Data

Data for Decisions to Expand Nutrition Transformation

Expanded nutrition content in the Demographic and Health Survey (DHS)-8 core questionnaires

In October 2019, the <u>Demographic and Health Survey (DHS) Program</u> released <u>updated DHS</u> <u>Model Questionnaires</u>, which will be used during Phase 8 of the global survey program (2019-2023). Countries conducting DHS in Phase 8 will collect significantly more data related to nutrition programs and policies, a key achievement for the global nutrition community. <u>Data</u> <u>for Decisions to Expand Nutrition Transformation (DataDENT)</u>, an initiative funded by the Bill & Melinda Gates Foundation (Gates Foundation), provided essential leadership to nutrition stakeholders in encouraging updates to the DHS nutrition content.

Development of nutrition recommendations for DHS

The DHS Program has a highly structured process for review and update of core survey questionnaires (read more here). For Phase 8, the DHS Program accepted suggestions for modifications to core questionnaires through the <u>DHS Program User Forum</u> between January and March 2019. In the months leading up to the comment period, DataDENT developed and implemented a strategy for soliciting recommendations from the wider nutrition community, ensuring recommendations were technically sound and submitted in accordance with DHS Program requirements. DataDENT helped mobilize nutrition community members to encourage their adoption.

In September 2018, DataDENT with the Gates Foundation, USAID, World Health Organization, UNICEF, Alive & Thrive, and International Food Policy Research Institute facilitated <u>two</u> <u>technical consultations</u> on data gaps and survey priorities. Participants included measurement experts and representatives from low- and middle-income (LMIC) governments, non-governmental organizations (NGOs), academia, survey programs, and development partners. DataDENT identified key stakeholders to draft and review the recommendations, and coordinated the submission process. The recommendations are available to view on the DHS forum:

- 1. <u>Coverage of Nutritional Interventions during Antenatal Care (ANC)</u>
- 2. <u>Support for Breastfeeding at Health Facilities—linked to monitoring of Baby Friendly Hospital</u> <u>Initiative (BFHI)</u>
- 3. Marketing of Breastmilk Substitutes (BMS)
- 4. Counseling about Breastfeeding at Early Critical Time Points
- 5. Infant and Young Child Feeding (IYCF) Counseling 6-23 Months
- 6. Assessment of Child Growth
- 7. Updated Indicators for IYCF
- 8. <u>Minimum Dietary Diversity for Women (MDD-W) and Unhealthy Diets</u>
- 9. Measuring Household Food Insecurity
- 10. Food Fortification: Household coverage of fortifiable foods
- 11. Iron-containing supplements for pregnant women and young children

The recommendations collectively received 160 comments during the public review period from representatives of governments, NGOs, and donor communities. The DHS Program and USAID reviewed all recommendations and comments on the forum, and released the new questionnaires in October 2019. Page 1

Outcome of DataDENT-coordinated recommendations to DHS-8 core questionnaires

Торіс	Included in DHS-8	Not included in DHS-8
Coverage of nutrition interventions during ANC	 Nutrition and breastfeeding counseling during pregnancy (Q418) Receipt of food or cash assistance during pregnancy (Q430) 	 Monitoring of weight gain during pregnancy Specific type of food or cash assistance received during pregnancy
Support for breastfeeding at health facilities - linked to monitoring of BFHI	 Nutrition and breastfeeding counseling during pregnancy (Q418) Time length of skin-to-skin contact (Q440) Improved wording to postnatal breastfeeding counseling question (Q473) 	 Rooming-in Referral to community support for breastfeeding Bottle feeding and solid/semi- solid/soft foods questions asked to more children than needed
Marketing of BMS	Not accepted	Exposure to promotion of BMS
Counseling about breastfeeding at early critical time points	 Breastfeeding counseling during pregnancy (Q418) Improved wording to postnatal breastfeeding counseling question (Q473) 	 Breastfeeding counseling and observation during first month postpartum
IYCF counselling 6-23 months	 Any IYCF counseling received in last 6 months (Q641) 	 Receipt of specific IYCF messages
Assessment of child growth	 Growth monitoring or malnutrition screening) during past 3 months (weight, length/height, mid upper arm circumference (Q607) 	
Updated IYCF indicators	 Dietary recall significantly expanded to account for consumption of unhealthy foods (e.g. processed meats, candy, pastries, fried foods) and sweet drinks (e.g. chocolate or flavored drinks, sodas, and other sweetened beverages) (Q636 & Q637) 	
Women's Dietary Quality (MDD-W and unhealthy diets)	• Dietary recall of food groups consumed by women of reproductive age that can be used to calculate MDD-W and indicators of unhealthy food (Q643)	
Measuring household food insecurity		• Food Insecurity Experience Scale (FIES) is being proposed for an optional DHS module

Торіс	Accepted in DHS-8	Omitted from DHS-8
Food Fortification: Household Coverage of Fortifiable Foods	• Improved question on household salt usage (Q155)	 Questions on household consumption of other food vehicles (oil and wheat) Source of fortified salt
Iron-containing supplements for pregnant women and young children	 Improved clarity on DHS questions measuring iron- containing supplements for women and children to account for multiple micronutrient powders and multiple micronutrient supplements (Q426, Q605) Source of iron-containing supplements for pregnant women (Q427) Receipt of iron-containing supplements for children recall period changed from last 7 days to 12 months (Q605) Deletion of ready-to-use therapeutic foods and ready- to-use supplemental foods for children 	 Source of iron-containing supplements for children

Additional changes to the DHS-8 core questionnaires affecting nutrition content

The DHS Phase 8 will use a 3 year reference period for all questions on pregnancy, postnatal care, child immunization, and child health and nutrition (Sections 4-6). This is a slight departure from the previous 3-5 year reference period. The DHS-8 core biomarker questionnaire features new interference questions to improve quality of anthropometric measurements.

Impact on nutrition measurement and next steps

A 2018 survey conducted among nutrition professionals by DataDENT revealed that populationbased household surveys like DHS and Multiple Indicator Cluster Survey (MICS) are the most commonly accessed and used sources of nutrition data. Given that DHS are conducted in over 90 countries, changes to the nutrition content of the core DHS questionnaires have huge implications on nutrition measurement. New nutrition data must be used to ensure that the DHS Program continues to collect this data in future phases. It is incumbent on the nutrition community to use this actionable nutrition data in decision-making, and assess progress towards national and global accountability targets.

DataDENT-coordinated recommendations that did not make it in the DHS-8 core questionnaires should not diminish their importance to nutrition measurement. The DHS Program received many recommendations for the DHS-8 core questionnaires and each additional question accepted can impact data collection burden, data quality, and costs. DataDENT is currently working on developing a guide to measuring core nutrition indicators in population-based household surveys. Recommendations accepted and omitted from the DHS-8 core questionnaires will be included in this guide.