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The DHS Program and COVID-19: *Challenges and Opportunities*

Sunita Kishor, Ph.D
Director,
The DHS Program

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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

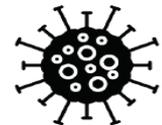
- **Assessing feasibility** of remote technical assistance
- **Risk mitigation** during training, travel, and fieldwork for fieldworkers and respondents
- **Health monitoring** of fieldworkers including testing and tracing
- **Providing virtual TA:** Technology, tools and expertise needed for training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



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Guidelines for Virtual Technical Assistance and Survey Implementation during the COVID-19 Pandemic (Summary brief)



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?

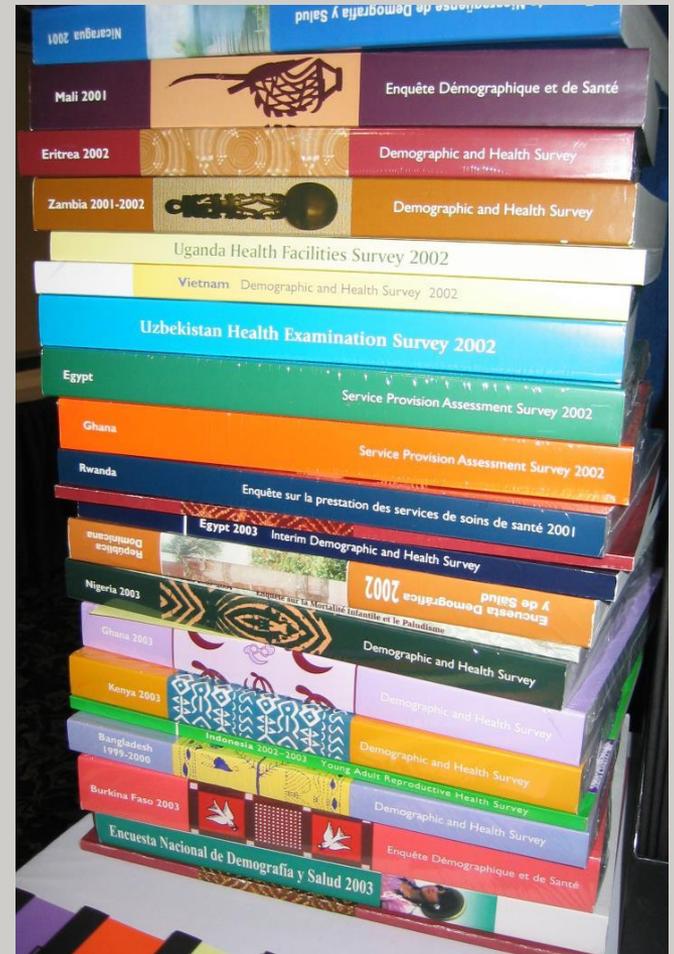
- Field worker testing not necessary
- Social distancing requirements seen as an over-reaction

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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