



What's the cost of evaluations and other surveys?

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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**, plus **implementation science** and **operations research**. D4I also conducts **outcome monitoring surveys** and **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 conduct or plan for an evaluation or study.

Cost depends on many factors, such as objectives, design, methods, sample size, geographic scope, and local context. Other factors that affect cost include, 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 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 the differential impact of interventions on different populations typically require a larger sample size and have a higher cost.

Front-End Work

Planning a study usually involves six months to a year or more of work. The extent of 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.

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 which has the potential to decrease costs compared to primary data collection, but efforts to abstract or account for missing data can be costly. In some cases, different methods are combined in a single study. An impact evaluation with a baseline and endline household survey may also include a process evaluation or costing study. The inclusion of biomarkers can substantially add to costs. Study questions and objectives play a key role in determining the most appropriate type of evaluation study design or methods.

Sample Size

Whether you are sampling households, individuals, or facilities, larger sample sizes come with higher costs. To detect statistically significant change in an outcome, larger sample sizes are needed 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 larger sample sizes.

Country Context

Data collection costs vary across countries, depending on country capacity for data collection, transport costs, ethics costs, and costs for other approval board reviews.

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

Commitment to disseminate and act on the evaluation findings is important, so planning should incorporate costs for engaging stakeholders in design and intended data use. Data-use activities may include stakeholder sensitization meetings, assessments of data needs and use, data-use dissemination workshops, and the development of knowledge products such as briefs and infographics.



Table 1 provides examples of costs from recent evaluations and studies conducted by D4I. These costs include both direct and indirect costs. This table is meant to illustrate the range of costs, but each evaluation or survey must be budgeted based on its own parameters.

Table 1. Examples of evaluation and survey costs

Study	Approximate budget	Details
Thematic evaluation of family planning (FP) strategic transitions	\$249,000	The thematic evaluation examined how donors and local actors in Indonesia, Honduras, Peru, and Morocco have continued engagement and FP outcomes over time after USAID ended its bilateral family planning and reproductive health (FP/RH) assistance. Phase 1 was a literature review that included a review of relevant documents and analyses of data from recent surveys to demonstrate FP program performance in the four countries. Phase 2 was a deep dive into the four countries based on the proposed conceptual framework and a series of in-depth interviews (IDIs) with local actors to identify successes, challenges, and gaps in country FP programming since the transition. Phase 3 will inform the development of a country program evaluation tool.
Zimbabwe Assistance Program in Malaria (ZAPIM) Assessment	\$250,000	This endline-only assessment used a mixed-methods approach , comprising a document review, secondary data analysis of malaria incidence, key informant interviews (KIIs), health facility assessment, and an organizational capacity assessment. D4I conducted 50 national- and district-level KIIs, surveyed 60 facilities, and interviewed 173 health workers and 504 clients. D4I also conducted secondary analysis of Demographic and Health Surveys, Malaria Indicator Surveys, and program monitoring data.
Evaluation of the Private Health Sector Project (PHSP) in Ethiopia	\$350,000	The PHSP evaluation used a mixed-methods, endline-only cross-sectional design without comparison areas. It focused on the national level and in the regions and areas where PHSP implemented programming in the private sector. The evaluation included a document review, 50 KIIs, a health facility assessment of 106 private health facilities, and secondary analysis of program data.
The My Forest, My Livelihood, My Family program (FUTURES) project evaluation	\$842,000	D4I implemented a mixed-methods evaluation of the Packard Foundation-funded FUTURES project in the Yayo biosphere in Ethiopia. The budget covered the design of the baseline and midline evaluations. Data collection at baseline included 1,113 household surveys, 37 FP provider interviews, 10 KIIs with natural resource management staff, and 4 focus group discussions (FGDs) with woreda-level heads of sectors. Midline data collection included 30 KIIs with stakeholders and project participants and 24 FGDs with community members.
Malawi Secondary Education Expansion for Development (SEED) evaluation	\$1,500,000	D4I conducted a mixed-methods impact evaluation of SEED to help understand whether there was a change or impact on communities where SEED is expanding and constructing schools. The baseline and midline evaluation included a rural mixed-methods component and an urban qualitative component. The quantitative component focused on rural areas and a difference-in-differences with a matched comparison group using longitudinal data from a school-based survey sample of students. The qualitative component was conducted in urban and rural areas and included FGDs with students and caregivers, KIIs with community leaders, and IDIs with students and teachers.
USAID Integrated Health Program (IHP) Program evaluation in the Democratic Republic of the Congo	\$6,725,000	This performance and impact evaluation was conducted in 9 provinces and investigated the extent to which changes in key health system-related outcomes, health systems functioning, and practice of healthy behaviors were attributable to the USAID IHP. Survey data were collected in two waves in 2019 and 2021 from health facilities, with an endline health facility assessment ongoing in 2024. Qualitative data involving KIIs, IDIs, and observations were collected in 3 provinces among health professionals. The evaluation used DHIS2 data to compare USAID provinces to provinces not receiving USAID support.