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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

Report of the Secretary-General

SUMMARY

The present report contains a review of the prospects for implementing the National Household Survey Capability Programme in developing countries and of progress already made, together with a review of the present institutional arrangements to manage the Programme. It also reviews the measures being pursued to improve the effectiveness of technical co-operation through the Programme. It presents a brief description of the work programme for the immediate future. Points for discussion by the Commission are included (para. 41).

* E/CN.3/1985/1.

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INTRODUCTION

1. At its twenty-second session, the Statistical Commission requested the Secretary-General to submit a progress report on the National Household Survey Capability Programme (NHSCP) to it at its twenty-third session. 1/ The Commission's Working Group on International Statistical Programmes and Co-ordination decided, at its tenth session, that the report should provide the opportunity to discuss the effectiveness of technical co-operation provided through NHSCP (see E/CN.3/1985/17, para. 22). The present document has been prepared in response to those requests.

I. PROGRESS OF COUNTRY SURVEY PROGRAMMES

2. The National Household Survey Capability Programme has made substantial progress since the twenty-second session of the Commission. At the end of March 1984, project proposals were formulated by 45 developing countries, and 36 of them have formally approved the proposals, indicating their willingness to commit national resources for NHSCP. Of the countries with approved project proposals, 20 are carrying out household survey programmes, 7 of them being among the least developed countries. The 20 countries executing NHSCP are:

<u>Africa:</u>	Benin,* Botswana,* Cameroon, Ethiopia, Kenya, Lesotho,* Malawi, Mali, Morocco,* Zambia,* Zimbabwe*
<u>Arab region:</u>	Bahrain,* Jordan, Yemen
<u>Asia:</u>	Mongolia,* Sri Lanka, Thailand
<u>Latin America:</u>	Nicaragua, Peru*
<u>Europe:</u>	Cyprus.*

3. Eighteen of the 20 countries have secured external funding support, 6 of them almost to the full extent required and 12 only partially. However, all 20 countries proceeded with the implementation of the survey programme even before full external funding was secured. It is important to note that all of the participating countries contribute a predominant share - 75 per cent, on average - of the total cost from their own resources.

4. The national survey programmes cover a wide range of topics and reflect national needs and priorities as determined jointly by national users and producers of statistical data. Most countries have planned to cover household income and expenditure, manpower and employment, demographic characteristics, population change, health and nutrition. In a number of countries, including Ethiopia, Kenya, Lesotho, Malawi, Mali, Zambia and Zimbabwe, agricultural surveys form the core of

* Countries marked with an asterisk started implementation during 1983.

the survey programme. The results of the various surveys will be essential ingredients in the process of development planning in areas of concern to the countries; the surveys will also serve the interests and initiatives of the donor community by providing much-needed information to support technical assistance activities in the developing countries. Several countries have started publishing the results of the surveys carried out during 1980-1982 (Kenya, Nicaragua, Sri Lanka and Thailand); other countries are expected to publish results shortly.

II. STATUS OF EXTERNAL ASSISTANCE

5. By the end of March 1984, the cumulative value of the external assistance obtained for NHSCP country programmes was slightly over \$US 14 million. This includes the amounts earmarked or committed in addition to those already disbursed. Of the total amount, \$9 million became available during 1983. Slightly more than one half (53 per cent) of the total aid was contributed by United Nations bodies - United Nations Development Programme (UNDP): 39 per cent; United Nations Fund for Population Activities (UNFPA): 7 per cent; United Nations Children's Fund (UNICEF): 7 per cent. The United States of America and the World Bank contributed 14 per cent and 8 per cent, respectively, and the remaining 25 per cent came from 13 other multilateral and bilateral donor agencies.

6. In most cases, participating countries have received donor support within the overall ceilings of bilateral and multilateral aid. Care was taken to ensure that external assistance requirements focused on areas such as training, technical advisory services and essential data processing and other equipment, which are critical for upgrading national household survey capability. Furthermore, in all countries, external requirements have formed a relatively small and gradually declining component of the total resources required, always being accompanied by a substantial commitment of the Government's own resources for the survey operations.

7. Difficulties in meeting the external requirements as originally formulated have forced the countries to take various measures to bridge the resources gap. Many countries have revised the scope and timing of the survey programmes to develop more modest proposals of external assistance. Eleven of the 20 countries decided to meet all the local costs of the programmes from their own resources. Several of them also took advantage of the NHSCP framework to better co-ordinate and utilize the resources already available to them for household survey activities.

8. As a result of these developments, the estimated external requirements are now, on average, \$US 1.33 million per country over a five-year period, compared with the previous estimate of \$1.68 million. The gap between country requirements and the available external assistance is still substantial, namely \$11-\$12 million or around 45 per cent of the total \$25-\$26 million required by the 20 operational country programmes. In some of the countries, the survey programmes have had to proceed with less than adequate external assistance because of urgent user needs. In a majority of the cases, the gap represents shortages that will arise in 1985-1986, and renewed efforts will be necessary to fill the gap as soon as possible.

III. PROGRAMME MANAGEMENT

9. The National Household Survey Capability Programme has continued to be sponsored by the United Nations, UNDP, UNICEF and the World Bank, and it also receives strong support from UNFPA. The Programme is promoted, managed and co-ordinated by the Department of Technical Co-operation for Development of the United Nations Secretariat through the Central Co-ordinating Unit in the Statistical Office whose staff and activities are jointly funded by UNDP, UNFPA, UNICEF and the Department. The regional advisory services are funded mainly by UNDP, UNFPA and the International Labour Organisation (ILO). The latter has made available four advisers to work as an integral part of NHSCP regional teams, one each in the Economic and Social Commission for Asia and the Pacific (ESCAP), the Economic Commission for Latin American and the Caribbean (ECLAC), the Economic Commission for Africa (ECA) and the Commission for Western Asia (ECWA). The Food and Agriculture Organization of the United Nations (FAO) continues to provide the services of a senior statistician at its headquarters to work with the Central Co-ordinating Unit, and FAO experts have participated in several NHSCP country missions. Likewise, the World Health Organization (WHO) has made available one of its experts to serve as a consultant on health and nutrition surveys.

10. The institutional arrangements for NHSCP at the international level ensure the full co-ordination of the activities of United Nations agencies in household surveys and make optimum use of existing resources of the Statistical Office, the statistics divisions of the regional commissions and the specialized agencies. They include the Central Co-ordinating Unit, teams of household survey experts in the statistical divisions of the regional commissions and arrangements for the participation of the specialized agencies in the development and execution of country programmes and the development and promotion of technical standards. Formal and informal provisions for consulting with a number of United Nations bodies (including the Department of Technical Co-operation for Development, UNDP, UNFPA and UNICEF), as well as the World Bank and a number of bilateral donor agencies, have been developed.

11. High priority has been given to co-ordinating NHSCP with the survey programmes sponsored or supported by other international agencies. Major developments since the twenty-second session of the Statistical Commission have been the merger of NHSCP and the Inter-American Household Survey Programme (PIDEH) in the Latin American region and the close collaboration with the Inter-American Statistical Institute in the survey activities of the countries of that region. There have been close consultations between the World Bank and the Central Co-ordinating Unit on the World Bank's Living Standards Measurement Study (LSMS), especially with regard to the pilot studies to test LSMS methodology.

12. At the country level, NHSCP is managed and executed by the national statistical offices under the guidance of high-level inter-ministerial committees of principal users and producers of statistical data. Of the 20 participating countries, 10 have set up committees especially for NHSCP, while the remaining countries have made use of committees already in existence to look after the survey programmes. Almost all of the countries have regular and full-time field staff to undertake the survey operations, and 12 countries have separate divisions in the national statistical offices for planning and organizing survey programmes.

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13. The resident representatives of UNDP play an important role in the co-ordination and monitoring of the country programmes and, in many cases, assist the countries in establishing and maintaining funding support from donor agencies.

14. Special attention has been given to the regular exchange of information on NHSCP with interested institutions and individuals, and the widest possible reporting of activities has been effected. Interested bilateral and multilateral donor agencies have been kept informed of the developments in and progress of country programmes. The NHSCP Reporter is issued periodically in English and French to disseminate information about household survey activities, workshops, seminars, training courses and related publications.

IV. TECHNICAL STANDARDS

15. As an essential means of developing national capability, continued attention has been given to the development and preparation of guidelines in survey methodology, data collection, data processing, analysis and use. A number of detailed studies have been undertaken and other studies are envisaged to assist countries in the planning and implementation of household survey programmes. Studies have already been published on survey data processing, the assessment and control of non-sampling errors and the role of NHSCP in providing health information. Studies are currently being prepared on the design and use of master samples and on the development and design of questionnaires. Those studies supplement the revised Handbook of household Surveys 2/ and several other related publications of the Statistical Office. Special mention may be made of the studies on (a) the use of household surveys to collect statistics of disabled persons (ESA/STAT/AC.18/3); (b) improving concepts and method for statistics and indicators on the situation of women; 3/ (c) the measurement of natality and migration through household surveys (in preparation); and (d) guidelines for data collection on industrial activities of establishments (in preparation). The specialized agencies and the regional commissions have also made valuable contributions in this respect. FAO will shortly publish a study on the use of household surveys for the collection of food and agricultural statistics and ILO is currently working on a manual on surveys of the economically active population, employment, unemployment and underemployment. ECA has commissioned a study on survey data analysis and applications which will be available soon.

16. The technical studies concentrate on practical aspects of data collection, analysis and use and are designed to help practising survey statisticians and managers choose among appropriate strategies and practices to suit different situations. They are also useful as training and reference manuals. The NHSCP publications have been well received by the national statistical offices of both developing and developed countries, as well as by a number of international agencies and research institutions. Several of the studies have been translated into Arabic, French and Spanish.

V. TRAINING

17. The training of national staff has been another important aspect of the development of indigenous survey capabilities. A significant development in this connection has been the establishment, with UNDP and ESCAP support and within the context of NHSCP, of a training programme at the Central Statistical Organization of India. Two courses have been organized thus far, one in survey methods and the other in data processing. They will be repeated at intervals. The duration of each course is 16 to 18 weeks, with 15 to 20 participants from countries of the ESCAP region. Although the training programme primarily serves countries of that region, an additional provision has been made for a few participants from other regions. The training facilities offered by India illustrate the practical application of technical co-operation among developing countries.

18. Several other regional and interregional training programmes have been organized in the context of NHSCP. These include (a) the intensive course on sampling for household surveys offered by the National Institute of Statistics of Spain at Madrid, for Spanish-speaking participants; (b) the workshop in planning and execution of NHSCP, organized by the Arab Training Institute at Amman for Arabic-speaking participants; and (c) the advanced course on developments in sampling methodology by the Statistical Institute for Asia and the Pacific (SIAP) at Tokyo.

VI. CONFERENCES AND MEETINGS

19. The progress and plans of NHSCP have been reviewed and discussed at several conferences and meetings since the twenty-second session of the Commission. Those which merit special mention are discussed below.

20. The forty-fourth session of the International Statistical Institute (Madrid, 12-22 September 1983) devoted one of its scientific meetings to considering the integrated programmes of household surveys in developing countries. At the meeting the important issues of the design and implementation of NHSCP were discussed, together with, in particular, the basic considerations of the choice, timing and arrangements of the subjects to be covered by surveys and the various options of sample design for a continuing survey programme.

21. The Pacific Workshop on Household Surveys and NHSCP (Suva, 4-6 May 1983) was organized by ESCAP in association with the South Pacific Commission. The modalities of establishing household survey programmes in the small island countries which have special needs and circumstances and very limited resources were discussed. It was recommended that the most viable and cost-effective approach for NHSCP in the South Pacific region would be for the participating countries to share the services provided through a small subregional team of technical experts and supplement them, where necessary, with country-based, junior-level professionals.

22. At the fifth session of the ESCAP Committee on Statistics (Bangkok, 21-27 June 1983), the significant progress made by NHSCP in that region was noted, as was the fact that a number of countries were interested in organizing household

survey programmes. The Committee urged that attention be given to developing the appropriate technical documentation to aid countries in the implementation of NHSCP. The Committee strongly recommended that the training course organized by India should be continued on a regular basis.

23. The Conference of Government Statisticians of the Americas (Buenos Aires, 3-8 October 1983) endorsed the merger of NHSCP with the Inter-American Household Survey Programme and urged member countries to participate in that Programme and to generate the required resources for mutual technical assistance for surveys and for imparting training to statistical staff.

24. NHSCP was also a subject of discussion at the third session of the Joint Conference of African Planners, Statisticians and Demographers (Addis Ababa, 5-14 March 1984) and at the eighteenth session of the Sub-Committee on Statistical Activities of the Administrative Committee on Co-ordination (Rome, 30 April-4 May 1984).

25. The Programme Review Committee of NHSCP, comprising representatives of the United Nations, UNDP, UNFPA, UNICEF and the World Bank, met on 23 March 1984 to review the programme activities, the status of funding and the work plan for 1984-1985. Several decisions for effective execution of the programme were made at the meeting.

VII. EFFECTIVENESS OF TECHNICAL CO-OPERATION THROUGH NHSCP

26. The National Household Survey Capability Programme was launched with the objective of assisting developing countries in generating a continuous flow of integrated statistics required for their development plans, policies and administration, while simultaneously building durable survey instruments and arrangements which are economical and flexible. The Programme aims to provide an umbrella for bringing together and making optimum use of the resources and technical skills of donor countries, international agencies and other organizations interested in promoting more efficient and adequate data systems in developing countries. It is too early to make a definitive assessment of the effectiveness of the technical co-operation provided through NHSCP in realizing the Programme objectives. Nevertheless, some tentative conclusions can be drawn from the experience of the last two to three years.

27. One of the most important contributions of NHSCP to date has been the close collaboration between national producers and users of statistical data in the planning and execution of survey programmes, and a greater co-ordination of survey activities. This has been accomplished, in part, through the establishment of an inter-ministerial committee policy and technical committees or, in countries where they already existed, by more effective utilization of the committees. The choice of subjects for surveys, their sequence and their timing were decided on the basis of detailed consultations between the national statistical office and major data users. The details of each survey round (questionnaires, data collection procedures, tabulation plans), in almost every case, were determined with the help of technical working groups which included representatives of the user organizations concerned.

28. A number of countries have seen NHSCP not merely as an instrument for initiating new survey activity but as a means of co-ordinating several continuing activities. For example, in Malawi, Sri Lanka, Yemen and Zambia, the household survey programme forms an integral part of the overall statistical development programme, covering censuses, establishment surveys and other means of data collection. Several countries (Ethiopia, Kenya, Lesotho, Malawi, Mali, Zambia and Zimbabwe) have integrated the annual crop surveys of area and production with the household survey programme, thereby extending the scope of data collection by modest additions to the existing resources.
29. Most participating countries have either already established or have plans to develop common survey instruments, namely, an adequate sampling frame, a regular field force, data processing facilities and analytical skills. Of the 20 participating countries, 7 have a master sample based on detailed cartographic work and 5 others plan to develop one shortly; the remaining countries use sampling frames based on the latest population censuses and the cartographic maps prepared in that connection. A regular field force is available for all but four countries, and several countries have further enhanced the strength of the field staff for NHSCP. The national statistical offices in 17 of the 20 countries have their own in-house data processing facilities. Seven of them have upgraded their facilities for the household surveys. The common facilities serve not only the survey programme but also other statistical activities, to generate the variety of data needed in a cost-effective way.
30. Another significant contribution of NHSCP has been the pooling of resources provided to countries by donor agencies for survey activities and for the analysis and use of the survey results. This has contributed to an overall reduction in the cost of technical co-operation. Benin, Lesotho, Malawi, Morocco, Peru, Zambia and Zimbabwe are examples of joint donor funding. In those countries and others, the outputs of the survey programme are expected to generate an integrated data base which can better serve the purpose of the donor agencies with regard to their development activities in the country concerned.
31. NHSCP has helped to bring about a systematic approach to meeting the training needs of survey personnel and to improving their professional skills. Training under NHSCP is being pursued at three levels: within the country, within the region and at international institutions. Of these, country-level training is being encouraged on an extensive scale because it is cheaper, more readily available to a large staff and more relevant to local needs and circumstances, especially for junior statistical personnel. Thirteen out of 20 countries have such training facilities, many of which have been established as part of the Programme, and a principal effort has been made to improve the content and quality of training provided by them. Simultaneously, maximum use has been made of the training courses offered by regional training institutions whose programmes are being adapted, to the extent possible, to meet the special requirements of NHSCP. All of the country programmes have, in addition, a provision for several fellowships for more advanced training in international institutions and foreign universities. Special emphasis has been given to on-the-job training with the help of country-based experts and consultants.

32. There has been a conscious endeavour to promote technical co-operation among developing countries as part of NHSCP. The training programme offered by India for the benefit of member countries of ESCAP has been a promising start in this direction. Such facilities, on a limited scale and on an ad hoc basis, were provided in Tunisia for staff members from Mali and in Argentina for staff members from Nicaragua. In Cameroon, in collaboration with the International Statistical Programme Centre of the United States Bureau of Census, a workshop on data processing for participants from French-speaking countries was organized. A similar workshop on manpower employment and unemployment will be organized jointly by France and Morocco at Rabat during October 1984.

33. At the international level, NHSCP has strengthened co-ordination with bilateral donor agencies, resulting in a more effective use of their resources. Frequent consultations between the agencies and the Central Co-ordinating Unit has led to better knowledge about the needs of participating countries and about the special expertise and interests of donor agencies. Since the last session of the Commission, co-ordination and co-operation among United Nations agencies and other multilateral organizations have been further improved.

34. NHSCP has given special attention to the promotion and maintenance of technical standards in the area of data collection, analysis and use. Through detailed and practically-oriented technical studies, periodic seminars and workshops and regular dissemination of information on programme developments, NHSCP is striving to bring about a qualitative improvement in national statistical systems.

VIII. MEDIUM-TERM WORK PROGRAMME

35. With an increasing number of countries participating in NHSCP, priority attention needs to be given to (a) co-ordinating and monitoring the country programmes; (b) assisting countries in mobilizing the necessary resources for survey operations; (c) providing logistic and technical support to country activities; (d) developing appropriate standards, reviews and documents in the areas of data collection, analysis and use; (e) organizing courses, seminars and workshops for training and exchanges of country experiences; and (f) assisting countries in a wider dissemination of their survey results and experiences. These activities will be undertaken by the Central Co-ordinating Unit with the support of other experts in the Statistical Office and with the active participation of the advisers in the regional commissions and specialized agencies.

36. It is anticipated that approximately 25 countries will require close attention during 1984-1985. The following activities will be undertaken in support of the country programmes:

(a) Technical review missions. At least one mission will be undertaken to each participating country, once a year, for a detailed appraisal of progress and to make recommendations for future work. It will include a study of programme inputs, the extent of consultation and co-ordination between users and procedures, the results achieved and expected outputs, and improvements in survey-taking capability. Wherever necessary, existing work plans will be revised in the light of performance.

(b) Technical advice and support. To the extent that resources permit, the members of the Central Co-ordinating Unit and the advisers located in the regional commissions will undertake technical advisory missions to selected countries to assist them in the execution of their household survey programmes. A number of countries depend principally on this type of support, with only marginal additional assistance from other external sources. Appropriate procedures will be developed, in consultation with the recipient and donor countries, for monitoring and reporting the progress of programme activities, especially in those countries which receive support from more than one donor.

(c) Project reformulation. For some countries, it will be necessary to revise the existing project proposals to reflect changed circumstances, priorities and the prospects of external assistance before implementation can begin. As far as possible, these missions will be undertaken in collaboration with interested donor agencies.

(d) Project formulation missions. A number of additional countries have expressed interest in participating in NHSCP. In view of the limited resources available, project formulation missions will be undertaken only in a few selected countries which show good possibilities for donor support and quick implementation.

37. Urgent attention will be required to secure external resources for the country programmes, particularly from bilateral donor agencies. Efforts will be made to establish and maintain close links with donors. Simultaneously, developing countries will be encouraged to use less expensive means of technical assistance, to allow for greater recourse to technical co-operation among developing countries and to increase their own contributions to the survey programme, especially the local costs.

38. The present work on technical studies will be continued. Two studies on survey questionnaire development and the design and use of a master sample are expected to be ready by 1985. The co-operative efforts with regional commissions and specialized agencies will continue for the preparation of technical studies on specific aspects of surveys. A study on household income and expenditure surveys will be undertaken. 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 and supported.

39. The Central Co-ordinating Unit will continue to co-ordinate NHSCP activities with the household surveys supported by other international agencies. The collaboration with the World Bank on the Living Standards Measurement Study and with the Inter-American Statistical Institute regarding household surveys in Latin America will be continued and further strengthened at the country level wherever there are joint programmes. Similar arrangements will be worked out, to the extent possible, with regard to the proposed series of family planning and demographic surveys supported by the United States Agency for International Development.

40. As countries begin producing results of the survey programmes and using them for development planning and monitoring, their experiences will be documented and widely disseminated for the benefit of other countries. Exchanges of experiences

will also include the main problems encountered in the implementation of the programme and the means by which they have been resolved. The NHSCP Reporter, describing programme activities and developments, will keep all agencies informed of the progress of NHSCP.

IX. POINTS FOR DISCUSSION

41. The Commission may wish to comment on the progress made in implementing NHSCP (paras. 2-18), the effectiveness of technical co-operation provided through the Programme (paras. 26-34) and the proposed work programme (paras. 35-40).

Notes

1/ Official Records of the Economic and Social Council, 1983, Supplement No. 2 (E/1983/12 and Corr.1), para. 93.

2/ United Nations publication, Sales No. E.83.XVII.13.

3/ United Nations publication, Sales No. E.84.XVII.3.
