**Template for Requests for Revisions to the DHS Model Questionnaires, Optional Modules, and Biomarkers for DHS-8 (2018-2023)**

# **Section I. Information about the requesting party**

1. Is this request being submitted on behalf of a group? If so, please provide the name of the group and the participating parties.

This request is submitted on behalf of USAID Global Health Bureau/Office of Population and Reproductive Health (GH/PRH)

# **Section II. Indicator definition and rationale**

2. Please define the indicator or indicators you are requesting The DHS Program to incorporate. *Multiple indicators derived from a single set of questions should be included in the same submission.* (Response required)

**We are proposing 2 things. First- adding an indicator for recall of FP messaing. Second- revising the response categories for Q815.**

**1) Indicator:** **Percent of audience who recall hearing or seeing a specific Family Planning/Reproductive Health (FP/RH) message**

Definition:

The percent of target audience members who report exposure to a particular FP/RH message. “audience” is defined as the intended population for the program (e.g., pregnant women for antenatal care or youth in a specific age range for an adolescent program). “Recall” refers to the percentage who can spontaneously name (or recognize when mentioned) a particular practice, product or service. “Practice” refers to the desired the program is promoting among members of a population (e.g., delaying first birth after marriage or exclusively breastfeeding during six-month postpartum).

This indicator is calculated as:

(Number of audience members who recall message about a specific product, practice, or service/Total number of audience members surveyed) x 100

**2) Suggested revision of categories for response to Q815.**

3. What is the rationale for measuring this indicator (each of these indicators) in DHS surveys? (Response required)

DHS questionnaire measures exposure to but not recall of FP messages or material in any media.

Currently question #815 in the Woman’s questionnaire is:

815- In the last few months have you:

* Heard about FP in the radio
* Seen anything about FP on TV
* Read about FP in a newspaper or magazine
* Received a voice or text message about family planning on a mobile phone?

So, this question #815 measures exposure to FP messages through several media outlets, it does not measure all exposure to FP messages and materials and more importantly does not measure **the extent of recall of information that a respondent is exposed to.**

The indicator “Percent of audience who recall hearing or seeing a specific USG-supported Family Planning/Reproductive Health message” is a required standard performance plan and report (PPR) indicator that all USAID supported country missions receiving >$2 million in FP/RH funding and whose FP programs support local SBCC activities are required to measure and report. Including this indicator/relevant questions in the DHS questionnaire would facilitate the collection of information that measures recall of FP/RH messages that women and men are exposed to via various media. Additionally, this is an important consideration when thinking of SBC programming in FP thus has far-reaching relevance.

In the Women’s questionnaire, question #816: Country Specific Questions on Media Messages about Family Planning, raises concern about the types of questions that would be included. Are there examples (or a module) of FP media message questions that are discussed with countries at the questionnaire development stage for review and selection or is it left open? Do countries ever propose questions under this item or is it skipped? Can ICF provide instances when countries did develop FP media questions to measure their country SBCC program? Could a group of select questions be developed into an SBCC module that would be discussed during questionnaire development?

# **Section III. Proposed additions/revisions to the questionnaires or biomarkers**

4. Please describe the requested addition or revision.

*If the requested change is the addition of new questions to the DHS questionnaires or modules, complete questions 4.1 and 4.1.1. If the requested change is a revision to existing questions, complete question 4.2. If the change relates to anthropometry or a biomarker, please complete question 4.3.*

4.1. **For additions**: If you have developed a question or set of questions to measure the indicator(s), please provide them in the space below or in a separate file attached with your submission.

There are several questions that can measure this indicator. Questions will need to be tailored to measure the recall of specific FP messages or FP campaign activities. The example provided below is about a campaign that provides a number of different health messages.

General Health Example:

* In the past 12 months, have you seen any television the spots about “Your health is your Wealth”? Yes….. No…..
* What did these spots talk about?
  + THE HUSBAND AND WIFE’S HEALTH AFFECT
  + THE CHILD’S HEALTH……………..…………………………..……
  + FAMILY HEALTH CARE…………………..................................
  + ANTENATAL CARE…………………………………………..…….
  + CARE FOR MOTHER AND CHILD’S HEALTH IN THE POSTPARTUM PERIOD…………….……………….………..……..
  + FAMILY PLANNING DURING 40 DAYS AFTER DELIVERY (AMENORRHEIC PERIOD) …………………………..………..…..…….
  + BIRTH SPACING……………………………................................
  + BREAST FEEDING……………………………………………..……
  + USING THE INJECTION ONLY ONCE TO AVOID DISEASE TRANFUSION…………………………………………………………..
  + DANGER OF SECOND-HAND SMOKING……………………...…
  + HANDWASHING CUSTOMS……………………………..………….…
  + AVIAN FLU..................................................................................
  + OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Probe: What else?

4.1.1 If requesting multiple questions, please specify the relative priority of each new question.

4.2. **For revisions to existing questions**: Please specify the DHS-7 question number, the proposed revision to the question, and the rationale.

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| --- | --- | --- | --- |
| **DHS-7 question number** | **DHS-7 question text** | **Proposed new question** | **Rationale** |
| Q815 | In the last few months, have you:   1. Heard about FP in the radio 2. Seen anything about FP on TV 3. Read about FP in a newspaper or magazine 4. Received a voice or text message about family planning on a mobile phone? | In the last few months, have you:   1. Heard about FP in the radio 2. Seen anything about FP on TV 3. participated in a community or group discussion about FP 4. heard/seen social media content on FP. 5. Received a voice or text message about family planning on a mobile phone? | The current response of “read about FP in newspaper or magazine” is not as relevant as other outlets that are keeping up with how individuals access media, particularly when it comes to FP messaging. |
|  |  |  |  |

4.3. **For anthropometry and biomarkers**: Please describe the measurement procedures or specimen collection procedures, point-of-care or laboratory testing procedures (as relevant), and any recommendations for return of results.

5. Can any related questions be deleted from the questionnaire to make room for the proposed new content? If so please specify which questions using the DHS-7 question numbers.

No

6. What are the implications of these requested changes on measurement of trends using DHS data?

Adding a question on FP messaging recall: This change will allow measuring the outcomes of SBCC activities and interventions. It will not have an impact on current measurement of trends.

Revising the response categories for source of FP information will have implications for time trend analysis, but will give a more nuanced idea of sources of FP. Additionally, “text message” as an option was recently added, thus it is possible to add response categories even though it would impact trend analysis.

# **Section IV. Indicator calculation**

7. Indicate how to calculate the indicator(s). Include detailed definitions of the numerator and denominator of each individual indicator. If you have developed a tabulation plan for the indicator(s), please attach a file including the suggested table(s) with your submission.

The percent of target audience members who report exposure to a particular product, practice, or service. “Audience” is defined as the intended population for the program (e.g., pregnant women for antenatal care or youth in a specific age range for an adolescent program). “Recall” refers to the percentage who can spontaneously name (or recognize when mentioned) a particular practice, product, or service. “Recall” refers to the percentage who can spontaneously name (or recognize when mentioned) a particular practice, product, or service. “Practice” refers to the desired behavior the program is promoting among members of a population (e.g., delaying first birth after marriage or exclusively breastfeeding during six-months postpartum).

This indicator is calculated as:

(Number of audience members who know of a specific product, practice, or service/Total number of audience members surveyed) x 100

8. Is the indicator useful when measured at the national level, or is it useful only when disaggregated to specific subnational areas, such as endemicity zones or project intervention regions?

*For each indicator, select one of the three options by clicking in the appropriate box.*

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| --- | --- | --- | --- |
| Indicator | Useful only for subnational endemicity zones or project intervention regions. A single estimate at the national level is not meaningful. | Useful at both national and subnational regions, as sample size allows. | Useful only at the national level. Subnational estimates are not needed. |
| **Percent of audience who recall hearing or seeing a specific Family Planning/Reproductive Health (FP/RH) message** |  |  |  |
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# **Section V. Prior testing of the proposed question(s)**

9. Have the proposed questions undergone any formal validation; i.e., have the questions been tested against a “gold standard” to assess their accuracy? If yes, please describe how well or poorly the questions performed and/or provide a publication or report of the validation exercise (or a link).

Breakthrough Action project has tested questions in Nepal. Please contact Angela Brasington, abrasington@usaid.gov, and Carol Underwood at: [carol.underwood@jhu.edu](mailto:carol.underwood@jhu.edu) for more information about validation.

10. Have the questions undergone any other kind of testing; e.g., cognitive testing, pilot testing. If so, please describe the results of the testing and/or provide a publication or report of the findings (or a link).

See above answer to Q9.

# **Section VI. Other considerations**

11. Please provide information relevant to the kinds of questions below, and/or anything else you wish to share with us about this indicator (these indicators).

* Describe how the data for this indicator are being used (or will be used).
  + Are the data produced by this indicator actionable?
  + Who will use the data?
  + What kinds of decisions will be made using these data?

**Data for this indicator will be used in USAID missions to measure recall of FP messages as a n outcome of USG funded SBCC activities. Data is required for Performance Plan and Report (PPR) indicator reporting. Missions will use this data for to measure the actual outcome of their FP SBCC activities to help better understand the reach and effect of the messages on generating demand and improving method use and continuation among other planned outcomes. It will also inform decisions concerning expanding and continued investment in SBCC activities.**

* For what kinds of countries would the indicator(s) be most useful? **For all USAID FP/RH priority and non-priority countries that invest in FP/RH SBCC activities.**
* Does the DHS survey offer any particular advantage over other available data sources for measuring this indicator? If so, what? **DHS indicators are standard and allow aggregation which is needed in PPR reporting. DHS also provides data at national and sub national levels which is also needed for reporting.**