



## EXPLORING SURVEYS TO MONITOR TRENDS IN FAMILY PLANNING OUTCOMES

ABBREVIATIONS					
	EA - Enumeration Area PSU - Primary Sampling Unit PPS - Probability Proportional to Size DHIS - District Health Information Software AGYW - Adolescent Girls and Young Women	DHS - Demographic Health Survey AIS - AIDS Indicator Survey ABCE - Access, Bottlenecks, Costs, and Equity Facility Survey SPA - Service Provision Assessment MICS - Multiple Indicator Cluster Survey		PHIA - Population HIV Impact Assessment PMA 2020 - Performance Monitoring and Accountability 2020 DREAMS - Determined, Resilient, Empowered, AIDS-free, Mentored and Safe GRIP - Geospatial Relevance, Indicator, Periodicity	
SOUTH AFRICA GRIP I SURVEYS					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed
National HIV Prev., Incidence & Behaviour Survey	Condom sales and distribution	2012, 2017	Oversampling DREAMS districts- details unclear	Two-stage stratified cluster sample design, with EAs (or clusters) selected during the first stage and households selected during the second stage 40,000 study participants will be sampled from 15,000 households identified in the national sampling as in previous surveys. Another 20,000 individuals from 7,000 households in 13 selected high HIV prevalence districts will be sampled to facilitate more precise district-level HIV prevalence estimates.	Geospatial details of oversampling
District Health Barometers (DHB)	Contraception prevalence, Couple year protection rate (contraceptive years dispensed/population 15-49 females)	Annual report of DHIS (+other) data using a set of indicators	District level reports includes DREAMS districts	DHB reports national district averages from a variety of data sources, primarily DHIS NDoH and Stats SA. Variables of interest-Male condom distribution rate and couple-year protection rate, are collected at the facility level and reported at the district level. District averages efface variation between sub-districts and facilities making it difficult to distinguish male condom distribution rate, couple-year protection rate, and sampling frame in the 19 high burden and high transmission DREAMS sub districts.	Accessing data for AGYW-specific information
Demographic Health Survey	Method mix, unintended pregnancy, contraception prevalence, condom availability	2016/2017 (Ongoing)	Nationally representative	Projected estimates include 15,000 households, 14,000 women, and 7,500 men over the age of 15 yrs.	Accessing data for AGYW-specific information
MOZAMBIQUE GRIP I SURVEYS					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed
Demographic Health Survey	Method mix, unintended pregnancy, contraception prevalence, condom availability	2011	Yes - lack of clarity of specific PSUs and how to access number of adolescent girls in the PSUs in the DREAMS districts	The sampling frame for the stratified two-stage sampling design consisted of EAs taken from the 2007 Census master list. PSUs were then drawn from EAs and selected in proportion to the size and the number of households in each province. Of the 256 urban and 355 rural PSUs, 20 households in urban PSUs and 25 households in rural PSUs were randomly selected. A total of 13,718 households were included in the final sample, from which, 13,718 eligible women ages 15-49 were interviewed.	Accessing data for AGYW-specific information
HIV/AIDS Indicator Survey	Method mix, contraception prevalence, condom availability	2011, 2015	Yes - lack of clarity of specific EAs for DREAMS	Sample defined based on the results of the 3rd General Census of Population and Housing (RGPH) of Mozambique, conducted by the National Statistical Institute, in 2007, and ensures representativeness at national, provincial, urban and rural levels. Three steps were followed in the sample design. In the first, the sample was stratified by province and urban/ rural area and then 307 were selected, using a selection system of equal probability. In the second step, a EA of each of the 307 with PPS of the EAs, resulting in a selection of 134 EAs in urban areas and 173 in rural areas. In the 3rd stage, all households were listed in each of the 307 EAs. The complete list of households was used to select the 24 households eligible for interviews in each EA in urban and rural areas, respectively. Based on this procedure, 7 368 households were selected for the survey.	Accessing data for AGYW-specific information
ZAMBIA GRIP I SURVEYS					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed

Demographic Health Survey	Contraception prevalence, method mix, unintended pregnancies, condom availability	1992, 1996, 2001, 2007, 2013, unclear when next	unclear details	A representative sample of 18,052 households was drawn for the 2013-14 Zambia Demographic Health Survey. The survey used a two-stage stratified cluster sample design, with EAs (or clusters) selected during the first stage and households selected during the second stage. In the first stage, 722 EAs (305 in urban areas and 417 in rural areas) were selected with PPS. Stratification was achieved by separating each of the 10 provinces into urban and rural areas. Therefore, the 10 provinces were stratified into 20 sampling strata. In the second stage, a complete list of households served as the sampling frame in the selection of households for enumeration. An average of 25 households was selected in each EA. It was during the second stage of selection that a representative sample of 18,052 households was selected.	Extract district level estimates from national data
Zambia Population HIV Impact Assessment (Population HIV Impact Assessment)	Contraception prevalence, method mix, unintended pregnancies, condom availability	fieldwork completed august 2016	unclear details	Unclear	Extract district level estimates from national data
Access, Bottlenecks, Costs, and Equity Facility Survey	Health facility perspective of availability of condoms and contraceptives	2014	Lusaka	Districts, from which facilities would be drawn, were grouped into 21 unique categories based on their average levels of household wealth (three categories: poorest, middle, and wealthiest); population density (rural, semi-dense, and dense); and coverage of skilled birth attendance (SBA) (low, middle, and high). District-level estimates of average household wealth and SBA were derived from the 2007 Demographic and Health Survey (DHS). One district was randomly selected from each wealth-population-SBA category; Lusaka district was automatically included, in addition to these 21 randomly sampled districts, due to its size and relevance to Zambia's health service provision.	Accessing data for AGYW-specific information in Lusaka
<b>KENYA GRIP I SURVEYS</b>					
<b>Survey</b>	<b>Indicators</b>	<b>Periodicity</b>	<b>Geospatial Relevance</b>	<b>Sampling</b>	<b>Next steps/more needed</b>
Demographic Health Survey	Contraception prevalence, method mix, unintended pregnancies, condom availability	2014, 2020	Siaya, Kisumu, Homa Bay, Nairobi	Kenya Demographic Health Survey (KDHS) utilizes the Fifth National Sample Survey and Evaluation Program (NASSEP V) as a master sampling frame for household surveys. The sampling frame consists of 5,360 clusters split into four equal subsamples. The KDHS sample was designed to include 40,300 households from 1,612 clusters spread across the country, with 995 clusters in rural areas and 617 in urban areas. Samples were selected independently in each sampling stratum, using a two-stage sample design. In the first stage, the 1,612 EAs were selected with equal probability from the NASSEP V frame. During the second stage, the sampling frame included households from listing operations, in which 25 households were selected from each cluster	Extract district level estimates from national data
Service Provision Assessment	Condom distribution, Method mix	2010	Nyanza, Nairobi	Hospitals, maternity facilities and stand-alone voluntary counseling and testing (VCT) facilities were oversampled. All three national referral hospitals and all eight provincial hospitals in Kenya were included in the sample. The final Service Provision Assessment (SPA) sample covered approximately 11 percent of all facilities in Kenya.	Extract district level estimates from national data
AIDS Indicators Survey (AIS)	Method mix, contraception prevalence, condom availability	2013	Siaya, Kisumu, Homa Bay, Nairobi	The survey used two-stage stratified cluster sampling, where the first stage selected the 372 KAIS clusters from NASSEP V's 5630 total clusters using equal probability selection method (EPSEM). The second stage randomly selected a uniform sample of 25 households in each cluster from a roster of households in the cluster using systematic random sampling method. The target sample size for the women's questionnaire was 23,896.	Extract district level estimates from national data
Multiple Indicator Cluster Survey (NYANZA)	Contraception prevalence, method mix	2011	Siaya, Kisumu, Homa Bay	After a household listing exercise within the selected EAs, a systematic sample of 25 households was drawn from each of the sampled EAs. The sample was stratified by County, urban and rural areas, and is not self-weighting.	Extract district level estimates from national data
Population HIV Impact Assessment	Contraception prevalence, method mix, unintended pregnancies, condom availability	2018	Nyanza, Nairobi	TBD	Planned

PMA2020	Contraception prevalence, method mix, unintended pregnancies, condom availability	2014	Siaya, Nairobi	Two stage cluster design utilizing NASSEP V master sample. Ahead of data collection, households, health service delivery points (SDPs) and key landmarks in each EA are listed and mapped by resident enumerators. For each EA, a nationally representative sample of households and SDPs are systemically selected. The survey aimed to include a sample size that would allow analysts to obtain a national estimate for all indicators, including calculating the modern contraceptive prevalence rate (mCPR) with a margin of error of $\pm 3$ percentage points. The target sample takes into account an expected number of eligible women per household and non-response rates. All resident eligible females are contacted and consented for interviews. Up to 3 SDPs within the EA are also selected for interviews, along with the public health posts, district hospitals and private health facilities serving the EA.	Extract district level estimates from national data
Access, Bottlenecks, Costs, and Equity project	Condom distribution	2012	Unclear	In Kenya a two-step stratified random sampling process was executed. The first step created a sampling frame from which subnational units (counties) were drawn. Counties were grouped into unique categories based on three county level performance indicators (malnutrition, population density, and skilled birth attendance) and then one county was randomly selected from each category. The second step entailed sampling facilities from selected counties across the range of platforms identified for each country. For the Access, Bottlenecks, Costs, and Equity (ABCE) project, a "platform" was defined as a channel or mechanism by which health services are delivered. Approximately 250 to 270 facilities selected through the facility sampling frame.	Extract district level estimates from national data
<b>MALAWI GRIP I SURVEYS</b>					
<b>Survey</b>	<b>Indicators</b>	<b>Periodicity</b>	<b>Geospatial Relevance</b>	<b>Sampling</b>	<b>Next steps/more needed</b>
Multiple Indicator Cluster Survey 5	Contraception prevalence, method mix	2013-2014	Machinga, Zomba	The final sample size was calculated as 28,500 households where urban and rural areas from each of the 27 districts defined the sampling strata. Equal allocation of total sample size required 42 clusters for all 27 districts (except Blantyre and Lilongwe which each received 47 clusters). The 2008 Census EAs were defined as the PSUs from which 25 randomly selected household samples were drawn. To update the number of households in each EA, a new listing of households was conducted by 15 listing teams for all EAs prior to the selection of households. EAs with 300 or more households were subdivided into 2 or 3 segmented EAs of roughly equal size using clear boundaries (e.g. roads or rivers). Listing teams then recorded the number of households in each EA and submitted lists to the National Statistics office for randomization.	Extract district level estimates from national data
Millennium Development Goals End line Survey (supplement of Multiple Indicator Cluster Survey 5)	Method mix, contraception prevalence, condom availability	2013-2014	Machinga, Zomba	The final sample size was calculated as 28,500 households where urban and rural areas from each of the 27 districts defined the sampling strata. Equal allocation of total sample size required 42 clusters for all 27 districts (except Blantyre and Lilongwe which each received 47 clusters). The 2008 Census EAs were defined as the PSUs from which 25 randomly selected household samples were drawn. To update the number of households in each EA, a new listing of households was conducted by 15 listing teams for all EAs prior to the selection of households. EAs with 300 or more households were subdivided into 2 or 3 segmented EAs of roughly equal size using clear boundaries (e.g. roads or rivers). Listing teams then recorded the number of households in each EA and submitted lists to the National Statistics office for randomization.	Extract district level estimates from national data
Service Provision Assessment	Condom Distribution, Method mix	2014	Southern region	Malawi Service Provision Assessment was designed to serve as a census of all formal-sector facilities in Malawi. Regional sampling was conducted from a master list of 1060 facilities. In the southern region, all 487 facilities in sampling frame were included in the final sample. Most of these samples came from health centers (n=214) and clinics (n=177). The remaining samples included hospitals (n=53), Dispensaries (n=26) and health posts (n=17).	Extract district level estimates from national data

Demographic Health Survey	Contraception prevalence, method mix, unintended pregnancies, condom availability	2016	Machinga, Zomba	The survey used a two-stage stratified cluster sample design, with EAs (or clusters) selected during the first stage and households selected during the second stage. Twenty households were selected from an urban cluster and 35 households in a rural cluster. The total number of clusters is 849, with 158 urban clusters and 691 rural clusters. Fifty-four independent samples were selected, one from each sampling stratum. PSUs are the EAs from the 2008 Malawi PHC, and the secondary sampling units (SSUs) are the households. Samples included 25,600 interviews of women between the ages of 15 and 49 and 27,000 households.	Data collection
Population HIV Impact Assessment	Contraception prevalence, method mix, unintended pregnancies, condom availability	2016	Machinga, Zomba	Of 12,859 eligible households, 88.5% completed a household interview and 81.4% of the 12,231 eligible women were interviewed and tested for HIV.	Data collection
<b>SWAZILAND GRIP I SURVEYS</b>					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed
Multiple Indicator Cluster Survey	Contraception prevalence, method mix	2010, 2014, 2017	Unclear	Households are selected from EAs distributed in the four regions of the country. A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample. The sample design of the 2006-2007 Swaziland DHS was used as a reference in finalizing the sample design for the 2010 Swaziland MICS. The sampling frame consisted of ( PSUs) which were equivalent to EAs in the 2007 Swaziland census. PSUs were allocated in proportion to the number of households in each region and stratified by urban and rural status. In 2010, 5,475 households were sampled from 365 PSUs and 4,688 women were interviewed.	Planned
Patient and Provider Satisfaction Survey on Integrated SRH/HIV Services in Swaziland's 5 Model Centers of Excellence facilities	Condom availability, Condom Distribution	2012	Siphofaneni, Mbabane	The sampling frame of the Study was all the patients male and female 18y ears old and above who came to access Sexual Reproductive Health (SRH)/HIV services in the 5 Center of Excellence (CoE) facilities on the 10 days of the data collection including available health providers. Using recommendations in the studies of Abbie Griffin and John Hauser in 1993, a maximum of 20-30 clients were interviewed in each SRH/HIV service point of the CoE facilities on the two days of data collection. The selection of clients for inclusion in the survey in each service point was done by random sampling of every 3rd to 5th patient.	Extract district level estimates from national data
Population HIV Impact Assessment	Contraception prevalence, method mix, unintended pregnancies, condom availability	2017	TBD	TBD	Planned
<b>LESOTHO GRIP I SURVEYS</b>					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed
Continuous Multi-Purpose Household Survey	Condom distribution	Quarterly (starting 2011)	Maseru, Berea	The Continuous Multi-Purpose Household Survey (CMPHS) was administered to a representative sample of households. A total of about 6,060 households were selected. The survey used a two-stage stratified cluster sample design, where were the census EAs and the second stage sampling units were the households. Within each stratum, were selected with PPS. These were the number of households within each which served as a Measure of Size (MOS).	Extract district level estimates from national data
Demographic Health Survey	Contraception prevalence, method mix, unintended pregnancies, condom availability	2014, 2009-2010	Maseru, Berea	Clusters were selected with PPS. In 2014, 400 clusters were drawn from the census sample frame, in which 94 were urban areas and 306 were rural areas. In 2009, 400 clusters were selected, 118 in urban areas and 282 in rural areas. In 2014, 1,255 women ages 15-49 were sampled from Maseru and 845 Berea. Total household sampled in 2014 in Maseru and Berea were 1,500 and 995, respectively. During the 2009-2010 survey, 1,052 women ages 15-49 were sampled from Maseru and 930 from Berea. Total households sampled in Maseru and Berea were 1,275 and 1,100, respectively.	Extract district level estimates from national data
Population HIV Impact Assessment	Contraception prevalence, method mix, unintended pregnancies, condom availability	2017	TBD	TBD	Planned
Multiple Indicator Cluster Survey	Contraception prevalence, method mix	2017	TBD	TBD	Planned
<b>UGANDA GRIP I SURVEYS</b>					
Survey	Indicators	Periodicity	Geospatial Relevance	Sampling	Next steps/more needed

Demographic and Health Surveys	Condom availability, unintended pregnancies, method mix, contraceptive prevalence	2012, 2016	National	The sampling frame used for the 2016 DHS is borrowed from the 2014 Uganda National Population and Housing Census (UNPHC). A representative sample was selected in a stratified two stage cluster design. In the first stage, a total of 697 EAs were selected from the 2014 UNPHC; 162 EAs in urban areas and 535 in rural areas. The Acholi sub region was eliminated due to land disputes. During the second stage, households in each EA were listed. EAs containing more than 300 households were segmented and selected for the UDHS with PPS of the segment. Each EA or EA segment was then identified as a cluster. Of the 20,880 randomly selected households (30 per EA/EA segment), 18,506 women aged 15-49 years were interviewed.	Extract district level estimates from national data
Uganda AIDS Indicator Survey	Method Mix, Contraceptive Prevalence, Condom Availability	2011	National	A representative probability sample of 11,750 households was selected for the survey. The sample was constructed to allow for separate estimates for HIV/AIDS indicators for each of 10 geographic regions. The regions were created for the survey and do not represent administrative units of the country	Extract district level estimates from national data
Uganda National Panel	Contraceptive Prevalence, Condom Availability	2014	National	In 2009-10, the UNPS set out to track and re-interview 3,123 households distributed over 322 of the 783 EAs visited by the Uganda National Household Survey (UNHS) in 2005/06. The Uganda National Panel Survey (UNPS) EAs covered all 34 EAs visited by the UNHS 2005/06 in Kampala District, and 72 EAs (58 rural and 14 urban) in the Central Region (excluding Kampala), Eastern Region, Western Region, and Northern Region respectively.	Extract district level estimates from national data
PMA 2020	Condom availability, unintended pregnancies, method mix, contraceptive prevalence	2017	National	A total of 110 EAs were sampled throughout all 10 sub-regions in Uganda. The sampling frame for the survey were derived from EAs created during the 2002 National Population and Housing Census. The EAs were selected systematically with probability proportional to size with urban/rural stratification in the 10 sub-regions. The Uganda Bureau of Statistics provided the selection probabilities for the PMA2020 sampled clusters for constructing weights. Households in each EA were listed and mapped to identify sampling frames. Field supervisors then systematically selected 44 households using a random number-generating mobile-phone application.	Cross reference individual id number of DREAMS girls with participants of survey
PHIA	Condom availability, unintended pregnancies, method mix, contraceptive prevalence	2017	National	Two stage cluster sampling design. In the first stage, representative EAs were selected with probability proportional to size. In the second stage, households are selected for inclusion by equal probability systematic sampling methods.	Extract district level estimates from national data
<b>TANZANIA GRIP I SURVEYS</b>					
<b>Survey</b>	<b>Indicators</b>	<b>Periodicity</b>	<b>Geospatial Relevance</b>	<b>Sampling</b>	<b>Next steps/more needed</b>
Tanzania Demographic and Health Survey	Method Mix, Unintended Pregnancies, Contraceptive Prevalence, Condom Availability	2010, 2016	National	Two stage stratified cluster sampling design. The first stage involved selecting sample points (clusters), consisting of EAs identified in the 2012 Tanzania Population and Housing Census. A total of 608 clusters were selected. In the second stage, complete households listing was carried out for all 608 selected clusters prior to the fieldwork. From the list, 22 households were then systematically selected from each cluster, yielding a representative probability sample of 13,376 households for the 2015-16 TDHS-MIS.	Extract district level estimates from national data
AIS	Method Mix, Contraceptive Prevalence, Condom Availability	2012	National	Two stage stratified cluster sampling design. During the first stage EAs comprising approximately 100 households targeted sample included 585 EAs and 10,530 households. During the sampling design phase four new regions (Geita, Katavi, Njombe, and Simiyu) were created in mainland Tanzania. There was uncertainty related to boundaries of wards and/or districts falling to the new regions. As a consequence of this uncertainty, two EAs were dropped from the sample. The final sample consisted of 583 EAs and 10,494 households. Sampling weights are based on sampling probabilities calculated separately for each sampling stage and for each cluster and adjusted for household non-response and individual non-response.	Extract district level estimates from national data