The DHS Program and COVID-19: Challenges and Opportunities

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The DHS Context

• Different types of surveys:
  – DHS and MIS: Nationally representative sample of households
  – SPA: Sample or census of health facilities

• Large sample sizes representative of the entire country:
  – 10,000-40,000 households for a DHS

• Several questionnaires: Household, Woman’s Man’s, Biomarker, Fieldworker

• Face-to-face surveys

• Large number of fieldworkers to be trained
  – 100-200 fieldworkers including biomarker specialists
  – Lab technicians
Specific DHS Objectives

• Collect high-quality data for policy formulation, program planning, and monitoring and evaluation

• Foster and reinforce host-country ownership of data collection, analysis, presentation, and use

• Increase the capacity of host-country partners to collect and use data for policy and program purposes
Options Available

**Option A: Collect data remotely**

- A DHS done on a cell phone will not be a DHS:
  - Too complex
  - Requires respondent literacy
  - Requires biomarker collection
  - DHS surveys belong to host-countries
  - *Countries want “their” DHS unchanged*
Options Available

**Option B: Continue to assist countries that want to conduct a DHS survey**

- Provide virtual technical assistance (TA) in countries that are ready to launch surveys or go back to the field

- Provide guidelines for increasing the safety of face-to-face data collection
Key Elements of DHS Guidelines

- **Assessing feasibility** of remote technical assistance
- **Risk mitigation** during training, travel, and fieldwork for fieldworkers and respondents
- **Health monitoring** of fieldworkers including testing and tracing
- **Providing virtual TA**: Technology, tools and expertise needed for training
- **Data quality monitoring**
Case Study: 2020 Kenya Malaria Indicator Survey

- **Original plan**: Survey Fieldwork in June-July 2020; pretest in April
- **Lockdown**: Once the lockdown had ended in Kenya, the country was ready to restart operations; but travel from the US was not feasible
- **Capacity Assessment**: Implementing partners very experienced with great readiness for virtual learning
- **Pivot**: In collaboration with our partners a) fieldwork was rescheduled to catch a second malaria peak and b) we planned virtual TA
- **Recalibration** of survey logistics to include COVID-19 risk mitigation (procurement of PPE for fieldworkers, establishing behavioral protocols during training and fieldwork, etc.)
- **Enhanced virtual TOT (training of trainers)** including collection of biomarkers
- **Those trained took the lead** in facilitating the in-person pretest and main training, with daily virtual debriefings/support from The DHS Program.
- Fieldwork has been completed as per the new timeline, with remote monitoring by DHS
- **This experience was a great success because:**
  - Very experienced partners
  - A TOT involved far fewer people to be trained
  - DHS staff trained for virtual facilitation
  - MIS is less complicated than a DHS
  - The TOT participants could be in the same room
Continuing Dilemmas and Challenges

Should DHS surveys continue during the pandemic period?
- Often, not a DHS decision
- Country conditions vary greatly

How do we handle the varying perceptions of disease spread and risk?
- Uneven testing; true spread not known
- Perception of risk very different

Can we as the “Global North” insist that countries adopt our guidelines for risk mitigation?
- Field worker testing not necessary
- Social distancing requirements seen as an over-reaction

Is any DHS data better than no data?
- What about countries that do not have the capacity for virtual TA?
- These are also countries that most need data and TA most
So Where Are We?

• Need to continue to work with countries to help meet their data needs
• Continue to develop virtual training, evaluation and data quality monitoring tools
• Keeping staff and respondents safe, here or in host countries, must be a priority
• All stakeholders supporting in-person surveys should agree to similar risk mitigation standards
THANK YOU

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