

SECRETARIAT OF THE PACIFIC COMMUNITY

REGIONAL MEETING OF HEADS OF PLANNING AND HEADS OF STATISTICS (HOPS)

(Noumea, New Caledonia, 22–26 July 2013)

**Session 1: Recent Progress on Demographic and Health Survey (DHS)**

(Document presented by the Secretariat of the Pacific Community)

**EXECUTIVE SUMMARY**

1. This paper reviews recent progress with Demographic and Health Surveys, focusing on achievements and challenges, and considers steps forward. Unlike the first multi-year/multi-country funding arrangement between ADB and SPC, fully supporting 4 DHSs between 2007–2009 (RMI, Solomon Islands, Nauru and Tuvalu) with modest supplementary financial contributions by NZAID and UNFPA to a common funding pool, the current 2012/13–2014/15 program with ADB, is more modest, allowing only partial financial support to 2 DHSs and 2 HIES.

**Key Outcomes**

2. Tonga DHS completed with draft report currently being edited, prior to a planned joint workshop with Tongan Ministry of Health and UNFPA, to ensure draft chapters address key information needs for policy development and planning in the area of sexual and reproductive health.
3. A combined DHS-MICS is underway in Vanuatu, and implementation progressing according to plan, with fieldwork expected to take place between September–November 2013.
4. Unable to implement planned Fiji DHS in 2012 due to internal disagreements between Fiji partners about desired sample size; not being able to overcome this impasse, the funding window slipped with UNFPA required to reprogram their contribution, and SPC allocating its contribution to the Vanuatu DHS-MICS.

**Key challenges**

5. Moving from a simple (2007–2009) tripartite arrangement (ADB-SPC funding; SPC-national NSO implementation) to a more complex current multiple-stakeholder arrangement (ADB-UNFP-SPC funding; SPC-NSO-Health; UNFPA-UNICEF-Health).
6. National partner agencies to establish and maintain effective communication lines.

**Proposed Way Forward/Recommendations**

7. Given the technical and operational complexities of Demographic and Health Surveys, continue to provide technical assistance to countries with DHSs survey implementation.
8. Review current coordination and communication modalities amongst and between national, regional and international stakeholders to improve overall efficiency and effectiveness of survey planning and implementation management.
9. Encourage countries to seek early confirmation of financial support from their Governments and key development partners.

## INTRODUCTION

1. Objective 1 of the *Ten Year Pacific Statistics Strategy* (TYPSS) provided the policy framework for PICTS to undertake key statistical collections as scheduled which included DHSs.
2. Like population and housing census under the TYPSS Objective 1, DHS has two specific outputs to guide all related activities: the first output is that plans and budgets prepared 6 months prior to date agreed by country for survey, and all pre-enumeration activities are complete; and the second output is that DHSs reports are produced and disseminated within 6 to 12 months after the completion of survey.
3. All SPC (and partner agencies) technical support in the area of DHS is guided by these expected outputs.
4. And this paper provides a summary of the achievements and challenges related to undertaking the DHS, another major data collection activity for those countries that choose to undertake them. The paper concludes with a summary of future direction in DHS taking in the Pacific. Like the paper on the census, this paper draws on the main challenges that came out of the 2010 Round of Pacific Population and Housing Census review meeting in April 2012.
5. The statistical outputs from DHS also contribute towards realising the requirements of Pacific Plan 12.4 and the NMDI, as well as various other national and regional reporting requirements like the MDG.

## SUMMARY OF ACHIEVEMENTS

6. In 2005 SPC in collaboration with partners (ADB, AusAID, NZAID, UNFPA and UNICEF) agreed to implement a pilot DHS in four Pacific countries (RMI, Solomon Islands, Nauru and Tuvalu) with funding support from a consortium of donors (ADB, AusAID, NZAID, UNFPA and UNICEF). It Pilot DHSs were planned to be executed over a 2 year period. Implementation commenced in 2007 with technical assistance from Macro International Inc and SPC. At the conclusion of the pilot period in 2008, a regional review took place in Nadi in May, 2008. The review resulted in recommendation for the DHS to be continued and extended to other countries willing to undertake DHSs as part of their household survey programme.
7. The next round of DHSs commenced with Kiribati in 2009 with funding support from ADB and AusAID with technical support from SPC. SPC contracted former Macro data processing specialist to assist with data processing. Tonga was the next country to conduct a DHS in 2012, while DHS in Vanuatu is being conducted later in 2013.
8. Meanwhile, two countries have conducted DHSs without SPC TA support – PNG conducted its second DHS in 2006 (the first was in 1996) with technical support from the Philippines Statistics Office with ADB funding, while Samoa DHS in 2009 was conducted with TA support from Macro International inc, while UNFPA provided support with report writing.
9. All DHSs plans/budgets were drawn with a lot of external support, thus Output 1 and 2 of the TYPSS Objective 1 on DHS, although achieved, there was so much external support, thus can be safely summarised as “not fully realised”. That is, there was so much technical support to the countries that conducted the DHS. The external TA support covered:
  - Project Operational Planning, budgeting and sampling design
  - Questionnaire content and design
  - Development and updating of training materials
  - Training of fieldworkers
  - Data Processing
  - Tabulations/ Data analysis/Reporting, including factsheets
  - Data dissemination
  - Data utilization (although planned, but time did not allow this phase to be implemented).

## SUMMARY OF MAJOR CHALLENGES

10. Undertaking either a population and housing census or a household based survey like the DHS (or HIES) in the Pacific, we come across similar challenges, given high staff turnover, overall limited resource support from governments, and lack of documentation of previous survey processes and procedures make it difficult for new staff to familiarize themselves with even the basics of prior survey operations. These and many other challenges discussed in May 2012 at the 2010 census review meeting, also apply to DHS implementation and management, some of which are summarised below:
- a. Roles and responsibilities of all partners need to be defined so that there is no confusion as to which partner is responsible for what role, especially when there is a multi-sector and multi TA provider partnership as it is in a survey like the DHS where Health Ministries and NSOs work jointly.
  - b. DHSs collect a wealth of health, demographic and other socioeconomic information using well established modularised instruments, training documentations, processing systems and reporting templates which make it so attractive, however, resource limitations with respect to skills and funding makes it difficult to increase the sample size to allow indicator estimates at sub-national levels.
  - c. Experience in the Pacific DHSs so far with regards funding, direct cash support from many governments continues to be a challenge for many countries, especially when sample size is desired to be increased but there is limited internal budgetary support.
  - d. Given the high staff turnover, lack of skills and expertise not only in census management/leadership in general but in surveys developing skills and sustaining them at the national level will continue to be a challenge, unless strategy of regional solution to national statistical services is seriously discussed and formulated, especially to support small island states.

### Managing DHS field enumeration/data collection

- e. Field management and supervision as well as quality control measures need to be well managed; otherwise we will continue to have DHS data errors picked up at the questionnaire processing stage where computer imputations apply.

### Data processing/Tabulations

- f. Complex DHS processing and tabulation will continue to be a challenge in many countries.

### Data analysis and report writing

- g. DHS data analysis and report writing as well as various other DHS product development will continue to be a challenge that will require external support for many countries.

### Survey coordination

- h. Moving from a simple (2007–2009) tripartite arrangement (ADB-SPC funding; SPC-national NSO implementation) to more complex current multiple-stakeholder arrangements (ADB-UNFP-SPC funding; SPC-NSO-Health; UNFPA-UNICEF- Health), has provided some challenges which need to be addressed with national partners and technical/financial partners prior to embarking on new activities in 2014.

## CURRENT AND ANTICIPATED DHS OPERATIONS

11. *Tonga 2012* – Survey fieldwork was completed in November, 2012 followed by about four months of data entry, editing and data cleaning. At this point, TDHS 2012 main report is being professionally edited, after which we will convene a review with key Tonga stakeholders from NSO and Ministry of Health, to both introduce them to key findings and ensure content coverage addresses key information demands.

12. *Vanuatu MICS-DHS 2013* – The pre-test training of fieldworkers was carried out from June 07–28<sup>th</sup>. The main training is scheduled for August 05<sup>th</sup>–23<sup>rd</sup> to be followed by three months fieldwork from end of August to mid-November 2013.
13. *Fiji* – Planning discussion commenced in early 2011, but implementation had to be postponed following lengthy and ultimately unresolved discussions between Ministry of Health and FIBOS about sample size and budget, which meant available resources from SPC-ADB and UNFPA had to be reprogrammed. We understand that this survey may be back on the cards in 2014, pending availability of funds.
14. *New proposal* – two countries expressed interest to have such a survey undertaken in 2014, FSM and Solomon Islands, with initially planning discussions scheduled for after HOPS.

#### **DISCUSSION POINTS FOR HOPS**

1. Given the technical and operational complexities of Demographic and Health Surveys, continue to provide technical assistance to countries with DHS survey implementation.
2. Review current coordination and communication modalities amongst and between national, regional and international stakeholders to improve overall efficiency and effectiveness of survey planning and implementation management.
3. Encourage countries to seek early confirmation of financial support from their Governments and key development partners.