## M&E Subgroup – DHS Activity Meeting Notes *February 13, 2019*

**Participants:** Kate Gilroy (MCSP/JSI) [co-chair], Debra Jackson (UNICEF) [co-chair], Silvia Alayon (Advancing Nutrition), Tricia Aung (JHU), Malia Boggs (USAID), Sarah Bradley (Abt Associates), Emily Carter (JHU), Liliana Carvajal (UNICEF), Rob Cohen (USAID), Nefra Faltas (USAID), Samantha Herrera (ICF), Elizabeth Hourani (MCSP/JSI), Troy Jacobs (USAID), Patricia Jodrey (USAID), Guilhem Labadie (ORG), Felix Lam (CHAI), Lauren Lewis (CDC), Melinda Munos (JHU), Michel Pacqué (MCSP/JSI), Debra Prosnitz (ICF), Pavani Ram (USAID), Jennifer Requejo (UNICEF), Rashed Shah (ORG), Suzanne Slattery (MCSP/JSI), Emily Stammer (MCSP/JSI), Kate Strong (WHO), Lara Vaz (Save the Children)

## Recording Link: https://connect.johnshopkins.edu/p7q9drguaz7/

## **Action Items:**

• Kate to make changes from today's call that had consensus. Will share with group for feedback.

## Meeting Notes:

- Recommendations that came out of the January 25 meeting were put together and shared this morning with the group. Hopefing to get feedback by Tuesday.
- The group reviewed the recommendations. The document shows the orginal table and the proposed revision. Changes in red.
  - Diarrhea Recommendation 2b Inclusion of breastfeeding question OR recommendation for further testing?
    - Melinda: Do not know of a setting where this has been tested and the DHS has said they don't want to include new questions that haven't been tested. Unless we know of places where this has been implemented and it works well, I would suggest we state that this is something that needs to be looked further into.
    - Altrena: I agree that breastfeeding shoul be separted out. And maybe just ask if the baby is breastfeeding more frequently and/or longer. Although they may not want any new questions, we can still offer. It may be removed but I would try for it.
    - Bill Weiss: The KPC always separated it. Not validated, but lots of use. At least in older versions.
    - Patricia Jodrey: I think that the question on breastmilk should be separated from liquids but what makes the questions complicated is mixing frequency with duration. It may confuse the mother
    - Silvia Alayon: Wanted to chime in on the breastfeeding vs. liquids. IFPRI in the A&T surveys did ask about fluids and breastfeeding in two different questions:
      1. When (NAME) had diarrhea, how much liquid did (NAME) receive during the time he/she had diarrhea. Did you give (NAME) less to drink than usual, just about the same, or, or more than usual?; AND 2 When (NAME) had diarrhea, did you give (NAME) less breast milk than normal, just about the same amount, more than usual, or nothing to eat at all? We also asked a third question about continued feeding of solid or semi-solid foods.
    - Follow up with nutrition colleagues and previous versions of KPC. Unless a lot of good evidence is found, we may want to add it to the research agenda.

- Tricia to share with TEAM for discussion.
- Diarrhea recommendation # -
  - Bill: There was discussion to remove it and place it as part of the open-ended responses for "other treatments." Should at least have
    - 6.17 The concern was that would moms considered rice-water etc. as a "treatment" or more of a compliment.
  - Melinda: Need to specify what type of fluid, otherwise it may capture things we wouldn't want to include (such as herbal tea). Did you give your child any other fluids while they had diarrhea? What were they?
  - Lara Vaz: so something along the lines of "fluid made according to instructions given by a health provider"?
  - Pavani: Would prefer if we flagged this instead as needing to be adapted at the country-level.
    - The concern is that this frequently does not happen.
  - Should this question just be dropped? Including it can potentially promote the idea that these fluids are good and should be used. But removing it may remove the possibility of identifying the use of harmful liquids.
    - Countries with strong diarrhea programs (such as Bangladesh) will most likely add this question back in and we would get the valuable information anyway.
  - Drop the question and add [COUNTRY SPECIFIC OPTION] after Zinc.
- Diarrhea recommendation # -
  - Kate Gilroy: Change in continued feeding (same or more) indicator will be needed.
  - Patricia Jodrey: Agree with Pavani that we should have a column with ORS and continued feeding just in case that zinc was not given
  - The "no treatment" was taken out based on the utility of what it was showing. We don't want to lump together kids who got ORS and zinc and CF, with kids who get antimotility drugs, and then show the kids who didn't get either positive or negative treatments.
    - But it also implies that any treatment was good.
  - MCSP to look into further.
- Fever/ARI Care-Seeking Recommendations Overall
  - Melinda: Point #2 It is important to remove antibiotic treatment from tab plan as this is a new change and other groups may be recommending to put it back in. But we should reinforce that this was a positive change.
- Fevery/ARI Recommendation 4
  - Pavani: We did talk about clarifying four issues in sources of care: 1) public / private; 2) type of facility; 3) cadre of health worker; 4) use of informal providers
  - Lara Vaz: have we asked those using this for secondary analyses the implications for removing it? I see this question as very important for SBC programs -- shifts in careseeking are programmatic priorities
  - To be discussed further
- Fever/ARI Recommendation 5 Q627: Remove 1<sup>st</sup> Source of Care
  - Bill: Private sector issues SHOPS
- Fever/ARI Recommendation 7

- Guilhem Labadie: Is there any question to see how people got drugs when observing packaging (5% of the global antibiotic market are counterfeited) especially at community level.
- Will change so that it is not included in tabulation plan yet.
- Birth Registration
- o Injury
  - Troy: Getting a single question into the DHS on injuries would be good at this point. Saw one in the module: "Was any child or adult in your household killed or injured in an incident... and breakdown of causes."
- Revised timeline for DHS review and recommendations:
  - Wednesday Feb. 13: Webinar for review and feedback
  - Tuesday Feb. 19: Deadline for any feedback on recommendations
  - Thursday Feb. 20: Subgroup call to reconcile any conflicting recommendations (*if needed*)
  - Friday Feb. 22: CH M&E subgroup submits templates to CHAT
  - March 15: CHAT submits templates to DHS on behalf of the groups