



# What's the cost of evaluations and other surveys?

A core principle of Data for Impact (D4I) is to help countries focus on their knowledge gaps in health and to consider the full range of options to address those issues. The primary types of evaluations in D4I's scope are process, outcome, impact, real-time, and economic evaluations and implementation science and operations research. D4I also conducts outcome monitoring surveys and implements formative studies to aid in intervention design and implementation. When planning any of these investigations, cost is an important consideration that may help determine the decision to do or plan for an evaluation or study.

Cost is dependent on many factors, such as objective, design, method, sample size, geographic scope, and local context. Other factors that affect cost are, for example, the front-end work required to plan an evaluation or study—which can be substantial. Here are details to consider:

**Objectives:** The number of objectives and the type of an objective affect cost. A large number of questions or objectives typically increases the sample size and the number of different data-collection methods needed. (Examples of large-scale studies are 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 increase cost. Questions on differential impact of interventions on different populations typically require a larger sample size and have a higher cost.

**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, D4I 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 may also include a process evaluation or a costing study. Including biomarkers also adds to cost, often substantially. Study questions and objectives play a large role in determining the most appropriate type of evaluation study design or methods.

**Front-end work:** Planning a study usually involves six months to a year or more of work. The extent of this front-end work is determined by the complexity of the design, tools,

and context. Planning may involve the following activities: extensive coordination and collaboration with clients, programs, governments, 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 to detect statistically significant change in an outcome, you typically need a larger sample size than you would need for a point estimate at the same level of precision. This is particularly true 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:** Data-collection costs vary across countries, depending on local capacity for data collection, transport costs, ethics costs, and costs for other approval board review, etc.

**Institutional strengthening:** Explicit emphasis on institutional capacity strengthening is important. The associated costs depend on the extent of such activities, including costs for assessments, if required, and work planning. 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, which means that planning should incorporate costs for engaging stakeholders in design and intended 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, D4I's leader award. These costs include both direct and indirect costs. This table is meant to illustrate the range of likely costs, but each evaluation or survey must be budgeted based on its own parameters.

<sup>†</sup> United States President's Emergency Plan for AIDS Relief

<sup>\*</sup> HES: household economic strengthening



**Table 1. Examples of evaluation and survey costs**

Study	Approximate budget	Details
Botswana Youth Orphans and Vulnerable Children (OVC) Evaluation	\$1,436,236	This mixed methods <b>outcome evaluation</b> 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 <b>quantitative survey of beneficiaries and their caregivers</b> in approximately 4,000 households. A <b>qualitative study</b> 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 <b>impact evaluation</b> 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 <b>population-based survey</b> 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 <b>cost-effectiveness study</b> and a <b>small qualitative component</b> .
East Africa Cross-Border Integrated Health Study	\$1,870,999	This multicountry, cross-sectional <b>operations research</b> study to inform programming described the health status and behaviors of mobile and vulnerable populations living in and/or traveling through 14 cross-border sites in Kenya, Rwanda, Tanzania, and Uganda.  Methods were (1) Priorities for Local AIDS Control Efforts (PLACE), a <b>venue-based, cross-sectional technique</b> that recruited 11,567 patrons and workers (from public spots where populations of interest socialize) for participation in a <b>biobehavioral survey</b> (rapid on-site HIV testing and collection of dried blood spots if positive) and (2) a <b>health facility survey consisting of a quantitative survey focused on services provided; qualitative interviews exploring experiences of healthcare workers</b> based at facilities located in cross-border sites; and <b>abstraction of clinical data</b> to measure health indicators for HIV care and treatment, antenatal care, immunizations, prevention of mother-to-child transmission, and tuberculosis.
PEPFAR Monitoring, Evaluation, and Reporting (MER) Orphan and Vulnerable Children (OVC) Essential Survey Indicators	\$325,000–\$625,000	The average cost to conduct <b>outcome monitoring</b> 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 in 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 <b>formative study</b> consisted of 15 <b>focus group discussions</b> with 102 AGYW, followed by a <b>quantitative survey</b> 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 baseline	\$96,735	This study used <b>secondary data</b> to create a <b>baseline for an outcome monitoring study</b> for the Boresha Afya project. The study included <b>retrospective time-trend data analysis</b> 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 DHIS2 data.

**For more information**

D4I supports countries to realize the power of data as actionable evidence that can improve programs, policies, and—ultimately—health outcomes. We strengthen the technical and organizational capacity of local partners to collect, analyze, and use data to support their move to self-reliance. For more information, visit:

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