

# Continuous Demographic and Health Survey

## Why conduct a continuous survey?

Since 1986, the Demographic and Health Surveys project has collected data in Senegal approximately every five years. In 2012, the Senegal Continuous Demographic and Health Survey (Continuous-DHS) was launched to respond to the ongoing need for more frequent data for planning, monitoring, and evaluating health and population programs. The Continuous-DHS will strengthen the capacity of Senegalese institutions to collect and use these data, resulting in improved data quality and a reduced need for technical assistance.

## What is a continuous DHS?

The Continuous-DHS is designed to collect nationally representative data in five yearly phases, conducted from 2012 to 2017. During each phase, the sample, the survey population, and the content of the questionnaires will vary in response to data needs (*see table below*). At the end of each phase, the results of key indicators and indicators collected only during that phase will be provided. Starting in Phase 2, a larger report will be produced annually using aggregated data from the previous two phases. This report will be comparable to a complete DHS report including all essential demographic and health indicators.

## Can the results of the Continuous-DHS be compared to results from previous DHS surveys in Senegal?

In general, the results of the Continuous-DHS can be compared to the results from previous Demographic and Health Surveys in Senegal, except for indicators whose definition or calculation has changed over time. In addition, for certain indicators that are calculated for a multiple year-period prior to the survey (for example, total fertility rate, childhood mortality rates, prenatal care, etc.), the reference periods for these indicators overlap between the 2010-2011 DHS-MICS and 2012-2013 Continuous-DHS. While the results are comparable even for these indicators, we do not expect to see statistically significant changes in these indicators between these two surveys.

	Phase 1 : 2012-2013	Phase 2 : 2013-2014	Phase 3 : 2014-2015	Phase 4 : 2015-2016	Phase 5 : 2016-2017
<b>Sample</b>	Representative at the national level, by residence (urban/rural) and at 4 ecological zones (North, West, Center, South)	The majority of indicators are based on the aggregated data from Phases 1-2 and are representative at the national level, by residence (urban/rural) and 14 regions.	The majority of indicators are based on the aggregated data from Phases 2-3 and are representative at the national level, by residence (urban/rural) and 14 regions.	The majority of indicators are based on the aggregated data from Phases 3-4 and are representative at the national level, by residence (urban/rural) and 14 regions.	The majority of indicators are based on the aggregated data from Phases 4-5 and are representative at the national level, by residence (urban/rural) and 14 regions.
<b>Survey population</b>	Women age 15-49	Women age 15-49 Men age 15-59	Women age 15-49 Men age 15-59	Women age 15-49	Women age 15-49 Men age 15-59
<b>Questionnaires</b>	Reduced standard DHS questionnaire Special module	Reduced standard DHS questionnaire Special module Men's questionnaire	Reduced standard DHS questionnaire Special module Men's questionnaire	Reduced standard DHS questionnaire Special module	Reduced standard DHS questionnaire Special module Men's questionnaire
<b>Biomarkers</b>	Anthropometry Anemia Malaria prevalence	Anthropometry Anemia Malaria prevalence	Anthropometry Anemia Malaria prevalence	Anthropometry Anemia Malaria prevalence	Anthropometry Anemia Malaria prevalence

# Continuous Service Provision Assessment

## What is a Service Provision Assessment?

The primary objective of the Service Provision Assessment (SPA) is to provide data on health care services. While, the Demographic and Health Surveys collect data from households, the SPA collects data from health facilities.

## What is the general methodology for a SPA?

In general, a SPA uses four different data collection methods to evaluate health care services:

- Health facility inventory
- Interviews with health care providers in the facility
- Observations of health care consultations
- Exit interviews with the clients of observed consultations

## What is a Continuous-SPA?

The Continuous-SPA is designed to continuously collect data from health facilities in Senegal over a five-year period from 2012 to 2017. During these five phases, the sample and data collection topics will vary (*see table below*). A report will be published at the end of each phase. At the end of the five phases, the Continuous-SPA will provide a complete picture of the health care system in Senegal, as all health facilities in Senegal will have been surveyed.

	Phase 1 : 2012-2013	Phase 2 : 2013-2014	Phase 3 : 2014-2015	Phase 4 : 2015-2016	Phase 5 : 2016-2017
<b>Sample</b>	Representative at the national level, by facility type, management authority, and region	Representative at the national level, by facility type, management authority, and region	Representative at the national level, by facility type, management authority, and region  10% of health facilities from the previous phase are repeated	Representative at the national level, by facility type, management authority, and region  10% of health facilities from the previous phase are repeated	Representative at the national level, by facility type, management authority, and region  10% of health facilities from the previous phase are repeated
<b>Health facility inventory</b>	Yes	Yes	Yes	Yes	Yes
<b>Interviews with health care providers</b>	Yes	Yes	Yes	Yes	Yes
<b>Observations of health care consultations</b>	Family planning Sick child consultations	To be determined	To be determined	To be determined	To be determined
<b>Exit interviews with clients (parents/guardians of children) of observed consultations</b>	Family planning Sick child consultations	To be determined	To be determined	To be determined	To be determined