



Data for Decisions to Expand
Nutrition Transformation

Help shape the future of nutrition data

Demographic Health Surveys (DHS) are the primary source of nationally-representative nutrition data for a majority of low- and middle-income countries (LMIC). In a 2018 online survey of 191 nutrition professionals conducted by the [Data for Decisions to Expand Nutrition Transformation \(DataDENT\)](#) initiative, the majority of respondents reported using nutrition data from population-based household surveys, primarily [DHS](#) (74%) and [Multiple Indicator Cluster Survey \(MICS\)](#) (42%). These surveys play an important role in shaping national nutrition policy, program monitoring & evaluation, advocacy, and research. About every five years, the DHS Program revises the core questionnaires used across countries implementing DHS. The DHS Program will begin accepting suggestions for modifications to core questionnaires on 21 January 2019 through the [DHS Program User Forum](#). **This is a key opportunity to ensure that the DHS nutrition content capture critical nutrition data needs, advancements in nutrition measurement, and current global and country nutrition guidelines.**

DHS-8 core questionnaires review process

Existing questionnaires are long and additional resources may be needed to implement changes at country level. Therefore, decisions to modify the core questionnaires—particularly to add new questions—are subject to scrutiny. Questionnaire content is primarily driven by country priorities, which are often influenced by global guidelines. In September 2018 DataDENT with the Bill & Melinda Gates Foundation, USAID, WHO, UNICEF, Alive & Thrive, and IFPRI helped organize a series of consultations with technical experts, country users, and survey representatives to identify priority nutrition data needs. After the consultations, topical experts developed recommendations for strengthening nutrition content in DHS-8, including clear justification of why the information is important, how it will be used, and how the information should be gathered and presented. A brief summary of recommendations is listed on pages 2-3. The full recommendations will be posted on the DHS Program User Forum for public review.

How can I get involved?

Starting 21 January, we encourage you to visit the DHS-8 questionnaire review section of the DHS Program User Forum (<https://userforum.dhsprogram.com/>) to endorse recommendations posted by DHS users. We will post recommendations listed on pages 2-3 in the Nutrition subsection.

Topic	Why is it important?	What's currently measured?	Brief description of proposed change
Coverage of nutrition interventions during antenatal care (ANC)	Nutrition-specific interventions during pregnancy are a key component of updated 2016 WHO guidelines on ANC for a positive pregnancy experience.	DHS core includes questions about iron folic acid coverage during pregnancy, but does not collect data on other dietary interventions during pregnancy.	Add/modify existing questions on exposure to nutrition counseling, monitoring of weight gain, and food/cash assistance interventions.
Support for breastfeeding at health facilities - linked to monitoring of Baby-friendly Hospital Initiative (BFHI)	BFHI implementation guidance updated in 2018 identifies eight indicators for national monitoring of adherence to the BFHI Ten Steps.	DHS core includes questions on skin-to-skin contact, early initiation of breastfeeding, and counseling during postnatal care.	Add/modify existing questions to capture all eight indicators.
Marketing of breastmilk substitutes (BMS)	Countries need data on the extent to which mothers are exposed to BMS marketing, which can discourage breastfeeding.	WHO tracks whether countries have adopted BMS legislation, but BMS marketing is not measured by DHS core.	Add question on exposure to promotion of BMS.
Counseling about breastfeeding at early critical time points	Breastfeeding counseling is effective in promoting exclusive breastfeeding and continued breastfeeding after 6 months.	DHS core asks about counseling received within 2 days post-delivery, but forthcoming WHO guidelines support multiple counseling contacts.	Add/modify existing questions to measure counseling & support coverage at 3 time points: during pregnancy, during postnatal care, and around 1 month of age.
Infant and young child feeding (IYCF) counselling 6-23 months	WHO-UNICEF IYCF guidelines promote complementary feeding (CF) counselling to caregivers of children 6-23 months.	DHS core collects data on feeding practices during the CF period, but not about IYCF intervention coverage.	Add questions on mothers with children 6-23 months who received information about IYCF in the last 6 months.

Topic	Why is it important?	What's currently measured?	Brief description of proposed change
Assessment of child growth	Screening for acute malnutrition is being mainstreamed into health systems and growth monitoring remains a priority intervention for many LMIC.	DHS core measures weight and length/height on the day of survey, but does not ask about routine growth assessment activities.	Add questions about whether weight, length/height, and mid-upper arm circumference were measured in last 90 days for children 0-59 months.
Updated indicators for IYCF	Forthcoming update to WHO-UNICEF IYCF indicator guidance includes new indicators on unhealthy eating.	DHS core asks about food groups consumed, however, sugar-sweetened beverages (SSB) and sweet or savory “junk” foods are not included. It is also not possible to calculate kids who did not receive any fruits or vegetable.	Modify current food group list for children 0-23 months to add three new food groups and divide current Vitamin-A rich food groups.
Minimum Dietary Diversity for Women (MDD-W) and unhealthy diets	Women of reproductive age (WRA) are nutritionally vulnerable due to pregnancy, lactation, and cultural practices.	DHS core does not collect information on diet diversity of adult populations.	Add questions on food groups consumed by WRA per FAO/FANTA MDD-W measurement guidance.
Measuring household food insecurity	Prevalence of moderate or severe food insecurity in the population based on the Food Insecurity Experience Scale (FIES) is SDG indicator 2.12.	DHS core does not measure food security.	Add FIES questions per FAO measurement guidance.
Food Fortification: Household Coverage of Fortifiable Foods	Many LMIC have staple food fortification programs to combat micronutrient deficiencies, but lack information on household level reach.	DHS core includes questions on household coverage of salt fortified with iodine, but does not assess other fortified foods.	Modify existing fortification questions on salt and add questions on edible oil and wheat flour with option to add other foods in national programs.