



Westinghouse Electric Corporation

**DEMOGRAPHIC AND
HEALTH SURVEYS
PROJECT**

YEAR ONE WORK PLAN

Contract No: DPE-3023-C-00-4083-00

NOVEMBER 20, 1984

**Westinghouse Public Applied Systems
P.O. Box 866
Columbia, MD 21044 USA**

DHS YEAR ONE WORKPLAN

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
SECTION 1 - Initial Project Activities	2
A. Administrative Start-Up Activities	2
B. Prepare a Subcontract with the Population Council	3
C. Meetings with A.D., International Organizations, and Other Groups	3
D. Conduct an Advisory Workshop and Establish a Technical Advisory Committee	4
E. Select and Hire Project Staff	5
SECTION II - Project Tasks	6
A. Task 1: Develop and Test New Survey Instruments and Procedures	6
B. Task 2: Implement Demographic and Health Surveys	11
C. Task 3: Disseminate Findings	15
D. Task 4: Further Analysis	15
SECTION III - Project Overview: Summary Charts	16
Table 1 List of Deliverables	16
Chart A DHS First Year Person-Loading by Project Task	17
Chart B DHS First Year Project Schedule	18
APPENDICES:	
1. Project Summary	20
2. Workshop Invitees	25
3. Modules Being Developed	34

INTRODUCTION

The five-year Demographic and Health Surveys (DHS) project, initiated in late September, 1984, is a follow-on activity to the World Fertility Survey and the Contraceptive Prevalence Surveys programs undertaken since 1972 and 1977 respectively. With funding by the Agency for International Development, the project is being implemented by Westinghouse Public Applied Systems (WPAS) in collaboration with The Population Council. These organizations will provide financial and technical assistance for 35 surveys in Africa, Asia, and Latin America, as well as for 25 further-analysis studies of DHS and related survey data.

The project objectives may be summarized as follows: (a) To provide decision makers in the survey countries with a data base and analysis useful for informed policy choices; (b) To expand the international data base for national and international development, health, and population planners, with a focus on conditions during the last half of the 1980s; (c) To make significant advances in methodologies and procedures for conducting demographic and health surveys; (d) To support the institutionalization of country organizational abilities to undertake demographic and family health surveys in the future that meet the technical standards of the international scientific community.

Specific Year 1 objectives include: Project organization, including the recruitment of additional staff; develop core questionnaire; develop supplementary modules; develop supporting materials and documentation; field test the core questionnaire, modules, and supporting materials; conduct research and development in data processing; recruit at least 5 survey countries and initiate 5 surveys; conduct an advisory workshop; establish a Technical Advisory Committee.

This Year One Work Plan is organized in three sections. First, there is a discussion of project initiation activities, some of which were completed during the first two months of the project. This is followed by a discussion of the work to be done on the four project components during year one. The final section presents information on year one deliverables and person loading by task.

I. INITIAL PROJECT ACTIVITIES

This section describes the activities undertaken to initiate the project. The contract was signed late in the day on September 21, 1984, and work was initiated on Monday, September 24, 1984.

A. Administrative Start-Up Activities

On the first working day after award of the DHS Contract with Westinghouse, Robert J. Lapham met with Richard Cornelius to review the initial steps to be implemented. In its continued support of AID's objectives for the DHS project, the following administrative steps will be implemented:

- o Periodic (usually weekly) informal discussions with the Cognizant Technical Officer to keep him informed of all project activities.
- o A financial system that provides costs by task, individual, source of funding, country, and type, e.g., travel, other direct costs.
- o An administrative system that adheres to both AID and Westinghouse regulations and procedures for all consultants, subcontracts, travel, and material purchases.
- o A model subcontract agreement acceptable to AID host countries, that also would meet AID's and Westinghouse's legal needs.
- o Standardized procedures for the submission of progress reports.
- o Project staff meetings on a regular basis.
- o Periodic discussions with the Council.
- o Distribution of a summary of the project (see Appendix 1).
- o Develop and distribute a project brochure.
- o A system for collecting pictures of DHS field activities.

B. Prepare a Subcontract With The Population Council

During the first two months of year one, a subcontract was developed with The Population Council. It should be noted that despite the absence of the subcontract, the Council began work on its assigned activities shortly after the contract was signed between AID and WPAS. The activities to be carried out by the Council include those specified in the technical proposal and the Best and Final Offer. In addition, the Population Council will carry out work on the development of the health modules associated with the task of developing and testing new survey methodologies and procedures. A copy of the Council subcontract has been submitted to AID for approval.

C. Meetings with AID, International Organizations, and Other Groups

Because of the considerable interest that DHS has generated among international agencies, professional associations, and both the Population and Health Regional Bureaus of AID, senior project staff are arranging a series of meetings with concerned groups during the first three months of the project. A number of these meetings have already been held and others are scheduled for project month three.

Organizations that have been or will be contacted are:

- AID Regional Bureaus
- AID Office of Population
- AID Office of Health
- UN Statistical Office
- UN Population Division
- UN Fund for Population Activities
- UNICEF
- UNESCO
- World Bank
- World Health Organization
- Pan American Health Organization
- Centers for Disease Control
- Alan Guttmacher Institute
- East West Population Institute
- International Statistical Institute
- U. S. Bureau of the Census
- The Futures Group
- Family Health International
- NAS Committee on Population
- Center for Population and Family Health, Columbia University,

In addition, through ad hoc contacts and consultants, the population centers at several universities have become acquainted with the program, e.g., Michigan, Pennsylvania, Princeton, Cornell, Brown.

D. Conduct an Advisory Workshop and Establish a Technical Advisory Committee

WPAS will organize an advisory workshop to be held at Columbia, Maryland on December 10-11, 1984. Attached as Appendix 2 is the current list of invitees and their organizations.

In addition, WPAS will establish a technical advisory committee of about 8 to 10 members, which will meet approximately during the fourth and eighth months following the advisory workshop meeting. The list of members of this committee, to be chosen as an advisory group of specialists (rather than as representatives of organizations), will be reviewed with AID prior to appointment. Furthermore, WPAS plans to establish a rotating membership for the members of this TAC, which is expected to continue throughout the project.

Note that neither the advisory workshop, nor the technical advisory committee, have program decision-making roles. They will function as advisory groups, with the technical advisory committee providing advice on survey methods and procedures, problems that arise in the operation of the program, and questions associated with data storage, retrieval and analysis. It is expected that the advisory workshop will provide: advice on how best to coordinate DHS activities with related population and health activities of other organizations; general guidance on project procedures and accomplishments, and advice on other questions that may be posed to the group. The decision-making process for DHS will be in the hands of WPAS and AID, working together with its subcontractor on those activities assigned to the Council.

E. Select and Hire Project Staff

During the proposal process several changes were made relative to project staffing. Section III provides a list of all staff and consultants as the project currently envisages their projected time by task during year one. Briefly, the project staffing will consist of the following:

- o Letters to persons not proposed in the Best and Final
- o Letters and discussions with persons proposed
- o Integration of CPS II staff commitments with DHS
- o Active recruitment of positions where a specific person was not named, or where a proposed individual is no longer available
- o Assist new staff with relocation arrangements
- o Recruit and train project assistants and data processing assistants
- o Orient all new staff to DHS goals and objectives
- o Work with the Council to determine the optimum allocation of Council staff time allocated to DHS

II. PROJECT TASKS

The Project includes four components, one for implementation primarily during the first project year, and the other three throughout the project. The following sections provide details on the work to be accomplished during year one, in the context of DHS objectives.

A. Task 1: Develop and Test New Survey Instruments and Procedures

1. Introduction. The DHS project will be a primary source of population survey assistance throughout the world during the next five years. AID, in designing the project, recognized the need to review and examine what might be done during this period in the light of recent major survey experience, especially WFS and CPS. In addition, the DHS project wishes to respond to the divergent information needs of countries at various stages of development. Therefore, the core questionnaires, modules, procedures, and supporting documentation are being redesigned. In some cases, new documentation will be developed while in others, existing documentation will be reformulated. Selected parts will be standardized while others will be tailored to meet the specific needs of each participating country. These data needs will be met by (a) adding questions or complete modules to the core questionnaire, and/or (b) adapting the entire questionnaire to the local languages and dialects in each country.

2. Develop a Revised Core Questionnaire and Modules. Drawing upon WFS and CPS experience, a revised core questionnaire will be developed to meet the needs of DHS. Indeed, much work has already been done during the first two project months, such that a draft version already revised several times will be presented for review at the advisory workshop December 10-11, 1984. A working version for field testing will be ready for January 31, 1985.

In addition, several modules will be included in the DHS program, with countries selecting those deemed most useful or necessary in their circumstances. These modules will cover several population and health topics; a list of those under preparation or consideration is presented as Appendix 3. It is expected that this list will be narrowed down by means of combinations or deletions, so that the eventual set will include between 6 and 10 modules.

To prepare the draft modules, DHS is calling upon experts with varied and extensive experience in the subject areas covered by the modules. These individuals are listed in Appendix 3; many have been retained as consultants.

3. Develop Supporting Documentation. In addition to developing the core questionnaire and modules, DHS will also develop accompanying documentation such as instructions and manuals during the first year of the project. These include the following:

- 1) Interviewers' Instructions
- 2) Supervisors' Instructions
- 3) Training Manuals
- 4) Editing and Coding Instructions
- 5) Tabulation, Analysis and Report Guidelines
- 6) Sampling Guidelines

The editing and coding instructions will be generalized to cover both manual and computer editing. If testing shows that data entry and edit in the field is a viable alternative, special instructions for microcomputer data entry and edit will be included. The tabulation, analysis and report guidelines will include a set of dummy tabulations to accompany the core questionnaire, a set of tables that should appear in each final report, some ideas for analysis of key topics such as fertility levels and contraceptive use, and a detailed outline of the final report. All of these documents will be patterned in large part on similar manuals produced by the CPS and WFS projects.

Because field testing of the core questionnaire and a small number of modules may start as early as February, 1985 (see below), rough drafts of the first three manuals will be prepared by the end of January (see Gantt Chart in Section III). Drafts of the other documents will be prepared during the period February-July, 1985. It is expected that all six sets of documents listed above will undergo numerous changes during the course of the field testing stage; thus, final versions will not be ready until the end of the first project year. When completed, these final versions will be made available to all relevant audiences. Translation of these documents into French and Spanish will take place in project year 2.

4. Field Test the New Core Questionnaire and Modules - This testing is essential in order to: a) detect problems in the ordering of questions and errors in skip instructions; b) ensure that questions are not so sensitive as to jeopardize the interview; c) discover, insofar as possible, misinterpretations of questions by respondents and/or difficulties that interviewers have in asking questions; d) check the suitability of the manuals and field control forms.

In addition, it is expected that at least one of the field test operations will also be used to test the possibility of using microcomputers in field situations for data entry and editing.

Field tests will be conducted in two countries, preferably in different world regions, during the period February-June, 1985. The countries will be selected in consultation with AID and in-country collaborating institutions.

Currently under consideration as possible field test countries are: Mexico, Jamaica, Thailand, Indonesia. In addition, countries in which year one surveys may be conducted will be considered as possible field test sites.

DHS will develop appropriate procedures, such as split samples, to make sure that modules are field tested in conjunction with the core questionnaire.

5. Research and Development in Data Processing. A major source of delays in the dissemination of findings from surveys is related to problems of data processing. The DHS procedure for data processing will involve the use of microcomputers; for each country, guidelines will be developed to determine the extent to which specific data-processing functions can be accomplished by mainframe or by microcomputers.

Also, in the first project year, the preferred microcomputer hardware for DHS surveys will be determined. Moreover, DHS edit and tabulation software for both mainframe and microcomputers will be selected and/or developed, as necessary. The software will be tested in the first project year and may be used for data processing if a survey progresses to that stage in year one. The strategy underlying the development of DHS software will be to produce data tapes that can be used easily for substantive analysis and tabulations.

An additional data processing task during project year one will be the development of procedures for the preparation of standard recode tapes, so that, with appropriate procedures developed by the project, researchers can undertake comparative analysis. For this task, DHS staff will concentrate first on standard recode tapes for the core questionnaire; subsequently, work will be carried out on standard recode tape procedures for up to three modules, with this work continuing on other modules during project years two and three. Because countries may use only parts of modules, or alter questions in various ways, the standard recode tape content for modules may be limited in its uniformity. However, DHS staff believe that country interests in the selection of module material should be the predominant principle. The specific activities under this task are as follows:

- a) Review available hardware (including micros and hand held data collectors) for complex surveys.
- b) Review WFS and CPS edit procedures.
- c) Evaluate existing edit and tabulation software for mainframe and micros.
- d) Select preferred micro system for DHS.
- e) Review of survey instruments by data processing staff.
- f) Develop DHS edit and tabulation software for mainframe computers and for microcomputers.
- g) Field test edit and tabulation software.
- h) Develop procedures for the preparation of standard recode tapes.

6. Subcontractor Assistance. The Population Council will assist WPAS in the development and testing of new survey methodologies and procedures. With 16 professional months during the first year assigned to this task (see Table 1), the Council will undertake the following specific activities:

- a. Review, comment and participate through personal discussions in the formulation of the core questionnaire. Council staff with primary responsibility for this subtask include Jain, Bongaarts, Frank, and Hollerbach.
- b. Prepare a background note on basic and institutional determinants of fertility. This note will focus upon items on which data should and can be collected through in-depth surveys to be conducted under the DHS project. Special attention will be given to the items which should be included in the core questionnaire (Cain and McNicoll).
- c. Prepare a health module and supporting documents. This subtask will include a background note for the December, 1984 advisory workshop and the organization of a meeting on health issues (Brown, Winikoff, Jain, Frank, Shorter, Stoeckel).
- d. Assist in pretesting of health module (Stoeckel and Shorter).

e. Review and comments on other modules as follows:

Natural Family Planning	(Laing)
Contraceptive Efficacy	(Laing, Hongaarts)
Socioeconomic Status	(Jain, Cain)
Women's Employment	(Hollerbach)
Community Variables	(Cain, McNicoll, Jain)
Nuptiality	(Nag, Frank, Hollerbach)
Fertility Preferences	(Nag, Hollerbach)

B. Task 2: Implement Five Surveys

1. Introduction. During the next five years, 35 DHS surveys will be conducted in Africa, Asia and Latin America, with perhaps as many as half of these in Africa. Except where compelling circumstances exist, the surveys will be national in scope. Two types of surveys will be implemented.

The first type will involve collecting data similar to those obtained by WFS and CPS, plus a much greater emphasis on health variables. Thirty-one such surveys will be conducted, with five initiated in project year one. Whether a particular survey focuses more on fertility/socioeconomic determinants (WFS model) or on family planning/health issues (CPS model) or on health issues, will be determined by which modules are selected to augment the standard core questionnaire.

In-depth investigations of population/health issues constitute the second type of surveys. Four such surveys will be undertaken. Planning for one in-depth survey will begin in year one but implementation of these surveys is not anticipated until later project years.

To the extent compatible with project objectives, the DHS surveys will be coordinated with each country's planning and program needs and with other international survey projects, e.g., the NHSCP Program, the CDC Survey Program.

As a general principle, survey implementation will be coordinated with the development of the new survey instruments and documentation. However, implementation in the first project year may proceed in countries where the need is particularly urgent. In such cases (El Salvador may be one), survey materials as developed at that point in time will be used.

The plan for survey implementation in year one involves setting country priorities in conjunction with AID Missions, the Regional Bureaus, and S&T/POP. After priorities are set, trips will be made for country recruitment, development of subcontracts, and survey implementation.

2. Specific Activities to be Undertaken in the First Project Year.

The following paragraphs summarize the background preparations and the several steps necessary for each survey.

- a) Mission Input. Forty-two missions responded to the January 1984 S&T/POP cable describing the DHS project. The responses contained information on mission interest, the availability of bilateral funds, country interest, type of survey desired and preferred timing.

- b) Bureau Input. During the last two weeks of October, the senior project staff and the project CTO held a series of meetings with the population and health staff of the Regional Bureaus. The meetings focused on Bureau priorities in terms of country

priorities and substantive topical areas needing investigation.
The results are summarized below:

<u>Bureau</u>	<u>High Priority Topical Areas*</u>	<u>High Priority Countries*</u>
Asia	Contraceptive Prevalence Infant/Child Health MCH Care Other Health Interventions	Indonesia Nepal Sri Lanka Bangladesh
Latin America & the Caribbean	Unmet Need F.P. Availability Client satisfaction Adolescent Fertility Commercial Sales	El Salvador Mexico Peru Colombia
Near East	Contraceptive Prevalence Infant/Child Health Value of Children	Yemen A.R. Egypt (in-depth) Morocco Jordan (Males)
Africa	Infant/Child Health MCH Care Fertility Determinants Contraceptive Prevalence	Nigeria Liberia Senegal Uganda

*The topical areas do not necessarily correspond to the particular country that is listed on the same line.

- c) Country Recruitment. On the basis of the discussions with AID Regional Bureau staff, several countries have been selected for inclusion among the year one set of 5, pending the development of collaborative arrangements with host country institutions. These include El Salvador, Liberia, Nigeria, and Indonesia. Initial staff trips to these countries will take place November and December, 1984. In addition, a country recruitment trip to Senegal will be made in January, 1985. Additional recruitment trips will be made throughout the year to ensure initiating 5 surveys in year one and to line-up countries for surveys to be implemented in year two. In total, 8-10 recruitment trips are expected in year one.

- d) Development of Model Country Subcontract. A model country subcontract will be developed and submitted for AID approval in February 1985.

- e) Subcontract Development. In addition to subcontract development work at the project headquarters, it is expected that subcontract development trips will be made in early 1985 to Liberia, El Salvador, Nigeria, and Indonesia. The timing of these trips will depend upon the outcome of the recruitment trips. Additional subcontract development trips will be made to 2-3 other countries during project year one.

- f) Survey Implementation. It is planned that survey implementation will begin in El Salvador in early 1985 (perhaps coupled with the contract development trip). The objective will be to design and organize a survey so that field work can be conducted late in March or April of 1985. Necessary work at the project headquarters and additional trips will be made to El Salvador during 1985, as necessary, to assist with data processing, tabulation, analysis and report writing.

Survey implementation work and trips will also be carried out regarding the surveys to be conducted in Liberia, Nigeria and Indonesia. It is anticipated that more than one trip will be necessary to Nigeria and perhaps Liberia prior to conducting field work. In the case of Indonesia, only one such trip may precede field work.

Work and trips to additional countries will also be undertaken as necessary during project year one, keeping in mind a prudent phasing of the project workload. In addition, project staff will work with AID to determine the final selection of the five

countries, and to make adjustments in the plans scheduled above. For example, it may be necessary to allow more time to develop a survey project in Nigeria, such that the survey is initiated in project year two rather than year one.

C. Task 3: Disseminate Findings

During year one it is possible that results will be available from one or more surveys. If so, some results would be circulated to AID/W and other interested persons, especially in the host country. When final reports are prepared, they will be distributed more widely and a seminar will be held in-country to further disseminate survey findings.

In addition, during year one there will be several other items to disseminate. These include a project brochure, drafts of the core questionnaire, modules, and other survey methodology documents in English. Furthermore, preliminary work will be carried out by The Population Council to determine the format of the "Data Section" to be included in Studies in Family Planning. Also, the Council will initiate discussions concerning the timing and location of the first regional conference.

D. Task 4: Further Analysis

The Population Council will initiate discussions concerning topics appropriate for DHS further analysis studies, and develop the draft outline for a set of guidelines for soliciting, developing, reviewing, and implementing these studies. This set of guidelines will then be developed during the first months of project year two. Also, the Council will develop plans for preparing the "model further analysis outlines" and for organizing the "further analysis study groups".

III. PROJECT OVERVIEW: SUMMARY CHART

It may be helpful to summarize the year one activities in one table and two charts. We begin with a list of the deliverables (Table 1) and then present the HDS person-loading by task (chart A) plus the project schedule (chart B).

TABLE 1. LIST OF DELIVERABLES

<u>Deliverable</u>	<u>Date Due</u>
Year 1 Work Plan	November 20, 1984
Conduct Advisory Workshop	December 10-11, 1984
Core Questionnaire	January 31, 1985
Quarterly Expenditure Report	January 31, 1985
Project Brochure	February 28, 1985
Progress Report No.1	April 30, 1985
Quarterly Expenditure Report Modules	April 30, 1985
Survey Documentation	February-July, 1985
Year 2 Draft Work Plan	February-August, 1985
Quarterly Expenditure Report	July 14, 1985
Trip Reports	July 31, 1985
Conduct one or two meetings of the Advisory Committee	30 Days after each trip
Initiate 5 Surveys	April-August, 1985
	June-Sept., 1985

DHS FIRST YEAR PERSON-LOADING BY PROJECT TASK

STAFF	TASK 1	TASK 2		TASK 3			TASK 4	ADMIN.	TOTAL
		a	b	a	b	c			
R.Lapham, Proj. Dir.	2.00	1.00	0.50	0.25	**	**	**	5.50	9.25
C. Westoff, Tech. Dir.	5.50	**	**	**	**	**	**	0.50	6.00
R. Freedman, Senior Advisor	3.00	**	**	**	**	**	**	**	3.00
Unnamed Senior Research Assoc.	6.00	0.50	0.50	**	**	**	**	**	7.00
J. Sullivan, Dir. Survey Oper.	5.00	2.00	1.00	**	**	**	**	2.00	10.00
A. Way, Reg. Coord.	3.00	1.50	2.00	**	**	**	**	0.50	7.00
G. Lewis, Reg. Coord.	6.00	1.50	2.50	**	**	**	**	0.50	10.50
J. Novak, Reg. Coord.	4.50	1.50	3.00	0.50	**	**	**	0.50	10.00
L. Ochoa, Reg. Coord.	5.00	1.50	2.00	**	**	**	**	0.50	9.00
S. Kumar, C. Monitor	5.50	**	1.00	**	**	**	**	0.50	7.00
M. Ayad, C. Monitor	5.50	**	3.00	**	**	**	**	0.50	9.00
A. Cross, C. Monitor	4.00	**	1.50	**	**	**	**	0.50	6.00
R. Schoenmackers, C. Monitor	0.75	**	2.00	**	**	**	**	0.25	3.00
Unnamed Country Monitor	0.75	**	2.00	**	**	**	**	0.25	3.00
J. Cushing, D.P. Prof.	1.00	**	5.50	**	**	0.50	**	0.50	7.50
Unnamed D.P. Prof.	0.50	**	8.00	**	**	**	**	0.50	9.00
A. Aliaga, Sampling Stat.	3.00	**	5.00	**	**	**	**	0.50	8.50
M.A. Abeyta-Behnke, Administr.	**	**	**	**	**	**	**	10.00	10.00
M. Weymouth, D.P. Asst.	**	**	4.75	**	**	**	**	0.50	5.25
P. Fenton, Admin. Asst.	**	**	**	**	**	**	**	6.00	6.00
Unnamed Admin. Asst.	**	**	**	**	**	**	**	3.50	3.50
Unnamed Admin. Asst.	**	**	**	**	**	**	**	3.50	3.50
Unnamed Admin. Asst.	**	**	**	**	**	**	**	3.50	3.50
TOTAL WESTINGHOUSE	61.00	9.50	44.25	0.75	0.00	0.50	0.00	40.50	156.50
Anrudh Jain	2.50	**	**	**	**	**	**	0.50	3.00
John Bongaarts	2.00	**	**	**	**	**	**	**	2.00
Mead Cain	1.00	**	**	**	**	**	**	**	1.00
Odile Frank	1.00	**	**	**	**	**	**	**	1.00
Paula Hollerbach	2.00	**	**	**	**	**	**	**	2.00
Geoffrey McNicoll	1.00	**	**	**	**	**	**	**	1.00
Beverly Winikoff	2.00	**	**	**	**	**	**	**	2.00
John Laing	1.00	**	**	**	**	**	**	**	1.00
Frederic Shorter	1.00	**	**	**	**	**	**	**	1.00
John Stoeckel	1.00	**	**	**	**	**	**	**	1.00
George Brown	1.00	**	**	**	**	**	**	**	1.00
TOTAL POPULATION COUNCIL	15.50	0.00	0.00	0.00	0.00	0.00	0.00	0.50	16.00
R. Bulatao	1.00	**	**	**	**	**	**	**	1.00
J. Casterline	0.75	**	**	**	**	**	**	**	0.75
J. Cleland	3.00	**	**	**	**	**	**	**	3.00
N. Goldman	1.00	**	**	**	**	**	**	**	1.00
A. Hermalin	1.00	**	**	**	**	**	**	**	1.00
D. Leon	2.00	**	**	**	**	**	**	**	2.00
R. Lightbourne	1.50	**	**	**	**	**	**	**	1.50
A. Febley	1.50	**	0.50	**	**	**	**	**	2.00
M. Pollack	6.00	**	**	**	**	**	**	**	6.00
N. Ryder	0.50	**	**	**	**	**	**	**	0.50
C. Scott	0.50	**	**	**	**	**	**	**	0.50
M. Strong	**	**	0.25	**	**	**	**	**	0.25
J. Trussell	1.00	**	**	**	**	**	**	**	1.00
M. Vaessen	0.50	**	**	**	**	**	**	**	0.50
A. Williams	0.25	**	**	**	**	**	**	**	0.25
N. Williamson	0.25	**	**	**	**	**	**	**	0.25
Other Consultants	12.00	**	**	**	1.00	1.00	**	**	14.00
TOTAL CONSULTANTS	32.75	0.00	0.75	0.00	1.00	1.00	0.00	0.00	35.50
GRAND TOTAL	109.25	9.50	45.00	0.75	1.00	1.50	0.00	41.00	208.00

APPENDICES

**APPENDIX 1. PROJECT SUMMARY
DEMOGRAPHIC AND HEALTH SURVEYS**

INTRODUCTION

The Demographic and Health Surveys (DHS) project, a five-year effort initiated in September, 1984, is a follow-on activity to the World Fertility and Contraceptive Prevalence Surveys undertaken since 1972 and 1977 respectively. This project is funded by the Agency for International Development and is being implemented by Westinghouse Public Applied Systems (WPAS) in collaboration with The Population Council. The project will provide financial and technical assistance for 35 surveys in Africa, Asia, and Latin America, as well as for 25 further-analysis studies of HDS and related survey data.

OBJECTIVES

The project objectives may be summarized as follows:

1. To provide decision makers in the survey countries with a data base and analysis useful for informed policy choices.
2. To expand the international data base for national and international development, health, and population planners, with a focus on conditions during the last half of the 1980s.
3. To make significant advances in methodologies and procedures for conducting surveys.
4. To support the institutionalization of in-country abilities to undertake demographic and health surveys that meet the technical standards of the international scientific communities.

HDS PROJECT COMPONENTS

The project includes four components, one for implementation primarily during the first project year, and the remaining three throughout the project.

1. Development and Testing of New Survey Methodologies and Procedures

The HDS project will be a primary source of population survey assistance throughout the world during the next five years. AID, in designing the project, recognized the need to review and examine what might be done in the light of recent major survey experience. In addition, the HDS project wishes to respond to the divergent information needs of countries at various stages of development. Therefore, the core questionnaires, modules, procedures, and supporting documentation are being redesigned. Selected parts will be standardized while others will be tailored to meet the specific needs of each participating country. These data needs will be met by (a) adding questions or complete modules to the core questionnaire, and/or (b) adapting the entire questionnaire to the local languages and dialects prevalent in each country.

The project calls for two rather different types of surveys. One type is that most commonly associated with the WFS and the CPS surveys of the 1970s and early 1980s. Whether the survey in a given country focuses more on fertility/socioeconomic determinants or contraceptive availability/family planning, or health, will be determined by the data needs and research interests of the country, and the subsequent selection of modules to accompany a new core questionnaire.

The modules being reviewed/developed include: breastfeeding and other proximate determinants; socioeconomic conditions; female employment; community variables; teenage pregnancy and nuptiality; infant/child mortality; health practices; oral rehydration; infant feeding practices; immunization; natural family planning and traditional methods; value of children; husbands; and others. Note that the HDS project will have the capability to collect a variety of health measures. This capability is being supported by the AID Office of Health, toward the goal of expanding the data base appropriate for health planning and evaluation.

The second type of survey, is "in-depth"; these surveys are expected to be intensive, interview-based investigations of topics that have theoretical or programmatic implications for the fields of population and health. Typically, the survey instrument would be a formal questionnaire. Open-ended questions and follow-up probes would be emphasized by the interviewer. Less formal instruments--ranging to unstructured interviews--might also be used in this type of survey. Examples of topics that may be studied by means of in-depth surveys include: "other" proximate determinants in sub-Saharan Africa; reasons for non-use of contraception despite motivation and the proximate determinants of infant and child mortality. Four of the 35 surveys will be of this in-depth type.

2. Conduct Thirty-five Surveys

The surveys will be carried out in Africa, Asia, and Latin America, with priority given to implementing a substantial number of surveys in Africa, perhaps approaching half of the total. Decisions on country participation will be made jointly by national authorities, AID, and HDS project staff. Once a decision is made to proceed with a survey, an agreement will be made with a host-country executing agency. Overall responsibility for survey operations will rest with the in-country organization. Technical assistance, as needed, will be provided by HDS staff. It is expected that the average survey will take 18 to 24 months from sub-agreement development through all survey operations, tabulation, analysis, and initial report preparations.

Historically, a major source of delay in surveys has been data processing. The HDS project places emphasis on this aspect of survey implementation, with a focus on the use of microcomputers for data processing and analysis. Up to 25 microcomputer systems will be distributed to assist countries in the timely production of results.

The HDS Project expects to coordinate its activities with national survey programs, such as those participating in the National Household Surveys Capability Programme and with other health and population survey projects such as the "Combatting Childhood Communicable Diseases" project in Africa.

3. Dissemination of Findings

Project dissemination activities will include the publication of reports, together with seminars and conferences. The plans call for preliminary reports to be made available to policy makers and program administrators a few months after the completion of field work. About a year after the completion of fieldwork, a country report of approximately 100 pages should be available for wider distribution. Furthermore, in an effort to focus national attention on population and/or health issues, an in-country seminar will be conducted at the time of the release of this report.

In addition, four regional conferences and one world-wide conference will be held to disseminate findings and policy implications. These conferences will promote the exchange of technical skills and the use of developments in areas such as microcomputers for data processing and analysis techniques.

The HDS project will establish a data archive consisting of an edited data tape and supporting documentation for each survey. Moreover, it is the intent of the project to develop standard recode tapes.

As a special feature of HDS, The Population Council will develop a section in the periodical, Studies in Family Planning, titled "New Data." This section will include updates of HDS project information and findings.

4. Further Analysis of HDS and Related Survey Data

The HDS project calls for 25 further analysis studies to be undertaken by institutions in Africa, Asia, and Latin America, with technical assistance provided as needed. The intent is to spur scientifically sound, further analysis work in the countries where surveys are conducted. In addition to building host-country capacity for population and health research, the further analysis projects are expected to provide new insights into factors relating to fertility and family health. These surveys will address special health and population program issues and needs, and utilize the survey data for policy formation and the design and management of population and health programs.

ROLES OF WESTINGHOUSE PUBLIC APPLIED SYSTEMS AND THE POPULATION COUNCIL

The particular skills and strengths of each organization have been merged in the HDS project. WPAS has major responsibility for task one, methodology development, assisted by Council staff especially in the areas of proximate determinants and health. WPAS also has primary responsibility for task two, the surveys, although the Council will take primary responsibility for three of the in-depth surveys. Likewise, most of the responsibility for task three, dissemination, lies with WPAS, supplemented by the "New Data" section in Studies in Family Planning. For task four, further analysis, the Population Council has nearly total responsibility.

October, 1984

SENIOR PROJECT STAFF

Robert J. Lapham, Ph.D., Project Director
Charles Westoff, Ph.D., Technical Director
Jeremiah Sullivan, Ph.D., Director of Survey Operations
Anrudh Jain, Ph.D., Subcontract Manager, The Population Council
Gary Lewis, Regional Coordinator, Asia
John Novak, Ph.D., Regional Coordinator, Caribbean and Central America
Ann Way, Ph.D., Regional Coordinator, Africa
(Post to be filled 1/1/85), Regional Coordinator, South America

ADDRESSES

Demographic and Health Surveys
Project (Project Headquarters)
Westinghouse Public Applied Systems
P.O. Box 866
Columbia, Maryland 21044
Telephone: (301) 992-0066
Cable: WHLTH SYS
Telex: 87775

The Population Council
One Dag Hammarskjold Plaza
New York, New York 10017
Telephone: (212) 644-1300

The Population Council
Apartado Postal 105-152
11560 Mexico, D. F.
Mexico

The Population Council
P.O. Box 11-1213
Bangkok 10112
Thailand

The Population Council
P.O. Box 115
Dokki, Cairo
Egypt

APPENDIX 2
Technical Advisory Committee Workshop Invitees

John Anderson, Ph.D.
Center for Disease Control
Bureau of Epidemiology
Family Planning and Evaluation Division
Atlanta, Georgia, 30333
404/329-3056

Wendy Baldwin, Ph.D. (or Rep.)
Center for Population Research
NICHD, NIH
Room 725 Landow Bldg
7910 Woodmont Avenue
Bethesda, Maryland 20205

Nancy Birdsall, Ph.D.
Health & Nutrition Department
World Bank
1818 H St, N.W.
Washington, D. C. 20433
202/676-1568

Robert Black, M.D., M.P.H.
Chief, Epidemiology Section
University of Maryland
Medical School Teaching Facility, Room 9-30
10 So Pine St.
Baltimore, MD 21201
301/528-5328

William Brass, Ph.D.
International Statistical Institute
35-37 Grosvenor Gardens
London SW1, United Kingdom
England
44/1/828-4242

George Brown, Ph.D.
Population Council
One Dag Hammarskjold Plaza
New York, New York 10017
212/644-1300

Albert Buck, Ph.D.
U.S. Agency for International Health
Office of Health
Room 709 SA-18
Washington, D.C. 20523
703/235-8950

Rodolfo Bulatao, Ph.D.
East-West Population Institute
1777 East-West Road
Honolulu, HI 96848
808/944-7478

William Butz, Ph.D.
Associate Director of Demographic Fields
Bureau of the Census
Department of Commerce
Washington, D. C. 20033
202/763-5167

Jean-Claude Chasteland, Ph.D.
Director
Office for Development Research and Policy Analysis
DC2 Building
2 UN Plaza, 44th St.
New York, New York 10017
212/754-3198

Lincoln Chen, Ph.D.
Ford Foundation
55 Lodi Estate
New Delhi
India

John Cleland, Ph.D.
International Statistical Institute
35-37 Grosvenor Gardens
London SW1, United Kingdom
England
44/1/828-4242

Ansley Coale, Ph.D.
Office of Population Research
Princeton University
21 Prospect Avenue
Princeton, New Jersey 08544
609/452-5510

Richard Cornelius, Ph.D.
Agency for International Development
S&T/POP/R Room 820 RPC
Washington, D. C. 20523
703/235-9692

Julie DaVanzo, Ph.D.
Senior Economist
Rand Corporation
1700 Main St.
Santa Monica, CA 90406-2138
213-393-0411

Paul Demeny, Ph.D.
Director, Center for Policy Studies
The Population Council
One Dag Hammarskjold Plaza
New York, N.Y. 10017
212/644-1300

Stanley Foster, M.D.
Center for Disease Control
International Health Program Office
Office of the Director
1600 Clifton Rd.
Atlanta, Georgia 30333
404/329-3111

Ronald Freedman, Ph.D.
Population Studies Center
University of Michigan
1225 So. University Avenue
Ann Arbor, Michigan 48104
313/764-8004

Noreen Goldman, Ph.D.
Office of Population Research
Princeton University
21 Prospect Avenue
Princeton, New Jersey 08544
609/452-5724

Sidney Goldstein, Ph.D.
Population Studies & TR Center
Brown University
Providence, RI 02912
401/863-1115

Leo Goldstone
UNICEF
866 United Nations Plaza
New York, New York 10017
212/754-7847

James Grant
Executive Director, UNICEF
866 United Nations Plaza
New York, New York 10017
212/754-7847

Jean Pierre Habicht, M.D., Ph.D.
Professor of Nutritional Epidemiology
Division of Nutrition Sciences
Cornell University
Savage Hall
Ithaca, New York 14853
606-256-4419

Morris H. Hansen
5212 Goddard Road
Bethesda, MD 20814
301/251-8223

Albert Hermalin, Ph.D.
Population Studies Center
University of Michigan
1225 So. University Avenue
Ann Arbor, Michigan 48104
313/764-0453

Anrudh Jain, Ph.D.
Center for Policy Studies
The Population Council
One Dag Hammarskjold Plaza
New York, N. Y. 10017
212/644-1330

John Kekovole, Ph.D.
Population Studies Center
University of Pennsylvania
3718 Locust Wk
Philadelphia, PA 19174
215/898-6441

Carl Kendall, Ph.D.
Medical Anthropologist
U.S. Agency for International Development
Office of Health
Room 709 SA-18
Washington, D. C. 20523
703/235-8950

John Knodel, Ph.D.
Population Studies Center
1225 So. University Avenue
University of Michigan
Ann Arbor, MI 48104
313/764-7507

Dr. John E. Lawson, Jr.
Agency for International Development
S&T/POP/R Room 820 RPC
Washington, D. C. 20523
703/235-9686

Phillip Lee, Ph.D.
Institute of Health Policy Studies
University of California
1326 3rd Avenue
San Francisco, CA 94143
415/666-4921

Henri Leridon, Ph.D.
Institute National de Etudes Demographiques
27, Rue de Commandeur
Paris 14
France

Ronny J. Lesthaeghe, Ph.D.
Interuniversity Programme in Demography
Vrije Universiteit Brussel
Pleinlaan 2
1050 Brussel, Belgium
02/641-2164

Robert E. Lightbourne, Ph.D.
22 Welbeck Mansions
Inglewood Pond
London NWG IQX
United Kingdom

Cynthia Lloyd, Ph.D.
Population Affairs Office
Population Division
Room DC 636
United Nations
New York, New York 10017
212/754-3198

W. Parker Mauldin, Ph.D.
The Rockefeller Foundation
1133 Avenue of the Americas
New York, N.Y. 10036
212/869-8500

Jane A. Menken, Ph.D.
Office of Population Research
Princeton University
21 Prospect Avenue
Princeton, New Jersey 08544
609/452-4948

Leo Morris, Ph.D.
Center for Disease Control
Bureau of Epidemiology
Family Planning and Evaluation Division
Atlanta, Georgia 30333
404/329-3056

Henry Mosley, Ph.D.
Department of Population Dynamics
Johns Hopkins School of
Hygiene & Public Health
615 N. Wolfe St.
Baltimore, MD 21205
301/995-3260

Hilary Page, Ph.D.
Centrum Voor Sociologic
Vrije Universiteit Brussel
Pleinlaan 2
1050 Brussel, Belgium
02/641-2164

Anne R. Pebley, Ph.D.
Office of Population Research
Princeton University
21 Prospect Avenue
Princeton, New Jersey 08544
609/452-5507

A. Petros-Barvazian, Ph.D.
Director, SHE Division
20 Avenue Appia
1211 Geneva 27
Switzerland
912111 Ext.3364

Katherine Pierce
Special Assistant to
Assistant Executive Director
U.N. Fund for Population Activities
Daily News Bldg., Room 1815
220 East 42nd Street
New York, New York 10017
212/850-5658

William Pratt, Ph.D.
3700 East West Highway
Hyattsville, M.D. 20782
301/436-8731

Samuel H. Preston, Ph.D.
University of Pennsylvania
Population Studies Center
3718 Locust Wk
Philadelphia, PA 19174
215/898-7757

S.L.N. Rao
Chief of Policy Branch
U.N. Fund for Population Activities
Daily News Building, Room 1704
220 East 42nd Street
New York, New York 10017
212/850-5787

German Rodriguez, Ph.D.
Director, Depto de Estadística
Facultad de Ciencias
Universidad Católica de Chile
Santiago, Chile

Allan Rosenfield, Ph.D.
4 Crosshill Road
Hartsdale, New York 10530
212/694-6962

Frederick Sai, Ph.D.
Senior Advisor for Population
World Bank
Health & Nutrition Department
1818 H St., N.W.
Washington, D. C. 20433
202/676-1568

Christopher Scott
c/o John Cleland
International Statistical Institute
35-37 Grosvenor Gardens
London SW1, United Kingdom
England
44/1/272-2915

William Seltzer
Statistical Office
Room 3008
United Nations
New York, N. Y. 10017

Steven Sinding, Ph.D.
Agency for International Development
S&T/POP/R RPC
Washington, D. C. 20523
703/235-8117

Jose Antonio Solis, Ph.D.
Pan American Health Organization
Regional Advisor, MCH
525 23rd St., N.W.
Washington, D. C. 20037
202/861-3200

Michael Strong, Ph.D.
Population Studies Center
University of Pennsylvania
3718 Locust Walk Cr.
Philadelphia, PA 19104
215/898-6441

Joseph Stycos, Ph.D.
Director, International Population Program
372 Uris Hall
Cornell University
Ithaca, New York 14853
607/256-4924

Etienne Van de Walle, Ph.D.
Population Studies Center
University of Pennsylvania
3718 Locust Walk CR
Philadelphia, PA 19174
215/898-7831

Ann Van Dusen, Ph.D.
Acting Director Office of Health
U.S. Agency for International Development
Room 709 SA-18
Washington, D. C. 20523
703/235-8926

Vijay Verma, Ph.D.
International Statistical Institute
35-37 Grosvenor Gardens
London SW1, United Kingdom
England
11/31/70/694341

Beverly Winicoff, M.D.
Population Council
One Day Hammarckjold Plaza
New York, New York 10017
212/644-1333

APPENDIX 3

FHDS Modules Under Development Or Consideration

Family Planning

Availability and accessibility of family planning	Lewis/Novak and Workshop 12/12/84
Contraceptive efficacy and discontinuation	Anne Pebley, Noreen Goldman, John Laing
Fertility preferences	Robert Lightbourne, Moni Nag, Paula Hollerbach
Natural family planning and traditional methods	Nancy Williamson
Attitudes toward birth control, e.g., specific methods, moral legitimacy	John Cleland will sketch ideas

Health

Breastfeeding and infant feeding practices	Winikoff/Bongaarts/Jain and Lewis re: CPS experience
Health services availability and accessibility	Staff and consultants *
Immunization and ORT	Staff and consultants
Growth monitoring	Staff and consultants
Childhood diseases/morbidity/causes of child mortality	Staff and consultants

*PC= The Population Council; the PC staff here include Brown, Winikoff, and Jain; the consultants include Pollack and Goldberg, plus others to be determined.

Demographic/Social/Economic

Socioeconomic status will include modernism variables	John Casterline, A. Jain, with review by Ron Freedman
Microeconomic decision-making includes microeconomic wealth flows	Brian Boulier
Role/Value of children (and relevant material from ethnicity studies)	Rodolfo A. Bulatao
Wife's employment	Ann Blanc, Cynthia Lloyd, Paula Hollerbach (and Linda Waite to review draft)
Community variables	Al Hermalin
Nuptiality (complicated living arrangements)	Perhaps Pop Council: Hollerbach - Latin America Frank - Africa Nag - Asia
Migration (relationships to fertility)	Sid Goldstein

**Note: Re Husbands/males - hold until modules are in hand except for a
brief review of what might be done, by Joe Stycos.**

**RE: Sterility and infertility, appropriate questions could be developed
for countries where these phenomenons are important. A full birth
history could be available for use if desired.**