



Economic and Social Council

Distr.
GENERAL

E/CN.3/1983/20
16 August 1982

ORIGINAL: ENGLISH

STATISTICAL COMMISSION
Twenty-second session
7-16 March 1983
Item 10 (a) of the provisional agenda*

TECHNICAL CO-OPERATION

DEVELOPMENT OF COUNTRY CAPABILITIES: THE NATIONAL HOUSEHOLD
SURVEY CAPABILITY PROGRAMME (NHSCP) AND THE LIVING STANDARDS
MEASUREMENT STUDY (LSMS)

The National Household Survey Capability Programme (NHSCP)

Report of the Secretary-General

SUMMARY

The present report contains a review of the progress and prospects of implementing the National Household Survey Capability Programme in developing countries and a description of the institutional arrangements that have been established for managing the Programme. This is followed by a brief description of the activities to be taken up in the immediate future. Points for discussion by the Commission are included (para. 37).

* E/CN.3/1983/1.

UNSD REFERENCE NO. 001
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INTRODUCTION

1. At its twenty-first session, the Statistical Commission requested that a progress report on the National Household Survey Capability Programme (NHSCP) be submitted at its twenty-second session. ^{1/} The Commission's Working Group on International Statistical Programmes and Co-ordination decided that the report should be submitted for discussion (see E/CN.3/1983/24, para. 46); the present document has been prepared in response to the latter request.

I. PROGRESS OF COUNTRY SURVEY PROGRAMMES

2. Considerable progress has been made since the twenty-first session of the Commission in establishing NHSCP as an active programme. The most significant development was the enthusiastic reception of the Programme by the developing countries. As of the end of May 1982, 57 countries had expressed or confirmed an interest in NHSCP, 49 of which had officially invited project formulation missions. Project proposals for 35 countries have been formulated, and 24 of these have been approved by the Governments.

3. Regionally, 13 of the approved project proposals are from Africa, 3 are from South-East Asia, 3 are from Western Asia and 5 are from Latin America. The projects are of an average duration of five years, and the average cost of a country project is estimated at about \$US 5.8 million.

4. It is notable that the developing countries themselves are willing to meet a predominant share of the cost of their survey programmes, the average share being over 70 per cent. While most of these were resources available in the country for survey activities which Governments agreed to co-ordinate within the NHSCP framework, a considerable amount was new resources which Governments agreed to cover on an increasing scale with the ultimate objective of attaining self-sufficiency. This, together with the declared intention by the Governments to continue the survey activities after the end of the project period, demonstrated a serious commitment to the Programme.

5. The external assistance required for the 24 project proposals is, on the average, approximately 30 per cent of the total cost or around \$US 1.7 million per country over a five-year period, that is, an average of \$US 340,000 per country per year. Countries seek external financial assistance to help them build survey capability and to share initially some of the costs of data collection. Training, technical advice and equipment account for over 50 per cent of the external resources being sought - an indication of the importance that countries attach to developing statistical capability. In a majority of the countries, the development of the necessary field machinery involves in large part a more efficient deployment of what already exists, though some expansion of field force is often necessary. In some countries, the survey machinery needs to be built from scratch. These countries generally need external assistance to help meet the data collection costs until such time as the countries are able to absorb them. On average, 40 per cent of the external resources are requested to help pay for local costs. This may appear high, but it is actually only slightly above 10 per cent of the over-all cost of the average country project.

6. Of the 24 projects, 10 proposals came from the least developed countries (LDCs): Afghanistan, Benin, Botswana, Ethiopia, Lesotho, Malawi, Mali, Rwanda, the Sudan and Yemen. They represented one third of the LDCs. As would be expected, NHSCP country projects in the LDCs require relatively larger amounts of external assistance to establish survey capability through training and technical advice, as well as to contribute to the recurring operational costs of the surveys. For an average LDC, external assistance is sought to cover around 38 per cent of the total cost of the programme; by contrast, the average is around 23 per cent for the non-LDCs. At the end of May 1982, a little over one half of the total assistance sought under NHSCP was for the LDCs.

7. The survey programmes proposed by the countries covered a wide range of topics, which were selected by the countries after detailed consultations between the national statistical offices and the major users, and they reflected national priorities. Every country planned to undertake an income and expenditure survey, calling attention to the importance of the household as an economic enterprise as well as a social unit. The surveys will permit the study of income distribution, identifying economic, social and geographical disparities. Similarly, nearly every country planned to collect data on the employment and labour-force characteristics of household members. All but a few included a demographic survey, often as the core of the survey programme, or as a multi-round survey with some variations from year to year. A number of countries which have not specifically indicated demographic surveys planned to collect related data as a component of other surveys. Nutrition and food consumption, migration, health, education and social surveys and conditions were also prominent topics. Generally, the survey arrangements are flexible, so that they can respond quickly to unexpected data needs.

8. In a number of cases, for example, in Ethiopia, Kenya, Lesotho, Malawi and Senegal, agricultural surveys form the core of the household survey programme and special missions jointly with FAO and, in Malawi, the World Bank, have worked out technical and operational arrangements for the integration of the agricultural and non-agricultural data collection.

9. With few exceptions, the planned surveys are national in scope, covering both urban and rural areas. A few countries, however, intend to start with urban or rural studies and move gradually into national surveys, as they build capability and obtain resources.

II. STATUS AND PROSPECTS FOR EXTERNAL ASSISTANCE

10. Under NHSCP, donors are asked to finance the external component on a country-by-country project basis. No central fund is available for country projects. The Central Co-ordinating Unit (CCU) of NHSCP serves as an intermediary in assisting countries to find the resources required for the projects. When the project proposal for a country is approved by the Government, it is distributed, in the first instance unofficially, to potential donors. Upon receipt of a positive response, the Government is advised to initiate official action, usually through the Resident Representative of the United Nations Development Programme (UNDP).

11. The arrangements for funding external costs vary from country to country. In some countries, the entire external component of the project cost may be met by a single multilateral or bilateral donor. In other countries, projects are likely to be financed by several donors pooling their resources - which is in fact one of the attractive features of NHSCP, both for the countries and the donor agencies. However, when a number of agencies are simultaneously involved, the arrangements for the delivery and monitoring of assistance can be complex and need to be worked out in the light of experience, on a case-by-case basis.

12. While the response of developing countries to NHSCP has been overwhelming, one cannot expect that the external resources for all the projects will be found quickly or that recipient Governments will be able, or even willing, to accommodate the survey projects immediately within their country programme ceilings of aid in the face of competing projects and commitments. Nevertheless, the donors' response has been slower than expected. This does not imply that considerable progress has not been made despite the increasingly difficult financial situation faced by donors and recipient countries alike. The status of external financing of the various country proposals formulated by the end of May 1982 is summarized below. Three groups of countries may be distinguished.

13. Group I consists of six countries in which funding for the entire survey programme is either secured or well in sight. In three of these countries - Sri Lanka, Malawi and Yemen - the household survey programme forms an integral and significant component of the over-all statistical development programme which is fully funded by UNDP and the United Nations Fund for Population Activities (UNFPA), and in one case by the World Bank also. Survey activities are already under way in those countries. The United Arab Emirates, which will finance the total cost of its survey programme, has placed the project in its development plan, as well as in the UNDP country programme 1982-1986. The Government's budgetary approval is expected shortly. The six-year Mali project has been submitted by the Government for full financing within its UNDP country programme. Preparatory work for the survey programme will commence in the second half of 1982. The survey programme of Ethiopia has already started with partial funding, and the remainder of the external requirements will be available when an interested donor approves it officially.

14. Group II consists of nine countries in which external requirements have been met in part, or significant survey activity has been initiated by the Governments in anticipation of funding. These are the Congo, Guatemala, Jordan, Kenya, Morocco, Nicaragua, Rwanda, Thailand and the United Republic of Cameroon. Consultations are in progress with various multilateral and bilateral donors with a view to securing the necessary funding so that survey activities can be sustained as planned.

15. Group III consists of the remaining eight countries in which project proposals have been approved. Funding prospects for three of them appear reasonably good but are uncertain for the rest. Mention should also be made of the project proposal by Afghanistan which, while it was submitted by the Government for funding by UNDP, had to be postponed as a result of subsequent events.

16. In summary, it is clear that the immediate constraints in the development of NHSCP have been the difficulty in securing aid resources with sufficient speed and in sufficient quantity in relation to the urgency and magnitude of the country needs. Further consideration of several country proposals had to be postponed after a promising start. However, some of them have been revived for active follow-up, mainly on the initiative of the countries concerned, again clearly demonstrating the imperative need felt by the Governments for the survey data. The approach in such cases has been to re-evaluate the project design, scope and requirements, as well as the Government's share of the cost, so as to improve the chances of securing the external resources, even though the reduced scope of the project may not fully meet the country's needs.

17. There are, of course, various reasons for the slow progress in obtaining external resources. First and foremost are the recent adverse financial developments which have severely affected most donors as well as the recipient countries. In a situation of financial stringency, other projects tend to squeeze out even an attractive statistical project such as the NHSCP. This is known to have happened, for example, in the Congo, the Dominican Republic, Senegal and Thailand. Secondly, in some cases, the recipient countries themselves have been slow in following up requests for assistance, notwithstanding the strong interest expressed in NHSCP. Thirdly, experience has shown that the gestation period of a programme, such as NHSCP, without a trust fund at its disposal, is necessarily long. The formulation of project proposals and securing of government approval are often time-consuming, as they involve commitments of national resources. This is followed by another time-consuming stage, namely, for donors to consider and respond to informal or formal requests for assistance. A positive response by a donor does not necessarily lead to the immediate initiation of the project, as most donors have specified programming cycles and they may not be able to accommodate the project in the current cycle.

III. PROGRAMME MANAGEMENT

18. At the international level, NHSCP is co-sponsored by the United Nations, UNDP, the United Nations Children's Fund and the World Bank and supported by UNFPA. Institutional arrangements have been developed so as to ensure that it is a well co-ordinated programme of the United Nations system. They include the establishment of a small Central Co-ordinating Unit (CCU) in the United Nations Statistical Office; the placement of household survey experts in the statistical divisions of the regional commissions; arrangements for active participation of the specialized agencies in the development of NHSCP projects; the establishment of formal and informal mechanisms for consultation prior to country missions; and the review of project proposals with the Department of Technical Co-operation for Development, UNDP, UNFPA, UNICEF, the World Bank, the International Labour Organisation, the Food and Agriculture Organization of the United Nations, the World Health Organization and others. Activities at the country level are co-ordinated through the UNDP Resident Representatives. Arrangements for regular communication with bilateral and multilateral donor agencies have been established.

19. The NHSCP draws significantly upon, and renders more effective, already existing resources at United Nations Headquarters and the regional commissions. The CCU receives considerable substantive support from the various subject-matter areas of the Statistical Office, as well as from the relevant branches of the Department of Technical Co-operation for Development. The Programme is promoted, managed and co-ordinated by the Department of Technical Co-operation for Development through CCU, whose budget is covered by UNDP, UNFPA and UNICEF, with UNDP contributing the major portion. Similarly, the regional advisory services are rendered more effective by being placed in the statistical divisions of the regional commissions, which play a prominent role in the development and implementation of the Programme in their respective regions. The regional advisory services are funded mainly by UNDP, UNFPA and the ILO, with some bilateral input. The ILO made available four advisory posts as an integral part of the NHSCP regional advisory teams, one each in the Economic and Social Commission for Asia and the Pacific, the Economic Commission for Latin America, the Economic Commission for Africa and the Economic Commission for Western Asia. The Food and Agriculture Organization of the United Nations modified the functions of its regional advisers so as to enable them to assist as much as possible in project formulation and implementation. It also assigned a household survey expert at its headquarters in Rome to work full time with CCU. The Food and Agriculture Organization has supported the integration of agricultural surveys into NHSCP country survey programmes, and ILO, FAO and UNICEF have participated in a number of NHSCP joint project formulation missions. Various approaches to measuring health-related components in continuing survey programmes are being worked out jointly with WHO. The United Nations Educational, Scientific and Cultural Organization and the United Nations Industrial Development Organization have likewise expressed strong interest in collaborating in the areas of their specialization.

20. Much attention has been given to a regular exchange of information with interested individuals and institutions and the widest reporting of activities has been effected. The Prospectus remains the principal publication describing the philosophy, goals, objectives, purpose and machinery of the Programme; 2/ it has been distributed widely for information, training and other purposes in Arabic, English, French and Spanish. The "NHSCP Reporter" is issued periodically in English and French to communicate programme and project progress and to disseminate information about household survey activities, training seminars and publications. In 1981, an NHSCP brochure was published in the same four languages as the Prospectus in order to respond to a need for a concise, graphic description of the Programme for high-level administrators, planners, donors, users and others who might want to have a quick perspective.

IV. TECHNICAL STANDARDS

21. The promotion and maintenance of technical standards is an important feature of the Programme. A number of studies have been undertaken and others are envisaged to assist developing countries in planning and implementing household surveys in the context of NHSCP. The studies, which will supplement the forthcoming revision of the Handbook of Household Surveys, 3/ are designed to provide reviews of issues and procedures in specific areas of survey methodology

and operations and to help in the choice of appropriate strategies and practices to suit different situations. The studies are non-technical as far as possible and are intended primarily for use by the designers and managers of household surveys in national statistical organizations.

22. The studies commissioned so far concern (a) survey data processing: a review of the issues and procedures; (b) non-sampling errors: major sources, types and methods of assessment and control; (c) training of survey personnel: needs, methods, means and sources; (d) development of an integrated programme of household surveys: review of major issues; (e) questionnaire development and design: principles and practices; and (f) the role of NHSCP in providing health information in developing countries. The studies on data processing and non-sampling errors will be issued shortly; they will be widely circulated among survey statisticians and other interested parties. Two other studies, including the one on health information, are expected to be ready for publication before the end of 1982. All the studies will initially be issued as drafts in order to obtain comments and feedback prior to their final publication.

23. The work on technical standards is expected to increase as the implementation of the Programme proceeds and as countries gain experience in the organization and management of surveys. At the international and regional levels, the Programme benefits from the extensive activities within the United Nations system and, in particular, the work of the Statistical Commission in the promotion of technical standards. Special mention may be made of the World Bank's Living Standards Measurement Study (LSMS), which is complementary to NHSCP. For details on LSMS, see E/CN.3/1983/21, which has been submitted to the Commission at its present session.

V. CONFERENCES AND MEETINGS

24. The Second Consultative Meeting on the National Household Survey Capability Programme, chaired by UNDP, was held at Geneva on 2 June 1982. The meeting was attended by representatives of 20 bilateral and multilateral donor agencies, six developing countries, the United Nations Department of Technical Co-operation for Development, the United Nations Statistical Office, the five regional commissions, the United Nations Conference on Trade and Development, UNCTAD, ILO, FAO, WHO, the Organization of American States and the International Statistical Institute. The participants reaffirmed their strong support for NHSCP and expressed satisfaction at the progress made so far in establishing the Programme. They welcomed the enthusiastic response of the developing countries and their willingness to commit substantial national resources to the survey programmes. Many donors indicated their readiness to help selected developing countries financially and technically within the context of their bilateral aid programmes and agreed to strengthen the lines of communication for more expeditious consideration of country requests for assistance. The participants also endorsed the institutional arrangements for the management of the Programme and the proposed plan of work during the next few years.

25. The first Technical Meeting on the National Household Survey Capability Programme was held at United Nations Headquarters, 20-24 April 1981. The

participants included several consultants and experts besides representatives of the specialized agencies and other agencies. They reviewed the drafts of four major technical studies commissioned for NHSCP and suggested improvements.

26. The Programme Review Committee of NHSCP, comprising the representatives of the United Nations, UNDP, UNFPA, UNICEF and the World Bank, met on 8 June 1981 and 18 February 1982 to consider various arrangements for the implementation of the Programme. At its 1982 meeting, the Committee welcomed the decision by UNICEF to become a co-sponsor of the Programme.

27. A meeting was organized jointly by WHO and the United Nations at Geneva, 3-4 June 1982, to discuss the role of NHSCP in providing health information in developing countries. The meeting was attended by representatives of WHO, the United Nations Statistical Office, UNICEF and the World Bank.

28. A series of regional meetings on household surveys have taken place in the context of NHSCP. The Working Group on Organisation, Content and Methodology of Household Surveys of the Economic Commission for Africa (ECA) met at Addis Ababa 29 June - 3 July 1981, and discussed, among other things, the development of integrated survey programmes, survey designs, non-sampling errors and the analysis of survey data. A seminar on Household Surveys was held at ECA 11-21 September 1981, which considered technical papers covering specific subject-matter surveys and the technical and organizational implications of securing the integration of surveys in the Programme.

29. The Joint Conference of African Planners, Statisticians and Demographers, which met at Addis Ababa, 8-17 March 1982, discussed the African Household Survey Capability Programme (the regional component of NHSCP) and emphasized its importance as an essential element of national development planning. The Conference underscored the vital need for external funds for the implementation of the Programme and called for a more vigorous mobilization of resources from bilateral and multilateral donor agencies. On the recommendation of the Joint Conference, the ECA Conference of Ministers adopted resolution 430.XVII in April 1982 in support of the African Household Survey Capability Programme.

30. At its fourth session, the Committee on Statistics of the Economic and Social Commission for Asia and the Pacific (ESCAP), which met at Bangkok, 9-15 June 1981, reviewed among other things the progress of NHSCP in the region and made suggestions for building up the survey capabilities of member countries. The Committee's recommendations were endorsed by ESCAP at its thirty-eighth session, in March 1982. The Commission reiterated its strong support for NHSCP and urged that efforts be made to ensure that its impetus in the region was not lost. Many member countries indicated their intention to participate in NHSCP.

31. Pursuant to a resolution of the fifteenth session of the Committee on Improvement of National Statistics (COINS) of the Inter-American Statistical Institute, held at Santiago, 23-24 November 1981, an inter-agency meeting was held at Washington, D.C., 29 March 1982, with the participation of representatives of the Organization of American States, the Economic Commission for Latin America, the United Nations Statistical Office, the United States Bureau of the Census,

Statistics Canada, the World Bank and other interested agencies, to consider how best to co-ordinate the activities of the Inter-American Household Survey Programme (PIDEH) with NHSCP. It was agreed that PIDEH and NHSCP should be merged and that the joint programme should concentrate on three aspects: methodological development, training and household survey capability programmes.

VI. MEDIUM-TERM PROGRAMME OF WORK

32. With the increase in the number of countries initiating survey activities under NHSCP, technical and logistical support to countries will require priority attention. While a major part of the technical advice will be provided through resident experts, the advisers at the regional commissions and the United Nations Statistical Office will undertake missions to follow up and review the survey activities, provide guidance to resident experts and ensure over-all co-ordination in the survey activities.

33. As noted above, 24 project proposals have been approved so far by the Governments, and several more are likely to be approved shortly. Every effort will be made to implement as many country projects as possible. This would require, first of all, continued consultations and negotiations with donor agencies to secure the external component of the resources. Some of the project proposals may have to be reviewed and reformulated jointly with the countries, for example, to rephrase the projects in view of funding delays; to develop more moderate alternatives if the external assistance falls short of what was initially proposed; to reconsider the arrangements for integration with other projects in the light of new developments; or to work out arrangements for the management of pooled resources from several donors. Country missions will take place for these purposes as well as to provide advice, when required, on such matters as survey management, data processing, data analysis and the continued involvement of national users in the survey programmes.

34. In view of the keen interest expressed by many countries to join NHSCP, some project formulation missions will be undertaken in response to official invitations. However, highest priority will be given to the implementation of the country programmes which have already been formulated.

35. The present programme of special studies on major aspects of household survey operations will continue. As indicated above, two technical studies, on data processing and non-sampling errors, are about to be published; work is in progress on four others. Additional studies, on sampling frames and master sample systems and on the uses of integrated survey data are planned.

36. Regional and interregional workshops and technical meetings will continue on the organizational and management aspects of NHSCP as well as on survey methodology and data analysis; special measures will be taken for the documentation and dissemination of survey experience among the countries participating in NHSCP.

VII. POINTS FOR DISCUSSION

37. The Commission may wish to comment on the general direction of the Programme and the progress made (paras. 2-17), the institutional arrangements that have been established for managing and implementing the Programme (paras. 18-20) and the proposed plan of activities including the promotion of technical standards and the documentation and dissemination of country experience (paras. 32-36).

Notes

1/ Official Records of the Economic and Social Council, 1981, Supplement No. 2 (E/1981/12), para. 188 (f).

2/ The National Household Survey Capability Programme: Prospectus. United Nations, 1980 (DP/UN/INT-79-020/1).

3/ See DP/UN/INT-79-020/2 and Add. 1 and Add. 2 (internal Secretariat drafts).
