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Getting Value for Money from Large Surveys

Population surveys provide vital information and are critical for the development and implementation of health and development in less-developed countries. However, these surveys are expensive, time consuming and require professional help. Every effort should be made to make the best use of any survey. Demographic and Health survey (DHS) programme started in 1984 under the technical assistance of ICF International and are conducted, typically every five years. So far more than 300 surveys in 90+ countries have been completed. The DHS Program has earned a worldwide reputation for collecting and disseminating accurate, *nationally representative* data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition. It serves as an important tool to help in planning health services, especially in resource limited countries.

When I joined WHO office in January 1996, as chief technical adviser for strengthening reproductive health services in Papua New Guinea, the National Statistical Office was planning to conduct its first DHS in the country. My responsibility, under the project, was to implement WHO/UNFPA's strengthening reproductive health services in four provinces. The project funding included a generous sum for the baseline survey. The UNFPA country representative advised me to consult PNG Medical Research Council (MRC) to conduct the survey. When approached, MRC was keen to conduct the survey, nonetheless as experts felt that they could do it independently, with little interference from the client. This was unacceptable. I was keen to participate in the survey and be actively involved so that right questions are asked and we receive the information which will help us to develop an effective programme.

The DHS planning in the country provided a golden opportunity to obtain best possible baseline information for the project if we could join Macro International Inc., who were conducting the DHS. We could use the DHS data for our provinces but the sample would be too small to be representative at provincial level. We wanted a *'piggyback ride'* so that we could get comprehensive and high quality data for the project. With some negotiations with the top bosses, everyone agreed and the plan worked. Macro International would train our survey workers at cost, who would in turn using the DHS instrument, complete representative sample from the four provinces. Macro Int. would check data, pool it with the country data after the survey for standard analysis. We would receive the results and prepare our own report. It was a win-win situation. Our project would have credible and representative data for the four provinces; the country will have additional four major provinces' data and major chunk of USD 200,000 allocated for the survey will remain in the country. The plan worked like a dream and the information obtained provided great value to the project.

The second value for money survey example comes from the health checks and survey for resettled population in Nam Theun 2, a 1000 MW Hydroelectric Project in Laos. Under the Public Health Action Plan, derived from project's Health Impact Assessment, the health team was required to conduct health checks for the resettled population for future health monitoring and to demonstrate that health of the affected people improved after the start of the project. There was no way we could demonstrate it unless we had complete population data. We used this opportunity not only to carry out health checks in the population but to collect full population baseline information of some 7000 people from 17 resettled villages.

These people had to be moved to new settlement areas as the villages would be submerged in the reservoir created by the dam. Nam Theun 2, under the Social Development Plan, did an excellent job of resettling these people, keeping the village communities together and providing traditional but well-built and planned stilted houses. Each house had a toilet and 5-6 houses shared a hand pump well for safe drinking water. These two things alone would improve the health of the people as they were living in dismal and overcrowded conditions, the banks of river serving as toilet and the same water used for all personal and domestic use.

The project health team of four organised the health checks and baseline survey, which took just under two year to be completed. As the project was working under the principle of strengthening the local health services, all work was in collaboration with local health authorities, health team only working as facilitators and trainers. Health center staff under the guidance of the project health team conducted the surveys in each village and medical checks, including blood, urine and stool samples were checked. The completed survey data was checked, computerised and analysed in house using Statistical Package for Social Scientists.

(*see links for detailed reports below*).

Strictly speaking, according to the project requirements, the health team could have got away with health checks alone. But the team wanted to get value for money from this activity. The survey resulted in extraordinary benefits for the project:

1. Complete health checks for the resettled communities provided project with diseases prevalence in the population for interventions;
2. Denominator (total births and deaths, and other important events) essential for calculating rates was available from baseline survey and birth-rate, death-rate, infant mortality rate and other important health indicators could be calculated;
3. Continuous updating of the baseline information would provide work load for maternal and child health activities, chronic disease disability and many other conditions;
4. All senior and mid-level provincial health workers, through their involvement in the baseline survey, received training for health needs assessment in the population, increasing their awareness and understanding of health problems in the community and in the implementation of the project health action plan;
5. Baseline data provided ability to demonstrate improvements in health indicators in the impacted populations during mid-term and the final health surveys;
6. A fully computerised live database was established for the health centers in the project area, which provided health workers to calculate health center workload, comprehensive immunisations and follow-up for other preventive activities; for training purposes and review of indicators in monitoring health status of the population over time; and
7. This approach helped project to convince the MOH to replicate the programme in other provinces. Three neighbouring provinces are currently using the methodology developed in the project.

Expensive surveys are conducted all around the world but optimum use of the methodology and information available are seldom used other than the original purpose for which it was conducted. A little bit of planning and foresight can open up avenues which can benefit not only the purpose for which the data was collected but for a number of other related issues maximising its use.
Thinking 'Value for Money' is essential during planning health and other surveys.

Some more information on the programmes mentioned above can be found in the links below:
dhs_png_who_project.pptx Papua New Guinea DHS and WHO project
ntpc_laos_pub._health_prog.pdf Achievements of NTPC Health Programme
before_and_after_nakai_health_survey.pdf Nakai Health Surveys - Before and After

More details on Nam Theun 2 project are available in this Website under Blog - Collaboration with Government Health Services.
Slide show below provides some glimpse of the NTPC Health Checks and Baseline Survey.