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TECHNICAL CO-OPERATION: THE NATIONAL HOUSEHOLD SURVEY  
CAPABILITY PROGRAMME

Report of the Secretary-General

SUMMARY

The present report contains a review of the progress made by the National Household Survey Capability Programme and the measures being pursued to assist developing countries in implementing the Programme. It presents a brief description of the work programme for the immediate future. Points for discussion by the Commission are included (para. 38).

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## INTRODUCTION

1. At its twenty-third session, the Statistical Commission requested the Secretary-General to submit a progress report on the National Household Survey Capability Programme (NHSCP) to the Commission at its twenty-fourth session. 1/ The present document has been prepared in response to that request. The Commission will also have available to it a document prepared by the Union of Soviet Socialist Republics on that country's experience in household surveys, as recommended by the Commission's Working Group on International Statistical Programmes and Co-ordination at its eleventh session.

### I. PROGRESS IN COUNTRY SURVEY ACTIVITIES AND THE DEVELOPMENT OF NATIONAL CAPABILITIES

2. The National Household Survey Capability Programme continued to make satisfactory progress. At the end of April 1986, 24 developing countries have been participating in the Programme. Four more are expected to start operations during 1986. In addition, 11 countries have formulated detailed plans and expressed their intention to participate. However, owing to budgetary or other constraints they could not join the Programme so far. The 24 participating countries include:

Africa: Benin, Botswana, Cameroon, Ethiopia, Kenya, Lesotho, Malawi, Mali, Morocco, Zambia, Zimbabwe;

Asia: Bangladesh, Mongolia, Pakistan, Samoa, Sri Lanka, Thailand;

Western Asia: Bahrain, Jordan, Syria, Yemen;

Latin America: Nicaragua, Peru;

Europe: Cyprus.

3. The national survey programmes under NHSCP cover a wide range of social, socio-economic and demographic topics reflecting national needs and priorities as determined jointly by national users and producers of statistical data. Most countries have covered household income and expenditure, labour force and employment, demographic characteristics, migration, health and nutrition in survey activities carried out as part of their national programme. In a number of cases, agricultural surveys form an important component. In 12 of the 24 participating countries there is a "core" survey, which is repeated annually.

4. The survey programme forms an integral part of the national statistical system and several countries included it in the national development plan. All countries have committed substantial national resources for the survey programmes; these cover primarily the cost of staff salaries, data collection operations, data processing and publication. The principal data users are closely associated with the various stages of the survey programme.

5. All the countries have completed several rounds of surveys and most of them have carried out more than one survey round per year. By and large, countries implemented the survey programme as planned. Some undertook additional surveys in response to specific requests from users, while a few postponed a planned survey owing to budgetary constraints.
6. It is noteworthy that most countries have processed and published the survey results without much time lag. Results were generally available to principal users a year after completion of the field work of data collection. Printing and publication took a few months more. Survey results are increasingly being used for programme formulation and evaluation. The main users are the planning agencies and the ministries of agriculture, labour and health.
7. All participating countries have made earnest efforts to develop the survey infrastructure and improve the national skills and capabilities in the planning and execution of household surveys and in the analysis and use of survey results. NHSCP emphasizes, in particular, systematic development of a field agency for data collection, strengthening of data processing facilities and skills and improving the professional competence of survey personnel, especially in survey design and data analysis. There has been substantial progress in all these areas.
8. All the countries have a permanent field force for carrying out household surveys and, in most cases, it extends to the level of the primary interviewer. A number of countries have made appropriate additions to the field staff. However, data collection operations are affected in some countries, especially at the supervision level, owing to inadequate transport facilities. Shortage of vehicles and fuel continues to be a problem in the African countries.
9. Sixteen of the 24 countries have computer installations within the national statistical offices. Seven of them have upgraded the computer equipment to cope with the increased volume of data processing. The national statistical offices without in-house main-frame computers have been assisted to set up microcomputers. The increasing use of microcomputers by these and other countries has reduced the time taken for data entry and editing. Data processing delays, however, persist in a number of countries mainly owing to shortage of trained programmers caused by high turnover and the lack of data editing packages adapted to the available hardware.
10. Countries have continued to give priority to training of survey personnel. Training under NHSCP is planned at three levels - within the country, within the region and at international institutions. Country level training is encouraged in particular as a large number of staff can take advantage of it and the training courses can be adapted to the special needs and circumstances of the country concerned. Sixteen of the 24 countries have such facilities, many of which have been established as part of NHSCP. The quality of training offered has improved over time. Countries have been assisted in developing suitable curricula and training materials.
11. Simultaneously, full advantage is taken of the training facilities available in the regions. Special mention should be made of the regional centres operating

under the Statistical Training Programme for Africa (STPA), and the useful role played by regional training workshops organized by the Economic and Social Commission for Western Asia (ESCWA) for household survey personnel of member countries. India continued to organize regional training courses in the context of NHSCP for the benefit of the countries of Asia and the Pacific. Four courses have been organized so far, two of them on survey methods and two on data processing. There is wide participation in each course, which usually extends over 16 to 18 weeks. The training facilities offered by India illustrate the practical application of technical co-operation among developing countries (TCDC). TCDC is also pursued in Latin America, under which professional staff from participating countries are deputed to more advanced countries of the region for special training.

12. In addition, all the country programmes have a provision for several fellowships for more advanced training in international institutions and foreign universities. Special emphasis is given to on-the-job training, with the help of country-based experts and consultants. Most of the training fellowships awarded have yet to be completed, but where trainees returned they have generally made good use of the knowledge gained in sampling methodology, data processing and analysis for betterment of the country surveys.

13. Shortage of trained personnel is still an acute problem in a number of countries. This is accentuated by rapid turnover of trained staff. The immediate solution to this problem seems to be to train a larger number of persons and wherever possible provide them with adequate staff incentives to continue in the statistical office. There is also the need for further training of professional statisticians/economists in data analysis and report preparation. Such facilities are not generally available in existing training institutions and special measures are required to cover these topics in the courses offered by them. Meanwhile, on-the-job training with the help of resident experts is encouraged.

## II. STATUS OF EXTERNAL ASSISTANCE

14. Donor support for NHSCP country projects is making slow but steady progress. At the end of April 1986, the cumulative value of external assistance amounted to over \$US 18 million. This amount includes funds earmarked or committed, as well as those already disbursed. Among the donor agencies, the United Nations system (United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA) and United Nations Children's Fund (UNICEF) account for 41 per cent of the total aid, the United States of America for 18 per cent, Canada for 16 per cent and the World Bank for 6 per cent. The remaining 19 per cent came from 15 other multilateral and bilateral donors. Canada is the latest bilateral donor to support NHSCP country activities. It agreed to meet in full the external assistance required by two major developing countries, Bangladesh and Pakistan, through a funds-in-trust arrangement with the United Nations.

15. Participating countries have received external assistance in most cases within the overall ceilings established by the donor agencies for technical co-operation activities in the countries concerned. By and large, assistance is given in the form of technical advisory services, training fellowships and essential equipment,

especially data processing equipment. Only in exceptional cases are local operational costs and staff salaries shared by the donors, though owing to national budgetary difficulties several countries expressed the need for external support in this area also.

16. A number of countries have not been able to secure the full amount of external assistance they had originally sought. Nevertheless, they went ahead with the implementation of the survey programmes. Some countries had to revise the scope and timing of the surveys in accordance with available resources. They also took advantage of the NHSCP framework to pool together and make optimum use of the funds offered by donors for specific data collection activities by including them in the survey programme. This helped in overall reduction of the cost of technical co-operation. The outputs of the survey programme are expected to generate more comprehensive data which can better serve the purpose of the donors in their respective development activities in the countries.

17. There is still an estimated shortfall of over \$US 10 million in the total assistance required by the participating countries. It is hoped that the donor agencies concerned will cover the resource gap over the next three to four years. Regular contacts are maintained with donor agencies to inform them of the progress of NHSCP and to consult on possibilities of further assistance to the country programmes.

### III. PROGRAMME CO-ORDINATION AND MANAGEMENT

18. The National Household Survey Capability Programme has continued to be sponsored by the United Nations, UNICEF, UNDP 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). ILO has made available three advisers to work as an integral part of NHSCP regional teams, in the Economic Commission for Africa (ECA), the Economic Commission for Latin America and the Caribbean (ECLAC) and the Economic and Social Commission for Asia and the Pacific (ESCAP). 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 its experts to serve as consultants on health and nutrition surveys.

19. 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 of the United Nations Secretariat and the statistics divisions of the regional commissions and the specialized agencies. Formal and informal provisions for consultations with a number of United Nations bodies, as well as the World Bank and major bilateral donor agencies, have been developed. The Programme Review Committee,

consisting of representatives of UNDP, the Department of Technical Co-operation for Development, UNFPA, the World Bank, the Statistical Office and UNICEF, oversees NHSCP activities at the global level.

20. High priority has been given to co-ordinating NHSCP with the survey programmes sponsored or supported by other international agencies. 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). Contacts have been established with Westinghouse Public Applied Systems, which is responsible for a series of demographic and health surveys supported by the United States Agency for International Development (USAID), and with the International Statistical Institute Research Centre, which is interested in development of survey methodology and promotion of technical standards in developing countries.

21. 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.

22. 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.

#### IV. TECHNICAL STANDARDS

23. The promotion and maintenance of technical standards continue to be an important Programme activity. A number of technical studies have been completed, and several others are in progress, to assist countries in the planning and organization of household surveys. The studies cover survey methodology, survey practices for major subject areas, data processing, and data analysis, reporting and use. Studies published so far cover development and design of survey questionnaires, control of non-sampling errors, survey data processing and the role of NHSCP in providing health information. A study on sampling frames and sample designs for integrated household survey programmes will be ready by July 1986. Studies in preparation cover surveys of the nutritional status of children, household health surveys (both in co-operation with WHO), income and expenditure surveys (in co-operation with ILO and the World Bank) and surveys of the economically active population (ILO). All the above-mentioned studies are expected to be completed during the biennium 1986-1987. The NHSCP studies supplement the United Nations Handbook of Household Surveys and several related publications of the regional commissions and specialized agencies.

24. 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. With regard to surveys for which there is a commonly agreed methodology and a uniform set of procedures that can be recommended to countries, studies are prepared in the form of manuals describing the specific methods and procedures.

25. The technical studies are widely distributed among the developing countries. Several of the studies have been translated into Arabic, French and Spanish and the others also will be available soon in the three languages. The studies have proved useful in national and regional training programmes and they serve as valuable reference material for practising survey statisticians.

#### V. OTHER DEVELOPMENTS

26. During December 1985 there was an interim evaluation of NHSCP by a three-member expert team to assess the extent to which NHSCP has succeeded in meeting its objectives and to recommend measures to make the Programme more effective. The team visited the NHSCP Central Co-ordinating Unit in New York, ESCAP, ECLAC, ECA, ESCWA, ILO, FAO and WHO to study their respective roles and activities in the implementation of the Programme. It also held discussions with the members of the NHSCP Programme Review Committee. The team made a detailed study of Programme activities in 12 participating countries and visited 7 of them for a first-hand assessment of country programmes.

27. The evaluation team supported the main objectives of NHSCP as sound and valid and made a favourable assessment of the Programme accomplishments. It noted, in particular, that all participating countries had made plans for integrated survey programmes, committed substantial counterpart funds for the survey programme and that many of them had carried out a number of surveys and produced the survey results expeditiously. The team was impressed with the close involvement of principal data users with the survey programme at various stages and the good use they are making of the survey results. The team also noted the significant improvement in the survey infrastructure and in the skills of the professional staff of the countries visited.

28. 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 underfunding, 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, owing to a paucity of staff, the Central Co-ordinating Unit and the 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.

29. The team observed that, despite remarkable progress made by the countries, many of them still need greater 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.



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

31. At its meeting in March 1986 the NHSCP Programme Review Committee considered the interim evaluation report and accepted most of its recommendations. It also endorsed the broad programme of work for 1986-1987 (see sect. VI), and requested the Central Co-ordinating Unit to prepare, in collaboration with the regional commissions and specialized agencies, a comprehensive plan for NHSCP until 1992, describing the proposed programme activities, as well as the required inputs, for further consideration by the Programme Review Committee and eventual consultations with all interested donor agencies to solicit additional funding support. Accordingly, a proposal for a long-range plan is being prepared and will be presented to the Statistical Commission for its views.

#### VI. WORK PROGRAMME FOR 1986-1987

32. The work programme for 1986-1987 will continue to concentrate on systematic implementation of the country survey programmes through technical and logistic support, regular monitoring of progress and by helping countries to develop sound survey methodology and survey-taking skills. Technical assistance to countries will be provided, by and large, by country-based experts and consultants. To the extent resources permit, the technical advisers located in the regional commissions and the members of the Central Co-ordinating Unit will undertake short-term technical advisory missions to countries, especially those which principally depend on this type of support. There will be a comprehensive technical review and monitoring mission to each participating country, once a year, to examine the current status of programme activities and to suggest future courses of action. Countries are being encouraged to prepare regular progress reports to help periodic review.

33. Countries will also prepare and publish detailed reports on the surveys carried out. The reports will be widely disseminated within the country, as well as among other countries. Special arrangements will be made to enable key professional staff in national statistical offices to have access to relevant publications of special interest to them. Countries will also be encouraged to document their survey experiences - problems encountered and solutions found - for the benefit of other countries. The NHSCP Reporter will be restructured for better communication of inter-country survey activities and experiences.

34. Efforts to mobilize external assistance for country survey programmes will continue. The immediate priority is to ensure that countries already participating in NHSCP are able to secure the additional resources they require to complete the first phase of the survey programme. Simultaneously, the countries will be encouraged to use less expensive means of technical assistance, to have greater recourse to technical co-operation among developing countries and to increase their own contribution to the cost of the survey programme, especially the local costs.

35. 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.

36. Project formulation missions will be necessary in some of the countries to be covered during 1987. Such missions will be undertaken in a few others also, which have a good possibility for donor support. About seven project formulation missions are planned during 1986-1987.

37. 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. Among the additional studies, priority will be given to education and literacy surveys, to the use of microcomputers 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.

#### VII. POINTS FOR DISCUSSION

38. The Commission may wish to comment on the progress made by NHSCP (paras. 2-25) and the proposed work programme (paras. 32-37).

#### Notes

1/ Official Records of the Economic and Social Council, 1985, Supplement No. 6 (E/1985/26), para. 117.

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