

<b>AGENCY FOR INTERNATIONAL DEVELOPMENT</b> <b>PROJECT DATA SHEET</b>	<b>1. TRANSACTION CODE</b> <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete <span style="font-size: 2em; border: 1px solid black; padding: 2px;">A</span>	<b>Amendment Number</b> <hr/>	<b>DOCUMENT CODE</b> <span style="font-size: 1.5em;">3</span>
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<b>2. COUNTRY/ENTITY</b> Worldwide	<b>3. PROJECT NUMBER</b> <span style="font-size: 1.2em;">936-3023</span>
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<b>4. BUREAU/OFFICE</b> S&T/POP <span style="float: right; border: 1px solid black; padding: 2px;">36</span>	<b>5. PROJECT TITLE (maximum 40 characters)</b> <span style="border: 1px solid black; padding: 2px;">Family Health and Demographic Surveys</span>
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<b>6. PROJECT ASSISTANCE COMPLETION DATE (PACD)</b> MM DD YY <span style="font-size: 1.2em;">09   30   94</span>	<b>7. ESTIMATED DATE OF OBLIGATION</b> (Under "B" below, enter 1, 2, 3, or 4) A. Initial FY <span style="border: 1px solid black; padding: 2px;">84</span> B. Quarter <input type="checkbox"/> C. Final FY <span style="border: 1px solid black; padding: 2px;">88</span> *
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8. COSTS (\$000 OR EQUIVALENT \$1 = )						
A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	1,900		1,900	53,350		53,350
(Grant)	( 1,900 )	(        )	( 1,900 )	( 53,350 )	(        )	( 53,350 )
(Loan)	(        )	(        )	(        )	(        )	(        )	(        )
Other U.S.						
1.						
2.						
Host Country						
Other Donor(s)						
<b>TOTALS</b>	1,900		1,900	53,350		53,350*

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION 5 yrs.		F. LIFE OF PROJECT 5 years.	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PN						22,050		22,050	
(2) HE						2,625		2,625	
(3)									
(4)									
<b>TOTALS</b>						24,675		24,675	

<b>10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)</b>	<b>11. SECONDARY PURPOSE CODE</b>
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<b>12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)</b>
A. Code    B. Amount

**13. PROJECT PURPOSE (maximum 480 characters)**

Improve the information base for economic and social planning and population/health program management in developing countries through implementation of scientifically designed sample surveys of demographic and family health trends.

<b>14. SCHEDULED EVALUATIONS</b> Interim <span style="font-size: 1.2em;">07   87</span> <span style="font-size: 1.2em;">07   90</span> Final <span style="font-size: 1.2em;">07   93</span>	<b>15. SOURCE/ORIGIN OF GOODS AND SERVICES</b> <input type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input checked="" type="checkbox"/> Other (Specify) <span style="font-size: 1.2em;">935</span>
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**16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment)**

\*LOP cost over ten-year period FY 84-93 is \$53,350,000; of which \$45,500,000 is expected to come from S&T Bureau. The remaining \$7,850,000 is expected to come from USAIDs and other bureaus. Authorization of S&T funding of \$24,675,000 is requested for the first five years under this action.

<b>APPROVAL: ST/H, GCurlin</b>		<b>18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION</b> MM DD YY 
<b>17. APPROVED BY</b>	Signature: Title: Steven W. Sinding, Director, S&T/POP Date Signed: MM DD YY <span style="font-size: 1.2em;">02   27   84</span>	MM DD YY 

- 1 -  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D. C. 20523

SENIOR ASSISTANT ADMINISTRATOR

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: AA/PPC, Richard *Richard*  
FROM: S&T, N. C. Brady *N. C. Brady*  
SUBJECT: Family Health and Demographic Surveys Project 936-3023

Action: Your approval is requested to authorize S&T Bureau funding in the amount of \$24,675,000 for the first five years of the new Family Health and Demographic Surveys project (936-3023).

It is planned that a total of \$2,775,000 will be obligated in FY 1984.

Discussion: Support for demographic and family planning survey data collection activities has formed an integral part of A.I.D.'s population assistance program for more than a decade. The two largest such activities have been the World Fertility Survey (WFS) and the Contraceptive Prevalence Studies (CPS). Both of these projects are ending in FY 1984.

These data collection efforts have played a critical role in the strengthening of population policies, and in population program management and evaluation in many participating countries. They have also resulted in a much clearer picture of fertility and family planning levels, trends, and determinants in more than 50 LDCs.

There continues to be a critical need for basic data in the 1980's as more and more countries seek to improve the design and management of their programs in population and health. New technologies such as oral rehydration and alternative approaches to family planning such as natural family planning require a reliable data base from which to determine program priorities and measure program impacts. Many countries, especially in Africa, did not participate in the earlier surveys and lack baseline data on national patterns of fertility, family planning and maternal and child health needs. Other countries have carried out baseline studies but need to resurvey to discern trends and examine their program impacts. Still others have established baseline and trend information and need to use the survey approach to improve knowledge of how and why alternative policies and programs affect national goals.

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The new Family Health and Demographic Surveys (FHDS) is designed to meet these varying information needs and assist in improving the decision base for a variety of policy and program concerns. The project will support the development of an improved database for policy design and program management in 20 to 25 developing countries. Important additional benefits will be significant improvements in the methodology and procedures for conducting surveys and the development of LDC capabilities to plan and carry out such research.

This project is an important example of a ribbon project in which S&T resources are used to improve available technology and technical resource base for the design and implementation of country studies addressing common themes. The need for an improved database for both population and health program design makes funding out of the two accounts appropriate. Over the life of the project, we expect that an increasing proportion of the country study costs will be met with bilateral population resources and host country contributions.

Justification to Congress: An Advice of Program Change is in process. This project is cited on page 42 of Annex V, Centrally Funded Programs, of the Congressional Presentation for FY 1984.

Clearances Obtained: A ten-year Project Paper has been reviewed and endorsed at all levels of the Agency. However, we are requesting authorization for only five years at this time. This five-year authorization a) reflects no commitment on your part to go beyond five years and b) will encompass activities which can be accomplished in five years. Comments from each regional bureau, S&T Bureau, CM, and PPC have been solicited and incorporated into the PP as appropriate. The Population Sector Council review was held on December 15, 1983, requested changes have been made, and no outstanding issues remain. Minutes of that review are attached (Attachment 2).

Recommendation: That you sign the attached authorization.

Attachments:

1. Project Authorization
2. Sector Council Minutes, 12/15/83
3. Project Paper (936-3023)

Clearances:

ST/POP/R, JDShelton *draft*  
ST/POP, SWSinding *AMS*  
ST/HP, JESarn *JD*  
ST/PO, GEaton *okm*  
PPC/PDPR, EHullander *LEH*  
GC, HFry *AMJ*

Drafted by: ST/POP/R:RMCornelius:wam:1/23/84:x59692:0033Z  
Revised: 4/3/84:vle

-1-

## Project Rationale and Description

### 1. Rationale

The frequently cited world population explosion is largely a phenomenon of the twentieth century. The rate of world population growth has increased from about .1% in 1650 to a high of 2.0% in 1970. Most of this increase occurred after 1900 as a result of a dramatic decline in death rates. Total world population has increased from about 500 million in 1650 to more than 4.5 billion today.

Sustained high population growth has serious implications both for economic development and individual health and prosperity. Since 1965, development assistance organizations including A.I.D., have responded to this urgent problem by supporting programs aimed at reducing unwanted fertility. A.I.D. has taken a leading role in stimulating new population policies, and in providing technical assistance to family planning and related population programs throughout the developing world. Thus far, A.I.D. has devoted more than \$2 billion to these population assistance programs.

Support for demographic and family planning survey data collection activities has always formed an integral part of A.I.D.'s population program. The two largest such activities have been the World Fertility Survey (WFS) and the Contraceptive Prevalence Studies (CPS) projects. In addition, more limited

survey programs have been undertaken by UNC/Poplabs, the Centers for Disease Control, and Family Health International. These projects are discussed in more detail elsewhere (see Technical Analysis and Annex 1).

Survey data collection and analysis activities have played a critical role in the formulation of sound population policies in LDCs, and in the planning and evaluation of population and family planning programs. For example:

- Presentation of new WFS or CPS findings have contributed directly to a strengthening of national population policies in several LDCs (e.g., Mexico, Kenya and Nepal), and indirectly in many more through incorporation into RAPID presentations.
- Surveys have been used to identify target groups for family planning efforts, baseline knowledge, attitudes, and practice of contraception, and factors other than contraception affecting fertility (e.g., breastfeeding, socioeconomic variables, community-level factors, infant mortality). These studies have led to a more clear theoretical understanding during the past decade of how various determinants interact to affect fertility. Moreover, program administrators have utilized these data to design new service interventions.

- Program evaluation is probably the area in which survey data have had the most critical impact during the past decade. A.I.D.-supported survey projects (i.e., WFS, CPS, POPLabs) are in fact responsible for much of what we know about LDC fertility trends and differentials during the 1970s. Additional information on trends in contraceptive knowledge, availability, and use have made it possible to draw inferences regarding the impact of population assistance programs. Thus, these data have had an important political and programmatic impact in support of new and existing population programs.

The need for high quality program-relevant data is not specific to the 1970s. There is an equal need for such data in the next decade. For example:

- Many countries, particularly in Africa, have never participated in the WFS or CPS and have not undertaken any recent nationally representative survey of fertility, family planning, or maternal/child health. For these countries, it is important to conduct such a survey to provide baseline data on demographic trends and MCH indicators for use in economic/social planning, population policy formulation, or MCH/FP program design and management.

- Other countries may have undertaken surveys in the past and are enthusiastic about repeating them at regular intervals, but continue to require technical and/or financial assistance. These tend to be countries with active family planning programs who, based on experience with WFS and CPS, recognize the practical utility of survey data for monitoring trends in fertility and contraceptive use. For many of these countries, a relatively focused, hi-speed, low cost CPS-type survey would be extremely useful.
  
- Still other countries may have reasonably good data on recent trends, but feel the need to achieve a more detailed understanding of the proximate determinants and socioeconomic factors related to fertility or contraceptive use. This may be especially appropriate in countries where, despite a long history of family planning program activity, contraceptive prevalence has either remained very low (e.g., Kenya, Nepal, Pakistan, Bangladesh) or has reached a plateau (e.g., Sri Lanka, Philippines). Innovative quantitative and qualitative surveys of the target population in conjunction with (for example) operations research or other diagnostic research on service providers, could provide fresh new insights on how to improve program performance.

A recent Expert Meeting on demographic and family planning data needs convened by A.I.D. strongly recommended that the Agency continue its support of survey programs to collect information on fertility, mortality, maternal/child health, family planning, and proximate/socioeconomic determinants of fertility and family planning. The Family Health and Demographic Surveys (FHDS) project is specifically designed to address these various policy and program needs. As the primary source of population survey assistance within A.I.D. for the next several years, the FHDS project must be responsive to varying circumstances in LDCs at different stages of population and maternal child health program development, and with differing survey experience and capabilities. With this in mind, the objectives and technical approach of this new project are described below.

## 2. Objectives

Within the broader context of A.I.D.'s overall development assistance strategy, the central program goal of the population assistance program as expressed in the A.I.D. Population Policy Paper is "(1) to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children; and (2) to encourage population growth consistent with the growth of economic resources and productivity."

As an integral component of this program goal, the purpose of this project is to improve the information base for economic and social planning and population/health program management in developing countries through implementation of scientifically designed sample surveys of demographic and family health trends. Ancillary objectives are (1) to make significant advances in both the methodologies and procedures for conducting surveys of this type, and (2) to emphasize institutionalization of LDCs capabilities to undertake high quality demographic and family health surveys in the future.

### 3. Detailed Project Description

The following expected outputs and end of project conditions are derived from the three objectives described above:

- New methodologies for collecting, processing, and analyzing demographic and family health data will be developed and tested.
- Demographic or family health surveys will be conducted in 35-40 developing countries. A total of approximately 75 surveys is projected.
- The main findings for each survey will be disseminated through five mechanisms: (a) pre-publication

dissemination of preliminary findings within country whenever possible; (b) publication of a final detailed analysis report at the conclusion of the survey; (c) publication of a brief summary report; (d) an in-country seminar for the local policy-making and research community to discuss survey findings and plan any need further research; and (e) maintenance of an active data archive.

- A limited number (50) of further analysis subprojects will be supported. A.I.D. will work with the prime contractor(s) to develop a list of topical priorities for these further analysis subprojects. Priority will be given to projects actively involving host country researchers.
  
- Demographic data generated through this project are expected to be fully utilized by host country policymakers for economic, social, and health planning; and the family health data will be utilized for program management and evaluation.
  
- Host countries' executing agencies, through repetition of survey operations over the course of this project and its predecessors, will become technically capable of conducting surveys of this type in the future.

A more detailed description of the major project outputs is presented below:

1. Development and Testing of New Survey Methodologies and Procedures

As noted above (see Rationale), this project is expected to serve as the primary source of A.I.D. population/health survey assistance during the next several years. This means that the project will be expected to respond to divergent information needs from LDCs at various stages of population/health program development. Therefore, on the one hand it is clear that survey questionnaires and procedures will need to be tailored to the specific capabilities and needs of each participating country.

At the same time, our experience with previous large survey projects (e.g., WFS, CPS, POPLabs, CDC) has amply demonstrated the wisdom of collecting data on "core" variables in a standardized fashion. The standardized approach has several readily apparent advantages:

- It negates the need to design a totally new questionnaire in each country, resulting in considerable savings in time and money (i.e., economy of scale);

- It insures that core variables are collected using a scientifically designed and tested approach, increasing the probability that the resulting data will be valid and reliable;
- It enables cross-national analysis of data and makes it possible to compare trends in different countries and regions of the world;
- Within a single country, times series analyses of trends are facilitated if previous surveys have utilized a similar standard approach to measurements of key variables; and,
- It facilitates computer editing and tabulation by reducing the amount of time required to adapt generalized software packages to a specific country data file.

In practice, our experience has shown that it is possible to achieve a fairly high degree of standardization without sacrificing responsiveness to individual country needs. We find that host country counterparts are enthusiastic about utilizing a core questionnaire that is internationally tested and accepted. Special data needs can

then be met by (a) adding modules or questions to the core questionnaire which deal with topics of special interest and (b) adapting the entire questionnaire to the local languages, dialects, and colloquial phrases prevalent in each country.

This basic approach, which has been successfully applied in earlier A.I.D. survey projects, will be replicated in the FHDS program. The contractor(s), with the advice and assistance of outside consultants, will carefully review survey questionnaires and related documentation developed by the WFS, CPS, and POPLabs and, using these as a base, reformulate three new core questionnaires corresponding to the three major types of surveys envisioned, i.e.,

- a. Baseline/follow-up surveys of fertility, including basic information on various proximate and socioeconomic determinants (WFS-type surveys);
- b. Family health surveys which concentrate on collection of detailed information on contraceptive knowledge, availability, and use; source of supply, user satisfaction, fertility family planning intentions, assessment of reproductive health and high risk pregnancy, unmet need for family planning, etc. (CPS-type surveys);

c. In-depth surveys to collect more detailed data on proximate or socioeconomic determinants of fertility and family health. These surveys may utilize structured, closed questions and/or less structured, open-ended interviewing techniques, depending on which approach is most likely to yield the most revealing information of determinants in a particular country situation.

Efforts to develop new prototype survey questionnaires should also take into account various technical reviews of WFS, CPS and POPLab methodologies and procedures, such as previous project evaluations, the WFS Assessment Program, WFS Data Evaluation Reports, and recent work by Cleland and Anderson in which the quality of WFS and CPS data is compared. Indeed, this same continuous introspection is envisioned under the FHDS project as well.

In addition to model questionnaires, the contractor(s) will need to develop supporting documentation giving guidelines for interviewer and supervisor training, data processing, and analysis. In response to participating country demand, the contractor will also assist host country counterparts to develop additions to the core questionnaire. Examples of possible topics include:

- Community factors affecting fertility and family planning;
  
- Family planning attitudes, reasons for use/nonuse, and user satisfaction (including special emphasis on natural family planning);
  
- Quality of services, cost/brand name of contraceptives, price elasticity, ancillary costs (e.g., travel to source of supply).
  
- MCH variables, including infant feeding practices, infant/child mortality and morbidity, childspacing, reproductive health, and the extent of use of specific health interventions such as immunizations and oral rehydration.

Of all the stages of survey work, the most difficult is usually data processing. In the WFS, for example, problems with data editing and tabulation using host country computer facilities have resulted in delays of up to 2-3 years in many cases. In order that publication of final country reports for FHDS and other future surveys may be completed in a more timely manner, it is essential that some emphasis be placed on making survey data processing more efficient. Following are some suggested approaches:

- Critical evaluation of the cost-benefit of WFS and CPS machine editing procedures (WFS' own forthcoming assessment on this issue should be helpful).
- Evaluation of available editing and tabulation software; development of new software available for use on microcomputers, focusing especially on straightforward analysis techniques.
- Distribution of microcomputer hardware in up to 20 LDCs; provision of necessary training and support;
- Support for further development and testing on the use of hand-held microprocessors for data entry and preliminary editing in the field.

The participants in the Expert Meeting on demographic data needs gave particularly high priority to the development of improved editing and tabulation software for microcomputers. Such efforts could result in significant improvements in survey efficiency during the course of this project.

## 2. Completion of Demographic and Family Health Surveys

Over the ten-year project life, it is anticipated that approximately 75 surveys will be completed in 35-40 developing countries. Using the typology developed in the previous section, it is expected that about 20 of these

surveys will be of the WFS-type, at least 45 of the CPS-type, and approximately 10 in-depth surveys. Of the ten in-depth surveys, approximately five will be executed by the prime contractor(s) and funds for the remaining five will be reserved for unsolicited survey proposals from other organizations.

The content of surveys conducted under this project should be flexible enough to be responsive to the varying data needs and political/cultural contexts found in the developing world today. As a minimum, it is expected that each survey will collect basic data on fertility (e.g., date of last live birth), contraceptive knowledge, availability, and use; other major proximate determinants (e.g., nuptiality, breastfeeding, factors affecting fecundity, fertility desires), and basic demographic characteristics. Beyond this, countries will be able to develop other questionnaire modules or special questions according to their own needs. These different possibilities underscore the need for flexibility in questionnaire design. For example, a survey concentrating on fertility should include a full pregnancy history, whereas a CPS-type survey might include only minimum questions on date of last live birth or an abridged pregnancy history.

The WFS and CPS projects have in many ways laid the groundwork for successful implementation of this project.

More than 50 developing countries have conducted surveys under one or both of these A.I.D.-supported projects, and there is ample evidence of continued demand for these types of surveys. Consequently, it is fully expected that the new Family Health and Demographic Surveys project will be able to sustain the considerable momentum established by the WFS and CPS in terms of country participation.

Countries will be selected for participation based upon close consultation with the Regional Bureaus and on consideration of a number of interrelated criteria, among which are the following:

- i. Country is of high programmatic priority.
- ii. Existence of adequate survey capabilities (e.g., supervisory personnel, computer facilities, etc.).
- iii. Strong interest expressed by host government and USAID.
- iv. Country is not prohibited from receiving assistance under the Foreign Assistance Act.

Based on these criteria the following LDCs may be identified as key potential participating countries for this project (see also Annex 2):

<u>Africa</u>	<u>Near East</u>	<u>Asia</u>	<u>Latin America</u>
Botswana	Egypt	Bangladesh	Barbados
Burundi	Jordan	India	Bolivia
Cameroon	Morocco	Indonesia	Colombia
Ghana	Tunisia	Nepal	Dominican
Ivory Coast	Turkey	Pakistan	Republic
Kenya	Yemen	Philippines	Ecuador
Lesotho		Sri Lanka	El Salvador
Liberia		Thailand	Guatemala
Mali			Haiti
Nigeria			Honduras
Rwanda			Jamaica
Senegal			Mexico
Somalia			Panama
Sudan			Paraguay
Togo			Peru
Upper Volta			
Zaire			
Zambia			
Zimbabwe			

Procedures for recruiting participating countries and implementing surveys are described in detail under Implementation Plan.

### 3. Dissemination of Findings

In order for survey findings to be effectively utilized, they must be timely and presented in an interesting and informative manner. With these concerns in mind, it is proposed that the FHDS project adopt five basic approaches for disseminating survey results:

a. Pre-publication dissemination of preliminary findings whenever possible. In this case, pre-edited data could be compiled immediately after data entry onto tape or disk. Preliminary tabulations could be prepared and either provided informally to host country policy-makers or, ideally, a brief report could be published in limited quantities describing major trends and differentials indicated by the data (with appropriate caveats). The key concern here is to get the information in summary form into the hands of policy-makers and family planning program administrators as soon as possible after completion of field work.

b. Publication of a final report for each survey. This report, published in the local language, should include a detailed description of the country setting, survey objectives, survey methodology and organization, presentation of findings, and major policy implications. The report ordinarily should be no longer than 100 pages in length and should include an executive summary and a set of detailed tabulations.

c. Publication of a brief summary report. This report would also be completed for each survey in English, French and/or Spanish. Essentially, it is envisioned as a 10-20 page condensation of the final report. It should be organized like the final report, but would contain only a few summary tabulations.

d. In-country seminar at the time the final report is published. This seminar would bring together the local research and policy-making community and the press to announce the release of the data, summarize the findings and their policy implications, and discuss priorities for further analysis of the data. In the past, such seminars have been a very effective means of focusing national attention on the population issue and, more specifically, the policy and program implications of survey results. Similar conferences could also be organized on a regional basis when an international exchange of information and views is considered desirable.

e. Establishment of a data archive. The prime contractor will establish and maintain a data archive consisting of an edited data tape and full supporting documentation for each survey. Copies of these materials and/or special unpublished tabulations will be

made available to requesting individuals and institutions, subject to any terms and conditions imposed by the host country. The philosophy of this project will be to work with host governments to minimize such restrictions in order to promote maximum utilization of project data by the international scientific community.

In addition, there is continued strong interest by the international population community in obtaining data archive services for WFS data. Maintaining of the WFS archive is particularly important to allow adequate opportunity for further analysis of the WFS surveys from Near East and African countries, which participated in the project at a relatively late stage. In order to maintain the WFS archive in its present form and avoid unnecessary disruption of archive services to users, approximately \$250,000-\$300,000 per year from this project will be provided to the International Statistical Institute (ISI) during the first three years of the FHDS project period. We believe that ISI has a predominant capability for providing this useful service.

#### 4. Further Analysis of FHDS Survey Data

Data collected through the FHDS project will contain a wealth of program-relevant data which can only be partially

analyzed in final report. Support of a data archive and tape distribution system will make it possible for researchers worldwide to obtain data tapes and utilize them to do special analysis. If the WFS experience is any indication, international interest in further analysis will be very high: more than 500 further analysis studies have been undertaken using WFS data, of which approximately 60 have been supported through A.I.D.'s grant to the WFS. While not all 500 such analyses have yielded important findings, the analysis of WFS data has led to very significant substantive and methodological advances in fertility research.

Therefore, limited project funds will be set aside for support of further analysis of FHDS data, primarily by outside researchers. Priority for funding will be given to projects involving LDC researchers pursuing analysis topics that are of direct relevance to population policies and programs. In this regard S&T/POP will explore the feasibility of setting aside a portion of FHDS further analysis funds to informally or formally commission studies of particular program interest. These high priority studies, as well as other further analysis research directly supported by FHDS, will be published under the FHDS publications program.

### Financial Plan

Tables 1, 2 and 3 present the financial plan for the Family Health and Demographic Surveys project. Table 1 summarizes project costs by line item and source of funding; Table 2 gives project costs by line item and major output category; and Table 3 presents A.I.D. inputs by line item and fiscal year.

Total A.I.D. project expenditures are estimated at \$53,350,000 over the ten year project period FY 1984-FY 1993. Of this amount, \$40,250,000 is expected to come from S&T/POP and \$5,250,000 is expected from S&T/H. Regional Bureau and/or Mission inputs (from the population and health accounts) are estimated at \$7,850,000. This represents full funding of 35 surveys (out of a total of 75) at an estimated average cost of \$200,000 each during the first five years and \$250,000 each during the second five years, not including host country inputs. In addition, it is likely that some contributions will be made by Regional Bureaus and USAIDs for specific further analysis subprojects; however, the probable amount of such contributions is difficult to estimate at this time.

S&T/POP has also been notified by the World Bank of its possible interest in supporting the FHDS project. Based on information available so far, it appears most likely that any such financial support might be channelled bilaterally by the Bank to recipient countries, rather than through A.I.D. Therefore, no provision for World Bank inputs has been made in the Financial Plan of this PP.

Each host country government will be required to provide an appropriate contribution toward local survey costs. Based on previous experience these inputs have been conservatively estimated at about 25% (i.e., \$60,000 x 75 surveys), but in fact we hope that this proportion will rise somewhat over the course of the project as surveys become more institutionalized. In general, host country inputs are expected to include in-kind goods and services such as local professional staff salaries, use of vehicles, computer time, office space, etc.

Table 1. Estimated Expenditures, FY 1984-1993,  
by Funding Sources, 936-3023, in \$(000)

	TOTAL	ST/POP	ST/H	Reg. Bur. / USAID	Host Country*
Professional staff	12,885	12,100	785		
Support staff	2,780	2,610	170		
Consultants	1,280	1,200	80		
Travel	3,835	3,600	235		
Publications	2,015	1,890	125		
Computer costs	1,760	1,650	110		
Indirect costs	6,225	5,840	385		
Survey costs	21,250	5,900	3,000	7,850	4,500
Further Analysis/ Costs	1,535	1,440	95		
Other Costs/ Contingency	4,285	4,020	265		
<b>T O T A L</b>	<b>57,850</b>	<b>40,250</b>	<b>5,250</b>	<b>7,850</b>	<b>4,500</b>

\* Host governments will be expected to contribute at least one-fourth of the local survey costs. This contribution will probably be "in kind" (e.g., salary costs for senior staff, office space, computer time, vehicles, etc.), and therefore is not included in Table 3.

TABLE 2. Total Estimated Expenditures, by Major Output Category,  
936-3023 (\$000)

	Total	Survey Method- ology	Survey Implemen- tation	Dissemin- ation of Results	Further Analysis
Professional Staff	12,885	1,305	9,003	1,272	1,305
Support Staff	2,780	310	1,895	280	295
Consultants	1,280	375	280		625
Travel	3,835	370	2,660	430	375
Publications	2,015	279		1,240	496
Computer Costs	1,760		560	870	330
Indirect Costs	6,225	555	4,375	615	680
Survey Costs	21,250*	1,500	17,750	2,000	
Further Analysis Costs	1,535				1,535
Other Costs/Contingency	4,285	370	3,020	430	465
<b>T O T A L</b>	<b>57,850</b>	<b>5,064</b>	<b>39,543</b>	<b>7,137</b>	<b>6,106</b>

\*Includes survey cost inputs from all sources (see Table 1)

Table 3. Estimated Expenditures, by Fiscal Year, (AID)  
936-3023 (\$000)

	All Years	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Professional Staff	12885	653	1148	1179	1305	1366	1397	1460	1490	1521	1366
Support Staff	2780	136	250	250	280	280	310	342	342	342	248
Consultants	1280	62	125	125	125	156	156	156	156	156	63
Travel	3835	155	340	375	402	432	432	463	463	463	310
Publications	2015	62	186	186	217	217	217	217	248	248	217
Computer Costs	1760	50	155	155	186	187	187	217	218	210	187
Indirect Costs	6225	245	616	620	650	677	677	708	708	708	616
Survey Costs	16750	1000	1600	1000	1800	1800	2250	2250	2000	1750	500
Further Analysis Costs	1535	0	92	185	185	185	245	245	184	153	61
Other Costs/Contingency	4285	250	370	400	431	462	462	493	524	524	369
<b>TOTAL</b>	<b>53350</b>	<b>2613</b>	<b>4882</b>	<b>5275</b>	<b>5581</b>	<b>5762</b>	<b>6333</b>	<b>6551</b>	<b>6333</b>	<b>6083</b>	<b>3937</b>
(of which ST/POP)	40250	1900	3650	4000	4250	4400	4000	4975	4750	4500	3025

### Implementation Plan

Successful implementation of this project will require close coordination between the eventual contractor(s) and AID, as well as a clear understanding of the division of responsibilities between AID, the prime contractor(s), and host country executing agencies. A summary of these responsibilities is presented below.

a. Prime Contractor(s). The contractor(s) will have primary responsibility for successful implementation of the FHDS project in conformance with this Project Paper and a negotiated contract/grant. This includes development of complete survey methodology and documentation, recruitment and scheduling of participating countries, negotiation of subagreements, provision of technical assistance in the implementation of surveys, dissemination of findings, maintenance of a data archive, and promotion of further analysis of FHDS data. Recruitment and organization of staff to accomplish these tasks will also be the responsibility of the contractor(s). The contractor(s) will be expected to communicate regularly with the AID Cognizant Technical Officer (CTO) on technical or program issues, and with CM/COD/PE concerning contractual issues. The contractor(s) will also be expected to provide regular progress and financial reports to AID, as specifically defined in the contract/grant.

b. A.I.D. The AID CTO will provide the contractor will overall technical and program guidance and insure that project planning and implementation is consistent with the design set forth in this PP. The CTO will be expected to help define priorities for development of new survey methodologies and procedures, and for recruitment and scheduling of participating countries; he/she will review and approve prototype survey documentation and survey/analysis subagreements; monitor progress in survey implementation, including regular site visits to surveys in the field; and process all required AID documentation for project implementation and evaluation.

The AID CTO will undertake close coordination with other offices in AID/W which can provide technical advice or have projects which are closely related to FHDS. For example, several projects in S&T/PDD have prior experience with in-depth surveys, national seminars, and the distribution of microcomputer hardware and software. On this latter issue, close collaboration with M/SER/IRM will also be desirable.

A.I.D. Regional Bureaus will be consulted regularly to obtain their views concerning priorities for country participation and scheduling, and special data needs. In cases when survey funding comes from a regional bureau or USAID, that office may wish to co-monitor (with the CTO) progress on that particular survey. In all such cases,

however, technical inputs should be made through the CTO who will function as technical spokesperson for the Agency.

c. Host Country Executing Agencies (usually a central statistical office or ministry of health) will have primary responsibility for actual execution of surveys in accordance with the terms and conditions of negotiated survey subagreements, and with technical and financial assistance as mutually agreed with the prime contractor. To the extent possible, all survey operations (including data processing and report writing/printing) will be carried out in-country in order to enhance institutional capability for completing population survey research.

The following represents a typical scenario for the implementation of a new survey: following a request from a developing country for participation in the FHDS, the contractor will make one or more visits to the host country (with prior USAID concurrence) to identify an appropriate local executing agency and complete the process of negotiating a subagreement specifying the workplan and budget for the proposed survey. Comments will be solicited from the local USAID Mission as appropriate before being submitted to S&T/POP/R and CM/COD/PE for final review and approval. Once approved, the contractor will schedule periodic technical assistance visits to the host country during key stages of the survey to insure that the survey is

progressing smoothly. As noted earlier, primary technical responsibility for survey implementation will rest with the host country executing agency and, to the extent possible, all survey operations (including data processing and report writing/printing) will be conducted in the host country in order to enhance institutional capability for completing population/health survey research. Survey findings will be disseminated through preliminary reports, final reports, report summaries, and national meetings involving key members of the host country population community.

During the first year of the project, it is envisioned that contractor activities will concentrate on recruitment of staff, development and testing survey methodologies and procedures, recruitment of countries, and negotiation of approximately 3-6 new survey agreements. After the first year, the contractor will initiate some 7-9 new surveys per year. Data archive and further analysis activities are expected to begin during the second year of the project.

Recruitment and scheduling of countries will be accomplished by (a) worldwide circulation to Missions of an announcement summarizing the objectives of the FHDS project and soliciting indications of USAID and host country interest; (b) regular meetings with the AID CTO and Regional Bureaus to agree on intraregional priorities; and (c) preliminary visits to selected countries.

Procurement of contractor(s) for implementation of this project will be accomplished competitively with the exception of support for maintenance of the WFS data archive, which we propose to accomplish through a three-year agreement with the ISI based on predominant capability.

### Project Analyses

#### 1. Technical Analysis

As discussed earlier (see Rationale), demographic and family planning data have been utilized extensively to understand basic population characteristics and trends, and for policy formulation, economic and social planning, and population program design and evaluation.

The three principal mechanisms for collecting demographic information are through vital registration, censuses, and sample surveys. Vital registration is the process whereby (in theory) all vital events (i.e., births, deaths, and marriages) are officially recorded at the time of occurrence. In practice, however, vital registration systems, though present in virtually all LDCs, suffer from a number of inadequacies that limit the usefulness of the resulting data. Perhaps the most important limitation is lack of completeness of registration. Typically, LDC vital registration systems in developing countries capture only about two-thirds of actual births and one-half of deaths. Still other events (especially births) are not always recorded in the year of their occurrence. Most registration systems also are hampered by a weak government infrastructure and a general

lack of public awareness and incentive to register vital events promptly. Donor efforts to improve vital registration systems (e.g., AID's Measurement of Demographic Change project) have had a positive impact, but the prospects in most LDCs for generation of reliable demographic data from vital registration systems is at best long-term.

Infrastructures for conducting population censuses in LDCs are relatively better developed, but censuses (like vital registration systems) are a very expensive source of data because they are directed at entire populations rather than at representative samples. Because of the enormous work and expense involved, the emphasis in censuses is in collecting only a few important bits of information at infrequent intervals (usually every ten years). These features make censuses a poor source of information on other than very basic population descriptors.

The use of sample surveys has a number of distinct advantages over the alternative methodologies discussed above. A survey is a smaller and cheaper operation; it requires far less personnel to implement; it may be custom-designed to collect detailed information on any set of topics or variables; and yet it still is representative of a total population. These and other similar considerations led to the creation in the 1970s of the World Fertility Survey (WFS) and the Contraceptive Prevalence Survey (CPS) projects by the Office of Population.

The WFS and CPS were, of course, implemented at different times and for different reasons, and therefore have had a very different impact. The WFS began at a time (1972) when demographic and family planning information were generally lacking in the LDCs and there was little agreement as to how/whether high quality fertility surveys could be done. As the first project of its kind, the emphasis in WFS has been on gathering as much survey data as possible, and in breaking new ground in survey data collection, processing, and analysis techniques. These factors combined with very high standards of quality set by WFS have resulted in data which are often the first and best of their kind in many participating countries. However, an important trade-off has been the cost and timeliness of these data.

CPS, on the other hand, was designed in 1976 as the complement to the WFS. That is, its orientation is on the gathering of data for family planning program management and evaluation, rather than for enhancing our understanding of demographic issues. It is designed to field surveys that can be completed faster and cheaper than WFS.

Each type of survey (CPS and WFS) has its advantages and disadvantages, and therefore both approaches have been utilized to respond effectively to the range of data needs presently found in the developing world. (See Annex 1 for a list of countries participating in these programs).

The FHDS project is intended as a consolidated follow-on activity to AID survey support now being provided primarily through the World Fertility Survey and the Contraceptive Prevalence Studies projects, both of which are scheduled to terminate in FY 1984. In fact, a majority of the countries likely to participate in the FHDS project will have undertaken a similar survey through WFS and/or CPS sometime during the past decade. This will be advantageous in at least three respects: (a) the new FHDS project will be able to utilize individual and institutional expertise built up as a result of WFS and CPS; (b) there can be some standardization (where appropriate) in the measurement of key variables between surveys; and (c) it will be possible to do much more time-series analysis of fertility and family planning trends than in the past. It is also possible that in some countries sampling frames developed through WFS and CPS may be utilized for a FHDS survey, thus further maximizing our return on past investments.

Another major ongoing effort that should be mentioned is the National Household Survey Capability Program (NHSCP) of the UN Statistical Office. This program is multisectoral in nature, but does provide for demographic surveys. In many cases, the FHDS project may be able to function in coordination with the NHSCP for such demographic surveys. Therefore, there should be close communication (at the national and international levels) between FHDS and the NHSCP.

Based on the foregoing, we conclude that the sample survey approach proposed under the FHDS project has important advantages compared to the use of vital registration or censuses. Although the problems in collecting reliable survey information (particularly at the community level) are by no means inconsequential, through long experience they have become increasingly well understood. This position is strongly supported by the participants in the recent Expert Meeting on demographic and family planning data needs. We also conclude, based on previous experience, that the FHDS project can be designed and implemented with sufficient flexibility to respond to varying data needs in developing countries.

## 2. Economic Analysis

Even in a climate of funding constraints, S&T/POP has consistently placed high priority on the collection and analysis of new data for population program management and evaluation. This reflects a recognition of the key role such data have had in shaping population policies and guiding LDC population programs. Among the most important sources of data have been the centrally-funded survey projects in S&T/POP, i.e., WFS, CPS, and Birth and Death Data Collection (UNC/POPLABS). These projects are responsible for much of our present knowledge of fertility and family planning levels and trends in LDCs. The new FHDS project is intended to maintain AID's role in insuring the flow of these important data to host governments.

Our experience with large-scale survey projects has demonstrated that surveys, when properly designed and executed, can be a highly cost-effective approach for collecting needed demographic and family planning data. As a source of demographic data, surveys are far less costly, more flexible in design/content, and easier to execute than censuses or vital registration systems. For family planning data, surveys are superior to service statistics in a number of respects, not the least of which is the fact that service statistics cannot measure use of contraception occurring outside a specific service delivery system. Moreover, surveys offer the opportunity to acquire data which can help us to more fully understand the socioeconomic, cultural, and program differentials and correlates of family planning behavior.

In survey research, the time and cost requirements for completing a survey are determined largely by sample and questionnaire design, survey organization, and local survey experience. Each of these factors deserves brief comment.

- Sample and questionnaire design requirements for surveys executed under the FHDS project will vary according to the type of survey requested by the host country. Family planning (or CPS-type) surveys will be the most common and least complex surveys in terms of questionnaire design; baseline or follow-up fertility

(WFS-type) surveys will include full or abridged fertility histories as well as items on basic proximate and socioeconomic determinants; in-depth surveys will include (in addition) more detailed structured and/or unstructured questions on determinants of fertility and contraceptive use. In general, the more complex surveys will require more time and technical assistance to complete. Sample size and dispersion also have obvious implications for survey costs, and are dictated primarily by the level of data precision and disaggregation (level of analysis, e.g., province or district) required by the host country.

- By survey organization, we refer here to central project organization rather than local field survey organization (although the latter can also affect survey costs).

When comparing the cost-effectiveness of implementing individual ad hoc surveys as opposed to a large centralized survey program, there can be little question of the advantages of the centralized approach.

Following are just a few examples:

- a. Ability to respond quickly to host country requests;
- b. Pooling of technical assistance capability in a central technical staff;

- c. Broad application of standardized and scientifically tested survey instruments and procedures; and
  - d. Possibility for synthesis of methodological and substantive findings and analysis within a comparative framework.
- Local survey experience can impact on time and costs by necessitating more or less outside technical assistance and/or by resulting in delays in survey progress.

Through a decade of previous experience with other projects of this type, S&T/POP is well aware of these issues affecting survey costs and efficiency, and will work closely with the prime contractor toward optimum design and implementation of surveys.

### 3. Social Soundness Analysis

#### A. Sociocultural Feasibility

The Family Health and Demographic Surveys project is envisioned as an interregional activity, and thus will be conducting country activities in widely varying social, cultural, and political settings. We expect that these factors will be reflected both in the selection of local executing agencies and in the content of the individual surveys. For

example, in Asia and Latin America, where population policies and programs are relatively well-developed, single-purpose fertility or contraceptive prevalence surveys are widely accepted and used. However, in Africa and parts of the Near East, family planning services (if offered at all) tend to be integrated with other maternal and child health services. This same broad integrated orientation usually is reflected in their data needs as well, and fertility/family health surveys in these regions tend to be broad and multi-purpose. FHDS project staff will need to be experienced in conducting population surveys in various LDC settings, and will need to be responsive to the political concerns and priorities of each participating country.

In survey research of the nature proposed here, proper survey techniques can maximize the feasibility of obtaining high quality data. Proper sample selection, culturally acceptable questionnaire wording, sound training of interviewers and supervisory personnel, and close supervision during field work are among the most important of these techniques. This project will emphasize the use of sound survey procedures at every stage of survey operations. Experienced technicians from the prime contractor will provide TDY supervision for each participating country as necessary. Moreover, the technical and financial design of each survey proposal will be carefully reviewed by technical staff in S&T/POP/R prior to A.I.D. approval.

There is now ample evidence that in most cultures information on fertility and family planning can be solicited from women and men in reproductive age by sensitive, skilled interviewers with little or no embarrassment. However, there are a few cultures (e.g., Nepal) where questions have been raised about the validity of data (particularly on contraceptive knowledge and use) collected through standard structured questionnaires. In such instances, FHDS project staff will carefully evaluate past experience and formulate an alternative approach to collecting the desired information. In some cases, this may involve testing of different terminology in a structured interview; in other cases, more unstructured, open-ended interviews may be desirable.

LDC researchers and policy-makers will play a key role in the development and implementation of this project. During the design of prototype survey instruments and supporting documentation, guidance from Third World experts will be solicited through consultancies or possibly through participation on an ad hoc technical advisory panel. During the design of individual surveys, host country inputs will be particularly important for determining questionnaire content, i.e., what the main data needs are, how questions should be phrased, and which questions are likely to be culturally sensitive. There will also need for flexibility in geographical coverage to allow for special subnational surveys where needed.

It is our conclusion that collection and analysis of high-quality data on demographic and family planning variables is both socially and culturally feasible. Sound techniques for gathering these data already exist and have been effectively applied in a wide variety of cultural, political and social settings.

B. Social Consequences/Beneficiaries

The primary direct beneficiaries of the project will be those LDC government and private sector organizations charged with responsibility for economic/social planning and population programs. Surveys executed through this project will provide an important body of data for planning, management, and evaluation purposes. Indirect beneficiaries will be those men, women, and children being served (hopefully) more effectively by family planning and MCH programs guided in part by FHDS data.

Institutionalization of survey capabilities is a key aim of the Family Health and Demographic Surveys project. We have learned through experience that "learning-by-doing" is an

effective approach which already has had an impact on LDC survey capacities. For example, execution of CPS surveys was facilitated to a large extent in several countries by previous experience with the WFS. Similarly, in countries which have executed more than one round of CPS, each successive round has been conducted more efficiently than the last, and several countries (e.g., Costa Rica, Colombia, Mexico, Thailand) are now able to implement such surveys with little or no technical assistance. This was one of the stated aims of the WFS and CPS projects, and it remains so here.

#### 4. Administrative Analysis

The division of responsibilities between the host country executing agencies, the prime contractor, and A.I.D. are described in some detail in the Implementation Plan. Host country government agencies will have primary responsibility for the implementation of field activities under this project. The role of the prime contractor will be to respond to requests for services through FHDS, and provide necessary technical and financial assistance for successful completion of the surveys. For each survey, a detailed workplan and budget, including a clear description of the responsibilities and financial contribution of the contractor and the local executing agency, will be negotiated and approved by the host government, the contractor, and A.I.D.

The WFS, CPS, and POPLabs projects have made considerable progress in strengthening survey capabilities in more than 50 developing countries through short-term training and actual field experience. In addition, the National Household Survey Capability Program (NHSCP) has as its primary goal the enhancement of LDC capabilities for conducting household surveys on a range of development topics. There remain considerable differences between countries in their experience and technical capabilities for undertaking high quality surveys, and the FHDS project will need to be sensitive to these differences by ensuring that each country survey is designed within the countries' capabilities. Nevertheless, we do not expect these technical or administrative weaknesses to be a significant hindrance to the successful completion of surveys in any of the prospective participating countries. Therefore, it is our judgment that the FHDS project design and implementation schedule are fully feasible.

#### Conditions and Covenants

##### 1. Equal Employment Opportunity

Women and minorities will be recruited to serve in key roles associated with this project's activities. All applicants will be judged solely upon their professional qualifications.

## 2. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project will be used for the procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

## 3. Subcontracting

The prime contractor(s) for FHDS is required to have substantial institutional and staff experience and expertise in conducting fertility and family planning surveys overseas. The contractor(s) will also need to have in place the administrative infrastructure required to successfully manage a program as large and complex as FHDS. For these reasons, it is clearly inappropriate for FHDS to be considered as a small business set-aside. However, the contractor may subcontract with domestic or foreign researchers or research organizations for activities relating to project objectives. Whenever possible, preference should be given to the use of small and minority businesses for these subcontracts. All subcontracts will be reviewed by the Office of Population.

4. Negotiating Status

There are no host country actions to be taken prior to executing this project.

Evaluation Plan

It is recognized that formal and informal evaluation is an effective tool for project management. Therefore, consistent with AID/ST policy, a management review will be conducted by the CTO annually, and intensive evaluations are anticipated during FY 1987, FY 1990, and FY 1993. These intensive evaluations will be conducted by independent experts and will include a detailed assessment of project organization, management, survey procedures and data as well as recommendations for project improvement.





RECENT FERTILITY AND FAMILY PLANNING SURVEYS IN DEVELOPING COUNTRIES

Region/Country	Year of Commencement of Field Work										
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	TOTAL
Upper Volta											
Zaire									CPS		
Zambia											
Zimbabwe											
<u>CARIBBEAN</u>											11
Antigua											
Barbados							CPS		CPS		
Dominica											
Dominican Rep.		WFS					WFS <sup>4</sup>			CPS	
Grenada											
Haiti				WFS						CPS	
Jamaica		WFS				CPS <sup>5</sup>				CPS	
St. Kitts											
St. Lucia											
St. Vincent											
Trinidad				WFS							
<u>LATIN AMERICA</u>											35
Belize											
Bolivia							POPLAB			CPS	
Brazil					CDC <sup>6</sup>	CDC <sup>7</sup>	CDC <sup>8</sup>	CDC <sup>9</sup>		CPS <sup>10</sup>	
Colombia			WFS		CPS, POPLAB		CPS, POPLAB				
Costa Rica			WFS		CPS			CPS			

RECENT FERTILITY AND FAMILY PLANNING SURVEYS IN DEVELOPING COUNTRIES

Region/Country	Year of Commencement of Field Work										
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	TOTAL
Ecuador						WFS			CPS, POPLAB		
El Salvador		CDC			CDC						
Guatemala					CDC					CDC	
Guyana		WFS									
Honduras								CPS			
Mexico			WFS			CPS, POPLAB					
Nicaragua					CELADR			CPS			
Panama		WFS				CDC					
Paraguay				CDC		WFS					
Peru				WFS				CPS			
Uruguay											
Venezuela				WFS							
<u>NEAR EAST</u>											16
Algeria											
Egypt							WFS, CPS			CPS	
Jordan			WFS					POPLAB		CDC	
Lebanon										CPS	
Morocco						WFS		CPS		CPS	
Syria					WFS						
Tunisia					WFS	CPS <sup>11</sup>				CPS	
Turkey					WFS						
Yemen						WFS					

FOOTNOTES

- 1Java and Bali
- 2East Java
- 3Sine Saloum Region
- 4Second-round WFS funded by UNFPA; not formally part of WFS
- 5Mission funded; not part of any centrally funded project
- 6Sao Paulo state
- 7Piaui state
- 8Separate surveys in Bahia, Pernambuco, Rio Grande del Norte, Paraiba states
- 9Southern region
- 10Separate surveys in Amazonas, Piaui states
- 11Jendouba province

## COUNTRY PRIORITIES FOR DEMOGRAPHIC SURVEY RESEARCH

Region/Country	ST/POP Program Priorities	Survey Priorities	Surveys Planned
			Estimated # New Surveys (FY 84-93)
<u>ASIA</u>			
Bangladesh	Med.	A,B	2
Burma	Med.	A	-
India	High	A,B	2
Indonesia	High/Med.	B	2
Korea	-	-	-
Nepal	Med.	A,C	2
Pakistan	High	A,B	3
Philippines	Med.	A,C	2
Sri Lanka	High	B	2
Taiwan	-	-	-
Thailand	Med.	B	2
			TOTAL 17
<u>AFRICA</u>			
Benin	Low	A	-
Botswana	Med.	A	1
Burundi	Med.	A	1
Cameroon	Med.	A	1
C.A.R.	Low	A	1
Congo	Low	A	-
Gambia	Low	A	-
Ghana	Med.	A	1
Guinea	Low	A	-
Ivory Coast	Med.	A,B	2
Kenya	High	A,C	2
Lesotho	Med.	A	1
Liberia	High	A,B	2
Madagascar	Low	A	-
Malawi	Med.	A	-
Mali	Med.	A	-
Mauritania	Low	A	-
Mauritius	Med.	A	-
Niger	Low	A	-
Nigeria	High	A,B,C	2
Rwanda	High	A,B	1
Senegal	High	B	2
Sierra Leone	Med.	A	-
Somalia	High	B	2
Sudan	High	A,B,C	2
Swaziland	Med.	A	-

COUNTRY PRIORITIES FOR DEMOGRAPHIC SURVEY RESEARCH

Region/Country	ST/POP Program Priorities	Survey Priorities	Surveys Planned	
			Estimated # New Surveys (FY 84-93)	
<b>Africa continued</b>				
Tanzania	Med.	A,C		
Togo	Med.	A,B	1	
Uganda	Med.	A	-	
Upper Volta	Med.	A	-	
Zaire	High	A,B	1	
Zambia	Med.	A	1	
Zimbabwe	High	A	2	
				TOTAL 27
<b><u>CARIBBEAN</u></b>				
Dominican Republic	High	A,B	2	
Haiti	Med.	A,B	1	
Jamaica	Low/Med.	B	1	
RDOC/Barbados	Med.	A,B	1	
				TOTAL 5
<b><u>CENTRAL AMERICA</u></b>	High	A,B	4	
<b><u>LATIN AMERICA</u></b>				
Belize	Med.	A	-	
Bolivia	Med.	A	1	
Brazil	High	A,B		
Colombia	High	A,B	2	
Ecuador	Med.	A,B	2	
Guyana	Low	A	-	
Mexico	High	A,B	2	
Paraguay	Low	A	1	
Peru	Med.	A,B	1	
				TOTAL 11

COUNTRY PRIORITIES FOR DEMOGRAPHIC SURVEY RESEARCH

Region/Country	ST/POP Program Priorities	Survey Priorities	Surveys Planned
			Estimated # New Surveys (FY 84-93)
<u>NEAR EAST</u>			
Algeria	Med.	A	1
Egypt	Med./Low	A,B,C	2
Jordan	Med.	B	1
Lebanon	Low	A,B	-
Morocco	High	A,B	2
Tunisia	High/Med.**	A,B	2
Turkey	High	A,B	2
Yemen	Med.	A,B	1
TOTAL			11

Priorities for S&T/POP Centrally funded Assistance

- High: Includes countries which (a) have high demographic and political importance and no A.I.D. bilateral population program; or (b) have medium to high demographic and political importance and have either low A.I.D. bilateral population \$ per capita or no bilateral program.
- Medium: Includes countries which have (a) medium to high demographic and political importance and medium A.I.D. bilateral population \$ per capita; or (b) medium to low demographic importance, a high need for family planning programs and currently have either low A.I.D. bilateral population \$ per capita or no bilateral program.
- Low: Includes countries which are currently not targetted for S&T/POP centrally-funded assistance for demographic, political and/or economic considerations.

Survey Priorities

- A: Baseline or follow-up fertility survey, including information on family planning and other proximate determinants, and including MCH emphasis as appropriate.
- B: Contraceptive prevalence survey, with emphasis on trends/differentials in contraceptive knowledge in contraceptive knowledge, availability and use, and including MCH emphasis as appropriate.
- C: Use of qualitative approaches to obtain in-depth understanding of child spacing attitudes/behavior and cultural or other barriers to effective use of family planning.

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project:  
From FY 1984 to FY 1993  
Total U.S. Funding \$53,350,000  
Date Prepared: August, 1983

Project Title & Number: Family Health and Demographic Surveys, 936-3023

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>(1) Enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children; and</p> <p>(2) encourage population growth consistent with the growth of economic resources and productivity.</p>	<p>Measures of Goal Achievement:</p> <p>1. LDC couples' actual and desired fertility are consistent; safe, affordable contraceptives available to all couples desiring to use them</p> <p>2. Steady economic and social development is not hindered by excessive population growth.</p>	<p>Census information, vital statistics, demographic and family planning surveys. Impact studies. Sector assessments, etc.</p>	<p>Assumptions for achieving goal targets:</p> <p>1. Couples wish to voluntarily choose the number and spacing of children, and will utilize acceptable means of family planning</p> <p>2. Excessive population poses a threat to sustained economic and social development.</p>																
<p>Project Purpose:</p> <p>Improve the information base for economic and social planning and population policies/programs in developing countries through implementation of scientifically designed sample surveys of demographic and family planning trends.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>1. Family planning/demographic survey data gathered and published for 35-40 key LDC's.</p> <p>2. Data are utilized by LDC planners.</p> <p>3. LDC's capable conducting future round family planning/demographic surveys.</p>	<p>1. Family planning/demographic survey data collected and processed; final reports available.</p> <p>2. Program planning or evaluation documents reflect substantive finding of project.</p> <p>3. Collection and analysis of family planning/demographic survey data continues after expiration of project.</p>	<p>Assumptions for achieving purpose:</p> <p>1. LDC's and A.I.D. need sound family planning/demographic data for effective management.</p> <p>2. Sample surveys can provide sound family planning/demographic data.</p> <p>3. LDC's capable of executing surveys during and after this project.</p>																
<p>Outputs:</p> <p>1. Development/testing of new survey methodologies and procedures.</p> <p>2. Completion of demographic and family planning surveys.</p> <p>3. Dissemination of Findings.</p> <p>4. Further Analysis of data.</p>	<p>Magnitude of Outputs:</p> <p>1. Revised questionnaire, interviewer instructions, coding/processing instructions, analysis plan, etc.</p> <p>2. 35-40 LDC's will be identified and surveyed. Total of 75 surveys.</p> <p>3. Country report, report summary, and national seminar for each country.</p> <p>4. 50 further analysis subprojects.</p>	<p>1. Printed questionnaire and other survey documents.</p> <p>2-4. Final analysis reports published.</p>	<p>Assumptions for achieving outputs:</p> <p>1. AID/W and host country financial inputs adequate for proper project implementation.</p> <p>2. 35-40 LDC's willing and able to participate in carrying out FP/demographic surveys.</p>																
<p>Inputs:</p>	<p>Implementation Target (Type and Quantity)</p> <table border="1"> <thead> <tr> <th></th> <th>All Years</th> </tr> <tr> <th></th> <th>\$000</th> </tr> </thead> <tbody> <tr> <td>AID/W (TOTAL)</td> <td>\$45,500</td> </tr> <tr> <td>Personnel/Consultants</td> <td>(16,945)</td> </tr> <tr> <td>Subagreements</td> <td>(10,435)</td> </tr> <tr> <td>Other Costs</td> <td>(18,120)</td> </tr> <tr> <td>USAID/Reg. Bur.</td> <td>7,850</td> </tr> <tr> <td>Host Countries</td> <td>4,500</td> </tr> </tbody> </table>		All Years		\$000	AID/W (TOTAL)	\$45,500	Personnel/Consultants	(16,945)	Subagreements	(10,435)	Other Costs	(18,120)	USAID/Reg. Bur.	7,850	Host Countries	4,500	<p>Financial Reports</p>	<p>Assumptions for providing inputs:</p> <p>1. Congressional appropriations permit programming AID/W funds at planned levels.</p> <p>2. USAID's able to provide some logistical/financial support.</p> <p>3. Participating LDC's able to pay part of local survey costs.</p>
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