



Technical Assistance

TAR: STU 39074

Technical Assistance for the Demographic and Health Survey in Pacific Island Countries

September 2005

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
DHS	–	demographic and health survey
IA	–	Implementing agency
MDG	–	Millennium Development Goal
NSO	–	National Statistics Office
PDMC	–	Pacific developing member country
PMU	–	project management unit
SC	–	steering committee
SPC	–	Secretariat for the Pacific Community
TA	–	technical assistance
UNDP	–	United Nations Development Programme
UNFPA	–	United Nations Population Fund
UNICEF	–	United Nations Children’s Fund

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs, health systems, and other health and social services
Themes	–	Inclusive social development, gender and development, capacity development
Subthemes	–	Human development and social development policy

NOTE

In this report, “\$” refers to US dollars.

This report was prepared by K. Taniguchi.

I. INTRODUCTION

1. A regional meeting of the heads of offices for planning and for statistics, entitled *Creating a Culture of Evidence-Based Policy Making*, was held in Noumea, New Caledonia, in April 2005. During the meeting, the national statisticians as well as major funding agencies to the Pacific countries discussed various approaches for identifying and addressing social statistics. The heads of planning, and heads of statistics offices, and aid agencies agreed to an Asian Development Bank's (ADB) suggestion that a coordinated regional approach in conducting a demographic and health survey (DHS) would be more cost-effective and efficient than each agency working separately. Participants generally agreed that ADB and the Secretariat for the Pacific Community (SPC) would take the lead in coordinating efforts to conduct DHS. This understanding was confirmed at a round table meeting of development partners on DHS in Sydney on 18 August 2005.¹

2. A general consensus was reached—with planners and statisticians from Pacific developing member countries (PDMCs)² at the Noumea regional meeting and with development partners at the Sydney round table meeting—about the critical need for regularly collecting important demographic and health sector data. Discussions during the Fact-Finding Mission and the 2005 country programming missions (to date, Fiji Islands, Federated States of Micronesia, Palau, and Vanuatu) emphasized the need for enhancing and transferring skills and technical competence of public officials in conducting surveys, analyzing data, and formulating evidence-based policy for basic social needs. A widespread support for conducting DHS in selected PDMCs was also confirmed.

3. ADB's Pacific strategy—*Priorities of the Poor: A Pacific Strategy for the Asian Development Bank (2005–2009)*,— identifies improved availability and dissemination of quality data on development issues as a key result area aligned to the third strategic objective of promoting effective development processes. The Pacific Strategy's second strategic objective is to enhance the supply of, and demand for, quality basic social services. Quality social statistics are essential to the formulation and implementation of relevant and responsive social sector strategies. Accordingly, the proposed technical assistance (TA)³ is consistent with ADB's Pacific strategy and country strategies and programs. The TA design and monitoring framework is in Appendix 1, and the initial poverty and social analysis is in Appendix 2.

II. ISSUES

4. It is widely acknowledged that socioeconomic analysis, policy making, and development planning in the Pacific region are heavily constrained by the limited availability of quality statistics. SPC's *Pacific Islands Regional Millennium Development Goals Report 2004* emphasizes the need to enhance the quality of social statistics, so as to improve the monitoring and reporting on countries' progress toward Millennium Development Goal (MDG) targets and on the effectiveness of countries' policies and development strategies. A recent report by the Pacific Financial and Technical Assistance Center notes that "socio-demographic data

¹ Participants included representatives from ADB, Australian Aid for International Development, Australian Bureau of Statistics, New Zealand Aid for International Development, Statistics New Zealand, SPC, United Nations Population Fund, and World Bank.

² ADB's PDMCs are Cook Islands, Fiji Islands, Kiribati, Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), Nauru, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu, and Vanuatu.

³ The TA first appeared in *ADB Business Opportunities* (internet edition) on 9 March 2005.

represent a high priority for national authorities and development agencies for monitoring social conditions and poverty issues.”⁴

5. ADB’s past experience with statistics TAs suggests that a regional approach for data collection could be more efficient than a country-by-country approach, since many PDMCs are too small to have the capacity to collect and maintain data. Financial and technical assistance on a regional basis can provide an efficient means of conducting large-scale surveys that generate high priority socio-demographic data while alleviating pressure on, and building capacity in, national statistical agencies. ADB provided such assistance recently through a regional TA—Strengthening Poverty Analysis and Strategies.⁵ The proposed TA will build on ADB’s earlier support to strengthening demographic and health statistics, and will involve close coordination with partner regional agencies.

6. The quality of surveys and analyses related to basic social services policy making will be ensured and strengthened by (i) ensuring that each PDMC has conducted reasonably recent good quality DHS; (ii) providing TA with components that focus on demographic and health-related issues; (iii) assisting in the questionnaire design, ensuring consistency, and harmonizing definitions, particularly those related to MDGs; and (iv) providing quality assurance for survey design and implementation on a regionally comparable basis.

7. Capacity building will be strengthened through participation in survey activities conducted by the group of survey specialists. Capacity will also be strengthened for (i) better use of collected data for identifying demographic and health-related basic social needs, (ii) using the data to develop strategies for equitable growth and social poverty reduction, and (iii) linking such strategies to national development strategies.

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

8. The impact of the TA will be to enhance formulation and monitoring of social development strategies. By supporting DHS, the TA will help in the review and measurement of progress toward MDG target 4 (reduce child mortality), target 5 (improve maternal health), target 6 (combat HIV/AIDS,⁶ malaria, and other diseases), and other health-related subcategories of MDG. The TA will generate and disseminate reliable and comparable demographic and health data in the Pacific subregion.

9. The TA will facilitate consultation with stakeholders to establish an information sharing and coordination mechanism for regional social data collection, analysis, and monitoring activities. The TA will encourage the contribution of other development partners to build on, expand, and extend the TA activities.

10. The TA will identify demographic and health-related data needs. Appropriate sampling methodology and design of the survey will also be developed. Through hands-on survey experiences, capacity for National Statistics Office (NSO) staff will be built. In addition, it has the advantage of obtaining country-level data that are comparable and establishing midterm data for

⁴ The only full-fledged DHS in the Pacific has been conducted in Papua New Guinea in 1996.

⁵ ADB. 2003. *Technical Assistance for Strengthening Poverty Analysis and Strategies Study in the Pacific*. Manila (TA 6157-REG, approved on 18 December 2003 for \$1,000,000).

⁶ Human immunodeficiency virus/acquired immunodeficiency syndrome.

MDG monitoring across the region. The demographic and health survey model has a tradition of technical excellence and produces internationally comparable measures of the health-related variables, which include, but are not limited to, fertility, mortality, contraceptive use, maternal and child health, and other demographic indicators, potentially including topics such as sexually transmitted diseases, anthropometry, child malnutrition, and access to health services.

B. Methodology and Key Activities

11. The TA will build on the work of earlier regional TAs and work conducted by other agencies related to population and health data collection and analysis. The key activities include (i) developing, in consultation with stakeholders, appropriate new sampling methodology and survey instruments for PDMCs; (ii) undertaking surveys in pilot countries; (iii) mobilizing funding from other development agencies to participate in the survey activities and evidence-based policy formulation; (iv) assisting NSO staff in reporting requirements on MDGs; and (v) assisting planners to formulate an evidence-based social policy.

12. The TA will develop the regional survey instruments and investigate the sampling methodology of the Pacific DHS in selected PDMCs. A basic questionnaire will be developed, which will form the core of DHS questionnaire for the entire region. Country-specific modules will be added in different countries, as needed. A team of consultants will build appropriate survey instruments for the Pacific. The survey instruments will include features and specifications to be incorporated in the design of the proposed DHS. At the same time, the consultant team will investigate and develop a cost-saving sampling scheme for island economies. The study will also provide the detailed cost estimates under the proposed sampling methodology to meet the proposed objectives.

13. Once the regional survey instruments are developed and pretested, the TA will support the DHS in at least three pilot countries using the existing government structures. The consultants will ensure transfer of the technology of conducting such surveys to the local counterparts. In-country TA activities will comprise the following major groups: (i) project management and logistics, (ii) questionnaire development, (iii) sampling, (iv) staffing and training, (v) data management, (vi) fieldwork, and (vii) analysis and dissemination. ADB will provide assistance for each component of activities separately.

14. Coded unit-record data will be made available by the particular Government to ADB and other interested parties, consistent with the rights of individuals to privacy, the property rights of persons in trade secrets, and confidential commercial or financial information. Demographic and health data will be used specifically for policy support and program planning by the Government. Public use documentation will also be prepared. Both data and documentation will be publicly released after the publication of the technical reports under conditions agreed upon by the Government and ADB.

C. Cost and Financing

15. The total cost of the TA is estimated to be \$1,000,000 equivalent. The TA will be financed on a grant basis by ADB's TA funding program. Detailed cost estimates and the financing plan are in Appendix 3.

D. Implementation Arrangements

16. The SPC will be the Executing Agency for the TA. The counterpart agencies will be the NSOs or the offices responsible for preparing demographic and health statistics in the selected PDMCs. The TA will be implemented for about 24 months starting November 2005, by a team of consultants comprising the public health specialist, a sampling and survey specialist, and an economist. An international consulting firm will be engaged using the quality- and cost-based selection method in accordance with ADB's *Guidelines on the Use of Consultants*. The simplified technical proposal procedure will apply. The terms of reference for the consultants are in Appendix 4. Any procurement under the TA will be conducted in accordance with ADB's *Guidelines for Procurement*. All equipment will be turned over to the counterpart agencies on the completion of the TA.

17. The Project will start with the preparatory work of developing survey instruments and the sampling methodology. After completion of the project preparation component, a meeting between ADB and the consulting team will discuss the proposed survey report, the sampling strategy and survey instruments, and the future time frame for project processing and implementation. Once regional survey instruments are developed and pretested, the DHS will be conducted by the team of consultants.

18. The NSO of each selected PDMC will be nominated as the implementing agency (IA) for the Project. The head of the IA will be the project director, and the IA will designate the project manager for this Project, in consultation with the project director. The project management unit (PMU) within the IA for the Project, nominated by the project director, will support the day-to-day operations of the TA. The PMU will comprise the project manager and a team of consultants. The PMU will also be responsible for the financial management of the survey.

19. The SPC, together with ADB, will work closely with the recipient Governments in all phases of the Project. If other funding agencies want to join at the later stage of the Project, suitable arrangements will be worked out accordingly. The outputs resulting from the analysis of the survey data will be made available to SPC and ADB, and will be placed in the public domain for further investigation.

IV. THE PRESIDENT'S DECISION

20. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of \$1,000,000 on a grant basis for the Demographic and Health Survey in Pacific Island Countries, and hereby reports this action to the Board.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
<p>Impact Enhanced formulation and monitoring of social development strategies, including progress toward Millennium Development Goal (MDG) targets</p>	<p>Progress toward MDG targets 4, 5, and 6</p> <p>Building the capacity of National Statistics Office (NSO) officials for data collection and dissemination</p> <p>Formulation of evidence-based basic social services policy</p>	<p>Asian Development Bank (ADB) analysis of Pacific developing member countries (PDMCs') economies</p> <p>Improvement in MDG indicators</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Governments' continued commitment to achieving MDGs • No major external economic shocks
<p>Outcome Generated and disseminated reliable demographic and health data on a comparative basis in the Pacific subregion</p>	<p>Appropriate demographic and health data collected and analyzed in the majority of PDMCs</p> <p>Improvements in coverage, reliability, and timeliness of demographic and health statistics</p> <p>Greater interaction and regional cooperation on statistics among the participating PDMCs</p>	<p>ADB review missions and reports from steering committee</p> <p>Records of national statistics offices and other key data producers</p> <p>Feedback from social and health policy and planning offices</p> <p>Consultation with and feedback from other agencies</p> <p>Review of official publications and reports</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Commitments of PDMC governments and civil society organizations • Commitment of governments and civil society organizations to use poverty data to inform policy and program development • Availability of adequate human and financial resources • Support from government
<p>Outputs</p> <ol style="list-style-type: none"> 1. Identification of demographic and health-related data needs in the Pacific region 2. Improved sampling methodology 3. Designing and conducting a Pacific demographic and health survey (DHS) 4. Capacity building in NSOs 		<p>Review of official publications related to economic statistics</p> <p>ADB review missions and consultants' reports</p> <p>Regular communication</p> <p>Progress reports from country authorities</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Commitment of government staff and their continuing in office • Development agencies willing to support regional capacity building through engagement of regional/local experts • Governments willing to incorporate advice and to undertake evidence-based policy formulation • Adherence to time schedule

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
5. Evidence-based social services policy making			<ul style="list-style-type: none"> • Good relationship among consultants and counterpart staff
Activities with Milestones 1. Preparatory work to identify demographic and health-related data needs in the Pacific region 1.1 Consultants are recruited and fielded. 1.2 Existing data is reviewed. 2. Building a sampling methodology 2.1 A sampling methodology is proposed. 2.2 Pilot survey instruments are built. 2.3 Pilot survey instruments are pretested. 2.4 Pilot survey instruments are finalized. 2.5 Report for the preparatory work is submitted. 3. Conducting surveys 3.1 Consultants are fielded. 3.2 Steering Committee is formed, and members are nominated. 3.3 Local supervisor is nominated, and enumerators are recruited 4. Capacity building in national statistics offices 4.1 Enumerator training is completed, and enumerators are fielded. 4.2 Enumerators return with data. 4.3 Data entry is completed, and data is processed. 4.4 Data analysis is completed. 4.5 The country report is drafted. 4.6 The survey methodology is described. 4.7 The data is summarized and tabulated. 4.8 The country report is finalized. 5. Evidence-based social services policy making 5.1 The final report for the regional health policy is proposed.			Inputs ADB grant (\$1,000,000) Public health specialist (0.5 person-month) Sampling and survey specialist (0.5 person-month) Economist (0.5 person-month) Public health specialist (1.5 person-months) Sampling and survey specialist (1.5 person-months) Economist (1.5 person-months) Public health specialist (1 person-month) Sampling and survey specialist (1 person-month) Public health specialist (8.5 person-month) Sampling and survey specialist (3 person-months) Economist (3 person-months) Public health specialist (0.5 person-month) Economist (1 person-month)

INITIAL POVERTY AND SOCIAL ANALYSIS

A. Linkages to the Country Poverty Analysis

Is the sector identified as a national priority in country poverty analysis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the sector identified as a national priority in country poverty partnership agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contribution of the sector or subsector to reduce poverty in the Pacific region:			
<p>Although the project does not intend to have a direct impact on reducing poverty, it will help reduce poverty by (i) building the capacity of government statisticians to conduct surveys and to monitor development results; (ii) formulating a pro-poor social policy based on the findings, especially through identification of the needs of socially weak groups; (iii) providing opportunities to complement on-the-job training for statisticians and planners; (iv) broadening the availability of statistical tools and ideas; and (v) enhancing the efficiency and effectiveness of population and health policy.</p>			

B. Poverty Analysis

Targeting Classification: Targeted intervention

What type of poverty analysis is needed?
<p>Random sample survey will be conducted; hence, a priori poverty analysis will not be needed. The output of the project could be utilized for poverty analysis to define social poverty.</p>

C. Participation Process

Is there a stakeholder analysis?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there a participation strategy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Even though no specific analysis is envisaged, the TA will be implemented in a participatory manner through a steering committee, a series of workshops and training sessions, and consultations participated in by all stakeholders.</p>		

D. Gender Development

Strategy to maximize impacts on women:		
<p>The project will develop a social strategy that will maximize impact on women by (i) surveying maternity health, (ii) surveying the relationship between domestic violence and health, and (iii) discussing, and formulating strategies for key gender and health issues.</p>		
Has an output been prepared?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

E. Social Safeguards and Other Social Risks

Item	Significant/ Not Significant/ None	Strategy to Address Issues	Plan Required
Resettlement	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	The project will have no resettlement impact. .	<input type="checkbox"/> Full <input type="checkbox"/> Short <input checked="" type="checkbox"/> None
Affordability	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	The project will have no affordability impact..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Labor	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	No labor retrenchments are envisaged as a result of the project.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Indigenous Peoples	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	No ethnic minority will be negatively affected by the project.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Risks and/or Vulnerabilities	<input type="checkbox"/> Significant <input type="checkbox"/> Not significant <input checked="" type="checkbox"/> None	No other social risks are anticipated as a result of the project.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Total Cost
Asian Development Bank Financing^a	
1. International Consultants	
a. Remuneration and Per Diem	360.0
b. International and Local Travel	80.0
c. Reports and Communications	20.0
2. Equipment ^b	20.0
3. Training, Seminars, and Conferences ^c	20.0
4. Surveys	350.0
5. Miscellaneous Administration and Support Costs	20.0
6. Contingencies	130.0
Total	1,000.0

^a Financed by the Asian Development Bank's technical assistance funding program.

^b Computers, along with printers and statistical software, are expected to be purchased.

^c Enumerator training will be hosted.

Source: Asian Development Bank estimates.

OUTLINE TERMS OF REFERENCE FOR CONSULTANTS

A. Scope of Consulting Services

1. The technical assistance (TA) will require the services of a team of international and regional consultants. The public health specialist as team leader will organize and coordinate all activities of the TA to ensure successful implementation. The sampling and survey specialist will be responsible for sampling design and implementation of survey operations. Throughout project implementation and with assistance from the economist, the team leader will provide policy guidance to ensure that the outputs will be utilized for formulating on evidence-based basic social policy. Further, all international consultants will ensure transfer of skills in the process of supporting the preparation of specific outputs for sustainability in conducting the survey and analyzing the findings. The team leader will be responsible for preparing and submitting a report for each surveyed country. All consultants will closely collaborate with each other in extending assistance to staff at the implementing agencies (IAs).

1. Public Health Specialist and Team Leader (international, intermittent 12 person-months)

2. The specialist/team leader will be a public health expert with a strong background and experience in conducting demographic and health surveys (DHS). The team leader will (i) direct and supervise the activities to develop baseline regional survey instruments, ensuring that the methodology can be implemented in the Pacific with the assistance of other team members; and (ii) after the preparatory work is completed, direct and supervise the activities for the Pacific DHS in the selected Pacific developing member countries (PDMCs). Specifically, the team leader will

- (i) be responsible for the collective work of the consulting team and for timely preparation of all formal written reports: the inception report, the report after the preparatory work including survey instruments and enumerators training manual, periodic progress reports, draft final report, and final report;
- (ii) in close consultation with PDMCs, assess health data collection and analysis activities carried out in the region; include an assessment of current databases and storage systems and their accessibility and management; identify the basic social needs based on the findings of the Pacific DHS, and develop and propose the regional health strategy for the Pacific;
- (iii) formulate a detailed timetable and work plan for preparing, conducting, and analyzing the survey; and identify logistical requirements with clear milestones, data content, and tabulation plans for the survey;
- (iv) with the help of the sampling and survey specialist and the economist, conduct quick field pretests to develop survey instruments for the Pacific DHS and enumerators training manual;
- (v) prepare and submit a comprehensive report on the effectiveness of the baseline survey instruments;
- (vi) direct and supervise fieldwork to conduct the DHS, ensuring that the methodology developed in the preparatory work is utilized and that the survey is conducted in the region in a comparable manner and with a high quality;
- (vii) ensure that the team of consultants fulfill the terms of reference; be responsible for programming, coordination, and direction of the work and specialist inputs in terms of content, quality, and timing to complete the final assignment objectives on time;

- (viii) with the help of the economist, analyze the findings of the DHS, draft and propose an evidence-based basic social services policy; and
- (ix) consult with stakeholders, nongovernment organizations, and other relevant international agencies (e.g., United Nations Development Programme (UNDP), UNICEF, Nations Population Fund (UNFPA), WHO, etc.) to get feedback and inputs on the project design, sampling framework, survey instruments, enumerator training, and other project activities and to solicit their contribution to the Project.

2. Sampling and Survey Specialist (international, intermittent 6 person-months)

3. The specialist should have experience in a wide variety of sampling and survey work, particularly in DHS, and a strong background and experience in the application of generalized software for processing sample surveys. The consultant is largely in charge of logistics and local survey team support. The processing system will include data entry, data editing, tabulation, imputation, and generation of statistical tables. It will include calculation of sampling error in accordance with the specifications provided by the specialist. The consultants will

- (i) train domestic survey supervisors and enumerators in using the demographic and health survey instruments and sampling methodology;
- (ii) in collaboration with the domestic supervisors, arrange transportation, meals, and lodging for the interviewers at each field site;
- (iii) oversee the selection of samples for the household survey to ensure strict adherence to the sampling methodology;
- (iv) direct and supervise the domestic supervisors in collecting household data, and in checking quality and editing completed questionnaires;
- (v) oversee the activities of the data entry clerks in editing and recording survey data to ensure quality of data entry;
- (vi) with the help of staff at the IAs, investigate the efficient means to anonymize unit-record data for data dissemination; and
- (vii) review and examine the prepared survey instruments and finalize the sampling design strategy in consultation with staff at IA and other stakeholders, and assist IA staff in selecting samples and suggest appropriate adjustments/improvements for enhancing the efficiency of the survey design.

3. Economist (international, intermittent 6 person-months)

4. The economist will provide policy guidance in formulating an evidence-based social policy for the entire process of the DHS exercise. The specialist will:

- (i) review and examine the proposed DHS preparations and, with the assistance of the team leader, review and revise the baseline survey instruments; ensure that the survey instruments have a wide coverage for economic activities and asset holding so that economic and health analyses could be conducted;
- (ii) support modifications and/or adjustments of the survey instruments on the basis of quick field pretests, develop training manuals (for local supervisors and enumerators), survey operations plans and training material, and identify potential local supervisors for the survey;
- (iii) with the help of the team leader and the sampling and survey specialist, assist staff at the IAs in selecting samples and suggest appropriate adjustments and/or improvements for enhancing the efficiency of the survey design; finalize the sampling design strategy in consultation with other team members, staff at the IAs and other stakeholders;

- (iv) review the existing data in the country and the sampling methodology utilized in previous surveys related to population and health, and make suggestions to institutionalize changes;
- (v) coordinate support to strengthen and improve the quality of surveys and analyses that relate to population and health, and select and recruit short-term consultants to conduct surveys, if necessary; facilitate processing, analysis, and preparation of reports based on the survey results to ensure sustainability of conducting and analyzing health statistics;
- (vi) in conjunction with UNDP and UNFPA, discuss regional approaches in conducting surveys; discuss reporting progress toward the health-related Millennium Development Goals (MDGs), provide support to PDMCs in monitoring health-related MDGs, and discuss the relevance and determination of indicators and targets appropriate for PDMCs;
- (vii) in collaboration with local planning and relevant line ministries and national statistics offices, help institutionalize links between national planning and data collection; and
- (viii) support refinements and implementation of a development plan for policy making; and assist the team leader in preparing a detailed report describing the regional population and health policy.

B. Reports

5. The team leader is responsible for submitting various reports to the governments, SPC, and ADB. The inception report will be submitted within 1 month of the start of services. The completion report for the preparatory work will be submitted within 2 weeks from the completion of the field pretests. The report will describe the detailed cost estimates, a detailed timetable, and the work plan for preparing and conducting, the survey and analyzing the results. Also, the report will include the identified logistical requirements with clear milestones, data content, and tabulation plans for the survey as well as the baseline regional survey instruments and the draft enumerators training manual.

6. After submitting the report on the survey instruments, the team leader will provide bimonthly progress reports throughout the TA implementation period. The sampling and survey specialist and the economist will provide inputs for all the reports. Inputs by the sampling and survey specialist will focus on the sampling and survey methodologies and on the progress of the survey, while inputs by the economist will guide policy formulation together with economic analysis. At the completion of a country survey, the team leader will submit a draft country report together with questionnaires and raw survey data to ADB and members of the steering committees as required.

7. The draft final report will be submitted 25 months from the start of services. It will give a brief progress report on each item of the detailed terms of reference and any other milestones described in the TA implementation plan. The report will also suggest the direction of activities for the participating PDMCs to continue to sustain the work.

8. The final report is to be submitted 2 weeks after comments on the draft final report are received from the participating PDMCs, SPC, and ADB. The final report will incorporate all revisions deemed appropriate. One set of final guidelines and manuals as well as raw data will also be sent along with this report.