Context, Opportunities, and Limitations from the DHS Perspective

Second Round Table Meeting of Experts on Strengthening Global and National Data on Children’s Care through the DHS and MICS Surveys
Feb. 4-5, 2019, New York City
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Topics

• Clarify the roles of USAID, DHS, ICF, and BCN in this Round Table
• The main purpose of the DHS and MICS surveys
• How do you envision that additional questions would be used?
• Practical constraints, whatever the topic
• Steps to propose questions for DHS surveys
The DHS Program is a project of USAID, mainly the Bureau for Global Health. Within Global Health the program works with following offices:

- Office of Population and Reproductive Health (PRH)
- Office of Health, Infectious Diseases, and Nutrition (HIDN)
  - Maternal and Child Health (MCH)
  - Nutrition (NUT)
  - Malaria (MAL)

Note: Less involvement by the Office of HIV/AIDS (OHA) and PEPFAR than in the past
DHS and ICF

➢ The contract for The DHS Program is re-bid competitively every 5 years

➢ Current contractor is ICF. Previously was Macro International. Macro was bought by ICF about 10 years ago. Other companies had the DHS contract before Macro.

➢ The same staff (with turnover) since DHS began in the fall of 1984

➢ Current phase is DHS-8: began September 10, 2018 and extends to September 9, 2023

➢ At beginning of every round, the questionnaire is reviewed and revised
Roles of CECA within USAID and the Better Care Network

- The goals of the white paper and this Round Table originated in CECA, within USAID, following the first Round Table in Sept. 2014, which was also hosted by BCN.
- CECA contracted with ICF, under the DHS umbrella; DHS has had similar add-ons with, for example, the Asia Bureau and the Middle East Bureau of USAID.
- Funding for the white paper consultants and BCN and this Round Table come from CECA/USAID, with a pass-through via ICF.
- DHS and ICF provide a mechanism for USAID to support this activity.
Overview of DHS (and MICS) Surveys

• National in coverage, with increasing demand for sub-national estimates
• Sample of households, with some information about everyone in the household
• Individual interviews with all women age 15-49 and men age 15-49 (age range varies) in the sampled households
• Detail on the health of children under five years old, mainly from their mothers but also some information about children whose mother is not in the household
• Monitor demographic and health indicators for assessing program impact and program needs
• Increasingly include biomarkers which require blood samples
Typically three different ways to use the data; which is / are relevant here?

1. Theory-based analysis, to confirm hypotheses, with primarily academic value
2. Descriptive analysis, to identify differences between countries, differences over time, calculate indicators, etc.
3. Relate to programs or policies.
   - Is there buy-in from ministries, donors, etc.
   - Is the topic amenable to interventions?
At the beginning of every round, the DHS questionnaire is reviewed and revised

➢ Comments and suggestions for revisions can be submitted through an online portal that opened two weeks ago and will remain open through end of February

➢ Revisions will begin in March 2019
Keep in mind..

- A household survey misses people outside of households
- Cross-sectional; not longitudinal
- The household informant may not be well-informed
- The expertise and motivation of interviewers are limited
- Ages are often poorly estimated
- Dates of preceding events are subject to recall error
- Children below age 15 cannot be interviewed directly (issues of informed consent)
- Revisions cannot extend to changes in the basic survey design
Also keep in mind..

There are limitations on statistical inference for relatively rare outcomes:

- Confidence intervals are wide and tests have low power if the sample size is small
- Proposals should include specific indicators (preferably already recognized), a tabulation plan, and estimates of the frequencies
Strategies for changing the questionnaire—because revising the core is particularly difficult….

Strategy #1: Propose optional modules, which can take the form of several small sets of questions

Will be pre-tested along with other modules in 2019 / 2020

Strategy #2: Identify a specific county and upcoming survey and propose adding survey-specific questions to it

Requires support from the country USAID Mission, implementing agencies, and in-country technical advisory groups, but can happen

Requires human subjects review by IRB’s of both ICF and the host country

May require buy-in by another donor for the additional costs

Will receive pre-testing along with the rest of the questionnaire

Data will be publicly available for analysis about 18 months after end of fieldwork
Partial list of groups with potential interest in modifying DHS questionnaire

Inter-agency Group on Mortality Estimation (IGME)
Technical Expert Advisory group on nutrition Monitoring (TEAM)
WHO -- Expanded Programme on Immunization (EPI)
Monitoring and Evaluation for Disability-inclusive Development
Maternal Mortality Estimation Inter-Agency Group (MMEIG).
Better Care Network
ICM/IMPROVE Core Group on Maternal, Newborn, Child, and Adolescent Health, and Nutrition
Monitoring and Evaluation Reference Group of the RBM Partnership to End Malaria
WHO-UNICEF Joint Monitoring Program for Water Supply and Sanitation
Reproductive and Maternal Health Department of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine
WHO, the Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) Group
The Child Health Accountability Tracking (CHAT) Technical Advisory Group (WHO and UNICEF)
UNAIDS Monitoring Technical Advisory Group
Core Stillbirth Estimation Group (CSEG)
EN-INDEPTH Expert Advisory Group
Healthy Newborn Network
Global Scales for Early Childhood Development
RBM Social and Behaviour Change Communication Working Group
Inter-Agency Group on Education Inequality Indicators (IAG EII)
Interagency Working Group on VAW Estimation and Data
Improving Maternal Health Measurement Capacity and use (IMHM)
RBM Malaria in Pregnancy Working Group
RBM Vector Control Working Group (VCWG)
Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care (The G4 Alliance)
Titchfield City Group on Ageing- United Nations
Thank you!