

FAQ: How much do evaluations and other surveys cost?

When deciding whether to conduct an evaluation, and when planning for one, it is important to consider cost. The cost of an evaluation is dependent on many factors, including the objectives, design, methods, sample size, geographic scope, and local context for the work. Other factors that affect cost are particular to the process—for example, the front-end work required to plan an evaluation or study is often substantial and should be considered when budgeting. Considerations for cost include the following:

Objectives: The number and type of objectives affect cost. A large number of questions or objectives typically increase sample size and/or the number of different data collection methods needed (e.g., population-based surveys, facility-based surveys, costing studies, implementation process monitoring, clinical records data abstraction, and qualitative studies using focus group discussions and in-depth participant interviews). Research questions that require comparing different combinations of activities imply multiple evaluation arms, which increases cost. Questions on differential impact of interventions on different target populations typically require a larger sample size and have a higher cost as well.

Methods: The type and number of methods affect the cost of an evaluation or study. For example, household surveys tend to be more expensive than facility-based surveys. Where feasible, MEASURE Evaluation uses existing and routine data. Use of existing data has the potential to decrease costs compared with primary data collection, but efforts to abstract data or account for missing data can be costly. In some cases, different methods are combined in a single study, for example, an impact evaluation with a baseline and end line household survey can also include a process evaluation or a costing study. Including biomarkers also adds to costs, often substantially. Study questions and objectives play a large part in determining the most appropriate type of evaluation/study design or methods.

Front-end work: Study planning usually involves six months to a year or more of work. This front-end work is typically driven by the complexity of the design, tools, and context. Among other activities, it may involve extensive coordination and collaboration with client, program, government, and other local stakeholders to develop and finalize a study protocol; interviewing, reviewing proposals from, and negotiating contracts with data collection partners; survey, qualitative guide, data abstraction, or other tool development; and training of data collection staff.

Sample size: Whether you are sampling households, individuals, or facilities, larger sample sizes come with higher costs. Keep in mind that you typically need a larger sample size to detect statistically significant change in an outcome than would be needed for a point estimate at the same level of precision, particularly if the outcome is relatively rare or is likely to change slowly. Estimating the difference in change in an outcome between program and nonprogram areas typically requires even larger sample sizes.

Country context: Local data collection costs vary across countries, depending on local capacity for data collection, transport costs, ethics and other approval board review costs, etc.

Capacity strengthening: It is important to include an explicit emphasis on institutional capacity strengthening. The associated costs depend on the extent of such activities. Informal mentoring and learning-by-doing approaches are the least costly; formal training and more intensive mentoring efforts increase costs.

Data use: It is also important to highlight the commitment to disseminate and act on the evaluation findings, so one should factor in costs for engaging stakeholders when designing an evaluation and planning for data use. Data use activities may include stakeholder study sensitization meetings, assessments of data needs and use, and data use workshops as part of dissemination.

Table 1 provides examples of costs from recent evaluations and studies conducted under MEASURE Evaluation. This table is meant to illustrate the range of likely costs, but each

evaluation or survey must be budgeted based on its own specifics. These costs include both direct and indirect costs.

Table 1. Examples of evaluation/survey costs

Study	Approximate budget	Details
Botswana Youth Orphan and Vulnerable Children (OVC) Evaluation	\$1,436,236	This mixed methods outcome evaluation aimed to determine whether OVC beneficiaries who received OVC services from both the U.S. Government and Government of Botswana (GOB) have better education, economic, and health outcomes than OVC who received services only from the GOB, through a quantitative survey of beneficiaries and their caregivers in approximately 4,000 households. A qualitative study examined how factors at the personal, family, school, community, and service-delivery levels, including OVC services, have influenced the education, economic, and health trajectories and related outcomes of OVC beneficiaries.
Improved Services for Vulnerable Populations (ISVP) in Rwanda	\$2,156,362	The study design for this impact evaluation was a prospective, randomized, controlled trial using a difference-in-differences estimation strategy with fixed effects modeling to evaluate program impact on economic, health, and education outcomes of: (1) the full-ISVP program vs. an HES-only* program, (2) full-ISVP vs. control, and (3) HES-only program vs. control. Cost included a baseline and end line population-based survey with four questionnaires (household, caregiver, youth, and integrated savings and lending group) and a sample size of 4,500 households. The evaluation also included a cost-effectiveness study and a small qualitative component .
East Africa Cross-Border Integrated Health Study	\$1,870,999	This multicountry, cross-sectional operations research study described the health status and behaviors of mobile and vulnerable populations living in and/or travelling through 14 cross-border sites in Kenya, Rwanda, Tanzania, and Uganda to inform programming. Methods included (1) Priorities for Local AIDS Control Efforts (PLACE), a venue-based, cross-sectional technique that recruited 11,567 patrons and workers (from public spots where populations of interest socialize) for participation in a biobehavioral survey (rapid on-site HIV testing and collection of dried blood spots if positive) and (2) a health facility survey consisting of a quantitative survey focused on services provided; qualitative interviews exploring experiences of healthcare workers based at facilities located in cross-border sites; and abstraction of clinical data to measure health indicators for HIV care and treatment, antenatal care, immunizations, prevention of mother-to-child transmission, and TB.
PEPFAR† Monitoring, Evaluation, and Reporting (MER) Orphan and Vulnerable Children (OVC) Essential Survey Indicators	\$325,000 - \$625,000	The average cost to conduct outcome monitoring for PEPFAR MER OVC essential indicators at one point in time for a project with a limited geographic scope is approximately \$325,000. If two projects are selected, the average cost is approximately \$625,000 for data collection at one point time, owing to economies of scale. Costs vary by country, geographic scope, and sample size.
Characterizing Male Sexual Partners of Adolescent Girls and Young Women (AGYW) in Mozambique	\$449,131	This formative study consisted of 15 focus group discussions with 102 AGYW, followed by a quantitative survey of 1,140 men in three urban/peri-urban districts in Mozambique, where the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) project operated, to characterize male sexual partners of AGYW.
Reproductive, maternal, neonatal, and child health (RNMCH) indicators in Kagera and Mara, Tanzania: A review of trends and quality for the Boresha Afya evaluation	\$96,735	This study used secondary data to create a baseline for an outcome monitoring study for the Boresha Afya project. The study included retrospective time trend data analysis for key RNMCH indicators. Secondary data sources were Tanzania Demographic and Health Surveys, Tanzania Service Provision Assessments, Tanzania HIV/AIDS and Malaria Indicator Surveys, and Tanzania DHIS 2 data.

† United States President’s Emergency Plan for AIDS Relief

* HES: household economic strengthening