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Data for COVID-19 SBC Program Design

(The Demographic Health Surveys Program | April 28, 2020)

In response to the COVID-19 pandemic, the Demographic Health Surveys (DHS) Program has identified several indicators that are regularly included in the DHS that relate to COVID-19 prevention. Given that many program implementers are working in environments where rapidly collecting data is difficult, it is imperative that recent and existing data sets are used for decision-making. Below is the current list of indicators identified by the DHS Program with recommendations on how this data can be used to inform the design of evidence-based COVID-19 SBC programs.

For the most up to date list of indicators, go to <u>STATcompiler</u>, choose "select indicators," followed by "indicators by tag." There you will be able to select the two tags on COVID-19. The DHS Program has also prepared a brief blog post on these indicators here.

DHS COVID-19 Tagged Indicators	Related COVID-19 Prevention Behavior(s)	Recommendations
Population living in households using an improved water source using water piped into dwelling using water piped into yard/plot using a public tap/standpipe with water 30 minutes or longer away round trip with improved, non-shared toilet facilities with a shared improved toilet facility with an unimproved toilet facility using open defecation Households where place for washing hands was observed Households with soap and water	Practice regular handwashing with soap and water Practice of general hygiene behaviors	Consult these indicators during development of messages and SBC interventions. In particular, areas where WASH indicators show low access to piped water, soap, and/or improved toilet facilities may require more structural-level and community engagement-based interventions, along with SBCC, to promote prevention behaviors for COVID-19.
Households with one room for sleeping	Physical Distancing	Consult these indicators during
Mean number of persons per sleeping room Mean number of household members	Self-isolation/Home care	development of messages and SBC interventions. In particular, households with limited space for sleeping and/or increased numbers of household members may have difficulty complying with recommendations on self-isolation and physical distancing within the household. SBC programs should consider structural-level and community engagement-based interventions, along with SBCC, to promote practice of behaviors.
Final say in own health care [Women]	Care-seeking at a	Consult these indicators during the
Final say in own health care [Men]	facility	development of messages and SBC interventions, taking into account what

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Physical or sexual or emotional violence committed by husband/partner Physical or sexual or emotional violence committed by husband/partner in last 12 months	Physical Distancing Self-isolation	the data suggests with regards to gender roles and gender-based violence, both of which can be exacerbated in the practice of COVID-19 prevention behaviors. SBC programs should make every effort to address these factors as part of their programs and/or materials. As relevant, messaging on gender-based violence, gender roles and care-seeking autonomy should also be included in materials directed at community health workers and healthcare providers.
Women with access to newspaper, television and radio at least once a week Men with access to newspaper, television and radio at least once a week Households possessing a television	n/a	Consult these indicators when deciding on optimal channels to reach key audiences.
Households possessing a mobile telephone		