems strengthening, Fourth Edition, November 2011.
  (http://www.theglobalfund.org/documents/monitoring_evaluation/ME_Part2HIV_Toolkit_en/)
- Utilization/Coverage indicator C3a, Guide for Monitoring and Evaluating National HIV Testing and Counselling (HTC) Programmes: Field-Test Version. World Health Organization (WHO). March 2011.
  (http://whqlibdoc.who.int/publications/2011/9789241501347_eng.pdf)