

AGENCY FOR INTERNATIONAL DEVELOPMENT <b>PROJECT DATA SHEET</b>	1. TRANSACTION CODE <u>95177</u> A = Add C = Change D = Delete <input checked="" type="checkbox"/> C	Amendment Number <u>3</u> DOCUMENT CODE <u>3</u>
2. COUNTRY/ENTITY <b>WORLDWIDE</b>	3. PROJECT NUMBER <u>936-3023</u>	
4. BUREAU/OFFICE <b>R&amp;D/POP</b>	<input type="checkbox"/> 36	5. PROJECT TITLE (maximum 40 characters) <u>Demographic and Health Surveys</u>
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY <u>0 93 0 01</u>		7. ESTIMATED DATE OF OBLIGATION (Under "B:" below, enter 1, 2, 3, or 4) A. Initial FY <u>84</u> B. Quarter <u>4</u> C. Final FY <u>00</u>

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	3,450		3,450	132,952		132,952
(Grant)	( 3,450 )	( )	( 3,450 )	( 132,952 )	( )	( 132,952 )
(Loan)	( )	( )	( )	( )	( )	( )
<del>Other</del> 1. R&D						112,525
<del>Other</del> 2. Buy-ins						20,427
Host Country						
Other Donor(s)						
<b>TOTALS</b>	<b>3,450</b>		<b>3,450</b>	<b>132,952</b>		<b>132,952</b>

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		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)PN				34,939		48,925		87,525	
(2)HE				2,400		1,100		3,500	
(3)CS				1,430		8,000		10,000	
(4)AIDS				0		3,500		3,500	
<b>* TOTALS</b>				<b>38,979</b>		<b>67,025</b>		<b>112,525</b>	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)	11. SECONDARY PURPOSE CODE
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)	
A. Code	
B. Amount	

13. PROJECT PURPOSE (maximum 480 characters)

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

14. SCHEDULED EVALUATIONS	15. SOURCE/ORIGIN OF GOODS AND SERVICES
Interim MM YY <u>1 28 7</u> Final MM YY <u>1 20 0</u>	<input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input checked="" type="checkbox"/> Local <input type="checkbox"/> Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment)

The PACD is changed from 12/31/94 to 9/30/01; final year of obligation is changed from FY93 to FY00. LOP funding is changed from \$45,500,000 to \$112,525,000. Contributions are changed from \$7,850,000 to \$20,427,000. Authorized accounts include Population Planning (up to \$87,525,000); Health (up to \$3,500,000); Child Survival (up to \$10,000,000); AIDS (up to \$3,500,000); and DFA (up to \$8,000,000). \*DFA levels are \$210,000 (grant) obligations to date; \$5,500,000 (grant) approved; \$8,000,000 LOP.

17. APPROVED BY	Signature <u>Duff G. Gillespie</u>	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY <u>1 21 94</u>
	Tide <u>Director, Office of Population</u>	

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project  
From FY 1984 to FY 2001  
Total U.S. Funding \$132,952,000  
Date Prepared February, 1992

Project Title & Number: <u>Demographic and Health Surveys, 936-3423</u>													
NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS										
<p>Program of Sector Goal: The broad-- objective to which this project contributes:</p> <ol style="list-style-type: none"> <li>1. Enhance the freedom of individuals in LDC's to choose voluntarily the number and spacing of their children; and</li> <li>2. encourage population growth consistent with the growth of the economic resources and productivity.</li> </ol>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> <li>1. LDC couples' actual and desired fertility are consistent; safe and affordable contraceptives available to all couples desiring to use them.</li> <li>2. Steady economic and social development is not hindered by excessive population growth.</li> </ol>	<p>Census information, vital statistics, demographic and health surveys. Impact studies. Sector assessments, etc.</p>	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> <li>1. Couples wish to voluntarily choose the number and spacing of children, and will utilize acceptable means of family planning.</li> <li>2. Excessive population poses a threat to sustained economic and social development.</li> </ol>										
<p>Project Purpose:</p> <p>Improve the information base for economic and social planning and population policies/programs through implementation of scientifically designed sample surveys of demographic and health trends.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> <li>1. Demographic and health survey data gathered and published 50-60 LDCs.</li> <li>2. Data are utilized by LDC planners and program managers.</li> <li>3. LDCs increasingly capable of conducting future rounds of demographic and health surveys.</li> </ol>	<ol style="list-style-type: none"> <li>1. Demographic and health survey data collected and processed; final reports available.</li> <li>2. Program planning or evaluation documents reflect substantive findings of project.</li> <li>3. Collection and analysis of demographic and health survey data continues after expiration of project.</li> </ol>	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> <li>1. LDCs and A.I.D. need sound demographic and health data for effective management.</li> <li>2. Sample surveys can provide sound demographic and health data.</li> <li>3. LDCs capable of executing surveys during and after this project.</li> </ol>										
<p>Outputs:</p> <ol style="list-style-type: none"> <li>1. Development/testing of new survey methodologies and procedures</li> <li>2. Completion of demographic and family planning surveys</li> <li>3. Dissemination of findings</li> <li>4. Further analysis of data</li> </ol>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> <li>1. Revised questionnaire, interviewer instructions, sampling manual, tabulation instructions, etc.</li> <li>2. Total of 130 DHS surveys conducted in 50-60 countries.</li> <li>3. Country reports, national seminar for each country; 2 World Conferences; 75 comparative studies.</li> <li>4. 50 further analysis subprojects; 34 analysis workshops.</li> </ol>	<ol style="list-style-type: none"> <li>1. Printed questionnaire and other basic survey documentation.</li> <li>2-3. Final analysis reports published.</li> <li>4. Further analysis reports completed and published.</li> </ol>	<p>Assumptions for achieving outputs:</p> <ol style="list-style-type: none"> <li>1. AID/W and host country financial inputs adequate for proper project implementation.</li> <li>2. 50 to 60 LDCs willing and able to participate in carrying out demographic and health surveys.</li> </ol>										
<p>Inputs: Implementation of Target (Type and Quantity)</p> <p>All Years (\$000)</p> <table border="0"> <tr> <td>AID/W (TOTAL)</td> <td>\$112,525</td> </tr> <tr> <td>Personnel/Consultants</td> <td>(34,407)</td> </tr> <tr> <td>Survey Subagreements</td> <td>(54,885)</td> </tr> <tr> <td>Other Costs</td> <td>(41,233)</td> </tr> <tr> <td>USAID/Reg. Bureau</td> <td>20,427</td> </tr> </table>	AID/W (TOTAL)	\$112,525	Personnel/Consultants	(34,407)	Survey Subagreements	(54,885)	Other Costs	(41,233)	USAID/Reg. Bureau	20,427		<p>Financial Reports</p>	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> <li>1. Congressional appropriations permit programming AID/W funds at planned levels.</li> <li>2. Missions able to provide some logistical/financial support.</li> <li>3. Participating LDCs able to pay part of local survey costs.</li> </ol>
AID/W (TOTAL)	\$112,525												
Personnel/Consultants	(34,407)												
Survey Subagreements	(54,885)												
Other Costs	(41,233)												
USAID/Reg. Bureau	20,427												

INITIAL ENVIRONMENTAL EXAMINATION

Project Location: Worldwide  
Project Title and Number: Demographic and Health Surveys (936-3023)  
Life of Project: 17 years  
Project Assistance Completion Date: September 30, 2001  
IEE Prepared by: Richard Cornelius  
Date Prepared: February 28, 1992

Threshold Decision: Pursuant to A.I.D. authority to prepare and approve environmental analyses and based on an Initial Environmental Examination (IEE) for the proposed use of A.I.D. project funds 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 health trends, I recommend the following negative determination:

The proposed action is not an action which will have a significant effect on the human, physical, and biological environment over and above that described and is, therefore, not an action for which a more detailed Environmental Assessment of Environmental Impact will be required under this project. (See Section 216.22 CFR Part 216, A.I.D. Environmental Procedures).

Approved: \_\_\_\_\_



Duff G. Gillespie  
Director, Office of Population

Concurrence: \_\_\_\_\_



Ellen Starbird  
Environmental Officer  
Office of Population

Table 1.

TOTAL ESTIMATED EXPENDITURES FOR DHS III AND IV

	Current Authoriz. FY84-93	Additional Authorization for DHS-III and DHS-IV										TOTAL
		FY92	FY93	FY94	FY95	FY96 DHS-III	FY96 DHS-IV	FY97	FY98	FY99	FY00	
STAFF COSTS	15,665,000	954,148	2,163,293	2,271,458	2,385,031	1,878,212	626,071	2,629,497	2,760,972	2,899,021	3,043,972	21,611,675
TRAVEL	3,835,000	335,647	665,815	814,196	980,066	524,348	174,782	872,749	1,067,247	1,284,699	916,415	7,635,965
CONSULTANTS	1,280,000	159,321	167,286	175,651	184,433	145,241	48,414	203,338	213,505	224,950	235,389	1,757,528
SURVEY COSTS	16,750,000	0	2,481,507	2,936,447	3,583,846	1,641,555	547,185	2,896,344	3,554,240	3,965,646	2,612,515	24,219,286
EXPEND. EQUIP.	NA	70,432	73,953	77,651	81,533	64,208	21,403	89,891	94,385	99,104	104,059	776,619
NON-EXP. EQUIP.	1,760,000	72,566	76,195	80,005	84,005	66,154	22,051	92,616	97,246	102,108	107,214	800,159
OTHER DIRECT	7,835,000	297,102	311,958	327,556	343,933	270,848	90,283	379,187	398,145	418,053	438,955	3,276,019
TOTAL DIR. COSTS	47,125,000	1,889,216	5,940,008	6,682,964	7,642,847	4,590,565	1,530,189	7,163,621	8,185,741	8,993,581	7,458,519	60,077,251
G&A (25%)	6,225,000	472,304	1,485,002	1,670,741	1,910,712	1,147,641	382,547	1,790,905	2,046,435	2,248,395	1,864,630	15,019,313
Subtotal	53,350,000	2,361,520	7,425,010	8,353,705	9,553,559	5,738,207	1,912,736	8,954,526	10,232,176	11,241,977	9,323,149	75,096,563
FIXED FEE (6%)	NA	141,691	445,501	501,222	573,214	344,292	114,764	537,272	613,931	674,519	559,389	4,505,794
GRAND TOTAL	53,350,000	2,503,211	7,870,510	8,854,927	10,126,772	6,082,499	2,027,500	9,491,797	10,846,107	11,916,495	9,882,538	79,602,357
				DHS-III Total			35,437,920	DHS-IV Total			44,164,437	
BUY-INS	7,850,000	395,507	1,243,541	1,399,079	1,600,030	961,035	320,345	1,499,704	1,713,685	1,882,806	1,561,441	12,577,172

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Table 2  
ESTIMATED BUDGET BY ACTIVITY AND SOURCE OF FUNDING  
(\$,000)

Activity	DHS-III FY92-96	DHS-IV FY96-00	TOTAL	PCT
ALL SOURCES				
Meth. Assess./Develop.	709	883	1,592	2%
Implement Surveys	21,263	26,498	47,761	60%
Dissemination	5,316	6,625	11,940	15%
Further Analysis	4,607	5,741	10,348	13%
Streng. Capabil.	3,544	4,416	7,960	10%
<b>TOTAL</b>	<b>35,438</b>	<b>44,164</b>	<b>79,602</b>	<b>100%</b>
R&D FUNDED				
Meth. Assess./Develop.	709	883	1,592	2%
Implement Surveys	17,010	21,199	38,209	57%
Dissemination	4,784	5,962	10,746	16%
Further Analysis	4,146	5,167	9,313	14%
Streng. Capabil.	3,189	3,975	7,164	11%
<b>TOTAL</b>	<b>29,839</b>	<b>37,186</b>	<b>67,025</b>	<b>100%</b>
BUY-IN FUNDED				
Meth. Assess./Develop.	0	0	0	0%
Implement Surveys	4,253	5,300	9,552	76%
Dissemination	532	662	1,194	9%
Further Analysis	461	574	1,035	8%
Streng. Capabil.	354	442	796	6%
<b>TOTAL</b>	<b>5,599</b>	<b>6,978</b>	<b>12,577</b>	<b>100%</b>

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TABLE 3

## COMPARISON OF DHS PROJECT OUTPUTS, BY PROJECT PHASE

	DHS-I 1984-89	DHS-II 1988-93	DHS-III 1992-96	DHS-IV 1996-01
<b>METHODOLOGY ASSESSMENT/DEVELOPMENT</b>				
- Development of Survey Instruments	Y			
- Assessment of Data Needs	Y	Y	Y	Y
- Modify Survey Instruments		Y	Y	Y
- Development of ISSA	Y			
- Improvements to ISSA		Y		
- Assessment of DHS Data Quality		Y	Y	Y
<b>IMPLEMENTATION OF SURVEYS</b>				
- Standard Surveys	31	22	30	30
- In-Depth/Special Surveys	4	3	5	5
- Limited Technical Assistance	na	5-8	5	5
<b>DISSEMINATION OF FINDINGS</b>				
- preliminary reports	Y	Y	Y	Y
- final reports	Y	Y	Y	Y
- summary reports	Y	Y	Y	Y
- in-country seminars	Y	Y	Y	Y
- special trend reports			Y	Y
- world conference		1		1
- data archive	1	1	1	1
- regional data archives		5	5	5
- special tabs on demand	Y	Y	Y	Y
- semi-annual newsletter	Y	Y	Y	Y
- regular news releases			Y	Y
- regular presentations	Y	Y	Y	Y
- Studies in FP Digest	Y	Y	Y	Y
<b>FURTHER ANALYSIS/UTILIZATION</b>				
- country further analysis plans			Y	Y
- TA for further analysis		Y	Y	Y
- further analysis subprojects	25	25		
- collaborative research papers			30-60	30-60
- comparative studies		15	20	20
- comparative analysis reports			10	10
- methodological reports		10		
- working papers series			Y	Y
<b>STRENGTHENING HOST COUNTRY CAPAB.</b>				
- regional/country ISSA wkshps.		4/6	5/10	5/10
- regional/country analysis wkshps.	1/0	3/0	5/10	5/10
- long-term advisors			10	10
- DHS fellows		2/yr	3/yr	3/yr
- microcomputer systems	25	75	75	75

TABLE 4  
ILLUSTRATIVE LIST OF DHS-III & IV COUNTRIES, AND ESTIMATED SURVEY COSTS

	1993	1994	1995	1996	1997	1998	1999	2000	
INDIA				508,003				600,396	INDIA
NIGERIA		535,697				628,090			NIGERIA
AFGHANISTAN			508,003				600,396		AFGHANISTAN
BANGLADESH		508,003							BANGLADESH
INDONESIA			508,003				600,396		INDONESIA
BRAZIL			507,621				600,014		BRAZIL
ETHIOPIA			535,697				628,090		ETHIOPIA
MEXICO		507,621				600,014			MEXICO
EGYPT	508,003				600,396			628,090	EGYPT
ZAIRE			535,697						ZAIRE
KENYA	535,697				628,090				KENYA
PHILIPPINES		508,003				600,396			PHILIPPINES
TURKEY	508,003					600,396			TURKEY
TANZANIA				535,697				628,090	TANZANIA
MOROCCO				508,003				600,396	MOROCCO
PERU			507,621				600,014		PERU
COLOMBIA		507,621				600,014			COLOMBIA
UGANDA		424,411					506,600		UGANDA
CAMBODIA			508,003						CAMBODIA
SUDAN			508,003					528,697	SUDAN
MYANMAR								528,697	MYANMAR
ALGERIA			535,697						ALGERIA
MOZAMBIQUE									MOZAMBIQUE
COTE D'IVOIRE	424,411								COTE D'IVOIRE
GHANA	424,411								GHANA
BOLIVIA	397,801								BOLIVIA
ECUADOR		397,801							ECUADOR
DOM. REP.				397,801					DOM. REP.
JORDAN				446,508					JORDAN
JAMAICA						479,990			JAMAICA
HAITI					506,600		479,990		HAITI
MALAWI				446,508					MALAWI
NEPAL					506,600				NEPAL
NIGER							506,600		NIGER
MALI					506,600				MALI
SENEGAL					506,600			506,600	SENEGAL
BURKINA					506,600				BURKINA
BOTSWANA					506,600				BOTSWANA
TOGO	424,411								TOGO
ZIMBABWE		424,411							ZIMBABWE
SWAZILAND						506,600			SWAZILAND
SUM	3,222,737	3,813,568	4,654,345	2,842,520	3,761,486	4,615,896	5,150,190	3,392,876	
SURVEYS	7	8	9	6	7	8	9	6	
TOTAL	31,453,618								

- Notes:
- 1) Samples of 9000 in BIG countries and 6000 in Non-BIG countries are assumed in calculations.
  - 2) Costs are estimated using multiple regression analysis (see Table 3). For all countries, survey cost = constant + m(sample size) + n-\$40,000(DHSII) + w(Asia) + x(Africa). \$40,000 reflects average cost of the service availability survey.  
For BIG countries, survey cost = 177,445 + 11.71(9000) + (132,393-40,000)(DHS III) + (264,786-80,000)(DHS IV) + 382(Asia) + 28,076(Africa).  
For Non-Big countries, survey cost = 147,283 + 7.69(6000) + (122,189-40,000)(DHS III) + (244,378-80,000)(DHS IV) + 48,707(Asia) + 26,610(Africa).
  - 3) The estimated increased cost between DHS I and II (\$132,000 in BIG, \$122,000 in Non-BIG) is interpreted as the increase in cost between DHS II and III, and III and IV. due to inflation and other factors, including the service availability survey, not related to sample size and region. The deduction of \$40,000 (avg. cost of service avail. survey) from this figure reflects that increased costs of the service avail. component have already been incurred in DHS-II.
  - 4) Cost estimates include G&A and fixed fee

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EVALUATION OF THE DEMOGRAPHIC AND HEALTH SURVEYS PROJECT

Draft of January 15, 1992

POPTECH Team:

Susan Enea Adamchak  
Ken Hill  
Tom Pullum (Team leader)  
Paul Stupp

## Executive Summary

Since its inception in 1984, the Demographic and Health Surveys program has become the pre-eminent source of comparative demographic information for the developing world. Achievements of DHS include the following:

- It has become highly efficient in implementing and processing surveys in a wide range of developing country contexts.
- It has set new standards of turnaround time, with a preliminary report appearing within three months of fieldwork, and a final report within twelve months, making possible completion of a survey in two years from initial contacts.
- It has had great success in dealing with implementing agencies in the participating countries, in some cases smoothing long-standing inter-agency quarrels. The program has also been very successful in negotiating data release agreements with host countries.
- It has been very responsive to data requests from both academic and program users, and has managed to satisfy a range of data- using constituencies in terms of questionnaire content, basic tabulation and reporting plans, and distribution of data files.

Without exception, all persons contacted during this evaluation had a high regard for the DHS operation, although many also had suggestions for relatively minor improvements.

DHS data are being used very widely. Both the United Nations and the World Bank population projection activities use DHS data to provide estimates of fertility in the late 1980s, and also to provide estimates of child mortality. Publications of comparative world indicators, such as UNICEF's State of the World's Children, the UN's Social Indicators, and the World Bank's World Development Report include data from DHS in basic tabulations. The data are also being used extensively for more analytical purposes. For instance, the National Academy of Sciences Panel on Population Dynamics of sub-Saharan Africa is making extensive use of DHS data for analyses of fertility and child mortality. The DHS World Conference in August 1991 attracted the submission of over 200 papers describing analyses using DHS data.

The data have also been used for program purposes. For example, the Zimbabwe data, and particularly the community module, were used to show that the coverage of the community-based distribution program was far greater than supposed, a finding with far-reaching implications for project design. In Indonesia, data from the 1987 DHS were used as a yardstick to calibrate the existing service statistics, and the data from DHS-II in Indonesia are being used to evaluate regional program performance. The breadth and depth of use of DHS data are very impressive and are still increasing.

The cost of extreme efficiency on a production line system is some lack of flexibility. One of the Evaluation Team's major concerns is the lack of flexibility shown by DHS in completion of non-standard tasks, such as in-depth surveys or analytical programs. More effective mechanisms and adequate

funding need to be included in the plans for DHS-III to ensure that peripheral activities do indeed get completed.

There is a very general and strong belief that the DHS program should be continued. The most significant recommendations of this evaluation concern preparations for the third cycle of the program, DHS-III. The most important of these recommendations are the following:

--Early in the DHS-III cycle, several experimental surveys should be conducted. These could include, for example, a survey to evaluate the applicability of an expanded AIDS module in countries with high prevalence of AIDS; a survey to evaluate alternative strategies for minimizing the effect of questionnaire length on the quality of the data; and a re-interview survey to evaluate both the difficulties and the analytic advantages of a panel design.

--The preparations for DHS-III should anticipate the implications of the BIG Country Strategy. For example, surveys in BIG countries will tend to be large because of the greater need for regional estimates. They will also be more complex because of multiple collaborating agencies and training sites. Thus the costs of such surveys will be higher than average. At the same time, large samples and periodic surveys will open up the possibility of more innovative designs and analyses.

--Data processing has been one of the main areas of success, and DHS-III should continue with experiments in optimal use of new software and hardware for data collection, entry, editing, and analysis. However, improvements in the ISSA package should not extend further into the areas of data analysis. Comprehensive analysis packages already exist and the interests of participating countries would be better served by promoting the use of those packages.

--DHS-III should be designed to coordinate closely with the Evaluating Family Planning Program Impact (EFPP) Project. This may imply that, for example, there will be major changes in the design and information collected in the Service Availability Survey. It may also imply minor changes in the standard tabulation plan and country reports so that relevant indices of program impact, etc., can be regularly calculated and reported.

--In order to increase the amount of in-country use of DHS data for programmatic and planning purposes, DHS-III should schedule an in-country analysis workshop in each participating country. This would bring together representatives from several agencies within the country. With the guidance of DHS staff and a set of illustrative analyses, local researchers would be shown how to prepare reports of immediate relevance using DHS data files. At the beginning of DHS-III, workshops should be conducted in as many of the DHS-II countries as possible.

--DHS-III should include an analysis institute. Such an institute would be staffed largely on a rotating basis by central staff members and visitors, including visitors from the participating countries. Its main functions would be to prepare illustrative analyses to demonstrate how DHS data can be utilized for program and policy purposes and to conduct comparative and methodological analyses.



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, BUREAU FOR  
RESEARCH AND DEVELOPMENT

FROM: R&D/POP/DIR, Duff G. Gillespie *DGG*

SUBJECT: Project Authorization Amendment #4 for the Demographic  
and Health Surveys Project (936-3023)

Problem: The centrally-funded Demographic and Health Surveys  
(DHS) Project (936-3023) was originally authorized on May 29,  
1984 and amended on June 25, 1987; May 31, 1988; and August 8,  
1991. Your authorization is requested to further amend the  
project as specified below:

- a. To increase the previously approved centrally-funded authorization from \$45,500,000 to \$112,525,000, including up to \$87,525,000 from the Population Planning account; up to \$3,500,000 from the Health account; up to \$10,000,000 from the Child Survival account; up to \$3,500,000 from the AIDS account; and up to \$8,000,000 from the Development Fund for Africa;
- b. To change the final year of obligation from FY 1993 to FY 2000; and
- c. To change the PACD from December 31, 1994 to December 31, 2001.

Your approval is also requested to exceed the previously approved ceiling of \$7,850,000 for contributions to the project from other sources through buy-ins or other participatory financing arrangements and to establish a new estimated amount of \$20,427,000 for buy-ins and other participatory financing arrangements. Such funding may also be provided from the Economic Support Fund (ESF) or the Development Fund for Africa (DFA), as well as from the accounts authorized for R&D funding under this project.

Discussion: A.I.D. has been a leader in the provision of technical and financial support for population and health surveys. Over the past two decades, A.I.D. has sponsored several survey projects -- the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), the Demographic and Health Surveys (DHS-I and II) -- which have resulted in the completion of more than 150 national surveys in over 60 developing countries. Because of these survey programs, many participating countries now have access to a rich data base on recent population trends. In fact, most of our knowledge of

fertility and family planning in less developed countries is a direct result of this survey assistance program.

The DHS has become the preeminent source of information on fertility, family planning, maternal and child health and child survival in LDCs.

- DHS fertility, mortality, and health data are now critical inputs for population estimates and projections conducted by international agencies and the U.S. Bureau of the Census, and have been adopted as performance indicators by key international specialized agencies.
- USAID Missions and host country institutions are making heavy use of DHS data for planning and evaluating national family planning and child survival programs.
- Within AID/W, the Office of Population uses DHS data to assess needs for family planning services and to design programs that address these needs. The Office of Health makes extensive use of infant/child mortality rates and other child survival indicators to monitor its programs in Child Survival Emphasis Countries, and it uses other health data from DHS to monitor progress in achieving the goals set in 1990 by the World Summit for Children.
- In the international scientific community, in-depth analyses of DHS data, such as those presented at the 1991 DHS World Conference and in leading scientific journals, have enhanced our understanding of population and health dynamics in LDCs from both a comparative and country-specific perspective.

The need to continue A.I.D. assistance for demographic and health surveys in the 1990s is demonstrated not only by the above ongoing activities, but also by anticipated A.I.D. program priorities over the coming decade. For example, DHS will be a major data source for:

- monitoring and evaluating the BIG Country Plan;
- evaluation of population and health program performance through PRISM, CDIE Program Impact Assessments, and the Office of Health's Data for Decision-Makers (DDM) project; and
- understanding population dynamics under the new Evaluation Project in R&D/POP.

R&D/POP has collaborated closely with R&D/H in both the funding and implementation of the DHS. R&D/H has provided \$4.2 million in direct funding to DHS through FY 1991, and also has supported placement of two Child Survival Fellows at DHS headquarters. A recent external assessment of the DHS health component, commissioned by R&D/H, recommended that R&D/H continue and expand its future support for the DHS.

In addition, a comprehensive external evaluation of the entire DHS-II project completed in December 1991 concluded that the DHS is a successful and well-designed project. The evaluation team fully endorsed the important policy and program contributions made by DHS thus far, and recommended strongly that A.I.D. support for the DHS be continued. Based on these evaluation findings and recommendations and the ongoing need for updated DHS data, we seek your authorization to extend DHS for an additional seven years.

The DHS-II contract currently is scheduled to be completed in August 1993. The requested 7-year project extension and accompanying increase in the authorized project budget ceiling actually will allow for awarding of two additional overlapping five-year contracts (DHS-III and DHS-IV), more than doubling project outputs achieved in DHS-I and DHS-II (see Table 3). For example, the total number of surveys will increase from 60 to 130; the number of Comparative Studies will increase from 15 to 75; there will be a second DHS World Conference in FY 1998; the number of regional data processing workshops will increase from 4 to 34; and the number of regional further analysis workshops also will increase from 4 to 34.

Generally, DHS-III and DHS-IV represent a continuation of current activities. However, in response to the most recent project evaluation, special priority will be given to the promotion of dissemination and utilization of DHS data. Additional emphasis also will be placed on training and technical assistance to strengthen host country survey capabilities, as stated in the current project paper.

DHS-III will be implemented by a competitively-awarded cost reimbursable contract in FY 1992. The FY 1992 OYB has allocated \$3.0 million to initiate the new contract; the FY 1992 CP has programmed \$5.7 million for DHS, which is to be divided between DHS-II and the new DHS-III contracts.

A revised logical framework is attached.

Recommendation: That you sign the attached Project Authorization Amendment #4 for DHS.

**Attachments:**

1. Project Authorization Amendment #4
2. Project Data Sheet
3. Revised Logical Framework/IEE
4. Table 1: Total Estimated Budget for DHS
5. Table 2: Estimated Budget for DHS-III and DHS-IV, by Activity and Source of Funding
6. Table 3: Comparison of Project Outputs, by Project Phase
7. Table 4: Illustrative List of DHS-III and DHS-IV Countries, and Estimated Survey Costs
8. Evaluation Executive Summary
9. Project Paper

Clearances:

R&D/POP/P&E:SRRadloff SR Date 2-2-92  
R&D/POP/OCS:KKosar KKosar Date 3-2-92  
R&D/POP:EMaguire EM Date 3/4/92  
GC/CP:STisa (draft) Date 3/9/92  
R&D/PO:DSeldon DS Date 3/26/92  
R&D:BLangmaid BL Date 3/30/92

Drafted by:

R&D/POP:RMCornelius:2/25/92:U:\rcorneli\docs\actmemo.dhs:54734  
revised 2/27/92; 3/6/92

DOC No 0010  
Type: PAF  
G# 169092

PROJECT AUTHORIZATION AMENDMENT #4

Name of Project: Demographic and Health Surveys

Number of Project: 936-3023

Country: Worldwide

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Demographic and Health Surveys Project was authorized on May 29, 1984, and amended June 25, 1987; May 31, 1988; and August 8, 1991. That authorization is hereby further amended as follows:

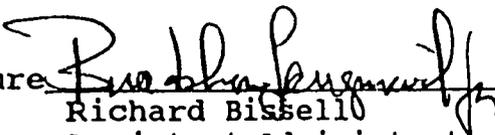
a. The authorized centrally-funded life-of-project funding is increased from \$45,500,000 to \$112,525,000, including up to \$87,525,000 from the Population Planning account; up to \$3,500,000 from the Health account; up to \$10,000,000 from the Child Survival account; up to \$3,500,000 from the AIDS account; and up to \$8,000,000 from the Development Fund for Africa (DFA).

b. The final year of obligation is changed from FY 1993 to FY 2000.

c. The PACD is changed from December 31, 1994 to December 31, 2001.

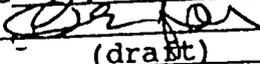
2. Your approval is also requested to exceed the previously approved ceiling of \$7,850,000 for contributions to the project from other sources through buy-ins or other participatory financing arrangements and to establish a new estimated amount of \$20,427,000 for buy-ins and other participatory financing arrangements. Such funding may also be provided from the Economic Support Fund or the DFA, as well as from the accounts authorized for R&D funding under this project.

3. The authorization cited above remains in force except as hereby amended.

Signature   
Richard Bissell  
Assistant Administrator for  
Research and Development

Date: MAR 30 1992

clearances:

R&D/POP: DGGillespie		Date	3-4-92
R&D/PO: DSheldon		Date	3/26/92
GC/CP: STisa	(draft)	Date	3/9/92

Drafted by:

R&D/POP: RMCornelius: 2/20/92: U:\rcorneli\docs\autham#4.dhs: 54734  
revised 2/27/92; 3/6/92



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

March 26, 1992

**ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR FOR THE  
RESEARCH AND DEVELOPMENT BUREAU**

**FROM:** R&D/PO, Douglas L. Sheldon *DLSheldon*

**SUBJECT:** Project Authorization Amendment #4 For The Demographic  
Health Surveys (DHS) Project (936-3023)

Problem: It is requested that you waive the need for a R&D Bureau Committee Review of Amendment #4 for the Demographic Health Surveys (DHS) Project (936-3023).

Discussion: In the attached action memorandum, the Population Office is requesting that you authorize a further amendment of the DHS project to increase its LOP to \$112.5 million through a seven year extension for increased surveys, comparative studies, workshops, etc. As you know, the project has become one of the most important sources of information on fertility, family planning, maternal and child health and child survival in LDCs. A comprehensive external evaluation of the entire DHS project in December 1991 concluded that the DHS project is both successful and well-designed. The Population Sector Council has reviewed and approved the amendment. In addition, the Program Office has reviewed the documentation with the Population Office and considers it ready for authorization.

Under the bureau's new operational procedures, all project amendments approved by you should be reviewed by the bureau's review committee. However, the Population Office needs to implement the third cycle of its DHS project through a competitively-awarded contract in FY 1992. To assure timely obligation, such procurement requests must reach the Contracts Office not later than March 30. Because of this situation, coupled with the lack of any known issues, we would like to request that you waive the need for a R&D Bureau Review Committee meeting to consider this amendment. We plan to distribute copies of the documentation to other offices and the regional bureaus for their information. We don't expect that they will have any issues, but if they do, we will deal with them separately.

Recommendation: That you waive the need for Amendment #4 to the Demographic Health Services project to be reviewed by the R&D Bureau Review Committee.

Approved: [Signature]

Disapproved: \_\_\_\_\_

Date: MAR 30 1992

Clearances:  
R&D/PO: Derbe [Signature] Date: 3/26/92

Drafted: R&D/PO/AE: TKellermann/LThompson