



UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL

17607
Distr. Limited
E/ECA/SM/89/10
18 September 1989
Original: ENGLISH

ECONOMIC COMMISSION FOR AFRICA

Working Group on Household Surveys

Addis Ababa, 16-20 October 1989

CO-ORDINATION OF AFRICAN HOUSEHOLD SURVEY CAPABILITY PROGRAMME
WITH OTHER PROGRAMMES OF HOUSEHOLD SURVEYS

National Household Survey Capability Programme (NHSCP):
Co-ordination with other International Survey Programmes

by

UN Statistical Office

Contents

	<u>Paragraphs</u>	<u>Page</u>
I. THE ORIGIN AND OBJECTIVES OF THE NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME (NHSCP).....	1- 5	1- 2
II. NHSCP IN OPERATION	6-11	2- 3
III. PANARAB PROJECT FOR CHILD DEVELOPMENT (PAPCHILD).....	12-13	3- 4
IV. OTHER INTERNATIONAL PROGRAMMES	14-25	4- 7
A. The Demographic and Health Surveys Programme (DHS).....	15-16	4- 5
B. The Inter-Agency Food and Nutrition Surveillance Programme (IFNS).....	17-18	5- 6
C. The Living Standards Measurement Study (LSMS).....	19-21	6
D. The Social Dimensions of Adjustment Project (SDA).....	22-25	6- 7
V. PROGRAMME TO MONITOR ACHIEVEMENT OF SOCIAL GOALS DURING THE 1990's.....	26-30	8- 9
VI. NEED FOR CO-ORDINATION	31-34	9-10

I. THE ORIGIN AND OBJECTIVES OF THE NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME (NHSCP)

1. The National Household Survey Capability Programme (NHSCP) owes its origin to the Economic and Social Council Resolution 2055 (LXII) of 5 May 1977, which provided the background for the programme and laid down its foundations. It recalled, in particular,

- the World Population Plan of Action which called for the establishment of continuing capability for taking household surveys;
- the resolution 272(XII) adopted by the Economic Commission for Africa at its twelfth session, which called for a multi-purpose programme of household surveys for the collection of integrated demographic, social and economic data through the establishment of a field survey mechanism; and
- the Programme of Action adopted by the World Conference on Employment, Income Distribution, Social Progress and the International Division of Labour, 1976, which suggested for consideration a world-wide programme in support of household surveys.

2. The Economic and Social Council considered national sample surveys, carried out on a continuous and integrated basis an important source of quantitative information on demographic, social and economic conditions and changes therein, for the entire population, as well as special groups thereof, including the most disadvantaged groups such as the rural poor, and drew the attention of developing countries in all regions to the value of a continuing national household survey capability in serving their national needs for reliable and integrated statistics as a necessary complement to periodic census programmes. It suggested the use of UNDP country programme facilities to support the establishment or upgradation of national survey capabilities, and exploration of other ways and means for the provision of the needed advisory and training services. It also requested the Secretary-General, in co-operation with the regional commissions and specialized agencies, to provide the necessary support for this programme.

3. A subsequent Council resolution (1979/5) of May 1979 reconfirmed the importance of the National Household Survey Capability Programme as a major and much needed development activity aimed at building enduring capabilities in developing countries to conduct their own integrated survey programmes and to generate continuous and integrated data on important social and economic subjects in line with national needs and priorities, including population and related demographic characteristics, income and expenditure, access to social services, employment,

household production and other socio-economic data pertaining to special groups of population and areas. It urged the developing countries to take maximum advantage of the Programme and to prepare long-term plans for survey data collection in a variety of areas in the context of their national statistical development plans. It also strongly urged the multilateral and bilateral donor agencies to provide resources to help developing countries implement their survey development plans within the framework of the National Household Survey Capability Programme as part of their technical co-operation activities.

4. The council requested the Secretary-General, in close co-operation with the regional commissions, the specialized agencies, the UNDP, the World Bank and other multilateral and bilateral donor agencies, to co-ordinate household survey technical co-operation activities, including the ongoing African Household Survey Capability Programme and the Inter-American Household Survey Programme, within the context of the National Household Survey Capability Programme, and strongly urged all donor agencies to collaborate fully and to ensure that the survey activities they might promote would be compatible with and contribute to the Programme.

5. NHSCP is thus a programme meant to cater to the data needs of various interests insofar as the household sector is concerned, and is designed to cover all aspects of the household population including demographic, social and socio-economic, in an integrated framework. All international agencies as well as other multilateral and bilateral agencies involved in international co-operation, are strongly urged, under the resolutions mentioned above to co-operate and promote survey activities of their specific interest.

II. NHSCP IN OPERATION

6. NHSCP, as an inter-regional project, has been co-sponsored by the United Nations, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank, and is effectively supported by the UN Population Fund (UNFPA). It is implemented with the active assistance of the regional commissions, in collaboration with the specialized agencies concerned.

7. The NHSCP Programme Review Committee includes representatives of UNDP, UNICEF, UNFPA and the World Bank. The programme is also reviewed from time to time by the ACC Sub-Committee on Statistical Activities where the specialized agencies and regional commissions are represented. Co-ordination between the specialized agencies and regional commissions is also effected through the normal channels of correspondence.

8. The programme is presently in operation in some 30 countries all over the developing world, including 14 in Africa. In addition, there are 25 countries for which project proposals have been prepared but not yet taken up for implementation: they include 9 in Africa. The programme, which is now in its Phase IV, is expected to cover about 45 countries by 1991.

9. The Central Co-ordinating Unit of the programme, located in the Statistical Office of the United Nations, is assisted in programme implementation by regional teams attached to the statistics divisions of the regional commissions. Some of these teams include regional household survey advisers provided by the International Labour Office (ILO) as its contribution to this inter-agency effort in technical co-operation.

10. Experience with the implementation of the programme over the last ten years has largely fulfilled the expectations regarding inter-agency co-operation. The statistical offices, bureaus or divisions of specialized agencies, especially the ILO, FAO, WHO and UNESCO, have extended full co-operation for the promotion and implementation of household survey programmes in participating countries, although it may not be correct to claim that all household surveys sponsored by these agencies have been conducted under NHSCP. It is possible that some ad hoc surveys sponsored by some of these agencies might have been conducted especially, in countries not participating in NHSCP.

11. It is also possible that some of the funding agencies such as UNFPA and UNICEF might have supported some surveys of special interest to those bodies outside the purview of NHSCP, even in countries participating in NHSCP. There are, however, instances of surveys sponsored outside the purview of NHSCP but co-ordinated with NHSCP. Nonetheless, there is apparently some scope for more effective co-ordination between NHSCP and those funding agencies in order to ensure that all such surveys are conducted under NHSCP rather than individually as ad hoc exercises.

III. PANARAB PROJECT FOR CHILD DEVELOPMENT (PAPCHILD)

12. An important survey programme sponsored by an external agency but effectively co-ordinated with NHSCP is the programme of maternal and child health surveys under the Pan Arab Project for Child Development (PAPCHILD) sponsored by the League of Arab States. It is supported by the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), UNFPA, UNICEF, WHO and the United Nations. Survey activities under this programme are co-ordinated with NHSCP wherever the latter is in operation. The UN Department of Technical Co-operation for Development is executing certain elements of the project with substantial support provided by NHSCP in the development of survey methodology, questionnaires and other survey instruments.

13. Six Arab countries namely, Egypt, Mauritania, Somalia, Sudan, People's Democratic Republic of Yemen and Yemen Arab Republic are participating in the First Phase (1988-1992) of the project. The implementation of the first country survey started in Mauritania in April 1989 with the adaptation of the model questionnaires and preparation of the sampling design. The main fieldwork is scheduled from December 1989 to March 1990. It is planned to follow this with two surveys to be conducted simultaneously in Yemen Arab Republic and People's Democratic Republic of Yemen respectively followed by Egypt, Sudan and Somalia.

IV. OTHER INTERNATIONAL PROGRAMMES

14. Other international programmes currently in operation include (a) the Demographic and Health Survey (DHS) programme executed by the (Westinghouse) Institute for Resource Development, funded by the US Agency for International Development (USAID) and supported by the Population Council, (b) the Inter-Agency Food and Nutrition Surveillance Programme (IFNS) sponsored by UNICEF, FAO and WHO, (c) the Living Standards Measurement Surveys (LSMS) sponsored by the World Bank and (d) the "permanent household surveys" sponsored by the World Bank in collaboration with the African Development Bank and UNDP in the context of the Social Dimensions of Adjustment project for Sub-Saharan Africa.

A. The Demographic and Health Surveys Programme (DHS)

15. The Demographic and Health Surveys Programme (DHS) was initiated in 1984 under the sponsorship of USAID, to follow up the World Fertility Survey (WFS) of 1971-84 and the Contraceptive Prevalence Surveys (CPS) of 1976-85, as a further effort in international demographic data collection with an added emphasis on maternal and child health. The programme has so far covered 29 countries which include, among others, Botswana, Ghana, Kenya, Mali, Morocco, Sudan, Zimbabwe, Sri Lanka, Thailand, Guatemala, and Peru in which NHSCP is in operation; and Burundi, Egypt, Nigeria, Senegal, Bolivia and Dominican Republic for which NHSCP project proposals have been formulated but not yet taken up for implementation. NHSCP has been kept informed of the DHS activities and plans as a matter of routine. The surveys are carried out through the same agencies as are responsible for NHSCP activities in some countries, e.g., Ghana, Sudan, Zimbabwe, Sri Lanka and Peru. Elsewhere they are organized through other agencies such as the Ministry of Health (Botswana, Morocco, Nigeria, Guatemala), National Council of Population and Development (Kenya), and the Institute of Population Studies (Thailand). In a few cases, where the DHS meant an overlap with the NHSCP activity (e.g., Sri Lanka), the scope of the NHSCP

survey was altered to avoid unnecessary duplication. It is also understood that DHS in Yemen Arab Republic will be implemented in collaboration with the PAPCHILD Survey.

16. According to the latest DHS Newsletter, the programme entered its second phase in September 1988 with a new five year contract awarded to Westinghouse Institute of Resource Development to extend the survey programme to conduct 25 additional surveys, a majority of which will be in Sub-saharan Africa. Some of them may be in countries participating or proposing to participate in NHSCP. Further developments in this context need to be watched. To the extent DHS activities are complementary to the NHSCP activities, they may be regarded as adding to national capabilities. If, however, they overlap NHSCP activities, it may be desirable to avoid wasteful duplication.

B. The Inter-agency Food and Nutrition Surveillance Programme (IFNS)

17. The Inter-Agency Food and Nutrition Surveillance Programme owes its origin to the World Food Conference of 1974 which recommended the establishment of a global surveillance system by FAO, WHO and UNICEF to monitor the food and nutrition conditions of the disadvantaged groups of the population at risk and to provide a method of rapid and permanent assessment of all factors which influence food consumption pattern and nutritional status. A joint FAO/WHO/UNICEF committee was accordingly established in 1975 to organize the programme. The main objectives of the programme are to produce and analyse existing information, to promote the use of that information, and to strengthen the institutional capacity to produce, analyse and use the information. According to a progress report on the programme, circulated in 1988, by the early 1980's some 20 countries, supported independently by the respective UN agencies, were operating some type of food and nutrition surveillance systems. The management committee met in 1988 and drew up a work plan. The development of country level projects will be undertaken jointly by FAO, WHO and UNICEF, and managed by UNICEF field offices.

18. As the main objective of the programme is to produce, analyse and use existing information, its relationship to NHSCP is essentially complimentary. Further, as the sources of information are many and not confined to household surveys, and as the mechanisms proposed for the production of information are not quite clear and explicit, its relevance to NHSCP is at best partial. However, in so far as it aims at strengthening the institutional capacity to produce information, to the extent household surveys are concerned, it could be co-ordinated with NHSCP. The resources available for the purpose could well be

used with advantage to strengthen the NHSCP mechanism for the production of the requisite information on food consumption and nutrition, rather than setting up independent systems.

C. The Living Standards Measurement Study (LSMS)

19. The Living Standards Measurement Study (LSMS) was initiated by the World Bank in 1980 essentially as a research programme to strengthen national capabilities for conducting household surveys that generate policy-relevant data of high quality in a timely and cost-effective manner. The programme was based on the assumption (a) that reliable data for assessing the distributional impact of macro-economic policies were not available, (b) that the on-going household survey programmes did not make it possible to assemble relevant data to address research and policy concerns as they usually involved uni-subject surveys, and (c) that the usual data flow from sample surveys was not timely because of data processing constraints. In brief, the hypothesis was that the data supply did not match the demand.

20. The LSMS approach, therefore, favoured continuing multi-subject household surveys based on small samples covering all relevant aspects through an integrated questionnaire, and data processing arrangements integrated with survey operations in order to produce quick results. The subjects covered include housing, education, economic activity, household income and expenditure, savings and borrowings, migration, health, fertility and anthropometric measurements. The household surveys are supplemented by community level surveys in rural areas and collection of local market prices.

21. LSMS surveys have so far been conducted in Peru, Côte d'Ivoire, Ghana and Mauritania. Similar surveys have recently been initiated in Bolivia and Jamaica and are under consideration in Morocco, Pakistan and Columbia.

D. The Social Dimensions of Adjustment (SDA) Project

22. Another project recently initiated by the World Bank in collaboration with the African Development Bank and the United Nations Development Programme (UNDP) is related to the Structural Adjustment Programmes in Africa. With its focus on the Social Dimensions of Adjustment (SDA), the project envisages, among others, the institution of "permanent household surveys" in participating countries. The conceptual framework, including the empirical framework which deals with the scope, content and methodology of the survey programme, is yet to be finalized. The initial draft and its subsequent revisions, however, indicate an approach basically similar to LSMS. It is reported that 30 countries of Africa have indicated interest in the programme. They include, among others, Benin, Burundi, Cameroon, Congo, Côte

d'Ivoire, Ghana, Malawi, Mali, Mauritania, Niger, Rwanda, Senegal, Sudan, Tanzania, Zambia and Zimbabwe, who have either been actively involved in NHSCP or have expressed interest in it.

23. Establishment of permanent household surveys in countries participating in SDA is clearly an objective similar to that of NHSCP though not identical. It is apparently in recognition of this fact that the SDA project envisaged consultative arrangements with NHSCP, which is accordingly represented on the SDA Steering Committee and its Working Group. NHSCP has also participated in several consultative meetings, workshops and seminars organized by the World Bank in pursuance of its programme, e.g., Warwick (November 1987), Washington (April 1988), Abidjan (May 1988), Paris (February 1989), Arusha (March 1989) Dakar (March 1989). NHSCP has also participated in a number of informal bilateral or multilateral discussions at New York, Washington and Addis Ababa. While the need for co-ordination between SDA and NHSCP has been recognized on both sides, the modalities of co-ordination are yet to be determined.

24. The discussions held at Addis Ababa between representatives of the World Bank, ECA and NHSCP in May 1988 led to certain proposals for co-ordination at the regional and national levels. They were followed by a formal presentation of "Suggestions for NHSCP/SDA Co-ordination" from the Statistical Office of the United Nations, at the first meeting of the SDA Steering Committee held in July 1988. Later, the World Bank presented its own proposals for co-ordination at the NHSCP Programme Review Committee meeting held in December 1988. These two sets of proposals were considered further by the UN Statistical Office and it was found that, notwithstanding certain differences in the view points of the two organizations, there was common ground, on the basis of which effective co-ordination could be attempted. The matter remains to be discussed further.

25. In the meantime, the Statistical Commission of the United Nations, at its twenty-fifth session held in February 1989, discussed the future of NHSCP as well as the World Bank initiatives in the design of permanent integrated household surveys. It emphasised the need for effective co-ordination of NHSCP with other household survey programmes in operation such as the SDA project and LSMS, and welcomed the collaborative arrangements under further consideration. It asserted, in particular, its understanding that in the implementation of the SDA Projects programme of household surveys, account would be taken of on-going national and regional statistical activities and that it would be carried out in collaboration with NHSCP and other programmes. It also appreciated the on-going efforts at achieving co-ordination between the SDA project and NHSCP and urged the need to avoid duplication and disruption of on-going work in the countries.

V. PROGRAMME TO MONITOR THE ACHIEVEMENT OF SOCIAL GOALS
DURING THE 1990's

26. A new inter-agency programme for technical co-operation emerging on the horizon is aimed at monitoring the achievement of social goals envisaged for the 1990's. It is addressed mainly to the social concerns such as maternal, infant and child mortality, fertility, disability, health and nutrition, childhood diseases, environment, education, employment, incomes and expenditures, and the status of women. The programme, which is still at the stage of preliminary consideration, involves promotion of household survey activities designed to produce a series of indicators on matters of social concern at periodic intervals.

27. The programme will be founded basically on existing household survey systems and other data collection programmes, to be supplemented by new initiatives to be established, wherever needed and operated in effective co-ordination with other international survey efforts including NHSCP, DHS and SDA. In detailing the programme, consideration will be given to the possible modalities of co-ordination, the measurement objectives and the existing capabilities - both institutional and methodological. Priorities will be worked out by identifying those topics which are the most important and, among them, those that could be practically developed through household surveys or other data sources such as vital statistics systems. The concerned international agencies will have to co-ordinate their respective needs and arrive at mutual agreement, taking into account the national needs and priorities. The need for sub-national estimates and inter-group comparisons, in which countries may be interested, even if the international agencies are not, will also have to be taken into account. The programme will not, however, be a tool for evaluating the effects of policy interventions or establishing causal relationships.

28. At the outset, the existing survey capabilities and institutional arrangements of developing countries will be reviewed and the nature of assistance needed in each case will be determined. Countries with existing nationwide continuing household survey programmes or other data collection systems which can produce the requisite indicators readily will need only marginal assistance. Those with moderate capabilities would of course need greater assistance. Those with minimal capabilities or, no experience at all, would need the maximum assistance for the development of requisite capabilities. External assistance will be provided under the programme, on a modest scale, for building up or improving national capabilities.

29. The programme will, in all probability, be financed primarily by UNICEF, UNFPA and possibly UNDP, and executed with the technical assistance of the UN Statistical Office.

30. Mention should be made, in this context, of the UN Handbook of Social Indicators (Studies in Methods Series F.No. 49), the UN studies on Improving Concepts and Methods for Statistics and Indicators on the Situation of Women (Studies in Methods Series F. No. 33) and Improving Statistics and Indicators on Women Using Household Surveys (Studies in Methods Series F. No. 48) and the FAO Guidelines on Socio-Economic Indicators for Monitoring and Evaluating Agrarian Reform and Rural Development (unpublished).

VI. NEED FOR CO-ORDINATION

31. The need for co-ordination of statistical activities is generally recognized on all sides, but very often co-ordination is taken to mean only informing each other of their respective activities. It should preferably mean something more in terms of action. As a minimum, co-ordination should aim at prevention of duplication, elimination of wasteful expenditures and avoidance of working at cross-purposes. It calls for mutual accommodation and respect for alternative viewpoints, objectives and approaches in order to minimize the negative effects of unco-ordinated development. Co-ordination as a positive concept, calls for integration of programmes aimed at enhancing the benefits in relation to the costs through the exploitation of possible advantages arising from such integration. It is from that point of view that NHSCP advocates integrated household survey programmes. Integration could be total or partial: organizational, operational and/or conceptual. Total integration would naturally maximize the benefits and minimize the costs. Even partial integration would be more beneficial than no integration and no co-ordination.

32. At the international level, total or even partial integration of statistical programmes may not, in practice, be feasible because of the over-riding need to maintain organizational identities, financial and administrative arrangements, etc. Therefore, only co-ordination can be effected at that level. Although that is being attempted, it is perhaps clear from the above that there is scope for better co-ordination. Co-ordination, and even integration, can, however, be more effectively and more beneficially attempted at the national level as ultimately all international organizations have to operate through national organizations for the implementation of programmes which they may wish to sponsor, although they may, in practice, approach the statistical agencies through different ministries or departments with which they have formal liaison. It is, therefore, important that national statistical offices, which usually have a co-ordinating role for statistical

activities at the national level. take an integrated view of national requirements and national programmes designed to meet those requirements, and, in that context, international or bilateral assistance that may be available for the implementation of those programmes. National requirements should, logically, be of primary concern; international and other external requirements, if any, should be of secondary concern.

33. Ideally, the national statistical offices should, taking into account the data requirements of the government, and other quasi-governmental or para-statal organizations, formulate an integrated household survey programme to be carried out over a period of four to six years, including, if need be, a continuing survey to measure current trends in selected demographic, social and socio-economic variables. The operating criteria in compilation of such programmes should be the country needs and its priorities for data. The programme should then be presented to potential donors for possible assistance in matters that interest them. If the government considers the programme important and assigns it the necessary priority, external assistance should be forthcoming in an ample measure. If assistance is available from more than one source, an attempt should be made to pool the resources in order to help organize an integrated programme with a view to maximization of benefits and minimization of costs. The underlying objective being the need to ensure sustainability once external assistance is withdrawn.

34. Where integrated programmes such as NHSCP and/or SDA project are already in operation, additional data requirements, if any, should be met through those programmes. Wherever more than one such programme is in operation, they should be effectively co-ordinated to avoid duplication and overlap. Co-ordination of international assistance can be effected through the organization of joint missions for programme formulation, periodic review and evaluation of results. First and foremost it is upto the national statistical offices to see to it that such co-ordination is ensured and for international agencies to respond positively to the need for it.