**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 being submitted on behalf of the DMPA-SC Donor Consortium, which includes the Children’s Investment Fund Foundation, the Bill & Melinda Gates Foundation, UNFPA, and the UK Department for International Development.

# **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)

Indicator 1: We are requesting that the DHS create a distinct indicator for the subcutaneous injectable contraception (“DMPA-SC” or brand name “Sayana Press”) as a follow-up question to any survey response related to injectable contraception. This is the **percentage of modern contraception users who are using DMPA-SC (“Sayana Press”)**

Indicator 2: **Percentage of DMPA-SC users who self-inject**

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

DMPA-SC is the first new contraceptive product to be introduced in decades. This product features a distinct delivery system from DMPA-IM and has the ability to be injected by a woman herself at home instead of by a provider, as is the case with other injectables. Tracking DMPA-SC access via the DHS would provide valuable information on how countries can introduce and scale new family planning products. It would also provide insight into how many women are able to access this new contraceptive option and data on how they use it.

# **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.

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If a woman selects “yes” in response to DHS-7 question 301.04 (“Have you heard of injectables?”) we propose the below follow-up probe:

**Question 1: Have you heard of DMPA-SC/”Sayana Press”?**

**Possible responses:**

1. **Yes**
2. **No**

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If a woman selects “injectables” in response to DHS-7 question 304 (“Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? Which method are you using?” we propose the below follow-up probe:

**Question 2: Was the injection administered via syringe or small needle?**

**Possible responses:**

**(1) Syringe**

**(2) Small needle (DMPA-SC / “Sayana Press”)**

**(3) No response**

If the woman selects ‘small needle (DMPA-SC / “Sayana Press”)’ in response to Question 2, we propose the below follow-up probe:

**Question 3: Did you inject DMPA-SC/”Sayana Press” yourself or did a healthcare provider do it for you?**

1. **Inject self**
2. **Healthcare provider**
3. **No response**

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If a woman selects “injectables” as a response to DHS-7 question 315 (“Have you ever used anything or tried in any way to delay or avoid getting pregnant? Circle method code”) we propose the below follow-up probe:

**Question 4: Was the injection administered via syringe or small needle?**

**Possible responses:**

**(1) Syringe**

**(2) Small needle (DMPA-SC/ “Sayana Press”)**

**(3) No response**

If the woman selects ‘small needle (DMPA-SC / “Sayana Press”) in response to Question 4, we propose the below follow-up probe:

**Question 5: Did you inject DMPA-SC/”Sayana Press” yourself or did a healthcare provider do it for you?**

1. **Inject self**
2. **Healthcare provider**
3. **No response**

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If a woman selects “injectables” as a response to DHS-7 question 324 (“Were you ever told by a health or family planning worker about other methods of family planning that you could use? Circle method code”) we propose the below follow-up question:

**Question 6: Were you told about self-injection of DMPA-SC/”Sayana Press” as an option?**

**Possible responses:**

**(1) Yes**

**(2) No**

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

Top priority: Question 2, question 3, question 4, question 5

Next priority: Question 1, question 6

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** |
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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.

N/A

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

The inclusion of DMPA-SC/”Sayana Press” will not change the measurement of injectables trends using DHS data.

# **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.

**Indicator 1: Percentage of modern contraception users who are using DMPA-SC**

 Numerator – Number of women age 15 – 49 who are using DMPA-SC

 Denominator – Number of women age 15 – 49 who are using modern contraception

This indicator is a percentage calculated as the numerator divided by the denominator, multiplied by 100.

**Indicator 2: Percentage of DMPA-SC users who self-inject**

Numerator – Number of women age 15 – 49 who self-inject DMPA-SC

Denominator – Number of women age 15 – 40 who are using DMPA-SC

This indicator is a percentage calculated as the numerator divided by the denominator, multiplied by 100.

Disaggregation - it would be helpful to disaggregate these indicators by age, marital status, urban/rural, education, wealth, and region.

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. |
| Percentage of modern contraception users who are using DMPA-SC |[ ] [x] [ ]
| Percentage of DMPA-SC users who self-inject |[ ] [x] [ ]
|  |[ ] [ ]  [ ]  |
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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).

Questions 2 and 4 are written here as expressed in the PMA2020 questionnaire for Burkina Faso, Uganda, DRC, and Nigeria.

<https://www.pma2020.org/sites/default/files/PMA2020-Uganda-R6-FP-brief.pdf>

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).

Questions 3, 5, and 6 have not yet been tested or validated in the field.

# **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?

Yes. The data produced by these indicator will enable the family planning community to assess the extent to which DMPA-SC scale-up impacts unmet need, modern contraceptive prevalence, and discontinuation rates. It will also be used by donors and implementers as they plan and fund DMPA-SC programs in DHS countries, particularly around DMPA-SC self-injection. Disaggregating the data by age and subregion will show whether young women and rural women are able to successfully access and use the product.

Questions 3 and 5 (did you inject DMPA-SC/”Sayana Press” yourself or did a healthcare provider do it for you?) will enable the family planning community to assess the popularity of self-injection, its growth in countries over time, and its impact on contraceptive discontinuation rates.

* + Who will use the data?

The data will be used by countries who are introducing DMPA-SC, countries who are considering DMPA-SC introduction, family planning donors, and family planning implementers. It may also be used by future family planning stakeholders if/when a new contraceptive product is introduced or by other public health stakeholder in considering the impact of user-controlled methods more broadly.

* + What kinds of decisions will be made using these data?

The data may shape how country-level programs design their outreach to specific populations. This data may also inform a country’s decision to introduce and scale DMPA-SC based on the DHS results in other regions.

* For what kinds of countries would the indicator(s) be most useful?

These indicators will be most useful in sub-Saharan and Southeast Asian countries.

* Does the DHS survey offer any particular advantage over other available data sources for measuring this indicator? If so, what?

DHS survey data is disaggregated by age, education, and geography and is consistently measured over time. This will ensure that family planning stakeholders can assess the impact of DMPA-SC over time as the product is introduced and scaled worldwide.