



### **Learning Lab Session 3B**

Methods for estimating beneficiary populations targeted by health and nutrition interventions

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Colombo, Sri Lanka | December 5, 2024

# Scaling up of health and nutrition interventions in the first 1,000 days is associated with substantial reductions in child undernutrition and mortality

Multiple studies have tracked the uptake of these interventions from preconception to early childhood in LMICs



Bars show median national coverage of interventions, whereas the dots show country-specific data.

Source: Boerma T, Requejo J, Victora CG, et al. Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health. The Lancet Publishing Group; 2018. p. 1538–1548.





### What is used to measure uptake of interventions?

 $Coverage = \frac{Number\ of\ individuals\ who\ received\ an\ intervention}{Number\ of\ individuals\ eligible\ for\ intervention}\ X\ 100$ 

- Coverage is a measure widely used to track uptake
- Guidance available on estimation of coverage using individual and household data
- DHS and MICs are typically used to assess coverage



### Our intention is to teach you to estimate populations eligible for and covered by health and nutrition interventions in LMICs

Through this workshop, you will (hopefully!) learn the following:

- 1. Identify and specify definitions of health and nutrition interventions delivered across the continuum of care in a country
- 2. Estimate populations (sizes) eligible for identified interventions
- 3. Estimate populations (sizes) covered by interventions

We will be using the illustration of India, but the method can be easily applied to other countries!



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## **Aim 1:** How do we identify health and nutrition interventions delivered in the first 1,000 days in a country?



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### Step 1: Identify globally recommended health and nutrition interventions





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Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course (WHO 2019)



WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health 2015 (WHO 2015

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> The Global Strategy for Women's, Children's and Adolescents' Health 2016– 2020 (EWEC 2016)

#### **Recommended interventions across the life course**

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Life stage	Interventions	
Preconception	1 IFA supplementation 2 Deworming	3 Family planning
Pregnancy	4 Any ANC 5 ≤4 ANC visits 6 ANC first trimester 7 Food supplementation 8 IFA supplementation	<ul> <li>9 Vitamin A supplementation</li> <li>10 Deworming</li> <li>11 Tetanus injection</li> <li>12 Counselling</li> <li>13 Weighing</li> </ul>
Delivery and postnatal	<ul> <li>14 Institutional birth</li> <li>15 Skilled birth attendant</li> <li>16 Delayed cord clamping</li> <li>17 Assessment of birth weight</li> </ul>	<ul><li>18 Postnatal care for babies</li><li>19 Postnatal care for women</li><li>20 IFA supplementation</li><li>21 Food supplementation</li></ul>
Early childhood	22 Food supplementation 23 Iron-containing MNP 24 IFA supplementation 25 Zinc during diarrhea 26 ORS during diarrhea	<ul> <li>27 Vitamin A supplementation</li> <li>28 Deworming</li> <li>29 Growth monitoring</li> <li>30 Counselling on nutritional status</li> <li>31 Full immunization</li> </ul>

### Step 2: Review of programmatic guidelines to understand which interventions are being implemented at the country-level



**Mission Saksham** 

Anganwadi and

Poshan 2.0

Scheme Guidelines

istry of Women and Child Developmen Government of India



Zindagi Indradhanush Banayein!







Nirman Bhavan New Delhi

Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs/SNs





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## **Example:** Health and nutrition interventions delivered in India organized by intended beneficiary group



- Women aged 15-49 years with a demand for FP
- Demand for FP satisfied

• Any ANC

• ≥4 ANC

ANC first trimester

Received MCP card

Tetanus injection

Deworming

• Weighing

warm

Received IFA tab/syrup

Breastfeeding counselling

Cord care counselling

Food supplementation

Use of bed nets

Counselling on keeping baby

Health & nutrition education



#### Total births

- Institutional delivery
- Skilled birth attendant



#### **Pregnant women**



### Women with children aged 0-6 months

- Food supplementation
- Health & nutrition education



#### Children below 5 years

- Iodized salt
- Care seeking for ARI
- ORS during diarrhea
- Zinc during diarrhea
- Weighing
- Growth counselling
- Pediatric IFA (6-36 months)
- Food supplementation (6-35 months)
- Vitamin A (9-35 months)
- Deworming (12-36 months)
- Full immunization (12-23 months)





#### **Defining numerator and denominator for coverage**

Intervention: 4 or more ANC visits







Numerator: Number of pregnant women who received 4 or more ANC visits during pregnancy



**Denominator**: Number of pregnant women

#### How do we operationalize this using DHS data?







#### Defining numerator and denominator for coverage

Intervention: Full immunization









**Numerator**: Number of children aged 12-23 months who received all basic vaccinations **Denominator**: Number of children aged 12-23 months

### How do we operationalize this using DHS data?

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509	<ol> <li>COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</li> <li>WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</li> <li>IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '98' OR '9998' FOR 'DON'T KNOW' IN THE COLUMNS FOR WHICH INFORMATION IS NOT GIVEN.</li> </ol>																								
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#### DHS collects information using vaccination card and mother's recall

#### \*Full immunization

\*\*\*\*\*\* 

#### //Recode for BCG

ta h2.m nol recode h2 (0 8.=0)(1 2 3=1),gen(ch bcg) label var ch bcg "Children aged 0-<60 months who received BCG" svy:ta ch\_bcg if (ch\_age>11& ch\_age<24) //95.3</pre>

#### //Recode for Measles

ta h9,m nol recode h9 (0 8.=0)(1 2 3 4=1),gen(ch\_measles) label var ch measles "Children aged 0-<60 months who received measles" svy:ta ch measles if (ch age>11& ch age<24) //87.6

#### //Recode for Polio 1,2,3

des h4 h6 h8

fre h4 h6 h8 //(1) vaccination date on card, (2) reported by mother, (3) vaccination marked on card, (8) Don't know gen ch\_polio123=0 if h4<=9 & h6<=9 & h8<=9 replace ch polio123=1 if (h4==1|h4==2|h4==3) & (h6==1|h6==2|h6==3) & (h8==1|h8==2|h8==3) label value ch polio123 yesno label var ch\_polio123 "Children aged 0-<60 months who recieved all polio vaccine" svy:ta ch polio123 if (ch age>11& ch age<24)</pre>

#### //Recode for DPT 1,2,3

desc h3 h5 h7 fre h3 h5 h7 gen ch dpt123=0 if h3<=9 & h5<=9 & h7<=9 replace ch\_dpt123=1 if (h3==1|h3==2|h3==3) & (h5==1|h5==2|h5==3) & (h7==1|h7==2|h7==3) label value ch dpt123 yesno label var ch dpt123 "Children aged 0-<60 months who recieved all DPT vaccine" svy:ta ch\_dpt123 if (ch\_age>11& ch\_age<24)</pre>

#### //Full immunization

gen ch fullimmu=1 if (ch bcg==1 & ch measles==1 & ch polio123==1 & ch dpt123==1) replace ch\_fullimmu=0 if (ch\_bcg==0| ch\_measles==0| ch\_polio123==0| ch\_dpt123==0) label var ch fullimmu "Children aged 0-<60 months who received all basic vaccinations" clonevar ch\_12to23\_fullimmu = ch\_fullimmu if (ch\_age>11& ch\_age<24)</pre> label var ch 12to23 fullimmu "Children aged 12-23 months who received all basic vaccinations"



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#### Defining numerator and denominator for coverage

Intervention: Weighing during childhood







**Numerator**: Number of children who were weighed



**Denominator**: Number of children below five years

### How do we operationalize this using DHS data?

563	पिछले 12 महीनों में (NAME) का	
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		A MONTH 1
	In the last 12 months, how	AT LEAST ONCE
	often has (NAME)'s weight	IN 3 MONTHS . 2
	been measured by the	LESS OFTEN 3
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		(GO TO 565)◀
		· · · /

#### //1.12 Weighed-early childhood

```
fre s563
gen ch_weigh_icds=0 if ch_any_icds!=. & b5 ==1
replace ch_weigh_icds=1 if inrange(s563, 1, 3) & b5 ==1
label define ch_weigh_icds 0"No" 1"Yes"
label value ch_weigh_icds ch_weigh_icds
lab var ch_weigh_icds "Child was weighed at AWC/ICDS centre in the last 12 months"
svy: tab ch_weigh_icds
```





## Can coverage estimates alone be used to track an intervention? What other data might be required?



## Can coverage estimates alone be used to evaluate the scale of resource gaps in the delivery of an intervention?





Improvements in coverage might not necessarily reflect increased utilization of an intervention Health and nutrition surveys select a population representative subsample from the total eligible population





## Can we use health system data and censuses to measure populations eligible for an intervention?

- Health system data used in high income countries and are linked to health facilities
  - Data in LMICs could suffer from data quality issues
  - Might not capture all beneficiaries eligible for an intervention
- Infrequent collection of census data and vital statistics may underreport fertility and mortality





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### **Aim 2:** How to estimate populations eligible for interventions?







### Method for estimating number of pregnant women







Number of women that had a pregnancy that resulted in birth = Number of live births - number of multiple births + number of stillbirths

### Estimating number of women with a birth

$$B_l = (1 - s) * B_t$$
$$B_t = \frac{B_l}{(1 - s)}$$





### **Data sources: World Population Prospects**

- Total population
- Crude birth rate (per 1,000 population)

Index	Variant	Region, subregion, country or area *	N	lotes	Locatio n code	ISO3 Alpha- code	ISO2 Alpha- code	SDMX code**	Туре	Parent code	Year	Total Population, as of 1 July (thousands)
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7702	Estimates	India			356	IND	IN	356	Country/Area	5501	2015	1 322 867
7707	Estimates	India			356	IND	IN	356	Country/Area	5501	2020	1 396 387



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### Data sources: Demographic Health Survey

- % of children aged 0-12 months who are second or thirdborn in multiple births
- % of pregnancies that ended in stillbirth

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### **Illustration:** Estimating number of women that had a pregnancy that resulted in a birth in 2015 and 2020 for India

	2015	2020
Step 1: Estimating number of live births		
Crude birth rate (per 1,000) (1)	18.8	16.6
Total population (in millions) (2)	1,322.9	1,396.4
Number of live births (in millions) (3)	24.8	23.1
Obtained by multiplying (1) and (2) and dividing by 1,000		



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## **Illustration:** Estimating number of pregnant women who had 4 or more ANC visits

	2015	2020
Number of women who had a pregnancy that resulted in a birth (in millions)	24.9 (24.9, 25.0)	23.3 (23.3, 23.3)
Percentage of women who received 4 or more ANC visits	50.7 (50.2, 51.1)	55.2 (54.8, 55.6)
Number of women who received 4 or more ANC visits	12.6 (12.5, 12.7)	12.9 (12.6, 13.0)





### **Illustration:** Number of pregnant covered by health and nutrition interventions in 2015 and 2020



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■ 2015 ■ 2020

## Method for estimating number of children aged below five years

- Problem: The WPP only provides data on infant mortality rate and under five mortality rate. What about the mortality rate for cohorts born in between?
- Can we linearly interpolate the mortality rates for the in between cohorts using the infant and under five mortality rates?
  - Death rates differ across cohorts with mortality being higher among younger children and decreasing thereafter
  - Solution: Assume proportional equivalence between DHS and WPP mortality rates!



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## Method for estimating number of children aged below five years

Cumulative mortality rates were estimated for birth cohorts older than 11 months by extrapolating patterns in the mortality rates from DHS to the infant mortality rate from the WPP

Cumulative cohort specific mortality rates in NFHS ≈ Cumulative cohort specific mortality rates in WPP



This might not be clear. Don't worry it will become clearer when we walk through the illustration!

### **Data sources: World Population Prospects**

- Infant mortality rate (per 1,000)
- Under five mortality rate (per 1,000)
- Total population
- Crude birth rate (per 1,000)

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7702 Estimates India 356 IND IN 356 Country/Area 5501 2015 34.7 24,091.441	7	7	7702	Estimates	India			356	IND	IN	356	Country/Area	5501	2015	34.7	24,091.441	1 087	43
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### Data sources: Demographic Health Survey

- Mean mortality rate for birth cohorts born in the five years preceding the survey
- syncmrates package on Stata estimates mortality rates using synthetic cohort approach

Cohort (age in months)	2015	2020
0-11	41.4 (39.1, 43.7)	33.4 (31.2, 35.6)
12-23	3.1 (2.5, 3.7)	2.3 (1.7, 2.9)
24-35	2.0 (1.4, 2.5)	0.8 (0.5, 1.1)
36-47	2.1 (1.6, 2.7)	1.7 (1.2, 2.2)
48-59	1.5 (1.0, 2.0)	1.1 (0.7, 1.2)
U5MR	50.2 (45.6, 54.6)	39.3 (35.3, 43.0)



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For the illustration, we will focus on the example of 2020.

## Step 1: Estimating each cohort's contribution to the cumulative/under five mortality rate

Cohort (age in months)	DHS mean mortality rate	Contribution to DHS U5MR
0-11	33.4 (31.2, 35.6)	0.85 (0.82, 0.90)
12-23	2.3 (1.7, 2.9)	0.06 (0.05, 0.07)
24-35	0.8 (0.5, 1.1)	0.02 (0.01, 0.03)
36-47	1.7 (1.2, 2.2)	0.04 (0.03, 0.06)
48-59	1.1 (0.7, 1.2)	0.03 (0.02, 0.03)
U5MR	39.3 (35.3, 43.0)	





## Step 3: Estimate cohort mortality rate by applying contribution rate to U5MR from WPP

Cohort (age in months)	Contribution to DHS U5MR	Estimated cohort mortality rate
0-11	0.85 (0.82, 0.90)	WPP=28.3
12-23	0.06 (0.05, 0.07)	1.9 (1.5, 2.0)
24-35	0.02 (0.01, 0.03)	0.7 (0.3, 0.8)
36-47	0.04 (0.03, 0.06)	1.4 (0.8, 1.4)
48-59	0.03 (0.02, 0.03)	1.0 (0.6, 1.0)
U5MR		WPP=33.0





## Step 4: Sum cohort mortality rates to obtain cumulative mortality rate by cohort

Cohort (age in months)	Estimated cohort mortality rate	Estimated cumulative mortality rate
0-11	WPP=28.3	28.3
12-23	1.9 (1.5, 2.0)	30.2 (29.8, 30.3)
24-35	0.7 (0.3, 0.8)	30.9 (30.1, 31.1)
36-47	1.4 (0.8, 1.4)	32.3 (30.9, 32.5)
48-59	1.0 (0.6, 1.0)	33.3 (31.5, 33.5)
U5MR	WPP=33.0	





### **Step 5: Estimate number of live births in each cohort**

Cohort (age in months)	Total population (in millions)	Crude birth rate (per 1,000)	Number of live births (in millions)
0-11	1390.0	16.6	23.1
12-23	1376.3	17.0	23.6
24-35	1361.7	17.7	24.2
36-47	1346.6	17.9	24.3
48-59	1330.6	18.5	24.8





## Step 6: Estimate number of living children in each birth cohort

Cohort (age in months)	Estimated cumulative mortality rate	Number of live births (in millions)	Number of deaths (in millions)	Number of living children (in millions)
0-11	28.3	23.1	0.7	22.5
12-23	30.2 (29.8, 30.3)	23.6	0.7 (0.7, 0.7)	22.9 (22.2, 22.9)
24-35	30.9 (30.1, 31.1)	24.2	0.7 (0.7, 0.8)	23.4 (23.4, 23.4)
36-47	32.3 (30.9, 32.5)	24.3	0.8 (0.8, 0.8)	23.5 (23.5, 23.5)
48-59	33.3 (31.5, 33.5)	24.8	0.8 (0.8, 0.8)	24.0 (24.0, 24.0)



Using the number of living children in each cohort, we can estimate the beneficiary groups for interventions targeting children



## **Illustration:** Estimating number of children aged 0-11 months projected to be fully immunized in the year

	2015	2020
Number of children aged 0-11 months	24.0	22.5
Percentage of children who are fully immunized	63.0 (62.4, 63.7)	76.5 (75.9, 77.1)
Number of children projected to be fully immunized	15.1 (15.0, 15.3)	17.2 (17.1, 17.3)





### **Illustration:** Estimating number of children weighed

	2015	2020
Number of children below five years (in millions)	122.8 (121.9, 123.0)	116.2 (115.5, 116.3)
Percentage of children who were weighed	45.0 (44.5, 45.4)	60.9 (60.4, 61.4)
Number of children who were weighed (in millions)	55.3 (54.2, 55.8)	70.8 (69.8, 71.4)



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### **Illustration:** Number of children covered by health and nutrition interventions in 2015 and 2020



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2015 2020

### **Final exercise!**

You are approached by the Minister of Health and Nutrition from the country Nutria who wishes to understand why the HMIS data for her country is reporting a declining number of individuals accessing antenatal care despite the coverage estimate between 2020 and 2024 increasing from 50 to 60%.

- What data could you use to resolve the discrepancy observed by the minister?
- What demographic trends could be driving the decline in the population accessing the intervention?
- Why is coverage increasing despite the decline in access?
- What would you recommend to the Minister?



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### Workshop summary

- We examined how to identify health and nutrition interventions delivered in a country using globally recommended nutrition actions
- We familiarized ourselves with how to estimate coverage using DHS surveys
- We estimated populations eligible for and covered by interventions during pregnancy and early childhood
  - The sheet which was circulated also contains methods for estimating total births, women with children aged 0-6 months, and women with a demand for family planning.





### Thank you!



Contact the organizer:

Email: <u>s.gune@cgiar.org</u> or scan the QR code below!





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