THE NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME

Report prepared by the United Nations Statistical Office

1. This report describes the current status of the National Household Survey Capability Programme (NHSCP) and the proposed work-plan during 1986-87 taking into account the recommendations of the NHSCP Programme Review Committee which met on 26 March 1986.

2. Twenty-four developing countries are presently participating in NHSCP and four more are expected to join during 1986. All countries (with the exception of those which joined in 1985) have completed several rounds of surveys and most of them have carried out more than one survey per year. All countries have published the survey results without much time lag. Results were generally available to principal users within a year after completion of the field-work of data collection. Survey results are increasingly being used for programme formulation and evaluation. The principal data users are closely associated with the various stages of the survey programme.

3. There has been steady improvement in the survey infrastructure and national skills of most participating countries. All the 24 countries have a permanent field force for carrying out household surveys; sixteen countries have computer installations in the national statistical offices and the others are making increasing use of micro-computers. Nevertheless, several countries still face problems. Data collection operations are affected by inadequate transport facilities especially at the supervision level. Data processing delays persist mainly due to rapid turnover of trained programmers and lack of suitable software packages.

4. Countries have continued to give priority to training of survey personnel. Sixteen of the 24 countries have country level training programmes and they are being assisted to develop suitable curricula and training materials. Countries also took advantage of the training facilities available in the regions as well as a
number of international institutions. Trainees who have returned after completing their fellowships have generally made good use of their knowledge. There is, however, need for continued training of professional staff especially to compensate for the rapid staff turnover. Special training is also required in data analysis and report preparation.

5. Donor support for NHSCP country projects is making slow but steady progress. Till the end of April 1986, over $18 million of external aid was provided by 20 donor agencies. Canada is the latest donor to support NHSCP. It agreed to meet in full the external inputs required by two major developing countries, Bangladesh and Pakistan through Funds-in-Trust arrangements with the United Nations. Further efforts are necessary to mobilize external aid to cover the additional needs of the participating countries as well as to induct new countries into the Programme.

6. The United Nations Statistical Office in collaboration with the statistics divisions of the regional commissions and interested specialized agencies has given high priority to the development and implementation of country survey programmes besides assisting countries to mobilize resources. The staff of the Central Co-ordinating Unit, together with advisers located in the regions carried out 68 missions in 1985 to review progress of country activities, to provide technical advice, to organize and participate in seminars and workshops and to maintain contact with interested agencies including donors.

7. Preparation of technical documentation on survey methodology, survey practices, data processing, data analysis and dissemination continue to be an important Programme activity. A study on development and design of survey questionnaires was published in 1985. Another study on sampling frames and sample designs for integrated household survey programmes is completed and will be published in July 1986. Studies under preparation cover surveys of nutritional status of children (in co-operation with WHO), income and expenditure surveys (in co-operation with ILO and World Bank) and survey of economically active population (ILO). All these studies are expected to be completed by the end of 1986.

8. There was an interim evaluation of NHSCP by a three-member team during December 1985 to assess the extent to which NHSCP has succeeded in meeting its objectives and to recommend measures to make the Programme more effective. The evaluation team held discussions with the officials of the Central Co-ordinating Unit, the regional commissions and the specialized agencies as well as the members of the NHSCP Programme Review Committee. It made a detailed study of the Programme activities in 12 selected participating countries and visited seven of them for a first-hand assessment of country programmes.
9. The evaluation team supported the main objectives of NHSCP as sound and valid and made a favourable assessment of the Programme accomplishments. The team commended the efforts made by the donor community, the regional commissions, specialized agencies and the Central Co-ordinating Unit in providing financial and technical assistance to countries. However, it concluded that shortage of external assistance is still the most serious constraint in Programme implementation. Because of under-funding a number of countries have not yet been able to join NHSCP while those already in the Programme are still short of some essential inputs. The team also noted that due to paucity of staff, the Central Co-ordinating Unit and regional commissions could not devote the attention required to international aspects of the Programme such as interchange of country survey experience, methodological research and comparative analysis of results.

10. The team observed that despite remarkable progress made by the countries, many of them still need further support in development of data processing, data analysis and reporting. The team commented that in several countries the volume of data collected is excessive in relation to data processing capability.

11. The team made a number of recommendations concerning the country survey programmes and the activities of the Central Co-ordinating Unit, regional commissions and specialized agencies. It strongly recommended that donor support should be continued and further expanded to help developing countries realize the Programme objectives as soon as possible.

12. The NHSCP Programme Review Committee at its meeting in March 1986 considered the interim evaluation report and accepted most of its recommendations. It also endorsed the broad programme of work for 1986-87, and requested the Central Co-ordinating Unit to prepare in collaboration with the regional commissions and specialized agencies, a comprehensive plan for NHSCP till 1992, describing the proposed programme activities as well as the required inputs for further consideration by the Programme Review Committee. This will be used later for consultations with all interested donor agencies to solicit additional funding support. An informal agency meeting is being held in Geneva, 12-13 June 1986 (in conjunction with the meeting of the ACC Sub-Committee on Statistical Activities) to consider the various issues concerning the development of the long-range plan and the follow-up action on the recommendations of the interim evaluation.

13. The work programme for 1986-87 will continue to concentrate on systematic implementation of the country survey programmes. Special attention will be given to wide dissemination of country survey reports. Countries will also be encouraged to document their survey experiences for the benefit of other countries. Mobilization of
additional resources will be pursued. The immediate priority is to help participating countries secure the additional resources they require to complete the present project activities.

14. Four new countries are expected to join NHSCP during 1986 and six more in 1987. Countries to be covered in 1986 have been able to secure the necessary funding while the countries proposed to be covered in 1987 all have a good prospect of obtaining donor support. Several of the latter have a relatively high level of survey capability and may require only modest outside help.

15. The present work on technical studies will be continued. The studies on hand will be completed and arrangements will be made for taking up additional studies. A tentative programme of technical studies and documentation has been drawn up which when fully implemented, will provide a comprehensive package of reference and training material for the survey personnel. These will be made available in Arabic, English, French and Spanish versions, as required. Among the additional studies, priority will be given to household health surveys, education and literacy surveys, the use of micro-computers for survey data processing and guidelines for reporting and dissemination of survey results. To ensure the use of proper technical standards several technical seminars and workshops at the regional level and a workshop at the interregional level will be organized or supported.