

April 8, 2014

Dear DHS Program,

Thank you for the opportunity to suggest revisions to the DHS-7 Questionnaires. On behalf of the Diarrhea & Pneumonia Working Group's M&E Subgroup (see below for more information), we would like to suggest the following changes to improve the measurement of ARI cases in children under age five:

- Remove the skip pattern in Q.527, "Has (NAME) had an illness with a cough at any time in the last 2 weeks?"
- Revise the wording of Q.528 to, "Has (NAME) had fast, short, rapid breaths or have difficulty breathing at any time in the last 2 weeks?"

Please find attached the completed guideline form with additional information supporting these changes. If you have any questions, please do not hesitate to contact me. We again thank the DHS Program for taking our recommendation into consideration.

Warm regards,

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About the Diarrhea & Pneumonia Working Group

Formed in late 2011, the Diarrhea & Pneumonia Working Group aims to reduce mortality and morbidity from child diarrhea and pneumonia by accelerating treatment scale-up in 10 high-burden countries which account for over 60% of the global burden—Bangladesh, Democratic Republic of Congo, Kenya, India, Niger, Nigeria, Pakistan, Tanzania, and Uganda. The Working Group, co-chaired by the Clinton Health Access Initiative (CHAI) and UNICEF, consists of members from over 40 organizations working in child health including implementing partners, donors, and the private sector. Specifically, the Working Group provides technical assistance, resource mobilization, and monitoring and evaluation support to organizations and governments working to implement national scale-up plans for essential medicines and/or related RMNCH strategies (UN Commission on Life-Saving Commodities, GAPPD, A Promise Renewed, etc). For more information, please visit: <http://ccmcentral.com/related-links/diarrhea-pneumonia-working-group/>

The Demographic and Health Surveys Program Revising DHS-7 Questionnaires

Guidelines for suggesting changes to The DHS Program Core Questionnaires

REVISIONS: Making recommendations to revise the wording of existing questions:

Provide the suggested change in question wording or response categories, and the rationale for the change.

1. What is the information needed?

The information needed is whether a child under age five had fast or difficulty breathing due to a problem in the chest or nose in the last two weeks with or without any cough.

2. What questions will elicit this information?

Specify the content of the recommended question(s) and, if possible, propose exact wording for each question and the accompanying coding categories, presented in a format as close as possible to that currently in the DHS questionnaires. Indicate whether or not the questions have ever been fielded or validated.

The current questionnaire already captures fast / difficulty breathing due to a problem in the chest or nose in Q.528 and Q.529 (Section 5. Child Immunization, Health, and Nutrition), but these questions are skipped if the child did not have any cough symptoms. We recommend:

- Removing the skip instruction in Q.527, “Has (NAME) had an illness with a cough at any time in the last 2 weeks?”
- Revising the wording of Q.528 to, “Has (NAME) had fast, short, rapid breaths or have difficulty breathing at any time in the last 2 weeks?”

527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . 1 NO . 2 DON'T KNOW . 8
528	Has (NAME) had fast, short, rapid breaths or have difficulty breathing at any time in the last 2 weeks?	YES . 1 NO . 2 (SKIP TO 531) ← DON'T KNOW . 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . 8 (SKIP TO 531) ←

3. How will the resulting information be used?

Explain how the data will be used. A clear but brief description of how the requested data will be used as an indicator, in programs, or in critical analysis helps to make the case for inclusion. If the data are to

be used to estimate an indicator, fully define the numerator and denominator of the indicator. Describe how the data should be tabulated and presented in the final report.

With the revised skip pattern (Q.527) and question wording (Q.528), we will have data on the number of children having fast / difficulty breathing in the past 2 weeks due to a problem in the chest or nose with or without cough. The latest IMCI Chart booklet advises that, irrespective of cough symptoms, a child having difficulty breathing, such as chest indrawing, fast breathing, or stridor in a calm child, should be treated for pneumonia¹. The revised skip pattern will allow the DHS and country governments to capture additional ARI-related symptoms that are important for diagnosing a child with pneumonia.

4. What is the priority of suggested additions compared with what is already in the questionnaires? Anyone recommending additions is requested to suggest what existing questions in that topical area can be removed (indicate priority). If the recommended new questions will obviate the need for other questions currently being asked, please indicate. Requests for additions to the questionnaires that are accompanied by a list of questions suggested for deletion will have a better chance of receiving favorable consideration.

No additions are being suggested. The suggestion is to remove the skip pattern in Q.527 and revise the wording in Q.528 to, "Has (NAME) had fast, short, rapid breaths or have difficulty breathing at any time in the last 2 weeks?"

5. If suggesting more than one addition, what is the priority among the suggested additions?

No additions are being suggested.

6. Should the additional data be collected in all countries, or only in selected types of countries (e.g., countries with a particular type of program, countries with prevalence of a particular infection >5% or 10%)?

In all countries.

¹ Integrated Management of Childhood Illnesses (IMCI) – Chart Booklet. WHO. 2014 (http://www.who.int/maternal_child_adolescent/documents/IMCI_chartbooklet/en/)