



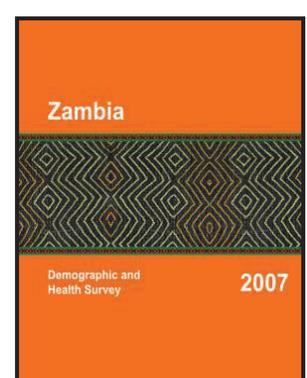
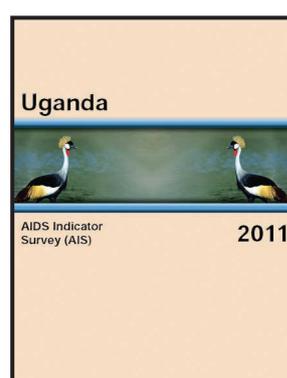
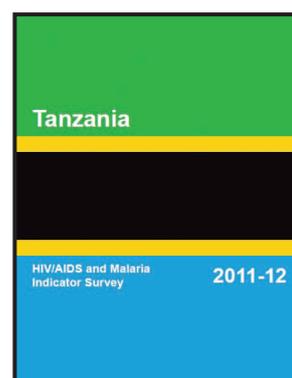
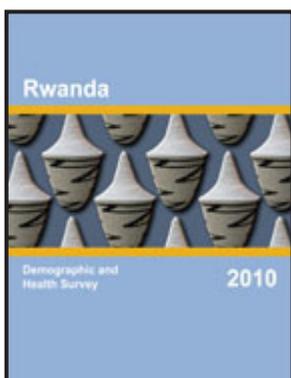
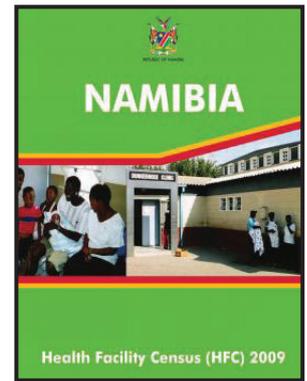
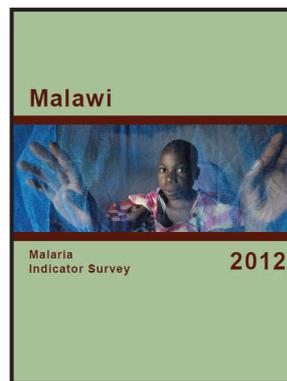
USAID
FROM THE AMERICAN PEOPLE



MODULE 8

Understanding and Using the Demographic and Health Surveys

DHS Curriculum
Facilitator's Guide
March 2014



About the DHS Curriculum Facilitator's Guide

The following persons (in alphabetical order) have contributed to developing, reviewing, and editing *Understanding and Using the Demographic and Health Surveys – DHS Curriculum Facilitator's Guide*: Sarah Balian, Thada Bornstein, Sarah Bradley, Anne Cross, Joy Fishel, Lia Florey, Debbie Gachuhi, Hannah Guedenet, Kiersten Johnson, Shane Khan, Laurie Liskin, Erica Nybro, Cameron Taylor, and Sally Zweimueller

The DHS Curriculum Facilitator's Guide is a comprehensive package of ready-made training materials about understanding and using Demographic and Health Survey reports. The curriculum is designed for use in African universities and with public health program staff. Over 25 hours of instruction are divided into eight stand-alone modules designed to be a course on its own or customized and integrated into existing curricula. Each module is complete with instructor guides, Power Point slides, exercises, handouts, pre and post tests and answer keys. The DHS Curriculum Facilitator's Guide is available in both print and electronic versions.

Questions and comments regarding the DHS Curriculum can be sent to curriculum@dhsprogram.com

About The DHS Program

The DHS Program assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Funded by the U.S. Agency for International Development (USAID) under the terms of Contract No. GPO-C-00-08-00008-00, The DHS Program is implemented by ICF Macro in Rockville, Maryland. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

The main objectives of The DHS Program are:

- 1) to provide decision makers in survey countries with information useful for informed policy choices
- 2) to expand the international population and health database
- 3) to advance survey methodology
- 4) to develop in participating countries the skills and resources necessary to conduct quality demographic and health surveys

Information about The DHS Program or the status of The DHS Program surveys is available on the Internet at <http://www.dhsprogram.com> or by contacting:

ICF International
530 Gaither Road, Suite 500
Rockville, MD 20705 USA
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Module 8: Disseminating and Using Data for Change

PREPARATION

Review Instructor Guide

Equipment, Materials, Supplies

- LCD projector and screen
- Flipchart or writing board
- Markers
- PowerPoint presentation
- VIPP cards, large sticky notes, or index cards and tape

Exercise Preparation

Review case studies in Handout 8.1

Gather copies of the final reports of the 2011 Uganda DHS, 2007 Zambia DHS, 2005 Ethiopia DHS, and 2008-09 Kenya DHS

Handouts

Make copies for each participant of:

- **Handout 8.1**, *Case Studies in Applying the DHS*
- **Exercise 8.1**, *Website and STATcompiler Scavenger Hunt (only if training venue has internet and participants have laptops to share)*

Room Arrangements

Participants should be seated at tables in groups of four to seven, if possible

PURPOSE

The purpose of this module is to introduce why and how to use DHS survey data to inform health programs and policies. It explains how DHS findings are disseminated. It also gives participants an opportunity to apply DHS findings to real-life scenarios, using the knowledge they have gained from previous modules.

OBJECTIVES

By the end of this module, participants should be able to:

- Explain the purpose of dissemination
- Describe approaches for disseminating technical information
- Discuss ways to use DHS survey findings for program planning
- Describe The DHS Program web tools and resources

TIME

5.5 hours

MODULE OVERVIEW

Session 1	Disseminating DHS Data	1 hour
Session 2	Using DHS Data	3 hours
Session 3	The DHS Program Web Tools and Resources	1.5 hours

Session 1

1 hour

Session Objectives

Disseminating DHS Data

Explain the purpose of dissemination, and describe approaches to disseminating technical information

STEP 1

PRESENT **Slides 1 and 2.**

TELL participants that this session will focus on first two objectives listed.

PRESENT **Slide 3.**

ASK participants to define the word **dissemination**.
 Answer: To spread or disperse. EXPLAIN that disseminating DHS data means spreading the survey results—that is, information about the health of the population—to people who can use that information to bring about change.

DISCUSS why effective dissemination is so important. Highlight the following points:

- Survey data have no intrinsic value unless they are used. Their value depends on whether people know about them, understand them, and apply them to real-world problems.
- Surveys are labor-intensive and costly. Ensuring that the results are made public is essential to justify the time and cost.
- We live in an age of information. Decisionmakers are overwhelmed with a wealth of information from reports, television, and radio. Unless we focus special attention on disseminating survey results, those results will never reach many of the groups who need the information.
- Precisely because dissemination is difficult, survey results often are not disseminated or used. The DHS Program tries hard to make survey findings widely available. Later in the session, we will discuss the approaches that the project uses.

PRESENT **Slide 4.**

EXPLAIN that effective dissemination should create informed users (the center block in the decision framework), who can then make informed decisions that ultimately lead to improved health.

The goal of dissemination is to provide accurate and up-to-date information for evidence-based decisionmaking.

Evidence-based decisions lead to better programs and, ideally, better health outcomes.

ASK participants to define **evidence-based decisionmaking**. Answer: There are many definitions, but essentially it means that decisions are based on scientific evidence or data, not personal opinions or observations.

Evidence-based decisionmaking has several advantages.

- It is easy to justify, since decisions can be explained and backed up with data.
- It can protect decisionmakers from accusations of fraud and bias.
- It leads to transparency in decisionmaking, which is important for buy-in from other people involved.

PRESENT **Slide 5**.

EXPLAIN that disseminating DHS data can help potential users make better decisions, improve health programs and policies, and improve health outcomes.

ASK participants if they have ever used DHS or other survey results and, if so, how they used this information.

EXERCISE

ASK participants to consider the information they have learned about in this course.

BRAINSTORM different ways to use DHS results.

(NOTE to instructor: One way to conduct this brainstorming exercise is to have participants think and write in silence for two to three minutes first. This allows participants time to think before the discussion begins and is especially helpful for quieter participants.)

WRITE participants' ideas on a flipchart, and DISCUSS them. Make sure that the discussion includes the uses for DHS results listed below.

DHS data can be used to:

- Analyze the current situation
- Identify high-need populations and/or geographic areas
- Monitor progress by measuring actual performance
- Evaluate district and provincial activities
- Set priorities for programs
- Plan a health program or intervention
- Set targets and objectives

- Train field staff
- Write articles or proposals
- Inform the media
- Justify new activities and budget allocations
- Plan advocacy campaigns
- Develop messages for communication programs
- Advocate for additional resources/funding

TELL participants to consider all the ways to use DHS data listed on the flipchart. While keeping that list in mind, ASK participants to name some of the people who might need information from the DHS or other surveys. DISCUSS why they need this kind of information and how they would use it. Write down the participants' responses on the flipchart. The list should include:

- Staff from government ministries at the national and regional/provincial level, especially the Ministry of Health, Ministry of Local Government and/or Planning, Ministry of Education, Ministry of Youth and Sports, and Ministry of Gender
- NGOs working in health, family planning, gender, and education
- Teachers, professors, and students
- Health care workers
- Religious leaders
- Community organizers
- Researchers
- Parliamentarians
- Health communication and behavior change specialists
- Public health specialists
- Monitoring and evaluation specialists

These are the potential audiences for dissemination of DHS results.

STEP 2

PRESENT **Slide 6**.

TELL participants that problems can occur at different stages in the dissemination process.

The first major problem arises early in the process, during the dissemination step. Simply getting information to potential users can be challenging.

The second major problem arises later, when users try to

EXERCISE

make informed decisions. Users may find it difficult to understand and apply the survey results to their decisions.

TELL participants that we will now brainstorm about both of these problems, although the Session Two will discuss the second problem further.

DIVIDE participants into two groups. ASSIGN one group to brainstorm about challenges in disseminating survey information to potential users. ASSIGN the other group to brainstorm about why potential users do not use survey information to make decisions. TELL each group to select a recorder to write the group's ideas down on a flipchart and a spokesperson to present the group's list to the rest of the participants.

Allow 10 minutes for this part of the exercise. Then BRING everyone together, and ASK each group to share its list with the other group. REVIEW each list, and DISCUSS the meaning of each point. ASK members of the other group if they have anything to add to the list.

The lists should include the following points:

Challenges in disseminating information to potential users

- Funding limitations (TELL participants that this is always a major problem)
- Potential users have many different levels of knowledge and skills
- Not all users speak the same language
- Potential users have different interests and different reasons for using data
- Difficulty in getting information to users who live in rural areas and far away from the capital city

Challenges faced by potential users in using information to make decisions:

- No access to results
- Lack of skills to interpret and understand results
- Lack of time
- Lack of experience or understanding of evidence-based decisionmaking
- No power to make decisions
- Environment does not support the use of data for decisionmaking

TELL participants that all of the issues discussed here should be considered when planning how to disseminate DHS results. The next six slides will suggest some different approaches to overcoming the first challenge, that is, to

STEP 3

get DHS survey results to potential users. The DHS Program uses many of these approaches wherever it works.

TELL participants that Session Two will talk about the other challenge: using survey results for informed decisionmaking.

PRESENT Slide 7.

EXPLAIN that it is important to prepare more than one type of material, if funding permits, because there are many different kinds of people who use survey data. They range from sophisticated researchers to less-educated district coordinators. Each has their own needs and capabilities.

Materials for more technical audiences can use scientific language and mathematical formulas, and they can cover a lot of information. In contrast, when designing materials for less technical audiences, it is better to use simple, everyday language and visual images—like maps, charts, and photos—that highlight key messages.

Regardless of the audience, materials should be pretested whenever possible. **EXPLAIN** that **pretesting** is a communications term that means trying out materials with members of the intended audience. Pretesting can make sure that the messages and images are clear, comprehensible, relevant, and appealing to that audience.

Before materials are printed, there should be a plan in place for distributing them. This includes:

- A list of who will receive the materials and how many copies;
- A timetable for distribution;
- A designated person to be responsible for distributing the materials;
- A budget for printing and distribution; and
- Guidelines for a final report describing how the materials were distributed.

Large print runs are the cheapest. It is less expensive to print 10,000 copies of a document all at one time than to print 5,000 copies in one print run and another 5,000 in a second print run. Also, it is better to have too many copies of a document than to run out.

TELL participants that print materials are the most common way to disseminate DHS and other survey results. If funding permits, however, it is helpful to use other kinds of materials in addition. For example, The DHS Program prepares PowerPoint presentations of survey findings and makes those presentations available in the country. Often

The DHS Program creates a country CD-ROM that includes the PowerPoint presentations, electronic copies of the survey report and other print materials, as well as the survey dataset. These CDs can be distributed to a wide audience. The more ways in which information is made available, the more likely that information is to reach a wide audience and be used.

Videos are an effective way to disseminate survey findings because they can include visuals of the country and interviews with women and men. This helps give survey data a human face and makes the information more compelling. However, video production can be expensive and time-consuming.

As online technologies become more widely available in Africa, new ways are emerging to disseminate information electronically.

PRESENT **Slide 8.**

TELL participants that whenever possible, dissemination products should be tailored to a specific audience and its needs. Policymakers, for example, do not have time to read long documents. For this audience, policy briefs that frame the data in the context of policy are a highly effective dissemination tool.

Translating materials into local languages improves comprehension of the information, indicates respect for the culture, and reaches additional audiences.

The DHS Program collects data on a large number of topics. Not every publication needs to address every topic. Focusing on just one area, such as child health or gender, can make materials more useful for people working in those fields.

Matching the media to the audience makes it more likely that the intended audience will have access to the message. For example, CD-ROMs are good for technical experts with access to computers, but print materials and videos are a better way to reach religious leaders.

PRESENT **Slide 9.**

EXPLAIN that dissemination materials are most useful if they draw conclusions, summarize major points, and highlight key ideas. This lets the materials do most of the work for the user. It may also be better to leave out some of the results in order to make sure that the major points stand out. This is better than flooding people with so much information that they feel overwhelmed and cannot absorb

it.

A good way to present information is to categorize it by characteristics, such as wealth, education, province, and region.

Maps are particularly persuasive and easy to understand. They are more compelling than words because they present geographic differences so clearly.

Other graphics—including bar graphs, line graphs, and pie charts—allow the eye to grasp large amounts of information and to see trends more easily than in written text or tables.

PRESENT **Slide 10.**

EXPLAIN that people want to see data presented in context. For example, a policymaker who is not familiar with demography will have trouble making sense of the bare fact that Uganda's total fertility rate is 6.3 children per woman. This number will be much more meaningful if it is placed in a larger context—for example, if a policy brief shows how the rate has changed over time or whether it is higher or lower than Uganda's neighbors. Linking a finding to a specific program or policy also makes survey results more understandable and more applicable.

PRESENT **Slide 11.**

EXPLAIN that if you want to have a successful dissemination strategy, it is crucial to involve individuals and organizations at the local level. Local organizations are in contact with many more groups and individuals in the country than a DHS team. This places them in a better position to broadly disseminate survey data.

Involving local organizations in the production of dissemination materials also offers clear advantages.

- It creates local ownership of the materials.
- It develops the capacity of local organizations to produce these kinds of materials.
- And it improves the relevance of the materials, because local organizations know the target audiences better than any outsiders.

If you share the electronic files for PowerPoint presentations with local organizations, they can adapt them and use them to make their own presentations about DHS survey findings. They can also incorporate relevant survey findings into presentations about the development and progress of their own programs.

PRESENT Slide 12.

EXPLAIN that capacity-building is an essential part of any dissemination strategy. Building your audience's capacity to use understand the context and terminology used will help them to use these materials independently and should be an integral part of any dissemination strategy.

By adding explanatory text next to tables, charts, and graphs in print materials, you are able to build the reader's capacity to interpret this information on their own. In group meetings, training can help people understand how to read DHS tables and figures. Exercises are also included in these trainings to give users a chance to practice putting the data to use. One activity is to give policymakers and program managers the opportunity to consider the implications of the survey results for their policies and programs.

The DHS Program has used many of the strategies described in this session. Most of these activities take place within a formal training setting, usually at the regional level. However, they can also be carried out as individual activities with different local groups.

STEP 4

End this session by **ASKING** participants if they have any questions about disseminating data and its importance. If time allows, **DISCUSS** with participants ways they might have seen DHS results disseminated in their own country.

Session 2

3 hours

Using DHS Data

Session Objective

Discuss ways to use DHS survey findings for program planning

STEP 1

PRESENT Slide 13.

TELL participants that this session highlights real life examples of how DHS data have been used in various countries to inform decisionmaking. This has helped shape or improve policies, programs, and budgets.

REMIND participants that the DHS has only had this kind of impact because it is well respected and valued. The DHS is so credible a source of population and health data that survey results have the power and influence to promote change.

PRESENT Slide 14.

EXPLAIN that since the early 1980s Kenya's average family size has dropped from eight children to fewer than five. But the 2003 Kenya DHS found that progress had stalled or even reversed in some areas of the country.

The reason for this change was clear. The Kenyan government had shifted human and financial resources away from family planning services to HIV-specific programs.

Alarmed by the results, the Kenyan government asked USAID for assistance in putting the family planning program back on course. Without the DHS data, they may never have discovered this shift or addressed the problem.

(Source: Making the Case for U.S. International Family Planning Assistance)

The 2008-09 KDHS shows that this investment has paid off. The TFR (total fertility rate) has declined from 4.9 in 2003 to 4.6 in 2008-09. The CPR (contraceptive prevalence rate) has increased from 39% to 46%.

PRESENT Slide 15.

EXPLAIN that the 2005 Rwanda DHS (RDHS) results on gender and domestic violence were presented in a special one-day session with women parliamentarians in June 2007. The presentation led to discussions among lawmakers about the issues related to domestic violence in Rwanda.

The 2005 RDHS results were also presented to a conference organized by women senators on Gender and Budget in September 2007. The presentation focused on

survey results showing the role and contribution of women in the national development process, including data on women's labor, education, health, and poverty reduction.

These two examples show how the DHS can be an important tool for policymakers.

PRESENT Slide 16.

TELL participants that in January 2004, the Tanzania Commission for AIDS (TACAIDS) and National AIDS Control Programme (NACP) convened a meeting to plan how to notify the public about the location of new clinics for the prevention of mother-to-child transmission of AIDS (PMTCT). Results from the Tanzania HIV Indicator Survey (THIS) became available just before the meeting started. The data showed that most people in Tanzania did not even know that mother-to-child transmission could be prevented with special drugs.

Once the specialists heard those results, they realized that publicizing PMTCT sites would not be effective. Instead they changed their whole approach and started a campaign to inform people, especially women, that there was a way to prevent transmission of HIV to their babies.

(Source: Joyce Chonjo, TACAIDS)

PRESENT Slide 17.

TELL participants that the 2005-06 National Family Health Survey (NFHS-3) in India found an HIV prevalence rate of 0.28 percent for the population age 15-49. This important new information about HIV prevalence spurred the Government of India and international agencies to reduce the official estimate of Indians living with HIV from more than 5 million persons to 2.47 million. That change also had a major impact on the global estimate of persons living with HIV.

TELL participants that the NFHS-3 survey in India also revealed overwhelming levels of malnutrition and anemia among children. The survey findings sparked swift and decisive action from Prime Minister Singh. Shortly after the survey results were released, the Prime Minister sent letters to the Chief Ministers in each of India's 29 states requiring them to take measures to improve child nutrition.

EXERCISE

TELL participants that they will now do an exercise on applying DHS results to specific case studies. **DISTRIBUTE Handout 8.1.** **DIVIDE** the participants into groups of four to seven, and **ASSIGN** one case study to each group. (If there are more than four groups, assign the same case

study to two groups.) EXPLAIN that they will have one hour to complete this exercise, after which they will present their findings to the whole group. TELL each group to select a recorder to take notes and a spokesperson to present the group's conclusions to the rest of the participants.

EXPLAIN that the purpose of this exercise is to practice using DHS survey results to plan programs. Each case study asks participants to apply findings from the DHS to specific health problem. TELL participants that the survey data can be interpreted in different ways, and, therefore, there is no single correct answer. However, they are expected to back up their conclusions and recommendations with the survey results.

Provide copies of the 2011 Uganda DHS to the group(s) assigned Case Study 1.

Provide copies of the 2007 Zambia DHS to the group(s) assigned Case Study 2.

Provide copies of the 2005 Ethiopia DHS to the group(s) assigned Case Study 3.

Provide copies of the 2008-09 Kenya DHS to the group(s) assigned Case Study 4.

As groups report their conclusions, allow opportunities for other groups to provide feedback.

Session 3

1 hour

Session Objective

The DHS Program Web Tools and Resources

Describe The DHS Program web tools and resources

STEP 1

PRESENT **Slide 18**.

Note to Instructor: If the training venue has internet connection please demonstrate The DHS Program web tools live. If not, use the subsequent slides to demonstrate general capabilities of The DHS Program web tools. If the venue has internet and there are laptops available to participants, participants can complete **Exercise 8.1** at the

end of this session.

EXPLAIN to participants that you will be reviewing the general capabilities of The DHS Program web tools and resources.

PRESENT Slide 19.

TELL participants that this slide explains the main components of the homepage for The DHS Program website, www.DHSProgram.com. The three main elements described are: 1) the rotating banner that highlights the most recently released surveys, 2) the resources box in gray provides quick links to the most popular items (including this curriculum), and 3) the What's New section in the center below the banner. Announcements, newly released publications, datasets, and social media posts are highlighted here.

PRESENT Slide 20.

EXPLAIN to participants that The DHS Program website has six tabs on the top of the website. The first tab from the left is the WHO WE ARE tab. There is a section for expert staff and partners, links to the DHS News Room, and information on Employment and how to contact The DHS Program.

PRESENT Slide 21.

TELL participants that within the News Room, under the WHO WE ARE tab, there are many resources for journalists. These resources include press releases, examples of good coverage of DHS in the news and additional resources like the DHS Journalist's Guide.

PRESENT Slide 22.

EXPLAIN to participants that the second tab from the left is the WHAT WE DO tab. This tab has information on survey types, methodology, questionnaires, manuals, and the survey search function.

PRESENT Slide 23.

[Note to the instructor: This slide contains animation.]

TELL participants that the survey search function is a very useful tool for quickly getting more information about both completed and ongoing surveys. The survey search allows

users to search by:

Year

Survey Type: ASK participants to recall the four main types of DHS surveys. ANSWER: DHS, MIS, AIS, and SPA.

Country

Characteristics: You can see here that the box for tobacco use is checked. This survey search will generate a list of all surveys that have asked questions about tobacco use.

[Advance Slide]

This search returned 88 results. Users have the option to sort the list by country, region, or year.

PRESENT Slide 24.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that the third tab from the left is the WHERE WE WORK tab. This tab has an interactive map that shows where DHS works. In the bottom left corner of the map, users can choose to display all surveys (Orange), or restrict to a particular survey type, such as an MIS (Blue).

[Advance Slide]

The country Uganda has been selected from the interactive map. Uganda is now outlined in black. A window has popped up that says the country name, the number of surveys conducted there, and provides a link to Uganda country page. TELL participants to notice that the timeline on the bottom of the map has also become active. Years in which surveys have been conducted in Uganda are color-coded by survey type. If a user clicks on one of those survey years, they will be directed to the webpage specific to that survey.

Clicking on the link to the Uganda country page will bring up the following page:

[Advance slide]

The country page highlights surveys and publications in that country, as well as Quick Stats for the country. Quick Stats is a handful of popular indicators presented by survey year.

PRESENT Slide 25.

EXPLAIN to participants that the fourth tab from the left is the DATA tab. This tab has links to Quick Stats, access to datasets. Datasets are free and available in several different file types (SPSS, STATA, etc.). However, dataset

users must register to gain access to datasets. Under the DATA tab, there is also resources for dataset users and links to STATcompiler and other online data tools.

PRESENT Slide 26.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that the fifth tab from the left is the PUBLICATIONS tab. The publication home page highlights the newest publications. The search box, also pictured here, allows users to search publications along a variety of criteria including country, year, topic, and publication date.

[Advance Slide]

Here we can see the publication page for the 2011 Ethiopia DHS final report. Simply click to download a free copy of all DHS publications.

PRESENT Slide 27.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that the tab on the far right is the TOPICS tab. The topic-specific pages give background on demographic and health topics, links to relevant surveys and publications. If users hover their mouse over the TOPICS tab, the final option is More Topics which link to pages with information on topics such as anemia, nutrition, and tuberculosis.

The TOPICS page focuses on the four “corners” and provides more in-depth information on HIV, malaria, gender and youth.

[Advance slide]

EXPLAIN to participants that this is what the Malaria corner looks like.

PRESENT Slide 28.

EXPLAIN to participants that the next resource to review is www.statcompiler.com. STATcompiler allows users to build tables and visualize The DHS Program data. Users can choose the countries and indicators that they want to display.

PRESENT Slide 29.

EXPLAIN to participants that the easiest place to begin using STATcompiler is to click on Data table.

PRESENT Slide 30.

EXPLAIN to participants that the first step in creating a data table is to choose the countries to be in the table. Users can select from the alphabetical list of countries or they can filter by region of the world.

PRESENT Slide 31.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that the second step in creating a data table is to select indicator(s). There are three options for choosing indicators. First, users can choose from the Most Common Indicators list.

[Advance slide]

The second option is to search topics by keyword. Simply type in the word you are looking for and relevant options will appear below.

[Advance slide]

The third option is to search in the complete list. This is similar to the final report structure, so it is probably best for those who are familiar with DHS final reports.

PRESENT Slide 32.

TELL participants that after they have selected countries and indicators, the system will take a few minutes and then generate the table. In order to sort the table, unclick the Group Rows option in the top left corner, and then sort by clicking the row to sort.

The pane of the right hand side allows users to change indicators, add background characteristics and change countries. Users can add background characteristics such as residence, household wealth, and education level, simply by selecting the corresponding box in the right hand pane.

The bottom of the table allows users to select which surveys to display. The default is for all surveys from selected countries to be displayed. However, users can choose to display the most recent survey in each country, the last two surveys in each country, they can use the slider tool to pinpoint surveys nearest to a specific year, or choose a custom selection of survey years.

PRESENT Slide 33.

EXPLAIN to participants that this slide shows a table where

several options have been selected. First, the data have been sorted from lowest total fertility rate to highest total fertility rate. The background characteristic of residence has been added and the data has been limited to the most recent surveys for all of the chosen countries.

TELL participants that another important thing to note is that STATcompiler tables are exportable. Icons at the top-right corner of the table allow users to export the table to Excel or copy the table into an email or word document.

PRESENT Slide 34.

TELL participants that the icons on the top-right corner of the table allow users to switch back and forth between data tables and visualizations (bar chart, line graph, map and scatterplot). The subsequent slides will examine data visualizations.

PRESENT Slide 35.

TELL participants that this bar chart represents the total fertility rate in four countries. The buttons in the top-left corner allow users to show the data values for the bars and change the axis for the graph. The icon in the top-right corner allows users to export the image of the bar chart.

PRESENT Slide 36.

TELL participants that this line graph represents the total fertility rate in eight countries. The buttons in the top-left corner allow users to change the axis for the graph. Hovering the mouse over a line in the graph displays the survey years and indicator values. As with the bar chart, the icon in the top-right corner allows users to export the image of the line graph.

PRESENT Slide 37.

TELL participants that this map displays the total fertility rate in East Africa. The scale in the top-left corner allows users to zoom in or out on the map. The buttons in the top-right corner of the map allow users to display labels, mountains, and cities. In the right hand section, users can alter the map legend including the color scheme, break points, and number of break points. Users also have the option to show data at the sub-national level.

PRESENT Slide 38.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that scatterplots are the most complicated data visualization offered in STATcompiler. The current indicator, total fertility rate in this example, is shown on the Y axis. The first step is to add indicators for the X axis and the bubble size in the right-hand side.

[Advance slide]

Click on the X tab and choose the indicator for the X axis. In this example, we have chosen use of any modern method of contraception.

[Advance slide]

Click on the Size tab and choose the indicator for the bubble size. In this example, we have chosen proportion of respondents with secondary or higher education.

PRESENT Slide 39.

[Note to the instructor: This slide contains animation.]

EXPLAIN to participants that this is the final output for the scatterplot. Total fertility rate by use of modern methods of contraception by the proportion of women with secondary or higher education.

[Advance slide]

The interpretation of this scatterplot is: In general, fertility decreases (drops down the y-axis) as use of modern methods increases (moves to the right on the x-axis). There are more women with secondary education in countries with low fertility and high use of modern methods.

PRESENT Slide 40.

TELL participants that hovering their mouse over a bubble on the scatterplot will give the data points for that specific country. In this example we can see the total fertility rate, modern contraceptive prevalence and proportion of women with secondary or higher education in the 2008-09 Kenya DHS.

PRESENT Slide 41.

TELL participants that The DHS Program has a mobile app that can be used on smart phones or tablets. The DHS app is free and available for iPhone, iPad, Android- and Windows-based devices. The mobile app offers data on 20 indicators from all countries, as well as survey information about completed and ongoing surveys. The mobile app also includes a map function. The mobile app works offline (without network connection), but automatically updates

when a network connection is present.

PRESENT Slide 42.

TELL participants that The DHS Program has an e-learning course. The course is housed at www.globalhealthlearning.com. Users can register and the search for the course called Demographic and Health Surveys. This is a two-hour course that provides an overview of The DHS Program, but without the amount of detail contained in this curriculum. The DHS Program e-learning course is a valuable resource to share with colleagues who are unable to participate in full curriculum workshops.

PRESENT Slide 43.

TELL participants that The DHS Program has a toolkit. The course is housed at <http://www.k4health.org/toolkits/dhs>. The toolkit provides All of the documentation used to carry out a DHS survey, including questionnaires, manuals, dissemination materials, and more.

PRESENT Slide 44.

TELL participants that The DHS Program has a user forum. The user forum is located at <http://userforum.DHSProgram.com>. The user forum is a web-based forum to ask and discuss DHS-related questions with the larger community. Posts on the user forum can be viewed without registering, though in order to post a question or reply to a post, users must register. Registration is free.

PRESENT Slide 45.

TELL participants that this slide shows the various ways to connect with The DHS Program on social media. Social media is another venue to learn about what's new at The DHS Program, as well as provide feedback about the project. Please consider following us on social media.

EXERCISE

PRESENT Slide 46.

TELL participants that they will now do an exercise on using The DHS Program website and STATcompiler. **DISTRIBUTE Exercise 8.1.** DIVIDE the participants into groups of two to three, and ASSIGN each group either the odd or even numbered questions. EXPLAIN that they will

have twenty minutes to complete this exercise, after which the whole group will discuss the answers.

EXPLAIN that the purpose of this exercise is to practice using The DHS Program website and STATcompiler. The Scavenger Hunt is designed to make participants familiar with common tasks that can be done on the two websites. TELL participants to record any difficulties they have in finding the answers to the Scavenger Hunt questions. Difficulties and potential solutions will be discussed with the whole group.

STEP 2

End this session and module by THANKING participants for their participation. If time allows. DISCUSS with participants their impressions of this course and how they plan to use this information in their work.

REMIND them that all of The DHS Program resources are available for free download at www.DHSProgram.com.



Module 8

Disseminating and Using Data for Change

Objectives for Module 8

By the end of this module, participants should be able to:

- Explain the purpose of dissemination
- Describe approaches to disseminating technical information
- Discuss ways to use survey information for program planning
- Describe The DHS Program web tools and resources

Module 8

2

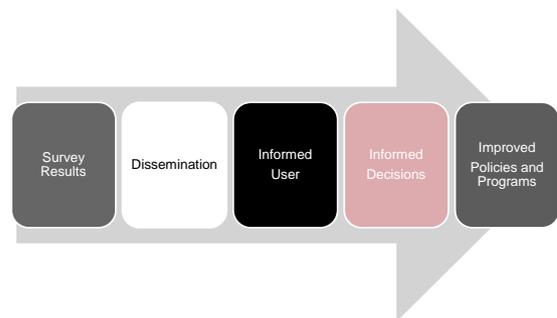
Module 8 Session 1

Disseminating DHS Data

Module 8

3

Dissemination Framework



Module 8

4

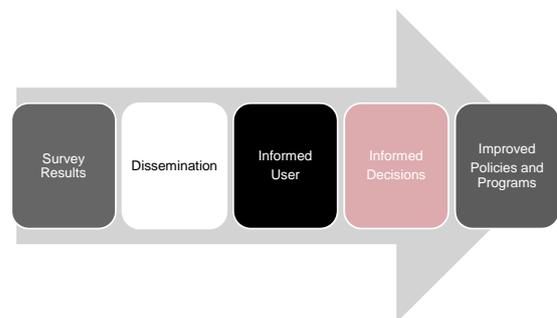
Purpose of Dissemination

- Disseminating DHS data can help potential users:
 - Reach decisions based on quality data
 - Make changes to existing health programs and policies
 - Take other actions to improve health outcomes

Module 8

5

Dissemination Framework



Module 8

6

Plan Materials Carefully

- Create different materials for different users, including technical and non-technical audiences.
- Large print runs are cheapest.
- Always plan ahead for how materials will be distributed.
- Use different formats if possible, including:
 - Print materials
 - PowerPoint presentations
 - CD-ROMS with datasets
 - Videos
 - Online media

Module 8

7

Focus on a Specific Audience

- Design materials and activities for specific audiences:
 - Meet the audience's needs
 - Translate materials into local languages
 - Produce reports on specific topics, such as gender or child health
 - Match the medium to the audience

Module 8

8

Make Sense of the Results

- Help users make sense of the survey results:
 - Add policy recommendations and conclusions
 - Highlight key points
 - Break down findings by province, education, wealth, and other categories of interest
 - Use maps and graphics to convey information

Module 8

9

Put Findings in Context

- Put survey findings in context:
 - Show trends over time
 - Make comparisons with other countries in the region
 - Link findings with national or regional programs and policies

Module 8

10

Work Locally

- Work with local organizations and media:
 - Involve local groups in the dissemination of survey findings through their own projects
 - Produce materials with local organizations
 - Provide PowerPoint presentations to local organizations for their use

Module 8

11

Engage in Capacity-building

- Combine dissemination with capacity-building:
 - Help users understand context and terminology
 - Train users to read tables and charts
 - Provide exercises on using data
 - Ask users to consider implications of survey results for programs and policy

Module 8

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Module 8 Session 2

Using DHS Data

Module 8

13

DHS at Work: Decisionmaking in Kenya

- The 2003 Kenya DHS found that a long-term decline in family size had stalled.
- Due to government shifting resources away from family planning services to HIV-specific programs.
- In response, the Kenyan government asked USAID for assistance in putting the family planning program **back on course**. (Source: *Making the Case for U.S. International Family Planning Assistance*)
- Results: 2008-09 Kenya DHS shows a decrease in TFR from 4.9 to 4.6 and increase in CPR from 39% to 46%.

Module 8

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DHS at Work: Policymaking in Rwanda

Results from the 2005 Rwanda DHS were presented at:

- *A special one-day session with women parliamentarians*: This led to discussions about issues related to domestic violence.
- *A conference organized by women senators on Gender and Budget*: It highlighted women's contributions to national development.

Module 8

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DHS at Work: Program Planning in Tanzania

- The government planned to reduce mother-to-child transmission of AIDS by announcing the location of new PMTCT clinics.
- But new data from the 2003-2004 Tanzania HIV Indicator Survey (THIS) showed that most people did not even know that drugs could prevent mother-to-child transmission.
- Instead the government launched a campaign to inform women that there was a way to prevent transmission of HIV to their babies.

(Source: Joyce Chonjo, TACAIDS)

Module 8

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DHS at Work: Changes in India

The 2005-06 National Family Health Survey (NFHS-3) in India found:

- *An HIV prevalence rate of 0.28 percent for the population age 15-49*: This cut the official estimate of Indians living with HIV in half, from over 5 million to 2.5 million people.
- *High levels of malnutrition and anemia among children*: Prime Minister Singh directed the Chief Ministers of each of India's 29 states to take measures to improve child nutrition.

Module 8

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Module 8 Session 3

The DHS Program Web Tools and Resources

Module 8

18

www.DHSProgram.com

Homepage

- Rotating banner highlights data from newest surveys
- Resources box provides quick links to most popular items
- What's new highlights announcements, new publications and data sets, as well as the recent posts from all social media channels

www.DHSProgram.com

Who We Are

- Highlights our expert staff and partners
- Links to news room
- Contact and employment info

Module 8

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www.DHSProgram.com

News room connects journalists to:

- Press releases
- Examples of good coverage of DHS in the news
- Other resources

Module 8

21

www.DHSProgram.com

What We Do:

- Information on survey types
- Methodology
- Questionnaires and manuals
- Survey search

Module 8

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www.DHSProgram.com

Survey Search:

- by year
- by survey type
- by country
- by characteristics

Country/Year	Type	Status	Phase	Records	Dates of Fieldwork	Survey Report	Survey Data	GPS Data	HIV/Other Demographic Data	IPR Data
Albania 2008-09	Standard DHS	Completed	DHS-V	DHS-V	11/2009-04/2010	Available	Data Available	Data Available	Not Collected	Not Applicable
Armenia 2010	Standard DHS	Completed	DHS-V	DHS-V	10/2010-12/2010	Available	Data Available	Not Yet Available	Not Yet Available	Not Applicable
Armenia 2005	Standard DHS	Completed	DHS-V	DHS-V	08/2005-12/2005	Available	Data Available	Not Distributed	Not Collected	Not Applicable
Azerbaijan 2008	Standard DHS	Completed	DHS-V	DHS-V	07/2008-11/2008	Available	Data Available	Not Collected	Not Collected	Not Applicable
Bangladesh 2011	Standard DHS	Ongoing	DHS-V	DHS-V	07/2011-12/2011	Ongoing	Not Yet Available	Not Yet Available	Not Yet Available	Not Applicable
Bangladesh 2007	Standard DHS	Completed	DHS-V	DHS-V	03/2007-08/2007	Available	Data Available	Data Available	Not Collected	Not Applicable
Bangladesh 2004-05	Standard DHS	Completed	DHS-V	DHS-V	01/2004-05/2004	Available	Data Available	Data Available	Not Collected	Not Applicable

Module 8

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www.DHSProgram.com

Where We Work

- Interactive map shows where DHS works, and helps users navigate to countries/surveys of interest
- Country pages highlight surveys, publications in that country, as well as quickstats

Module 8

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Data:

- Links to Quick Stats
- Access to datasets
- Resources for dataset users
- Links to STATcompiler and other online data tools

Module 8 25

www.DHSProgram.com

- Browse new publications
- Search for publications by type, country, or key word
- All PDFs are available for free download

Module 8 26

Topics:

- Topic-specific pages give background on demographic and health topics, links to relevant surveys and publications
- 4 "corners" – more in-depth information on gender, youth, malaria, and HIV

Module 8 27

STATcompiler

- Select countries and indicators of your choice
- Make customized tables, charts, and maps
- Hundreds of indicators, more than 70 countries

Module 8 28

STATcompiler.com

Click here to start

Module 8 29

STATcompiler.com

- Select countries
- Alphabetical list of all countries OR filter by region of the world

Module 8 30

STATcompiler.com

- Select indicator
 - List of 20 most common indicators OR
 - Search topics by keyword OR
 - Complete list (similar to DHS final report structure)

STATcompiler.com

Table output

- Click here to sort (first unclick "group rows")
- Add background characteristics here
- Add or hide countries to recent surveys, or customize your selection

STATcompiler.com

- Export to Excel, or
- Copy into an email, word doc

- Output, sorted lowest to highest
- Added residence background characteristic
- Limited to most recent surveys

Country	Survey	Total fertility rate and proportion of women pregnant		
		Fertility rate	Residence	
			Urban	Rural
Kenya	2008-09 DHS	4.6	2.9	5.2
Madagascar	2008-09 DHS	4.8	2.9	5.2
Ethiopia	2011 DHS	4.8	2.6	5.5
Tanzania	2010 DHS	5.4	3.7	6.1
Mozambique	2003 DHS	5.5	4.4	6.1
Rwanda	2007-08 DHS	5.5	4.7	5.7
Malawi	2010 DHS	5.7	4.0	6.1
Uganda	2006 DHS	6.7	4.4	7.1

STATcompiler.com

- Move back and forth between visualizations:
 - Table
 - Bar chart
 - Line graph
 - Map
 - Scatterplot

Bar Chart: Total Fertility Rate in 4 countries, by residence

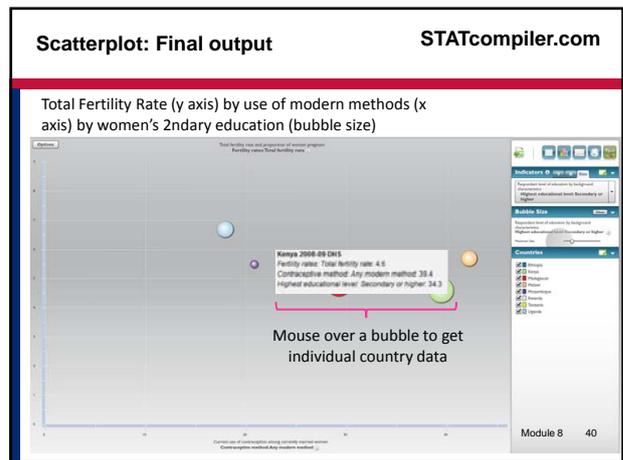
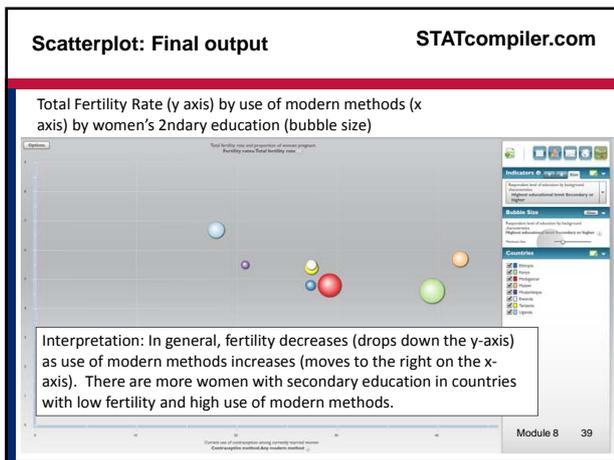
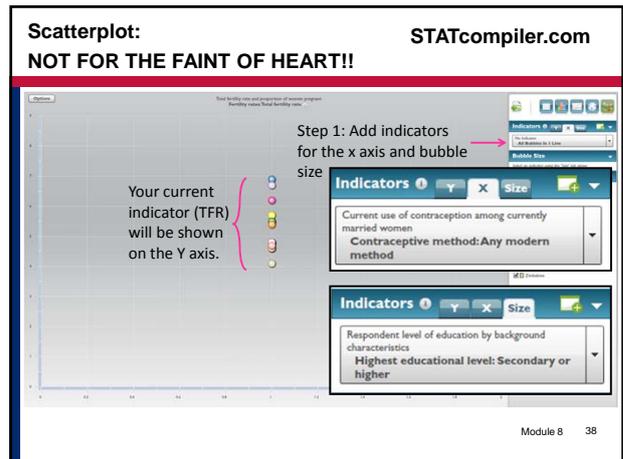
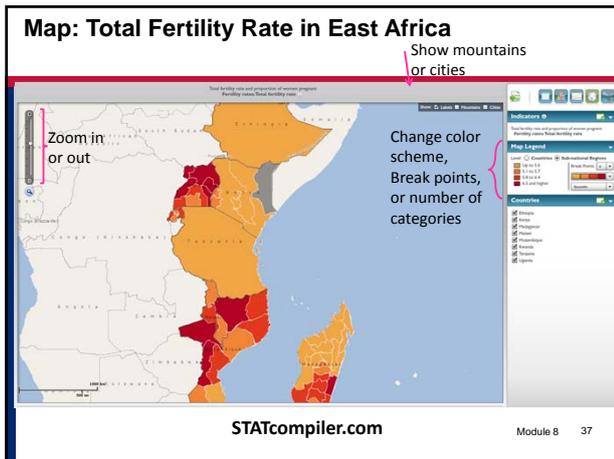
STATcompiler.com

- Add data values or change axis
- Export image

Line Graph: Trends in Total Fertility Rate in 8 countries

STATcompiler.com

- Change axis
- Mouse over line to see exact years and rates
- Export image



Mobile App

- Download DHS data to your smart phone or tablet.
- Available for iPhone and Android phones and tablets.
- Key data for 20 indicators and all countries
- Survey information (timing, sample size)
- Mapping
- Offline capabilities

Module 8 41

Introductory E-Learning Course

- www.globalhealthlearning.org
- Register for free and then find the course called "Demographic and Health Surveys"
- 2 hour course on the DHS topics, survey structure, basic terminology, and how to use DHS data for decisionmaking

Module 8 42

DHS Toolkit: k4health.org/toolkits/dhs



- All of the documentation used to carry out a DHS survey, including questionnaires, manuals, dissemination materials, and more! In multiple languages.

Module 8 43

User Forum

- userforum.DHSProgram.com
- A web-based forum to ask and discuss DHS-related questions with the larger user community.
- Get help with analysis, data use, and more
- Help others!! You have been trained and are now a DHS expert!



Module 8 44

Follow us on social media!

www.facebook.com/DHSProgram

Twitter: @DHSProgram

LinkedIn
<http://www.linkedin.com/company/dhs-program>

www.youtube.com/DHSProgram

www.pinterest.com/DHSProgram

MEASUREDHS
2013

Reflections from DHS data user S...
77 views · 1 week ago

Module 8 45

Thank you!

www.DHSProgram.com
www.statcompiler.com

Module 8 46

Exercise 8.1

Website and STATcompiler Scavenger Hunt

Website- www.DHSProgram.com

1. What materials were distributed with the 2010 Tanzania DHS?
2. How many surveys have been conducted in Ethiopia?
3. How many surveys include Vitamin A questions?
4. What press releases were issued in April 2012?
5. You are writing an article on anemia and need some background information. What can you find on the DHS site?

STATcompiler – www.statcompiler.com

1. What country in West Africa has the highest fertility rate among the most recent surveys? Make a table in STATcompiler and sort the list from lowest to highest.
2. Make a bar chart of fertility in West Africa, and add urban/rural residence. Limit your chart to surveys conducted since 2005.
3. Make a line graph of Fertility in Ethiopia, Kenya, Malawi, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe. What are the trends in the last 10 years?
4. Map TFR in the East African countries listed in #3. View the data by subnational area. What is the TFR in Coast Province in Kenya?
5. Try the scatterplot feature. TFR should remain your primary indicator. Add use of modern methods of family planning as your secondary indicator.
 - a. What is the relationship between TFR and modern method use?
 - b. Add a relevant "bubble size" indicator. What do you choose? What is the effect?

Handout 8.1

Case Studies in Applying the DHS

Case Study 1 (2011 Uganda DHS)

You are a journalist working for a popular radio station in Uganda that broadcasts nationally in English and also at the regional level in some local languages. You have been asked by the Ministry of Health and a USAID-funded project to prepare a series of radio spots to promote the uptake of family planning. Neither the Ministry nor the project has a clear idea of what should be included in the radio spots or which audiences to target. They leave it up to your station to decide this. Being a good communication specialist, you know that the radio spots will be more effective if they are designed strategically and targeted to specific audiences. What should you do? You start by looking at the 2011 Uganda DHS.

1. Describe the family planning situation in Uganda. What is the current contraceptive prevalence rate? Has it changed much over time?
2. Are there any areas of the country or any groups of women that have lower rates of contraceptive method use?
3. Are there reasons why women are not using contraception?
4. Which methods of contraception should be promoted? Why?
5. Decide which regions and which audiences you want to target.
6. Do you think radio is the best medium to use? Why? Should the Ministry of Health consider any other media, such as television or newspapers? Why or why not?
7. Is there any other information in the 2011 UDHS that can help plan this project? Or that should be considered for the content of the radio spots?

Handout 8.1

Case Study 2 (2007 Zambia DHS)

The Ministry of Health in Zambia has started a new program to promote voluntary counseling and testing programs. There is funding to work in only two provinces. It is your job to choose which provinces. Based on the information in the 2007 Zambia DHS, decide which two provinces should be chosen for the new program and why. Then design an intervention for promoting VCT in these provinces. Use the following questions to guide you:

1. What is the situation in Zambia regarding VCT? Where is testing most common? Where is it least common?
2. Describe HIV prevalence in Zambia. Which groups or provinces are at highest risk?
3. Are there specific groups who need information about VCT?
4. Which two provinces will you choose and why?
5. What is the best way to inform women and men in these provinces about VCT? What media can you use?
6. What other information from the 2007 ZDHS can help you design this program?

Handout 8.1

Case Study 3 (2010 Malawi DHS)

The National Malaria Control Programme (NMCP) in Malawi has started a program to improve the prevention and treatment of malaria in the country. You have been assigned the job of providing background information to the malaria specialists at the NMCP to help them develop this program. You start by looking at the 2010 Malawi DHS.

1. List at least six separate indicators about malaria that the malaria specialists need to know.
2. Is any one of the three regions doing better than the others in terms of malaria prevention and treatment?
3. If you wanted to launch a communication campaign to promote the use of mosquito nets in Malawi's three regions, which media would you use? Justify your answer.
4. What other information from the MDHS would be helpful to the malaria specialists as they design the prevention and treatment program?
5. Many countries try to increase intermittent preventive treatment (IPT) of malaria for pregnant women by training nurses in antenatal care clinics. Is this a good strategy for Malawi? How many women will be reached this way?

Handout 8.1

Case Study 4 (2008-09 Kenya DHS)

The Ministry of Health and Sanitation in Kenya is facing budget cutbacks. Findings from the 2008-09 Kenya DHS show a considerable increase in the percentage of children under age five who were fully vaccinated compared to the 2003 Kenya DHS. It has been proposed to decrease funding for immunization programs to shift resources to other areas of health that have seen little or no improvement since 2003. You have been assigned the job of determining which areas of the immunization program will have their budget reduced. You start by looking at the 2008-09 Kenya DHS.

1. Which vaccines must a child have received to be considered fully vaccinated? Which of these vaccines are children in Kenya least likely to have received?
2. Which provinces have the highest vaccination rates? Which provinces have the lowest vaccination rates?
3. Are there any other groups that have particularly low vaccination rates?
4. Based on the findings of the 2008-09 Kenya DHS, do you recommend decreasing funding for immunization programs?
5. If you do not recommend decreasing funding for immunization programs, what evidence from the 2008-09 Kenya DHS will you use to support your decision?
6. If you do recommend decreasing funding for immunization programs, which areas will have their budget reduced? What evidence from the 2008-09 Kenya DHS will you use to support your recommendations?

Module 8 Pre-Test

- 1. A good dissemination strategy includes:**
 - a. Pre-testing of materials
 - b. A distribution plan
 - c. Materials in local languages
 - d. Materials tailored to specific audiences
 - e. All of the above

- 2. DHS data have informed many policy and program decisions throughout Africa.**
 - a. True
 - b. False

- 3. DHS strives to involve local organizations in dissemination plans for all of the following reasons:**
 - a. Local involvement improves ownership of the data
 - b. Local involvement leads to increased capacity of local partners
 - c. Local partners represent local users and their input leads to more relevant materials
 - d. All of the above

- 4. The goal of dissemination should be to inform users and foster evidence-based decisionmaking.**
 - a. True
 - b. False

- 5. Which of the following is NOT true about www.statcompiler.com?**
 - a. Users can build customized tables by the countries and indicators
 - b. STATcompiler tables and graphs can be exported to other programs such as Excel spreadsheets, Word documents, and email
 - c. Users must register in order to use STATcompiler
 - d. Scatterplots can be used to represent the relationship between three different indicators simultaneously

Module 8 Post-Test

- 1. A good dissemination strategy includes:**
 - a. Pre-testing of materials
 - b. A distribution plan
 - c. Materials in local languages
 - d. Materials tailored to specific audiences
 - e. All of the above

- 2. DHS data have informed many policy and program decisions throughout Africa.**
 - a. True
 - b. False

- 3. DHS strives to involve local organizations in dissemination plans for all of the following reasons:**
 - a. Local involvement improves ownership of the data
 - b. Local involvement leads to increased capacity of local partners
 - c. Local partners represent local users and their input leads to more relevant materials
 - d. All of the above

- 4. The goal of dissemination should be to inform users and foster evidence-based decisionmaking.**
 - a. True
 - b. False

- 5. Which of the following is NOT true about www.statcompiler.com?**
 - a. Users can build customized tables by the countries and indicators
 - b. STATcompiler tables and graphs can be exported to other programs such as Excel spreadsheets, Word documents, and email
 - c. Users must register in order to use STATcompiler
 - d. Scatterplots can be used to represent the relationship between three different indicators simultaneously

ANSWER KEY

Module 8

1. A good dissemination strategy includes:
 - a. Pre-testing of materials
 - b. A distribution plan
 - c. Materials in local languages
 - d. Materials tailored to specific audiences
 - e. **All of the above**

2. DHS data have informed many policy and program decisions throughout Africa.
 - a. **True**
 - b. False

3. DHS strives to involve local organizations in dissemination plans for all of the following reasons:
 - a. Local involvement improves ownership of the data
 - b. Local involvement leads to increased capacity of local partners
 - c. Local partners represent local users and their input leads to more relevant materials
 - d. **All of the above**

4. The goal of dissemination should be to inform users and foster evidence-based decisionmaking.
 - a. **True**
 - b. False

5. Which of the following is NOT true about www.statcompiler.com?
 - a. Users can build customized tables by the countries and indicators
 - b. STATcompiler tables and graphs can be exported to other programs such as Excel spreadsheets, Word documents, and email
 - c. **Users must register in order to use STATcompiler**
 - d. Scatterplots can be used to represent the relationship between three different indicators simultaneously